

Academic GP Ireland Conference 2026

**“Advancing General Practice Through
Evidence and Innovation”**

Keynote
Speakers:

Prof Dame Louise Robinson
Dr Margaret McCartney
Prof Robert Scully
Dr Padraic McCarthy



**June 5–6th,
2026**



**Aula Maxima,
UCC, Cork**

co-hosted by:
UCC Dept of GP
Cork GP training
Irish College of GPs

AGPI | Academic
General Practice
Ireland

**Irish
College
of GPs**

A very warm welcome to the 29th Academic General Practice Ireland Annual Scientific Meeting 2026!

On behalf of the conference organising committee, we are delighted to welcome you all to University College Cork (UCC) for the Academic GP Ireland/Irish College of GPs Annual Scientific Meeting. This is a wonderful opportunity to celebrate the achievements and impact of general practice and primary care research and innovation on the island of Ireland. We in the Department of General Practice, School of Medicine, UCC are pleased to host this year's conference, with support from the Irish College of GPs and the Cork Postgraduate GP Training Programme.

We look forward to hearing from excellent keynote speakers on GP curricula, ageing research and values-based healthcare. Almost 100 research presentations and workshops will be presented reflecting the breadth of clinical practice, research and education.

We are grateful to the HSE Southwest and Medisec for providing conference sponsorship, which has enabled us to maintain the conference registration fee at the same rate as previous years. We are pleased to be able to sponsor complimentary conference registration for several medical students who are presenting their research at the conference this year. We are grateful to the Academic GP Ireland Executive Committee who have sponsored two conference attendance bursaries this year.

Outside the conference, there is a great social programme lined up, and we hope you can join us for some of the events planned, including the conference dinner in Devere Hall.

We hope you enjoy the conference and your visit to Cork.

Dr Aisling Jennings & Prof Emma Wallace

(Co-Chairs, AGPI Conference Organising Committee 2026)

Conference Organising Committee Members 2026

UCC: Prof Emma Wallace (Co-Chair), Dr Aisling Jennings (Co-Chair), Prof Tony Foley, Dr Caroline Burke, Dr Aisling Farrell, Steven Gilmore, Eilis Murphy, Miriam Maume, Nicole McDonagh

Irish College of GPs: Dr Aileen Barrett, Gillian Doran

Cork Postgraduate GP Training Programme: Dr Deirdre O'Grady

Welcome from the Academic GP Ireland Executive Committee

On behalf of Academic General Practice Ireland, I am delighted to welcome you to the 2026 AGPI/Irish College of GPs Annual Scientific Meeting, hosted by the Department of General Practice at University College Cork, in collaboration with the Irish College of General Practitioners, Cork GP Training and our academic and clinical partners across Ireland.

This annual meeting brings together clinicians, researchers, educators, trainees and students from across the island to celebrate and advance excellence in general practice and primary care. Over two days, the conference will showcase a diverse and stimulating programme of keynote lectures from Professor Dame Louise Robinson, Dr Margaret McCartney, Professor Robert Scully and Dr Padraic McCarthy, along with a host of oral presentations, workshops and short research presentations, reflecting the breadth and impact of academic general practice today.

The meeting provides an important forum for sharing new knowledge, fostering collaboration, and supporting the development of evidence-based practice, education and policy. As our health system continues to evolve via SlainteCare and the recently established Regional Health Areas the role of general practice as the cornerstone of accessible, high-quality care has never been more vital. This conference offers an opportunity to reflect on that role and to shape its future through innovation, research and partnership.

On behalf of AGPI, I would like to sincerely thank our colleagues in University College Cork for hosting this year's meeting, along with our partners in the Irish College of GPs and the wider general practice community who have contributed to the development of what promises to be an engaging and inspiring programme.

I look forward to welcoming you to Cork and to a stimulating and collegial meeting.

Prof Maureen Kelly, Chair, Academic GP Ireland Executive Committee

Conference Programme at a Glance

Friday 5th June

08:45 – 9:45	Registration	<i>Aula Max, Main Quad</i>
09:45–10:00	Welcome & Opening - Dr Andy Philips	<i>Aula Max</i>
10:00–10:45	Plenary 1 Prof Rob Scully & Dr Padraic McCarthy	<i>Aula Max</i>
10:45–11:15	Coffee Break	<i>Aula Max</i>
11:15- 13:15	Parallel Sessions (1 and 2)	<i>Aula Max, WW9, WW5, WW9</i>
13:15–14:15	Lunch	<i>Aula Max</i>
13:45- 14:15	AGPI AGM	<i>WW6</i>
14:15–14:45	Plenary 2 Fiona Bradley Award	<i>Aula Max</i>
14:45–15:45	Plenary 3 Prof Dame Louise Robinson	<i>Aula Max</i>
15:45–16:45	Parallel Sessions	<i>Aula Max, WW9, WW5, WW6</i>
17:00	End of Day 1 – see social programme	

Saturday 6th June

08:30 -9:00	Registration	<i>Aula Max</i>
09:00–9:10	Welcome & Opening – Prof Paula O’Leary	<i>Aula Max</i>
09:10–09:30	Plenary 4 Presentations of Distinction	<i>Aula Max</i>
09:30–10:30	Plenary 5 Dr Margaret McCartney	<i>Aula Max</i>
10:30–11:30	Parallel Sessions	<i>Aula Max, WW9, WW5, WW9</i>
11:30–12:00	Coffee	<i>Aula Max</i>
12:00–13:00	Parallel Sessions	<i>Aula Max, WW9, WW5, WW6</i>
13:00–13:30	Conference Closing & Prize Giving	<i>Aula Max</i>

Full Conference Programme

Day 1 – Friday 5th June

Start Time	Session	Location
5th June 2026	Friday - morning	
08.45-09.45	Conference Registration	Aula Max
09:45-10.00	Welcome and Opening Address: Dr Andy Philips Regional Executive Officer, HSE Southwest <i>Chair:</i> Prof Emma Wallace	Aula Max
10:00-10:45	Plenary Session 1 <i>A new dawn for Irish Specialist training in General Practice: curriculum review and redevelopment project.</i> Professor Rob Scully and Dr Padraic McCarthy <i>Chair:</i> Dr Aileen Barrett	Aula Max
10:45-11:15	Coffee	Aula Max
11:15-12:15	Parallel Session 1 Workshop Workshop: Exploring ethnic minority health – The example of the Traveller community in Ireland: challenges and opportunities Workshop Lead: Patrick O'Donnell	West Wing Room 9 (WW9)
11.15-12.15	Parallel Session 1 – Oral Presentations Theme: Cancer Session Chair: Dr Aisling Farrell	West Wing Room 5 (WW5)
	A Oral – Title: Interventions to Increase Lung Cancer Screening Uptake: An Umbrella Review Presenter: Lily Clancy	
	B Oral – Title: Early cancer detection of symptomatic cancer in primary care in Ireland: A research prioritisation exercise Presenter: Brona Mulligan	
	C Oral – Title: GP Referrals for Suspected Prostate Cancer in Ireland: A Cross-Sectional Study Presenter: Nikolett Serbezova	
	D Oral – Title: GP referrals for suspected lung cancer in Ireland: a cross-sectional study Presenter: Conor Murphy	
	E* Rapid Fire – Title: Designing a Non-Specific Symptoms of Cancer Referral Pathway for Irish Primary Care: Stakeholder Perspectives Presenter: Majid Khan	
11.15-12.15	Parallel Session 1 – Rapid Fire Session Theme: Education and Training / Workforce Session Chair: Prof Maureen Kelly	West Wing Room 6 (WW6)
	A Rapid Fire – Title: General Practice Nursing Activity Measurement: A scoping review Presenter: Roisin Doogue	

	B Rapid Fire – Title: Breastfeeding related knowledge, attitudes, perceptions and practices of primary healthcare professionals in Ireland: A national cross-sectional survey. Presenter: Sarah Brennan	
	C Rapid Fire – Title: Unleashing potential: a scoping review of nurse graduate education in primary care nursing. Presenter: Sheila Loughman	
	D Rapid Fire – Title: Investigating Safety Attitudes among Irish General Practice Trainees. Presenter: John Fallon	
	E Rapid Fire – Title: The movement of Irish GPs and Medical Graduates between Irish and Australian Practice 2010-24 Presenter: Gerard Gill	
	F Rapid Fire – Title: Promoting Adolescent Mental Health through GP training (PACE-GP): A protocol for a pilot RCT and process evaluation of an online educational intervention designed to support GPs in Ireland to manage adolescent mental health presentations Presenter: Dónal Wallace	
	G Rapid Fire – Title: Who Gets to Be Agentic? Equity and Learner Agency in Medical Education Presenter: Kelly Doherty	
	H Rapid Fire – Title: General practice / family medicine: evolving undergraduate medical curricula – A narrative review and discussion paper Presenter: Nandakumar Ravichand	
	I Rapid Fire – Title: Medical Interns in General Practice: A Qualitative Analysis of Professional Identity and Perceived Clinical Competency. Presenter: Nicholas Breen	
	J Rapid Fire – Title: Interdisciplinary Simulation for Psychiatric Emergencies- a National Success Story. Presenter: Aoife Jackson	
11.15-12.15	Parallel Session 1 – Oral Presentations Theme: Medicines optimisation / Prescribing Session Chair: Dr Caroline McCarthy	Aula Max
	A Oral - Title: Investigating the Potential Prescribing Cascade of Cardiac Alpha-1-Blockers Leading to Vestibular Sedative Prescriptions Among Older Community-Dwelling Adults in Ireland Presenter: Rosanne Fortes	
	B Oral - Title: Associations Between Pharmaceutical Industry Payments and Analgesic Prescribing for Chronic Non-Malignant Pain: A Systematic Review Presenter: Mohammed Gharbia	
	C Oral - Title: Incidence of prescribing cascades, associated patient characteristics and healthcare utilization in older community-dwelling adults: a retrospective cohort study Presenter: Steven Gilmore	

	D Oral - Title: Examining the prevalence of Fall Risk-Increasing Drugs in older community-dwelling people and its association with fall-related hospital admissions and prescription modification Presenter: Steven Gilmore	
	E **Rapid Fire – Title: Polypharmacy in Women Attending the Chronic Disease Management Programme in General Practice – Early Results from the HEARTWISE Project Presenter: Mark Ledwidge	
12:15-13:15	Parallel Session 2 Workshop	West Wing Room 9 (WW9)
	Workshop: Managing conflicts of interest at an organisational level Workshop Lead: James Larkin	
12.15-13.15	Parallel Session 2 – Oral Presentations Theme: Education and Training / Workforce Session Chair: Dr Emer O’Brien	Aula Max
	A Oral – Title: School Leaver Selection to Medicine in Ireland- A Qualitative Study of Stakeholder Perspectives Presenter: Maureen Kelly	
	B Oral – Title: How do General Practice trainees experience the transition from hospital to General Practice: a qualitative study Presenter: Alice O’Neill	
	C Oral – Title: Exploring the Lived Experience of Hope in General Practitioners Presenter: Adele Heaney	
	D Oral – Title: Balancing Care and Constraints; GP Trainees’ experiences of providing nursing home care Presenter: Ailbhe Fell	
	E Oral – Title: Instant messaging; exploring its value as a learning tool in postgraduate general practice education Presenter: Eadaoin Townley	
12.15-13.15	Parallel Session 2 – Rapid Fire Session – Theme: Chronic Disease Session Chair: Prof Patrick Redmond	West Wing Room 6 (WW6)
	A Rapid Fire – Title: Breathing Easy: A Readily Reproducible Quality Improvement Project to Standardise Asthma Management within the Chronic Disease Management Programme. Presenter: John Jefferies	
	B Rapid Fire – Title: Workload and Care Delivery in a GP-Led Weight Loss Programme in Irish Primary Care Presenter: Ellen Gercik	
	C Rapid Fire – Title: Access and Outcomes in Chronic Disease Management in Primary Care: Barriers, Facilitators, and Equity in High-Income Countries, A Scoping Review Presenter: Nontobeko Mdluli	
	D Rapid Fire – Title: Long Covid and General Practice: A Survey of Patients in the Republic of Ireland	

	Presenter: John Broughan	
	E Rapid Fire – Title: Optimising general practice Long Covid care – evaluation of an educational intervention (GP-COV-ED Study) Presenter: John Broughan	
	F Rapid Fire – Title: General practice professionals’ perspectives on cardiovascular risk assessment in patients diagnosed with mental health disorders: an embedded mixed-methods study Presenter: Nandakumar Ravichandran	
	G Rapid Fire – Title: Inquiry into Service Usage, Gerontological Health and Multi-Morbidity: A Cross-Sectional Study in Irish General Practice (INSIGHT-GP) Presenter: Karieshinie Peiris	
	H Rapid Fire – Title: Adverse Pregnancy Outcomes and the Chronic Disease Management Programme in General Practice Presenter: Trevor Corrigan	
	I Rapid Fire – Title: Leveraging Physical Activity Data In Chronic Disease Management: A Novel Approach In Irish General Practice Presenter: Uzair Shabbir	
12.15-13.15	Parallel Session 2 – Oral Presentations Theme: Health Inequalities / Vulnerable Populations Session Chair: Dr Caroline Burke	West Wing Room 5 (WW5)
	A Oral – Title: Into the Deep End of General Practice: Comparative Insights into Establishment, Scaling and Sustainability Internationally Presenter: Patrick O’Donnell	
	B Oral – Title: Promoting Diversity in Clinical Consultations - A Qualitative Study. Presenter: Grace Arnold	
	C Oral – Title: “Now, Where Would You Like to Go Instead?” The Experience of Irish Mothers of a Young Adult with Down Syndrome in the Transition to Adulthood. Presenter: Fiona Buckley	
	D Oral – Title: Loneliness and social isolation in the Irish Chronic Disease Management Programme Presenter: Carlotta Boselli	
	E Oral – Title: Referral Appropriateness and Engagement with Social Prescribing in General Practices serving Urban Deprived Areas: Evidence from a Mixed-Methods Process Evaluation of a Link Worker Trial Presenter: Bridget Kiely	
	Friday – Afternoon	
13:15 – 14.15	Lunch	Aula Max
13:45 – 14:15	AGPI AGM	West Wing Room 6 (WW6)
14:15 – 14:45	Plenary 2: Fiona Bradley Award <i>Chair: Dr Caroline McCarthy</i> <i>Presenter: Prof Susan Smith</i>	Aula Max

14:45 – 15:15	Plenary 3 Title: “Dementia care: Ireland 1, Rest of the world 0!” Professor Dame Louise Robinson <i>Chair: Prof Tony Foley</i>	Aula Max
15:45 – 16:45	Parallel Session 3 – Workshop	West Wing Room 9 (WW9)
	Workshop - Infrastructure and supports for primary care research in Ireland: an interactive exploration of supports and needs for researchers at all stages Workshop Lead: Laura O’Connor	
15.45 – 16.45	Parallel Session 3 – Oral Presentations Patient Centred Care & Education Session Chair: Dr Dónal Wallace	Aula Max
	A Oral – Title: How physical activity is promoted to high-risk groups in general practice: findings from four linked studies Presenter: Andrew O’Regan	
	B Oral – Title: Experiences of Patients and Carers Receiving Care Under the Structured Chronic Disease Management Programme for COPD in Irish General Practice. Presenter: Lydia Kavochi Iladiva	
	C Oral – Title: Navigating uncharted waters: A Meta-ethnography exploring General Practitioners and women’s experience of perimenopause consultations in general practice Presenter: Laura-Jane McCarthy	
	D Oral – Title: Rapid Recruitment into a Primary Care Digital Therapeutic Trial Using a Direct-to-Patient Strategy: The RiSolve Study in Ireland Presenter: Saravana Pandian Boominathan	
	E Oral – Title: Overdiagnosis in undergraduate medical curricula: a scoping review Presenter: Rian O’Connell	
15.45-16.45	Parallel Session 3 – Oral Session Clinical Care Session Chair: Dr Nia Clendennen	West Wing Room 5 (WW5)
	A Oral – Title: General Practice Interventions to Optimise Cardiovascular Disease Risk in Patients with Severe Mental Illness: A Scoping Review Presenter: Aswath Krishna	
	B Oral – Title: General Practitioners’ Views of a Fibromyalgia Diagnosis in Primary Care Presenter: Kerrie McConnell	
	C Oral – Title: "Going out on a limb, on your own": GP perspectives on safely managing acne using isotretinoin. A qualitative interview study. Presenter: Diarmuid Quinlan	
	D Oral – Title: Community-Acquired Sepsis in Ireland: A Secondary Analysis of National Hospital Administrative Data, 2020–2024 Presenter: Nandakumar Ravichandran	

	E Rapid Fire* - Title: An Audit Of Paediatric Presentations To A Mixed Urban–Rural General Practice Presenter: Ahmad H GH H Mohammad	
15.45-16.45	Parallel Session 3 – Rapid Fire Session Health Inequalities / Vulnerable Populations Session Chair: Dr Patrick O’Donnell	West Wing Room 6 (WW6)
	A Rapid Fire – Title: “Pae Ora - Healthy Futures”: A Qualitative Study of lessons learned from the development of a National Rural Health Strategy. Presenter: Liam Glynn	
	B Rapid Fire – Title: Culturally Sensitive and Appropriate Health and Well-Being Self-Management Services in Rural and Community Settings: A Scoping Review Presenter: Viktoriia Lobachova	
	C Rapid Fire – Title: Representation of Migrants in General Practice Clinical Research in Ireland: A Cross-sectional Analysis Presenter: Oluwatobi Bolaji Ajayi	
	D Rapid Fire – Title: Assessing the Impact of a Novel Video-Based Narrative Medicine Intervention in Teaching Undergraduate Medical Students about Dermatological Conditions through the Lived Experience of Psoriasis. Presenter: Catherine Wilkinson	
	E Rapid Fire – Title: GPs’ experiences of caring for refugees; challenges and perspectives Presenter: Udani Atukoralal	
	F Rapid Fire – Title: Longitudinal placement in rural general practice has a positive effect on medical students’ aspirations towards a career in rural practice Presenter: Noreen Lineen-Curtis	
	G Rapid Fire – Title: Undergraduate Medical Students’ Attitudes and Experiences of a Tailored Workshop on Inclusive Clinical Practice and Research, using Cervical Screening as a case study Presenter: Caroline Burke	
	H Rapid Fire – Title: Audit on the Practice of Sending General Practice Discharge Letters from the Emergency Medicine Department of Midlands Regional Hospital. Presenter: Abd UI Slam	
	I Rapid Fire – Title: Patient and public involvement in clinical trials to improve outcomes for adults with multimorbidity in primary care and community settings: A systematic review Presenter: Elizabeth O’Donnell	
17:00	End of Day 1 – see conference social programme pg 18	

Day 2 Full Programme – Saturday 6th June

Start Time	Session	Location
6th June 2026	Saturday - morning	
08:30 – 09:00	Registration	Aula Max
09:00 – 09:10	Welcome Professor Paula O’Leary, Dean of UCC School of Medicine & Consultant Immunologist, Cork University Hospital <i>Chair: Professor Emma Wallace</i>	Aula Max
09:10 – 09:30	Plenary 4 Presentations of Distinction (Top scoring abstracts) <i>Chair: Dr Aisling Jennings</i>	Aula Max
Presentation 1	Medicines support and social prescribing to address patient priorities in multimorbidity (MIDAS): Protocol and baseline participant characteristics of a definitive, multi-arm, cluster randomised controlled trial in Irish general practice (Abstract ID 75) Presenter: Farah Tahsin	
Presentation 2	Platelet Count as a Sign of Undiagnosed Cancer in General Practice: Results of a Cohort Study from the CRADLE EHR Database (Abstract ID 88) Presenter: Aoife O’Brien	
09:30 – 10:30	Plenary 5 No Innovation Without Evidence Dr Margaret McCartney <i>Chair: Prof Andrew Murphy</i>	Aula Max
10.30-11.30	Parallel Session 4 – Workshop	West Wing Room 9 (WW9)
	Workshop: Challenges and Opportunities Posed by AI and Assessment: Examples and Reflections in General Practice Workshop Lead: Andrew Murphy	
10.30-11.30	Parallel Session 4 – Oral Presentations Chronic Disease / Multimorbidity Session Chair: Dr Roisín Doogue	Aula Max
	A Oral – Title: Medicines support and social prescribing to address patient priorities in multimorbidity (MIDAS): early lessons from the process evaluation Presenter: Eanna Kenny	
	B Oral – Title: Experiences of Implementing the Structured Chronic Disease Management Programme for Chronic Obstructive Pulmonary Disease in Irish General Practice: A Qualitative Study. Presenter: Lydia Kavochi Iladiva	
	C Oral – Title: Rural Clinicians’ Perspectives of the Factors Influencing Health Behaviours of Farmers: An Appreciative Inquiry Presenter: Rebecca Orr	

	D Oral – Title: Application of artificial intelligence on assessment and treatment in addiction: A scoping review Presenter: Nandakumar Ravichandran	
	E Oral – Title: Systematic Review of the Impact of Self-Monitoring of Blood Glucose Levels on the Quality of Life of Individuals with Newly Diagnosed Type 2 Diabetes Mellitus Presenter: Ray O' Connor	
10.30-11.30	Parallel Session 4 – Rapid Fire Session Women's Health & Cancer Session Chair: Dr Mike O'Callaghan	West Wing Room 6 (WW6)
	A Rapid Fire – Title: ADAPT: Activity Data for Early Medical Abortion Care in General Practice Presenter: Trish Horgan	
	B Rapid Fire – Title: Mind the Gap: Mapping Menopause Education in Healthcare: A Scoping Review Presenter: Dr Margaret Murphy	
	C Rapid Fire – Title: Women's experiences of shared decision-making in perimenopause consultations in general practice: A protocol for a qualitative study Presenter: Laura-Jane McCarthy	
	D Rapid Fire – Title: Cardiometabolic Risk Following Gestational Diabetes or Hypertension in Pregnancy: A Retrospective Study in Irish Primary Care Presenter: Trevor Corrigan	
	E Rapid Fire – Title: Delivering perimenopause care in general practice: a protocol for a qualitative exploration of General Practitioners' experiences Presenter: Laura-Jane McCarthy	
	F Rapid Fire – Title: Co-designing a recruitment strategy for lung cancer screening in high-risk individuals: A qualitative study Presenter: Andre Samir Ramkaran	
	G Rapid Fire – Title: Implementing Faecal Immunochemical Testing in Primary Care: A Pilot Study Presenter: Nassreen Abdullah	
	H Rapid Fire – Title: Stage-Specific Costs of Lung Cancer in Ireland: A Patient-Level Microsimulation Presenter: Patrick Redmond	
	I Rapid Fire – Title: Evaluating PLCOm2012 and LLPv2 in an Irish Lung Cancer Screening Pilot: How Eligibility Rules Influence Who Gets Screened Presenter: Ciara Fay	
10.30-11.30	Parallel Session 4 – Oral Presentations Digital Health & Prescribing Session Chair: Dr Aoife Jackson	West Wing Room 5 (WW5)
	A Oral – Title: Mapping Digital Scribe Technologies in Primary Care: A Scoping Review of Design, Implementation, Accuracy and Impact Presenter: Majid Khan	
	B Oral – Title: Evaluating the Usability of an Atrial Fibrillation Audit Dashboard in Primary Care	

	Presenter: Joe Gallagher	
	C Oral – Title: How direct healthcare professional communications (DHPCs) are operationalised by General Practitioners and community pharmacists in Ireland: a national cross-sectional study. Presenter: Paul Ryan	
	D Oral – Title: Stakeholder Perspectives on Implementing Direct Healthcare Professional Communications (DHPCs) in Primary Care Presenter: Paul Rayn	
	E Oral – Title: Avoiding being the “busy fool”: How GPs perceive and engage with a prescribing safety and quality dashboard Presenter: Caroline McCarthy	
11:30 – 12:00	Coffee	Aula Max
12:00 – 13:00	Parallel Session 5 – Workshop	West Wing Room 9 (WW9)
	A Workshop – Title: In their shoes: using forum theatre to explore weight stigma in GP consultations Workshop Lead: Hannah O’Hara	
12.00 – 13.00	Parallel Session 5 – Oral Presentations Theme: Research Infrastructure in Irish Primary Care Session Chair: Prof Andrew Murphy	West Wing Room 5 (WW5)
	A Oral – Title: International Primary Care Databases: A Scoping Review to Inform Ireland’s Future Health Data Infrastructure Presenter: Omar Abu Saadeh	
	B Oral – Title: General Practice Research in Ireland: A Scoping Review of Publications (2014-2025) Presenter: Tomás Barry	
	C Oral – Title: Changing Working Patterns in Irish general practice: Findings from a Qualitative Remote Ethnographic Study Presenter: Niall Humphries	
	D* Rapid Fire – Title: Implementation and Evaluation of a Primary Care Practice Based Research Network in the Ireland East region: A case report Presenter: John Broughan	
	E* Rapid Fire – Title: General Practitioners’ Perspectives on Research Priorities for Integrated Care in the Republic of Ireland Presenter: Nandakumar Ravichandran	
12.00-13.00	Parallel Session 5 – Rapid Fire Session Theme: Prescribing/ Mental Health/ Digital Health Session Chair: Dr Diarmuid Quinlan	West Wing Room 6 (WW6)
	A Rapid Fire – Title: Perceptions Of Glucagon-Like Peptide-1 Receptor Agonist (GLP-1) Use For The Treatment Of Obesity Amongst Irish Primary Care Providers Presenter: Fiona O’Riordan	

	B Rapid Fire – Title: The use of GLP-1 agonist medications within a Regional General practice setting Presenter: Ian Geraghty	
	C Rapid Fire – Title: What happens after discharge? Continuation of gabapentinoids in Irish general practice among adults aged ≥65 years: A cohort study Presenter: Mohammed Gharbia	
	D Rapid Fire – Title: A study investigating the feasibility and implementation of a Treat Your Respiratory Infection (TY-RTI) Leaflet in Irish GP practice. Presenter: Mala Shah	
	E Rapid Fire – Title: A Dynamic Framework of Well-being Derived from a Systematic Integrative Review: Lessons from International Healthcare students Presenter: Yao X	
	F Rapid Fire – Title: National Preparedness for Alzheimer’s Disease Modifying Therapies: A Scoping Review of General Practice Integration Presenter: Isabelle Coonan	
	G Rapid Fire – Title: Anxiety, Depression and Quality of Life in a Chronic Disease Management Programme: Early Findings from the MINDHEART project Presenter: Tom Breslin	
	H Rapid Fire – Title: Contextual well-being and the perceived role of artificial intelligence among medical students and graduates: an interpretative phenomenological analysis Presenter: Yao X	
	I Rapid Fire – Title: Best Practice use of Text Messages in General Practice Presenter: Nassreen Abdullah	
12.00-13.00	Parallel Session 5 – Rapid Fire Session Education and Training / Workforce Session Chair: Dr Aileen Barrett	Aula Max
	A Rapid Fire – Title: VICTORY - Virtual knowledge exchange in primary Care Through effective digital Online courses for all Young people without borders and barriers Presenter: Joe Gallagher	
	B Rapid Fire – Title: Non-vitamin K Oral Anticoagulant Prescribing and Co-Prescription with Antiplatelet Therapy in Irish Primary Care: Insights from a Large Atrial Fibrillation Cohort Presenter: Joe Gallagher	
	C Rapid Fire – Title: Who We Are- The Broad Brushstrokes of the Current GP Workforce Using Professional Competency Registration Data Presenter: Mike O’Callaghan	
	D Rapid Fire – Title: Newly qualified doctors’ perceptions of professional identity in the context of preparedness for clinical practice. A mixed methods study. Presenter: Aifric Allen	

	E Rapid Fire – Title: Educational Interventions Influencing Medical Student Perceptions of General Practice: A Scoping Review Presenter: Nia Clendennen	
	F Rapid Fire – Title: Minutes, Medicine, and Multi-Tasking: A Snapshot of Irish General Practice Consultations Presenter: Marcella O’Callaghan	
	G Rapid Fire – Title: Barriers and facilitators to optimising vital signs assessment in primary care: a scoping review. Presenter: Sandra Shogy	
	H Rapid Fire – Title: An Audit of the Appropriateness of Shoulder MRI Referrals in General Practice Presenter: Conor O’Reilly	
	I Rapid Fire – Title: Audit on Annual Influenza vaccination in patients with chronic kidney disease in a General Practice Facility Presenter: Dr Muhammad Awais	
13:00-13.30	Closing & Prize Giving <i>Chair:</i> Prof Tony Foley	Aula Max

Keynote Speakers Biographies

Friday 6th June

Dr Andy Phillips

A Welsh Kiwi, Dr Andy Phillips came to Cork and Kerry to be the REO HSE SW from working in clinical, operational and strategic executive leadership roles in healthcare in the UK NHS, Australia and NZ for the past 37 years. Andy maintains his clinical qualification as a consultant clinical scientist.

Since 2009, Andy has been leading large scale health system transformation with a passion for delivering value for money through integrating health and social care. Andy has practised co-creating health and relationship centred healthcare for over 20 years, with recent work leading kindness and compassion in healthcare. Andy took up his role as Regional Executive Officer in HSE Southwest on 1 March 2024. HSE Southwest serves the people of Cork and Kerry with a purpose of making our communities proud of their Health Service.

Professor Robert Scully

Robert Scully is a GP and since Jan 2025 the Established Professor of Rural and Remote Medicine at the University of Galway.

From 2022 – 2024 he was Regional Director of Training with the ICGP, and Director of Curriculum. His career prior to that was based in Scotland. After training in General Practice in Edinburgh, he completed fellowships in academic General Practice (Usher Institute, University of Edinburgh), and Acute Rural Care (NES, Isle of Skye). From 2017 to 2022 he was Deputy Director and Clinical Lead of the Scottish Graduate Entry Medical Programme (ScotGEM) based in St Andrews School of Medicine. As ScotGEM was commissioned by Scottish Government to address the workforce requirements of rural communities, he is particularly interested in the role of education in creating a sustainable, socially accountable and high-quality medical workforce. Clinically he enjoys regular locum work in rural areas, having previously worked as a full-time Acute Rural Physician on the Isle of Skye from 2015 – 2017, and as a rural GP in Fife from 2017 – 2022.

Dr Padraic McCarthy

Dr Padraic McCarthy is the Curriculum Development Fellow with the Irish College of GPs since 2024. Padraic currently works as a GP in Ayrfield Medical Practice, Kilkenny, where he also provides medical care to a large residential nursing home.

Padraic graduated from medical school in University College Cork in 2015. Since graduation he has gained experience across multiple specialties completing memberships of both the Royal College of Physicians Ireland (2019) and the Irish College of GPs (2024). Prior to pursuing a career in General Practice, Padraic worked as a Registrar in both Nephrology and Geriatrics in New Zealand. Coming from a family of educators, Padraic has long had an interest in medical education. Since graduation peer and medical student teaching has been a central component of his career. He completed a Diploma in Health Professions Education in University College Cork in 2025. He is actively involved in medical student, GP Registrar and Nurse education in

practice. Padraic was involved in the Irish Medical Organisation as an NCHD committee member in 2024. Outside of work, Padraic enjoys playing team sports and continues to play Gaelic Football and Soccer competitively.

Professor Dame Louise Robinson

Professor Dame Louise Robinson is an academic GP and Professor of Primary Care and Ageing at Newcastle University. She was the first GP to be awarded a prestigious UK National Institute for Health and Care Research (NIHR) Professorship, followed by a NIHR Senior Investigator award. Professor Robinson also holds a UK Regius Professorship in Ageing and was awarded a Damehood in 2018 for services to the care and research of older people.

Louise's personal research programme is focused on improving quality of life and quality of care for older people, especially those living with dementia. She led one of three Alzheimer Society National Centres of Excellence on Dementia Care and a NIHR Global Health group on Dementia Prevention and Care. Louise was primary care lead for the Prime Minister's Dementia Challenge and was a member of the NICE Dementia Care Guidelines development group.

