Irish College of General Practitioners

"Finding a Future Path"

Career Intentions of GP Trainees and Recent GP Graduates - Report of the 2019 Survey

Authors

Dr Claire Collins

Dr Karena Hanley

Mr Conor Hammersley

Ms Gillian Doran

Mr Fintan Foy

September 2019

"Finding a Future Path"

Career Intentions of GP Trainees and Recent GP Graduates

Report of the 2019 Survey

AUTHORS

Dr Claire Collins

Dr Karena Hanley

Mr Conor Hammersley

Ms Gillian Doran

Mr Fintan Foy

September 2019

Table of Contents

Summary

Ireland has a population that is both growing and ageing rapidly.[1] By 2031, it is expected that the population in the 85+ years cohort will have increased by 97%, while the 65+ years population will have increased by 59%. These older groups within the population tend to have more complex care needs.[2] Sláintecare's vision is that all citizens will have universal access to healthcare, in both the acute and community settings. This will require an expansion of health services, particularly in primary care. General practice plays a central coordinating clinical role in the primary care setting.[3] Hence, it is expected that the demand for general practitioners (GPs) will greatly increase in the coming years. In this context, the availability of GPs is important but so too is having an understanding of their career expectations and intentions. The focus of this report is on the current status of recent graduates and career intentions of GP trainees and recent graduates. This 2019 survey aimed to provide further insight into workforce capacity, capabilities and retention initiatives to cope with the increased demands on GPs. The online survey was sent to all GP trainees and recent GP graduates (from 2014 to 2018) and was completed by 185 trainees and 176 recent graduates, which gives a response rate of 25.9% and 23.3% respectively.

Key Findings

- 35.1% of current GP trainees are considering emigration.
- The proportion of GP trainees who are considering emigration has risen by 5.1% since the previous report from 2017.
- 9.7% of recent graduates are already abroad.
- The number of recent graduates abroad has declined since the previous report (18.1% in 2017).
- Quality of life and concerns regarding the viability of general practice were cited as reasons for emigration by both trainees and recent graduates.
- Only 26.9% of recent graduates and 31.2% of trainees stated that they find the traditional responsibilities of a practice principal/partner attractive.
- Two-thirds of recent graduates see themselves working less than eight sessions (four days) in five years' time
- Almost 15% of recent graduates would like a portfolio career.
- Recent graduates report spending on average almost three hours per day on administrative tasks.
- At least three-quarters of both trainees and recent graduates are willing to deliver chronic disease management if resourced
- Young GPs recognise the importance of the ICGP in the evolution of the role of general practice particularly in relation to health policy, IT developments, manpower planning (including general practice training) and resources for team training.

We acknowledge potential limitations due to the low response rate to surveys generally with the potential for response bias. Nonetheless, this survey has been conducted over several time points since 2014, and it provides important data on GP emigration and career intentions in Ireland. The findings are consistent with similar studies published internationally in a variety of contexts. The results add to the evidence highlighting the importance of addressing GP retention and clearly indicate that general practice needs attention if the reforms envisaged in Sláintecare are to be realised. We must recognise and respond to the evolving expectations of our new generation of GPs. This report strengthens the role of the ICGP to persuade health policy makers to improve infrastructural support of Irish General Practice

Introduction

The Department of Health (DoH) policy, Sláintecare, suggests that primary care will, over the next 10 years, increase its role as a cornerstone of the Health Service.[2] GPs are the recognised co-ordinators of medical care in Irish primary care.[3] Internationally, countries have focused health reform around robust primary care services as a means of providing more appropriate and financially sustainable care to their populations.[4,5] Ireland, however, still retains a hospital orientated healthcare system.[3]

"*We need a very substantial transitional investment… to move from the overly hospital-centric system we have now towards a community primary care GP based system...*" - Tony O'Brien, HSE.[3]

Services across all areas of our health system are stretched – hospital occupancy rates are at potentially unsafe levels of 95%–100%.[2] This increases the urgency of reform, however, the effective shift to community-based healthcare is dependent on sufficient manpower. The Sláintecare implementation strategy envisages that referral to an acute hospital will only occur for episodes requiring specific specialist intervention.[2] General practice capacity is at the heart of the Sláintecare vision. This report identifies the career intentions of GP trainees and recent graduates and hence will inform workforce planning.

Ireland's demographic profile has changed; premature mortality has declined, but there is a greater prevalence of chronic conditions.[6] The number of chronic conditions increases with age;[7] some 60% of those aged over 50 report having at least one chronic condition,[7,8,9] and our population is rapidly ageing. There is increased healthcare utilisation with every extra condition in a patient with chronic conditions both in primary care and secondary care. Primary care is the ideal place to manage chronic conditions, if resourced, due to the advantage of access, continuity of care and the patient-centred and holistic generalist approach that it offers.[10] Chronic conditions are better managed by a medical generalist,[4] and plans are that this will be in the community.[11] However, at present hospitals represent the first port of call for many.[2]

Recent reports suggest that the quality of clinical learning was most highly rated by trainees in GP sites and mental health training sites as opposed to hospital training sites.[12] This would suggest that GP trainees are exposed to good learning environments which help shape training developments and improvements in practice.[12] However, the role of the GP may be becoming more difficult. The increasing complexity of general practice now means that graduating GPs must deal with on average 60 problems presented by patients in consultations (many patients present with more than one problem) every day.[13] In Ireland, 89.7% of consultations are dealt with by the GP, 3.4% are referred within the primary care team and 6.7% are referred elsewhere.[14] Hobbs et al and Thompson et al have shown that the overall workload of the GP in the UK has increased by 16% between 2007 and 2014, and the Irish situation is likely to be similar.[15] In this period, the number of GP consultations by telephone in the UK has doubled.[15] Also, the amount of paperwork which is generated by clinical and other work has increased significantly.[15] Previous research reports show that 87% of GPs spend between three and nine hours per week on paperwork with 14% spending over nine hours per week on paperwork.[16]

Consistent with global trends,[17] Ireland has a shortfall of trained family doctors. An estimated breakdown of the consultant and specialist workforce in Ireland showed that 37% of GPs in Ireland are over the age of 55.[18] Concern about the financial viability of general practice in Ireland may affect the intention to remain and practice in Ireland.[19,20] In previous work, we have shown that 18.1% of recent graduates from GP training had already emigrated and 30% of GP trainees were considering emigration.[19,20] With the outlined expansion of healthcare services in the community and particularly in general practice, we aim to provide current data on the GP career intentions of GP trainees and recent graduates.

Aims and Objectives

The aim of the 2019 surveys, which inform this report, was to provide data regarding the professional plans of GP trainees and recent graduates (within five years of graduation) and on the current status of these recent graduates.

Within this, the specific objectives of the survey were:

- To establish the career aspirations of both groups both 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 a set list 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.

