

Every month, the library scan resources of interest to General Practice and recommends reports and research articles from reputable sources.

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College Publications



We look at what has been published recently in the College.

Latest Issue of Forum
June 2025, Volume 42, no 5
Prescription transcribing: time for reform

 **View all Forums:**

<https://www.irishcollegeofgps.ie/Home/Clinical-Hub/Publications-and-Journals/Forum-Journal/>

Irish College of GPs Annual Report for 2024 (May 2025)

Reports on the activities of the Irish College of GPs in 2024. The report was presented at the AGM on Friday 16th May.

Read the Report:

<https://www.irishcollegeofgps.ie/LinkClick.aspx?fileticket=oUxZnl3baJw%3d&portalid=0>



GPWorks

In this episode, the Chair of the Board of the Irish College of GPs, Dr Deirdre Collins, described the importance and aims of the new Leadership Academy, in which the College hopes to develop awareness of the leadership skills of GPs in their everyday roles, with their Practice teams, and in the development of GP-centred health policy.

The College's first Programme begins in September 2025, and applications are open now for interested applicants. Please note that applications close on 16 July.

To find out more, visit the [Leadership Academy webpage](#)

 **Listen to GP Works:** <https://www.irishcollegeofgps.ie/GP-Works>

Research Articles involving College Staff

Garzón-Orjuela N, Roche K, Vornhagen H, Moran A, Walkin S, Cullen W, et al. **Setting targets for antibiotic use in general practice in Europe: A scoping review.** *Eur J Gen Pract.* 2024 Dec;30(1):2430507. doi: 10.1080/13814788.2024.2430507. Epub 2024 Nov 28.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11610282/>

Ravichandran N, Dillon E, McCombe G, Sietins E, Broughan J, O' Connor K, et al.

Prevalence of Mental Health Disorders in General Practice from 2014 to 2024: A literature review and discussion paper. *Ir J Psychol Med.* 2025 May 30:1-8. doi: 10.1017/ipm.2025.24. Epub ahead of print.

<https://www.cambridge.org/core/journals/irish-journal-of-psychological-medicine/article/prevalence-of-mental-health-disorders-in-general-practice-from-2014-to-2024-a-literature-review-and-discussion-paper/5F5A3305A93284DF36F43B2EB90B3B3C>

Linnane S, Mullarkey S, Kyne E, Healy M, Fallon J, Sharma S, et al. **Does pay for performance promote inverse inequality in chronic disease management?** *Fam Pract.* 2025 Apr 12;42(3):cmf025. doi: 10.1093/fampra/cmf025.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC12067410/>



View all ICGP Staff Research Articles here:

<https://www.irishcollegeofgps.ie/Home/Lifelong-Learning-PCS/Research/Publications-Involving-College-Staff/2024-Research-Publications>

GP News

RTE Drivetime - [Drivetime Friday 16 May 2025](#)

Assistant Medical Director, Dr Suzanne Kelly, discussed the challenges facing GPs ahead of the Irish College of GPs annual conference, on Drivetime, RTE Radio One. Listen back (1hr 40 mins timestamp).

Irish College of GPs - [General Practice delivers most of the healthcare in Ireland, at a time of considerable demographic and workforce challenges, which will impact timely patient access to GP care.](#)

By Irish College of GPs, 17 May 2025

The theme of the 2025 Annual Conference is “Positive Leadership in General Practice” with keynote addresses from Leo Varadkar, former Taoiseach and GP, Professor Kamila Hawthorne, Chair of the Royal College of GPs, and Dr Suzanne Crowe, President of the Medical Council.

Irish College of GPs - [World Family Doctor Day \(WFDD\)](#)

By Irish College of GPs, 19 May 2025

World Family Doctor Day (WFDD) 2025 is the 19th May 2025 and this year, the theme is “Building Mental Resilience in a Changing World.”

Irish College of GPs - [Irish College of GPs welcomes publication of ESRI report on demand for GP consultations up to 2040](#)

By Irish College of GPs, 18 June 2025

The Economic & Social Research Institute (ESRI) has released its report, projecting that the demand for General Practitioner (GP) consultations will increase by at least 23 percent by 2040, reflecting continued increases in the population. This research mirrors the College’s own analysis, which has predicted increased demand for GP services, with the GP workforce unable to keep pace with the rapidly growing population.

Irish College of GPs - [Irish College of GPs welcomes Department of Health report that highlights challenges of GP supply in some areas of Ireland.](#)

By Irish College of GPs, 30 June 2025

The College welcomes the latest publication by the Department of Health on the challenges of demand for GPs in the future. The Irish College of GPs has responded to the growing demand for GPs and the significant GP shortages by expanding the number of training places on its four-year training programme. The programme has 350 places each year, and the number of people being trained each year has expanded by 85% since 2015.

Irish Examiner - [Women in medicine on progress in women’s healthcare – and what still needs to be done](#)

By Sharon Ni Chonchuir, 25 April 2025

Significant improvements have occurred in health services for women over the past 25 years, thanks to advancements in medicine, progressive legislation, and targeted initiatives. Here, four leading women in medicine reflect on the progress made and the work still to be done.

Irish Examiner - [Women's Health in Ireland: the figures at a glance](#)

The Irish Examiner Women's Health Survey 2025 carried out by Ipsos B+A for Irish Examiner Feelgood surveyed 1,078 women over 16 to find out what they thought about the services and supports for women's health and wellbeing in Ireland today. Topics covered included having children, mental health, HRT and GPS as well as the use of cosmetic procedures and weight loss medications.

Irish Times - ['Come to Ireland, get well paid and a holiday': The GPs lured from the UK to Ireland](#)

By Shauna Bowers, 26 May 2025

An increase in UK doctors seeking work in Ireland is linked to proximity and difficulties in the NHS.

Irish Times - [GPs who take part in chronic disease management programme will not be surprised by latest findings](#)

By Dr Pat Harrold, 16 June 2025

CDM research shows reduction in hospital visits and emergencies.

Irish Times - [Irish College of GPs conference hears 75% of members not taking new medical card patients](#)

By Shauna Bowers, 17 June 2025

Three-quarters of GPs were not accepting new medical card patients, while just over two-thirds were not taking private patients in 2023, according to research conducted by the sector's training body. On Saturday, the Irish College of GPs held their annual conference in Cork city, discussing accessibility of services and meeting the needs of patients. Dr Mike O'Callaghan, clinical research lead with the Irish College of GPs, said the research indicates capacity problems in the sector. According to the college, rural practices tend to be run by older doctors, who are men and are more likely to be solo practitioners. Its research also found urban areas have 100 GPs per 100,000 population, while some rural areas only have 60 per 100,000. Some 96 per cent of GPs keep appointments available so urgent cases can be seen on that day, while seven in 10 non-urgent or routine care appointments are seen within the week. Prof Suzanne Crowe, president of the Irish Medical Council, presented data on the demographics of GPs, which showed one-third are aged 55 and older. The medical council's data also highlighted how more women are becoming general practitioners in recent years. In 2024 there were slightly more women working as GPs than men. Former taoiseach and doctor Leo Varadkar also addressed the conference, during which he spoke about advancing technology and artificial intelligence (AI), which he said would bring positives and negatives.

Irish Times - [Demand for GP consultations could rise by up to 30% over next 15 years as population ages and grows](#)

By Shauna Bowers, 18 June 2025

Demand for consultations with a GP could increase by almost a third over the next 15 years due to a growing and ageing population, research has found. The Economic and Social Research Institute (ESRI) published a report that projects demand for GP consultations could rise by between 23 and 30 per cent, from 19.4 million in 2023 to between 23.9

million and 25.2 million by 2040. It projects an additional 943 to 1,211 GPs could be needed by 2040 to meet this need.

