

# Recommended Reading



## *Irish College of GPs Library*

Welcome to the September issue of Recommended Reading.

Every month, the library scan resources of interest to General Practice and recommends reports and research articles from reputable sources. Previously published issues are available on our website <https://www.irishcollegeofgps.ie/Home/Clinical-Hub/Publications-and-Journals/Evidence-Based-Resources>. We welcome any feedback or comments which can be emailed directly to [library@icgp.ie](mailto:library@icgp.ie).

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## College News & Publications



### Forum September 2025

Rural Practice: International GPs enhance patient care

### Irish College of GPs Pre-Budget Submission 2026 (September 2025)

Irish College of GPs publishes a set of 5 priorities to ensure General Practice is at the frontline of Irish healthcare.

### **Recent contributions to medical literature by Irish College of GP's affiliated researchers:**

#### **1. Why do patients attend out-of-hours GP services in Ireland?**

*Ir J Med Sci.* 2025 Aug 19.

College Affiliation: Cork General Practice Training Scheme

[Read Article](#)

#### **2. Competencies and clinical guidelines for managing acne with isotretinoin in general practice: a scoping review.**

*Br J Gen Pract.* 2025 Aug 28;75(758):e597-e606.

College Affiliation: Dr Diarmuid Quinlan, Medical Director

[Read Article](#)

3. **Development of a core patient-centred outcome set for adults living with obesity.**  
*EClinicalMedicine*. 2025 Aug 20;87:103422.  
 College Affiliation: Dr Michael Crotty, Clinical lead Obesity  
[🔗 Read Article](#)
4. **Action design research to develop an interactive dashboard to visualise and compare patient data from Irish general practice (CARA).**  
*BMJ Open*. 2025 Sep 4;15(9):e086677.  
 College Affiliation: Prof. Claire Collins, COO  
[🔗 Read Article](#)
5. **Factors influencing primary care physicians recommending patients to use digital health technologies for self-management.**  
*Eur J Gen Pract*. 2025 Dec;31(1):2555819.  
 College Affiliation: Prof. Claire Collins, COO  
[🔗 Read Article](#)



## Guidance for GPs

### National Clinical Guideline No. 26 on Sepsis Management for adults including maternity care (Version 2)

The HSE updated the National Clinical Effective Committee (NCEC) National Clinical Guideline on sepsis management for adults. This update was undertaken to ensure sepsis treatment in Ireland is in line with best practice internationally.

[🔗 Read Guidance](#)

[🔗 HSE Resources on Sepsis](#)



## GPs In the News: What's making headlines?

- 🔗 Irish Times, 7 Aug 2025  
[Irish doctors increasingly prescribe highly addictive opioids for pain, new study finds](#)
- 🔗 Medical Independent, 18 Aug 2025  
[Rising tide of guidelines strains general practice](#)
- 🔗 Medical Independent, 18 Aug 2025  
[‘Improvements’ to ensure ‘appropriate’ GP referrals to diagnostic services](#)
- 🔗 Medical Independent, 18 Aug 2025  
[GPs require resources to meet greater expectations](#)
- 🔗 Irish Medical Times, 26 Aug 2025  
[Slight drop in number of Irish medical graduates applying for GP training, despite rise in places](#)
- 🔗 The Iceberg, 27 Aug 2025  
[TRANSFORMING RURAL HEALTH: A Tale of 3 Meetings](#)
- 🔗 Irish Times, 4 Sept 2024  
[The modern Irish GP: How a new kind of doctor is reinventing general practice](#)
- 🔗 Farmer's Journal, 10 Sept 2025  
[‘Elderly at risk’ as rural GP shortage continues](#)

**Press Release, 9 Sept 2025**

[Minister for Health encourages public to apply for GP Visit Card](#)



An Roinn Sláinte  
Department of Health

**Press Release, 8 Sept 2025**

[Minister for Health publishes report on patient and healthcare staff experiences of Sepsis](#)

**Press Release, 26 Aug 2025**

[Minister Carroll MacNeill launches public consultation on Health Sector Adaptation Plan for Climate Change](#)

**Press Release, 21 Aug 2025**

[Minister for Health announces expanded RSV Immunisation Programme](#)

**Press Release, 7 Aug 2025**

[Minister Murnane O'Connor launches Public Consultation on new National Obesity Strategy](#)

## **Key Health Reports**



### **National Rare Disease Strategy 2025-2030**

The Department of Health launched Ireland's Rare Disease Strategy.

 [Read Strategy](#)



#### **Highlights:**

##### ✓ **Increased Education and Awareness among Health Professionals**

One of the strategy's formal recommendations is to increase education and awareness of rare diseases among health professionals.

*Why GPs care:* GPs are often first point of care. Improved awareness means better recognition of possible rare disease "red flags," more timely referrals, fewer delays in diagnosis.

