



Irish College of General Practitioners

Coláiste Dhochtúirí Teaghlaigh Éireann

SUBMISSION TO THE OIREACHTAS JOINT COMMITTEE ON HEALTH

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Introduction

The **Irish College of General Practitioners (ICGP)** is the professional body for general practice in Ireland. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice. Since its foundation in 1984 we have remained committed to the education and training of general practitioners enhancing their skills, competencies, and professionalism.

The College is dedicated to general practice education, training, research, and advocacy on behalf of the profession and patients. The College supports general practitioners throughout their professional careers in the practice of evidence-based medicine to the highest standard.

The College is the postgraduate training body (PGTB) responsible for delivery and governance of general practice training for the specialty of general practice as accredited by the Medical Council of Ireland.

As of September 30th, 2022, there are 4,257 general practitioners (GPs) working in general practice. Excluding those who may not be working in mainstream general practice here, this reduces the number to 4,187 GPs and equates to 2,807 full time equivalents based on the number of clinical sessions recorded¹.

There are 932 GP trainees working in general practice on a supervised basis and who are undertaking the ICGP four-year National GP Training Programme². We anticipate that this number will increase to an annual intake of 350 by 2026. In July of this year, we accepted 258 new trainees, which is the largest intake in the history of the College.

The scale of the General Practice workforce crisis

We currently have approximately 2,807 full time equivalent GPs working in Ireland. Our GP workforce is ageing, with 14% aged 65 years+, and with retirement plans accelerated by COVID-19. The Department of Health, HSE and IMC recommend increasing our GP workforce by 40%³. We need to plan for a GP workforce of 6,000 by the end of 2028. We need substantially more GPs, and ideally, we need them now.

GPs and their Practice Teams are pivotal to societal wellbeing. GPs provide comprehensive whole person and continuity of care. The GP is the first point of contact in matters of personal health; cares for patients of all ages and disease categories and cares for patients over their lifetime.

However, general practice is under serious strain. The HSE has a statutory obligation to provide GP care to patients with GMS eligibility. We cannot meet the current or future GP workforce or workload demands. We are not adequately resourced to meet current or future patient's clinical needs. GP practices are busier than ever, but less able to find replacements for retiring GPs, or new GPs to expand their practices and deal with growing workloads. In our Discussion Paper on the workforce & workload crisis in general practice in Ireland "[Shaping the Future](#)"⁴ we outline six real time practice profiles. They reinforce the challenges we are facing but they also detail the great satisfaction of being a GP, whether that is in a large urban practice, rural practice, or a smaller practice. We are in the midst of a general practice workforce and workload crisis that is getting worse. The COVID-19 pandemic has brought longstanding GP workforce and workload challenges to a head. This notwithstanding, the COVID-19 pandemic has demonstrated that general practitioners are flexible, adaptable, and eager to embrace change.

Addressing the general practice workforce and workload crisis will require meaningful engagement of all stakeholders with sufficient resources and 'real-time' data analytics. Working

in partnership with the State agencies, we can deliver sustainable timely access to high quality GP care for all patients. We welcome the Minister’s decision to establish the Task Force on the Future of General Practice and we also welcome the opportunity to input to the Terms of Reference. This will ensure that the key stakeholders (Government, Health Services Executive (HSE), Department of Health (DoH), Irish College of General Practitioners (ICGP), Irish Medical Organisation (IMO), Irish Medical Council (IMC), Irish General Practice Nurses Educational Association (IGPNEA) and patient representatives) can collectively address the challenges facing general practice, to protect patient care. The ICGP is committed to working collaboratively and collectively to resolve the crisis that is impacting on our ability to deliver timely patient care.

The “Shaping the future” discussion paper is solutions focused. This discussion paper is based on our knowledge and understanding of our members and their patients within a healthcare system that is under significant continuing pressure. The GPs and GP nurses of Ireland perform 29 million consultations per year, we have a critical level of responsibility.

We list ten potential solutions: providing an initial framework for the Minister’s Task Force. We are ready to lead to secure the future of general practice, which is pivotal to the health of our patients, the population, and the wider healthcare ecosystem.

Summary of Proposed Solutions

1. The ICGP, in collaboration with the HSE, recently commenced a ‘Non-EU Rural GP initiative’. **This is a two-year programme to provide educational supports and clinical supervision to enable highly experienced non-EU GPs to work in rural Ireland. This programme will rapidly and sustainably augment our rural GP workforce.** This initiative is an important ‘rapid-response’ to our severe GP workforce crisis. As this is the solution which will have the most immediate impact, we have moved on this with immediate effect. On Saturday 26th November, the Board of ICGP approved the full implementation of this programme. Full details of this programme can be found at the

link www.ICGP.ie/NonEUProgramme and further information on the programme can be found in the attached document.

