Irish College of GPs







Building capacity:

through workforce, infrastructure and digital transformation

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Thurs 19/11/26

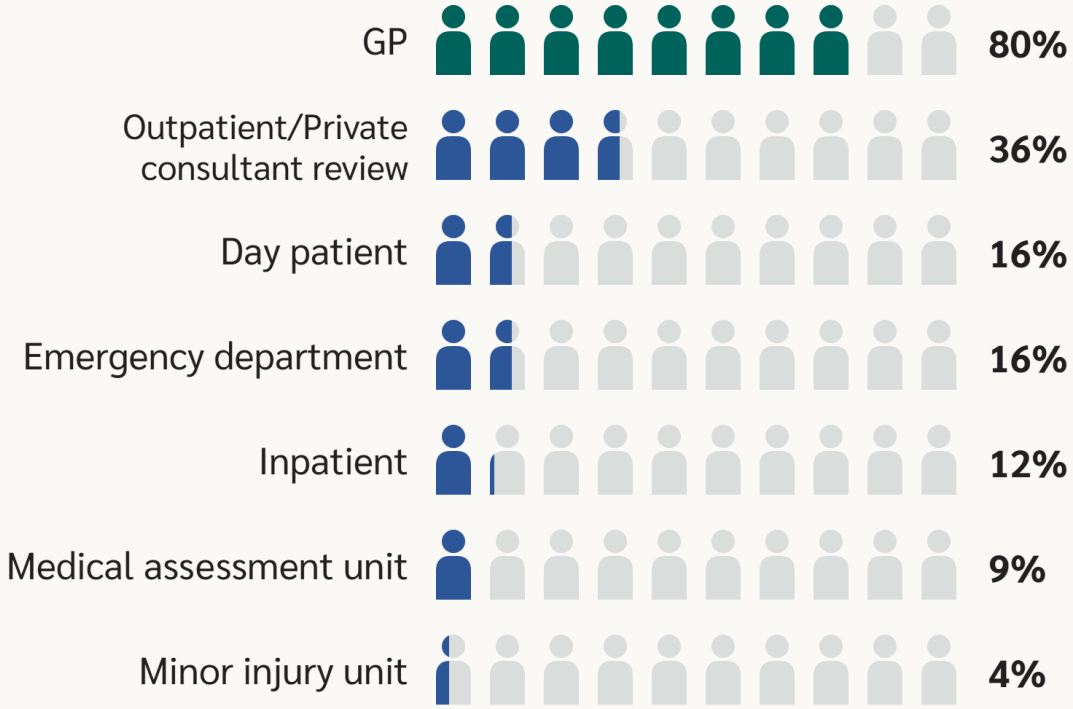
A word on **Capacity**…



General practice sees more people, more often, than any hospital service



Adults using each service in a year



Source: Healthy Ireland Survey 2023 and 2025; hospital use includes **private** care.