Methodology

The career intentions survey was emailed in March 2019, to 715 GP trainees and 753 recent GP graduates (from 2014 to 2018), followed by a reminder sent one week later.

The survey was completed by 185 trainees and 176 recent graduates, which gives a response rate of 25.9% for trainees and 23.3% for recent graduates. The response rate is marginally lower in comparison with previous career intention surveys[19,20,21] but is consistent with a downward trend in response rates noted over time.

Results

GP Trainees

The demographics of the respondents are shown below in Table 1.

The majority of the respondents were female (64.3%, n=119), in the age range of 25-34 (78.8%, n=145), married or with a partner (74.3%, n=136) and without children (76.6%, n=141).

Table 1: Profile of GP trainee respondents

	%	n
Gender		
Male	35.7	66
Female	64.3	119
	Age	
25-29	29.9	55
30-34	48.9	90
35-39	15.2	28
40-44	3.8	7
45+	2.2	4
Relationship status		
Single	25.7	47
Married or with Partner	74.3	136
Children		
Yes	23.4	43
No	76.6	141

According to the survey, the majority (62.5%, n=115) entered medicine via direct entry while the remaining 37.5% (n=69) entered medicine as a graduate.

Participants were asked if they had undertaken work in a hospital setting post-internship and prior to undertaking their GP training. Nearly half (48.4%, n=89) of respondents reported that they had worked in this way in a hospital setting in Ireland before starting their GP training and one fifth (20%, n=37) had worked abroad in a hospital setting before starting their GP training (Figure 1).

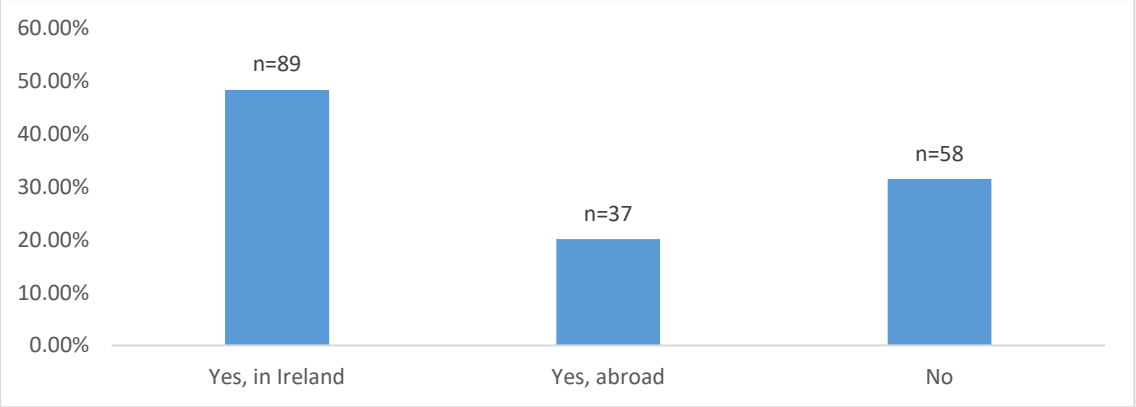

Figure 1: Participants who worked in a hospital setting (post-internship) before undertaking GP training:

Concerning those who worked in a hospital setting prior to GP training, 2.6 years was the mean number reported for working in this environment before starting GP training (Figure 2).

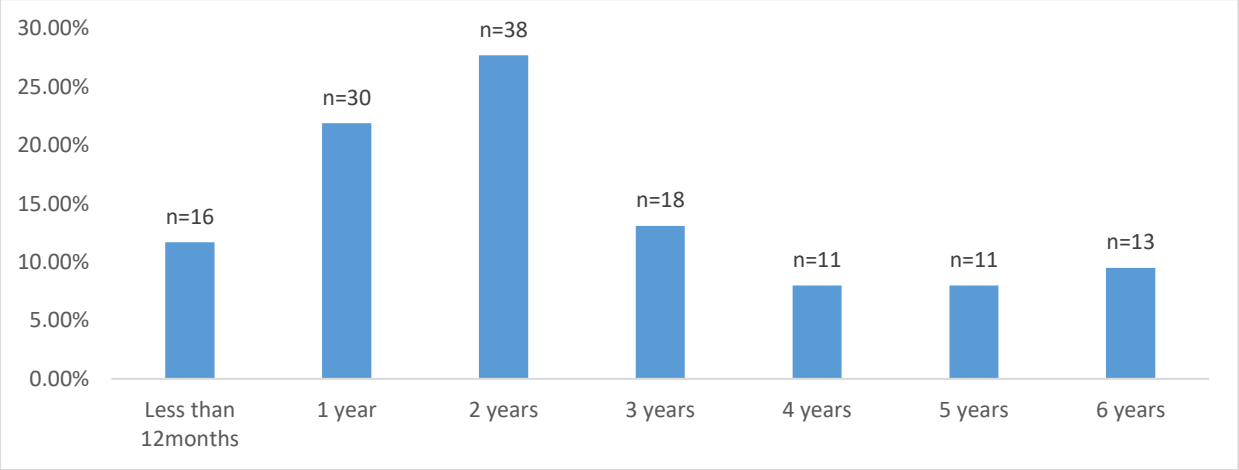

Figure 2: Number of years participants worked in a hospital setting before starting GP training

Almost half of the respondents do not plan to emigrate (42.7%, n=79), in comparison with 15.1% (n=28), who definitely plan to do so (Table 2). Of those who definitely or possibly plan to emigrate, 23.4% (n=15) of participants expressed that they would permanently leave Ireland. Of those who do plan to emigrate, 31.3% (n=20) would stay abroad for less than two years. The most common reasons for emigration are found to be 'Quality of life' (29.7%, n=19) and 'Concerns regarding the viability of general practice' (26.7%, n=17) (Figure 3). These participants highlighted that the main factors which would encourage them to stay are better financial support and working conditions. The survey revealed that the decision to emigrate was not significantly related to gender, age or relationship status. However, it was found that participants with children were twice as likely to stay in Ireland, in comparison to those without children (p = 0.03).

