Rural general practice: past, present and future

While rural general practice has many demonstrable benefits, significant work is needed to ensure rural populations can access a GP in future

AS OF 2019, more than 1.6m people in Ireland live in rural areas.[1] Rural areas have a higher proportion of older people, with more health needs, as young adults are more likely to move to work and study in towns and cities.[2]

While general practices are facing an ever-increasing workload,[3] there is a growing realisation that many rural practices are worryingly close to breaking point.[4]

While data on rural general practice in Ireland are limited currently, this article explores what we know from the ICGP surveys on the 'Structure of General Practice'.

The survey was first launched in 1982 and has been conducted four times in the past 39 years: 1982, 1992, 2005, 2015. This series of surveys gives us an overview of the number of participating GPs and where they work.

Each iteration of the survey is sent to a stratified random sample of practitioners (22%) from a list of all GPs in Ireland at the time.[5] As there is no publicly available list of GPs in Ireland, the 2015 survey was sent to 22% of GPs from a list combining the Irish Medical Directory GP database and the ICGP 'Find a GP' list. The estimated number of GPs in each year was 1,821 in 1982; 1,937 in 1992; 2,477 in 2005 and 2,932 in 2015.[6]

Over the years, the proportion of females to males responding has changed from 12% in 1982 to 42% in 2015. This reflects the increased number of female graduates and trainees over time. The age range of respondents has also changed over time, with GPs in 1982 being mostly in the 30-40 and 55-65 age groups to being more evenly spread out in the 2005 and 2015 surveys. In addition, more GPs are still working after the age of 64, with 13% doing so in 2015 compared to 3% in 2005.

In the practice organisation sections, respondents provided insight on their practice locations and types of business premises. The terms 'urban', 'rural' and 'mixed' have been used throughout this series of surveys. Urban was defined as an area with a central population of 5,000 or more, with the expectation that most patients come from smaller, more concentrated geographical areas and have some access to other health services locally. Conversely, a rural GP would expect to have a scattered patient population and fewer access points to other health services. Mixed has not been precisely defined, but these practices are considered to have patients from concentrated centres and scattered populations. *Table 1* shows the location of practice for the GPs who answered the surveys from 1982-2015.

Table 1: Proportion of GPs by practice area type and survey year[6]

YEAR	URBAN	MIXED	RURAL
1982	43%	26%	31%
1992	47%	20%	33%
2005	43%	36%	21%
2015	42%	37%	21%

The low proportion of younger GPs in rural practices will be an important point to consider in recruitment and workforce planning in the future. Recruitment and retention of healthcare workers in rural areas has been a persistent concern globally.

In a 2020 workload study [7] involving 123 Irish GPs, 26 were from rural practices. This study used a smartphone app to record tasks being undertaken by GPs and GP registrars during their daily work. While 54% of rural GPs in that study were under 45, this may be due to the fact that the study methodology appealed to younger doctors. This study showed that GPs work approximately 10 hours per day in daytime practice (excluding breaks), with GPs over 45 years of age working more hours comparatively. One-third of our time is spent on non-patient-facing tasks, such as prescriptions, clinical paperwork and practice administration. Rural GPs reported working more than 9.5 hours per day in their practices (excluding breaks), and they spent a greater proportion of their time on house calls.

The study also highlighted retention and recruitment concerns of GPs in Ireland, as new GPs are needed to meet workload demands currently being filled by older GPs who are within a decade of retirement age.

In 2015, the ICGP published a report on the future of Irish rural practice, which looked at the challenges and recommendations to improve the provision of care.[8] Recruitment was noted as the main concern, with examples of GPs being asked by the HSE to continue in their posts after their age of

retirement because their posts had not been filled after multiple advertisements. Other practices where recruitment has not been possible have simply been subsumed into larger practices based in other locations, leaving communities without a local service.

Other key issues identified by this report were a lack of infrastructure support and costs associated with smaller practice lists and trouble finding adequate out-of-hours or locum coverage, causing occasional interruptions to service due to lack of available GPs.