Saturday June 6th

Dr Margaret McCartney

Dr McCartney is a practicing general practitioner in addition to her academic role in St Andrews University Scotland, where she is Director of the Centre for Evidence and Values in Healthcare.

She is particularly interested in evidence-based medicine, conflicts of interest, screening, risk, bias, and public communication about healthcare. She is also an award-winning writer and broadcaster, has written three books about evidence in healthcare for the lay public and has been a columnist for the Financial Times and the BMJ. She was made a Fellow of the Royal Society of Edinburgh in 2023 and completed her PhD in 2024. She is also a Director of Beira's Place, Edinburgh. Her declarations of interest are at whopaysthisdoctor.org.

Conference Social Programme

Friday 5th June 2026

07.15am **Conference walk/jog/run** (meet at the Main Quad, UCC campus, Eircode T12T997)

5pm (at conference close)

- **Mindfulness and Yoga****; meet at 5pm in the Aula for yoga at the North Wing Conference room (max 15 people-sign up at the registration desk)
- **Walking tour***** meet in the Aula to go to the North Wing Visitors Centre, UCC Main Campus (max 30 people-sign up at the registration desk)

7pm **Drinks reception**, College Bar, Student Centre, UCC Main Campus

7.30pm (sharp) **Dinner** (3 course seated meal), Devere Hall, Student Centre, UCC Main Campus (please note this is a pre-paid event and a ticket will be required at entry)

9pm **After Dinner Entertainment** Lively traditional music at the College Bar

Saturday 6th June

07.15am **Conference run*** (meet at the Archway, UCC Quad on main campus next to the Aula Maxima Eircode T12T997) no need to sign up-just come along

Gym and swimming pool access

The Mardyke Arena Health and Leisure Centre, located close to UCC, has a gym and swimming pool and is open 7am-10.30pm on **Friday** and 9am-7pm on **Saturday**. The facilities can be accessed a pay as you go basis (€15).

More details can be found on the Mardyke Arena website: [Mardyke Arena Health & Leisure Centre Cork](#)

Conference Information

WiFi: Eduroam is available to connect to the internet.

Prebook activities: Yoga and Walking tour require pre-booking as there is a cap on numbers. Please sign up at the registration desk.

Speaker Preview: Please check your presentation is uploaded to the computer in the room you are allocated for your presentation. Room allocation for all presentations can be found in the conference programme. AV support is available if required.

Parallel Sessions: Speakers should introduce themselves to the parallel session Chair at the start of the session. Student volunteers will be available to help if there are any issues. Oral presentations are allocated 7 minutes presentation time and 3 minutes for questions; rapid fire presentations are allocated 3 minutes presentation time and 2 minutes for questions. The session Chair will manage timing and facilitate questions.

Publication of abstracts: all accepted abstracts are available to read at the end of the conference programme.

Peer reviewers: Thank you to all peer reviewers for volunteering their time in reviewing abstracts for this conference.

Media notice: If presenters do not wish for their research to be shared on social media or via other media outlets, please say this at the start of your presentation. You may also mention this to the session Chair.

CPD: Irish College of GPs CPD points are available for conference attendance for both days of the conference. Two separate Irish College of GPs CPD codes will be provided for Friday and Saturday. Delegates are required to sign in at the registration desk on both days of the conference to receive CPD points. The CPD code can then be inputted directly to the Irish College of GPs Professional Competence Scheme portal-no other attendance certificates will be provided.

Car parking: UCC Visitor carparks can be found at [Perrott's Inch](#) and [Perrott's Avenue](#). You can find hourly visitor carpark rates on this webpage [Where Can I Park? | University College Cork](#)

Breastfeeding room: The Nursing Mothers map can be found [here](#).

Accessible toilet: There is an accessible toilet in the North Wing bathrooms or in the Hub as [shown here](#).

Book of Abstracts

Parallel Session 1 – Oral Presentations		
Theme: Cancer		
ID#	Author	Parallel Session 1 – Oral Presentations Theme: Cancer
41	Lily Clancy	Interventions to Increase Lung Cancer Screening Uptake: An Umbrella Review
73	Brona Mulligan	Early cancer detection of symptomatic cancer in primary care in Ireland: A research prioritisation exercise
130	Nikolet Serbezova	GP Referrals for Suspected Prostate Cancer in Ireland: A Cross-Sectional Study
131	Conor Murphy	GP referrals for suspected lung cancer in Ireland: a cross-sectional study
69	Majid Khan	Designing a Non-Specific Symptoms of Cancer Referral Pathway for Irish Primary Care: Stakeholder Perspectives

Parallel Session 1 – Rapid Fire Session		
Theme: Education and Training / Workforce		
ID#	Author	Parallel Session 1 – Rapid Fire Session Theme: Education and Training / Workforce
46	Roisin Doogue	General Practice Nursing Activity Measurement: A scoping review
48	Sarah Brennan	Breastfeeding related knowledge, attitudes, perceptions and practices of primary healthcare professionals in Ireland: A national cross-sectional survey.
50	Sheila Loughman	Unleashing potential: a scoping review of nurse graduate education in primary care nursing.
58	John Fallon	Investigating Safety Attitudes among Irish General Practice Trainees.
70	Gerard Gill	The movement of Irish GPs and Medical Graduates between Irish and Australian Practice 2010-24
71	Dónal Wallace	Promoting Adolescent Mental Health through GP training (PACE-GP): A protocol for a pilot RCT and process evaluation of an online educational intervention designed to support GPs in Ireland to manage adolescent mental health presentations
86	Kelly Doherty	Who Gets to Be Agentic? Equity and Learner Agency in Medical Education
93	Nandakumar Ravichand	General practice / family medicine: evolving undergraduate medical curricula – A narrative review and discussion paper
104	Nicholas Breen	Medical Interns in General Practice: A Qualitative Analysis of Professional Identity and Perceived Clinical Competency. Presenter: Nicholas Breen
122	Aoife Jackson	Interdisciplinary Simulation for Psychiatric Emergencies- a National Success Story. Presenter: Aoife Jackson

Parallel Session 1 – Oral Presentations		
Theme: Medicines optimisation / Prescribing		
ID#	Author	Parallel Session 1 – Oral Presentations Theme: Medicines optimisation / Prescribing
45	Rosanne Fortes	Investigating the Potential Prescribing Cascade of Cardiac Alpha-1-Blockers Leading to Vestibular Sedative Prescriptions Among Older Community-Dwelling Adults in Ireland
56	Mohammed Gharbia	Associations Between Pharmaceutical Industry Payments and Analgesic Prescribing for Chronic Non-Malignant Pain: A Systematic Review
99	Steven Gilmore	Incidence of prescribing cascades, associated patient characteristics and healthcare utilization in older community-dwelling adults: a retrospective cohort study
100	Steven Gilmore	Examining the prevalence of Fall Risk-Increasing Drugs in older community-dwelling people and its association with fall-related hospital admissions and prescription modification
110	Mark Ledwidge	Polypharmacy in Women Attending the Chronic Disease Management Programme in General Practice – Early Results from the HEARTWISE Project

Parallel Session 2 – Oral Presentations		
Theme: Education and Training / Workforce		
ID#	Author	Parallel Session 2 – Oral Presentations Theme: Education and Training / Workforce
4	Maureen Kelly	School Leaver Selection to Medicine in Ireland- A Qualitative Study of Stakeholder Perspectives
34	Alice O’Neill	How do General Practice trainees experience the transition from hospital to General Practice: a qualitative study
51	Adele Heaney	Exploring the Lived Experience of Hope in General Practitioners
80	Ailbhe Fell	Balancing Care and Constraints; GP Trainees’ experiences of providing nursing home care
15	Eadaoin Townley	Instant messaging; exploring its value as a learning tool in postgraduate general practice education

Parallel Session 2 – Rapid Fire Session		
Theme: Chronic Disease		
ID#	Author	Parallel Session 2 – Rapid Fire Session Theme: Chronic Disease
37	John Jefferies	Breathing Easy: A Readily Reproducible Quality Improvement Project to Standardise Asthma Management within the Chronic Disease Management Programme.
74	Ellen Gercik	Workload and Care Delivery in a GP-Led Weight Loss Programme in Irish Primary Care
113	Nontobeko Mdlui	Access and Outcomes in Chronic Disease Management in Primary Care: Barriers, Facilitators, and Equity in High-Income Countries, A Scoping Review
115	John Broughan	Long Covid and General Practice: A Survey of Patients in the Republic of Ireland
119	John Broughan	Optimising general practice Long Covid care – evaluation of an educational intervention (GP-COV-ED Study)
94	Nandakumar Ravichandran	General practice professionals’ perspectives on cardiovascular risk assessment in patients diagnosed with mental health disorders: an embedded mixed-methods study
35	Karieshinie Peiris	Inquiry into Service Usage, Gerontological Health and Multi-Morbidity: A Cross-Sectional Study in Irish General Practice (INSIGHT-GP)
112	Trevor Corrigan	Adverse Pregnancy Outcomes and the Chronic Disease Management Programme in General Practice
24	Uzair Shabbir	LEVERAGING PHYSICAL ACTIVITY DATA IN CHRONIC DISEASE MANAGEMENT: A NOVEL APPROACH IN IRISH GENERAL PRACTICE

Parallel Session 2 – Oral Presentations		
Theme: Health Inequalities / Vulnerable Populations		
ID#	Author	Parallel Session 2 – Oral Presentations Theme: Health Inequalities / Vulnerable Populations
23	Patrick O'Donnell	Into the Deep End of General Practice: Comparative Insights into Establishment, Scaling and Sustainability Internationally
67	Grace Arnold	Promoting Diversity in Clinical Consultations - A Qualitative Study.
101	Fiona Buckley	“Now, Where Would You Like to Go Instead?” The Experience of Irish Mothers of a Young Adult with Down Syndrome in the Transition to Adulthood.
108	Carlotta Boselli	Loneliness and social isolation in the Irish Chronic Disease Management Programme

125	Bridget Kiely	Referral Appropriateness and Engagement with Social Prescribing in General Practices serving Urban Deprived Areas: Evidence from a Mixed-Methods Process Evaluation of a Link Worker Trial
-----	---------------	--

Parallel Session 3 – Oral Presentations

Theme: Patient Centred Care & Education

ID#	Author	Parallel Session 3 – Oral Presentations Theme: Patient Centred Care & Education
77	Andrew O'Regan	How physical activity is promoted to high-risk groups in general practice: findings from four linked studies
121	Lydia Kavochi Iladiva	Experiences of Patients and Carers Receiving Care Under the Structured Chronic Disease Management Programme for COPD in Irish General Practice.
6	Laura-Jane McCarthy	Navigating uncharted waters: A Meta-ethnography exploring General Practitioners and women's experience of perimenopause consultations in general practice
36	Saravana Pandian Boominathan	Rapid Recruitment into a Primary Care Digital Therapeutic Trial Using a Direct-to-Patient Strategy: The RiSolve Study in Ireland
14	Rian O'Connell	Overdiagnosis in undergraduate medical curricula: a scoping review

Parallel Session 3 – Oral Presentations

Theme: Clinical Care

ID#	Author	Parallel Session 3 – Oral Presentations Theme: Clinical Care
127	Aswath Krishna	General Practice Interventions to Optimise Cardiovascular Disease Risk in Patients with Severe Mental Illness: A Scoping Review
64	Kerrie McConnell	General Practitioners' Views of a Fibromyalgia Diagnosis in Primary Care
3	Diarmuid Quinlan	"Going out on a limb, on your own": GP perspectives on safely managing acne using isotretinoin. A qualitative interview study.
92	Nandakumar Ravichandran	Community-Acquired Sepsis in Ireland: A Secondary Analysis of National Hospital Administrative Data, 2020–2024

Parallel Session 3 – Rapid Fire Session

Theme: Health Inequalities / Vulnerable Populations

ID#	Author	Parallel Session 3 – Rapid Fire Session Theme: Health Inequalities / Vulnerable Populations
28	Liam Glynn	"Pae Ora - Healthy Futures": A Qualitative Study of lessons learned from the development of a National Rural Health Strategy.
32	Viktoriia Lobachova	Culturally Sensitive and Appropriate Health and Well-Being Self-Management Services in Rural and Community Settings: A Scoping Review

33	Oluwatobi Bolaji Ajayi	Representation of Migrants in General Practice Clinical Research in Ireland: A Cross-sectional Analysis
44	Catherine Wilkinson	Assessing the Impact of a Novel Video-Based Narrative Medicine Intervention in Teaching Undergraduate Medical Students about Dermatological Conditions through the Lived Experience of Psoriasis.
78	Udani Atukoralal	3 A Rapid Fire – Title: GPs’ experiences of caring for refugees; challenges and perspectives Presenter: Udani Atukoralal
30	Noreen Lineen-Curtis	Longitudinal placement in rural general practice has a positive effect on medical students aspirations towards a career in rural practice
117	Caroline Burke	Undergraduate Medical Students’ Attitudes and Experiences of a Tailored Workshop on Inclusive Clinical Practice and Research, using Cervical Screening as a case study
128	Abd UI Slam	Audit on the Practice of Sending General Practice Discharge Letters from the Emergency Medicine Department of Midlands Regional Hospital.
124	Elizabeth O’Donnell	Patient and public involvement in clinical trials to improve outcomes for adults with multimorbidity in primary care and community settings: A systematic review

Parallel Session 4 – Oral Presentations		
Theme: Chronic Disease / Multimorbidity		
ID#	Author	Parallel Session 4 – Oral Presentations Theme: Chronic Disease / Multimorbidity
89	Eanna Kenny	Medicines support and social prescribing to address patient priorities in multimorbidity (MIDAS): early lessons from the process evaluation
118	Lydia Kavochi Iladiva	Experiences of Implementing the Structured Chronic Disease Management Programme for Chronic Obstructive Pulmonary Disease in Irish General Practice: A Qualitative Study.
81	Rebecca Orr	Rural Clinicians’ Perspectives of the Factors Influencing Health Behaviours of Farmers: an Appreciative Inquiry
96	Nandakumar Ravichandran	Application of artificial intelligence on assessment and treatment in addiction: A scoping review
82	Ray O' Connor	Systematic Review of the Impact of Self-Monitoring of Blood Glucose Levels on the Quality of Life of Individuals with Newly Diagnosed Type 2 Diabetes Mellitus

Parallel Session 4 – Rapid Fire Session		
Theme: Women’s Health & Cancer		
ID#	Author	Parallel Session 4 – Rapid Fire Session Theme: Women’s Health & Cancer
43	Trish Horgan	ADAPT: Activity Data for Early Medical Abortion Care in General Practice
83	Dr Margaret Murphy	Mind the Gap: Mapping Menopause Education in Healthcare: A Scoping Review
63	Laura-Jane McCarthy	Women’s experiences of shared decision-making in perimenopause consultations in general practice: A protocol for a qualitative study
102	Trevor Corrigan	Cardiometabolic Risk Following Gestational Diabetes or Hypertension in Pregnancy: A Retrospective Study in Irish Primary Care
116	Laura-Jane McCarthy	Delivering perimenopause care in general practice: a protocol for a qualitative exploration of General Practitioners’ experiences
55	Ciara Fay	Evaluating PLCom2012 and LLPv2 in an Irish Lung Cancer Screening Pilot: How Eligibility Rules Influence Who Gets Screened Presenter: Ciara Fay
62	Andre Samir Ramkaran	Co-designing a recruitment strategy for lung cancer screening in high-risk individuals: A qualitative study Presenter: Andre Samir Ramkaran
65	Nassreen Abdullah	Implementing Faecal Immunochemical Testing in Primary Care: A Pilot Study Presenter: Nassreen Abdullah
12	Patrick Redmond	Stage-Specific Costs of Lung Cancer in Ireland: A Patient-Level Microsimulation

Parallel Session 4 – Oral Presentations		
Theme: Digital Health & Prescribing		
ID#	Author	Parallel Session 4 – Oral Presentations Theme: Digital Health & Prescribing
68	Majid Khan	Mapping Digital Scribe Technologies in Primary Care: A Scoping Review of Design, Implementation, Accuracy and Impact
60	Joe Gallagher	Evaluating the Usability of an Atrial Fibrillation Audit Dashboard in Primary Care
20	Paul Ryan	How direct healthcare professional communications (DHPCs) are operationalised by General Practitioners and community pharmacists in Ireland: a national cross-sectional study.
21	Paul Ryan	Stakeholder Perspectives on Implementing Direct Healthcare Professional Communications (DHPCs) in Primary Care
1	Caroline McCarthy	Avoiding being the “busy fool”: How GPs perceive and engage with a prescribing safety and quality dashboard

Parallel Session 5 – Oral Presentations**Theme: Research Infrastructure in Irish Primary Care**

ID#	Author	Parallel Session 5 – Oral Presentations Theme: Research Infrastructure in Irish Primary Care
39	Omar Abu Saadeh	International Primary Care Databases: A Scoping Review to Inform Ireland’s Future Health Data Infrastructure
97	Tomás Barry	General Practice Research in Ireland: A Scoping Review of Publications (2014-2025)
135	Niall Humphries	Changing Working Patterns in Irish general practice: Findings from a Qualitative Remote Ethnographic Study
111	John Broughan	Implementation and Evaluation of a Primary Care Practice Based Research Network in the Ireland East region: A case report
95	Nandakumar Ravichandran	General Practitioners’ Perspectives on Research Priorities for Integrated Care in the Republic of Ireland

Parallel Session 5 – Rapid Fire Sessions**Theme: Prescribing / Mental Health / Digital Health**

ID#	Author	Parallel Session 5 – Rapid Fire Sessions Theme: Prescribing / Mental Health / Digital Health
53	Fiona O’Riordan	Perceptions Of Glucagon-Like Peptide-1 Receptor Agonist (GLP-1) Use For The Treatment Of Obesity Amongst Irish Primary Care Providers
123	Ian Geraghty	The use of GLP-1 agonist medications within a Regional General practice setting
57	Mohammed Gharbia	What happens after discharge? Continuation of gabapentinoids in Irish general practice among adults aged ≥65 years: A cohort study
59	Mala Shah	A study investigating the feasibility and implementation of a Treat Your Respiratory Infection (TY-RTI) Leaflet in Irish GP practice.
107	Yao X	A Dynamic Framework of Well-being Derived from a Systematic Integrative Review: Lessons from International Healthcare students
90	Isabelle Coonan	National Preparedness for Alzheimer’s Disease Modifying Therapies: A Scoping Review of General Practice Integration
109	Tom Breslin	Anxiety, Depression and Quality of Life in a Chronic Disease Management Programme: Early Findings from the MINDHEART project
114	Yao X	Contextual well-being and the perceived role of artificial intelligence among medical students and graduates: an interpretative phenomenological analysis
66	Nassreen Abdullah	Best Practice use of Text Messages in General Practice

Parallel Session 5 – Rapid Fire Session		
Theme: Education and Training / Workforce		
ID#	Author	Parallel Session 5 – Rapid Fire Session Theme: Education and Training / Workforce
27	Joe Gallagher	VICTORY - VIRTUAL knowledge exchange in primary Care Through effective digital Online courses for all Young people without borders and barriers
61	Joe Gallagher	Non-vitamin K Oral Anticoagulant Prescribing and Co-Prescription with Antiplatelet Therapy in Irish Primary Care: Insights from a Large Atrial Fibrillation Cohort
29	Mike O’Callaghan	Who We Are- The Broad Brushstrokes of the Current GP Workforce Using Professional Competency Registration Data
38	Aifric Allen	Newly qualified doctors’ perceptions of professional identity in the context of preparedness for clinical practice. A mixed methods study.
134	Nia Clendennen	Educational Interventions Influencing Medical Student Perceptions of General Practice: A Scoping Review
13	Marcella O’Callaghan	Minutes, Medicine, and Multi-Tasking: A Snapshot of Irish General Practice Consultations
7	Sandra Shogy	Barriers and facilitators to optimising vital signs assessment in primary care: a scoping review.
19	Conor O’Reilly	An Audit of the Appropriateness of Shoulder MRI Referrals in General Practice
133	Dr Muhammad Awais	Audit on Annual Influenza vaccination in patients with chronic kidney disease in a General Practice Facility

Parallel Sessions 1, 2, 3, 4, 5 – Workshops			
ID#	Workshop	Led by	Title
98	1	Patrick O’Donnell	Exploring ethnic minority health – The example of the Traveller community in Ireland: challenges and opportunities
17	3	James Larkin	Managing conflicts of interest at an organisational level
103	2	Laura O’Connor	Infrastructure and supports for primary care research in Ireland: an interactive exploration of supports and needs for researchers at all stages
25	4	Andrew Murphy	Challenges and Opportunities Posed by AI and Assessment: Examples and Reflections in General Practice
40	5	Hannah O’Hara	In their shoes: using forum theatre to explore weight stigma in GP consultations

Full Book of Abstracts by Abstract ID

Abstract ID 1

Avoiding being the “busy fool”: How GPs perceive and engage with a prescribing safety and quality dashboard

Anais Essilini¹, Barbara Clyne², Tom Fahey³, Frank Moriarty¹, Michelle Flood¹, Claire Gorry⁴, Caroline McCarthy³

¹School of Pharmacy and Biomolecular Sciences, RCSI University of Medicine and Health Sciences, Dublin, Ireland. ²Department of Public Health & Epidemiology, School of Population Health, RCSI University of Medicine and Health Sciences, Dublin, Ireland. ³Department of General Practice, RCSI University of Medicine and Health Sciences, Dublin, Ireland. ⁴Medicines Management Programme, Health Service Executive, Trinity Centre for Health Sciences, St James’s Hospital, Dublin, Ireland

Rationale

In collaboration with a health analytic company, the research team developed a prescribing safety dashboard, deployed in 27 Irish general practices. Trend graphs tracked prescribing changes (2019-2025) by practices across key metrics. This study explored how GPs engaged with the dashboard and their perceptions of using routine data for prescribing feedback.

Methods

Prescribers from participating practices were invited to online interviews. A think-aloud exercise involved participants screen-sharing while verbalising their thoughts and navigating the dashboards, followed by a semi-structured interview exploring views on safe prescribing, feedback and data access. Interviews were recorded, auto-transcribed and manually reviewed for accuracy. Think-aloud data were analysed deductively using a sense-making framework, interviews analysed inductively, and findings triangulated to refine themes.

Results

Nine general practitioners (GPs) from eight practices participated. Themes were organised into four categories: (1) Perceptions of open data, (2) Perceptions of feedback, (3) Dashboard engagement, and (4) Safe, high-quality prescribing. Most GPs were in favour of open data but some feared misuse. GPs valued feedback but reported workload as a barrier. Engagement with the dashboard was mainly interpretative, focused on data meaning in the context of their practice. There was a strong emotional dimension of engagement. GPs also described intended actions in response to what they saw. Finally, safe high-quality prescribing was mainly viewed as avoiding harm.

Conclusions

In this study GPs valued and engaged with dashboard feedback but felt workload competed with time for reflection and action, highlighting the need for practical, streamlined tools and nudges to support engagement.

Abstract ID 3

"Going out on a limb, on your own": GP perspectives on safely managing acne using isotretinoin. A qualitative interview study.

Diarmuid Quinlan^{1,2}, Tony Foley³, Laura Sahm¹, Linda O'Keeffe¹, Edel Burton¹, Miriam Santer⁴

¹University College Cork, Cork, Ireland. ²Irish College of General Practitioners, Dublin, Ireland.

³University College Cork, Dublin, Ireland. ⁴University of Southampton, Southampton, United Kingdom

Background: Acne is a common, chronic disease and imposes a heavy psychosocial burden of disease with antimicrobial stewardship (AMS) concerns. Topical treatment and oral antibiotic therapy are the mainstay of current GP management. Isotretinoin is the most effective treatment for severe acne. Concerns with teratogenicity and mental health led to a dermatologist-delivered model in some jurisdictions. There is evidence of inequitable and delayed access to isotretinoin, especially impacting women, people of colour, ethnic minorities and socially deprived groups.

Aim: To explore the perspectives of GPs in Ireland who independently prescribe isotretinoin.

Design: Qualitative interviews with GPs.

Method: GPs who independently prescribe isotretinoin were purposively sampled. Semi-structured online interviews were recorded, transcribed and analysed using reflexive thematic analysis.

Results: Fifteen GPs were interviewed (female, n=8). Four key themes were identified: Acne scarring and psychosocial distress, inequitable access to dermatologists and antimicrobial stewardship concerns motivate GPs to independently prescribe isotretinoin. However, GPs feel professionally isolated and clinically vulnerable. GPs describe profound ethical tensions when implementing a rigid regulatory pregnancy prevention programme for females who are not sexually active and occasionally diverge from clinical guidelines. GPs report navigating dynamic and sometimes adversarial professional relationships with dermatologists and pharmacists.

Conclusion: GPs who independently prescribe isotretinoin describe medicolegal tension and experience profound ethical dissonance. While motivated to optimise acne outcomes, these GPs currently lack robust governance and support structures, with strategic policy implications. Appropriate policy measures will enable and resource GPs to deliver safe, timely and equitable access to isotretinoin for people with severe acne.

Abstract ID 4

School Leaver Selection to Medicine in Ireland- A Qualitative Study of Stakeholder Perspectives

Maureen Kelly¹, Ruairi Connolly², Louise O'Grad¹, Suzanne Donnelly³

¹University of Galway, Galway, Ireland. ²Cork University Hospital, Cork, Ireland. ³University College Dublin, Dublin, Ireland

Abstract

Selection of medical students is a high stakes endeavour, with potentially significant implications for society and the future medical workforce. Medical schools internationally, are evaluating their selection systems from a widening participation and social accountability perspective. Understanding the views of stakeholders is critical. However, the voices of certain stakeholder groups, including parents, teachers and members of the public, are poorly represented in the extant literature.

This qualitative study aims to explore the perspectives of stakeholders on the Irish selection system for entry to medicine utilising the Leaving Certificate Examination (LCE) and Health Professions Admission Test (HPAT-Ireland).

This study was conducted according to COREQ guidelines. Recruitment was guided by a sampling framework. Semi-structured qualitative interviews were conducted remotely by telephone. Sample size was guided by the data saturation principle. Thematic analysis was conducted inductively.

Twenty-five participants including medical-school staff, regulatory bodies, schoolteachers, parents, medical-school students and members of the public participated. Three themes were generated describing essential attributes of a good doctor; understanding of what the LCE and HPAT-Ireland measure and alternative selection tools; views on the fairness of current and alternative selection tools and perceptions of equality of opportunity. It was the overwhelming view that financial, social and cultural circumstances impacted unfairly on applicant performance and that applicants with means enjoyed significant advantage.

Participants across all stakeholder groups demonstrated an insightful understanding of the challenges of selection and pervasive concerns about equity of opportunity in terms of student performance and self-confidence/self-efficacy among less affluent applicants from under-represented backgrounds.

Abstract ID 6

Navigating uncharted waters: A Meta-ethnography exploring General Practitioners and women's experience of perimenopause consultations in general practice

Laura-Jane McCarthy¹, Aoife O'Mahony¹, Aisling Jennings², Sheena McHugh¹

¹School of Public Health University College Cork, Cork, Ireland. ²Department of General Practice, University College Cork, Cork, Ireland

Rationale and Aim

Perimenopause can cause various symptoms in women, which may impact quality of life. General Practitioners (GPs) are often the first contact for symptom management. Shifting societal attitudes to perimenopause have prompted more women to seek care within general practice, yet many report suboptimal support. This meta-ethnography aimed to understand experiences and perceptions of women and GPs regarding perimenopause consultations in general practice.

Methods

A meta-ethnography, as described by Noblit and Hare (1988), was conducted. To gather the most up-to-date evidence, a systematic search was carried out across seven databases from 2014 onwards, focusing on studies that detail the experiences of women and GPs during perimenopause consultations. To assess confidence in the review findings, we utilised the GRADE-CERQual approach.

Results

Title and abstract screening of 2158 articles identified 98 studies for full-text review. Ten studies were included in the synthesis. *Navigating uncharted waters* emerged as an overarching metaphor in a line of argument with four themes: (1) Adrift in the sea of perimenopause uncertainty, (2) Taking the helm: women's advocacy and power in perimenopause care, (3) Gendered dynamics: women's experiences and GP perspectives, (4) Navigating structural obstacles and fragmented care.

Discussion

This qualitative evidence synthesis and meta-ethnography highlight the tensions and challenges encountered by both women and GPs as they navigate the uncertainties inherent in perimenopause care. The results underscore the importance of empathetic communication, where normalisation is delivered with compassion, and uncertainty is acknowledged and conveyed transparently. Openly recognising these uncertainties helps manage expectations.

Abstract ID 7

Barriers and facilitators to optimising vital signs assessment in primary care: a scoping review.

Sandra Shogy¹, John Broughan², Nandakumar Ravichandran¹, Steen Gordon³, Seán McMahon³

¹UCD School of Medicine, University College Dublin, Dublin, Ireland. ²Clinical Research Centre, School of Medicine, University College Dublin, Dublin, Ireland. ³Wavescope Ireland Ltd., Dublin, Ireland

Purpose

Vital signs are objective clinical measurements offering critical information about a patient's physiological status. This includes blood pressure, pulse rate, respiratory rate, temperature, and oxygen saturation. Accurate vital signs assessment is important for early detection and long-term condition management in primary care, where most patients first contact the healthcare system. Despite their relevance, the barriers and facilitators to effective vital signs assessment in primary care have received less research attention than those in secondary or tertiary care. This scoping review sought to map the available literature on the topic and identify knowledge gaps.

Methods

The review followed Arksey and O'Malley's six-stage structure, with revisions from Levac et al. A literature search was conducted using PubMed, Embase, CINAHL, and Google Scholar. Covidence was used to screen studies, beginning with title and abstract screening and progressing to full-text reviews. Inductive thematic analysis by Braun and Clarke was utilised to find and synthesise themes on barriers and facilitators.

Results

Various factors that influence vital signs assessment in primary care were discovered. Staff training and education, the availability of defined guidelines, and the incorporation of digital tools all played important roles in optimising vital signs assessment. Financial and insurance difficulties, a lack of dependable equipment, and technical challenges with digital devices were among the obstacles in assessment.

Conclusion

In summary, addressing these barriers while strengthening facilitators is critical for optimising vital signs assessment in primary care and allows for a holistic, patient-centred approach to care.

Abstract ID 8

AI Digital Scribe Template Enhancement for Non-Specific Symptom Documentation in Irish General Practice: A Mixed-Methods Feasibility Study

Catherine Devereux, Conor Murphy, Nickola Pallin, Brona Mulligan, Kurdo Araz, Benjamin Jacob, Patrick Redmond

PRiCAN, RCSI, Dublin, Ireland

Rationale & Aim

Non-specific symptoms (NSS) such as unexplained fatigue, weight loss, or abdominal discomfort are common in general practice and may precede serious disease, including cancer. With real world time constraints, documentation can be inconsistent. AI-enabled digital scribes can be configured to prompt structured symptom capture, however feasibility, acceptability, and performance in routine practice has not been elucidated.

This study aimed to assess the feasibility, acceptability, and documentation patterns of an NSS-enhanced digital scribe template in Irish general practice.

Method

This mixed-methods study involved Irish general practices who were routinely use an AI digital scribe. An NSS template covering nine target symptoms was iteratively developed. Five purposively sampled general practitioners (GPs) deployed the template during routine consultations over a four-week period. Data collection included an online survey and semi-structure interviews of participating GPs (n=5), and a chart review examining template utilisation and NSS documentation. Findings were integrated using mixed-methods convergence coding matrices.

Results

Findings demonstrate the feasibility of integrating an NSS-enhanced digital scribe template into routine general practice. During the pilot, 1853 consultation notes were generated, with 554 (30.2%) involving the NSS-enhanced template. Template utilisation varied between clinicians indicating heterogeneous adoption and differences in workflow integration. GPs reported NSS template integration into routine practice was straightforward. The template supported flexible clinical use without mandating changes in patient management. While the template enhanced awareness of NSS patterns, its perceived relevance varied by clinical context. Barriers to broader adoption included concerns about medico-legal risk and over-reliance on AI-generated documentation.

