Irish College of General Practitioners

Joint Oireachtas Committee on Health

BRIEFING DOCUMENT

Submitted in support of the ICGP Opening Statement: Manpower and General Practice

2nd February 2017

Introduction

This briefing document supports the **ICGP Opening Statement** to the Joint Committee on Health on 2nd February 2017.

A 2014 Oireachtas report states that '*Reform of primary care has been on the policy agenda for over a decade, reflecting perceptions that strong primary care is fundamental to overall health system functioning*' [(1)]. It describes GPs as the '*lynchpin of the system*' [(1)].

The ICGP welcomes this and views the successful delivery of a GP contract as both urgent and vital.

The following is an illustration based on a real case demonstrating current pressures in general practice.

> John (58 years) has been a practicing GP for the last 20 years
>
> *"After many years, I still love the practice of the art of medicine, its challenges and its rewards. I mean the clinical stuff, the personal reward of a sick patient getting better, and a father, whose job was on the line through illness, getting better and getting back to work. Medicine is a vocation for me, though many now see 'vocational' as an old fashioned word*."
>
> John works as a single handed GP. *"I don't know if you'd call it a small town or a big village,"* he says, "*but the nearest GP surgery is 17 miles away. Our patients consider having our service in the area vital to the community. They see having a 'local doctor' as one of the pillars of their community, along with the Garda barracks, local pharmacist, church and post office."*
>
> John works with his own practice staff of four GPs, and with two public health nurses. *"Together, we meet the day to day needs of patients, and improve the health of the population through screening and treating diseases, including type 2 diabetes, for which we have a nurse-run clinic with my registered nurse prescriber."*
>
> During these last years, John has further upgraded the practice IT network. Everything is done online. He is linked in for lab and radiology results. The local hospital is finally beginning to accept online referrals. Hospital doctors comment on his referral letters.
>
> *"They say that if they can't find it in their files, they'll find it in my referral letter. It is not unusual for an SHO or registrar to ring us looking for results from another hospital because they know we'll have it on our system".*
>
> *"What I am trying to say is that we really work hard to do a good job. We keep our patients out of hospitals, get parents back parenting, mind the elderly, and help workers get back to work".*
>
> *"The constant stress of wondering whether I will be able to pay wages and PRSI, or be able to pay my own wages (which, several times, I have not), has been huge. Add to this the inability to take a break due to a shortage of locums — the strain has been at times unbearable — to the point of wondering, for the first time in my life, why am I doing this?"*

"So the question I ask myself is, 'Why, after the FEMPI cuts, would any Government repeatedly force us to the brink of closure, as they have done over the last number of years?'"

We know the problems facing the healthcare service

- An ageing population in Ireland with rising healthcare needs.
- A healthcare system that is still hospital focused, despite years of stated policy to build capacity in primary care.
- Inequality is built into hospital care, with privately-insured individuals over-medicalised in a fee per item model, and public patients placed on long waiting lists for essential services.
- We have too few GPs in Ireland: 64 GPs per 100,000 population [(2)]. This is less than the OECD average. For example, in Scotland there are 80 GPs per 100,000.
- The geographical distribution of Irish GPs on a county basis is unequal, with remarkably low levels in some counties, (37 Kilkenny, 41 in Kildare and 38 in Longford) and likewise in deprived urban communities [(1)].
- Practices in deprived communities have particular financial, personal, professional and educational needs [(3, 4)]. We need to address these because strong, well resourced, general practice is a known and effective way to address health inequalities which are painfully evident in deprived communities.
- A 2015 ICGP report highlights challenges facing rural general practice [(5)].
  At present, the demographic of rural GPs is that of a predominantly older male sub group, which has clear workforce implications for these communities. We recommend immediate additional financial, educational and professional supports, as highlighted in the 2015 ICGP report [(5)].

We know the solutions

Cost efficacy

- Well-resourced general practice is the most cost-effective component of the healthcare service **(6, 7)**. General practice is focused on communities. It has a caring responsiveness to the needs of the population. Patients and doctors mutually invest in long term relationships which are strong, therapeutic and problem solving.

Building capacity

- Irish GPs carry a big workload. Most (76%) GPs work seven or more clinical sessions per week, seeing on average over 15 patients per session **(8)**. This is an average figure that includes GPs who work a lot more, the burden of on call work and younger GPs trying to rear young families. We can build capacity but only with resourcing.

GPs use of information technology

- Information technology improves efficiency. The 2015 eHealth Strategy for Ireland tells us this. Most (94%) GPs use electronic clinical records [(9)] and the continued and outstanding failure of most other parts of the Irish Health system to fully utilise IT in clinical care and management is remarkable.

Deliver care where people want it

- People with multiple medical problems (multimorbidity) have been asked how they would prefer their care to be delivered. A majority of respondents indicated GP led chronic care in general practice as their choice [10]. This is the most efficient way to manage multimorbidity and reduce over-medicalisation.

