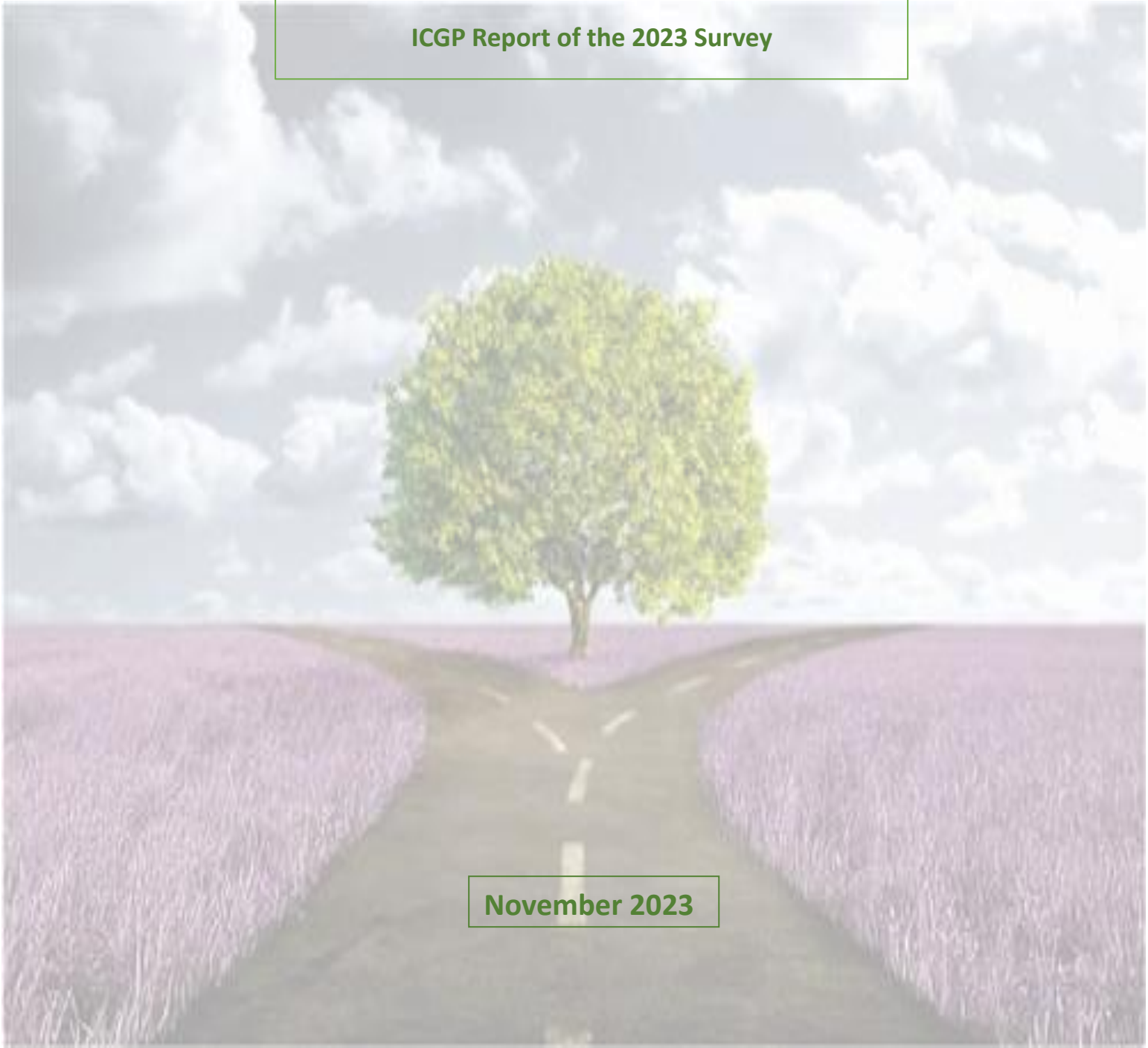


RETHINKING CAREER PATHS

Career Intentions of GP Trainees and Recent GP Graduates

ICGP Report of the 2023 Survey

November 2023



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Executive summary

The Irish healthcare system faces significant challenges arising from a growing and ageing population, with a greater burden from chronic disease and multimorbidity. General Practitioners (GPs), as expert medical generalists, are the first point of contact for most medical problems. However, the increasing daytime and out-of-hours workload issues being experienced by Irish GPs requires attention to ensure continued, and improved recruitment and retention of the next generation of GPs.

As Sláintecare reforms continue, higher demands will be placed on general practice, potentially deepening the workload and workforce crises currently affecting the Irish GP profession. Considering the importance of workforce planning, and the challenges on the horizon, it is necessary to gain an in-depth understanding of career-related plans and aspirations of GPs in training and newly qualified GPs.

A *Career Intentions* survey distributed in March 2023 among all current GP trainees and recent (2017-2022) GP graduates aimed to investigate the current employment status and location of new graduates, the future intentions of both groups regarding emigration and employment, as well as their perspectives on general practice. In total, 413 trainees (46.5%) and 269 recent graduates (32%) completed the survey; while not all respondents chose to identify their gender, approximately 60% in each group identified as female.

Key findings of the survey

- In total, **18%** of *GP trainees* and **13.5%** of recent *GP graduates* are considering **emigration**, which is less than reported figures from the 2019 survey (35% and 19% respectively).
- *GP trainees* disclosed that the main factors influencing potential emigration plans are a lack of structure within the health system in Ireland, and to attain a better quality of life. Conversely, *GP graduates* responded that 'Family' is the main reason for deciding to stay in Ireland.
- Four percent of *recent graduates* who responded to the survey (n=11) have already emigrated.
- The majority of *GP trainees* (**75.4%**) and recent *GP graduates* (**78.4%**) surveyed are planning to be in Ireland in five years' time.
- Less than half of *GP trainees* (**41.8%**) plan to undertake a GP principal/partner role in the future; however, over two-thirds of *GP graduates* (**69.1%**) plan to become a GP principal/partner in 5 years' time.

- Less than half of *trainees* (**45.4%**) felt that traditional responsibilities of the practice principal (including responsibilities for finance, property, and employees) appealing, followed by a third of *GP graduates* (**36.7%**).
- Over one-third of *GP trainees* (**40.4%**), and fewer than a third of *GP graduates* (**32.9%**) plan to work more than 8 clinical sessions in the future.
- Only **26.4%** of *trainees* felt that they were prepared to take on the GMS contract.
- Both *GP trainees* and recent *GP graduates* agreed that the key role of the ICGP should be:
 - a) 'Improving the use of information technology throughout the healthcare system' and
 - b) 'Leadership role in workforce planning in general practice, including general practice postgraduate training'.

The findings of this survey suggest that most GP trainees and newly qualified GPs intend to continue their employment in Ireland. Indeed, reported emigration rates are much lower than in previous years. While it is difficult to ascertain how much the ongoing COVID-19 pandemic has influenced this improved retention, it appears that there are now more GPs available for work in Ireland. However, whether or not these new GPs will be willing to work in areas of high need (i.e., deprived urban areas and rural areas) remains to be seen. The working time preferences of these doctors will also influence the complex workforce planning challenges in this space.

Survey responses were also indicative of the impact of existing challenges. Intentions to work fewer clinical sessions (now and in the future), provide a clear reflection on the pressures on the GP workforce with respondents detailing a range of reasons impacting these choices, including intensity of workload, increased stress, burnout, and impact on quality of life. These findings provide a signpost that while graduates currently intend to remain here to work, further work is needed to understand the needs and expectations of this workforce and provide an environment where GPs can flourish and thrive while providing accessible, safe, effective, and high-quality care.

