

'No Doctor No Village': campaigning for rural primary care in Ireland

SUMMARY

'No Doctor No Village' is an Irish grassroots campaign launched in 2015 to safeguard equitable access to primary healthcare and the sustainability of rural communities. Bringing together rural family doctors, communities and other rural actors, it used public meetings, political and media engagement, academic partnerships and collaboration with professional bodies to place rural healthcare on the national agenda. It contributed to new institutional structures and support measures, including a national committee, a support framework for rural practice and a fellowship programme backed by EUR 1.4 million in public investment. Wider measures brought 150 international medical graduates into rural healthcare in Ireland in two years and provided temp support to 239 rural family doctors by 2025.



© DR FERGUS GLYNN

Themes: Health and care; democracy and participation; access to services

Country: Ireland

Organisations:

- > University of Limerick, academic / research institution
- > Irish College of General Practitioners, academic / research institution
- > Rural, Island and Dispensing Doctors of Ireland, civil society organisation

Start & end date: 12/2015 - ongoing

Budget: EUR 8 583

Funding source:

- > Public donations

Website: www.chuffed.org/project/no-doctor-no-village

Contact: Professor Liam Glynn, liam.glynn@ul.ie



CONTEXT

Around one-third of Ireland's population lives in rural areas, where access to primary care is increasingly affected by doctor shortages and the loss of local health services, with an ageing workforce of rural family doctors and difficulties recruiting and retaining them.

In response, Rural Family Doctors from County Clare in the west of Ireland, together with rural community groups, launched the 'No Doctor No Village' campaign to advocate for equitable access to healthcare and the long-term sustainability of rural communities.



OBJECTIVES

- > Mobilise rural communities and rural healthcare professionals to safeguard equitable access to primary care in rural areas;
- > Place rural healthcare on Ireland's political agenda as a national policy priority;
- > Secure permanent institutional structures and dedicated funding for rural primary care.



ACTIVITIES, KEY ACTORS, AND TIMELINE

The campaign began in 2015 with a series of **public meetings across rural Ireland**, organised by Rural Family Doctors and rural community groups. At the meetings, local government leaders were asked how they would address the decline of rural healthcare services. This **built local networks** of rural doctors, residents and rural representative organisations, framing rural healthcare access as both a service question and a question of democracy and rural viability. The campaign was featured in social media channels and newspapers.

'No Doctor No Village' **engaged with national political and institutional actors** to raise the profile of rural healthcare needs. A rural doctor associated with the campaign was elected as a member of parliament and continued to advocate for rural healthcare from that position. The campaign also worked with parliamentarians, the Irish College of GPs (ICGP) and the Health Service Executive (HSE), ultimately contributing to the **establishment of the first ICGP National Standing Committee for Rural General Practice** as a permanent institutional platform.

The campaign partnered with the University of Limerick's School of Medicine and the SLÁINTE Alliance to ground its advocacy in evidence and to convene a **year-long multi-stakeholder process**. This led to the 19th World Rural Health Conference and the [Limerick Declaration on Rural Healthcare](#) (published in January 2023). Follow-on reforms include the **Rural Practice Support Framework** and the **Rural GP Fellowship Programme**, both supported by the HSE.



RESULTS

- > **National Committee for Rural Health** established as a permanent institutional platform;
- > First ICGP **National Standing Committee for Rural General Practice** created;
- > **Ireland's first professor of rural general practice** appointed at the University of Limerick;
- > A member of parliament, previously working as a rural doctor, **mandated to advocate for rural healthcare reform** and influence policy from within the legislature;
- > **Rural Practice Support Framework** introduced and **Rural GP Fellowship Programme** launched, backed by EUR 1.4 million in HSE investment;
- > International Medical Graduate Programme **brought 150 doctors into rural healthcare** in Ireland in two years;
- > New **temporary support arrangements** covered 239 rural family doctors by 2025;
- > Campaign principles informed the **WHO Health Equity Assessment Toolkit**;
- > Awarded USD 20 000 grant from the International Congress and Convention Association's Incredible Impacts Programme in November 2025.



SUCCESS FACTORS/LESSONS LEARNT

- > **Start from community ownership**: public meetings rooted the campaign in local concerns and gave rural residents a clear role in shaping the agenda.
- > **Connect community mobilisation with professional expertise**: cooperation between rural doctors, the ICGP, the University of Limerick and rural health networks helped translate local concerns into policy proposals.
- > **Use political engagement strategically**: the campaign moved beyond awareness raising and brought rural healthcare directly into political and parliamentary debate.
- > **Build durable structures, not only visibility**: the strongest outcomes came from turning campaign demands into committees, frameworks, training pathways and funded support measures.
- > **Maintain momentum through relationships and small wins**: rural healthcare reform is long-term work, requiring trust, persistence and visible progress over time.



Funded by
the European Union



info@rural-pact.eu



www.ruralpact.rural-vision.europa.eu/index_en