The Covid-19 pandemic, shifting workflow and increased workload pressures seen as a result have exacerbated many of these existing issues in Irish general practice, particularly in rural locations. However, at the same time, rural areas were organised and effective in responding to challenges with positive health and economic outcomes during the Covid-19 lockdown periods.[9] People have also recognised the distinct advantages of living and working in rural communities. While many of us who work in rural general practice enjoy our stress-free commutes and having a unique insight into rural Ireland as it changes with the times, significant work is needed to ensure these populations can access a local GP in future.

These issues are also seen in other countries with rural populations, such as Canada and Australia. The recently published *Framework for Remote Rural Workforce Stability* attempts to develop workable solutions to the recruitment and retention crisis in rural and remote communities.[10] This framework was built on the notion that a rural upbringing, clinical educational experiences in rural communities and targeted training for rural practice are factors that have a strong association with working in a rural setting,[11] with the aim of providing practical tools for local healthcare organisations to plan, recruit and retain rural healthcare workers.[10] Conditions for success, as identified by this collaboration, include: recognition of unique and remote issues that are different to the needs of urban care settings; engaging the community in planning of services; additional investment into rural services; ongoing recruitment and retention activities; and consistent monitoring, evaluation and modifications as needed on a continuing basis.

These measures of success and the framework that underpins them are clearly relevant in the Irish context. One of the pioneers of developing solutions in rural health settings is Prof Roger Strasser, foundation dean of the Northern Ontario School of Medicine. Prof Strasser will be one of the keynote speakers at the WONCA World Rural Health Conference, which is to be held at the University of Limerick from June 17-20, 2022.

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References
1. Urban and Rural Life in Ireland, 2019. Cso.ie. 2019 [cited 13 October 2021]. Available from: https://www.cso.ie/en/releasesandpublications/ep/p-urli/urbanandrurallifeinireland2019/introduction/
2. Census of Population 2016 – Profile 3 An Age Profile of Ireland. Cso.ie. 2016 [cited 13 October 2021]. Available from: https://www.cso.ie/en/releasesandpublications/ep/p-cp3oy/cp3/urr/
3. Molony S. More free GP care for kids and free contraceptives for young adults to be revealed in Budget 2022. Independent.ie 2021 [cited 13 October 2021];. Available from: https://www.independent.ie/business/budget/more-free-gp-care-for-kids-and-free-contraceptives-for-young-adults-to-be-revealed-in-budget-2022-40935745.html
4. Lee M. 'A national crisis': Doctors and patients on how GP shortage has affected them. Irish Examiner. 2021 [cited 13 October 2021]. Available from: https://www.irishexaminer.com/news/spotlight/arid-40716827.html
5. Oliver B, Comber H. Changes in the Structure of Irish General Practice Over the Past Decade: 1982 to 1992. Dublin: ICGP 1994
6. O'Kelly M, Teljeur C, Ni Shúilleabháin A, O'Dowd T. Structure of General Practice in Ireland 1982 -2015. Dublin: Trinity College Dublin/ICGP 2016
7. Crosbie B, O'Callaghan M, O'Flanagan S, Brennan D, Keane G, Behan W. A real-time measurement of general practice workload in the Republic of Ireland: a prospective study. BJGP 2020; 70(696): e489-e496
8. O'Riodran M, ICGP Vision for the future of Irish rural general practice. Dublin: ICGP 2015
9. Fisher, T. How remote communities turned the challenges of peripherality to their advantage during COVID-19 - RSA Main. RSA Blog. 2021 [cited 15 October 2021]. Available from: https://www.regionalstudies.org/news/blog-how-remote-communities-turned-the-challenges-of-peripherality-to-their-advantage-during-covid-19/#
10. Abelsen B, Strasser R, Heaney D, et al. Plan, recruit, retain: a framework for local healthcare organizations to achieve a stable remote rural workforce. Hum Resour Health 18, 63 (2020). https://doi.org/10.1186/s12960-020-00502-x
11. Strasser R. Learning in context: education for remote rural health care. Rural and Remote Health, 2016; 16(2): 4033. Epub 2016 Jun 29