An Roinn Sláinte
Department of Health

# Ireland's Future Health and Social Care Workforce

## Detailed

## Department of Health

December 2025

# Table of Contents

# Note to the Reader

- Throughout this document, when there is reference to "health and social care workforce/workers", this considers all workers within the health and social care system. However, when there is reference to Health and Social Care Profession(al)s (HSCPs) this is referring to the 26 professions within the group as referenced by the HSE National Health & Social Care Professions Office website.
- This document refers to Nursing and Midwifery as a grouping in various sections of this document. However, the Department acknowledges that they are two distinct professions per the Nurses and Midwives Act 2011.
- Reference to the "workforce planning projection model" in this document, this refers to the model which was developed as part of a Technical Support Instrument (TSI) project (European Commission, 2025).
- This document uses the following departmental acronyms: DCDE (Department of Children, Disability and Equality), DFHERIS (Department of Further and Higher Education, Research, Innovation and Science and DEY (Department of Education and Youth) throughout.
- Where there is reference to "self-sufficiency", this means increasing our domestic supply of health and social care workers. For the purposes of the modelling, it is a position to be achieved at a point in time in the future, e.g. reducing inward migration to between 10% and 20% of annual inflows.
- The Department acknowledges and appreciates the vital work of all health and social care workers, from Ireland and abroad. Where there is reference in this paper to reducing an over-reliance on foreign educated workers, this reflects an intention to increase our domestic supply of health and social care workers to support our commitments under the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- It is important to note that there are different levels of workforce intelligence data available for different professions and service settings, influencing levels of analysis and modelling possible.
- This paper is for the health and social care sector as a whole and doesn't break down by specific service areas. However, the service needs of individual service areas have been incorporated into the aggregate demand figures where possible.

Ireland's Future Health and Social Care Workforce Paper provides the results of workforce planning projections conducted by the Department of Health along with detailed actions. It is presented in two publications.

- This **Detailed** version of the paper includes a detailed analysis on the current workforce, discussion on the policies and principles underpinning the projections and actions along with more detailed information on the technicalities of the modelling process.
- Accompanying this paper is the **Overview** version which presents a summary of the current workforce, the case for change, the workforce projections for a number of professions and a summary of our Actions.

# Guiding Principles

1. Workforce planning must be focused on **addressing current and future population health and social care needs**, while **aiming for self-sufficiency** in the supply of health and social care workers.
2. All health policy and service development planning should reference the workforce **requirements to deliver on policy and service goals**.
3. Workforce planning should be a **dynamic process**. It must support health service delivery and service redesign, including integration and skill mix, and support the requirement set out in Sláintecare to enable advance practice and staff to work at the top of their skillset.
4. Workforce planning solutions should be consistent with the articles of the **WHO Global Code of Practice on the International Recruitment** of Health Personnel. Ireland has responsibilities under the Code in relation to how it recruits from other countries and in strengthening the health workforce in less developed countries.
5. Workforce planning strategies and solutions should interact with **financial and service planning**, and must respect the finite nature of resources, ensure sustainable and cost-effective delivery, value for money, and be deliverable within determined allocations and budgets.
6. When considering future workforce supply, workforce planning should take account of the workforce needs of the **public, voluntary, and private** health and social care sectors.
7. Workforce planning must consider how current and future demand for services is to be **measured and assessed**, based on recent trends as well as on forecasts, to identify current and future gaps in service provision due to gaps in the workforce.
8. Workforce planning should ensure that all relevant stakeholders can feed into the planning process and be characterised by **cross-sectoral collaboration and engagement**.

This paper is focused on national planning. It's about getting the workforce supply needed across Ireland, rather than allocation across regions, care areas or individual sites. Over time, improved regional and local profiles of our workforce will be built.

## Acknowledgements

The Department of Health would like to acknowledge the support and inputs provided by stakeholders during the development of this paper. The Department would like to acknowledge the work of Irish Government Economic and Evaluation Service (IGEES) colleagues whose expertise was invaluable during the lifecycle of this project, and colleagues within the Department of Health and the HSE for their input into this important work. Thanks also to the World Health Organisation (WHO), Economic and Social Research Institute (ESRI), Central Statistics Office (CSO), National Doctors Training and Planning in the HSE (NDTP) and the Organisation for Economic Co-operation and Development (OECD), among others, for their work which has also informed this paper. Other stakeholders who contributed to this work include the regulatory and professional bodies and other Government Departments.

# Ministerial Foreword

Acknowledging the need to address current and future population health and social care needs, this paper is setting out an evidence-informed case for change to increase the supply of the health and social care workers, enable reform, build capacity and improve access to care.

To plan effectively, there is a need to understand our context, our challenges and have appropriate tools and processes in place. We are now in a position where we have these building blocks. We are aware of the challenges; there is a global workforce shortage, we have a growing and ageing population, there are rising levels of chronic diseases, and there will be opportunities for us to harness the power of digital health tools.

Our health and social care workforce are our strongest assets and go to extraordinary lengths to deliver care to thousands of people every day, across a multitude of settings. The outputs of the workforce planning projection model align with broader research, highlighting that if we continue as we are, we will have an insufficient supply of health and social care workers to deliver our health and care agenda. Tomorrow's services cannot be delivered with yesterday's solutions. Sláintecare reform is transforming how healthcare is delivered in Ireland, building towards equal access to services for every citizen based on patient need and not their ability to pay.

In recent years significant investment has been made in the health and social care workforce. There have been substantial efforts to build capacity, improve the availability of health professionals and reform their training to deliver on modernised care pathways. Developing a dynamic, agile workforce and increasing the domestic supply of health and social care professionals will ensure the provision of an economically sustainable workforce that can meet the health needs of our growing and ageing population. There is a need to explore strategies to promote integrated care and build flexibility and agility in the workforce.

The challenges are complex, but this government is committed to building capacity with further investment in our health and social care services which requires taking a long term and evidence-based approach. Long-term workforce planning and sustained investment in the workforce are essential to building equitable and resilient health systems, but this investment and reform must go hand in hand.

Collaboration across Government and sectors will be required to form policy solutions based on the outcomes of workforce planning analysis and projections. This work will be an iterative process, and this paper is an important first step in our future planning to ensure that we have the appropriate health and social care workforce to deliver on Programme for Government commitments and Sláintecare 2025+ which aims to forge the way towards accessible, affordable, high-quality, healthcare for the people of Ireland when they need it, where they need it.

# Executive Summary

Ensuring proper access to high quality patient care is an important policy objective for the Government of Ireland (Department of the Taoiseach, 2021). The health and social care workforce, who are the backbone of any health system, are key to achieving this objective. Further supporting this, Member States of the WHO European Region, of which Ireland is a member, have long recognised the need for a health and social care workforce that is better equipped to deal with changing health needs due to ageing populations, rising chronic diseases, changing expectations and new technologies (WHO, 2010).

Given the complex challenges facing the health and social care sector in Ireland and the length of time it takes to train doctors, nurses, midwives, pharmacists, dentists and HSCPs, a long-term approach to health and social care workforce planning is essential. In the last number of years, we have increased the number of student places and have built a planning tool which is used to project the workforce required to meet the needs of the population over the next 15 years.

Workforce reform is a priority to support the development of new models of healthcare, as envisaged under Sláintecare. This includes measures to ensure workforce capacity is growing to meet service demands and that the right skills are in the right place at the right time. Planning for a health and social care workforce in Ireland is not only a matter of determining the right numbers required but also requires a vision on the right match between skills available in the workforce and patients' needs.

By putting people at the centre of the health system and developing primary and community health services, the Department of Health and HSE are working together to provide new models of care that allow people to stay healthy in their homes and communities for as long as possible.

The case for an innovative approach and paradigm shift to health and social care workforce planning and policies in Ireland is clear. Planning a health and social care workforce that effectively addresses population needs while ensuring optimal outcomes and cost efficiency is, however, a complex task due to the many interconnected factors at play. Structural drivers of demand and supply can reasonably predict long-term trends such as demographic changes and ageing of the workforce but that is mixed with uncertain futures as national health workforce planning may be affected by economic and health crises which generate cycles of expansions and restrictions. Rather than having these fluctuations, it is important to look beyond possible shocks to demand and supply, the goal of long-term workforce planning is to identify the "steady state".

This paper sets out an evidence-based strategic direction for the health and social care workforce for the next 15 years. The actions outlined are short, medium and long-term objectives. There are challenges and opportunities facing us which means it has never been more important to think about how we plan from a policy point of view. How workforce supply is delivered into the future from the perspective of making sure there is the right type of data available to plan effectively and to

build capacity within our system, not through the "As is" approach of just supplying more healthcare workers. There needs to be a two-pronged approach of increasing domestic supply and optimising the workforce. The future health and social care workforce will need systematic support and continued investment to be effective, equitable and agile to the evolving landscape.

The Department of Health regularly engages with international organisations (e.g. WHO, OECD, European Commission) to learn and share information and knowledge. Evidence gained from international sources also informs the strategic process; for example, the "*Framework for Action on the Health and Care Workforce in the WHO European Region 2023–2030*" has strongly influenced this paper.

Building on significant investment in the health and social care workforce and key reforms set out under Sláintecare & Programme for Government 2025+ in the Path to Universal Healthcare (Department of Health, 2025), the key principles of improving access, improving service quality, driving productivity, enabling reform and building capacity underpin the 20 strategic actions under the five pillars shown below. These actions are to be completed in the short, medium and long term.

**PLAN**

1. Plan future capacity
2. Create an effective data management framework
3. Bridge research and policy
4. Improve national workforce planning capabilities

**BUILD**

5. Secure additional educational and training capacity
6. Develop more detailed workforce planning strategies
7. Grow our primary care workforce
8. Seek to achieve optimal geographic distribution

**OPTIMISE PERFORMANCE**

9. Align the workforce with the population
10. Reconfigure services to be more efficient
11. Redefine teams and skills-mix
12. Maximise use of digital and technological solutions

**RETAIN & RECRUIT**

13. Attract students to health and social care careers
14. Job security as a retention tool
15. Improve workforce environments
16. Address our high reliance on international recruitment

**INVEST**

17. Adopt a multi-annual funding approach
18. Enable our health and social care workers to work safely and productively
19. Work transformation designed by health and social care workers
20. Invest in workforce and infrastructure

# The Case for Change

## OUR POPULATION IS GROWING

The demographic composition of Ireland is shifting, our population is growing and ageing at a rapid rate while birth rates are declining. The population was estimated at 5.38 million people in 2024, a 14.8% increase between 2015 and 2024.

The CSO published Population and Labour Force Projections in July 2024 (CSO, 2024). The projections are based on Census 2022 and look at three different potential population growth scenarios[1] over the period of 2023 - 2057.

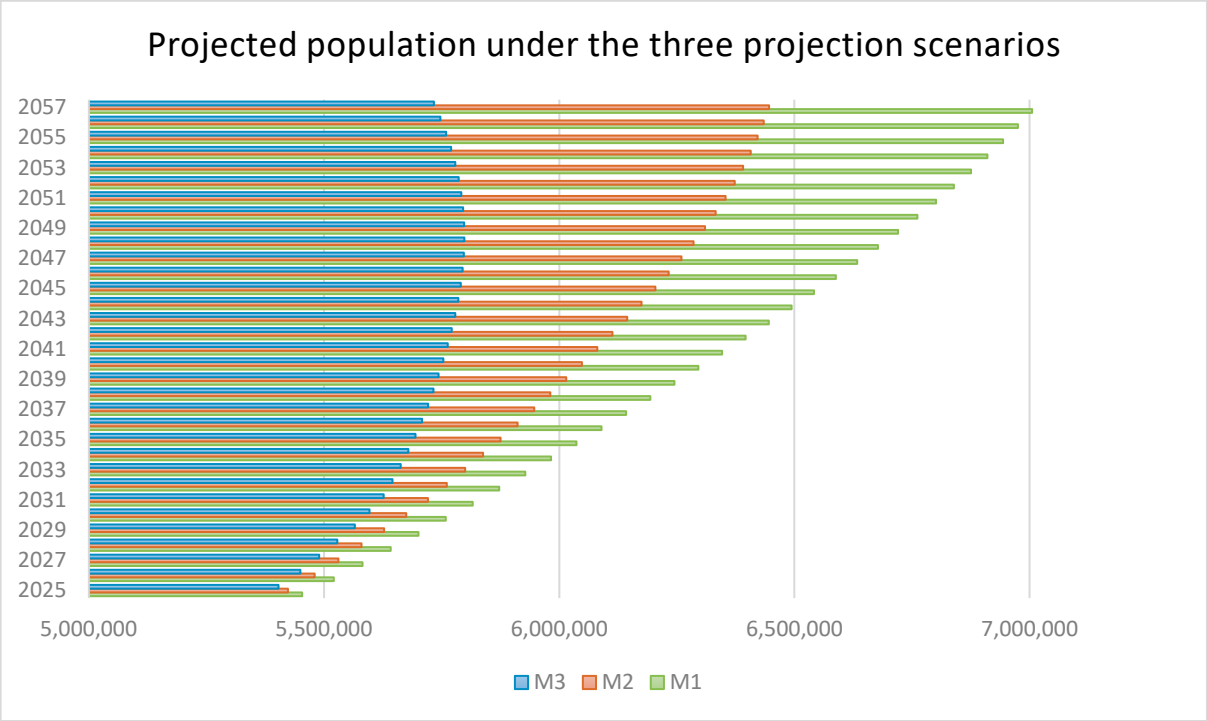



*Figure 1: Projected population under the three CSO projection scenarios*

Previous projections have underestimated the recent growth in our population largely due to net migration which is by nature difficult to project. Migration trends, whether that is immigration and emigration, are important considerations for both the provision of health and social care services and for workforce planning purposes.

The Future Forty series delivered by the Department of Finance (Department of Finance, 2025) have alternative new projections for the population which will inform the longer-term planning and financing considerations ensuring that infrastructure and public services keep pace with demographic trends. In a high growth scenario, their modelling projects that there would be 7.59

[1] **M1:** Net migration starting at +75,000 in 2022 and decreasing incrementally to +45,000 per annum by 2027 and remaining at this level to 2057.**M2:** Net migration starting at +75,000 in 2022 and decreasing incrementally to +30,000 per annum by 2032 and remaining at this level to 2057.**M3:** Net migration starting at +75,000 in 2022 and decreasing incrementally to +10,000 per annum by 2032 and remaining at this level to 2057.

million inhabitants by 2065, up from the current level of 5.45 million. This estimate is significantly above the CSO estimates above due to the larger forecasts for immigration[2]. In a central growth scenario, the population would reach 6.7 million by 2065 and in a low growth estimate it would be 6 million.

## OUR POPULATION IS AGEING

This increase in population in general as well as more older people in particular, means there is a greater level of demand for our health and social care services, particularly for services such as chronic disease management and long-term care.

In Ireland, our population aged 65 years and over has increased by 37% since 2014 which is considerably higher than the EU average increase (16.5%). The CSO projects that this age group will continue to increase by over a million people by 2057 (CSO, 2024). This is important as population ageing has an impact on resource utilisation in the acute care system. An IGEES paper notes an analysis of data that showed that persons aged over 65 years currently make up 15% of the total population while consuming 58% of all inpatient bed days (Shine & Hennessy, 2024).

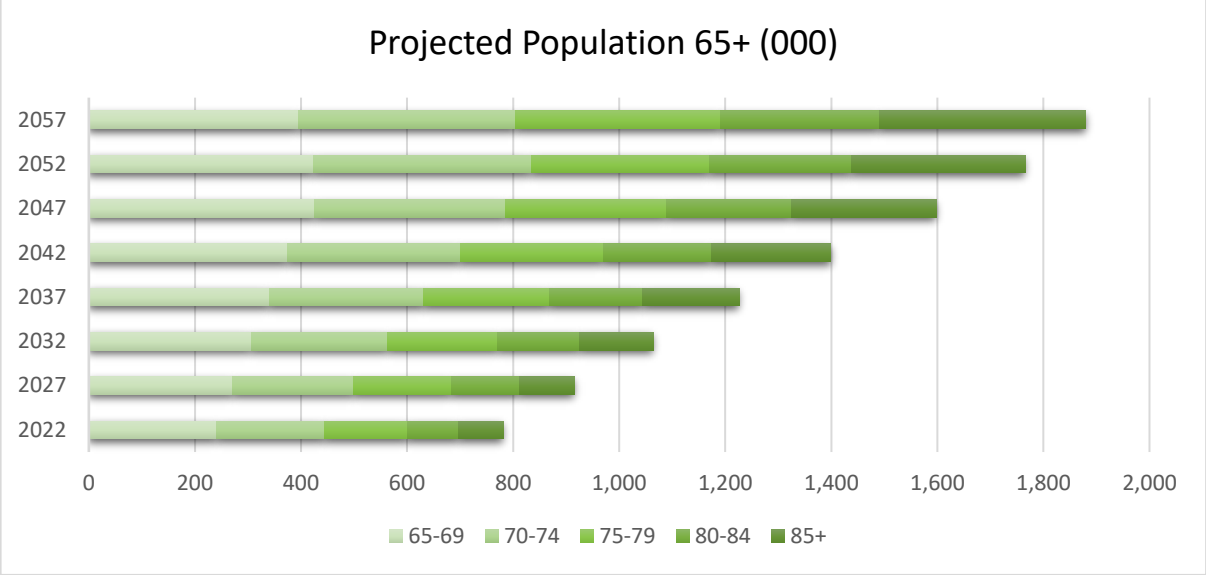



*Figure 2: CSO projected population over 65*

The proportion of the younger population (aged 0-64) is expected to fall, while the number of people aged 65 years and over is set to increase significantly and under all three scenarios there would be a change from natural increase (more births than deaths) to a natural decrease (more deaths than births). The share of the population aged 65+ will also increase as a result. In 2022, they accounted for 15.1% of the total population; this will grow to between 27.8% and 31.6% of the total population by 2057.

[2] A high growth scenario for net migration, or people arriving minus those leaving, is expected to see up to 58,000 additional people coming to the country per year over the coming decades. The central estimate is up to 40,000 and the low scenario is 18,500.

Considering projected population demographics, it is not feasible to meet the future demand for services by relying solely on an increasing the number of health and social care workers. The problem is further compounded by the number of our health workforce aged over 55 years, with the figures expected to rise. Therefore, it is essential to consider new and innovative solutions to enhance productivity and efficiency of health and social care delivery, while maintaining worker satisfaction.

## OUR LABOUR FORCE WILL INCREASE IN THE NEXT DECADE

The Irish labour force is projected to increase under all three potential population growth scenarios to between 3 and 3.3 million by 2037, so there is a need to consider future education and training pathways as traditional pathways of CAO applicants to health and social care disciplines will inevitably reduce (Broderick & Smith, 2022). There is an opportunity in the short term to educate and train more health and social care workers.

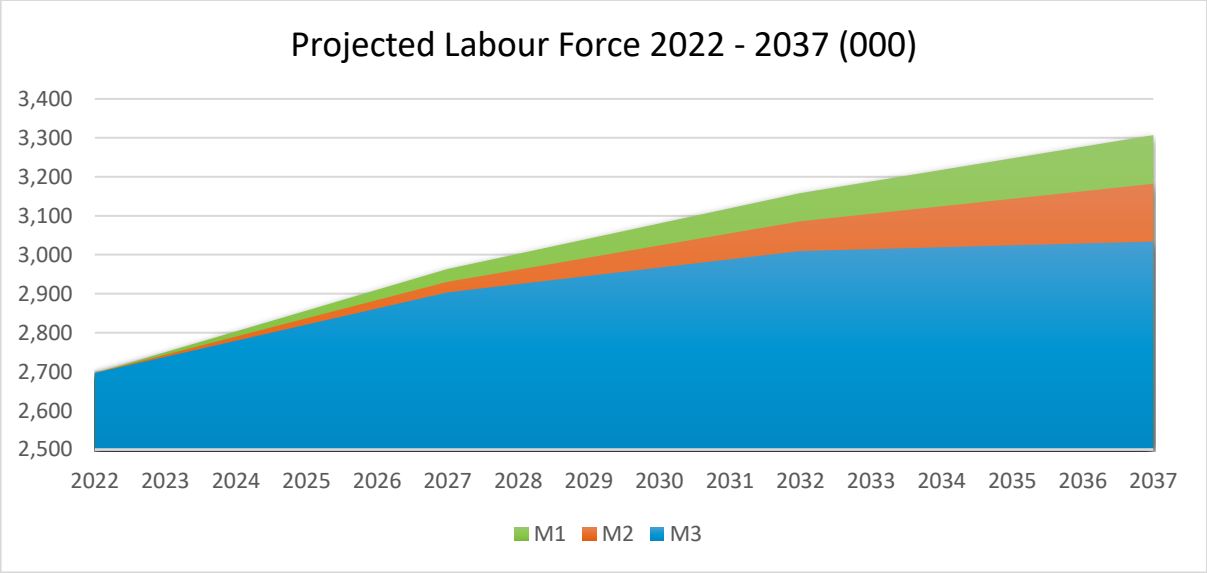



*Figure 3: CSO projected labour force 2022 - 2037*

The likely gap between future supply and demand of healthcare workers is significant. Modelling projections demonstrate that with our current domestic supply levels, we expect to have a shortfall across most health and social care professions if action isn't taken. Expansion of student places and career pathways are required to replace the existing workforce and meet the future increase in demand.

The Future Forty series (Department of Finance, 2025) delivered a demographics paper which found that migration appears to be the sole driver of labour force growth in the long run. From a health and social care modelling perspective we know that we will require a certain level of migration of health and care workers to meet the future demand as we steadily build our domestic supply. The analysis also found a high emigration rate for certain migrant categories, posing challenges from a fiscal and workforce perspective, leaving our healthcare services fragile to supply shocks given our high reliance on foreign educated healthcare workers.

Employment and labour force participation have reached record highs, while unemployment remains historically low. In Q2 2025, labour force participation rates were at 66.4%, up from 66% in the previous year (average in the OECD was 76.6% in Q1 of 2025). Participation by males was 71.6%, while female participation was at 61.3%. This is relevant to health and social work as an economic sector as 77% of those in employment in Q2 2025 were female according to LFS estimates (CSO, 2025).

Youth (15-24) unemployment increased by 1.2% to 13.2% over the last year. Participation rates among older cohorts of the population stand at 78.2% for 55-59 years old, at 63.3% for 60-65 years old and 15.3% at 65+ years. Improving participation rates among underrepresented groups (youth, migrants and older workers) will be vital to mitigating the impact of demographic trends (CSO, 2025).

Caregiving is feminised in society and in healthcare and we must look to address this gender imbalance as a robust health and care workforce should represent the populations they serve. An example of this is in the long-term care workforce with the OECD (OECD, 2024) noting that 87% of workers in this area are women across OECD countries.

## OUR HIGH RELIANCE ON FOREIGN EDUCATED WORKFORCE

According to the 2022 Population Census and the latest data, approximately 30% of all workers in Ireland are foreign-born, reflecting the country's growing diversity but within health and social care we know that 52% of our nurses and midwives, 43% of our doctors and 41.3% of our Long-term care workers are foreign born/educated, which is well above the overall average and shows our heavy reliance.

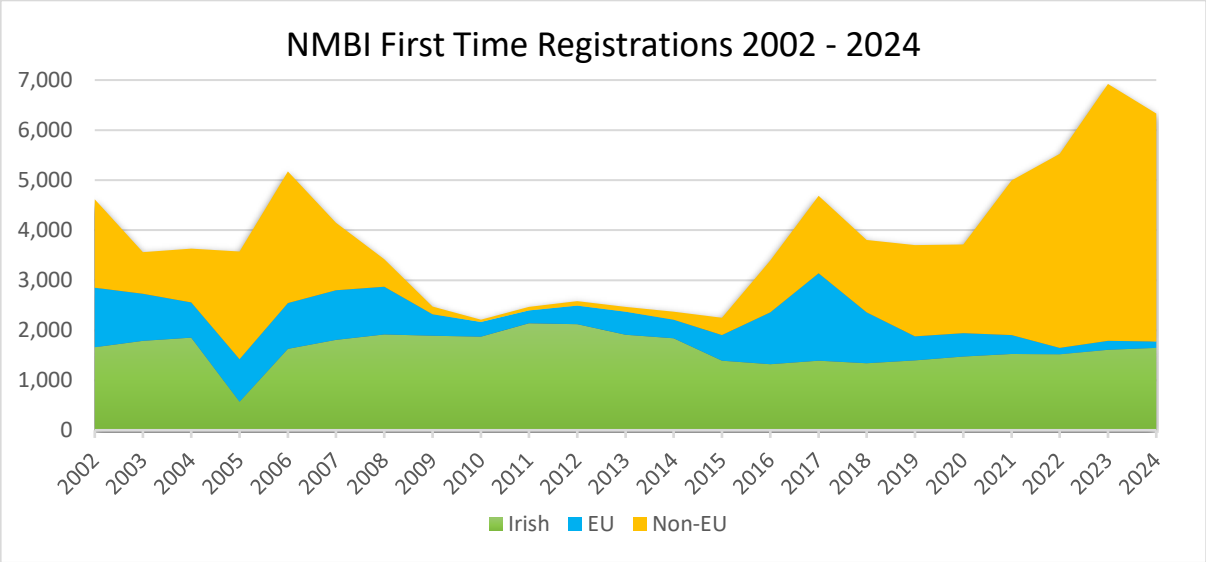



*Figure 4: NMBI first time registrations 2002 - 2024*

From 2020 to 2022, Ireland stood out in international comparisons with 49% of our nursing and midwifery workforce educated abroad which rose to 52% by 2023. This compares with New

Zealand at 33%, Switzerland at 27% and the UK at 23%. In 2024, 74% of first-time registrants to the NMBI were educated abroad. Available data indicates that foreign educated nurses accounted for 92% of the overall growth in the nursing and midwifery workforce between 2021 and 2024. In 2022, NMBI registered 240 foreign educated nurses for every 100 new Irish nursing graduates, up from 13 per 100 in 2010, which amounts to a twenty-fold increase (OECD, 2025).

The lean years following the financial crisis are evident from this graph above. While our nursing and midwifery school places did increase from 1,603 in 2016 to 2,235 in 2024, it is clear that more growth is required and our modelling suggests that at a minimum, student places would need to double, to replace our existing workforce and reduce our heavy reliance on international recruitment which stood at 77% of total joiners (first time registrations) in 2023 and 74% in 2024.

According to the OECD report "Health at a Glance Europe 2024" (OECD, 2024), European countries have increasingly relied on recruiting foreign-educated health professionals. The inflow of foreign educated doctors in European countries increased by 17% in 2022 compared to 2019, while the inflow of foreign-educated nurses surged by 72%.

At year-end 2023, there were a reported 29,488 doctors registered with the Medical Council up 66% from 2008 and 126% from 2000. Since 2000, the number of international graduates on the register increased by 633% compared to a 48% increase in Irish educated medical practitioners. In 2023, 43.4% of the total registrants were educated overseas which stood at 35.3% in 2008 and 13.4% in 2000.

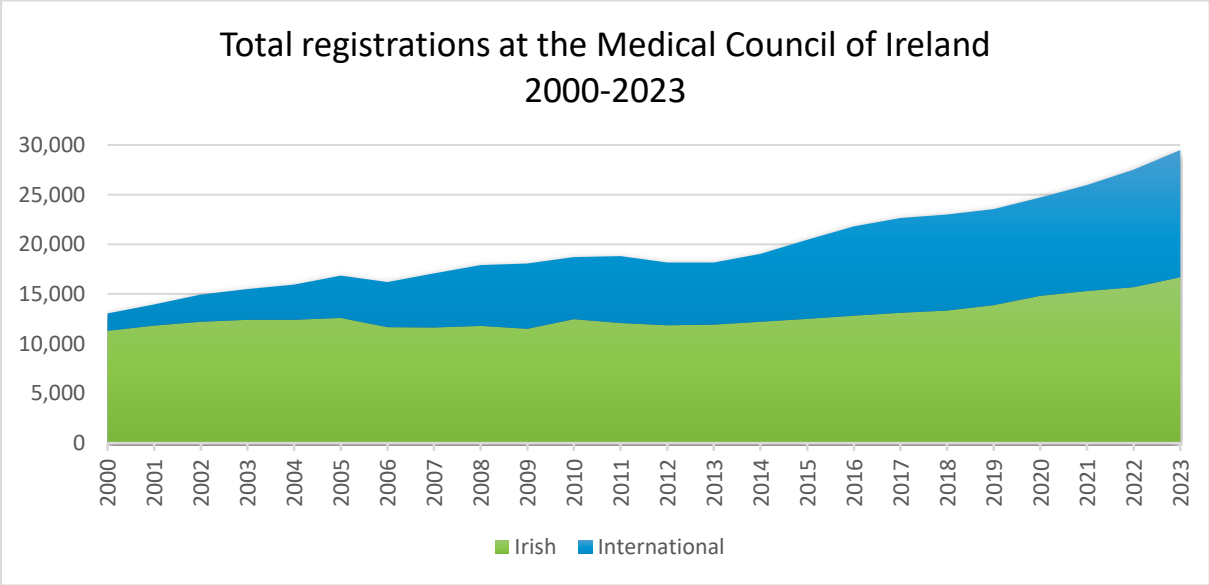



*Figure 5: Medical Council of Ireland, Irish and International registrations 2000 - 2023*

In the absence of significant increases to third-level student intake, large-scale recruitment of foreign educated doctors, nurses and midwives would be required into the future. It is reasonable to presume that all health systems will face a sustained and ongoing shortage of qualified health

workers. As the population ages, our high reliance on migrants to work in care roles leaves us especially vulnerable. Ireland is likely to face challenges and increased fragility in our supply pipeline due to a possible increase in competitiveness in the international labour market. This is neither feasible, nor in compliance with our commitments under the WHO Code of Practice on International Recruitment of Health Personnel to reduce reliance on foreign educated health workers.

## OUR STUDENT POPULATION IS SET TO INCREASE IN THE SHORT TERM

There is a real opportunity to boost the domestic supply of health and social care graduates. In 2025, 1 in 5 of total CAO applicants gave their first preference to a healthcare course (Level 6/7/8) up from 1 in 5.5 in 2024.

Ireland is experiencing a period of demographic growth among the school-leaving cohort, leading to increased higher education applications. CAO applications have risen by 7% between 2024 and 2025, rising from 83,600 to 89,300. However, this growth trajectory will only continue up until the end of this decade.

Modelling carried out as part of the 2022 Spending Review by IGEES (Broderick & Smith, 2022) demonstrated that, using combinations of assumptions regarding changes in different student groups to form distinct projection scenarios, higher education demographics are projected to reach a peak of between 239,148 and 250,071 between 2030/31 and 2032/33.

## EDUCATION CONSIDERATIONS

Building the supply of the health and social care workforce is a long-term endeavour. It is anticipated that different roles and tasks from those today will be needed in the future, as well as additional competencies. It remains important for health and social care workers to acquire new knowledge and skills throughout their careers, and new ways of learning are emerging to support this. To build the workforce for the future, there is a need to ensure that students are attracted into health and social care careers, and to consider alternative routes into the health and social care workforce and improve accessibility.

In response to the workforce planning need set out by the Department of Health, the Department of Further and Higher Education, Research, Innovation and Science engaged with Higher Education Institutions in 2022, 2023, and 2024 to secure additional student training places in disciplines required for the health, disability and education services.

A whole of Government response is required to support the Higher Education Institutions to significantly expand student capacity to meet the future needs of the health, disability and education sectors. Additional training places require lead times, infrastructural support and clinical practice placements. In the provision of additional CAO places in the Higher Educational Institutions, significant forward planning and infrastructural investment is required, therefore a whole of Government response is required.

## SUSTAINABILITY OF HEALTHCARE FINANCING

Since 2018 the budget for Health has increased by over 94% from €14.1 billion to the €27.4 billion allocated in Budget 2026. Expenditure on acute care activity has increased by more than 80% over seven years, from €4.4 billion in 2016 to €8.1 billion in 2023. Ireland has the second highest expenditure, with health spending at 13 per cent of GNI* in 2021, compared to an OECD average of 9.5% (Department of Finance, 2025). Given the share of persons over 65 as a percentage of the population is just 15% in Ireland, compared to an EU average of 21%, we are already investing heavily in our health services, and our health outcomes such as having the fifth highest life expectancy (from birth) in the EU reflect this.

Population ageing may pose a risk for the sustainability of health care financing as increased longevity, without an improvement in health status, leads to increased demand for services over a longer period of a person's lifetime, increasing total lifetime health care expenditures and overall health care spending. Ireland's age-related healthcare costs will rise beyond those currently being experienced in other countries in the coming decades.

There has been a renewed focus on improving productivity to ensure the best value for public investment is achieved while also optimising patient outcomes and experience. Specific and targeted reforms, such as the HSE Health Regions and Digital Health Transformation Programme, are designed to improve the overall efficiency, effectiveness and responsiveness of our health and social care services to the health needs of the people of Ireland.

Workforce planning policy must aim to ensure best value for public investment as the costs involved in training and then employing our future health and social care workforce are substantial. There is an ever-increasing demand for healthcare services, and together with heightened expectations from service users, it puts extra pressure on healthcare professionals (Crisafulli & Singh, 2019).

# Snapshot of Health & Social Care Workforce

One of the first steps in workforce planning is to analyse the current workforce. It is important to figure out the capacity within the system before planning a workforce transformation. It also helps in avoiding missteps, as sometimes a perceived simple solution can hamper the overall objective which is often much more complex to assess and solve.

Despite concerns about a health workforce crisis, the health and social care sectors in Ireland and across most EU countries employ more workers now than at any time in history. In 2022, based on Labour Force Survey (LFS) estimates, employment in the health and social care sector was 13.1% of total employment which was above the EU27 average of 11%. In 2002, the figures were 9% and 8.5% respectively (OECD, 2024).

This growth trajectory however is set to collide with a demographic shift as outlined in the Case for Change section below that will simultaneously increase demand for health and social care while reducing the availability of the healthcare workers. This paper looks to establish a steady state of supply of healthcare workers while stressing that our current over-reliance on large scale recruitment from overseas introduces fragility into the system and goes against our commitment to the WHO Global Code of Practice on the International Recruitment of Health Personnel.

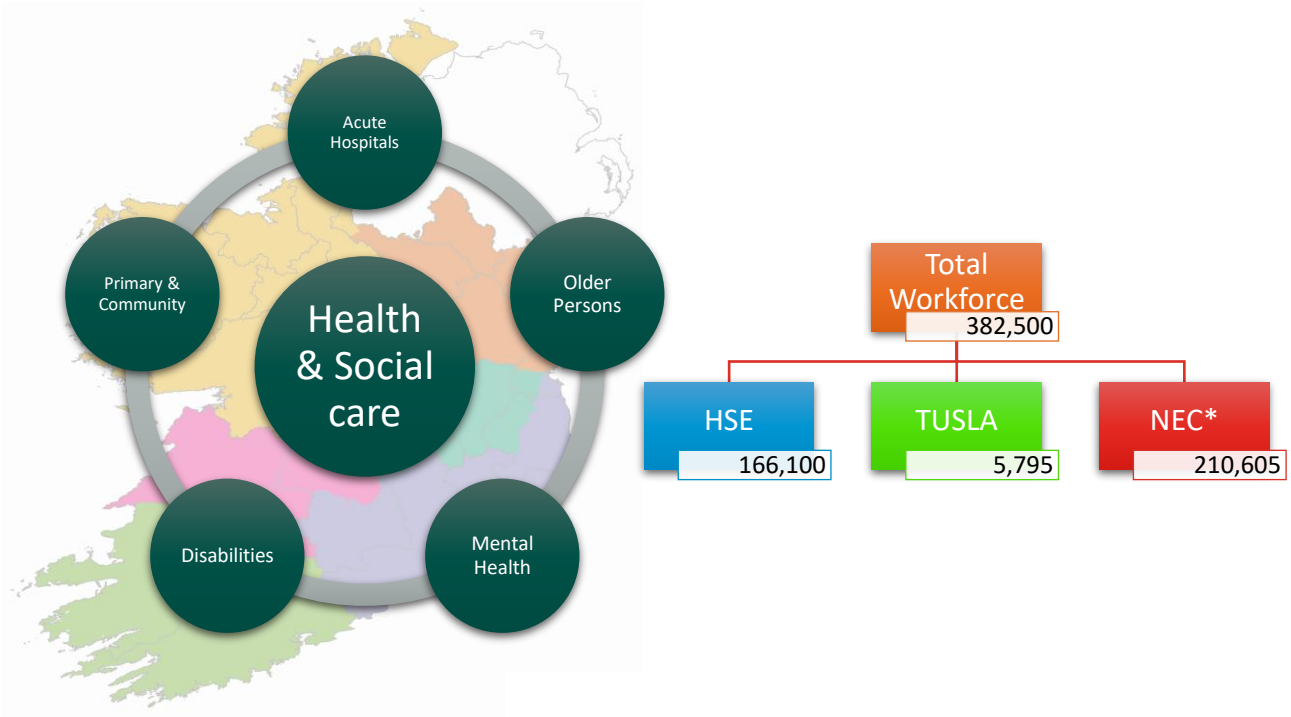



*Figure 6: December 2024 – CSO Labour Force Survey, HSE and TUSLA data*
*Not Elsewhere Classified (NEC)

This workforce paper is about the whole health and social care system which includes HSE employed and funded workforce and others working across the system for various health and social care service providers. Our aim is to identify the supply needed across Ireland rather than how it is allocated across regions, providers and individual sites, but over time regional and local pictures of our workforce will be built as the data landscape improves.

The CSO release quarterly labour force estimates through the Labour Force Survey (LFS) with information collected continuously over the year using the International Labour Office (ILO) labour force classification. In Q4 2024, there were 382,500 employees within the *Human Health and Social Work activities* sector, up 28% from Q4 2019 (CSO, 2025), with a 37% increase in Human Health and 18% increase in Social Work activities.

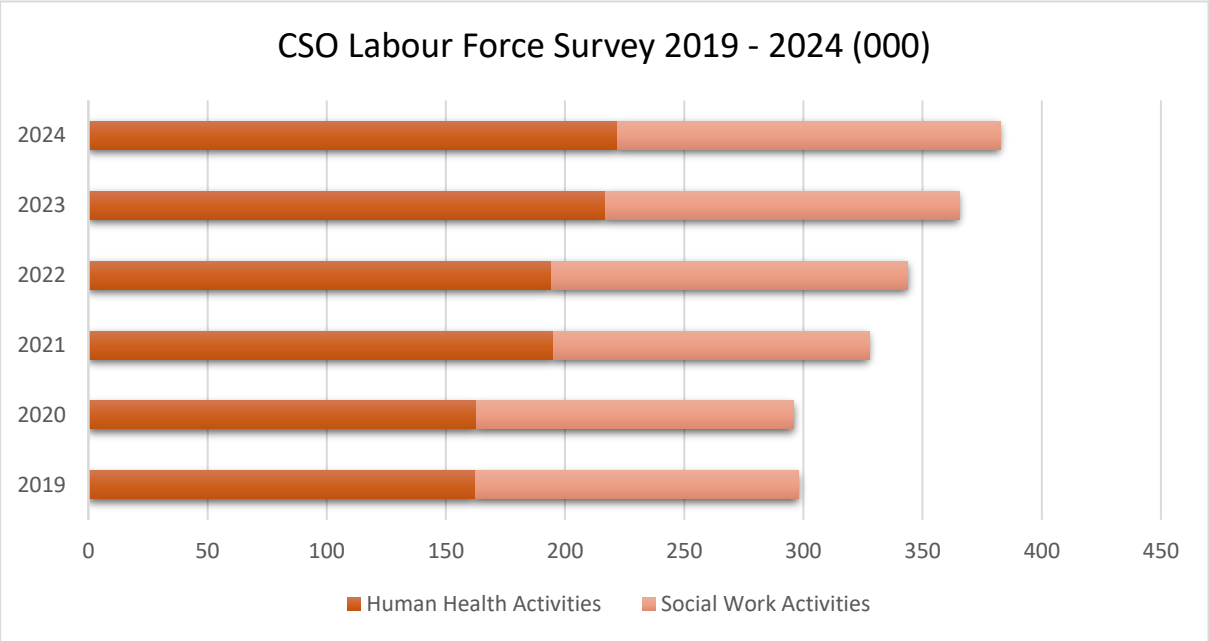



*Figure 7: CSO labour force survey estimates 2019 - 2024*

This paper is based on a set of assumptions about the configuration of the future health and social care system. This will need to be re-assessed regularly considering changes to the public/private/voluntary split. Government departments typically have more influence over directly employed workforces, so we need to use different levers for the different segments of the workforce. For example, reform and reconfiguration of staffing in the HSE can be shaped by policy and strategy formed by the Department of Health and the Department of Children, Disability and Equality, while in the funded sectors, we need to consider contracting and funding incentives through service level and/or performance delivery agreements.

***Public Sector Workforce Overview***

Overall, there has been significant recruitment by the HSE over the past few years. As of the end of December 2024, there were **148,268 Whole Time Equivalents (WTE)** (equating to 166,100 personnel) directly employed in the provision of Health & Social Care Services by the HSE and various Section 38[3] hospitals and agencies.

On the back of this growth in WTE numbers and advances in medical treatment, Ireland has the highest rate of self-perceived good health in the EU, and we have made significant gains in life expectancy over the past decade which is testament to the significant investment in health and social care services. There are still challenges to overcome and further improvements are required as services remain under pressure due to an increasing and ageing population and a rise in frailty and chronic diseases.

There is also a recognised increase in the prevalence of disability and the resulting need to ensure that mainstream services and supports are equipped to cater for the diversity of disabled people and in recognition of the fact that disability occurs at higher rates in older cohorts.

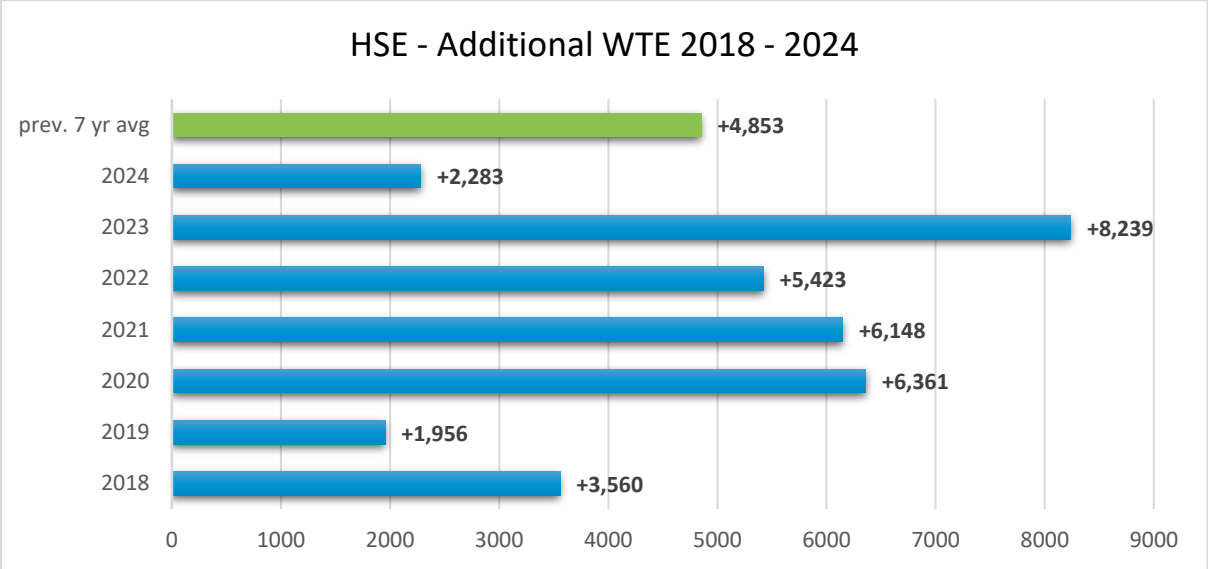



*Figure 8: HSE additional WTE 2018 - 2024*

As we look to the future within this paper, while most Department of Health funded services are delivered in hospitals, this paper covers the whole health system and articulates how we intend to deliver on the workforce requirements in a manner that reflects the policy objectives of the Department which are to expand care in the community and remove the hospital centric focus from our models of care delivery.