Introduction

Primary care is frequently the first point of contact between patients and health services, representing a cornerstone of health systems worldwide¹. Ideal primary care provides a continuum of high-quality care across all life stages ranging from health promotion, disease prevention to treatment, rehabilitation, and palliative care^{1,2}. In Ireland, general practitioners (GPs) play a central role in the delivery of primary care and are ‘pivotal to societal wellbeing’³. As the Irish population ages, with increasing numbers of patients with chronic disease and multimorbidities^{3,4}, the demand for general practice services is growing. However, general practice in Ireland continues to experience significant workload increases and workforce challenges^{3,5,6}, as highlighted in the 2023 ‘Shaping the Future’ ICGP report³.

Workload challenges

The COVID-19 pandemic impacted the provision of primary care across the globe immensely, pressurising general practice to deliver additional care and adopt new ways of working, including more remote consulting and other eHealth initiatives^{7,8,9}.

In 2021 it was estimated that GPs in Ireland encounter on average 4.34 visits per patient annually, accounting for 29 million patients’ consultations a year¹⁰. In addition, their workload involved the management of more than 80 million publicly funded medicines for patients annually, provision of 400,000 structured chronic disease management reviews^{11,12} and administration of a total of 3.39 million COVID vaccines¹³. Long working hours (on average 10 hours a day in daytime settings), a significant volume of administrative tasks and provision of out-of-hours care for their patients 24/7/365, demonstrate a significant workload Irish GPs experience^{3,6}. According to the 2019 and 2021 career surveys, the majority of GP graduates reported working on average 10 hours a day; this included more than two hours spent on administrative clinical and non-clinical duties, which GP graduates felt was an excessive dedication of time and could be undertaken by someone else in the practice^{14,15}.

The Sláintecare Action Plan was introduced by the Irish Government in 2018, with a main vision to allow affordable and high-quality healthcare for all Irish citizens¹⁶. A key focus of this initiative is to develop free access to primary healthcare services and channel key responsibilities of patient care from secondary to primary healthcare and community services¹⁶. However, this is not without its challenges, particularly in the context of significant expansion and increase in demand for general

practice appointments; for example, the introduction of free GP care to children (under 6) increased GP workload by 29%¹⁷.

Workforce challenges

GP workforce challenges have been highlighted in the pre-pandemic and post-pandemic periods in Ireland and internationally. A survey conducted with German GPs found that due to an excessive workload including increased consultation frequency, longer consultation times, and additional duties (such as COVID-19 tests, COVID-19 vaccinations, phone consultations, and the implementation of hygiene measures) a quarter of GPs strongly consider changing their career¹⁸. In order to manage work-related pressures, many GPs based in the UK reduced their clinical sessions or developed portfolio careers¹⁹. From a survey of 318 GP trainees conducted in the UK in 2022, more than two-thirds planned to work less than full-time one year after qualifying²⁰. These findings resonate with previous surveys conducted with GP trainees and GP graduates in Ireland, where the intention to work fewer clinical sessions has become a growing trend among the young GP workforce^{14,15,21,22}.

In response to unsustainable and overly burdensome workloads, doctors may consider moving abroad. In the past, large numbers of the medical workforce in Ireland have moved abroad temporarily or permanently. A study of Irish doctor emigration to Australia published in 2019 found a sharp increase in the number of Irish-trained doctors employed in Australia, from 865 in 2013 to 1148 in 2016²³. The main reasons for emigration were unsustainable working practices in the Irish medical sector, including significant workload concerns, understaffed hospitals, and stressful working environments^{23,24}. Several previous studies also reported an increase in the emigration of recent GP graduates in Ireland, with 16.9% of recent graduates emigrating in 2014, as compared to 19.2% in 2017, followed by 10.2% in 2019^{14,22}. Uncertainty around the role of a GP, lack of defined career paths, and quality of life concerns were identified as the main push factors for deciding to live abroad¹⁰. How many of these GPs eventually return, and the length of time they stay abroad, is unclear.

These workforce and workload challenges contribute to chronic shortages of GPs³, which disproportionately negatively affects general practices in areas of high need. While GP shortages may mean newly qualified GPs have many choices about where they will work, a healthy GP profession must strive to ensure all patients are looked after equitably and all practice staff is protected from

burnout. The aim of this survey was to explore the career intentions of current GP trainees and recent GP graduates and to identify existing and future workforce challenges facing our specialty.

Methods

Aims and Objectives

The aim of this 2023 survey was to provide data regarding the professional plans of GP trainees^a and recent GP graduates^b. The survey focused on the investigation of the current employment status and location of recent graduates, and the future career intentions of both groups regarding emigration, employment and views on general practice.

The specific objectives of the survey were:

- To establish the career aspirations of both groups in terms of clinical commitment and employment status.
- To document the emigration plans of both groups and to establish the current emigration status of recent graduates.
- To ascertain the relative importance of factors influencing the decision to emigrate or remain in Ireland.
- To record perceptions of the changing role of general practice among GP trainees and recent graduates.

Context

The Irish College of General Practitioners (ICGP), the professional body for education, standards, and GP training in Ireland, conducts a biennial 'Career Intentions' survey with recent GP graduates and GP trainees. The 'Career Intentions' survey is an online survey, developed and distributed using the online platform Survey Monkey.

^a GP trainee is a registered medical practitioner, who after gaining an undergraduate medical degree, has undertaken general practice specialist training, which consists of 2 years of a hospital training post followed by 2 years in supervised general practice.

^b GP graduate is a doctor who finished general practice training and is qualified to practice as a general practitioner. For the purpose of this report, 'recent' GP graduates are individuals who graduated in the period from 2017 to 2022.

The first part of the survey included questions focused on demographic data (gender, age, and year of graduation), followed by the current employment status and location, and future intentions regarding emigration and employment. The employment status was categorised through the number of sessions per week, where a “session” is defined as half of a working day. GP trainees’ and graduates’ perspectives and preferences about the general practice were also explored, and responses were collected on a 5-point Likert scale (‘strongly agree’, ‘agree’, ‘neutral’, ‘disagree’, and ‘strongly disagree’). The participants were also given the opportunity to expand on some of their responses within free text sections throughout the surveys.

Data collection

The career intentions survey was emailed in March 2023 to **888 GP trainees** and **840 GP graduates** - who graduated in the period from 2017 to 2022. Following the distribution of the surveys two follow-up reminders were issued in the period over four weeks to all non-responders.

Data analysis

The majority of the responses were analysed on the Likert scale, single and multiple-choice questions by means of descriptive statistics (count, mean, percentages). Pearson's chi-squared test is used to determine whether there is a statistically significant relationship between observed and expected values, and P values < 0.05 were considered statistically significant. The missing values are excluded from the analysis, and percentages are based on the number of non-missing values. The analysis was carried out by SPSS Statistics software (version 27).

The free-form text data were analysed by applying qualitative content analysis. The content analysis was based on an inductive approach, where coding of the text and theme development were driven by the content of the comments provided by participants. The analysis included familiarisation with the responses, organisation of the information provided, categorisation, and development of themes²⁵. The frequency of individual responses within the themes was also calculated.

Results

The survey was completed by **413 trainees** and **269 recent graduates**, which gives a response rate of **46.5% for trainees** and **32% for recent graduates**. The response rate was significantly higher than previous career intention surveys^{14,21,22}.

GP Trainees

The majority of trainees identified as female (60.5%, n=250), aged between 30-39 years old (69.0%, n=285), and without children (63.4%, n=262). Overall, 76.3% of trainees originated from Ireland and 80.1% obtained their primary medical qualification in Ireland (n=333). Just under two-thirds of participants (62.5%, n=258) entered medicine via direct entry.

A complete breakdown of the respondents' profiles is shown below in Table 1.