Irish Times - [GP black spots: Parts of Clare, Mayo among areas 'at risk' of losing doctor](#)

By Jack Horgan-Jones, 30 June 2025

Report identifies 132 GPs 'at risk of retirement with no viable replacement', which would represent tens of thousands of patients. These are in east Clare, east Mayo, Inishowen and around Wexford and Westmeath. The paper, to be published by Minister for Health Jennifer Carroll MacNeill, finds there is a "reasonable level of coverage" currently but warns there are "some areas with clear capacity constraints arising" where the number of GPs has not expanded to meet demographic pressures - especially in rapidly growing or ageing areas.

Irish Times - [Q&A: How are GP shortages affecting the country - and where are they hardest to find?](#)

By Shauna Bowers, 30 June 2025

An uneven spread of doctors paints an unhealthy picture for many in rural areas.

The Medical Independent - ['Significant headwinds' in doctor recruitment and retention](#)

By David Lynch, 2nd June 2025

Two new reports describe the growth in the numbers of consultants and trainees, but also warn of challenges ahead. A cross a combined 168 pages of detailed statistics and data analysis, two new reports from HSE National Doctors Training and Planning (NDTP) outline the state of doctor recruitment and retention in Ireland. While the [Medical Workforce Analysis Report 2024-2025](#) and [Medical Recruitment and Retention Report 2024](#) are densely packed with facts and figures, some trends are clearly discernible. Most significantly, workforce numbers are rising.

The Medical Independent - [HSE confirms no extra funding for GPs' CME](#)

By Niamh Cahill, 2nd June 2025

There is no planned increase in [HSE](#) funding for GP continuing medical education (CME) in 2025, a spokesperson for the Executive has told the *Medical Independent (MI)*. The HSE's annual contribution to CME is "budget dependent". The funding for 2026 has yet to be confirmed, the spokesperson added. It has been several years since the Irish College of GPs (ICGP) received any increase in CME funding. This situation has forced the College to offset funding deficits to ensure small group learning is maintained.

The Medical Independent - [The changing landscape of general practice](#)

By Niamh Cahill, 19 May 2025

Niamh Cahill speaks to the CEO of the Irish College of GPs, Mr Fintan Foy, about recent developments at the College and the need for 'consolidation'.

The Medical Independent - [Sustaining success in chronic care](#)

By Paul Mulholland, 19 May 2025

One of the recent success stories of the Irish health service has been the introduction of

the structured chronic disease management programme in general practice. Earlier this month, the HSE published the third overview report of the programme. The report found that the initiative is having a significant positive impact on population health and helping to ease pressure on the acute system. The programme now reaches over 400,000 patients, with 91 per cent receiving routine chronic disease care within the community. The report stated that participants had 30 per cent fewer emergency department attendances, 26 per cent fewer hospital admissions, and 33 per cent fewer GP out-of-hours visits.

The Medical Independent - [A decade of support for doctors in difficulty](#)

By David Lynch, 29 June 2025

An increasing number of doctors are accessing the Practitioner Health service. According to the service's 2024 annual report, launched in Dublin in June, there were 113 new presentations last year, compared to 107 in 2023. In addition, 17 practitioners re-engaged with the programme in 2024. Some 101 of the new presentations were by doctors. Replicating previous trends, there were more females than males. According to PH, it is noteworthy that practitioners attending the programme have "very good" outcomes. The vast majority of the new practitioners seen last year are currently working and 56 have been discharged from the programme "fit and well".

RTE.ie - [Lisdoonvarna GP service 'would be closed' without support](#)

By Teresa Mannion and Marc O'Driscoll, 30 June 2025

A GP practice in Co Clare has avoided closure after a doctor agreed not to retire and to take over the service in Lisdoonvarna. The post had been advertised twice by the Health Service Executive but failed to attract any candidates. Dr Conor Hanrahan was stepping down from a busy medical practice in Ennis around 18 months ago when he was persuaded to take up the position at Lisdoonvarna Medical Centre. A big factor in accepting the position, he said, was the additional support provided by rural and international graduate schemes.

Dept of Health Press Release - [Minister for Health publishes The Path to Universal Healthcare - Sláintecare & Programme for Government 2025+ \(Sláintecare 2025+\)](#)

By Department of Health, 14 May 2025

[Sláintecare 2025+](#) aims to forge the way towards accessible, affordable, high-quality, healthcare for the people of Ireland when they need it, where they need it. Improving Service Quality is a critical Sláintecare priority across a number of service areas. Public Health, Prevention and Promotion will play a significant role in improving the overall health of the population, including through measures designed to promote healthy lifestyles, address mental health difficulties and reduce inequalities.

Dept of Health Press Release - [Minister for Health publishes updated national Standards for Clinical Practice Guidance](#)

By Department of Health, 15 May 2025

The Minister for Health Jennifer Carroll MacNeill has today published the updated [Standards for Clinical Practice Guidance by the National Clinical Effectiveness Committee \(NCEC\)](#). Standards for Clinical Practice Guidance support the development of high quality, up-to-date, evidence-based clinical policies, procedures and guidelines that guide clinical decision-making and achieve the best possible outcomes for patients. They

also provide a benchmark for consistency and best practice for healthcare professionals and organisations in both public and private healthcare services across the country.

Dept of Health Press Release - [Minister Murnane O'Connor welcomes the publication of the ESPAD Ireland 2024 Report](#)

By Department of Health, 21 May 2025

Minister of State with responsibility for Public Health, Wellbeing and the National Drug Strategy, Jennifer Murnane O'Connor, welcomed the publication of the [Irish European School Survey Project on Alcohol and Other Drugs \(ESPAD\) Report](#). ESPAD is the largest cross-national research project on adolescent substance use in the world and is conducted across over 40 European countries. This report offers valuable insights into substance use trends among 15 - 16-year-old students across Europe, including Ireland.

Dept of Health Press Release - [Minister for Health launches free Hormone Replacement Therapy \(HRT\) Arrangement](#)

By Department of Health, 1 June 2025

The Minister for Health Jennifer Carroll MacNeill has launched the free Hormone Replacement Therapy (HRT) Arrangement. The arrangement will see the women of Ireland receive HRT medicines/products free of charge at the point of dispensing from today (1 June 2025). As part of Budget 2025, the Minister of Health announced a €20 million full year cost investment for the introduction of a state supported HRT initiative. This agreed HRT Arrangement involves the provision of HRT products, prescribed for treating symptoms associated with all stages of menopause, at no cost to women who reside in Ireland. This applies when HRT has been determined as clinically appropriate for a woman and is prescribed by her healthcare provider.

Dept of Health Press Release - [Minister for Health welcomes publication of ESRI's Health Service Capacity Review report on future capacity requirements for GP services](#)

By Department of Health, 18 June 2025

Minister for Health Jennifer Carroll MacNeill has welcomed publication of the second *Health Service Capacity Report* produced by the Economic and Social Research Institute (ESRI) on behalf of the Department of Health. The report projects future demand for general practice services in Ireland to 2040. It confirms that our growing and ageing population, along with the shift to provide greater care in community-based settings, will drive a substantial increase in demand for GP services. This will require a corresponding increase in the number of GPs and GP Nurses.