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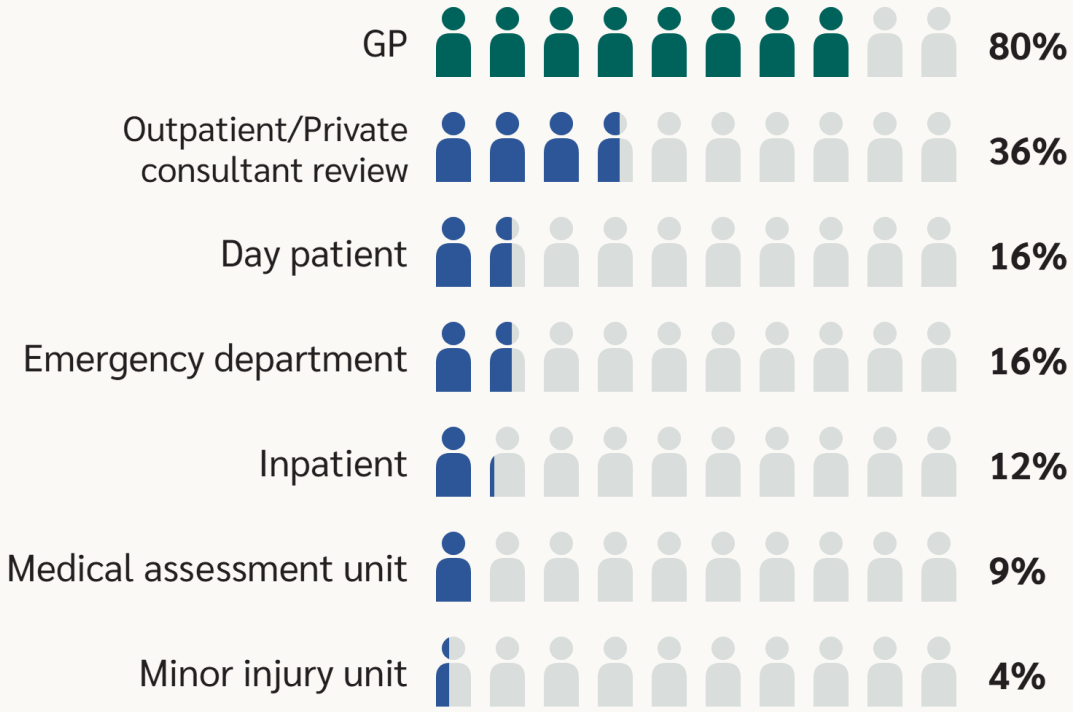
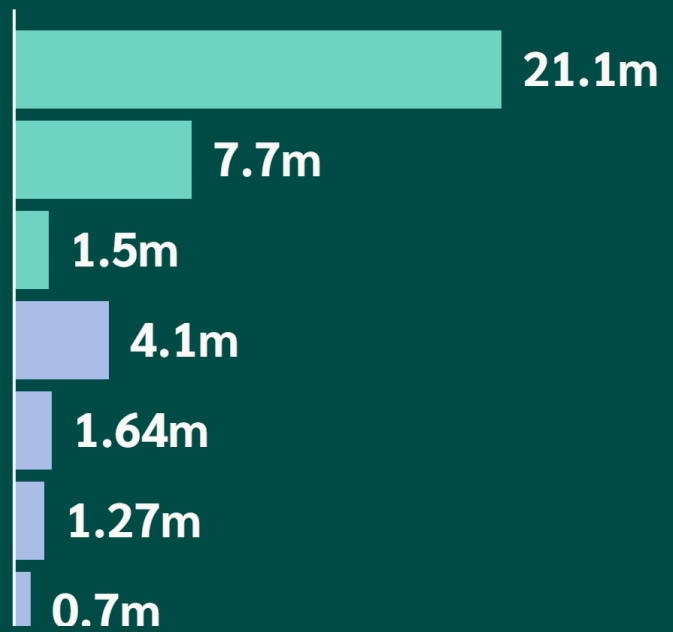


Source: Healthy Ireland Survey 2023 and 2025; hospital use includes **public and private** care.

Visits, 2025: GP teams 80%



Sources: GP visits: Healthy Ireland 2025 (children's attendance Healthy Ireland 2023). GP nurse visits: Collins & Homeniuk, BMC Family Practice 2021. GP OOH visits: O'Callaghan et al., BJGP Open 2026 (OOH).

All public hospital data: HSE Management Data Report February 2026.