[3] Acute voluntary hospitals and non-acute voluntary agencies funded pursuant to Section 38 Health Act 2004.

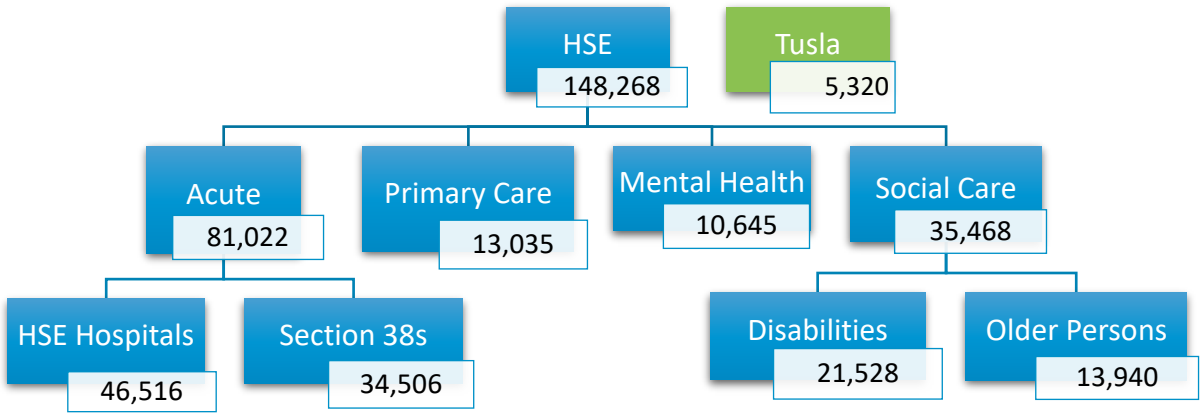



*Figure 9: Snapshot of HSE health workforce data (WTE) sourced from Employment Reports - HSE.ie & TUSLA WTE Q4 2024. Summation of Acute, Primary Care, Mental Health and Social Care in flowchart less than HSE total due to administrative staff outside of these specific areas.*

The overall HSE (including Section 38 hospitals & agencies) workforce increased by 24% between Dec 2019 and Dec 2024. The Child and Family Agency, known as Tusla, is a state agency dedicated to improving wellbeing and outcomes for children. The Tusla workforce (WTE) has increased by 24% between Q4 2019 and Q4 2024.

As part of the Department of Health's strategic workforce planning objectives, it is imperative that we consider service level planning and ensure that our demand projections align with sustainable growth that is cost effective and aligns with new service developments. The Irish health system requires a sustainable pipeline of graduates and less reliance on the international recruitment market which leaves us fragile to potential shocks and negative effects.

Health workforce planning as a concept did not necessarily begin with an integrated approach and was usually carried out in a siloed approach. It is important as a starting point to look at the recent evolution of our health system and the need for workforce planning that is integrated and considers the team composition and skills mix. Demand is based on the needs of the population, but demand also aligns with the policy objectives set by the Department of Health and the Department of Children, Disability and Equality. There is a need to be cognisant that talent availability and technological advancements will determine the configuration of our future health and social care workforce.

While the policy objective of Sláintecare is to shift left and treat more patients in the community, from 2019 to 2024 our acute workforce grew by 30% while our primary care workforce grew by 23% over the same period. Social Care as a care group increased by 12% while Mental Health increased by 7%.

The graph below shows how those increases in HSE WTE were distributed by care area.

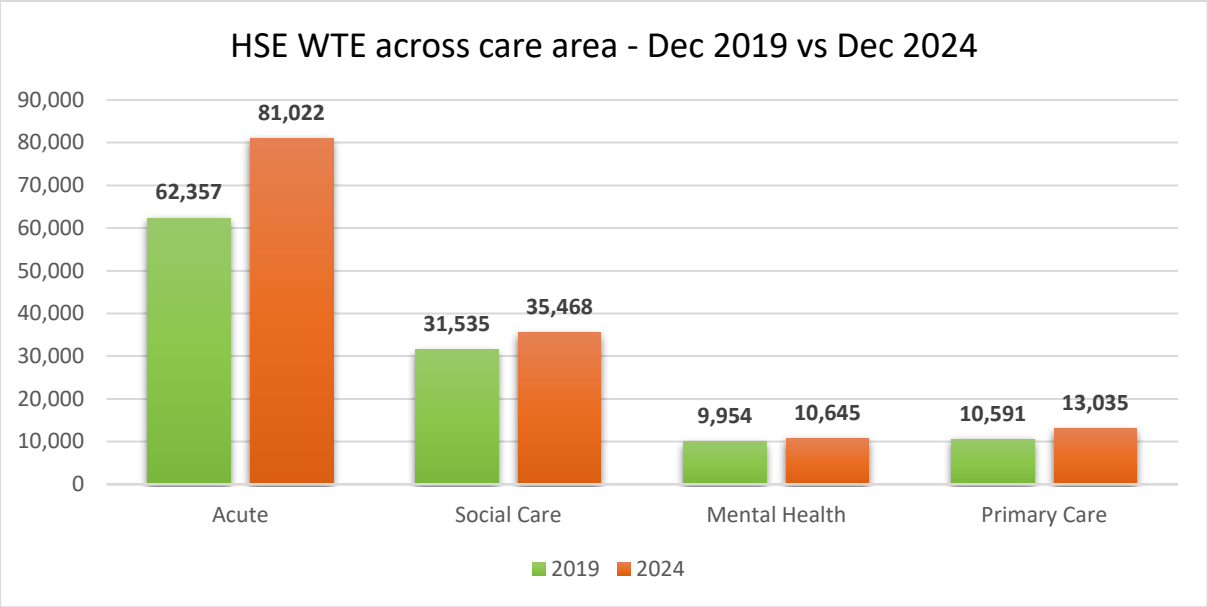



*Figure 10: HSE WTE increases across care areas*

It is imperative that our future workforce is educated and trained to practice outside of the traditional hospital setting reflecting policy objectives which are set out in detail in this paper.

The Economic and Social Research Institute (ESRI) collaborates with the Health Service Executive (HSE) in Ireland to produce demand and capacity projections using the Hippocrates model, which underpins healthcare workforce and infrastructure planning. This modelling is central to informing strategic decisions at national and regional levels and aligns with the Sláintecare Health Regions Implementation Plan.

Future demand projections for public acute hospital services have been published and incorporated within this paper. Ongoing research projects with the ESRI and the HSE will produce workforce demand projections in the areas of primary care, older persons, mental health and disability for agreed HSE services and these will be published over the coming months.

## Regional Planning

The design and delivery of health services is being driven through the six HSE Health Regions, each led by a Regional Executive Officer (REO). Each is responsible and accountable for the coordinated planning and delivery of health and social care services for their respective populations. It is important that any future growth is strategic and aligns with population needs and policy objectives.

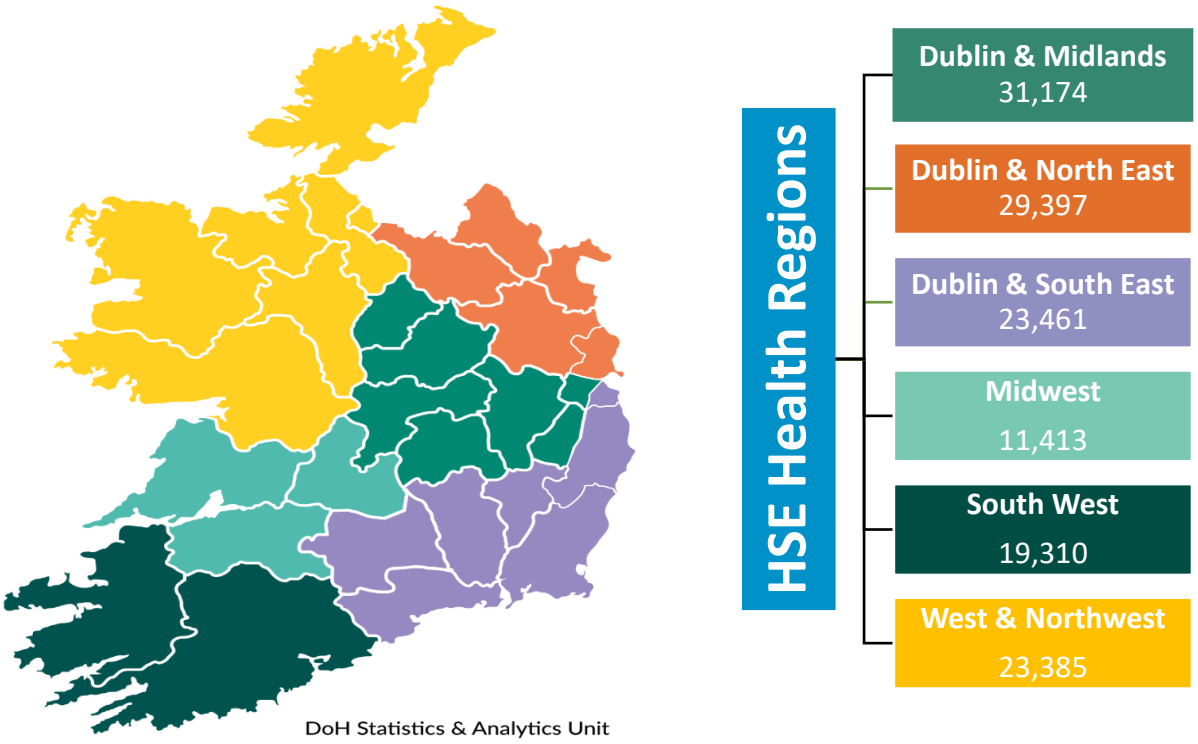



*Figure 11: HSE regions and corresponding workforce, December 2024*

As mentioned earlier, the HSE workforce increased by 24% between December 2019 and December 2024, however, there was a wide variation in growth rates ranging from the highest of 34.2% in the Midwest to 21.3% in Dublin & North East. Across care areas, WTE growth rates for Acutes grew by 28.8%, ranging from 17.4%(WNW) to 40% (DSE). Primary Care WTE grew by 29.1%, ranging from 21.5%(DNE) to 45.5%(DSE).

Central to the implementation of the Health Regions is the design, development and implementation of a new Integrated Service Delivery (ISD) model for the health and social care system in Ireland, as envisioned in Sláintecare. This new operating model will underpin how joined up services are planned and delivered locally, delivering timely, joined up care to patients and service users.

This reorganisation is designed to enhance the health service's ability to provide timely integrated care, which is planned and funded according to population health need, and to streamline and strengthen governance and accountability lines, moving decision-making authority towards service providers. This reform also set out an agreed Strategic Framework for Population Based Planning (PBP) in Ireland. This includes ways of working based on principles including a focus on communities,

equity, prevention, integration and evidence. The regional model must be about aligning the performance of every service to the standards already achieved in our best-performing areas. It is only in this context that we will achieve comprehensive balance across Health Regions.

Current regional staffing inequities must be identified and addressed but this can't be achieved through a workforce to population ratio, it must be a needs-based approach that accounts for regional variation in population health needs and demographic changes. While this paper does not determine the subnational distribution of Health and Social Care workers, we aim to address data limitations and work with stakeholders to continuously refine the workforce planning models.
Work is underway to build workforce analytics and intelligence reporting by HSE Health Regions led by the new Regional Directors of Planning. The findings from this work will significantly enhance our workforce planning capabilities at a regional and national level.

The Housing and Healthcare Planning (HHP) tool was developed by the ESRI as a new modelling tool which can ensure that new housing is matched with sufficient healthcare services (ESRI, 2024). The research which is funded by the Department of Housing estimates that an additional 1,000 homes would coincide with annual demand for almost 11,000 general practitioner (GP) visits which would equate to 1.5 GP whole-time equivalents (WTEs) and five fully staffed inpatient beds.

The €27.4 billion health budget for 2026 will go towards reducing regional disparities in services, with stronger regional autonomy to prioritise funding allocations to meet local population needs. Through continued investment and additional WTE along with better deployment of the existing workforce, in particular delivering services on a seven-day basis and supporting the evolution of a more sustainable, efficient health service that responds better to patient care. Each region will have the same key objectives to improve access and reduce waiting times.

The ESRI now uses the Hippocrates model to project regional service specific demand projections, informed by improved data collection, and these results when available will provide a valuable evidence base for regional workforce planning efforts which will be led by the Department of Health in collaboration with the HSE Health Regions. The projections for regional demand and bed capacity requirements for public acute hospitals were published in September 2025 and show that while all six HSE regions will require growth, the scale of growth requirements will vary by region and service type, whether that is inpatient, outpatient, or day cases (Brick & Kakoulidou, 2025).

As demand for services grow, capacity in terms of infrastructure and staffing will likely become an issue, if demand exceeds pace of supply. Geographic distribution of the workforce across Health Regions and between urban and rural areas is important as each region will have similar, yet different requirements based on current configuration of services and the rural/urban divide. This is important as to avoid "Talent development traps" (Bernini, Icardi, Natale, & Nédée, 2024) which refers to regions that struggle to effectively cultivate and utilise their skilled workforce. These regions often face geographical disparities, where talent is unevenly distributed, leading to limitations in attracting or retaining skilled individuals. An ageing and shrinking working-age

population, as well as lack of economic dynamism can lead to a decrease of highly skilled and younger workers, which limits the capacity of these regions to build a sustainable and competitive labour market.

Currently according to LFS estimates, the proportion of the population in each geographic region working in Health and Social Care ranges from 12% to 18% with an average of 14%. It is important to consider this current context and ensure that future services align with future demand. The training location of the future supply of health and social care workers is an important consideration in the context of specific regional needs, for example, educating more nurses in regions where there will be higher rates of retirements due to the age profile of the existing workforce but also identifying regions where the population may grow.

| CSO estimates and projections on demographics by region [4] | LFS Estimate % Human Health & Social Work Q4 2024 | CSO Projected Population Growth (M2) 2022 - 2042 | CSO Projected Old Dependency Ratios [5] (M2) | |
|---|---|---|---|---|
| | | | 2022 | 2042 |
| **Ireland** | **14%** | **+18%** | **23%** | **36%** |
| **Border** | 18% | +15% | 27% | 40% |
| **West** | 15% | +18% | 27% | 39% |
| **Mid-West** | 14% | +14% | 26% | 40% |
| **South-East** | 16% | +20% | 25% | 39% |
| **South-West** | 13% | +16% | 25% | 38% |
| **Dublin** | 13% | +17% | 20% | 31% |
| **Mid-East** | 12% | +24% | 20% | 34% |
| **Midland** | 15% | +17% | 23% | 37% |

*Table 1: CSO population projections and Labour Force Survey data by geographic region*

For each region, the population is projected to grow, ranging from 14% to 24% and the CSO projects that the average "old dependency ratios" nationally will also increase from 23% to 36%. The provision of primary and community care services will be crucial to meeting the challenge facing these regions which have already experienced massive growth in population.

As Ireland remains a relatively young population compared to our European neighbours, we have the opportunity to learn from best practice and our involvement with EU funded projects such as Joint Action Heroes and the WHO allow us to foster close relationships. The JA HEROES (**Joint Action on HEalth woRkfOrce to meet health challEngeS)** has 19 countries along with partner organisations working together to improve the health workforce planning capacities and create sustainable workforce planning policies.

[4] Regions are based on CSO regions rather than HSE regions. https://data.cso.ie/table/PEC28 (CSO, 2025)
[5] The old dependency ratio is a demographic metric that compares the proportion of individuals typically not in the labour force (population aged 65 and over) to those typically in the labour force (the population aged 15-64).

# Aligning our workforce with population needs

In 2017, the Oireachtas Committee on the Future of Healthcare, an all-party parliamentary committee, published the Sláintecare report, setting a vision for the future of healthcare in Ireland. This vision entails establishing a universal, single-tier and high-quality health and social care system, where patients have access to services based solely on health needs and with a view to providing the right care, at the right place, delivered at the right time, by the right team. Building on this in May 2025, the Minister published the Path to Universal Healthcare – Sláintecare & Programme for Government 2025+ (Department of Health, 2025). This document aims to forge the way towards accessible, affordable, high-quality, healthcare for the people of Ireland when they need it, where they need it.

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.


*Figure 12: Sláintecare 2025+ Strategic Priorities*

Sláintecare 2025+ is designed to address challenges in the health service and builds on the progress made in implementing successive Programmes for Government and Sláintecare Implementation Strategies between 2018 and 2024. It is an ambitious and multifaceted programme designed to move Ireland towards a universal healthcare service. It has been developed following extensive stakeholder engagement and under the direction and oversight of the Sláintecare Programme Board. 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.

Within an analysis referenced earlier in the Case for Change, conducted by IGEES economists within the Department of Health (Shine & Hennessy, 2024), they reviewed how publicly funded hospital activity has responded to a step change in health funding which increased from €13.7bn in 2014 to €22.8bn in 2024. The analysis showed a large divergence present in all sites between the growth in the acute workforce and the growth in composite activity. This paper served a valuable purpose by highlighting that the focus should be on workforce reform and work transformation.

There is an understanding that a mixture of targeted capital and current investment is required to unlock productivity improvements in the system, such as electronic health records, diagnostics, bed capacity and staffing to deliver activity growth and productivity improvements.

Virtual Care Wards are a recent example of a reform resulting in increased productivity by freeing up existing capacity by equipping staff with real-time data from medical devices, which enables faster decision making thus quicker discharge times. It will allow us to expand the capacity of our existing hospitals without the need for any additional bricks and mortar.

## DELIVERING PERSON-CENTRED, INTEGRATED SERVICES

Integrated care is seen as foundational to ensure that everyone in Ireland can access the **right care, at the right time, in the right place, with the right team**. In this framework, integrated care is designed first and foremost around the needs of the person and has the dual aim of improving both system efficiency and service user experience and outcomes. Integrated care in the Sláintecare Report (Houses of the Oireachtais, Committee on the Future of Healthcare, 2017) is defined as:

> *"Healthcare delivered at the lowest appropriate level of complexity through a health service that is well organised and managed to enable comprehensive care pathways that patients can easily access and service providers can easily deliver. This is a service in which communication and information support positive decision-making, governance and accountability; where patients' needs come first in driving safety, quality and the coordination of care."*

The Integrated Service Delivery model is beginning to be rolled out across the HSE, beginning with the organisation of local services into 20 Integrated Healthcare Areas (IHAs). IHAs serve as the core unit of delivery for integrated acute and community care within the Health Regions and their full implementation of IHAs is taking place. Beyond structures, however, there will be further development and embedding of new integrated ways of working required in 2026.

Bringing community health services and hospitals together regionally supports a more patient-centred approach to healthcare, driving integration between care settings at a national, regional and local level. As community, social and primary care services work together in a region, services can be better delivered to meet the specific needs of the local population. This provides for improved levels of efficiency and productivity, with a consistent, standardised quality of care across the country.

## SHIFT LEFT – IMPROVING ACCESS TO PRIMARY AND COMMUNITY CARE

This workforce paper takes a macro and integrated approach to demand and supply forecasts and incorporates research which allows for substitution effects that are the policy objectives of Sláintecare. Investment and a re-orientation of service delivery to shift left should help reduce avoidable hospitalisations. Our current acute hospital centric model of care is not sustainable given the demographic and epidemiological pressures.

As more people live longer lives, they will want to stay healthy and independent, live in their own homes and communities and keep to a minimum their use of in-patient and out-patient hospital services. Government policy is to support people to live with dignity and independence in their own homes and communities for as long as possible.

The Enhanced Community Care (ECC) Programme, developed in 2019 as part of overall Sláintecare reforms, aims to increase the level of healthcare provision in the community setting, thereby re-orienting the focus of care delivery away from the acute hospital system and towards general practice, primary care, and community-based services. The focus is on implementing an end-to-end care pathway that cares for people at home and, over time, prevents referrals and admissions to acute hospitals where it is safe and appropriate to do so, thereby enabling a “home first” approach. HSE-provided primary care is currently organised in Community Healthcare Networks (CHNs). There are currently 96 CHNs across Ireland, which cover a population of about 50,000 each. Each CHN includes between 4-6 multidisciplinary primary care teams including GPs, community nurses, nurse specialists, occupational therapists, speech and language therapists, physiotherapists, podiatrists, dietitians and social workers (Centre for Effective Services and Health Service Executive, 2023).

Working together, CHNs and ECC CSTs (Community Specialist Teams) provide access to integrated primary care therapy services and to consultant-led and community-based multidisciplinary targeted interventions. These services are provided to older patients and those with long-term chronic conditions such as type 2 diabetes, asthma, chronic obstructive pulmonary disease (COPD) and some cardiovascular disease.

The aforementioned ESRI research will produce workforce demand projections for the following professions in primary care: Physiotherapists, Occupational Therapists, Dietitians, Speech & Language Therapists, Podiatrists, Psychologists, Audiologists and Nursing. This important work

based on agreed HSE primary care services will inform strategic workforce planning by the HSE and the Department of Health.

The Government is committed, as per the Programme for Government, to expand ECC teams and support CHNs and to increase the number of GPs practising across the country and thereby improve access to GP care for all patients. The number of doctors entering GP training increased by 80% from 2019 to 2025 with 1,130 GP trainees in the pipeline.

A Strategic Review of General Practice is to be completed by the Department of Health in 2026, examining the broad range of issues affecting general practice. On the issue of GP capacity, specific consideration is being given to possible further mechanisms to attract more GPs to rural and underserved areas. When completed, the review will set out the measures necessary to deliver a more sustainable general practice into the future.

The Sláintecare vision for the future of health services in Ireland is of a universal health service for all, where eligibility and access are based on a patient's clinical need and not an individuals' ability to pay. It details a system which ensures patients are protected from undue financial hardship when accessing the healthcare they need. This vision requires an expansion of eligibility to health services so that they are available to the full population, central to this is an expansion of eligibility to Primary Care services for the full population.

Over the last 3 years, there has been a significant focus on improving access to, and the affordability of, healthcare services. Significant progress has been made in expanding eligibility and reducing the cost to patients and a range of affordability measures have been introduced such as a reduction in the monthly deductible for prescribed medicines, removal of public inpatient charges, a free contraceptive scheme, free HRT scheme for women and an expansion of access to GP care via the GP Visit Card.

The Department recognises that to achieve the goal of universal healthcare in line with the commitments made in Sláintecare, more needs to be done. If we are to move to universal eligibility in the health service, it is important firstly to review existing eligibility arrangements and then see how they align with current population needs. It is in this context that the Department has commenced a long-term project to review Ireland's current eligibility and entitlement policies, with a focus on services delivered at primary and community care level. The Department will determine the most appropriate next steps based on this review.

The ESRI Capacity Review into General Practice (ESRI, 2025) reported that demand for GP consultations (including demand for the Chronic Disease Management (CDM) Treatment Programme) is projected to increase by between 23% and 30% between 2023 and 2040, requiring an additional 943 to 1,211 GPs by 2040. Demand for GPNM (General Practice Nurse & Midwives) consultations is also projected to increase by between 32% and 36%, requiring an additional 761 to

868 GPNMs over the same period. The larger growth rate for GPNM consultations is in part driven by the role that they play in the CDM Treatment Programme.

We also must acknowledge the 80% of health outcomes from acute to chronic disorders are influenced by social, economic, and environmental factors—known as social determinants of health—rather than direct medical care, highlighting the critical role of community conditions and policy in shaping health (Marmot, 2005). A sustainable health system is founded on the prevention of ill health and the reduction of health inequalities, ensuring long-term benefits for the population, reducing pressure on the health system. Social inclusion measures are designed to ensure that all the people of Ireland have the opportunity to enjoy their full health and wellbeing. Socially excluded groups including people who are homeless, Traveller and Roma communities, international protection applicants, and people who use drugs/alcohol can often face barriers in accessing healthcare and services.

The Roadmap for Social Inclusion 2020 – 2025 is the overarching statement of Government strategy that aims to reduce the number of people in consistent poverty in Ireland and increase social inclusion. A successor strategy is now in development. The HSE Social Inclusion workforce which accounts for 0.5% of the overall HSE workforce aims to reduce inequalities in health and improve access to mainstream and targeted health services for vulnerable and excluded groups in Ireland. At least 50% of services nationwide are delivered by Section 39 organisations (HSE, 2024).

While it is anticipated that investments in primary care and community-based care may result in lower hospital activity in the medium term as patients are treated in a timelier manner or in a more appropriate setting. Ensuring that sufficient numbers are trained will be crucial to achieving this policy objective. This requires a systems thinking approach to health workforce modelling, rather than having a siloed approach, which doesn't consider that some healthcare workers will work part of their week in an acute hospital setting and the rest in a primary care setting. For example, Consultants that lead CSTs work part of their week in the acute hospital setting and the remainder in the community in Integrated Care Hubs.

## ACUTE CARE

As we look to the future within this paper, while most Department of Health funded services are delivered in hospitals, this paper covers the whole health system and articulates how we intend to deliver on the workforce requirements. Our efforts must reflect the policy objectives of the Department which are to expand care in the community and reform the current hospital centric focus in our models of care delivery.

Fleming et al. undertook a case study of workforce trends in Ireland between the years 2008–2021. The study highlighted that, while there was an increase in staff recruitment within acute services to meet increasing capacity demands, the same level of recruitment was not evident in community or

primary care settings to support the government policy of shifting services in these settings (Fleming, Thomas, Williams, Kennedy, & Burke, 2022).

This requires taking a holistic approach to analysing the health and social care system. The reality facing us is that the complexity of cases requiring acute care is projected to rise. The ESRI Capacity Review for public acute hospitals (ESRI, 2025) reported that, by 2040, the number of ED attendances is projected to increase by 20% to 27%, outpatient appointments are projected to grow by 21% to 28%, day patient discharges by 25% to 37% and inpatient discharges by 22% to 39%. The ESRI also projects that, by 2040, there will be a requirement for between 4,400 to 6,400 additional inpatient beds, which would represent an increase of 39% to 60%. These beds would require a multi-disciplinary healthcare team to service the needs of the patients.

The ESRI projections take account of different policy choices and reforms (e.g., reducing inpatient length of stay) and how they could potentially impact demand and activity projections. The ESRI Hippocrates model offers us as workforce planners a resource which allows us to better anticipate the needs of our changing population, ensuring the right people with the right skills are in the right place, acknowledging that new technologies and innovations within medical care could revolutionise care pathways.

Hospitals are complex institutions within our health system. Specialised tasks are undertaken in collaboration between different specialist professionals. As our health services move to 5 over 7 and weekend rostering, if one specialist is missing from the care pathway, the patient might experience a delay. The current plan means that more appointments for scans and other diagnostic activities will take place in the evenings and on weekends, with the plans to have theatres operating on weekends as well. Matching the capacity of our beds and diagnostic and theatre facilities with our levels of specialist and support staff will be crucial to the efficiency and flow of patients through our services regardless of the day of the week. This may in some cases require additional WTE and it is important that certain regions and hospital networks do not become even more dependent on agency staffing to maintain service provision.

Certain policy initiatives are already being implemented to address capacity issues and reform care in the acute hospital sector such as the Acute Bed Capacity Plan and the Waiting List Action Plan. In September 2025, the HSE and the Royal College of Surgeons in Ireland (RCSI) jointly launch the most significant update to Ireland's strategy for delivering urgency and emergency care in more than a decade. It will see multidisciplinary teams playing a greater role in delivering care, supported by expanded advanced practice roles and sustainable workforce planning (HSE, 2025).

The Programme for Government 2025 committed to building four new elective hospitals (Cork, Galway and Dublin – 2 sites), establishing six new Surgical Hubs (South Dublin, North Dublin, Galway, Cork, Limerick and Waterford), and exploring the feasibility of a hub in the northwest. In July 2025, the Minister for Health announced that two additional Surgical Hubs for the northwest will be delivered in Sligo and Letterkenny.

As part of Government's commitment to ensuring that everyone has access to sufficient and appropriate surgical capacity, these new elective facilities will enable the delivery of high-quality and timely elective care services with significant additional service delivery capacity. Separating elective and non-elective care will further help to free up capacity in existing healthcare facilities to better address unscheduled care needs. The greater elective care capacity created will also release capacity in existing hospitals for non-elective and inpatient activity. There will be a blended approach to staffing, including dedicated nursing, support and administrative staff, with consultants committing a substantial proportion of their time to working in the new elective facilities, supported by staff practising at the top of their licence (Department of Health, 2023).

## MATERNITY & GYNAECOLOGICAL CARE

In 2016, Ireland's first National Maternity Strategy (Department of Health, 2016) was published. The Strategy mapped out the future for maternity and neonatal care, to ensure that it will be safe, standardised, of high-quality and offer a better experience and more choice to women and their families with midwives playing an important role in all pathways of care. The model of care proposed in the Strategy is based on the principle that childbirth is a natural, physiological process whilst recognising that some women have higher care needs.

The map below lists the nineteen maternity units and hospitals within the six regions.

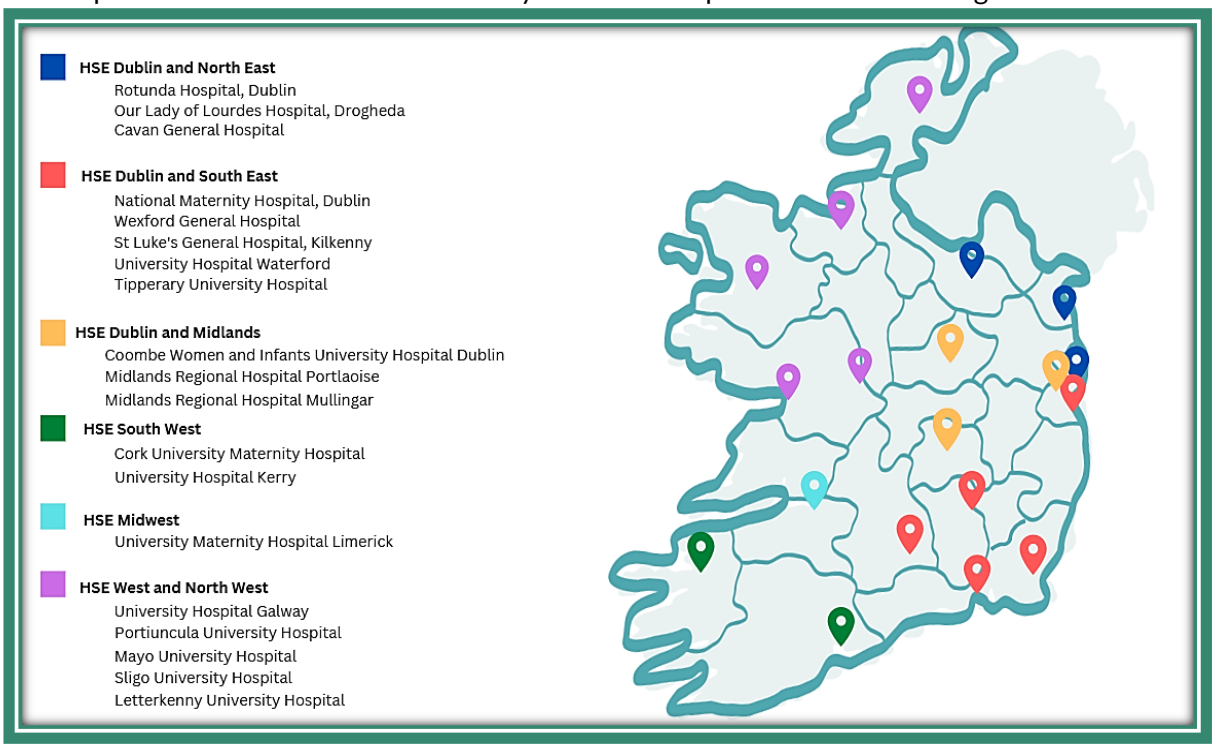



*Figure 13: Maternity units and hospitals within the six HSE regions*

The number of births has dropped from 75,554 in 2009 (which was the highest number of births recorded since 1891) (CSO, 2012) to 54,062 births in 2024 (CSO, 2025). However, the current proportion of complex pregnancies in Ireland is amongst the highest in the OECD, with Irish Caesarean section rates currently at 40.6% in 2024. This increased from a rate of 28% in 2012,

which is the 2021 OECD average. The age of the mother, underlying co-morbidity, history of Caesarean section, multiple births, medically complex presentations and pregnancies are some of the factors that are known to impact on Caesarean section rates (Department of Health, 2023). The management of fertility problems, high-risk pregnancies, high-risk deliveries, and newborns with life-threatening conditions requires additional clinical supervision.

The ESRI Public Acutes Capacity Review (ESRI, 2025) projected that the number of inpatient maternity discharges would increase by 16% between 2023 and 2040 based only on population change in the associate female age cohort but the ESRI researchers state that factors such as the fertility rate, maternal ageing, immigration levels and the changing clinical complexity such as higher rate of Caesarean-sections will impact on the demand for maternity care.

Demand for maternity services cannot be measured or managed through waiting lists, so it important to base maternity workforce planning on evidence relating to rates of acuity and associated care needs and avoid a simplification of demand methodology based on ratios linked with projected births. To enable and support workforce planning efforts, data collection on the number of midwives actively working in the profession, the number of dual qualified midwives working mostly in midwifery, the number of midwives leaving employment in Ireland and the number of qualified midwives joining from overseas is required.

Belgian researchers (Benahmed, Lefèvre, & Stordeur, 2023) carried out an analysis using a survey of midwifery experts in Belgium which forecasted demand for maternity services as part of their midwifery workforce planning efforts. One scenario modelled in that analysis was similar to the Sláintecare objective of moving more care into the community to an outpatient-centred model of care. What the Belgian researchers found was that this would lead to a 17.4% increase in demand for midwifery activities between 2016 and 2026 with strong increases in outpatient postnatal activities (+21.6%) driving this demand and compensated with a decrease in inpatient postnatal activities (-12%).

With regards to demand for maternity services, it is important to consider the skills mix between medical practitioners, the capacity within the 19 existing maternity units, safe staffing levels, rising complexities during pregnancy and delivery, regional trends and graduate supply pipelines.

Aligned with maternity services, gynaecology services are being fundamentally reformed to better meet the needs of the population. In recent years there has been significant investment to improve, reform and stratify our gynaecology services into independent care pathways. This reform is based on the transfer of proportions of general gynaecology referrals and redirecting as appropriate to specialist gynaecology services, namely, ambulatory gynaecology services, complex specialist menopause services, specialist endometriosis services, and fertility services. These specialist services are made up of multidisciplinary teams comprising consultants/surgeons in obstetrics and gynaecology, radiology, urology, anaesthetics, colorectal etc., as well as various nurses,

physiotherapists, dietitians, admin support, healthcare assistants, psychologists, counsellors, occupational therapists etc.

Gynaecology waiting lists are consistently amongst the highest in the country by specialty. As of July 2025, there were 33,414 women on outpatient waiting lists, and 5,857 on inpatient waiting lists. Despite increasing demand, specialist gynaecology services are having a positive impact on waiting lists and waiting times. In July 2025, 80% of women were waiting less than 6 months for a gynaecology outpatient appointment in comparison to 55% in September 2021.

## CHILDREN'S HEALTH

Children's healthcare in Ireland is provided for at national, regional, and local level to ensure that care is available as close to home as clinically appropriate. In 2024, it was estimated that there were 1,232,714 children living in Ireland which accounted for 22.9% of the total population, higher than the EU-27 average population of children at 18.0%.

The National Model of Care for Paediatric Healthcare Services in Ireland (Health Service Executive, 2016), sets out a model of care that will ensure that all children will be able to access safe, high-quality services in an appropriate location, within an appropriate timeframe, irrespective of their geographical location or social background. This model of care sets out a vision for high quality, accessible healthcare services for children in Ireland, from birth to adulthood.

GPs may deliver free care to children under eight years old through the Under 8 GP Visit Card scheme or the Medical Card scheme for all other health care needs. The Under 8 GP Visit Card scheme also covers health assessments for the child at two years and five years of age, out of hours urgent GP care and care for children with asthma (HSE, 2024). Some GPs also delegate the two child health assessments carried out under the Under 8 GP Visit Card scheme to the GPN.

In relation to children's services, they by nature require more resources compared to services for adults as they are more complex in presentation. As healthcare for children across Ireland is mostly present in primary and community care, it is important that our audiology, dietetics, occupational therapy, ophthalmology, physiotherapy, podiatry, psychotherapy, and speech and language therapy workforce are well supported and retained to deliver timely and safe patient care.

Once open, the National Children's Hospital Ireland will serve as the national centre for all specialised paediatric healthcare along with secondary acute care for the Dublin region. This world class facility will be operated by a workforce moving from the current sites and will drive positive transformation and innovation of paediatric healthcare in Ireland. Given that there will be expanded services in the new hospital, there is agreement that this will have an impact on the workforce required and there is ongoing engagement in this regard. It is envisaged that the National Children's Hospital Ireland will act as the hub within a network of paediatric care around the country including the regional paediatric units at Galway, Limerick, and Cork, and 14 local paediatric units' care.

## MENTAL HEALTH

This government aims to enhance mental health services in local communities and to continue to recruit mental health staff both nationally and internationally.

Sharing the Vision (STV) (Department of Health, 2020) is Ireland's ambitious, multifaceted national mental health policy to enhance the provision of mental health services and supports across a broad continuum from mental health promotion, prevention, early intervention and specialist mental health service delivery during the period 2020-2030.

Implementation of Sharing the Vision is guided by a detailed Implementation Plan, with regular policy implementation progress reports published on the Department of Health website. Implementation of the policy is overseen by an independently chaired National Implementation and Monitoring Committee. The current Implementation Plan 2025-2027 for Sharing the Vision was published in April 2025 (Department of Health, 2025).

Under STV, there is a recognition that, in line with changes in best practice and to enable future flexibility in terms of service delivery, additional competencies are necessary for multi-disciplinary teams, to complement the core skills and competencies. Core skills like psychiatry, social work, psychology and occupational therapy, additional competencies and professions like counsellors, speech & language therapists, physiotherapists, psychotherapists, social care professionals, dietetics, peer support, outreach and job coaching, for example, may be appropriate and required. Some specialist mental health teams have these professionals already in place. Developments over the last decade or more and the emphasis on achieving recovery-oriented outcomes underline this. There are commitments in STV to continue to expand the numbers of emerging mental health professionals, such as Peer Support Workers, Senior Peer Support Workers and Team Coordinators.

A number of the 100 Recommendations in STV support the continued development, funding and evaluation of lived/living experience peer support practitioners including peer supporters, peer support workers and peer educators in mental health service delivery. This approach has been advocated for by the WHO as a human rights and recovery focussed model of care as documented in the WHO's 2025 *"Roadmap for integrating lived and living experience practitioners into policy, services and community."*

STV also recommends that Team Coordinators should be in place in all CMHTs to facilitate enhanced intra-team management of referrals and clinical inputs as well as to create appropriate coordinated linkages into the community. Team Coordinators improve collaboration between primary care, secondary mental health services and specialised services to facilitate integration of care for service users. The expansion of these roles should continue.

The ambition of STV is to enhance access to mental health services, and psychologists are core members of community mental health teams. There is a requirement to plan for expansion of the provision of psychologists, and the Programme for Government commits to expanding psychology

assistant posts and expanding the number of funded places in Clinical Psychology Doctorate training.

Child and Adolescent Mental Health Services (CAMHS) provide specialist mental health services to children up to the age of 18 years who have moderate to high mental health difficulties. To access a CAMHS service a referral from a GP, or a senior clinician is required. The HSE acknowledges that there are deficits in CAMHS current service provision, including in relation to access, capacity and consistency in quality of services provided (HSE, 2024).

The government is focused on achieving and maintaining optimum mental health in Ireland. HSE WTE numbers working in Mental Health increased by 7% between year-end 2019 and June 2025, with 99% of that increase relating to posts directly involved in patient care. The availability of suitably qualified workforce has been highlighted as a significant challenge at a time when there has been record levels of investment in mental health services with an increase of 43.7% over the lifetime of the last government.

As part of Budget 2026, additional mental health funding will expand mental health national capacity clinical programmes and bed capacity. These will include the establishment of eight new specialist community teams and 31 inpatient beds across CAMHS, National Children's Hospital and Ireland's first Intensive Care Rehabilitation Unit (ICRU) at the National Forensic Mental Health Service.

### ORAL HEALTH

Oral Health is a care area that has seen significant transformation with advances in technology constantly changing the way oral health problems are addressed and the delivery of care which has major implications for the size and configuration of the oral health workforce (Birch et al., 2020).

Given the historic siloing of oral health and medicine, there is a growing global consensus on the importance of oral health to stem the tide of oral disease and keep people healthy but access to care remains challenging. The National Oral Health Policy (Smile agus Sláinte) adopted a new vision which aligned with the WHO ethos calling for the integration of oral health into primary care to make it integrated, person-centred, universal and accessible. It has two primary aims. One is to provide the supports to enable every individual to achieve their personal best oral health, and the other is to improve access to oral healthcare in an equitable and sustainable manner, thereby enabling vulnerable groups to improve their oral health.

It is imperative that the future oral healthcare workforce is agile and relevant to the policy goals of the National Oral Health Policy. A system thinking approach must be taken to better understand dentistry in Ireland; analysing current utilisation trends, unmet need, financing mechanisms, commercial and socio-economic determinants and inequalities experienced by certain groups in society to ensure that our future workforce is adequately resourced and trained to ensure that the burden of dental disease which is mostly preventable is lessened and the overall health of our population is improved.

The government is committed to making dental services more accessible for everyone by implementing Smile agus Sláinte and to hiring more public dentists. In September 2025, The RCSI welcomed their first cohort of students on RCSI's new Bachelor of Dental Surgery (RCSI, 2025) which is Ireland's first community-based dental programme where students will develop an awareness of the socio-economic determinants of health.

## SOCIAL CARE

The evolution of Social Care within our health and social care system represents a fundamental move forward in the design and delivery of models of care. The social model of care applies across all aspects of health, placing person-centredness, autonomy, community-based supports and the promotion of independence at its core. These values lie at the heart of progressing and reforming health services in Ireland. These values are particularly important in shaping services for people with disabilities and older persons, enabling them to live at home or within their own community and to maintain their independence and lifestyle choice wherever possible.