Table 2: Emigration Plans

	%	n
Plan to Emigrate		
Yes, definitely	15.1	28
Yes, possibly	20.0	37
Undecided	22.1	41
No	42.7	79
Timeframe abroad if definitely or possibly plan to emigrate		
< 1 year	0.0	0
1 years	9.1	6
2 years	21.2	14
3 years	7.6	5
4 years	1.5	1
5 years	4.5	3
6 years +	3.0	2
Permanently	22.7	15
Unknown	33.3	22

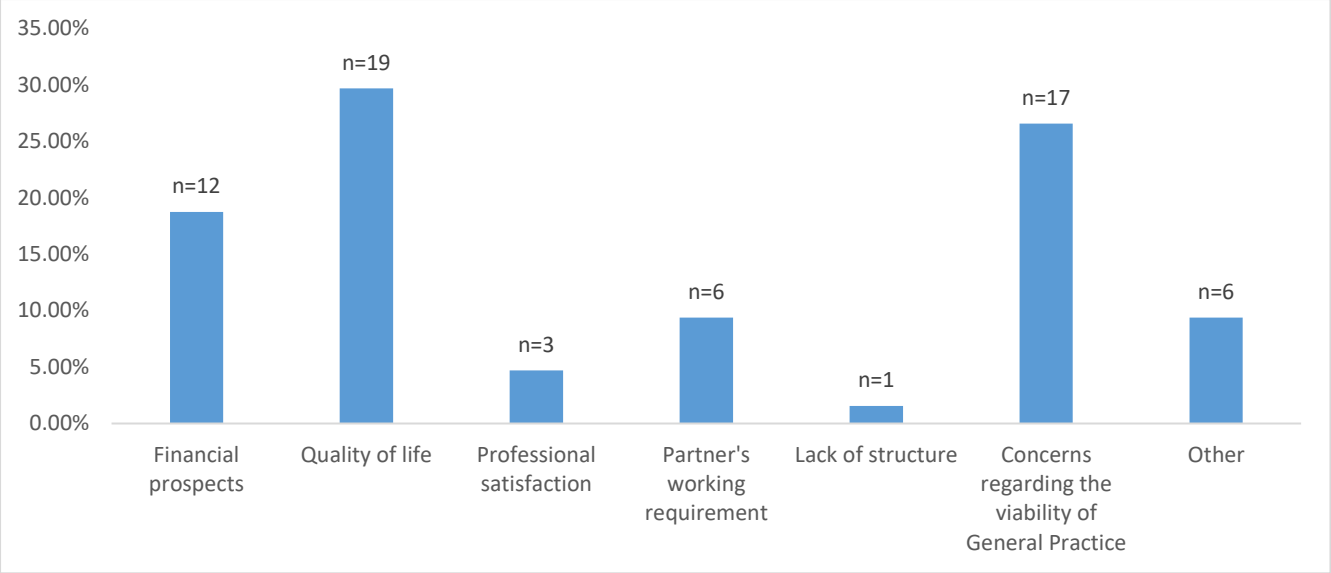

Figure 3: Reasons for emigration

Of the participants who plan to stay in Ireland, just over half (53.2%, n=42) expressed that they plan to stay in the same area where their GP training was conducted.

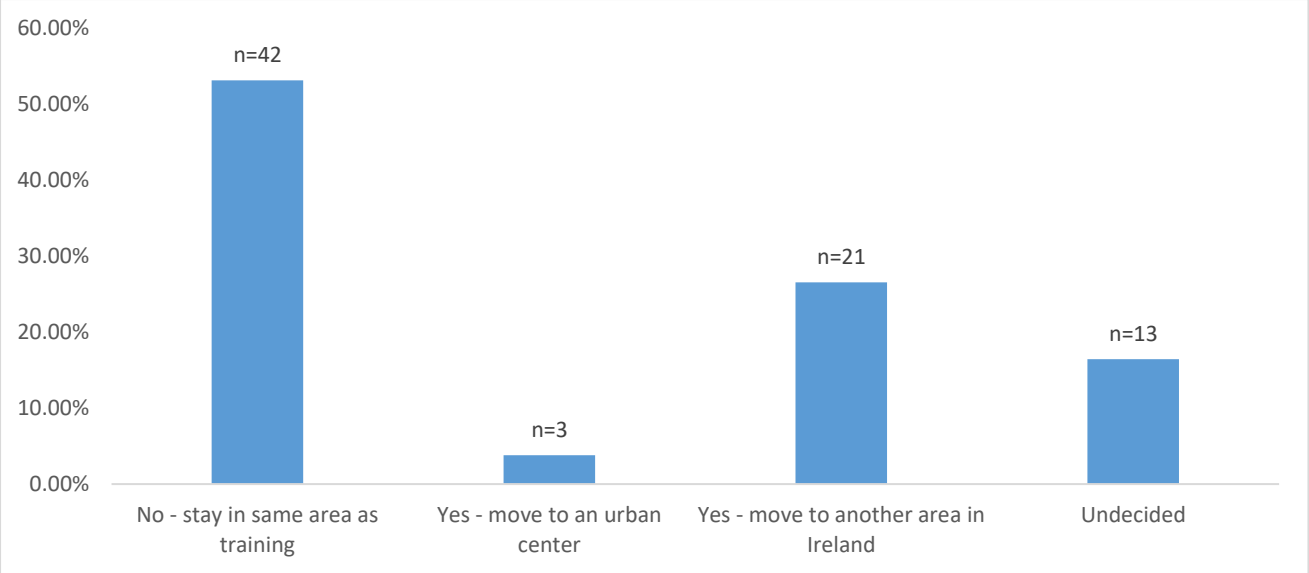

Figure 4: Location of respondents post-training

Five years after training, the majority of respondents expected to be in practice in a range of roles including GP principal (25.2%, n=43), salaried partner (18.2%, n=31) or regular/locum sessional GP (14.6%, n= 25). After 10 years, almost 60% saw themselves in GP principal/salaried partner positions.

Table 3: Expected position five and ten years post-training

	% (n)	% (n)
	5 years post training	10 years post-training
GP Principal	25.2 (43)	43.0 (73)
Salaried Partner	18.2 (31)	16.5 (28)
Full-time or Part-time Assistant	18.4 (32)	7.7 (13)
Sessional/Locum GP	14.6 (25)	3.5 (6)
Combined clinical/academic general practice	11.8 (20)	13.5 (23)
Academic general practice	0.59 (1)	0.6 (1)
Combined clinical/general practice training role (PD/APD)	3.5 (6)	7.1 (12)
Not working in general practice in any capacity	4.1 (7)	5.9 (10)
Other	2.3 (4)	2.3 (4)

In terms of the number of clinical sessions trainees envisage working in the future, the survey revealed that 55.9% (n=94) of participants expect to be working 5-7 clinical sessions per week, while 35.1% (n=59) envisage themselves working 8-10 clinical sessions per week five years post-training.

Table 4: Number of clinical sessions per week trainees envisage five years post-training

	% (n)
	5 years post-training
None	3.0 (5)
1-4	6.0 (10)
5-7	55.9 (94)
8-10	35.1 (59)

Most participants would see themselves living in Ireland, five (58.8%, n=100) or ten (63.9%, n=108) years post-training. Only 19.4% (n=33) thought they might emigrate after five and 8.3% (n=14) ten years post-training. One-quarter of participants were unsure about their future location, either after five or ten years (Figure 5).