Table 1. Profile of GP trainees

	%	n
Gender		
Male	37.8	156
Female	60.5	250
Prefer not to say	1.7	7
Age range		
<30	24.7	102
30-39	69.0	285
40-49	5.6	23
50-59	0.5	2
60+	0.2	1
Children		
Yes	36.6	151
No	63.4	262
Country of origin		
Ireland	76.3	315
Pakistan	6.3	26
Canada	4.6	19
UK	2.4	10
Nigeria	1.0	4
South Africa	1.0	4
Poland	0.7	3
Other	7.7	32
Location of obtaining a primary medical qualification		
Ireland	80.1	331
Abroad	19.9	82
Current year of training		
1st	26.6	110

2nd	24.0	99
3rd	27.1	112
4th	21.1	87
Other	1.2	5
Having a status of Recognition of Prior Learning Trainee		
Yes	10.4	43
No	89.6	370
Entry to medicine		
Direct entry (DEM)	62.5	258
Graduate entry (GEM)	37.5	155

The majority of GP trainees (71.5%, n= 314) revealed that they had worked in the hospital setting after their intern year and before commencing their GP training. Of this number, 66.3% worked in the hospital setting in Ireland, and 16.2% abroad. Overall, trainees spent an average of 3.2 years in a hospital setting before beginning their GP training.

Emigration

Regarding emigration intentions upon completion of GP training, only 3.4% (n=14) of trainees *definitely* planned to move abroad or return to their home country. A further 14.6% (n=60) might *possibly* move abroad or move back to their home country, 7.1% (n=29) were undecided, while the majority – 74.8% (n=306) - plan to remain in Ireland (Table 2). Regarding the reasons for wanting to emigrate, trainees highlighted a lack of structure within the health system in Ireland (n=24) including a pay gap, extensive bureaucracy, lack of organisation and employment opportunities; as well as an aspiration for a better quality of life (n=20) as the main ‘push factors’ for emigration.

Table 2. Emigration plans of those GP trainees currently residing in Ireland

	%	n
Yes, definitely emigrate	2.9	12
Yes, definitely return to home country	0.5	2
Possibly emigrate	13.4	55
Possibly return to home country	1.2	5
No, I plan to stay in Ireland	74.8	306
Undecided	7.1	29

For trainees who plan to stay in Ireland, 61.3% (n=187) intend to stay in the same area where completed GP training, 21.6% (n=66) plan to move to a different area within Ireland, and 17.0% (n=52) are undecided (Figure 1). In total 92 respondents expanded on their reasons behind their decision of choosing the location post-training. The most common reasons for either moving or staying in an area

were mainly related to intentions to maintain close relationships with family (children, partner, parents) (n=49).

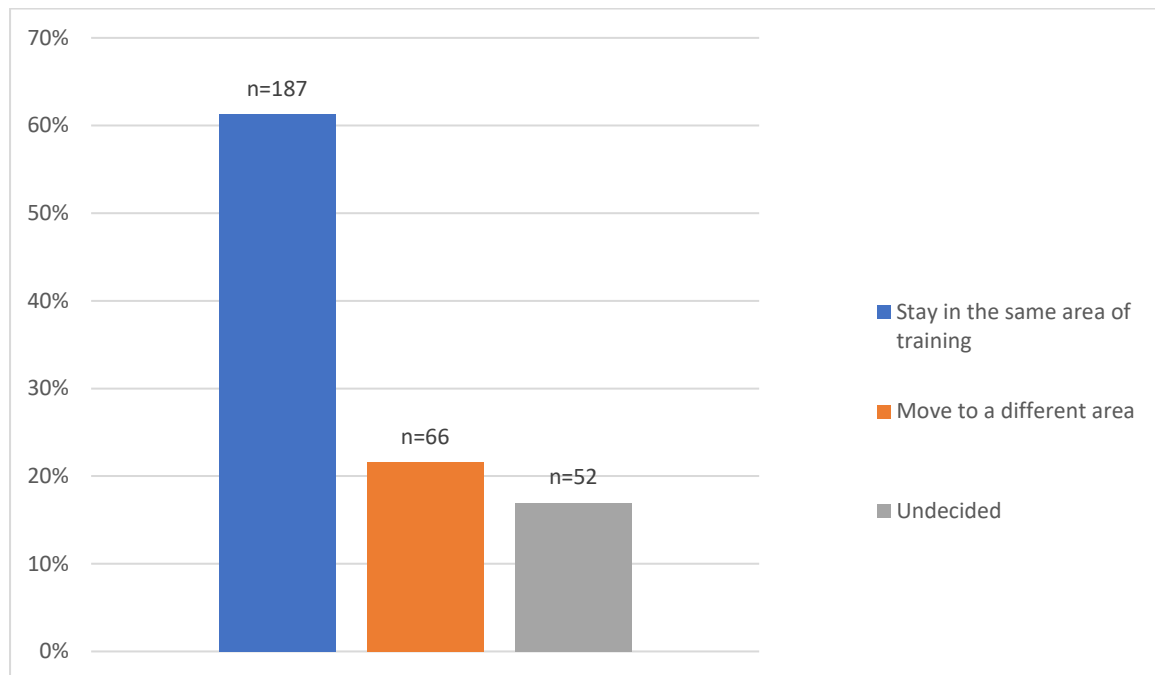


Figure 1. Location intentions of GP trainees post-training

For trainees who *possibly* or *definitely* plan to emigrate or return to their home country (18%, n=74), the most preferable destinations are Australia (32.9%, n=24) or Canada (32.9%, n=24). More than half of trainees who *possibly* or *definitely* plan to emigrate or return to their home country were unsure of how long they would stay abroad (52.7%, n=39).

Trainees were also asked do they see themselves working in Ireland or abroad 5 years from now. The vast majority saw themselves in Ireland (75.4%, n=298), 17.5% (n=69) were not sure, and 7.1% (n=28) planned to be abroad.

When asked what would encourage them to stay in Ireland, trainees outlined 'better payment' (n=22) and 'a more supportive working environment' (including flexible hours, better communication, family-friendly working conditions, and established boundaries) (n=21) as the most important incentives to stay.

Working position

Trainees were also asked do they plan to stay in the profession of General Practice post-training, and the vast majority said 'yes' (85.0%, n=345) (Figure 2).

Five trainees who do not intend to stay in general practice after training disclosed that the careers in the 'Pharmaceutical industry', 'Occupational Medicine', and 'Public Health' were more appealing, and that 'Quality of life' was their main reason for potentially choosing an alternative career.

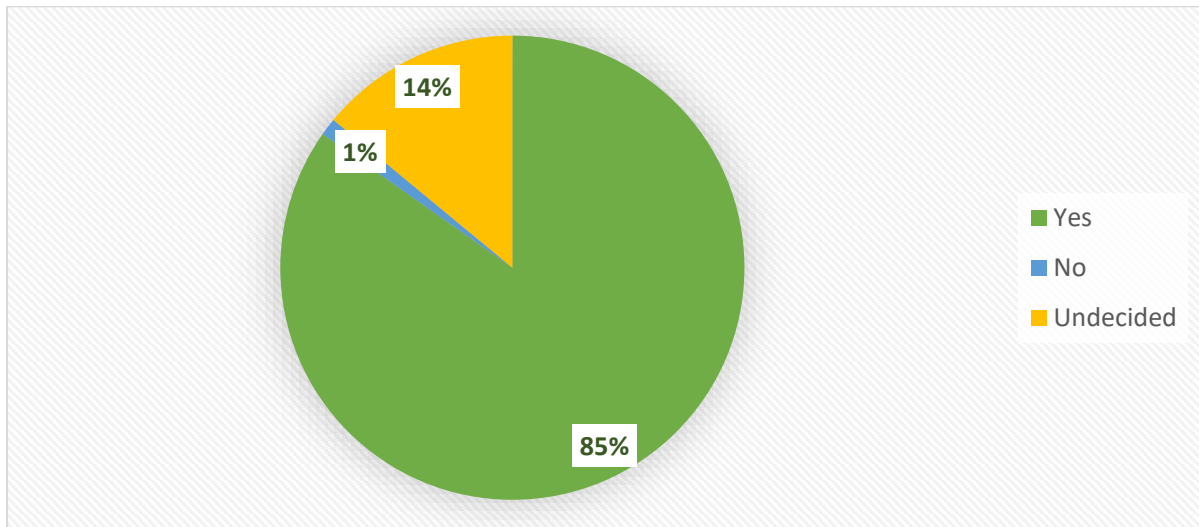


Figure 2. Career plans for GP Trainees remaining in general practice

Five years after training, many respondents expected to be in practice in a range of roles including GP principal/partner (41.8%, n=165), Salaried GP (within the independently run practice) (24.8%, n=98) or GP assistant (13.7%, n=54) (Figure 3). If they achieve the anticipated position, most trainees feel they would be very happy in reaching that level (79.3%, n=310), while 15.1% (n=59) felt that they would not be happy but that this is a realistic stage.