This evolution takes a life-course approach of recognising key stages in people's lives and the relevance of these particular stages for their health. WHO defines health as a state of complete physical, mental and social well-being and not merely in the absence of disease or infirmity and considers the impact of economic, environmental and social conditions on health and wellbeing at various stages in life (WHO, 2011).

Tusla is a state agency operating under the Child and Family Agency Act 2013, which has children at its core and families viewed as the foundation of a strong healthy community where children can thrive. Tusla's services include a range of universal and targeted services which include Child protection and welfare services; Educational welfare services; Psychological services; Alternative care; Family and locally based community supports and Early years services.

It is this government's ambition, and as outlined in the Programme for Government, to extend therapy supports within the education system, initially in special schools, and subsequently extending to schools with special classes and mainstream provision overtime. This is not to replace HSE services but rather to complement existing supports.

The Education Plan 2025, which was announced on the 19th of June 2025, confirmed Government approval for the establishment of the Education Therapy Service (ETS), within the National Council for Special Education (NCSE). It is expected that the number of therapists in the ETS will need to increase significantly over time from its current allocation of 39 therapy posts in the NCSE to support approximately 4,000 schools in the country. The policy approved by Government envisaged as many as 750 Therapy and Therapy Assistant posts with full implementation.

## DISABILITIES

In fulfilment of a key commitment in the Programme for Government 2025, the National Human Rights Strategy for Disabled People 2025-2030 was launched and published on 3rd September 2025. As part of Budget 2026, €3.8 billion will be invested in the delivery of disability services in partnership with the HSE, which is an unprecedented 20% increase. €2.21 billion of the funding secured will enable the delivery of residential services for over 9,000 persons with disabilities, enabling them to live as independently as possible in their local communities.

The scope of ambition of the strategy matches Government's commitment to progressively realise Ireland's implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in ways that will have the maximum benefit for this group. Following on from its launch and publication, Government is now committed to the full implementation of the National Human Rights Strategy to deliver the step change required in disability services.

As part of this step change, the Programme for Government makes significant commitments around increasing the disability workforce. These commitments relate to the recruitment and retention of staff, expansion of training places for Health and Social Care Professions (HSCPs) and the development of alternative pathways into these professions to widen access into critical skills areas (DCDE, 2025).

In July 2021, the Government published the Disability Capacity Review – A Review of Social Care Requirements and Capacity Demand to 2032 (Department of Health, 2021). This review set out the extra capacity requirements for community disability services up to 2032, based on an analysis of demographic trends and unmet need.

To implement the recommendations of the Disability Capacity Review, a detailed Action Plan was developed. The Action Plan for Disability Services 2024-2026, published in December 2023 represents a national strategy for capacity increases and service and policy reform in disability services. It was informed by findings from the Disability Capacity Review, cross-governmental input, and an extensive public consultation (DCDE, 2023).

The Capacity Review noted significant data gaps in its analysis, meaning the true level of unmet need is likely to be significantly higher than projected. There are significant levels of unmet need in Disability Services, particularly in relation to Children's Services, with service demand outpacing service provision in the area of Assessment of Need (in Q1 2025, there were 3,131 applications for AON, with about 1,400 completed).

An update of the Capacity Review is being prepared, taking account of the results of Census 2022, as well as updated information from National Ability Support System (NASS). This will allow for a more accurate projection of Disability Services workforce needs.

The Government is enhancing services for children with disabilities to improve supports for children with special needs and their families across the country. Children with complex special needs access therapy services through the Children's Disability Network Teams (CDNTs). The Government and the HSE both acknowledge the challenges in meeting the demand for these disability services and are acutely aware of how these challenges impact on children and their families. Conscious that recruitment will only be beneficial if current staff are retained, the HSE and partner Lead Agencies are committed to providing ongoing training and development for CDNT staff supporting their professional development and retention and promoting CDNTs as an attractive place to work.

It is important to acknowledge the progress that has been made in recent years regarding CDNT recruitment. The CDNT Workforce Report indicates that the CDNT workforce increased by 17% in 2024 when compared with the 2023 figure (HSE, 2025). This represents an additional 272 whole-time equivalent staff working across CDNTs. Within those on-boarded, the largest growth was in health and social care professionals, accounting for 204 of the 272 staff. Despite this growth there are still significant vacancy levels within CDNTs, with the April 2025 CDNT Workforce Report reporting a HSCP vacancy rate of 21%.

This government has committed to consider measures to attract and retain staff in the disability sector and to develop a new workforce plan to address immediate staffing shortages and longer-term needs. A number of key measures are in place to expedite the filling of vacant posts across Disability services which optimises the recruitment timelines for the HSE and funded Section 38 and Section 39 agencies. Specific enabling actions were developed and delivered during 2024 and continue into 2025, by maximising recruitment potential and engagement with the current candidate market to achieve workforce growth.

In June 2025, the government approved a significant expansion in training places for Health and Social Care Professions (HSCPs), a move that will see up to 310 additional student places created in 2025 and a further 151 in subsequent years, in disciplines critical to disability, health, and education services. Government departments and the Higher Education Authority are also advancing a process to further expand programme provision in the higher education system, with an emphasis on occupational therapy, speech and language therapy, and educational psychology, where existing providers are nearing capacity (DFHERIS, 2025).

## OLDER PERSONS CARE

Life expectancy rates have increased substantially in Ireland in recent years, driven mainly by reductions in mortality rates at older ages. Accordingly, Ireland has seen large increases in its older population. Along with this increasing demand for health and social care services, particularly those aimed at the older population such as long-term residential care (LTRC) and home support with the key variable that can determine the future demand for these services is healthy aging.

Our life expectancy at birth is now 82.6 years, which is the fifth highest among the EU 27. The aim should not just be to live longer, but also to live healthier for longer, and Ireland's healthy life years

at 65 is the third highest in the EU. Ireland also has the highest self-perceived health status in the EU, with 80% of males and 79% of females rating their health as good or very good. These figures point to a thriving population the members of which in large part are enjoying good health. However, challenges remain as the population of over-65s has grown by 37% over the past decade. By 2044, the number aged between 65 and 84 is projected to increase by more than 65%, while those aged 85 and over will more than double. More older people mean more demand for health and social care services, particularly in chronic disease management and long-term care.

Meeting the care needs of older persons will necessitate maintaining safety standards, valuing the care workers in the home support and nursing home sectors and aligning with Government policy which is to support people living with dignity and independence in their own homes and communities for as long as possible.

The ESRI report (ESRI, 2025) projects that the number of residential care beds, both long-term and short-term, will need to increase by at least 60% by 2040. The home support hour requirements are projected to increase by at least 57% and could potentially rise by 91% by 2040 under a high-pressure scenario. The research was funded by the Department of Health and considers a range of scenarios based on varying assumptions about population growth and ageing, the effects of healthy ageing, and policy choices.

The Government's longstanding strategic goal is to deliver a new model of integrated older persons' health and social care services, across the care continuum, supporting older people to remain living independently in their own homes and communities for longer, in line with the Sláintecare vision for receiving the right care, in the right place, and at the right time. It is recognised however that care provided in long-term residential care settings for older people will continue to be an important part of the continuum of care for older people into the future.

Since its launch in 2020, the ECC (Enhanced Community Care) programme has expanded significantly, with 2,800 additional healthcare staff, the establishment of 96 community health networks and 53 of the planned 60 community specialist teams for older people and chronic disease. In 2024, community specialist teams for older people had a total of 133,000 patient contacts. This was a 35.1% increase on 2023.

The overall budget for home support stands at €922 million, which is an increase of 87% on 2020. That allocation meant that close to 24 million home support and complex home support hours was provided in 2024, which is more than in any previous years. The increases in home support provision are already overshooting projections made through the ESRI capacity review process under a high-pressure scenario. As of June 2025, 33.5% of publicly funded home support hours are provided directly by HSE staff. The remaining 66.5% is provided by private and community and voluntary providers through the Home Support Authorisation Scheme.

The ESRI Capacity Review expects that significant increases, exceeding 1 million hours each year, will be required to meet demand over the short to medium term. Developments such as the new home support operating model and the introduction of a statutory home support scheme are expected to further increase the level of demand as care shifts towards the home. Similarly, the Nursing Home Support Scheme budget increased from €968 million in 2019 to €1.231 billion for 2025 and will support on average 23,956 people in their long-term residential care settings.

Recruitment and retention of staff in health and social care services to maintain safe service delivery levels is one of the main challenges Ireland faces to meet the existing and future health and social care workforce needs of our growing and aging population, particularly in the context of a global shortage of health and social care workers. These recruitment challenges are more significant in certain regions, leading to unmet demand in home support or higher costs of residential care, particularly in rural areas and the west of the country. While the number of people waiting on home support care has reduced from 6,673 in 2022 to 4,945 in June 2025, there is still a level of unmet need, with the West and Northwest making up 28% and the Southwest tallying at 20% of the waiting list. These two regions have the highest provision of public home support service with 56.1% and 71.1% respectively.

From a staffing perspective, there is a need to consider if our rehabilitation facilities and step-down facilities are providing therapist services such as physiotherapy sessions and speech and language therapy to both young and old patients in transitional care beds while awaiting a nursing home place or home adaptations to allow the patient to continue their recovery at home. Regional imbalances in staffing levels may impact on discharge times from acute hospitals as patients are more likely to have longer hospital stays if they are from counties with infrastructure and staffing shortages. The proposed introduction of Phase 3 of the Framework for Safe Nurse Staffing and Skill Mix Safe Staffing to long term residential care settings for older people will help inform the required supply of Nurses and Healthcare Assistants in the coming years.

The cross-departmental Strategic Workforce Advisory Group (Department of Health, 2022) has been charged with examining strategic workforce challenges in publicly and privately provided front-line carer roles in home support and nursing homes and with making recommendations to address these. The ageing of the workforce is noted as a concern with 59.3% of the HSE employed Home Support Workers aged 55+.

Approximately 5% of all older people need residential or nursing home care which means as the population ages, demand for health care assistants in nursing homes is set to increase significantly over the coming years however government policy points to ensuring people remain living in the community for as long as possible. Despite reform programmes, Ireland's care services are still oriented towards residential care, rather than care in the community and there is a considerable reliance on informal family care in Ireland with almost 300,000 informal carers according to Census 2022 which was a 50% increase since 2016 (CSO, 2023).

Respite care options in Ireland involve a suite of options which offer short breaks for informal carers. These include home support, day services, in home respite, bed-based respite in Residential Care Facilities and Carer's Allowance and this offering meets two sets of need and considers the outcomes of the dyad (caregiver and the Older Person receiving care).

Shortages in the care workforce can result in older people remaining in hospital awaiting homecare packages so they should be viewed as a critical part of a patient's pathway through our health system and particular attention is needed to ensure the provision of care corresponds to the current and future population need. It is important to consider the current public/private configuration and how that may change based on policies.

The establishment of the national Dementia Registry is crucial to the mapping of services, identifying needs and ensuring equitable access to dementia services across Ireland. As part of Budget 2026, a further €2.3 million will be invested in dementia care services.

It is estimated that there are approximately 64,000 people living with dementia in Ireland with a projected rise to 150,000 by 2045. The availability of a skilled health and social care workforce will be pivotal to ensuring a person-centred approach to the delivery of dementia services through an end-to-end pathway outlined in the Model of Care for Dementia in Ireland (Begley, Gibb, Kelly, Keogh, & Timmons, 2023). It is also important that when dementia clusters with other endemic diseases such as diabetes, for example, they exacerbate each other creating a "syndemic" disorder (Singer, Bulled, Ostrach, & Mendenhall, 2017). Health Care Assistants can access various accredited and free dementia training programmes focused on person-centred care and practical skills to support people living with dementia across a number of care settings.

As part of Budget 2026, there will be an increase of €215 million for older persons services, representing more than a 7% per cent increase on 2025. The Programme for Government commits to building more public nursing beds, increasing home care hours, improving dementia supports and increasing support for informal carers – improving access to respite and providing clearer pathways to services. The reform of the funding mechanisms will also impact on workforce demand as there is a commitment to increase funding for the Fair Deal scheme. The Programme for Government includes a commitment to "Design a Statutory Homecare Scheme to allow people to stay in their own home for as long as possible". Work is ongoing to progress this commitment, including the development of a regulatory framework for home support providers with the aim of ensuring all service users are provided with high quality care, the examination of future funding options, and the development of a reformed model of service.

With regards to data collection in home support going forward, changes in legislation will provide for a register of home support providers in addition to designated centres. There will also be provisions for HIQA to collect data in relation to the numbers and qualifications of the staff employed, demographics (including age profile), length of service and reasons for ceasing employment with an individual provider.

# Current Workforce Status

As mentioned earlier, the health and social care sectors in Ireland and across most EU countries employ more workers now than at any time in history. However, recruitment and retention remain areas of priority which must be tackled, and we must acknowledge that international recruitment has contributed significantly to the overall growth in our workforce.

Our paper aims to move away from a siloed approach towards interprofessional collaboration and strategic deployment, with a view of looking at the entire Health and Social Care Workforce. Looking at the data below from NMBI, the Medical Council, PSI and CORU, there has been a considerable increase in health and social care professionals from 2019-2024. The data below shows the numbers of professionals registered in Ireland rather than those practising in Ireland.

*Table 2: Headcount of health and social care workforce based on regulator data*

| Regulator Data | 2019 | 2024 | % change |
|---|---|---|---|
| **Medical Council of Ireland** | 20,455 | 26,591 | 30% |
| **Nursing & Midwifery Board, Ireland** | 77,144 | 93,043 | 21% |
| **CORU – Regulated Health & Social Care Professionals** | 18,061 | 30,301 | 68% |
| **Pharmaceutical Society of Ireland** | 6,506 | 7,731 | 19% |

The CORU registration increase of 68% was inflated due to the opening of new profession registers. Overall, the well-established regulated Health and Social Care professions, such as Physiotherapists, Occupational Therapists and Speech & Language Therapists increased by 37%, 26% and 20% respectively between 2020 and 2024.

Linked to the increase of those becoming registered, there has been an overall rise in HSE WTE. This approach of looking across the health system allows us to also understand increases in supporting roles such as general support, patient and client care and management & administration

positions in comparison with 2019 figures. These are essential roles that support the overall success of our health and social care workforce. The Medical & Dental staff category saw the largest growth at 34% while nursing & midwifery increased by 25%, Health & Social Care Professionals increased by 28% and Patient & Client Care by 16%.

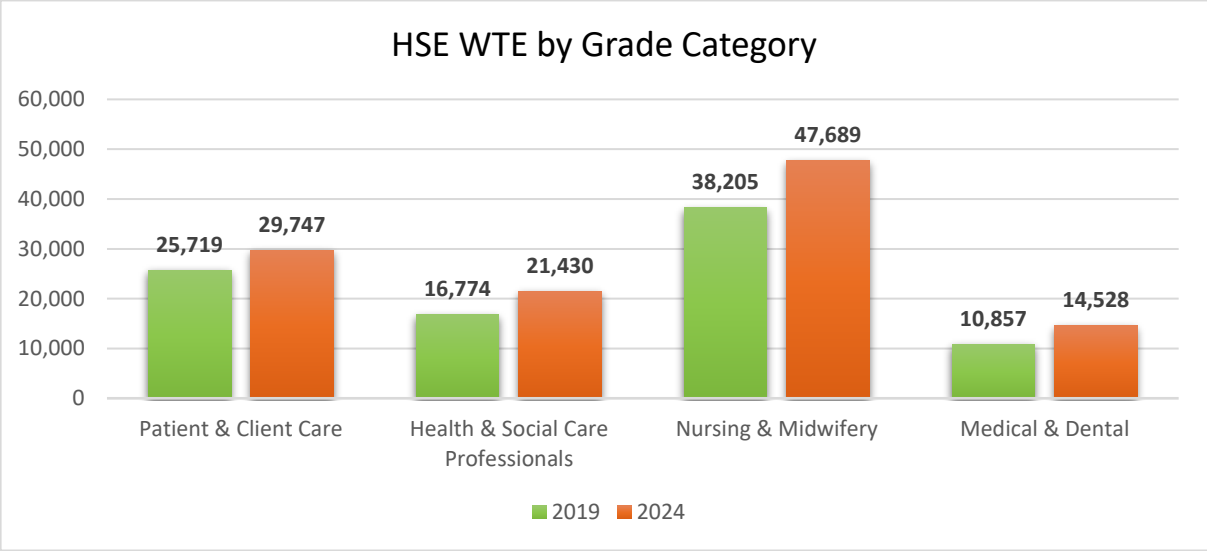



*Figure 14: HSE WTE by grade category 2019 and 2024*

## Medical Practitioners

At year-end 2023 according to the Medical Council of Ireland annual report, there were a reported 29,488 doctors registered with the regulatory body, up 66% from 2008 and 126% from 2000. Since 2000, the number of international graduates on the register increased by 633% compared to a 48% increase in Irish educated medical practitioners. In 2023, 43.4% of the total registrants were educated overseas compared to 35.3% in 2008 and 13.4% in 2000.

From a workforce planning perspective, we must account for the 4,160 who practice outside of Ireland but retained their registration with the Medical Council of Ireland. In 2024, 60% of the 2023 HSE medical intern intake showed no record of working in Ireland in the year following their internship, while 19% had started BST or GP training in Ireland and 21% were working in a non-training post in Ireland. For many interns, there is typically a lag between completing internship and applying for BST programmes.

From CSO and NDTP research, we know that a large majority of this group will return to practice medicine in Ireland. According to the NDTP (NDTP, 2024), on average for the 2015 to 2019 cohort, 86% of Irish interns had returned to Ireland by 2024. The NDTP data also shows a trend of an increasing proportion of interns going abroad after internship and an increasing proportion of interns spending longer durations abroad. It will be important to monitor these trends as it will be crucial factor that will allow us to reduce our over-reliance on international recruitment. It should be acknowledged that in 2023 only 80% of interns were Irish/EU graduates so increasing our CAO intake of medical students is important (see Figure 28).

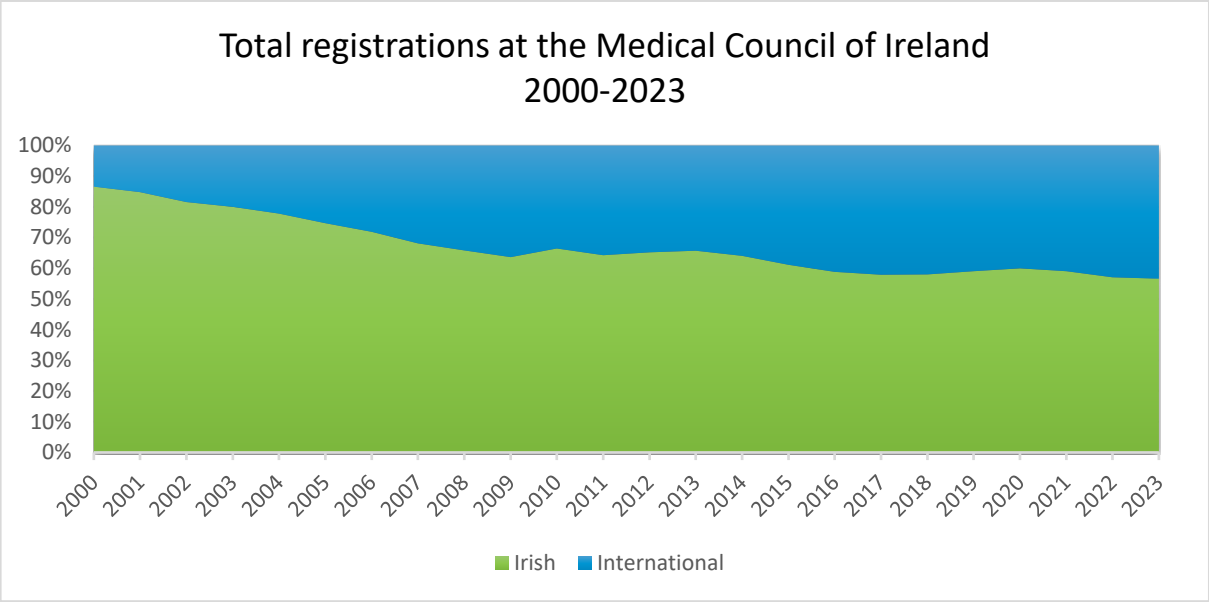



*Figure 15: Medical Council of Ireland, Irish and International registrations 2000 – 2023*

In 2024, Ireland registered 33 non-EU and 9 EU or UK qualified doctors for every 10 new Irish educated medical graduates. The number of first-time registered doctors who completed their medical degree in Pakistan is more than double the number of Irish medical school graduates (Medical Council of Ireland, 2025). As result of our medical training paradox, 1 in 4 interns in 2024 were EU and non-EU students. The retention rates of Irish interns are substantially higher than both the EU/UK or non-EU interns with similar trends among the BST graduates. Most foreign educated medical practitioners are employed as NCHDs but are not on structured specialist training programmes, often referred to as non-training scheme doctors (NTSDs). Just under 21% of NTSDs in the health service in 2024 graduated in Ireland (NDTP, 2025).

A National Taskforce on the Non-Consultant Hospital Doctor (NCHD) Workforce (Department of Health, 2024) was established by the Minister for Health in September 2022. The purpose was to put in place sustainable workforce planning strategies and policies to address and improve NCHD experience to support retention of NCHDs in Ireland. The Taskforce developed recommendations to improve NCHD structures and supports on clinical sites and to foster a culture of education and training at clinical site level. Engagement between the HSE and the Department is ongoing to monitor progress with implementation of recommendations.

It is important from a workforce planning perspective to focus on who is practising in Ireland. During the registration process, medical practitioners are asked if they have practised medicine in the previous 12 months and whether they are currently practising medicine in Ireland so for the purposes of modelling, the active medical workforce is referred to as clinically active and stands at 20, 962 in 2024.

While the overall number of clinically active medical practitioners has increased by 22% from 2019 to 2024, the number of Irish qualified practitioners increased by 10%, EU graduates increased by 64% and non-EU graduates increased by 59%. It also indicates that 41.6% of those clinically active in 2024 were educated overseas but that 27.8% were educated outside of the EU and UK, an increase from 25.7% in 2023, and 23.3% in 2022 (Medical Council , 2024). This is of concern and points to an unsustainable and transient workforce.

The Government is committed, as per the Programme for Government, to increase the number of Public-Only Consultants. From 2020 to 2024, the number of HSE employed consultants increased rapidly from 3,448 to 4,620, an increase of 34%. As of end October 2025, a total of 3,218 (WTE) consultants have signed up to the public-only consultant contracts (POCC). This represents 67pc of the consultant Workforce.

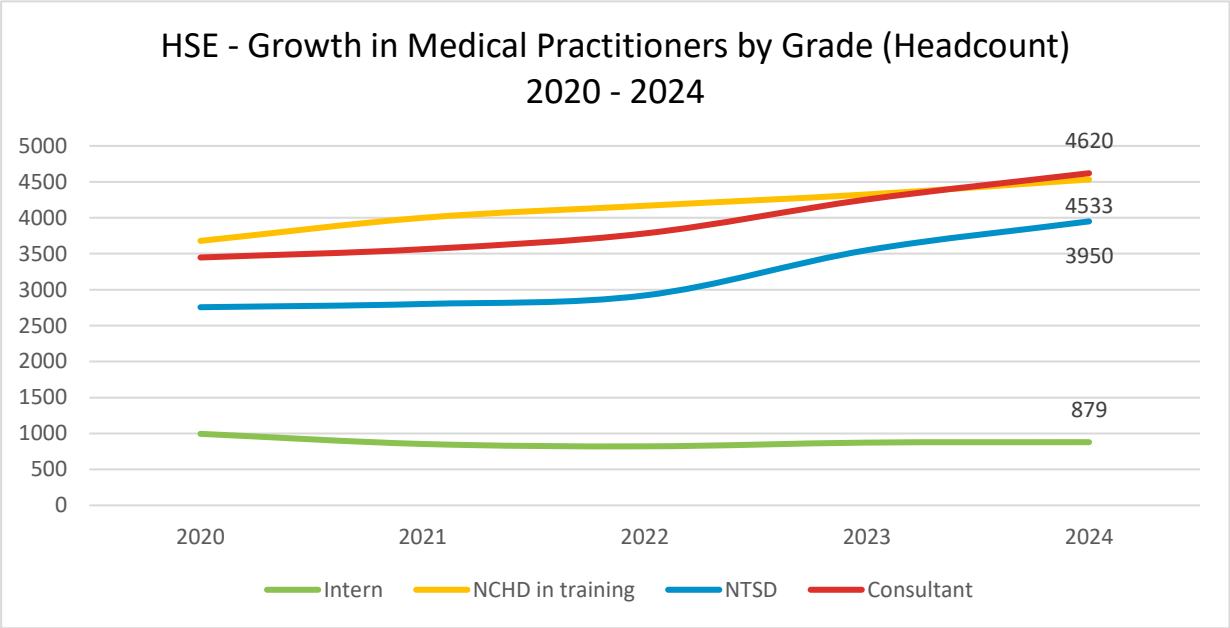



*Figure 16: HSE growth in Medical Practitioners by grade HC 2020 - 2024*

A large proportion of NCHDs are not on structured specialist training programmes. They are employed most commonly at SHO or Registrar level and generally hold 6- or 12-month contracts and tend to be concentrated in certain specialities, in particular Emergency Medicine and General Internal Medicine. According to the NDTP (NDTP, 2024), from 2014 to 2023, the rate of growth of NTSDs (9%) has been substantially higher than the growth in trainees (5%) over the same period. A 21% increase between 2022 and 2023, and an increase of 11% was observed between 2023 and 2024. Overall growth in the last five years was 43% (NDTP, 2025).

There are a number of factors that could be driving this growth, but healthcare is getting more complex and the large increases in consultant numbers in turn drives the demand for NCHDs to ensure safe and efficient consultant delivered model of care. A Consultant delivered service as opposed to a Consultant-led service is the policy direction and can be defined as “a service delivered

by teams of Consultants, where the consultants have a substantial and direct involvement in the diagnosis, delivery of care and overall management of patients" (Department of Health, 2003).

The Medical Council of Ireland (Medical Council , 2024) reported 4,764 clinically active and self-reported General Practitioners in 2024 – the figure typically used for international comparison purposes. Of this number, 52.4% were female, 31.1% were 55 years and older, and 71.1% were Irish (BMQ) medical graduates. The Irish Government Economic and Evaluation Service (IGEES) technical note 'Supply and Demand of General Practice in Ireland' (Coy & Tanwir, 2025) highlighted the uncertainty around the true stock number of General Practitioners with estimates as low as 3,000 based off HSE contracts.

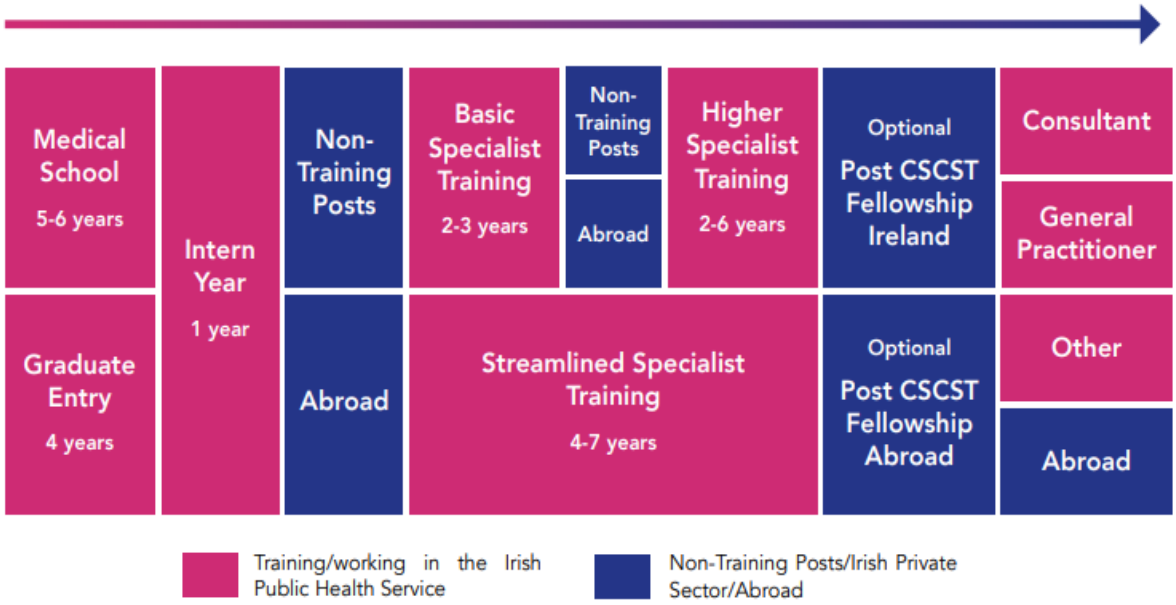



*Figure 17: Medical training pathways and timelines*

Given the significant investment both in terms of finance and time, it is a priority to identify the optimal number of interns required to meet our future requirements of general and specialist medical practitioners. The BST and HST training programmes referenced above are managed and run by 13 postgraduate training bodies sitting within the six colleges (Royal College of Physicians of Ireland, Royal College of Surgeons in Ireland, Irish College of GPs, College of Anaesthesiologists of Ireland, College of Psychiatrists of Ireland, Irish College of Ophthalmologists).
Significant increases in specialist postgraduate training places were achieved over a six-year period from 2019/20 to 2024/25, including:

- 27% increase across Basic Specialist Training (BST)
- 32% increase across Higher Specialist Training (HST)
- 29% increase in the total number of doctors enrolled in training programmes.

Provisional figures for the 2025/2026 training year indicate the total number of doctors enrolled in postgraduate medical training in Ireland is currently approximately 5,960. This represents a 4.9% increase in total training places compared to 2024/2025.

A wider discussion with all stakeholders is required to discuss any future increases in specialist training places ensuring medical practitioners have access to career progression opportunities in medical and surgical disciplines which are likely to be in high demand in the coming decades. The NDTP produce speciality reports which outline requirements for specialists in Ireland with thirteen published reviews and plans which are listed in Appendix 6. By collaborating with the NDTP, we will plan to ensure that we are offering specialist training to meet the future needs of the population while also avoiding an over-specialisation and hospital centric approach.

This paper gives us a direction of travel towards increasing our overall numbers, but future work will be developed based on evidence and with collaboration and input from stakeholders.

## Nursing & Midwifery

As of 31 December 2024, there were 93,043 registrants registered with NMBI (NMBI, 2024) which is a 58% increase on 2002's total of 58,981 nurses and midwives.

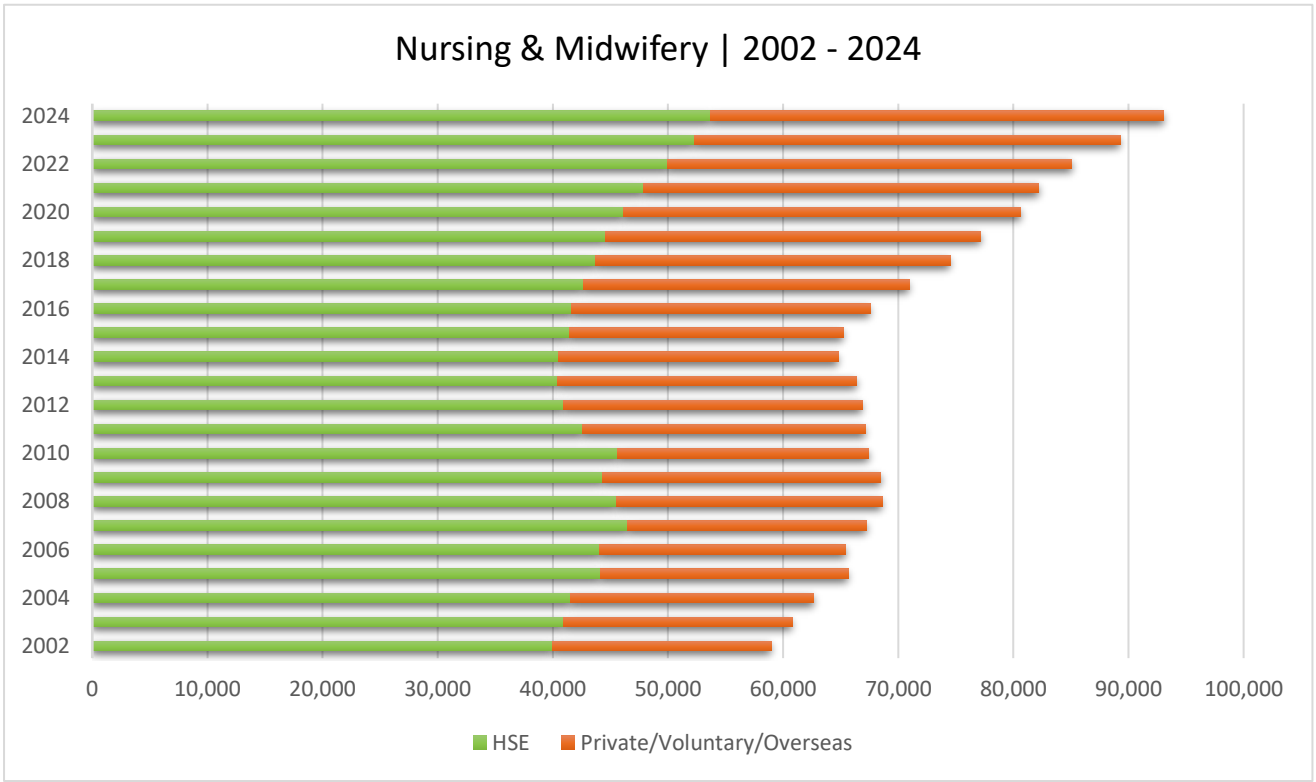



*Figure 18: Graph combining NMBI and HSE data. Residual approach used to calculate private/voluntary/overseas*

In terms of how Ireland got into the position we're in today where we have increased our numbers so considerably over the last two decades, of all the first-time registrants with the NMBI from 2002

to 2023, 44% were domestically educated with 18% coming from the EU and 38% coming from non-EU countries.

In 2023, the percentage of our nursing workforce who trained abroad hit 52% and according to the NMBI's latest publication, there are 117 nationalities on the NMBI register (NMBI, 2025).
As was mentioned above in the Case for Change, the lean years of international recruitment after the financial crisis are evident from the graph above and while our Nursing school places did increase from 1,603 in 2016 to 2,110 in 2023, it is clear that domestic supply didn't meet demand and our modelling indicates a requirement to double student places at a minimum to replace the existing workforce and reduce our heavy reliance on international recruitment which stood at 77% in 2023 and 74% in 2024.

Recent figures published in an Indian publication (Venkateswaran & Monteiro, 2025) showed estimates of 640,000 Indian nurses and 193,000 Filipino-educated nurses working abroad. According to the latest NMBI figures (NMBI, 2025), there were 20,419 Indian nurses and 7,324 nurses from the Philippines registered to work in Ireland which makes up 3.2% and 3.8% of the total estimates respectively. To put that into context, Ireland makes up ~0.4% of the estimated population of OECD countries, where the majority of Indian and Filipino nurses will migrate to.

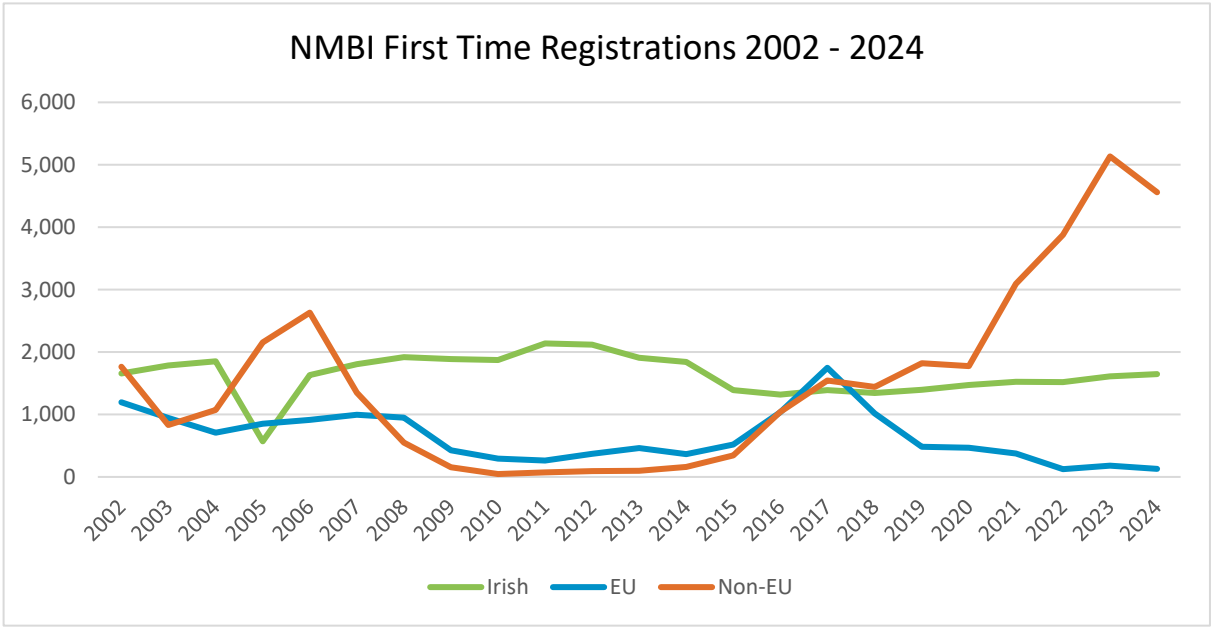



*Figure 19: NMBI first time registrations 2002 - 2024*

While 52% of our current nursing workforce were educated abroad, 62% of NMBI registrants are Irish citizens which suggests that a proportion of those foreign educated nurses and midwives have qualified for Irish citizenship which signals their commitment to the Irish health system.

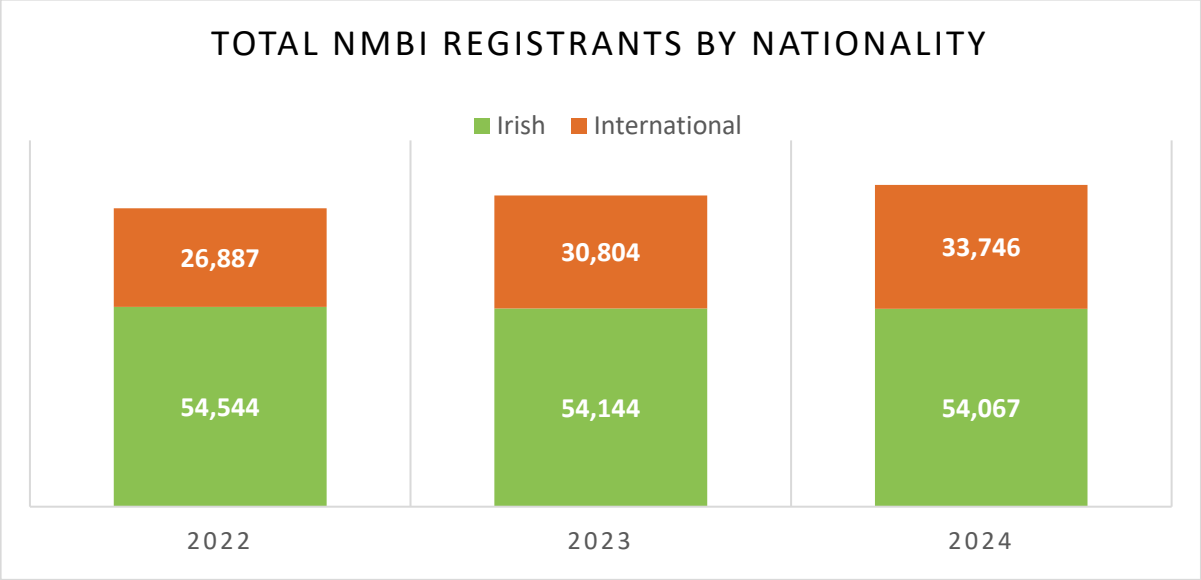



*Figure 20: NMBI Irish and International registrants 2022 - 2024*

The proportion of registrants who identified as Irish nationals on the NMBI did indeed fall however from 67% in 2022 to 62% in 2024 which points to our continued reliance on foreign educated nurses and midwives at a time when the overall registrants increased by 8% and worryingly the number of Irish nationals reduced by almost 1%.

The System Dynamics Model of Nursing and Midwifery Workforce Supply paper published by the Department of Health in 2022 shows that, based on existing trends at the time of publication, the proportion of domestically educated nurses and midwives in the workforce will decrease from 54% to approximately 38% over a 20-year projection period which will exacerbate the challenge of reaching national self-sufficiency (Caulfield, Hynes, & O'Connor, 2022). As well as facing challenges replacing our existing workforce and the need to expand to meet future demographic impacts, advancements in polices such as safe staffing and advance practice will also add to the future expansion demand on our nursing and midwifery workforce.

The Framework for Safe Nurse Staffing and Skill Mix is an evidence-based approach to determine safe staffing and skill mix levels for nursing and healthcare assistants across a range of healthcare settings. The Department of Health is leading on the development of various phases of the Framework. Each phase of the Framework development is underpinned by research and demonstrates impact through the measurement of a range of outcomes, in particular the positive impacts on patients/residents, staff and organisations. Phase 1 (general and specialist medical and surgical care setting in adult hospitals) and Phase 2 (adult emergency care settings) are national policy since 2018 and 2022 respectively and are being implemented by the HSE. The Government is committed to full implementation of the Framework and there has been significant investment to date to support implementation nationally. The development of Phase 3 of the Framework for Safe Nurse Staffing and Skill Mix includes Long Term Residential Care Settings for Older Persons, and Community Care Settings.

The Report of the Expert Review Body (ERB) on Nursing and Midwifery (Department of Health, 2022) sets out a pathway for developing and strengthening the role of the Nurse and Midwife and addressing safe Nurse and Midwifery staffing through an evidence-based approach, decision-making in recruitment and retention and the wellbeing of Nurses and Midwives. The HSE have stated that the retention of all graduate nurses and midwives across services is a key action as part of their approach to optimise resourcing needs and effort to meet the significant workforce expansion. In 2025, the HSE offered each of the graduate nurses and midwives from Irish universities and colleges a permanent contract. This included graduates in general, mental health, intellectual disability, midwifery and children's. Other retention measures in operation include provision of training and development opportunities, family friendly initiatives such as the flexible working scheme and shorter working year scheme, conducting exit interviews and ongoing development of wellbeing initiatives

The Government has invested heavily in Advanced Practice for Nurses and Midwives, particularly since the publication of the Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice for Nurses and Midwives (Department of Health, 2019). The Policy has provided a model to support education and training for nurses and midwives from graduate to advanced level in Ireland. In 2016, 0.2% of the total nursing and midwifery workforce were registered at advanced practice level and the Policy, in 2019, set a target of 2% of the total nursing and midwifery workforce at advanced practice level. This target was revised in 2021 by the Minister for Health to 3%.
Funding to support the development of new advanced Nurse and Midwife practitioner posts aligned to policy priorities including chronic disease; older persons and the reduction of waiting lists has been allocated by the Department to the HSE. As of January 2024, according to data from the HSE Strategic Workforce Planning and Intelligence Unit there are now 1,109 registered and candidate advanced Nurse/ Midwife practitioners, which is approximately 2.4% of the Nursing and Midwifery workforce.