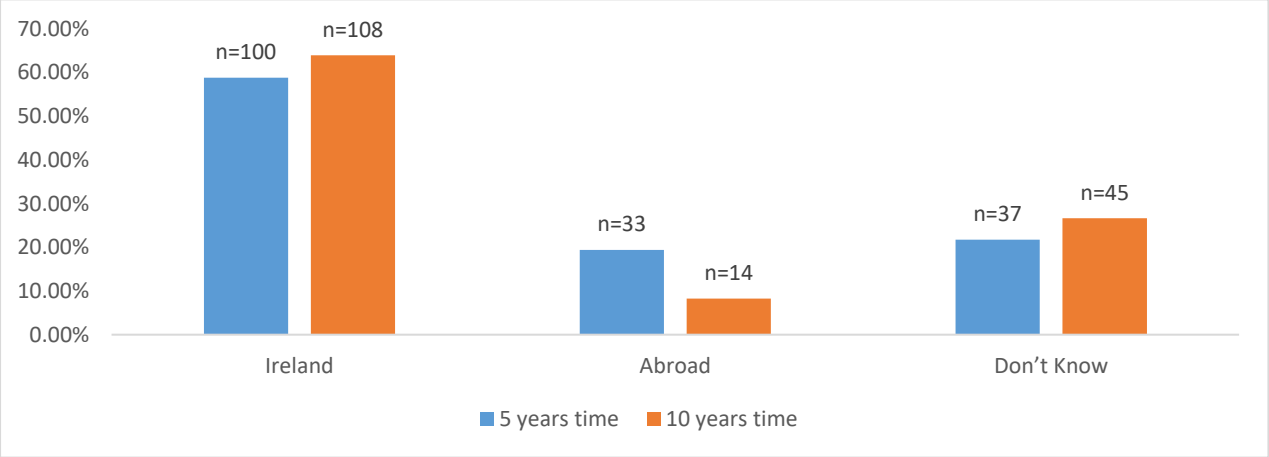

Figure 5: Current emigration plan of GP trainees 5 and 10 years post-training

When asked about their intentions to stay in general practice, a majority of trainees expressed that they would definitely (61.1%, n=110) or possibly (23.3%, n=42) work in a career in general practice in the future (Figure 6). However, among those who did not intend to stay in general practice, career options such as hospital medicine (n=3) and public health (n=2) were most commonly suggested. The main reasons why trainees would not stay in general practice were found to be 'Quality of life' (56%, n=14) and 'Financial prospects' (24%, n=6).

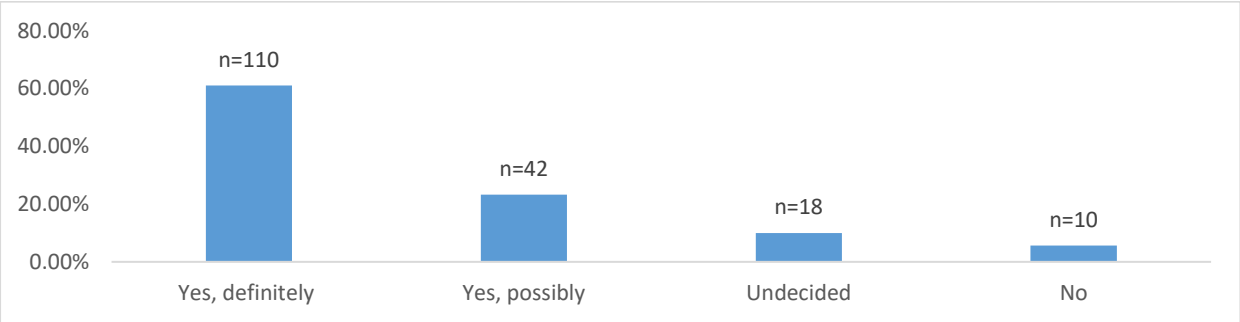

Figure 6: Intention to stay in general practice post-training

Trainees were provided with a list of statements and asked to indicate their level of agreement with each of them. A large majority of the respondents (79.4%) agreed or strongly agreed that 'If resourced, I would like to provide chronic disease management services'. Furthermore, 75.7% of respondents stated that they agree or strongly agree that 'Chronic disease management should be moved largely into general practice assuming resources, funding and services are provided for general practice'. Moreover, half of the respondents stated that they disagree or strongly disagree with the statement 'I find the traditional responsibilities of a practice principal/partner attractive'. These include accountability for financial, property and employment coordination of the whole practice (Table 5).

Table 5: Trainee views on clinical and non-clinical aspects of and changes in general practice

	Strongly Agree %	Agree %	Neutral %	Disagree %	Strongly Disagree %
Chronic disease management should be moved largely into general practice assuming resources, funding and services are provided for general practice	29.4%	46.3%	12.5%	6.3%	5.6%
If resourced, I would like to provide chronic disease management services	31.9%	47.5%	6.3%	8.1%	6.3%
As a GP, I would like to focus on the clinical aspects of the job exclusively	20.6%	33.1%	23.8%	13.8%	8.8%
I find the traditional responsibilities of a practice principal/partner attractive. These include accountability for financial, property and employment coordination of the whole practice	10.6%	20.6%	18.8%	26.9%	23.1%
I would prefer if I did not have to take on the responsibilities of being an employer of staff	23.1%	26.3%	21.3%	15.0%	14.4%

For trainees, the most important tasks for the ICGP over the next four years relate to improving the use of IT, advancing the involvement of GPs in high-level healthcare planning and increasing the resources for training of the general practice team.

Table 6: 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	14.5%	17.6%	19.5%	18.9%	29.6%
Leadership role in the development and implementation of chronic disease management in the community	13.2%	17.0%	20.8%	24.5%	24.5%
Leadership role in manpower planning in general practice, including general practice postgraduate training	15.0%	17.0%	10.1%	27.7%	30.2%
Greater involvement of GPs in high-level healthcare planning	19.6%	10.1%	11.4%	15.2%	43.7%
Increase resources for general practice-based research	18.2%	9.4%	15.7%	22.6%	34.0%
Improving the use of Information Technology throughout the healthcare system	19.5%	9.4%	8.8%	15.1%	47.2%
Increase resources for general practice team training activities	20.1%	12.0%	8.8%	18.2%	40.9%

Recent GP Graduates

The majority of the respondents were female (67%, n=118) and were in the age range of 30 – 39 (82.4%, n=145). A complete breakdown of demographic information can be seen in Table 7.

