

Pre-Budget Submission 2026

*Delivering the best care,
to each individual,
at the right time,
and in the right place.*

Executive Summary

Ireland's health system is changing, with increasing emphasis on the provision of care outside of hospital settings. General practice is critical to realising this change. GP teams continue to deliver evidence-based care from infancy to old age while assuming increased responsibility for the 2025 investigation, diagnosis, and management of acute and chronic disease.

General practice is regularly the first point of contact for patients, and a cornerstone of an integrated, maturing, and responsive health system. **The future of general practice must be patient-centred and focused on delivering the best care to each individual patient, in the best setting, at the right time.**

GPs are now managing more complex care, leading structured chronic disease programmes, and engaging in education, research, quality improvement and system design. These expanded roles also reflect the increased complexity of the GP career itself- a shift that must be supported.

As Ireland moves toward a more regionally structured, community-based model of care, the success of that vision will depend on a strong, supported, and evolving general practice specialty. This pre-budget submission is grounded in that shared ambition and supports the delivery of key priorities outlined in Sláintecare 2025+, particularly those focused on integrated community care, digital health, and workforce development, including:

1. The establishment of a National GP Clinical Lead for Integrated Care
2. The inclusion of mental illness in the Chronic Disease Management (CDM) programme
3. Sustained investment in a primary care workforce and infrastructure to facilitate the implementation of Sláintecare 2025+ and solutions-focused approaches to staffing deficits in rural general practice and locum provision
4. The development of a connected e-health record, accessible across the range of healthcare contexts in Ireland, to support better, safer patient care
5. Data-driven, patient-centred quality improvement initiatives and research to enhance quality and service provision