Abstract ID 11

Guiding the Next Generation: GP Educators' Views on GP Career Choices in Ireland

Nóirín Fitzgerald¹, Ciara Matthews², Sinead Lydon², Andrew W. Murphy¹, Maureen E. Kelly¹

¹Discipline of General Practice, School of Medicine, University of Galway, Galway, Ireland. ²Discipline of General Practice, School of Medicine, University of Galway, Galway, Ireland

Rationale/Aim

Doctors' specialty choices directly influence the General Practice workforce pipeline. Some students enter medical school with a clear speciality in mind, many are shaped by internal and external factors during their career progression. Students' perspectives of these factors have been well studied, but insights of GP educators remain largely underexplored. This study explores GP educators' perspectives of factors influencing students' and junior doctors' decisions to pursue GP specialty training.

Methods

This qualitative study was conducted per the consolidated criteria for reporting qualitative research (COREQ) guidelines, informed by a constructivist paradigm. GP Educators within the Republic of Ireland were recruited to participate in semi-structured interviews, via purposive and snowball sampling techniques. The interviews were analysed using Braun and Clarke's framework for inductive thematic analysis, using qualitative analysis software system (NVivo V.12). The research team engaged in reflexive processes to enhance the rigour of the findings.

Results

Twenty-five GP educators were interviewed, 52%(N=13) were male. Participants had an average of seventeen years of clinical experience. Data analysis is currently underway. The preliminary findings are as follows; four overarching themes have been generated; the importance of the GP identity, the significance of the GP educational exposure, the impact of personal GP experiences and perceptions and drivers of career decisions.

Discussion

This study highlights educators' perspectives of the importance of GP placement and the influence of GP role models on career choices. Further studies should include additional stakeholders' perspectives, to enhance our insights into factors shaping a career in GP.

Abstract ID 12

Stage-Specific Costs of Lung Cancer in Ireland: A Patient-Level Microsimulation

Tatiana Bezdenezhnykh¹, James O'Mahony², Jarushka Naidoo³, Daniel Ryan³, Deirdre Murray⁴, Seamus Cotter⁵, Alan Smith⁶, Kathleen Bennett¹, Benjamin Jacob¹, [Patrick Redmond](#)¹

¹RCSI, Dublin, Ireland. ²UCD, Dublin, Ireland. ³Beaumont Hospital, Dublin, Ireland. ⁴National Cancer Registry, Cork, Ireland. ⁵Irish Lung Cancer Community, Dublin, Ireland. ⁶National Screening Service, Dublin, Ireland

Rationale & Aim

Lung cancer, a leading cause of cancer mortality, imposes a substantial clinical and economic burden in Ireland, yet stage-specific cost estimates are lacking; this study provides the first Irish estimates of stage-stratified lung cancer costs.

Methods

We developed a patient-level microsimulation model of newly diagnosed lung cancer patients stratified by stage at diagnosis. Individual treatment pathways were simulated using data from the National Cancer Registry Ireland, Health Pricing Office, and published literature. Progression-free survival was modelled using parametric survival functions validated against national registry survival estimates. Public payer costs were assigned at the patient-month-service level. Outcomes included stage-specific annual costs and mean monthly costs. Uncertainty was explored using one-way and probabilistic sensitivity analyses.

Results

Five-year costs per surviving patient increased markedly with stage at diagnosis, from €30,800 in Stage I to €230,900 in Stage IV. Year-1 costs accounted for the largest share across all stages, particularly in advanced disease (Stage IV: €60,500). Mean monthly costs in the first six months ranged from €2,400 (Stage I) to €4,400 (Stage IV), with persistently high post-six-month costs in Stage IV (€3,800/month) reflecting prolonged systemic therapy. Probabilistic sensitivity analysis showed limited uncertainty around mean estimates, while one-way sensitivity analysis identified immunotherapy prices as key cost drivers.

Discussion

Lung cancer costs in Ireland are strongly stage-dependent, with advanced disease associated with sustained high expenditure. These estimates provide essential inputs for evaluating lung cancer screening cost-effectiveness and highlight the economic value of earlier detection.

Abstract ID 13

Minutes, Medicine, and Multi-Tasking: A Snapshot of Irish General Practice Consultations

Marcella O' Callaghan¹, Mary O' Callaghan², Laura Cash¹, Bryan Yelverton¹, Fiona Fitzpatrick¹, Laura Hennessy¹, Mike O' Callaghan³

¹Trinity/HSE GP Training Scheme, Dublin, Ireland. ²Midwest GP Training Scheme, Dublin, Ireland.

³Irish College of General Practitioners, Dublin, Ireland

Abstract

Rationale

General practice (GP) is central to healthcare provision in Ireland, yet data on routine GP consultations are limited. International research suggests increasing consultation complexity, with multiple problems addressed per encounter, but comparable Irish observational data are scarce. Improved understanding of consultations is needed to inform education, workforce planning, and service delivery.

Aim:

This study examines the number and types of problems addressed in routine GP consultations; consultation timing and post-consultation workload; consultation outcomes (including prescribing, referrals, investigations, and follow-up); and whether consultation characteristics vary by patient eligibility (public vs private) or GP age or gender.

Method:

This prospective observational study is conducted in Irish general practices affiliated with a GP training scheme. GP registrars observe their supervising GPs during routine clinical sessions. Adult patients attending selected sessions are invited to participate following written consent. Using a structured proforma, observers record consultation duration, problems addressed (coded using ICPC-2), post-consultation administrative work, and consultation outcomes. No audio-visual recording occurs. Data are anonymised and analysed descriptively.

Results:

Preliminary analysis indicates that multiple problems are commonly addressed within single consultations, with frequent initiation of new medications and arranged follow-up. Consultation length and problem load varied between patients with public and private eligibility, and consultations involving more problems tended to be longer. Additional analysis will examine referral and investigation patterns and associations with GP characteristics.

Conclusions:

This study will provide observational evidence on the structure and workload of routine GP consultations in Ireland, and how patient and GP characteristics are associated with consultation complexity.

Abstract ID 14

Overdiagnosis in undergraduate medical curricula: a scoping review

Rian O'Connell¹, Layan Alshaghab¹, Hasan Ghazalah¹, Dina Darweesh¹, Jasmine Henain¹, James Larkin¹, Emer O'Brien^{1,2}, Aileen Barrett², Margaret McCartney³, Caroline McCarthy¹

¹Department of General Practice, Royal College Surgeons in Ireland, Dublin, Ireland. ²Irish College of General Practitioners, Dublin, Ireland. ³School of Medicine Population and Behavioural Science division, University of St. Andrews, St. Andrews, United Kingdom

Abstract

Overdiagnosis is defined as the identification of an illness that would never cause symptoms or harm during a patient's lifespan and can cause harm to patients and healthcare systems from overtreatment and ineffective resource usage. This scoping review aimed to map the existing literature on undergraduate teaching of overdiagnosis

This scoping review was conducted using the Arksey and O'Malley framework. Comprehensive database searches were supplemented with grey literature searches via a key informant questionnaire designed to capture curriculum blueprints. Sources addressing undergraduate medical education on overdiagnosis, low-value care or resource stewardship were included. Screening, full-text review and data charting were conducted independently by two reviewers. Categorical data were summarised quantitatively, and free-text data were analysed narratively using content analysis

Fifty-six sources were included; 39 database and 17 grey sources. Of the 39 database sources, 25 described curriculum design/evaluation; nine were commentaries, three were qualitative studies assessing implementation and the remaining two a needs assessment and the development of an assessment tool. Content analysis identified four major themes: improving diagnostic decision-making, limited explicit coverage of overdiagnosis, variability in teaching formats, and the need for system-level support for high-value care.

This review identifies a gap in the teaching of overdiagnosis to undergraduates. The concept is seldomly addressed explicitly and current teaching often lacks defined learning outcomes and related assessment. This Paired with the hidden curriculum where students are often exposed to low-value care practices, this creates a significant gap in preparing future clinicians to understand and manage the risks of overdiagnosis.

Abstract ID 15

Instant messaging; exploring its value as a learning tool in postgraduate general practice education

Eadaoin Townley^{1,2}, Aileen Barrett³

¹College of Medicine, Nursing & Health Sciences, University of Galway, Master's in Clinical Education (Health Sciences), Galway, Ireland. ²Western GP Training Scheme, Mayo, Ireland. ³Discipline of Medical Education, School of Medicine, University of Galway, Galway, Ireland

Rationale and aim

Instant messaging applications (IMAs) are increasingly used in GP settings. The IMA provides a means of access to the trainer for a trainee who needs some guidance and advice, without the need for the trainer to also sit in on the consultation. However, the potential value of this innovation as a learning value has not yet been explored.

Methods

We examined a series of anonymised, real-world, trainer-trainee IMA exchanges through the lens of inductive content analysis (ICA), with a specific focus on the nature, tone, and educational utility of these exchanges. Ten trainer-trainee pairs provided de-identified transcripts of in-practice IMA exchanges over a two-day period.

Results

IMA is firmly embedded in clinical workflows and supports timely communication but is rarely used to support sustained educational dialogue, feedback, or clinical reasoning. Messages reflected strong professional courtesy and cultural norms, reinforcing relational hierarchies.

Discussion

IMA provided some insight into trainee confidence and help-seeking behaviour. Exchanges often included microlearning (short, focused bursts of learning that target a specific topic or skill), though these opportunities were frequently missed or underdeveloped. While IMA supported communication and responsiveness to support (or negate) just-in-time clinical decisions, it was not commonly used to explore deeper learning needs or support reflective practice.

This study highlights both the potential and the underutilisation of IMA as a pedagogical tool. In our context we will use these findings to support trainer development and share recommendations for using IMA with a focused learning lens.

Abstract ID 17

Managing conflicts-of-interest at an organisational level

James Larkin¹, Caroline McCarthy¹, Susan M. Smith²

¹RCSI, University of Medicine and Health Sciences, Dublin, Ireland. ²Trinity College Dublin, Dublin, Ireland

Workshop

Aim

To develop participants' understanding of organisational conflicts-of-interest and how to manage them.

Learning outcomes

Upon completion of the workshop, participants will be able to

- Explain the concept of organisational conflicts-of-interest.
- Describe approaches that organisations can take to managing conflicts-of-interest.
- Apply strategies to affect change in relation to organisational conflicts-of-interest management strategies.

Workshop content

Firstly, a 5-minute presentation will be made about organisational conflicts-of-interest and the workshop's structure. The initial presentation will provide overviews of pharmaceutical industry funding of healthcare organisations and conflict-of-interest management strategies.

Attendees will then be broken into groups of 4-6 people. Each group will be given different conflict-of-interest scenarios, alongside guiding questions. The groups will discuss these for 15 minutes. For the group-based scenario section, the following scenarios will be outlined:

- 1) You are part of a GP medical conference organising committee, a conference speaker is presenting about weight management, she receives payments from GLP-1 agonist manufacturers but does not declare it in her presentation.
- 2) You are a GP partner, a pharmaceutical company offers to pay for an independent pharmacist to go to your practice to help audit atrial fibrillation care, with no charge to the practice.
- 3) Your Medical College's medical education programme is funded by a pharmaceutical company, which advertises directly to patients, in the guise of patient information.
- 4) You are a GP staff member concerned about pharmaceutical companies sponsoring the practice's monthly medical education meetings.

Questions to guide discussion:

- Is the level of conflict-of-interest weak, moderate or strong?
- How should the situation be addressed?
- What strategies would use to enact this plan?

- What are the barriers/enablers to this plan?

Following the group-based scenario section, two groups will then be selected to take part in role-plays (10-minutes each) in front of the wider group. The role-plays will simulate realistic conversations about managing conflicts-of-interest. Each selected group will nominate one participant to role-play the clinician or organisational member in their scenario. A facilitator will role-play a relevant organisational role (e.g. GP practice manager or chair of medical conference organising committee).

Finally, there will be a 5-minute facilitated whole-group discussion, reflecting on decisions made, alternative approaches, and key learning points.

Evaluation/feedback strategies

Both an online and a hard-copy evaluation form will be distributed at the end of the workshop. The online form will be made available by showing a link and a QR code. The form will have free text and multiple-choice questions seeking feedback about the workshop material, format and content. Participants will be able to give their email addresses to the hosts, which the hosts will use to send a short summary of the workshop and relevant reading materials.

Ideal number of participants

18-30 participants

Level at which workshop will be pitched

The workshop is appropriate for all levels of prior knowledge. The format of the workshop will facilitate members of the group to learn from each other, as well as learning from the workshop hosts.

Abstract ID 18

Mapping the Factors Which Promote or Inhibit General Practitioners into Participating in Undergraduate Medical Education, A Six-Step Scoping Review.

Ayeisha Asim

Ulster university, Derry, United Kingdom

Rationale General Practice (GP) workforce shortages are well established, with one strategy being to inspire more medical students into a career in primary care. The factors that influence a medical student's career choice are well described, including the active role of General Practitioners in undergraduate medical education. However, less is known about the perceptions of General Practitioners about their role in undergraduate medical education and what factors enable or inhibit this.

Aims To identify the facilitators and barriers faced by General Practitioners when engaging with undergraduate medical education, as reported in the literature and through a consultation exercise.

Methods

A scoping review methodology was conducted according to the six-stage framework developed by Arksey and O'Malley (2005) and enhanced by Levac et al. OVID Medline, Embase and Web of Science, were searched for the relevant concepts, and records were screened at abstract and full-text levels. Data extracted was analysed and emerging themes were identified by thematic analysis as advised by Braun and Clarke (2006). The findings of the scoping review were then presented, as the 6th step of scoping review, to the stakeholders in interviews, which included Teaching GP, non-teaching GPs, members of RCGP, members of DOH and NIGPCPA.

Results

1088 unique articles were initially identified and screened at the abstract level, then at full text level. 10 articles were identified for inclusion. Predominant themes identified included lack of empowerment, respect, funding, and recognition. Further, pre-existing workload and the valuing of General Practice and tutors played a determining role in GP Tutor's involvement with undergraduate teaching.

Discussion

The identification of facilitating factors and barriers through this research allows policy makers to form informed policies that increase GP tutors engagement with medical students, increasing the quantity and quality exposure of medical students to Primary care, thereby affecting their future career choices in favour of general practice.

Abstract ID 19

An Audit of the Appropriateness of Shoulder MRI Referrals in General Practice

Conor O'Reilly

The Palms GP Surgery, Wexford, Ireland. University of Limerick, Limerick, Ireland

Rationale/ Aim

Shoulder pain is a common presentation in general practice. Imaging may be requested to clarify diagnosis or guide management, however inappropriate imaging may contribute to low diagnostic yield, delayed care, and inefficient use of resources. This audit aimed to assess the appropriateness of GP referred shoulder MRI requests against iRefer guideline criteria and to evaluate the impact of MRI findings on subsequent clinical management.

Methods

A retrospective audit was conducted of adult patients attending a single GP surgery over a 36-month period from January 2022 to December 2024. Data collected included referral indication, duration of symptoms, prior conservative management, and trauma history. MRI requests were assessed against iRefer guidelines. Findings were categorised as clinically significant or insignificant. Post MRI outcomes were reviewed including conservative management, injection therapy, orthopaedic referral, and surgical intervention.

Results

95 shoulder MRIs from 91 patients were included. 71% of referrals met iRefer guideline criteria. Clinically significant pathology was identified in 31.8%. 68.2% demonstrated mild, degenerative, or non-specific findings. Management changed in 48% of patients following MRI. 12.1% progressed to surgical intervention. 22% received injection therapy prior to orthopaedic referral. Most patients continued conservative management pathways. 12% were comprised of patients who transferred practice or did not re-present with shoulder related symptoms.

Discussion

Most shoulder MRIs did not identify pathology requiring specialist or surgical management. These findings support a strengthened physiotherapy first approach in accordance with iRefer guidelines, highlighting the importance of clear referral documentation and guideline-based imaging to reduce low-yield MRI utilisation overall.

Abstract ID 20

How direct healthcare professional communications (DHPCs) are operationalised by General Practitioners and community pharmacists in Ireland: a national cross-sectional study.

Paul Ryan¹, Emma Wallace¹, Stephen Byrne², Darren Dahly³, Ann Doherty¹, Sinead Curran⁴, Darren Scully⁴, Ruchika Sharma⁴

¹Dept of General Practice, University College Cork, Cork, Ireland. ²School of Pharmacy, University College Cork, Cork, Ireland. ³HRB Clinical Research Facility, University College Cork, Cork, Ireland.

⁴Health Products Regulatory Agency, Dublin, Ireland

Rationale

DHPCs alert healthcare professionals of important safety information relating to medication(s) and of the need to adapt practices with respect to these. International evidence suggests that their implementation varies in clinical practice. To date, few studies have examined implementation of DHPCs in primary care.

Aim

To examine how general practitioners (GPs) and community pharmacists implement DHPCs in Ireland and their preferences for receiving medication safety updates.

Method

A national cross-sectional survey of GPs and pharmacists in collaboration with the Irish Health Products Regulatory Authority (HPRA), was conducted in June 2024.

Results

A total of 277 GPs and 219 pharmacists completed the questionnaire, a response rate of 6% and 8% respectively. Most GPs (n=227, 82%) and pharmacists (n=196, 89%) reported DHPCs as their preferred source of medication safety updates. DHPCs were more likely to be disseminated and discussed at a pharmacy practice meeting (n=64 pharmacists, 29%) compared with GP practice meetings (n= 24 GPs, 9%). More than one-third of GPs (n= 98, 35%) identified time constraints as the most important barrier to DHPC implementation. A total of 257 GPs (93%) and 198 CPs (90%) identified patient EHR prescribing alerts, aligned with DHPC recommendations, integrated at the point of patient care as a preferred way to support implementation.

Discussion

Barriers to implementation included time constraints for both GPs and pharmacists. Remote clinical support is acceptable to GPs and pharmacists and may support the implementation of DHPC recommendations to optimise medication safety in primary care.

Abstract ID 21

Stakeholder Perspectives on Implementing Direct Healthcare Professional Communications (DHPCs) in Primary Care

Paul Ryan¹, Aisling Jennings¹, Emma Wallace¹, Darren Dahly², Ann Doherty¹, Stephen Byrne³

¹Dept. of General Practice, Cork, Cork, Ireland. ²HRB Clinical Research Facility, University College Cork, Cork, Ireland. ³School of Pharmacy, University College Cork, Cork, Ireland

Rationale

DHPCs are critical regulatory tools that alert healthcare professionals of important urgent medicine safety information. International evidence suggests they often have limited impact on prescribing behaviours. The reasons for their variable effectiveness remains poorly understood.

Aim

This study explored stakeholders perspectives, experiences and insights into the implementation of DHPCs in Irish primary care to help support more practical, context sensitive regulatory communication.

Methods

One-to-one semi-structured interviews were conducted with general practitioners (GPs), community pharmacists, health policymakers, GP and professional pharmacist organisation representatives and national medicines regulators. The method of analysis used was inductive thematic analysis as outlined by Braun and Clarke.

Results

Twenty-one interviews were conducted. Three interrelated themes were generated (1) *Contrasting professional priorities in actioning DHPCs*: pharmacists perceived DHPCs as urgent and safety-critical, whereas GPs often deprioritised them amid high workloads and competing clinical demands. (2) *Pharmacists willing but constrained, overloaded GPs and overlooked DHPCs*: pharmacists' capacity to implement change was limited by limited access to patient clinical information and unclear responsibility allocation. GPs experienced information overload and insufficient practical guidance on the implementation of DHPCs. (3) *Making DHPCs work in real-world practice*: participants recommended concise, action-focused DHPCs, centralised online resources and practice-based electronic patient record supports including template letters for patients.

Conclusion

This study highlights a substantial implementation gap with misaligned perceptions of DHPC urgency alongside professional boundaries and constraints. A shift from static communication delivery to collaborative, system-integrated communication, co-designed with frontline healthcare professionals is vital to strengthen real-world impact of DHPCs on patient safety.

Abstract ID 23

Into the Deep End of General Practice: Comparative Insights into Establishment, Scaling and Sustainability Internationally

Jessica Laflamme-Yonkman¹, Susan Smith², [Patrick O'Donnell](#)³

¹Centre for Health Policy and Management, School of Medicine, Trinity College Dublin, Dublin, Ireland. ²Public Health and Primary Care, Trinity College Dublin, Dublin, Ireland. ³General Practice, School of Medicine, University of Limerick, Limerick, Ireland

Abstract

Rationale:

Healthcare inequities persist globally, with individuals in socioeconomically deprived areas experiencing poorer outcomes despite higher health needs. Deep End (DE) groups of general practitioners were established to counter Julian Tudor Hart's Inverse Care Law by advocating for equity, supporting practitioners, and attempting to influence policy relevant to areas of deprivation. This work investigates the factors that enable and constrain the establishment, scaling, and sustainability of DE groups internationally.

Methods:

An explanatory sequential mixed-methods design was employed. A survey of leaders from the DE International network was followed by semi-structured interviews, with data analysed using the Policy Triangle framework and reflexive thematic analysis.

Results:

Findings highlight critical levers, including grassroots leadership, academic alliances, secure funding, and knowledge-sharing networks, as well as barriers such as reliance on volunteerism, limited workforce capacity, and difficulty articulating impact to policymakers. The study contributes the first international comparative analysis of DE groups, identifying common strategies and context-specific challenges.

Discussion:

Conclusions emphasise the translational potential of DE groups to inform health policy and strengthen equity-focused service delivery. Six recommendations are provided: define clear goals, communicate a shared vision, align strategy with resources, build alliances, articulate value, and situate groups within the wider DE ecosystem.

Abstract ID 24

LEVERAGING PHYSICAL ACTIVITY DATA IN CHRONIC DISEASE MANAGEMENT: A NOVEL APPROACH IN IRISH GENERAL PRACTICE

Uzair Shabbir^{1,2}, Ray O'Connor¹, Catherine Woods³, Santosh Sharma², Niall Maguire⁴, Andrew O'Regan^{1,2}

¹School of Medicine, University of Limerick, Limerick, Limerick, Ireland. ²Health Research Institute, University of Limerick, Limerick, Limerick, Ireland. ³Physical Activity for Health Research Centre Health Research Institute Department of Physical Education and Sport Sciences University of Limerick, Limerick, Ireland. ⁴GP Principal Bedford Medical Centre, Navan, Ireland

Rationale and Aim

Chronic diseases, including type 2 diabetes and cardiovascular disease, are leading contributors to morbidity and mortality in Ireland, with over one million people affected. Within the national Chronic Disease Management (CDM) programme, physical activity (PA) is systematically documented during structured consultations. This study investigates the associations between recorded PA levels and chronic disease markers—BMI, blood pressure, cholesterol, and HbA1c—with the aim of generating evidence to inform policy development and improve prevention-focused primary care.

Methods

A retrospective cross-sectional study was conducted using pseudonymised data from ten general practices participating in the CDM programme. Adults with at least one chronic condition were included. PA was classified as adequate or inadequate. Logistic regression models (crude, adjusted, and fully adjusted) were employed to examine demographic, biomarker, and multimorbidity predictors of inactivity.

Results

Overall, 38.9% of patients were classified as having inadequate PA. Inactivity was more common among women, current smokers, and individuals with multiple chronic conditions. Elevated triglycerides and increased waist circumference were also associated with inactivity. Variation was observed between practices, with nearly 7% of the difference attributable to practice-level factors.

Discussion

This study highlights the need for targeted interventions for multimorbid women and supports the integration of PA counselling into routine CDM reviews. Even modest increases in activity among sedentary patients with multiple conditions may yield meaningful health benefits, emphasising the importance of embedding PA assessment within chronic disease and diabetes care pathways.

Abstract ID 25

Challenges and Opportunities Posed by AI and Assessment: Examples and Reflections in General Practice

Laura Barry¹, Caroline Burke², Clendennen Nia³, Shane Dunlea⁴, Tony Foley², Andrew W Murphy¹, O'Dwyer Patrick⁵, Susan M Smith⁶

¹University of Galway, Galway, Ireland. ²UCC, Cork, Ireland. ³UCD, Dublin, Ireland. ⁴RCSI, Dublin, Ireland. ⁵UL, Limerick, Ireland. ⁶TCD, Dublin, Ireland

Please select your submission type

Workshop

Note: This abstract was originally drafted by ChatGPT with subsequent revisions agreed by all authors.

Artificial intelligence (AI) presents transformative opportunities for teaching, learning, and assessment across higher education—and particularly within postgraduate medical and general practice education. Building on the *Higher Education Authority (HEA) Policy Framework on Generative AI in Teaching & Learning* ([hea.ie](https://www.heai.ie); doi:10.2759/346720), this interactive workshop explores the current challenges and opportunities AI brings to assessment in General Practice education. The HEA policy, grounded in five principles—**academic integrity, transparency, equity and inclusion, critical engagement and AI literacy, privacy and data governance, and sustainable pedagogy**—sets out a sector-wide vision enabling institutions to embrace generative AI responsively while maintaining public trust and educational excellence. This workshop situates these principles within the real-world contexts of assessment design, curriculum reform, and learner engagement in Irish general practice training.

Participants will explore six emerging examples of departmental practice drawn from participating universities. These include:

1. Integrating AI ethics into summative assessments and OSCE scenarios.
2. Using AI to support formative feedback in reflective writing.
3. Curriculum-wide reviews to incorporate AI-literacy competencies.
4. Development of AI-aware marking rubrics to ensure transparency and fairness.
5. Piloting AI-assisted question generation and moderation in MCQ assessments.

Each case highlights the dual imperative of innovation and integrity—encouraging educators to consider not just what AI can do, but how it aligns with professional judgment, patient safety, and ethical grounding. As noted in recent research in *Academic Medicine* (Varma et al., 2024; doi:10.2196/11294785) and *Cureus (Generative Artificial Intelligence in Medical Education: A Narrative Review, 2025; doi:10.7759/cureus.50772)*, effective use of AI in medical education requires strong human oversight and clearly defined educator competencies.

Participants will engage in discussion, small-group reflection, and scenario-based problem-solving to share experiences of assessment redesign and identify enablers of best practice. Drawing on these, the workshop will foster a collective sense of agency and confidence in navigating the AI landscape.

By the end, attendees will have co-developed a brief consensus statement outlining *current best practice in Ireland for AI-aware and AI-resilient assessment*. In all, the session promises to be dynamic, practical, and forward-looking—celebrating educators’ creativity in balancing innovation with ethical responsibility.

Aims

- a. To outline the 2025 HEA policy framework on generative AI in Teaching & Learning.
- b. To share six current departmental responses to assessment challenges in Irish General Practice education.
- c. To identify and agree principles of current best practice in AI-aware assessment in Ireland.

Learning Outcomes for Participants

After completing the workshop, participants will be able to:

1. Summarize key principles of the 2025 HEA Generative AI Policy Framework.
2. Critically evaluate AI’s impact on assessment design in postgraduate medical education.
3. Describe examples of institutional responses to AI in assessment.
4. Demonstrate understanding of ethical, inclusive, and transparent approaches to using AI.
5. Contribute to a shared position statement on best practice in AI and assessment in Ireland

Evaluation strategies

Short feedback form.

Participant numbers/ Level

10-20; beginner to experienced

Abstract ID 27

VICTORY - Virtual knowledge exchange in primary Care Through effective digital Online courses for all Young people without borders and barriers

Oisin Brady Bates, [Joe Gallagher](#)

University College Dublin, Dublin, Ireland

Aim

This study aims to design, implement, and evaluate a virtual exchange programme in global health and primary care, with a focus on building capacity and fostering collaboration between European and Sub-Saharan African institutions.

Methods

A mixed-methods approach will be adopted across three phases. First, a scoping review will synthesise evidence on the implementation, outcomes, barriers, and facilitators of virtual exchanges in global health. Second, a virtual exchange curriculum will be co-developed through surveys and focus groups with medical students and educators. Third, the programme will be evaluated using pre- and post-course surveys, and semi-structured interviews to measure changes in knowledge, global health competencies, and intercultural awareness. Quantitative data will be analysed using descriptive and regression analyses, while qualitative data will undergo reflexive thematic analysis.

Conclusion

This study will generate evidence on the design and impact of virtual exchanges for global health education, contributing to the development of sustainable and equitable curricula in Primary healthcare (PHC). By disseminating findings across academic, policy, and professional networks, the VICTORY project seeks to advance global collaboration, support workforce development, and promote health equity.

Abstract ID 28

“Pae Ora - Healthy Futures”: A Qualitative Study of lessons learned from the development of a National Rural Health Strategy.

Liam Glynn, Monica Casey, Peter Hayes

University of Limerick, Limerick, Ireland

Rationale & Aim

Globally, rural communities face many challenges in health service coverage and health outcomes compared to urban dwellers. Generic rural classifications have underestimated rural health needs and failed to highlight health inequities in rural communities. The emergence of the first New Zealand Rural Health Strategy is recognised as a key step towards rural health equity and the aim of this study is to investigate the factors that led to its development.

Methods

A qualitative study using one-on-one interviews and focus groups with key stakeholders who contributed to the development of the Rural Health strategy. Transcribed semi-structured interviews with a purposeful sample of 12 participants with narrative analysis utilized to analyse the data.

Results

Lessons learnt include the value of strong collaboration among, and advocacy by, rural health stakeholders; the importance of evidence-based policies and interventions in rural areas; the potential for fostering learning/solution showcasing across local levels; the central role of community engagement and empowerment; and the importance of emphasizing Indigenous rights and cultural responsiveness in healthcare.

Discussion

The emergence of a specific rural health strategy was contributed to significantly by the restructuring of the healthcare system with a focus on equity; the increased awareness of geographic inequities for rural communities with the emergence of high-quality research data demonstrating clear rural/urban health disparities; and the emergence of the Hauora Taiwhenua Rural Health Network as a single strong collective membership-led and driven, advocacy voice for healthcare in rural communities.

Abstract ID 29

Who We Are- The Broad Brushstrokes of the Current GP Workforce Using Professional Competency Registration Data

Mike O'Callaghan, Fintan Stanley

Irish College of GPs, Dublin, Ireland

Rationale & Aim

Accurate, timely information on the general practice workforce is essential for planning and policy. Annual Professional Competency Scheme (PCS) registration captures a rich set of demographic and practice-level data provided by GPs. While primarily collected for regulatory purposes, these data offer a unique opportunity to describe broad workforce patterns. This presentation aims to provide a high-level overview of selected workforce characteristics of Irish general practice using PCS data 2025/2026.

Methods

Anonymised aggregate data from the Irish College of GPs Professional Competency Scheme (PCS) registration for a single annual cycle (May 2025-April 2026) were examined. PCS registration occurs on a rolling basis within each scheme year, providing an effective annual snapshot of the practising GP workforce. Variables explored included age, gender, practice role (e.g. principal, assistant, salaried), and geographic distribution. Analyses were descriptive and exploratory, intended to illustrate broad patterns and trends rather than infer causality or predict future workforce supply.

Results

PCS data provide near-complete coverage of the practising GP population in Ireland. Our analyses demonstrate interesting variation in GP age profile, GP gender and practice-type by geography. Such insights may have implications for practice succession planning and future service capacity.

Discussion

These findings illustrate the value of routinely collected professional registration data in providing useful insights regarding the GP workforce. Used with appropriate safeguards, PCS data can support informed discussion about workforce sustainability. This presentation reflects on the strengths and limitations of this approach and outlines potential uses of such data in workforce planning.

Abstract ID 30

Longitudinal placement in rural general practice has a positive effect on medical students aspirations towards a career in rural practice

Noreen Lineen-Curtis¹, Liam Glynn¹, Peter Hayes¹, Mike O'Callaghan^{1,2}, Patrick O'Dwyer¹

¹University of Limerick, Limerick, Ireland. ²ICGP, Dublin, Ireland

Rationale and Aim

The University of Limerick provides its medical students with a unique opportunity to experience general practice with a mandatory longitudinal placement of 18 weeks for all students within the ULEARN GP Network. Since Autumn 2023, a network hub with a specific rural focus has been developed in the Northwest. The aim of this study was to evaluate student satisfaction and future career aspirations in relation to this placement.

