Irish College of GPs

September 2026

Pre-Budget Submission 2027

*From **Strategy** to **Delivery**: Implementing Sláintecare Through **General Practice***

Executive Summary

Budget 2027 must be the year in which strategy becomes delivery.

General practice, which delivers significant healthcare capacity for less than 4% of the health budget,[1] offers the most immediate and cost-effective means of increasing healthcare capacity, improving access, and reducing pressure on hospitals. This submission sets out what delivering on that direction requires in practice- named programmes, defined mechanisms, and clear sequencing - so that Budget 2027 can be judged against measurable commitments, not general intent.

The policy direction is clear. What is required now is implementation.

Budget 2027 provides the opportunity to translate ambition into measurable improvements in access, capacity, quality, and patient outcomes, through targeted, costed and time-bound investment in general practice. Investment in general practice remains the fastest and most cost-effective means of increasing healthcare capacity nationally: Ireland's 4,900 GPs already manage most patient contacts in the health system, working alongside over 10,000 doctors in the acute public hospital sector. It is in general practice that healthcare capacity can be scaled fastest and at lowest marginal cost.

Government can deliver measurable benefits for patients, communities, and the wider health system by investing in GP workforce expansion and multidisciplinary GP teams, delivering integrated healthcare in modern infrastructure, underpinned with data-driven quality improvement. The Irish College of GPs stands ready to work with Government, the Department of Health, the HSE and the Regional Health Areas to deliver these reforms.

However, without investment in the GP workforce and physical infrastructure of general practice- consulting rooms, treatment space, education facilities, and modern premises- this expanded workforce cannot be fully deployed. Capacity and accessibility will ultimately be constrained by people and by the built infrastructure.

Sláintecare is moving care closer to home: Budget 2027 must move infrastructure investment closer to home. The vast majority of Ireland's 29 million general practice consultations each year take place, not in publicly funded Primary Care Centres, but in the 90% of GP clinics independently owned and financed.[2] If general practice is to sustainably deliver more patient

[1] Ministers for Health announce record €25.8 billion budget for the delivery of health services in 2025

[2] Primary Care Centres – Thursday, 26 Jun 2025 – Parliamentary Questions (34th Dáil) – Houses of the Oireachtas

care, more training in the community, capital investment must increasingly support the built infrastructure.

The Irish College of GPs recommends **five implementation priorities** for Budget 2027, each building directly on the recommendations set out in the College's Pre-Budget Submission 2026:

2027 Budget priorities:

1. **Deliver Integrated/Connected Care**
2. **Deliver the GP Workforce Ireland Needs**
3. **Deliver more care with multidisciplinary GP Teams**
4. **Deliver Modern built Infrastructure**
5. **Deliver a Data-Driven Health System**

Together, these actions will:

- Improve timely patient access to specialist GP care
- Reduce unscheduled ED attendance and hospital admissions
- Strengthen delivery of chronic disease management
- Enhance patient safety and continuity of care
- Support design and deployment of future-proofed eHealth initiatives
- Support successful implementation of Sláintecare and the transition to Regional Health Areas
- Deliver measurably better value for public investment

Delivering these priorities requires parallel sustained investment in workforce and a novel, well-resourced focus on GP built infrastructure.

Summary of Budget 2027 Priorities

Priority	Budget 2027 asks
1. Deliver Integrated/Connected Care	• National GP Clinical Lead for Integrated Care • Shared electronic health records (including ePrescribing, shared and summary care records, national EHR) anchored in GP EMRs • Inclusion of severe mental illness in the CDM programme • Time- and cost-neutral resourcing for GP participation in eHealth

	• Priority integration pathways • A firm safeguard against inappropriate work transfer
2. Deliver the GP Workforce Ireland Needs	• Sustain and expand GP training capacity • National GP Fellowship Programme • Rural Recruitment and Retention Programme • National Locum Support Programme • Reform of the GMS contract to enable flexible working • Targeted stabilisation funding for practices under acute pressure
3. Deliver more care with multidisciplinary GP Teams	• GP Team 2030 Programme • Double General Practice Nursing resources • Practice Management Supports • Clinical Support Workforce • Team-Based Funding Model
4. Deliver Modern built Infrastructure	Innovative financial solutions to deliver: • National GP 'built infrastructure' Development Fund • State-backed infrastructure models • Practice Expansion Grants • Rural Infrastructure Programme
5. Deliver a Data-Driven Health System	• National GP Data Strategy • National Quality Improvement Programme • Academic and Research Fellowships • Continuing Medical Education Investment • GP Data Analytics Capability • A binding time-and cost-neutrality commitment

Investment in general practice is investment in healthcare capacity, patient access and the successful delivery of Sláintecare.