General practice has changed since 1982



1982

~ 1,800 GPs

12% Female GPs

2 in 3 single-handed

2025/26

~ 4,900 GPs

54% Female GPs

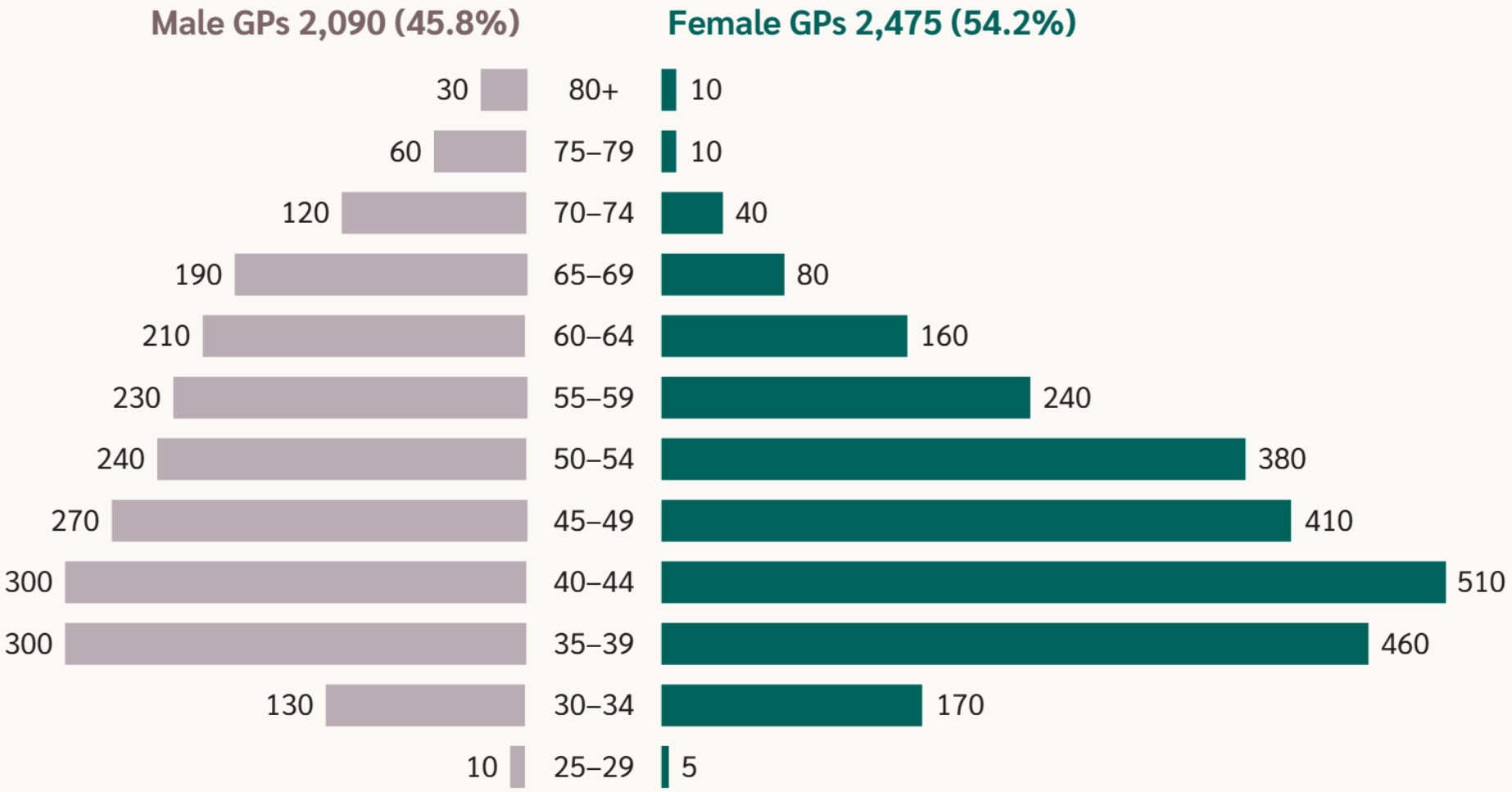
Group (computerised) practices

are now the norm, with most GPs specialty-trained

Sources: O' Dowd/Oliver national surveys 1982–2015 (ICGP/TCD); Irish College of GPs PCS sign-up data 2025/26; Forum, November 2026.

The training pipeline is healthy…





Source: Irish College of GPs PCS sign-up data 2025/26, n = 4,571 daytime GPs; counts rounded to the nearest 10.

National growth, local shortages



Rural GPs vs Urban GPs

25% v 10% work single-handed

14% v 9% are aged 65+

What this means

- Training more GPs is essential, but not enough on its own
- New GPs need incentives to set up and stay where they are needed: rural areas, deprived urban communities and the commuter belt
- Out-of-hours arrangements shape where GPs choose to work

Source: Irish College of GPs GP mapping analysis; PCS sign-up data 2025/26; Forum, November 2026.

Workload - Visit counts do not tell the full story



> 2

issues managed, on average, in each GP consultation

2:1

Two hours seeing patients = One hour “other” (e.g. clinical administrative and follow up) work

1 visit = 2 updates to record

1.2m electronic record transactions generated by just over 500,000 appointments in ten Midwest practices

Establishing an electronic patient record is one thing; maintaining an accurate, safe and useful longitudinal clinical record is an ongoing responsibility.

Sources: Irish College of GPs, Minutes and Medicine study (awaiting peer review); Crosbie et al., real-time workload study of 123 Irish GPs; O’ Callaghan, Glynn et al., University of Limerick.



Most general practice happens outside primary care centres



180

primary care

2,000+

GP practices, in premises GPs own or rent, funded and managed by practices themselves

Primary care centres are a valuable, visible investment. But most consultations happen in the wider GP estate, and investment in consulting space must reach it too.

Sources: HSE (primary care centres in operation); Irish College of GPs; Forum, November 2026.

Irish College of GPs analysis 2026/27

One in three practices hiring say lack of space is a major or significant problem

How space affects hiring of clinical staff, among GPs looking to add staff (n = 1,742)



Major problem	Significant problem	Minor problem	Not a problem
n = 296	n = 303	n = 592	n = 551

A further 604 GPs said they are not currently looking to add clinical staff, and 277 were not sure.

Source: Irish College of GPs PCS sign-up data 2026/27, preliminary: 2,623 responses to " Which best describes how space affects hiring of clinical staff?" .



GPs have computerised themselves…

… out of necessity…

80%

of adults see a GP each year, rising to 90% of those aged 65+ . Changes in medicines, diagnoses and function are recorded there first.

114,000

GP and practice nurse visits every working day, vs ~ 16,000 public outpatient appointments.

400,000+

prescription line items per working day from general practice

Where is Digital Innovation needed?