Dept of Health Press Release - [Minister for Mental Health launches 'navigator' signposting tool to support the mental health and wellbeing of young people](#)

By Department of Health, 19 June 2025

Minister for Mental Health Mary Butler has launched 'navigator' a signposting tool designed to support the mental health and wellbeing of young people aged 14 to 34 across Ireland. Navigator was launched today in collaboration with spunout, the Department of Health and the Health Service Executive (HSE). The signposting tool, a Programme for Government commitment, was developed by spunout in response to the challenges young people face in accessing mental health support, including stigma, low

mental health literacy, and fragmented access to services. This innovative web-based and mobile-first tool offers anonymous, immediate, and personalised access to mental health information, resources, and services, addressing the gap in the availability of a single, national repository for tailored youth mental health support.

Dept of Health Press Release - [Ministers for Health publish the National Sexual Health Strategy, 2025-2035](#)

By Department of Health, 25 June 2025

The Minister for Health, Jennifer Carroll MacNeill, T.D. and Minister of State for Public Health, Wellbeing and the National Drugs Strategy, Jennifer Murnane O'Connor, T.D. have published the National Sexual Health Strategy, 2025-2035, following Government approval. The strategy contains a number of commitments designed to support positive sexual health for everyone in Ireland, across all stages of life.

Priorities include:

- Expanding capacity and further developing testing and treatment for sexually transmitted infections (STIs), including the home STI testing service.
- Increasing access to contraception by expanding the Free Contraception Service and the Free National Condom Distribution Service.
- Building capacity to meet demand for HIV prevention and treatment including Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) and additional supports for people living with HIV.
- Developing a Model of Care for sexual health services, focusing on prevention; diagnosis, treatment, information and surveillance for STIs and HIV, and on improving geographic equity.
- Improving access to vaccines that support sexual health, such as the Human Papilloma Virus (HPV) vaccine, Hepatitis A and B vaccines.
- Supporting the work of the Justice sector and Cuan in domestic, sexual and gender-based violence (DSGBV) prevention.

Dept of Health Press Release - [Minister for Health Jennifer Carroll MacNeill welcomes the publication of the 'General Practice in Ireland: An Analysis of Supply & Demand'](#)

By Department of Health, 30 June 2025

The Minister for Health Jennifer Carroll MacNeill has today published '[General Practice in Ireland: An Analysis of Supply & Demand](#)' to improve the evidence base for the Strategic Review of General Practice. The Paper was produced by the Irish Government Economic and Evaluation Service (IGEES) at the Department of Health.

Reports



Dept of Health - Path to Universal Healthcare: Sláintecare & Programme for Government 2025+ (14 May 2025)

Sláintecare 2025+ sets out an integrated and whole of system reform programme to be implemented over the period 2025-2027, recognising that some of these reforms will

continue over a longer timeframe. It is an ambitious and multifaceted programme designed to move Ireland towards a universal healthcare service. The overriding goal of Sláintecare 2025+ is to improve health and social care services in Ireland, to optimise patient outcomes and be responsive to their needs.

Sláintecare 2025+ sets out 23 individual Sláintecare Projects and the milestones to be achieved on the path to achieving universal healthcare across three priority areas:


- improving access to health and social care services
- improving service quality for patients and service users
- increasing capacity of the health and social care service

 **Read the Report:** [Path to Universal Healthcare: Sláintecare & Programme for Government 2025+](#)

ERSI - Projections of national demand and workforce requirements for general practice in Ireland, 2023–2040: Based on the Hippocrates model (18 June 2025)

According to the latest Economic and Social Research Institute (ESRI) report, demand for GP consultations in Ireland is projected to rise by at least 23% by 2040.

- Requirements for an additional 943 to 1,211 GPs by 2040 are projected, relative to a 2023 headcount of 3,928 GPs.
- Requirements for an additional 761 to 868 General Practice Nurses by 2040 are projected, relative to a 2023 headcount of 2,288 General Practice Nurses.
- Population growth and ageing will result in a significant increase in the demand for GP services in the coming years.
- This comes in addition to rising demand linked to recent policy reforms, including the introduction of the Chronic Disease Management Programme and an increase in the number of people eligible for a GP visit card.

 **Read the Report:** [Projections of national demand and workforce requirements for general practice in Ireland, 2023–2040: Based on the Hippocrates model | ESRI](#)

HSE-NDTP - Medical Workforce Analysis Report 2024-2025 (2nd June 2025)

This report gives an overview of the NCHD workforce in publicly funded health services as of October 2024 and the consultant workforce in publicly funded health services as of December 2024 and highlights changes in the composition of that workforce over recent years. This report is being published in parallel with the Medical Retention Report 2024 which outlines the flows of doctors through the Irish health system. The number of doctors in postgraduate medical training has been increasing over recent years, guided by specialty level medical workforce planning projections of future demand for consultants/specialists. This year the number of doctors in training (including interns, BSTs, HSTs, IMGs and post-CSCST fellows) was 5,681 which has increased from 5,435 in 2023. In 2024, 42% of NCHDs were in non-training posts. The number of NCHDs in non-training posts continues to expand; between 2023 and 2024, there was an 11% increase.

 **Read the Report:** [medical-workforce-analysis-report-2024-2025.pdf](#)



HSE- NDTP - Medical Recruitment and Retention Report 2024 (2nd June 2025)

This is the second annual Medical Recruitment & Retention Report produced by National Doctors Training & Planning (NDTP). These reports quantify the flows of consultant and non-consultant hospital doctors (NCHDs) predominantly using data from the Doctors Integrated Management E-System (DIME) database. This report allows us to objectively assess the recruitment and retention of doctors at various stages of training and between training and consultant/GP posts.

GPs: In collaboration with the Irish Medical Council (IMC), this report documents the proportion of GP trainees working in general practice in Ireland. From the 2016-2022 cohorts of GP CSCSTs, 95% had retained active registration with the Irish Medical Council in 2023. While some trainees go on to other medical roles, on average 84% of trainees from the above cohorts, reported working as a GP in Ireland in 2023.

Read the Report: [medical-recruitment-retention-report-2024.pdf](#)



Department of Health - National Sexual Health Strategy 2025-2035

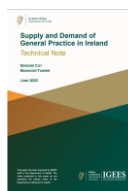
The *National Sexual Health Strategy, 2025 - 2035* is the new strategic framework for the sexual health and wellbeing of the Irish population, launched in June 2025. It succeeds the *National Sexual Health Strategy, 2015-2020*, which was extended during the Covid-19 pandemic. The vision behind both Strategies is that *everyone in Ireland experiences positive sexual health and wellbeing and has access to high quality sexual health information, education and services throughout life*. The life course approach to sexual health acknowledges the importance of developing healthy sexuality throughout childhood and adolescence and builds on that foundation for positive sexual health and wellbeing into adulthood and older age.

The four key goals of the NSHS 2025-2035 are to support:

- **Sexual health promotion and education;** Evidence informed, inclusive and tailored sexual health promotion will be available to all. This will be achieved through the provision of information, education and communications campaigns that support positive sexual health and wellbeing, and the prevention of negative sexual health outcomes across the life-course.
- **Sexual health services;** Equitable, accessible and high-quality sexual health services for the maintenance and improvement of sexual health and prevention of sexual ill-health that are targeted and tailored to need, will be available to everyone.
- 1. **Contraception and unplanned pregnancy;** High quality information and services will be available to all, enabling reproductive choice in relation to contraception and unplanned pregnancy options and supporting those who have experienced domestic, sexual and gender-based violence.
- **Sexual health surveillance, monitoring, evaluation and research;** Robust and high-quality sexual health surveillance, monitoring, evaluation and research will

underpin all aspects of policy, practice, service delivery and planning of sexual health outcomes.

