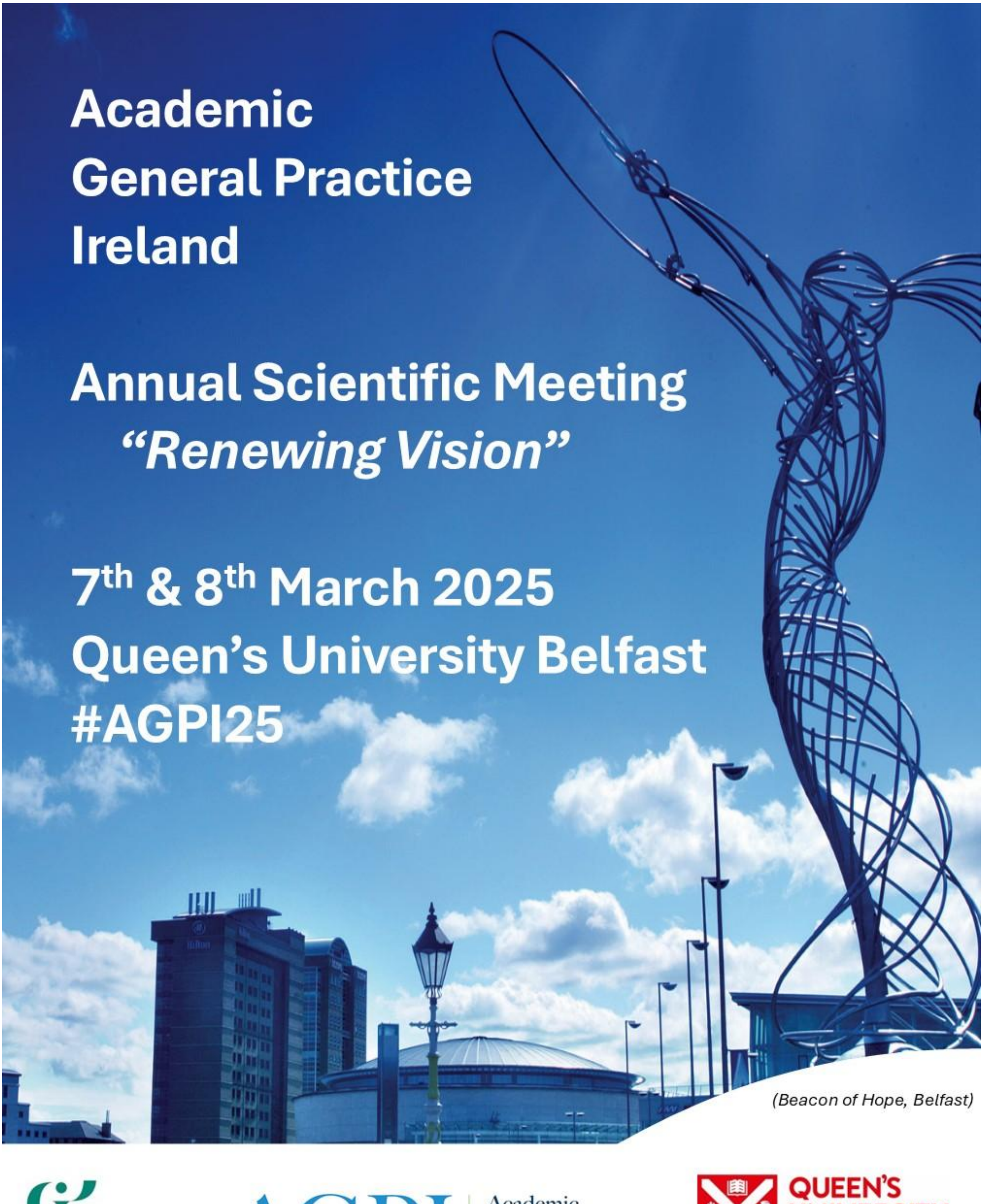

Academic
General Practice
Ireland

Annual Scientific Meeting
"Renewing Vision"

7th & 8th March 2025
Queen's University Belfast
#AGPI25

(Beacon of Hope, Belfast)

Irish College of GPs

AGPI Academic General Practice Ireland

QUEEN'S UNIVERSITY BELFAST

Welcome to Queen's University Belfast

On behalf of the School for Medicine, Dentistry and Biomedical Sciences we are delighted to extend a warm welcome to you to Queen's University Belfast for the 2025 Annual Scientific Meeting of Academic General Practice Ireland (AGPI). We are proud of our association with academic and clinical GP colleagues right across the island of Ireland and grateful for the huge professional and personal rewards of friendship, collegiality and collaborative endeavours.

In a turbulent world where access to healthcare has never been more challenging, waiting lists the longest they have ever been, health inequalities widening and the scale of the burnout among healthcare staff from the long tail of the COVID-19 Pandemic becoming ever more visible, the need to renew our vision and to re-energise, has never been more pressing. All of this is happening against a backdrop of unprecedented geopolitical shifts, and the rise of populism with a distinctly anti-intellectualism tone in our world. That is why we have chosen, as the theme for our meeting, *"Renewing Vision."*

The AGPI Annual Scientific Meeting is a highlight of the annual calendar and provides a platform on which the best research and educational innovation in General Practice and Primary Care on the island of Ireland is presented and debated. This is evidenced by the large number of delegates in attendance, and through the quality of the body of work that will be displayed and shared over the two days of the conference. Thank you to all practitioners, researchers, and educators, at all career stages, for submitting your work.

We look forward to learning together about the latest evidence from you on a range of topics across the full scope of General Practice, Primary Care, and Public Health. We believe that these disciplines have a key role to play in a renewal of vision. Our inspiring keynote speakers will challenge us to renew our approaches to research equity, values-based education and flourishing in an uncertain world. We believe passionately that by drawing people together, encouraging the sharing of ideas and working collaboratively, we can improve the health and wellbeing of all our communities.

We hope that this gathering of colleagues and friends will help you renew and flourish, encouraging you to cultivate a hopeful vision for the future.

Prof Nigel Hart & Prof Helen Reid
Co-Chairs AGPI ASM 2025

QUEEN'S UNIVERSITY BELFAST

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See the ‘More information from our Sponsors’ page further on in this booklet

Contents

Messages of Support

Emma Wallace, Chair AGPI Executive Committee

On behalf of the executive committee of Academic General Practice Ireland (AGPI), I would like to warmly welcome you to the 2025 AGPI/Irish College of GPs Annual Scientific Meeting hosted by Queen's University Belfast, in partnership with the Irish College of General Practitioners.

This meeting brings together clinicians, researchers, postgraduate trainees, and students from across the island of Ireland to showcase general practice and primary care research and innovation. There is an excellent two-day programme including plenaries from international and national speakers focussing on '*Renewing Vision'* in General Practice and Primary Care. This conference will be an opportunity for attendees to share ideas and develop collaborations that will support evidence-based primary care research, education, and service delivery into the future.

On behalf of the AGPI executive committee, I would like to thank this year's Annual Scientific Meeting organisers led by Prof Nigel Hart and Prof Helen Reid in Queen's University Belfast with co-hosts from the ICGP, led by Gillian Doran and Dr Aileen Barrett.

I look forward to seeing you in Belfast.

Alan Smyth, Dean of School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast

On behalf of the School of Medicine, Dentistry and Biomedical Sciences at Queen's University, it gives me great pleasure to welcome delegates to Belfast and Queen's from across Ireland to the Annual Scientific Meeting of Academic General Practice Ireland. At Queen's we emphasise the key role of General Practice in training our students who spend 25% of clinical placement time in Primary Care, achieving the target set by the Royal College of General Practice. We are passionate about answering important clinical questions in the setting where healthcare is provided – which is General Practice in the majority of cases. That means we want to see more research happening in General Practice, following on from important COVID era trails such as "PANORAMIC".

The development and success of academic General Practice and Primary Care has never been more important, and it is pleasing to see such a vibrant community of enthusiastic minds gathering to share and deepen knowledge. I am particularly pleased to note the large number of early career clinicians with an interest in research. I wish you all a successful conference.

Kathy Cullen, Interim Director, Centre for Medical Education, Queen's University Belfast

On behalf of the Centre for Medical Education at Queen's University, I am delighted to warmly welcome colleagues from across Ireland to the Annual Scientific Meeting of Academic General Practice Ireland at Queen's. Since launching our new curriculum in

2020, we have been dedicated to enhancing the depth and breadth of General Practice teaching. It has been a pleasure to support our excellent Academic GP QUB colleagues as they have very successfully expanded the capacity and quality of clinical placements.

As I review the impressive programme of research and educational innovation being showcased at this conference, it is evident that AGPI is a vibrant community. The conference is clearly on track to achieve its goal of “renewing vision.”

Jayne Woodside, Director, Centre for Public Health, Queen’s University Belfast

As Director of the Centre for Public Health, I am delighted to welcome delegates attending the Academic General Practice Ireland conference to Queen’s University Belfast. The Centre is one of three research centres within the School of Medicine Dentistry and Biomedical Sciences and aims to conduct internationally-leading public health research which has impact and addresses local and global need. Academic General Practice is a vital part of that effort. I note that one of the meetings to establish the organisation, initially called the Association of University Departments of General Practice in Ireland, took place 30 years ago in Belfast and the agenda of that Belfast meeting includes many items for discussion which remain relevant today and which are the active topics of contemporary endeavours, namely sources of research funding, possible areas for collaboration in teaching and research and career structures in Academic General Practice. I hope you enjoy your time in Belfast and have productive academic discussions but also rewarding networking and social activities.

Fintan Foy, CEO, Irish College of GPs

The importance of research, clinical audit and quality improvement in general practice continues to grow; having GPs and primary care professionals at the heart of this endeavour is critical to ensuring the provision of high quality, safe and effective care for patients. We at the Irish College of GPs are therefore delighted to once again join AGPI in celebrating the work of researchers and scholars in general practice and primary care. This conference provides a unique platform for sharing ideas, networking with peers and collaborating on important projects.

Wishing you an enjoyable, productive and inspiring meeting.

Thanks

We would like to thank everyone who has supported the conference organisation. We are particularly grateful to our Conference Committee members and GP academic trainees: Dr Rebecca Orr, Dr Ayeisha Asim, Dr Meghan Deery, Dr Lisa Collins, Dr Orla Carney, Dr Adele Heaney and Dr Stephanie McCarron. We are grateful to Dr Grainne Kearney for leading on Prizes.

We thank colleagues who took part in the work to review abstracts, adjudicate our prizes, chair our parallel sessions, and to all involved in the Fiona Bradley Award.

We are also indebted to our QUB undergraduate medical students who have been helping us with registration and guiding delegates around the venues. Huge thanks to Ann Robinson, Devna Singh, Rachel Lipson, Danielle Kock, Asia Haraburda, Monica Saad and Sarah Tuan.

A most sincere thank you to Andrew Hamilton, Niamh McElherron and Deborah Millar who have provided sterling support to the Steering Committee from the very beginning to bring all our plans to fruition.

Finally, thank you to our sponsors: People With, Versus Arthritis, the Primary Care Clinical Trials Network Ireland, British Heart Foundation and Alzheimer's Society.

We hope that you all enjoy the ASM and benefit from the scientific and networking opportunities. Have a great conference!

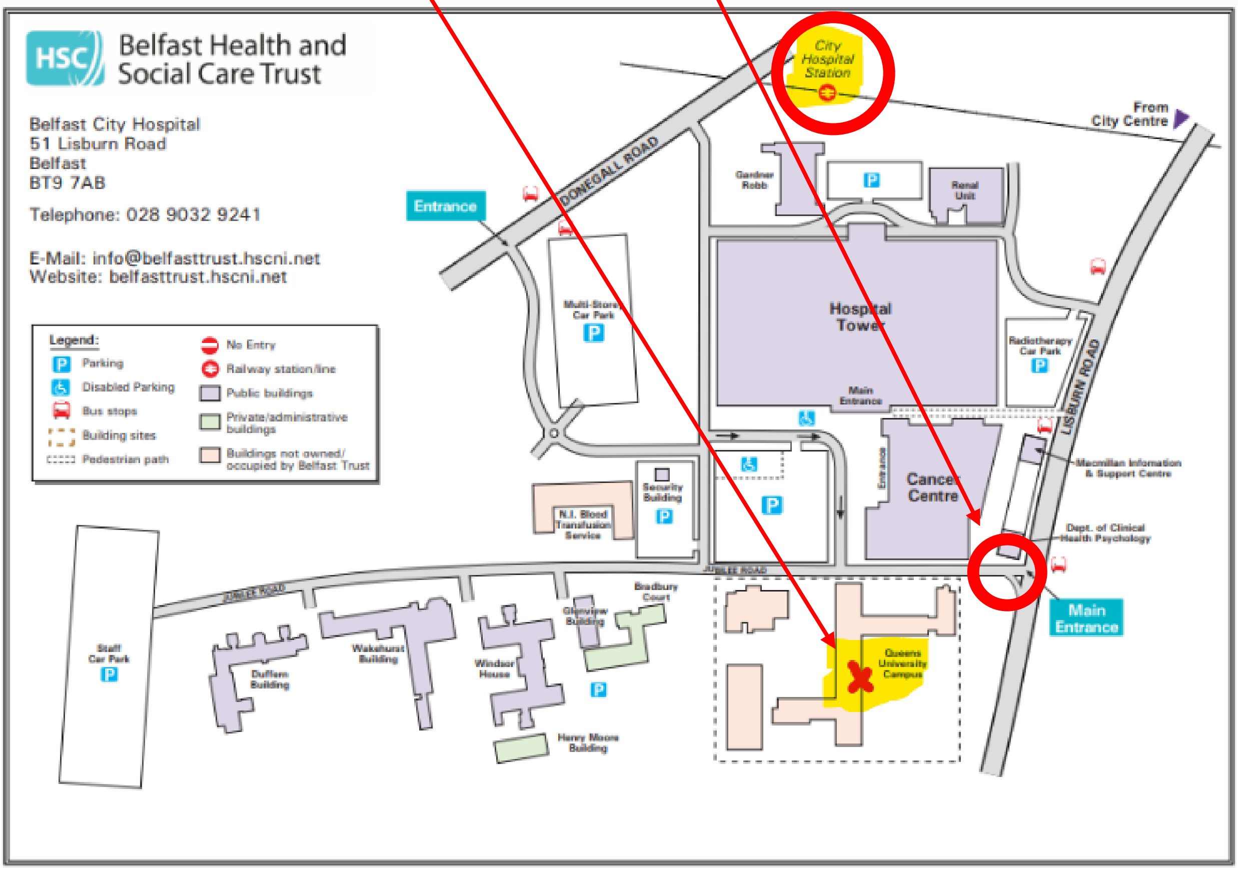
Prof Nigel Hart & Prof Helen Reid

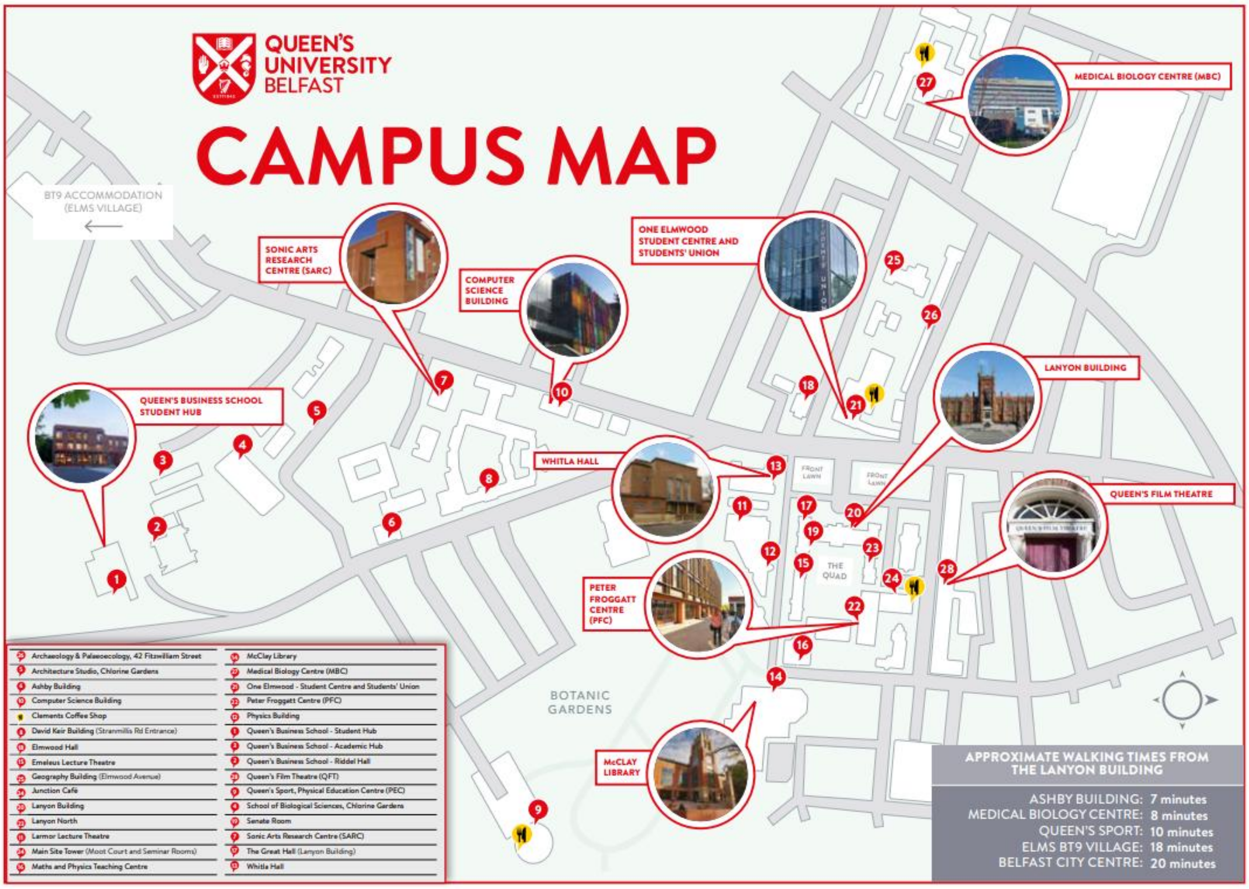
Co-Chairs AGPI ASM 2025

Venue and Parking

Our conference venue for both days is the Medical Biology Centre ('MBC'), 97 Lisburn Road, Belfast BT9 7BL. Map Link. Please enter the MBC from the Lisburn Road side – marked with a **Red X** on the map below.

Wherever possible we encourage delegates to use public transport. The closest train station (circled in red on the site map below) is City Hospital – a 5-minute walk from the MBC. For anyone wanting to stretch their legs up from Grand Central Station, it's an easy 15–20-minute walk. **Parking on the MBC campus will only be possible on Saturday 8th March** – access the MBC carpark from Jubilee Road barrier. Options for parking on Fri 7th March (including Park and Ride options) are well detailed on the Visit Belfast website, and include various (pay on foot before returning to car) carparks around the Belfast City Hospital site. On-street parking in the surrounding area is notoriously challenging on weekdays during term-time.





Getting to Belfast

Wherever possible we encourage delegates to use public transport options or travel together to minimise our environmental impact.

BY RAIL

NI Railways: Belfast-Dublin Enterprise service. Arrives at the Grand Central Station.

BY COACH

Coach and bus services (including from various Park and Ride carparks) also arrive at the new Grand Central Station.

The following companies provide long-distance services to Belfast:

- Bus Eireann (UK and Irish services)
- National Express (UK and Irish services)

TAXIS

Two of the main local taxi companies in Belfast are ValueCabs and FonaCab. Can be booked online, by phone or by downloading and booking on the app. It is also possible to use Uber in Belfast.

BY AIR

There are two airports serving Belfast – Belfast International Airport (BFS) and Belfast City Airport (BHD). Please make sure you double check which airport you are flying to/from.

Belfast International Airport

■ 13 miles northwest of Belfast.

■ The Airport Express Bus Service (Service 300) operates a regular service on weekdays and weekends. The bus leaves from the bus stop located opposite the terminal exit.

■ The International Airport Taxi Company, official taxi operator for the Belfast International Airport, are based outside the right hand door of the airport Exit lobby.

Belfast City Airport

■ 3 miles from Belfast City Centre.

■ The Airport Express Bus Service (Service 600) operates every 30 minutes into the City Centre.

■ Approved taxis operate from the Airport taxi rank outside the terminal building. Wheelchair accessible taxis are available. The approximate cost of a taxi to Belfast City Centre is £10.00 (including £2 surcharge). All fares are subject to a £2 surcharge.

Delegate Registration

Delegate registration is from 09.00 on Friday and 08.30 on Saturday. On registering, delegates will be issued with their conference badge and lanyard.

Please wear your conference badge and lanyard throughout the conference.

Accommodation

We have an exclusive partnership with Ten Square Hotel in Belfast City Centre, offering a 20% discount on their Bed & Breakfast rate. To avail of this discount, simply enter the code '10SQQUBADUGBI' directly on their website. It's a short 20-minute walk from the MBC.

Food and Beverages

Lunch on Friday and refreshments will be served during the conference at times as indicated on your programme. Please remember to wear your lanyard and name badge. Several delegates have advised us of dietary restrictions and/or allergies – please do make yourself known to our catering colleagues or one of the volunteer team during lunch/breaks so that we can ensure you get what you need. **If possible, we ask all delegates to please bring a refillable water bottle and/or coffee cup with you to use throughout the conference.** We are aiming to minimise waste wherever possible.

There is an on-site coffee shop/restaurant ('Clements') and are some vending machines in the MBC. This will be closed on the Saturday but there are plenty of options close by or in the City Centre for anyone staying on for the afternoon (to watch the rugby or join us for the conference walk – see 'Social programme')

Social Media

If you aren’t already following us, please do so ahead of conference on @academic_gp_irl on X. Please tag us in your social media posts and stories and link us in on any LinkedIn posts you make throughout the conference. Our hashtag is **#AGPI25**

Photography / Filming

Please note that filming/photography will take place at this event for promotional and archival purposes. The photographs and recordings may appear on our website or social media.

If you would prefer not to be photographed / filmed, please let the organisers know.

WiFi

QUB Guest Wi-Fi (_QUB_WiFi) and eduroam are available on campus. Please access via your settings on your device.

Help and Assistance

Dedicated volunteers (wearing red t-shirts) and committee members will be sporting identifiable yellow lanyards. Our small team will do our best to help you!

ICGP Continuous Professional Development (CPD) Credits

External CPD credits: Friday = 6, Saturday = 4.5

GMS Study Leave: Friday = 1, Saturday = 0.5

Please make sure you have signed in at registration if you require this recognition.

Plenary Speakers

Day 1 Morning

Professor Caroline Mitchell

Professor of General Practice Research

Keele University

Title: Evidence biased medicine.

Caroline is an Academic GP, Fellow of the Royal College of General Practitioners and National Mentoring Lead for the Society of Academic Primary Care.

Her research interests focus on critiquing and addressing equity bias in research and in developing and evaluating complex interventions for use in primary care. Her research is characterised by work with, and by, underserved primary care populations including in global health settings: maternal and infant health inequalities and long-term conditions (diabetes, respiratory health, musculoskeletal health, substance use, mental health).

She is a co-founder and Sheffield Academic GP member of the Deep End Research Alliance (DERA) Yorkshire and Humber (https://sites.google.com/sheffield.ac.uk/dera/home) and has supported several new Deep End networks in England and Wales to expand the DERA model of research prioritisation and co-production between patients/ communities, academics and primary care clinicians working with 'Deep End ' populations.

Day 1 Afternoon

Professor Trevor Thompson

Professor of Primary Care Education

Bristol Medical School

Title: COGConnect. A new visual resource for teaching and learning clinical communication

Damn excited to be invited to speak back in my hometown. I have been living abroad since aged 18 in locations as exotic as Oxford, London, Leeds and Glasgow. In 2000 I followed a woman to Bristol and am still looking for a good reason to leave. My core identity is as a GP - I have worked in the same multicultural inner-city healthy living centre since 2006. Words that float my boat include integrity, diligence, compassion and diversity which I seek to bring to my practice and also my work as an educationalist at Bristol Medical School (BMS).

There I have been honoured with a PhD, a Chair and the elusive National Teaching Fellowship but the appreciation of students means most (*Teacher of the Year* 2019, 2021, 2022). I have spent my career finding robust and credible ways to put *whole person care* at the heart of medical education. I founded a degree programme in Medical Humanities and the mind-boggling collection of medical student art at www.outofourheads.net. Around 2015 I got deeply involved in a root-and-branch curriculum review at BMS out of which COGConnect was born.

COGConnect is a new visual resource for teaching and learning consultation skills. With its tag line of “Connection. Cognition. Care”, it reminds learners and teachers that consulting is a whole-person commitment of head, heart and hand. It stands out from other models such as the Calgary-Cambridge Guide by its circular design, having core values writ large and including phases such as "formulating" and "activating" that bring teaching in line with 21st century expectations.

In my talk I want to explain the nature of COGConnect using clinical examples and video resources. I'd like to touch on its future with the disruptive arrival of AI and invite Irish medical schools to share our enthusiasm for this lively toolbox. I shall endeavour to do so in a way that itself exemplifies best practice in education. When I am not at work I am at play with boats, books, bikes and nurturing a sunny allotment.

Day 2 Morning

Professor Louise Younie

Professor of Medical Education

Queen Mary University of London

Title: How might we flourish in challenging times?

Louise Younie is a General Practitioner and Professor of Medical Education at Queen Mary University of London where she leads on faculty development and innovation. She has extensive experience with co-creative and creative enquiry methodologies in medical education for humanising medicine, professional identity formation and human flourishing. She is co-chair of the Royal College of GPs Creative Health Special Interest Group (SIG). She is both a National Teaching Fellow (2022) and holds a Principal Fellowship of the Higher Education Academy.