##### ✓ **Improved Care Coordination & Integrated Care**

The strategy emphasises better care coordination and integrated care between acute, primary, and community care services.

*Why GPs care:* GPs may be more formally involved in multi-disciplinary teams, communication with specialists, liaising with community services, perhaps acting as a hub for continuity of care.

##### ✓ **Establishment of a National Rare Disease Registry**

The strategy includes setting up a National Rare Disease Registry to help with planning, coordinating, and monitoring services.

*Why GPs care:* For accurate diagnoses, follow-ups, outcome tracking, data capture will likely require input from GPs. It may mean extra documentation/coding in GP records, or participation in submitting data.

##### ✓ **Earlier Diagnosis & Genomic / Diagnostic Support**

The strategy emphasises enabling earlier diagnosis. Also connected is the National Genomic

Test Directory, and better clarity around what tests are available and how, and ensuring genetic/genomic medicine services are accessible.

*Why GPs care:* GPs will benefit from clearer guidance on what genetic / genomic tests are available, when to suspect them, how and where to refer. It might also mean collaboration with genetic / genomic specialists or shared guidelines.

✓ **Development of Care Pathways, Clarification of Roles & Responsibilities**

The strategy (and associated care-pathways work) aims to develop well-mapped care pathways for rare diseases, including defining roles and responsibilities (who does what), improving links between acute, primary and community services.

*Why GPs care:* Clearer pathways can reduce uncertainty about when to send referrals, who to contact, what follow-up is expected in primary care vs specialist care, and improve efficiency and quality of care.



**tilda** TILDA Wave 6 Report  
Shaping the Future: Longitudinal Trends  
and Opportunities for Transformation in  
Health and Social Care in Ireland

**TILDA Wave 6 Report Shaping the Future: Longitudinal Trends and Opportunities for Transformation in Health and Social Care in Ireland**

TILDA is the Irish Longitudinal Study on Ageing, tracking people aged 50+ in Ireland over successive “waves” since 2009. Wave 6 was carried out during 2020-2023, including data during the COVID-19 pandemic. The report covers a broad range of health, social, mental, and functional status outcomes (mobility, loneliness, cognition, chronic diseases, caregiving, etc.) over time.

Drawing on 14 years of longitudinal data from more than 8,000 adults aged 50 and older, the new report highlights widespread unmet needs in key areas such as cardiovascular disease prevention, falls and fracture care, osteoporosis treatment, chronic pain and mental health.

[!\[\]\(dd161862f9164df98f62b726e9846241\_img.jpg\) Read Report](#)

 **Highlights:**

✓ **Undiagnosed Hypertension & Cholesterol**

Up to 1 in 3 adults over 50 have undiagnosed high blood pressure, and over half have high cholesterol, many untreated (p. 74) thus increasing their risk of stroke and dementia.

✓ **Falls & Risk-Increasing Drugs**

Prescription of falls-risk increasing medications rose across waves; yet only 16% of fallers accessed physiotherapy (p. 77).

✓ **Loneliness & Depression**

About 1 in 5 report significant loneliness, strongly linked to depressive symptoms, poorer health, and mortality risk (p. 45).

✓ **Unmet Healthcare Need**

Nearly 20% reported unmet health needs, often due to cost, access, or waiting lists (p. 56).

✓ **Polypharmacy**

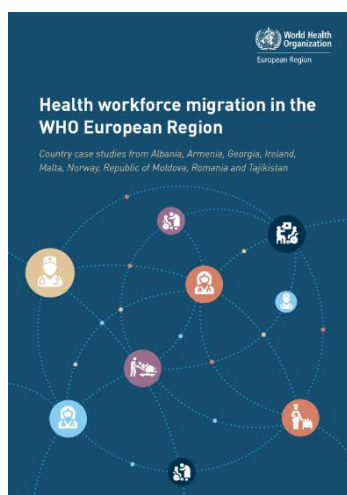
Median medication count rises steeply with age; >40% of over-75s take  $\geq 5$  medications (p. 110).

✓ **Mobility**

Timed Up-and-Go (TUG) performance worsens significantly after age 70; strong predictor of frailty (p. 106).

✓ **Health Inequalities**

Across domains (mobility, cognition, medications), those with lower education consistently fare worse (pp. 106–123).



✓ **WHO Health workforce migration in the WHO European Region: Country case studies from Albania, Armenia, Georgia, Ireland, Malta, Norway, Republic of Moldova, Romania and Tajikistan**

The report analyses health workforce migration across the WHO European Region, using both regional data and nine detailed country case studies, one of which is Ireland. It examines both **inflows** (foreign-trained health workers coming into countries) and **outflows** (health workers migrating out), and looks at how this affects health workforce sustainability.