Methods

All students were evaluated at the start and the end of their 18 week placement using a survey tool which included a Likert scale and space for qualitative comments. Responses were anonymous.

Results

Since Autumn 2023, 52 students have completed their placements, The survey response rate was 90% (47/52). Some had concerns about the isolation of rural practice at the start but commented that these fears were misplaced. In terms of career aspirations, 60% scored higher at the end (28/47) and 10% scored lower at the end (5/47). 30% scored the same at both end and beginning with 6 scoring 10 at both the start and the end, indicating that they were already keen to pursue rural general practice and their placement confirmed this.

Discussion

The feedback has been overwhelmingly positive with most students expressing their delight and surprise at the variety of cases available in rural general practice, and their enjoyment of the remote nature of the work. Longitudinal placement in rural general practice appears to have a significant effect in altering career aspirations for medical students.

Abstract ID 32

Culturally Sensitive and Appropriate Health and Well-Being Self-Management Services in Rural and Community Settings: A Scoping Review

Iryna Mamai¹, Björg Thordardottir^{2,3}, Viktoriiia Lobachova⁴, Peter Hayes¹, Monica Casey¹, Liam Glynn¹, Keely Matsusaki¹

¹University of Limerick, Limerick, Ireland. ²Oslo Metropolitan University, Oslo, Norway. ³School of Health, Business and Natural Sciences, Akureyri, Iceland. ⁴Health Service Executive, Dublin, Ireland

Background:

Culturally sensitive and appropriate self-management services are essential for ensuring equitable health outcomes among vulnerable populations, particularly in rural and remote areas where access to healthcare is limited. This scoping review synthesized evidence on culturally adapted health and well-being interventions supporting self-care among refugees, Indigenous peoples, and senior citizens in rural or community settings.

Objectives:

To map culturally sensitive self-management services in rural/community settings and examine adaptations, delivery models, and outcomes.

Methods:

Following Arksey and O'Malley's framework and PRISMA-ScR guidelines, a comprehensive search (2020-2025) was conducted across PubMed, EMBASE, Web of Science, Google Scholar, and Grey Literature. Eligible studies examined culturally sensitive health or well-being interventions in rural/community settings, with data charted on key intervention characteristics.

Results:

Thirty-nine studies met inclusion criteria. Most targeted refugees, migrants, and Indigenous groups, with mental health support, self-management, and health education being the predominant approaches. Common adaptation strategies included use of native languages (n = 38), culturally relevant materials (n = 38), bilingual/bicultural staff (n = 29), and respect for cultural values (n = 36). Co-design with communities (n = 26) and involvement of local leaders (n = 17) enhanced engagement and sustainability. Culturally tailored programmes, combining education, peer or community health worker delivery, combined with interpreter-supported services demonstrated the greatest effectiveness, improving self-management, cultural safety, empowerment, and clinical outcomes.

Conclusions:

Culturally tailored, language-appropriate, and community-embedded interventions consistently improved clinical outcomes, accessibility, trust, and participation across diverse contexts. Cultural congruence – rather than intervention type – was the key determinant of success.

Abstract ID 33

Representation of Migrants in General Practice Clinical Research in Ireland: A Cross-sectional Analysis

Oluwatobi Bolaji Ajayi^{1,2}, Anne MacFarlane^{1,2,3}, Ailish Hannigan^{1,2,3}

¹University of Limerick, Castletroy, Ireland. ²Participatory Health Research (PHR) Unit, Castletroy, Ireland. ³Health Research Institute (HRI), Castletroy, Ireland

Rationale & Aim:

Ideally, clinical trials should include participants whose characteristics mirror those of the population that the study aims to benefit. Internationally, the ongoing underrepresentation of migrants in clinical trials has been demonstrated to result in significant consequences, such as rendering trial outcomes ungeneralizable to migrant populations. This cross-sectional analysis aimed to identify the current representation of migrants in general practice clinical research in Ireland.

Methods:

All Irish clinical research studies on migrants were identified by two reviewers through a systematic analysis of a database of peer-reviewed migrant health research in Ireland, comprising two scoping reviews from 2001 to 2023, and an additional search was conducted on ClinicalTrials.gov. Relevant studies were analysed based on their characteristics, including title, source, disease/health condition, setting, participatory health research approach, interventional status, and a primary focus on migrant health.

Results:

Of the 141 studies in the Migrant Health Research Database and the 2499 studies conducted in Ireland on ClinicalTrials.gov, 53 (2%) were relevant to clinical research on migrant health. A quarter of the studies (15/53, 28%) addressed communicable diseases, over one in ten (6/53, 11%) focused on mental health conditions, and nearly one in ten (5/53, 9%) focused on cancer. Most studies were conducted in hospitals (39/53, 74%) rather than in community settings, with none identified in general practice.

Discussion:

This analysis shows that there is no representation of migrants in general practice clinical research in Ireland. It is necessary to address this and improve their participation in general practice clinical research.

Abstract ID 34

How do General Practice trainees experience the transition from hospital to General Practice: a qualitative study

Alice O'Neill¹, Fódhla Ní Dhalaigh², Tony Foley², Orna Daly¹, Michelle Martin¹, Helen McHugh¹, Aisling Jennings²

¹Cork General Practice Training Scheme, Cork, Ireland. ²Department of General Practice, University College Cork, Cork, Ireland

Rationale and Aim:

Specialist training in General Practice (GP) incorporates hospital and community-based training. The transition from hospital to General Practice can be a challenging experience. A negative experience of this transition has been shown to impact the trainee's desire to remain in General Practice. Aim: This study aimed to explore GP Trainees' experiences of moving from hospital medicine to General Practice in Ireland.

Methods:

This qualitative study involved an initial focus group with GP trainees. The results of this focus group informed the development of a topic guide for subsequent one-to-one semi-structured interviews with General Practice Trainees from thirteen General Practice Training Schemes nationally. Interviews were analysed using reflexive thematic analysis.

Results:

15 interviews were undertaken. The main themes identified were: 1) Finding your way - the trainer as a navigator 2) Running your own ship – developing autonomy and 3) Balancing the competing demands of General Practice. The evolving role of the trainer in supporting the transition was highlighted, as was the GP trainers' role in navigating clinical uncertainty and in shaping the participants' professional identities. The nuances of challenges such as time pressure and increased clinical responsibility were identified. These challenges were exacerbated by the pressure of clinical decision-making and a lack of confidence in applying this judgement in the community setting.

Conclusion:

The results of this study can be used to inform the development of improved structures to support GP trainees in their transition from hospital to community-based practice.

Abstract ID 35

Inquiry into Service Usage, Gerontological Health and Multi-Morbidity: A Cross-Sectional Study in Irish General Practice (INSIGHT-GP)

Karieshinie Peiris

School of Medicine, University of Limerick, Limerick, Ireland

Rationale & Aim

Multimorbidity and polypharmacy are inarguably common, and the level of complexity involved in providing care to aging populations is increasing. We aim to assess the workload involved in providing care to older patients (over seventy years), with and without multimorbidity and polypharmacy, in General practice (GP) settings.

Methods

A retrospective review of electronic healthcare files of older patients was carried out in the Mid-West of Ireland. Relevant data from the preceding 12 months was manually extracted from patients' electronic health care files and analysed using descriptive and regression-based methods.

Results

In total, 1546 patients' records were examined. Multimorbidity (n=1320, 85%) and polypharmacy were common (n=1064, 69%). Typically, patients' files were accessed 18 times per year, and they attended two hospital outpatient's clinics per 12-month period. Multimorbidity and polypharmacy were associated with increased rates of healthcare utilisation in all healthcare settings.

Discussion

In Ireland, the focus on the delivery of the "right care, in the right place, at the right time", has increased with national policy initiatives. Transfer of enhanced patient care management to GP settings must be accompanied by adequate resourcing. Arguably, the use of self-reported 'GP-visits' as a measure of productivity in general practice should end as it may underreport important additional workload metrics. Multimorbidity and polypharmacy are common findings in the older patients, contributing to increasing complexity of patient management. Multidisciplinary teams and novel care pathways will be required to manage this ever-increasing caseload in both hospitals and primary care into the future.

Abstract ID 36

Rapid Recruitment into a Primary Care Digital Therapeutic Trial Using a Direct-to-Patient Strategy: The RiSolve Study in Ireland

Saravana Pandian Boominathan¹, Laura O' Connor¹, Geoffrey W. Cundiff^{2,3}, Brendan Staunton², Emma Carr², Emily Mc Lucas², Ciara Matthews⁴, Gopavaram Laalasa Reddy⁵, Andrew W. Murphy^{1,6}

¹HRB Primary Care Clinical Trials Network, University of Galway, Galway, Ireland. ²Amara Therapeutics, Galway, Ireland. ³University of British Columbia Faculty of Medicine, Vancouver, Canada. ⁴University of Galway, Galway, Ireland. ⁵HRB- CRFG, University of Galway, Galway, Ireland. ⁶Discipline of General Practice, University of Galway, Galway, Ireland

Rationale & Aim

Recruitment is a persistent barrier in primary care clinical trials, with traditional practice-based identification often resulting in slow enrolment and delayed timelines. Digital, direct-to-patient recruitment strategies may improve reach and efficiency, yet evidence from interventional primary care studies remains limited. This study aimed to evaluate the feasibility, speed, and effectiveness of a multi-channel, direct-to-patient recruitment approach in a fully remote primary care trial.

Methods

RiSolve is a prospective, single-arm, fully remote primary care study evaluating a prescription digital therapeutic for women aged ≥ 18 years with bothersome overactive bladder symptoms. Recruitment combined traditional methods—direct mailing to GP practices via the HRB Primary Care Clinical Trials Network Ireland, in-practice posters and leaflets, liaison with urogynaecology units, and local pharmacy advertising—with digital strategies including paid Meta social-media advertising, Google search visibility, and snowball recruitment.

Results

Over 5 weeks, 208 expressions of interest were received, of which 204 (98%) originated from social-media advertising. Sixty potential participants were screened, and 47 were enrolled, with one screen failure (median age 61). The mean recruitment rate was 9.4 participants per week. Paid social-media advertising generated 386,491 impressions and 6,959 website visits, with a click-through rate (CTR) of 1.80% and cost per click of €0.13. Paid search advertising captured 43% of available clicks for relevant queries (CTR 4.47%). 38/ 46 (83%) completed the eight-week follow-up.

Discussions

These findings support the feasibility and efficiency of digitally enabled recruitment in primary care trials. Further work is required to confirm sample representativeness.

Abstract ID 37

Breathing Easy: A Readily Reproducible Quality Improvement Project to Standardise Asthma Management within the Chronic Disease Management Programme.

Dr John Jefferies¹, Dr Laura Cullen², Dr Elaine Walsh¹

¹Irish College of General Practice, Cork, Ireland. ²Irish College of General Practice, Dublin, Ireland

Aims

450,000 people live with asthma in Ireland. Standardising care within the Chronic Disease Management (CDM) programme is important. This Quality Improvement Project (QIP) aimed to align adult asthma care in general practice with 2019 GINA guidelines and standardise staff delivery.

Methods

Two Plan-Do-Study-Act (PDSA) cycles were conducted (November 2024 to June 2025). A baseline retrospective chart review was conducted of CDM programme asthma patients. Key metrics included symptoms (preceding month), MRC dyspnoea scale, inhaler technique, asthma action plan (AAP) discussion and peak flow measurement (PFM). A questionnaire was administered to staff, exploring self-perceived asthma care competence. Quality improvement interventions were implemented and evaluated through repeat chart review and questionnaire.

Results

Baseline chart review (n=20) identified suboptimal documentation across all metrics: symptoms (0%), MRC dyspnoea scale (0%), inhaler technique (5%), AAP (0%), and PFM (5%). Main themes from staff questionnaire analysis included unfamiliarity with new inhalers, time pressure, and lack of clearly defined objectives. The first PDSA cycle involved introducing a pre-consultation patient symptom questionnaire, standardisation of inhaler prescription, and staff education. Improvements were noted across all metrics. The second PDSA cycle involved development of a staff reference guide (detailed standard of practice), and refinement of patient questionnaire. This resulted in significant improvements across all metrics: symptoms (90%), inhaler technique (85%), MRC dyspnoea scale (90%), AAP (75%) and PFM (100%).

Discussion

Significant improvements in the standard of asthma care were demonstrated. The changes implemented in this QIP are simple, sustainable, and could be reproduced in other general practices in Ireland.

Abstract ID 38

Newly qualified doctors' perceptions of professional identity in the context of preparedness for clinical practice. A mixed methods study.

Aifric Allen

University College Cork, Cork, Ireland. Cork GP Training Scheme, Cork, Ireland

Abstract

Rationale & Aim:

Newly qualified doctors are expected to enter clinical practice with appropriate preparedness and a developing professional identity. Understanding how professional identity formation is experienced in the context of preparedness for clinical practice is important for informing medical education and postgraduate training. This study aimed to explore newly qualified doctors' perceptions of professional identity formation in the context of preparedness for clinical practice.

Methods:

A mixed methods study was conducted among interns within the South Intern Training Network. Quantitative data were collected using a validated Professional Identity Scale and a purpose designed Preparedness for Clinical Practice questionnaire. Free text boxes enabled the collection of qualitative data, which were analysed using Braun and Clarke's thematic analysis. Quantitative data were analysed using descriptive statistics.

Results:

The majority of respondents reported positive professional identification, with 85% (n=29) feeling like a member of the profession. Preparedness varied across domains. Participants reported higher levels of preparedness in clinical knowledge (66%), patient safety (69%), collaboration (79%), professionalism (72%), and scholarship (79%). Lower levels of preparedness were reported in communication and interpersonal skills (49%), relating to patients (55%), and management skills (15%). Qualitative analysis identified two overarching themes: professional identity formation and preparedness in the context of hands-on experience and workplace learning.

Discussion:

Newly qualified doctors experience uneven preparedness for clinical practice across key domains. Areas of lower preparedness may influence professional identity formation. These findings highlight the importance of experiential learning and workplace learning across the continuum of medical education.

Abstract ID 39

International Primary Care Databases: A Scoping Review to Inform Ireland's Future Health Data Infrastructure

Omar Abu Saadeh, Benjamin Jacob, Catherine Devereux, Lily Clancy, Alishae Hafeez, Tara Boylan, Sam McGlynn, Patrick Redmond

Department of General Practice, Royal College of Surgeons in Ireland, Dublin, Ireland

Rationale and Aim

Primary-care electronic health record (EHR) databases are widely used for real-world evidence, but comparable global information on their availability and characteristics is limited. Although crucial for cancer epidemiology and early detection, their contribution remains unclear, highlighting the need for a global overview.

We aim to develop a global catalogue of primary-care EHR databases to inform the development of a research-ready primary care data infrastructure in Ireland.

Methods: We conducted a scoping review to identify all studies using primary-care electronic health record (EHR) databases worldwide, searching MEDLINE, Embase, Scopus and Web of Science, and extracted descriptive information to characterise each database. For every identified database, we then performed a bibliometric analysis quantifying its research contribution over time.

Results: From 3576 records, 13 primary-care EHR databases across seven countries were identified. Analyses focused on databases with ≥ 20 peer-reviewed publications, reflecting their research activity. Collectively, these databases supported 1,741 published studies. UK databases accounted for 70% of outputs, with CPRD alone contributing 757 publications.

Structural differences shaped research capacity. Databases with longitudinal depth supported studies of long-term survivorship. Systems with regional coverage enabled population-representative analyses. Coding systems, governance, and access mechanisms varied widely. Cancer-registry linkage was explicitly reported for SIDIAP, QResearch, CPRD and VHA, enabling validated incidence and staging variables.

Discussion

- Improve consistency of cancer-relevant primary care data to support early detection and research quality.
- Promote interoperability and registry linkage for reliable cancer incidence and outcome monitoring.
- Develop or expand national primary-care EHR systems in low-capacity settings using established models.

Abstract ID 40

In their shoes: using forum theatre to explore weight stigma in GP consultations

Hannah O'Hara¹, Fiona Quigley², Gerry Gormley¹

¹Queen's University Belfast, Belfast, United Kingdom. ²Ulster University, Belfast, United Kingdom

Please select your submission type Workshop

Aim Weight stigma is prevalent in healthcare settings and it is associated with reduced patient engagement, delayed care seeking and poorer health outcomes. In the primary care setting, weight stigma can negatively impact communication, clinical decision making and the therapeutic relationship. GPs may find it challenging to recognise how weight stigma manifests within routine consultations. The aim of this workshop is to support GPs and GP trainees to recognise, reflect on, and respond to weight stigma as it arises within routine primary care consultations, using forum theatre to explore realistic clinical interactions and consider alternative approaches.

Learning outcomes for participants By the end of the workshop, participants will be able to:

- Identify common ways in which weight stigma may be unintentionally communicated during GP consultations
- Reflect on the impact of weight stigma on patient experience, engagement, and trust
- Apply practical, patient-centred communication strategies to address weight sensitively
- Increase confidence in navigating weight-related discussions within time-limited consultations

Workshop content The workshop will use forum theatre to present participants with a realistic primary care consultation scenario in which weight stigma influences communication or decision-making. Participants will be invited to pause the action at key moments to discuss what is happening, identify assumptions or language that may contribute to stigma, and suggest alternative approaches. Participants may step into the scene to trial different consultation strategies, supported by facilitated group discussion. Brief reflective exercises will link the scenarios to participants' own clinical practice and existing consultation frameworks.

Evaluation and feedback strategies Participant learning will be evaluated through facilitated reflective discussion during the workshop as well as with post-session feedback forms. Attendees will be invited to rate perceived changes in awareness, confidence, and relevance to practice. Qualitative feedback will be collected to inform future development and adaptation of the workshop for different educational settings.

Ideal number of participants and level at which workshop will be pitched This workshop is ideally suited to 15–25 participants to allow active engagement and discussion. It is appropriate for GP trainees as well as established practitioners interested in developing skills around weight-sensitive communication.

Abstract ID 41

Interventions to Increase Lung Cancer Screening Uptake: An Umbrella Review

Lily Clancy¹, XinYi Low¹, Roisin Culligan¹, Benjamin Jacob¹, Bethany Cushing¹, Sam McGlynn¹, Ildiko Horvath², Martina Vrankar³, Tytti Sarkeala⁴, Patrick Redmond¹

¹Royal College of Surgeons Ireland, Dublin, Ireland. ²National Koranyi Institute for Pulmonology, Debrecen University, Budapest, Hungary. ³Institute of Oncology Ljubljana, Ljubljana, Slovenia.

⁴Finnish Cancer Registry, Helsinki, Finland

Rationale & Aim:

Lung cancer is the leading cause of cancer-related mortality. Although low-dose CT screening can reduce lung cancer-specific mortality by approximately 20%, participation remains low compared with other national screening programmes. Barriers including limited accessibility, stigma, fear, and misconceptions contribute to poor screening uptake, particularly among high-risk groups such as heavy smokers, ethnic minorities, and people from lower socioeconomic backgrounds. This umbrella review synthesises evidence from systematic reviews to evaluate the effectiveness of recruitment strategies for lung cancer screening (LCS). It identifies and appraises recruitment interventions, classifies strategies by their position within the LCS recruitment pathway and level of delivery (patient, provider, system), and synthesises their impact on LCS participation rates.

Methods:

This umbrella review followed Joanna Briggs Institute methodology and the PRIOR reporting framework. Systematic searches of PubMed, Embase, Scopus, Web of Science, Cochrane Library, and systematic review registries identified reviews published before 31 October 2024. Eligible reviews evaluated LCS recruitment strategies and reported outcomes including population reach, screening uptake, adherence, patient experience, or implementation barriers. Methodological quality was assessed using AMSTAR 2, and overlap of primary studies was mapped.

Results:

Analysis of 24 reviews from eight countries demonstrated that multicomponent interventions and centralised programme models achieved the greatest improvements in LCS participation, particularly among never-screened and high-risk populations. Community-based education and outreach demonstrated promise, although knowledge-only approaches were generally insufficient on their own. Patient navigation interventions showed strong effectiveness, particularly when providing personalised guidance, appointment support, and follow-up.

Abstract ID 43

ADAPT: Activity Data for Early Medical Abortion Care in General Practice

Trish Horgan

Irish College of General Practitioners, Cork, Ireland

Background:

General practice has played a central role in the provision of early medical abortion (EMA) care in Ireland since 2019. While international evidence demonstrates that EMA delivered in primary care is safe and effective, there is a notable gap in national data describing outcomes from Irish general practice. This gap is particularly important given the unique HSE-designed three-visit model of care. GP providers have expressed a clear need for Irish, GP-generated data to support service evaluation, quality improvement, and future planning.

Aim:

ADAPT is a work-in-progress project aiming to establish a national GP-led data collection framework to describe the safety, efficacy, and delivery of EMA in Irish general practice.

Methods:

ADAPT is a collaborative initiative involving Trinity College Dublin (Dr Catherine Conlon, Department of Social Sciences and Principal Investigator of the UNpAC Study, and Katelin Bratt, Research Assistant), the START Group (Southern Task Group on Abortion and Reproductive Topics), and the Irish College of General Practitioners, which has provided key funding support. The project actively engages “bread-and-butter” GPs, including those without prior research experience, to contribute anonymised data from routine EMA care, addressing challenges related to the lack of centralised GP data collection.

Progress to date:

To date, X GP providers have been recruited nationally, contributing data on Y EMA cases.

Future directions:

Initial analysis and publication are planned for June 2026, with the aim of establishing a sustainable, GP-owned data legacy to support excellence in abortion care provision.

Abstract ID 44

Assessing the Impact of a Novel Video-Based Narrative Medicine Intervention in Teaching Undergraduate Medical Students about Dermatological Conditions through the Lived Experience of Psoriasis.

Catherine Wilkinson¹, Darach Ó Ciardha¹, Akke Vellinga², Susan M Smith³

¹Institute of Population Health, Trinity College Dublin School of Medicine, Dublin, Ireland. ²School of Public Health, Physiotherapy and Sports Science, University College Dublin, Dublin, Ireland. ³Institute of Population Health, Trinity College Dublin School of Medicine,, Dublin, Ireland

Introduction

Up to 20% of General Practice (GP) Consultations relate to skin yet there is no uniform approach to teaching Dermatology in undergraduate medical curricula. This study aimed to assess the impact of a novel, video-based narrative medicine intervention on student's views and awareness of the lived experience of psoriasis and on the development of self-reported clinical skill, empathy and perspective taking.

Methods

A prospective before-after observational study was conducted amongst 4th year undergraduate medical students at Trinity College Dublin(TCD) undertaking their 8-week Public health and Primary Care rotation from September 2024 until May 2025. Students completed a pre and post video survey and comments box.

Results

Of 193 students, 146 participated. There was no statistically significant difference in mean empathy levels, observed using the Toronto Empathy Questionnaire(TEQ). There were statistically significant improvements in the Dermatology Life Quality Index(DLQI) guided questionnaire, the Psoriasis Awareness Questionnaire(PAQ) and the Confidence in Dermatological Assessment Score (CDA). Students reported increased insight into the burden of psoriasis on quality of life, improved awareness of communication techniques used during consultations, and greater confidence in dermatological assessment and communication. Free text comments were provided by 21%(N=30). Qualitative analysis identified themes of increased awareness and empathy, the value of the patient perspective and positive impacts on clinical confidence and practice.

Conclusions

This study demonstrated that a videoed based narrative intervention significantly improved student's awareness of the lived experience of psoriasis and clinical confidence. This intervention may represent a useful adjunct to undergraduate teaching.

Abstract ID 45

Investigating the Potential Prescribing Cascade of Cardiac Alpha-1-Blockers Leading to Vestibular Sedative Prescriptions Among Older Community-Dwelling Adults in Ireland

Rosanne Fortes¹, Emma Wallace², Ann Doherty²

¹School of Medicine, University College Cork, Cork, Ireland. ²Department of General Practice, School of Medicine, University College Cork, Cork, Ireland

Introduction

A prescribing cascade occurs when a new medication is prescribed to treat an adverse drug reaction (ADR) caused by another medication. An unintentional prescribing cascade may occur if cardiac alpha-1-blocker-related dizziness is treated with a vestibular sedative.

Aim: To characterize the prevalence and patient factors associated with the potential prescribing cascade of cardiac alpha-1-blockers to vestibular sedatives among older community-dwelling adults in Ireland.

Methods

A retrospective cohort study which used prescription sequence symmetry analysis to examine incident users of both cardiac alpha-1-blockers and vestibular sedatives in adults aged ≥ 65 years. Anonymised prescription data (2017–2020) was obtained from the Irish Health Service Executive Primary Care Reimbursement Service. A 365-day observation window was used with stratified analyses. Crude and adjusted sequence ratios (aSR) with 95% confidence intervals (CI) calculated.

Results

A significant positive association was identified for the cardiac alpha-1-blocker to vestibular sedative cascade (aSR, 1.54; 95% CI, 1.27 – 1.86). Overall, 250 participants commenced a vestibular sedative within 365 days following cardiac alpha-1-blocker initiation (prevalence, 2.95% (N=8,486)). The aSR was higher among males (aSR, 2.07; 95% CI, 1.51 – 2.85), those aged 65–69 years (aSR, 1.78; 95% CI, 1.20 – 2.68), and for doxazosin (aSR, 1.56; 95% CI, 1.29 – 1.89).

Conclusion

A potential prescribing cascade among older adults was identified, where cardiac alpha-1-blocker-induced dizziness may lead to vestibular sedative prescription. Older men, those aged 65–69 years, and doxazosin users were at higher risk. The findings highlight the importance of considering ADRs in older patients presenting with dizziness in primary care.

Abstract ID 46

General Practice Nursing Activity Measurement: A scoping review

Roisin Doogue, Victoria Mokrivska

University of Limerick, Limerick, Ireland

General practice nurses (GPNs) play an increasingly central role in primary care, undertaking a wide range of clinical, preventive, coordination, and organisational activities; however, there is limited consensus on how this work is measured.

This scoping review aimed to identify and map existing tools, frameworks, and metrics used to measure GPN activity in primary care settings.

A comprehensive search of PubMed, CINAHL, and MEDLINE was conducted, supplemented by targeted grey literature searches and reference list screening. Peer-reviewed and relevant grey literature published in English were eligible for inclusion if they reported a structured approach to measuring or quantifying GPN activity. Data was charted using a predefined extraction framework with activity measurement approaches mapped to four domains of GPN activity: clinical activities, preventive activities, care coordination, and workload and role structure.

A total of 128 manuscripts were included. Measurement of GPN activity was most frequently carried out using disease-specific clinical indicators, which were commonly used as proxies for nursing activity. Preventive activities and care coordination were widely described but less often measured using explicit or standardised tools, while workload and role structure were more commonly assessed using time-use studies, activity logs, and scope-of-practice frameworks. No single tool comprehensively captured all domains of GPN activity.

Existing approaches to measuring general practice nursing activity are fragmented and domain-specific, highlighting the need for integrated, activity-focused measurement frameworks that better reflect the full scope of nursing practice in primary care.

Abstract ID 48

Breastfeeding related knowledge, attitudes, perceptions and practices of primary healthcare professionals in Ireland: A national cross-sectional survey.

Denise McGuinness¹, [Sarah Brennan](#)², Niamh Vickers¹, Siobhán Ní Mhurchú³, Walter Cullen¹, Kate Frazer¹, Anne Parry³, Laura McHugh³, Marie Cantwell³, Paula Cornally¹, Nancy Bhardwaj¹

¹UCD, Dublin, Ireland. ²University of Galway, Galway, Ireland. ³Health Services Executive, Dublin, Ireland

Rationale and Aim:

Internationally, there is limited published data exploring breastfeeding knowledge, attitudes, perceptions and practices [KAPP] of health care professionals employed in primary care. Recent Irish evidence from one region identified that general practitioners [GPs] and general practice nurses [GPNs] received limited formal breastfeeding education and were interested in undertaking further breastfeeding education and training. The aim of this study was to explore the breastfeeding KAPPs of GPs, GP trainees and GPNs in Irish primary care.

Methods:

All registered GPs, GP trainees and GPNs in Ireland were invited to participate in a cross-sectional online survey via the Qualtrics platform. The survey link was distributed via Ireland's secure healthlink email register by HSE gatekeepers. Data collection was from June 1st 2023, to November 17th, 2023.

Results:

662 primary health professionals participated, including 58.2% GPs, 14.2% GP trainees and 27.6% GPNs. Approximately 6618 healthcare professionals received the survey link and with 662 participating, the response rate was 10%. Around 78% of respondents reported always recommending breastfeeding to women, with the majority (94.2%) interested in completing further breastfeeding education. Barriers to training noted were time (84.3%), workload (62%) and financial cost (34.9%).

Discussion:

Despite low engagement, important information was obtained highlighting inadequate preparation of primary healthcare professionals, both theoretically and clinically, to promote, protect and support breastfeeding in the primary healthcare setting. Development of infant-feeding education programmes is imperative for General Practice. This will support maternal, infant and child wellbeing, optimise planetary health and progress achievement of the WHO sustainable development goals.

Abstract ID 50

Unleashing potential: a scoping review of nurse graduate education in primary care nursing.

Sheila Loughman, Nia Clendennen, Niamh Murphy, John Frizelle, Diarmuid Stokes, Rita Smith, Walter Cullen

UCD, Dublin, Ireland

Rationale and Aim: This scoping review aims to examine what is currently known on the impact of graduate education for nurses working in primary care. Healthcare policy, chronic disease management, and a greater focus on population health, mean that traditional roles in primary care nursing are evolving, with consequent implications for their professional development. There is a paucity of research examining this issue and to address this knowledge gap, we sought the conduct a scoping review to investigate the impact of providing primary care nurses with additional knowledge, skills, and competencies.

Methods: This scoping review was conducted in accordance with the Joanna Briggs Institute methodology for scoping reviews, using the Arksey and O'Malley framework, and reported using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews checklist. The search strategy applied a Population, Concept, Context framework to investigate the impact of graduate education on primary care nurses. The databases searched included PubMed/Embase, Scopus, CINAHL, and the Cochrane Library. Articles in English from 2015 onwards were included. Papers were screened by four reviewers using Covidence. Data was extracted using Excel and thematically analysed using the Braun and Clarke framework (2006).

Results: International evidence from the USA, Australia and Canada suggest that specialised graduate education improves skills, knowledge and recruitment of nurses into primary care. Common barriers to education include lack of funding and support from employers and policymakers.

Discussion: This is a preliminary analysis, and more detailed results will be ready to present in June 2026

Abstract ID 51

Exploring the Lived Experience of Hope in General Practitioners

Adele Heaney^{1,2}, Sian-Lee Ewan¹, Mark Tully³

¹Ulster University, Derry, United Kingdom. ²NIMDTA, Belfast, United Kingdom. ³Ulster University, Belfast, United Kingdom

Rationale & Aim

Hope is the belief that the future will be better but that you have the ability to make it so. GPs are currently experiencing high levels of burnout, which Hope has been shown to combat. Prior to this study, little was known about Hope in GPs so this study aims to bridge the current literature gap by exploring the lived experience of Hope in GPs.

Methods

Semi-structured interviews were performed with 12 GPs across Northern Ireland. The results were analysed using thematic analysis under a phenomenological lens. Ethical approval was obtained from Ulster University School of Biomedical Science Ethics filter committee through proportionate review ethics application.

Results

92 initial codes and 8 main themes were identified; change is possible, life has meaning, sense of belonging, rollercoaster of Hope, erosion of self, running harder yet moving backwards, standing alone and change isn't possible. Participants believed Hope was fluctuant and impacted by many factors. Both their pathway and agency thinking are affected by current pressures. Some of the barriers were isolation, and ever-increasing workload. Some of the sources were feeling understood and being involved in medical education.

Discussion

"Your hope definitely changes." Hope is not fixed, but dynamic, relational and shaped by context. Participants described sources of hope as essential to get through difficult times with one participant stating, "through hope you can grow". Medical education and a sense of togetherness may be Hope nourishing, whereas narratives of barriers to Hope creating a negative environment may be Hope depleting.