2. GP Led multidisciplinary teams.

We need to rapidly expand multidisciplinary Primary Care teams (nurses, pharmacists, phlebotomists, healthcare assistants, etc.) within general practice. The ICGP is currently working with our national universities to develop education programmes for phlebotomists, healthcare assistants and GP nurses. This will rapidly augment the GP team, delivering the optimal 'skill-mix', enabling every healthcare professional to work 'at the top of their licence'. This initiative requires additional resources to train and deploy these clinical staff.

The HSE are developing the "Enhanced Community Care" initiative. This will incrementally support GPs and our patients in timely access to clinical expertise, diagnostics, and therapies. It is important that expansion in both areas is conducted simultaneously.

3. The current cohort of approximately two thousand General Practice Nurses

(GPNs)5 needs to be doubled. We need substantially more general practice nurses, with resourcing and supports comparable to secondary care nurses. The ICGP and our colleagues in the Irish General Practice Nurses Educational Association (IGPNEA) have recently initiated engagement with our universities to deliver high-quality education to train substantially more general practice nurses. Given modest resources, we will commence and deliver this GPN training early in 2023.

4. The relevant statutory bodies need to provide the resources to support the future 'blended career' expectations of our doctors. We need to take a realistic approach to the future career expectations of our young trainees and GPs and provide supports to

ensure GPs have the option to undertake these 'blended careers', combining clinical work, research, and medical education.

5. [Suitable premises need to be provided for GPs and their teams.](#) Most GP practices require a larger 'bricks and mortar' footprint to house the expanded clinical team. Imaginative arrangements with leases and ownership need to be explored and delivered.
6. [Increased use of remote consulting by the patients' own GPs should be explored.](#) However, we need to ensure that strict guidelines governing video and telemedicine, along with monitoring of outcomes to ensure its suitability to various patient groups are in place.
7. [GPs need to be incentivised to set up in rural Ireland.](#) Rural general practice needs sustained and urgent supports to survive; many rural GP practices are closing or closed. This will have an immediate and sustained adverse impact upon rural communities and the broader healthcare ecosystem. General practice must include a career pipeline with a specific rural focus. The ICGP are considering the creation of a Faculty of Rural General Practice, which will support rural GPs and highlight the many challenges facing rural communities and rural general practice.
8. [The role of the practice manager needs to be further developed and supported.](#) This will liberate GP time, enabling GPs to focus on clinical care and spend less time on the business aspects of general practice. GPs need to spend less time on administrative work and more time on clinical work including *non-patient facing* clinical activity.
9. [Just 9% of our intern doctors select GP training as their career choice.](#) This fails to reflect a key strategic need: Ireland needs half our medical graduates to specialise in general practice. This leaves our long-term medical workforce planning in a vulnerable

position. To encourage more graduates to enter the specialty of general practice, medical schools need to immediately and significantly increase undergraduate clinical teaching in general practice. This will require appropriate resourcing of medical schools.

We need to develop a ***new national funding model*** to support and secure medical student placements in general practice which is essential to the GP workforce pipeline. It is the critical first step in the pipeline. The current system compels Medical Schools to separately fund GP placements, from their own internal budgets. This model simply cannot support the substantial expansion of undergraduate GP placements to sustainably deliver our future GP workforce.

We need to adopt strategies similar to similar countries, including Scotland, Australia, and Canada. We need to support and resource our medical schools to deliver clinical teaching in general practice. This is key to supporting medical student selection of general practice careers.

10. Sustained investment is required to harness and deploy GP data-informatics to ensure a responsive, effective, and innovative service. Data drives modern health services, informing, supporting, and driving policy and practice. General practice is a data-rich environment.

Conclusion

Irish general practice is changing rapidly and has changed beyond recognition in the last two years. General practice has also shown how flexible and adaptable it is to meet urgent needs. There are, however, huge pressures on existing GP practices, and general practice must be supported and resourced to retain existing doctors and recruit new GPs into practice. At present general practice is working efficiently, flexibly in a patient-centered way, based in the heart of the community. However, general practice is at breaking point.

The next decade will bring enormous change. All parties must come together and act now to protect and grow general practice in the interest of patient care. We must act now to protect our patients and to retain high quality clinical care within the community. We need our Government and key stakeholders to respond decisively.

References

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4. Irish College of General Practitioners (ICGP). Shaping the Future. A discussion paper on the workforce and workload crisis in general practice in Ireland. October 2022. [Item - ICGP Web Site](#)
5. IGPNEA. Role of the General Practice Nurse. [Irish General Practice Nurses Educational Association – Promoting Professional Development for General Practice Nurses to ensure the highest standards of patient care \(irishpracticenurses.ie\)](#).