Build on our experience and expertise

- The ICGP outlined clear recommendations to the Oireachtas Committee on Future Healthcare. These will make the Irish healthcare system more sustainable [11].
- The recommendations that relate to GP manpower include:

  Only 3.2% of the healthcare budget is allocated to general practice. In the UK (a GP led primary care system) allocation has been over 8%, and is now increasing to 11% [11].

  We need a properly funded contract enabling GP-led chronic disease management.

  Build capacity in social care and primary care for elderly citizens, otherwise they will continue to end up on trolleys.

Healthcare reform will depend on solving the problems in both recruitment and retention in Irish general practice

1. **Recruitment**
   There will be shortages in the order of 1,000 doctors in general practice in the next 10 years. A total of 36% of GPs are aged over 55 years [12, 13]. A recent NUI Galway study describes 88% of Irish national medical students as planning to emigrate [14].
2. **Retention**
   A total of 66% of recently qualified GP trainees are planning to emigrate. Already, 16% of GP graduates emigrate immediately on completion of training [15]. This is worse than the projections of the National Doctors Training and Planning (NDTP) Unit workforce planning report (15%) [13].

Solving retention

- General practice is an attractive career. Dropout rates during GP training are only 0.3% [13].
- GP trainees fear that Irish general practice is not a viable career choice [13, 15]. General practice in Canada, Australia and New Zealand is better resourced. These countries actively recruit GPs in Ireland. Their agencies are making it easier for our trainees to go. As well as the economic loss and badly needed doctors, this is a cause of sadness and ill feeling.
- Emerging GPs want to do good chronic disease care for their patients in the community, 85% of them, if appropriately resourced [15].
- Gender: 42% of the general practice workforce is female. 66% of female GPs work full-time [8] but tend to work part-time in their 30s [8], typically a time of increased child rearing commitments. A proportion of male doctors also work part-time. There is a lack of flexible working options in the current GP contract [16].
- Some GPs, employed by the practice, don't hold a contract with the state. These GPs often do not receive any maternity pay or sick pay as these benefits are increasingly not affordable by struggling practices. In contrast, much better terms of employment are available to younger GPs in neighbouring health systems.

- Improved access to diagnostics is essential.
- Some older GPs intend to continue to practice beyond their contracted retirement age [8]. This needs to be welcomed, planned and supported, with flexibility in the contract.

Solving recruitment

- The NDTP Unit indicates that 100 more GPs need to be trained every year, which is consistent with the Programme for Government. The ICGP supports this goal, and we can deliver it, if resourced.
- The ICGP will continue to work with the NDTP and Primary Care to increase GP training places. We now train 172 GPs per year. The ICGP delivered a 43% increase in training places between 2010 and 2016 with efficiencies, but the dilution of GP training must be avoided. Dilution will result in less resilient GPs with fewer skill sets, and will not help retention.

Building capacity

Capacity in general practice is not just about GP manpower. Building capacity in GP led primary care will require an increase in practice staff. GPs have capacity to delegate work within their practices, but the personnel to whom they delegate must also be funded. This concept is in keeping with the principle of enabling GPs to work to the higher end of their skillsets and contracts, leading to even more productive teams.

Practice nurses

- There are 1700-1900 practice nurses (PNs) in Ireland. Most work part-time. The ratio of GPs to PNs is more than 3:1. Hospital nurses have far more favourable terms and conditions. Practice nurses have no provision for study leave, maternity leave, pension, payment to attend CME, and no recognised career pathways. This must be addressed in the new GP contract and manpower planning.

Practice managers and administrative staff

- It is essential to enable GPs and practice nurses to spend more time with patients and on teamwork. Paperwork now takes between 1 and 3 clinical sessions per week for 83% of all GPs [8]. Increasing numbers of GP administrators, and a constantly streamlining process to reduce the administrative burden on practices, are essential features of good manpower planning.

The Primary Care Team

- Only 13% of GPs have reported a positive experience with Primary Care Teams [17]. The ICGP recommends research, jointly undertaken with the HSE; to see what works and what doesn't work in Primary Care Teams in order optimise manpower.

Information technology

- Costs of implementing new IT infrastructure and on-going maintenance will need to be adequately resourced by the Government in agreement with GP representative bodies, with the continued guidance and direction of the GPIT group.

Research and educational support for the general practice team

- Funding for research will enable the discipline of general practice to align more closely with the HSE Integrated Care Programmes (2016), to which the ICGP is presently committed. Funding for educational support around new care pathways and for the CME Tutor Network will markedly expedite planned changes in service delivery.

Conclusion

Ireland will continue to see an exodus of doctors unless decisive action is taken now to encourage GPs to remain in Ireland and contribute to the Irish healthcare system. We recommend:

- Delivery of a GP contract in 2017.
- Supports for emerging graduates from GP training to enable them to establish in practice.
- Flexible working options in general practice.