[!\[\]\(8bba887393ca45b761e5cb49e755e762\_img.jpg\) Read Report](#)

 **Highlights & Key Findings for Ireland:**

✓ **High dependence on foreign-trained health professionals**

In Ireland, more than half of all nurses are foreign-trained; similarly, a large fraction of doctors are foreign-trained ( $\approx 43\%$ ) in the workforce. This means that Ireland is a net *destination* for health workers even while it also has emigration.

✓ **Gaps in data and monitoring**

Ireland lacks good, routine, reliable data on emigration, retention, return migration, working hours, etc. for many parts of the health workforce, including GPs. The report stresses that such data gaps impair workforce planning. There is no comprehensive national dataset that captures the number of GPs in clinical practice, their working hours, demographics, who is emigrating, who returns, etc. This affects ability to plan for shortages.

✓ **Emigration / Outflow of GPs (and doctors more broadly)**

There is substantial “stock” of Irish-trained doctors working abroad. Specifically, for GPs: many Irish-trained GPs are registered in key destination countries (UK, Australia, New Zealand, Canada). The annual “flow” (i.e. number of GPs leaving each year) seems smaller compared to the stock, but is not negligible when considered relative to the number of GPs trained per year.

✓ **Workforce supply and training efforts**

Ireland has increased GP training places in recent years, partly in response to predicted shortages. The government has also extended the retirement age for GPs as one component of retention / slowing attrition.



✓ **Drivers / contributors to migration and attrition**

Beyond emigration, less than full-time working, early retirement, and attrition (leaving general practice for other medical/non-medical work) are contributing factors. Working conditions, career opportunities, workload, life-work balance tend to drive decisions to emigrate or reduce clinical hours. While this is from related literature rather than only the WHO report, it supports the same conclusions.

✓ **Policy implications / suggested actions for Ireland in the WHO report include:**

- Investing more in domestic training of health professionals to reduce dependence on foreign-trained workforce.
- Developing stronger retention strategies (improving working conditions, career structures, etc.).
- Strengthening data systems: to better track health worker flows (in- and out-migration), monitoring of workforce, return migration.
- Ethical recruitment practices: ensuring that Ireland's recruitment of foreign-trained staff does not undermine the health systems of source countries.



## Evidence-Based Medicine (EBM) Round-up

### September 2025 Therapeutics Today

This monthly newsletter is produced by the National Medicines Information Centre (NMIC) who are based in St James's Hospital. Evidence-based information is provided to prescribers to promote the safe, effective and efficient use of medicines



## Spotlight on Irish Articles

**1. Patterns of Analgesic Prescribing and High-Risk Prescribing in Primary Care in Ireland 2014-2022-A Repeated Cross-Sectional Study.**

Mattsson et al., *European Journal of Pain*. 2025 Oct;29(9):e70115.



[Read Full Text](#)

**2. Identifying predictors of medication-related harm in older populations.**

Brannigan & al., *Age and Ageing*, 2025 Aug 1; ;54(8):afaf227.



[Read Full Text](#)

**3. Adolescents' perspectives and experiences of accessing general practitioner services: A systematic review.**

Lawrence at al., *Journal of child health care*, 2025 Sep;29(3):734-754.



[Read Full Text](#)

**4. Moving as We Age: Effects of Physical Activity Programmes on Older Adults-An Umbrella Review.**

Neill at al., *Geriatrics (Basel)*. 2025 Jul 23;10(4):98.



[Read Full Text](#)

**5. Abortion provision in Ireland: Implementation and advocacy, an Irish and international perspective from practice.**

Favier & Conlon, *Irish Journal of Sociology*, 33(1-2), 113-128.

 [Read Full Text](#)

## Spotlight on Research Articles

**1. Menopause misinformation is harming care.**

Hillman et al, *British Journal of General Practice*. Jun 26;75(756):292-294.

 [Read Full Text](#)

**2. When, why, and how to stop HRT: women and clinicians need more evidence.**

Christakis et al, *BMJ*. 2025 Aug 20;390:r1695.

 [Read Full Text](#)

**3. Deprescribing for People with Dementia.**

Green et al, *Drugs & Ageing*. 2025 Sep;42(9):795-806.

 [Read Full Text](#)

**4. Patient safety measures for virtual consultations in primary care: a systematic review.**

Lunova & al., *BMJ Quality & Safety*, 2025 Aug 7:bmjqs-2025-018712.

 [Read Full Text](#)

## Top Tip from the Library – Recommended Resource



- ✓ Free, easy-to-use tool to help you collect, organize, annotate, cite, and share research.
- ✓ Really useful for reference management.
- ✓ Write ‘n’ cite option available.
- ✓ Plenty of useful tutorials.
- ✓ Check out our useful help sheet available in our Evidence-Based Resources section of the website.

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