

Strengthening the Future of GP Care in Ireland



2025

Ireland's health system is shifting away from hospital delivered care. General Practice is at the heart of this change. GP teams continue to deliver evidence-based care from infancy to old age for patients while incorporating more responsibility for investigation, diagnosis, and management of acute and chronic disease.

This update builds on *Shaping the Future of General Practice* (2022), revisiting progress made and outlining five key priorities for the years ahead. With patients at the centre of this future, this update positions general practice not just as the first point of contact, but as a cornerstone of an integrated, maturing, and responsive health system.

GPs are now managing more complex care, leading structured chronic disease programmes, and engaging in education, research, quality improvement and system design. These expanded roles also reflect the increased complexity of the GP career itself— a shift that must be supported, not misread. Portfolio roles are becoming more common, and this diversification is essential for attracting and retaining future GPs, and ensuring care quality keeps pace with system demands.

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

Since 2022, the general practice landscape has changed significantly:

- The number of GP training places has expanded rapidly, with 350 new trainees entering the Irish College of GPs' programmes in 2025.
- Rural and regional support structures have been strengthened. College has established a rural practice standing committee and has led a successful targeted recruitment through its International Medical Graduate (IMG) Rural programme to train and support international graduates.
- Recommendations from the 2023 Medical Student to GP report are in the early stages of implementation.
- New capabilities — like the Irish College of GPs' Workforce analysis — are emerging to support data-informed decision-making and service planning.

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

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

These five priorities represent a roadmap for sustaining high-quality, patient-centred care across the next phase of health system reform.

General Practice in 2025

GP Numbers are up

4,600 GPs

now in practice
(up 5% vs 2024)

1,130

GP trainees in
the pipeline

*people are living longer
and managing more
complex health needs*

*GPs are their first and
ongoing point of care*

Patient Care Needs Continue to Grow

+100,000

people added to the
population annually
(+2% annually)

+28,000

more people aged
65+ every year
(+4% annually)

General Practice Teams Rising to the Challenge

4.4

visits per person
per year

21m

GP consultations
per year

88,000

GP consultations
per day

390,000

prescriptions
issued daily

2,500

chronic disease
reviews daily

*where you live still shapes
how easy it is to find a GP
and some communities
risk losing services*

Access isn't Equal

Urban

100 GPs per 100k pop.

Rural

60 GPs per 100k pop.

Over 500 GPs work in solo
practices. These GPs are often
older and see rural patients

5 Priorities for General Practice 2025 & Forward



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

The Challenge

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

Why It Matters

Safe, effective, and person-centred care depends on connected information. For patients with chronic conditions, multimorbidity, or complex medications, missing data can compromise clinical decisions. New care delivery models — such as Enhanced Community Care hubs and pharmacist-led prescribing — need to be integrated with GP electronic health records to avoid fragmentation.

What Needs to Happen

Ireland needs a nationally coherent, patient-centred system of shared electronic health records, accessible to GPs and all treating professionals. Integration of investigation information, hospital discharge summaries, and community-based care must be prioritised. To deliver this safely and effectively, investment in digital infrastructure, interoperability standards, and clinical workflow design must be matched by a commitment to ease the administrative burden on GP teams—who act as the central coordinators of patient care. Ensuring these systems enhance rather than hinder general practice is key to protecting patients and sustaining care delivery.

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

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

The Challenge

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

Why It Matters

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

What Needs to Happen

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

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

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

The College is building a more detailed, longitudinal understanding of the GP workforce through new data and analysis tools. These insights will strengthen national workforce planning, support targeted recruitment, and help anticipate future needs at regional and national levels.

The College is committed to playing a leadership role in national workforce planning and policy design, ensuring general practice remains a viable, valued, and vibrant career.

Priority 3:

GP as a First Choice Career

The Challenge

While the number of GP training places has begun to increase, this shift is recent and relatively modest. Medical students often report limited exposure to general practice during their training, and clearer career pathways into the specialty remain underdeveloped. At the same time, younger GPs seek more flexibility, academic opportunities, and team-based environments than many practices can currently offer. To strengthen the GP pipeline, the Irish College of GPs must actively engage doctors and students and GP Academic Departments at every stage of their journey—through education, faculty structures, CME networks, and the invaluable peer support these can offer to those establishing themselves in practice.

Why It Matters

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

What Needs to Happen

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

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

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

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

Priority 4:

Quality at the Core

The Challenge

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

Why It Matters

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

What Needs to Happen

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

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

The College will support this by embedding QI principles across training, CME, and audit programmes, and by developing practical resources that reflect the realities of general practice teams.

The Irish College of GPs is ready to lead this next phase, supporting GPs and teams to shape meaningful, measurable change — from the GP waiting room to the overall patient journey through the healthcare system over time.

The Challenge

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

Why It Matters

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

Finally, future eHealth systems effectiveness will be severely hampered unless they are integrated with, in a sustainable way, the foundation of GP EMR data.

What Needs to Happen

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

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

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

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

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

Key References and Related Documents

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

1. [Shaping the Future of General Practice](#) (PDF, 1,236 KB) (Irish College of GPs, 2022)
[Sets out the original ten-point vision for strengthening general practice across workforce, infrastructure, and patient care.]
2. [Medical Student to GP: A Report on the GP Career Pathway](#) (PDF, 5.2MB) (AUDGPI & Irish College of GPs, 2023)
[Provides evidence and recommendations to strengthen recruitment and retention into general practice from undergraduate education onward.]
3. [Irish College of GPs Pre-Budget Submission 2024](#) (PDF, 423KB)
[Outlines urgent funding priorities across GP workforce, rural access, infrastructure, and digital care.]
4. [Irish College of GPs Statement of Strategy 2023–2026](#) (PDF, 937KB)
[Sets the College’s strategic direction across education, training, advocacy, research, and organisational development.]
5. [National Framework for Structured Chronic Disease Management](#) (PDF, 3.3MB) (HSE, 2020)
[Provides the model for GP-led management of chronic conditions, now a central element of general practice delivery.]
6. [The Path to Universal Healthcare: Sláintecare & Programme for Government 2025+ \(SC2025+\)](#) (PDF, 7.2MB)
[Frames the broader policy environment of shifting care into the community and toward regionalised, integrated delivery.]

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