## Midwives

The Nurses and Midwifery Act was signed into law on the 21 December 2011 and recognised midwifery as a separate profession. Since then, there have been significant changes to the profession with midwifery services increasingly moving into the community and midwives also working across other specialist areas, such as gynaecology, neonatal care, and operating theatre settings (Department of Health, 2022).

The National Maternity Strategy 2016 - 2026 mapped out the future for maternity and neonatal care, to ensure that it will be safe, standardised, of high-quality and offer a better experience and more choice to women and their families with midwives playing an important role in all pathways of care. The model of care proposed in the Strategy is based on the principle that childbirth is a natural, physiological process whilst recognising that some women have higher care needs.
As a result of a rise in C-section rates, calculating the demand is complex but the supply modelling is also complicated. The close historic links between the nursing and midwifery profession create complexities when analysing the supply of midwives and the registry data.

Stakeholders have indicated that a significant proportion of NMBI registered midwives are currently practising but not as midwives, rather they are working within the confines of nursing.

As of 1 June 2025, there are 8,798 midwives registered in the Midwives Division of the NMBI (NMBI, 2025). However, of that number, only 4,708 are currently practising in the division. Work is underway within the Department to improve data collection practices as we can only account for 2,628 of those midwives were practising and employed in the HSE as a midwife and 1,333 registered midwives were employed in the HSE as Public Health Nurses. The overall headcount of midwives working in the HSE increased by 68% from 1,563 in December 2011, which is the year that midwives became a distinct profession while over the same time period, the number of midwives on the register has reduced by 27% as the number of dual qualified midwives leave the register.

## Health & Social Care Professionals

In Ireland and internationally there is growing demand for health and social care services, alongside critical staff shortages. The significant investment in community care services to establish community healthcare networks is transforming healthcare delivery with a focus on care closer to home. This has seen an unprecedented increase in numbers of health and social care professional posts in community, primary care and acute hospital services.

Health and Social Care Profession(al)s (HSCPs) refers to the 26 professions within the group as referenced by the HSE HSCP Office website. They account for the second largest clinical grouping of the health workforce providing interventions in therapeutic, rehabilitative, re-enablement, health and social care and diagnostic services. They work in all settings including acute, community, disability, mental health and older persons' care. The Strategic Guidance Framework for Health & Social Care Professions 2021-2026 (HSE, 2020), was developed to articulate the impacts, commitments, supports and actions required by HSCPs.

Recent increases in student places will start to have an effect in the coming years and through enhanced funding and policy focus on areas such as community, mental health and disabilities, there should be a shift towards an integrated care model of care. The Programme for Government commits to doubling the number of college places for speech and language therapists, physiotherapists, occupational therapists, dietitians, psychologists and social workers.

***Regulated HSCPs***

There are currently twelve professions which are regulated by CORU, with five more designated for regulation in the future. These professions include Dietitians, Medical Scientists, Occupational Therapists, Optometrists and Dispensing Opticians, Physiotherapists, Podiatrists, Radiographers and Radiation Therapists, Social Workers, Social Care Workers and Speech and Language Therapists.

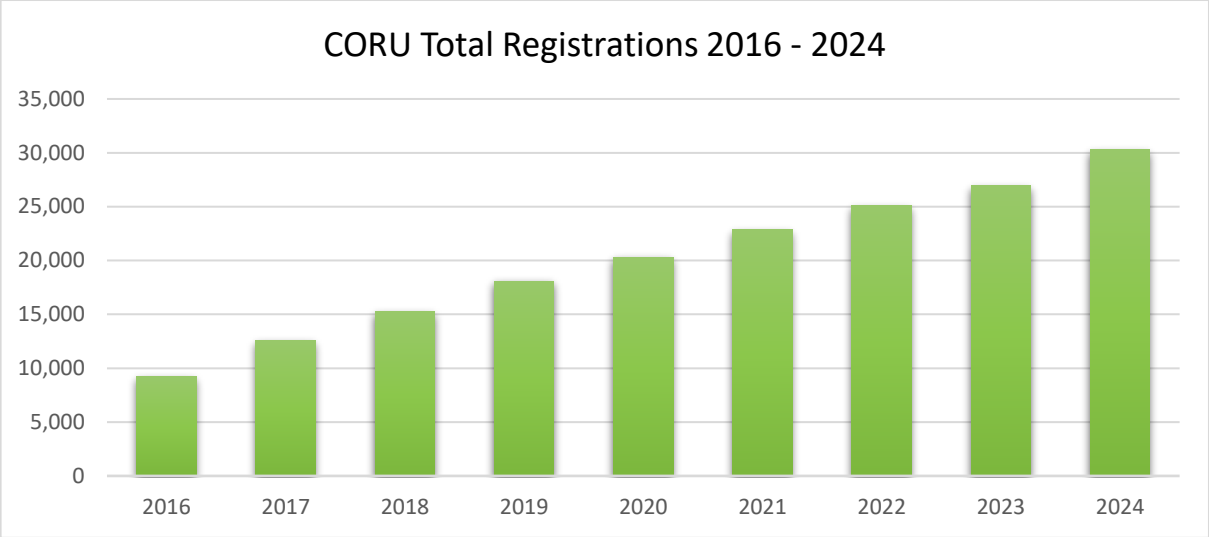



*Figure 21: Total CORU registrations 2016 - 2024*

CORU is continuing the substantial work required to open the registers for the remaining designated professions of Counsellors, Psychotherapists; Psychologists; Clinical Biochemists and Orthoptists. The registration boards for both the psychology profession and counselling and psychotherapy professions have been established, and significant ongoing work is being undertaken to progress the opening of the registers for these professions. The work for both these Registration Boards has proved both complex and challenging due to the diverse nature of the professions and the myriad of educational paths to qualification. Intense work is ongoing to progress these professions to statutory regulation.

As CORU was established in 2007 and first board appointed in 2010, with the Physiotherapists Registration Board opening in 2016, Medical Scientists in 2019, and Social Care Workers in 2023, there is a period known as grandparenting following the opening of the register which means the true number of professionals operating in Ireland may not be known until the 2-year transitional period ends. This can help explain why the number of CORU registrations rises so considerably in the graph below.

Also, since June 2021, the occupations of Social Workers, Occupational Therapists, Physiotherapis ts, and Speech and Language Therapists are now eligible for an Employment Permit and Dietitians can apply for Critical Skills Employment Permit which has led to a higher number of applicants to the registration process.

Over 460 additional places are being created across the higher education system in health and social care disciplines identified as priority areas by the Departments of Health, Disability and Education. The majority of these additional places were brought on-stream in September 2025, and they build on expansion secured in 2024, with further additional student places to be added in 2026. Based on a 2023 baseline, these additional places would equate to a 59% increase in Dietetics courses, 24% in Medical Science, 62% in Occupational Therapy, 81% in Physiotherapy, 89% in Podiatry, 61% in Radiation Therapy, 52% in Radiography, 70% in Social Work and 21% in Speech and Language

Therapy. The Higher Education Authority will undertake a further Expression of Interest Process, aimed at establishing new providers of HSCP training.

The tree map below shows the proportional distribution of the overall 30,301 CORU registered HSCPs at the end of 2024. Further info is available in Appendix 2.

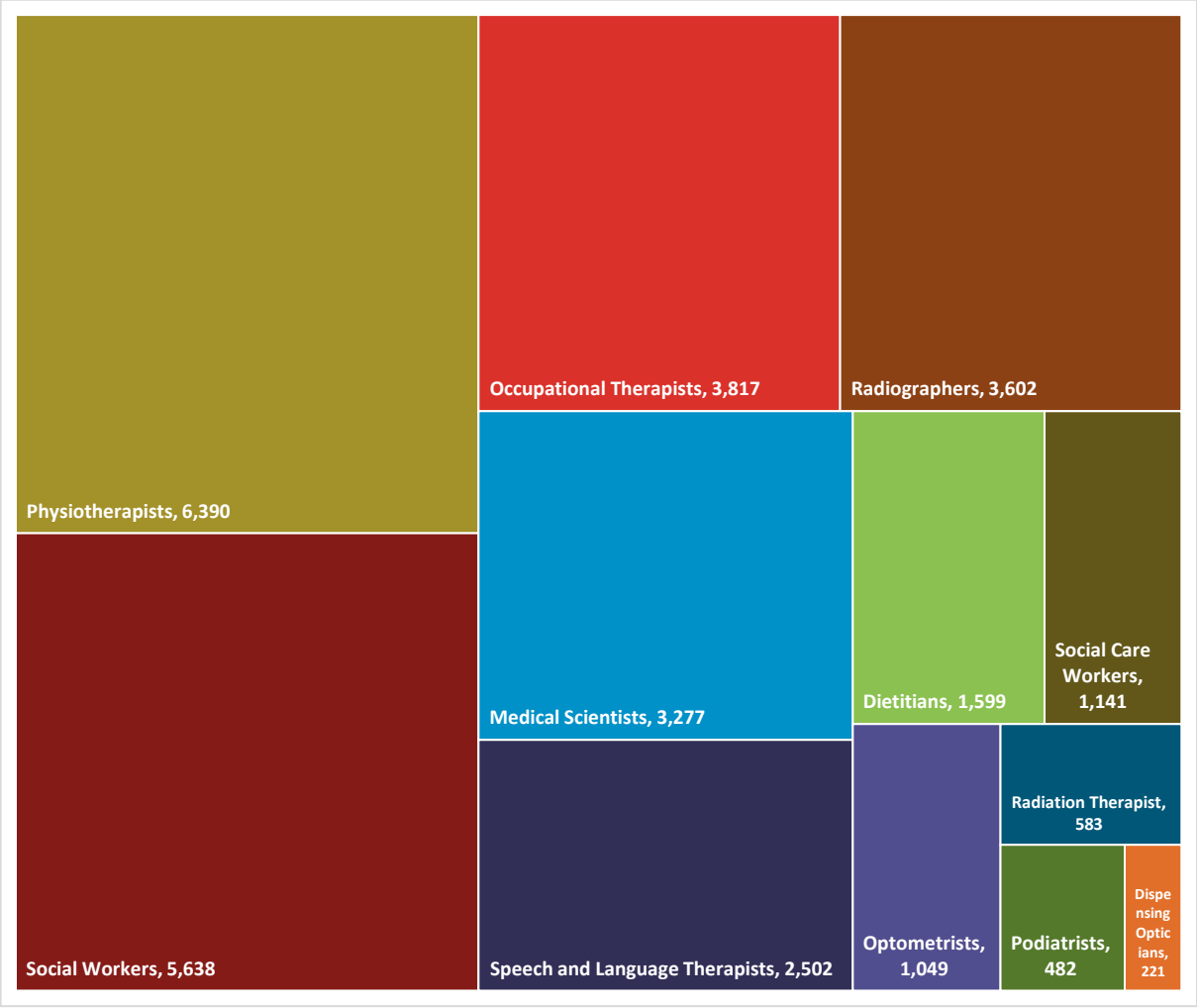



*Figure 22: Distribution of CORU registered HSCPs by profession*

Social Care Workers who were recently regulated under CORU in 2023 represent that largest grade group under the HSE Census. As can be seen from the CORU registrations above, for regulated Social Care Workers in 2024, the register was still in its infancy and within the two-year grandparenting period.

In CORU's first State of the Register report published in November 2025 showed that we now have 32,000 HSCPs as of June 2025. It highlighted how young our HSCP workforce is with 20% of registrants under the age of 30 and 20% aged 50 or older. Interestingly 80% of total registrants were female and 85% were Irish nationals but the HSCP workforce is becoming increasingly international in its composition with registrants from 99 countries (CORU, 2025).

CSO data is helpful to show the significant increase in HSCPs before the establishment of CORU. Between the 2011 and 2022 Census, the number of Physiotherapists increased by 53%, Speech & Language Therapists by 70%, Occupational Therapists by 70%, Radiographers by 62%, Psychologists[6] by 57%, Social Workers by 47%, Counsellors by 29% and Podiatrists by 25%. More detail is available in the Appendix 2.

**HSE Workforce**

The HSE has seen the number of HSCPs increase by 28% since 2019 and 47% since 2015 which is a significant increase over a decade, and this would include all 26 HSCPs rather than just the CORU regulated professions.

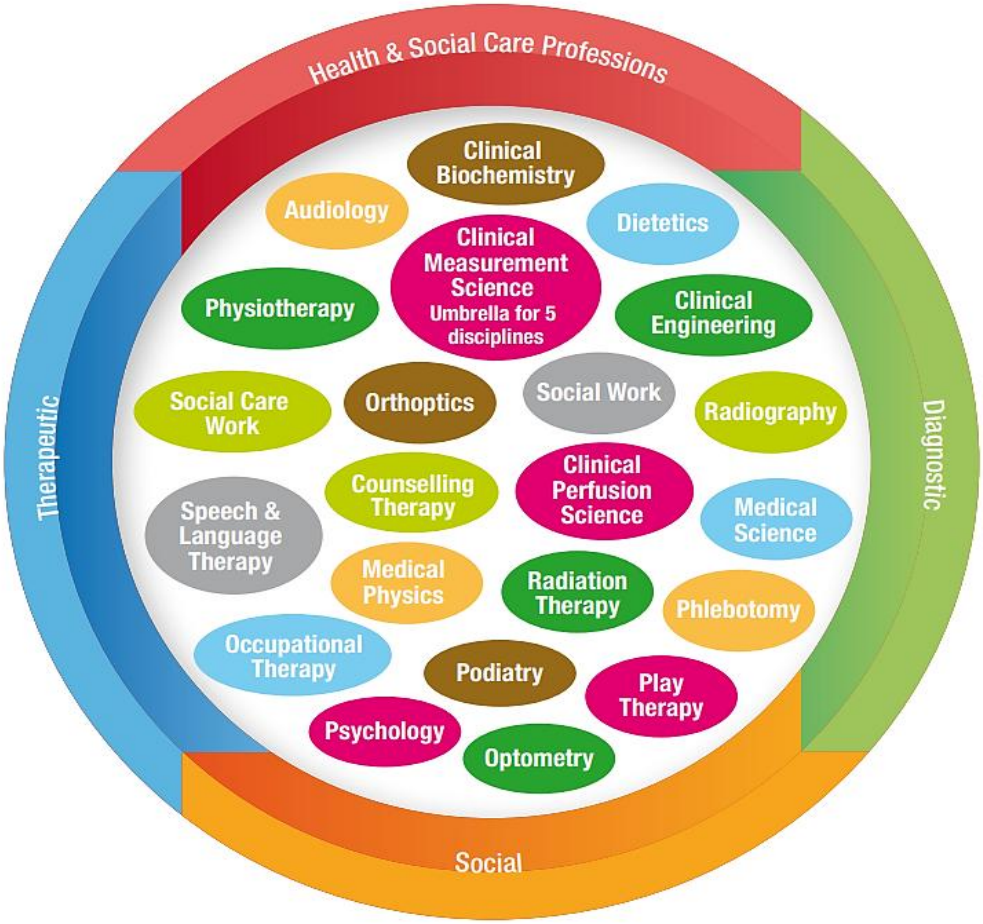



*Figure 23: HSCPs taken from [HSCP Deliver: A Strategic Guidance Framework]*

Since the launch of HSCP Deliver, A Strategic Guidance Framework, significant work has continued to strengthen the role of HSCPs across our health service. The impact and value of HSCP for service users/patients and in delivery of Sláintecare is recognised and there is an appreciation that investment is needed to ensure the supply, capacity and sustainability of the HSCP Workforce.

[6] encompasses academic psychologists (social and experimental) and industrial psychologists as well as a broad psychologist category

There is a growing understanding of the breadth and diversity of the HSCP workforce and the key roles they play in delivering for patients and service users. Service user outcomes may be further enhanced if the potential and extra value of this workforce are fully realised.

Within the HSE figures, over the last two decades, there have been significant increases in the number of HSCPs employed especially across the therapy professions and professions involved in diagnostics. These rapidly advancing professions have a core role in modern healthcare settings as members of multidisciplinary teams across all care areas.

The smallest growth period between 2008 and 2014 are in line with the lean years following the economic crisis but they are all relatively young professions in terms of average age which means that as workforce planners, we need to anticipate a relatively large increase in retirements in the coming decades as these professions mature and reach a steady state.

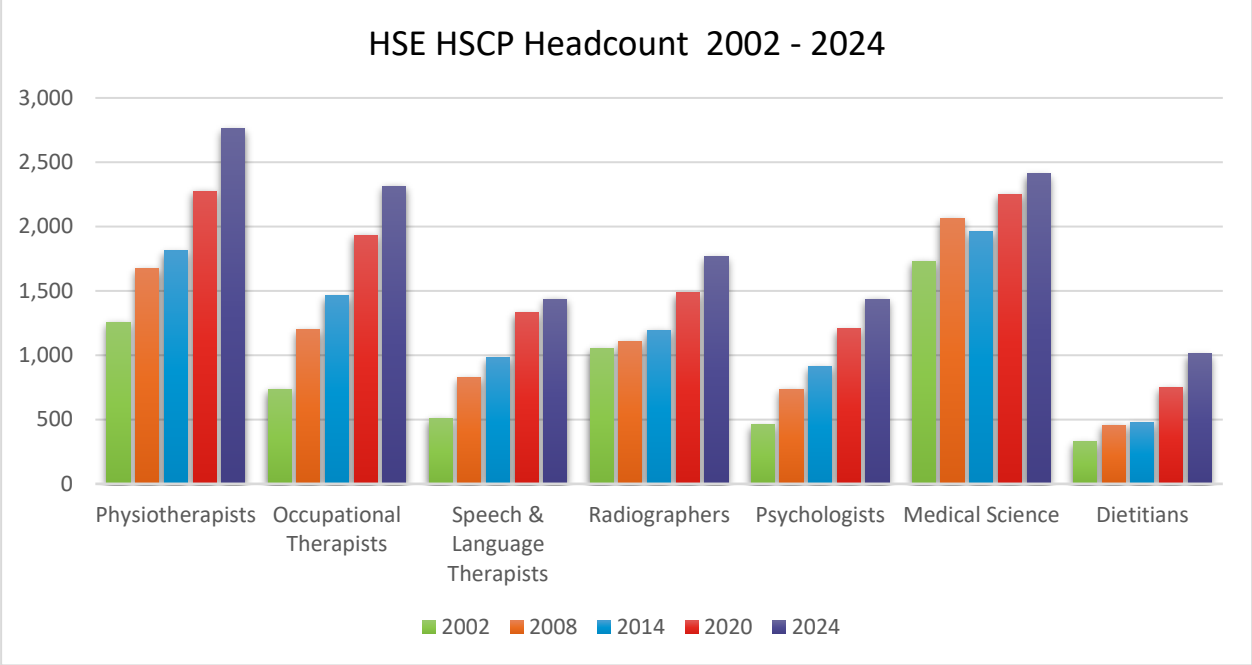



*Figure 24: HSE HSCP headcount 2002, 2008, 2014, 2020, 2024*

Despite this overall increase, there are some areas like Primary Care that have seen decreases which goes against the Shift left policy direction. Significant focus will be on the expansion of therapy services across the primary community care area covering children's health, older persons and disability services.

## Pharmacy Workforce

While our pharmacist workforce has increased by 19% from 2019 to 2024, the number of pharmacies registered has increased by only 2%, while 25% of the overall growth was associated with public sector employment growth. This could mean that more pharmacists are now working outside of the traditional community healthcare setting. Accurate figures for pharmacists practising

in healthcare only are currently not available. Work is underway to improve data collection for the purposes of determining future demand and supply. Current pharmacist statistics relate to pharmacists registered in Ireland and include pharmacists working across a variety of sectors, including healthcare settings, pharmaceutical industry and academia.

According to Census data, there were 5,945 pharmacists at work in 2022, up from 4,779 in 2016 and 3,906 in 2011. Interestingly over the same period, the number of Pharmacists working in Manufacturing has increased by 200% over the same period making up 7% of the total "At work" stock. The community pharmacy increased by 36% while those working in health centres and hospitals increased by 83%.

More recent data from the PSI following a survey of the register in 2024 (Pharmaceutical Society of Ireland , 2024) suggests that 92% of Pharmacists were practising, based off 1,349 pharmacists of the total 7,585 completing the survey. 86% were in patient facing roles, with 71% working in the community, 14% in hospitals, 4% in Industry, 3% in Academia, 3% in Regulatory and 1% in Research. 4% identified as working in other, which may still be patient facing such as addiction services, community health centres or vaccination centres. 10% also indicated that they work in more than one practice areas with many working across patient-facing and non-patient facing roles (Pharmaceutical Society of Ireland , 2024).

As part of our modelling process, we render any pharmacists registered to practice in Ireland whether that be in healthcare or the pharmaceutical manufacturing sector, academia or management consultancies as our stock.

*Table 3 PSI and HSE Pharmacist data*

| PSI & HSE Data | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|
| **Pharmacists** | 6,246 | 6,506 | 6,767 | 6,845 | 7,067 | 7,483 | 7,731 |
| **HSE Pharmacists** | 701 | 728 | 811 | 907 | 916 | 991 | 1,040 |

Around 13% of our pharmacist workforce are publicly employed which is up from 11% in 2018. While the overall workforce increased by 24%, this public workforce increased by 48%.

Of the publicly employed workforce in December 2024, 78% work in Acute hospital care with the rest spread across Primary Care, Mental Health and Social Care. The number working in permanent full-time positions has increased from 61% in 2018 to 70% in 2024.

Given the majority of Pharmacists work in private community pharmacies, there is a need to consider how to best match the population needs and the optimal use of available staff. Based off

PSI survey data, 26% of pharmacies are in a city, 52% are in urban areas[7] and 22% in rural areas (Pharmaceutical Society of Ireland , 2024). This compares to the population distribution of 33%, 30% and 36% respectively. The high percentage of pharmacies in our regional towns and rural areas demonstrate their deep roots in our communities and there is an opportunity to utilise their clinical expertise more effectively in community care.

Currently there are large numbers of foreign educated Pharmacists registering in Ireland for the first time on the Pharmaceutical Society of Ireland register. The proportion joining from abroad increased from 52% of total inflows in 2018 to 65% in 2023. During that same period, the number joining from the domestic/national route increased by 29% and the overall total inflow increased by 76%. Foreign educated pharmacists are attracted by the relatively high salaries offered in Ireland compared to other EU countries and this is likely to continue until the supply of Pharmacists starts to meet the demand. University places in Ireland have increased from 180 in 2017 to 247 in 2024 and clearly given the levels of international recruitment, the recent growth in our population in Ireland has placed additional demand on our community pharmacies.

Community pharmacies are among the most accessible and trusted healthcare providers in Ireland. With over 85% of the population living within 5km of a pharmacy, they serve as vital health and wellness hubs, offering a wide range of services, from dispensing and medicines optimisation to immunisation, chronic disease management, and public health promotion. Their reach, expertise, and patient relationships position them uniquely to support the Sláintecare vision of delivering care closer to home.

The Expert Taskforce to support the expansion of the role of pharmacy (Department of Health, 2024) found there is a real opportunity to expand the role of pharmacists and to see them working at the top of their training and expertise. In September 2025, the new Community Pharmacy Agreement was launched which supports commitments to expand pharmacy services, provides new investment in the sector, supports value for money and modernisation and digital reform (Department of Health, 2025).

The impact of this expanded scope in pharmacist practice, will also require analysis to determine accurate activity growth rates for pharmacists, reflecting their enhanced role in the community and to account for potential integration of pharmacist prescribers into the health system.

While the scope of practice for Pharmacists may expand, we also must consider the role that Pharmacy Technicians play and any associated growth in this workforce which may be required in tandem with growth in pharmacist numbers. They are not regulated or registered with a regulatory body, and the qualification is not standardised so a national strategy would be required to examine scope of practice and workforce planning along with the need for regulation.

---

[7] Defined by CSO as having a population between 1,500 – 49,999

According to Census data, the number of Pharmaceutical Technicians has increased by 90% between the 2011 and 2022 census with 5,035 with the number of Pharmacy and other dispensing assistants rising by 20% over the same period. Of the 4,894 Pharmaceutical Technicians at work in 2022, 62% worked in community pharmacy, 22% worked in manufacturing and 13% worked in a healthcare setting. The numbers working in community pharmacy increased by 102% between 2011 and 2022 while the cohort working in a healthcare setting increased by 98% and manufacturing increased by 65%.

According to PSI survey data, 93% of pharmacies stated that they employed Pharmacy Technicians/ Dispensary Assistants during all operating hours, with most pharmacies employing two or more.

## Oral Health Practitioners

According to Census data, the number of individuals working in "Dental Practice Activities" which includes all types of workers from clinicians to general support staff[8] grew from 4,856 (2011) to 6,104 (2016) before increasing again to 7,089 in 2022 with only the West of Ireland experiencing a decrease in staffing numbers between 2016 and 2022.

The number of Dental Practitioners at work which includes Dentists, Dental Surgeons and Orthodontists[9] as increased during that same period from 1,874 (2011) to 2,073 (2016) and 2,289 (2022). This would represent 66.5% of the 3,442 on the Dental Council register for 2022. Most dental practitioners work in the private sector with 428 working in the public sector in March 2025.

Data from the Dental Council for Auxiliary Dental workers shows that as of August 2025, there are 944 Dental Nurses, 679 Dental Hygienists, 94 Orthodontic Therapists and 42 Clinical Dental Technicians registered. It should be noted that Dental Nurses are only required to register with the Dental Council if they conduct X-ray examinations, so we would assume the actual figure working in this area is higher. Based on the latest HSE Census from June 2025 shows that there are 617 Dental Nurses working in the public sector so given most oral healthcare is conducted in private practice, this would also back up the assumption that the actual number of Dental Nurses is higher.

In recent years, Ireland has changed its methodology when reporting the number of dentists operating in Ireland to the OECD and WHO. Prior to 2020, Ireland reported the number of dentists registered with the Dental Council of Ireland. However, since then, Ireland has used the practising rate with an estimation method applied from the 2016 and 2022 Census data to avoid overestimating the number of practising dentists, hence the large dip in the line graph below. If

[8] Detailed Industrial Group: Dental practice activities of a general or specialised nature, e.g. dentistry, endodontic and paediatric dentistry; oral pathology, orthodontic activities, dental activities in operating rooms.
[9] Dental practitioners diagnose dental and oral diseases, injuries and disorders, prescribe and administer treatment, recommend preventative action and, where necessary, refer the patient to a specialist.

Ireland did not change this reporting method, the figure for 2024 would be 3,700 based off August 2024 figures.

Unlike most health and social care professions the dental register is not a record of dentists working in Ireland but rather a register of those who are entitled to work in this jurisdiction, and it says nothing about the practitioner's intention of actually practising in Ireland. Work is underway to improve data collection with plans to conduct an oral health census by 2027.

Dental Council data indicates that between 2015 and 2023, 63% of new registrations were educated outside of the Republic of Ireland with the majority educated in the EU and UK. Over that same period, the number of Irish graduates joining the dental register has dropped from 89 in 2015 to 65 in 2023. The number of student places has remained constant; however, there has been an increase in the number of non-EU students in our dental schools.

The graph below shows the reported number of dentists, with the green line indicating the DCI registration totals and the broken blue line representing the new measure reported based on Census estimates which was introduced to capture practising dentists only, which did not exist prior to 2021 reference year.

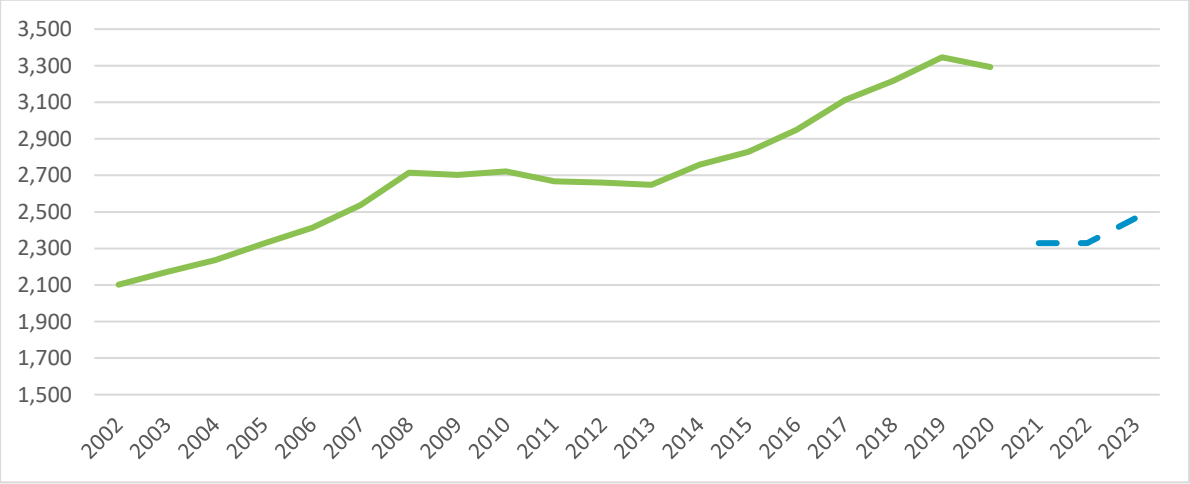



*Figure 25: Number of Dentists, green line indicating the DCI registration totals and the broken blue line representing new Census estimates. Global Health Workforce statistics database (who.int)*

While there are currently data limitations which have limited our ability to accurately model dental professionals, work is ongoing to address the paucity of data and model the demand and supply of oral health professionals in a needs-based and team-based approach which considers demographic trends and workforce reform and aligns the oral health workforce with the specific population oral health requirements and the policy goal of delivering more preventative care in a primary care setting.

## The Care Workforce

There are a whole range of roles in our health and social care workforce that are not regulated or where there is no requirement to register but provide frontline care or support across all care areas. There are workforce challenges across the entire health and social care system, in particular there is an acute shortage of care-workers against a background of rising demand for care. These include Health Care Assistants, Healthcare Support Assistants and Home Support Workers who work across multiple care areas in the acute hospitals and community.

According to (SOLAS, 2023), the number of care workers and home carers employed in 2022 was 67,300 with an annual average growth rate of 1.8% between 2017 and 2022. Of those employed in 2022, 80% were female and, 59% worked full time. The high number of people employed in this occupation, and given 26% were aged 55 years and over, indicates that replacement demand alone will be a challenge even before looking at the increased demand for these services with our ageing demographics.

The Department of Enterprise, Trade & Employment commissioned a report on the labour market impact of health-care assistant (HCA) employment permits. It was reported by KMPG in their analysis of supply that the number of HCAs had increased by 28% from 46,746 in 2019 to 59,707 in 2023. HCAs with employment permits made up 12% of that increase. According to the HSE Census, the number of HCAs increased by 17% over the same period between 2019 and 2023. Since 2023, it has increased by a further 3% as of June 2025 with 24,142 HCAs employed by the HSE. As the working age population is due to expand, KPMG in their baseline scenario of their supply model shows that if the supply of Irish/EU increased in line with the projected rise in working-age population, the workforce would only increase by 8% up to 2036. This falls short of the 3.5 to 4% annual growth that was projected to align with older population growth to 104,196 by 2036 (DETE, 2024).

In June 2021, the role of Health Care Assistant was removed from the ineligible occupation list for employment permits. As Health Care Assistants play a crucial role in the healthcare system, Ireland is not the only country who list HCAs as an occupation where there is a growing demand and current shortage so an over-reliance on international recruitment leaves us vulnerable to supply shocks at a time when demand is growing exponentially.

Quantifying the HCA workforce is difficult because they are not yet required to be registered. According to CSO Labour Force survey data, in Q4 2024 (CSO, 2025), 45,200 were in employment with the residential care sector which was a substantial increase on the Q4 2023 figure of 36,500. According to a recent report of the Department of Health's Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants (Department of Health, 2022), in July 2022 the HSE employed 22,495 healthcare assistants (HCAs) and 5,289 healthcare support assistants (HCSAs). Approximately 6,000 of these workers are assigned to the provision of home support services.

In addition, over 100 external home support providers are currently engaged in delivering HSE funded home support services. Approximately 10,000 care workers are employed by providers who are members of Home and Community Care Ireland (HCCI); and approximately 3,000 care workers are employed in the voluntary sector by providers who are members of the National Community Care Network (NCCN).

The Department of Health also compiles and publishes statistics on an annual basis which includes the number of practising caring personnel workers[10] in the Republic of Ireland, as at the end of the calendar year. These workers are defined as providing direct personal care and assistance with activities of daily living to patients and residents in a variety of health care settings such as hospitals, clinics, and residential nursing care facilities but only those working with the public health service.

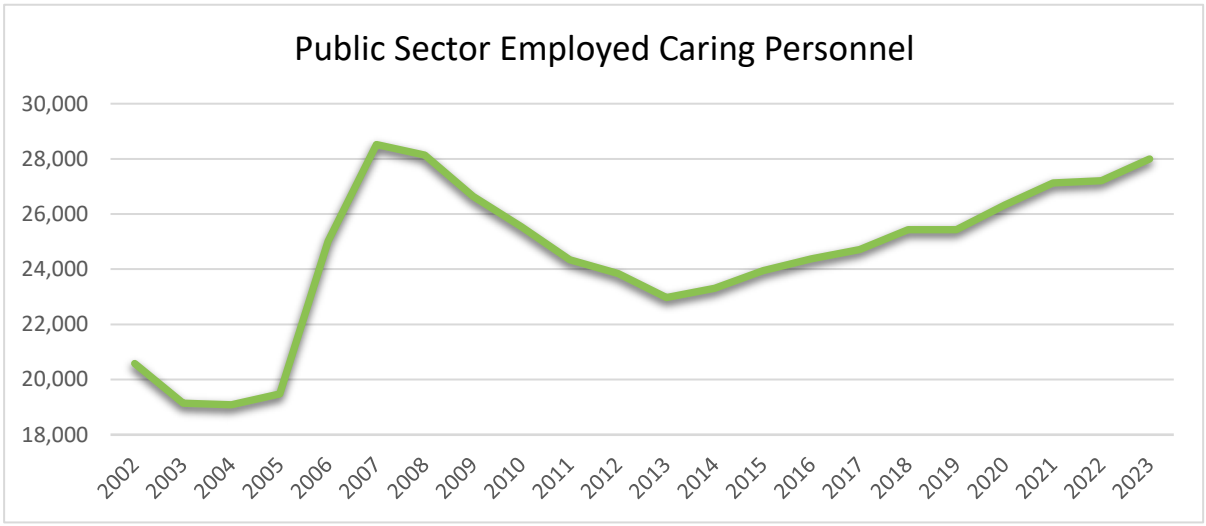



*Figure 26: Public sector employed caring personnel 2002 - 2023*

As with some of the other professions, there was a decrease in caring personnel between 2008 and 2013 before an increase, but this increase incorporates growth in hospital carers. For example, the overall number of Health Care Assistants working in the HSE between 2002 and 2023 increased by 92% with those working in Acute Care increasing by 102% and Social Care by 107% which would include nursing homes resident care and those working in disability care.

The introduction of Health Care Assistants was to facilitate the development of a higher-level nursing or other professional input into patient care by allowing the nurse or other health professionals to allocate certain tasks in circumstances that enhance patient safety and healthcare. The Framework for Safe Nurse Staffing and Skill Mix mentioned above which is implemented in all hospitals nationally by the HSE recommends a Registered Nurse to Health Care Assistant skills mix

[10] Nursing aide (clinic or hospital or home-based); Patient care assistant; Psychiatric aide; Home care aide; Personal care provider; Foreign health care assistants practising in the country; and Foreign personal care workers practising in the country.

ratio which differs based on the specialty. There is work ongoing to determining a skills-mix ratio for long-term residential settings for older people and the community setting.

The training and education of this workforce is currently under review on the back of a comprehensive report on the role and function of HCAs in the HSE (HSE, 2018), with proposals to produce a register updated on a live basis, of qualified HCAs within all divisions of the HSE and HSE Funded Agencies which will provide the data required to model this staff group in the future. The Programme for Government has committed to providing a career pathway for healthcare assistants.

Peer Support Workers are employed by Community Mental Health Teams to utilise their lived experience of mental health difficulties to assist service users in their recovery. Rather than merely focusing on the reduction of clinical symptoms, recovery focuses on living a full and meaningful life despite experiencing mental health difficulties. Peer Support Workers and Senior Peer Support Workers act as a recovery resource to the Community Mental Health Service Team promoting the principles of Recovery. This new role may be filled by carers, nursing assistants or even retired staff.

The number of Home Support Workers employed by the HSE decreased by 39% between 2002 and 2023. While care services are often state-funded or subsidised, it is important to acknowledge that most Long-Term Residential Care (LTRC) and home support services are provided by the private sector. The ESRI estimated that approximately 80% of all nursing home beds are in private and voluntary nursing homes, (ESRI, 2025) and Nursing Homes Ireland (NHI, 2024) state that the private and voluntary nursing home sector provide direct and part-time employment to 35,000+ persons across 420 nursing homes. As of June 2025, 66.5% of publicly funded home support is provided indirectly while 33.5% is provided directly by HSE employed workers. In 2018, 43.8% was provided directly.

According to data from the European Union Labour Force Survey (Eurostat, 2025), in 2024, 41.3% of our long-term care workforce are foreign-born compared to the OECD26 average of 20.6% and up from the 2014 figure of 19.6%.

***Non-clinical roles***

Non-clinical roles are those which do not provide any type of medical treatment or testing. Some non-clinical workers do interact with patients but do not actually provide medical care. This group may include hospital executives, receptionists, administrators and other health and social care employees working in departments, such as human resources and information technology (IT).

While we are not modelling these professions, we acknowledge that they are part of the patient pathways and provide the essential support that allows healthcare facilities to function smoothly by reducing the administrative burdens on clinical staff, coordinating care services efficiently and improving patient experiences. As this government is committed to working towards the full digitisation of Irish healthcare records and information systems, a number of new roles will be required which will build and maintain the Electronic health records and registers within our hospitals and clinics in the community but within other countries that are ahead of us in their digital journey, they expect that as their systems mature, demand for these professionals will drop over the coming years.

AI could see the introduction of new roles within healthcare settings, such as "AI champions" and Clinical Information Officers (CIOs). CIOs are often individuals with clinical backgrounds tasked with driving AI deployment, ensuring AI tools align with clinical needs. In other jurisdictions "AI champions" are transitioning into technology-focused roles and operate within specific departments and are involved in the end-to-end process of deployment, have in-depth knowledge of AI and serve as the technology leads in deploying AI (PwC, 2025).

## DATA LIMITATIONS

As in many other countries, access to, and quality of, health workforce data is a challenge. For example: There is limited information available publicly on the numbers employed in the delivery of private and voluntary health services, including Non-Acute/Community Agencies funded under Section 39 of the Health Act, 2004. In the coming years the Department of Health will work with relevant stakeholders to seek to develop workforce data collection in relation to the delivery of private and voluntary health services. Data is generally not available for professions that are not regulated. Data on practising rates is not available for some regulated and unregulated professions.

# How Ireland Compares to Other OECD Countries

A commonly used methodology for estimating future demand for health and social care professionals is using population to practitioner ratios (current and target ratios). This was the approach used in the 2009 FÁS report to estimate future demand of skills for a list of healthcare occupations. The merits of this approach are discussed in (Haase & Batchelor, 2014) whereby it is noted that the ratio of practitioners per population over time allows identification of whether *"the per capita supply has increased or decreased; whether there is a current shortfall if measured against some previous reference period; we can make comparisons with other countries; and we can test whether such provision is spatially unbiased or whether there are some regions where per capita supply is higher or lower than the national average"*.

However, it doesn't allow us to measure the different utilisation rates between age groups in the population and as the population ages and the incidence of chronic diseases is set to rise, more complex demand projections are required.

While it is useful to examine how Ireland compares with other countries, particularly in terms of opportunities for learning, it is important to note that there are often key factors that differ among countries. For example, the type and structure of the health system, the skills mix of the workforce, the regulatory process as well as the training and education. Data definitions are standardised by Eurostat and the OECD; however, member countries' available workforce data often deviates from these definitions in ways which sometimes can mean that they are not like for like comparisons. Careful interpretation is therefore required for international comparisons.

***Medical Practitioners Compared***

Ireland produces one of the highest numbers of Medical Graduates per 100,000 and this has accelerated since 2010 despite a 15.8% increase in the population.

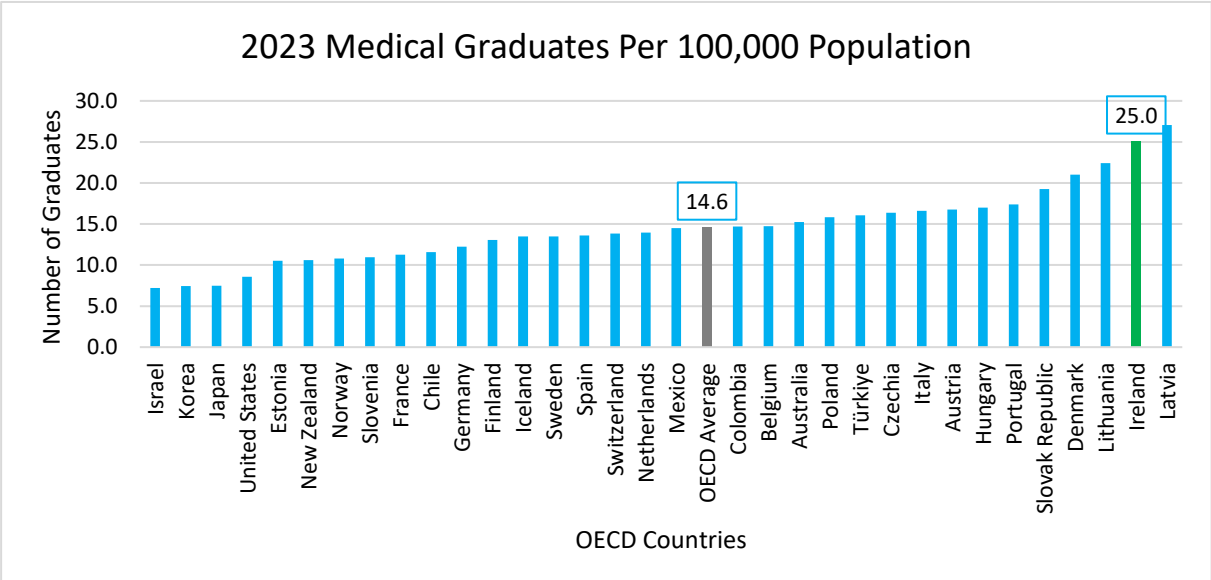



*Figure 27: Medical Graduates per 100,000. Source data OECD Data Explorer [accessed July 2025]. Note: country definitions might differ and/or be based on estimates.*

In 2010, the total per 100,000 was 17.21 and it has since increased to 25.04 in 2023. Although Ireland produces one of the highest numbers of medical graduates per capita in the OECD, approximately half of the students come from other countries.

