



Irish College of General Practitioners

[Joint Oireachtas Committee on Health](#)

OPENING STATEMENT

MANPOWER AND GENERAL PRACTICE

2nd February 2017

Introduction

The Irish College of General Practitioners (ICGP) would like to thank the Chair and members of the Joint Oireachtas Committee on Health for the invitation to discuss manpower and general practice.

The ICGP delegation comprises:

- Dr Karena Hanley, National Director of GP Training, ICGP
- Dr Brendan O'Shea, Director of the Postgraduate Resource Centre, ICGP

Irish general practice reached a tipping point during the winter of 2015, and is now in crisis.

We know the problems facing the healthcare service

Please refer to the briefing document provided.

We know the solutions

In the accompanying briefing document we have outlined solutions for primary care based on the following headings:

- Cost efficacy
- Building capacity
- GPs use of information technology
- Delivering care where people want it
- Building on current experience and expertise

Improving manpower in general practice will depend on solving the problems in both recruitment and retention:

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 Galway university 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 NDTP 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 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 these women doctors work full-time ⁽⁸⁾ but tend to work part-time in their 30s ⁽⁸⁾, a time of intense child rearing. A proportion of male doctors also work part-time. There is a lack of flexible working options in the current GMS contractor model ⁽¹⁶⁾.
- Some doctors, employed by the practice, don't hold a contract with the state. These doctors often do not receive any maternity pay or sick pay as struggling practices now cannot afford this. Much better terms of employment are available to younger GPs in neighbouring health systems.
- Improvement in access to ultrasound was achieved in some areas of the country in 2016.
- 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 National Doctors Training and Planning (NDTP) Unit tell us we need 100 more GPs to be trained every year. The Programme for Government agrees. The ICGP supports this goal, and can deliver it, if resourced.
- The ICGP will continue to work with the NDTP and Primary Care to increase GP training places. We are currently training 172 GPs per year. The ICGP delivered a 43% increase in training places between 2010 and 2016 with efficiencies. 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 all general practice staff. GPs have the 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 principal of enabling GPs to work to the higher end of their skillsets and contracts, leading to even more productive teams.

In the briefing document, we elaborate more on the following topics:

- Practice nurses
- Practice managers and administrative staff
- The Primary Care Team
- Information technology
- Research and educational support for the general practice team

Conclusion

Ireland will continue to see an exodus of doctors unless clear actions are taken now to attract GPs to stay. We recommend:

- **The delivery of a GP contract in 2017.**
- **Supports for emerging graduates from GP training to aid setting up in practice.**
- **Flexible working options in general practice.**

General practice is successful. The Government contracts GPs to provide the full package of community medical care for a portion of the population.

In terms of value for money, general practice has been one of the most successful public-private partnerships in the health system.

Actions must now address the infrastructure 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.

We are giving away our GPs.

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

The words of one recent graduate, now established 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."

Note: References are provided in the briefing document attached.