General practice is successful.

In terms of value for money, general practice is long recognised as one of the most successful public-private partnerships in the health system [(18)].

Actions must now address pressing manpower and infrastructural needs of general practice. Those actions must recognise that GPs carry all the obligations and liabilities of finding and maintaining their own premises, staff and equipment.

Right now, however, we are giving away our GPs.

They don't return in significant numbers (under 20%).

The words of one recent graduate, now practising in Canada, summarise it well:

"It would have taken so little to help me to stay. It will take so much more for life to bring me back."

References

(1). Oireachtas Library & Research Service. Spotlight No.1 2014 - GPs and the Irish primary care system: towards Universal Primary Care? 2014; Available at: https://www.oireachtas.ie/parliament/media/housesoftheoireachtas/libraryresearch/spotlights/Primary_Care_Spotlight_154558.pdf. Accessed /01/26, 2017.

(2). Teljeur C, Tyrrell E, Kelly A, O'Dowd T, Thomas S. Getting a handle on the general practice workforce in Ireland. Ir J Med Sci 2014 Jun; 183(2):207-213.

(3). Osborne B. Irish General Practice: Working with deprivation. 2015; Available at: http://www.icgp.ie/go/library/catalogue/item/FAD3BF15-E586-8CD6-388BCBAB838691EE. Accessed 01/26, 2017.

(4). Deepend Ireland, Submission to the Oireachtas Committee on the Future of Healthcare, 21st September 2016.

(5). O'Riordan M. ICGP Vision for the future of Irish rural general practice. 2015; Available at: http://www.icgp.ie/go/library/catalogue/item/C533A963-F623-6328-FE889B4DDCCFA418?highlight=rural%20vision. Accessed 26/01, 2017.

(6). Starfield B. et al Contribution of Primary Care to Health Systems and Health, The Millbank Quarterly. 2005.

(7). Marmot Review. (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post 2010. London.

(8). O'Kelly M, Teljeur C, O'Kelly F, Ni Shúilleabháin A, O'Dowd T, Structure of General Practice in Ireland 1982-2015, Department of Public Health and Primary Care Trinity College Dublin & The Irish College of General Practitioners, 2016.

(9). Health Services Executive. eHealth Strategy for Ireland. 2015; Available at: http://www.ehealthireland.ie/Knowledge-Information-Plan/eHealth-Strategy-for-Ireland.pdf. Accessed 01/26, 2017.

(10). Darker C, Casey E, Seraukina T, Whiston L, O'Shea B. The Patients' Perspective a Survey of Chronic Disease Management in Ireland. 2015; Available at: http://www.adelaide.ie/wp-content/uploads/2015/04/The-Patients-Perspective-a-Survey-of-Chronic-Disease-Management-in-Ireland-Darker-et-al.-201511.pdf. Accessed 01/26, 2017.

(11.) Irish College of General Practitioners, Submission to the Oireachtas Committee on the Future of Healthcare, General Practice is Key to Sustainable Health Care, August 2016.

(12). Department of Health (2011) Development of Model of Demand for and Supply of General Practitioner and Practice Nurse Services. Unpublished documentation.

(13). National Doctor Training and Planning, HR Directorate, Health Service Executive, Ireland. Medical workforce planning: future demand for general practitioners 2015-2025. 2015; Available at: http://www.hse.ie/eng/staff/leadership_education_development/met/plan/reports/medical_workforce_planning_future_demand_for_general_practitioners_2015-2025.pdf. Accessed 01/26, 2017.

(14). Gouda P, Kitt K, Evans DS, Goggin D, McGrath D, Last J, et al. Ireland's medical brain drain: migration intentions of Irish medical students.(NUIG) Hum Resour Health 2015 Mar 12;13:11-015-0003-9.

(15). Mansfield G, Collins C, O'Riordan M, Ryan K. Bridging the gap – How GP trainees and recent graduates identify themselves as the future Irish general practice workforce, http://www.icgp.ie/go/library/catalogue/item/5B609C9A-E91A-F6B8-EC65E85D61DE7729?highlight=bridging%20the%20gap, ICGP 2015.

(16). McCraith B, 2014; Available at: http://health.gov.ie/wp-content/uploads/2014/07/SRMTCS_Final_Report_300614_FINAL1.pdf. Accessed 01/26, 2017.

(17). Collins C, O'Riordan M. The future of Irish general practice: ICGP member survey 2015 http://www.icgp.ie/go/library/catalogue/item/E21F0871-DDC4-1AD4-20024CFC3C37FE68?highlight=collins%20o%27riordan, ICGP 2015.

(18.) Deloitte & Touche. Value for money audit of the Irish health system: main report. 2001; Available at: http://health.gov.ie/wp-content/uploads/2014/03/Audit-of-the-Irish-Health-System-for-VFM-report.pdf. Accessed 01/26, 2017.