Table 7: Profile of recent GP graduate respondents

	%	n
Graduating year		
2014	18.4%	28
2015	15.1%	23
2016	21.7%	33
2017	17.1%	26
2018	27.7%	42
Gender		
Male	33.0%	58
Female	67.0%	118
Age Range		
25-29	4.0%	7
30-34	34.7%	61
35-39	47.7%	84
40-44	11.4%	20
45+	2.3%	4
Relationship Status		
Single	13.6%	24
Married or with a partner	86.4%	152
Children		
Yes	58.5%	103
No	41.5%	73

Overall, 9.7% (n=17) of recent graduates stated that they were living abroad. Emigration was not found to be significantly related to any of the above demographic variables. Quality of life was cited by 30.8% of those already abroad as the reason for emigration. Amongst participants who were located in Ireland, 5.1% (n=9) stated that they definitely plan to emigrate in the future and 10.8% (n=19) stated that they possibly may emigrate (Table 8).

Table 8: Emigration plans of those currently residing in Ireland

Plan to emigrate		
	%	n
Yes, definitely	5.1%	9
Yes, possibly	10.8%	19
Undecided	14.2%	25
No	54.5%	96

Amongst those who are currently residing abroad, 35.7% stated that they have plans to return to Ireland, 14.3% stated that they are abroad permanently, while the remaining 50% relayed that their future location is unknown. For those who already reside abroad, 29.6% have been abroad for less than a year and 63% have been abroad for 1-3 years, while 7.4% have spent four years abroad.

Amongst those who stated that they currently reside in Ireland and don't have any intention to emigrate, the majority (76.6%) of respondents stated that family reasons were the main deterrent to emigrating.

Overall, 86.9% (n=153) of respondents responded that they currently work in general practice. Respondents were asked to give the reason that best describes why they stayed in general practice. The most common response was job/personal satisfaction 40.5% (n=62), followed by family reasons at 22.9% (n=35) (Figure 7).

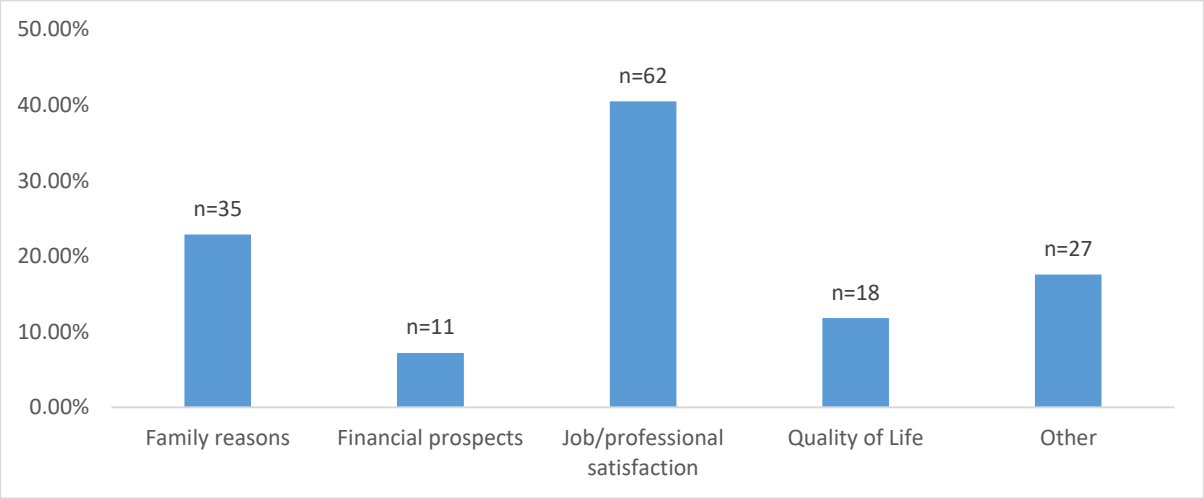

Figure 7: Reasons for staying in general practice

At the time of the survey (between one and five years post-training), almost one-third were already GP principals or salaried partners and just over half (56.8%) stated that they see themselves being in those positions in five years' time (Table 9).

Table 9: Respondents' current position and in what position they see themselves in 5 years

	% (n)	% (n)
	Currently	**In 5 years' time**
GP Principal in a partnership or group practice/Equity Partner	28.4% (50)	46% (81)
Salaried Partner	4.5% (8)	10.8% (19)
Full-time or part time GP Assistant	30.3% (55)	9.6% (17)
Regular Sessional GP	16.5% (29)	4.5% (8)
Combined clinical/academic general practice	4.5% (8)	8.5% (15)
Academic general practice	1.1% (2)	0.6% (1)
Combined clinical/general practice training role	0.0% (0)	5.7% (10)
Not working in general practice in any capacity	2.3% (4)	5.1% (9)

In terms of the number of clinical sessions respondents are working, the majority (63.4%) relayed that they are working 8-10 sessions. In five years, many would like to reduce their clinical sessions, with 57.6% hoping to work 5-7 sessions at that time (Table 10).

Table 10: Number of sessions respondents currently work and plan to work in 5 years

	% (n)	% (n)
	Currently	**In five years' time**
None	3.5% (5)	3.6% (5)
1 - 4	4.2% (6)	5.0% (7)
5 - 7	28.9% (41)	57.6% (80)
8 - 10	63.4% (90)	33.8% (47)

GPs were asked how many hours per day they spent on clinical consulting, clinical admin/paperwork and non-clinical admin work. GPs reported spending on average 6.82 hours per day on clinical consulting, with an average of 1.88 hours on clinical admin/paperwork and 1.0 hours on non-clinical admin work (Figure 8).

Amongst these activities, 31.1% (n=50) of respondents stated that they think that some clinical consulting could be undertaken by someone else in the practice, 53.8% (n=86) think clinical admin/paperwork could be undertaken by someone else, and 79.4% (n=123) think non-clinical administrative work could be undertaken by someone else.

While 30.6% (n=49) of respondents felt their clinical consulting time was excessive, 76.1% (n=121) of respondents thought the same regarding time on clinical admin/paperwork and 57.1% (n=88) regarding time spent on non-clinical administrative work.

Participants were presented with a series of statements and asked to rate on a scale from one (strongly agree) to five (strongly disagree) the extent to which they agree with each statement (Table 11). The results clearly show the support of recent graduates for providing chronic disease management services if resourced (74%, n=111). It is also evident that almost two-thirds would like to focus on clinical (rather than non-clinical) aspects of general practice and over half (52.7%, n=79) do not find the responsibilities of practice ownership attractive.

A majority, 77.3% (n=116), of respondents consider that the ICGP should be involved in determining the evolution of the role of general practice. GP graduates identified the same top three 'extremely important' priorities for the next four years as GP trainees – greater involvement of GPs in high-level healthcare planning, improving IT throughout the healthcare system and increasing resources for training activities for the general practice team (Table 12).