Sources: Healthy Ireland Survey 2023 and 2025; DoH Key Trends; HSE One Health Record. 114,000 = (21.1m GP + 7.7m nurse visits) ÷ 252 working days. PCRS Open data analysis on Prescribing volumes GMS and DPS.

Continuity of care = Continuity of records



…both must be protected…

4.1 computerised GP visits per patient per year

94% of recent GP consultations were in the surgery; 4% by phone, under 1% online

What the evidence says

- Continuity with a named GP is associated with fewer ED visits, fewer admissions and lower mortality

Sources: Healthy Ireland Survey 2025; BJGP 2025 systematic review; Sandvik et al., BJGP 2022; Scott et al., 2024 systematic review and meta-analysis.

Who will keep national eHealth records up to date?



One record

A national record is only as safe as its most recent update

- For eHealth plans, **maintaining** records will matter more than **populating** them
- The challenge is to harness the huge volume of record updates general practice makes every day, without inappropriately transferring tasks to GP teams…
    - **Done well**, it will give Ireland accurate, current records that follow patients across the health system
    - **Done badly**, it will alienate general practice and severely limit engagement with eHealth plans

What we need…

Area	Ask
Workforce	-Continue to encourage young doctors to work in general practice. -Establish incentives for GPs to set up and stay where they are needed: e.g. rural, deprived urban and commuter belt practices
Infrastructure	-Support for existing and new practices to add clinical space (not only new primary care centres). -Support for IT costs & associated clinical administration.
Digital Innovation (which must preserve Continuity of care)	-Build national records around GP workflows, securely, automatically and without adding burden







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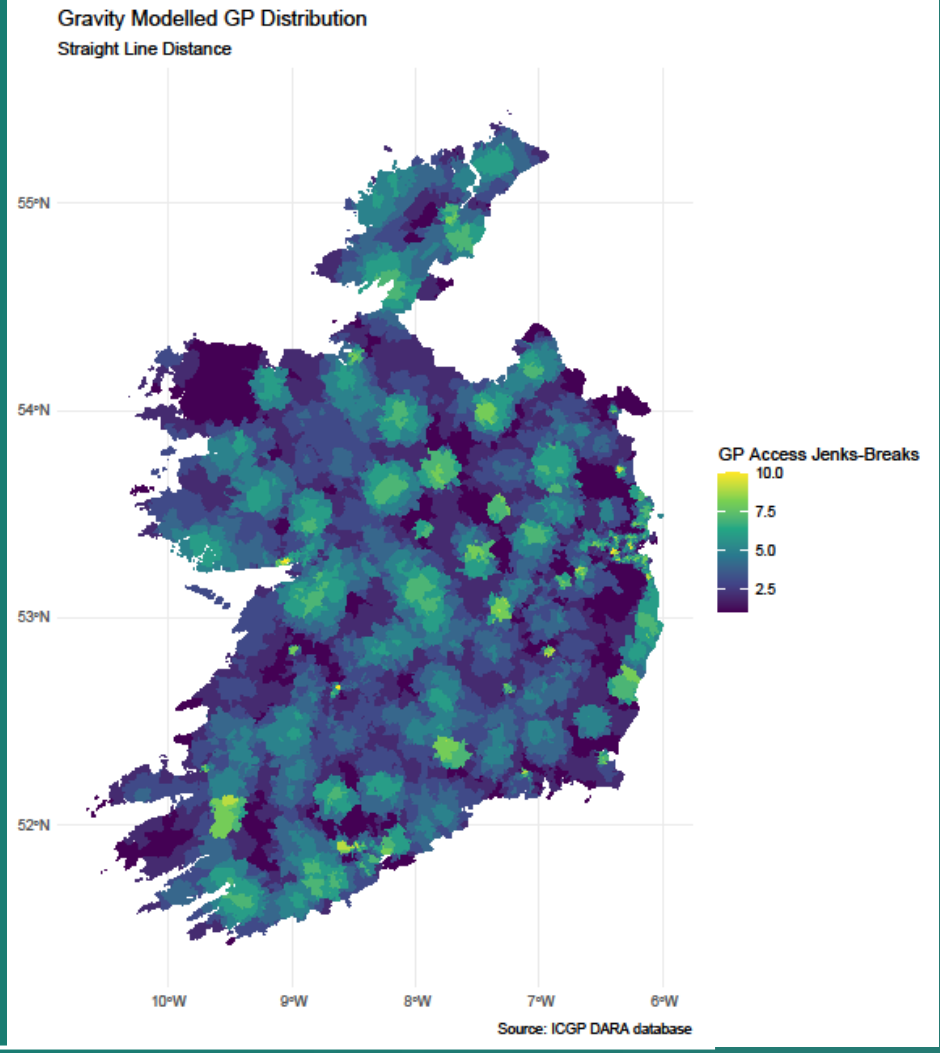
Thank you!



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