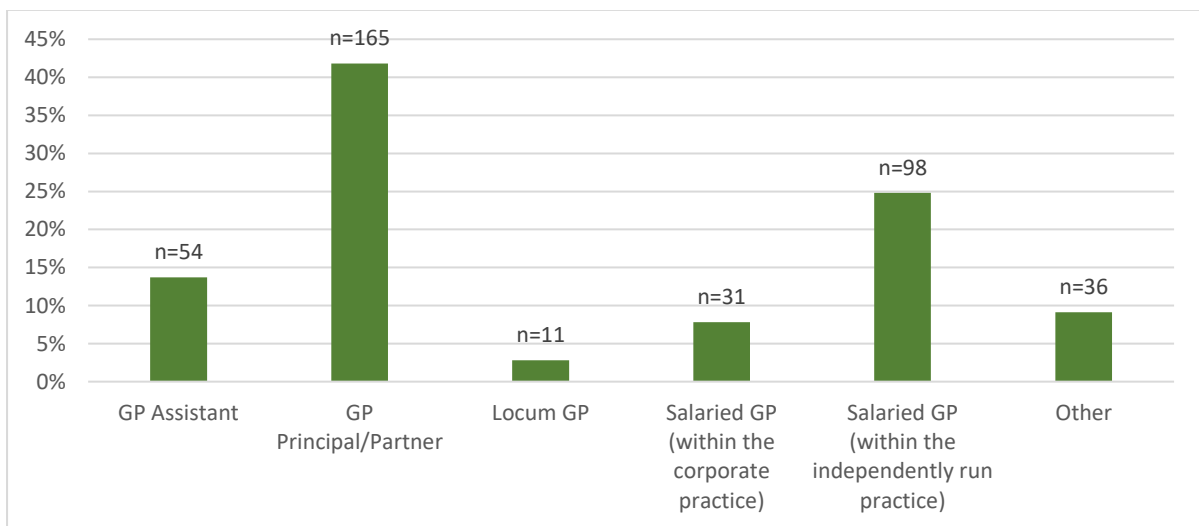


Figure 3. The expected position of GP trainees 5 years post-GP training

Clinical sessions

In terms of the number of clinical sessions, the survey revealed that trainees planned to work an average of 6.9 sessions per week five years post-training (Table 3).

In total 240 trainees provided the rationale behind their intentions **not wanting** to engage in full-time employment in general practice. The most common responses are categorised in one of the following themes: 'family commitments' (n=94), 'work-life balance' (n=71), and 'pursuit of other interests' (n=61).

Trainees felt that working for eight or more sessions a week would create a negative impact on their family life, including the time they would like to be spending with their children, partners, caring for their parents, and other family members. They expressed that full-time employment would restrict their flexibility to fulfil family commitments, and they were not inclined to compromise that. As some trainees highlighted:

'Would like to work part-time to be able to raise my children'

'Raising my family when children are young. If there was adequate support or childcare facilities, then I would consider doing more sessions.'

Trainees reported that currently, they experience a lack of support regarding maternity leave and childcare, which further contribute to their decision to dedicate fewer working sessions in general practice.

Trainees further reiterated that in order to provide and maintain a high standard of patient care and service to the community, the establishment of a healthy balance between work and life commitments is essential. As echoed by many, work in general practice was often seen as unpredictable, comprising of a high volume of bureaucracy duties, long working hours, and time dedication. Working weekly for eight or more sessions was associated with high levels of stress and burnout, and therefore trainees felt that fewer work sessions would help maintain the lifestyle they needed. Some trainees mentioned:

'I would be open to working additional hours in an allied field or special interest but I fear burnout if working full time in GP surgery'

'I am disheartened that the expectation for full-time work in clinical general practice often exceeds 8 sessions a week, as it highlights a disregard for work-life balance and the overall well-being of healthcare professionals. This unrealistic expectation not only leads to burnout and decreased job satisfaction but also compromises the quality of care provided to patients'

As a part of the desired lifestyle, trainees revealed that the pursuit of other interests would be greatly beneficial to them. Extracurricular activities including hobbies and further professional development in the areas of education, research, community outreach, dermatology, aesthetics, emergency medicine, etc. were suggested. Trainees highlighted that to fulfil their needs regarding other interests, reducing working sessions in general practice was the avenue they intended to take.

Table 3. Number of sessions respondents plan to work in 5 years

No of sessions	In 5 years' time % (n)
0	0.5 (2)
1	0
2	0
3	0.8 (3)
4	3.6 (14)
5	5.8 (23)
6	31.0 (122)
7	18.0 (71)
8	31.7 (125)
9	4.6 (18)
10	4.1 (16)
11	0
12+	0
\bar{x} [SD]	6.93 [1.449]

Perspectives on the GMS contract

Regarding the GMS contract, almost half of trainees (48.1%, n=191) disclosed they would not be prepared to take up the contract within a year of finishing their training (Figure 4). Of those the majority were female (59.7%, n=114) in the age range 30-39 (70.7%, n=135). The main reasons for hesitation to take on the GMS contract are identified to be 'Lack of experience' and 'Would not be prepared' (Figure 5).