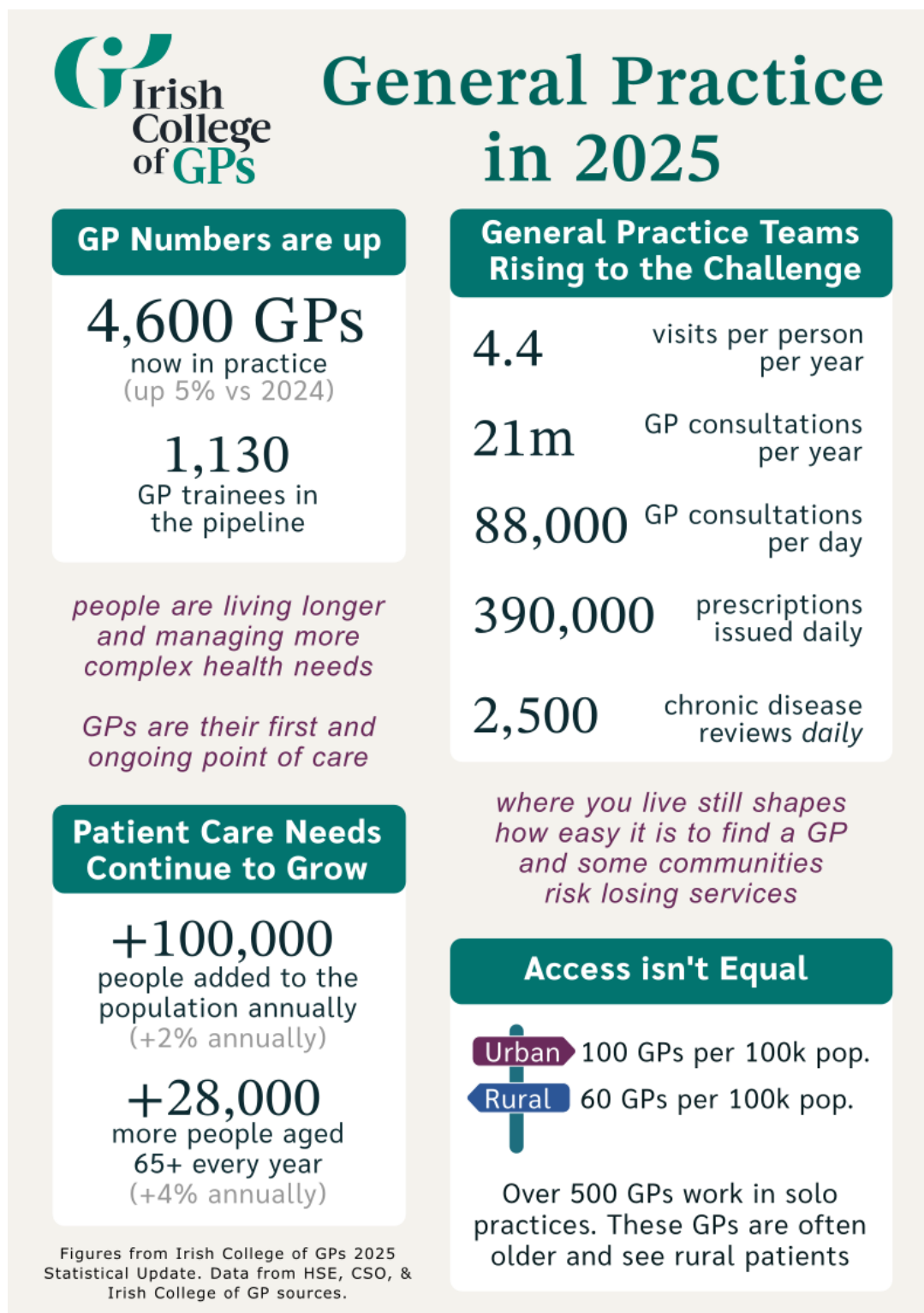
Where we are in 2025

In recent years, the general practice landscape has changed significantly, reflecting the pace of change in healthcare and healthcare needs in Ireland. The Irish College of GPs, with HSE and Department of Health (DOH) backing and support, has led the development and implementation of a number of measures, including:

- The number of GP training places has expanded rapidly, with 350 new trainees entering Irish College of GPs programmes in 2025 (as compared to 150-160 new GP trainees per annum 10 years ago)
- College has established a rural practice standing committee and has led a successful targeted recruitment through its International Medical Graduate (IMG) Rural programme to train and support international graduates
- Recommendations from the 2023 *Medical Student to GP* report are in the early stages of implementation
- New capabilities - including the Irish College of GPs' workforce analysis - are emerging to support data-informed decision-making and service planning

Despite these advances, the underlying pressures remain evident. Patients are living longer and with more complex conditions. Practices nationwide are struggling with basics such as finding locum cover, succession planning, and recruitment of staff to help deal with an ever-expanding workload. Infrastructure lags demand. Too many patients - particularly in rural and deprived urban areas continue to face barriers to timely, continuous care.

The infographic on the following page captures this moment in numbers. It highlights both the achievements and the pressures shaping general practice in 2025 and sets the stage for the priorities that follow.



5 Priorities for General Practice 2025 & Forward



General practice is evolving to meet the demands of a growing, ageing, and more complex patient population. These five priorities reflect where targeted action is most urgently needed to sustain and strengthen patient care, support the GP workforce, and embed general practice at the centre of an integrated health system.

Priority 1: Connected care

The challenge

Continuity of care is a defining strength of general practice, and one that is facilitated by the profession's computerisation since the 1990s - but it is under threat. As patients engage with more services across primary and secondary care, gaps in information flow increasingly put safety, efficiency, and patient experience at risk. While GP patient records are now computerised, health records outside of general practice are often paper based, fragmented and/or siloed. GPs are consistently coordinating care with incomplete or outdated information, while patients repeat their stories or receive duplicative investigations or treatments, in multiple clinical settings.

In the case of chronic disease, the CDM programme has undoubtedly provided substantial improvements in the care of patients with these illnesses and evidence to date suggests that this community-based care is leading to reduced hospitalisations and improved quality of life for these patients. Sustained investment is now needed to include additional diseases in this programme. The Irish College of GPs and the College of Psychiatrists of Ireland have recently called for the inclusion of mental illness in the CDM programme as a priority, recognising that patients with major mental illness, whether on medication or not, die approximately 20 years younger than their age matched peers. This is largely due to complications of preventable physical illness, but requires collaborative and integrated primary and secondary care.