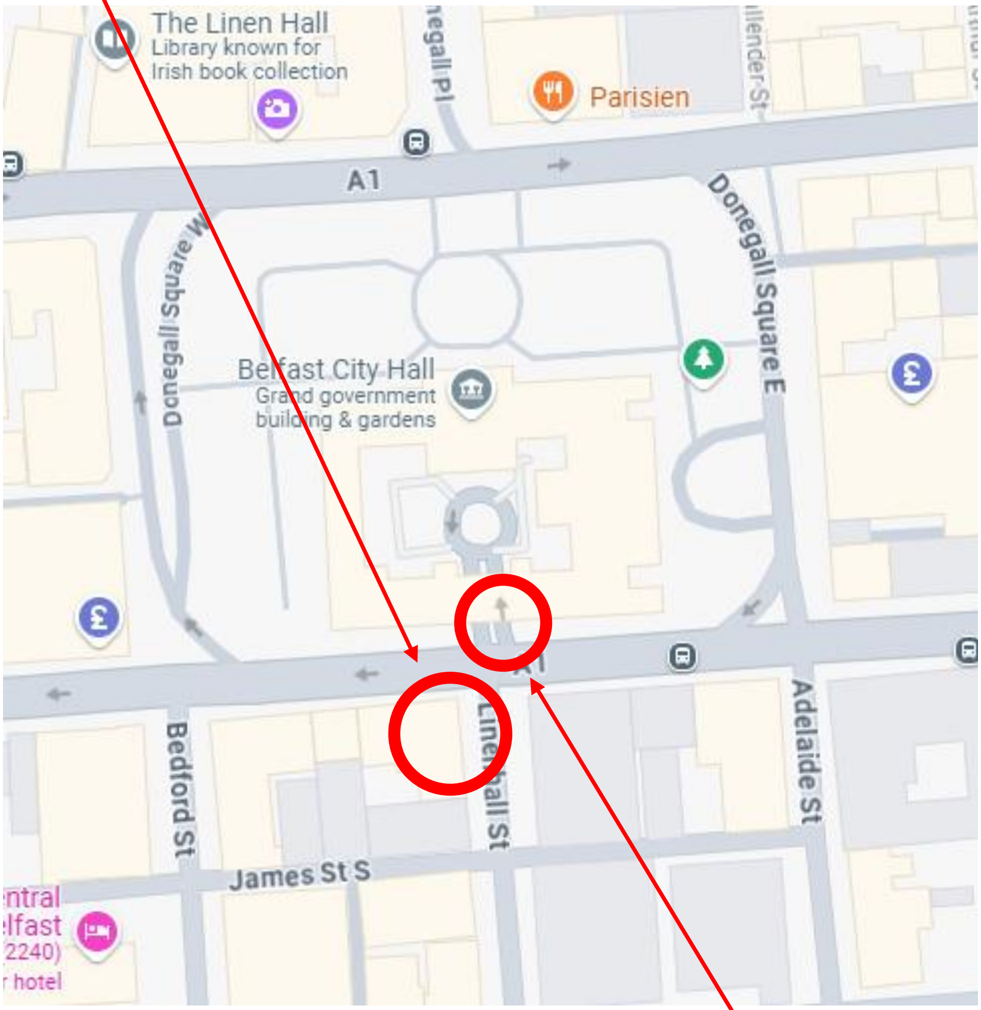
We are living in VUCA (volatile, uncertain, complex and ambiguous) times. In this keynote Louise will explore how flourishing enables a shift in the wellbeing dialogue from mere resilience and "toughing it out" alone towards relational focus on connection, meaning and purpose (Aristotle's eudaimonia), fostering compassionate engagement with both our humanity and that of others.

Social Programme

Friday March 7th @ Ten Square

The conference dinner will start at 7.15pm at Ten Square Hotel, 10 Donegall Square South, Belfast BT1 5JD: **Map link**

The evening will feature a drinks reception followed by a three-course dinner and disco. Entry with pre-paid tickets only.



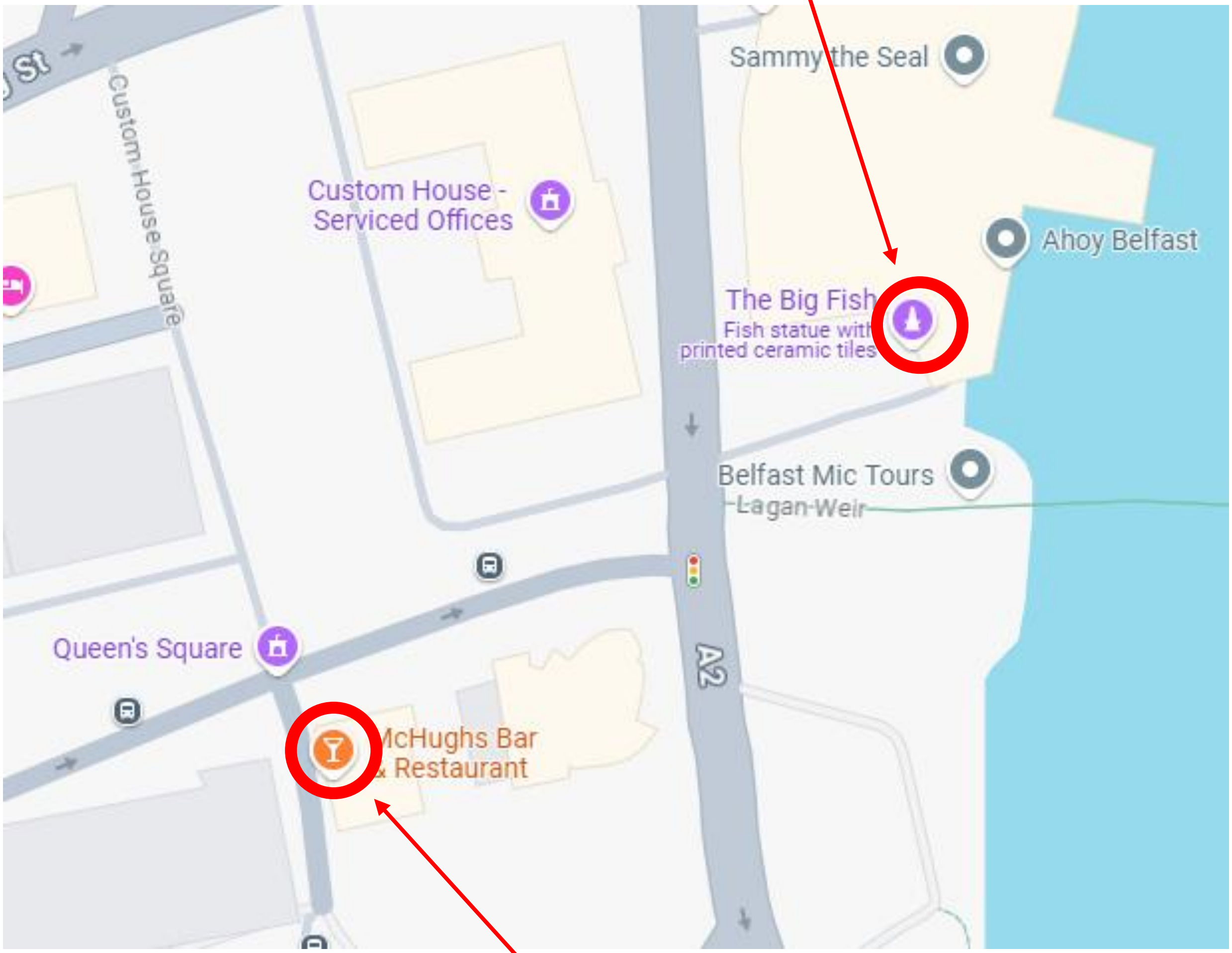
Saturday March 8th

The **Conference Run** – departing from the gates at the back of Belfast City Hall – opposite Ten Square Hotel: **Map link** at 7am.

Orla Carney will lead the (flat and steady paced!) run to take in a few of Belfast's waterfront highlights. Approx 5km leaving plenty of time to get up to QUB for the day's conferencing.

We are looking forward to seeing you there.

Walking Tour: There will be an optional post-conference walking tour of central Belfast led by Nigel Hart starting at 4.15pm and departing from 'The Big Fish' down on the River Lagan: [Map link]()



Those planning to attend the walk and interested in watching the rugby (Ireland vs France Kick Off: 2.15pm) may wish to watch it in McHugh's bar which is located close by: [Map link]()

Fiona Bradley Award

Celebrating the contribution of the late Dr Fiona Bradley in promoting better medical practice, the award is made to an individual or groups who have made a sustained difference in healthcare either in Ireland or internationally.

2025 Recipient: Nurse Consultant Susan Semple

Prizes

Three prizes will be awarded during the conference:

1. Prof William ‘Bill’ Shannon Prize for Best Trainee presentation
2. Prof George Irwin Prize for Best Education presentation
3. Prof James McCormick Prize for Best Research presentation

The process for selecting awardees commenced prior to the conference. All abstracts received were subject to review and scoring for prize shortlisting across the different categories. The top scoring abstracts in each category will be assessed during the conference using a pre-defined scoring rubric.

We encourage you to join us to celebrate these successes at the prize giving ceremony on Saturday at 13.20.

Programme at a glance

Friday 7th March

09.00	Registration	**MBC Foyer**
10:00	Opening: Welcome & Introductions ○ Prof. Alan Smyth ○ Prof. Nigel Hart	**MBC North Lecture Theatre**
10.15	Plenary - Keynote Speaker ○ Prof. Caroline Mitchell	**MBC North Lecture Theatre**
11.10	Coffee & Networking	**MBC Foyer**
11.30	Parallel Sessions 1 (Oral Presentations) 1A: **MBC North Lecture Theatre** 1B: **01/402** 1C: **01/414**	
12.35	Parallel Session 2 (Workshops) 2A: **01/002** 2B: **01/402** 2C: **01/414**	
13.35	Lunch in **MBC Foyer**	
13.45	AGPI AGM (Working Lunch)	**MBC North Lecture Theatre**
14.20	Fiona Bradley Award	**MBC North Lecture Theatre**
14.45	Parallel Session 3 (Mixed) 3A (Oral): **MBC North Lecture Theatre** 3B: (Oral) **01/402** 3C: (Posters) **01/409** 3D: (Posters) **01/414**	
15.45	Comfort Break / Water / Fruit	
15:55	Plenary - Keynote Speaker ○ Prof. Trevor Thompson	**MBC North Lecture Theatre**
16.50	Day 1 closes	
19.15	Conference Dinner – with prepaid ticket	**Ten Square, Belfast**

Saturday 8th March

07.00	(Optional) Early Morning Run with Orla	**Meet at back of Belfast City Hall**
08.30	Registration	**MBC Foyer**
08.55	Welcome	
09:00	Plenary - Keynote Speaker ○ Prof. Louise Younie	**MBC North Lecture Theatre**
09.55	International Women's Day ○ Prof. Helen Reid ○ Dr Sian-Lee Ewan	**MBC North Lecture Theatre**
10.10	Transition to Parallel Sessions	
10.15	Parallel Sessions 4 (Oral Presentations) 4A: **MBC North Lecture Theatre** 4B: **01/402** 4C: **01/409** 4D: **01/414**	
11.05	Coffee & Networking	**MBC Foyer**
11.20	Parallel Sessions 5 (Moderated Posters) 5A: **MBC North Lecture Theatre** 5B: **01/402** 5C: **01/409** 5D: **01/414**	
12.20	Parallel Sessions 6 (Workshops) 6A: **01/402** 6B: **01/409** 6C: **01/414**	
13.20	Closing & Prize-giving	**MBC North Lecture Theatre**
13.30	Conference Closes	
16.15	Optional Walking Tour	**Meet at the Big Fish**

Day 1 Full Programme - Friday 7th March

Start Time	Session	Location
7th March 2025	**Friday – Morning**	
9.00 – 10.00	Registration & Coffee	MBC Foyer
10.00 – 10.15	**Opening welcome and Introductions:** Prof Nigel Hart Prof Alan Smyth, Dean and Head of School of Medicine, Dentistry, and Biomedical Sciences	MBC North Lecture Theatre
10.15 – 11.10	**Plenary Session 1: Prof Caroline Mitchell** Title: Evidence biased medicine Introduction by Prof Andrew Murphy	MBC North Lecture Theatre
11.10 – 11.30	Coffee break and Networking	MBC Foyer
11.30 -12.30	**Parallel Session 1 – Oral Presentations**	
	1A Oral – Theme: Co-design, prescribing and mental health Chair: Prof Susan Smith	MBC North Lecture Theatre
	1B Oral – Theme: Cancer and postgraduate training Chair: Dr Emer O'Brien	01/402
	1C Oral – Theme: Systems of care Chair: Prof Emma Wallace	01/414
	5 Mins Transit Time	
12.35 – 13.35	**Parallel Session 2 - Workshops**	
	2A Workshop 1 – Title: Enhancing Prescribing Safety and Optimising Medication Use in General Practice	01/002
	2B Workshop 2 – Title: Preparedness To Deliver Refugee and Migrant Healthcare in General Practice – Exploring the Role of Education and Research	01/402
	2C Workshop 3 - Title: Love and break-up letters; introducing a new qualitative method for research in general practice	01/414

7th March 2025	Friday – Afternoon	
13.35 – 14.15	**Lunch & Networking**	MBC Foyer
13.45	**AGM AGPI**	MBC North Lecture Theatre
14.20 -14.40	**Fiona Bradley Award Ceremony** Presentation: Nurse Consultant Susan Semple	MBC North Lecture Theatre
	5 Mins Transit Time	
14.45 -15.45	**Parallel Session 3 – Oral/Poster Presentations**	
	3A Oral – Theme: Pain, cancer and dementia Chair: Prof Andrew Murphy	MBC North Lecture Theatre
	3B Oral – Theme: Cardiometabolic disease, AI and refugees Chair: Associate Professor Patrick O'Donnell	01/402
	3C Moderated Posters: Variety is everything (a) Chair: Dr Aileen Barrett	01/409
	3D Moderated Posters: Variety is everything (b) Chair: Dr Diarmuid Quinlan	01/414
15.45-15.55	**10 mins Transit Time (Fruit/Water available)**	
15.55 - 16.50	**Plenary Session 2: Prof Trevor Thompson** Title: COGConnect. A new visual resource for teaching and learning clinical communication Introduction: Prof Nigel Hart	MBC North Lecture Theatre
16.50	Day 1 closes	
19.15	Conference Dinner Ten Square Belfast	

Day 2 Full Programme - Saturday 8th March

Start Time	Session	Location
8th March 2025	**Saturday**	
7.00	Early morning run with Orla (Optional)	Back of Belfast City Hall Map Link
8.30 – 8.50	Registration & Coffee	MBC Foyer
8.55 – 9.00	Welcome Prof Helen Reid	MBC North Lecture Theatre
9.00-9.55	**Plenary Session 3: Prof Louise Younie** Title: How might we flourish in challenging times? Introduction: Prof Helen Reid	MBC North Lecture Theatre
9.55- 10.10	**Marking International Women's Day** Prof Margaret Cupples and Prof Louise Dubras "Encouraging the next generation" Introduced by: Prof Helen Reid & Dr Sian-Lee Ewan	MBC North Lecture Theatre
	5 Mins Transit Time	
10.15-11.05	**Parallel Session 4 – Oral Presentations**	
	4A Oral – Theme: Medical education and Research Networks Chair: Dr Nia Clendennen	MBC North Lecture Theatre
	4B Oral – Theme: Cancer Chair: Prof Tony Foley	01/402
	4C Oral – Theme: Musculoskeletal, Skin and Dementia Chair: Prof Tom Fahey	01/409
	4D Oral – Theme: Diverse populations, Wellbeing and Mental Health Chair: Prof Walter Cullen	01/414
11.05-11.20	Coffee & networking	

11.20-12.15	**Parallel Session 5 – Moderated Poster Presentations**	
	Posters: Strictly max 3 mins Presentation + 1 min Q&A	
	5A Poster – Theme: Education and Workforce Chair: Dr Sian-Lee Ewan	MBC North Lecture Theatre
	5B Poster – Theme: Cancer Chair: Dr Aisling Jennings	01/402
	5C Poster – Theme: Prescribing in the broadest sense Chair: Dr Grainne Kearney	01/409
	5D Poster – Theme: Variety is the spice Chair: Prof Maureen Kelly	01/414
	5 Mins Transit Time	
12.20-13.20	**Parallel Session 6 - Workshops**	
	6A Workshop 1 – Title: An Irish Special Interest Group in General Practice Education Research	01/402
	6B Workshop 2 – Title: Narrative Medicine for Clinical Flourishing	01/409
	6C Workshop 3 - Title: Addressing research priorities in the management of chronic conditions in primary care; Utilising the results of a James Lind Alliance priority setting partnership	01/414
13.20-13.30	**Prizegiving** Dr Grainne Kearney **Closing** Prof Nigel Hart & Prof Helen Reid	MBC North Lecture Theatre
13.30	Day 2 closes and Conference ends	

Presentations by session

Parallel 1A (oral) - Theme: Co-design, prescribing and mental health

ID #	Author	Parallel 1A (oral) - Theme: Co-design, prescribing and mental health
27	Sophie Dolan	"Co-designing a Stakeholder Group for Primary Care Research into Cancer: Results of a Collaborative e-Delphi and Workshop Approach"
36	Dr Ann Doherty	Prescribing cascades among older community-dwelling adults in Ireland: prescription sequence symmetry analysis of ThinkCascades in a national dispensed prescription database
56	Dr Ann Doherty	Prevalence of potentially inappropriate prescribing in community-dwelling older adults: application of STOPP/START Version 3 to The Irish Longitudinal Study on Ageing (TILDA)
88	Dr Dónal Wallace	Adolescent Mental Health and General Practice: A Qualitative Study of Irish Adolescents', parents' and General Practitioners' views on best practice
94	Dr Rebecca Orr	'It'll come right' - a qualitative study of the factors influencing health behaviours of farmers at risk of cardiometabolic disease

Parallel 1B (oral) - Theme: Cancer and Postgraduate Training

ID #	Author	Parallel 1B (oral) - Theme: Cancer and Postgraduate Training
17	Dr Tatiana Bezdenezhnykh	Dynamic estimation of population eligible for LDCT lung cancer screening in Ireland
23	Ricardo Zaidan	A realist review of mHealth in lung cancer screening: Understanding mechanisms, contexts, and intervention characteristics for enhanced participation
44	Dr Benjamin Jacob	Modelling the extent, determinants and impact of overdiagnosis in lung cancer screening: Protocol and interim results for the MODULUS study
50	Dr Nóirín Fitzgerald	Title: An analysis of applications to the National Specialist Training Programme in General Practice Ireland from 2021-2024
68	Alexander Carroll	Validation of Cancer Incidence Using Irish GP Data: A Retrospective Cohort Study Comparing Primary Care and National Registry Data

Parallel 1C (oral) - Theme: Systems of care

ID #	Author	Parallel 1C (oral) - Theme: Systems of care
	Withdrawn	Withdrawn
15	Dr Niall O'Reilly	The challenges experienced by Ukrainian refugees in General practice
24	Dr Aisling Farrell	Why do patients attend out-of-hours GP services in Ireland?
69	Dr Róisín Doogue	Task-shifting from GPs to general practice nurses in general practice, an exploration of the views and key priorities of GPs and GPNs
91	Louise McLaughlin-Borlace	Irish Rural General Practice: Challenges and Opportunities

Parallel 2A, 2B and 2C: Workshops

ID #	Workshop	Led by	Title
98	2A	Caroline McCarthy Ann Doherty Elizabeth O'Donnell Emma Wallace	Enhancing Prescribing Safety and Optimising Medication Use in General Practice
31	2B	Máirtín Ó Maoláin Ellen Stuart Bridget Kiely Patrick O'Donnell Anne Cronin Anne McFarlane	Preparedness To Deliver Refugee and Migrant Healthcare in General Practice – Exploring The Role Of Education And Research
52	2C	Dr Aileen Barrett	Love and break-up letters; introducing a new qualitative method for research in general practice

Parallel 3A (oral) - Theme: Pain, Cancer and Dementia

ID #	Author	Parallel 3A (oral) - Theme: Pain, Cancer and Dementia
32	Dr Caroline McCarthy	Impact of a priority setting medication review on analgesic prescribing in older patients with high levels of polypharmacy: A secondary analysis of trial data
37	Dr Mary Cronin	The recommended role of General Practitioners in dementia diagnosis: A scoping review of dementia Clinical Practice Guidelines.
45	Dr Áine Harris	Diagnostic Pathways and Outcomes in Lung Cancer: A Single-Centre Cohort Study in the Irish Healthcare System
85	Dr Kerrie McConnell	Explaining a Diagnosis of Fibromyalgia in Primary Care
87	Dr Orla Carney	Capsule Sponge: An Easy Pill to Swallow for Primary Care

Parallel 3B (oral) - Theme: Cardiometabolic disease, AI and Refugees

ID #	Author	Parallel 3B (oral) - Theme: Cardiometabolic disease, AI and Refugees
5	Caoimhe Emmanuelle Provost	A scoping review of artificial intelligence (AI) models for cardiovascular disease risk prediction in primary and ambulatory care
48	Dr James O'Flynn	The long-term general practice healthcare of women with a history of gestational diabetes: A Scoping Review
58	Anne Cronin	Ukrainian refugee interpreters working in bespoke primary care clinics – A case study of Irish policy in action
59	Anne Cronin	Scoping Review of Patient Safety Implications of AI-Facilitated Synchronous Communication in Cross-Cultural Consultations with Refugees and Migrants
61	Sara Daoud	Evaluating the Accuracy of Locally-Deployed Large-Language Models for Extracting Symptom Data from Unstructured GP Notes

Parallel 3C (posters) - Theme: Variety is everything (a)

ID #	Author	Parallel 3D (posters) - Theme: Variety is everything (a)
4	Prof Peter Hayes	What motivates the general practitioners of the future: A Qualitative study of Irish Trainees.
11	Dr Paul Ryan	How are direct healthcare professional communications (DHPC) operationalised by General Practitioners (GPs) and community pharmacists in Ireland?
29	Yeojin Kil	Investigating Safety Perceptions in General Practice: A Mixed-Methods Study in General Practice Nurses
33	Dr Thomas Cronin	What impact does widening participation to medicine have on the medical workforce: a scoping review
57	Dr Thomas Cronin	Baseline data from a feasibility trial of a primary care intervention to reverse frailty and build resilience in people experiencing homelessness
62	Olivia Ivana Pezzutti	Healthcare Utilization Patterns and Clinical Characteristics of Patients over 70 Years with and without Diabetes Mellitus: A Retrospective Cohort Study

Parallel 3D (posters) - Theme: Variety is everything (b)

ID #	Author	Parallel 3D (posters) - Theme: Variety is everything (b)
76	Prof Liam Glynn	"I want them to know what a polar bear is!": The effect of a nature –based intervention on Eco-anxiety and Climate Engagement in TY students: a randomised controlled trial
79	Dr Lisa Collins	Patients should not all be treated the same: a Scoping Review of General Practice training in Cultural Models.
83	Anthony J Goodings	Improving Asthma Management and Environmental Impact in an Academic General Practice in Ireland: A Quality Improvement Initiative
86	Dr Sinead Woulfe	Enhancing Safety Measures for SGLT2 Inhibitors in Primary Care: An Audit of Current Practices and Interventions
90	Dr Neil Heron	What cycling injuries could I see as a General Practitioner/GP in primary care? A systematic review and meta-analysis of cycling injuries and illnesses across all cycling disciplines
97	Dr Priya Sarkar	Prevalence and demographic variation of chronic respiratory diseases in a large English primary care database

Parallel 4A (oral) - Theme: Medical education and Research Networks

ID #	Author	Parallel 4A (oral) - Theme: Medical education and Research Networks
19	Dr John Frizelle	What are the existing approaches of interprofessional education in general practice clinical placements for medical students.
28	Dr Claire McPeake	Disclosing Domestic Abuse; What are medical students' lived experiences of Forum Theatre learning
77	Mathieu Wong	The Development of a Palliative Care Curriculum for GP Trainees: A Delphi Study
89	Dikshita Shyam Nair	Improving the Quality of Primary Care using Practice Based Research Networks: A Scoping Review.

Parallel 4B (oral) - Theme: Cancer

ID #	Author	Parallel 4B (oral) - Theme: Cancer
30	Logan Verlaque	A Systematic Review of Interventions to Enhance Public Awareness of Cancer Symptoms
67	Yiren Yin	A Cross-Sectional Analysis of GP Referrals for Suspected Cancer in Ireland (GRACCHUS Study)
9	Riya Manas Sharma	A Comprehensive Taxonomy of Study Outcomes from Interventions to Boost Awareness of Cancer Symptoms: Findings from a Thematic Synthesis
22	Wen Zhou Wang	A Systematic Review of Machine Learning Tools for Identifying Individuals at High-Risk of Lung Cancer in Primary Care Records

Parallel 4C (oral) - Theme: Musculoskeletal, Skin and Dementia

ID #	Author	Parallel 4C (oral) - Theme: Musculoskeletal, Skin and Dementia
51	Dr Mairéad Conneely	Community-based exercise (ComEx Pain) for older adults with chronic musculoskeletal pain: a protocol for a randomised controlled feasibility trial
54	Dr Mary Cronin	Referral pathways for suspected dementia: Developing a bespoke GP dementia referral template
55	Dr Diarmuid Quinlan	The GP role in the management of patients with acne using isotretinoin
78	William Giguere	Out-of-hours General Practice care in Ireland: Consultations and Emergency Department referrals from 2013 to 2022

Parallel 4D (oral) - Theme: Diverse populations, Wellbeing and Mental health

ID #	Author	Parallel 4D (oral) - Theme: Diverse populations, Wellbeing and Mental health
38	Dr Ann Doherty	Prevalence of ThinkCascades in community dwelling adults: longitudinal analysis of The Irish Longitudinal Study on Ageing (TILDA)
41	John Broughan	Prevalence of Mental Health Disorders in General Practice from 2014 to 2024: A literature review and discussion paper
81	Kate Lauren Keaney	Primary Care Providers' Perspectives of Experiences with Transgender and Gender Diverse Adults: A Scoping Review
	Withdrawn	Withdrawn

Parallel 5A (posters) - Theme: Education and Workforce

ID #	Author	Parallel 5A (posters) - Theme: Education and Workforce
7	Dr Shane Dunlea	The Attitudes of Healthcare Students to Mindfulness-Based Interventions
13	Dr Ciara Matthews	Exploring experiences of less-than-full-time postgraduate medical training in Ireland and options for future improvement: a qualitative study
25	Monica Saad	A new vision into public health education "Assessing the influence of game creation on adolescents' health knowledge, attitudes and behaviours: Protocol for a Scoping Review"
43	Theresa Sunny	Practitioners' perspectives on implementation of acute virtual wards: A scoping review
49	Dr Bridget Kiely	The Impact of a Pre-Clinical Migrant Health Module on Medical Students Cross-Cultural Care Preparedness and Career Choices
65	Joshua Graham	Title: Protocol for the Development of a Primary Care Research Curriculum and Interim Results from Step 1 of Kern's Six Step Framework for Curriculum Development
80	Dr Fintan Stanley	What isn't counted doesn't count: A Methodological Evolution in Irish GP Workforce Analysis
93	Tomas Barry	Developing a Complex Intervention to Integrate Community Paramedics in GP Out-of-Hours Care in Ireland

Parallel 5B (posters) - Theme: Cancer

ID #	Author	Parallel 5B (posters) - Theme: Cancer
10	Kurdo Araz	Preliminary Results of a Scoping Review on the Use of Transactional Data for Early Diagnosis (TRADED-ScR)
20	Logan Verlaque	A Bibliometric Analysis of Interventions to Enhance Public Awareness of Cancer Symptoms
21	Katherine Pirie	A Hybrid Systematic Review of Barriers and Facilitators to Implementing Lung Cancer Screening in Community Settings
40	Bethany Cushing	Recruitment Strategies for Lung Cancer Screening: An Umbrella Review of Effectiveness in Low-Participation Subcohorts
46	Dr Áine Harris	General practice focused strategies to increase participation in lung cancer screening – a systematic review.
63	Joshua Graham	A Realist Review of Diagnostic Pathways for Lung Cancer in Low- and Middle-Income Countries.
64	Conor Murphy	Using a Citizen Jury and Discrete Choice Experiment to Inform Personalised Lung Cancer Screening
70	Conner Bullen / Kurdo Araz	Exploring the Role of Digital Scribes in Enhancing Cancer Care Outcomes in Primary Healthcare: A Scoping Review

Parallel 5C (posters) - Theme: Prescribing in the broadest sense

ID #	Author	Parallel 5C (posters) - Theme: Prescribing in the broadest sense
71	Dr Vikram Niranjan	Dancing for Health and wellbeing: A multimethod feasibility study of examining health impacts of dancing among pulmonary fibrosis patients.
8	Basilhea Woodley	Exploring users' interactions with a conversational agent to improve varenicline adherence and smoking cessation: Insights from a Wizard of Oz study
34	Mohamed Elhassadi/ Dr Caroline McCarthy	Assessment of the readability of patient-facing materials for the most commonly prescribed medicines in Ireland
53	Juliana Portela Passos	Progesterone Dosage Accordance in Hormonal Replacement Therapy
72	Dr Meghan Deery	Affordable Food Clubs – dignified help for Food Insecurity and what General Practice should know
73	Anna Flynn / Dr Eanna Kenny	Medicines support and socIal prescribing to aDdress pAtient prioritieS in multimorbidity (MIDAS): a process evaluation protocol
92	Laura-Jane McCarthy	General Practitioners' and women's experiences of perimenopause consultations: a qualitative evidence synthesis

Parallel 5D (posters) - Theme: Variety is the spice

ID #	Author	Parallel 5D (posters) - Theme: Variety is the spice
18	Eva Blennerhassett	Rheumatic heart disease in Malawi: A scoping review
26	Alex Shaw /Prof Peter Hayes	An analysis of primary care utilisation and multimorbidity in a Ukrainian Refugee population accessing primary care in Ireland
35	Dr Uzair Shabbir	Physical Activity Levels Recorded in Chronic Disease Management Consultations in General Practice
47	Ka Yan Alison Chao / Geoff McCombe / Tomas Barry	Why do patients seek emergency care for problems that could be managed in primary care? A scoping review
82	Amara Singh	GP Awareness of the Dementia Adviser Service in Cork & Kerry
96	Aoife Blake	An Investigation into Patient Understanding of Atrial Fibrillation and Awareness of Associated Modifiable Risk Factors for Stroke
66	Dr Vikram Niranjan	GP and patient physical activity: Physicians healing themselves and moving patients 'a step up the ladder'

Parallel 6A, 6B and 6C: Workshops

ID #	Workshop	Led by	Title
39	6A	Dr Emer O'Brien	An Irish Special Interest Group in General Practice Education Research
6	6B	Dr Jessica Brown, Dr Elaine Kolshus	Narrative Medicine for Clinical Flourishing
60	6C	Ms Laura O'Connor	Addressing research priorities in the management of chronic conditions in primary care; Utilising the results of a James Lind Alliance priority setting partnership.