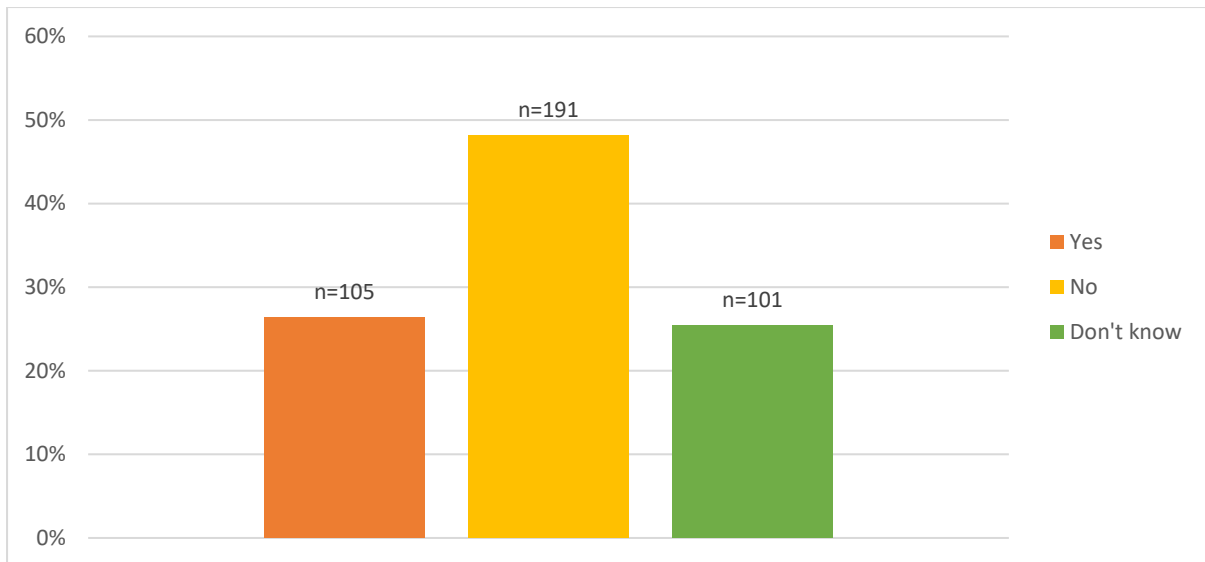


Figure 4. GP Trainees GMS contract preparedness

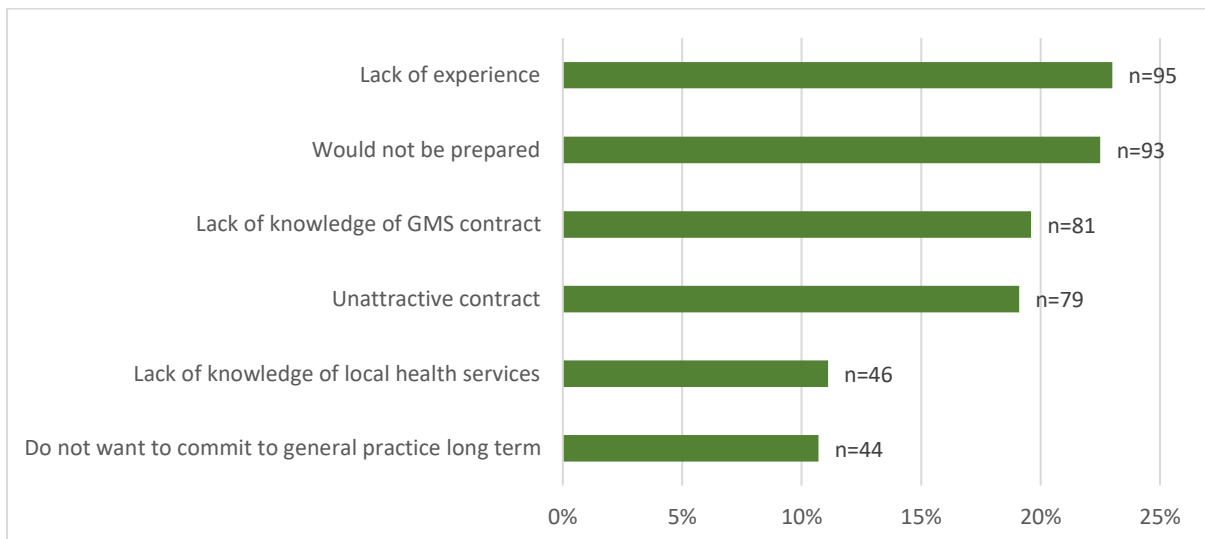


Figure 5. Main reasons of GP Trainees for not being prepared for GMS contract one-year post training

In total 64 trainees expanded on their responses in the free text section. The analysis revealed that trainees wished to gain more professional experience and have the flexibility to work in different practices, and choosing the working environment that suits them, prior to taking on the GMS contract (n=19). For some trainees, high levels of expectation, significant commitment, and extensive responsibility were perceived as barriers to seeking a GMS contract (n=13), contributing to its unattractiveness. Lack of additional benefits, including annual and maternity leave, were also highlighted as barriers (n=12).

Specialisation in general practice

Trainees were presented with two statements and asked to rate on a scale from one (strongly disagree) to five (strongly agree) the extent to which they agree with each statement (Table 4). The responses demonstrate that just over half of respondents (53.0%) would like to focus exclusively on clinical aspects of general practice and that less than half find traditional responsibilities of the practice attractive (45.4%).

Table 4. GP Trainee views on clinical and non-clinical aspects of general practice

	Strongly Disagree %	Disagree %	Neither agree nor disagree %	Agree %	Strongly agree %
I would like to focus on the clinical aspects of the job exclusively	3.7	24.8	18.5	41.6	11.4
I find the business responsibilities of a practice principal/partner attractive (e.g., financial, property and employment responsibilities)	8.9	24.0	21.7	38.3	7.1

Reflections on the Role of the ICGP and the support provided

GP trainees identified the top three priorities they felt are either very important or extremely important tasks for the ICGP in the next four years, and these are: 'Improving use of Information Technology throughout the healthcare system' (88.8%), followed by 'Leadership role in development and implementation of chronic disease management in the community' (85.7%) and 'Leadership role in workforce planning in general practice, including general practice postgraduate training' (85.4%) (Table 5).

Table 5. GP trainees views on the importance of tasks for the ICGP over the next four years

	Not important %	Minor importance %	Important %	Very important %	Extremely important %
Lead in the design of the role of general practitioners for the present and future	1.4	2.9	14.9	32.5	48.3
Leadership role in development and implementation of chronic disease management in the community	0.6	1.7	12.0	38.7	47.0
Leadership role in workforce planning in general practice, including general practice postgraduate training	0.9	1.4	12.4	32.2	53.2

Greater involvement of GPs in high level healthcare planning	0.3	1.1	13.2	25.6	59.8
Improving use of Information Technology throughout the healthcare system	0.9	2.0	8.3	20.4	68.4
Increase resources for general practice-based research	1.4	6.9	25.6	31.7	34.3
Increase resources for general practice team training activities	0.9	2.0	13.2	32.8	51.1

GP Graduates

The majority of the respondents were female (64.7%, n=174), in the age range of 30 – 39 (75.8%, n=204), originated from Ireland (85.5%, n=230), and obtained a primary medical qualification in Ireland (84.4%, n=227). A complete breakdown of the respondents' profiles is shown below in Table 6.

Table 6. Profile of recent GP graduates

	%	n
Year of graduation		
2017	10.8	29
2018	14.1	38
2019	16.7	45
2020	13.8	37
2021	20.1	54
2022	24.5	66
Gender		
Male	34.2	92
Female	64.7	174
Prefer not to say	1.1	3
Age Range		
<30	1.5	4
30-39	75.8	204
40-49	20.4	55
50-59	1.9	5
60-64	0.4	1
65-69	0	0
>70	0	0
Children		
Yes	56.5	152
No	43.5	117
Country of origin		
Ireland	85.5	230
UK	3.0	8

Nigeria	2.2	6
Canada	1.1	3
Poland	1.1	3
South Africa	1.1	3
Pakistan	0.4	1
Other	5.6	15
Location of obtaining a primary medical qualification		
Ireland	84.4	227
Abroad	15.6	42
Entry to medicine		
Direct entry (DEM)	67.7	182
Graduate entry (GEM)	32.3	87

Most GP graduates (65.8%, n= 177) revealed that they have worked in the hospital setting after their intern year, with almost half working in the hospital environment for two years or less (47.8%, n=88) before undertaking GP training.

Emigration

At the time of the survey, the vast majority of the recent GP graduates were in Ireland (95.8%, n=254), while only 11 graduates lived abroad (4.2%). Graduates who already emigrated were mainly located in Canada (n=3), Australia (n=2), and the UK (n=2), where the majority spent abroad 1-year post-training (n=6).

When asked about their future plans, 82.0% (n=200) of GP graduates *currently* planned to stay in Ireland, and 13.5% (n=33) definitely or possibly planned to emigrate (including returning to the country of origin). The emigration intentions changed slightly when asked to predict where will they be *in 5 years' time* where more than two-thirds (78.4%, n=200) chose Ireland again (Table 7).

Table 7: Emigration plans of GP graduates currently residing in Ireland

Emigration plans of those currently residing in Ireland	%	n
Yes, definitely emigrate	2.9	7
Yes, definitely return to home country	0	0
Possibly emigrate	10.2	25
Possibly return to home country	0.4	1
Undecided	4.5	11
No, I plan to stay in Ireland	82.0	200
Emigration plans in 5 years' time		
Ireland	78.4	200
Abroad	6.3	16
Don't know	15.3	39

Participants were also given a chance to select three main reasons that would encourage them to stay in Ireland: 'Family reasons' (69.1%, n=186), 'Financial prospects' (48.0%, n=129), and 'Less working hours' (32.0%, n=86) were selected by most participants (Figure 6). In the section 'other' some graduates also emphasized that 'Better working conditions' (including fewer clinical sessions and more efficient practice management) and the 'Improvement of Irish Health system' would motivate them to stay in Ireland (n=11).