Why it matters

Safe, effective, and person-centred care depends on connected information. For patients with chronic conditions, multimorbidity, or complex medications, missing data can compromise clinical decisions. New care delivery models, such as Enhanced Community Care hubs and the increase in pharmacist-led prescribing, must be integrated with GP electronic health records to avoid increased fragmentation of care and the associated risks of harm due to unintentional polypharmacy and potentially inappropriate prescribing. The realisation of a truly integrated care system will require ongoing redesign and evaluation to ease the transition of patients between care settings.

How can it be achieved?

Ireland needs a nationally coherent, patient-centred system of shared electronic health records, accessible to GPs and all treating professionals. Integration of investigation information, hospital discharge summaries, and community-based care must be prioritised. To deliver this safely and effectively, investment in digital infrastructure, interoperability standards, and clinical workflow design must be matched by a commitment to ease the administrative burden on GP teams, who act as the central coordinators of patient care. Ensuring these systems enhance rather than hinder general practice is key to protecting patients and sustaining care delivery. Inappropriate transfer of work from secondary care to general practice must not happen as a result of eHealth advancements. Our 4,600 GPs are already the doctors providing the vast majority of patient interactions in the system and cannot be expected to undertake additional work on behalf of the 13,000 doctors working in the hospital system.

The college is committed to working closely with the new regional health authorities (RHAs) to create and realise a truly integrated care system to support high-quality, connected patient care.

The College will also support this transition by contributing GP-led expertise to national and regional eHealth planning, and by providing guidance on implementation that reflects the realities of practice workflows.

Funding and Investment required

- Invest in a national eHealth platform anchored in GP EMRs, with interoperability between general practice, hospital, pharmacy, and community systems
- Inclusion of mental illness within the chronic disease management (CDM) programme
- Investment in a National GP Clinical Lead for Integrated Care
- Prioritise integration of older persons' services (including nursing homes) and urgent care pathways.
- Resource GP participation in maintaining high-quality EMR data for safe care, research, and planning

Priority 2: A workforce for the future

The challenge

Ireland's GP workforce is under intense and growing strain. The number of patients seeking care continues to rise, driven by demographic change, expanded eligibility for free GP care, and increased clinical complexity. Yet the supply of GPs has not kept pace. A significant proportion of the current workforce is approaching retirement age. Many practices, particularly rural and single-GP practices, face recruitment challenges.

Why it matters

Without sufficient GP capacity, patients face longer waits, reduced continuity, and barriers to timely and coordinated care. The consequences are likely to cascade through the health system, contributing to delayed diagnoses, increased unscheduled hospital use, and growing inequity in access - particularly in underserved urban and rural areas. Communities may also resort to non-general practice trained doctors for their care when access is continually an issue. On the other hand, all the negative health outcomes *prevented* by having a GP embedded in a community cannot be easily measured. Furthermore, the time available to GPs to discuss preventative health and wellbeing measures with patients during consultations is further limited as the workload expands

How can it be achieved?

We must expand and sustain the GP workforce, not only by increasing training places but also by addressing retention, working conditions, and career flexibility. Continued investment in GP training, post-training fellowships, continuous medical education (CME) networks, GP wellbeing, and programmes like the IMG-Rural scheme is essential. Improving practice supports and assisting new and existing GPs to run practices will also be needed to sustain GP services. National workforce planning must reflect population needs and include targeted support for high-need and low-coverage areas.

The College will also continue to work to advance and promote high-quality general practice, which is safe, effective, continuous, coordinated, comprehensive, first contact accessible, equitable, person-centred and sustainable for the benefit of all patients.

As more care moves into the community, GPs will not only deliver clinical care but also play expanded roles in education, research, evaluation, & system improvement. We must recognise and support these evolving portfolios, not as time away from patient care, but as essential contributions to a more professionalised, learning health system. Tomorrow's workforce needs not just more GPs, but GPs with the time, skills, and structural support to lead at multiple levels.