Situational Analysis / Background

Demand continues to rise: Ireland's population grows by more than 75,000 people annually, including more than 23,000 more people aged 65 and over each year, the cohort with the highest rates of acute, chronic and complex disease. Eighty percent of people see their GP at least once per year in Ireland, which rises to > 90% for those aged 65 years and older. GP teams see more than 100,000 patients and prescribe more than 380,000 medicines each working day. Furthermore, GP out-of-hours work delivers 1.5m OOH urgent and unscheduled

acute care consultations per year, of which just 13% are referred to the emergency department.

This huge quantum of GP work is only possible through dedicated GP teams working efficiently, with electronic medical records and buildings invested in by GPs themselves, which offers great opportunities for future eHealth developments.

However, GP clinics are unevenly distributed and, in three key places, supply is fragile. GP density stands at approximately 100 GPs per 100,000 population in the main cities, against 60 per 100,000 in rural areas.

1. **Rural communities**: More than 500 GPs currently work in solo practices - a GP cohort that is disproportionately older and disproportionately serving older patients. These rural communities are especially exposed to the risk of losing specialist GP services altogether through retirement without succession. Focused supports are required to retain & recruit GP teams.
2. **Urban deprived**: The healthcare needs of these populations require significant additional GP capacity to meet their high healthcare needs. Timely GP access helps mitigate unscheduled ED attendance. Augmented GP capacity is required for these urban deprived communities.
3. **Urban commuter belt:** This is where the greatest number of patients struggle to register with and attend a specialist GP for healthcare. The built infrastructure **'bricks & mortar'** is the strategic enabler here.

To meet this growing demand, Ireland is successfully expanding the pipeline of future GPs, with annual intake increasing from 172 GP trainees in 2016 [3] to 350 in 2026 with plans for 400 GP trainees intake per year.

The Irish College of GPs' Pre-Budget Submission 2026 set out five priorities for general practice: connected care, workforce, the career pipeline, quality improvement, and data infrastructure. Since then, welcome progress has been made in some areas — GP training numbers have continued to expand, with 350 new trainees entering College programmes in July 2025 and 2026, 400 planned for 2027 and the College's International Medical Graduate (IMG) Rural programme has delivered GPs to underserved rural communities. However, the underlying pressures identified in 2025 remain largely unaddressed: workforce sustainability is under strain, built infrastructure is insufficient, especially in the urban commuter belt, and investment in quality improvement and practice development has not kept pace with need.

[3] General Practitioner Services – Tuesday, 8 Mar 2022 – Parliamentary Questions (33rd Dáil) – Houses of the Oireachtas

The challenge facing Government is no longer one of policy direction. The challenge is implementation.

Priority 1: Deliver Integrated/Connected Care

The Challenge

Continuity of care is a defining strength of general practice, underpinned by the profession's computerisation of patient records since the 1990s. That strength is increasingly at risk. While GP records are fully computerised, records held outside general practice - in hospitals, diagnostics and community services - remain frequently paper-based, fragmented or inaccessible to the GP team and to patients alike.

GPs are regularly required to coordinate care with incomplete or outdated information, while patients undergo duplicate investigations and treatments across multiple settings.

New models of care (including Enhanced Community Care hubs, expanding pharmacist-led prescribing, and community diagnostics), add further complexity to an already fragmented information landscape, unless matched by investment in interoperability.

This patient safety risk is greatest for patients with the most complex care needs. People living with severe mental illness experience markedly poorer physical health and die, on average, 10–20 years earlier than the general population. Most of these premature deaths are attributable to preventable physical illnesses such as cardiovascular disease, respiratory disease, diabetes and cancer.[4,5] Addressing this requires structured, integrated primary and secondary care not further fragmentation.