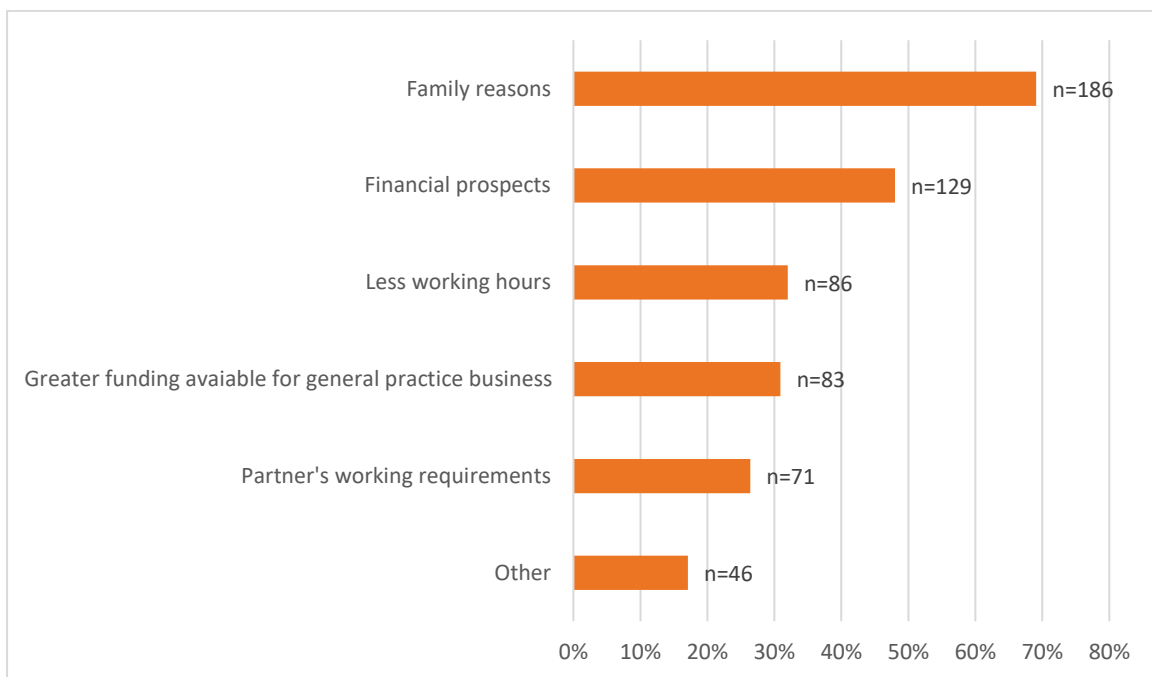


Figure 6. Main reasons of GP graduates for staying in Ireland

Working position

Overall, 96.1% (n=244) of recent GP graduates responded that they currently work in general practices with multiple GPs (Table 8).

Table 8. Type of practice GP graduates currently work in

	%	n
Single-handed (1 GP)	3.9	10
Multi-GP practice (but only 1 doctor seeing patients at a time)	9.1	23
Multi-GP practice (2-4 doctors seeing patients at a time)	72.8	185
Large Multi-GP practice (5+ doctors seeing patients at a time)	14.2	36

At the time of the survey (between one- and six years post-training), almost one-third of GP graduates were already in the position of GP principal/partner or salaried GP, where the majority (69.1%) stated that they see themselves being GP principal/partner in five years' (Table 9).

The survey revealed more than a quarter of graduates (26.8%, n=72) undertook one more additional role to their GP position, and 19 (7.0%) graduates undertook two roles in addition to their GP position. GP graduates who have taken additional roles related to medicine were mainly in 'education/lecturing' (n=55) or 'academia/research' (n=20) positions.

Table 9. GP graduates' current position and in what position they see themselves in 5 years

	Currently % (n)	In 5 years' time % (n)
GP Principal/Partner	28.6 (77)	69.1 (177)
Salaried GP (within the independently run practice)	27.5 (74)	8.6 (22)
GP Assistant	24.9 (67)	9.8 (25)
Locum GP	5.9 (16)	0.8 (2)
Salaried GP (within the corporate practice)	3.7 (10)	2.0 (5)
Not working in general practice in any capacity	3.3 (9)	5.9 (15)
Other	5.9 (16)	3.9 (10)

Clinical sessions

In terms of the number of clinical sessions, respondents reported currently working an average of 7.2 sessions per week, in comparison with 5 years' time, when they intend to work slightly less, an average of 6.5 sessions per week (Table 10).

A χ^2 test revealed a statistically significant relationship between gender and less than full-time employment^c ($P < 0.001$), where female responders were more than twice as likely to work less than full-time as a GP, currently (79.1%) and in 5 years' time (77.3%), in comparison with their male colleagues.

Table 10. Number of sessions GP graduates currently work and plan to work in 5 years

No of sessions	Currently % (n)	In 5 years' time % (n)
0	1.2 (3)	3.9 (10)
1	0.4 (1)	0.4 (1)
2	1.2 (3)	2.0 (5)
3	0 (0)	0 (0)
4	3.9 (10)	3.5 (9)

^c Less than full-time employment is defined as ≤ 8 sessions a week.

5	5.1 (13)	5.5 (14)
6	25.5 (65)	35.2 (90)
7	15.3 (39)	16.8 (43)
8	30.6 (78)	27.0 (69)
9	9.0 (23)	3.9 (10)
10	7.5 (19)	2.0 (5)
11	0.4 (1)	0 (0)
12+	0 (0)	0 (0)
\bar{x} [SD]	7.17 [1.631]	6.71 [1.458]

Specialisation in general practice

Overall, the majority of GP graduates would choose to specialize in general practice again (71.9%, n=184), and just over half of graduates were either very satisfied or extremely satisfied with practicing medicine (52.4%, n=134). Respondents were mostly satisfied with income (where 43.4% were either very satisfied or extremely satisfied), and the least satisfied with workload (50.6% were either dissatisfied or very dissatisfied) (Figure 7).

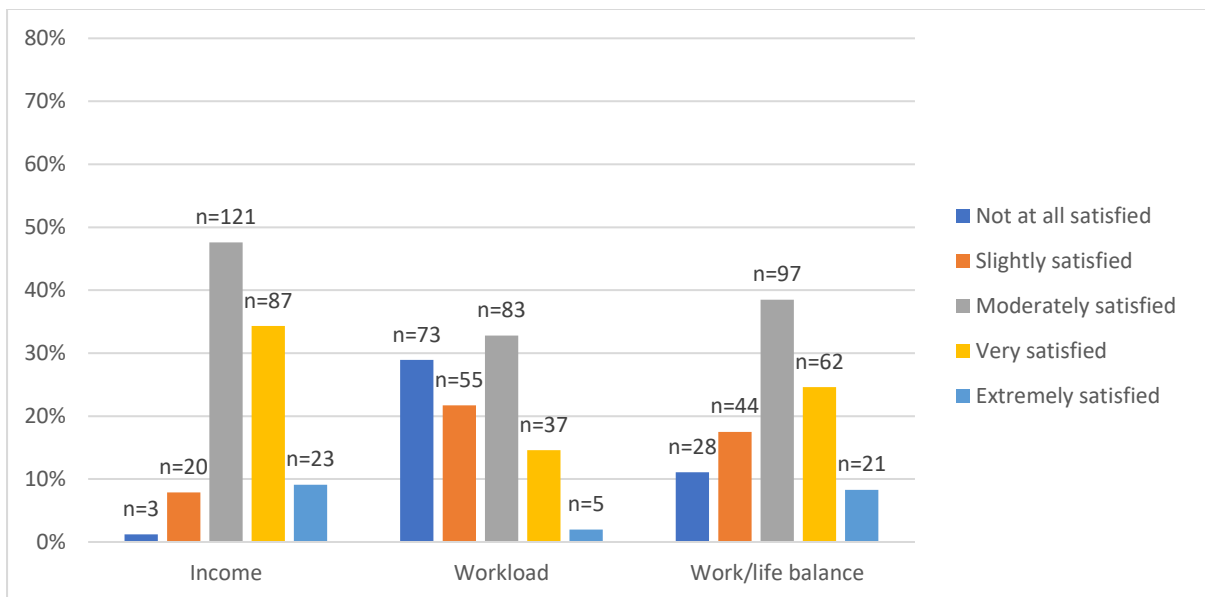


Figure 7. GP graduates' satisfaction levels of three aspects of medical practice

Furthermore, the participants were presented with a series of statements and asked to rate on a scale from one (strongly disagree) to five (strongly agree) the extent to which they agree with each statement (Table 11). The results demonstrated the view that GP graduates want to be involved in GP education and training (76.3%, n=190). It is also evident that half of the respondents (50.0%, n=124) would like to focus exclusively on clinical aspects of general practice, and that less than a third of respondents would like to be involved in research activities (31.7%, n=79).