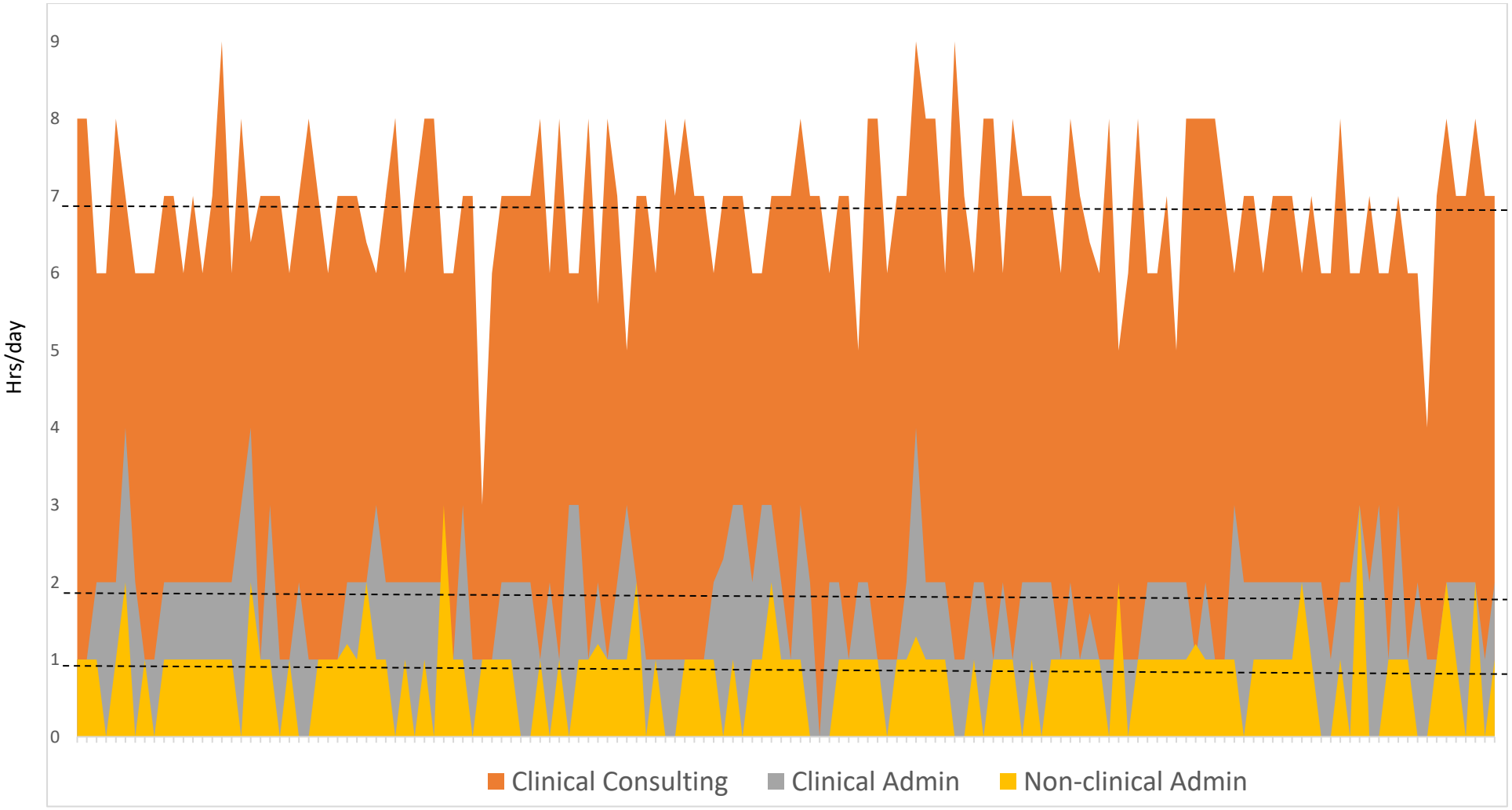

Figure 8: The number of hours spent on various clinical activities per day

Table 11: Recent graduates' views on clinical and non-clinical aspects of and changes in general practice.

	Strongly Agree %	Agree %	Neutral %	Disagree %	Strongly Disagree %
Chronic Disease Management should be moved largely into general practice, assuming resources, funding and services are provided to general practice	28.0	42.0	11.3	8.7	10.0
If resourced, I would like to provide chronic disease management services	34.7	39.3	8.7	7.3	10.0
As a GP, I would like to focus on the clinical aspects of the job exclusively	32.0	30.7	16.7	11.3	9.3
I find the traditional responsibilities of a practice principal/partner attractive. These include accountability for financial, property and employment coordination of the whole practice.	8.7	19.3	19.3	26.0	26.7
I would prefer if I did not have to take on the responsibilities of being an employer of staff.	29.3	24.0	16.7	18.7	11.3

Table 12: Recent 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	12.0	10.0	20.7	26.7	30.7
Leadership role in the development and implementation of chronic disease management in the community	12.1	9.4	14.7	36.9	28.8
Leadership role in manpower planning in general practice, including general practice postgraduate training	11.4	9.4	17.5	24.2	37.6
Greater involvement of GPs in high-level healthcare planning	18.1	4.0	9.4	24.8	43.6
Increase resources for general practice-based research	14.1	6.7	18.2	29.1	31.8
Improving the use of Information Technology throughout the healthcare system	14.8	6.0	11.4	24.8	43.0
Increase resources for general practice team training activities	15.4	6.7	14.0	22.2	41.6

Discussion

Ireland's healthcare reform programme, Sláintecare, aims to move Ireland from hospital-centric healthcare delivery towards 'integrated primary and community care'.[22,23] To achieve this, an increase in the GP workforce will be required along with broader system and healthcare workforce changes. The Government has increased the number of GP training places, which was 194 in 2019.[2] While this will go some way to expand the GP workforce it is still relatively low, for example, in Northern Ireland there are 111 GP trainee places per year. However, high rates of GP emigration, changing expectations and preferences regarding working patterns and an ageing GP population[1,2,23] may threaten the expansion of the GP workforce and the ability to deliver the Sláintecare healthcare reforms. Furthermore, with increasing demand created by a multitude of factors, including the Sláintecare reforms, the extension of eligibility to free-GP care,[18,24] demographic pressures[1] and the increased healthcare needs of an ageing population,[2,9,18,25] it is envisaged that 'demand for GP services will increase substantially' in the next decade 2015-2025.[18] These factors suggest there will be a need for further expansion of GP training places,[18] along with other measures to encourage retention and return of Irish GPs.

There is an apparent changing nature of general practice, as is evident in this survey with only 2% or less of recent graduates or trainees wanting to work in a single-handed practice in the future and one in six recent graduates aiming for a portfolio type career. These figures have remained consistent across all surveys since 2014.