Why It Matters

- Patient safety may be compromised by decisions made on incomplete information
- Clinical decision-making is suboptimal, particularly for patients with multimorbidity or complex medication regimes
- Investigations and treatments are duplicated, at a cost to patients, the healthcare ecosystem and the exchequer

[4] Byrne P. Premature mortality of people with severe mental illness: a renewed focus for a new era. Ir J Psychol Med. 2023 Mar;40(1):74-83. doi: 10.1017/ipm.2022.3. Epub 2022 Mar 31.

- Unintentional polypharmacy and potentially inappropriate prescribing become more likely as prescribing is distributed across more providers. Medication errors are a preventable driver for many unscheduled hospital admissions, especially among older people
- Continuity of care - the feature most consistently linked to better outcomes and lower cost- is weakened

Building on the 2026 Submission

The Irish College of GPs' Pre-Budget Submission 2026 identified:

- National eHealth platforms anchored in GP EMRs
- Inclusion of severe mental illness in the Chronic Disease Management (CDM) programme

The College and the College of Psychiatrists of Ireland jointly called for the CDM change during 2025–26. None of these recommendations has yet been funded or resourced with a delivery timeline.

In Budget 2027, we ask for these recommendations to be actioned and funded.

Budget 2027 Investment Required

Shared electronic health records, anchored in GP EMRs

Commit multiannual, ring-fenced capital and current funding to phased interoperability across general practice, hospital, diagnostic, pharmacy and community systems. As the doctors managing approximately 80% of healthcare interactions, ensuring GPs are central to the population and maintenance of patient records is critical. This must be achieved without disrupting GP workflows and burdening GP teams. Robust systems must be designed to stop unresourced and inappropriate transfer of work from hospital to general practice.

Inclusion of severe mental illness in the CDM programme

Fund a structured chronic disease pathway for patients with severe mental illness, co-designed with the HSE and College of Psychiatrists of Ireland.

Time- and cost-neutral resourcing for GP participation in eHealth

Resource practices to maintain high-quality structured EMR data as a strategic pillar of national infrastructure.

Priority integration pathways

Treat older persons' services, including nursing homes and urgent/out-of-hours care, as first-phase priorities for shared records, reflecting where fragmented information carries the greatest risk of harm.

Expected Outcomes

- Reduced duplication of investigations and unnecessary repeat consultations
- Improved physical health outcomes for patients with severe mental illness
- Safer prescribing through visibility of medication history across care settings
- A stronger operational foundation for the Regional Health Areas
- Measurable reduction in GP time spent gathering information that already exists elsewhere in the system

Priority 2: Deliver an Expanded specialist GP Workforce

The Challenge

There are multiple drivers for GP workload: expanding and ageing population, expansion of the GMS, COVID-19, to name a few. We need to grow our GP workforce!

General practice has grown: 4,900 GPs are now in practice, up 5% on 2024, but real challenges remain. Many GPs (approximately 600) are approaching retirement. Patient access to GPs remains starkly uneven: general practice density stands at approximately 100 GPs per 100,000 population in urban areas, against 60 per 100,000 in rural areas. Over 500 GPs currently work in solo practices, a group that is disproportionately older and disproportionately serving rural patients - precisely the practices most exposed to succession risk. Practice failure poses an immediate and costly challenge for HSE and a safety risk for patients.

There are 1,350 GP trainees currently in the training pipeline, with 350 new trainees entering College programmes in 2026 - more than double the 150 –160 a year seen a decade ago. This number will hopefully grow to 400 by 2027. GP retention is strong and compares very favourably with other specialties: on average, 85% of GPs who completed Irish GP training between 2016 and 2023 reported working as a GP in Ireland (or in Ireland and another country) in 2024.

The success of this investment now depends on ensuring that newly trained GPs, GP registrars, practice nurses and medical students have the physical infrastructure 'bricks and mortar' required to treat patients.