The College is building a more detailed, longitudinal understanding of the GP workforce through new data and analysis tools. These insights will strengthen national workforce planning, support targeted recruitment, and help anticipate future needs at the regional and national levels. The College is committed to playing a leadership role in national workforce planning and policy design, ensuring general practice remains a viable, valued, and vibrant career.

Funding and Investment required

- Provide strategic, long-term support for general practice-led care of older persons and resourcing of home/nursing home visiting capacity
- Enhanced funding for continuing medical education (CME) groups to support the increased need in GP workforce
- Innovative solutions to the provision of locum cover for rural and small practices
- Reform of the GMS contract to support job-sharing between GPs
- Maintain and protect the pipeline of new GPs
- Investment in stabilising existing practices under pressure, including targeted infrastructure and staffing supports

Priority 3:

GP as a first-choice career

The challenge

While the number of GP training places has begun to increase, this shift is recent and not matched at other stages of the GP career pipeline. For example, medical students often report limited exposure to general practice during their training, and clearer career pathways into the specialty remain underdeveloped despite well-recognised evidence that earlier and enhanced exposure to general practice influences medical students' choice of general practice as a career. At the same time, younger GPs seek more flexibility, academic opportunities, and team-based environments than many practices can currently offer. To strengthen the GP pipeline, the Irish College of GPs must actively engage doctors and students and GP Academic Departments at every stage of their journey- through education, faculty structures, CME networks, and the invaluable peer support these can offer to those establishing themselves in practice.

Why it matters

General practice must remain a vibrant, viable, and desirable career option. A strong pipeline is essential to replace retiring doctors, grow capacity, and ensure generalist care is available in every community. Without sustained recruitment and retention, workforce deficits will deepen- especially in rural and underserved areas.

How can it be achieved?

We need a national strategy to attract, support and retain future GPs. This includes:

- Increasing medical school exposure to general practice
- Expanding GP academic and teaching roles
- Offering structured post-training fellowships
- Supporting diverse, flexible, and equitable career pathways
- Ensuring doctors at all stages of training are encouraged and enabled to thrive in general practice

Implementation of the 2023 *Medical Student to GP* report must be accelerated, with long-term alignment between undergraduate education, training, and workforce needs.

The College will continue to work with medical schools, university departments, training bodies, and health system partners to shape a pipeline that reflects the future needs of patients and GPs, and which encourages the next generation to choose the specialty of general practice.

Funding and investment required

- Development of longitudinal integrated clerkships (LICs) in general practice and particularly in rural general practice
- (Re)establishment of post-training research and academic fellowships to enhance career opportunities and sustainability of careers in general practice

Priority 4: Quality at the core

The challenge

Irish general practice has shown extraordinary adaptability- from the pandemic response to the rollout of structured Chronic Disease Management (CDM) programmes. Yet this momentum risks stalling without sustained support for embedding quality improvement (QI) into everyday care. While many practices are innovating locally, a lack of national frameworks, time, and resources can make systematic QI difficult to maintain or scale.

Why it matters

Quality improvement isn't just about performance- it's about empowering GP teams to deliver safer, more equitable, more efficient care. A strong QI culture helps reduce variation, identify bottlenecks, and co-design better pathways with patients. In a system under pressure, it is one of the few tools that strengthens both provider morale and patient outcomes.

How can it be achieved?

We must embed quality improvement into the DNA of general practice. This includes:

- Protected time and funding for practice-based QI
- Training and mentorship tailored to primary care settings
- Patient involvement in service design
- Integration with data systems and workforce development.