 **Read the Report:** [National Sexual Health Strategy, 2025 – 2035](#)



Department of Health - Supply and Demand of General Practice in Ireland: Technical Note- June 2025 (30th June)

Key Findings

- The poor quality of the data landscape cannot be over-stated – all the data underpinning this analysis, which concerns general practice in 2022, is inherently uncertain and subject to a margin of error. Data is drawn from a wide range of sources including from Primary Care Reimbursement Service (PCRS), Health Service Executive (HSE) Find My GP, general practice websites, the Medical Council, the Nursing and Midwifery Board and Cervical Check. Estimations relative to local populations should be interpreted with caution in major urban areas and WTE estimations are less reliable on a regional basis.
- Nationally, the workforce of General Practitioners (GP) and General Practice Nurses and Midwives (GPNM) provides a reasonable level of coverage in response to current demand. Service usage is due to grow with increasing population requirements. There is good uptake of public contracts. However, there are some areas with clear capacity constraints arising where workforce has not expanded to meet demographic pressures. While some GPs are retiring and leaving the profession, the rate is at an expected level and new recruits will more than replenish these numbers. 500 new GPs would be needed to meet demand under universal access.

We identify six central questions underscoring the evidence requirements for the strategic review of GP services below and use this structure to summarise some of the findings of the analysis.

1. How many general practices and general practice staff are there?

- There were 3,262 clinically active GPs providing standard services in Ireland in mid-2022, the timepoint where our data scraping exercise took place. They were active in 1,451 general practice settings, with this reflecting 2,690 to 2,740 whole-time equivalent GPs - one WTE GP per 1,879 people in the population of Ireland.
- There are approximately 2,200 General Practice Nurses and Midwives (GPNM) in Ireland, which translates to 1,664 WTE GPNM. Across practices, there are 1.5 GPNM on average. The variance in scope of this role could inhibit workforce development and mobility, but there is significant opportunity to develop policy in this area arising from how HSE contracts relate to the work of GPNM.
- Just over 1 in 5 GPs are in single-GP practices and a further 1 in 5 GPs operate from dualGP practices. In areas where single GP practices are common but the population is ageing, general practice nurses and midwives (GPNM) numbers are relatively high, which

may be offsetting high service usage. There are strong health service management, health outcome and economic rationales for general practices structured around multiple GPs.

2. What does retirement and succession planning in general practice look like?

- The age distribution in the GP workforce is normal relative to the national workforce and the age at which GPs enter the workforce.
- Intake to the GP training scheme has increased by 86% since 2015. Accounting for attrition of graduates and the possibly higher productivity of older GPs, by 2030 around 2.2 GP national graduates will have on-boarded relative to each GP who becomes inactive. This means that, after accounting for retirements and resignations, there will be just over 1,000 GPs available to meet increasing population demand and other changes to services.
- Inadequate succession planning for retirement may be a risk to the stable supply of GP services in some areas, with single GP practices making up half of the risk group. However, the HSE appears to be effective in identifying and supporting panels at risk. Still, there remain a few locations where vacancies persist – these arise equally between rural areas and non-city urban areas.
- There is some indication that GPs could be deferring retirement in capacity-constrained areas.
- Young GMS contract-holders often select into areas that neighbour those with capacity constraints. As such, access to a GP may be feasible in many areas that are identified as having low capacity, but may indicate that people living near the boundaries of the geographic areas travel into neighbouring areas for care. Depending on the location of general practices, this might be the closest practice. However, in some cases there could be a larger travel requirement for access.

3. What is the productivity of general practices?

- 13% of GPs work at least 48 hours each week, increasing the overall supply of general practice hours by 4 – 7% through overtime.
- Consultation-load is the most effective way we can consider demand on GPs. WTE GPs have 29 consultations per day on average – increasing slightly to 30 when adjusting for complexity of care. This adjustment reflects that some demographic groups, for example older populations, have longer consultation times and are more likely to require home visits. ▪ East Clare, Wexford, East Galway, East Limerick, northwest Kildare, and East Mayo have high complexity-adjusted consultation levels.
- In consultation terms (acknowledging that the scope for consultations varies between GPs and GPNM), GPNM increase the productivity of general practices by 33%.
- General practices are somewhat responsive to access needs in terms of public opening hours – particularly in multi-GP practices. Multi-GP practices provide the scale to allow for

GP cooperation on covering leave and expanding standard hours that could reduce requirements for out-of-hours services.

- While there is scant evidence that younger GPs are currently taking on shorter patient lists in Ireland (reflecting shorter working hours), the literature indicates that this is the intention for the younger workforce. Based on GP reporting on working hours intentions, we estimate that 1.1 recent graduates are needed to replace the working time of a retiring GP. There is also an opportunity to improve the productivity of the workforce through incentivising and supporting complementary work in non-practice hours such as research, mentoring and supervision, and upskilling/specialisation.

4. What are the characteristics and drivers of public contract uptake?

- Public contract uptake is largely a function of the stage of their career that a GP is in: GPs have fewer contracts when they are entering and leaving their careers.
- In some areas the proportion of GPs with GMS contracts is low relative to the number of public patients. In most areas, but not all, this seems to be an administrative quirk arising from de facto practice contracts masking a greater supply of GPs active in public services.
- Public contract uptake is lower in more economically advantaged areas (and thus where there is likely lower eligibility for means-tested schemes). This is not an issue when universal coverage does not exist but may indicate a set of preferences that could affect largescale eligibility expansion.
- There may be some scope to consider practice-based contracts where that is desirable for the practice and its GPs. This could help achieve better understanding of actual supply while minimising the administrative burden on the practice and PCRS.
- Across the country, but particularly in the west and northwest, some GPs hold multiple panels in multiple locations – likely arising from GPs providing cover in some cases or working across sites in more rural areas. This administration of this practice could inflate recorded headcount GP numbers slightly, and reinforces the importance of recording working hours with contracts.
- Coverage of major schemes such as the modernisation scheme and the under 6 contract is high. However, uptake of contracts related to the maternity and infant scheme, childhood immunisation, and cancer screening are low in these areas suggesting that continuity of supply in terms of GP workforce may affect access to healthcare. Of course, this could reflect practice-based contract uptake. However, together with the incidence of some panels being covered by locums over the long-term, effectively as de facto salaried GPs, the reality of supply in these areas should be considered for continuity of good quality service provision.
- Meath and central Cork have relatively low uptake of the GMS contract despite being areas with relatively higher cardholding populations.

- There are areas where average panel size remains high regardless of assumed contract-sharing: in North Donegal, East Mayo, and South Wexford, there are a high amount of public patients and relatively low number of GPs.

5. Are there capacity constraints within the system, and if so what are the determinants?

- Capacity constraints arise in areas with high levels of population growth and ageing. The GP and GPNM workforce are responsive to these factors, more so for ageing, and there is a lag.
- The general practice workforce is least responsive to demand shocks in two types of area: large urban areas and areas with a high proportion of young children. This may be because these areas are experiencing rapid population growth, characterised by demographics that have high GP requirements for a few years that later levels off.
- In areas with high child populations, medium-term increases in workforce capacity could be useful in offsetting demand shocks.
- In large urban areas, mobility in accessing care is widespread indicating the responsiveness of the population to local area constraints and/or preferences for mobility. As such, GP preference for location in one area over another may not overly impede capacity.
- GPs show preferences in the locations where they establish themselves, for example establishment is negatively correlated with growing levels of disadvantage in an area. However, many newer GPs enter areas with clear capacity constraints, regardless of other preferences. This is likely a result of good cooperation and signalling between the HSE, ICGP, GPs, and other stakeholders. Improving the signalling of areas with increasing capacity constraints, through interoperating mechanisms such as the relatively newly deployed Social Deprivation grant and consistent monitoring of demographic and workforce shifts, may facilitate the smoothing of this transition period.