Thank You

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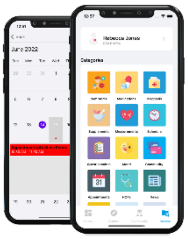

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Appendix: Abstracts

Abstract ID: **4**

Title: **What motivates the general practitioners of the future: A Qualitative study of Irish Trainees.**

Session type: **Poster presentation**

Authors: **Dr Aisling Egan**
Affiliation: **University of Limerick**

Co-Authors:
Professor Peter Hayes - School of Medicine, University of Limerick, Limerick, Ireland; Health Research Institute, University of Limerick, Limerick, Ireland.
Professor Andrew O'Regan - School of Medicine, University of Limerick, Limerick, Ireland; Health Research Institute, University of Limerick, Limerick, Ireland.

Introduction

Ireland is currently experiencing a substantial shortage of General Practitioners (GPs). This is particularly affecting rural Ireland, with a predominantly older patient population demographic. Therefore, the aim of this study is to explore the perspectives of GP trainees to recognise their motivating career factors, personal and professional priorities, and to better understand how to optimally promote the recruitment and retention of GPs in Ireland.

Methods

A qualitative study, consisting of one-to-one, semi-structured interviews was conducted. Every GP trainee currently enrolled in vocational training nationally was invited to participate. 'Social Cognitive Career Theory' and 'Sociocultural Theory' were used as theoretical frameworks to inform the interview guide. Thematic analysis was used for data analysis.

Results

Seventeen GP trainees were interviewed. One meta-theme was identified from interviews: 'Sustainable work as part of a fulfilling life'. This meta-theme of sustainability threads through each of the five related subthemes: Family, stability and support, burnout aversion, role-modelling, and well supported portfolio careers in practice.

Conclusions

Chiefly, GP trainees choose a GP career because of the positive clinical exposure they received in medical school and on GP training schemes, and because of a desire to live/work close to home (and a GP career allows this). Heeding the voices of GP trainees will allow the healthcare system to better match the types of GP careers currently on offer to the types of GP careers desired by the trainees. There seems to be a reduced appetite for full time-five day practice, business ownership and single handed work practices towards a more flexible way of working. In order to improve the existing recruitment and retention challenges in GP, further examination of these findings by health planners/skilled researchers is urgently needed.

Abstract ID: **5**

Title: **A Scoping Review of Artificial Intelligence (AI) models for Cardiovascular Disease Risk Prediction in Primary and Ambulatory Care**

Session type: **Oral presentation**

Authors: **Ms. Caoimhe Emmanuelle Provost**
Affiliation: **University College Dublin**

Co-Authors:
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Geoff McCombe - School of Medicine, University College Dublin, Ireland.
Walter Cullen - School of Medicine, University College Dublin, Ireland.
Joseph Gallagher - School of Medicine, University College Dublin, Ireland.

Background
Mortality from cardiovascular disease (CVD) has seen a dramatic increase over the past decades, which has led to a significant increase in the development of risk prediction models. AI-based models have been proposed as a method of enhancing traditional risk models. This review aims to describe the present state of AI risk prediction models for cardiovascular disease in primary and ambulatory care research, and in particular to determine: the stage of development these models have reached, the AI approaches used, and identifying possible sources of bias or limitations in the AI models.

Method
Using the Arksey and O'Malley scoping review method, this review searched Pubmed, EBSCOHost, and Web of Science databases between 2019 and 2024, and relevant studies were identified. Data extraction was performed on eligible included studies.

Results
22,860 studies were screened, and 25 articles were identified. There was a lack of external validation (20% of models) and lack of clinical impact studies (0%) in this review. A variety of AI techniques were used. Both data and algorithmic biases were commonly identified. There was a lack of geographic variation in datasets (60% were based in the USA) and only 32% of studies reported race and ethnicity data. There was poor predictor and outcome standardization. Calibration was only reported in 24% of models.

Discussion
Findings from this review highlight the lack of clinical impact studies and risk of bias in current AI based models. It provides evidence for future refinement and development of AI risk prediction models in cardiovascular disease.

Abstract ID: **6**
Title: **Narrative Medicine for Clinical Flourishing**
Session type: **Workshop**
Authors: **Dr Jessica Brown, Dr Elaine Kolshus**
Affiliation: **School of Medicine, University of Limerick**

Co-Authors:
Dr Elaine Kolshus, School of Medicine, University of Limerick
Dr Jessica Brown, Church of Ireland Theological Institute, Trinity College Dublin

Narrative medicine—influential in medical education and healthcare systems for more than two decades—integrates literary analysis and close-reading methods with medical practice in order to develop radical attention and listening, towards the ultimate goals of enriching patient care and nurturing the chance for health professionals to flourish in their clinical practice. With increasingly complex challenges faced by the healthcare workforce worldwide, more attention must be paid to ensuring that practitioners can thrive in their professional lives. This workshop will provide a brief theoretical introduction to the ideas of narrative medicine and then give participants the chance to experience it. The workshop is intended for healthcare professionals working for any part of their working week in clinical practice, but students are also welcome. With guided facilitation, participants will look together at a poem and photographs and experiment with the core tools of close-reading and analysis. Delving into the praxis of narrative medicine will then create an opportunity to reflect on communication and connection with patients. Some questions for exploration include: What are the skills of literary close-reading? How do we develop those ‘muscles’ when reading a poem or looking at photographs? How does this way of knowing and attending affect our ability for radical attention and listening in the clinical space? Would this affect the chance to flourish within that space? Does this affect patient care? The workshop will close by considering ways to cultivate potential individual practice of narrative medicine. Finally, at the end of the workshop, participants will be invited to take part in a brief survey; ethics is pending for any subsequent writeup or publication.

Abstract ID: **7**
Title: **The Attitudes of Healthcare Students to Mindfulness-Based Interventions**
Session type: **Poster presentation**
Authors: **Dr Shane Dunlea**
Affiliation: **RCSI Dept of GP**

Co-Authors:
Dr Anne Doherty

Aims: Mindfulness based Interventions (MBIs) have been shown to have applications and benefits amongst healthcare students and workers. This study aimed to assess the attitudes and knowledge of Irish healthcare students towards MBIs.
Methods A cross-sectional survey of students of University College Dublin Schools of Medicine and Nursing.
Results Eighty-three students completed the survey, 61.4% had previous knowledge and 53% previous experience with MBIs, most of whom found it beneficial and who maintained an ongoing practice, 61.4% of students had positive or very positive attitudes towards MBIs and engaged in it most commonly using online resources/mobile applications (apps). The majority (88%) felt there was a role for MBIs in healthcare students and workers as a tool for stress management. Three-quarters (76%) of students would consider referring patients for MBI in the future.
Discussion The study showed high levels of knowledge and experience amongst students, with largely positive attitudes towards MBIs. Barriers to engaging with MBI centred on time and academic pressures, while potential facilitators included designated rooms and access to apps. The study suggests MBIs may be a valuable tool for healthcare students in their academic and professional journeys.

Abstract ID: **8**

Title: **Exploring users' interactions with a conversational agent to improve varenicline adherence and smoking cessation: Insights from a Wizard of Oz study**

Session type: **Poster presentation**

Authors: **Ms. Basilhea Woodley**
Affiliation: **University of Limerick, School of Medicine; The Centre for Addiction and Mental Health**

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Dr. Laurie Zawertailo (The Centre for Addiction and Mental Health);
Dr. Matt Ratto (University of Toronto

Introduction

Varenicline is a medication that is used to enhance smoking cessation efforts but despite its proven efficacy, over one-third of smokers relapse by their second week of treatment. An evidence-based, patient- and provider-informed, artificial intelligence (AI) chatbot, called "ChatV" is being designed to improve patient adherence to varenicline. ChatV's features include providing medication reminders and answering questions about varenicline. The Wizard of Oz (WoZ) methodology was used to learn the types of questions that patients would ask ChatV. This methodology is an approach where participants interact with what seems like a computerized system, but in which the responses are being generated by a human-being (the "wizard").

The aim of the study is to explore sociodemographic differences in questioning styles and health information needs of participants using varenicline to help inform the development of ChatV.

Methods

Forty participants interacted with the chatbot from March to September 2023. A research staff member answered participants' questions using a predefined library of responses which was continuously expanded.

Transcripts from these interactions were analyzed and participant question patterns were explored across sociodemographic categories. The probability of a participant's question being unanswered was analyzed using a logistic mixed-effects model. Interviews were conducted to gather feedback on the chatbot. Data on time and costs to develop the platform and conduct the study were examined, as were participant responses after disclosure of deception involved in the study.

Results

There was a decrease in the probability of non-response by the chatbot, which fell below 10% six months after the study began. Participant question themes included varenicline's mechanism of action and its side effects. Females were more likely to ask post-varenicline related questions.

Conclusion

The results of this analysis will help healthcare professionals assess the feasibility and efficacy of using the WoZ method to develop AI-based healthcare systems with similar goals.

Abstract ID: **9**

Title: **A Comprehensive Taxonomy of Study Outcomes from Interventions to Boost Awareness of Cancer Symptoms: Findings from a Thematic Synthesis**

Session type: **Oral presentation**

Authors: **Ms Riya Manas Sharma**

Affiliation: **Department of General Practice, Royal College of Surgeons in Ireland**

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Heather Burns, National Cancer Control Programme, HSE, Ireland
Kate Hamilton-West, University of Kent, UK
Patrick Redmond, Department of General Practice, Royal College of Surgeons in Ireland

Background: Early cancer detection significantly improves survival rates and treatment outcomes. Public health interventions aimed at increasing symptom awareness represent an important strategy for promoting early help-seeking behaviour and diagnosis. However, there is heterogeneity in outcome reporting across studies describing such interventions, hindering systematic evaluation of their effectiveness. This taxonomy development study, part of a larger evidence synthesis project, addresses this critical gap by developing a standardised framework for classifying and comparing outcomes across cancer awareness interventions.
Methods: Following a systematic search across eight major databases (MEDLINE, EMBASE, PsycINFO, Scopus, Web of Science, ProQuest, Cochrane Library, and CINAHL), 12,579 studies were screened and 264 were included in the final analysis. Outcome extraction from the results section of the included studies was conducted using Taguette, followed by thematic synthesis in NVivo. Using Braun and Clarke's six-phase approach to thematic analysis, outcomes were systematically coded and categorised. The broad outcome domains will be used to synthesise a hierarchical classification system.
Results: The initial thematic synthesis yielded seven outcome domains (“Awareness and Knowledge”, “Attitudes and Beliefs”, “Behavioural Intentions”, “Actual Behaviours”, “Healthcare System Impact”, “Clinical Outcomes” and “Campaign Reach and Engagement”). “Awareness and Knowledge” emerged as the outcome domain most assessed and reported across the studies, with over 500 tags extracted using Taguette from 169 unique studies. It was followed by “Actual Behaviours” and “Attitudes and Beliefs”, each with nearly 200 tags across 94 and 85 studies respectively. These domains encompass the full spectrum of intervention effects, from immediate cognitive and behavioural changes to long-term clinical and health system impacts. We plan to generate multiple unique sub-themes per outcome domain, develop detailed descriptions for each, and organise the categories into a logical framework.
Implications: This comprehensive outcome taxonomy will address a critical methodological gap in cancer awareness research by providing a standardised framework for outcome selection and reporting. The classification system will enable more rigorous monitoring and evaluation of intervention effectiveness, facilitate evidence synthesis, and guide the development of more targeted and measurable awareness campaigns. Beyond cancer, the taxonomy's structure offers a template for outcome classification in

other public health awareness initiatives. These findings hope to inform the development of a core outcome set for symptom awareness interventions.

Abstract ID: **10**

Title: **Preliminary Results of a Scoping Review on the Use of Transactional Data for Early Diagnosis (TRADED-ScR)**

Session type: **Poster presentation**

Authors: **Mr Kurdo Araz**
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Background: Early detection is critical for effective management of many diseases, yet it is often hindered by asymptomatic early stages and delays in seeking care. Patients may self-manage vague symptoms with over-the-counter medications, delaying diagnosis. Emerging evidence, including the Cancer Loyalty Card Study (CLOCS), suggests that transactional data could reveal early self-medicating behaviours linked to underlying disease. However, a comprehensive review of its potential as a predictive tool across various diseases is lacking.
Aim: To systematically review the literature on the use of transactional data for early disease detection, evaluating its feasibility as a non-invasive predictive tool.
Methods: This scoping review follows the Arksey and O'Malley framework, with enhancements from Levac et al., and adheres to PRISMA-ScR guidelines. A detailed protocol outlining the search strategy and screening process can be found on the Open Science Framework: https://osf.io/zrjt5. The review will include studies utilising transactional data for early disease identification. Data will be thematically charted, comparing methodologies, disease types, data sources, key findings, and limitations.
Results: Results from the narrow-based cancer research (n=534) identified only one paper that utilised pharmacy loyalty card data for the early detection of ovarian cancer. Preliminary results based on a narrow-based search of other diseases (n=815 out of n=6815) show that over-the-counter medication purchases can be monitored for the early detection of infectious gastrointestinal (n=17), respiratory (n=11) and sexually transmitted (n=2) diseases. Limitations of using transactional data include limited use of loyalty cards within the general population, concerns around information privacy, data security risks and barriers to access raw datasets.
Implications: This review highlights the potential of transactional data as a non-invasive approach for early disease detection, providing insights for healthcare professionals, researchers, and policymakers. The findings could guide the development of targeted screening interventions leveraging transactional data, contributing to improved surveillance and earlier diagnosis.

Abstract ID: **11**
Title: **How are direct healthcare professional communications (DHPC) operationalised by General Practitioners (GPs) and community pharmacists in Ireland?**
Session type: **Poster presentation**

Authors: **Dr Paul Ryan**
Affiliation: **University College Cork**

Co-Authors:

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Professor Stephen Byrne (Deputy President and Registrar, University College Cork)
Professor Emma Wallace (Professor of General Practice, Department of General Practice, School of Medicine, University College Cork)

Title

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

Background

Direct Healthcare Professional Communications (DHPCs) are issued by medicines regulators i.e. European Medicines Agency / the Health Products Regulatory Agency (HPRA), to update healthcare professionals on novel important medication safety information in a timely manner. However, international evidence suggests variation in their implementation in clinical practice and no studies have examined how DHPCs are managed by primary care healthcare professionals.

Aim

To explore how primary care healthcare professionals operationalise DHPCs and their preferences for receiving medicines safety updates.

Methods

National cross-sectional survey of GPs and community pharmacists, developed in collaboration with the HPRA and conducted in June 2024.

Results

A total of 277 GPs and 219 community pharmacists completed the survey, representing 6% and 4% of the national registers, respectively. A total of 228 (82%) of administrative staff in GP practices open DHPCs compared with 152 (69%) of pharmacists opening the letter. A total of 92 (33%) of GPs prefer to receive important medicine safety related information via email compared with 116 (53%) of pharmacists. Barriers to implementation across both professional groups include time constraints, updates not being perceived as relevant and lack of notifications from practice software. A total of 227 (82%) GPs prefer to receive new important medicine safety updates via DHPCs rather than other methods compared with 196 (89%) of pharmacists. A total of 230 (83%) GPs are willing to receive remote support from a GP/pharmacist to help implement recommendations, compared with 164 (75%) pharmacists. A total of 257 (93%) GPs and 198 (90%) pharmacists asked that prescribing software systems support clinical decision making by providing point of care medicationsafety notifications.

Conclusions

GPs and pharmacists are satisfied with receiving medicine safety alerts via DHPCs. They are also willing to receive remote support from a GP/pharmacist as well as software notifications to help implement DHPC recommendations.

Abstract ID: **13**
Title: **Exploring experiences of less-than-full-time postgraduate medical training in Ireland and options for future improvement: a qualitative study**
Session type: **Poster presentation**
Authors: **Dr Ciara Matthews**
Affiliation: **Irish College of General Practice**

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Introduction

Irish healthcare has struggled with attrition and emigration. Reasons include long working hours and work-life balance. Worldwide interest in less-than-full-time (LTFT) postgraduate medical training is increasing offering benefits like cost savings, reduced burnout, and improved patient safety. Potential difficulties include maintaining service provision and negative perceptions from colleagues.

Aims:

This study aims to examine experiences, awareness and attitudes towards LTFT training in Ireland, to identify potential improvements.

Methods:

This qualitative study used semi-structured interviews. 29 participants were selected by purposeful sampling. Data was coded into themes and code saturation determined sample size. This study was conducted across rural and urban centres in Ireland, including hospitals, administrative and postgraduate training departments. Inclusion criteria included doctors of varying levels and specialties, medical educators, and administrators involved in postgraduate medical training. Primary outcome measures include awareness of and satisfaction with LTFT training in Ireland, and its effectiveness in supporting career, service provision and training requirements.

Results

Awareness of LTFT training was poor. Training structures were seen as inflexible. Trainees preferred higher whole-time-equivalent (WTE) hours, such as 70-80% WTE, which may present administrative challenges. Participants felt LTFT training would have little impact on service provision. Some feared that LTFT training might affect career progression and competency, but participants with experience of LTFT training disagreed. Many felt that making LTFT training mainstream would foster positive attitudes.

Discussion:

LTFT training is a valuable tool in promoting work-life balance and reducing burnout. There is demand for increased training flexibility which is not entirely provided by the current option of working 50% WTE hours. Administrative and training supports are needed.

Conclusions

Potential improvements to LTFT training include increasing administrative and medical staff support, accommodating higher WTE percentages, and providing liaison officers. Focused improvement of LTFT training could contribute to the welfare of doctors in postgraduate training.

Abstract ID: **15**
Title: **The challenges experienced by Ukrainian refugees in General practice**
Session type: **Oral presentation**

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The war in Ukraine has led to an influx of Ukrainian refugees to Ireland. Language barriers, cultural misunderstanding, and stigmatisation have led to reduced symptom reporting and poor health outcomes for refugees in other regions. No research to date has explored the experiences of Ukrainian refugees accessing healthcare in Ireland.

The aim of this research is to identify the barriers Ukrainian refugees experience when accessing General Practice in Ireland.

Methods

A 63-item questionnaire, including open text sections, was distributed via Ukraine Action Ireland, a registered charitable organisation to Ukrainian refugees over the age of 18 currently living in Ireland.

Results

368 questionnaires were completed. 84.8% (312/368) were female and 71.7% were between the ages of 31-50. 75.4% of participants reported that they were not asked about their mental health and 25% of participants could not attend GP due to transport difficulties.

Thematic analysis yielded three themes including autonomy, disrespect and access.

Discussion

Self-reported health was relatively poor when compared with refugees in other jurisdictions and with Irish citizens. Frustration with waiting times, poor translator options, and perceptions of unsatisfactory consultations were reported. Significant barriers to health care were identified including language, understanding of the Irish health care system and access to primary care services.

Conclusion

Routine mental health screening and a clear explanation of the Irish healthcare system must by promoted for refugees new to the Irish healthcare system. On a national level, policy must address the proximity of refugee accommodation to their health care providers.

Abstract ID: **17**
Title: **Dynamic estimation of population eligible for LDCT lung cancer screening in Ireland**
Session type: **Oral presentation**
Authors: **Dr. Tatiana Bezdenezhnykh**
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Background: Lung cancer is the leading cause of cancer-related mortality in Ireland, primarily driven by smoking. Low-dose computed tomography (LDCT) screening can significantly reduce lung cancer mortality, but successful implementation in Ireland requires precise estimates of eligibility and participation to guide policy and resource planning.
Objective: To estimate the potential uptake of LDCT lung cancer screening in Ireland by analysing smoking trends, pack-year histories, and population dynamics.
Methods: Eligibility was modelled for individuals aged 55–75 with at least 20 pack-years of smoking history, using Census 2022 data, CSO population projections, and EU Barometer microdata (2017). Dynamic modelling incorporated smoking initiation and cessation rates, adjusted pack-year distributions, and inflow from younger cohorts to reflect evolving smoking patterns.
Results: The eligible population (55–75 years, ≥20 pack-years) is projected to decline from approximately 240,000 in 2022 to less than 120,000 by 2057, driven by reduced smoking prevalence and earlier cessation trends. Eligibility is higher among men and varies regionally, reflecting demographic and behavioural differences. Despite the declining eligible population, a significant residual group of heavy smokers remains, highlighting the continued need for targeted screening programs. Barriers such as awareness and willingness to participate are likely to further reduce uptake.
Conclusion: This study provides the first Ireland-specific estimates of lung cancer screening eligibility using dynamic modelling of smoking behaviours. These findings offer a foundation for planning a national LDCT screening programme and highlight the need for tailored outreach strategies to engage high-risk groups

Abstract ID: **18**
Title: **Rheumatic heart disease in Malawi: A scoping review**
Session type: **Poster presentation**

Authors: **Ms Eva Blennerhassett**
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Background: Rheumatic heart disease (RHD) is an autoimmune sequela of group A streptococcal (GAS) pharyngitis. Although it has almost disappeared from Ireland, in Malawi, RHD continues to pose a significant challenge. Limited access to primary healthcare and poor socioeconomic conditions likely contribute to the disease burden.

Aim: To determine the present burden of group A streptococcus, acute rheumatic fever and rheumatic heart disease in Malawi, the issues affecting the provision of care and the solutions that have been proposed.

Method: Searches were conducted using PubMed, EMBASE, Cochrane Library and Clinicaltrials.gov from 1995 to October 2024. Supplemental grey literature and internet searches were carried out and collaboration with experts in the field ensured a comprehensive review of the available data.

Results:
Data was extracted from 30 articles. RHD prevalence among Malawian children ranges between 3.4% and 5.3%, with high rates of late presentation (62%-82.5% presenting with severe disease). Inadequate health system infrastructure, limited RHD-specific education for healthcare providers, and inconsistent availability of benzathine penicillin G for secondary prophylaxis were identified as key challenges. Rural areas, comprising 84% of Malawi’s population, are particularly underserved. Task-shifting to non-physician healthcare workers in primary care has shown promise. Much less research was available on ARF and GAS infections.

Conclusion: The significant morbidity and mortality associated with RHD are a major concern in the communities and healthcare systems of Malawi. As in many low-income countries, resources in primary care and improved education are areas requiring attention. To address the high burden of disease in the country, ongoing research is largely focused on establishing a sufficiently large and appropriately trained workforce to diagnose and monitor RHD using the resources available within the constraints of the country’s socioeconomic context.

Abstract ID: **19**

Title: **What are the existing approaches of interprofessional education in general practice clinical placements for medical students.**

Session type: **Oral presentation**

Authors: **Dr John Frizelle**
Affiliation: **University College Dublin**

Co-Authors:
Professor Walter Cullen, UCD

Objective: This scoping review aims to map the current landscape of interprofessional education (IPE) within general practice clinical placements, identifying the extent and nature of these educational initiatives and their potential to enhance the capacity and quality of undergraduate medical training.
Introduction: IPE in medical education is increasingly recognised as essential for preparing healthcare professionals to engage in collaborative practice, especially in the face of the growing complexity of modern healthcare. With the rising demand for clinical placements due to expanding medical student numbers, general practice settings are becoming increasingly important as training sites. These placements not only expose medical students to the clinical skills and realities of primary care but also offer valuable opportunities for interaction with other healthcare professionals. This study aims to explore the current approaches of interprofessional education (IPE) within general practice clinical placements to examine how IPE can address the growing demand for clinical placements in general practice
Methods: A PCC framework was used to generate a search strategy . Searches were carried out on PubMed, CINAHL, EMBASE and SCOPUS. Covidence software was used for duplicate removal, title and abstract, full text screening and data extraction. These steps were guided by the research team. Basic coding of themes was used to summarise key findings.
Results
This scoping review provides an international perspective, on IPE placements in general practice. Through these interventions there are examples of improved student attitudes towards teamworking and a positive impact on patients despite significant, largely organisational barriers. While patient and student satisfaction were commonly reported as positive, evidence linking IPE to tangible improvements in healthcare delivery remains limited. There is variability in intervention reporting and methodological approaches, which hampers comparability and limits the evidence on long-term clinical or patient care outcomes. The findings of this review should be taken into consideration with the growing body of evidence supporting the implementation of IPE interventions.