Abstract ID 53

Perceptions Of Glucagon-Like Peptide-1 Receptor Agonist (GLP-1) Use For The Treatment Of Obesity Amongst Irish Primary Care Providers

Fiona O'Riordan, Anthony O'Riordan, Aisling Hegarty, Katie Fogarty, Elaine Walsh

Cork General Practice Training Scheme, Irish College of General Practitioners, Cork, Ireland

Rationale & Aim

GLP-1s are recognised for their efficacy in treating obesity. General Practitioners (GPs) and General Practice Nurses (GPNs) are central to obesity management. This study aims to explore experiences of GP and GPNs in using GLP-1s as well as attitudes towards the current structure of obesity care and public funding for GLP-1s in Ireland.

Methods

A cross sectional survey was conducted via questionnaire collecting quantitative and qualitative data. The questionnaire was piloted and distributed to GPs, GP trainers, GP trainees and GPNs.

Results

There were 212 responses; 178 GPs and 34 GPNs. 96%(n=170) of GPs and 91%(n=31) of GPNs believe GLP-1s are an important part of obesity management. 80% (n=144) of GPs and 97% (n=33) of GPNs believe obesity should be included under the Chronic Disease Management (CDM) programme and 82% (n=142) of GPs and 91% (n=31) of GPNs agree that public funding for GLP-1s should be extended. GP trainees were less confident at prescribing GLP-1s than GP trainers; 66% (n=40) vs 82% (n=28) and prescribed less regularly 52% (n=32) vs 70% (n=24). GLP-1s were most commonly prescribed in suburban areas 76% (n=39) vs 63% (n=45) urban and 60% (n=32) rural.

Discussion

GLP-1s are now part of GP services. GPs and GPNs support their use, believe funding should be extended and that obesity should be considered a chronic illness under the CDM programme. Confidence levels vary across the GP groups and Irish guidelines on the use of GLP-1s for obesity in primary care could help address this.

Abstract ID 55

Evaluating PLCOm2012 and LLPv2 in an Irish Lung Cancer Screening Pilot: How Eligibility Rules Influence Who Gets Screened

Ciara Fay^{1,2}, Benjamin Jacob¹, David O'Reilly^{1,2}, Malcolm Herron², Sandra Roche², Daniel John Ryan², Jarushka Naidoo^{1,2}, Patrick Redmond³

¹Royal College of Surgeons in Ireland, Dublin, Ireland. ²Beaumont Hospital, Dublin, Ireland. ³RCSI, Dublin, Ireland

Abstract

Rationale & Aim

Low-dose CT (LDCT) lung cancer screening (LCS) reduces lung cancer mortality by approximately 20%. Evidence from European studies suggests that risk-based eligibility improves screening efficiency and cancer detection compared with conventional age–smoking criteria. However, poor translation of risk-prediction models across countries limits their use without local validation. This study compares international risk models within an Irish LDCT pilot and identifies key factors driving model-based eligibility. The aim is to compare the performance and concordance of LLPv2 (5.0%), PLCOm2012 (1.51%), USPSTF20, and USPSTF30 criteria, and to determine which risk factors most strongly influence eligibility.

Methods

The Irish Lung Health Check Pilot is currently recruiting high-risk adults aged 55–74 using a structured phone-screening questionnaire. Trial eligibility requires meeting either LLPv2 ($\geq 5.0\%$) or PLCOm2012 ($\geq 1.51\%$) thresholds. First, the proportion meeting USPSTF20 and USPSTF30 criteria will be estimated and compared with LLPv2- and PLCOm2012-based eligibility. Second, among trial-eligible participants, individuals classified as LLP-only, PLCO-only, or eligible by both models will be quantified. Third, influential predictors within LLPv2 and PLCOm2012 will be examined.

Results

Recruitment is ongoing; therefore, results are not yet available. Final analyses will describe eligibility patterns across all criteria, distributions of LLP-only, PLCO-only, and dual-eligible individuals, and model-specific predictors of eligibility. Findings will be available after recruitment concludes in March and will be presented at the AGPI Conference in June.

Discussion

This study will provide Irish-specific evidence on the comparative performance of commonly used LCS eligibility models and inform efficient, equitable risk-based strategies for population-level screening.

Abstract ID 56

Associations Between Pharmaceutical Industry Payments and Analgesic Prescribing for Chronic Non-Malignant Pain: A Systematic Review

Mohammed Gharbia¹, Lydia Iladiva², Frank Moriarty¹, Tom Fahey¹, James Larkin¹

¹Royal College of Surgeons in Ireland (RCSI), Dublin, Ireland. ²University College Cork, Cork, Ireland

Abstract

Background

Chronic non-malignant pain (CNMP) drives substantial analgesic use, including opioids. Industry payments to clinicians may create conflicts of interest and influence prescribing. We synthesised observational evidence on associations between industry payments and CNMP-relevant analgesic prescribing.

Methods

PRISMA 2020 systematic review (PROSPERO: CRD42024627184). We searched MEDLINE, EMBASE, CINAHL, PsycINFO and Web of Science (inception–February 2025) for observational studies linking transparency database payments (e.g., Open Payments general payments) to CNMP-relevant analgesic prescribing outcomes. Risk of bias was assessed with ROBINS-I. We pooled comparable adjusted estimates using random-effects meta-analysis; otherwise SWiM vote-counting by direction of effect was applied.

Results

Ten U.S. studies (2018–2022) were included. Across 44 outcome comparisons, 38 (86%) reported higher prescribing or higher opioid-related costs among payment recipients. Meta-analysis (2 studies per outcome) found +16.25 opioid prescriptions per prescriber-year (95% CI 1.24–31.25; $I^2 = 94.8\%$) and +\$4,785 opioid-related expenditure per prescriber-year (95% CI \$2,162–\$7,408; $I^2 = 89.0\%$) associated with receipt of opioid-related payments (vs none). Eight studies reported dose–response gradients by payment value and/or frequency. One quasi-experimental study reported reduced opioid prescribing following academic medical center marketing restrictions.

Conclusion

Across U.S. observational evidence, industry payments are consistently associated with higher CNMP-relevant analgesic prescribing and higher opioid-related costs. Dose–response patterns and policy evidence suggest promotional influence may be modifiable; strengthened conflict-of-interest safeguards and promotion-free continuing education may support evidence-based pain care.

Abstract ID 57

What happens after discharge? Continuation of gabapentinoids in Irish general practice among adults aged ≥ 65 years: A cohort study

Mohammed Gharbia, James Larkin, Tom Fahey, Frank Moriarty

Royal College of Surgeons in Ireland (RCSI), Dublin, Ireland

Abstract

Rationale:

Gabapentinoids listed on hospital discharge medication lists may be continued in general practice in older adults, making transitions of care an important point for medication review. We quantified post-discharge continuation and time to discontinuation.

Methods:

Retrospective cohort using the Medication Reconciliation dataset (anonymised EHR from 44 Irish general practices linked to discharge summaries). Included adults aged ≥ 65 years with gabapentin or pregabalin recorded at discharge, no cancer-related care, and no GP gabapentinoid prescribing in the prior 12 months (first eligible initiation per patient; N=186). Discontinuation was a >90 -day gap after estimated end of supply. Outcomes were any GP prescribing within 90/180/365 days, long-term continuation at 365 days, and persistence among those with any post-discharge GP prescribing (Kaplan–Meier).

Results:

Mean age was 80.1 years (SD 8.4); 41.9% were male; 82.8% were discharged on pregabalin. Overall, 63.4% had ≥ 1 GP gabapentinoid prescription after discharge. Among those with sufficient follow-up, 48.3% had a GP prescription within 90 days, 52.1% within 180 days, and 54.7% within 365 days. Long-term continuation at one year was 25.3% (38/150). In patients with any GP prescribing (n=118), estimated persistence was 0.67 at 180 days and 0.40 at 365 days.

Discussion:

In this linked Irish cohort, GP prescribing after discharge was common and about one quarter met a long-term continuation definition at one year. Discharge and early GP follow-up are key opportunities to document indication and intended duration and to support timely medication review and deprescribing where appropriate.

Abstract ID 58

Investigating Safety Attitudes among Irish General Practice Trainees.

John Fallon^{1,2}, Yeojin Kil¹, Anna Chatzi¹, Roisin Doogue¹

¹University of Limerick, Limerick, Ireland. ²ICGP, Dublin, Ireland

Rationale & Aim:

General Practice in Ireland has a complex clinical team environment involving doctors, nurses and trainees. Due to a mix of team complexity, patient diversity and inherent challenges, safety is a critical aspect within this setting, Understanding the factors which influence general practice trainees' safety attitudes is an important part to improving an organisational safety culture within general practice. This study aims to explore the factors associated with general practice trainees' safety attitudes and perceptions.

Methods:

A questionnaire, with both Likert scale statements and open-ended questions, was circulated to all ICGP training schemes via e-mail. Personal requests to distribute the questionnaire among GP trainee schemes associated with the authors and to the International Medical Graduate rural general practice programme cohort awaiting examination were also made. Anonymous gathering of data is still ongoing through Qualtrics. Data analysis will be conducted to investigate the safety attitudes and safety-related challenges of the respective trainee cohorts.

Results:

To-date, there are 22 completed responses with 29 currently in progress. Following analysis, it is expected that aspects of safety relating to team member roles, teamwork and communication will reveal significant insights among the participating general practice trainee cohort.

Discussion:

The various themes and insights gained from the general practice trainees' safety attitudes and perceptions will provide a better understanding of various influential factors. This in turn will help inform communication and training to improve aspects of safety within general practice, leading to an improved organisational safety culture and patient care.

Abstract ID 59

A study investigating the feasibility and implementation of a Treat Your Respiratory Infection (TY-RTI) Leaflet in Irish GP practice.

Mala Shah^{1,2}, Teresa M Barbosa², Paul Ryan¹, Scott Walkin^{3,4}, Aoife Fleming^{2,5}

¹Health Service Executive, Cork, Ireland. ²University College Cork, Cork, Ireland. ³Irish College of GPs, Dublin, Ireland. ⁴University College Galway, Galway, Ireland. ⁵Mercy University Hospital, Cork, Ireland

Rationale

Interactive patient leaflets have been shown to reduce antibiotic prescribing for self-limiting respiratory tract infections (RTIs) in general practice.

Aims

- To assess the feasibility and acceptability of using a Treat Your RTI (TY RTI) leaflet in GP consultations in Ireland.
- To apply implementation science methods to inform national roll-out.

Methods

A mixed methods study was conducted, with ethical approval. Six GPs in daytime practice and three in out of hours services used the TY RTI leaflet during RTI consultations. GPs and patients/parents completed feedback surveys. Qualitative interviews conducted with GPs were analysed using the Consolidated Framework for Implementation Research (CFIR) and COM-B model for behaviour change.

Results

Survey responses from GPs for 201 consultations and from 84/201 (42%) patients/parents showed that the leaflet was useful and feasible to use. More than 80% patient/parents' reported greater confidence to self-manage RTIs and changed views on antibiotic need. CFIR analysis of interviews identified determinants influencing use of the leaflet within the practice: inner setting (practice ethos, access to GPs); external factors (patient expectations) and implementation processes (utilising GP leads to promote the leaflet, incorporating on www.antibioticprescribing.ie). COM-B model mapping revealed individual determinants influencing capability (empowering patients on self-management of infection) and motivation for GP behaviour change (something tangible to give to patients, supports decision not to prescribe antibiotics).

Discussion

This study demonstrates the feasibility and value of the TY-RTI leaflet for both GPs and patients, supporting antimicrobial stewardship, and provides GP-informed implementation determinants to consider for national roll-out.

Abstract ID 60

Evaluating the Usability of an Atrial Fibrillation Audit Dashboard in Primary Care

SARAH MCERLEAN, Mark Ledwidge, John Broughan, Geoff McCombe, Walter Cullen, [Joe Gallagher](#)
UCD, Dublin, Ireland

Introduction

Atrial fibrillation (AF) is the most common sustained cardiac arrhythmia worldwide associated with significant morbidity and mortality. Despite established clinical guidelines, important gaps remain between recommended care and routine clinical practice. One contributing factor is the challenge of effectively interpreting the large volume of data contained within electronic health records. Digital clinical decision support tools including **interactive dashboards**, have emerged as a potential solution. The aim of this study was to develop and evaluate the usability and feasibility of an atrial fibrillation audit dashboard.

Methods

A cross-sectional observational study was undertaken. The tool was designed to extract and summarise AF management data from electronic health records into a colour-coded dashboard based on internationally recognised quality indicators. The System Usability Scale (SUS) was used to determine usability.

Results

13 general practices participated. The AF audit tool analysed data from 1525 patients with a diagnosis of AF enrolled in the chronic disease management programme. The atrial fibrillation audit tool achieved a mean System Usability Scale (SUS) score of 79.29 (SD = 8.29, 95% CI [74.50, 84.07]), which corresponds to an A- grade.

Discussion

Scores above the accepted benchmark of 68 have been shown to reflect above-average usability, with scores approaching or exceeding 80 indicating high usability. This result strongly supports that the audit tool is usable and acceptable to users.

Conclusion

This AF audit dashboard tool is a highly usable, practical tool that supports safer prescribing and highlights potential areas for clinical review.

Abstract ID 61

Non-vitamin K Oral Anticoagulant Prescribing and Co-Prescription with Antiplatelet Therapy in Irish Primary Care: Insights from a Large Atrial Fibrillation Cohort

SARAH MCERLEAN, Mark Ledwidge, John Broughan, Geoff McCombe, Walter Cullen, [Joe Gallagher](#)
UCD, Dublin, Ireland

Background

Atrial fibrillation is the most common sustained cardiac arrhythmia in adults and its prevalence is continuing to rise worldwide. This feasibility study evaluates a novel electronic audit dashboard tool designed to extract and visualise electronic health record (EHR) data to identify prescribing patterns and actionable safety insights for this high-risk patient cohort.

Objectives

To develop and pilot an electronic audit dashboard tool capable of extracting cross-sectional EHR data from a specific cohort of patients with atrial fibrillation. To identify specific gaps in current prescribing practices compared to clinical guidelines for atrial fibrillation management.

Methods

A cross-sectional observational study of 1525 patients with atrial fibrillation was undertaken using data extracted from their EHRs in June 2024. This data came from 13 general practices.

Results

The main findings were:

- Among 1051 cases treated with oral anticoagulation, 136 (12.9%) had a potential dosing error identified.
- 3% of patients were prescribed both an antiplatelet agent and an anticoagulant
- Blood pressure and heart rate control in this cohort were excellent
- Impaired renal function (creatinine clearance <50 mL/min) and age > 80 years were predictive of off-label dosing

Conclusion

Irish general practice is well placed to manage key comorbidities in atrial fibrillation. Routine audit of prescribing data can help identify those with potential prescribing errors. This electronic tool is a feasible and quick way to generate these clinical insights to support quality improvement.

Abstract ID 62

Co-designing a recruitment strategy for lung cancer screening in high-risk individuals: A qualitative study

Andre Ramkaran¹, Brona Mulligan¹, Conor Murphy¹, Seamus Cotter², Patrick Redmond¹

¹Royal College of Surgeons in Ireland, Dublin, Ireland. ²Irish Lung Cancer Community, Dublin, Ireland

Rationale & Aim

Lung cancer is a leading cause of mortality, and early detection through screening can improve outcomes. Uptake remains low among high-risk individuals, especially in socioeconomically deprived areas. This study, part of a wider co-design programme, explores experiences, beliefs, and barriers to engagement to inform the development of a primary care recruitment tool.

Methods

High-risk adults aged 55-74 who are current or recent smokers and live in deprived areas were recruited according to National Lung Screening Trial and Irish Lung Health Check criteria. Semi-structured interviews guided by the COM-B framework explore attitudes and barriers to screening. Interviews have been transcribed and initially coded using inductive thematic analysis. Themes will later be mapped to the Theoretical Domains Framework and synthesised using the Behaviour Change Wheel. Fourteen interviews are complete; recruitment is ongoing.

Results (preliminary)

Early coding suggests engagement may be influenced by perceptions of risk, communication and follow-up pathways, trust in healthcare providers, social support, and practical access factors. These observations are provisional and will be refined through ongoing analysis.

Discussion

Preliminary findings provide early insights into factors affecting screening uptake and will inform co-design of a context-sensitive recruitment strategy for primary care. Full analysis and theory-informed recommendations are expected by April 2026.

Abstract ID 63

Women's experiences of shared decision-making in perimenopause consultations in general practice: A protocol for a qualitative study

Laura-Jane McCarthy¹, Aisling Jennings², Rita Forde³, Sheena McHugh¹

¹School of Public Health University College Cork, Cork, Ireland. ²Department of General Practicem University College Cork, Cork, Ireland. ³School of Nursing and Midwifery, University College Cork, Cork, Ireland

Rationale and aim

Increased media attention and growing awareness of perimenopause in recent years have led to more women seeking perimenopausal care in general practice. Despite this rising demand for support, many women describe their consultations with General Practitioners (GPs) as suboptimal. Shared decision-making is recommended in clinical guidelines for making treatment decisions for perimenopausal symptoms, but little is known about how women experience shared decision-making. This qualitative study explores women's experiences of perimenopause-related consultations in general practice, with a particular focus on their perceptions of shared decision making within these encounters.

Methods

Using an interpretive descriptive design and a patient journey mapping approach, this study will examine women's experiences of shared decision-making across their perimenopause-related care in general practice. Women aged 40–50 years who have discussed perimenopausal symptoms with a GP will be invited to take part in semi-structured interviews. Reflexive Thematic Analysis will be used to analyse interviews. Findings will be presented through patient journey maps to illustrate key touchpoints and experiences across their care pathways. Public and Patient Involvement will be integrated throughout the research cycle. The study will adhere to the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.

Discussion

This study will generate new insights into how women experience perimenopause consultations and how shared decision-making is enacted within general practice. By illuminating the factors that shape decision-making processes and care experiences, the findings will support the development of future interventions to enhance shared decision-making in perimenopausal care.

Abstract ID 64

General Practitioners' Views of a Fibromyalgia Diagnosis in Primary Care

Kerrie McConnell, Neil Heron, Nigel Hart

Queen's University, Belfast, United Kingdom

Aim

To explore GPs experiences of conducting consultations with those living with fibromyalgia, how they educate patients, and identify any barriers they encounter when facilitating care.

Methods

Qualitative methodology, via virtual semi-structured interviews with 9 GPs and 5 GP Resident doctors working in Northern Ireland. Interviews were conducted virtually over Microsoft Teams® between July 2024 and October 2025. The data was analysed using Braun and Clarke's six-phase approach to reflexive thematic analysis.

Results

Two key themes with several sub-themes were identified:

(1) Clinicians' Perceptions, Knowledge and Uncertainties. This theme encompasses the heterogeneity of GPs' beliefs and knowledge of fibromyalgia, including a. the dynamics of consultations, b. the journey to diagnosis and c. educating and empowering patients.

(2) The Availability and Utilisation of Resources. This theme encompasses a. the patient-tailored approach required with fibromyalgia, b. the importance of the multidisciplinary team, and c. overcoming the barriers encountered by patients and GPs.

Discussion

Our study highlights the importance of primary care in the overall management of fibromyalgia. Fibromyalgia presents multiple complexities including difficulty in diagnosis, explanation and successful management, often resulting in difficult therapeutic relationships.

This research highlights current dilemmas for GPs in diagnosing fibromyalgia and the methods used to educate patients on the diagnosis. In addition, it illustrates the challenges experienced by GPs and GP Resident doctors when conducting fibromyalgia consultations and providing ongoing care.

Abstract ID 65

Implementing Faecal Immunochemical Testing in Primary Care: A Pilot Study

Nassreen Abdullah¹, John Crowley^{1,2}, Martin Buckley^{2,3}

¹Irish College of General Practitioners (ICGP), Cork, Ireland. ²School of Medicine, University College Cork, Cork, Ireland. ³Department of Gastroenterology; Mercy University Hospital, Cork, Ireland

Aim:

The incidence of colorectal cancer (CRC) has increased globally, in particular patients under the age of fifty. This is a pilot study of a faecal immunochemical testing (FIT) service in primary care. The aim was to deliver a FIT service for asymptomatic patients.

Methods

We offered FIT kits to asymptomatic patients, aged between 40-75 years old during routine consultations. The number of FITs performed and the outcomes were reviewed. A cut-off of $> 10\mu\text{g}$ Hb/g faeces was defined as a positive result.

Results

Overall 180 FIT kits were distributed, 7 duplicate tests were given. Of the 173 patients recruited, 142 (82%) samples were analysed in the lab. A total of 126 (88.7%) samples had a normal result, 8 (5%) were rejected, 31 (17.9%) did not send their sample for analysis. A positive result was found in 8 (5%) of these 6 (75%) underwent colonoscopy. No cancer was identified, 4 (50%) had polyps removed and 2 patients require follow up colonoscopy.

Discussion

This study represents the first successful implementation of a FIT service in primary care in Ireland. There is a significant unmet need in this setting and strong scientific rationale for the use of FIT testing in general practice.

Abstract ID 66

Best Practice use of Text Messages in General Practice

Nassreen Abdullah^{1,2}, Mark Buckley^{1,2}

¹Irish College of General Practitioners (ICGP), Cork, Ireland. ²Killeagh Medical, Cork, Ireland

Introduction

Text message use has increased exponentially.

Methodology

The ICGP reference guide "Text Messaging in Irish General Practice.", recommended using the 4C's: Consent, Confidentiality, Children and Young Adults, and Content of texts. We used these as the framework for the measurements for this audit and as the standards. All text messages sent over one month were reviewed (approx. 700). We reviewed our protocol for updating young adult text messages.

Results

All text messages sent and their content were reviewed over a five-day period. All young adults had their parents' numbers on file, not their own.

Implementing changes included creating a practice Policy on Text Messaging, updating patient consent forms, and patient education posters. A text message consent template was made and coded to be re-audited. We changed the consent form for new patients.

During the re-audit cycle, we found that the texts' contents were similar to the first cycle. No text included the first and surname, and no urgent results or abnormal results were given via text. Five (50%) patients had their number on file for the young adults, and five had their parents' number. The data collected after the interventions showed an improvement from the first cycle, as all young adults previously had only their parents' numbers on file.

Discussion

This audit has shed light on the critical aspects, i.e., the 4 C's of ensuring best practice when utilizing text messages.

With the correct guidelines and tools, they can be implemented safely for both the staff and the patients.

Abstract ID 67

Promoting Diversity in Clinical Consultations - A Qualitative Study.

Grace Arnold^{1,2}, Gerald McKenna², Anja Krumeich¹

¹Maastricht University, Maastricht, Netherlands. ²Queens University Belfast, Belfast, United Kingdom

Aim

This study explored how General Practitioners (GPs) in Northern Ireland have adapted to an increasingly diverse environment by exploring their lived experiences, and the impact of these experiences, on treating diverse patient populations. Insights from these experiences aim to inform diversity teaching within the medical curriculum.

Methodology

A qualitative study used phenomenology and intersectionality frameworks to capture and interpret GPs' lived experiences. Data was collected from 8 GPs using semi-structured interviews with a topic guide. Following transcription and coding, an inductive approach identified key themes within the topic.

Results

Responses from GPs produced 5 major themes: 'Feelings as a GP', 'The Healthcare System', 'Communication Barriers', 'Lack of Preparation', and 'Adaptations and Strategies for Improvement'. 'Feelings as a GP' underpinned the interpretation of the other themes, highlighting frustration with communication barriers and systemic healthcare challenges. Themes emerged around language, culture, patient expectations, resources, funding, education, the healthcare system and workplace responsibilities. GPs discussed technology and learned experience as adaptive tools, but called for more funding, resources and education to improve holistic patient care.

Conclusions

This study highlights the multifaceted nature of health, with themes intersecting biological, social, systemic and political dimensions. Findings show the importance of intersectionality in health delivery and health education. Further research and funding into health, and its intersectional social components, is necessary to provide adequate training and resources for patient-centred care. These findings can inform future medical education to address healthcare disparities and broader healthcare challenges related to diversity and immigration in Northern Ireland.

Abstract ID 68

Mapping Digital Scribe Technologies in Primary Care: A Scoping Review of Design, Implementation, Accuracy and Impact

MAJID KHAN, Catherine Devereux, Gueneet Deol, Rhieya Rahul, Conor Murphy, Patrick Redmond
RCSI, Dublin, Ireland

Rationale & Aim

AI-powered digital scribes are quickly being adopted in primary care worldwide. NHS England published a registry of 19 suppliers in January 2026 with new medical device standards, while NIHR RSET initiated a major evaluation. However, independent systematic evidence remains lacking, as existing literature is fragmented and industry-sponsored.

This scoping review aims to provide the first comprehensive independent mapping of digital scribe technologies in primary care, examining design characteristics, technical performance, clinical impact, and regulatory considerations.

Methods

Scoping review following Arksey and O'Malley framework, modified PCC approach (Joanna Briggs Institute), and PRISMA-ScR reporting. Digital scribes were defined as automated speech-to-text tools producing medical documentation via ASR/NLP, excluding human transcription. Searches covered academic databases, preprints, grey literature, and trial registries.

Results

A total of 8,861 records were identified, of which 2,886 remained after removing duplicates. Of these, 169 articles underwent full-text review, and 45 studies met the inclusion criteria. The preliminary findings showed significant variation in study design, settings, and reporting quality. Technologies ranged from research prototypes to commercial products, though details about model architecture and training data were limited. Inconsistent reporting of legal, regulatory, and ethical issues highlighted the lack of clear frameworks. Data privacy concerns were noted, but detailed governance strategies were often absent. Clinical liability concerns were rarely studied; in most cases, the user was ultimately responsible.

Discussion

Digital scribes show promise for addressing documentation burden, but current evidence is insufficient to support widespread adoption. Independent evaluation, regulatory clarity, and implementation science frameworks are urgently needed.

Abstract ID 69

Designing a Non-Specific Symptoms of Cancer Referral Pathway for Irish Primary Care: Stakeholder Perspectives

MAJID KHAN¹, Claire Reimer¹, Neran Mahadeosingh¹, Conor Murphy¹, Brona Mulligan¹, James O'Mahony², Mike Mike O'Callaghan³, Georgia Black⁴, Carmel Geoghegan¹, Kathleen Bennett¹, Patrick Redmond¹

¹RCSI, Dublin, Ireland. ²University College Dublin, Dublin, Ireland. ³ICGP, Dublin, Ireland. ⁴Queen Mary University of London, London, United Kingdom

Rationale & Aim

Approximately 50% of cancers present with non-specific symptoms (NSSoC) such as unexplained weight loss, fatigue, or pain. These presentations are associated with longer diagnostic intervals and later-stage diagnosis. Denmark, UK, Norway, and Sweden have implemented dedicated NSSoC pathways (cancer detection rates 7-16%), yet Ireland lacks any coordinated system, creating diagnostic uncertainty and potential inequities. The aim of this study is to identify barriers, facilitators, and design principles for an NSSoC referral pathway suitable for Irish primary care.

Methods

Qualitative study using semi-structured remote interviews. Purposive sampling targeting 30 participants: GPs, hospital specialists, service managers, policymakers, advocacy representatives, and patients. Framework Analysis informed by Consolidated Framework for Implementation Research (CFIR), with findings mapped to the Engineering Better Care framework to generate system-level design recommendations.

Results

Analysis of eight interviews (6 GPs, 2 policymakers) revealed critical system failures. A diagnostic ownership gap exists for non-localised presentations, leading to delays and informal escalation to A&E and medical assessment units. Key barriers included limited access to imaging, public-private inequities, regional variation, referral rejections, and inconsistent communication. Hidden workload from iterative investigation, safety-netting, and result-chasing was substantial. Concerns included service overload, risks of over-investigation, workforce constraints, and medicolegal exposure without clear governance. Essential design features identified: defined eligibility criteria, rapid triage, end-to-end care ownership, dedicated patient navigation, interoperable systems, and equity-focused commissioning.

Discussion

Ireland's fragmented diagnostic landscape creates systematic disadvantage for NSSoC presentations. Findings inform the development of Ireland's first evidence-based NSSoC pathway to address the unique challenges of the two-tier system.

Abstract ID 70

The movement of Irish GPs and Medical Graduates between Irish and Australian Practice 2010-24

Gerard Gill

Deakin University, Geelong, Australia

Background

Australia obtains half its new specialty general practitioners from overseas. Concerns are held that Irish graduates and GPs moving to Australia may aggravate Irish GP shortages. Australia has no GP register making it difficult to examine movements.

Method

I constructed a GP register of all new fellows from 1 Jan 2010 to 31 Dec 2024 from college sources, internet searches, practice websites, LinkedIn and the Australian Health Practitioners Registration Authority (AHPRA) online Register. This constructed register has 22,000 new Fellows (94% of all known practitioners).

The AHPRA register shows country of primary qualification and the date of Australian registration and identifies GPs with MICGP and MRCGP qualifications.

The constructed Register was searched for entrants with MICGP and Irish qualifications granted Australian GP recognition entering Australia between 2010 and 2024.

Results

119 new Fellows were identified. 30 with MICGP 13 with MRCGP and 3 with both.

73 Irish graduates attained an Australian Fellowship arriving on average 7 years after graduation. From their names and internet history 13 appear to have been foreign origin Irish graduates. 10 returned to Ireland staying around 2 years. 2 Irish Australian Fellowship registrars were identified.

Ireland loses less than 2 MICGPs to Australia a year and approximately 5 graduates to Australian fellowships a year.

Conclusions

Currently Ireland's losses to Australian general practice are low in comparison to the UK. The Australian supplied data utilised in the 2024 RCSI workforce group paper may be flawed. Australia poses no danger to the Irish GP workforce sustainability.

Abstract ID 71

Promoting Adolescent Mental Health through GP training (PACE-GP): A protocol for a pilot RCT and process evaluation of an online educational intervention designed to support GPs in Ireland to manage adolescent mental health presentations

Dónal Wallace¹, Sadhbh Byrne², Anna Beug¹, Lina Zgaga¹, Susan Smith¹

¹Dept. of Public Health & Primary Care, Trinity College Dublin, Dublin, Ireland. ²Dept. of Psychology, Maynooth University, Maynooth, Ireland

Rationale & Aim:

There has been an increase in mental health presentations among young people in Ireland over the past 10 years. GPs are often the first point of contact for Adolescent Mental Health (AMH) presentations, but many GPs do not feel equipped to confidently deal with this issue. We reviewed current literature and collected qualitative data from adolescents, parents and GPs to develop an online educational intervention for GPs (PACE-GP).

The aim of this study is to evaluate the feasibility of PACE-GP intervention delivery and its impact on a range of outcomes amongst participating GPs.

Methods: A pilot RCT with a parallel process evaluation will be conducted to evaluate PACE-GP. The primary outcome will be feasibility of delivering and implementing the GP AMH online intervention, which will be determined by recruitment and retention rates, intervention acceptability and intervention fidelity. Secondary outcomes include GP awareness, GP reports of their practice, and self-perceived knowledge and confidence. Data will be collected from self-report surveys by participating GPs using Qualtrics.

Results: The pilot RCT will generate estimates of recruitment and retention, preliminary outcome data, and qualitative data on GP experience participating in the intervention, to inform the design of a definitive RCT.

Discussion: This study will inform educational policy and practice in AMH for GPs. The study findings will inform a potential future full-scale RCT, refine the intervention and improve the trial design. Formal continuation criteria will be used to determine if progressing this pilot RCT to a definitive pragmatic RCT is warranted.

Abstract ID 73

Early cancer detection of symptomatic cancer in primary care in Ireland: A research prioritisation exercise

Brona Mulligan¹, Brittney Adams¹, Benjamin Jacob¹, Sophie Dolan¹, Caoimhe Quinn¹, Jack Adams¹, Lily Clancy¹, Omar Abu Saadeh¹, Laura O'Connor², PRICAN PPI Group¹, Richard D Neal³, Conor Murphy¹, Patrick Redmond¹

¹Royal College of Surgeons in Ireland (RCSI), Dublin, Ireland. ²HRB Primary Care Clinical Trials Network, Galway, Ireland. ³University of Exeter, Exeter, United Kingdom

Rationale & Aim: Early detection of symptomatic cancer in primary care is critical to improving outcomes, yet research in this area is underfunded relative to its impact. Prioritising research questions relevant to patients, carers, clinicians, and policymakers can guide resource allocation and reduce research waste.