6. What are the factors that should be considered in forecasting future GP workforce requirements?

- Population growth, as well as ageing populations, can increase service usage in general practice: by 2030, the population of people aged 70+ is expected to grow by 3033% from current estimates.
- In Dublin commuter towns and areas the population is growing rapidly. These regions have high GP requirements, particularly young families require more frequent GP visits.
- In areas with ageing populations, single-GP practices dominate and individual GPs sometimes hold multiple panels across multiple locations. These factors can increase risk to the continuity of care.

- Expansion of eligibility to free GP care will likely lead to induced demand, and universal access would require about 500 extra GPs.
- GPNMs could potentially take on 83 to 100 GPs worth of clinical caseload in women's health. Streamlining and broadening the scope of the GPNM role could increase practice productivity and/or provide a buffer against decreasing GP working hours.
- Future general practice workforce projections are included in the recent ESRI Capacity Review.

 **Read the Report: [Supply and Demand of General Practice in Ireland: Technical Note- June 2025](#)**

EBM round-up

HRB - The Health Research Podcast

As part of the Evidence for Policy theme, the Health Research Board (HRB) is pleased to announce a new podcast series exploring the critical challenge of linking research with real-world decision-making. In the first episode, Dr Claire O'Connell leads a discussion on communicating to influence health policy and behaviour with guests Sara Burke of Trinity College Dublin and Pete Lunn of the ESRI.

 **View [The Health Research Podcast - Podcast - Apple Podcasts](#)**

Irish Articles

1. Doherty AS, Lund LC, Moriarty F, Boland F, Clyne B, Fahey T, Kennelly SP, O'Mahony D, Wallace E. **Prescribing Cascades Among Older Community-Dwelling Adults: Application of Prescription Sequence Symmetry Analysis to a National Database in Ireland.** *Ann Fam Med*. 2025 Jun 10:240383. doi: 10.1370/afm.240383. Epub ahead of print.

Full-text:

<https://www.annfammed.org/content/early/2025/06/05/afm.240383.long>

Abstract: Prescribing cascades occur when one medication is used to treat adverse effects of another medication. Older adults with polypharmacy are at higher risk for this phenomenon. We examined the prevalence, magnitude, and effect modification of 9 prescribing cascades (ThinkCascades) among older community-dwelling adults in a national prescription database.

2. McCarthy C. **Medicines and society: systemic change needed to address overprescribing.** *Br J Gen Pract*. 2025 Jun 26;75(756):325-329. doi: 10.3399/BJGP.2025.0050.

Full-text: <https://bjgp.org/content/75/756/325.long>

Abstract: Overprescribing occurs when medicines are prescribed that are ineffective, have an unfavourable risk-benefit ratio, do not align with patient

preferences, or where a better nonmedical alternative exists. Estimates suggest that up to 10% of medications are overprescribed. Interventions to address overprescribing (and its many synonyms, such as potentially inappropriate prescribing and low-value prescribing) have typically focused on changing healthcare professionals' prescribing behaviours. While these efforts are important and effective, this article argues that systemic changes are also needed to successfully address rising levels of overprescribing.

3. McCarthy C, Moynagh P, Mannion Á, Wei A, Clyne B, Moriarty F. **Effectiveness of interactive dashboards to optimize prescribing in general practice: a systematic review.** *Fam Pract.* 2025 Jun 4;42(4):cmf036. doi: 10.1093/fampra/cmaf036.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12134530/>

Abstract: The World Health Organization's "Medication Without Harm" campaign aims to reduce preventable medication-related harm by 50%. One way to support safe prescribing is by giving prescribers ongoing feedback on their prescribing habits using interactive dashboards. These dashboards provide visual and long-term data to help guide safer and more effective prescribing. This research looked at how interactive dashboards have been used in general practice and whether their use improves prescribing. Researchers systematically searched the published literature and identified 14 relevant studies. Some studies involved randomly assigning doctors or practices to either use the dashboards or continue usual care. Others compared prescribing practices before and after introducing dashboards or looked at practices that used dashboards compared to those that did not. Seven of the studies showed improvements in prescribing, especially when focussed on reducing high-risk prescriptions. The data for three studies that looked at high-risk prescribing involving 160 general practices and 198 135 patients showed that interactive dashboards may reduce the chance of unsafe prescribing by 8.8%. However, this result was not statistically significant, and the difference in results between studies means the true effect remains uncertain. The findings highlight the potential of interactive dashboards to support safer prescribing in general practice, though further research is needed.

4. Tahsin F, Doody P, Clyne B, Kiely B, Moriarty F, Gillespie P, Kenny E, Boland F, Byrne M, O'Connor L, Murphy AW, Smith SM. **Medicines support and social prescribing to address patient priorities in multimorbidity (MIDAS): protocol for a definitive, multi-arm, cluster randomised, controlled trial in Irish general practice.** *BMJ Open.* 2025 Jun 20;15(6):e101315. doi: 10.1136/bmjopen-2025-101315.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12182153/>

Abstract: There is increasing awareness of the impact of living with multiple long-term conditions (referred to as multimorbidity) on patients and health systems. Managing multimorbidity remains a challenge for primary care providers; necessitating tailored interventions that are both clinically and cost effective. In the Irish health system, two pilot trials have demonstrated promising results for patients living with multimorbidity. The first, MultimorbidityY COLlaborative Medication Review And DEcision making (*MyComrade*), involved pharmacists supporting the

management of polypharmacy, and the second, Link MultiMorbidity (*LinkMM*), involved link workers delivering social prescribing. This definitive trial aims to evaluate the clinical and cost effectiveness of both these interventions, as well as conduct a process evaluation.

5. Hassan Ali A, Flood M, Kirke C, Mattsson M, Walsh ME, Wallace E, Corrigan D, Fahey T, Boland F, Moriarty F. **RxTrends: An R-based Shiny Application for Visualising Open Data on Prescribed Medications in Ireland.** *HRB Open Res.* 2025 May 27;8:36. doi: 10.12688/hrbopenres.14080.2. PMID: 40463629; PMCID: PMC12130776.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12130776/>

Abstract: The Health Service Executive (HSE) in Ireland releases monthly reports on prescription dispensing claims and payments relating to community drug schemes. This paper describes the implementation of an R-based Shiny application that facilitates interactive visualisation and analysis of trends in medication prescribing and improves the data's practical value, and presents use cases focused on drug utilisation and medication policy questions. The application provides an interactive interface for stakeholders to visualise and monitor prescribing patterns using data from monthly PCRS reports. The application increases access to and usability of PCRS data for various audiences for whom it may be of interest, including researchers, healthcare professionals, policymakers and the general public.