Abstract ID: **20**
Title: **A Bibliometric Analysis of Interventions to Enhance Public Awareness of Cancer Symptoms**
Session type: **Poster presentation**

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Aim: To systematically analyze publication trends and identify key areas of focus in terms of cancer type, intervention modality and target population of studies focussed on public interventions aimed at increasing cancer symptom awareness.
Background: Cancer continues to be a major global contributor to mortality and morbidity, with late-stage diagnoses significantly impairing treatment outcomes. It is proposed that heightened public awareness of cancer symptoms may prompt earlier help-seeking behaviours and improve diagnosis timing. While a range of interventions has been developed to increase symptom recognition, their effectiveness remains uncertain. This analysis forms part of a larger research initiative aimed at addressing this knowledge gap by producing a comprehensive, updated synthesis of the evidence on the efficacy of public interventions designed to raise awareness of cancer symptoms.
Methods: A bibliometric analysis was carried out following a systematic search of the relevant databases to identify interventions to increase awareness of cancer symptoms with the intent to promote earlier presentation. Only comparative study designs were considered eligible, but this included both randomised and non-randomised studies of interventions, in addition to before-and-after single-arm studies. The outcomes of interest were clinical outcomes, which represent the ultimate measures of success in terms of mortality and cancer stage; healthcare utilization outcomes, indicating how the intervention changes healthcare-seeking behaviour, which is necessary for clinical improvements; measures of intent, attitude, or knowledge which are precursors to behavioural change and campaign reach, as it represents the foundation upon which all other changes depend.
Results: 264 single studies and 29 reviews were included, focusing primarily on breast and skin cancers. The United Kingdom and United States are the main contributors. Common study designs were before-and-after studies and randomized control trials. Interventions mainly used community-based education and multi-faceted strategies. There is a rising trend in publications, but gaps remain for underrepresented regions and cancer types, highlighting areas for future research.

Implications: The bibliometric analysis identifies the interventions and outcomes that have been most frequently in published literature in efforts to enhance public awareness of cancer symptoms. This information can help researchers, funders, and policymakers to better understand where research efforts have been focused and where evidence gaps exist. Addressing these gaps may contribute to the development and funding of more effective interventions to enhance public awareness and promote earlier cancer diagnosis.

Conclusion: This bibliometric analysis provides valuable insights into the types of interventions studied to raise public awareness of cancer symptoms and their associated outcomes. By identifying research trends and evidence gaps, it can guide future efforts to develop and implement more effective strategies for promoting earlier cancer diagnosis and ultimately improving patient outcomes.

Abstract ID: **21**
Title: **A Hybrid Systematic Review of Barriers and Facilitators to Implementing Lung Cancer Screening in Community Settings**
Session type: **Poster presentation**

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Background
Lung cancer remains a leading cause of cancer mortality, with low-dose computed tomography (LDCT) screening shown to improve survival. Despite this, participation rates in screening programmes are low, particularly among underserved populations. This review examines barriers and facilitators to implementing community-based lung cancer screening, using a behavioural and implementation science framework to guide strategies for enhancing uptake..

Methods
A hybrid systematic review was conducted in two phases. Phase one involved identifying and screening existing systematic reviews on global LDCT-based lung cancer screening recruitment strategies. Phase two included a search for individual studies not covered by prior reviews. Eligible studies focused on community-based recruitment for lung cancer screening, with barriers and facilitators as primary outcomes. Screening, selection, bias assessment, and data extraction were performed independently by two reviewers. Thematic synthesis was conducted using the Consolidated Framework for Implementation Research (CFIR), and evidence strength was assessed with GRADE and CERQual. The review adhered to the Joanna Briggs Institute Manual and PRISMA-P guidelines.

Interim Results
Phase one identified 3,310 articles, 579 included for analysis. Preliminary findings highlight key barriers such as socioeconomic constraints, low awareness, smoking-related stigma, and concerns about overdiagnosis. Facilitators include strong recommendations from healthcare providers and shared decision-making processes.

Conclusion
The review provides comprehensive insights into factors influencing the implementation of lung cancer screening in community settings, serving as a guide to improve recruitment strategies and increase participation rates. The findings of this review have implications for researchers, healthcare practitioners, policymakers, and the public to support the effective implementation of lung cancer screening programmes.

Abstract ID: **22**

Title: **A Systematic Review of Machine Learning Tools for Identifying Individuals at High-Risk of Lung Cancer in Primary Care Records**

Session type: **Oral presentation**

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Background: Lung cancer often presents with non-specific symptoms, contributing to delayed diagnosis and poor survival outcomes. There is growing evidence that machine learning (ML) tools can detect patterns in primary care data indicative of undiagnosed lung cancer, potentially enabling earlier diagnosis and improving patient prognosis. This systematic review aims assess the current landscape of ML models designed to identify lung cancer using routine primary care data.

Methods: This systematic review will be conducted in accordance with the Cochrane Handbook, pre-registered on the Open Science Framework, and reported using PRISMA guidelines. The search strategy, developed with an information specialist, will cover MEDLINE, Embase, Scopus, Web of Science, the Cochrane Library, clinical trial registries, and grey literature using terms related to "machine learning," "lung cancer," and "primary care."

Two reviewers will independently screen studies using the “Rayyan” software and extract data using a piloted template, with discrepancies resolved by a third reviewer. Extracted data will include ML algorithms (e.g., Random Forest, deep learning), input data (e.g., clinical symptoms, prescribing, lab results), training and validation methods, and performance metrics. Study quality and risk of bias will be assessed using the PROBAST tool.

Preliminary Results: Our pilot search and screening strategy on a sample of 241 records from the MEDLINE dataset revealed 6 new studies, not previously identified in the 2021 review by Owain Jones et al. ML techniques are bidirectional encoder representations from transformers (BERT), least absolute shrinkage and selection operator (LASSO), and Extreme Gradient Boosting (XGBoost).

Implications: This review will provide researchers with insights into effective machine learning approaches and validation strategies for lung cancer detection in primary care, while identifying areas requiring further study. It will also clarify the potential of these tools to support earlier diagnosis and inform decisions on their integration into routine practice.

Abstract ID: **23**

Title: **A realist review of mHealth in lung cancer screening: Understanding mechanisms, contexts, and intervention characteristics for enhanced participation**

Session type: **Oral presentation**

Authors: **Mr. Ricardo Zaidan**
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Background: Lung cancer screening (LCS) can reduce lung cancer-specific mortality by 20%, yet uptake remains low, often around 15%. Barriers such as limited access, low awareness, and logistical issues hinder patient engagement. Mobile health (mHealth) interventions, using mobile technologies to provide tailored information and support, may help address these challenges and improve LCS uptake. Traditional systematic reviews often fail to explain how and why interventions succeed in different settings. This realist synthesis aims to provide deeper insights into the mechanisms driving mHealth intervention outcomes across diverse contexts.

Aim: To use a realist synthesis approach with a Context-Mechanism-Outcome (CMO) framework to examine how mHealth interventions affect LCS uptake and patient experience. The analysis aims to identify which contextual factors (e.g., socio-economic status, healthcare access) activate mechanisms (e.g., motivation, patient engagement) leading to specific outcomes (e.g., increased screening uptake).

Methods: The study follows a realist synthesis methodology, guided by RAMESES standards. A comprehensive search was conducted across eight databases to identify studies on mHealth interventions in LCS. Eligible studies were analysed to develop and refine CMO configurations, exploring how and why interventions succeed or fail in various settings. Stakeholder engagement, including input from patients and healthcare providers, was used to validate and refine these configurations.

Preliminary Results: The initial search identified 10 relevant studies. Eight focused on informed decision-making, while two addressed barriers to access. Most studies targeted high-risk individuals in primary care, with two involving specific ethnic minority groups. Multi-component mHealth interventions incorporating behavioural change theories showed promise in improving early-stage diagnosis and patient engagement.

Implications for Policy/Practice: Preliminary findings suggest that multi-faceted mHealth interventions tailored to specific patient needs may enhance LCS uptake and patient experience. The full analysis, including detailed CMO configurations and recommendations for implementation, will be presented at the conference. These insights will inform the design of evidence-based mHealth strategies for cancer screening, supporting targeted interventions in national programmes.

Abstract ID: **24**
Title: **Why do patients attend out-of-hours GP services in Ireland?**
Session type: **Oral presentation**
Authors: **Dr Aisling Farrell**
Affiliation: **University College Cork**

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Background:

The attendance at out-of-hours GP services in Ireland has increased over the last number of years. However, the reasons for the increased demand have not been explored in the literature.

Aims:

The aim of this study was to identify the factors contributing to the use of out-of-hours GP services in Ireland from the patient's perspective.

Methods:

A survey was designed and piloted with patients recruited from three GP Practices prior to distribution. The survey was completed by patients attending an out-of-hours GP treatment centre in Cork, Ireland over a four-month period. Using a combination of forced choice items, free text boxes and five-point Likert scales, questions explored the reasons for attendance and experiences of patients with the out of hours service. Descriptive statistics were used to analyse the data on MS Excel.

Results:

80 people completed the survey. 75% (60/80) of participants stated that they had not attempted to contact their GP prior to contacting the out-of-hours centre. 49% (39/80) contacted the out-of-hours service as they felt that their issue was urgent. 36% (29/80) stated that they were unable to obtain an appointment with their GP and 15% (12/80) stated that the out-of-hours service was more convenient than regular GP hours. 29% (23/80) had symptoms for more than 4 days prior to contacting out-of-hours. The most common presentation was coryzal and upper respiratory tract symptoms, grouped collectively as 'ENT' symptoms at 34% (27/80).

Conclusions:

This study provides insight into the factors driving patient attendance at the out-of-hours GP service in Ireland. These factors include perceived urgency of symptoms, an inability to obtain an appointment with their own GP and in some cases, the convenience of out-of-hours services. There is a demand for targeted patient educational campaigns and increased resourcing for GP services to reduce reliance on out-of-hours GP services.

Abstract ID: **25**

Title: **A new vision into public health education "Assessing the influence of game creation on adolescents' health knowledge, attitudes and behaviors : Protocol for a Scoping Review"**

Session type: **Poster presentation**

Authors: **Ms Monica Saad**

Affiliation: **My instiution: QUB (pre-print publication in affiliation with MBRU : Mohammed Bin Rashid University)**

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Background: The rising trend of game-based learning and the World Health Organization's new focus on health promotion and disease prevention underscores the need to explore game creation's potential in adolescents' health education.
Objective: This scoping review aims to assess the current evidence on the impact of game creation on adolescents' health knowledge, attitudes, and behaviors and identify potential research gaps that warrant further exploration.
Methods: The Joanna Briggs Institute's Population, Concept, and Context framework guided this scoping review, adhering to the Preferred Reporting Items for Systematic Review and Meta-Analyses Extension for Scoping Reviews guidelines. A library specialist supported the development of a search strategy, and PubMed, ScienceDirect, SCOPUS, and JSTOR were selected as the search databases.
Results: The database searches yielded 597 results without the removal of duplicates. The screening of titles and abstracts is ongoing, and we expect to complete the scoping review by January 2024. The findings will be presented narratively and pictorially.
Conclusion: This review will offer significant guidance to individuals interested in the intersection of game creation and health promotion among adolescents. It will provide an overview of existing research and identify areas for further exploration in this emerging field.

Abstract ID: **26**

Title: **An analysis of primary care utilisation and multimorbidity in a Ukrainian Refugee population accessing primary care in Ireland**

Session type: **Poster presentation**

Authors: **Alex Shaw (Medical Student)/Prof Peter Hayes**
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Introduction: Access to healthcare is a fundamental right but there are challenges for Ukrainian citizens and the teams of healthcare professionals in host countries supporting them. These include access to healthcare records, interpreting for patient encounters, and cross-cultural issues. The aim of this study was to gain insight into the healthcare utilisation and morbidity patterns of those ≥70 years attending a sample of general practices in Ireland and to compare this with a general practice cohort of Ukrainian citizens also aged ≥70 years fleeing war.
Methods: Four general practices across Ireland were selected for the study. One practice comprised of Ukrainian nationals only and the three others were Irish general practices. Electronic healthcare records of patients in these practices covering a one-year period were analysed for this study. Participants needed to be ≥70 years of age to be included in the analysis and had to have an active healthcare file within the previous year at the practice.
Results: The Ukrainian sample included 191 patients ≥70 years, predominantly women (72%) with a mean age of 74.9 years. The Irish sample had 1,546 patients, with a more balanced gender distribution (48% male, p-value < 0.0001) and a significantly higher average age of 78.1 years (p < 0.0001). Primary care interaction rates were significantly lower among the Ukrainian patients, with 75.9% having at least one visit compared to 99.4% in the Irish cohort (p < 0.0001). Ukrainian patients also had fewer outpatient, inpatient, and day-case visits, with notably fewer polypharmacy patients (39.3% vs. 69.1%, p < 0.0001) and a lower prevalence of multi-morbidity (72.7% vs. 85.4%, p < 0.0001).
Discussion: Despite eligibility, no Ukrainians were enrolled in chronic disease management (CDM) programmes. Morbidity and prescription data for Ukrainians may be underreported. Policy changes should be considered to allow Ukrainians to enrol in CDM programmes to receive comprehensive care.

Abstract ID: **27**
Title: **“Co-designing a Stakeholder Group for Primary Care Research into Cancer: Results of a Collaborative e-Delphi and Workshop Approach”**
Session type: **Oral presentation**
Authors: **Ms Sophie Dolan**
Affiliation: **PRiCAN Research Group, Royal College of Surgeons in Ireland (RCSI)**

Co-Authors:
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Background: Primary care-focused cancer research remains underdeveloped in Ireland. This project aimed to establish a stakeholder group for primary care cancer research in Ireland, coordinate research efforts, define research priorities, and build capacity among researchers and institutions.
Aim: Establish a stakeholder group to support primary care cancer research, using an e-Delphi consensus process to underpin the co-design proces.
Methods: A stakeholder group was convened, recruiting individuals with personal and professional experience of cancer investigation or care in community settings, guided by Concannon’s 7P taxonomy for stakeholder engagement. The e-Delphi consensus process sought agreement on:
1. Relevance and importance of primary care cancer research.
2. Role and scope of the stakeholder group.
3. Engaging lived experience stakeholders and healthcare professionals.
4. Disseminating results and advocating for research translation.
In Round 1, stakeholders provided open-ended suggestions. In Rounds 2 and 3, group members voted on these suggestions for inclusion in a position statement, with consensus defined as ≥75% agreement.
Results:
- Nine contributors participated in rounds 1 and 2; eight in round 3.
- Stakeholders included policymakers, healthcare professionals, researchers, and patients.
- The group identified five key characteristics of primary care cancer research and four challenges requiring a designated stakeholder group (“SPARC”).
- Four broad and four restricted research areas were outlined across the cancer continuum.
- Nineteen activities were proposed for ‘capacity building’, ‘PPI and stakeholder engagement’, ‘impact’, and ‘dissemination’.
- The process produced the “SPARC Position Statement” and recommended a distinct “SPARC PPI Position Statement”, co-produced via workshops.

Implications: The formation of “SPARC,” a stakeholder group representing professional and lived experience stakeholders, aims to ensure research is relevant, patient-centred, and more readily translated into practice. The SPARC Position Statement outlines the rationale for, and working of the group, while the distinct SPARC PPI Statement specifically outlines rationale for, and working of the SPARC PPI panel

Abstract ID: **28**

Title: **Disclosing Domestic Abuse; What are medical students' lived experiences of Forum Theatre learning?**

Session type: **Oral presentation**

Authors: **Dr Claire McPeake**

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Introduction

Domestic abuse (DA) leads to a magnitude of persistent health issues and is prevalent across society. Patients who experience DA present more frequently to primary care services due to complex health needs, and General Practice (GP) teams are ideally placed to identify DA and offer support.

However, identifying DA or responding to disclosure of DA has been identified as a challenging area for GP teams, due to a lack of awareness, confidence and training. Undergraduate and postgraduate training is often lacking or inadequate. Future doctors need better training to improve patient care and outcomes, with experiential learning offering greatest potential.

Aims

The aim of this study was to gain a deep understanding of medical students' lived experiences of a Forum Theatre (FT) based learning approach to DA, and assess impact of that learning experience.

Methods

A cohort of year 4 medical students at Queen's University Belfast were recruited to undertake a multidisciplinary developed FT learning experience around DA. A subset of participants (n=16) completed one-on-one interviews at 1 and 6 months. The research approach is underpinned by hermeneutic phenomenology, with template analysis used for data analysis.

Results

Initial interview analysis suggests that FT learning provided an engaging and psychologically safe learning environment, prompted deep reflection on the complex issue of DA, and led to increased confidence in raising the issue of DA. Longitudinal data suggests that this impact lasts beyond the initial learning experience, and can have an empowering effect on students.

Conclusion and Implications

As a form of experiential learning, FT provides an immersive experience that awakens students' critical consciousness of how to best consult with an individual who has experienced DA. Despite the challenging and emotive nature of the topic, FT can have an empowering and positive effect on learners, lasting beyond the learning experience.

Abstract ID: **29**
Title: **Investigating Safety Perceptions in General Practice: A Mixed-Methods Study in General Practice Nurses**
Session type: **Poster presentation**

Authors: **Ms. Yeojin Kil**
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1. Introduction
General Practice Nurses (GPNs) are a highly skilled group of nurses with a wide variety of roles and responsibilities. The role has developed in response to the increased demand for services in general practice, with over 7.7 million GPN consultations each year. The HSE Patient Safety Strategy (2019-2024) outlines commitments to improve patient safety, which include empowering and engaging both patients and staff. Investigating safety attitudes among GPNs is essential due to the increasing number and complexity of presentations in general practice. The results can be used to promote a safer healthcare environment.

2. Methods
A survey was conducted with 320 GPNs in Ireland using a rephrased Flight Safety Attitudes Questionnaire adapted for the context of GPNs. The questionnaire assessed safety attitudes on a 5-point Likert scale and included open-ended questions on safety concerns. Data was analysed using SPSS.

3. Results
Preliminary results indicate statistically significant differences in safety attitudes based on the frequency of operational briefings with general practitioners (GP). GPNs with regular practice meetings report higher safety attitudes (N = 167, Mean = 4.22, SD = 0.34) than those without (N =135, Mean = 3.76, SD = 0.34). Additionally, a significant relationship emerges between the number of GPs in the different clinics and the safety attitudes of GPNs, with participants who work with fewer GPs correlating with higher safety attitudes ($p < 0.001$). Respondents emphasize the critical role of regular team meetings in preventing workplace errors.

4. Conclusions/Implications
The findings highlight the importance of structured communication, like regular briefings and team meetings, in fostering positive safety attitudes among GPNs. Enhancing safety in general practice benefits both clinicians and patients by reducing risks and promoting a safer healthcare environment. Findings from this study could inform interventions for improving safety in general practice settings.

Abstract ID: **30**
Title: **A Systematic Review of Interventions to Enhance Public Awareness of Cancer Symptoms**
Session type: **Oral presentation**

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Background: Delayed cancer diagnoses contribute to poor outcomes, with late-stage detection limiting treatment options and worsening prognosis. Increasing public awareness of cancer symptoms is believed to encourage earlier help-seeking behaviour, though the effectiveness of such interventions remains uncertain. This systematic review evaluates the impact of awareness interventions on symptom recognition and early healthcare engagement.
Aim: This review aims to evaluate the effectiveness of interventions designed to enhance public awareness of cancer symptoms, focusing on their impact on help-seeking behaviour and diagnostic outcomes. It synthesises evidence to guide public health strategies promoting early cancer detection.
Methods: Following PRISMA guidelines, a comprehensive search was conducted across MEDLINE, EMBASE, PsycINFO, and Scopus for studies published from November 2008 onwards. Eligible studies employed a comparative design targeting adult populations to increase awareness of cancer symptoms. Interventions for asymptomatic screening were excluded. Data extraction focused on outcomes such as stage at diagnosis, cancer-specific mortality, healthcare utilisation, and behavioural changes. Risk of bias was assessed using ROBINS-I for non-randomised studies and Cochrane RoB2 for randomised trials. Evidence quality was evaluated with the GRADE framework.
Interim Results: The review identified 135 studies examining community education, digital campaigns, and print materials. Preliminary findings suggest multi-component interventions integrating behavioural change theories improve early-stage diagnosis and help-seeking behaviour more effectively than single-modality approaches. Additionally, tailored interventions addressing specific population needs demonstrate promising outcomes. Ongoing analysis seeks to identify the most impactful strategies for enhancing early presentation and diagnosis.
Implications for Practice/Policy: Multi-faceted, theory-based interventions appear most effective in enhancing early cancer detection. These findings can guide evidence-based public health campaigns, inform program design, and support resource allocation in cancer control efforts. Policymakers should prioritise strategies that successfully increase early-stage diagnoses, particularly community-targeted and culturally relevant approaches. Full results and detailed recommendations will be presented at the conference.

Abstract ID: **31**
Title: **Preparedness To Deliver Refugee And Migrant Healthcare In General Practice – Exploring The Role Of Education And Research**
Session type: **Workshop**

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PURPOSE:

1. Explore preparedness in the delivery of healthcare to refugees and migrants in primary care.
2. Identify educational factors for optimising preparedness.
3. Discuss the role of research in refugee and migrant healthcare (RMH).

TARGET AUDIENCE:

Primary care clinicians and academics; medical students; patients

BACKGROUND/RATIONAL

Approximately 20% of people in Ireland are migrants, while 2023 saw the highest level of net immigration in Northern Ireland in 15 years. Both Ireland and the UK have seen a recent significant rise in the arrival of forcibly-displaced migrants (FDMs), consistent with increased displacement globally due to conflict, climate and other factors. Considering this, we will facilitate an engaging, interactive exploration of the challenges related to RMH in primary care, with an emphasis on how education and research can best serve patients, clinicians and health services.

WORKSHOP PLAN:

1. Brief introduction of facilitators and topic (5 minutes)
2. Identify backgrounds of attendees & form small groups of 5-8 participants, ensuring mix of backgrounds (5 minutes)
3. SMALL GROUP WORK (20 minutes)
   Assign case to each group with the following questions. Examples of fictional cases may include supporting patients with FGM, mental health issues, etc.
   - How prepared are GPs and their staff to address the issues in this case? (PROMPTS: Consider knowledge, skills, attitudes required.)
   - What training might help with their preparedness? (PROMPTS: When/How should it be delivered? Who should deliver it?)
   - How would research help facilitate their preparedness? (PROMPTS: Where would you find relevant research? How would you conduct such research? Challenges?)
4. Each group feeds back (20 minutes)
5. Summarise, sign-post and close (10 minutes)

DELIVERABLES:

1. Identification of learning needs of GP staff working in RMH and how to address these.
2. Increased understanding of the role of research.
3. Updates on recent/current RMH research.
4. Sign-posting to RMH resources.
5. Opportunities for networking and collaboration in RMH education and research.

Abstract ID: **32**

Title: **Impact of a priority setting medication review on analgesic prescribing in older patients with high levels of polypharmacy: A secondary analysis of trial data**

Session type: **Oral presentation**

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Background: Multimorbidity guidelines recommend tailoring care to patients' priorities. The Supporting Prescribing in Multimorbidity in Primary Care (SPPiRE) trial focused on optimising medicines use in older adults with high levels of polypharmacy and tailoring prescribing and deprescribing to individual priorities. The aim of this study was to compare self-reported and GP-recorded patient priorities and examine the impact of prioritising pain on analgesic prescribing.

Methods: This was a secondary analysis of the SPPIRE trial and process evaluation. Participants identified their priorities at baseline, while intervention GPs recorded priorities during medication reviews on the SPPiRE website; agreement between the two was assessed using Cohen's kappa. Analgesics were identified in the prescription data, including opioids, gabapentinoids, non-steroidal anti-inflammatories, amitriptyline and paracetamol. Daily morphine milligram equivalents (MME) were calculated for each participant at baseline and follow-up. Changes in analgesic prescribing were assessed based on self-reported and GP-recorded pain and differences were explored using multilevel models that accounted for clustering within GP practices and potential intervention effects in models including both trial arms. The effect of both self-reported and GP-recorded pain on opioid intensification was evaluated in a similar fashion.

Results: A total of 403 patients (mean age 76.5 years) were included; 178 (44.2%) reported pain as a priority at baseline. Agreement between self-reported and GP-recorded pain was poor (kappa 0.118, p=0.05). Most analgesic prescriptions decreased during the study, except for potent opioids, which increased in both treatment arms. Participants reporting pain at baseline had higher odds of opioid intensification at follow-up (OR 1.89, 95% CI 1.03–3.45, p=0.04).

Conclusion: In this older population of patients with significant polypharmacy, the identification of pain as a priority was associated with an increased likelihood of opioid intensification, despite guidelines advising against their use for chronic pain.

Abstract ID: **33**

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

Session type: **Poster presentation**

Authors: **Dr Thomas Cronin**
Affiliation: **Trinity College Dublin / ICGP**

Co-Authors:
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Professor Jennifer L. Johnston, Centre for Medical Education, Queen's University Belfast, Belfast, UK

Background

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

Methods

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

Results

A total of 17 studies were included in this scoping review. The majority of included studies were perspective pieces and cohort studies. There was a paucity of studies reporting around the impact of widening participation of doctors with a disability on the workforce. Four themes emerged from the thematic analysis: (1) promoting diversity; (2) boosting recruitment and retention; (3) improving representation and balance; and (4) perpetuating inequalities.

Conclusions

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

Abstract ID: **34**
Title: **Assessment of the readability of patient-facing materials for the most commonly prescribed medicines in Ireland**
Session type: **Poster presentation**
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Patient-facing medicine information materials are essential to support the safe use of medicines, empowering patients to make informed decisions about their health. This cross-sectional study, conducted in September 2024, assessed the readability and comprehensibility of various patient information materials on medicines, including patient information leaflets (PILs), decision aids and online information for the top 100 most commonly dispensed medicines in Ireland. The study aimed to evaluate the clarity of these materials utilizing the Sydney Health Literacy Editor (SHeLL) tool, given their importance in patient safety and informed decision-making. The analysis revealed that the average readability score was 10.28 (SD 1.24) exceeding the optimal target of below eight. While all materials exceeded the optimal target score, patient decision aids consistently demonstrated better readability compared to PILs and other online health resources These findings highlight the need for improved patient information tools to enhance patient understanding, particularly among those with limited health literacy. This study advocates for further research and targeted interventions to simplify medical information as well as a stronger integration of shared decision-making practices into healthcare settings, to address existing communication gaps and ensure equitable access to healthcare information.

Abstract ID: **35**
Title: **Physical Activity Levels Recorded in Chronic Disease Management Consultations in General Practice**
Session type: **Poster presentation**

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Prof. Catherine Woods, Professor, Chair of Physical Activity and Health.
University of Limerick

Background: Chronic diseases, including diabetes, cardiovascular disease, and chronic obstructive pulmonary disease (COPD), are major contributors to global morbidity and mortality. Regular physical activity (PA) improves disease outcomes, but European research utilising general practice data to explore associations between PA and chronic disease outcomes remains limited. In Ireland, the Chronic Disease Management (CDM) programme, introduced in 2020, systematically records health behaviours, including PA. This provides a unique opportunity to investigate these relationships and inform targeted interventions.