Considering that in 2023, there were 653 CAO and EU entry graduates, the more accurate figure for Ireland would be 12.3 per 100,000 which leaves us below the EU average of 14.6. As can be seen in Figure 28 below, not all interns that joined in 2023 were CAO entry graduates some were in fact, non-EU graduates from Irish universities and EU graduates from European universities. Using the intern figure as a proxy for medical graduates, Ireland would have 18 per 100,000.

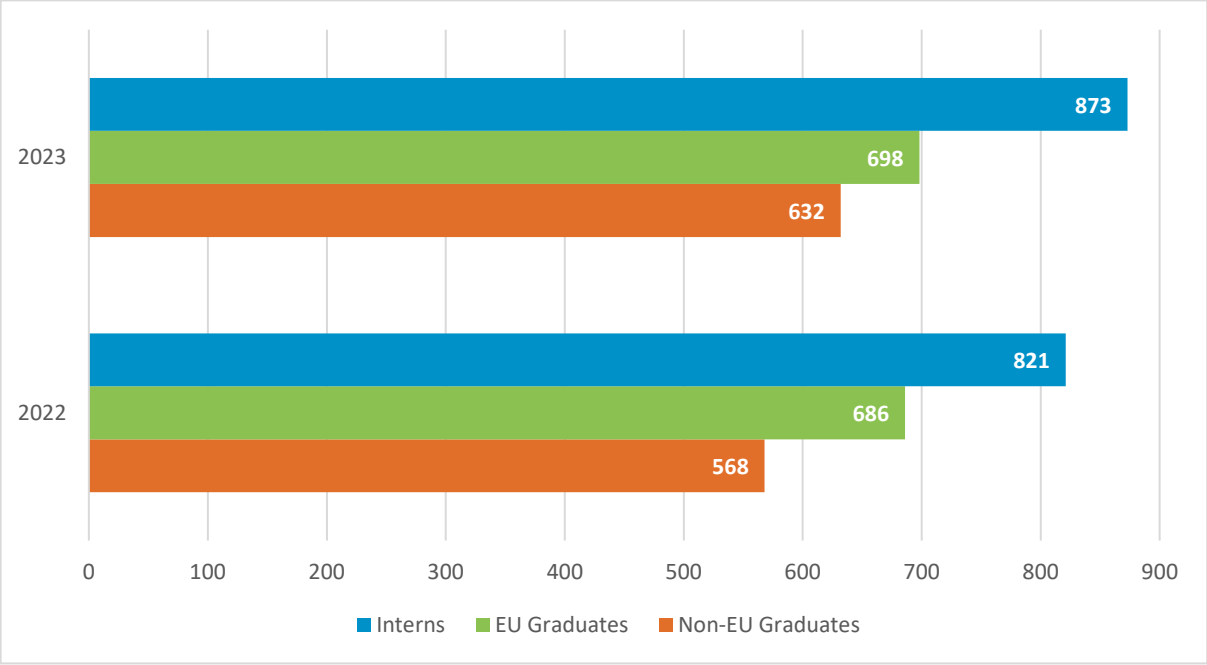



*Figure 28: EU/non-EU medical school paradox in Irish universities*

The evidence shows that Irish interns do return to Ireland following a temporary period of emigration but is important that work is done to reduce this attrition rate while concurrently increasing our CAO intake of Irish medical students.

According to the latest NDTP Medical Recruitment and Retention report (NDTP, 2024), 63% of EU/UK and 65% of Non-EU interns between 2015 and 2019 commenced further training or are working in a non-training post in Ireland by 2024, compared with 86% of Irish interns.

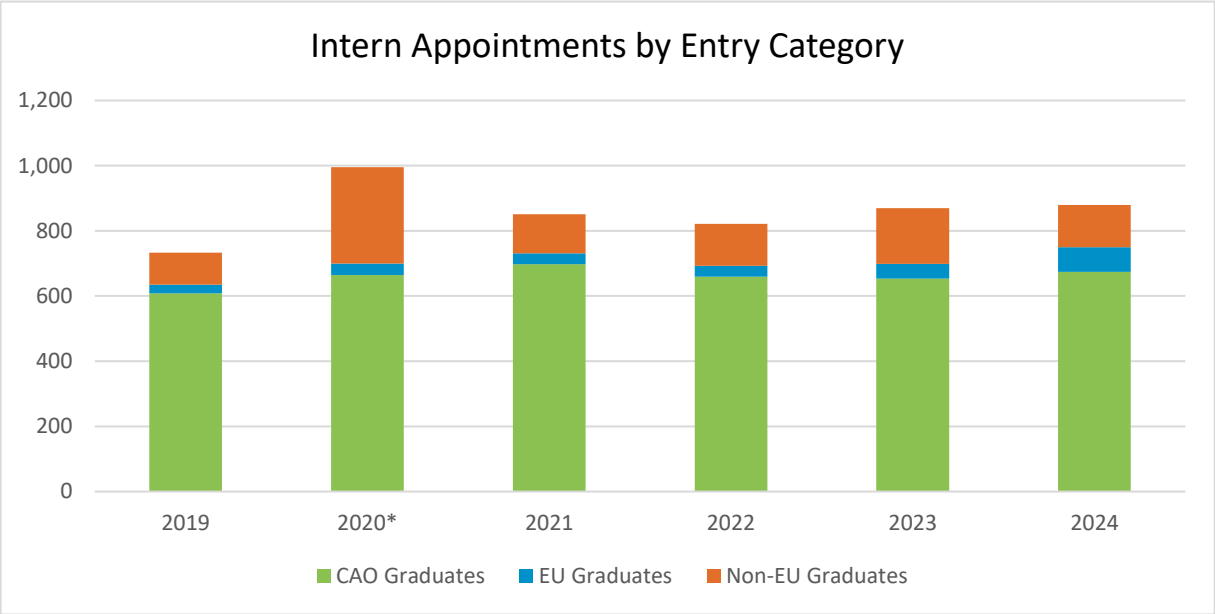



*Figure 29: Intern appointments by entry category* 2020 figures were higher due to COVID_19*

Ireland has approximately 3.84 practising doctors per 1,000 inhabitants in 2023 (or 3.9 in 2024). This is just below the OECD average (for 2023 only, not available for 2024 yet).

Recent data for Ireland shows that 21% of doctors are over 55 (Medical Council, 2024). When compared to our European neighbours, Ireland has the youngest medical workforce with the lowest proportion doctors aged 55+.

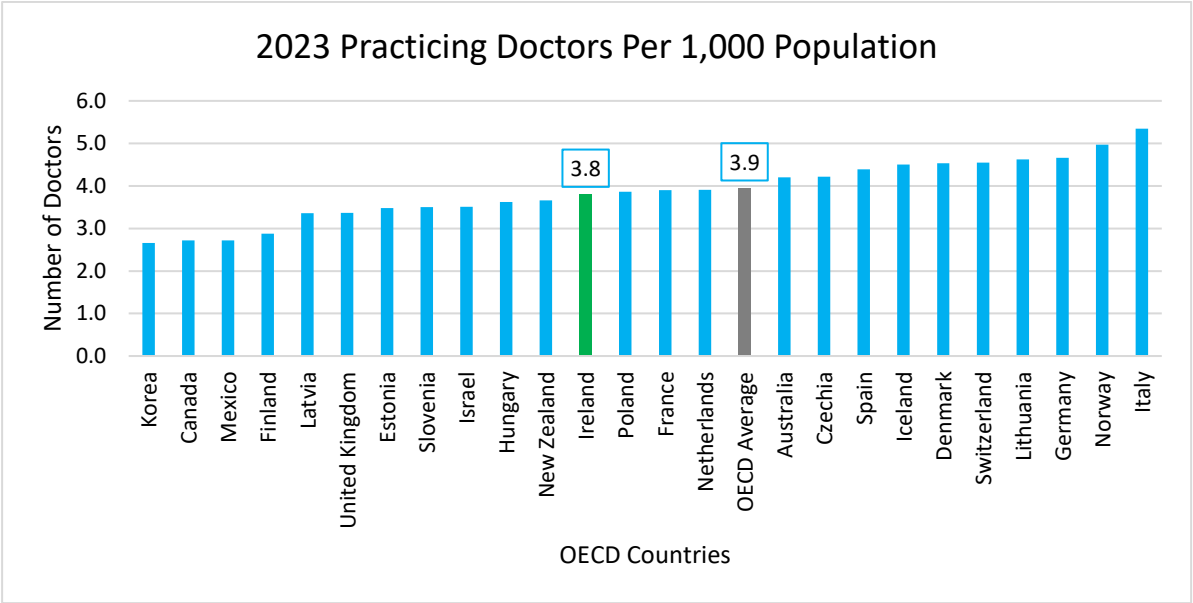



*Figure 30: Practising Doctors per 1,000 Population. Source data OECD Data Explorer [accessed July 2025]. Note: country definitions might differ and/or be based on estimates.*

Ireland had the sixth lowest number of specialists per capita in 2023. Despite having a low number of specialists, Ireland has the second highest number of General Medical Practitioners per 1,000 population for 2023. This figure includes General Practitioners.

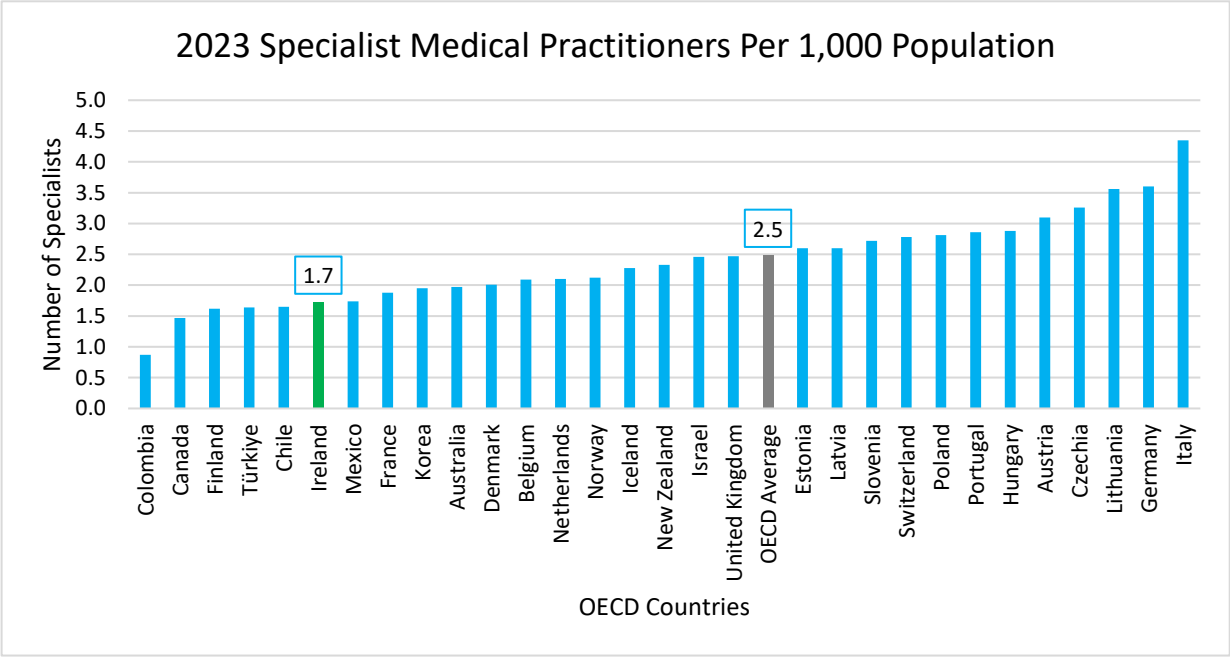



*Figure 31: 2023 Specialist Medical Practitioners Per 1,000 Population. Source data OECD Data Explorer [accessed July 2025]. Note: country definitions might differ and/or be based on estimates.*

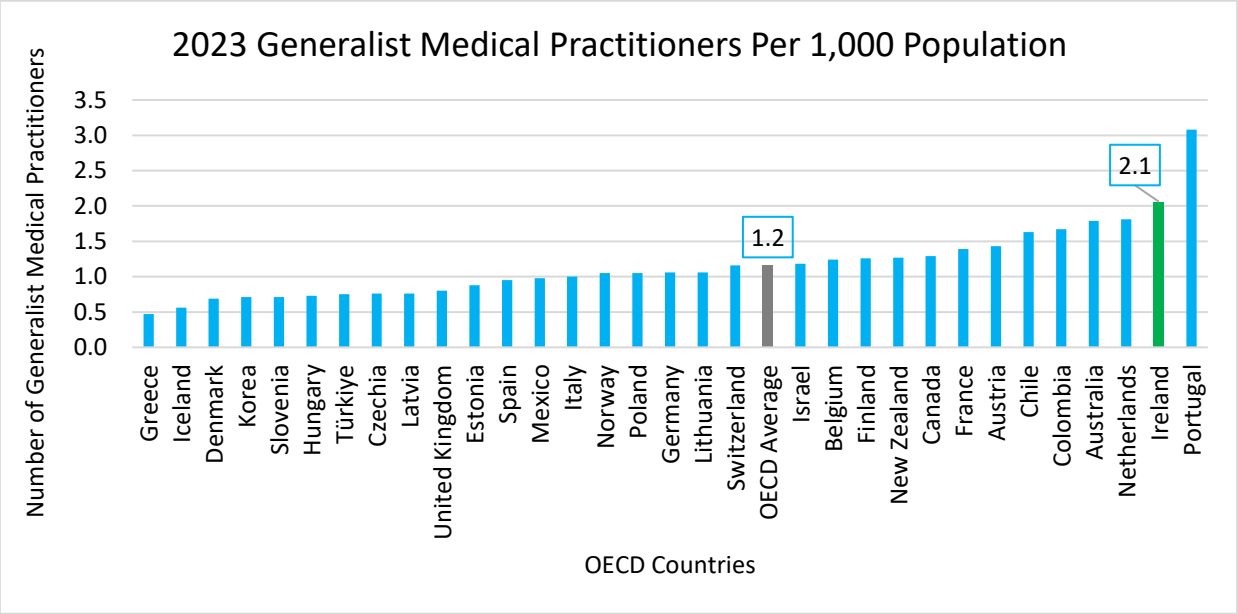



*Figure 32: Generalist Medical Practitioners Per 1,000 Population (Including GPs). Source data OECD Data Explorer [accessed July 2025]. Note: country definitions might differ and/or be based on estimates.*

When looking at General Practitioners alone Ireland sits at about average with 0.99 per 1,000 population for 2023 (or 1.00 for 2024). The Irish Government Economic and Evaluation Service (IGEES) technical note 'Supply and Demand of General Practice in Ireland' (Coy & Tanwir, 2025) reported there were 3,262 clinically active GPs providing standard services in Ireland in mid-2022, which means that based off the Irish population in 2022, there were 0.63 clinically active standard GPs per 1,000. On a regional population basis, Clare, Cavan, Monaghan, Meath, Kildare, West Wicklow, and Wexford fall below the national estimate.


*Figure 33: 2023 General Practitioners Per 1,000 Population. Source data OECD Data Explorer [accessed July 2025]. Note: country definitions might differ and/or be based on estimates*

As per the GP technical note, the general practice workforce is least responsive to demand shocks in two types of area: large urban areas where populations are generally growing rapidly and areas with a high proportion of young children. Rural areas with generally ageing populations are at risk of capacity constraints with single-GP practices with GPs approaching retirement are more common.

***Nurses and Midwives Compared***

For every 1,000 people in Ireland, there are approximately 13.66 practising nurses in 2023 (or 14.31 for 2024) (figure includes midwives who have dual registration but indicated to be a practising nurse). One of the highest rates among reported OECD countries (only for 2023, not available for 2024). 17.5% of practising nurses are 55 years and older (NMBI, 2025).

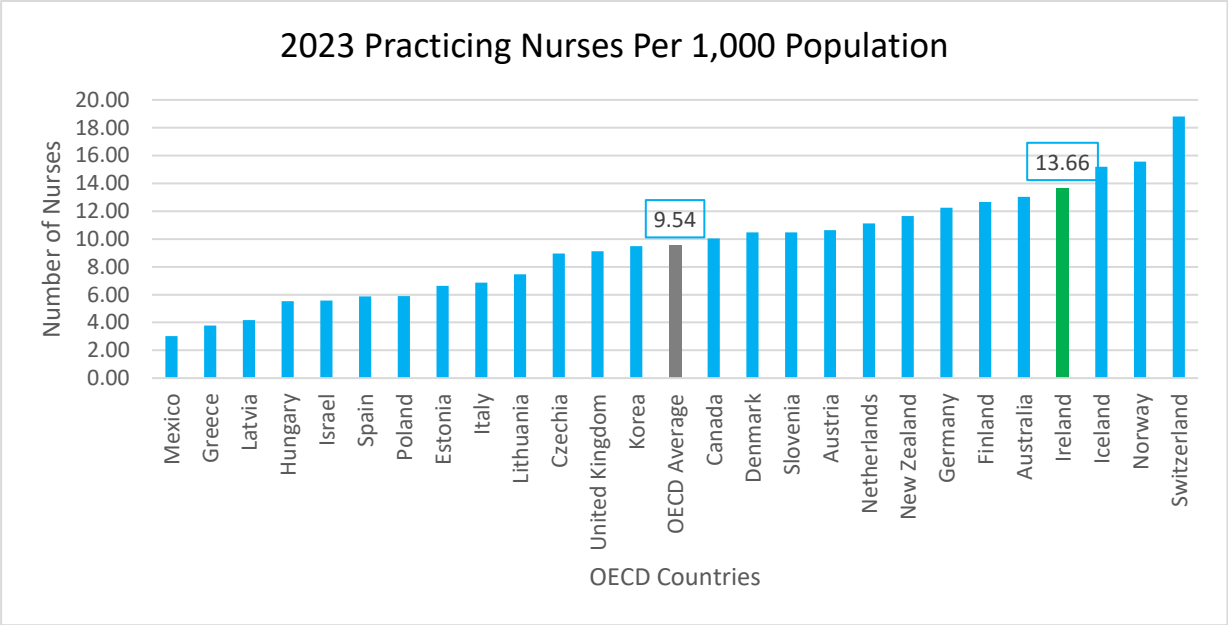
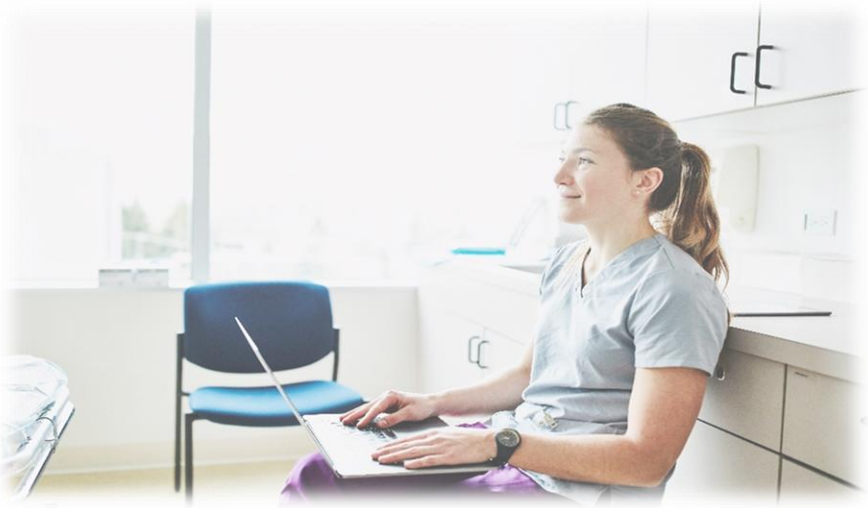



*Figure 34: 2023 Practising Nurses per 1,000 Population. Source data OECD Data Explorer [accessed July 2025]. Note: country definitions might differ and/or be based on estimates*



In 2023, for every 100,000 people in Ireland, there are approximately 32 nursing graduates. This is lower than the OECD average (44.4) and significantly lower than some countries with over 100 graduates per 100,000 population, recorded in Australia and Switzerland.

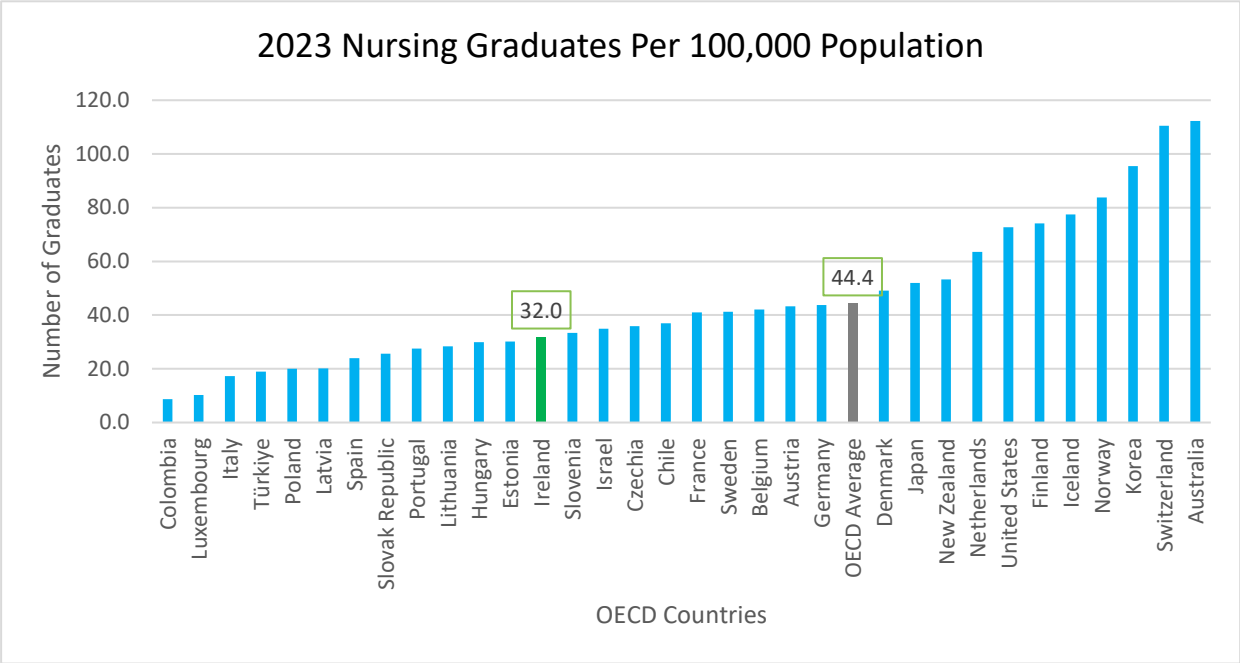



*Figure 35: 2023 Nursing Graduates per 100,000 Population. Source data OECD Data Explorer [accessed July 2025]. Note: country definitions might differ and/or be based on estimates.*

In 2010, there was 36 nursing graduates per 100,000. Since then, our domestic supply has not kept pace with population growth and at its lowest it was averaging ~29 per 100,000 between 2015 and 2019. Since 2023, there have been increases in nursing and midwifery first year enrolments to 2,275 in 2024 and 2,458 in 2025. Our recent increases in student places have improved the rate but further work is required to get closer to the OECD average.

Looking at Midwives alone, Ireland has the highest rate of practising midwives per 1,000 at 0.80 for 2023 (or 0.82 for 2024). However, due to the close historic links between the nursing and midwifery profession, a large amount of NMBI registered midwives are currently practising but not as midwives so further data retrieval and analysis is required to determine the number of midwives delivering maternity care. If the figure was based on those estimated to be working only in HSE midwifery services, the number would be closer to the OECD average of 0.39.

As previously mentioned under the section Current Workforce Status, the current proportion of complex pregnancies in Ireland is amongst the highest in the OECD. It must also be acknowledged that not all the population will avail of maternity services, so the overall population isn't a true indicator of demand for midwifery.

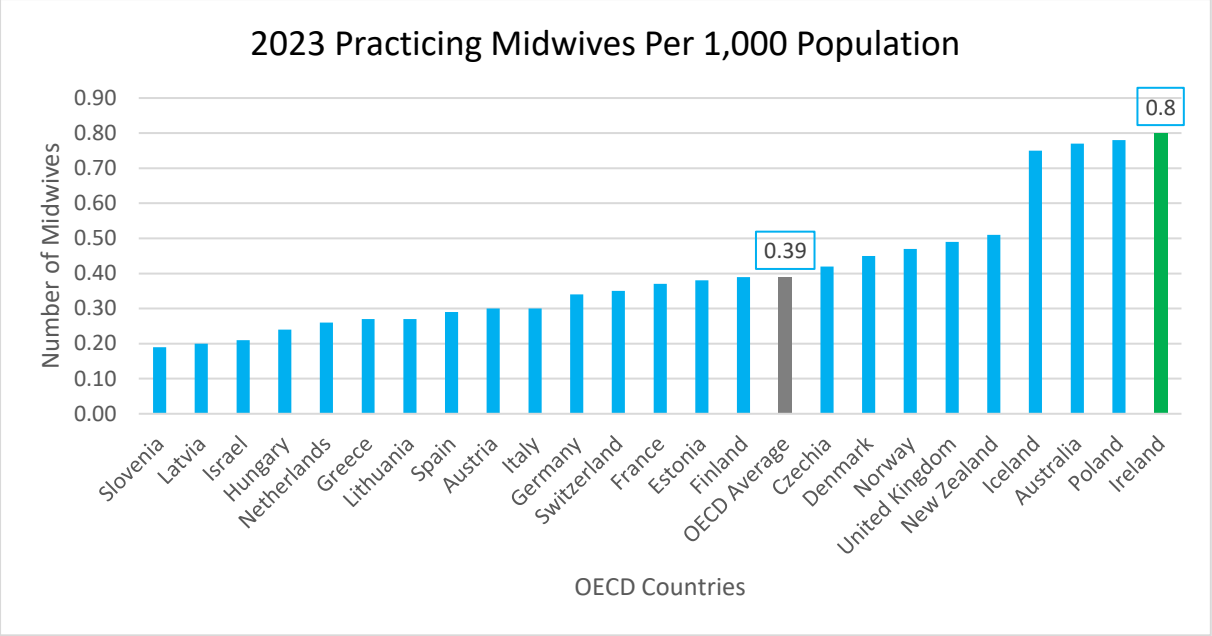



*Figure 36: 2023 Practising Midwives per 1,000 Population. Source data OECD Data Explorer [accessed July 2025]. Note: country definitions might differ and/or be based on estimates.*

In 2010, there were 4.08 midwifery graduates per 100,000. Domestic supply has not kept pace with population growth and at its lowest in 2018, it was 2.1 graduates per 100,000. Since then, there has been a minor increase with an average of 2.41 per 100,000 between 2019 and 2023. However, even though our population has increased there has also been a decline in birth rates. Over the last decade, the number of births registered fell from 67,462 in 2014 to 54,062 in 2024 (CSO, 2025).

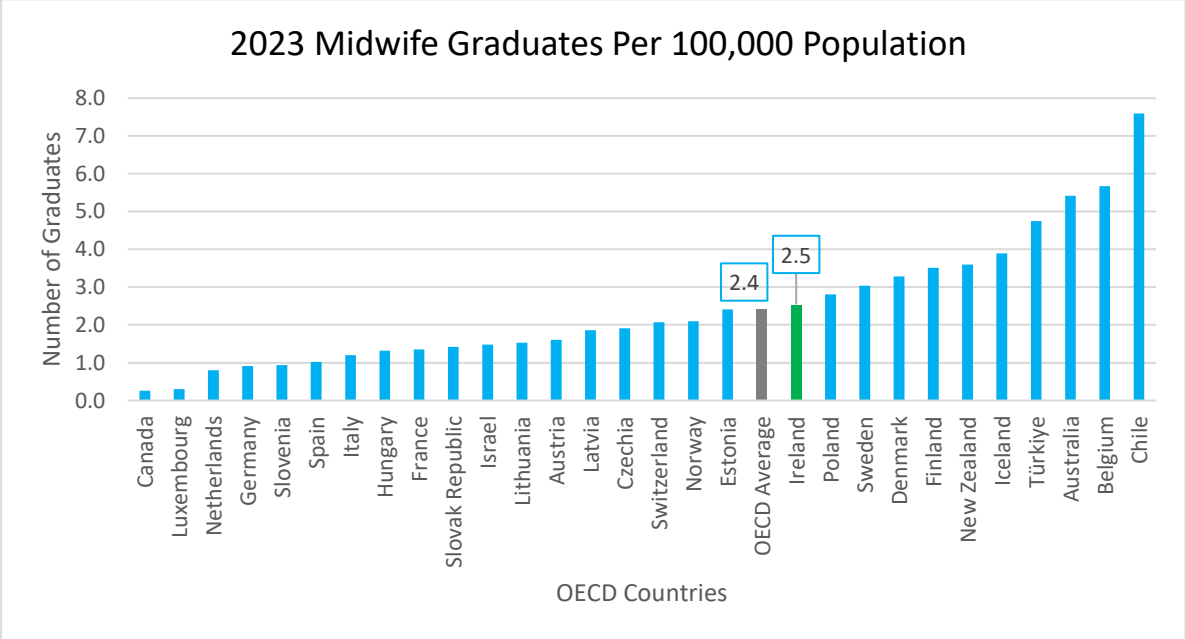



*Figure 37: 2023 Midwife Graduates per 100,000 Population Source data OECD Data Explorer [accessed July 2025] Note: country definitions might differ and/or be based on estimates.*

***Pharmacists Compared***

For international reporting, figures for Pharmacists are obtained from self-declarations made to the PSI and refer to all persons on their register who have indicated to be patient-facing. Figures include pharmacists registered to practice in Ireland but may be active abroad. This may exclude Pharmacists who are working in Ireland outside of the traditional healthcare settings.

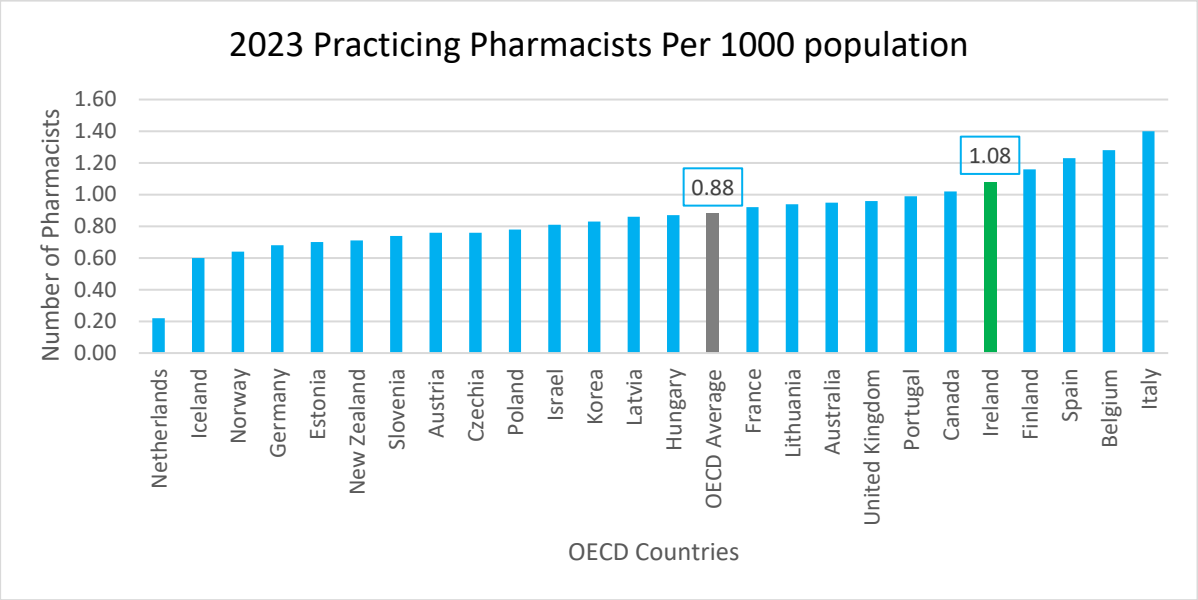



*Figure 38: 2023 Practising Pharmacists per 1,000 Population. Source data OECD Data Explorer [accessed July 2025]. Note: country definitions might differ and/or be based on estimates.*

For countries with OECD data available, Ireland has one of the top 5 highest densities of practising pharmacists per 1,000 population for 2023. Countries with higher densities have more urban populations than Ireland, it is important to consider Ireland's share of the population living in rural areas which is one of the largest in Europe based on Eurostat data. Given in those countries, a similar proportion would work in community pharmacy, there is a need to consider our own regional and urban/rural mix when comparing. 18% of pharmacists are aged over 55 (Pharmaceutical Society of Ireland , 2024).

***Dentists Compared***

According to OECD data, Ireland has the second lowest density of practising Dentists with 0.5 per 1,000 population in 2023. In any attempt to reorientate oral health services in Ireland, it is important to reflect on the current regional distribution and how demographics are likely to impact on demand for oral health services in the coming decades.

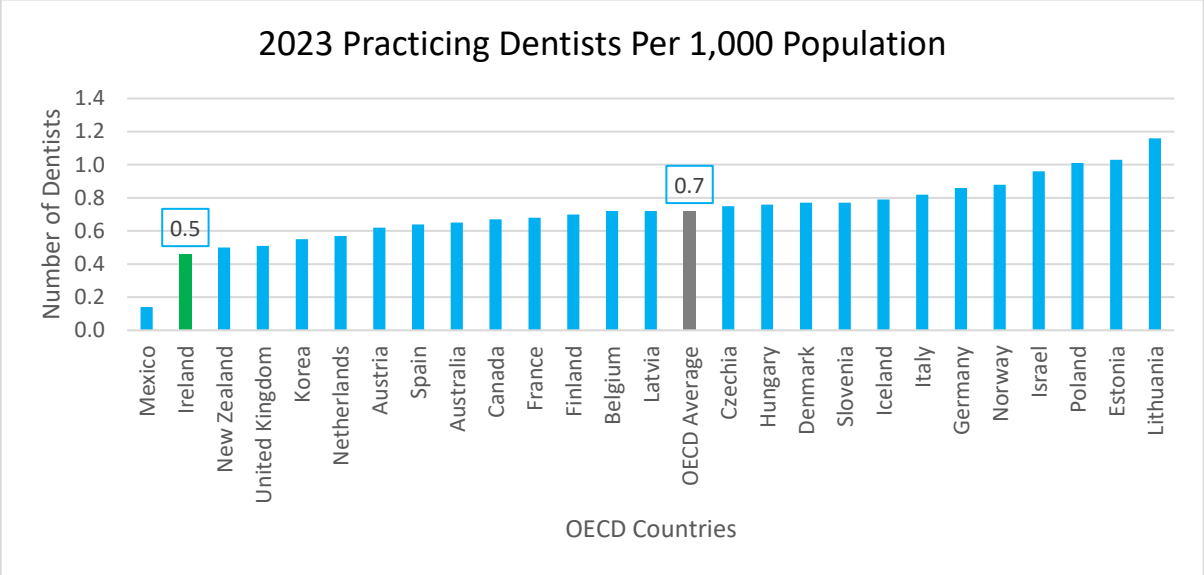



*Figure 39: 2023 Practising Dentists Per 1,000 Population. Source data OECD Data Explorer [accessed July 2025]. Note: country definitions might differ and/or be based on estimates*

In recent years, Ireland has redeveloped its methodology when reporting the number of dentists operating in Ireland to the European, OECD and WHO definition. Prior to 2020, Ireland reported the number of dentists registered with the Dental Council of Ireland. However, this registry data does not provide information on those actively practising in Ireland. Since then, Ireland uses an estimated practising rate benchmarked on Census data, to avoid overestimating the number of practising dentists.

A report looking at the differences in the ratio of general and dental specialists in Europe found that Ireland currently has the lowest ratio of general dentists to the rest of the population out of 24 EU Countries Measured (Fernández-Serrano, García-Espona, Alarcón, García-Espona, & García-Espona, 2024). As mentioned previously with Pharmacists, the rural/urban divide is an important consideration. Especially when it comes to the specialisation of our workforce as it is important to ensure that there is a sufficient case load for a specialist to maintain their speciality. This is both a patient safety issue and a maldistribution question, on how to best to align the oral health workforce with the oral health needs of the population. Another challenge to note is that 27% of dentists (Irish Dental Association, 2023) are aged over 55.

## HEALTHCARE WORKFORCE DEMAND AND SUPPLY IN THE EU27

The European Commission and the Joint Research Centre published a report which presents the projections of the number of doctors and professional nurses in the 27 EU Member States for the period 2021 – 2071, using their SANDEM (Supply and DEMand) model which provides a long-term perspective at EU level (Bernini, Icardi, Natale, & Nédée, 2024). The key findings from this report were that if the number of new healthcare professionals and the number of healthcare professionals that leave the profession remain the same as in 2021, the number of doctors and nurses would increase in the EU by 2071, but this would still fall short of the projected demand of 30% and 33% respectively.

But interestingly the study also shows that if the burden of certain diseases continues to decline as it has in the recent past, it could more than offset the consequences of an ageing population, leading to a reduced need for doctors and nurses in the future. In this regard, the study highlights the important role of healthy ageing in reducing the burden on healthcare professionals while improving the overall health and well-being of people in general.

Most member states have established health workforce planning systems, varying in complexity with the practical and operational role of anticipated future needs to decide the number of new graduates but also to assess the potential impact of a re-organisation of health service delivery to respond to the growing demand for health and social care services.

While the SANDEM project cannot provide precise national estimates for operational purposes and remains at a relatively high level of aggregation, it provides insights into the future trends of health workforce and identifies the common challenges which most EU countries will face in the coming decades such as expanding health needs from ageing populations but also the imbalances in the health workforce as a result of a shrinking working-age population in the EU with projections suggesting that this trend will continue from a 2023 level of 63.8% of the total population to 57.4% in 2050.

In Ireland, it is projected that the percentage of the population which is between 15 and 65 is projected to fall from 65.4% in 2022 to 63.8% by 2042, with a much sharper fall to 58.5% by 2057 so we do have an opportunity in the next decade as mentioned in the Case for Change to prepare for this inevitable challenge. According to the CSO (CSO, 2024), the labour force is projected to increase over the coming decades as the population is expected to increase for the next 10 to 15 years depending on levels of inward migration, however the number of students in secondary school and higher education will start to decrease within the next decade.

# Reframing Health Workforce Planning

The ESRI Capacity Reviews commissioned by the Department of Health (Department of Health, 2025) inform our model's demand projections providing a crucial evidence base. This offers us as workforce planners a resource which allows us to better anticipate the needs of our changing population, ensuring there are the right people, with the right skills, in the right place. It must also be acknowledged that new technologies and innovations within medical care will revolutionise care pathways.

As our workforce planning efforts move towards an integrated care approach, this requires a paradigm shift to reframe health workforce planning, moving away from a reactive, shortage-centric approach to a proactive and future-ready approach that focus on optimising, redeploying, and retraining the existing workforce.

Following a project funded by the European Union via the Technical Support Instrument (TSI) and managed by the European Commission's Reform and Investment Taskforce (SG Reform), we now have the necessary tools, processes and technical capacity through the Health & Social Care Workforce Models to produce rolling action plans. It allows the identification of supply-demand gaps across a wide range of health and social care workers and informs the design of policy recommendations to address the gaps.

This paper sets out how the Department is utilising projections produced as part of this paper providing an evidence-base tool to inform future workforce need and to support planning and policy making. These tools are used as part of a comprehensive approach to long term health and social care workforce planning. The actions within align with the "Framework for Action on the Health and Care Workforce in the WHO European Region 2023–2030" (WHO, 2023) (Appendix 3) and the paper sets out the work underway, and the processes in place, to support long term workforce planning for the health and social care workforce.

*Table 5: Five pillars adopted from the WHO's Framework for Action*

**PLAN - Using evidence and long-term modelling projections to meet our future workforce needs.**

**BUILD - Building our future workforce supply through expansion of student places and matching investment in workforce with the needs of the population.**

**OPTIMISE PERFORMANCE - Reforming, maximising capacity and optimising health system performance to support the development of innovative models of care**

**RETAIN & RECRUIT - Considering tailored interventions to improve recruitment and retention.**

**INVEST - Targeted and smart investment in health and social care workforce**

# Our Approach to Workforce Planning

The Health Workforce Planning (HWP) problem has been characterized as the "6 rights" that aim to ensure "the **right people** receive the **right services** at the **right place**, at the **right time**, from those with the **right skills**" and at the **right cost** (Birch, 2002).

This Government is committed to ensuring adequate staffing across our health service, ensuring that it keeps pace with population and demographic changes along with policy objectives, which requires a comprehensive approach to health and social care workforce planning.

Needs-based workforce planning contributes to strengthening health systems by aligning health services with population health requirements and building sufficient capacity to meet, for example, the needs of older persons and those with chronic diseases. It is for this reason that the Strategic Workforce Planning Unit in the Department of Health was established to build our planning capabilities to ensure that these future demand pressures are quantified using specific care area activity growth rates which reflect the demographic trends and projection scenarios where our population live longer and healthier lives.

The final model outputs are projections for supply, demand and supply-demand gaps until 2040 for Medical Practitioners, Nurses & Midwives, Pharmacists and four regulated HSCPs. The model is now incorporated into the Department's strategic workforce planning function which will allow for ongoing management of the model and the incorporation of new data, policy, and research, particularly for HSCPs, to further improve our workforce planning capabilities.

The Workforce Planning Model has the capacity to produce a variety of projections, with the ability to look at separate professions under different healthcare policy and reform scenarios, and varying levels of domestic education places and foreign educated healthcare workers.

The baseline year is set to 2023, and the projection period ends in 2040 on both the demand and supply side to align with the ESRI capacity review. From a supply perspective, we have some stock and flow data for most professions, but at the time of carrying out the modelling projections, a full picture was not available. As this is an integrated demand and supply model with a long-term perspective, matching baseline years is preferable, as a result, the model is not suitable for short term planning. The strength of this model is to highlight that building our domestic supply of health and social care workers is a long-term endeavour.

**It has been noted that there are professions that have not been included in these projections due to data limitations. This is the first iteration of our workforce planning projections, and the intention is that our modelling work will produce projections for a broader range of professions over time as data access and quality improve.**

## What the model is telling us?

Across all model variants, the unit of measurement of the workforce used is Whole Time Equivalents (WTEs) i.e., headcount adjusted for those who do not work on a full-time basis. This offers us the opportunity to link the workforce to levels of activity and adjust for flexible working arrangements. For example, of the total HSE headcount of 166,104 (Dec 2024), 26% are working part-time on a permanent, fixed or specified purpose contract, meaning that the WTE conversion is 148,268 based on a 0.89 conversion rate.

The Progress Demand Scenario incorporates the potential impact of a range of Sláintecare policies. These include a shift in care from inpatient to day-case treatment and from acute hospitals to community settings, the removal of private care from public hospitals, and more ambitious approaches to waiting list management. It also accounts for the expansion of advanced practice roles among nurses and midwives.