6. Burton E, Hartigan I, Buckley CM, Kearney PM, Masterson S, Merwick Á, Mc Carthy VJC, Fleming A. **Navigating Acute Stroke: Perspectives from Survivors, Caregivers, and Healthcare Professionals in Ireland During COVID-19: A Qualitative Study.** *J Multidiscip Healthc.* 2025 Jun 19;18:3563-3591. doi: 10.2147/JMDH.S486369.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12184683/>

Abstract: This study examines how the COVID-19 pandemic affected the treatment of acute stroke and transient ischemic attack (TIA) in Ireland. By exploring the experiences of stroke/TIA survivors, caregivers, and healthcare professionals, the study aimed to understand the impact on emergency and pre-treatment phases of stroke care. Between April and August 2023, we interviewed 30 participants: 8 stroke/TIA survivors, 7 caregivers, and 15 healthcare workers (including ambulance staff, nurses, and doctors) who were involved in stroke care during the pandemic. Participants were selected from four hospitals and one ambulance service in Southern Ireland. Data were analyzed to identify common themes and map out patient journeys. Stroke/TIA survivors and their families actively shaped the research throughout the study. Five main themes were developed: Recognition of stroke onset and patient transport to the hospital. Navigation of the hospital-based stroke treatment pathway. The critical role of time in stroke care. Communication challenges and connectivity during COVID-19. Impact of public health measures related to COVID-19. All groups identified these themes, though their perspectives and depth of discussion varied. Patient experiences varied widely, with all participants noting COVID-19's impact on stroke care. In conclusion, although the core stroke care process remained unchanged during the pandemic, patients were less likely to seek care promptly. Delays occurred at all stages of stroke treatment, highlighting the need for a healthcare system that can adapt and recover from challenges. Healthcare professionals should consider ways to address individual's patient needs within the constraints of public health measures.

7. Larkin J, Prendergast C, Murry LT, Flood M, Clyne B, Burke S, Keegan C, Boland F, Fahey T, Persaud N, Kenny RA, Moriarty F. **Modelling the impact of changes to prescription medicine cost-sharing schemes among middle aged and older adults.** *Res Social Adm Pharm.* 2025 May 22:S1551-7411(25)00255-4. doi: 10.1016/j.sapharm.2025.05.012. Epub ahead of print.
Full-text: <https://www.sciencedirect.com/science/article/pii/S1551741125002554?via%3Dihub>
Abstract: To assess impacts of government changes to prescription medicine co-payments on individuals' out-of-pocket expenditure. Co-payment changes led to average savings of €62 for GMS-eligible participants and €174 for DPS-eligible participants. Although absolute savings were smaller for GMS participants, as the scheme is primarily for low-income populations and the relative expenditure reduction was greater for GMS- than DPS-eligible participants, these savings were likely more impactful for GMS-eligible participants. Further reductions in monthly caps and co-payment charges, particularly for low-income populations, warrant consideration.
8. Ee CC, Al-Kanini I, Armour M, Piya MK, McMorrow R, Rao VS, Naidoo D, Metzendorf MI, Kroeger CM, Sabag A. **Mindfulness-based interventions for adults with type 2 diabetes mellitus: A systematic review and meta-analysis.** *Integr Med Res.* 2025 Jun;14(2):101138. doi: 10.1016/j.imr.2025.101138. Epub 2025 Mar 20.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12084514/>
Abstract: Type 2 diabetes mellitus (T2DM) can lead to macro- and microvascular complications. Mindfulness-based interventions (MBIs) may improve metabolic and psychological health in individuals with T2DM. We aimed to assess the efficacy of MBIs for management of T2DM. MBIs may have clinical benefits (particularly psychological) for adults with T2DM, but lack of certainty in the evidence precludes clinical recommendations.
9. Egan A, Hayes P, O'Regan A. **What motivates general practitioners of the future: qualitative study of Irish trainees.** *BMC Prim Care.* 2025 May 20;26(1):176. doi: 10.1186/s12875-025-02883-1.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12090685/>
Abstract: There is a worldwide shortage of general practitioners (GPs). The aim of this study is to explore the perspectives of GP trainees and to understand their motivators and career priorities to inform future GP workforce planning. Understanding priorities and motivators of GP trainees will inform future healthcare planning, in particular, the type of role to which trainees aspire and the type of health service they in which they will work.

Research Articles

1. Sharma R, Brandse SK, Riffle TL. **Collaborative quality improvement initiative to enhance adult asthma management.** *BMJ Open Qual.* 2025 May 26;14(2):e003265. doi: 10.1136/bmjopen-2024-003265.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12107583/>

Abstract: Adult asthma is a prevalent chronic condition that is suboptimally managed in primary care settings. This quality improvement project led to measurable improvements in asthma care, highlighting the effectiveness of a structured intervention in the primary care setting.

2. Hilton A, Jerjes W. **"Walking a Day in My Shoes": A Clinical Shadowing Program to Enhance Medical Students' Understanding of Chronic Disease Management Beyond Clinical Settings.** *Clin Pract.* 2025 May 13;15(5):94. doi: 10.3390/clinpract15050094.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12109920/>

Abstract: Medical education is largely clinical and biomedical with little emphasis being put upon the social determinants of health (SDH) and patient-centredness. A programme entitled "Walking a Day in My Shoes" was devised as a pilot cohort study with the view of evaluating the impact of a clinical shadowing experience upon the empathy, SDH awareness, and patient-centredness of medical students. This pilot cohort study demonstrated the significant enhancement of the students' empathy, perception of SDH, and patient-centredness preparation through immersive shadowing. The findings support the use of experiential learning programmes as curricular interventions.

3. Coope C, Baker D, Lippiett KA, Moulton A, Scott LJ, et al. **Impact of a comprehensive review template on personalised care in general practice for patients with multiple long-term conditions: a mixed-methods evaluation.** *BJGP Open.* 2025 May 28;BJGPO.2025.0022. doi: 10.3399/BJGPO.2025.0022. Epub ahead of print.

Full-text:

<https://bjgpopen.org/content/early/2025/05/27/BJGPO.2025.0022.long>

Abstract: Primary care is in urgent need of more effective and efficient ways of managing the care of people living with multiple long-term conditions (multimorbidity). Personalised care organised around an individual's needs and conditions, taking account of individual context and priorities and supporting self-management, may offer an improved approach. Use of the multimorbidity template needs to be supported by staff training, adequate practice capacity, support for system reorganisation, and attention to incentives to facilitate its benefits.

4. Moola Z, Bull S, Okantey N, Brown M, Edleston V, et al. **A Scoping Review of Programs of Active Arts Engagement in International Medical Curricula.** *Perspect Med Educ.* 2025 May 19;14(1):296-308. doi: 10.5334/pme.1506.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12101118/>

Abstract: Arts and humanities are often positioned as 'additive' to medical education, rather than 'intrinsic'. They are also used to teach skills and perspective-taking more than utilising their transformative potential to propel personal insight and social advocacy. There is, therefore, a need for more meaningful and strategic integration of the arts in medical curricula. Existing reviews combine *active* and *receptive arts* engagement, although these methods represent different magnitudes of engagement. Studies of active arts engagement are disproportionately low compared to receptive engagement, signaling missed opportunities to leverage the benefits of the

arts. Most studies were conducted in high-income countries, illuminating that lower-income countries do not have a strong voice in the knowledge exchange. To avoid devaluing the arts in medical curricula, we suggest that medical educators: a) direct attention to creative opportunities to engage students with social advocacy; b) collaborate with arts/humanities professionals and international medical educators; c) consider more meaningful and strategic integrations of active arts engagement into medical curricula, approaching them with the same rigor as other medical education programs to maximise their pedagogical potential.