Aim: To examine the correlation between physical activity levels recorded during CDM consultations and chronic disease markers (e.g., HbA1c, BMI, cholesterol, blood pressure) in Irish general practice.

Methods: This retrospective cross-sectional study will utilise anonymised data from 10 general practices participating in the CDM programme across Ireland. Practices have been recruited from the ULEARN-GP network, and the study population will include adults with at least one registered chronic disease. Data will be extracted using predefined searches on Health One software and will include demographic characteristics, PA levels (adequate vs. inadequate), and disease markers such as HbA1c, BMI, cholesterol, blood pressure, and eGFR. Data collection will commence following ethical approval.

Results: Pilot data (N=324) revealed that inadequate PA was associated with poorer disease control: higher HbA1c (mean 7.2% vs. 6.1%), elevated BMI (mean 31.2 vs. 28.3 kg/m^2), and poorer blood pressure control (mean systolic BP: 142 mmHg vs. 128 mmHg).

Conclusions: This study underscores the value of routine general practice data in examining the impact of physical activity on chronic disease outcomes. Findings will inform policies and interventions to integrate PA into chronic disease management frameworks, promoting healthier lifestyles and improved patient outcomes.

Abstract ID: **36**

Title: **Prescribing cascades among older community-dwelling adults in Ireland: prescription sequence symmetry analysis of ThinkCascades in a national dispensed prescription database**

Session type: **Oral presentation**

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Introduction: Prescribing cascades occur when medication is used to treat side-effects of another medication, with older polypharmacy-exposed adults at higher risk.
Aim: This study examined the prevalence, magnitude, and effect modification of nine prescribing cascades (ThinkCascades list) in a national prescription database.
Method: Prescription sequence symmetry analysis (PSSA) was applied to primary care prescriptions for ThinkCascades medications dispensed under the General Medical Services (GMS) scheme from 2017 to 2020 (n=533,464). Incident users of both medications in each ThinkCascades dyad aged ≥65 years were included. A one-year run-in period defined incident use. An observation window of 365 days was employed; varying windows were examined in sensitivity analyses. Sequence ratios were adjusted for secular prescribing trends and reported as adjusted sequence ratios (aSR). Stratified analyses were conducted for sex, age, and individual medication.
Result: Five prescribing cascades produced significant positive aSRs. The strongest signal was identified for the calcium channel blocker to diuretic cascade (aSR 1.93, 95%CI 1.79, 2.09). Positive signals were also identified for the alpha-1 receptor blocker to vestibular sedative (aSR 1.63, 95%CI 1.46, 1.81); SSRI/SNRI to sleep medication (aSR 1.54, 95%CI 1.40, 1.69); antipsychotic to antiparkinsonian (aSR 1.20, 95%CI 1.00, 1.43); and benzodiazepine to antipsychotic (aSR 1.15, 95%CI 1.08, 1.21) cascades.

Discussion: Five prescribing cascades for commonly prescribed medications were identified in a large-scale national sample of older Irish adults. This study highlights prescribing cascades as an important contributor to complex polypharmacy for older people. Adverse drug reactions should be included in the differential diagnosis for older adults presenting with new symptoms in primary care.

Abstract ID: **37**

Title: **The recommended role of General Practitioners in dementia diagnosis: A scoping review of dementia Clinical Practice Guidelines.**

Session type: **Oral presentation**

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Introduction

Dementia care is a global health priority, with a rising prevalence projected to reach 152 million cases by 2050. Despite supporting evidence of the benefits of a timely diagnosis and early intervention, dementia remains underdiagnosed in Ireland, with less than 50% of those living with dementia ever receiving a diagnosis. General Practitioners are pivotal in identifying cognitive decline, thereby facilitating a timely diagnosis. Clinical Practice Guidelines are key resources for guiding GPs in these clinical decisions.

Aim

This scoping review examined the role of GPs in the dementia diagnostic process as outlined in Clinical Practice Guidelines. The objectives were to:

1. Identify CPGs that include dementia diagnosis.
2. Examine recommendations regarding the GP's role in diagnosis.
3. Explore referral pathways to secondary care for suspected dementia.

Methods

The review followed Arksey and O'Malley's scoping review framework, including methodological revisions. Reporting followed the PRISMA-ScR guidelines. The quality of included CPGs was evaluated using the AGREE II instrument.

Results

Thirteen guidelines met the inclusion criteria. Most CPGs recognised the GP's role in the diagnostic process, yet recommendations varied regarding the extent of their involvement. Referral to secondary care was a common feature, but criteria and pathways for referral were inconsistently defined.

Discussion

The findings identify the recommended role of GPs in the dementia diagnostic process and also highlight a lack of clarity in CPGs. Inevitably, this poses challenges in translating recommendations into clinical practice. Clarifying the recommended role of GPs in diagnosing dementia within CPGs is important to improve the diagnostic process.

Conclusion

The gaps highlighted in this review demonstrate the need for more careful consideration of the key role played by GPs within dementia Clinical Practice Guidelines. Guidelines developers can use these findings to provide clear recommendations on the GP's role in the diagnosis of dementia.

Abstract ID: **38**

Title: **Prevalence of ThinkCascades in community dwelling adults: longitudinal analysis of The Irish Longitudinal Study on Ageing (TILDA)**

Session type: **Oral presentation**

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Introduction: Prescribing cascades occur when medication is prescribed to prevent/treat the adverse effects of another medication and may be intentional or unintentional. ThinkCascades is a list of nine clinically important prescribing cascades in older adults that has been developed by international multidisciplinary expert consensus. Examples include i) calcium channel blocker-induced peripheral oedema treated with a diuretic and ii) alpha-1-receptor blocker-induced dizziness treated with a vestibular sedative.
Aim: To examine the prevalence of ThinkCascades in The Irish Longitudinal Study on Ageing (TILDA), a nationally representative cohort of community-dwelling aging adults.
Method: A retrospective cohort study examining TILDA participants aged ≥50 years and present for three consecutive data collection waves was conducted (N=6,118). TILDA data collection is multi-modal, comprising of a home interview, self-completion questionnaire and health assessment, with data collected on a biennial basis. Data from Wave 1 (2009/2011) to Wave 5 (2018) were examined. Nine separate analysis sets were created, representing each ThinkCascades dyad. Exposure was incident use of Drug A at wave x. The outcome, prescribing cascade, was defined as incident use of Drug B at wave x+1, in addition to continued use of Drug A. To define incident use, a washout period was applied.
Results: Five out of nine ThinkCascades dyads were identified between Wave 1 and Wave 5. The prevalence ranged from 0.5% for the diuretic-induced urinary symptoms leading to overactive bladder medication cascade, to 8.33% for the non-steroidal anti-inflammatory drug (NSAID)-induced hypertension to antihypertensive cascade. Twenty-four participants experienced at least one ThinkCascades dyad over the period, representing 2.08% of the eligible sample (n=1,153).
Discussion: The prevalence of ThinkCascades was low during the period, with only five of nine ThinkCascades identified. Further research with larger study populations will help further delineate the

clinical impact of prescribing cascades in community-dwelling adults and any association with adverse health outcomes.

Abstract ID: **39**
Title: **An Irish Special Interest Group in General Practice Education Research**
Session type: **Workshop**
Authors: **Dr Emer O'Brien**
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Purpose
To explore a framework for a special interest group in general practice medical education research.
Target Audience
General Practitioners interested/involved in medical education research
Rational
General practice focused medical education positively influences students career choice and medical students observing academic opportunities and career progression plays a role in career decisions. However, barriers to academic career progression for GPs exists, namely balancing practice, teaching and research commitments and a lack of medical education research funding. The aim of this workshop is to explore how researchers in medical education in Ireland perceive the benefits and challenges of participating in a special interest group for academic development.
Workshop Plan
Introductions 5 minutes
- full group of attendees

Explanations 5 minutes
- background and format of the workshop.
- divide into small groups (number will depend on total number of attendees (ensure variation in each small group)

Purpose of the workshop 5-10 minutes
Workshop 25 minutes
Prompts
1. Information gathering - what is already happening in this space – formal/informal collaborations
2. Is a special interest group needed and why?
3. What might be the purpose/objectives of the group eg. mentorship/collegiality/collaborations
4. From workshop to action - next steps - formalise a plan

Movement and Settling 5 minutes
Summarising with large group discussion 15 - 20 minutes
- representative from each group provide feedback.

Discussion and decisions about next steps
Deliverables
To create a framework for a special interest group of GPs interested in medical education research.
To identify the facilitators and barriers to medical education research.

Abstract ID: **40**
Title: **Recruitment Strategies for Lung Cancer Screening: An Umbrella Review of Effectiveness in Low-Participation Subcohorts**
Session type: **Poster presentation**

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Title: Recruitment Strategies for Lung Cancer Screening: An Umbrella Review of Effectiveness in Low-Participation Subcohorts
Background: Lung cancer is the leading cause of cancer-related deaths globally. Low-dose CT screening for lung cancer can reduce mortality by 20%, but participation rates remain low, often as low as 15%, compared to 60-75% for other cancer screenings. Barriers to participation include accessibility issues, stigma, misconceptions, and fear of diagnosis. Despite various recruitment strategies—such as personalized invitations, media campaigns, and primary care referrals—there is no comprehensive synthesis of their effectiveness, particularly in subgroups with historically low participation rates, like heavy smokers, ethnic minorities, and those from lower socioeconomic backgrounds. This umbrella review aims to fill this gap by analyzing systematic reviews on recruitment strategies for lung cancer screening, with a focus on their impact on these underserved populations.
Methods: A systematic search will be conducted across major databases, including PubMed, Embase, Scopus, Web of Science, and the Cochrane Library, to identify relevant systematic reviews published up to October 31, 2024. This umbrella review will follow the Joanna Briggs Institute guidelines and the PRIOR reporting standard. Eligible reviews must focus on recruitment strategies for increasing lung cancer screening participation, and report on key outcomes such as intervention characteristics, population reach, screening uptake, patient experiences, and barriers or facilitators. The quality of reviews will be assessed using AMSTAR 2, with an emphasis on methodological rigor and transparency. Data extraction will capture details on recruitment strategies, populations, healthcare settings, and outcomes. A narrative synthesis will compare strategies based on their effectiveness across different populations.
Implications: This review will provide critical insights into effective recruitment strategies for lung cancer screening, particularly for low-participation groups. The findings will inform WP8.5 of the EUCanScreen project, supporting efforts to improve screening uptake and reduce disparities in lung cancer outcomes across Europe.

Abstract ID: **41**

Title: **Prevalence of Mental Health Disorders in General Practice from 2014 to 2024: A literature review and discussion paper**

Session type: **Oral presentation**

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Many consultations in primary care involve patients with mental health problems and primary care is typically the place where many such patients initially seek help. While considerable research has examined the prevalence of mental health disorders in primary care, relatively few papers have examined this issue in recent years. This study aims to address this gap by reviewing contemporary literature from 2014 to 2024 on the prevalence of mental health disorders among general practice patients.

A comprehensive search across PubMed, PsycINFO, and Google Scholar was conducted, adhering to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for article selection and assessment, examining the prevalence of mental health disorders in general practice.

Studies varied in methodologies and healthcare settings, with reported prevalence rates of mental health disorders ranging from 2.4% to 56.3%. Demographic characteristics (female gender, older age) were associated with a higher prevalence of mental health disorders in the studies identified. Studies based on patient interviews reported broader prevalence (2.4%–56.3%) compared to studies using electronic medical record reviews (12%–38%). Prevalence also varied between countries. Notably, there has been a lack of post-COVID-19 studies, especially within Europe, examining the prevalence of mental health prevalence in primary care.

Mental health problems are still common among patients attending general practice; the approach to data collection (i.e., prospective interviews with patients), female gender and older age appear to be correlates of higher estimates. Further research involving a large-scale study with multiple sites is a priority.

Abstract ID: **43**
Title: **Practitioners' perspectives on implementation of acute virtual wards: A scoping review**
Session type: **Poster presentation**

Authors: **Ms Theresa Sunny**
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Background
Virtual wards provide a promising alternative to traditional 'bedded care' by facilitating early discharges and delivering acute care at home. They focus specifically on patients needing acute care, which would traditionally necessitate an in-hospital stay. Understanding clinicians' beliefs and attitudes is crucial for successful implementation and operation of Virtual wards. This scoping review explores practitioners' perspectives on the implementation of virtual wards.

Methods
A total of 18 studies were included in the final analysis from the 201 studies identified initially through searches in PubMed, Cochrane, CINAHL, and Embase databases (2015–2024) following PRISMA Extension for Scoping Reviews (PRISMA-ScR) guidelines. Thematic analysis was conducted using Braun and Clarke's framework to identify key insights.

Results
Thematic analysis revealed key themes related to implementation, quality of care, technology, training, and awareness. These themes highlight the challenges influencing the adoption and considerations for the operational success of virtual wards.

Significance
Virtual wards demonstrate significant potential for delivering acute care efficiently and sustainably. However, challenges related to service design, patient safety, technology integration, and workforce training must be addressed to ensure their successful implementation and long-term efficacy.

Abstract ID: **44**

Title: **Modelling the extent, determinants and impact of overdiagnosis in lung cancer screening: Protocol and interim results for the MODULUS study**

Session type: **Oral presentation**

Authors: **Dr. Benjamin Jacob**
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Co-Authors:
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Background: Overdiagnosis in cancer screening threatens program effectiveness and public acceptance. In a 2023 meta-analysis of 19 trials (N = 2,694 articles screened), Voss et al. estimated that 29% of lung cancers were overdiagnosed, based on the assumption that cancers detected early in the screening group would have appeared in the control group within 3.6 years. However, lung cancer, particularly adenocarcinoma, can asymptomatic for longer, with potential latent periods of 6 years.
Objectives: Test the sensitivity of the overdiagnosis estimates from Voss et al. to histology-specific extensions of the event horizon.
Analyse variations in overdiagnosis rates to identify at-risk groups.
Assess how overdiagnosis might offset the overall benefit of lung cancer screening.

Methods:
WP1: Perform a meta-analysis of data from five trials in the Voss et al. meta-analysis. The goal is to calculate a pooled overdiagnosis rate at the 3.6-year follow-up threshold, validating consistency with Voss et al.'s findings. A sensitivity analysis will evaluate changes in overdiagnosis rates by histology and varying follow-up horizons.
WP2: Analyze patient-level microdata from NLST and NELSON, to examine how overdiagnosis rates vary by baseline characteristics and histology. Baseline variables include age, sex, quit time, and pack-year history. Logistic regression models will estimate overdiagnosis rates by these factors.
WP3: Quantify the survival gap by assessing how reductions in lung cancer-specific mortality translate—or fail to translate—into reductions in all-cause mortality. A conservative estimate of the mortality burden per overdiagnosed case will follow. Hierarchical regression analyses will control for variations in trial protocols, baseline characteristics, and other factors to ensure robust estimates across diverse conditions.
Conclusion: This study will generate refined estimates of overdiagnosis in lung cancer screening and identify risk factors. Our findings will inform eligibility recommendations and support tailored risk communication strategies, potentially enhancing both the effectiveness and public acceptance of lung cancer screening programmes.

Abstract ID: **45**

Title: **Diagnostic Pathways and Outcomes in Lung Cancer: A Single-Centre Cohort Study in the Irish Healthcare System**

Session type: **Oral presentation**

Authors: **Dr Áine Harris**
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Introduction:
Lung cancer is a major contributor to cancer-related mortality in Ireland, with survival outcomes heavily dependent on early diagnosis. Despite the establishment of Rapid Access Lung Clinics (RALCs) in 2009, only about half of lung cancer cases are currently diagnosed through this pathway. Persistent issues, including non-specific symptoms, patient delays, and healthcare system inefficiencies, necessitate a clearer understanding of alternative diagnostic routes.

Aim:
This study aims to map diagnostic pathways for lung cancer in Ireland and evaluate their impact on clinical outcomes, including time to diagnosis, treatment initiation, and survival.

Methods:
We conducted a cohort study of all patients initiating lung cancer care at Beaumont RCSI Cancer Centre from 2012 to 2023. Descriptive statistics, multivariate regression, and survival analysis were used to comprehensively analyse associations between diagnostic pathways, treatment approaches, and outcomes.

Interim Results:
Preliminary analysis of 2,216 patients (1,070 females, 48.3%; 1,146 males, 51.7%) indicated that 1,537 (69.4%) were referred through RALCs. The second largest group, 502 patients (23%), were diagnosed as inpatients or through ED/MEAU. Among the cohort, 813 (43.6%) were current smokers, 881 (47.3%) were former smokers, and 170 (9.1%) had never smoked. The average time from referral to diagnosis was 67 days. Treatment distribution included chemotherapy (43.5%), radiotherapy (42.7%), and surgery (32.1%).

Conclusion:
These preliminary findings demonstrate the potential of routine healthcare data to inform policy. The final results, to be presented at the conference, will provide further insights into the implications for resource allocation and potential interventions to improve diagnostic pathways in Ireland. The findings will provide critical evidence for the HSE National Cancer Control Programme and policymakers to improve health system processes and enhance early detection. Future studies should explore longitudinal impacts on patient outcomes and the effectiveness of targeted strategies in streamlining diagnostic processes.

Abstract ID: **46**

Title: **General practice focused strategies to increase participation in lung cancer screening – a systematic review.**

Session type: **Poster presentation**

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Introduction:
Lung cancer is the leading cause of cancer-related mortality globally. However, participation in low-dose computed tomography (LDCT) lung cancer screening (LCS) remains significantly lower compared to established cancer screening programmes. General practice is critical to LCS participation, enabling the identification of eligible individuals and addressing barriers to engagement.

Aim:
To evaluate the effectiveness of general practice-based strategies designed to increase participation in LCS.

Methods:
A systematic review was conducted in accordance with PRISMA guidelines (PROSPERO Registration: CRD42023407540). Comprehensive searches of PubMed, Embase, CINAHL, Cochrane Library, Web of Science, ClinicalTrials.gov, and the WHO International Clinical Trials Registry Platform were performed. Eligible studies included randomised controlled trials, non-randomised studies, and quantitative descriptive studies reporting empirical data. Screening and data extraction were independently undertaken by two reviewers. Risk of bias was assessed using the MMAT, and certainty of evidence was evaluated with the GRADE framework. Data extraction employed the TIDieR checklist, and intervention components were categorised using the Behavioural Change Techniques (BCT) Taxonomy.

Interim Results:
A total of 22 studies describing 21 interventions were included. Interventions were categorised into seven types: decision aids, decision counselling, health information leaflets, invitation letters, staff education, patient education, and patient navigation. Participation rates ranged from 12.4% to 88%. Patient navigation, decision counselling, and decision aids were the most effective strategies. Interventions incorporating a greater number of BCTs demonstrated higher effectiveness.

Conclusion:
This review identifies general practice-based strategies that effectively enhance participation in LCS. Insights from this review can inform the development of equitable and impactful recruitment approaches, ensuring that individuals at the highest risk of lung cancer are engaged in screening programmes.

Abstract ID: **47**
Title: **Why do patients seek emergency care for problems that could be managed in primary care? A scoping review**
Session type: **Poster presentation**
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Background
A significant number of patients are turning to emergency care settings, including ambulance services and emergency departments, for conditions that could be managed in primary care. This global phenomenon places unnecessarily strain on the emergency care system, resulting in overcrowding, inefficient allocation of healthcare resources, and inadequate access to emergency care for those that most need it.

Aims
This scoping review aims to explore existing evidence considering the multifaceted factors contributing to patients' decisions to seek emergency care for conditions manageable in primary care.

Methods
A comprehensive search of 'PubMed', 'Embase', 'MEDLINE', 'CINAHL' and the 'Cochrane Library' was conducted, including research published from 2004 to 2024. This review was guided by the six-stage methodological framework developed by Arksey and O'Malley.

Results
A total of 42 studies were included in the final analysis. Key data were extracted and analysed using thematic analysis, and the following preliminary themes were identified: [1] accessibility and convenience, [2] health anxiety, [3] uncertainty and knowledge gaps in healthcare services available, [4] external factors such as General Practice referrals or advice from family and friends, and [5] personal influences such as patient satisfaction with previous emergency care experiences.

Conclusion
This study maps the existing international literature that can inform future research and policy implementation in terms of efficient alternative care pathways and programmes designed to alter emergency care utilisation behaviours, ultimately reducing unnecessary visits and ensuring efficient care is provided for true emergencies.

Abstract ID: **48**
Title: **The long-term general practice healthcare of women with a history of gestational diabetes: A Scoping Review**
Session type: **Oral presentation**

Authors: **Dr James O'Flynn**
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Introduction
Gestational Diabetes is strongly associated with future development of type 2 diabetes and cardiovascular disease. General practice is the recommended setting for long-term follow-up of women with a history of Gestational Diabetes. In Ireland, women with a history of Gestational Diabetes have recently been added to the Chronic Disease Management Programme in General Practice. However, the optimum long-term management of women with a history of Gestational Diabetes in a general practice setting is unknown. To date, there have been no systematic efforts to review the literature in this area.

Aims
The aim of this scoping review is to explore the current evidence base for the long-term care of women with a history of GDM in general practice.

Study Design
The study was informed by the Joanna Briggs Institute methodology.

Methods
The search strategy was developed with input from the multidisciplinary review team and with input from an information specialist. Empirical qualitative and quantitative research studies published since 2014 were identified from a search of the following six databases: MEDLINE (Ovid), EMBASE (Elsevier), CINAHL, PsycINFO, Academic Search Complete and SocIndex. Covidence software was used to manage the data. Two reviewers independently conducted the title and abstract screening. Any conflicts were discussed with a third reviewer. A numerical descriptive summary will describe the overall extent of literature, and the range and distribution of its component parts, including the geographical and economic settings, research methods, interventions, outcomes and findings. Framework analysis will be

used to map the findings against the Chronic Care Model, a primary care-based framework that sets out the core components for optimal long-term healthcare

Results

The search yielded 271 unique studies published since 2014. 67 studies were included for full text screening. This review is ongoing. Full results will be ready for the conference presentation.

Abstract ID: **49**

Title: **The Impact of a Pre-Clinical Migrant Health Module on Medical Students Cross-Cultural Care Preparedness and Career Choices**

Session type: **Poster presentation**

Authors: **Dr Bridget Kiely**
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Background

With increasing migration globally, medical students need training in cross -cultural care. However, only 20% of medical students surveyed in Ireland felt they had received such training. The majority of healthcare is delivered via primary care, but Ireland has a shortage of GPs. Positive exposure to general practice at undergraduate level influences students' career choices. This study aims to establish if a migrant health module delivered by GPs in the pre-clinical years helps improve student confidence in providing cross- cultural care. A secondary aim is to see if the module influences stated career preferences.

Methods

A week- long student selected module in migrant health for pre-clinical medical students was developed and delivered by GP faculty in RCSI. It has been delivered annually since 2023. Data will be collected using an electronic anonymized self-administered pre- and post-module survey assessing students' perception of their current competence, using a modified version of the CanMEDS Global Health Competency tool, and career preferences, that will be emailed to students. All students signed up to the module will be invited to take part. Stata 18 will be used to generate descriptive statistics and compare outcomes pre- and post-module.

Results

The module has been run for two years and positively received by students. Students rated the small group teaching format as highly suitable for covering sensitive topics. The module will run again in February 2025 and this will be the version evaluated in this study. Summary demographics, prior learning and career preferences at baseline will be presented. Means, standard deviations, mean differences and confidence intervals in CanMEDS tool scores will be calculated.

Discussion

While the module currently reaches a small group of self-selected students, the results of this study will identify areas for improvement, and inform expanded rollout and similar activities in RCSI and other institutions.

Abstract ID:	**50**
Title:	**Title: An analysis of applications to the National Specialist Training Programme in General Practice Ireland from 2021-2024**
Session type:	**Oral presentation**
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Introduction

Ireland has one of the lowest levels of General Practitioners (GP) per population in the European Union (87/100,000). An estimated increase of 75% -142% in GP trainee recruitment is required to address this staffing crisis. In response, the number of annual places on the National Specialist GP Training Programme has expanded to 350. Little is currently known on what factors impact on the recruitment of doctors onto such programmes.

Aim

This study aims to establish application trends onto the Irish GP Training program including (1) the number of applicants (2) location of their primary medical qualification and (3)an analysis of the proportions of applicants who graduated from the Republic of Ireland (ROI) medical schools.

Methods

This quantitative cross-sectional survey analysed anonymised data on 3671 applicants. Descriptive analyses, chi square testing, student t test and logistic regression were performed.

Results: 50.1%(N=1834) of all applicants were female, with significantly more males applying from non-EU medical schools (56.7%, N=1066 ; p=<0.01). The location of applicants' primary medical degree was: 36.2% (N=1321) ROI, 11.8% (N=432) EU (excluding ROI), and 52.1% (N=1913) Non-EU. Among the six ROI medical schools, graduate application rates as a percentage of their total class size, differed significantly, with individual school rates ranging from 18.8% - 37.8%.

Discussion

There is a downward trend in the percentage of applicants from ROI medical schools, as a proportion of the total number all national and international applicants onto the GP training. There are also significant differences in application rates between the 6 ROI medical schools. In contrast, the number of applicants who graduated from EU/ non-EU medical schools has grown substantially to 73.5% in 2024.

Conclusion

This study demonstrates landmark changes in applications trends to the GP training programme. Further research should explore how best ROI medical schools can enhance recruitment onto GP training programmes.

Abstract ID: **51**

Title: **Community-based exercise (ComEx Pain) for older adults with chronic musculoskeletal pain: a protocol for a randomised controlled feasibility trial**

Session type: **Oral presentation**

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Introduction:
Chronic musculoskeletal pain is a key societal challenge in Ireland, affecting one in three adults over the age of 50, with societal and healthcare costs of over €5.34 billion per year. Physical activity can form a key part of the management of people living with chronic pain, along with providing a myriad of health-enhancing and disease-prevention benefits for older adults. However, pain can limit engagement in physical activity, leading to the negative effects of chronic pain in older adults. Public and Patient involvement in this study identified that people with chronic pain fear exacerbation of their symptoms with exercise, and value having an experienced exercise leader who understands their needs.
Aims:
The primary aim of this study is to examine the feasibility and acceptability of a community-based exercise intervention, ComEx Pain, specifically tailored to older adults with chronic musculoskeletal pain.
Methods:
ComEx Pain is a randomised controlled feasibility trial with embedded economic and process evaluations (Trial registration number: NCT06535633). Community-dwelling adults aged ≥50 years living with chronic musculoskeletal pain were recruited in the mid-western region of Ireland. Randomisation was conducted using a 1:1 allocation ratio into two groups: (1) an intervention group receiving a community-based exercise program led by trainers educated in supporting people with chronic pain and (2) a control group who will receive a paper-based education manual. Primary outcomes for feasibility include recruitment rate, retention rate, and adherence to the intervention. The secondary outcomes will include changes in pain, physical function, emotional function, and physical activity.
Results:
Recruitment is on target and final outcomes will be available in March 2025.
Discussion:
If this pilot feasibility study finds evidence to support feasibility and acceptability, a future larger-scale definitive trial will be conducted to examine the effectiveness of ComEx Pain in older adults living with chronic musculoskeletal pain.