Table 11. GP graduates' views on clinical and non-clinical aspects of general practice

	Strongly Disagree %	Disagree %	Neutral %	Agree %	Strongly Agree %
I would like to focus on the clinical aspects of the job exclusively	6.5	25.0	18.5	37.9	12.1
I find the business responsibilities of a practice principal/partner attractive (e.g., financial, property, and employment responsibilities)	19.0	26.6	17.7	29.8	6.9
I would like to be involved in GP education /training	2.0	7.2	14.5	50.6	25.7
I would like to be involved in GP research	14.1	28.9	25.3	24.9	6.8

Reflections on the role of the ICGP and the support provided

GP graduates identified the top three priorities they felt are either very important or extremely important tasks for the ICGP in the next four years, and these are: 'Improving use of Information Technology throughout the healthcare system' (77.8%), followed by 'Leadership role in workforce planning in general practice, including general practice postgraduate training' (77.0%) and 'Lead in the design of the role of general practitioners for the present and future' (73.7%) (Table 12).

Table 12. GP graduates' views on the importance of tasks for the ICGP over the next four years

	Not important %	Minor importance %	Important %	Very important %	Extremely important %
Lead in the design of the role of general practitioners for the present and future	2.0	4.0	20.2	30.8	42.9
Leadership role in development and implementation of chronic disease management in the community	3.2	5.2	25.3	33.3	32.9
Leadership role in workforce planning in general practice, including general practice postgraduate training	1.6	3.2	18.1	30.2	46.8
Increase resources for general practice-based research	4.0	10.9	34.8	19.0	31.2
Improving use of Information Technology throughout the healthcare system	0.4	6.1	15.8	23.1	54.7
Promoting training for all General Practice team members	0.8	4.0	23.1	30.8	41.3
Leadership role in promotion of equity and inclusion within the healthcare system	4.0	9.7	28.7	26.7	30.8

Discussion

The face of the general practice in Ireland is undergoing a significant change. The surveys distributed in March 2023, among GP trainees and recent GP graduates, reflected their intentions regarding career paths.

Most of the GP trainees and recent GP graduates planned to stay in Ireland, and 18% of trainees and 13.5% of graduates disclosed that they definitely or possibly intend to emigrate in the future. Emigration intentions decreased significantly since the 2019 survey when 35.1% of trainees and 18.8% of graduates considered emigration as an option¹⁴. In addition, at the time of the 2023 survey, only 4.2% of graduates were located abroad, which represents a significant reduction in comparison with previous years, when 5.2% in 2021¹⁵, and 10.2% in 2019¹⁴ of graduates disclosed being abroad.

The changes reported in this study around emigration intentions represent a positive development for the profession and an opportunity (and challenge) to now consider strategies to retain this essential workforce. As highlighted in the 'Health Service Capacity Review 2018', the demand for GP appointments is expected to increase by 39% by 2031, and prioritizing recruitment and improving strategies to retain graduates is essential²⁶. The GP training scheme run by the ICGP aims to increase the number of GP Training Places by 35% in July 2024, to help address this issue. The retention strategies, as previously suggested by the ICGP 'Shaping the Future' report, as well as international literature, need to be focused on the development of multidisciplinary primary care teams, investments in the positive workspace environment, and provision of support for new ways of working (including more flexibility with GP's employment status and career stage)^{3,24,27,28}. As per the 'Shaping the Future' report recommendations, the relevant statutory bodies need to provide the resources to support the future career expectations of young trainees and GPs, to ensure their further professional development.

Furthermore, special attention was placed on the investigation of GP trainees' and graduates' plans regarding their working sessions and the professional role they wish to obtain. In order to investigate intentions regarding clinical sessions, participants were asked about their current and future working intentions on the number of clinical sessions per week. In comparison with previous years, a significant difference was noted regarding the *current* clinical sessions of GP graduates, where 52.5% disclosed working less than eight clinical sessions per week. When comparing with previous years, when 45.4%

in 2021, and 37.5% in 2019 disclosed working less than 8 clinical sessions, a growing trend in working fewer clinical sessions is noted. In addition, just above one-third of GP trainees (40.4%), and less than a third of GP graduates (32.9%) plan to work more than 8 clinical sessions in the future. The trend to work fewer clinical sessions was particularly noted among the female cohort. These findings reflect the previous Irish surveys^{14,15}, as well as the international trends for the reduction of clinical sessions among GPs. In the UK almost a third of GPs had reduced their working hours to help manage the increasing intensity of workload and the effects on mental health and stress²⁰. Previous studies have outlined the negative effects of the increased workload on GPs' well-being, especially evident during and post-pandemic period when increased levels of stress, anxiety, burnout, and reduced job satisfaction, in addition to physical symptoms including migraines, exhaustion, and disordered sleep were reported^{18,19,29,31}. An Australian study that assessed working sessions of early-career GPs found that only 30% worked eight or more sessions a week, and factors such as spouse/partner employment and family structure coincide with working fewer sessions in clinical general practice³². Consistent with global trends, GP trainees in the current survey echoed family commitments, work-life balance, and pursuit of other interests as the main reasons for intending to work fewer clinical sessions. Although the decreased clinical sessions might be of benefit for GPs, they also further contribute to workforce shortages, and changes regarding the traditional role of a GP³. As GP trainees and graduates seek workload diversity and flexibility, additional steps in the expansion and development of the practice manager role need to be considered. This was in line with the recommendations of the 'Shaping the Future' report, where it was highlighted that general practices require professional management to balance practice workload and improve workforce resilience, allowing GPs more space for clinical activities³.

This *Career Intentions* survey has also shed light on intentions regarding the GP position, revealing that interest in becoming GP principal/partner increased in comparison with the previous years. In 2023 over two-thirds of GP graduates (69%) stated to plan to become a GP principal/partner in 5 years, in comparison with the 2019 survey, when 46% intended the same. Although a high number of GP graduates envisaged undertaking this position in the near future, just above a third (36.7%) felt comfortable with the traditional responsibilities that the GP principal/partner position. This indicates that a traditional model of defining GP positions may not be compatible with how a new generation of GPs envisage their work responsibilities and priorities. As GP principals hold a GMS contract, they are also liable for business commitments of practice including a wide array of financial, property, and employment responsibilities. Considering that the recent GP graduates and GP trainees seek a better balance between work and life, a traditional small business model of GP services seems no longer fit

for purpose. Therefore, future revision of the GMS contract including redefining incentives, restructuring of bureaucracy duties, provision of adequate staffing, and coordinated support both within and beyond the GP practice seems crucial.

Conclusion

As doctor retention hinges on employment satisfaction, lower levels of work-related stress, and job attributes and characteristics²⁷, long-term investment to improve the working conditions of GPs and their staff is essential if strong GP-led primary care is to remain the cornerstone of Irish healthcare provision. Therefore, this valuable insight into GP recent graduates' and GP trainees' current perspectives and future intentions will serve as a guide to the ICGP to promote new policy ideas focused on the retention of the GP workforce and the improvement of their working conditions.