5. Dayan A, Unal E, Tural E. **Impact of general practitioners and specialists on mortality: a longitudinal study.** *BMC Health Serv Res.* 2025 Jun 2;25(1):785. doi: 10.1186/s12913-025-12919-y.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12128328/>
Abstract: Evaluating health outcomes is essential for identifying health-related needs; ensuring an adequate number of physicians, their specialties, and their distribution; and formulating new health policies. The causes of death are significant health outcomes. Moreover, there is a strong correlation between a region's developmental level and cause-specific deaths. This study analysed data from Turkey between 2010 and 2014 to explore the relationship between the number of cases of cause-specific mortality in individuals aged 45 years and older, infant mortality rates (IMR) and total mortality rates in the 15-44 years age group and the availability of general practitioners (GPs) and specialists, aiming to understand the impact of physician numbers on mortality rates. The number of GPs significantly impacts the reduction in the number of deaths from chronic diseases and IMR. Strengthening primary care services by increasing the number of GPs who can reach a wider population effectively and cost-efficiently will be a key factor in improving public health.
6. Goupil R, Tsuyuki RT, Santesso N, Terenzi KA, Habert J, Cheng G, ET AL. **Hypertension Canada guideline for the diagnosis and treatment of hypertension in adults in primary care.** *Can Pharm J (Ott).* 2025 May 27;17151635251343907. doi: 10.1177/17151635251343907. Epub ahead of print.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12116478/>
Abstract: Canada has historically been among the world leaders in hypertension care, but hypertension treatment and control rates have regressed in recent years. This guideline is intended to provide pragmatic primary care-focused recommendations to improve hypertension management in adults at the population level. The 9 recommendations for managing hypertension in adults are grouped under the categories of diagnosis and treatment. Diagnostic recommendations include a standardized approach to measuring blood pressure (BP) and confirming hypertension, as well as providing a uniform definition for hypertension of BP $\geq 130/80$ mmHg. Treatment recommendations include targeting a systolic BP <130 mmHg, implementing healthy lifestyle changes, and providing stepwise guidance on optimal medication choices for patients requiring pharmacotherapy. Our aim is to enhance the standard of hypertension care in the Canadian primary care setting. Accurate diagnosis and optimal treatment of hypertension can reduce adverse cardiovascular

events and risk of death.

7. Wilson HH, Kanck J. **Medicines used in the treatment of opioid dependence.** *Aust Prescr.* 2025 Jun;48(3):98-105. doi: 10.18773/austprescr.2025.028.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12187472/>
Abstract: Opioid dependence is a chronic condition that can lead to significant harm if left untreated. People who experience opioid dependence and the treatments themselves are highly stigmatised. Person-centred trauma-informed services are critical to therapeutic engagement and effectiveness. Buprenorphine and methadone are highly effective, evidence-based medicines for opioid dependence. In recent years, long-acting injectable buprenorphine has emerged as a safe and effective treatment option, offering flexible weekly or monthly dosing. The long-term treatment of opioid dependence can be undertaken in primary care settings. General practitioner and nurse practitioner prescribing, and community pharmacist dispensing, are essential for ongoing care. Australian jurisdictions have differing regulations that guide the prescribing of medicines for opioid dependence. Health professionals should be familiar with their local jurisdiction's guidelines as well as the national guidelines. Drug and alcohol telephone services are available in each jurisdiction and can provide advice to health professionals.
8. GBD 2023 Vaccine Coverage Collaborators. **Global, regional, and national trends in routine childhood vaccination coverage from 1980 to 2023 with forecasts to 2030: a systematic analysis for the Global Burden of Disease Study 2023.** *Lancet.* 2025 Jun 24:S0140-6736(25)01037-2. doi: 10.1016/S0140-6736(25)01037-2. Epub ahead of print..
Full-text: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01037-2/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01037-2/abstract)
Abstract: Since its inception in 1974, the Essential Programme on Immunization (EPI) has achieved remarkable success, averting the deaths of an estimated 154 million children worldwide through routine childhood vaccination. However, more recent decades have seen persistent coverage inequities and stagnating progress, which have been further amplified by the COVID-19 pandemic. In 2019, WHO set ambitious goals for improving vaccine coverage globally through the Immunization Agenda 2030 (IA2030). Now halfway through the decade, understanding past and recent coverage trends can help inform and reorient strategies for approaching these aims in the next 5 years. Our estimates of current vaccine coverage and forecasts to 2030 suggest that achieving IA2030 targets, such as halving zero-dose children compared with 2019 levels and reaching 90% global coverage for life-course vaccines DTP3, PCV3, and MCV2, will require accelerated progress. Substantial increases in coverage are necessary in many countries and territories, with those in sub-Saharan Africa and south Asia facing the greatest challenges. Recent declines will need to be reversed to restore previous coverage levels in Latin America and the Caribbean, especially for DTP1, DTP3, and Pol3. These findings underscore the crucial need for targeted, equitable immunisation strategies. Strengthening primary health-care systems, addressing vaccine misinformation and hesitancy, and adapting to local contexts are essential to advancing coverage. COVID-19

pandemic recovery efforts, such as WHO's Big Catch-Up, as well as efforts to bolster routine services must prioritise reaching marginalised populations and target subnational geographies to regain lost ground and achieve global immunisation goals.

9. GBD 2019 Acute and Chronic Care Collaborators. **Characterising acute and chronic care needs: insights from the Global Burden of Disease Study 2019.** *Nat Commun.* 2025 May 7;16(1):4235. doi: 10.1038/s41467-025-56910-x.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12059133/>

Abstract: Chronic care manages long-term, progressive conditions, while acute care addresses short-term conditions. Chronic conditions increasingly strain health systems, which are often unprepared for these demands. This study examines the burden of conditions requiring acute versus chronic care, including sequelae. Conditions and sequelae from the Global Burden of Diseases Study 2019 were classified into acute or chronic care categories. Data were analysed by age, sex, and socio-demographic index, presenting total numbers and contributions to burden metrics such as Disability-Adjusted Life Years (DALYs), Years Lived with Disability (YLD), and Years of Life Lost (YLL). Approximately 68% of DALYs were attributed to chronic care, while 27% were due to acute care. Chronic care needs increased with age, representing 86% of YLDs and 71% of YLLs, and accounting for 93% of YLDs from sequelae. These findings highlight that chronic care needs far exceed acute care needs globally, necessitating health systems to adapt accordingly.

10. Ross S, Pinto-Sander N, Iwuji C. **Diagnosis and management of gonorrhoea.** *BMJ.* 2025 May 19;389:e084789. doi: 10.1136/bmj-2025-084789.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/389/bmj-2025-084789>

What you need to know

- Increasing incidence of gonorrhoea is likely to lead to more complicated and systemic presentations such as pelvic inflammatory disease, septic arthritis, and neonatal infection
- Increasing antimicrobial resistance is limiting treatment options for gonorrhoea, and management of suspected and confirmed cases must seek to minimise the development of further resistance. Gaining specimens for culture and sensitivity to guide treatment and monitor resistance patterns prior to treatment is crucial
- Gonorrhoea disproportionately affects marginalised groups, such as men who have sex with men and some ethnic minorities, and control will not be achieved without dismantling systemic barriers to good sexual health

11. Deshpande S, Ross S, Rajesh S, Kallioinen M; guideline committee and the technical team. **Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years- summary of new NICE guidance.** *BMJ.* 2025 Jun 26;389:r954. doi: 10.1136/bmj.r954.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/389/bmj.r954>

What you need to know

- All healthcare practitioners have a role in improving uptake of vitamin supplements before and during pregnancy, during breastfeeding, and early childhood; supporting breastfeeding and/or safe and appropriate formula feeding; and timely and appropriate introduction of solids
- Exclusive breastfeeding for six months and continued breastfeeding thereafter is recommended, and advice on infant feeding should be evidence based and non-commercial
- Optimal weight gain in pregnancy is uncertain and routine monitoring of weight in pregnancy is not recommended, unless there is a clinical indication such as gestational diabetes or hyperemesis gravidarum, and the focus should be on starting or maintaining healthy eating and physical activity

12. Akter N, Lyratzopoulos G, Swann R, Rubin G, McPhail S, Rafiq M, Aminu A, Zakkak N, Abel G. **Variation in the use of primary care-led investigations prior to a cancer diagnosis: analysis of the National Cancer Diagnosis Audit.** *BMJ Qual Saf.* 2025 May 19;34(6):367-376. doi: 10.1136/bmjqs-2024-017264.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12171502/>

Abstract: Use of investigations can help support the diagnostic process of patients with cancer in primary care, but the size of variation between patient group and between practices is unclear. There is very large variation between practices in use of investigation in patients with cancer as part of the diagnostic process. It is conceivable that the diagnostic process can be improved if investigation use was to be increased in lower use practices, although it is also possible that there is overtesting in practices with very high use of investigations, and in fact both undertesting and overtesting may co-exist.