Aim: This study aimed to identify the most important research priorities for early detection of symptomatic cancer in Irish primary care.

Methods: An adapted James Lind Alliance approach was used, including a stakeholder workshop (n=16), an online survey (n=138), interim prioritisation, and a consensus workshop (n=8). Survey responses were analysed, merged into 30 summary questions, and checked against existing evidence. Interim prioritisation produced a shortlist of 20 questions, which were discussed and ranked at the final consensus workshop involving patients, carers, clinicians, and researchers.

Results: Stakeholders agreed on a Top 10 list of research priorities, covering themes such as timely diagnosis, referral pathways, AI and technology, communication, and access to care.

Discussion: The co-produced priorities provide a stakeholder-driven roadmap for future research, guiding funding, policy, and targeted initiatives to improve early cancer detection in primary care. By incorporating perspectives from patients, carers, and clinicians, these priorities enhance the relevance, feasibility, and potential impact of research, addressing key evidence gaps in Ireland.

Abstract ID 74

Workload and Care Delivery in a GP-Led Weight Loss Programme in Irish Primary Care

Ellen Gercik

university college cork, cork, Ireland

Abstract

Rationale/Aim

Obesity represents a major public health challenge for the Irish health service, yet there is currently no government-funded weight management programme delivered in primary care. Advances in weight loss pharmacotherapy have increased demand for structured, clinically supervised obesity care. While GP-led programmes are available privately, this risks exacerbating health inequalities. This audit aims to examine the workload associated with delivering a structured GP-led weight loss programme, to inform future service planning in a publicly funded model.

Methods

Thirty-four private patients enrolled in a GP-led weight loss programme commencing in 2025. Data collected included patient demographics, number and content of consultations, blood monitoring, and weight measurements. Engagement with scheduled visits and follow-up activity were analysed as markers of workload.

Results

The programme comprised three structured consultations prior to pharmacotherapy initiation and a minimum of one follow-up visit. Prior to prescription, 62% of patients attended all three pre-treatment visits, 23.5% attended two, and 14.5% attended one. To date, 82.3% of patients have attended follow-up, with review ongoing. Among those followed up, repeat weight measurements were recorded in 85.7%. Consultations frequently included blood test review, medication counselling, and safety monitoring.

Conclusion

Delivering effective obesity care in general practice requires multiple structured consultations and ongoing follow-up, with significant workload implications. These findings highlight the need for workforce and capacity planning if GP-led obesity management is to be delivered equitably within a publicly funded primary care model.

Abstract ID 75

Medicines support and social prescribing to address patient priorities in multimorbidity (MIDAS): Protocol and baseline participant characteristics of a definitive, multi-arm, cluster randomised, controlled trial in Irish general practice

Susan Smith¹, [Farah Tahsin](#)¹, Eanna Kenny¹, Anna Flynn¹, Paul Doody¹, Barbara Clyne², Bridget Kiely², Frank Moriarty², Patrick Gillespie³, Fiona Boland², Molly Byrne³, Laura O'Connor³, Anna Hobbins⁴, Andrew W Murphy³

¹Trinity College Dublin, Dublin, Ireland. ²RCSI, Dublin, Ireland. ³University of Galway, Dublin, Ireland.

⁴Research Ireland Centre for Medical Devices, Galway, Ireland

Rationale: Multimorbidity, the coexistence of multiple long-term conditions, poses significant challenges for patients and healthcare systems. This necessitates tailored primary care interventions that are clinically and cost-effective.

Aim: MIDAS trial evaluates the clinical and cost-effectiveness of two interventions for patients with multimorbidity in Irish family practices: (1) pharmacist-led polypharmacy management (MyComrade) and (2) link worker-led social prescribing (LinkMM).

Methods: A pragmatic, multi-arm cluster randomised controlled trial with three arms: MyComrade, LinkMM, and usual care (control). An embedded process evaluation and economic analysis are being conducted.

Population: The study targets 672 patients (from 48 practices) aged ≥ 18 years with two or more chronic conditions, taking ≥ 10 regular medications, and receiving structured Chronic Disease Management. To date, 544 patients have been enrolled from 44 practices.

Results: Baseline data have been collected across all three trial arms. Participating practices include urban (55%), rural (13%), and mixed settings (31%). Among enrolled patients, 77% are aged ≥ 65 years and 51% are female. Baseline patient-reported outcomes show an EQ-VAS mean score of 63.3 (SD=19.4) and ICECAP-A mean score of 0.83 (SD=0.172), reflecting moderate health-related quality of life and capability wellbeing.

Additional baseline patient reported outcomes will be presented that will outline the patient and practice characteristics. Six-month follow-up data collection is underway. The process evaluation takes a mixed methods (i.e. participant interviews, mobile ethnography, and intervention data) approach to examine the implementation of both interventions.

Discussion: This trial will provide robust evidence on managing multimorbidity in primary care, potentially informing future healthcare policy and practice.

Abstract ID 77

How physical activity is promoted to high-risk groups in general practice: findings from four linked studies

Andrew O'Regan^{1,2}, Amanda M Clifford^{3,4}, Ray O'Connor^{5,2}, Joe MacDonagh⁶, Alison Bourke⁵, Ibak Baky⁵, Conor Byrne⁵, Stephen Dolan⁵, Vikram Niranjana⁵

¹University of Limerick School of Medicine, O'Regan, Ireland. ²Health Research Institute, University of Limerick, Limerick, Ireland. ³Department of Physiotherapy, School of Allied Health, University of Limerick, Limerick, Ireland. ⁴Health Research Institute, University of Limerick, Health Research Institute, University of Limerick, Ireland. ⁵University of Limerick School of Medicine, Limerick, Ireland. ⁶School of Business, Technological University Dublin, Dublin, Ireland

Background

Four out of five consultations in general practice are linked to chronic health conditions. Being physically active is protective against multiple chronic conditions and general practice is an essential partner in physical activity (PA) promotion. However, no standardised approach or training exists. This presentation will present evidence and strategies for consistent and effective PA promotion.

Method

The presentation will present four linked papers:

Paper 1: a scoping review of published literature on PA promotion in general practice.

Paper 2: qualitative interviews with GPs on PA promotion for their patients and their own PA patterns.

Paper 3&4: interviews with GPs focusing on PA promotion for migrant patients and adults with chronic diseases respectively.

Results

Paper 1: while PA promotion can be effective, a range of personal and organisational-level challenges exist. Papers 2/3/4: Findings include the effect of: the regional origin of migrants; the cultural importance of PA; language barriers between migrants and their GPs; sex differences in PA participation, and level of income available for expenditure on PA.

Discussion

Strategies proposed within this symposium to enable GPs to support all patients move towards a greater level and mix of PA are set within international literature for general practice and migrant patient physical and mental health. We have identified barriers and key facilitators to putting PA at the centre of General Practice to move patients from the general population, as well as those from migrant cohorts, to become more physically active.

Abstract ID 78

GPs' experiences of caring for refugees; challenges and perspectives

Udani Atukoralalage¹, Michelle Furey², Aileen Barrett³, Linda Forde⁴, Mike Quirke⁵

¹Harbour View Medical Centre, Wexford, Ireland. ²Grantstown Medical Centre, Waterford, Ireland. ³Irish College of GPs, Waterford, Ireland. ⁴Slaney Medical Centre, Enniscorthy, Ireland. ⁵Gladstone Street Surgery, Clonmel, Ireland

Rationale

The primary care system in Ireland has been exposed to tremendous pressure due to the substantial increase in the refugee population in recent years. General Practitioners (GPs) are the first point of contact for those seeking medical attention, and therefore play a key role in both the management and integration of refugees into the community. This study aimed to gather information on current practices and the challenges and barriers faced by general practitioners in caring for refugee communities. In an effort to understand these challenges, this study focused on the insights into the resources and infrastructure needed to enhance care to these communities and vulnerable groups.

Methods

A qualitative exploration was performed of the experiences and perceptions of GPs caring for refugee patients. GPs were recruited via continuing medical education (CME) groups in the Southeast region of Ireland. For the purpose of this study, County Wexford, County Waterford and the southern part of County Tipperary were included as the sample population.

Results

There were seven interconnected themes identified: language barriers, health literacy, healthy presentations, expectations of patients, accessibility, cultivating relationships and systemic gaps.

Discussion The findings of this study demonstrated how cultural, systematic and linguistic barriers can hinder optimal patient care. Additionally, a common concern among GPs was how they are underresourced and underprepared due to these barriers. Therefore, to strengthen the primary care system and to adequately support the refugee communities, improved translational services, further cultural training, multilingual GP resources and comprehensive medical handover are highly recommended.

Abstract ID 80

Balancing Care and Constraints; GP Trainees' experiences of providing nursing home care

Ailbhe Fell¹, Andrew Hayes¹, Hadeer Ameen¹, Leah Hyland¹, Aisling Jennings², Tony Foley²

¹Cork GP Training Scheme, Cork, Ireland. ²UCC Dept of General Practice, Cork, Ireland

Abstract

General practitioners (GPs) play a vital role in the delivery of medical care in nursing home settings. The aim of this study was to examine GP trainees experience in providing nursing home care including the benefits and challenges of the role.

This was a qualitative study which comprised of 13 semi-structured interviews conducted with GP Registrars to explore their experience of providing nursing home care. The interviews were analysed with a thematic analysis approach.

GP trainees' experiences of providing care in nursing homes highlighted a complex interplay of responsibility, challenge, and adaptation. Trainees reported a strong sense of accountability towards nursing home residents and were motivated to deliver high-quality care. However, they encountered multiple barriers that impeded this aspiration. Central to their experience was the ongoing effort to balance the often competing demands of patient care, patients families expectations, practice needs, nursing home requirements, and their own professional development.

Many of the experiences, challenges and benefits of nursing home care experienced by the GP trainees in our study was in keeping with the literature from previous studies exploring GP's experiences of nursing home care. However, the GP trainees experienced additional challenges, compared with GP's experiences. The participants in our study, despite the challenges, valued the experience they gained in palliative and complex care in nursing homes, which they felt they did not get much exposure to in the community setting as a trainee, and many enjoyed their experience of nursing home care.

Abstract ID 81

Rural Clinicians' Perspectives of the Factors Influencing Health Behaviours of Farmers: an Appreciative Inquiry

Rebecca Orr¹, Helen Reid¹, Mark Tully², Nigel Hart¹

¹Queen's University Belfast, Belfast, United Kingdom. ²Ulster University, Belfast, United Kingdom

Rationale

Farmers appear to carry a higher proportion of cardiometabolic disease (CMD) compared to other occupational groups. Insights from health behaviours suggest environmental context, unrealistic optimism, fear, incompatible treatment regimens and inability to plan delayed successful modification of CMD risk factors in rural general practice. Farmers also opportunistically proposed solutions to change their health behaviours.

Aim

This qualitative interview study, informed by Appreciative Inquiry, aimed to inform the design of future behavioural change interventions using insights from farmer health behaviours and rural clinicians' experiences of caring for farmers.

Methods

Rural clinicians recruited from the United Kingdom and Republic of Ireland participated in individual semi-structured interviews (n=17), focussed on 'what is' and 'what works' when caring for farmers followed by one episode of group collaborative interview (n=5) with farmers to design the ideal system.

Results

Participants highlighted community cohesion, strong motivation to recover and preference for brief, factual communication were key enablers to successfully modifying CMD risk factors. The ideal system suggested would be seasonal, have highly visible clinicians with a one stop outreach approach. Clinicians depicted lifelong continuity of care with ebbs and flows that promoted exchange of resources within community, rather than unilateral provision of care. To deploy this dream in future, aims may include funding models where prevention pays, a team who enjoy living locally and systems which encourage clinicians to practice to top of their scope.

Discussion

These findings echo successful strengths based approaches in other rural areas whereby deployment has required long term investment and ambition.

Abstract ID 82

Systematic Review of the Impact of Self-Monitoring of Blood Glucose Levels on the Quality of Life of Individuals with Newly Diagnosed Type 2 Diabetes Mellitus

Gillian Daly, Alec Hawk, Raymond O'Connor

School of Medicine University of Limerick, Limerick, Ireland

Rationale and Aim:

To investigate the impact that SMBG has on QoL of individuals with newly diagnosed T2DM. SMBG is an additional task for people with T2DM. Qualitative analysis on its effects is timely.

Methods:

Systematic Review of Qualitative Studies of adults living with newly diagnosed T2DM conducted in accordance with Preferred Reporting Items for Systematic reviews and Meta Analysis (PRISMA) guidelines. The protocol for this study was registered with PROSPERO (CRD420251034390). Four databases were searched for relevant studies. The databases included Cumulative Index to Nursing and Allied Health Literature (CINAHL), Embase via Ovid, MEDLINE, and Web of Science. Key words included Type 2 Diabetes Mellitus, Quality of Life, Self-Monitoring.

Results:

From an original return of 230 papers, 39 were duplicates, 160 papers were deemed to be irrelevant, 31 were included in full text review, and 2 studies were included in the review. Studies looking at the impact of SMBG on the QoL of adults with newly diagnosed T2DM were found to be of sufficient quality for inclusion.

Discussion:

SMBG was preferred over alternative methods of self-monitoring but was not done regularly when participants felt health care professionals (HCPs) did not appreciate its importance. There were few aspects of the process of SMBG that limited its use, with only one patient noting the physical aspect of the process as a barrier. Females self-chastised more than males for high readings. There was a lack of exploration of the physical impact of SMBG and how this impacted on participant motivation.

Abstract ID 83

Mind the Gap: Mapping Menopause Education in Healthcare: A Scoping Review

Catriona Keye, Margaret Murphy, Mohammad Saab, Michelle O'Driscoll

UCC, Cork, Ireland

Rationale & Aim

Menopause is a significant life transition that can affect physical health, psychological well-being, and long-term disease risk. Despite its relevance across clinical settings, structured education on menopause is not consistently included in healthcare training. This scoping review aimed to map the extent, content, and delivery of menopause education for undergraduate and postgraduate healthcare professionals (HCPs), and to identify gaps in current provision.

Methods

A scoping review was conducted using JBI methodology and reported in line with PRISMA-ScR guidance. Six electronic databases and relevant grey literature were searched up to May 2025. Studies evaluating menopause-specific education for HCPs were included. Data were charted and synthesised using both deductive and inductive approaches to capture educational formats, content areas, and outcomes.

Results

From 5,034 records screened, 14 studies met the inclusion criteria, comprising nine intervention studies and five examining curriculum coverage. Most originated in the United States (n = 13) and focused on medical residents (n = 9). Educational approaches included structured teaching programmes (n=2), case-based sessions (n=1), online learning (n=2), telehealth-supported training (n=1), and peer learning models (n=1). Content commonly covered menopause physiology, symptom recognition, and hormone therapy, while long-term health risks and equity perspectives were less frequently included. Intervention studies reported improved knowledge, confidence, and readiness to support menopause care.

Discussion

Menopause education is inconsistently integrated across health professional training. Although existing programmes show positive impact, wider adoption of standardised, multidisciplinary, and equity-informed frameworks is needed to strengthen competence and support consistent, high-quality midlife care.

Abstract ID 86

Who Gets to Be Agentive? Equity and Learner Agency in Medical Education

Kelly Doherty, Andrew Spence, Nigel Hart

Queen's University, Belfast, United Kingdom

Abstract

Medical education is undergoing significant change across the UK with a fundamental shift in the behaviours and skills expected of future medical graduates. [1] Lifelong learning skills are increasingly essential to ensure the delivery of safe and effective patient care. Learner agency, broadly defined as

the capacity and willingness of students to navigate and influence their own learning, has gained prominence within Higher Education and is widely regarded as foundational to lifelong learning. Although empirical research links agency to academic performance, it remains conceptually underdeveloped within medical education. Emerging scholarship further suggests that access to agency is unevenly distributed, raising concerns that efforts to promote it may unintentionally reproduce existing inequities.

Medical education presents particular tensions in this regard. Students navigate highly structured curricula, standardised assessments and entrenched hierarchies designed to safeguard patient care and ensure professional readiness. While necessary, these structures may constrain autonomy and limit opportunities to influence one's developmental trajectory. Moreover, learners' social identities—including gender, race, socioeconomic background and professional positioning—shape how “agentic” behaviours are interpreted, rewarded or sanctioned, and who can safely challenge norms.

There is therefore a need to more clearly conceptualise learner agency within medical education. This scoping review asks: How is learner agency conceptualised and applied in medical education? Guided by the Arksey and O'Malley framework, we will map theoretical approaches, components and interventions, with particular attention to structural and equity-related influences.

This work is in progress. Findings will inform more equitable approaches to fostering agency in medical education.

Abstract ID 88

Platelet Count as a Sign of Undiagnosed Cancer in General Practice: Results of a Cohort Study from the CRADLE EHR Database

Aoife O'Brien^{1,2}, Benjamin Jacob^{1,2}, Hazel Healy¹, Patrick Redmond¹

¹Royal College of Surgeons, Dublin, Ireland. ²Centric Health, Dublin, Ireland

Rationale & Aim

Early cancer detection in primary care is challenging because many features are non-specific. Thrombocytosis predicts undiagnosed cancer in UK cohorts, but Irish evidence is limited. This study quantified 12-month cancer risk across platelet bands in Ireland, compared survival and competing-risk models, and examined testing patterns before diagnosis.

Methods

A retrospective cohort study used the CRADLE EHR database (~700,000 patients, 68 practices). Adults with a valid platelet result (2008–2025) were included; prior cancer within five years was excluded. Each test defined 12-month follow-up, censored at cancer diagnosis, death, or end of observation. Incident cancers (ICD-10 C00–C97, excluding non-melanoma skin cancer) were identified. Platelets were grouped into five bands (<100, 100–150, 150–200, 200–450, >450 ×10⁹/L). Risk was estimated using Kaplan–Meier and Weibull models; Aalen–Johansen, Fine–Gray, and Royston–Parmar models accounted for competing mortality. Diagnostic windows were assessed using 30-day bins in the year before diagnosis, matching each case to up to four controls.

Results

Among 1.2 million tests (310,000 patients), 4,820 cancers occurred within 12 months. Risk showed a U-shaped pattern: ~1.2% in the 150–200 ×10⁹/L band versus 4–5% in <100 and >450 ×10⁹/L bands. Royston–Parmar models closely matched cumulative incidence and outperformed Fine–Gray models. Testing frequency and abnormal platelets increased 3–6 months before diagnosis.

Discussion

Abnormal platelet counts are associated with short-term cancer risk in Irish general practice and may support earlier investigation in patients with non-specific presentations.

Abstract ID 89

Medicines support and social prescribing to address patient priorities in multimorbidity (MIDAS): early lessons from the process evaluation

Eanna Kenny¹, Anna Flynn¹, Farah Tahsin¹, Molly Byrne², Paul Doody¹, Bridget Kiely³, Frank Moriarty³, Patrick Gillespie³, Fiona Boland³, Laura O'Connor², Anna Hobbins², Andrew W Murphy², Susan Smith¹, Barbara Clyne³

¹Trinity College Dublin, Dublin, Ireland. ²University of Galway, Galway, Ireland. ³Royal College of Surgeons in Ireland (RCSI) University of Medicine and Health Sciences, Dublin, Ireland

Abstract

Background: The '*Medicines support and social prescribing to address patient priorities in multimorbidity*' (MIDAS) cluster randomised controlled trial (RCT) evaluates the effectiveness of two interventions (one pharmacist intervention, one link worker intervention) to improve multimorbidity outcomes in primary care. Alongside the trial, a process evaluation is examining implementation in routine practice. This abstract presents early lessons.

Methods: Multiple data sources were integrated, including interviews with intervention personnel (n = 9) and patients (n = 9), and real-time feedback on intervention delivery from a subset of personnel via Mobile Instant Messaging Ethnography. Data were analysed thematically to identify implementation lessons.

Results: Three early lessons have been identified. First, implementation requires sustained engagement and flexibility at multiple levels. Patient recruitment has required ongoing contact with practices to support identification and enrolment, while randomisation necessitates maintaining a national panel of pharmacists and link workers to ensure coverage. Limited room availability and protected time within practices presents additional logistical challenges. Second, certain contextual and structural factors have influenced intervention delivery. Pharmacists reported challenges navigating heterogeneous IT systems and managing complex medication decisions, while link workers described difficulties engaging some patients facing transport barriers and poor health. Third, despite operational challenges, perceived value remains high. Intervention personnel described positive experiences, and patients across both arms valued medication reviews and reported benefits from social prescribing, including improvements in mental wellbeing beyond expectations.

Discussion: These early lessons highlight the importance of flexibility, national workforce planning, and ongoing practice engagement when implementing complex multimorbidity interventions within general practice.

Abstract ID 90

National Preparedness for Alzheimer’s Disease Modifying Therapies: A Scoping Review of General Practice Integration

Isabelle Coonan, Mary Cronin, Roseleen Sheehan, Aisling Jennings, Tony Foley

University College Cork, Cork, Ireland

Abstract

Rationale: Novel Alzheimer’s disease-modifying therapies (DMTs) necessitate a biomarker-driven, time-sensitive care model. The imperative of an early diagnosis creates a narrow therapeutic window for eligibility. Simultaneously, these therapies introduce profound ethical implications and significant clinical risks. While General Practitioners (GPs) are critical gatekeepers for early detection, it is vital to establish what national readiness research conveys regarding the general practice role, across the entire patient journey.

Aim: To synthesise evidence on national healthcare system preparedness for DMTs, specifically examining the focus on General Practice.

Methods: Following the Joanna Briggs Institute (JBI) method and PRISMA-ScR reporting guidelines, we conducted a scoping review of 18 national-level preparedness analyses of 12 countries across four continents. Data were extracted using a standardised tool to analyse the patient journey and GP involvement.

Results: Analysis reveals a significant research void regarding the GP's role. Prior to treatment, data shows that while GPs provide up to 78.3% of specialty referrals, they were largely excluded from national working groups. While literature provides granular detail for specialist infrastructure, it offers negligible actionable guidance for primary care settings. During and after treatment, GPs are expected to manage ongoing care, including monitoring complex side effects like strokes and counselling families, despite a lack of formal training. Furthermore, DMT adoption may divert resources from GP-led dementia prevention strategies.

Discussion: Current preparedness literature largely neglects the GP-specialist interface. Without formalising the role of GPs and providing diagnostic support at the first point of contact, systems risk bottlenecks, rendering patients ineligible for time-critical treatment.

Abstract ID 92

Community-Acquired Sepsis in Ireland: A Secondary Analysis of National Hospital Administrative Data, 2020–2024

Nandakumar Ravichandran¹, Diarmuid Quinlan^{2,3}, Ellen Hayes², Patricia Fitzpatrick⁴, Michael Molloy⁵, Walter Cullen¹

¹School of Medicine, University College Dublin, Dublin, Ireland. ²Irish College of GPs, Dublin, Ireland. ³Dept of General Practice, University College Cork, Cork, Ireland. ⁴School of Public Health, Physiotherapy and Sports Science, University College Dublin, Dublin, Ireland. ⁵Wexford General Hospital, Wexford, Ireland

Rationale & Aim

Community-acquired sepsis accounts for most sepsis cases, yet national-level data describing its epidemiology, multimorbidity patterns, and outcomes remain limited in Ireland. Improved characterisation is needed to support prevention, early recognition, and service planning.

Methods

We conducted a secondary analysis of Hospital In-Patient Enquiry (HIPE) data from all acute public hospitals in Ireland from January 2020 to December 2024. Sepsis admissions were identified using ICD-10-AM diagnostic codes. Community-acquired sepsis was defined by the absence of hospital-acquired diagnostic flags. Demographic, clinical, geographic, and outcome variables were analysed. Multivariable logistic regression identified predictors of in-hospital mortality and intensive care unit (ICU) admission. Diagnostic codes were mapped to 17 Charlson categories and K-means clustering identified multimorbidity patterns.

Results

Among 68,644 sepsis events, 42,470 (62%) were community acquired. Across these events, 5,351 unique ICD codes were recorded; unspecified septicaemia occurred in 27,103 (64%), urinary tract

infection in 13,105 (31%), and acute renal failure in 11,412 (27%). Clustering identified three multimorbidity groups: diabetes and malignancy (88%), and cardiovascular (8%) and peripheral vascular disease (4%). Age ≥ 80 years (adjusted-OR 6.29, 95% CI 5.32–7.45) and high multimorbidity burden (15+ ICD diagnoses: adjusted-OR 7.94, 95% CI 4.27–14.78) were the strongest mortality predictors. Children aged 0–4 years had higher odds of ICU admission than adults aged 20–44 years (adjusted-OR 3.22, 95% CI 2.89–3.80).

Discussion

Community-acquired sepsis represents 62% of sepsis cases in Ireland and predominantly affects older adults with multimorbidity. Strengthening prevention and early recognition in community settings may reduce morbidity and mortality.

Abstract ID 93

General practice / family medicine: evolving undergraduate medical curricula – A narrative review and discussion paper

Nandakumar Ravichandran¹, Crea Carberry¹, Julia Cameron-Vendrig¹, Niamh Murphy¹, Nia Clendennen¹, Sheila Loughman¹, John Broughan², Walter Cullen¹

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

Rationale & Aim

General practice (family medicine) has become a foundational component of undergraduate medical education, driven by the growing need for community-based and patient-focused care. This review examines contemporary global models of general practice curricula and outlines practical approaches for designing and refining programmes to address changing healthcare demands.

Methods

A broad literature search was performed across PubMed, Scopus, ERIC, and Google Scholar, following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidance for study selection and evaluation. Publications from 2005 to 2025 were reviewed to identify central themes, educational frameworks, and innovative methods relevant to curriculum development and delivery in general practice education.

Results

From approximately 700 records, 42 articles met the inclusion criteria for final review. Five major themes emerged: (1) core competencies such as patient-centred care, clinical reasoning, holistic

practice, and interprofessional teamwork; (2) responsiveness to regional priorities, including rural health, underserved communities, and climate-related health issues; (3) the importance of clinical placements, particularly early and community-based experiences; (4) effective educational methods, including blended, case-based, and interprofessional learning; and (5) teaching capacity and learner support, encompassing faculty development, infrastructure, and student services.

Discussion

These findings are especially relevant as many medical schools worldwide are engaged in curriculum reform with an increased emphasis on general practice. This review identifies key components of adaptable, evidence-informed general practice curricula and offers guidance for educators seeking to align teaching with emerging community health priorities. Emphasising structured clinical exposure and attention to underserved populations is essential for preparing future-ready general practitioners.

Abstract ID 94

General practice professionals' perspectives on cardiovascular risk assessment in patients diagnosed with mental health disorders: an embedded mixed-methods study

Nandakumar Ravichandran¹, [Niamh Murphy](#)¹, John Broughan², Yao Xie¹, Geoff McCombe¹, Brian O' Donoghue¹, Kenneth McDonald^{1,3}, Gillian Murtagh⁴, Joe Gallagher¹, Janis Morrissey⁵, Walter Cullen¹

¹School of Medicine, University College Dublin, Dublin, Ireland. ²Clinical Research Centre, School of Medicine, University College Dublin, Dublin, Ireland. ³Department of Cardiovascular Medicine, St. Vincent's University Hospital, Dublin, Ireland. ⁴Clinical Science, Medical Affairs, Bridgebio, California, United States. ⁵Irish Heart Foundation, Dublin, Ireland

Rationale & Aim

Cardiovascular disease (CVD) remains the leading cause of mortality globally. Evidence indicates that individuals with mental health disorders (MHDs) face a higher risk of developing CVD. Despite this, important gaps persist in understanding how cardiovascular risk is managed for general practice patients with MHD. This study explored the views of general practice professionals in Ireland on cardiovascular risk assessment for patients with MHD and described current methods used to identify this population through the Mental Health Finder (MHF) tool.

Methods

Embedded mixed-methods design was employed. Aggregated, anonymised practice data including access to and utilisation of the MHF tool were obtained from five practices and analysed using SPSS. Additionally, in-depth semi-structured interviews were conducted with 12 general practitioners and three practice nurses. Qualitative data were examined using Braun and Clarke's reflexive thematic analysis.

Results

Two of the five practices reported access to the MHD tool. These practices showed a combined MHD prevalence of 18.7%, compared with 0.5–11.5% among practices without the tool, underscoring the value of systematic identification. Four themes emerged from the qualitative analysis: (1) the prevalence of MHD in general practice, (2) the relationship between MHD and CVD risk, (3) approaches to CVD risk management for patients with MHD, and (4) the importance of holistic care.

Discussion

Cardiovascular risk assessment for patients with MHD in general practice appears largely opportunistic rather than structured. Participants emphasised the need for clearer frameworks, standardised protocols, and enhanced supports to facilitate consistent cardiovascular assessment and management within this high-risk group.

Abstract ID 95

General Practitioners' Perspectives on Research Priorities for Integrated Care in the Republic of Ireland

Mathijs Wagemaker¹, Nandakumar Ravichandran¹, John Broughan², Sheila Loughman¹, Geoff McCombe¹, Áine Carroll^{1,3}, Peter Doran², Joe Gallagher¹, Walter Cullen¹

¹School of Medicine, University College Dublin, Dublin, Ireland. ²Clinical Research Centre, School of Medicine, University College Dublin, Dublin, Ireland. ³The National Rehabilitation Hospital, Dublin, Ireland

Rationale & Aim

Integrated care aims to enhance continuity and coordination across health services. However, the interface between general practice and hospital care remains challenging. This study explored Irish general practitioners' (GPs) perspectives on the current integration and highlighted key areas for future research.

Methods

A mixed-methods approach was used, involving a cross-sectional survey and semi-structured interviews with GPs in the Republic of Ireland. The cross-sectional survey captured data on practice characteristics, perceptions of primary-secondary care integration and the research priorities in primary care. Additionally, semi-structured interviews qualitatively explored experiences and suggestions on improving integration.

Results

Fifty-seven GPs from 17 counties responded, with a median population of 5,000 patients; 72% served a mixed public–private patient population. Most practices were situated in urban or mixed settings (87%). Nearly all GPs (93%) identified improving primary–secondary care integration as a research priority, though the majority perceived current integration with hospitals and community services as

poor. Top research priorities included chronic care, population and mental health, acute care, healthcare access, and clinical trials. Qualitative analysis highlighted barriers in digital information exchange, unclear responsibilities, limited time for collaboration, and the need for population health–focused, patient-centred integrated care models.

Discussion

This study offers the first national perspective post-Sláintecare on GPs’ priorities regarding integrated care in Ireland. It highlights ongoing gaps in implementation despite systemic reform and provides insights into the challenges and perspectives of frontline providers, guiding both policy and future research directions.

Abstract ID 96

Application of artificial intelligence on assessment and treatment in addiction: A scoping review

Des Crowley^{1,2}, [Nandakumar Ravichandran](#)¹, Bernard Kenny², Marie Claire Van Hout³, Walter Cullen¹

¹School of Medicine, University College Dublin, Dublin, Ireland. ²Irish College of GPs, Dublin, Ireland.

³South East Technological University, Waterford, Ireland

Background

Artificial intelligence (AI) is increasingly applied to managing drug use disorders to address gaps in screening, treatment access, relapse prevention, and harm reduction. However, the scope, maturity, and ethical implications of these applications have not been comprehensively mapped.

Objective

To systematically map and characterise global literature on AI use in addiction across clinical, community, public-health, and carceral settings.

Methods

A scoping review followed PRISMA-ScR and Arksey and O’Malley’s framework. PubMed, Embase, and Scopus were searched for English-language studies published between 2015 and 2025. Studies were included if they examined AI applications related to screening, risk prediction, treatment, recovery, prevention, or harm reduction in addiction. Data were extracted and synthesised using narrative thematic analysis.