Abstract ID: **52**

Title: **Love and break-up letters; introducing a new qualitative method for research in general practice**

Session type: **Workshop**

Authors: **Dr Aileen Barrett**
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Co-Authors:
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Qualitative research methods have evolved rapidly over the last twenty years, and methodologies used in general practice research have emerged from within many disciplines to be adapted to this unique context. In this workshop we will explore the use of 'love and break-up letters' as a way to frame the data collection and interview schedules for qualitative work. This method originated in the field of User Experience (UX) and was adapted for medical and health professions education research by William Laughey and Megan Brown (https://doi.org/10.1111/medu.14463) As researchers, we have recently used and adapted this approach to work exploring the lived experience of GPs and in this workshop, will share those insights.

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

1. Describe and design a qualitative interview or focus group using love and break-up letters
2. Consider the use of this approach in the context of aligning with a research question
3. Identify analysis frameworks and options relevant to this methodology

This interactive workshop will be structured around the design process of a qualitative study. In small groups, participants will consider their own research questions (and will be encouraged to bring them to the workshop if they have work in progress) and walk through the design and conduct of an interview or focus group using a love and break-up letter. The workshop will be relevant to all researchers interested in qualitative research, including those new to qualitative methods or experienced in qualitative research.

Abstract ID: **53**
Title: **Progesterone Dosage Accordance in Hormonal Replacement Therapy**
Session type: **Poster presentation**
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Introduction: Hormonal Replacement Therapy (HRT) is critical for managing menopausal symptoms and reducing osteoporosis risk. Ensuring adherence to guidelines is crucial for effective management and patient safety. Appropriate progesterone coverage is needed to prevent endometrial hyperplasia and cancer. The dosage of progesterone should be proportionate to the dosage of estrogen. Estrogen doses higher than 50mcg require additional progesterone to ensure adequate endometrial protection.
Aims: This audit aims to evaluate a GP clinic's adherence to the British Menopause Society (BMS) HRT guidelines, identify discrepancies in HRT prescriptions, with a particular focus on patients with higher estrogen dosage, and to implement measures to improve guideline adherence.
Methods: The BMS guideline was used as reference and the SOCRATES computer system was used for data collection. A systematic retrospective review of medical records of female patients on HRT at the GP practice was performed.
Results: 154 patients on HRT were identified; 51 were on higher doses of estrogen, from which 19 were not on the recommended progesterone dosage.
Discussion: Patients identified with incorrect progesterone dose were contacted and had their dosage adjusted according to the BMS. A quality improvement plan was put into place, including staff training, patient education, and electronic updates to ensure ongoing reviews and guideline compliance. Following the intervention, a re-audit was performed. It was found that 18 of 19 patients had their dosages corrected and 1 had her estrogen dosage reduced. 13 new cases of patients on HRT were identified, with 6 on higher dose. Final re-audit showed 167 patients on HRT; 56 on higher dose estrogen, all with appropriate progesterone dosage.
Conclusion: The audit successfully identified and addressed gaps in HRT management, leading to improved patient safety and adherence to the BMS guidelines. Regular audits and continuous education are essential for maintaining high standards of care in HRT management.

Abstract ID: **54**

Title: **Referral pathways for suspected dementia: Developing a bespoke GP dementia referral template**

Session type: **Oral presentation**

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Introduction

General Practitioners (GPs) play an important role in the diagnosis of dementia, including referring patients to secondary care memory clinics for further assessment and confirmation of the diagnosis. Structured referral forms can improve the referral, triage and review process. Internationally, a broad range of referral forms have been developed for GPs in different healthcare systems. However, there appears to be a lack of published evidence to support their design.

Aim

This study aimed to identify the critical components of a referral form to be used by GPs when referring their patients with suspected dementia to specialist memory clinics.

Methods

A two-round, modified e-Delphi was conducted with an expert panel of primary and secondary care professionals, including GPs, neurologists, psychiatrists of old age, gerontologists and allied healthcare professionals. In an initial scoping exercise, fifteen referral templates were identified and reviewed. In addition, the findings of a scoping review of dementia care Clinical Practice Guidelines also informed the first round survey. Participants were clinicians with >10 years of experience in dementia care. Items rated critically important/essential by ≥80% of the panel in round one were retained; those rated important by 60–80% were revisited in round two with feedback. Items deemed less relevant (<60%) were excluded, and free-text suggestions were incorporated into the round two survey.

Results

Eighty-five clinicians participated in the first round. Round two (currently underway) will be followed by a consensus meeting of experts. This process is actively supported by patient and public involvement (PPI) contributions from family carers of people with dementia.

Conclusion

The findings of this research will inform the development of a bespoke, evidence-informed dementia diagnosis referral form.

Abstract ID: **55**
Title: **The GP role in the management of patients with acne using isotretinoin**
Session type: **Oral presentation**

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Introduction and background: Acne is a common chronic disease, affecting most teenagers and many adults. Acne imposes considerable physical and psychological burdens on patients and their families. There are fiscal, clinical resource and antimicrobial stewardship implications of current acne management across the healthcare ecosystem. Isotretinoin is a highly effective acne treatment, but with concerns around teratogenicity and mental health. Clinical practice guidelines (CPG) and clinical consensus statements (CCS) around prescribing isotretinoin vary: some support GPs to prescribe isotretinoin, and some restrict isotretinoin prescribing to dermatologists alone.
Aims: Clinical academic literature lacks clarity on which clinicians should prescribe isotretinoin and the GP's role in managing patients with acne using isotretinoin. This scoping review addresses these strategic issues.
Methods: This scoping review uses JBI methodology with PRISMA extension. We explored medical databases to identify relevant CPGs and consensus statements from 2013 to June 2024. We explored grey literature and contacted key stakeholders internationally. Two reviewers independently reviewed all citations and full text of selected sources, against defined inclusion-exclusion criteria. Data extraction tools were developed on an iterative basis. The CPGs and consensus statements were evaluated using the AGREE II tool.
Results: The scoping review identified both CPG and consensus statements. These were evaluated using the AGREE II tool. The included CPG were interrogated to identify important clinical guidance on diverse areas including: which clinician may prescribe isotretinoin, isotretinoin and pregnancy prevention, mental health and blood testing.
Discussion: A holistic approach to the safe management of acne using isotretinoin requires a diverse and complex clinical skillset. It is timely to consider the global variance in CPG on acne management using isotretinoin. There may be scope to enhance safe, timely and equitable access to isotretinoin in primary care and simultaneously liberate dermatologist expertise to address complex skin disease.

Abstract ID: **56**

Title: **Prevalence of potentially inappropriate prescribing in community-dwelling older adults: application of STOPP/START Version 3 to The Irish Longitudinal Study on Ageing (TILDA)**

Session type: **Oral presentation**

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Introduction: Potentially inappropriate prescribing includes prescribing potentially inappropriate medicines (PIMs), where risk of medication-related harm may outweigh the clinical benefit(s) and potential prescribing omissions (PPOs), whereby clinically indicated medications are not prescribed. The STOPP/START criteria assess PIMs and PPOs respectively and were recently updated to include additional indicators.
Aims: To assess prevalence of PIMs and PPOs (STOPP/START version 3) in older community-dwelling adults and examine any association with healthcare utilisation and functional decline over time.
Methods: Retrospective cohort study of a nationally representative longitudinal study of ageing in Ireland (n=3,619). The overall prevalence, as well as the prevalence per individual criterion were calculated as the proportion of eligible participants aged ≥65 years at TILDA Wave 4. Logistic regressionss examined association of patient characteristics with PIMs/PPOs (odds ratio (OR), 95% CI) and between PIM/PPO and functional decline at Wave 5. Negative binomial regressions examined associations between PIM/PPO and healthcare utilisation (incident rate ratios (IRR) 95% CIs), including general practitioner visits, at Wave 5.
Results: Participants' mean age was 74.2 years (SD 6.99), 53.9% were female and were prescribed a mean of four (SD 3.16) medications. A total of 1,123 (31.0%) participants experienced STOPP PIMs and 1,309 (36.2%) had START PPOs. STOPP PIMs were associated with increased hospital admissions (aIRR 1.38, 95% CI 1.08, 1.75), and functional decline (aOR 1.46, 95% CI 1.11, 1.91) at follow-up. Age ≥75 years (adjusted (a)OR 1.32, 95% CI 1.10, 1.57) and three or more chronic conditions (aOR 5.19, 95%CI 3.69, 7.31) were associated with START PPOs.

Discussion: Approximately one-third of study participants experienced STOPP PIMs, associated with an increased risk of hospital admissions and functional decline. START PPOs also occurred in over one-third, associated with increasing age and number of chronic health conditions. Balancing the risk: benefit of medications for older people with multimorbidity remains challenging.

Abstract ID: **57**
Title: **Baseline data from a feasibility trial of a primary care intervention to reverse frailty and build resilience in people experiencing homelessness**
Session type: **Poster presentation**

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Background:
Frailty is more prevalent and presents at a younger age among people experiencing homelessness (PEH), contributing to worse health outcomes. Primary care led exercise and nutritional interventions have been shown to be effective in reversing frailty in the general population of older adults. However, limited research has been conducted to target frailty in PEH. This work presents baseline data to date from a feasibility trial on reversing frailty and building resilience in PEH.
Method:
We are assessing the feasibility of a two-month resistance exercise and nutritional intervention for PEH. Patients attending an Irish primary care service for PEH since August 2024 and meeting frailty criteria (>3 on the Clinical Frailty Scale {CFS} or >pre-frail on the SHARE frailty index) are being invited to participate (target sample size: 108). Baseline demographic, health and frailty status data has been collected and is presented using simple descriptive statistics.
Results:
The intervention has been offered to 88 people attending the clinic, and 77 participants have been recruited to date, representing an 88% acceptance rate. Median age is 42 years (range 24-62) and 29% (n=22) are female. At baseline, 74% (n=57) are early school leavers, 69% (n=53) currently live in a hostel and 16% (n=12) live rough. 96%(n=74) smoke cigarettes. 66% (n=51), 52% (n=40) and 53% (n=41) have used heroin, cocaine and street benzodiazepines respectively in the past six months. 32% (n=25) are frail and 68% (n=52) are pre-frail by CFS. 31% (n=24) are frail, 64% (n=49) are pre-frail and 5% (n=4) are non-frail by SHARE-FI.
Conclusion:
Participation and acceptance rates in our feasibility trial have been high in the initial study period. Pre-frailty and frailty are present in this cohort despite a relatively young age profile, supporting a concept of premature ageing amongst PEH. The data also indicates that negative determinants of health are highly prevalent in this group, including inadequate living circumstances, lower education levels, substance use and cigarette smoking, compared to the general population.

Abstract ID: **58**
Title: **Ukrainian refugee interpreters working in bespoke primary care clinics – A case study of Irish policy in action**
Session type: **Oral presentation**

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Introduction: The invasion of Ukraine in February 2022 resulted in the displacement of millions of refugees of varying ages and diverse health needs to many countries, including Ireland. More than 105,000 people fleeing war in Ukraine have been granted Temporary Protection in Ireland. The Irish health policy response to the arrival of Ukrainian refugees led to healthcare adaptations including the employment of multilingual Ukrainian refugees as interpreters in primary care clinics. There has been no evaluation of the effectiveness of this policy response. Therefore little is known about communication processes in these consultations.

Aims: To formally evaluate communication processes in these interpreted primary care consultations.

Methods: This is a participatory health research study co-designed with NGO partners. It is a mixed methods, instrumental case study. Purposeful sampling was used to recruit patients (n=21), interpreters (n=4) and GPs (n=3) in primary care clinics established for refugees coming from Ukraine. We conducted Discourse Analysis of 21 audio recorded interpreter-facilitated consultations and completed individual interviews with 3 GPs and 4 interpreters about their perceptions of the interpreted consultations.

Results: The interpreter's role is multifaceted, encompassing various responsibilities both within the interpreted consultation and the broader clinic setting. GPs and interpreters are broadly satisfied working together and perceive multiple benefits for patients, while emphasising the value of professional training to optimise communication.

Discussion: The shared cultural, linguistic, and experiential backgrounds of interpreters and patients creates a unique context within these primary care clinics, fostering deeper understanding and facilitating meaning-making between GPs, interpreters and patients. Collaboration between GPs and interpreters can improve patient-centred communication and support patient confidence.

Conclusions: This study elucidates for the first time in Ireland, what happens in primary care clinics routinely using interpreters. Findings are context specific but can be used to inform training and professional development for GPs and interpreters.

Abstract ID: **59**

Title: **Scoping Review of Patient Safety Implications of AI-Facilitated Synchronous Communication in Cross-Cultural Consultations with Refugees and Migrants**

Session type: **Oral presentation**

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Introduction: Access to and availability of interpreters for patients in cross-cultural consultations, is considered a critical healthcare adaptation. Interpreter provision can pose a challenge in some healthcare settings, leaving refugees and migrants at risk of suboptimal care and potential gaps in service delivery. Artificial Intelligence(AI) is increasingly used as a pragmatic alternative to in-person or telephone interpreting in healthcare settings that experience interpreter provision challenges. However we do not know the patient safety implications of using AI for this purpose.
Aims: To identify and map the available evidence on the use of AI to facilitate synchronous communication between a refugee or migrant and their GP, focusing on patient safety implications.
Methods: Following latest JBI guidance, we conducted a search of 5 databases covering the period July 2017 to June 2024. We also conducted an extensive search of the grey literature and keywords in social media. In total, we screened 220 articles covering diverse healthcare settings, resulting in five international studies and conference papers included in this review.
Results: Data from the five records was extracted and synthesised to create a taxonomy of current evidence on the use of AI to interpret synchronous communication in a variety of healthcare settings.
Discussion: Research highlights the frequent use of AI-powered applications, originally not designed for communication in medical contexts, as tools to address language barriers across diverse clinical settings. There is a mix of positive and negative experiences reported. The patient safety risks associated with relying on AI to interpret are not widely examined.
Conclusions: The implications of using AI to interpret synchronous communication between refugees or migrants and their GP is under-researched. There is an urgent need for comprehensive guidance for GPs on the use of AI tools in cross-cultural consultations, as their growing adoption highlights potential risks to patient safety and communication accuracy.

Abstract ID: **60**
Title: **Addressing research priorities in the management of chronic conditions in primary care; Utilising the results of a James Lind Alliance priority setting partnership.**
Session type: **Workshop**

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Background/Rationale

The HRB Primary Care Clinical Trials Network (CTNI), through a James Lind Alliance (JLA) Priority Setting Partnership (PSP), have developed a Top Ten list of priority research questions for managing chronic conditions in primary care in Ireland. This list offers the opportunity to align research and service provision to the priorities of patients, carers, and healthcare professionals, addressing their needs and increasing the relevance of new service initiatives.

Purpose

This workshop will build on the highly successful workshop held at the 2024 conference, in which attendees formed groups to discuss the Top Ten list and form potential research plans based on their interests. This workshop will begin with an update on progress in the last year, and then move into an interactive session, focusing on how the CTNI can support the development of the Top Ten list and ensure impact on each of the priority questions. Discussions will cover necessary factors for success, including relevant stakeholders, key decision makers, sources of funding, and data sources, as well as potential barriers. Output from the workshop will contribute to the roadmap for future dissemination of the Top Ten.

Target Audience

Clinicians, researchers, and students with an interest in primary care research

Deliverables

Attendees will leave with:

- Awareness of the Top Ten Priorities for research in the management of chronic conditions in primary care
- Potential research ideas and collaborations
- Awareness of funding options and potential paths towards impact

- Abstract ID: **61**

Title: **Evaluating the Accuracy of Locally-Deployed Large-Language Models for Extracting Symptom Data from Unstructured GP Notes**
Session type: **Oral presentation**

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Co-Authors:
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Riya Sharma (RCSI/PRiCAN)

Background: Primary care datasets are invaluable for clinical research. However, identifying early cancer signs via unstructured GP notes for analysis can be challenging.
Large Language Models (LLM) can transform free-text notes into structured data, enabling detection of symptom patterns and pre-diagnostic cancer signals while local deployment allows secure, on-premises data processing, ensuring privacy compliance.
Aim: To use locally deployed LLMs to extract cancer symptom data from unstructured GP notes
Methods: Retrospective analysis on unstructured GP notes from CRADLE, an electronic primary care database, from 75 Irish GP practices, covering roughly 12% of the population. We deployed Ollama, a locally hosted LLM to extract data on non-specific symptoms of cancer (NSSC): unexplained weight loss, abdominal pain or persistent bloating, nausea or appetite loss, and fatigue or malaise.
We will fine-tune prompts to better identify, categorise, and capture frequency of these NSSC symptoms, to create structured symptom data. For accurate evaluation of NSSC symptoms, we will perform a manual validation of 3,438 positive extractions and 3,438 negative extractions. This sample size provides a 1% margin of error for sensitivity and specificity estimates (assuming a minimum of 90% for each).
Interim synthetic dataset results show a 60% accuracy on the initial prompt and up to 75% accuracy on subsequent prompts on the same data, with an impressive few second processing of a smaller dataset.
Results: We will report the following: (1) sensitivity and specificity of Ollama's extraction, (2) sensitivity analysis examining how accuracy varies by NSSC type, consultation note characteristics, patient demographics, GP practice, and calendar year, (3) age-and-sex-stratified symptom prevalence rates for each NSSC type, and (4) comparative analysis contrasting LLM-extracted symptom prevalence with coded data to estimate under-coding.
Implications: Potential of LLM in supporting early detection research by structuring medical notes and transcending research limitations on coded symptom data.

Abstract ID: **62**

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

Session type: **Poster presentation**

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Introduction

It is estimated that 6-7% of the Irish population have Diabetes Mellitus. The lack of a national registry hinders health authorities' ability to fully plan for diabetic patients' future needs. This has an impact on the types of empiric research published on diabetes care in Ireland-especially in general practice where most of this care is managed. The recent creation of a chronic disease management programme for diabetes care in general practice is welcome-but clinical research is only slowly materialising. We aim here to describe the clinical characteristics and healthcare utilization patterns of patients, aged greater than 70 years, with and without Diabetes in Ireland.

Methods

The INSIGHT-GP Study (Inquiry iNto ServIce usage, Gerontological Health and MulTi-Morbidity in GP) is a retrospective examination of 1542 patients healthcare files over a single year. We will examine the healthcare utilisation patterns of patients in primary, secondary, and GP Out Of Hours care and assess for associations with diagnosis of diabetes. We will also describe the clinical characterises of patients, with and without diabetes, in relation to levels of self reported physical activity and the other common lifestyle parameters (smoking, alcohol consumption, body mass index, lipids, blood pressure etc.).

Results

The results will be presented at the conference, but we hypothesise that overall, healthcare utilization will be greater in patients with diabetes compared to non-diabetics and that physical activity levels will be lower. We also expect to show that clinical care for these patients is overwhelmingly provided in general practice settings.

Conclusion

By demonstrating elevated healthcare utilization in patients with diabetes, we hope to emphasize the importance of addressing lifestyle factors in chronic disease management which can mitigate complication risk and reduce the healthcare burden. We also hope to show health planners the specific care landscape in relation to care of older persons with diabetes in Ireland.

Abstract ID: **63**
Title: **A Realist Review of Diagnostic Pathways for Lung Cancer in Low- and Middle-Income Countries.**
Session type: **Poster presentation**
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Background: Lung cancer is a leading cause of cancer mortality globally, with nearly 70% of deaths occurring in low- and middle-income countries (LMICs) due to delayed diagnosis and limited access to healthcare. Early detection dramatically improves survival, with five-year rates around 60% for stage I cases versus 6% for stage IV. Previous reviews have identified broad barriers to early diagnosis in LMICs, such as socio-economic constraints and inadequate healthcare infrastructure. However, the specific mechanisms driving these delays within varied local contexts are poorly understood.

Aim: To apply a realist review examining how contextual factors, mechanisms, and outcomes interact in lung cancer diagnostic pathways in LMICs, generating insights for targeted policy and system improvements.

Methods: This review follows a realist methodology to define diagnostic pathways in LMICs. We will explore interactions between patient, provider, and system-level factors influencing diagnosis. An initial programme theory (IPT) will be developed and iterated upon through scoping review and stakeholder consultation. Data will be extracted from peer-reviewed and grey literature and coded to identify

context-mechanism-outcome (CMO) configurations. The review adheres to RAMESES standards for quality and reporting.

Results: Initial evidence appraisal and synthesis indicates several key CMO configurations influencing lung cancer diagnosis in LMICs. Factors such as healthcare access, socio-economic barriers, provider decision-making, and cultural beliefs are identified as critical mechanisms affecting diagnostic timeliness.

Implications for practice / policy: Findings will inform targeted policy recommendations to enhance early lung cancer detection in LMICs, with a focus on adapting insights for the South African healthcare system. Ongoing stakeholder engagement ensures that results are relevant and actionable for local contexts, supporting evidence-based interventions to reduce diagnostic delays and improve patient outcomes.

Abstract ID: **64**
Title: **Using a Citizen Jury and Discrete Choice Experiment to Inform Personalised Lung Cancer Screening**
Session type: **Poster presentation**

Authors: **Ms Emma Harty**
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Background
Conventional population-based lung cancer screening (LCS) approaches, typically targeting individuals by age and smoking history, risk overdiagnosis and unnecessary interventions, particularly among lower-risk groups. A risk-stratified, personalised screening model may offer a superior balance between the benefits and harms of screening. This study seeks to integrate public perspectives to inform the design of a tailored LCS programme aligned with the preferences of the Irish population.

Aim
To employ a two-phase approach—starting with a citizen jury, followed by a discrete choice experiment (DCE)—to identify public preferences regarding key attributes of LCS, guiding the development of a personalised, risk-based screening framework.

Methods
A representative citizen jury will deliberate on the advantages and disadvantages of personalised versus population-based LCS strategies. The jury’s discussions will focus on critical aspects of screening, such as the risk of overdiagnosis and the implications of risk stratification. Findings from the jury will inform the design of a subsequent DCE, which will be administered to a broader cohort of the public. The DCE will systematically assess preferences for LCS attributes, including screening modality, interval, false positive rates, and expected mortality reduction. Quantitative data from the DCE will be analysed using conditional logit models to determine attribute importance and acceptable risk thresholds, while thematic analysis of jury deliberations will provide context to the quantitative findings.

Results
Preliminary findings from the citizen jury, along with the DCE design and initial feedback, will be presented at the conference, providing early insights into public priorities for LCS.

Implications for Practice/Policy
The findings will inform the development of a risk-stratified LCS programme that aligns with public preferences, supporting evidence-based policy and enhancing screening effectiveness in Ireland.

Abstract ID: **65**

Title: **Title: Protocol for the Development of a Primary Care Research Curriculum and Interim Results from Step 1 of Kern's Six Step Framework for Curriculum Development**

Session type: **Poster presentation**

Authors: **Joshua Graham & Logan Verlaque**
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Background: The growing burden of non-communicable diseases (NCDs) requires the expansion of population health and primary care research to support clinical decision making and resource allocation. This requires a pipeline to build early career researchers with the requisite skillset. The role of GPs in prevention, screening, diagnosis and multidisciplinary care of cancer and other significant diseases suggests that a GP lead curriculum could be established to educate medical students. We believe that a primary care research curriculum for medical students delivered by a primary care cancer research group can provide this framework.

Methods: The context for the study is the PRiCAN research group ("Primary Care Research into Cancer"), nested within the Department of General Practice at RCSI University of Medicine and Health Sciences, Ireland. The curriculum development process follows Kern's Six Step Framework. The first two steps involve needs assessment, steps three and four focus on curriculum design, while the final steps cover implementation and evaluation. Step 1 is currently ongoing and will run over the 2024/25 academic year; a survey of medical education stakeholders to assess current approaches and a literature review of educational initiatives in population health and primary care research.

Interim results: In 2023, the "PRiCAN Scholars Network" (PSN) was established. The development of this protocol and the successful two supporting bursaries, was led by PSN-students. By 2024, PSN-led outputs included fourteen presentations, four published protocols, two stakeholder workshops, a "PPI Position Statement", a key-informant process on cancer screening, and a draft report for the Irish National Cancer Control Programme on cancer symptom awareness interventions.

Implications: Students in the PRiCAN Scholars Network, through hands-on experience and training in primary care research, will be exemplary population health and primary care researchers. We will present the protocol for, and interim results from Step 1 of the curriculum development process.

Abstract ID: **66**
Title: **GP and patient physical activity: Physicians healing themselves and moving patients 'a step up the ladder'**
Session type: **Poster presentation**

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Background:
As physical inactivity levels and incidence of chronic conditions rise, general practitioners may have a critical role in promoting physical activity [PA]. With the physically inactive nature of general practice work and the workload capacity challenges facing the profession, the experiences of GPs in relation to PA is an important consideration.
Objectives: This study aims to explore the behaviours and perspectives of GPs on PA in their personal life as well as professional practice.
Methods: A qualitative study design was used, with semi-structured one-on-one individual interviews (n=21 participants). Data was analysed using Braun and Clarke's reflexive thematic analysis.
Results: Two meta-themes; The art of medicine and towards more active living for health and eight inter-related sub themes were identified. All of the GPs interviewed were aware of the importance of PA and well informed of World Health Organisation guidelines for PA but fell short of their own aspirations for PA. Their perspectives, but not engagement, had an impact on the promotion of PA that occurred in the professional practice. Despite the barriers identified, most were confident in promoting PA to their patients and all mentioned the benefit of continued care as a tool in promoting PA.
Conclusions: Numerous barriers such as family time, long work hours, lack of energy and facilitators like goal setting, physical and mental health benefits, and engaging in any form of PA were identified. Addressing these factors by increasing GP engagement with PA could improve both the GPs' health and patients' health simultaneously.