Funding and Investment Required

- Establish a national GP QI and research strategy, integrated into wider HSE reform and service planning frameworks
- Fund the development of post-training academic clinical fellowships in general practice to support long-term research capacity
- Expand funding to ensure all practising GPs can access CME small group schemes nationwide
- Invest in a national GP Clinical Lead role to design, test and support new models of rural and remote general practice care
- Recognise that delivering quality requires protected time, career structure, and organisational support—not just more work

Priority 5: Smarter with data

The challenge

Data is the currency of modern healthcare planning. While the Health Information Bill and planned eHealth advances have high level detail on what we need as a country, the details on how GPs and their record systems will be central to these systems are unclear. GPs generate enormous volumes of clinically rich, real-time data; for example, last year, GPs recorded notes on 21 million patient consultations. However, much GP EMR data remains inaccessible for secondary use, e.g. for practice management, audit, research, and quality improvement. Fragmented systems, conflicting coding, and underinvestment in analytics capacity further limit the use of these data. Furthermore, these EMR systems hold huge promise for population and maintenance of national eHealth systems, service planning and system-wide decision-making. Despite the scale and reach of general practice, Ireland lacks a cohesive national data infrastructure to understand what's working, where gaps exist, and how care is changing.

Why it matters

Data is essential for tracking access, equity, outcomes, and emerging pressures. Without it, we cannot effectively advocate, allocate resources, or improve care. GPs also need timely, actionable feedback to support clinical decision-making & service innovation.

Finally, the effectiveness of future eHealth systems will be severely hampered unless they are integrated with the foundation of GP EMR data in a sustainable way. The success or failure of eHealth systems will be in their maintenance, not setup. Only GP teams deal with the volume of consultations that will be required to enable adequate maintenance of patient records.

How can it be achieved?

Ireland needs a modern, privacy-safe national GP data framework. This includes:

- Standardised data collection and coding
- Establish eHealth dataflows with GP workflows in mind
- Recognition of the data stewardship and data hosting responsibilities of GP clinics
- Integration with HSE and public health datasets
- Investment in analytical capacity within and beyond practices.

Fundamentally, harnessing GP EMR data holds great promise, but its harnessing must be time- and cost-neutral to GP teams. eHealth advances must not overburden GPs with additional administrative work, nor provide a means to further the inappropriate transfer of work from hospital to general practice.

Supporting data use in general practice also means resourcing the broader ecosystem of primary care research, education, and evaluation. As general practice takes on more of the healthcare system's complexity, we must ensure it is matched by investment in its academic and improvement infrastructure.

The Irish College of GPs is committed to partnering in this work, ensuring data serves both system learning and patient benefit.

Summary

General practice is the backbone of Ireland's health system. Strategic investment in digital infrastructure, workforce development, and quality improvement is essential to meet growing demands and deliver safe, equitable, and integrated care. Not to do so will lead to failure of Sláintecare Goals, whose vision of shifting care into the community depends on a robust general practice system. Without targeted and strategic investment, the transition to integrated, regionally delivered care will stall, undermining national health reform efforts and ultimately poorer patient outcomes.

The solutions are simple: invest as outlined here in General Practice.

Key references and related documents

The priorities and recommendations outlined in this update build on and align with the following key publications:

1. [Shaping the Future of General Practice](#) (Irish College of GPs, 2022)
[Sets out the original ten-point vision for strengthening general practice across the workforce, infrastructure, and patient care.]
2. [Medical Student to GP: A Report on the GP Career Pathway](#) (AUDGPI & Irish College of GPs, 2023)
[Provides evidence and recommendations to strengthen recruitment and retention into general practice from undergraduate education onward.]
3. [Irish College of GPs Pre-Budget Submission 2024](#)
[Outlines urgent funding priorities across GP workforce, rural access, infrastructure, and digital care.]
4. [Irish College of GPs Statement of Strategy 2023–2026](#)
[Sets the College's strategic direction across education, training, advocacy, research, and organisational development.]
5. [National Framework for Structured Chronic Disease Management](#) (HSE, 2020)
[Provides the model for GP-led management of chronic conditions, now a central element of general practice delivery.]
6. [The Path to Universal Healthcare: Sláintecare & Programme for Government 2025+](#) (Department of Health, 2025)
[Frames the broader policy environment of shifting care into the community and toward regionalised, integrated delivery.]
7. Briefing notes for Irish College of GPs senior management on recent DoH publication: "Supply and Demand of General Practice in Ireland" – DoH, June 2025 (Irish College of GPs, 2025, Internal Report)

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