Results

A total of 134 studies were included. Five themes were identified: (1) risk prediction and classification, (2) treatment effectiveness, recovery, and personalisation, (3) prevention and surveillance, (4) perspectives, acceptability, and feasibility, and (5) cost-effectiveness. Models predicted opioid and alcohol use disorder, relapse, overdose, treatment dropout, and recovery trajectories. Digital interventions, including chatbots, smartphone apps, and virtual-reality therapies, showed promise for engagement and monitoring. Few studies addressed algorithmic bias, data governance, or impacts on marginalised populations, including people experiencing homelessness or criminalisation.

Conclusions

AI is being explored across the addiction-care continuum, from early risk detection to treatment optimisation and recovery monitoring. While these technologies offer more proactive, personalised, scalable care, ethical, equity, and implementation challenges remain. Future research should prioritise prospective validation, fairness, transparency, and real-world integration

Abstract ID 97

General Practice Research in Ireland: A Scoping Review of Publications (2014-2025)

Hei Chi Sun¹, Brittney Adams², Caoimhe Quinn², Akshaj Jonnalagadda¹, Iga Jasinska¹, Walter Cullen¹, John Broughan¹, Patrick Redmond², Tomas Barry^{2,1}

¹University College Dublin, Dublin, Ireland. ²Royal College of Surgeons in Ireland, Dublin, Ireland

Background

General practice is a core component of the Irish health system. However, research capacity and infrastructure in Irish general practice remain less developed than in comparable jurisdictions, despite longstanding recommendations to strengthen workforce development, academic career pathways, and funding. The extent and nature of Irish general practice research output in recent years has not been comprehensively mapped.

The aim of this study was to map and characterise peer reviewed Irish general practice research published between 2014 and 2025, including volume, trends, and key thematic areas.

Methods

This scoping review followed the Arksey and O'Malley framework. PubMed, Embase, and the Cochrane Library were searched on November 8th, 2025 for peer reviewed studies relevant to Irish general practice. Two reviewers independently screened titles and abstracts, disagreements were resolved by a third reviewer. Full text screening and data charting are ongoing. Preliminary extraction was undertaken to provide an early summary of research themes.

Preliminary Results

Database searching identified 4,143 studies, with 798 progressing to full-text review. Preliminary thematic mapping indicates six broad areas: health-policy, education and the workplace (31.0%), condition specific studies not otherwise categorised (25.3%), prescribing and medication safety (14.9%), chronic disease (12.4%), aging and older people (9.6%), and mental health (6.8%).

Discussion

This review is ongoing, with full results to be presented at AGPI 2026. The final synthesis will describe the profile of Irish general practice research over a 12-year period, identify areas of relative strength

and under-representation, and summarise patterns of collaboration and funding/organisational supports underpinning research activity.

Abstract ID 98

Exploring ethnic minority health – The example of the Traveller community in Ireland: challenges and opportunities

Patrick O'Donnell¹, Breda O'Donoghue², Mary Favier³, Eleanor Donnelly⁴

¹University of Limerick, Limerick, Ireland. ²Traveller Visibility Group, Cork, Ireland. ³Parklands Surgery, Cork, Ireland. ⁴Western GP Training Scheme, Galway, Ireland

Background

Patients from ethnic minorities often have difficulties in accessing and engaging with health services including general practice. This can mean that they have morbidity and mortality statistics that vary greatly from the majority of the population. In Ireland the Traveller community are one such example of health care disadvantage, and discrimination against members of this group in all facets of life leads to social exclusion and poor health outcomes. Recent reports showed that most members of the Traveller community have access to a GP in Ireland and that they are satisfied with the service provided, but much more can be done to increase awareness and to empower GPs to advocate for their patients from the Traveller community.

Aim and learning outcomes: The aim of this workshop is to use the example of the Irish Traveller community to highlight levers and barriers in accessing primary care and general practice for patients from ethnic minority groups.

Learning objectives:

- Understand the context of the Irish Traveller community
- Explore how trauma, racism and intergenerational disadvantage affect health
- Understand the potential role GPs can have in supporting patients from ethnic minorities
- Empowering undergraduate, postgraduate and continuing education teachers to deliver education on these topics
- Workshop content (NB to include activities and interactive opportunities)

Methods and timetable: Opening presentations (15 minutes), Small group discussions (15 minutes), Plenary discussion (10 minutes), Closing (5 minutes)

Proposed results and outcomes: Participants will have a clear view of the challenges faced by patients from ethnic minorities when engaging with health services and general practice in particular. They will also gain an awareness of potential supports that can be provided to patients and communities in order to improve trust and engagement.

Evaluation/feedback strategies: Small group discussions and then feedback to plenary session

Ideal number of participants: 15-20

Level at which workshop will be pitched e.g. beginner/advanced, early-career researcher etc.: Any level

Abstract ID 99

Incidence of prescribing cascades, associated patient characteristics and healthcare utilization in older community-dwelling adults: a retrospective cohort study

Steven Gilmore¹, Ann Sinéad Doherty², Frank Moriarty², Fiona Boland², Ryan Muddiman², Tom Fahey², Barbara Clyne², Denis O'Mahony¹, Emma Wallace¹

¹University College Cork, Cork, Ireland. ²Royal College of Surgeons Ireland, Dublin, Ireland

Abstract

Rationale: Research examining any contribution of prescribing cascades, where a medication is prescribed to treat side-effects of another medication, to problematic polypharmacy is limited. This study aimed to examine prescribing cascades incidence, associated patient characteristics and subsequent healthcare utilization in older people.

Methods: Retrospective cohort study (44 general practices in Ireland) that included adults aged ≥ 65 years (2011-16). Nine prescribing cascades, defined by ThinkCascades, were examined. The number of GP consultations and hospital admissions was recorded over two years follow-up. Logistic and negative binomial regression models were conducted to examine associated patient characteristics and healthcare utilization respectively, adjusted for relevant confounders.

Results: Of 32,424 participants, 12,864 met inclusion criteria and 416 (3.2%) experienced ≥ 1 prescribing cascade. Of those occurring within 365 days ($n=347$), 66% ($n=232$) occurred within 180 days of initial prescription. Adjusted logistic regression models ($n=12,841$) found prescribing cascades were associated with increasing age (adjusted odds ratios 1.02, 95% CI 1.01–1.04, $p=0.001$). Adjusted negative binomial regression models ($n=10,495$) reported an increased number of GP consultations over follow-up (incidence rate ratio (IRR) 1.17, 95% CI 1.10–1.24, $p<0.0001$) with ≥ 1 prescribing cascade, but no association with hospital admissions (IRR 1.10, 95% CI 0.87-1.39, $p=0.44$).

Discussion: Prescribing cascades, defined by ThinkCascades, are relatively uncommon but contribute to problematic polypharmacy among older people. The majority occur within six months of initial prescription and patients who experience a prescribing cascade subsequently visit their GP more frequently. Identifying prescribing cascades and deprescribing opportunities are important considerations when undertaking medication reviews.

Abstract ID 100

Examining the prevalence of Fall Risk-Increasing Drugs in older community-dwelling people and its association with fall-related hospital admissions and prescription modification

Steven Gilmore¹, Ann Sinéad Doherty², Frank Moriarty², Fiona Boland², Ryan Muddiman², Caroline McCarthy², Tom Fahey², Barbara Clyne², Denis O'Mahony¹, Emma Wallace¹

¹University College Cork, Cork, Ireland. ²Royal College of Surgeons Ireland, Dublin, Ireland

Abstract

Rationale: Fall-risk-increasing drugs (FRIDs) may contribute to falling among older people, but research comprehensively examining an association with fall hospitalisations is limited. This study aimed to examine the prevalence of FRIDs in older adults, any association with fall-related hospitalizations, and changes to FRID prescriptions following hospitalization.

Methods: Retrospective cohort study that included adults aged ≥ 65 years across 44 general practices in Ireland. Fourteen FRIDs, defined using STOPPFall criteria, were examined as a time-varying exposure (classified as any or long-term prescribing) over 2013-2016. Any association between FRID exposure and first fall-related hospitalization was estimated using Cox proportional hazards models, adjusted for relevant confounders. Participants' FRID exposure before and after fall-related hospitalization were analyzed descriptively.

Results: Of the 35,942 participants, 16,780 (47%) had long-term FRID exposure during baseline, with 867 (2.4%) fall-related hospitalizations during follow-up. Long-term FRID prescribing was associated with a higher risk of fall-related hospitalization (adjusted hazard ratio (aHR) 2.83, 95% CI 2.11–3.79), with a dose–response relationship: one FRID: aHR 2.79 (95% CI 2.05–3.79); ≥ 2 FRIDs: 3.19 (95% CI 2.33–4.38). While the prevalence of long-term FRID prescribing remained constant pre- and post-fall hospitalization (53%), there was a 6% higher proportion of individuals with an increased FRID count compared with those whose FRID count decreased.

Conclusion: Long-term FRID prescribing is associated with a substantially increased risk of fall-related hospitalization and risk increased with the number of FRIDs. Despite this, more patients experienced an increase rather than a decrease in FRID count following hospitalization, suggesting challenges in deprescribing.

Abstract ID 101

“Now, Where Would You Like to Go Instead?” The Experience of Irish Mothers of a Young Adult with Down Syndrome in the Transition to Adulthood.

Fiona M Buckley, Kellie Morrissey, Angela Veale

University College Cork, Cork, Ireland

Rationale & Aim: Ireland has the highest rate of Down Syndrome in Europe. While the transition to adulthood is typically conceptualised as an individual psychological and developmental process, mothers of young adults with Down Syndrome (YADS) often have an active role in their adult child’s development. The aim of this paper is to explore the experience of mothers of a young adult with Down Syndrome in their son or daughter’s transition to adulthood.

Method: Seven mothers of a young adult with Down Syndrome aged 19-21 participated in 30-60-minute semi-structured individual phenomenological interviews. The interview structure involved asking participants to “map” their experience from when their child was 12 years old to the present moment, discussing points of transition and development, from both a developmental and service-focused perspective. The interviews were analysed using Interpretative Phenomenological Analysis.

Results: Three superordinate themes and five subthemes were generated. The superordinate themes were titled: “Balancing and Defining Independence,” “You’re on Your Own,” and “What’s the Destination?” Mothers experienced their son or daughter’s transition to adulthood as a process of shared challenge and growth, particularly during changes in service provision.

Discussion: To effectively support the entire family unit, it is important for General Practitioners to understand the experience and role of mothers in their son or daughter with Down Syndrome’s transition to adulthood. This study explores how parents of young adults with Down Syndrome are often co-creators of their son or daughter’s developmental trajectory, a process that can be isolating and uncertain.

Abstract ID 102

Cardiometabolic Risk Following Gestational Diabetes or Hypertension in Pregnancy: A Retrospective Study in Irish Primary Care

Trevor Corrigan¹, Joe Gallagher¹, Mark Ledwidge¹, Mairead Daly²

¹UCD, Dublin, Ireland. ²The Palms Surgery, Gorey, Ireland

Rationale & Aim

Women with a history of gestational diabetes mellitus (GDM) or hypertension in pregnancy are at increased risk of cardiovascular and metabolic disease. Despite established evidence, follow-up in primary care is often inconsistent. This study aimed to evaluate cardiovascular and metabolic risk indicators among women with previous GDM or gestational hypertension attending a single Irish general practice.

Methods

A retrospective review of electronic medical records identified patients with documented GDM or gestational hypertension. Data was extracted on blood pressure (BP), HbA1c, lipid profile, and N-terminal pro-B-type natriuretic peptide (NT-proBNP) levels.

Results

A total of 161 women were included. Mean age was 46.5 years. HbA1c was 42–47 mmol/mol in 17 patients and ≥ 48 mmol/mol in 10. BP exceeded 140/90 mmHg in 20 women. LDL cholesterol was >2.6 mmol/L in 69 patients. NT-proBNP was measured in 63 women, with 7 recording values >125 ng/L.

Discussion

This study demonstrates a considerable burden of unrecognized or suboptimally managed cardiovascular and metabolic risk among women with prior GDM or gestational hypertension in primary care. Results indicate potential gaps in ongoing surveillance and risk factor modification. Structured recall and chronic disease prevention strategies may enhance long-term health outcomes in this population. Further research across multiple practices could help inform national guidelines for postpartum follow-up in the Irish primary care setting.

Abstract ID 103

Infrastructure and supports for primary care research in Ireland: an interactive exploration of supports and needs for researchers at all stages

Laura O'Connor^{1,2}, Saravana Boominathan^{1,2}, Caroline McCarthy³, Emma Wallace⁴, Susan Smith^{5,1}, Andrew Murphy^{1,2}

¹HRB Primary Care Clinical Trials Network, Galway, Ireland. ²University of Galway, Galway, Ireland.

³Royal College of Surgeons, Ireland, Dublin, Ireland. ⁴University College Cork, Cork, Ireland. ⁵Trinity College Dublin, Dublin, Ireland

Workshop

The HRB Primary Care Clinical Trials Network have been supporting high-quality primary care research in Ireland over the past decade. This workshop aims to share the network's learnings on the infrastructure and supports available to primary care researchers in Ireland, and address some of the barriers and challenges faced by research teams. Through interactive discussions the workshop will bring together the lessons learned by the attendees, map the needs of the community, and identify gaps that future strategy for the HRB Primary Care Clinical Trials Network should address.

The workshop will be a chance to get more familiar with existing resources, share experiences, and help identify what the next generation of resources should aim to address. This workshop will be suitable for those already doing primary care research, or those who are curious about starting. Those attending will have opportunities to discuss their own experiences or questions in a series of dynamic small group sessions, focusing on funding opportunities, training, and practical supports. The workshop will be suitable for those with any level of experience with primary care research, discussing case studies the Network as well as leaving the floor open to attendees to bring up their own examples.

Attendees will leave with an overview of the supports available to them to carry out primary care research in Ireland. They will also contribute to the mapping of current resource gaps, which the HRB Primary Care Clinical Trials Network will incorporate into future strategy.

Workshop details at a glance:

- Aim**
 - Explore the current infrastructure for primary care research in Ireland and identify key gaps and opportunities
 - Gather feedback on the resource usage and needs of primary care researchers in Ireland
- Learning outcomes for participants**
 - Gain insight into the primary care research ecosystem in Ireland
 - Identify potential supports for starting or progressing research
 - Meet colleagues also interested in primary care research
- Workshop content**
 - A short introductory presentation

- Small group discussions, focusing on challenges, opportunities, and lessons learned
- Discussions guided by Network facilitators, drawing on case studies from Network supported research studies and attendee input
- Optional online interaction and feedback (using Mentimeter or similar)
- Evaluation/feedback strategies**
 - A link for feedback will be provided to all attendees, gathering both feedback on the running of the workshop, and asking for any thoughts attendees were unable to share during the session
- Ideal number of participants**
 - 15-25
- Level at which workshop will be pitched e.g. beginner/advanced, early-career researcher etc.**
 - Early career, research active or curious
 - No specific experience required

Abstract ID 104

Medical Interns in General Practice: A Qualitative Analysis of Professional Identity and Perceived Clinical Competency.

Nick Breen, John Broughan, Walter Cullen

UCD, Dublin, Ireland

Rationale & Aim: The transition from medical student to practicing doctor is increasingly occurring within General Practice (GP) internships. However, the experience of these interns varies significantly based on their stage of training. This study explores the professional experiences of GP interns, specifically comparing those in their first-ever clinical rotation ("Early") with those who have prior hospital experience ("Experienced").

Methods: A qualitative study was conducted using two focus group interviews with interns. Group 1 consisted of Early GP interns (first rotation), and Group 2 consisted of Experienced interns (subsequent rotation). Data were analyzed using Braun and Clarke's reflexive thematic analysis to identify patterns in professional development and clinical satisfaction.

Results: Three core themes were identified: (1) Role Ambiguity and Identity Formation, where Early interns prioritised safety and supervision while Experienced interns sought greater clinical autonomy; (2) Clinical Pace and Skill Maintenance, where the value of extended consultation was recognised, but there was concern regarding the loss of more acute competencies required for hospital environments.; and (3) The Value of Clinical Continuity, where all interns reported high satisfaction from patient interactions and seeing the long-term outcomes of their interventions.

Discussion: GP internship is a critical period for developing professional identity, skills and competence. To ensure educational equity, rotations could consider moving towards a more standardized framework. This paper will form the basis for i) informing the GP academic community about a new area of teaching/training and ii) a collaborative workshop to facilitate this training.

Abstract ID 106

AN AUDIT OF PAEDIATRIC PRESENTATIONS TO A MIXED URBAN–RURAL GENERAL PRACTICE

Ahmad Hameed Mohammad¹, Nandakumar Ravichandran¹, Walter Cullen¹, Nicholas Breen^{1,2}

¹University College Dublin, Dublin, Ireland. ²Greystones Harbour Family Practice, Greystones, Co. Wicklow, Ireland

Children under 16 frequently present to general practice with non-specific symptoms. Understanding the nature of these presentations is essential for developing evidence-based guidelines and enhancing clinical decision-making. This study updates a 2012 audit of a mixed urban-rural practice to investigate changes in paediatric presentation patterns, management, and outcomes over an eleven-year period (2012–2023).

This retrospective audit reviewed all consultations for patients under 16 (excluding vaccinations) during 2023. Anonymized data extracted from the HealthOne system included age, gender, GMS status, symptoms, fever documentation, diagnoses, and outcomes. Data were analyzed using descriptive statistics and chi-square tests in SPSS (v27.0).

Of 3,381 consultations recorded in 2023, 28.3% occurred in an "Acute Kids Clinic." The mean age was 4.93 years (50.9% male). Common symptoms included cough and rash, with fever reported in 15.3% of cases. Leading diagnoses were viral upper respiratory infections (15.6%) and dermatological issues (15.3%). Outcomes primarily involved advice/education (33%) or antibiotic prescriptions (20.4%). Notably, antibiotic prescribing decreased from 29.1% to 20.4% since 2012. The distribution of primary complaints and outcomes differed significantly across age groups and GMS status ($p < 0.001$). Referral rates totaled 7.1% (2.0% ED; 5.1% OPD).

This audit identifies evolving trends in paediatric primary care over a decade, specifically a significant reduction in antibiotic prescribing. The results reinforce the critical role of GPs in managing childhood illness and highlight the need for enhanced documentation and structured follow-up in acute paediatric presentations.

Abstract ID 107

A Dynamic Framework of Well-being Derived from a Systematic Integrative Review: Lessons from International Healthcare students

Yao Xie¹, Kayode Philip Fadahunsi², Joseph Gallagher¹, Walter Cullen¹, John O' Donoghue^{3,4}

¹School of Medicine, University College Dublin, Dublin, Ireland. ²Department of Primary Care and Public Health, Imperial College London, London, United Kingdom. ³Department of Business Information Systems, Cork University Business School, University College Cork, Cork, Ireland. ⁴Malawi eHealth Research Centre, Mzuzu University, Mzuzu, Malawi

Abstract

Rationale & Aim

Well-being is central cornerstone to human flourishing, yet existing models often overlook cultural variation, contextual influences, and dynamic processes. International healthcare students, navigating cross-cultural transitions, professional training, and overlapping personal and institutional demands, offer a distinctive lens through which these gaps can be examined. This review aims to develop a comprehensive, dynamic framework for understanding well-being using this population as a social microcosm.

Methods

This systematic integrative review followed the Joanna Briggs Institute methodology, using a convergent integrated approach to synthesise qualitative and quantitative evidence. Searches across Web of Science, Scopus, PubMed, and EBSCOhost, supplemented by grey literature sources including Overton, identified 2,416 records, of which 27 met inclusion criteria. Data were synthesised using reflective thematic analysis, with quantitative findings narratively integrated.

Results

Five interconnected themes emerged: contexts, motion, identities, resources, and responsibilities. Contexts shaped adaptation through day-to-day, transitional, and extreme conditions structured by information, culture, time, and space. Motion encompassed bodily, cognitive, emotional, and behavioural adjustments. Identities positioned students within environments, influencing access to resources and obligations. Resources spanned health, basic needs, and social supports, while responsibilities operated across individual, institutional, and policy levels.

Discussion

Drawing on social microcosm and whole-person perspectives, grounded in complexity theory, these findings informed the development of the Spectrum of Contextual Well-being (SCW) framework. This dynamic framework illuminates how adaptation, equilibrium, and strain emerge through the interplay of these themes, offering actionable insights for institutional practice and policy to better support international healthcare students.

Abstract ID 108

Loneliness and social isolation in the Irish Chronic Disease Management Programme

Carlotta Boselli, Mary Ryder, Ken McDonald, Joe Gallagher, Mark Ledwidge

University College Dublin, Dublin, Ireland

Rationale & Aim

Loneliness and social isolation are increasingly recognised as important determinants of health and healthcare utilisation in people living with chronic disease. However, their prevalence and clinical correlates within Ireland's Chronic Disease Management (CDM) Programme are not well described.

Methods

This was a cross-sectional observational analysis of women enrolled in the CDM and prevention programmes. Social isolation was measured using a validated self-report scale and categorised into low versus high isolation. Collected variables included age, depressive symptoms (PHQ-9), anxiety symptoms (GAD-7), treatment burden (MTBQ), comorbidity score, visual analogue scale (VAS) health rating, and emergency hospital admissions following CDM enrolment. Group differences were examined using univariate analyses. A multivariable logistic regression model was used to assess independent associations.

Results

532 women enrolled in the CDM and prevention programmes were included. In univariate comparisons between low vs high isolation, age, PHQ-9, GAD-7, MTBQ and VAS differed significantly between groups (all $p < 0.001$), while comorbidity score did not ($p = 0.091$). After adjusting for age, PHQ-9, GAD-7, treatment burden, and comorbidity score, each 1-unit increase in the loneliness/isolation score is associated with an 30% higher rate of admissions (IRR 1.30, 95% CI 1.02–1.65; $p = .033$). Anxiety symptoms, rather than depression, treatment burden, or comorbidity, are independently associated with high social isolation.

Discussion

Further research is needed to explore causal pathways and evaluate interventions targeting loneliness and anxiety in this population. The observed association between isolation and emergency admissions highlights potential clinical relevance among women engaged in structured chronic disease management.

Abstract ID 109

Anxiety, Depression and Quality of Life in a Chronic Disease Management Programme: Early Findings from the MINDHEART project

Tom Breslin¹, Mairead Daly¹, Mary Ryder², Ken McDonald², Joe Gallagher², Mark Ledwidge²

¹Palms GP Surgery, Gorey, Ireland. ²University College Dublin, Dublin, Ireland

Background: Depression and anxiety are common in people with chronic disease and may adversely affect quality of life. We examined the prevalence of symptom severity and their association with age and quality of life in the GP chronic disease management programme.

Methods: Cross-sectional analysis of programme participants using PHQ-9 and GAD-7. Severity categories were described and associations between age and symptom scores examined using linear regression. A multivariable model assessed associations between PHQ-9, GAD-7, age, medication-burden score and quality of life (visual analogue scale).

Results: Among 531 participants, PHQ-9 was moderately severe 11.2% and severe 4.7%. For GAD-7 (valid n=399), scores were moderate 14.0% and severe 12.8%. Increasing age was inversely associated with PHQ-9 and GAD-7 scores (both $p < .001$), explaining 13.0% and 13.8% of variance respectively. Each additional year of age was associated with an a 0.14-point reduction in both scores. In adjusted analysis, higher PHQ-9 was strongly associated with poorer quality of life ($B = -1.42$, $p < .001$), while GAD-7 showed a smaller but significant negative association ($B = -0.44$, $p = .040$). Age and co-morbidity-medication score were not independent predictors of quality of life. Of 103 women reviewed by a GP due to high scores, 35 reported self-harm or suicidal ideation.

Conclusions: Clinically relevant depressive and anxiety symptoms are common in this chronic disease management cohort and are associated with poorer quality of life, particularly depressive symptoms. These findings support routine screening, structured follow-up and integrated mental health care within chronic disease programmes in general practice.

Abstract ID 110

Polypharmacy in Women Attending the Chronic Disease Management Programme in General Practice – Early Results from the HEARTWISE Project

Muireann Counihan¹, Mairead Daly², Peter Harrington², Mary Ryder³, Ken McDonald³, Cristin Ryan¹, Mark Ledwidge³, Joe Gallagher³

¹Trinity College Dublin, Dublin, Ireland. ²Palms GP Surgery, Gorey, Ireland. ³University College Dublin, Dublin, Ireland

Rationale and Aims: Polypharmacy is highly prevalent among women with multimorbidity and is associated with adverse drug reactions (ADRs), reduced adherence, and potentially inappropriate prescribing. The HEARTWISE project integrates virtual pharmacist-led medication review into the Chronic Disease Management Programme (CDM) in Irish general practice. This study describes the burden of polypharmacy and early outcomes of pharmacist reviews in women attending CDM.

Methods: A cross-sectional analysis was conducted in women (N=531) enrolled in CDMP. Data collected included number of repeat medications, potentially inappropriate medications (PIMs) identified, drugs stopped, medicines for which deprescribing was recommended, barriers to adherence, ADRs, and estimated monthly medication costs. Women with ≥5 repeat medications were prioritised for virtual pharmacist-led medication review.

Results: The median number of repeat medications was 4 (IQR 2–8). Overall, 28.1% of women were prescribed 5–9 medications and 15.1% were prescribed ≥10 medications. 31 women with ≥5 medications have completed a pharmacist-led medication review to date. A median of two PIMs per patient were identified. 15 women reported ADRs and 12 reported moderate adherence. Reported barriers to adherence included side effects (n=11), medication beliefs (n=6), cost (n=2), and other factors (n=5). Stopping or dose reduction of medicines generated a median estimated monthly saving of €7.50, compared with a median additional cost of €1.00 per month for newly recommended therapies.

Discussion: Polypharmacy is common among women attending CDMP. Early findings demonstrate that virtual pharmacist-led medication review within general practice can identify potentially inappropriate prescribing, support deprescribing, and deliver net medication cost savings.

Abstract ID 111

Implementation and Evaluation of a Primary Care Practice Based Research Network in the Ireland East region: A case report

Geoff McCombe¹, Onn Lee¹, Nandakumar Ravichandran¹, [John Broughan](#)^{1,2}, Nia Clendennen¹, Crea Carberry¹, Niamh Murphy¹, Joe Galagher^{1,3}, Ronan Fawsitt¹, Walter Cullen¹

¹School of Medicine, University College Dublin, Dublin, Ireland. ²Clinical Research Centre, School of Medicine, University College Dublin, Dublin, Ireland. ³Palms General Practice Surgery, Gorey, Ireland

Rationale & Aim: General practitioners (GPs) play a central role in healthcare delivery, and enhancing research activity is a priority. Practice-based research networks (PBRNs) have been internationally recognised as effective vehicles for strengthening academic capacity in primary care by fostering collaboration between clinicians and researchers. However, little is known about the feasibility and acceptability of implementing such networks within the Irish context. As such, the aim of this study was to describe the implementation and evaluation of the UCD/Ireland East GP Research Network and assess its acceptability and feasibility among participating general practices.

Methods: A mixed-methods evaluation was conducted using secondary analysis of project documentation and a self-administered online survey of member practices (n=14). The questionnaire was informed by the RE-AIM and Social Network Analysis frameworks to assess engagement, collaboration, and perceived impact.

Results: Eleven of the 14 practices completed the survey (79% response rate). All respondents reported satisfaction with participation in the Network. The majority, nine (81.8%) noted increased motivation to engage in research, seven (63.6%) reported greater awareness of research opportunities, and five (45.5%) reported improved collaboration with peers and academic partners. Enhancing integration between primary and secondary care was identified as the top research priority, followed by chronic disease management and mental health.

Discussion: The findings indicate that establishing a structured, university-affiliated PBRN within general practice in Ireland is both feasible and acceptable. Findings indicate the Network has enhanced research capacity, engagement, and collaboration, offering a scalable model for strengthening primary care research and health system integration.

Abstract ID 112

Adverse Pregnancy Outcomes and the Chronic Disease Management Programme in General Practice

Mairead Daly¹, Trevor Corrigan², Mary Ryder², Mark Ledwidge², Joe Gallagher²

¹Palms GP Surgery, Gorey, Ireland. ²University College Dublin, Dublin, Ireland

Rationale & Aim Adverse pregnancy outcomes (APOs) such as pre-eclampsia and gestational diabetes mellitus (GDM) are recognised markers of increased future cardiovascular disease risk and are included in the prevention programme in general practice. However, other APOs are also associated with elevated CVD risk. This study aimed to determine the prevalence of APOs among women attending Chronic Disease Management (CDM) and prevention programmes in general practice and to examine associations with cardiovascular risk factors.

Methods Women attending CDM visits completed a questionnaire detailing history of APOs. Clinical data were collected. Multivariable analysis examined associations between APO history and cardiovascular risk profile.

Results 522 women completed the questionnaire; 103 (19.7%) reported at least one APO. Reported APOs included pre-eclampsia (n=9), gestational hypertension (n=48), GDM (n=47), preterm birth (n=20), placental abruption (n=1), and intrauterine growth restriction (n=1). Family history of premature CVD was not associated with APO history (p=0.245). After adjustment for age, BMI, and smoking status, women with APO history had a mean systolic blood pressure 3.9 mmHg higher than those without APO (p=0.04).

Discussion One in five women attending GP CDM services report a previous APO. Women with APO history have higher systolic blood pressure, supporting pregnancy as an early marker of future cardiovascular risk. Routine recording of pregnancy complications in general practice may improve cardiovascular risk stratification. Consideration should be given to broadening eligibility for prevention programmes to include a wider range of APOs.

Abstract ID 113

Access and Outcomes in Chronic Disease Management in Primary Care: Barriers, Facilitators, and Equity in High-Income Countries, A Scoping Review

Nontobeko Mdluli, Mark Ledwidge, Joe Gallagher

University College Dublin, Dublin, Ireland

Rationale & Aim

Chronic diseases pose a significant burden on healthcare systems in high-income countries, with primary care playing a crucial role in their management. However, disparities in access to care and health outcomes persist, particularly among vulnerable populations. This scoping review aims to identify and understand the complex interplay of factors (equity, barriers and facilitators) that influence chronic disease management in high-income countries.

Methods

We are conducting a scoping review in accordance with the Joanna Briggs Institute (JBI) methodology. Eligible studies will include adults (≥ 18 years) with one or more cardiometabolic chronic diseases (e.g., type 2 diabetes, cardiovascular disease, hypertension, chronic obstructive pulmonary disease, chronic kidney disease, or multimorbidity) in high-income countries, as defined by the World Bank at the time of search. PubMed, CINAHL, Embase, Cochrane Library, and PsycINFO, supplemented by grey literature searches of relevant organisational websites. Data extracted will include study characteristics, population, intervention components, comparators, access outcomes (enrolment, attendance, adherence), clinical and patient-reported outcomes, healthcare utilisation, equity outcomes informed by the PROGRESS-Plus framework, and reported barriers and facilitators.

Results

6,393 articles have been identified and are being screened at present. Full results will be presented at the conference.

Discussion

The review aims to provide a comprehensive overview of how these programmes function across the care pathway and for whom they are most and least accessible. Findings from this review will support clinicians, service planners, and policymakers in designing and adapting structured CDM programmes that are accessible, person-centred, and responsive to diverse patient needs.

Abstract ID 114

Contextual well-being and the perceived role of artificial intelligence among medical students and graduates: an interpretative phenomenological analysis

Yao Xie¹, Crea Carberry¹, Kayode Philip Fadahunsi², Nandakumar Ravichandran¹, John Broughan³, Joseph Gallagher¹, John O' Donoghue^{4,5}, Walter Cullen¹

¹School of Medicine, University College Dublin, Dublin, Ireland. ²Department of Primary Care and Public Health, Imperial College London, London, United Kingdom. ³Clinical Research Centre, School of Medicine, University College Dublin, Dublin, Ireland. ⁴Department of Business Information Systems, Cork University Business School, University College Cork, Cork, Ireland. ⁵Malawi eHealth Research Centre, Mzuzu University, Mzuzu, Malawi

Rationale & Aim

Medical education is characterised by sustained academic pressure, high performance expectations, and concurrent developmental transitions. Although well-being is increasingly recognised as a priority, it is often conceptualised as a stable outcome rather than a dynamic process responsive to biopsychosocial factors. Concurrently, artificial intelligence (AI) is becoming embedded in educational environments, yet its relationship with well-being remains poorly understood. This study explores medical students' and early-career doctors' experiences of contextual well-being and their perceptions of AI's role in shaping these experiences.