Supply of primary healthcare is not only affected by the number of GPs but is also affected by the number of sessions GPs will work. Currently, over one-third of GP graduates work less than eight clinical sessions per week. In five years, almost two-thirds envisage themselves working less than eight clinical sessions per week. The proportion of graduates who wish to work part-time in clinical work continues to increase from 47.3% in 2014 to 66.2% in 2019.[21]

For GPs who choose to remain in Ireland, reducing one's clinical sessions may be a means of addressing quality of life issues that those emigrating cite as their main reason for leaving.[26] These trends of decreased clinical sessions have consequences for a profession which has had a consistent short supply of GPs.[27] It also reiterates the ESRI's prediction that there will be a large shortfall of GPs by 2021.[28] These results emphasise the need to address workforce planning issues for the cohort that remains in Ireland as well.

In this survey, key reasons for emigration were quality of life, concern over the viability of general practice and financial issues, although the latter had decreased in importance since 2017.[21] Previous research has highlighted that working conditions are a key driver of doctor emigration from Ireland.[29]

The increased funding announced earlier this year and the acknowledgement by the Minister of Health that "GPs have been under pressure in recent years to maintain services in the face of increasing demand and stretched resources"[30] is envisaged to have a positive impact. The GP contract revisions, announced in May 2019, was not in place at the time that this survey was undertaken but it is hoped that it will contribute to continued improvement in the pattern of GP emigration for recent graduates seen in this survey [emigration increased from 16.9% in 2014 to 18.1% in 2017 but has decreased to 9.7% in the 2019 survey]. The changes to working conditions may also have an impact on the rising proportions of current trainees indicating a definite plan to emigrate post-training [8.3% in 2017 compared to 15.1% in the 2019 survey]. The results of the 2019 survey clearly show that the majority of GP trainees and recent graduates are willing to deliver chronic disease management if resourced, and this has been the case since 2015 when we first asked this question [with at least three-quarters of each group in every survey year indicating this], and the recent contract revisions support this development.

The results of our survey indicate that new GP graduates value a better work-life balance, and this is supported by other data reported in the literature.[31,32] A 2017 UK systematic review found that job dissatisfaction, more than financial factors, is a major influence on the decision to emigrate.[33] Workload, too much paperwork, and onerous management responsibilities are elements in the quality of work experience and quality of life. Our results support the contention that these concerns are shared by graduates from Irish GP training. Over half do not find the traditional responsibilities of a practice principal/partner attractive, and this has been consistent across survey years. Traditionally, GP principals deal with the non-clinical demands of their general practice after the clinical day has concluded, and this is not attractive to those seeking an improved quality of life.

These hours have increased according to the literature[15,16] and the recent graduates in our study report that this administration workload adds an average of almost three hours per day. Recent qualitative research from eight European countries has suggested that being able to adapt practice commitments is a key factor for GP satisfaction and hence important for GP retention.[34]

The majority of trainees and recent graduates consider that the ICGP should be involved in the evolution of general practice and the respondents identified key areas for prioritisation over the coming years to direct this, including leadership in health policy, IT developments, manpower planning and general practice training and increasing resources for training activities for the general practice team. The ICGP continues to be vocal on many of these issues and acknowledges the mandate to maintain this.[35,36,37]

It is acknowledged that two aspects of the research may undermine its validity. There is likely some element of response bias; those residing abroad have less of a stake in Irish primary care and may be, therefore, less likely to respond to a questionnaire from the ICGP. Also, the low response rates affect the validity of the findings. Nonetheless, the longitudinal aspects[21] of this survey running since 2014 provide at least some data where little currently exists on GP emigration and career intentions in Ireland and the findings are supported by those reported in the literature from a variety of contexts.

Conclusion

While acknowledged that response rates were low, the results reported here indicate that general practice needs planning consideration to continue the central role of the GP in Irish health services. Our new generation of GPs, in whom the country has significantly invested, are faced with increased clinical complexity and regulatory demands. They need to be enabled to serve the Irish health service well. The ICGP recognises the need for enhanced infrastructural support in General Practice. The ICGP will endeavour to influence policy implementation to effect such support.

Acknowledgements

We would like to thank all of the respondents who took the time to complete the survey and inform this topic.

References

1. Central Statistics Office (CSO). Population and Labour Force Projections 2016-2046. Dublin; 2013. Available at: http://www.cso.ie/en/media/csoie/releasespublications/documents/population/2013/poplabfor2016_2046.pdf Accessed 06/09/2019.

2. Government of Ireland. SláinteCare Implementation Strategy. Department of Health. Dublin; 2018. Available at: https://health.gov.ie/wp-content/uploads/2018/08/Sláintecare-Implementation-Strategy-FINAL.pdf Accessed 06/09/2019.

3. O Dowd T, Ivers J, Handy D. Building a Better GP and Primary Care Service. Dublin; 2018. Available at: https://www.hse.ie/eng/services/list/2/primarycare/gp-and-primary-care/a-future-together.pdf Accessed 06/09/2019.

4. Royal College of General Practitioners (RCGP). The 2022 GP: Compendium of evidence. Royal College of General Practitioners. London; 2013. Available at: https://www.rcgp.org.uk/~/media/Files/Policy/A-Z-policy/The-2022-GP-Compendium-of-Evidence.ashx Accessed 06/09/2019.

5. Schoen C, Osborn R, Doty MM, Bishop M, Peugh J, Murukutla N. Toward higher-performance health systems: Adults' health care experiences in seven countries, 2007. Health Aff. 2007;26(6):717–34.

6. OECD. Health at a Glance 2017: OECD Indicators, OECD Publishing. Paris; 2017. Available at: https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2017_health_glance-2017-en Accessed 06/09/2019.

7. Ipsos MRBI. Healthy Ireland Survey 2017: Summary of Findings. Department of Health, Government Publications. Dublin; 2017. Available at: https://health.gov.ie/blog/publications/healthy-ireland-survey-2017/ Accessed 06/09/2019.

8. Smith SM, Soubhi H, Fortin M, Hudon C, O'Dowd T. Managing patients with multimorbidity: Systematic review of interventions in primary care and community settings. BMJ. 2012;345(7874):1–10.

9. Glynn LG, Valderas JM, Healy P, Burke E, Newell J, Gillespie P, et al. The prevalence of multimorbidity in primary care and its effect on health care utilization and cost. Fam Pract. 2011 Oct;28(5):516–23.

10. Wallace E, Salisbury C, Guthrie B, Lewis C, Faney T, Smith SM. Managing patients with multimorbidity in primary care. BMJ. 2015 Jan 20; 350:h176. doi: 10.1136/bmj.h176.

11. Department of Health. Future Health: A Strategic Framework for Reform of the Health Service 2012-2015. Department of Health. Dublin; 2012. Available at: https://health.gov.ie/wp-content/uploads/2014/03/Future_Health.pdf Accessed 06/09/2019.

12. Medical Council. Your Training Counts: Trainee Experiences of Clinical Learning Environments in Ireland 2014-2016. Medical Council. Dublin; 2016. Available at: https://www.medicalcouncil.ie/News-and-Publications/Reports/YTC-Report-2016.pdf Accessed 06/09/2019.