The projected demand, however, is based on the current models of delivery of care and what is clear from the projections is that both work transformation along with workforce expansion should be the objective of future workforce planning efforts. These projections are simplified models of the health system. They should be seen as approximate estimations that depend on policy goals, available data, and how the health and care system is currently set up, and not as targets.

A feasibility analysis has not been completed, particularly with reference to the education expansion required, and the Department of Health will continue to engage across Government, including with DFHERIS, DCDE, Department of Education & Youth, HSE and HEA, and with other key stakeholders, to consider solutions to address the projected gaps.

Considering the projected gaps between supply and demand, in the absence of significant increases to third-level student intake, closing the projected gap would require large-scale recruitment of foreign educated health and social care workers into the future. This is not a sustainable approach to workforce planning nor in compliance with our commitments under the WHO Code of Practice on International Recruitment of Health Personnel.

The figures below in the Model Projections section represent the whole sector (public, private and voluntary) and reflect a scenario where progress has been made in incorporating some of the health policies outlined in Sláintecare. It is assumed that the activity to WTE ratio for each profession will remain constant throughout the projection period, but it is expected that technological advancements and time-saving innovations will increase productivity of our overall health and care system.

**This is the first iteration of our Health and Social Care workforce projections, and the intention is that the model will produce supply projections for a broader range of professions over time as data access and quality improve.**
**Further information on our modelling is available in the accompanying Technical Note.**

# Model Projections & Gap Analysis

The figures below represent the whole sector (both public, private and voluntary) and reflect a Progress Demand scenario where progress has been made incorporating some of the health policies outlined in Sláintecare. The baseline supply scenario projects supply based on 2023 student places and no inward migration.

*Table 6: Model projections and gap analysis*

| | In 2040 Demand (WTE) Progress Scenario | % increase in Demand 2023 - 40 | In 2040 Supply under baseline student places | In 2030 estimated student places required (2023) |
|---|---|---|---|---|
| **Nurses & Midwives** | 102,609 | +43% | 66,089 | 4,550 (2,110) |
| **Medical Practitioners** | 22,935 | +31% | 18,225 | 1,220 (873)[11] |
| **Pharmacists** | 7,746 | +28% | 6,137 | 397 (247) |
| **Social Workers** | 5,858 | +35% | 4,745 | 310 (238) |
| **Occupational Therapists** | 4,018 | +39% | 3,011 | 245 (131) |
| **Optometrists** | 981 | +26% | 755 | 62 (38) |
| **Dispensing Opticians** | 216 | +27% | 116 | 23 (11) |

Note: These are indicative demand projections based on the estimated future demand for professionals based on the current care pathways and skill mix. It does not consider new roles which will emerge or new ways of working through technological advancements and optimising the existing workforce.

[11] Based on intern intake required in 2035.Translates to the number of IRE/UK and EU students in Irish medical schools required in 2030.

## Medical Practitioners

The vast majority of Medical Practitioners work in Acutes (Public and Private), Primary Care (GPs) or Mental Health (Psychiatrists). For the purposes of determining an estimate of future domestic graduate requirements, our results combine all medical practitioners for both demand and supply scenarios and acknowledge that further work is required to develop projections for individual professions including Consultants and NCHDs.

Our objective is to ensure that there are enough medical graduates going on to complete internship, BST and HST specialist training within the Irish healthcare service and become a consultant or GP but also develop career pathways and permanent grade options for doctors not on specialty training programmes. The goal is to create a steady supply of graduates/interns that is sufficient to meet the future demand for consultants and GPs in tandem with the correct number of training doctors to support consultants to meet demand based on forward planning by the NDTP who carry speciality specific workforce plans.

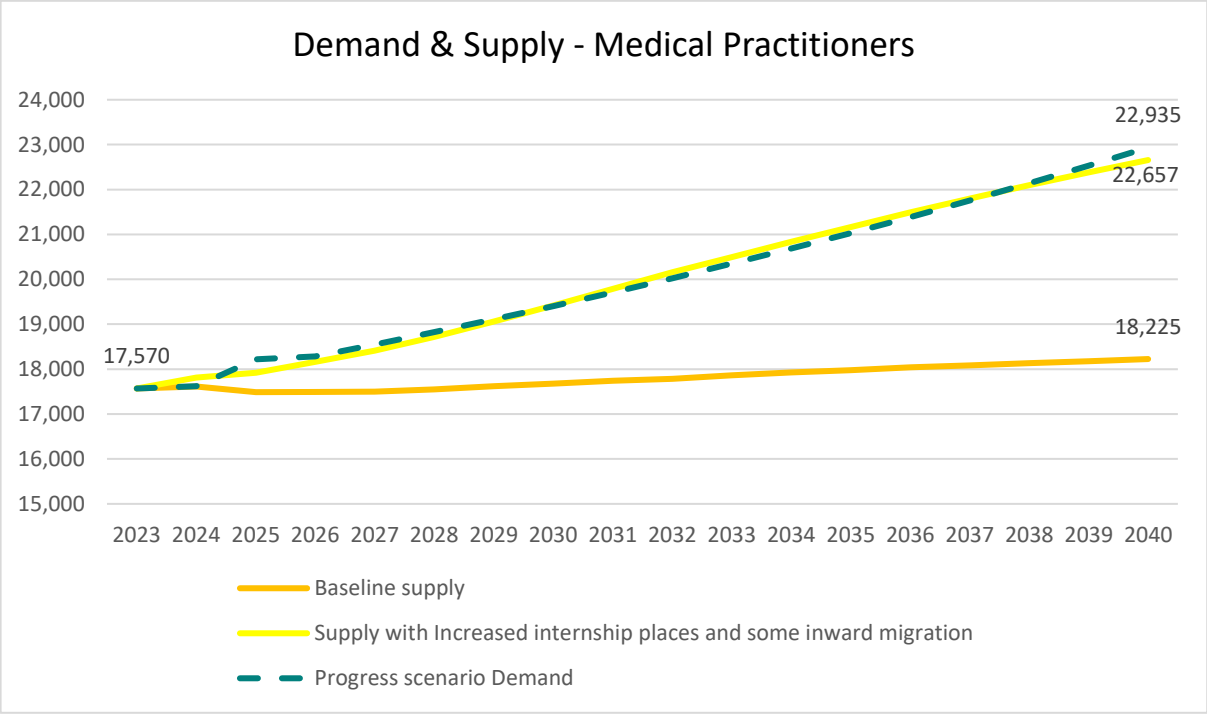



*Figure 40: Demand and supply projections for medical practitioners*

Baseline Supply line shows the gap that would emerge if the existing intern intake was maintained without the option to recruit foreign educated medical practitioners. The baseline line slightly increases during the projection period as recent increases in student places start to take effect.
The alternative supply scenario demonstrates the supply projected if the number of internships increase to 1,220 by 2035 and if the level of inward migration is less than 10% of annual inflows, this is to allow for a natural level of migration given the international partnerships already in place along with movement from the EU and UK.

## Nursing and Midwifery

The Progress Demand scenario models some Sláintecare policies notably "Shift Left" and workforce initiatives such as the increased use of Advanced Practice Nurses & Midwives which will increase the total demand for nurses and midwives by 43%, but this is not achievable without large levels of international recruitment and we must find new ways of working to reduce demand over the coming decades.

*The Progress Demand scenario has a view of the future which is representative of an organisational need. Our approach is to reframe towards a goal-oriented approach where the workforce aligns with the needs of the population, Sláintecare policy objectives and the framework for safe staffing and skills mix. Technological advancements and time saving innovations will in the medium to long term result in improvements in workforce productivity, as will the reform of care pathways.*

Baseline Supply line demonstrates the gap that would emerge if the existing nursing and midwifery student places were maintained and if it was not possible to recruit foreign educated nurses and midwives. The other two lines show alternative supply scenarios, these demonstrate what projected supply would be if we were unable to avail of international recruitment and increased the number of undergraduate nursing and midwifery places to 4,550 by 2030, up from 2,110 in 2023. The yellow line shows what projected supply would be with these education places, while allowing international recruitment to gradually reduce from 2025 to 2040 at which point foreign educated nurses and midwives would make up 20% of total annual inflows from its current level of 74%.

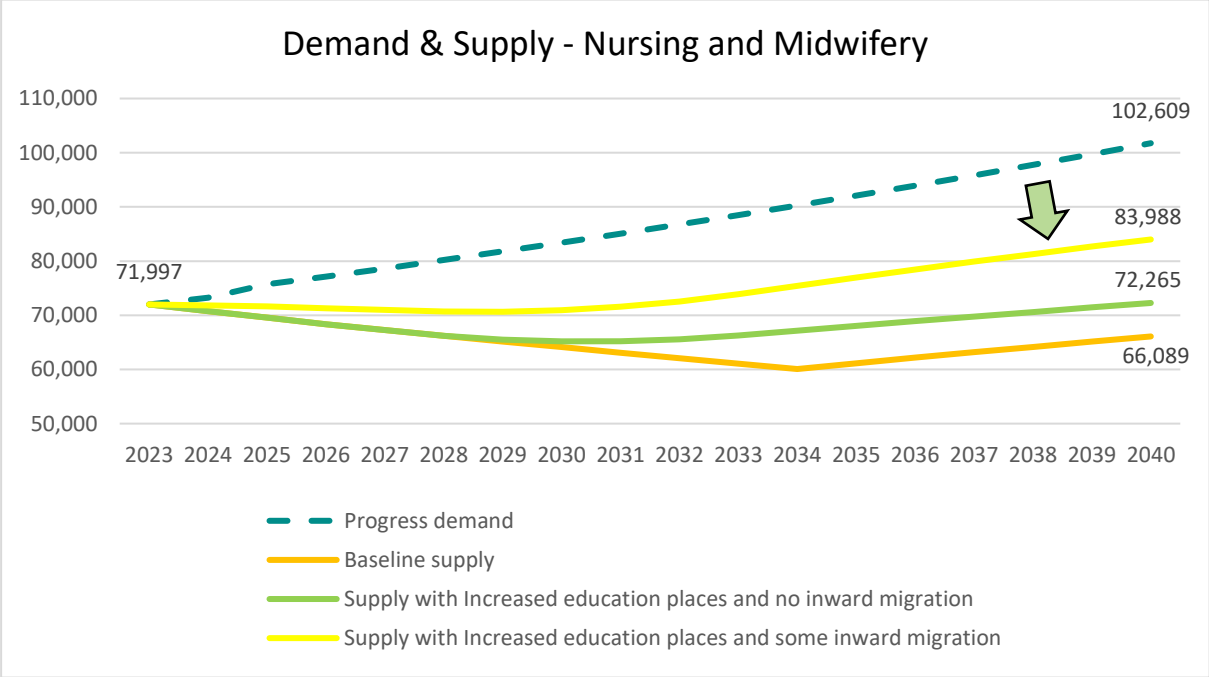



*Figure 41: Demand and supply projections for nursing and midwifery*

What is clear from the lines above is that even after more than doubling our student places by 2030, there would still be a lag before the effects were seen so further increases in student places would be required beyond 2030 to close the gap even further. Our aim is to create a steady state of

domestic supply which will replace our existing workforce as they exit the profession, gradually expanding while also reducing our high reliance on international recruitment which as mentioned earlier leaves us particularly vulnerable to global supply shocks. There is an acknowledgment that this growth in domestic supply will need to be gradual and that we will continue to be reliant on inward migration until we start to see more graduates coming onstream.

## Pharmacists

For the purposes of determining an estimate of pharmacy student place requirements, our results combine all pharmacists operating in Ireland including those that work outside of the normal healthcare roles in the community or hospitals and within pharmaceutical manufacturing companies which is a critical industry to the Irish economy.

The Baseline Supply line demonstrates that the supply of pharmacists would increase if student places were maintained and there were no foreign educated Pharmacists joining the register as recent increases start to make an impact. As mentioned above, there has been a large number of EU trained pharmacists joining the register in recent years and that may well continue in the coming years, but it is not sustainable to rely on this inflow as it leaves us vulnerable to supply shocks.

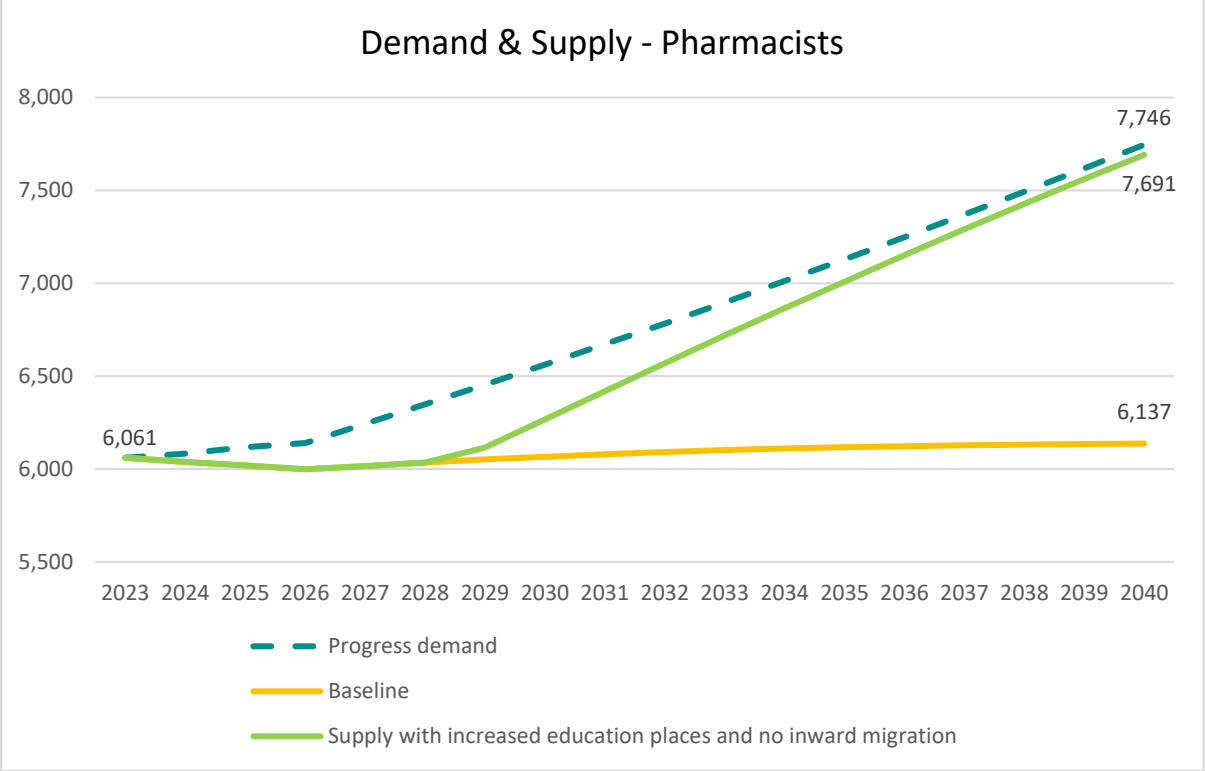



Figure 42: Demand and supply projections for pharmacists

For Pharmacists, there are planned increases in student places of 70 in 2025 and 80 additional in 2026 which are included in the green line below and it is likely that in the short term, inward migration will address the gap between progress demand and supply as these planned increases in

student places start to take effect. It is important to note that in 2026, the places available will be double the number of first year enrolments in 2019.

In the future, we strive to incorporate more research both qualitative and quantitative evidence. For example, the development of demand scenarios where we model the increased use of Community Pharmacists will be a valuable strategic planning tool, not only for Pharmacists but also for other healthcare professionals. The true demand for pharmacists if their scope of practice is expanded is likely to mean our current demand projections underestimate the short-term shocks to demand and create a larger gap as a result and that may require more increases beyond 2026.

## Social Workers

Social work aims to empower individuals, groups and communities to take charge of their own lives within their own environment and social context. They operate in a diverse range of settings such as child and family services, mental health and medical settings, probation, youth services, and within the community in the context of public health, primary care, housing, and addiction services. There are also multiple ways to become a Social Worker through the traditional undergraduate and postgraduate pathways but also through a tertiary degree or a paid apprenticeship programme.

Our current demand projections for Social Workers use the multiple growth rates proportional to the current configuration of the workforce across all care areas. The demand for Social Workers is projected to increase by 35% due to the projected rise in the population and given the prominent role that they play across society working with people of all ages.

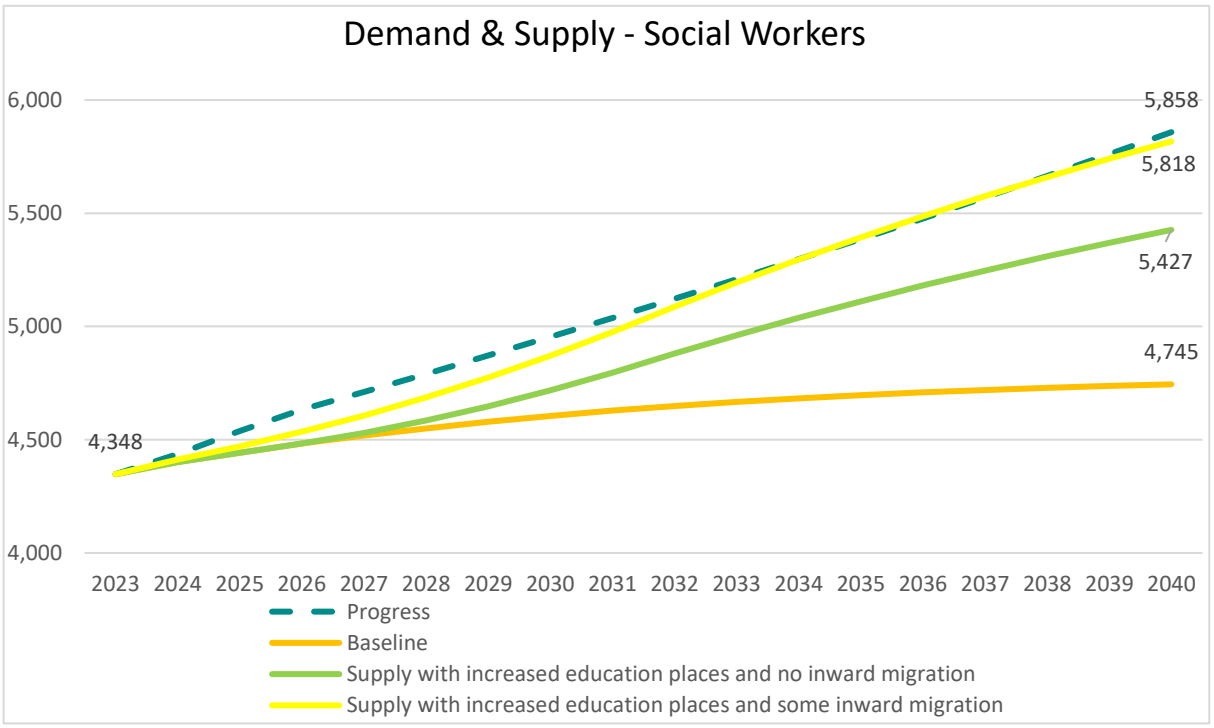



*Figure 43: Demand and supply projections for social workers*

Baseline Supply line demonstrates that the supply of Social Workers would increase if student places were maintained and there were no foreign educated Social Workers joining the register as recent increases start to make an impact. To meet the future needs, student places would need to increase by 72 places to 310 places in 2030 and that includes the apprenticeship pathway and tertiary programmes as increases to the domestic supply of Social Workers.

Since June 2021, Social Workers are now listed as an occupation eligible for a Critical Skills Employment Permit and within our modelling under the yellow line above, inward migration would make up 10% of total inflows throughout the projection period from 2026 onwards.

## Occupational Therapists

Occupational Therapy is a healthcare profession offering support to people with physical, psychological and social problems to enable them to live life to the fullest. Occupational therapy services may be provided in a client's home, hospitals, nursing homes, outpatient clinics, primary care centres, schools, children's disability network teams, health centres and private practice.

Our current demand projections for Occupational Therapists use the multiple growth rates proportional to the current configuration of the workforce across all care areas. The demand projections for OTs are likely to underestimate the unmet need in the system. As they are currently one of the therapy professions in high demand, there is a heightened focus on increasing the supply especially in disability services and the National schools therapy service. Our modelling suggests that student places would need to increase to 245 by 2030 to meet future demand, which would amount to near doubling over a five-year period.

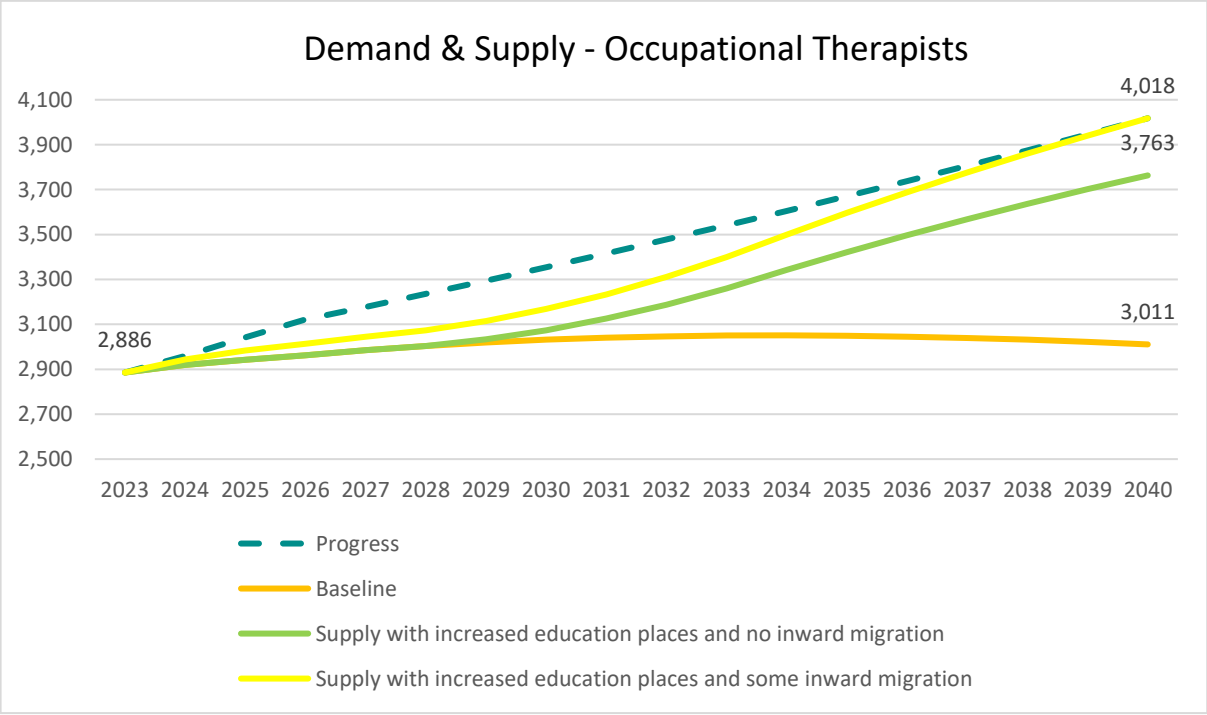



*Figure 44: Demand and supply projections for occupational therapists*

While we don't have a starting shortfall in our modelling projections, we acknowledge that there are shortages of Occupational Therapists and current vacancies. Our growth rates account for this unmet need so it is assumed that they will be addressed over the coming years as we look to double the number of student places available.

There has been an increase in foreign educated professionals registering as Occupational Therapists as it is now listed as an occupation on the Critical Skills Employment permit list, and from the yellow line above, we project that with a doubling of student places and foreign educated staff making up 10% of all inflows throughout the projection period, gaps will emerge in the short term which will be likely filled by increased inward migration.

## Optometrists

An optometrist is a primary care provider who has specialised in detecting and correcting conditions that affect vision and eye health and tend to work in commercial opticians or in hospital eye clinics. They examine eye health and test your visual acuity, depth and colour perception and your ability to focus and co-ordinate the eyes. Optometrists can also prescribe glasses and contact lenses. As they are primary care providers similar to your GP and Pharmacist, we have applied a similar approach to the demand calculation using the primary care growth rate as a proxy which may be an underestimate.

Waiting list data around eye procedures in Ireland indicate a level of unmet demand in our hospital clinics and that more can be done in the community with a focus on prevention to keep patients out of the hospital system. Demand for eye-care will continue to increase significantly as our population ages and grows over the coming decades.

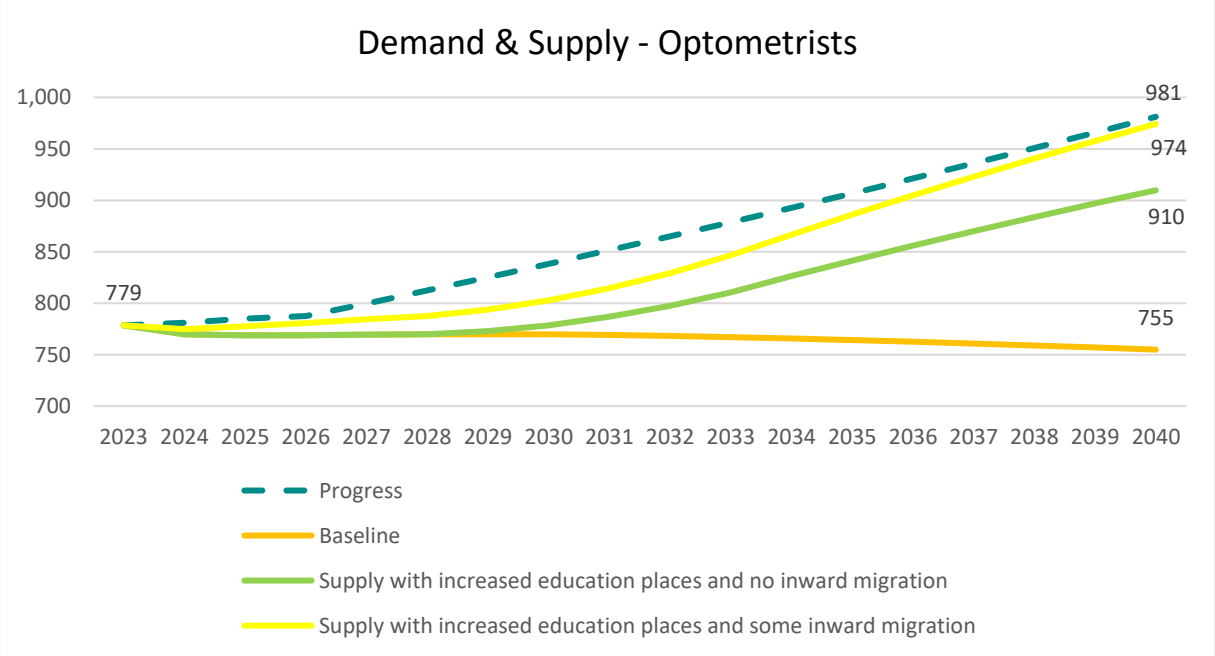



*Figure 45: Demand and supply projections for optometrists*

To meet the future demand for Optometrists, there will be a need to gradually increase the number of student places by 63% between now and 2030.

This Government is committed to making eye care services more accessible for everyone and will review the National Clinical Programme for Ophthalmology to ensure more eye services are provided in the community. While we don't currently have projections for ophthalmologists as a medical specialty, Optometrists and Dispensing Opticians will play an important role in delivering more care in the community. Optometrists for example are well placed to monitor chronic conditions for patients in the community, in line with our Sláintecare objectives.

## Dispensing Opticians

Dispensing Opticians are eye care professionals who are trained to interpret prescriptions issued by Optometrists or Ophthalmologists and to dispense spectacles and other optical aids, advising patients on the most appropriate frames and lenses based on their individual need taking into account the occupation and lifestyle of the patient.

***Demand and Supply***

As is the case with Optometrists, demand for eye-care will continue to increase significantly as our population ages and grows over the coming decades. Therefore, we have used the same growth rate based similar to other primary care providers.

Our modelling suggests that 23 student places will be required by 2030, up from the current enrolment level of just 11 to meet future demand. Given the only course available is in Dublin, the creation of options in other locations would be welcome.

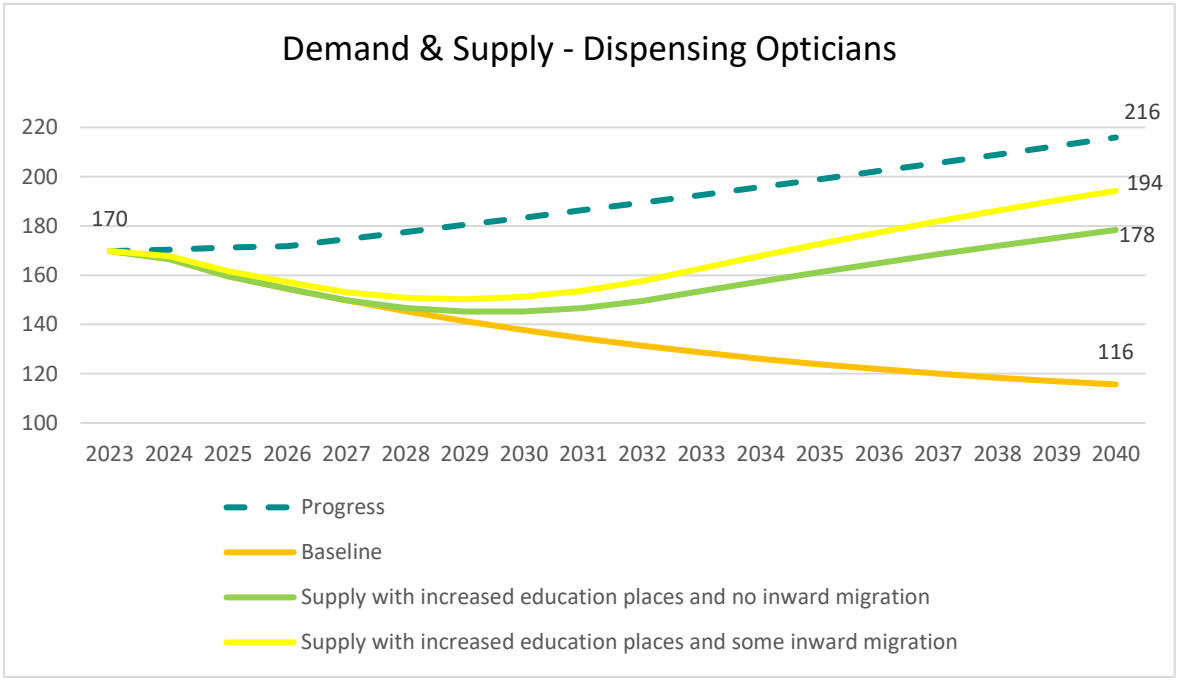



*Figure 46: Demand and supply projections for dispensing opticians*

## Modelling Further Professions

There are health and social care professions that do not have supply modelling projections due to data limitations. Additional data challenges are also present for professions that have recently been regulated where the data on the registers has not yet stabilised, or where data collection and/or reporting, is sparce, grouped, fragmented or non-existent. The professions that are not included due to data challenges are equally as important as those modelled in this paper. The Department of Health is working on improving data on all professions through engagement with the relevant professional bodies and stakeholders. There are currently twelve professions regulated by CORU, with five more designated for regulation in the future. In this workforce paper, we have modelled four of those professions and it is hoped that we can include more regulated professions in the near future.

Demand for these professions such as Speech & Language Therapists is likely to be very similar to Occupational Therapists as they are likely to work in multidisciplinary teams across community and social care teams. Physiotherapists and Dietitians also fall into this space of a profession that work across multiple care areas. Social Care Workers are newly regulated by CORU and represent one of the largest HSCP professions, with 5,000+ working between the HSE and TUSLA. As part of efforts to increase the supply of qualified social care workers, an apprenticeship model is currently under development and will be piloted as a Work Based Learning programme leading to a BA in Social Care within Tusla and Oberstown from 2025.

While we don't currently have demand or supply projections for Radiographers and Radiation Therapists, it is clear from stakeholder engagement and data available to us that there is currently a shortage of both with strong demand from both the public and private sector. While technological advances might increase capacity in diagnostics by potentially broadening the scope of practice (Achour, et al., 2025), the demand is likely to increase given our ageing population and projected increase in rates of cancer (NCRI, 2019).

Other professions such as Dental Practitioners and Pre-hospital emergency care practitioners are regulated but due to data limitations, they are not currently modelled. This Government has however committed to investing in our ambulance service and will continue the development of new ambulance stations and paramedic education and training facilities and the number of dental student places is set to increase by 20 in 2025.

There are a range of roles in our health and social care workforce that are not regulated and don't require registration, but who provide frontline care or support across all care areas. A significant proportion of this group are Care Workers, Home Carers and Health Care Assistants. Quantifying this workforce is difficult because they are currently not required to be registered. It is inevitable that demand will increase for these professions who will play a pivotal role in caring for our population over the coming decades.

# Long Term Planning

This workforce paper provides a roadmap for how work can be done to build on the recent investment in both workforce and student places and develop more advanced planning capabilities built on strong data and research. This will be an iterative process with ongoing monitoring and updated reports. Communication and engagement with all relevant stakeholders will allow for the creation of clear channels of information which will allow these models to inform decision-making and identification of appropriate policies and strategies but also creates an opportunity for stakeholders to feed into and inform the work.

Building on national and international evidence, the overall goal of the Department of Health's workforce planning work programme is to produce evidence-based rolling health and social care workforce planning action plans and implement targeted health and social care workforce policy measures to ensure that health services will have the appropriate workforce supply to meet the health and social care demand of our future population. It's also about aligning education and training with the needs of the population.

To support this, the Department plans to:

- **Establish a Health and Social Care Workforce Planning Technical Group** to oversee and coordinate data gathering and other workforce planning model inputs, facilitate collaboration and coordination between the different sectoral groups, and provide visibility of planning outputs across the health and social care system. Consideration should be given to international data requirements as part of this work.
- **Address identified data gaps** to improve the granularity and coverage of data required across health and social care occupations and sectors to support demand and supply projections.
- **Leverage the existing legislative framework** to enhance data gathering, relevant sharing and use of data for workforce planning purposes.
- **Consider opportunities under the Health Information Bill** including the planned establishment of a national Health Data Access Body (HDAB) and consider how to engage with and benefit from the HDAB services for workforce planning purposes, which are in scope of the Health Information Bill and the European Health Data Space (EHDS) Regulation. Importantly, the scope of the Bill will cover public, private, and voluntary settings. The Department will also consider how the provision of health information (in an anonymised or pseudonymised manner) for these purposes will support a population-based approach to data gathering and data matching across datasets.
- **Establish a harmonised and standardised approach** between the DoH, HSE, CSO, regulators, professional bodies, Government departments and other data holders to support data gathering and sharing to inform workforce planning modelling.
- Evaluation and monitoring steps are important elements of the planning cycle that enable corrections to be made to the course of action where needed.

Health and social care workforce planning requires technical expertise and reliable data. Good planning relies on quality and disaggregated data that can assist policy decisions. Planning should be based on the best available evidence and take a cross-sectoral and multi-professional approach. The Department of Health takes a leadership role to develop workforce planning policy and to guide and coordinate the planning process in collaboration with key stakeholders.

The Department of Health regularly engages with international organisations (e.g. WHO, OECD, European Commission) to learn and share information and knowledge. Evidence gained from international sources also informs the strategic process; for example, the "*Framework for Action on the Health and Care Workforce in the WHO European Region 2023–2030*" has strongly influenced this paper (WHO, 2023).


*Figure 47: Five pillars adopted from the WHO's Framework for Action*

To achieve a sustainable, equitable and thriving health and social care workforce, there are five pillars which we have adopted from the WHO's Framework for Action and these will form the structure of how we build towards our strategic workforce objectives.

As part of the JA HEROES, the WHO in collaboration with member countries are developing a Framework for Sustainable Health Workforce Intelligence System which aims to provide a straightforward approach to adopting a systems perspective. The underpinning hierarchy of interventions will emphasise the interdependence of interventions in this space. The four critical factors are data and models, the capability and capacity of workforce planners, effective governance and stakeholder engagement and finally political support along with improved cross-government governance and policy processes. The Department will work with the WHO and other European workforce planners to establish how best to ensure there are sustainable workforce planning activities in place to create an iterative planning process which continues to improve over time.

# Education Considerations

Building the supply of the health and social care workforce is a long-term endeavour that requires close collaboration between the DoH, DFHERIS and the education sector. It is anticipated that different roles and tasks from today will be needed in the future, as well as additional competencies. It remains important for health and social care workers to acquire new knowledge and skills throughout their careers, and new ways of learning are emerging to support this. To build the workforce for the future, there is a need to ensure that students are attracted into health and social care careers, and to consider alternative routes into the health and social care workforce and improve accessibility. There is also a need to consider that health and social care workers may want access to further education and training opportunities over their working lives and that their job title and responsibilities may change even though they remain within the health and social care area.

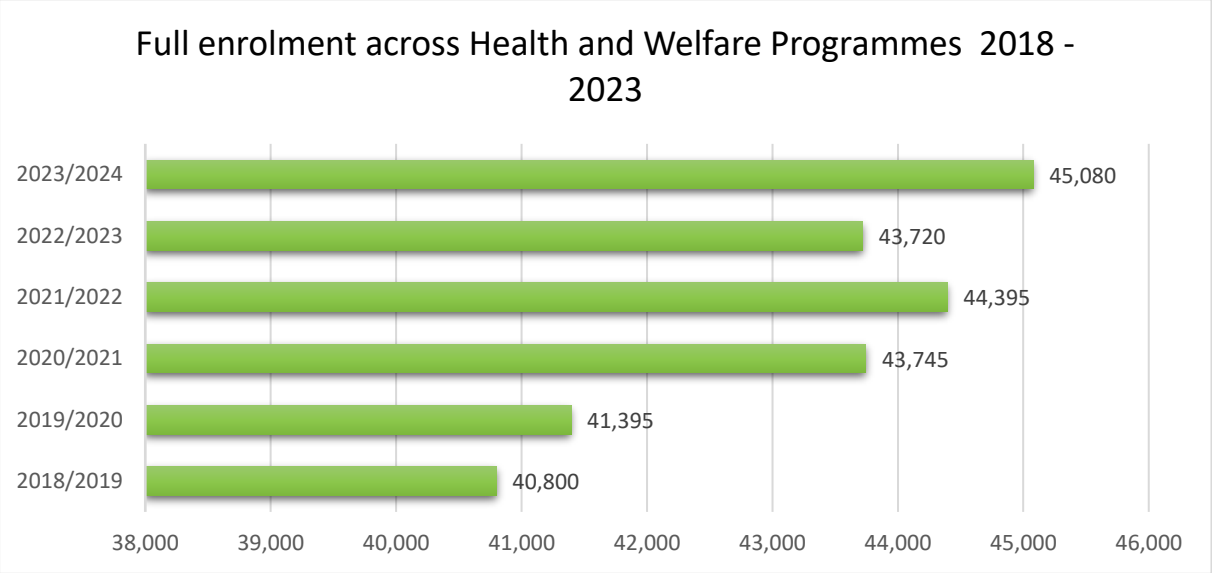



*Figure 48: Enrolment across health and welfare programmes 2018 - 2023*

There has been more than a 9% rise in enrolments in Health and Welfare programmes between 2018 and 2023. Of the new entrants to Health & Welfare Undergraduate Honours programmes, 63% came directly from school/Leaving Certificate. Further detail is available in Appendix 4 & 5.

In 2023, there were almost 25,000 awards in health and welfare subjects in 2023 with a breakdown of 53% in health-related studies (medicine, nursing, therapy) and 47% in welfare related subjects such as social work and childcare (SOLAS, 2024). Nursing & Caring made up 20% of the awards with 3% at NFQ 5 FET level which are courses aimed at Health Care Assistants, 9% at NFQ Level 8 and 7.6% at NFQ Level 9/10 which signals the trend of increasing specialisation in nursing and we have to consider that these new specialists are coming from the existing pool of nurses. While specialisation can be cost effective, the need for increased specialisation should be planned on an efficient and effective scale and organised around the needs of the patient.

Based on a recent publication that applies a system dynamics model of the domestic and foreign educated workforce supply (Hynes, Caulfield, O'Connor, & Cullinan, 2025), Ireland needed to recruit 3,019 professionally active whole-time-equivalent (WTE) nurses and midwives in 2021. This would have required 3,965 student places four years earlier in 2017 to meet this demand domestically. This is 153% higher than the 1,570 student places that were available in that year. It is of utmost importance that at a minimum there is a plan to supply enough graduates to replace and reduce our over-reliance on international recruitment as Ireland is currently vulnerable to competition for scarce resources as the younger population is also projected to decrease in the countries where there is recruitment of foreign educated nurses and midwives.

The Programme for Government committed to increasing the number of healthcare college places in nursing, medicine, dentistry, pharmacy and health and social care professions. The Government in June approved a significant expansion in training places for Health and Social Care Professions (HSCPs), a move that will see up to 310 additional student places created in 2025 and a further 151 in subsequent years, in disciplines critical to disability, health, and education services. Further expansions are planned in the other disciplines in the coming months. Recent increases in student places will start to have an effect in the coming years and through enhanced funding and policy focus on areas such as community, mental health and disabilities, and shift towards an integrated model of care.

There is also a need to increase the number of medical interns to guarantee a pipeline of future doctors to meet demand for consultants and GPs. The capacity is within the education system to accommodate an increase given the large number of non-EU students in our medical schools. This requires coordination between DFHERIS and the HEIs to ensure that there is a sufficient supply of domestic/EU medical graduates while allowing international students to still come and study and potentially join the medical workforce in Ireland.

In 2025, there were approximately 930 first year EU enrolments in medicine with a further 20 additional places in 2026 which means that the number of EU graduates will start to increase however as our figures suggest, this trend will need to continue. The Programme for Government also aims to provide more graduate entry medicine programmes focused on preparing students for careers in rural and remote medicine, ensuring those in under-served areas have access to skilled healthcare professionals.

Given the significant investment in medical education and training it is a priority to identify the required number of medical interns to meet future requirements for general and specialist medical practitioners. While the graphs above in the Model Outputs section illustrate the aggregate medical practitioners required based on activity growth rates broken out by care area, the HSE NDTP have carried out demand projection by specialisation which reflects at a more granular level the needs of the population. The Department's objective will be to train for an optimal configuration of the medical workforce that reflects policy objectives and clinical needs of a growing and ageing population.

As part of Budget 2023 the Department of Health secured funding to provide sponsorship for Counselling trainee Psychologist PhD programmes. The Department of Education are also engaging in increased student intake for Educational Psychology programmes, providing their own sponsorship programme via the National Educational Psychology Service (NEPS).

The Programme for Government commits to doubling the number of college places for speech and language therapists, physiotherapists, occupational therapists, dietitians, psychologists and social workers. Given the infrastructural and clinical practice placement requirements, and training lead times, in the provision of additional CAO places in the Higher Educational Institutions, significant forward planning and infrastructural investment is required. A whole of Government response is needed in relation to the funding of the Higher Education Institutions to significantly expand student capacity to meet the future needs of the health sector.