Methods

This qualitative study adopted an interpretative phenomenological analysis (IPA) approach. Eight participants aged 18-30 years took part in in-depth semi-structured interviews exploring well-being across academic, clinical, personal, and technological contexts, including perceptions and use of AI. Data were analysed iteratively following IPA principles, supported by reflexivity, peer debriefing, and an audit book.

Results

Three interrelated themes emerged. First, contextual fluctuation of well-being establishes well-being as fundamentally dynamic, shifting across academic, clinical, and personal contexts. Second, the knowing-doing gap captures a persistent disconnect between participants' understanding of well-being and their capacity to enact supportive practices within medical training. Third, an emerging capacity gap and the perceived role of AI reveals how structural limitations in supporting self-regulation create conditions in which AI is perceived as potential compensatory support.

Discussion

Conceptualising well-being as contextual and capacity-related may help explain why awareness does not consistently translate into action, with implications for how well-being is studied and supported in medical education.

Abstract ID 115

Long Covid and General Practice: A Survey of Patients in the Republic of Ireland

John Broughan¹, Yao Xie², Crea Carberry², Sarah O'Connell³, Jacinta Fay³, Pamela Morrison³, Nandakumar Ravichandran², Stefano Savinelli^{2,4}, Geoff McCombe², Mary Higgins^{2,5}, John S Lambert^{2,6,7}, Walter Cullen²

¹Clinical Research Centre, School of Medicine, University College Dublin., Dublin, Ireland. ²School of Medicine, University College Dublin., Dublin, Ireland. ³Long Covid Advocacy Ireland, Dublin, Ireland. ⁴St Vincent's University Hospital, Dublin, Ireland. ⁵National Maternity Hospital, Dublin, Ireland. ⁶Mater Misericordiae University Hospital Dublin, Dublin, Ireland. ⁷The Rotunda Hospital, Dublin, Ireland

Rationale and Aim: Long Covid is a multi-factorial condition impacting millions globally. We aimed to (1) describe the demographic and health profiles of adults who have or have had Long Covid, and (2) examine their experiences of Long Covid healthcare, particularly in general practice.

Methods: A cross-sectional online survey conducted in the Republic of Ireland in April 2025. Survey items investigated demographics, medical history, and experiences of Long Covid care. Data was analysed using descriptive statistics and qualitative analysis of open responses.

Results: Of 222 (87.05%) eligible respondents, most were 35-64 years (n=184, 82.14%), female (n=177, 79.7%), and born in the Republic of Ireland (n=193, 86.9%). Respondents reported wide-ranging multimorbidity and Long Covid symptoms. Many strongly agreed that their symptoms were severe (n=196, 88.7%) and detrimental to quality of life (n = 200, 90.1%), physical (n=202, 91%) and mental (n = 98, 45%) health. Long Covid commonly lasted more than three years (n=169, 76.1%), indicating substantial long-term impact on daily functioning. Almost all consulted general practitioners for Long Covid care (n=213, 95.9%). Nearly half (n = 95, 44.6%) were dissatisfied with current GP care, and many felt GPs lacked adequate knowledge of Long Covid (n = 127. 59.6%). Respondents supported proposed GP-based investigative and referral interventions, as well as affirming and advocacy-focused doctor–patient relationships.

Discussion: Continued clinical and research efforts are needed to address future Long Covid care needs. With structured, informed, holistic, and multidisciplinary care, general practice can make a positive contribution to the lives of those affected.

Abstract ID 116

Delivering perimenopause care in general practice: a protocol for a qualitative exploration of General Practitioners' experiences

Laura-Jane McCarthy, Rita Forde, Sheena McHugh, Aisling Jennings

University College Cork, Cork, Ireland

Background

Perimenopause is a common and sometimes complex presentation in general practice, yet little is known about how General Practitioners (GPs) experience delivering care to women with perimenopausal symptoms. This study aims to explore how GPs experience delivering care during perimenopause consultations and their perspectives of shared decision-making in perimenopause care.

Rationale and Aim

Given shifting societal perceptions, increasing public awareness, and rising demand for perimenopause support, it is important to understand how GPs navigate, manage, and make sense of perimenopause care within the context of everyday general practice.

Methods

Using an interpretive descriptive design and a journey mapping approach, this study will examine how GPs experience perimenopause consultations and their perceptions of shared decision making within these encounters. GPs will be invited to take part in semi-structured interviews, recruited via a gatekeeper. Reflexive Thematic Analysis will be used to analyse the interview data, generating practice relevant insights into how GPs navigate perimenopause related care. Findings will be presented through journey maps to illustrate key touchpoints, decision points, and experiences across perimenopause care pathways from the GP perspective. The study will adhere to the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines to ensure transparency, reflexivity, and methodological rigour.

Conclusion

Understanding how GPs experience and navigate perimenopause consultations is essential at a time when demand for support is rapidly increasing. Shedding light on GPs' perspectives and mapping key points across the care pathway, this study will highlight where challenges arise and opportunities exist to strengthen practice.

Abstract ID 117

Undergraduate Medical Students' Attitudes and Experiences of a Tailored Workshop on Inclusive Clinical Practice and Research, using Cervical Screening as a case study

Caroline Burke¹, Sara Malik¹, AnnaMarie Naughton², Aisling Jennings¹, Emma Wallace¹

¹University College Cork, Cork, Ireland. ²Health Service Executive, Cork, Ireland

Abstract

Underserved communities often face systemic barriers to healthcare. The theme of cancer screening offers a practical and relevant focus for teaching medical students on health inequalities. It enables discussions on health promotion, barriers to healthcare utilisation, healthcare systems, and the psychology and sociology of health. It enables role modelling of communication skills, empathy, curiosity, patient advocacy and professionalism.

The aim of this study is to test if participation in a tailored workshop on inclusive clinical practice and research design, using cervical screening as a case study, influences undergraduate medical students' knowledge and attitudes towards health inequalities.

This is a cross-sectional mixed-methods study using pre and post-test surveys. Surveys will be issued prior to, and after a tailored workshop. The workshop will cover key competencies on inclusive clinical and research approaches in an interactive learning environment. Survey content will include areas such as acceptability (students perceptions of the workshop), feasibility (practicality of implementing the workshop) and effectiveness (improved understanding of health inequalities). Survey participation will be optional and results will be anonymised.

Scales for surveys will be adapted from previous undergraduate research and non-parametric tests will explore differences in student perceptions over time. Both quantitative (descriptive statistics) and qualitative data (thematic analysis of free-text responses) will be collected.

There is a recognised need to embed a health inequalities approach within the undergraduate medical curriculum to prepare future doctors for the realities of caring for patients from diverse populations. As this research is ongoing, results will be available at a later date.

Abstract ID 118

Experiences of Implementing the Structured Chronic Disease Management Programme for Chronic Obstructive Pulmonary Disease in Irish General Practice: A Qualitative Study.

Lydia Iladiva¹, Aisling Walsh², John Browne¹, Anthony Fitzgerald¹, Emma Wallace¹

¹University College Cork, Cork, Ireland. ²Royal College of Surgeons Ireland, Dublin, Ireland

Background

Chronic obstructive pulmonary disease (COPD) remains leading causes of morbidity and mortality. In 2020, the Health Service Executive (HSE) in Ireland introduced the Chronic Disease Management (CDM) programme to strengthen proactive, structured care in general practice. It provides biannual reviews, personalised care planning, and medication reviews. While uptake from patients and GP practices and patients has been high, little is known about how healthcare professionals experience the implementation of this programme for managing COPD.

Aim

To explore general practitioners', GP nurses', and practice managers' experiences of implementing a CDM programme for COPD, focusing on facilitators, challenges, and future needs.

Methods

A qualitative descriptive study was conducted using semi-structured interviews with GPs, practice nurses, and practice managers across the south of Ireland. Purposive sampling was used for recruitment across settings. Data was inductively coded on NVivo 15 and analysed using Practical Robust Implementation Sustainability model framework.

Preliminary Results

A total of 22 participants were interviewed. Participants described the CDM programme as the first structured, proactive model of chronic disease care in general practice. Enablers included stable funding, standardised management templates, and protected consultation time, which enhanced continuity and supported self-management. Barriers included increased workload, limited diagnostic tests access (notably spirometry), weak IT integration, unmet training needs and inconsistent communication with integrated care hubs.

Conclusions

The CDM programme represents a significant advance in proactive, patient-centred COPD primary care in Ireland. For sustainability, the programme's success requires consideration of workload pressures, improving diagnostics access, integrating IT systems, and strengthening interdisciplinary supports.

Abstract ID 119

Optimising general practice Long Covid care – evaluation of an educational intervention (GP-COV-ED Study)

John Broughan¹, Crea Carberry², Geoff McCombe², Nandakumar Ravichandran², Walter Cullen²

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

Rationale and Aim:

Research indicates that GPs are well positioned to address the challenges of Long Covid. However, studies that have systematically evaluated GP Long Covid interventions are lacking. The study aims to address this issue by evaluating the feasibility and perceived effectiveness of an interactive 60-minute co-designed educational webinar for GPs, one that aims to promote best practice for Long Covid management featuring evidenced-based guidance and expert opinions from primary care, secondary care, and patient representatives.

Methods:

A mixed methods design informed by the MRC's 2021 framework for developing and evaluating complex interventions is being used. Informed by a PhD body of work including scoping review, qualitative, and survey studies, a stepped approach is being applied involving ongoing stakeholder consultation, intervention co-design, implementation, and evaluation. The webinar will be evaluated in terms of its feasibility as per Bowen et al.'s feasibility study framework. Assessment of its perceived effectiveness will be guided by a Realist approach emphasising context, mechanisms, and outcomes, aiming to determine what works, for whom, in what circumstances, and why.

Results:

Findings include those from a completed 'webinar co-design' focus group with GPs (n=7). As for webinar attendees (target n=12-24), findings will include study recruitment and retention rates; pre- and post-webinar questionnaires assessing GPs' confidence in providing Long Covid care; and findings from qualitative telephone interviews with the same GPs 4–8 weeks after the webinar.

Discussion:

Findings will inform scalable GP educational strategies around Long Covid care, as well as related future research and policy initiatives.

Abstract ID 121

Experiences of Patients and Carers Receiving Care Under the Structured Chronic Disease Management Programme for COPD in Irish General Practice.

Lydia Iladiva¹, Aisling Walsh², John Browne¹, Anthony Fitzgerald¹, Emma Wallace¹

¹University College Cork, Cork, Ireland. ²Royal College of Surgeons Ireland, Dublin, Ireland

Background

Chronic obstructive pulmonary disease (COPD) is associated with substantial symptom burden, reduced quality of life, and high healthcare utilisation. In 2020, the Health Service Executive (HSE) introduced the Structured Chronic Disease Management (CDM) programme in Irish general practice to deliver standardized care, including biannual reviews, medication review, and personalised care planning. Despite widespread uptake, there is limited research examining patient and carer experiences of the programme in Ireland.

Aim

To explore patients' and carers' experiences of receiving COPD care under the Structured CDM programme in Irish general practice.

Methods

Semi-structured interviews with 26 COPD patients and carers participating in the CDM programme were conducted. Participants were purposively sampled to ensure representativeness across patient groups. Data was analysed following Braun and Clarke's thematic analysis.

Results

Participants described COPD as physically and emotionally burdensome due to breathlessness, fatigue, anxiety, and unpredictable exacerbations. The CDM programme was perceived as a positive shift towards structured, patient-centred care. Regular follow-up, clinical assessments, and medication reviews provided reassurance and strengthened confidence in recognising and self-managing flare-ups with some reporting reduced exacerbations and hospital attendance. Multidisciplinary programmes and peer support groups were seen as key towards managing COPD. Key challenges included delays in diagnosis and limited understanding of COPD, with participants expressing a need for lay-language explanations. Some were unaware they were enrolled in a formal programme and reported limited access to resources on COPD.

Conclusions

Overall, the CDM programme enhances monitoring, reassurance, and self-management. Strengthening education, continuity, and multidisciplinary supports would further optimise its impact.

Abstract ID 122

Interdisciplinary Simulation for Psychiatric Emergencies- a National Success Story.

Aoife Jackson¹, Katherine Murray¹, Caroline Richardson², Eimear McMahon³

¹Irish College of General Practitioners, Dublin, Ireland. ²HSE West Northwest, Letterkenny, Ireland.

³College of Psychiatrists Ireland, Dublin, Ireland

Rationale & Aim:

Postgraduate trainees in General Practice and Psychiatry are commonly involved in patient care episodes requiring assessment and management of mental health emergencies. Trainees in both cohorts reported feeling underprepared to fulfil this clinical duty during training reviews. Educational leads within the College of Psychiatrists of Ireland (CPsychI) and the Irish College of General Practitioners (ICGP) recognised this opportunity to support interdisciplinary learning using simulated patient care scenarios.

Methods:

Educators from both professional colleges collaboratively devised this educational initiative to ensure stakeholder needs were appropriately represented. All members of the group had prior experience of using clinical simulation and were invested in developing effective interdisciplinary training experiences for psychiatry and GP trainees with a view to improving patient care, particularly at the primary/secondary care interface.

The group developed a suite of new simulated patient scenarios to represent presentations of psychiatric emergencies in the community or hospital emergency department settings. These have been delivered across 5 sites nationally, bringing GP and Psychiatry trainees and faculty together in shared learning experiences.

Results:

Learner feedback was overwhelmingly positive for all workshops, with learners valuing the collaboration between GP and Psychiatry colleagues. The peer-to-peer learning from the combination of trainee cohorts was noted as extremely valuable. Further integration with the wider CPsychI/ICGP education group is seeding new faculty networks.

Discussion:

The project has successfully developed a suite of patient-focused training events which address an interdisciplinary educational need. The team involved were awarded the 2025 National Simulation Office Award for Interprofessional Collaboration.

Abstract ID 123

The use of GLP-1 agonist medications within a Regional General practice setting

Ian Geraghty, Arwa Hassan, Cliona Hurst, David Alani, Jennifer Enright, Jibrán Aziz, Mudassar Malik, Rana Ali, Sadaf Munawar, Paul Scully

ICGP Mid-West Scheme, Limerick, Ireland

Rationale: Glucagon-like peptide 1 (GLP-1) agonist medications are used in the treatment of diabetes. Until recently, only one specific agent has been licensed for use as part of weight loss management, although there are several different agents with this medication group.

Aims: The aim of this study was to examine the prescription of GLP-1 receptor agonists for weight management within general practice in the Mid-Western region of Ireland.

Methods: The electronic medical records within practices were searched for GLP-1 agonist medications prescriptions between February 2023 - February 2025. Anonymized data recording included weight, BMI, 3 month review, weight loss, continuation or discontinuation reasons.

Results:

A total of 390 patients, from eight GP practices, 5 urban and 3 rural, and a total of eighteen General practitioners were recorded. 168 patients were prescribed a GLP-1 agonist medication for diabetes or by secondary care weight management services; 47% (n=79) were female, 53% (n= 89) were male.

Of the remaining 223 patients that were prescribed a GLP-1 agonist medication in primary care. 77% (n=172) female, 23% (n=51) male. 57% (n=126) for Ozempic and 43% (n=97) for Saxenda. Average age commencing was 48.4 years, average weight was 109.9kg, average BMI 39.1. 59% (n=127) of prescriptions were for patients with a GMS medical card and 15% (n= 14) received the Saxenda reimbursement scheme allowance.

Discussion: This study demonstrates prescription practices for GLP-1 agonist medications in a selection of General practices in the Mid-West region.

Abstract ID 125

Referral Appropriateness and Engagement with Social Prescribing in General Practices serving Urban Deprived Areas: Evidence from a Mixed-Methods Process Evaluation of a Link Worker Trial

Bridget Kiely¹, Ivana Keenan², Fiona Boland¹, Patrick O'Donnell³, Barbara Clyne¹, Susan Smith⁴, Deirdre Connolly⁴

¹RCSI, Dublin, Ireland. ²ICGP, Dublin, Ireland. ³University of Limerick, Limerick, Ireland. ⁴TCD, Dublin, Ireland

Rationale & Aim

In Ireland, social prescribing is recommended for people with multiple long-term conditions and mental health problems and has been implemented in areas of high deprivation. Implementation challenges are emerging, including concerns about “inappropriate” referrals, yet appropriateness remains poorly defined. Drawing on a trial of link workers in deprived general practices, we examined variation in referral decisions, engagement patterns, and stakeholder perspectives to explore whether the most appropriate patients were being referred.

Methods

We conducted a mixed-methods process evaluation alongside an exploratory randomised controlled trial of a link worker intervention. Quantitative data described GP eligibility decisions and patient engagement. Baseline characteristics were compared between those who met and did not meet the link worker. Semi-structured interviews with patients (n=25), GPs (n=10), link workers (n=10) and community resource providers (n=8) explored perceptions of referral appropriateness.

Results

The proportion of patients deemed suitable for referral varied across practices (10%–69%). Of 123 intervention patients, 102 (83%) met the link worker. Patients prescribed ≥ 10 medications were significantly less likely to meet the link worker (80% vs 55%, $p=0.03$). Those who did not meet the linkworker had higher baseline anxiety scores. Qualitatively, GPs prioritised clinical complexity, patients were often unclear about referral purpose, link workers emphasised readiness and timing, and community providers highlighted reaching underserved groups.

Discussion

Patients with greater treatment burden were less likely to engage, suggesting complexity may not predict suitability for social prescribing. Appropriateness differed across stakeholder groups. Shared, evidence-informed referral criteria may strengthen implementation in deprived general practice.

Abstract ID 126

The use of GLP-1 agonist medications for Weight Loss with a regional General Practice setting.

Jennifer Enright, Arwa Hassan, Cliona Hurst, David Alani, Ian Geraghty, Jibrán Aziz, Mudassar Malik, Rana Ali, Sadaf Munawar, Paul Scully

ICGP Mid-West scheme, Limerick, Ireland

Abstract

Rationale: In Ireland, the number of people who are obese or overweight is increasing. Anti-obesity medications help facilitate weight management as part of a treatment program. Until recently, only one specific agent has been licensed for use as part of weight loss management, although there are several different agents with this medication group.

Aims: The aim of this study was to examine the management of patients with a prescription of GLP-1 receptor agonists for weight management within general practice in the Mid-Western region of Ireland.

Methods: The electronic medical records within practices were searched for GLP-1 agonist medications prescriptions between February 2023 - February 2025. Anonymized data recording included indication, weight, BMI, 3 month review, weight loss, continuation or discontinuation reasons.

Results:

A total of 390 patients, from eight GP practices, 5 urban and 3 rural, and a total of eighteen General practitioners were recorded. 223 patients were prescribed a GLP-1 agonist medication by primary care. 77% (n=172) female, 23% (n=51) male. 57% (n=126) for Ozempic and 43% (n=97) for Saxenda. Average baseline weight 109.9kg and BMI 39.1. GMS patients 59% (n=127), Private patients 41% (n=87). 3 month review 55% (n=117), average 3 months weight 107.4kg and BMI 38.2. Remaining on treatment: 45% (n=95) and average time on treatment 16.8 months.

Discussion: This study demonstrates patient care, management and follow up of those prescribed a GLP-1 agonist medications, by primary care in a selection of General practices in the Mid-West region.

Abstract ID 127

General Practice Interventions to Optimise Cardiovascular Disease Risk in Patients with Severe Mental Illness: A Scoping Review

Aswath Krishna Muthuraman¹, Nandakumar Ravichandran¹, Niamh Murphy¹, John Broughan², Eleni Niarchou¹, Brian O'Donoghue¹, Joseph Gallagher¹, Kenneth McDonald^{1,3}, Janis Morrissey⁴, Walter Cullen¹

¹School of Medicine, University College Dublin, Dublin, Ireland. ²Clinical Research Centre, University College Dublin, Dublin, Ireland. ³Department of Cardiology, St. Vincent's University Hospital, Dublin, Ireland. ⁴Irish Heart Foundation, Dublin, Ireland

Rationale and Aim

People with severe mental illness (SMI), including bipolar disorder and schizophrenia, face significantly increased morbidity and mortality from cardiovascular disease (CVD). Cardiovascular risk factors in these populations comprise health behaviours such as smoking and poor diet, and physical factors, including diabetes mellitus and obesity. Primary care may be suitable to manage such cardiovascular risk factors, therefore this scoping review aimed to explore primary care interventions to reduce CVD risk in patients with SMI.

Methods

This scoping review was guided by Arksey and O'Malley's six-step methodological framework, barring step six – consultation. A systematic search was performed across four electronic databases: PubMed, Embase, APA PsycINFO and CINAHL, following the PRISMA-ScR guidelines. Narrative synthesis was conducted, informed by the Popay et. al. framework.

Results

Ten studies were included in the final analysis. Five themes were identified, namely (1). Primary Care Interventions, (2). Intervention Implementation, (3). Collaborative or Intermediary Structures, (4). Barriers and Facilitators, and (5). Participant Experiences and Viewpoints. Promising aspects included tailored behavioural change interventions, effective staff training and peer support involvement. Interventional challenges included lack of knowledge and experience working with SMI patients among some staff, and time and workload concerns.

Discussion

This scoping review describes promising and challenging aspects of primary care interventions to reduce CVD risk in SMI patients, and highlights a paucity of recent research on this topic. Further trials assessing clinical effectiveness and cost efficiency of novel primary care interventions, as well as participant experiences and feedback, would be valuable.

Abstract ID 128

Audit on the Practice of Sending General Practice Discharge Letters from the Emergency Medicine Department of Midlands Regional Hospital.

Abd UL SLam

ICGP, Mullingar, Ireland

Background

Discharge letters from Emergency Departments (EDs) are essential for ensuring continuity of care, reducing medication errors, and supporting safe follow-up in primary care. IAEM and HSE guidelines state that all ED attendances should be communicated to the patient's GP unless consent is declined. HIQA's National Standard for Patient Discharge Summary Information outlines the required components of such communication. This audit assessed compliance with these standards in the ED of Midlands Regional Hospital Tullamore (MRHT).

Methods

A two-cycle audit was conducted using IPMS. Cycle 1: First 100 patients discharged directly from ED between 2–4 December 2024. Cycle 2: 326 ED attendances between 21–27 April 2025, of which 215 met inclusion criteria. Inclusion: Patients discharged directly from ED. Exclusion: Patients admitted, transferred, or discharged by specialty teams. Standards: IAEM, HSE, and HIQA guidelines.

Results

-Cycle 1: 28% of discharged patients had a GP discharge letter completed; 72% had no communication sent. Cycle 2: Following interventions, completion improved to 40%, with 60% remaining incomplete. This reflects a 12-percentage-point improvement, though overall compliance remains below.

Discussion

Despite improvement, most discharged patients still lacked GP communication. This gap risks fragmented care, medication discrepancies, and inadequate follow-up. Contributing factors include limited staff awareness, workflow inefficiencies, and inconsistent use of iPMS.

Recommendations

Education and awareness for ED doctors. Training on iPMS discharge letter completion. A streamlined departmental pathway. Visual reminders within ED

Conclusion

Interventions led to measurable improvement in GP discharge letter completion; however, compliance remains suboptimal.

Abstract ID 130

GP Referrals for Suspected Prostate Cancer in Ireland: A Cross-Sectional Study

Nikolet Serbezova, Katie Killeen, Conor Murphy, Sean O'Regan, Benjamin Jacob, Kathleen Bennett, Patrick Redmond

Royal College of Surgeons Ireland, Dublin, Ireland

Background

Prostate cancer is the most commonly diagnosed among men in Ireland, affecting 1 in 6 during their lifetime. Timely treatment of aggressive cancer can improve patient outcomes. Rapid Access Prostate Clinics (RAPCs) are national referral pathways designed to expedite diagnosis and treatment of prostate cancer. Factors influencing general practitioners (GPs) utilisation of RAPCs in Ireland have not been characterised.

Aim

To evaluate GP referral patterns to RAPCs for suspected prostate cancer in Ireland, variation across practices, and the impact on cancer diagnosis and patient outcomes.

Methods

A retrospective repeated cross-sectional study was conducted using electronic health records from 11 GP practices (2013–2024), with data from four additional practices pending. All referrals to RAPCs were identified. Descriptive statistics were calculated regarding diagnosis, stage, and treatment.

Results

Between 2013 and 2024, 310 referrals to prostate RACs were made from 11 practices. Of these, 214 (69%) referrals were accepted for review at the Prostate RAC. 165 (53%) were GMS card holders. 100 prostate cancers were diagnosed, giving an overall diagnostic conversion rate of 47%. Median time from referral to diagnosis was 141 (IQR 80 – 203) days. 15 (15%) were IRUP Grade 4/5. Treatment was multi-modal in 30(30%) cases, surgery only in 32 (32%), active surveillance in 21 (21%) with the remainder receiving other treatments.

Implications for Practice/Policy

In characterising variation in use of RAPCs, this work will inform the optimisation of these pathways and their use to ensure equitable access, appropriate healthcare utilisation and drive quality improvement in practice.

Abstract ID 131

GP referrals for suspected lung cancer in Ireland: a cross-sectional study

Katie Killeen, [Conor Murphy](#), Nikolett Serbezova, Sean O'Regan, Benjamin Jacob, Siddhant Kharatt, Kathleen Bennett, Patrick Redmond

Royal College Of Surgeons Ireland, Dublin, Ireland

Abstract

Rationale/Aim: In Ireland, stage at diagnosis is a key determinant of lung cancer survival. Rapid Access Clinics (RACs) were established to expedite assessment of suspected lung cancer, yet GP utilisation of lung RACs has not been characterised. We aimed describe GP referrals to lung RACs within an Irish primary care network, quantify inter-practice variation, and summarise diagnostic yield, timeliness, stage at diagnosis, and outcomes.

Methods: We conducted a retrospective repeated cross-sectional study using electronic health records from 15 GP practices (2013–2024). Lung RAC referrals were identified and linked to outcomes. For referred patients, we extracted demographic and clinical information, lung cancer diagnosis, stage at diagnosis, time from referral to diagnosis, and survival status.

Results: Between 2013 and 2024, 232 lung RAC referrals were recorded; outcome data were available for 220 (94.8%). Forty-five lung cancers were diagnosed, giving an overall conversion rate of 19.3%; practice-specific conversion rates ranged from 0% to 71.4%. Median time from referral to diagnosis was 45.0 days (IQR 31.0–61.3). 27/45 (60.0%) were stage III–IV. At a median follow-up of 1.33 years (IQR 0.43–2.77), 20.0% of referred patients had died. The overall referral rate over the study period was 18.5 per 10,000 registered patients; the median practice-specific referral rate was 12.9 per 10,000 (IQR 8.7–24.3).

Discussion: Lung RAC utilisation varied substantially between practices, alongside a relatively high conversion rate and predominance of late-stage diagnoses. Understanding drivers beyond guideline criteria may help optimise referral pathways, risk stratification, and equity in lung cancer diagnosis.

Abstract ID 133

Audit on Annual Influenza vaccination in patients with chronic kidney disease in a General Practice Facility

MUHAMMAD AWAIS^{1,2}, DR MICHAEL KINGSTON³, Cora Mc Gale³, Mark O'Driscoll⁴

¹Bantry Bay Medical Centre, Bantry, Ireland. ²MTU, Tralee, Ireland. ³Bantry Bay Medical centre /University College Cork, Bantry, Ireland. ⁴Bantry Bay Medical centre, Bantry, Ireland

Rationale & Aim

Flu occurs every year, usually in the winter, which is why it's sometimes called seasonal flu. Evidence suggests people with chronic kidney disease are particularly at risk from flu. Chronic Kidney Disease at Stage 3, 4 or 5 have a greater risk of becoming more seriously ill from flu than the general population. Guidelines suggest that patients with chronic renal disease stage 3, 4 & 5 should be fully vaccinated against influenza. Aim of this audit was to observe the annual influenza vaccination in patients with chronic kidney disease.

Methods

We performed audit on patients known to have chronic kidney disease stage 3b with estimated glomerular filtration rate (eGFR) <45ml/min, Stage 4(eGFR) < 30ml/min) &Stage 5(eGFR) < 15 ml/min respectively. The practice Health One™ software database was utilised for that actively prescribed influenza vaccine.

Results

Out of 70 patients in our initial audit there were 32 males and 38 females respectively. Among these 52 patients CKD stage 3b, 15 CKD Stage 4 and 3 were CKD Stage 5 respectively.

We found that 40 out of 70 patients (57%) received influenza vaccine from October 2024 to January 2025 respectively.

In re audit from October,2025 till January 2026 we observed that 52 out of 70 patients (75%) of our target group received the annual influenza vaccine. For improvement in compliance several intervention strategies were introduced in our practice to encourage patients to obtain vaccine.

Discussion

We aim for maximum compliance of annual influenza vaccine in chronic kidney disease patients.

Abstract ID 134

Educational Interventions Influencing Medical Student Perceptions of General Practice: A Scoping Review

Nia Clendennen, Sheila Loughman, Nandakumar Ravichandran, Diarmuid Stokes, Walter Cullen

Abstract

Rationale & Aim

General Practice is facing increasing workforce challenges driven by aging populations and increased healthcare utilisation. At the same time, government policies are focused on shifting care from hospitals into community settings. The Economic and Social Research Institute estimates that an additional 24-31% general practitioners (GPs) are needed to meet the projected demand in Ireland by 2040.

Medical education shapes students' perceptions through the formal and hidden curriculum, which act as upstream influences on career intentions. This scoping review aims to identify curriculum initiatives that influence these perceptions of general practice.

Methods

The scoping review was conducted in accordance with the Joanna Briggs Institute methodology using the Arksey and O'Malley framework. The databases searched included Embase, ERIC, PubMed, PsycINFO, and Scopus. Study selection involved title and abstract screening followed by a full-text review against predefined criteria.

Data extraction will be managed using excel, with reporting following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension guidelines and Levac's methodological guidance. Results will undergo descriptive and thematic analysis using the Braun and Clarke framework.

Results

Preliminary findings suggest a diverse range of educational interventions, including clinical placements, longitudinal exposure and role-modelling approaches. Full synthesis and mapping of intervention types are ongoing.

Discussion

This review will provide an overview of the educational strategies that influence medical students perceptions of general practice . Findings will inform future educational design aimed at strengthening how general practice is understood within undergraduate medical education

Abstract ID 135

Changing Working Patterns in Irish general practice: Findings from a Qualitative Remote Ethnographic Study

Niamh Humphries

RCSI University of Medicine and Health Sciences, Dublin, Ireland. Irish College of General Practitioners, Dublin, Ireland. University of Galway, Galway, Ireland. Trinity College Dublin, Dublin, Ireland

Background: General practice in Ireland has changed significantly with increased participation of women in the workforce; a move from single-handed to group practices and an increased prioritisation of work life balance. **Objective:** This paper explores how GP ways of working have changed. By presenting qualitative data from GPs in Ireland, we present GP perspectives on part and full time working and highlight the need to capture new ways of working by GPs (via research and routine data) and use it to inform GP workforce planning.

Method: To provide an in-depth exploration of GP working life, the study employed a qualitative method of remote ethnography which involved recruiting 20 GPs in Ireland, conducting two online interviews with each GP and conducting an eight-week discussion via Threema (instant messaging application). Data collection was conducted from October 2024 to July 2025. Research ethics permission was granted by the institutional ethics committee.

Results: GPs discussed heavy workloads and high work intensity, long working hours and a heavy burden of administrative work. They explained how reduced working hours and job crafting were used to reduce the intensity of their working week, achieve work-life balance and reduce their stress levels.

Conclusion: Participant GPs reported reducing the number of clinical sessions worked in order to protect their well-being and achieve work-life balance. These new ways of working must be evaluated using research and routine data collection to capture the work-as-done by GPs (rather than the work-as-imagined) in order to inform policy and GP workforce planning