13. Sanchis MJ, Guilabert M, Parker LA, Caballero-Romeu JP, Chilet-Rosell E, et al. **Perspectives of clinicians and screening candidates on shared decision-making in prostate cancer screening with the prostate-specific antigen (PSA) test: a qualitative study (PROSHADE study).** *BMJ Evid Based Med.* 2025 May 20;30(3):163-172. doi: 10.1136/bmjebm-2024-113113.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12171405/>

Abstract: The objective of this study is to analyse the perspectives of screening candidates and healthcare professionals on shared decision-making (SDM) in prostate cancer (PCa) screening using the prostate-specific antigen (PSA) test. While patients expect comprehensive information, primarily based on practice to achieve empowerment, healthcare professionals face obstacles such as limited time and insufficient coordination between primary care and urology. All stakeholders agree on the importance of evidence-based tools to reinforce effective SDM and enhance collaboration across urologists and primary care in the context of PSA testing.

14. Leaver L. **Medical management of ADHD in adults: part 2.** *Drug Ther Bull.* 2025 Jun 3;63(6):85-93. doi: 10.1136/dtb.2025.000019.
Full-text: <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/63/6/85>
Abstract: Methylphenidate and lisdexamfetamine are recommended as first-line pharmacological treatment options for adults with attention deficit hyperactivity disorder (ADHD). Formulations of methylphenidate can generally be classified into three groups according to their duration of action: one group lasts 12 hours, another group lasts 8 hours and the immediate-release group lasts 3-4 hours. Patients are usually able to substitute brands with one of the equivalent release profiles without significant problems. Lisdexamfetamine is a prodrug which has a slow onset and long duration (approximately 12 hours), ensuring minimal potential for abuse compared with its active metabolite dexamfetamine. Second-line treatments such as atomoxetine are also available for those who cannot tolerate or do not respond to methylphenidate or lisdexamfetamine. In the UK, ADHD has been previously managed largely in tertiary clinics, but many cases could be managed by appropriately trained clinicians in secondary or primary care (as already happens in some countries), with great benefit for patients and job satisfaction for clinicians.
15. Ali A. **Grief in the consultation room: Alma, my daughter, and the hidden curriculum of loss.** *Br J Gen Pract.* 2025 May 29;75(755):275. doi: 10.3399/bjgp25X742617.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12117633/>
16. Hastings C, Finnikin S, Treadwell J, Tarrant C, Armstrong N. **Navigating 'not doing' in primary care: could more explicit guidelines on record keeping help to ease clinician anxiety?** *Br J Gen Pract.* 2025 May 29;75(755):277-279. doi: 10.3399/bjgp25X742629.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12117624/>
Abstract: Electronic health records (EHRs) serve several key purposes: they remind healthcare professionals (HCPs) of consultation details, support continuity of care by sharing information, and provide evidence of care quality or potential deficiencies should clinical practice be scrutinised.¹ As primary care (PC) professionals develop record-keeping skills, they may be influenced by preregistration training, advice from peers and mentors, observing others' record entries, audit feedback, and published guidelines. Given the various ways these skills are acquired and the lack of a widely adopted gold standard, documentation practices differ across UK PC. This inconsistency may complicate record interpretation for multidisciplinary healthcare teams (MDTs), complaint investigators, and patients who view them.
17. Noden S, Abid K, Obuaya C, Yarger N. **A guide for primary care clinicians managing ADHD medication side effects.** *Br J Gen Pract.* 2025 May 29;75(755):285-286. doi: 10.3399/bjgp25X742653.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12117635/>
Abstract: Over the past two decades, adult attention deficit hyperactivity disorder (ADHD) diagnoses in the UK have soared, reflecting both heightened awareness and recognition of ADHD as a lifelong condition. Appropriate treatment, often involving stimulant medication, can

be transformative for patients, improving concentration, regulating emotions, and making daily life more manageable. Evidence suggests that effective ADHD management can lower all-cause mortality and reduce the incidence of accidental injuries, traumatic brain injury, substance misuse, and cigarette smoking. It may also help mitigate risks such as educational underachievement, depression, suicide, and criminal activity. These elevated risks underscore the importance of treating ADHD.

18. Rieken J, Hötter D, Strumann C, Kötter T, Steinhäuser J. **Breaking the chains in plato's cave: acute care in general practice.** *BMC Prim Care.* 2025 Jun 9;26(1):198. doi: 10.1186/s12875-025-02901-2.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12147272/>
Abstract: It is known that Emergency Departments (EDs) handle lower patient loads during periods when general practitioners (GPs) are on service. However, the acute cases managed by GPs are not well described yet. This study aims to assess acute medical cases presented at GP's offices. Motivations and expectations of a visit to a GP practice were diverse but comprehensible. An additional way to address the fears and uncertainties that send patients to the doctor could be through telemedicine offerings and educational initiatives, potentially starting as early as school age.
19. Yousefi F, Dehnavieh R, Laberge M, Gagnon MP, Ghaemi MM, Nadali M, Azizi N. **Opportunities, challenges, and requirements for Artificial Intelligence (AI) implementation in Primary Health Care (PHC): a systematic review.** *BMC Prim Care.* 2025 Jun 9;26(1):196. doi: 10.1186/s12875-025-02785-2.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12147259/>
Abstract: Artificial Intelligence (AI) has significantly reshaped Primary Health Care (PHC), offering various possibilities and complexities across all functional dimensions. The objective is to review and synthesize available evidence on the opportunities, challenges, and requirements of AI implementation in PHC based on the Primary Care Evaluation Tool (PCET). Successful AI integration in PHC requires a coordinated, multidimensional approach, with stewardship, resource generation, and financing playing key roles in enabling service delivery. Addressing existing knowledge gaps, examining interactions among these dimensions, and fostering a collaborative approach in developing AI solutions among stakeholders are essential steps toward achieving an equitable and efficient AI-driven PHC system.
20. Prior A, Vestergaard CH, Utoft NB, Vedsted P, Smith SM, Vestergaard M, Fenger-Grøn M. **Chronic care provision in general practices and association with patient level outcomes: a nationwide cohort study.** *BMC Med.* 2025 Jul 7;23(1):403. doi: 10.1186/s12916-025-04239-z.
Full-text: <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-025-04239-z>
Abstract: General practice provides long-term care for most people living with long-term conditions, but the impact of generic chronic care provision on patient outcomes has not been examined on a national level. We aimed to investigate whether the provision of chronic care services in general

practice is associated with potentially inappropriate medications (PIMs) and potentially preventable hospitalisations in listed patients. Patients experienced fewer potentially inappropriate medications and potentially preventable hospitalisations if listed at a general practice with high chronic care provision, regardless of other practice characteristics.

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