Why It Matters

- Timely equitable patient access to specialist GP care is essential
- Reduced continuity of care is bad for patients and the system
- Patients with no alternative to unscheduled ED attendance
- Longer waiting times for GP appointments
- Reduced continuity of care as patients lose access to a named specialist GP
- Increased reliance on walk-in clinics, online providers and non-GP-trained doctors where access is persistently difficult
- Patients with no alternative may attend Emergency department

Building on the 2026 Submission

The 2026 submission called for sustained investment in the primary care workforce, solutions-focused approaches to rural staffing and locum deficits, and reform of the GMS contract to

support job-sharing between GPs. Budget 2027 must deliver them, with the College's own workforce analysis now available to support targeted, evidence-based allocation.

Budget 2027 Investment Required

Sustain and expand GP training capacity

Protect the trajectory that has taken annual intake from 150–160 a decade ago to 350 in 2026, and with an expected increase to 400 in 2027 and beyond with continued year-on-year growth aligned to the 2023 Medical Student to GP report and the College's own workforce analysis.

National GP Fellowship Programme

Fund structured post-training fellowships in rural practice, urban deprived, academic general practice, integrated care, and leadership and quality improvement, to retain newly qualified GPs within Irish general practice.

Rural Recruitment and Retention Programme

Introduce rural practice and urban deprived establishment grants, retention incentives, expansion of the IMG-Rural pathway, and support for networked or hub-based practice models, targeted at the areas with the lowest GP density - currently as low as 60 GPs per 100,000 population.

National Locum Support Programme

Develop a centrally supported locum mechanism to address the practical, day-to-day barrier to sustaining rural and small practices most consistently raised by GPs on the ground.

Reform of the GMS contract to enable flexible working

Modernise contractual arrangements to support job-sharing, portfolio careers and part-time practice, reflecting a workforce increasingly combining clinical work with education, research, quality improvement and system design.

Targeted stabilisation funding for practices under acute pressure

Prioritise solo and single-handed rural practices, where GPs are often older, closer to retirement, and without an obvious succession plan.

Expected Outcomes

- Increased retention of newly trained GPs within Irish general practice
- Narrow the urban-rural GP density gap
- Sustainable succession planning for solo and rural practices
- Reduced reliance on locums to maintain continuity of service
- A career pathway that competes credibly with other specialties and other jurisdictions

Priority 3: Deliver More Care Through Multidisciplinary GP Teams

The Challenge

The model of a single GP working largely in isolation is no longer sufficient to meet current patient demand. GP teams already manage extraordinary volume - an estimated 100,000 patient consultations, 2,500 chronic disease reviews and 380,000 prescriptions issued every day nationally - and this workload continues to grow with population, ageing and clinical complexity.

Many practices struggle to recruit and retain the nurses, administrative staff and other clinical support personnel needed to sustain this workload, leaving individual GPs absorbing tasks that could safely and efficiently be carried out by an expanded team.

Why It Matters

- Expanding capacity of existing GP practices is the fastest route to increasing national healthcare capacity - faster than growing GP numbers alone, which takes several years
- When GPs are supported by multidisciplinary teams, they can focus their time on the complex clinical decision-making, supported by other appropriately trained teams
- Team-based capacity makes GPs' expanding roles in education, research, evaluation and system quality improvement (recognised in our 2026 submission) practical, feasible and sustainable, rather than additional unfunded work

Building on the 2026 Submission

Budget 2027 makes explicit the dedicated investment in the multidisciplinary GP team.

Budget 2027 Investment Required

GP Team 2030 Programme

Fund a phased national programme, with clear milestones to 2030, to accelerate the development of multidisciplinary GP teams.

General Practice Nursing Expansion

Provide dedicated funding to double GP nurse numbers, recognising nursing capacity as central to sustaining the scale of GP care delivery, including cervical screening, childhood and seasonal vaccinations, and chronic disease management already delivered. GP nursing must become a recognised career pathway for nurses, with resources and support for training practices along the same lines as medical students and GP trainees.

Practice Management Supports

Provide sustainable, recurring funding for practice management capacity. Professional managers undertake the administrative and business management responsibility, liberating GP capacity to see patients.

Clinical Support Workforce

Fund access to pharmacists, healthcare assistants, phlebotomists, administrative staff and digital or data support staff, scaled to practice list size and clinical complexity.