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Bibliography

1. WHO. A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. [Internet]. World Health Organization and the United Nations Children's Fund (UNICEF); 2018. Available from: <https://iris.who.int/bitstream/handle/10665/328065/WHO-HIS-SDS-2018.15-eng.pdf?isAllowed=y&sequence=1> [Accessed 10 Sep 2023].
2. Hone T, Macinko J, Millett C. Revisiting Alma-Ata: what is the role of primary health care in achieving the Sustainable Development Goals? *Lancet*. 2018 Oct 20;392(10156):1461–72.
3. ICGP Working Group on Workforce Planning. Shaping the Future: A discussion paper on the workforce & workload crisis in General Practice in Ireland. [Internet]. Dublin; Irish College of General Practitioners; 2022. Available from: <https://www.icgp.ie/go/library/catalogue/item/25610FDF-72D6-49AE-B57126453F6B2E6A> [Accessed 10 Sep 2023].
4. HSE National Doctor Training and Planning. Medical Workforce Planning Future: Demand for General Practitioners 2015-2025 [Internet]. Dublin: Health Service Executive (HSE); 2015. Available from: <https://www.lenus.ie/handle/10147/621068> [Accessed 19 Sep 2023].
5. Homeniuk R, Collins C. How COVID-19 has affected general practice consultations and income: general practitioner cross-sectional population survey evidence from Ireland. *BMJ Open*. 2021 Apr 1;11(4):e044685.
6. Crosbie B, O'Callaghan ME, O'Flanagan S, Brennan D, Keane G, Behan W. A real-time measurement of general practice workload in the Republic of Ireland: a prospective study. *Br J Gen Pract*. 2020 Jul;70(696):e489–96.
7. Khalil-Khan A, Khan MA. The Impact of COVID-19 on Primary Care: A Scoping Review. *Cureus*. 2023 Jan;15(1):e33241.
8. Verhoeven V, Tsakitzidis G, Philips H, Van Royen P. Impact of the COVID-19 pandemic on the core functions of primary care: will the cure be worse than the disease? A qualitative interview study in Flemish GPs. *BMJ Open*. 2020 Jun 17;10(6):e039674.
9. Department of Health; Ipsos MRBI. Healthy Ireland Survey 2021 [Internet]. Dublin: Government Publications; 2021. Available from: <https://www.gov.ie/en/publication/9ef45-the-healthy-ireland-survey-2021/> [Accessed 19 Sep 2023].
10. Collins C, Homeniuk R. How many general practice consultations occur in Ireland annually? Cross-sectional data from a survey of general practices. *BMC Fam Pract*. 2021 Feb 20;22(1):40.
11. O'Callaghan M. GP Workforce: Defining who we are and what we do. *Forum: Journal of the Irish College of General Practitioners*, May 2023; 40(4):20-21.
12. HSE. PCRS Annual Report 2021. [Internet]. Dublin: Health Service Executive (HSE); 2021. Available from: <https://www.sspcrs.ie/portal/annual-reporting/report/annual> [Accessed 19 Sep 2023].
13. Department of Health. Ireland's COVID-19 Data Hub [Internet]. Available from: <https://covid19ireland-geohive.hub.arcgis.com/> [Accessed 19 Sep 2023].

14. Collins C, Hanley K, Hammersley C, Doran G, Fintan F. 'Finding a Future Path': Career Intentions of GP Trainees and Recent GP Graduates - Report of the 2019 Survey [Internet]. Dublin: Irish College of General Practitioners; 2019. Available from: <https://www.icgp.ie/go/library/catalogue/item/7AE1717C-2A12-44C2-B4912CBD968FC08B> [Accessed 19 Sep 2023].
15. Irish College of General Practitioners. Career Intentions survey with GP trainees and Recent GP graduates. Dublin: Irish College of General Practitioners; 2021. Unpublished data.
16. Department of Health. Sláintecare Implementation Strategy & Action Plan 2021—2023. Available from: <https://www.gov.ie/en/publication/6996b-slaintecare-implementation-strategy-and-action-plan-2021-2023/> [Accessed 19 Sep 2023].
17. McDonnell T, Nicholson E, Barrett M, Bury G, Collins C, Cummins F, et al. Policy of free GP care for children under 6 years: The impact on emergency department attendance. *Soc Sci Med*. 2021 Jun;279:113988.
18. Schrimpf A, Bleckwenn M, Braesigk A. COVID-19 Continues to Burden General Practitioners: Impact on Workload, Provision of Care, and Intention to Leave. *Healthcare (Basel)*. 2023 Jan 20;11(3):320.
19. Jefferson L, Heathcote C, Bloor K. General practitioner well-being during the COVID-19 pandemic: a qualitative interview study. *BMJ Open*. 2023 Feb 22;13(2):e061531. doi: 10.1136/bmjopen-2022-061531.
20. Khan N. 'Hidden' no more: the real work of the 'part-time' GPs working full-time hours. *Br J Gen Pract*. 2023 Jan;73(726):26–7.
21. Mansfield G, Collins C, Pericin I, Larkin J, Foy F. Is the face of Irish general practice changing? A survey of GP Trainees and recent GP graduates 2017. [Internet]. Dublin; Irish College of General Practitioners; 2017. Available from: <https://www.icgp.ie/go/library/catalogue/item/3F292A5F-F811-4467-70588253DC4E48BB> [Accessed 19 Sep 2023].
22. Pericin I, Mansfield G, Larkin J, Collins C. Future career intentions of recent GP graduates in Ireland: a trend analysis study. *BJGP Open*. 2018 Apr;2(1):bjgpopen18X101409.
23. Humphries N, Connell J, Negin J, Buchan J. Tracking the leavers: towards a better understanding of doctor migration from Ireland to Australia 2008-2018. *Hum Resour Health*. 2019 May 28;17(1):36.
24. Humphries N, McDermott AM, Conway E, Byrne JP, Prihodova L, Costello R, Matthews A. 'Everything was just getting worse and worse': deteriorating job quality as a driver of doctor emigration from Ireland. *Hum Resour Health*. 2019 Dec 9;17(1):97. doi: 10.1186/s12960-019-0424-y.
25. Kyngäs H, Mikkonen K, Kääriäinen M, editors. *The Application of Content Analysis in Nursing Science Research* [Internet]. Cham: Springer International Publishing; 2020. Available from: <http://link.springer.com/10.1007/978-3-030-30199-6> [Accessed 19 Sep 2023].
26. Hynes T, O'Connor P. *Spending Review 2022: An Analysis of Medical Workforce Supply*. Dublin: Research Services & Policy Unit, Department of Health, Irish Government Economic and Evaluation Service; 2023.

27. Marchand C, Peckham S. Addressing the crisis of GP recruitment and retention: a systematic review. *Br J Gen Pract.* 2017 Apr;67(657):e227–37.
28. Fisher R, McDermott AM. The battle to retain GPs: why practice culture is critical. *BMJ.* 2023 Feb 16;380:344.
29. Dutour M, Kirchhoff A, Janssen C, Meleze S, Chevalier H, Levy-Amon S, et al. Family medicine practitioners' stress during the COVID-19 pandemic: a cross-sectional survey. *BMC Fam Pract.* 2021 Feb 14;22(1):36.
30. Jefferson L, Golder S, Heathcote C, Avila AC, Dale V, Essex H, et al. GP wellbeing during the COVID-19 pandemic: a systematic review. *Br J Gen Pract.* 2022 May;72(718):e325–33.
31. Carr P, Kelly S. Burnout in Doctors Practising in Ireland Post Covid-19. *Ir Med J.* 2023 Apr 20;116(4):761.
32. Bentley M, FitzGerald K, Fielding A, Moad D, Tapley A, van Driel ML, et al. Cross-sectional analysis of the clinical work hours of early-career general practitioners. *Aust J Gen Pract.* 2022 Dec;51(12):971–6.