Abstract ID: **67**

Title: **A Cross-Sectional Analysis of GP Referrals for Suspected Cancer in Ireland (GRACCHUS Study)**

Session type: **Oral presentation**

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Background: Cancer remains a leading cause of mortality in Ireland, accounting for nearly 30% of all deaths. Early diagnosis is crucial for improving survival rates and patient quality of life. Rapid Access Referral Clinics (RACs) were introduced to streamline diagnostic evaluations for suspected lung, prostate, and breast cancers, and malignant melanoma, through direct GP referrals. Since their establishment, limited work has explored the utilisation of these pathways by GPs, or their diagnostic yield.
Aim: This biphasic study aims to analyse the utilisation of RAC referral pathways by GPs for prostate and lung cancers and to evaluate patient outcomes. Phase 1 will describe current referral practices, assessing trends and variations based on cancer type, patient demographics, GP practice size, and clinical features. Phase 2 will determine the conversion rate of referrals into confirmed cancer diagnoses and evaluate related patient outcomes.
Methods: This retrospective cross-sectional study involves approximately 20 GP practices recruited from a practice-based research network. Phase 1 includes a repeated cross-sectional analysis of electronic health records for RAC referrals from 2013-2023, using a data extraction tool to collate the required information. Phase 2 requires a retrospective chart review to determine conversion rates of referrals, and to analyse related clinical outcomes.
Results: Initial analysis of prostate cancer referrals from one pilot practice yielded 50 RAC referrals (31.25 per 1,000 male patients; 4.54 referrals per year). The median age of patients was 61 years (IQR: 56–70). The conversion rate for diagnosis was 34%, with Gleason scores of 7 (64.7%), 6 (17.6%), and 8 (17.6%). External beam radiotherapy was the most frequently reported treatment (47.1%).
Implications: Findings will provide detailed insights into referral trends and outcomes, informing quality improvement efforts and future research on urgent cancer referrals in primary care. Complete results and recommendations will be presented at the conference.

Abstract ID: **68**

Title: **Validation of Cancer Incidence Using Irish GP Data: A Retrospective Cohort Study Comparing Primary Care and National Registry Data**

Session type: **Oral presentation**

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Background:
Primary care datasets offer valuable longitudinal data for research and policy-making. However, Ireland's primary care data infrastructure is limited, with inconsistent diagnostic coding raising concerns about its research utility. While gaps in coding for chronic conditions are well-documented, cancer diagnosis validation remains unaddressed.

Aims:

1. Estimate cancer incidence in a cohort aged over 60 using primary care diagnostic codes.
2. Compare these rates with age- and sex-adjusted incidence rates from the NCRI.
3. Identify patterns of coding discrepancies and propose strategies to improve primary care data reliability.

Methodology:
A retrospective cohort study, reported following RECORD guidelines, used anonymised data from 43 GP practices in the Irish Primary Care Research Network (IPCRN) from 2011 to 2018. Cancer cases were identified using ICD-10 and ICPC-2 codes for the 20 most common cancers. Incidence rates per 100,000 person-years were compared with NCRI data using chi-squared tests.

Results:
Among 51,250 patients, 3,432 new cancer cases were recorded over a mean follow-up of 5.3 years. Prostate, leukaemia and cervical cancers aligned closely with NCRI data. However, 16 cancers, including breast and lung, were significantly underrepresented ($p < 0.05$). ICPC-2's broad categories contributed to coding errors, particularly for rare cancers. Variability in coding practices was identified across GP practices with coding rates ranging from 0.03 to 54.2 codes per patient.

Discussion:
Coding discrepancies, inconsistent use of ICD-10 and ICPC-2 and lack of mortality data impacted the accuracy of cancer incidence estimates. Lessons from the UK and Australia suggest that standardising coding systems (e.g. SNOMED CT) and integrating primary care data with mortality registries improve reliability.

Conclusion:
Significant underreporting of cancers in Irish GP datasets underscores the need for standardised diagnostic coding and integration with mortality data. Training GPs and routine data validation are critical for improving data utility for cancer surveillance and policy-making.

Abstract ID: **69**
Title: **Task-shifting from GPs to general practice nurses in general practice, an exploration of the views and key priorities of GPs and GPNs**
Session type: **Oral presentation**

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Introduction

The demand on Irish General Practice is increasing significantly. There is both a growing and ageing population leading to a higher demand on healthcare services. Policy changes such as Sláintecare, are aimed at shifting healthcare delivery towards community settings, which has increased the workload and demands on general practice. Task-shifting from physicians to nurses in general practice offers numerous benefits, including improved access to care, cost savings, and enhanced patient satisfaction particularly with chronic disease. However, successful implementation requires addressing challenges related to training, resistance from physicians, and regulatory issues.

Aims

This research aims to help us understand the key priorities for task-shifting in general practice in Ireland. It will help us identify what clinical presentations could be managed by GPNs working at the top of their scope of practice. It will explore the educational needs of this group of nurses to facilitate role expansion and change in practice. Barriers and facilitators to task-shifting will be examined from the GP and the GPN perspective, opening an opportunity for dialogue where discrepancies exist.

Methods

A phenomenological approach was used. Semi-structured interviews were conducted with participating GPs and GPNs, which were audio recorded, transcribed verbatim and analysed using a process of thematic analysis. The research team familiarised themselves with the data and the emerging themes. The data was coded using NVivo software.

Results

This ongoing research will provide insights into key priorities for task-shifting and explore barriers and enablers to this process. It will identify the education and resources required by GPNs to safely and competently expand their practice.

Conclusion

Exploring task-shifting challenges and facilitators could enable the expansion of nursing roles in general practice. Supporting expanded practice could prevent service fragmentation, improve access, and enable advanced nursing care for acute and chronic illnesses, preventative care, and various clinical conditions.

Abstract ID: **70**

Title: **Exploring the Role of Digital Scribes in Enhancing Cancer Care Outcomes in Primary Healthcare: A Scoping Review**

Session type: **Poster presentation**

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Background: Digital scribes use speech recognition and natural language processing to document clinical encounters, similar to human scribes. By automating documentation tasks, digital scribes may reduce clinician workload, particularly in primary care, potentially allowing more time for cancer screening and patient engagement, which are essential for early diagnosis and improved outcomes.
Aim: To evaluate the role of digital scribes in enhancing cancer outcomes in primary care.
Methods: This scoping review follows the Arksey and O’Malley framework, enhanced by Levac et al., and adheres to PRISMA-ScR guidelines. A comprehensive search was conducted in MEDLINE and Embase, focusing on peer-reviewed studies examining the use of digital scribes in primary or cancer care settings. The data were thematically charted, comparing methodologies, main findings, and limitations.
Results: The review included 10 relevant publications, primarily focused on primary care. Four studies employed an interventional design, while the majority were descriptive or based on expert opinion. Reported benefits included reduced physician burnout, decreased documentation time, increased referral rates, improved coordination between primary and secondary care, and enhanced patient-clinician communication. Identified barriers included medico-legal concerns and issues related to patient privacy.
Implications: These preliminary findings suggest potential benefits of digital scribes in reducing clinician workload and enhancing practice efficiency, though evidence directly linking their use to improved cancer outcomes in primary care is limited. The increased capacity for patient assessment and timely referrals could support early cancer detection. Full results, including a detailed analysis, will be presented at the conference, alongside recommendations for addressing implementation challenges related to legal and privacy issues.

Abstract ID: **71**

Title: **Dancing for Health and wellbeing: A multimethod feasibility study of examining health impacts of dancing among pulmonary fibrosis patients.**

Session type: **Poster presentation**

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Background: Pulmonary fibrosis (PF) is a serious life-limiting condition that causes progressive breathlessness, fatigue, cough, low blood oxygen levels and ultimately respiratory failure.
Objective: The specific objectives of the project were: 1. To identify the efficacy of non-pharmacologic intervention having a health impact on PF patients. 2. To assess the physical and mental health impacts of online dance intervention. 3. To assess the feasibility of dance intervention.
Methods: A systematic review was conducted to investigate the health impact of dance interventions on patients with non-infectious pulmonary diseases. With pre-post design, 16 patients with PF, members of the Irish Lung Fibrosis Association, participated in 75 minutes online dance intervention for eight weeks delivered by an experienced choreographer. Participants were asked to complete 2 self-assessment questionnaires, EQ-5D-3L and the Chronic Respiratory Questionnaire Self-Administered Standardized to assess their perceived respiratory capacity. A paired-sample t-test was employed to assess the mean differences between the pre-and post-intervention scores. An exploratory qualitative study using thematic analysis of semi structured interviews was carried out to understand feasibility as well as health and wellbeing impacts of dancing.
Results: With limited research, systematic review found dance was perceived to have a broad range of physical/mental/social benefits. Participants reported their health moderate to best on Visual Analogue Scale of EQ-5D-3L which improved by 1-3 scale among 40%. Mental health improved as percentage of not feeling anxious or depressed rose post event from 42.86% to 72.73%. Qualitative study’s emerging themes revealed virtual dance was acceptable, enjoyable, and feasible among participants; who strongly perceived health benefits especially breathing efficiency and mental health improvements for managing their day-to-day struggles with PF.
Conclusion: Dance as an alternate exercise-based rehabilitation programme – More favourable, higher adherence rate, better health and wellbeing outcomes and achieve higher targets of recommended PA levels in the community.

Abstract ID: **72**
Title: **Affordable Food Clubs – dignified help for Food Insecurity and what General Practice should know**
Session type: **Poster presentation**
Authors: **Dr Meghan Deery**
Affiliation: **QUB**

Co-Authors:
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Introduction

Food Insecurity, described by the WHO as an important social determinant of health, has come to the fore in recent years. Many are aware of Food Banks which whilst initially set up for emergency food provision, are now relied on regularly by many, including those in paid employment. In addition to concerns around availability of food, many are uncomfortable about the nutritional makeup of foods suitable for Food Bank distribution. In response, various social enterprises have developed “Affordable Food Clubs” throughout the UK, providing discounted foods with an emphasis on dignity for their users. Work has been underway in England to map these Food Clubs and bring them into networks; this work is in its early stages In Northern Ireland. General Practitioners are often unaware of the existence of what might be deemed a local Affordable Food Clubs, and even more crucially from a preventative health point of view, their provision of holistic allied services linked to user wellbeing.

Aim

- To understand the landscape of Affordable Food Clubs within Northen Ireland including where they are based, their local links and wraparound services they offer
- To explore the understanding of GP Trainees of Affordable Food Clubs

Methods

This work will be in two phases, ethical approval will be sought.

Phase 1:

The first phase of this study is distribution of a questionnaire to consenting Affordable Food Clubs with pre-established links to the Centre for Public Health at QUB for gathering of data on local Affordable Food Clubs

Phase 2:

The second phase of this study is delivery of an educational workshop to participating GP trainees within Northern Ireland regarding Affordable Food Clubs and exploring their understanding of these following the workshop.

Results, Discussion and Conclusions

This is a work in progress, available data will be shared at the time of presentation

Abstract ID: **73**
Title: **Medicines support and socIal prescribing to aDdress pAtient prioritieS in multimorbidity (MIDAS): a process evaluation protocol**
Session type: **Poster presentation**

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Prof Susan Smith, Discipline of Public Health and Primary Care, Trinity College Dublin
Dr Barbara Clyne, Department of Public Health and Epidemiology, School of Population Health, RCSI University of Medicine and Health Sciences

Introduction: Multimorbidity, living with ≥ two chronic conditions, is associated with adverse health outcomes and increased health service use. The ‘Medicines support and socIal prescribing to aDdress pAtient prioritieS in multimorbidity’ (MIDAS) cluster randomised controlled trial (RCT) is evaluating the effectiveness and cost-effectiveness of two interventions aimed at improving multimorbidity outcomes in primary care: 1) MyComrade: practice-based pharmacists supporting general practitioners (GPs) to manage medicines, and; 2) LinkMM: practice-based link workers providing social prescribing support. The process evaluation will explore the implementation of both interventions and their interaction with the contexts in which they are employed.
Methods: We will use a convergent parallel mixed methods design. We will assess reach, fidelity, and dose using patient questionnaires and intervention logs. Qualitative data will be collected through semi-structured interviews post-intervention in a purposive sample of GPs, practice nurses, intervention personnel (e.g., pharmacists and link workers) and patients, seeking variation in age, sex, education, ethnicity, and adherence. Mobile Instant Messaging Ethnography (MIME) will be used to collect real-time data from a subset of intervention personnel. This approach involves the research team communicating with intervention personnel via Threema (an instant messaging mobile application) at three phases of the intervention (beginning, middle, end). The message prompts will encourage participants to share reflections on what worked well, challenges encountered, and contextual factors influencing intervention delivery. Quantitative data will be analysed descriptively, and qualitative data will be analysed using thematic analysis. Composite narratives will be constructed using these data to provide an overarching view of how the interventions were delivered and experienced.
Discussion: The process evaluation will provide a detailed understanding of implementation, contextual factors, and mechanisms influencing the effectiveness of the MyComrade and LinkMM interventions. The findings will contribute to evidence on implementing complex interventions to improve care for individuals with multimorbidity in primary care settings.

Abstract ID: **76**

Title: **“I want them to know what a polar bear is!”: The effect of a nature –based intervention on Eco-anxiety and Climate Engagement in TY students: a randomised controlled trial**

Session type: **Poster presentation**

Authors: **Prof Liam Glynn**

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Introduction

We are experiencing a climate and biodiversity crisis unprecedented in the history of mankind. “Eco-anxiety” is the anxiety relating to the multitude of ecological crises while “climate capability” on the other hand describes the ability and motivation of people to make changes to their individual behaviours and also advocate for change at a national and international level.

Aim

The aim of this study was to evaluate the effectiveness of an intervention to change eco-anxiety and climate capability in Transition Year students in Ireland.

Method

Randomised controlled trial of all TY students in as single school community in Ireland. Once consented and before they were assigned to control or intervention groups, climate capability was measured using the Climate Capability Scale and eco-anxiety using the Hogg eco-anxiety scale in all participants using an online survey link. All participants were then randomly assigned to either control of intervention groups. The intervention group over the following four weeks received weekly AI-generated online messages. At the end of the four weeks the intervention group undertook a supervised half day field trip consisting of climate education, Shinrin Yoku forest bathing and river restoration and tree planting.

Results

A total of 116 students were invited to participate and 86 (73%) agreed to do so and completed baseline data (Intervention =43; Control=43); 83 provided outcome data (Intervention =43; Control=40). There was evidence of a significant intervention effect ($p<0.01$); with an increase in mean climate capability score of 8.2 (4.9 – 11.5) and an associated increase in eco-anxiety score of 7.2 (3.7-10.7) favouring the intervention. There was a statistically significant correlation between the change in primary outcomes (Pearson correlation = 0.485, $P<0.001$).

Conclusion

The study results confirm the effectiveness of getting younger people out into nature and engaging with our environment in order to build up positive relationships with nature and build their own capacity and capability to effect change in their own lives and in the world around them.

Abstract ID: **77**

Title: **The Development of a Palliative Care Curriculum for GP Trainees: A Delphi Study**

Session type: **Oral presentation**

Authors: **Mr Mathieu Wong**
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Ms. Bina Moynihan, Clinical Nurse Manager, Marymount Univ. Hospital & Hospice

Introduction:

Palliative care can improve the quality of life for people living with life-limiting illnesses. General Practitioners (GPs) play a key role in the delivery of community-based primary palliative care. However, research highlights GP trainees' lack of confidence in providing palliative care. Despite palliative care being an identified area of educational need, there is limited research around the curricular elements most relevant to GP trainees. Identifying GP trainees' educational needs will afford the opportunity to develop targeted palliative care education and training.

Aim:

This study aims to determine the prioritized content of a palliative care curriculum for GP trainees in Ireland.

Method:

A 2-round e-Delphi study is underway with a panel of palliative care subject-matter experts (GPs, palliative care nurses, and palliative care physicians with clinical or teaching experience in Ireland within last 10 years). Participants evaluate statements derived from 48 European Association for Palliative Care (EAPC) and Health Service Executive (HSE) palliative care competencies. Using a 1-7 Likert scale, participants rate each statement from "Essential Priority" to "Not a Priority." In round two of the Delphi survey, the results from the first survey are analysed, summarized and shared with participants, who re-evaluate the same statements to refine or confirm consensus. Consensus is defined as >80% agreement on a particular statement/competency. Following agreed delphi consensus techniques, data will be analyzed.

Results:

This study is ongoing, with 42 active participants in round 1 to-date: 13 GPs, 14 Palliative care physicians, 15 palliative care nurses. We are currently collecting and analysing responses from participants for the second round.

Discussion/Conclusion:

Findings of this Delphi study may be used by curriculum developers and medical educationalists to inform content and delivery of palliative care education and training for GP trainees.

Abstract ID: **78**
Title: **Out-of-hours General Practice care in Ireland: Consultations and Emergency Department referrals from 2013 to 2022**
Session type: **Oral presentation**

Authors: **William Giguere - Medical Student**
Affiliation: **University of Limerick**

Co-Authors:
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Data Controller: Dr Mike O'Callaghan, ICGP Research Hub
Data Processors: Dr Mike O'Callaghan, Dr Fintan Stanley, ICGP Research Hub

Abstract

Background:
GPs in the Republic of Ireland (RoI) are required to provide 24/7 access to urgent care for patients with public healthcare entitlement. Out-of-hours (OOH) services play a crucial role in fulfilling this requirement and managing urgent health issues in the community. OOH care is defined as services delivered outside 8 a.m. to 6 p.m. on weekdays, including weekends and bank holidays. 78% of GPs participate in local cooperatives, however, limited data exist on their activity, including referral rates to EDs. This study aims to describe the activity of OOH cooperatives in RoI.

Methods:
Fifteen OOH cooperatives were invited to participate, and eight provided aggregated data for 2013–2022, covering 8.8 million patient contacts. Call data was collected in a standardized format, including volume, patient age, resolution method (triage nurse, doctor consultation, teleconsultation), and outcomes, including referral to EDs.

Results:
From 2013 to 2022, total contacts increased from 775,000 to 977,000 annually, with an 18% decrease in 2020 due to COVID-19. Pre-pandemic, 72% of contacts were resolved by in-person GP consultations, while 21% were handled by triage nurses. During the pandemic, teleconsultations rose sharply, peaking at 45% in 2021. By 2022, 34% of contacts were handled via GP teleconsultation, 44% by in-person GP consultations, and 23% by triage nurses. Critically, OOH services referred an average of 13% of contacts to EDs over the 10-year period, highlighting their vital role in keeping care in our communities.

Conclusion:
OOH GP services account for approximately 5% of annual GP contacts in RoI and provide significant support in reducing hospital referrals by managing most cases within the community. The rise in teleconsultations since COVID-19 reflects the evolving nature of OOH care. Ongoing evaluation is necessary to ensure these services continue to meet patient needs effectively. Future research should examine patient and provider experiences to guide improvements in OOH service delivery.

Abstract ID: **79**

Title: **Patients should not all be treated the same: a Scoping Review of General Practice training in Cultural Models.**

Session type: **Poster presentation**

Authors: **Lisa Collins**
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Professor Helen Reid: Centre for Medical Education, School of Medicine, Dentistry and Biomedical Sciences, Queen’s University Belfast

Introduction

Doctors training to become general practitioners (GPs) are increasingly working in cross cultural contexts. Presenting to GP is often the first step people take when seeking healthcare and yet disparities in access to GP care and the quality of healthcare provided has been well documented. Cultural model frameworks have emerged as a means of better serving all patients and providing culturally specific care. Cultural competency, cultural safety, cultural humility, and transcultural care have developed as tools to better equip medical professionals striving towards a more culturally appropriate healthcare system, ensuring equity and culturally meaningful outcomes for patients.

Aims

The aim of this scoping review is to map the use of cultural models within GP training.

Methods

This review was conducted in accordance with the Scoping Review Methods Manual by the Joanna Briggs Institute and the Arksey-O’Malley Framework for scoping studies and reported using the Preferred Reporting Items for Systematic Reviews and Meta Analyses extension for Scoping Reviews.

Results

The initial search in May 2023 returned 471 articles, limited to English language. Using Rayyan software, relevant sources were retrieved in full and their citation details imported. The primary researcher re-ran the search in September 2024, with all languages included. This returned 543 articles. Assessed against the inclusion criteria, a total of 18 articles met the criteria. Data was extracted and synthesised thematically. Themes identified included informality of cultural model education, how cultural model training is valued, and the role of cultural mentors.

Discussion and Conclusions.

Within general practice, we need to consider a model of care where all patients are not treated the same but uniquely different, taking into consideration social determinants of their health, history, culture, and spiritual backgrounds. Cultural models aim to prioritise culturally safe consultations by culturally competent doctors, an area of research for more extensive exploration.

Abstract ID: **80**
Title: **What isn't counted doesn't count: A Methodological Evolution in Irish GP Workforce Analysis**
Session type: **Poster presentation**
Authors: **Dr. Fintan Stanley, PhD**
Affiliation: **ICGP**

Co-Authors:
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Dr Mike O'Callaghan BMBS, MICGP - Irish College of GPs

INTRODUCTION:
Good GP workforce planning requires good data systems. Irish GP workforce analysis has relied on data from multiple sources and annual snapshots, limiting analysis and our view of trends. Here we describe ICGP efforts to develop a new structured approach, alongside initial insights.

AIMS:
We sought to build a database that could combine GP workforce data from different sources and track changes over time. This would help answer complex workforce questions and support better planning.

METHODS:
We built an SQL database to bring together ICGP records, professional competency scheme (PCS) data, Central Statistics Office data, and Healthy Ireland Survey responses. The design approach keeps continuing updates and the addition of new datasets in mind. We developed a classification system called TARO to consistently categorize GPs as Trainee, Abroad, Retired etc. We checked data quality against past records and external estimates.

RESULTS:
The new system successfully combines multiple years of workforce data and maps most GPs to their practices. Early analysis indicated new patterns in how GPs might leave the workforce, with two distinct groups around ages 40 and 70. The system also matches external estimates of GP geographic distributions.

DISCUSSION:
Moving from yearly snapshots to an integrated database has made our analysis better and faster. While early findings show the value of tracking changes over time, we still need to mature the system and validate further analyses, including developing reporting at local and practice level.

CONCLUSION:
This new approach marks a step forward in how we analyse the GP workforce. It provides better more timely evidence for workforce planning and policy decisions.

Abstract ID: **81**
Title: **Primary Care Providers' Perspectives of Experiences with Transgender and Gender Diverse Adults: A Scoping Review**
Session type: **Oral presentation**

Authors: **Ms Kate Lauren Keaney**
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Background: As a minority group, transgender and gender diverse (TGD) individuals may experience healthcare stressors due to stigma, transphobia and healthcare staff who lack the knowledge about their specific needs, impacting primary care entry and attendance. Extant literature is concentrated on TGD individuals' perspectives of primary care with the main message being that it is inadequate.

Aim: This scoping review aims to explore existing evidence relating to the primary care provider (PCP) perspective of experiences with adult TGD patients.
Methods: A scoping review was conducted using Arksey and O'Malley's five-step framework to map and describe the literature relating to PCP perspectives of experiences with TGD adults. Four databases were searched during June 2024: PubMed, Embase, PsycINFO and CINAHL Plus. The process was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). The final dataset (n=16) was charted and analysed thematically.
Results: Following application of exclusion criteria and removal of duplicates, sixteen studies across four countries were included in the review. Studies included qualitative studies, surveys, a retrospective review, mixed methods studies and a pilot study with a pre-post intervention analysis. Key themes identified related to the attitudes of PCPs towards TGD individuals, education of PCPs on TGD health issues and the barriers/facilitators to caring for TGD patients from a PCP perspective.
Conclusion: The review suggests that further research into this topic is required to gain enhanced understanding and insight into the experiences and competencies of PCPs across more countries and to explore the educational needs of PCPs on TGD health topics.

Abstract ID: **82**
Title: **GP Awareness of the Dementia Adviser Service in Cork & Kerry**
Session type: **Poster presentation**
Authors: **Ms. Amara Singh**
Affiliation: **University College Cork**

Co-Authors:
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Introduction

Dementia exacts biopsychosocial tolls on patients, reducing lifespan and independence. The Dementia Adviser Service was established by The Alzheimer Society of Ireland to provide information, advice, and resources to people living with dementia, while collaborating with healthcare professionals including GPs. However, GP understanding of the DAS is not well understood.

Aims

This project seeks to determine GP awareness of the DAS, and explore GP perspectives on how to improve the integration of the DAS with general practice in Cork and Kerry.

Method

This cross-sectional study used an adapted questionnaire with open and closed questions. The questionnaire was piloted prior to postal distribution to a random sample of 500 GPs from Cork and Kerry. The study included respondents who were general practitioners currently practicing in county Cork or Kerry, and excluded other medical specialties. Qualitative data was analyzed using inductive thematic analysis.

Results

Of included respondents (N = 119), 84.0% of GPs reported being previously unaware of the DAS, while 12% were aware and 4% were unsure. 8.4% of total respondents reported contacting the DAS. The majority of GPs who communicated with the DAS were satisfied and the majority would recommend the service to colleagues. GPs believed the quality and integration of the DAS with general practice might be improved with better dissemination of information about the DAS to GPs, feedback to GPs regarding patients' interactions with the DAS, and improved referral processes. Inductive thematic analysis revealed themes of communication and ease of access.

Conclusion

Although GP experience with the DAS was often positive, awareness of the DAS among GPs was low. This study indicated the importance of improved communication in integrating the DAS with primary care.

Abstract ID: **83**

Title: **Improving Asthma Management and Environmental Impact in an Academic General Practice in Ireland: A Quality Improvement Initiative**

Session type: **Poster presentation**

Authors: **Mr Anthony J Goodings**
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Introduction:
Asthma management has evolved significantly, with the 2024 Global Initiative for Asthma (GINA) guidelines recommending inhaled corticosteroid-formoterol (ICS-formoterol) over salbutamol relievers for individuals over 12 years of age. Additionally, pressurized metered dose inhalers (pMDIs), commonly used for asthma, contribute significantly to carbon emissions. Despite evidence of better outcomes with ICS-formoterol, many patients continue to use suboptimal regimens, presenting an opportunity for both clinical and environmental improvement.

Aims:
This study aimed to improve adherence to the 2024 GINA guidelines within a family medicine practice by optimizing asthma therapy. A secondary aim was to reduce the carbon footprint by promoting alternatives to pMDIs.

Methods:
An electronic medical record review identified patients aged 12 and above with asthma on suboptimal therapy. Eligible patients (n=53) were contacted via SMS or phone, informing them of the potential benefits of switching to ICS-formoterol and the environmental advantages of pMDI alternatives. Those who consented underwent therapy modification. Descriptive statistics were used to analyze changes in prescription patterns and estimate carbon emission reductions.

Results:
Of 53 patients contacted, 28 consented to therapy changes, 23 did not respond, and 2 declined. Compliance with GINA guidelines increased from 59.1% to 79.6%. The proportion of pMDI prescriptions dropped from 33.5% to 18.6%, resulting in an estimated annual reduction of 1007 kgCO2e emissions.

Conclusions:
This initiative successfully optimized asthma management and reduced the environmental impact of inhaler prescriptions in a family medicine practice. The results highlight the dual potential of quality improvement initiatives in enhancing patient care and promoting environmental stewardship. Future studies should explore scaling such interventions to broader healthcare settings.

Abstract ID: **84**
Title: **How are direct healthcare professional communications (DHPC) operationalised by General Practitioners (GPs) and community pharmacists in Ireland?**
Session type: **Poster presentation**
Authors: **Dr Paul Ryan**
Affiliation: **University College Cork**

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Professor Stephen Byrne (Deputy President and Registrar, University College Cork)
Professor Emma Wallace (Professor of General Practice, Department of General Practice, School of Medicine, University College Cork)

Background

Direct Healthcare Professional Communications (DHPCs) are issued by medicines regulators i.e. European Medicines Agency / the Health Products Regulatory Agency (HPRA), to update healthcare professionals on novel important medication safety information in a timely manner. However, international evidence suggests variation in their implementation in clinical practice and no studies have examined how DHPCs are managed by primary care healthcare professionals.