Team-Based Funding Model

Develop, with the College and GP representative bodies, a funding mechanism that resources multidisciplinary delivery directly, rather than relying solely on GP-centred capitation.

Expected Outcomes

- Increased patient access and appointment availability without a proportional increase in GP numbers
- Improved throughput and quality of chronic disease management
- Liberate GP capacity for acute care, preventative care and complex case management
- Reduce unscheduled emergency department attendance
- Deliver a sustainable clinical role for GPs and their teams

Priority 4: Deliver Modern Infrastructure

The Challenge

Infrastructure is now the single greatest practical barrier to expanding capacity to see patients in general practice. Many practices operate from premises that can no longer accommodate growing patient lists, expanding services, or the multidisciplinary teams described in Priority 3.

For newly qualified GPs, the capital cost of financing premises is an insurmountable obstacle to establishing or taking over a practice, particularly in urban commuter belt where 'bricks and mortar' are no longer affordable, but also in rural areas.

Modern general practice premises are workplaces for multidisciplinary teams, training environments for medical students and GP registrars, and increasingly the base from which expanded community services are delivered. Investment in workforce without parallel investment in premises risks creating a new bottleneck: trained professionals lacking a workplace to treat patients.

Why It Matters

- To deliver care in the community, Sláintecare, requires sufficient built infrastructure
- Suitable premises are a precondition for multidisciplinary teams, structured chronic disease clinics, and new models of care
- Without a state-backed innovative recurring stream of GP infrastructure funding, the areas with the greatest need for GP services, (urban commuter belt, rural and deprived urban communities) will not attract private capital investment

Building on the 2026 Submission

The 2026 submission called for investment in stabilising existing practices under pressure, including targeted infrastructure and staffing supports. Budget 2027 sets out the capital mechanisms required to deliver on that commitment.

Budget 2027 Investment Required

National GP Premises Development Fund

Establish a dedicated, multiannual capital programme for general practice infrastructure, open to new-build, retrofit and expansion projects.

State-backed innovative infrastructure models

Develop long-term leasing arrangements, public-private partnership options, and state-supported premises development, reducing the personal capital risk currently borne by individual GPs, particularly those newly qualified.

Practice Expansion Grants

Provide targeted capital support for practices seeking to expand physical capacity to accommodate larger multidisciplinary teams.

Rural Infrastructure Programme

Target investment at areas with the lowest GP density and highest risk of service loss, including support for networked or hub-based rural infrastructure.

Expected Outcomes

- Clinical infrastructure capacity aligned with population and demand growth
- Removal of premises financing as a barrier to new GPs establishing or taking over a practice
- Physical capacity to accommodate the multidisciplinary teams set out in Priority 3
- Greater long-term sustainability of GP built infrastructure

Priority 5: Deliver a Data-Driven Health System

The Challenge

General practice generates some of the richest, most current clinical data in the Irish health system - an estimated 29 million patient consultations recorded every year. Yet siloed systems, limited analytical capacity and lack of incentives for software development mean these data remain largely inaccessible for secondary use: informing healthcare policy, audit, research and quality improvement.

The Health Information Act and planned national eHealth advances set high-level ambitions for data use, but the detail of how GP record systems will sit at the centre of these systems, rather than at the margins, remains unclear.

The recent Minor Ailments Scheme illustrates the importance of getting information systems right before expanding new models of care. Medicines prescribed and supplied through community pharmacy are not visible within the GP record, limiting the GP's ability to maintain a complete longitudinal medication history and potentially delaying recognition of emerging clinical problems or prescribing issues. As new community services develop, interoperability must be established from the outset, otherwise fragmentation risks increasing rather than reducing clinical risk. Seasonal influenza vaccination provides a further example. Vaccination is now delivered through both general practice and community pharmacy and responsibility for maintaining a complete preventive care record has been fragmented. Uptake among adults aged 65 years and over has fallen modestly in recent seasons,[5] and there is no single provider with comprehensive visibility of an individual's vaccination history or overall preventive care needs. If many people are in charge, no one is in charge. Better connected information systems would enable opportunistic vaccination, recall, audit and population health management regardless of where the vaccine was administered.