Work is also underway within the HSE to significantly increase the number of clinical practice placements for Nurses, Midwives, and HSCPs. The HSE National HSCP Office is implementing a sustainable infrastructure for the delivery of clinical practice placements for HSCPs. The Department of Health will continue to work with Government partners, DFHERIS, the HSE and the Department of Public Expenditure Infrastructure Public Service Reform and Digitalisation, to progress expansion of student capacity in line with current workforce planning projections which indicate that significantly more student places will be required into the future.

Clinical practice placements are essential to support clinical skills development and the application of theory to patient care and attainment of regulatory required standards of proficiency where applicable. Building and growing the student pipeline is dependent on having an appropriate clinical practice placement infrastructure, including physical accommodation and the appropriate staffing. Development of clinical practice placement sites is pivotal to broadening the student experience and ensuring that enough, quality and variety of clinical practice placements are available to meet the increased need for placements. The availability of clinical practice placements required for the existing student cohort and expansion of student places is currently a significant challenge for the HSE and other agencies. Collaboration between the DoH, HSE, DFHERIS, DCDE and other relevant stakeholders is ongoing, and work is underway to address this challenge.

The Government is committed, as per the Programme for Government, to increase the number of GPs practising across the country and thereby improve access to GP care for all patients. In 2025, 350 GP trainee places were available for the four-year training programme, which matched 2024 availability and is up from 285 available places in 2023 and 217 in 2020.

The IGEES technical note on the supply and demand of General Practice (Coy & Tanwir, 2025) identified that Inishowen, West Donegal, East Mayo, East Clare, Central Wexford, East Westmeath, and West Waterford have been flagged before in terms of capacity measures – they have higher average panel sizes per GMS GP, higher proportion of GPs at risk of retirement, and lower WTE GPs per 1,000 people.

Achieving optimal geographic distribution is dependent on existing infrastructure, such as HEIs and clinical practice placement locations, but HEA data on current enrolments and graduates is also important to reflect on. Currently as previously mentioned, we do not have regional demand projections, however we need to work with the new regions to identify geographic disparities.

There are currently five technological universities in Ireland, and they offer new opportunities that can revolutionise our higher education landscape. For example, there are plans to introduce three new pharmacy programmes in Atlantic Technological University, South East Technological University along with the University of Galway. This will double the number of pharmacy programmes and make it available in new regions.

According to HEA graduate outcomes data (HEA, 2025), 36.2% of 2023 worked in Dublin with 20.8% of graduates originally from Dublin. Cork, Limerick and Galway all have higher rates of graduates working post-graduation than originated from those counties. With just undergraduate programmes in mind, 46% of 2023/24 undergraduate enrolled students are in Dublin Higher education institutions.

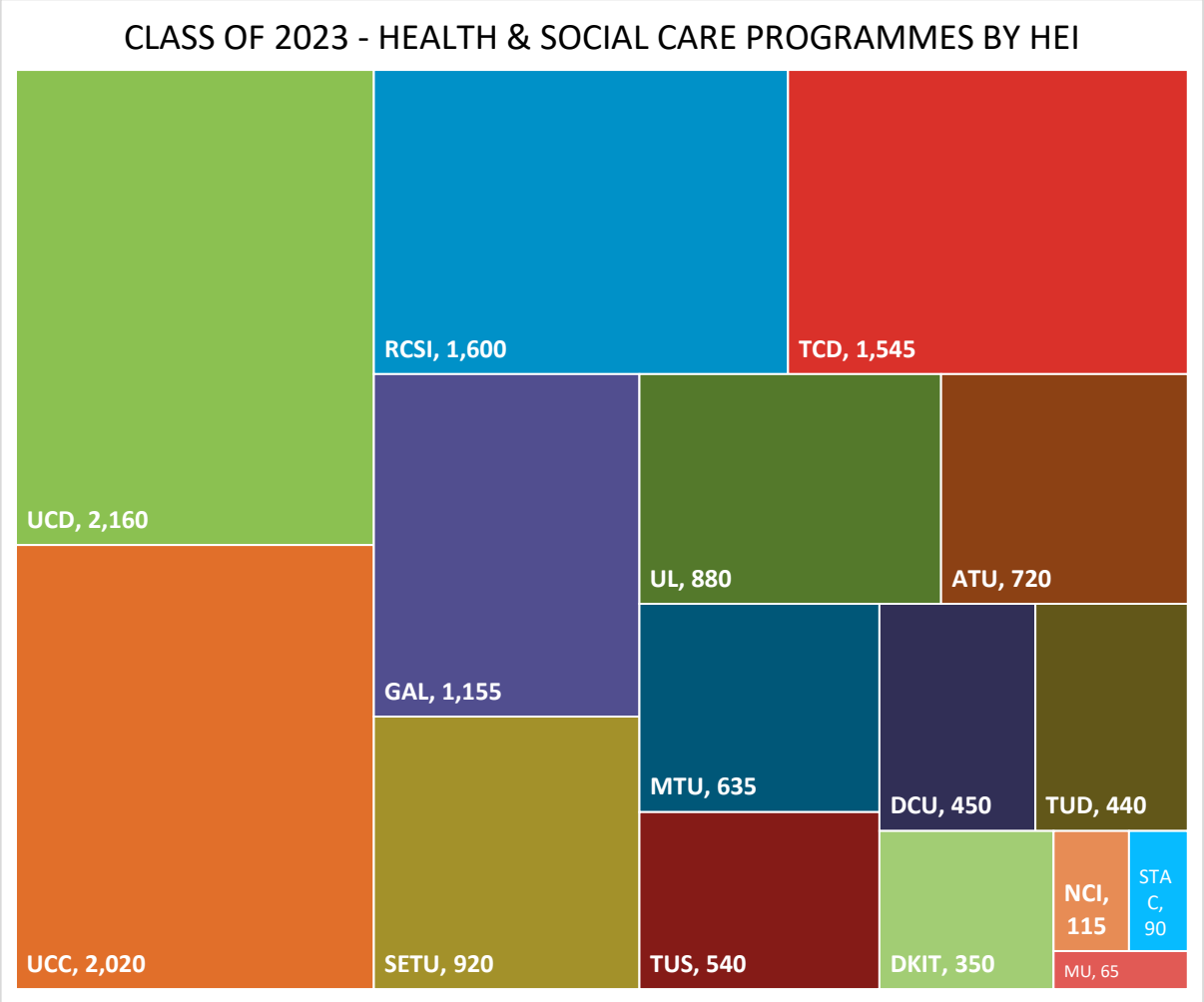



*Figure 49: proportional distribution of the 2023 graduates by Higher Education Institute*

Consideration of the geographical spread is relevant to all professions to achieve optimal geographic distribution of the workforce across Health Regions and between urban and rural areas. Aligning to this action, work is underway by the HSE to build workforce analytics and intelligence reporting by HSE Health Regions.

The University of Galway is planning to introduce a Rural and Remote Graduate Entry Medicine Stream, aimed at addressing the shortage of general practitioners in rural Ireland with 48 places available annually at full rollout in 2028. The university also announced the first Established Professor of Rural and Remote Medicine with the appointment aiming to strengthen medical training and tackle critical doctor shortages across the West and Northwest of Ireland. The University of Galway has medical academies in Letterkenny, Sligo, Castlebar and Ballinasloe, and is uniquely positioned to address regional healthcare deficits.

University of Limerick are also expected to launch a direct undergraduate entry medicine programme in 2026 with 30 places. This will provide much needed medical training places in the Midwest regions serving rural or hard to reach areas.

There is a need to consider and develop non-traditional career pathways, including expanded application of apprenticeships and earn as your learn models as well as offering permanent contracts of employment to all graduates. Tertiary degrees are a new form of provision in which students begin a course in a further education institution and complete it in the higher education institutions providing a pathway into higher education outside the CAO. Tertiary programmes have been developed in nursing, social work, social care and occupational therapy. In 2025 there are 150 places on offer in nursing, 20 in social work, 20 in social care and 20 in occupational therapy.

The education and training of health and social care workers must align with the policy objectives set out in Sláintecare and it is important to acknowledge that education often leads, rather than follows reform. There is a need to build a concerted and coordinated plan for capacity building in education to align with population needs, particularly in primary care, community and public health settings and move away from a hospital centric focus.

# Optimise Performance

**Enabling Reform**

Health system optimisation ensures that the care delivered aligns with improved health outcomes for the population it serves, while also improving the experience of those who receive the care and those who provide that care. Delivering accessible and affordable care will require the workforce operating to the top of their skillsets with a sustainable flow of resources to build and sustain it at the required levels into the future.

A number of large-scale organisational reforms to improve delivery are being implemented to optimise the health system performance in Ireland, and others are planned and working toward implementation. The goal of this reform is to improve our health service's ability to deliver timely, joined up care to patients and service users - care that is planned in line with the needs of local populations.

Work is progressing with initiatives that are designed to build workforce capacity and capability in order to deliver improved experience and efficiency for both services users and providers. Examples of areas of opportunity for development in Ireland include redefining teams and skill mix, reconfiguring services to be more efficient, promoting the appropriate use of digital technology.

**Teams and skill mix:**

WHO Health and care Framework for Action suggests "creating multiprofessional teams, implementing task-shifting to free up time for care delivery and to ensure health and care professionals use their knowledge and skills to best effect, and giving teams greater autonomy have all been shown to improve performance" (WHO, 2023).

Ireland has well developed policy in Advanced Practice in Nursing and Midwifery, and will introduce Candidate Advanced Practitioners in Health and Social Care Professionals (HSCPs) from 2025. Advanced Practice in HSCPs supports the efficient use of existing workforce, through a better distribution of tasks and by supporting development of additional specialised skillsets to support the delivery of new models of care. The current policy target for Advanced Nurse/Midwife Practitioners is 3% of the total nursing and midwifery workforce.

These roles have been allocated across the regions, aligned with HSE and government priority areas to address specific patient and service need posts are being allocated and aligned with clinical service areas to address specific patient and service need.

Another way to ensure the skills and training match the roles and responsibilities required is to introduce roles requiring less specialisation. These roles may be focussed on delivering less complex and administrative work alongside team members who may be responsible for complex decision making and clinical tasks. For the purposes of this paper these roles are referred to as 'assistant' roles.

Work is ongoing to formalise the role of Physician Assistant in the Irish Healthcare Service. Medical workforce configuration must evolve to meet the needs of our changing population demographics and increased demand for health services.

Surgical hubs are required to address the need for high volume and lower complexity care, and this provides the opportunity to train for the implementation of support roles in operating theatres. Specific training for support roles is being established such as formal training for the role of Theatre Assistant to ensure those working in operating theatres have the standardised training for the tasks required in the theatre environment.

This will allow for the upskilling and/or role expansion of existing staff, enable nursing staff to focus on core nursing roles, and improved configuration of tasks to maximise contribution of all team members to the service.

Other examples of improving design and reconfiguring services to be more efficient at national level is the steps taken to enable physiotherapists working in relevant roles across the health service to refer patients for diagnostic investigations such as X-rays. Physiotherapists who have undertaken the training, and who have entered the Radiological Diagnostic Procedures Division of the Register of Physiotherapists with CORU, are designated as referrers under S.I. No. 245 of 2025. 200 physiotherapists will have completed training in UCD by the end of 2025. Hospitals and services facilitating referrals have a key role to ensure that governance arrangements are in place to support this new practice. This will result in fewer steps in the care of patients who require diagnostics.

**Use of digital technologies**

The Shared Care Record (SCR) Programme will improve patient care by providing a mechanism to collate patient data together from various healthcare providers such as hospitals, community services and primary care, and present the resulting digital health records in a secure, structured and accessible way, for use by healthcare professionals treating patients. Patients will have access to a summary of this data (their digital health record) via the Patient App.

A workforce with the right digital tools and skills will lead to an improved experience for staff, better patient outcomes, greater access to health and social care services and better value care. This should include access to connected digital systems and clinical tools.

Digital for Care: A Digital Health Framework for Ireland 2024-2030 (Department of Health, 2024) sets out a clear ambition for the future. The strategic principle to support a 'Digitally enabled Workforce and Workplace' focuses on having a collaborative, digitally skilled, and supported workforce who have access to connected digital systems and clinical tools to deliver the highest standard of patient care in a timely manner. This will lead to improved patient safety and quality of care while ensuring that staff workloads remain manageable and sustainable.

The new Children's Hospital will be a 'digital hospital' through the deployment of an Electronic Health Record (EHR) system and related applications. All children treated at CHI will have a full digital health record. Parents and guardians will be able to view their children's health record, view appointments, receive reminders, and access other digital services via a patient app. The CHI EHR will improve the quality of and enable more timely, safe and efficient patient care; enable multi-disciplinary teams through shared, real-time access to the patient record; reduce medical errors through access to clinical decision support tools; reduce avoidable readmissions and average length of stay; reduce time wasted by staff by streamlining the ordering of tests and notifying them of results; thus, reducing of cost of care delivery.

Improved workforce experience should result from improved day-to-day experience with access to systems that are integrated with one another to support employees. Reducing administrative workloads in the management of patient care and workforce teams through the use of digital systems are all part of the Digital for Care Strategy 2024-2030.

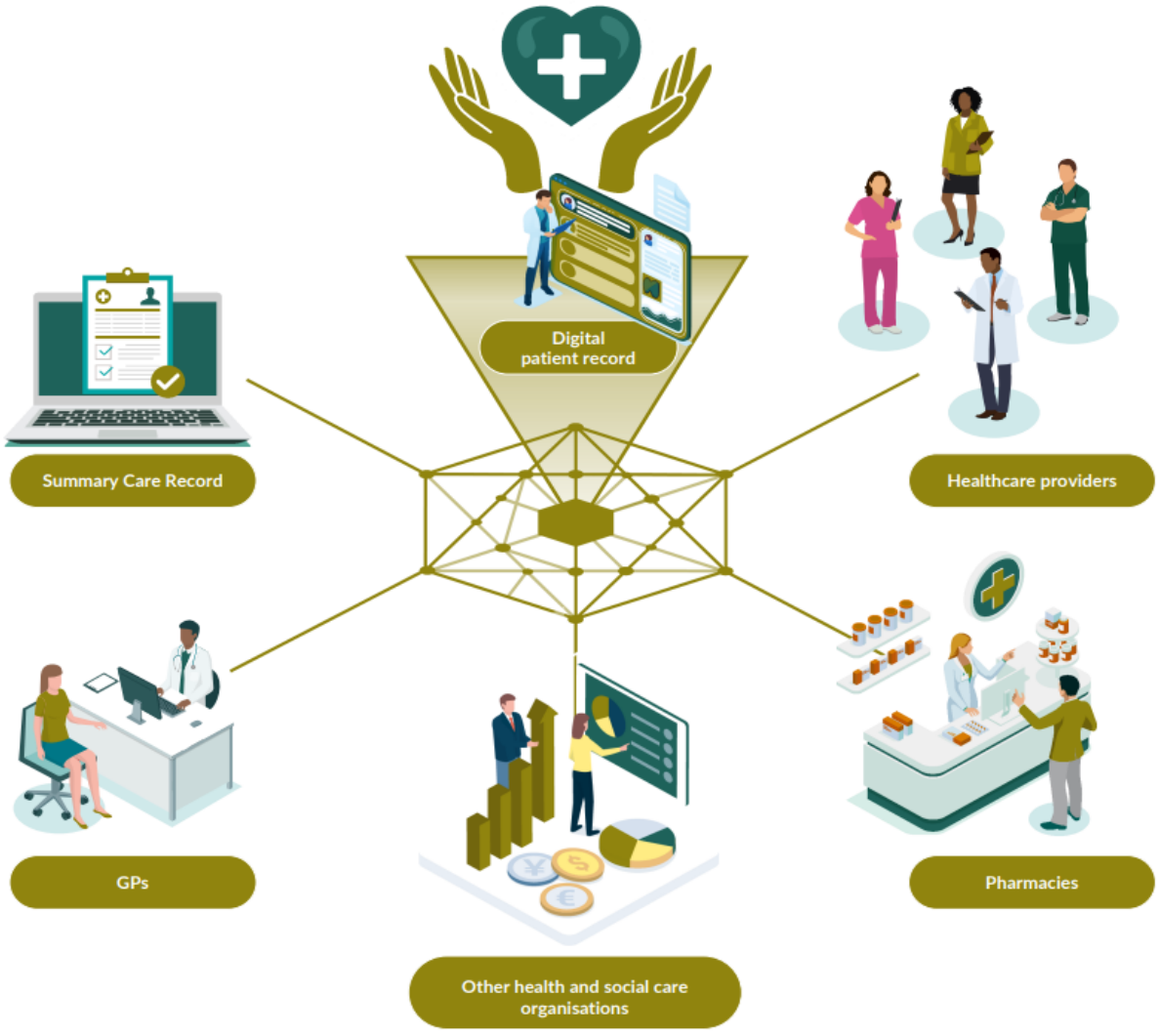



*Figure 50: Digital for Care Strategy 2024-2030, seamless digitally enabled and connected care*

Creating a seamless connection between our health and social care services, drawing information from different data sources from healthcare providers including GPs, hospitals, and pharmacies to provide high quality integrated care which is one of the key principles underpinning our future health and social care workforce.

A study of selected European countries (Spatharou, Hieronimus, & Jenkins, 2020) reported that 35% of time worked in healthcare is potentially automatable. To measure the potential time savings, they calculate the average weekly hours worked by a health professional and apply a lower estimate of 30% time saving. Therefore, the potential automation of tasks could save the average health worker in Ireland around 10 hours per week, on the basis that the average health and social care worker worked 32.3 hours each week based off CSO's EHECS survey data[12]. For certain health and social care professionals who work more than the average working week, this time saving may offer a better work-life balance and ensures more time is spent with patients or completing training or research.

During the registration process with the Medical Council, medical practitioners were asked about the main barriers to providing good patient care from a predefined list. 55.1% of doctors selected time spent on bureaucracy/administration and 25.6% chose "Inadequate communication between healthcare professionals". Interestingly 37.9% of General Practitioners selected inadequate communication between healthcare professionals.

Digital assistive technologies, clinical decision tools, and electronic health records across different healthcare settings have significant potential to improve and augment the capacity and capability of the health and social care workforce and ease the workload of automatable tasks undertaken by the health workforce. This will allow health professionals to devote valuable time to tasks that can improve patient quality of care and reduce costs.

**Artificial Intelligence (AI)**

Globally, AI is reshaping health and social care services, playing an increasingly pivotal role in addressing the challenges in the healthcare system including rising demand, workforce challenges, and evolving patient expectations. In health and social care, AI will be used to support decision making, perform administrative tasks and enhance diagnostics, thus potentially improving the standard of care to people using services by allowing patient facing healthcare workers spend more time with the patient. Proactive measures are required to leverage the benefits of AI and to use it in a responsible and safe way, by building the knowledge, capabilities and capacity of the health and social care workforce (HIQA, 2025).

An EU Commission funded study (PwC, 2025) on the deployment of AI in healthcare noted that the deployment of AI in healthcare systems face many challenges such as costs, lack of end user

[12] EHQ03 - Average Earnings, Hours Worked, Employment and Labour Costs - https://data.cso.ie/table/EHQ03

involvement and a lack of a clear AI strategy. The Health Information and Quality Authority (HIQA) has been requested by the Department of Health to develop a national framework to promote and drive the responsible and safe use of Artificial Intelligence (AI) in health and social care services to ensure safer, better care for people using these services.

The development of the soon to be published AI Strategy for Healthcare "AI for Care", as set out in the Programme for Government 2025, reflects Ireland's ambition to promote and support the safe and responsible use of AI across health and social care services, ensuring that technological advancements are aligned with the highest standards of safety, quality, and public trust. AI for Care is underpinned by Ireland's broader digital health vision, articulated in the Digital for Care 2030 framework.

**Virtual Wards**

A virtual ward (VW) is a time-limited service supporting people who have an acute condition, or an exacerbation of a chronic condition requiring hospital-level care, to receive this high acuity care in the place they call home. The VW offers an alternative to hospital admission at the Emergency Department (ED) or can facilitate an earlier discharge from a hospital ward for medical and surgical patients. The objective of the VW is to increase capacity for acute admissions, thereby supporting a reduction in patients waiting on trolleys in the ED through moving care to the home in a coordinated and integrated way.

The HSE Virtual Care Governance Group (VCGG) was established in March 2025 to drive and oversee national development of virtual care. Acute Virtual Wards (AVW) in St Vincent's University Hospital (SVUH) and University Hospital Limerick (UHL) have admitted 1,516 patients between 1 January to 20 November 2025 (856 SVUH and 660 UHL). As of November 2025, a further 4 Acute Virtual Wards (AVW) have launched in St Luke's Kilkenny, Midland Regional Hospital Tullamore, OLOL Drogheda, and Mercy University Hospital Cork. A further AVW in Galway University Hospital is planned for launch in Q1 2026.

Virtual Wards contribute significantly to the overall efficiency and effectiveness of healthcare delivery by providing high-quality hospital care for patients, expanding hospital capacity, and alleviating pressures on the hospital system.

The Virtual Ward is a new initiative in Ireland. System wide benefits of the service in Ireland are not yet fully established. A robust performance reporting and monitoring process is being implemented to track and monitor system impacts. Internationally, health systems report an increase in overall efficiency, with increased bed capacity (without the need for additional physical infrastructure), enabling a more efficient allocation of resources, and improved bed management and patient flow. In line with the Department of Health's recently published 'Digital for Care: A Digital Health Framework for Ireland 2024-2030', the implementation of Virtual Wards is harnessing the power of the latest digital technologies and innovation, to improve access to care for patients as well as expanding capacity, increasing efficiency and productivity, and reducing costs (HSE, 2024).

## Productivity

Within an analysis conducted by IGEES economists within the Department of Health, they reviewed how publicly funded hospital activity has responded to a step change in health funding which increased from €13.7 in 2014 to €22.8bn in 2024. The analysis showed a large divergence present in all sites between the workforce provided to the composite activity. While this was a welcome publication and the first of its kind, it served an important purpose by highlighting that the focus should be on Work Transformation.

Within healthcare, outputs are less intuitive than other sectors. It produces hospital admissions and consultations with GPs and therapists, but these outputs are secondary to healthcare's overarching objective which is to improve the health and wellbeing of citizens, and it is important to measure this to evaluate the impact of our policies and to keep focused on making improvements.

In recent years, there has been productivity growth due to improved outcomes through advances in saving lives and advances in treatment. The number of people in Ireland who reported their health as being good or very good (79.5%) in 2023 was the highest in the EU, well above the EU average of 67.7%. Ireland also had the highest rate of self-perceived good health in 2022. Life expectancy in Ireland is fifth highest in the EU, at 82.6 years. The system needs to be agile to respond to future demand pressures as the population has grown by 14.8% since 2015, with the over 65s group increased by 36.5% between 2015 and 2024 (Department of Health, 2025).

While advances in quality are a welcome improvement, due to the growing budget allocation to healthcare, the Productivity and Savings Taskforce was established in January 2024. Performance of our health systems is measured on both health outcomes and how patients are met when they turn up to our health services. Reducing regional disparities in access to care is a key output.

The overall aim of the Taskforce is to maximise the use of Health funding by delivering safe health services to as many people as possible in a timely way. To achieve this goal, the Taskforce has identified savings and opportunities to improve productivity across the health service by looking at across-the-board healthcare reforms along with cost savings.

For the most part there is focus on system reform and there is an understanding that a mixture of targeted capital and current investment may be required to unlock productivity improvements in the system such as ICT, diagnostics, bed capacity and staffing to deliver activity growth and productivity improvements.

To meet the increased demand for our health and social care services, there are three key workforce measures: strategic workforce planning, workforce reform and workforce productivity. Delivering accessible and affordable care requires multidisciplinary team working and environments where health and care professionals can use their knowledge and skills to best effect. Productivity is one of the three measures that can unlock capacity and increase patient access to care within existing funding parameters.

## Healthy Ageing

Healthy ageing and new care models in the short to medium term can moderate but not offset the impact on the demand and capacity requirements needed to meet the needs of the population. Therefore, it is important that we invest in prevention with the short medium and long term in mind. Generally, health budgets tend to focus on treatments rather than prevention, with the incentives focused on more activity rather than investing in preventative care with the aim of preventing avoidable presentations to ED and inpatient care settings.

According to TILDA data and research, (TILDA, 2025) there is a significant proportion of older adults that remain undiagnosed or undertreated for key conditions including hypertension, hypercholesterolaemia, diabetes, osteoporosis, depression, and chronic pain. It also points to nearly half of older adults with known diagnoses of hypertension or diabetes having poor control of their condition despite treatment.

As stated in the Case for Change, the number of older persons is projected to increase quite quickly over the coming decades. It is imperative that the longer lifespans correspond with an extension to the number of healthy years lived, preventing and delaying the onset of functional decline and the onset of chronic disease.

For the wider population, lifestyle factors such as smoking, alcohol consumption, drug use, physical inactivity and traditional clinical risk factors such as obesity and cholesterol are well known factors driving demand for health services, but we also must factor in levels of loneliness in Ireland and how can society tackle this. According to the first EU wide survey measuring loneliness, Ireland has the highest rate with 20% of respondents reporting feeling lonely (JRC, 2022).

Promoting and protecting public health is the number one strategic priority for the Department of Health as this is essential to maintaining a stable, efficient and sustainable health service for the people of Ireland (Department of Health, 2025). The SANDEM project referenced earlier showed the potential impact of reducing the prevalence of disease burden in the population over the coming decades. In the scenario where the disease burden prevalence remains fixed, the EU healthcare workforce is expected to increase by 30% for doctors and by 33% for nurses between 2021 and 2071. Under another scenario where healthy ageing progresses, there could be a reduction in the number of healthcare professionals by 18% for doctors and 16% for nurses over the same period.

While Ireland also must contend with a growing and ageing population in the coming decades, that is not the case across Europe. However, it does offer us an insight into what demand beyond 2040 may be if we invest in prevention and public health, educating the population and self-empowering them to be their own health advocate.

# Retain & Recruit

Europe's working-age population is expected to shrink by one million adults every year until 2050 with efforts needed to dismantle persisting barriers and encourage labour market participation by as many people of working age as possible (European Commission, 2025).

Ireland is in quite a unique and fortuitous position in that our working age population is projected to increase by between 11.4% to 23.5% by 2057 under two different scenarios. Under a low migration scenario, the working age population would decrease slightly by 4.4% by 2057. While there is a level of variance between scenarios based on levels of migration, it is certain that the share of working-age of the total population will decrease (CSO, 2024). As workforce planners, we need to consider how to adapt and grow our health workforce while being cognisant of other essential sectors and industries. Persistent barriers to careers in healthcare must also be addressed.

In Ireland and Europe, we offer world-class education and research opportunities and competitive career prospects, however, there is a need to address the mismatch between education and employment strategies in relation to health systems and population needs. Health is very traditional in its structure and hierarchy, and a balance must be struck between aligning the education system to the needs of the system but also aligning our systems to the skills of our health workforce. Much of the rhetoric around health systems is that they are built around the patient pathway. It is a false dichotomy to say that the system can't also be built around the worker and that it can be human-centred.

Attracting and retaining a diverse and skilled workforce will be essential for the HSE to provide high-quality health and social care. The Pay and Numbers Strategy was designed and implemented in 2024 with the objective of strengthening pay bill management and providing greater visibility, oversight and governance. The strategy acts as the HSE's annual plan in a holistic yet action orientated approach to the development of a sustainable health workforce to meet the demands of a growing an ageing population.

Supporting and retaining our experienced, dedicated staff is essential. In line with this a number of actions have been taken in the areas of both recruitment and retention. Recruitment initiatives include large scale national campaigns for specific occupations and international recruitment campaigns to attract employees from overseas and encourage Irish healthcare workers living abroad to return and work in the public health services. Some of the key aims of the HSE Resourcing Strategy are to attract a high performing and diverse workforce, modernise recruitment practices, engage and retain the workforce and build the healthcare talent of the future.

A PBO report (PBO, 2023), found that the cost of hiring agency staff in the Health Service Executive (HSE) has almost trebled since 2015, despite an increase of 32 per cent in the number of full-time staff employed by the service. The Productivity and Savings Taskforce aims to reduce agency spend

within the HSE and through increased numbers of student places and reducing attrition which will reduce vacancies.

The factors behind workers choosing to work temporary contracts must be analysed. Flexibility is often muted as a driving factor for employees choosing to leave permanent positions. While healthcare workers are working in a system that doesn't take weekends off or have set working office hours, options such as job sharing must be reviewed to ensure we don't lose the talent and skills of potentially two medical professionals who could deliver more than 1 WTE through a job-sharing agreement. For professions where shortages are cited and registry data suggests a low practising rate, efforts should and will be made to look at every possible option to increase the practising rate and labour force participation.

In October 2024, to obtain a clearer picture of the well-being and working conditions of doctors and nurses, WHO Regional Office for Europe launched the Mental health of Nurses and Doctors (MeND) survey with over 120,000 doctors and nurses across 29 countries including Ireland. It found that workplace protective factors, such as greater autonomy over work, better work-life balance and frequent social support from colleagues and supervisors cited as positive factors are strongly associated with lower depression and anxiety (WHO, 2025).

Employees need to feel secure in their roles and confident in their future within the organisation. Secure employment often translates to higher productivity levels. Healthcare Workers **(**HCWs**)** are more inclined to go above and beyond, knowing that their efforts are recognized and valued. A study by the Harvard Business Review found that companies with high job security saw a 15% increase in productivity compared to those with lower security levels (HBR, 2025).

By prioritising security and stability for workers and continuity of care for patients, employers can foster trust and reduce workplace stress, leading to higher levels of retention. A report on staff satisfaction and organisational performance (Powell, Dawson, Topakas, Durose, & Fewtrell, 2014), used a large-scale longitudinal dataset generated from NHS staff surveys in 2009, 2010, and 2010. The authors found that better staff experience is associated with better outcomes for both employees and patients, and that higher well-being – measured, amongst others, in terms of job satisfaction – and better job design are linked to lower levels of absenteeism and higher levels of patient satisfaction.

Retention is a pressing issue, as understaffing contributes to stressful working conditions which then becomes a cycle of burnout and job dissatisfaction among healthcare workers and reduces the appeal of healthcare careers. Retention is one of the challenges that is impacted by international, national and regional factors however, the focus should be on improving our national and regional work environments.

The data produced as part of the NDTP's report on Model 3 Hospitals (NDTP, 2023), demonstrated clearly the challenges facing Model 3 hospitals in the successful recruitment and retention of

consultants, combined with the implications of an older workforce, with one third of consultants over 55 years of age. The data on age profile demonstrates an urgent need to plan for impending vacancies due to retirement. According to the latest NDTP figures, 62% of NCHDs in Model 3 hospitals were not on recognised specialist training schemes, compared to 41% in Model 4 hospitals. Data shows that the HSE Model 4 hospital recruitment campaigns are more often successful in securing a consultant in post in comparison to the Model 3 hospitals (NDTP, 2025).

The overall turnover rate of 7.4% for all staff in the HSE for 2024 is 1.5% lower than 2023 and 2.8% lower than 2022. Although this is a welcome reduction, it still remains higher than 2019's rate of 5.9% (HSE, 2024). Continuing to retain the workforce while ensuring the HSE maximises the graduate pool and attracts Irish healthcare professionals to return to the Irish health and social care system remain a priority.

The NCHD Taskforce recommendation on Geographical Organisation of NCHD Training Rotations recommends providing pre-defined rotations for a minimum 3-year period at the outset of the training programme and only 1 geographic move requiring living relocation (i.e. new accommodation) in a 4–5-year training programme. This is an important recommendation to support doctors in training and to support retention of our workforce for the future.

To better understand this issue and to aid the development of retention strategies, surveys are or have been conducted by individual services/professions. By understanding the underlying causes for attrition, targeted intervention strategies can be developed to address the specific challenges faced by individual services and professions.

There is evidence however that shows that a significant percentage of those that leave do return. A research publication from the CSO analysed the destinations of 2013 health and social care graduates using administrative data. From this analysis, it can be identified the proportion who are employed in Ireland after graduation or the proportion who are not captured in any administrative data and assumed to have emigrated (CSO, 2025).

- 95% of Irish medicine graduates work as Medical Practitioners after 10 years.
- Approximately 70% of Irish medicine graduates who emigrated later returned.
- Ten years after graduation 88% of Irish nursing and midwifery graduates worked as Nurses & Midwives in the Irish healthcare system.
- Looking at 2013 graduates for other courses after 10 years, 70% of dentistry graduates were in substantial employment, 88% of medical scientists, 77% of Occupational Therapists, 76% of Physiotherapists, 90% of Radiographers and Radiation Therapists, 82% of Social Care Workers, 85% of Social Workers, 77% of Speech and Language Therapists and 69% of Dietetics, Optometrists and Podiatrists.

This workforce paper considers the development and implementation of strategies designed to improve working conditions. Strategies that will positively impact recruitment and retention,

including addressing issues such as workload, work–life balance, workplace culture, supportive management, career advancement and workplace safety. Acknowledgement that the same strategies may have different effects on different groups (e.g. age, life stage, professions, locations, and gender), some approaches may to be tailored accordingly.

**Agency Spend**

The HSE's spend on agency for Department of Health funded activities was €682,562,000 in 2023 and €734,192,000 in 2024. The Programme for Government is committed to the recruitment of additional doctors, nurses, midwives, dentists, and health and social care professionals with the aim of reducing our reliance on contract and agency workers. The Department and the HSE are committed to direct employment rather than the use of agency services where possible.

The Productivity and Savings Taskforce Action Plan 2025 includes a commitment to identifying and implementing specific measures to deliver agency pay savings. It is expected that the successful adoption of these commitments will lead to both cost savings and improved quality of services across the health sector.

The HSE has committed, within Whole Time Equivalent limits, to undertake an analysis of promotional posts currently filled by agency staff and where appropriate will fill identified posts through direct employment. To prioritise agency staff who have been in an entry level post for one year or more for employment in the HSE and continue to seek further agency conversion.

**WHO Code of Practice on international recruitment**

The Government acknowledges and appreciates the vital work of all health and social care workers, from Ireland and abroad. Their dedication and commitment to our patient care have enhanced the provision of health care services in Ireland. There is, however, an awareness of the over-reliance on foreign educated health professionals, so there is a need to grow our domestic supply to ensure compliance with the WHO Global Code of Practice. These scenarios show us that it will take time to build our domestic supply but that it is crucial that we do to comply with the Code and as we are currently vulnerable to supply shocks given the high global demand for nurses and midwives.

The WHO Global Code of Practice on the International Recruitment of Health Personnel is a voluntary instrument that articulates the ethical principles on international recruitment and migration of health workers, in a way that strengthens the health systems of developing countries. Ireland has responsibilities under the Code in relation to how it recruits from other countries and in strengthening the health workforce in less developed countries. Efforts are underway to meet these responsibilities. Current examples include the HSE International Medical Graduate Training Initiative (IMGTI) and work to increase the domestic supply of health and social care workers.

The Department of Health has made a number of policy interventions which focus on both the inflow and outflow of workers and with our new modelling capabilities, we can plan to tackle our reliance using strategic interventions that are evidence based. The NCHD Taskforce (Department

of Health, 2024) which focused on the retention of early career hospital doctors is an important step in addressing the main cause of our current over-reliance on international recruitment of doctors. The availability of subspecialist fellowship training options in Ireland that provide an alternative to international fellowship training and the new (POCC) consultant contract introduced in 2023 are measures which will improve retention over time.

There will always be a natural level of inward migration of doctors from the EU and UK but also from non-EU countries. Generally foreign educated doctor receives a two-year multi-site general employment permit to work as an NCHD (Non consultant hospital doctor) in any public hospital or healthcare facility.

Initiatives such as the International Medical Graduate Training Initiative (IMGTI), enables overseas doctors to complete 24 months of structured postgraduate medical training within the public health service in Ireland. After which they are expected to return to their country of origin with enhanced medical skills and competencies that will improve the health service in their home countries. Generally, these trainees will work in hospitals nationally usually at Senior House Officer (SHO) level during their first year of training and at Registrar level during their second year of training (HSE, 2023).

There is also an IMGTI scholarship programme which is aimed primarily at doctors from countries with less developed health sectors and is not intended to lead to settlement in Ireland. At present, Pakistan and Sudan participate in the IMGTI and following the scholarship, they return to complete their exams and training in their home countries where they are enrolled in national training programmes.

Ireland also introduced a HSE funded scheme to attract foreign-trained doctors into GP training to train and work as GPs in rural and remote regions of Ireland for the duration of the two-year programme. Candidates require a minimum of three years' GP experience in a GP setting to be considered for the IMG Rural GP programme (ICGP, 2025). It is important that we monitor the success of these programmes but also plan to improve the attractiveness of rural and remote regions to all GP trainees and graduates.

Modelling projections from our workforce projection model tell us that there is an expected shortfall across most of the health and social care staff categories that were modelled by 2040. Considering the projected gaps between supply and demand, in the absence of significant increases to third-level student intake, closing the projected gap would require large-scale recruitment of foreign educated health and social care workers into the future. This is not a sustainable approach to workforce planning nor in compliance with our commitments under the WHO Code of Practice on International Recruitment of Health Personnel. Every 3 years, Member States including Ireland are required to provide data on the WHO Global Code of Practice implementation. The National Reporting Instrument (NRI) is a country-based, self-assessment tool for information exchange and

Code monitoring. The NRI enables the WHO to collect and share current evidence and information on the international recruitment and migration of health personnel.

The Department gathers information and submits the NRI on behalf of Ireland to the WHO. This data includes how international health personnel come to Ireland, inflow data on foreign-educated or foreign-born health personnel newly active in Ireland, outflow data of domestically trained health personnel who have left Ireland in the past three years for temporary or permanent migration, data on consolidated stock on health personnel, data on the top 10 countries of training for foreign-educated health personnel in Ireland.

According to the latest WHO Migration report, between 2014 and 2023, the number of foreign-trained doctors working in the European regions' health systems grew by 58%, and foreign-trained nurses by 67%. In the same period, annual inflows – new entries into the health labour market – of doctors nearly tripled, and inflows of nurses increased 5-fold. Worryingly, most of these health professionals were trained outside Europe: 60% of doctors and 72% of nurses arriving in 2023 were trained outside the Region (WHO, 2025).

Workers coming to Ireland from outside the EU are required to obtain employment permits. The Department of Enterprise Trade and Employment (DETE) operates the employment permits system in accordance with the Employment Permits Act 2024. The employment permits legislation sets out various criteria that must be met when considering a permit application, including immigration permission, testing of the labour market, minimum annual remuneration and minimum ratio of EEA employees to non-EEA employees.

Our projections show that Ireland will need inward migration in the next fifteen years to allow us to build our domestic supply, improve retention and gradually reduce our unsustainable reliance on international recruitment. It is important to be cognisant of the fact that migration crosses many departmental boundaries and requires a strategic, joined up, cross governmental response and long term-planning on issues such as housing supply and the provision of public services such as health.

This paper is an important step in what will become a comprehensive approach to reducing our over-reliance on foreign educated health and social care workers and this requires a policy focus on health workforce migration and its health system implications. We also commit to reporting regularly on the implementation of the WHO code via the National Reporting Instrument.

# Invest

Long-term planning and sustained investment in the workforce are essential to building equitable and resilient health systems. The key focus is on creating the right environment for our existing workforce to have access to lifelong learning opportunities, flexibility and to feel valued and acknowledged in their roles.

The current high levels of spending on healthcare in Ireland compared to our high-income peers in Europe who tend to have older demographic profiles is concerning. Our funding structure which is majority funded through taxation leaves the health budget in competition with other areas such as housing and education. Without reform and substantial productivity gains, rising healthcare costs from an ageing population will increase the share of government expenditure on health.

The Department of Health will take a strategic approach through the annual estimates/budget cycle, for targeted public investment in health and social care workforce development, including education and training, and clinical practice placements. This will include innovative health and social care workforce policies that aim to increase the workforce's availability, sustainability and productivity, and actions that drive efficiencies (European Observatory on Health Systems and Policies, 2023). It should also include gathering evidence for investment in the health and social care workforce, including the consequences of underinvestment and wider economic benefits.

Health infrastructure is maintained and improved through funding, both capital and revenue, which is a key part of meeting current and future patient demand through ensuring safe and quality patient services, better health outcomes, reducing key cost drivers in the system and supporting the health and social care workforce to do their jobs effectively, in well-designed and safe workplace settings (Department of Health, 2024).

Through the delivery of the Digital Health Framework, we will continue to strategically invest in our health infrastructure, evaluate and invest in emerging technologies, integrate our systems for better security and collaboration, develop new ways of working through innovation and put data analytics and insights at the centre of our decision making.

The Programme for Government commits to the development of a multi-annual funding approach for our health service, which will be linked to productivity, staff levels and the delivery of services for patients. Progressing reform programmes will require planning and implementation over a much longer time period than the traditional twelve-month budgetary cycle. The best way to deliver these important reforms is to align funding and programmes through multi-annual budgets over a period of three to five years. This approach aligns funding with more strategic planning and resource allocation and provides much needed certainty of future funding over longer-term projects and health workforce planning.

Another benefit of multi-annual budgets is that enhanced financial control creates greater accountability along with more efficient use of available resources. This will allow more financial and operational resources to be targeted to higher priority areas facilitating faster delivery of new or enhanced services. Multi-annual budgets allow for greater accountability and form the basis for driving better financial and operational performance. Living within the budget is central to the sustainability of the health service and provide best value for money which will allow us to deliver new and enhanced services.

There are currently two funds operating that invest in workforce led optimisations which can continue to contribute to the reform of care pathways.

- The Sláintecare Integration Innovation Fund (SIIF) supports and embeds a person-centred innovation culture within the Irish health sector, by equipping staff and the people who use our services with the skills and mindset to test new ways of working, leveraging technology where possible, to better respond to future health challenges/opportunities, and improve patient care.
- The Spark Innovation Programme seeks to support, promote and recognise innovation amongst healthcare staff within the HSE. The programme recognises the unique insights and perspectives of all frontline healthcare workers. The Spark team believe that the opportunity to develop one's ideas is central to staff engagement, often inspiring for staff, encouraging recruitment, and supporting retention.

Building capacity, both in terms of workforce and infrastructure, is essential to address Ireland's long-term demographic challenges. Substantial public investment in healthcare infrastructure and capacity is being made to support Sláintecare ambitions. As part of the National Development Plan Review (NDP, 2025), €9.25bn of capital expenditure over the next five years will support the delivery of equitable, accessible and high-quality healthcare across Ireland.

The Government is committed to ensuring adequate staffing across our health service, ensuring that the workforce keeps pace with population and demographic changes. There are immediate staffing shortages and longer-term needs that will give rise to increased investment in future years. By building up our evidence and research base, we can ensure that workforce planning policies are evidence-informed decisions that ensure best use of available resources.

# Actions 2026 - 2030

# PLAN

**Using evidence and long-term workforce projections to meet our future workforce needs.**

## 1. Plan future capacity

Building on national and international evidence, the overall goal of the Department of Health's workforce planning work programme is to produce evidence-based rolling health and social care workforce planning action plans. Targeted health and social care workforce policy measures are needed to ensure that health services will have the appropriate workforce supply to meet the health and social care demand of our future population. It's also about how we train and prepare the current and future workforce and aligning education and training with the needs of the population.