Aim

To explore how primary care healthcare professionals operationalise DHPCs and their preferences for receiving medicines safety updates.

Methods

National cross-sectional survey of GPs and community pharmacists, developed in collaboration with the HPRA and conducted in June 2024.

Results

A total of 277 GPs and 219 community pharmacists completed the survey, representing 6% and 4% of the national registers, respectively. A total of 228 (82%) of administrative staff in GP practices open DHPCs compared with 152 (69%) of pharmacists opening the letter. A total of 92 (33%) of GPs prefer to receive important medicine safety related information via email compared with 116 (53%) of pharmacists. Barriers to implementation across both professional groups include time constraints, updates not being perceived as relevant and lack of notifications from practice software. A total of 227 (82%) GPs prefer to receive new important medicine safety updates via DHPCs rather than other methods compared with 196 (89%) of pharmacists. A total of 230 (83%) GPs are willing to receive remote support from a GP/pharmacist to help implement recommendations, compared with 164 (75%) pharmacists. A total of 257 (93%) GPs and 198 (90%) pharmacists asked that prescribing software systems support clinical decision making by providing point of care medicationsafety notifications.

Conclusions

GPs and pharmacists are satisfied with receiving medicine safety alerts via DHPCs. They are also willing to receive remote support from a GP/pharmacist as well as software notifications to help implement DHPC recommendations.

Abstract ID: **85**
Title: **Explaining a Diagnosis of Fibromyalgia in Primary Care**
Session type: **Oral presentation**
Authors: **Dr Kerrie McConnell**
Affiliation: **Queen’s University Belfast, NIMDTA**

Co-Authors:
Dr Neil Heron (Queen’s University Belfast)
Prof Nigel Hart (Queen’s University Belfast)

Background: Fibromyalgia is a common cause of chronic pain in the UK, with a huge individual and societal impact. Despite this, it remains difficult to diagnose and treat. The explanation of a fibromyalgia diagnosis can lead to difficult therapeutic relationships, with attitudinal issues and negative profiling of patients. This can lead to frustration for both patients and physicians, and have a harmful impact on health outcomes.
Aim: To review how an explanation of a fibromyalgia diagnosis is provided in primary care in order to establish a model of best practice when educating patients on their diagnosis.
Design & Setting: Scoping review of articles written in English.
Method: MEDLINE, Embase, Web of Science, and grey literature were searched. Articles were extracted, reviewed, and analysed according to the inclusion criteria.
Results: In total, 29 records met the inclusion criteria. The following six overarching themes were identified: patient education; physician education; importance of the multidisciplinary team; importance of patient-centred care; the value of primary care; and useful resources. The literature illustrated that describing fibromyalgia using analogies to illustrate the pain sensitisation process can help patients understand their diagnosis better. This improves their willingness to accept management plans, particularly engagement with non-pharmacological therapies, which the literature suggests are best delivered within a multidisciplinary team.
Conclusion: Key aspects of fibromyalgia should be explained to patients in order for them to gain a better understanding of their diagnosis. A 'one-size-fits-all' model for explaining the fibromyalgia diagnosis to patients is inappropriate because patients' experiences are individualised. Further research is required on whether different explanations impact patient outcomes.

Abstract ID: **86**

Title: **Enhancing Safety Measures for SGLT2 Inhibitors in Primary Care: An Audit of Current Practices and Interventions**

Session type: **Poster presentation**

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Introduction -The utilisation of SGLT2 inhibitors has risen substantially due to expanded evidence-based indications for patients with diabetes, renal failure, and heart failure. Many prescriptions are increasingly initiated in secondary care, posing challenges for safety monitoring in primary care. SGLT2 inhibitors carry known risks, including a 1/1000 incidence of normoglycemic ketoacidosis.
Aim -To assess safety measures associated with SGLT2 inhibitors in primary care and identify areas for improvement.
Methods -An audit of clinical notes was conducted for all patients on SGLT2 inhibitors in a GP practice in Cork, Ireland, in April 2024. Data collected included initiation date and indication, whether the medication was highlighted as an “active diagnosis,” inclusion of safety information as free text on prescriptions, patient awareness of "sick day rules," and renal function checks within six months. Interventions were introduced, including marking SGLT2 inhibitors as an “active diagnosis” and adding free text safety information to prescriptions. A repeat audit was conducted in December 2024.
Results -The initial audit identified 34 patients on SGLT2 inhibitors. None of the prescriptions contained safety information. One chart (3%) highlighted the SGLT2 inhibitor as an “active diagnosis,” and six (18%) documented awareness of "sick day rules." By the second audit, the number of patients increased to 52, reflecting wider secondary care initiation. Post-intervention, over half of the prescriptions included safety information (28/52, 54%), 60% (31/52) highlighted the medication as an “active diagnosis,” and 12 charts (23%) documented awareness of "sick day rules."
Conclusion -This audit demonstrates the growing responsibility of primary care in managing patients initiated on SGLT2 inhibitors in primary and secondary care. Interventions significantly improved safety documentation, but further efforts are required to ensure comprehensive patient education and safety.

Abstract ID: **87**
Title: **Capsule Sponge: An Easy Pill to Swallow for Primary Care**
Session type: **Oral presentation**
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Background
Oesophageal cancer presents a growing and serious problem worldwide. Incidence is increasing with adenocarcinoma now the most common subtype in many developed countries including the UK and Ireland. Initial presentation is often at a late stage with non-specific symptoms. Subsequently, survival outcomes are amongst the poorest compared to other cancers. The novel capsule sponge technology offers an opportunity for early identification of those at risk of Barrett's oesophagus and oesophageal adenocarcinoma with the potential to be performed within primary care. However there has been no research to date regarding its acceptability amongst general practitioners.

Method
This qualitative study aims to understand GP decision making regarding management of patients presenting with upper GI symptoms. A group of GP volunteers from across the UK and Ireland will be involved in semi-structured interviews. Within these interviews, GPs will be asked about their current practices for management of upper GI symptoms and any challenges they face with particular patient cohorts or referral difficulties. Interviews will further discuss the concept of capsule sponge as a potential tool for risk stratification of patients in primary care and whether GPs feel this would be acceptable option in future practice. Patient representatives have been involved in development of the interview guide through participation in a regional personal and public involvement (PPI) group.

Results
This research project is currently ongoing. Interviews are currently being conducted with the aim that they will be completed at the end of February 2025. Analysis of interview data will be undertaken using Braun and Clarke's framework for reflective thematic analysis.

Conclusion
The potential use of the capsule sponge to improve early diagnosis of oesophageal adenocarcinoma is an exciting development. However, it is essential that GP viewpoints are considered prior to implementation to achieve widespread adoption in primary care and influence policy change.

Abstract ID: **88**
Title: **Adolescent Mental Health and General Practice: A Qualitative Study of Irish Adolescents', parents' and General Practitioners' views on best practice**
Session type: **Oral presentation**
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Adolescent Mental Health and General Practice: A Qualitative Study of Irish Adolescents', parents' and General Practitioners' views on best practice
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Introduction: There has been a notable 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, and play a key role in diagnosis, support, and management. However, many GPs report that they do not feel equipped to deal effectively and confidently with adolescents presenting with mental health issues. As well as considering the educational needs of GPs, the perspectives of young people and parents should be incorporated in the development of a new module on adolescent mental health.
Aim: This study aimed to explore adolescents', parents', and GPs' views on best practice for identifying and managing mental health concerns in adolescents, to inform the development of an online AMH educational module for GPs.
Methods: This was a qualitative study where 8 adolescents, 12 parents and 9 GPs participated in focus groups and individual interviews. Data was analysed thematically using the reflexive thematic analysis approach developed by Braun and Clake. Data were examined for triangulation across participant groups and disconfirmatory cases. Two parent and two youth advisors provided PPI support for the study.
Results: Five preliminary main themes were identified: (1) Tailored communication is paramount; (2) Need for an individualised approach to assessment and management; (3) Nuances in managing parents involvement; (4) GPs understanding of the bigger picture for young people; and (5) GPs working within (health) systems.
Discussion: The findings highlight the complexity of managing adolescent mental health in General Practice and emphasise the importance of individualised, holistic approaches and effective communication strategies.
Conclusion: The insights gained from this study are directly informing the development of an educational module to enhance GPs' confidence and skills in managing AMH.

Abstract ID: **89**
Title: **Improving the Quality of Primary Care using Practice Based Research Networks: A Scoping Review.**
Session type: **Oral presentation**

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Introduction: Practice Based Research Networks (PBRNs) are research networks within primary care fostering collaborative relationships among clinicians and researchers, enabling rapid output of high-quality research to improve healthcare services. However, studies examining the impact of research networks has predominantly been conducted within hospital settings.
Aims: This scoping review examines the research conducted on the role of PBRNs in improving primary care quality, since strengthening primary care boosts the overall healthcare system.
Methods: The five-stage Scoping Review Framework by Arksey & O'Malley was used with recommendations from Levac et al. to identify relevant studies using a screening procedure. The databases searched were Google, Google Scholar, PubMed, and EMBASE. Data from the studies were charted onto a table before thematic analysis was conducted using guidelines by Braun & Clarke.
Results: Predominant study designs reviewed were observational (31%) and descriptive (31%), and the most frequent study location was the USA. Thematic analysis revealed a general theme of "Improved Patient Care" throughout all studied. This theme was further subdivided into two themes focusing on the role of PBRNs in clinical practice ("Improved Health Outcomes"), and their role in research (Identifying Gaps in Care & Knowledge). These subthemes were further divided into categories like "Evidence-based medicine", "Interdisciplinary care", and "Guiding future research & policies".
Conclusions: PBRNs boost primary care, enhancing the quality of care by implementing evidence-based medicine in clinical practice, fostering collaborative skills and guiding research to address gaps identified in projects. However, many challenges need to be further investigated to utilise it in strengthening primary healthcare.

Abstract ID: **90**
Title: **What cycling injuries could I see as a General Practitioner/GP in primary care? A systematic review and meta-analysis of cycling injuries and illnesses across all cycling disciplines**
Session type: **Oral presentation**

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Abstract:

Introduction

Cycling is an increasingly popular sport and recreational activity, with a significant rise in participation at all levels over the past decade. Cycling is a common sport and mode of transport, with an estimated 2 billion people worldwide cycling regularly for recreation, commuting, or competition. In the UK alone, over 5 million people commute by bike weekly, making cycling-related injuries and illnesses a frequent presentation in general practice and community healthcare. As General Practitioners (GPs) and community healthcare providers, we are likely to encounter a wide range of cycling-related injuries and illnesses, given its popularity and the physical demands of the sport. The introduction of new competitive disciplines, such as gravel cycling and esports, alongside traditional disciplines like road cycling and mountain biking, highlights the need for healthcare professionals to understand the epidemiology of cycling-related injuries and illnesses.

Design

Systematic review and meta-analysis.

Data Sources

PubMed (Medline), Embase, and SPORTDiscus were searched in August 2024.

Eligibility Criteria

Studies focused on injuries and/or illnesses in competitive cycling disciplines between 1946 and August 2024.

Results

Thirty-nine studies were included, covering the disciplines of Mountain Bike (MTB), Road, Track, BMX, and Para-cycling. No studies were identified for cyclocross, gravel, indoor, trail, or esports disciplines. Upper limb injuries were the most common across disciplines, particularly in BMX (65.21% [95% CI 54.50–74.65]), road cycling (48.32% [95% CI 46.51–50.14]), and track cycling (44.18% [95% CI 43.28–45.09]). GPs may also encounter head/neck/face injuries, which accounted for 14.36% (95% CI 13.12–15.69) of all injuries in road cycling.

Skin injuries, including abrasions, lacerations, and lesions, were the most frequent injury types across all disciplines, often resulting from falls or crashes. Bone fractures were the second most common injury type. Interestingly, despite the high prevalence of head and neck injuries, road cycling had the lowest incidence of concussion (4.19% [95% CI 3.53–4.96]). Gastrointestinal illnesses were most prevalent in road cycling (45% [95% CI 32.41–57.59]), while respiratory illnesses were more common in MTB and Track cycling (31.82% [95% CI 22.29–42.61] for both). BMX had the highest overall injury rate (4.59 [95% CI 4.29–5.24]), whereas para-cyclists experienced the highest illness prevalence, with 3.89 illnesses per year (95% CI 3.42–4.36).

Conclusion

This review highlights the diverse range of injuries and illnesses associated with cycling, providing valuable insights for GPs and community practitioners who care for cyclists. While skin abrasions and upper limb injuries are common across all disciplines, concussions, fractures, and overuse injuries should not be overlooked. Illnesses such as respiratory and gastrointestinal complaints also feature prominently in some disciplines. The review identifies significant gaps in the literature, particularly in disciplines like cyclocross, gravel, and esports cycling, emphasizing the need for further research. These findings underscore the importance of injury prevention strategies, such as educating cyclists about protective clothing and helmet use, and addressing common overuse conditions like saddle sores.

Abstract ID: **91**
Title: **Irish Rural General Practice: Challenges and Opportunities**
Session type: **Oral presentation**
Authors: **Ms Louise McLaughlin-Borlace**
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Co-Authors:

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Prof. Peter Hayes, Professor of Rural General Practice, School of Medicine, University of Limerick.

The ICGP Rural General Practice Standing Committee was set up just over 18 months ago by the ICGP, in response to a need for additional support to sustain existing and recruit new rural general practitioners in rural areas across Ireland. The committee currently has 12 members, all rural GP's.

Ireland has one of the largest populations living rurally in Europe, who require access to quality local primary healthcare services through their GP. The Rural Standing Committee is taking forward actions under the broad headings as follows: education, data and evidence, communication and policy and practice.

The committee is guided by the recommendations of the Limerick Declaration on Rural Healthcare, which outlines the steps that need to be taken to stabilize and grow rural general practice to meet the needs of rural dwellers.

The committee has also reviewed the literature regarding actions other countries such as Australia and Scotland are taking forward to support rural GP's.

Work is ongoing to raise the profile of rural GP's, to advocate for improved working conditions, in particular, the lack of available locum cover, and revision of the Rural Practice Allowance. The International Medical Graduate Rural GP Programme is attracting and training GP's to fill rural vacancies. The University of Limerick has appointed the first Professor of General Practice, and set up a new rural teaching hub, the ULEARN-GP network. ICGP have been awarded funding for five Rural GP fellowships, set up a rural page in their new website and begun "A Country Practice" initiative, encouraging rural GP students to write about their experiences.

The Rural Standing Committee is gathering pace and pursuing actions which will make a lasting difference to recruiting and retaining Rural GP's. The committee will continue to champion projects that support, resource and cherish rural general practice to survive and thrive.

Abstract ID: **92**

Title: **General Practitioners' and women's experiences of perimenopause consultations: a qualitative evidence synthesis**

Session type: **Poster presentation**

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Background
Perimenopause precedes menopause and can cause a myriad of symptoms for women. General practitioners (GPs) are often the first contact for perimenopausal women with symptoms. However, some women report feeling dissatisfied with the consultations they have with their GPs for perimenopausal symptoms. Moreover, GPs can find these consultations difficult due to diagnostic challenges. Research to date has focused on menopause, not the transition to menopause. To date, no evidence synthesis has examined how women experience perimenopause consultations, nor how GPs experience providing care to these women.

Objective
To systematically search, collate, and appraise the qualitative literature to understand how GPs and women experience perimenopause consultations and examine how treatment decisions are made during consultations.

Methods
A meta-ethnography as described by Noblit and Hare (1988) will be conducted following the guidelines of Sattar et al (2021). Seven databases will be systematically searched. To be included, studies must report on the experiences of GPs treating perimenopausal women and/or perimenopausal women seeking care. Quality assessment will be conducted using CASP (Critical Appraisal Skills Programme) tools. A GRADE-CERqual (Confidence in the Evidence from Reviews of Qualitative Research) will be conducted to assess the confidence of the findings.

Conclusion
This qualitative evidence synthesis is the first study within a larger project to improve shared decision-making between GPs and women in the context of perimenopausal care. Findings will shed new light on how GPs and women perceive perimenopause consultations. Examining dual perspectives is key to ascertaining what works well during consultations and areas that can be improved upon. Findings may contribute to the future development of interventions to improve care during this time.

Abstract ID: **93**

Title: **Developing a Complex Intervention to Integrate Community Paramedics in GP Out-of-Hours Care in Ireland**

Session type: **Poster presentation**

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Professor Cathal O'Donnell, National Ambulance Service, Ireland.
Dr. Deirdre O'Donnell, University College, Dublin.
Assoc. Professor Tomas Barry, University College, Dublin.

INTRODUCTION: There is an evolving severe workforce deficit in Irish general practice including out-of-hours care. Previous work by our group has suggested that Community Paramedics could support GP out-of-hours care and improve system efficiency in Ireland. Our research informed hypothesis is that 'the combination of focused additional training alongside remote GP supervision can allow Community Paramedics to be deployed in the GP out-of-hours setting and perform timely, safe, effective domiciliary care. This will create additional GP capacity to provide face-to-face consultations and help with unscheduled emergency department attendance.'
AIMS: Phase one of this research aims to develop a comprehensive underpinning programme theory that outlines how this complex intervention will be expected to lead to its effects and under what conditions.
METHODS: Qualitative semi-structured interviews are conducted with purposively recruited research participants using a topic guide informed by existing research and guided by the Medical Research Council Complex Intervention Framework. A thematic analysis based on the Braun and Clarke approach and supported by NVivo software is ongoing. This analysis is developing themes and subthemes organised around the concept of candidate programme theories which will be further refined via a consensus process.
RESULTS: Data analysis is in progress and comprehensive results will be presented at the annual scientific meeting.
DISCUSSION: A comprehensive complex intervention where paramedics are integrated in GP out-of-hours care is being developed. This intervention has to potential to improve health system efficiency in Ireland, both in GP out-of-hours and unscheduled emergency department attendance.

Abstract ID: **94**
Title: **'It'll come right' - a qualitative study of the factors influencing health behaviours of farmers at risk of cardiometabolic disease**
Session type: **Oral presentation**

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It is established that agriculture within the United Kingdom (UK) and Ireland (RoI) has an ageing, rural and male dominated workforce. Evidence suggests farmers may be at greater risk of cardiometabolic disease (CMD) and may delay seeking medical advice. This may result in missed opportunities to mitigate the risk of developing CMD.
This study aimed to identify the factors that may influence a farmer's decision to seek medical advice having had a concern regarding a cardiometabolic risk factor.
This qualitative and rural proofed study was co-designed by farmers and GPs. Active farmers within the UK and RoI were purposively sampled to participate in a face to face or virtual semi-structured interview. Interviews were audio recorded, transcribed and coded through deductive thematic analysis using the Capability Opportunity Motivation Behavioural (COM-B).
To date, seventeen farmers aged 25-84 years have been recruited. Analysis suggests personal or family knowledge of CMD, self-monitoring and ability to action plan influenced farmers capability to seek medical advice. The opportunity to address a concern was influenced by the seasonal and environmental context of their farming situation impairing management plans. It was further impaired by cognitive overload but supported by social cues or comparisons which can trigger action. Anticipated regret about the consequences of seeking advice as well as an unrealistic optimism about their capability influenced their motivation to address concerning CMD risk factors.
This is the first study, to our knowledge, which focusses on identifying the factors influencing farmers decision to seek medical advice within primary care settings. The use of the COM-B framework as a design conduit between those with lived experience and clinical experience was useful. Future studies could use this model to explore motivational and social factors further by incorporating perspectives from rural GPs

Abstract ID: **95**

Title: **Mapping the Ecological Mechanism of Well-Being: Evidence from a Systematic Integrative Review with a Social Microcosm Case**

Session type: **Oral presentation**

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Background
Well-being is central to human flourishing and societal progress but remains a complex, multifaceted concept. Despite the availability of widely recognised definitions, a comprehensive understanding of the mechanisms driving well-being remains elusive. This systematic integrative review examines the ecological mechanisms of well-being using international healthcare students as a social microcosm, providing insights into the interplay of identity, responsibility, and resources within diverse contexts.

Methods
Guided by the Joanna Briggs Institute’s mixed-methods framework, we conducted a systematic search of PubMed, Scopus, Web of Science, and EBSCOhost, supplemented by manual reference and citation tracking using Google Scholar. Studies were selected based on predefined eligibility criteria, focusing on qualitative and quantitative research involving international students in health-related disciplines. Quantitative data were "qualitized" and integrated with qualitative findings using a convergent integrated approach, with thematic synthesis applied to synthesise the results.

Findings
A total of 27 studies were included. The analysis identified three major contextual types influencing well-being: day-to-day, mediator, and extreme contexts. Core elements such as time, space, information, motion, culture, identity, responsibility, and resources dynamically interact within these contexts, shaping individual experiences.

Conclusions
This review highlights the dynamic, interconnected nature of well-being, demonstrating its dependence on internal capacities and external facilitations. It underscores the importance of fostering well-being literacy, systemic support, and tailored interventions in educational and clinical settings. The findings hold implications for policymakers, educators, and institutions aiming to enhance resilience and mental health among future healthcare professionals. Future research should extend these insights to broader populations and systemic frameworks.

Abstract ID: **96**

Title: **An Investigation into Patient Understanding of Atrial Fibrillation and Awareness of Associated Modifiable Risk Factors for Stroke**

Session type: **Poster presentation**

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Introduction:
Atrial Fibrillation (AF), a major risk factor for stroke, is the most common cardiac arrhythmia worldwide, affecting approximately 11% of the Irish population over the age of 65. Recent research demonstrates patient knowledge as a predictor of patient outcomes, with suboptimal patient understanding of AF and its implications; such research on an Irish cohort has yet to be published.

Aims:
This study aims to assess participants' understanding of AF and its management, assess participants' understanding of major risk factors for stroke, and shed light on any existing knowledge gaps.

Methods:
This was a single-site, cross-sectional study conducted in the GP setting, using a two-section 25-item questionnaire. The first section was a validated 16-item questionnaire assessing knowledge of AF and anticoagulant therapy. The second section contained nine items adapted for this study based on a pre-existing NHS questionnaire, assessing understanding of modifiable risk factors for stroke. Patients with a confirmed diagnosis of AF were invited to participate using convenience sampling, with nurse-led administration of the questionnaires during appointments. Data analysis included a range of descriptive and inferential statistics.

Results:
A total of 78 patients participated, with a mean age of 75 years old. Several questions had a low correct-response rate, highlighting key areas of low knowledge such as what to do if you forget to take your anticoagulant. The AF-focused section produced a lower mean score than the stroke risk factor section, and a weak association of statistical significance was found between the two sections. The overall knowledge level differed between direct oral anticoagulant and vitamin K antagonist users, with vitamin K antagonist users tending to score higher.

Conclusion:
The findings from this study provide new insight into knowledge gaps amongst patients with AF in Ireland, which may serve to guide the focus of patient education initiatives in the future.

Abstract ID: **97**
Title: **Prevalence and demographic variation of chronic respiratory diseases in a large English primary care database**
Session type: **Poster presentation**
Authors: **Dr. Priya Sarkar**
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Co-Authors:
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Dr. Shamil Haroon (University of Birmingham)
Dr. Jennifer Cooper (University of Birmingham)

Background

Chronic respiratory diseases (CRDs): asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis, obstructive sleep apnoea (OSA), and interstitial lung diseases (ILD) contribute significantly to morbidity and mortality in England. There is also growing recognition of the overlap between CRDs, particularly Asthma COPD Syndrome (ACOS). This study aimed to describe the prevalence, co-prevalence and sociodemographic variation of CRDs in a large, nationally representative, English primary care database and contextualise these by comparison with prevalence estimates from other epidemiological sources.

Methods

This cross-sectional study used Clinical Practice Research Datalink (CPRD) Aurum to calculate and describe the prevalence of five CRDs by age, sex, ethnicity, IMD deprivation quintile, and smoking status. Logistic regression was used to assess their variation by sociodemographic characteristics when controlling for the others. These were systematically compared to prevalence estimates from other electronic health records (EHRs), self-reported doctor diagnosed cases, and population screening studies.

Results

17.5% of our sample (14,254,404) had any CRD. Asthma (15.59%) and COPD (2.47%) had the highest lifetime prevalence. OSA (1.08%), bronchiectasis (0.45%), and ILDs (0.15%) were less common. Co-occurrence of ⍰ 2 CRDs was identified in 1.9%. Overlap between conditions was highest for asthma in those with COPD. CRD prevalence increased with age, deprivation, and positive smoking status. CPRD estimates were slightly higher than other EHRs and self-reported doctor diagnosis survey but lower than screening type studies, particularly for OSA.

Conclusion

CRDs are relatively common, show evidence of co-occurrence (particularly asthma) and age, deprivation and smoking increase their risk. CRD prevalence in primary care EHRs closely match other sources, though screening type studies indicate that some remain undiagnosed (OSA). Sociodemographic variations may reflect true variation in prevalence or systematic differences in clinical presentation, diagnosis methods, and coding practices.

Abstract ID: **98**

Title: **Enhancing Prescribing Safety and Optimising Medication Use in General Practice**

Session type: **Workshop**

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Purpose

To support clinicians in optimising medication use by addressing adverse drug reactions (ADRs), prescribing cascades, deprescribing, and shared decision-making.

Target Audience

General practitioners, primary care clinicians, and other healthcare professionals involved in prescribing and managing medications in general practice.

Background

Medication-related harm is a significant issue in general practice. It is estimated that 9% of hospital admissions in older adults are due to preventable drug related harm. Adverse drug reactions (ADRs) are more common and are experienced by approximately one in four older adults. Almost half of ADRs are predictable and preventable and therefore strategies that support effective prescribing are important. Effective prescribing requires balancing risks and benefits, and ensuring medications align with patient goals and preferences. This workshop will use case-based learning and online tools to equip participants with actionable skills for safer, more effective prescribing.

Workshop Outline

Introduction (10 minutes)

- Overview of key concepts: ADRs, deprescribing, prescribing cascades, and shared decision-making.
- Example case study and patient/public involvement (PPI) perspective via video.
- Interactive Vevox poll to assess baseline knowledge (5 minutes).

Group Work (20 minutes)

- Participants form groups of 3–4 and discuss case studies under structured headings.
- Example cases will include, 1) Patient missing a beneficial medication, 2)Initiating medication with uncertain risk-benefit balance, 3) Medication requiring deprescribing, 4) High-risk but clinically appropriate prescribing.
- Groups prepare brief reports.

Group Feedback and Discussion (20 minutes)

- Groups present findings, followed by interactive discussion.

Conclusion (10 minutes)

- Summary of key takeaways and Vevox poll to measure knowledge and perspective shifts.

Deliverables

- Ability to identify prescribing cascades, potentially inappropriate prescriptions and potentially inappropriate omissions.
- Strategies for deprescribing and optimising prescribing.
- Use of resources to support shared decision making.
- Enhanced confidence in addressing prescribing challenges to improve patient outcomes.