General practice is the only part of the health service with responsibility for maintaining a comprehensive, longitudinal record of an individual's healthcare over time. New models of care should strengthen- not fragment- that record. Every clinically relevant encounter, prescription, investigation and vaccination delivered elsewhere in the health system should automatically become part of the patient's GP record.

Why It Matters

- Without reliable data, the health system cannot effectively track access, equity or emerging pressure points, or allocate resources accordingly

[5] Influenza and adults 65 years and older - Health Protection Surveillance Centre

- GPs need timely, actionable feedback — not just data collection — to support clinical decision-making and service innovation
- The success of any future national eHealth system will be determined by its maintenance, not its setup - and only GP teams handle the volume of consultations required to keep patient records current

Building on the 2026 Submission

The 2026 submission called for a national GP quality improvement (QI) and research strategy, expanded CME small-group funding, the re-establishment of academic clinical fellowships, and a national GP Clinical Lead role to design and test new models of rural and remote care. It also set the essential precondition for all of this: that harnessing GP EMR data must be time- and cost-neutral to GP teams. None of this has yet been resourced. Budget 2027 must fund it.

Budget 2027 Investment Required

National GP Data Strategy

Develop, jointly with the College, a modern, secure, privacy-safe framework for standardised data collection and coding, eHealth dataflows designed around real GP workflows, and formal recognition of GPs' data stewardship and hosting responsibilities.

National Quality Improvement (QI) Programme

Fund protected time for practice-based QI, training and mentorship tailored to primary care settings, and structured mechanisms for patient involvement in service design.

Academic and Research Fellowships

Re-establish funded post-training academic clinical fellowships in general practice, to build long-term research capacity within the specialty.

Continuing Medical Education Investment

Expand funding so that all practising GPs not only those in well-resourced areas, can access CME small-group schemes nationwide.

GP Data Analytics Capability

Invest in analytical capacity within and beyond individual practices, so that the data generated through 29 million consultations a year can inform national service planning, not only individual patient care.

A binding time- and cost-neutrality commitment

Any data-sharing or analytics obligation placed on general practice must be time- and cost-neutral to GP teams and must not be used to justify further transfer of administrative work from secondary care.

Expected Outcomes

- A stronger evidence base for national service planning and resource allocation
- Measurable improvement in quality and safety through embedded QI activity
- Increased primary care research capacity and output
- Equitable access to continuing education regardless of geography
- Data infrastructure that supports, rather than hinders, general practice

Key References and Related Documents

The priorities and recommendations outlined in this submission build directly on:

- Irish College of GPs Pre-Budget Submission 2026. (Irish College of GPs, 2025) — the foundation for this submission's five implementation priorities.
- Shaping the Future: a discussion paper on Workforce and Workload Crisis in General Practice in Ireland. (Irish College of GPs, 2022) — the original ten-point vision for strengthening general practice across workforce, infrastructure and patient care.
- Strengthening the Future of GP Care in Ireland. (Irish College of GPs, 2025) - this update builds on Shaping the Future of General Practice (2022), revisiting progress made and outlining five key priorities for the years ahead.
- Medical Student to General Practitioner: an urgent call to action. (AUDGPI & Irish College of GPs, 2023) — evidence and recommendations to strengthen recruitment and retention from undergraduate education onward.
- Navigating the Future for General Practice: Statement of Strategy 2023-2026. (Irish College of GPs, 2022) — the College's strategic direction across education, training, advocacy, research and organisational development.
- National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland 2020 – 2025. (HSE; 2020) — the model for GP-led management of chronic conditions.
- The Path to Universal Healthcare: Sláintecare & Programme for Government 2025+. (Department of Health; 2025) — the policy environment for shifting care into the community and toward regionalised, integrated delivery.
- Supply and Demand of General Practice in Ireland. (Department of Health, June 2025), with accompanying Irish College of GPs internal briefing (2025) — the evidence base for workforce planning referenced throughout this submission.

Figures cited in this submission are drawn from the Irish College of GPs 2026 Statistical Update, with data from the HSE, the CSO and Irish College of GPs sources, as set out in the College's Pre-Budget Submission 2026.