13. Molony D, Beame C, Behan W, Crowley J, Dennehy T, Quinlan M, et al. 70,489 primary care encounters: retrospective analysis of morbidity at a primary care centre in Ireland. Ir J Med Sci. 2016;185(4):805–11.

14. Coyle E, Hanley K, Sheerin J. Who goes where? A prospective study of referral patterns within a newly established primary care team. Ir J Med Sci. 2011;180(4):845–9.

15. Hobbs FDR, Bankhead C, Mukhtar T, Stevens S, Perera-Salazar R, Holt T, et al. Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007–14. Lancet. 2016;387(10035):2323–30.

16. O'Kelly M, Teljeur C, O'Kelly F, Ni Shuilleabhain A, O'Dowd T. Structure of General Practice in Ireland 1982-2015. Irish College of General Practitioners and Trinity College Dublin: Dublin; 2016. Available at: https://www.icgp.ie/go/library/catalogue/item/6C93C3BF-D93B-568D-

4FD67697E1C4C539?highlight=structure%20of%20general%20practice Accessed 06/09/2019.

17. Bodenheimer T, Pham HH. Primary care: Current problems and proposed solutions. Health Aff. 2010;29(5):799–805.

18. Health Service Executive. NDTP medical workforce planning Ireland: A stepwise approach. Dublin; 2016. Available at: https://www.hse.ie/eng/staff/leadership-education-development/met/plan/mwp-guide.pdf Accessed 06/09/2019.

19. Mansfield G, Collins C, O'Riordan M, Ryan K. Bridging the gap–How GP trainees and recent graduates identify themselves as the future Irish general practice workforce. Irish College of General Practitioners. Dublin; 2015. Available at: https://www.icgp.ie/go/library/catalogue/item/5B609C9A-E91A-F6B8-EC65E85D61DE7729 Accessed 06/09/2019.

20. Collins C, Mansfield G, O'Ciardha D, Ryan K. Planning for the future Irish general practitioner workforce - informed by a national survey of GP trainees and recent GP graduates. Irish College of General Practitioners. Dublin; 2014. Available at: https://www.icgp.ie/go/library/catalogue/item/E9A35991-9506-1E1F-C0691FAD1BD8C9C1 Accessed 06/09/2019.

21. Mansfield G, Collins C, Larkin J, Foy F. Is the face of Irish general practice changing? A survey of GP trainees and recent GP graduates 2017. Irish College of General Practitioners. Dublin; 2017. Available at: https://www.icgp.ie/go/library/catalogue/item/3F292A5F-F811-4467-70588253DC4E48BB Accessed 06/09/2019.

22. Burke S, Barry S, Siersbaek R, Johnston B, Ní Fhallúin M, Thomas S. Sláintecare – A ten-year plan to achieve universal healthcare in Ireland. Health Policy 2018 Dec;122(12):1278-1282. doi: 10.1016/j.healthpol.2018.05.006. Epub 2018 May 22.

23. Committee on the Future of Healthcare - Sláintecare Report. Dublin; 2017. Available at: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/committee_on_the_future_of_healthcare/reports/2017/2017-05-30_slaintecare-report_en.pdf Accessed 06/09/2019.

24. O'Callaghan ME, Zgaga L, O'Ciardha D, O'Dowd T. Free children's visits and general practice attendance. Ann Fam Med. 2018;16(3):246–9.

25. Smith S, et al. Geographic profile of healthcare needs and non-acute healthcare supply in Ireland. Economic & Social Research Institute (ESRI). Research Series Number 90. Dublin; 2019. Available at: https://www.esri.ie/system/files/publications/RS90.pdf Accessed 06/09/2019.

26. Dwan KM, Douglas KA, Forrest LE. Are "part-time" general practitioners workforce idlers or committed professionals? BMC Fam Pract. 2014; Sep 19;15:154. doi: 10.1186/1471-2296-15-154.

27. O'Dea B, O'Connor P, Lydon S, Murphy AW. Prevalence of burnout among Irish general practitioners: a cross-sectional study. Ir J Med Sci. 2017;186(2):447–53.

28. Layte, R. (ed) Projecting the impact of change on the demand and delivery of health care in Ireland. Economic & Social Research Institute (ESRI). Research Series Number 13. Dublin; 2009. Available at: https://www.esri.ie/system/files/media/file-uploads/2015-07/RS013.pdf Accessed 06/09/2019.

29. Humphries N, McAleese S, Matthews A, Brugha R. "Emigration is a matter of self-preservation. The working conditions... are killing us slowly": Qualitative insights into health professional emigration at Ireland. Hum Resour Health. 2015 May 16;13:35. doi: 10.1186/s12960-015-0022-6.

30. Irish Government News Service, Taoiseach and Minister for Health welcome agreement on GP contractual reform. Merrion Street Irish Government News Service. Dublin; 2019. Available at: https://merrionstreet.ie/en/News-Room/News/Taoiseach_and_Minister_for_Health_welcome_agreement_on_GP_contractual_reform.html Accessed 06/09/2019.

31. Humphries N, Crowe S, Brugha R. Failing to retain a new generation of doctors: Qualitative insights at a high-income country. BMC Health Serv Res. 2018 Feb 27;18(1):144. doi: 10.1186/s12913-018-2927-y.

32. Teljeur C, Thomas S, O'Kelly FD, O'Dowd T. General practitioner workforce planning: Assessment of four policy directions. BMC Health Serv Res. 2010 Jun 2;10:148. doi: 10.1186/1472-6963-10-148.

33. Marchand C, Peckham S. Addressing the crisis of GP recruitment and retention: a systematic review. Br J Gen Pract 2017 Apr;67(657):e227-e237. doi: 10.3399/bjgp17X689929.

34. Le Floch B, Bastiaens H, Le Reste JY, Lingner H, Hoffman R, Czachowski S, et al. Which positive factors give general practitioners job satisfaction and make general practice a rewarding career? A European multicentric qualitative research by the European general practice research network. BMC Fam Pract 2019 Aug 9;20(1):96. doi: 10.1186/s12875-019-0985-9.

35. Irish College of General Practitioners, Submission of the Irish College of General Practitioners to the Oireachtas Joint Committee on the future of Mental Healthcare in relation to GP led primary care expansion. ICGP. Dublin; 2017. Available at: https://www.icgp.ie/go/library/catalogue/item/54917859-F6A4-E9C5-D042427B7D8F7E68 Accessed 06/09/2019.

36. Irish College of General Practitioners, ICGP Pre-Budget Submission 2019. ICGP. Dublin; 2018.

37. Irish College of General Practitioners, ICGP Pre-Budget Submission 2020. ICGP. Dublin; 2019.