## 2. Create an effective data management framework

The Department of Health takes a leadership role to develop workforce planning policy and to guide and coordinate the planning process in collaboration with key stakeholders. An effective data management framework is required to support ongoing management of the workforce planning projection model. Access to quality, complete, and timely data and analysis are key to support workforce modelling and to inform decision-making. Evaluation and monitoring steps are important elements of the planning cycle that enable corrections to be made to the course of action where needed.

## 3. Bridge research and policy

An important action to inform evidence-based workforce planning is to utilise research effectively to inform policy. This necessitates a strategic identification of the future evidence needs of the national strategic workforce planning process and initiating research to address these in a timely manner. This includes internal and external research projects. This work will be supported by the Department of Health's Joint Research Programme in Healthcare Reform with the ESRI, which governs the development of the HIPPOCRATES model which forms a key part of Departmental modelling capacity.

## 4. Improve national workforce planning capabilities

The Department plans to enhance the technical capacity of the workforce models and improve our capabilities and skills within the Department to develop more complex modelling scenarios. We will establish a Health and Social Care Workforce Planning Technical Group to oversee and coordinate data gathering and other workforce planning model inputs, facilitate collaboration and coordination between the different sectoral groups, and provide visibility of planning outputs across the health and social care system.

# BUILD

**Building our future workforce supply through expansion of student places and matching investment in workforce with the needs of the population.**

## 5. Secure additional educational and training capacity

Our plan is to increase the number of healthcare college places in nursing and midwifery, medicine, dentistry, pharmacy and health and social care professions in collaboration with DFHERIS. The building of supply of healthcare workers is a long-term endeavour and is dependent upon the expansion of existing programmes, clinical practice placement infrastructure, development of new programmes and expansion of pathways to education inclusive of the Department of Health, DCDE, DFHERIS and DEY. In the provision of additional CAO places in the Higher Educational Institutions, significant forward planning and infrastructural investment is required, therefore a whole of Government response is required.

## 6. Develop more detailed workforce planning strategies

It is a priority for our Strategic Workforce Planning teams in collaboration with stakeholders to develop detailed and evidence-based workforce planning strategies for care areas and professions. As of now, this paper shows aggregated projections and future work will incorporate new data and evidence and align with the needs of the population and policy objectives such as integrated care, system reform and workforce optimisation in a multidisciplinary teams-based approach.

## 7. Grow our primary care workforce

To achieve our Sláintecare ambitions, renewed focus must be placed on the primary care workforce and that preventative message. Public Health and Health Prevention and Promotion will play a key role in the Sláintecare & Programme for Government 2025+ (SC2025+) which outlines a roadmap towards a high-quality, universal healthcare system in Ireland. The Government is committed, as per the Programme for Government, to increase the number of GPs, Nurses, Community Pharmacists, Home Support Workers, Health & Social Care Professionals and Health Care Assistants who make up our primary care teams practising across the country and thereby improve access to primary care for all patients.

## 8. Seek to achieve optimal geographic distribution

Strategic regional workforce planning through demand-side reforms such as optimising the existing workforce with supply side measures to increase student places, improving recruitment and retention. As part of the whole of Government approach the Department of Health and DFHERIS will consider the geographical spread of training places at point of entry to enhance the potential for those professionals returning to their place of origin to work. This action considers ways to achieve optimal geographic distribution of the workforce as each region will have similar, yet different requirements based on current configuration of services and the rural/urban divide.

# OPTIMISE PERFORMANCE

**Reforming, maximising capacity and optimising health system performance to support the development of innovative models of care as envisaged under Sláintecare. Having the right mix of healthcare professionals with the right skills, supported by the right technology is essential.**

### 9. Align the workforce with the population

Ensure transition to HSE Health Regions acts as an organisational facilitator of population health planning that functions to reduce silos and optimise the health outcomes of its population using the available resources. Ensure policy focuses on the need of the population over silo reinforcing initiatives at national level that reinforce professional identity over person centred care. Ensure a value for money-based approach, with value defined by patient outcomes and experience, as well as provider experience.

### 10. Reconfigure services to be more efficient

Identify opportunities for improvement and support workforce-led optimisation. Health professionals must be enabled to use knowledge and skills to best effect. Delivering accessible and affordable care will require the workforce operating to the top of their skillsets with a sustainable flow of resources to build and sustain it at the required levels into the future.

### 11. Redefine teams and skills-mix

Expanding capability of health professionals where possible through advancing skills and career progression. Ensuring appropriate skill mix within teams to include the skills and training match the roles and responsibilities required. Ensuring a mix of generalist and specialist skills to deliver the care required.

### 12. Maximise use of digital and technological solutions

Ensuring a digitally enabled workforce and workplace. It is not feasible to meet the future demand for services by relying solely on an indefinite expansion of health and social care workers. Therefore, it is essential to consider new and innovative solutions to enhance productivity and efficiency of healthcare delivery, while maintaining worker satisfaction. This could include exploring digital health technologies and AI to streamline administrative tasks and expand the capacity of workers, and examining new models of care provision, supported by digital technology and task sharing to deliver accessible patient-centred services.

# RETAIN & RECRUIT

**Considering tailored interventions to improve recruitment and retention. The same strategies may have different effects on different age groups, life stages, professions, locations and genders, and retention efforts need to be tailored accordingly.**

## 13. Attract students to health and social care careers

To build the future health and social care workforce, there is a need to ensure that students are attracted into the health and social care workforce, and to support those students as they embark on their education and working life journey. The need to develop non-traditional career pathways, including expanded application of apprenticeships and earn as your learn models as well as offering permanent contracts of employment to all graduates. It is imperative that the HSE maximises the graduate pool and attracts Irish trained graduates to return to work in the Irish health service.

## 14. Job security as a retention tool

The HSE Productivity Taskforce is looking to deliver cost savings on agency expenditure which has increased in recent years. Secure employment often translates to higher productivity levels. Healthcare workers are more inclined to perform at a higher level, knowing that their efforts are recognised and valued. A study by the Harvard Business Review found that companies with high job security saw a 15% increase in productivity compared to those with lower job security levels.

## 15. Improve workforce environments

Our workforce must be supported to do their jobs effectively, in well designed and safe workplace settings. New ideas must be explored to improve the wellbeing and retention of health and social care workers through the promotion of healthy work-life balance and expansion of career progression opportunities.

These strategies will positively impact recruitment and retention, by addressing issues such as workload, work–life balance, workplace culture, supportive management, career advancement and workplace safety. Acknowledging that the same strategies may have different effects on different groups (e.g. age, life stage, professions, locations, and gender), some approaches may to be tailored accordingly.

## 16. Address our high reliance on international recruitment

As part of our commitment to the WHO Code of Conduct, we need to address the current and historic reliance on international recruitment which leaves us particularly vulnerable to global competition for health and social care workers which are in high demand. We plan to build our domestic supply but acknowledge that due to education lags and capacity constraints within our higher education institutions, it will take a number of years to gradually reduce our reliance.

# INVEST

**Targeted and smart investment in health and social care workforce is a valuable investment. According to the WHO, targeted investment that delivers a sustainable health and social care workforce should be regarded as an investment for the future and not a cost.**

## 17. Adopt a multi-annual funding approach

The Programme for Government commits to the development of a multi-annual funding approach for our health service, which will be linked to productivity, staff levels and the delivery of services for patients. From a workforce planning perspective, our objective is to deliver value for money. Annual budget allocations limit the ability to plan in the short, medium and long-term which may lead to less job security for health and social care workers ultimately impacting on patient safety and productivity. This applies to both public and voluntary bodies who require budgetary certainty to effectively plan services.

## 18. Enable our health and social care workers to work safely and productively

Long-term planning and sustained investment in the workforce are essential to building equitable and resilient health systems with a key focus on creating the right environment for our existing workforce to have access to lifelong learning opportunities, flexibility and to feel valued and acknowledged for their roles in health and social care teams.

## 19. Work transformation designed by health and social care workers

Ireland has an agreed Action Plan for Designing Better Public Services Prepared by the Department of Public Expenditure, NDP Delivery and Reform (2023 A Roadmap for Embedding Design in the Public Service 2024 – 2025). Good design is central to value based public service delivery. There are pockets within health service delivery that embrace innovation practices to support well-designed person-centred care. These are often supported by the Sláintecare Integration Fund or HSE Spark Innovation funding. There is an opportunity for these principles to be leveraged in policy development in health workforce.

## 20. Invest in workforce and infrastructure

Building capacity, both in terms of workforce and infrastructure, is essential to address Ireland's long-term demographic challenges. Substantial public investment in healthcare infrastructure and capacity is being made to support Sláintecare ambitions. As part of the National Development Plan Review (NDP, 2025), €9.25bn of capital expenditure over the next five years. It is essential that any investment in infrastructure requires a corresponding investment in workforce. As health infrastructural projects will be evaluated, approved via the Strategic Health Investment Framework and the Common Appraisal Framework (CAF), consideration of the staffing needs for such proposals is required to be set out earlier in the design/approval process.

# Enablers for Success

There are five key enablers to ensure the successful implementation of these actions.

Professional education and training capacity must increase now. Moving forward, the Department is enhancing our ability to plan with a strong focus on a good foundation of workforce data, data on health professionals in training and a cross Government collaborative approach including ongoing engagement and collaboration with Department of Further and Higher Education, Department of Children, Disabilities and Equality, Department of Education, and Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.


*Figure 51: Enablers for Success*

Engagement and clear communication channels with regular planning and monitoring under a clear governance structure covering a broad range of stakeholders of Higher Education Institutes (HEIs), training bodies, regulators, accreditors and employers will enable the changes required to address the health care needs of the populations of Ireland.

A flow of quality evidence and data will inform future workforce planning efforts. Harnessing and further strengthening our digital and analytical capacity and capability to ensure that workforce planning becomes an iterative process with regular updates and engagement between relevant stakeholders to ensure progress is measured through regular monitoring and evaluation. A key objective is to make the model more accessible to various stakeholders, thereby facilitating informed decision making in healthcare planning and policy.

# Conclusion

The challenge ahead is complex but what is clear is that there is a need to build, retain and reform. It is not feasible nor practical to assume that the workforce will continue to grow in line with the increasing demand. Reforming our care pathways with a person-centred approach that is built around the patient and the staff and exploring strategies to improve healthcare team performance, efficiency and quality of care will bolster our efforts to meet future demand.

The vision is that we will increase the health and social care workforce by:

- ✓ **Training more health and social care workers in our Higher Education Institutes**
- ✓ **Increasing clinical practice placement capacity across the health and social care sector to support increased student training places in our Higher Education Institutes.**
- ✓ **Increasing the number of CAO medical school student places and internship places**
- ✓ **Doubling the number of undergraduate nursing & midwifery student places by 2030**
- ✓ **Increasing the number of health and social care college places in dentistry, pharmacy, physiotherapy, psychology, dietetics, occupational therapy, social work, social care work, speech and language therapy, radiography, radiation therapy and other key HSCPs.**
- ✓ **Reducing reliance on temporary staffing in line with the expansion of student places and the increases in education and training healthcare workers.**
- ✓ **Support career progression by offering advanced practice opportunities**
- ✓ **Increasing the future domestic supply of consultants and GPs by increasing the number of postgraduate training posts at BST (Basic Specialist Training) and HST (Higher Specialist Training) level, and fellowship opportunities for NCHDs**

Planning for a health and social care workforce in Ireland is not only a matter of determining the right numbers required but also requires a vision on the right match between skills available in the workforce and patients' needs.

Professional education and training capacity must increase now. Moving forward, the Department will establish the ability to plan with a strong foundation of data on health professionals in training and in the workforce and will also establish a cross departmental collaborative group including representation from the Department of Health, DFHERIS, DCDE, DEY and the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

Engagement and clear communication channels with regular planning and monitoring under a clear governance structure covering a broad range of stakeholders of Higher Education Institutes, training bodies, regulators, accreditors and employers will enable the changes required to address the health care needs of the populations of Ireland.

A flow of quality evidence and data will inform future workforce planning efforts. Harnessing and further strengthening our digital and analytical capacity and capability through the creation of workforce 'data lakes' within the HSE and the wider health and social care system is required to ensure that workforce planning becomes an iterative process with regular updates and engagement between relevant stakeholders to ensure progress is measured through regular monitoring and evaluation.

There is an understanding of the global challenge in terms of meeting our future demand for health and social care workers. Work is underway internationally and nationally (by the Department of Health, HSE and stakeholders) to better understand and address these challenges. Tools have been developed to support our planning processes and to enable evidence based strategic workforce planning.

This paper sets out how the Department is utilising these tools as part of a comprehensive approach to long term health and social care workforce planning. The actions within align with the "Framework for Action on the Health and Care Workforce in the WHO European Region 2023–2030" and the paper sets out the work underway, and the processes in place, to support long term workforce planning for the health and social care workforce.

## Future Work

Our modelling capacity is expected to increase significantly with the support of internal and external stakeholders and through the efforts of our professional regulators to improve the availability and quality of data on their respective registers. This will inform workforce planning and coordination throughout the life cycle of a health and social care worker from the higher education system, through clinical practice placements and on to training in advance practice, specialisation and other career pathways.

We need to work towards a system where workforce planning, and multidisciplinary education are designed to meet population and patient needs and to move away from the traditional siloed approach. An Australian review on scope of practice (Australian Government, 2022), noted that multiprofessional learning can contribute to greater collaboration in multidisciplinary teams and can help remove cross professional barriers for both students and health professionals. We plan to create a strong and reliable minimum data set with an aim to improve modelling, governance and planning capabilities within the Department.

As new data becomes available, this will inform our demand and supply modelling. Our plan is to deliver projections for more regulated professions along with a disaggregation of medical and nursing professions, which will outline the medium- and long-term demand and supply projections along with a gap analysis. Significant advancements have been made to enhance the Department's planning capabilities and improve our models, however, there is still much to be done as outlined in our Actions.

# Appendix 1: Achievements

- As of the end of October 2025, there were 150,078 WTE directly employed in the provision of Health & Social Care Services by the HSE and Section 38 hospitals & agencies. This equates to a headcount of 169,104 and is 25.3% more than there were at the beginning of 2020.
- In recent years, there has been significant increases in the number of additional student places available on health-related courses.
- In 2023, over 660 additional student places were provided in medicine, nursing and midwifery, pharmacy, and other key healthcare courses in academic year 2023/24. This includes over 200 student places across Nursing and Midwifery and Allied Health Professional courses in Northern Ireland.
- In September 2022 an agreement was reached with the Irish Medical Schools for additional 200 Irish/EU medicine student places by 2026.
- Through collaboration with our partners in Northern Ireland, up to 500 additional once off student places have been co funded by Department of Health and DFHERIS in 2023, 2024 and 2025 across medicine, nursing, midwifery and allied health professions.
- In October 2024, the Minister for Further and Higher Education announced a major increase in healthcare places across Ireland through the creation of six new healthcare programmes in areas of Medicine, Pharmacy, and Dentistry.
- The Programme for Government committed to increasing the number of healthcare college places in nursing, medicine, dentistry, pharmacy and health and social care professions. The Government in June approved a significant expansion in training places for Health and Social Care Professions (HSCPs), a move that will see up to 310 additional student places created in 2025 and a further 151 in subsequent years, in disciplines critical to disability, health, and education services.
- Graduate entry bachelor's degree programmes, and masters level qualifications currently exist across a range of healthcare disciplines.
- There has also been recent progress developing non-traditional career pathways including the first Level 5 Nursing Studies Tertiary Education Programme in 2023, and the launch of two new pathways in social work education, including an innovative "earn while you learn" apprenticeship.
- Over the last several years there has been investment in both specialist postgraduate training posts for NCHDs and Consultant posts to support increases in both cohorts of staffing.
- In the last six years (to 2025) the number of intern posts available has grown by 20% (145 places).
- Significant increases in specialist postgraduate training places were achieved over a six-year period from 2019/20 to 2024/25, including:
    - 27% increase across Basic Specialist Training (BST)
    - 32% increase across Higher Specialist Training (HST)
    - 29% increase in the total number of doctors enrolled in training programmes.

- Provisional figures for the 2025/2026 training year indicate the total number of doctors enrolled in postgraduate medical training in Ireland is currently approximately 5,960. This represents a 4.9% increase in total training places compared to 2024/2025.
- Funding of €7.7m was provided in Budget 2024 for expansion of Senior House Officer Posts and Specialist Registrar NCHD posts to continue to increase GP and NCHD postgraduate training places. One-hundred and five (105) new training posts were established in July 2024, with a focus on establishment of 94 Senior House Officer Posts to accommodate expedited GP training expansion with the annual intake on the GP training programme increasing from 286 places in July 2023 to 350 places in July 2024.
- The number of GPs entering training has been increased significantly in recent years, by 120% from 2015 to 2025.
- Funding of €3.8m was provided in Budget 2025 to support additional NCHD post-graduate medical training places. This includes funding for 64 additional SHO posts on clinical sites in 2025 to support the increased number of GP trainees in the system, and expansion of Postgraduate Specialist Training Places including 5 new additional Radiology specialist training posts to be established in Jul 2025.
- Alongside the increase in training places, there has been a significant increase in the establishment of consultant posts since 2019. As of October 2025, there were 4,783 HSE-funded approved Consultant posts.

# Appendix 2: CORU, HSE & Census Data

**CORU Data Table**

| Profession | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| Dietitians | 1,110 | 1,203 | 1,308 | 1,452 | 1,599 |
| Dispensing Opticians | 203 | 207 | 215 | 217 | 221 |
| Medical Scientists | 462 | 1,534 | 2,524 | 3,003 | 3,277 |
| Occupational Therapists | 3,018 | 3,193 | 3,365 | 3,554 | 3,817 |
| Optometrists | 895 | 933 | 970 | 995 | 1,049 |
| Physiotherapists | 4,650 | 5,323 | 5,610 | 5,927 | 6,390 |
| Podiatrists | n/a | 28 | 135 | 285 | 482 |
| Radiographers/ | | | | | 3,602 |
| Radiation Therapist | 3, 049 | 3,257 | 3,501 | 3,782 | 583 |
| Social Workers | 4,843 | 4,983 | 5,146 | 5,336 | 5,638 |
| Speech and Language Therapists | 2,082 | 2,205 | 2,296 | 2,389 | 2,502 |
| Social Care Workers | n/a | n/a | n/a | n/a | 1,141 |
| **Total** | **20,312** | **22,866** | **25,070** | **26,940** | **30,301** |

**HSE Data Table**

| Profession | 2020 | 2021 | 2022 | 2023 | 2024 | % Increase |
|---|---|---|---|---|---|---|
| Dietitians | 748 | 808 | 869 | 960 | 1,010 | 35% |
| Medical Scientists | 2249 | 2,292 | 2,319 | 2,365 | 2,409 | 7% |
| Occupational Therapists | 1,932 | 2,085 | 2,177 | 2,283 | 2,313 | 20% |
| Physiotherapists | 2,275 | 2,431 | 2,556 | 2,700 | 2,759 | 21% |
| Podiatrists | 102 | 116 | 138 | 143 | 146 | 43% |
| Radiographers | 1,485 | 1,613 | 1,669 | 1,705 | 1,768 | 19% |
| Radiation Therapist | 228 | 220 | 227 | 225 | 247 | 8% |
| Social Workers | 1,391 | 1,457 | 1,596 | 1,727 | 1,783 | 28% |
| Speech and Language Therapists | 1,333 | 1,379 | 1,427 | 1,467 | 1,437 | 8% |
| Social Care Workers | 3428 | 3665 | 3715 | 3772 | 3,874 | 13% |
| **Total** | **15,171** | **16,066** | **16,693** | **17,347** | **17,746** | 17% |

| Census Data | 2011 | 2016 | 2022 |
|---|---|---|---|
| **Physiotherapist** | 2,904 | 3,423 | 4,436 |
| **Speech & Language Therapist** | 1083 | 1315 | 1837 |
| **Occupational Therapist** | 1653 | 1967 | 2808 |
| **Medical Radiographers** | 1,484 | 1,833 | 2,398 |
| **Psychologists** | 1,899 | 2,404 | 2,975 |
| **Podiatrists** | 445 | 511 | 557 |
| **Social Workers** | 3,711 | 4,325 | 5,454 |
| **Paramedics** | 1,277 | 1,404 | 1,699 |
| **Pharmaceutical Technicians** | 2,655 | 3,930 | 5,035 |
| **Counsellors** | 729 | 1,181 | 942 |
| **Pharmacy and other dispensing assistants** | 3,475 | 3,948 | 4,186 |
| **Hospital Porters** | 1,360 | 1,229 | 1,386 |
| **Health care Practice Managers** | 912 | 1,367 | 1,646 |

https://data.cso.ie/table/F7042

# Appendix 3: International Plans, Research and Evidence

The Department of Health regularly engages with international organisations (e.g. WHO, OECD, European Commission) to learn and share information and knowledge. Evidence gained from international sources also informs the strategic process; for example, the "*Framework for Action on the Health and Care Workforce in the WHO European Region 2023–2030*" has strongly influenced this paper.


*Figure 54 Framework for action on the health and care workforce in the WHO European Region 2023–2030. Source (WHO, 2023)*

# Appendix 4: Students Enrolments[13] in Year 1 Health-Related Education and Training 2019-2023

| Academic Year of Entry | 2019/2020 | 2020/2021 | 2021/2022 | 2022/2023 | 2023/2024 |
|---|---|---|---|---|---|
| **Medicine** | | | | | |
| Medicine Undergraduate Entry | 1,025 | 1,095 | 1,120 | 1,100 | 1,140 |
| Medicine Graduate Entry | 440 | 455 | 410 | 460 | 450 |
| **Medicine Total**[14] | **1,465** | **1,550** | **1,530** | **1,560** | **1,590** |
| **Nursing** | | | | | |
| General and Childrens Nursing | 1,135 | 1,235 | 1,275 | 1,255 | 1,375 |
| Intellectual Disability Nursing | 165 | 180 | 195 | 170 | 165 |
| Mental Health / Psychiatric Nursing | 360 | 375 | 380 | 330 | 380 |
| Midwifery | 155 | 170 | 145 | 160 | 180 |
| **Nursing and Midwifery Total** | **1,815** | **1,960** | **1,995** | **1,915** | **2,100** |
| **Health and Social Care Professionals** | | | | | |
| Dietetics/Nutrition | 85 | 105 | 105 | 115 | 125 |
| Occupational Therapy | 135 | 125 | 120 | 125 | 130 |
| Optometry | | | 35 | 35 | 40 |
| Physiotherapy | 180 | 170 | 185 | 230 | 240 |
| Podiatry | 30 | 30 | 25 | 30 | 35 |
| Psychology PhD | 100 | 95 | 95 | 105 | 120 |
| Radiation Therapy | 30 | 35 | 40 | 35 | 35 |
| Radiography | 130 | 130 | 140 | 125 | 155 |
| Social Work | 240 | 265 | 255 | 245 | 240 |
| Speech and Language Therapy | 125 | 120 | 110 | 110 | 125 |
| **Total Health and Social Care Professionals** | **1,055** | **1,075** | **1,110** | **1,155** | **1,245** |
| **Other** | | | | | |
| Dentistry | **105** | **110** | **100** | **105** | **100** |
| Pharmacy | **195** | **200** | **200** | **240** | **245** |
| **Total** | **4,635** | **4,895** | **4,935** | **4,975** | **5,280** |

**Note:** This list of health-related education and training courses is not exhaustive. There are many other heath related training courses available.

[13] All values are rounded to the nearest 5
[14] Includes year 2 enrolment data for RCSI as this is year 1 of the 5-year track in RCSI

# Appendix 5: Student Enrolments[15] Across all Years in Health-Related Education and Training 2019-2023

| Academic Year of Entry | 2019/2020 | 2020/2021 | 2021/2022 | 2022/2023 | 2023/2024 |
|---|---|---|---|---|---|
| **Medicine** | | | | | |
| Medicine Undergraduate Entry | 5,145 | 5,290 | 5,405 | 5,360 | 5,490 |
| Medicine Graduate Entry | 1,630 | 1,700 | 1,680 | 1,725 | 1,735 |
| **Medicine Total** | 6,775 | 6,990 | 7,085 | 7,085 | 7,225 |
| **Nursing** | | | | | |
| General and Childrens Nursing | 4,355 | 4,560 | 4,685 | 4,745 | 4,925 |
| Intellectual Disability Nursing | 650 | 665 | 670 | 625 | 615 |
| Mental Health / Psychiatric Nursing | 1,295 | 1,375 | 1,385 | 1,335 | 1365 |
| Midwifery | 545 | 570 | 560 | 595 | 615 |
| **Nursing and Midwifery Total** | **6,845** | **7,170** | **7,300** | **7,300** | **7520** |
| **Health and Social Care Professionals** | | | | | |
| Dietetics | 320 | 335 | 315 | 310 | 330 |
| Occupational Therapy | 460 | 460 | 450 | 445 | 440 |
| Optometry | 95 | 105 | 115 | 120 | 125 |
| Physiotherapy | 720 | 715 | 705 | 770 | 780 |
| Podiatry | 115 | 115 | 110 | 115 | 120 |
| Psychology PhD | 310 | 305 | 310 | 315 | |
| Radiation Therapy | 110 | 120 | 130 | 130 | 115 |
| Radiography | 375 | 435 | 450 | 440 | 470 |
| Social Work | 605 | 695 | 725 | 730 | 675 |
| Speech and Language Therapy | 430 | 430 | 415 | 400 | 405 |
| **Total Health and Social Care Professionals** | **3,540** | **3,715** | **3,725** | **3,775** | **3,460** |
| **Other** | | | | | |
| Dentistry | 470 | 490 | 505 | 505 | 485 |
| Pharmacy | 745 | 810 | 850 | 865 | 865 |
| **Total** | 18,375 | 19,175 | 19,465 | 19,530 | 19, 555 |

**Note:** This list of health-related education and training courses is not exhaustive. There are many other heath related training courses available.

[15] All values are rounded to the nearest 5

# Appendix 6 – NDTP Specialty Reports

- **Radiation Oncology Medical Workforce in Ireland 2024-2038**
- **The Radiology Workforce in Ireland 2024-2040**
- **Clinical-Genetics-Medical-Workforce-in-Ireland-2024-2038**
- **Dual-Training-Medicine-Specialty-in-Ireland-2024-2038**
- **Emergency-Medicine-Workforce-in-Ireland-2024-2038**
- **Surgery Medical Workforce in Ireland 2024-2038**
- **Anaesthesiology Medical Workforce in Ireland 2023-2038**
- **Medical Workforce Planning for the Specialties of Pathology - 2023**
- **Medical Workforce Planning for the Specialty of Psychiatry 2020-2030**
- **Intensive Care Medicine Workforce Plan - 2020**
- **Review of the Emergency Medicine Medical Workforce in Ireland - 2017**
- **Review of the Palliative Medicine Workforce in Ireland -2017**
- **Specialty Review Paediatrics and Neonatology Medical Workforce in Ireland - 2017**

# References


Achour, N., Zapata, T., Saleh, Y., Pierscionek, B., Azzopardi-Muscat, N., Novillo-Ortiz, D., . . . Chaouali, M. (2025). The role of AI in mitigating the impact of radiologist shortages: a systematised review. *Health Technol (Berl)*, 15(3):489-501.

Australian Government. (2022). *Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report.*

Begley, E., Gibb, M., Kelly, G., Keogh, F., & Timmons, S. (2023). *Model of Care for Dementia in Ireland.* Tullamore: National Dementia Services.

Benahmed, N., Lefèvre, M., & Stordeur, S. (2023). Managing uncertainty in forecasting health workforce demand using the Robust Workforce Planning Framework: the example of midwives in Belgium. *Hum Resour Health*, 21, 75.

Bernini, A., Icardi, R., Natale, F., & Nédée, A. (2024, November 26). *Healthcare workforce demand and supply in the EU27 - Projections for the period 2021-2071.* Retrieved from op.europa.eu: https://op.europa.eu/en/publication-detail/-/publication/91d712bf-ac7f-11ef-acb1-01aa75ed71a1/language-en

Birch et al. (2020). Planning the oral health workforce: Time for innovation. *Community, Dentistry and Oral Epidemiology*.

Birch, S. (2002). Health Human Resource Planning for the New Millennium: Inputs in the Production of Health, Illness and Recovery in Populations. *Canadian Journal of Nursing Research*, 33, 109-114.

Brick, A., & Kakoulidou, T. (2025). *Projections of regional demand and bede capacity requirements for public acute hospitals in Ireland, 2023-2040: Based on the Hippocrates model.* Dublin: ESRI.

Broderick, .. R., & Smith, .. J. (2022, December). *Demographics in the Higher Education Sector.* Retrieved from Gov.ie: https://www.gov.ie/en/collection/5ca0a-spending-review-2022/#further-and-higher-education

Caulfield, P., Hynes, T., & O'Connor, P. (2022, September). Spending Review 2022: A System Dynamics Model of Nursing and Midwifery Workforce Supply. Retrieved from Gov.ie: https://assets.gov.ie/257131/fbbe5c4e-63cc-49f9-bcf4-f0ddc71e5850.pdf

Centre for Effective Services and Health Service Executive. (2023, March 31). Evaluation of the Implementation of Community Healthcare Networks Learning Sites. *Presentation by the Centre for Effective Services (CES).*

CORU. (2025). *State of the Register 2025.* Dublin: CORU.

Coy, D., & Tanwir, M. (2025, June). *Supply and Demand of General Practice in Ireland | Technical Note.* Retrieved from gov.ie: https://assets.gov.ie/static/documents/Supply_and_Demand_of_General_Practice_in_Ireland-_June_2025.pdf

Crisafulli, W., & Singh, B. (2019). Managing patient expectations through understanding health service experiences. *British Journal of Medical Practitioners, 2019, Volume 12 Number 2*.

CSO. (2012, May 31). *Press Release Report on Vital Statistics 2009*. Retrieved from CSO.ie: https://www.cso.ie/en/csolatestnews/pressreleases/2012pressreleases/pressreleasereportonvitalstatistics2009/

CSO. (2023, September 28). *Census of Population 2022 Profile 4 - Disability, Health and Carers.* Retrieved from cso.ie: https://www.cso.ie/en/releasesandpublications/ep/p-cpp4/censusofpopulation2022profile4-disabilityhealthandcarers/carers/

CSO. (2024). *Population and Labour Force Projections 2023-2057.* Retrieved from https://www.cso.ie/en/releasesandpublications/ep/p-plfp/populationandlabourforceprojections2023-2057/

CSO. (2024, July 16). *Population and Labour Force Projections 2023-2057.* Retrieved from cso.ie: https://www.cso.ie/en/releasesandpublications/ep/p-plfp/populationandlabourforceprojections2023-2057/

CSO. (2025, August 13). *CSO Labour Market - Employee Series from Administrative Data*. Retrieved from cso.ie: https://data.cso.ie/table/QLF07

CSO. (2025, November 14). *Higher Education Outcomes - Health Graduates 2023 Destination Outcomes.* Retrieved from CSO.ie: https://www.cso.ie/en/releasesandpublications/ep/p-heo/highereducationoutcomeshealthgraduates2023/destinationoutcomes/

CSO. (2025, August 21). *Labour Force Survey Quarter 2 2025.* Retrieved from cso.ie: https://www.cso.ie/en/releasesandpublications/ep/p-lfs/labourforcesurveyquarter22025/keyfindings/

CSO. (2025, May 22). *Persons aged 15 and over in Employment (ILO*. Retrieved from data.cso.ie: https://data.cso.ie/table/QES01

CSO. (2025, August 21). *Persons aged 15-89 years in Employment.* Retrieved from cso.ie: https://data.cso.ie/table/QLF03

CSO. (2025, January 29). *Regional Population Projections 2023-2042.* Retrieved from cso.ie: https://www.cso.ie/en/releasesandpublications/ep/p-rpp/regionalpopulationprojections2023-2042/regionalpopulationprojectionsresults/

CSO. (2025, May 23). *Vital Statistics Yearly Summary 2024*. Retrieved from CSO.ie: https://www.cso.ie/en/releasesandpublications/ep/p-vsys/vitalstatisticsyearlysummary2024/

DCDE. (2023). *Action Plan for Disability Services 2024 - 2026.* Dublin: DCDE.

DCDE. (2025, September 3). *The National Human Rights Strategy for Disabled People 2025-2030.* Retrieved from gov.ie: https://www.gov.ie/en/department-of-children-disability-and-equality/campaigns/the-national-human-rights-strategy-for-disabled-people-2025-2030/

Department of Finance. (2025, August). *Economic Insights - Volume 2 2025*. Retrieved from assets.gov.ie: https://assets.gov.ie/static/documents/Economic_Insights_Volume_2_2025.pdf

Department of Health. (2003). *Hanly Report: National Task Force on Medical Staffing*.

Department of Health. (2016). *National Maternity Strategy - Creating a Better Future Together 2016 - 2026*.

Department of Health. (2019, July). *A Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice*. Retrieved from Gov.ie: https://www.gov.ie/en/publication/96ce55-a-policy-on-the-development-of-graduate-to-advanced-nursing-and-midw/

Department of Health. (2020). *Sharing the Vision: A Mental Health Policy for Everyone*.

Department of Health. (2021). *Disability Capacity Review to 2032*.

Department of Health. (2022, March). *Report of Expert Review Body on Nursing and Midwifery 2022*. Retrieved from Gov.ie: https://assets.gov.ie/219846/ea2cf1ee-ec4c-4a55-aeb7-2e5504e62c5d.pdf

Department of Health. (2022, October). *Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Health Care Assistants*. Retrieved from Gov.ie: https://www.gov.ie/en/publication/492bc-report-of-the-strategic-workforce-advisory-group-on-home-carers-and-nursing-home-health-care-assistants/

Department of Health. (2023). *Elective Hospitals - Programme Overview*. gov.ie.

Department of Health. (2023). *National Healthcare Quality Reporting System Report 2023*.

Department of Health. (2024, May 21). *Digital for Care — A Digital Health Framework for Ireland*. Retrieved from asset.gov.ie: https://assets.gov.ie/static/documents/digital-for-care-a-digital-health-framework-for-ireland-2024-2030.pdf

Department of Health. (2024). *Expert Taskforce to Support the Expansion of the Role of Pharmacy - Final Report*.

Department of Health. (2024, February 7). *National Taskforce on the Non-Consultant Hospital Doctor (NCHD) Workforce: Final Recommendations Report*. Dublin: Department of Health. Retrieved from Gov.ie: https://assets.gov.ie/285049/f9e5e426-0f31-4001-a021-5e0602e5056f.pdf

Department of Health. (2024). *Strategic Healthcare Investment Framework*. Dublin: assets.gov.ie.

Department of Health. (2025). *Community Pharmacy Agreement*. gov.ie.

Department of Health. (2025, May 28). *Health Research and Statistics - Department of Health/ ESRI Joint Research Programme in Healthcare Reform*. Retrieved from gov.ie:

https://www.gov.ie/en/department-of-health/collections/health-research-and-statistics-department-of-health-esri-joint-research-programme-in-healthcare-reform/

Department of Health. (2025, February 17). *Minister for Health publishes Health in Ireland Key Trends 2024.* Retrieved from gov.ie: https://www.gov.ie/en/department-of-health/press-releases/minister-for-health-publishes-health-in-ireland-key-trends-2024/

Department of Health. (2025). *Path to Universal Healthcare: Sláintecare & Programme for Government 2025+.*

Department of Health. (2025). *Sharing the Vision Implementation Plan 2025 - 2027.*

Department of Health. (2025). *Statement of Strategy 2025-2028.* Dublin: DOH.

Department of the Taoiseach. (2021, April 7). *Programme for Government: Our Shared Future.* Retrieved from Gov.ie: https://assets.gov.ie/130911/fe93e24e-dfe0-40ff-9934-def2b44b7b52.pdf

DETE. (2024). *Labour market impacts of health care assistant employment permits.* KPMG.

DFHERIS. (2025, June 11). *Press Release*. Retrieved from gov.ie: https://www.gov.ie/en/department-of-further-and-higher-education-research-innovation-and-science/press-releases/government-approves-major-expansion-in-health-and-social-care-profession-training-places/

ESRI. (2024). *Effects of new residential developments on local healthcare demand and workforce: evidence from primary and acute public hospital care in Ireland.* Dublin: ESRI.

ESRI. (2025, June 30). *Projections of national demand and bed capacity requirements for older people's care in Ireland, 2022–2040: Based on the Hippocrates model.* Retrieved from esri.ie: https://doi.org/10.26504/rs214

ESRI. (2025, May 28). *Projections of national demand and bed capacity requirements for public acute hospitals in Ireland, 2023–2040.* Retrieved from Esri.ie: https://www.esri.ie/publications/projections-of-national-demand-and-bed-capacity-requirements-for-public-acute

ESRI. (2025, June). *Projections of national demand and workforce requirements for General Practice in Ireland, 2023 - 2040.* Retrieved from ESRI.ie: https://www.esri.ie/publications/projections-of-national-demand-and-workforce-requirements-for-general-practice-in

European Commission. (2025). *Technical Support Project on Health and Social Care Workforce Planning in Ireland. Deliverable 7: Project Final Report.* Brussels: European Commission.

European Commission. (2025, March 5). *The Union of Skills.* Retrieved from eur-lex.europa.eu: https://eur-lex.europa.eu/legal-content/en/TXT/PDF/?uri=CELEX%3A52025DC0090

European Observatory on Health Systems and Policies. (2023). What steps can improve and promote investment in the health and care workforce? Enhancing efficiency of spending and rethinking domestic and international financing., *Policy Brief 54.* Retrieved from

https://eurohealthobservatory.who.int/publications/i/what-steps-can-improve-and-promote-investment-in-the-health-and-care-workforce-enhancing-efficiency-of-spending-and-rethinking-domestic-and-international-financing

Eurostat. (2025). *European Union Labour Force survey*. Retrieved from Share of long-term care workers who are foreign-born 2024 and 2014: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fstat.link%2Ffiles%2F8f9e3f98-en%2Fy4pnv6.xlsx&wdOrigin=BROWSELINK

Fernández-Serrano, J., García-Espona, E., Alarcón, J., García-Espona, C., & García-Espona, I. (2024). Differences in the Ratios of General and Dental Specialists in Europe. *Int Dent J.*, Jun;74(3):519-525.

Fleming, P., Thomas, S., Williams, D., Kennedy, J., & Burke, S. (2022, May 26). Implications for health system reform, workforce recovery and rebuilding in the context of the Great Recession and COVID-19: a case study of workforce trends in Ireland 2008–2021. Retrieved from US National Library of Medicine: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9134726/

Haase, T., & Batchelor, P. (2014). *Dental Workforce Planning - Briefing Paper* .

HBR. (2025, April 5). *Motivation Factors: Job Security: The Assurance Effect: Job Security as a Motivation Factor.* Retrieved from fastercapital.com: https://fastercapital.com/content/Motivation-Factors--Job-Security--The-Assurance-Effect--Job-Security-as-a-Motivation-Factor.html#Understanding-the-Value-of-Job-Security

HEA. (2025, June). *Graduate Outcomes - All Years 2017 - 2023*. Retrieved from hea.ie: https://hea.ie/statistics/graduate-outcomes-data-and-reports/graduate-outcomes-all-years-2017-2023/

HIQA. (2025, April). *Brief for the scoping consultation to inform the development of a national framework for the responsible and safe use of Artificial Intelligence in health and social care services.* Retrieved from hiqa.ie: https://www.hiqa.ie/sites/default/files/2025-04/AI-Framework-Scoping-Consultation-Brief.pdf

Houses of the Oireachtais, Committee on the Future of Healthcare. (2017). *Sláintecare Report.* Retrieved from https://assets.gov.ie/22609/e68786c13e1b4d7daca89b495c506bb8.pdf

HSE. (2018). *Review of Role and Function of Health Care Assistants.*

HSE. (2020). *A Strategic Guidance Framework for Health & Social Care Professions 2021-2026.*

HSE. (2023). *International Medical Graduate.* Retrieved from hse.ie: https://www.hse.ie/eng/staff/leadership-education-development/met/ed/img/

HSE. (2024). *About Social Inclusion*. Retrieved from hse.ie: https://www.hse.ie/eng/about/who/primarycare/socialinclusion/

HSE. (2024). *Health Sector Workforce Report: 2024 Annual Turnover Rates.* Retrieved from hse.ie: https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/2024-workforce-report-turnover.pdf

HSE. (2024). *HSE Child and Youth Mental Health Office Action Plan.* Retrieved from hse.ie: https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/publications/hse-child-and-youth-mental-health-office-3-year-action-plan.pdf

HSE. (2024). *National Virtual Ward Programme.* Retrieved from hse.ie: https://www.hse.ie/eng/about/who/strategic-programmes-office-overview/national-virtual-ward-programme/

HSE. (2025). *Children's Disability Network Team (CDNT), April 2025 CDNT Workforce Report.*

HSE. (2025). *Emergency Medicine Programme Model of Care 2025.* Dublin: RCSI.

Hynes, T., Caulfield, P., O'Connor, P., & Cullinan, J. (2025). elf-sufficiency in the healthcare workforce: a system dynamics model of the domestic and foreign educated nursing and midwifery workforce in Ireland. *Human Resources Health*, 44.

ICGP. (2025). *Frequently Asked Questions.* Retrieved from irishcollegeofgps.ie: https://www.irishcollegeofgps.ie/Home/Lifelong-Learning-PCS/IMG-Rural-GP-Programme/Frequently-Asked-Questions

Irish Dental Association. (2023). *Providing Dental Care in Ireland: A Workforce Crisis.* Retrieved from https://www.dentist.ie/_fileupload/Policy%20Advocacy/Workforce%20Plan%20Final.pdf

JRC. (2022). *Loneliness prevalence in the EU.* Retrieved from joint-research-centre.ec.europa.eu: https://joint-research-centre.ec.europa.eu/projects-and-activities/survey-methods-and-analysis-centre/loneliness/loneliness-prevalence-eu_en

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, Pages 1099-1104.

Medical Council . (2024). *Medical Workforce Intelligence Report 2024.* Retrieved from medicalcouncil.ie: https://www.medicalcouncil.ie/news-and-publications/reports/medical-workforce-intelligence-report-2024.pdf

Medical Council. (2024). *Medical Workforce Intelligence Report 2023.* Retrieved from https://www.medicalcouncil.ie/news-and-publications/reports/medical-workforce-intelligence-report-2023.pdf

Medical Council of Ireland. (2025). *Doctors Joining the Register in 2024 Supplementary Workforce Report.*

NCRI. (2019, April). *Cancer Incidence Projections for Ireland 2020-2045.* Retrieved from ncri.ie: https://www.ncri.ie/en/reports-publications/reports/cancer-incidence-projections-for-ireland-2020-2045

NDP. (2025, July 22). *National Development Plan Review 2025.* Retrieved from gov.ie: https://www.gov.ie/en/department-of-public-expenditure-infrastructure-public-service-reform-and-digitalisation/publications/national-development-plan-review-2025/

NDTP. (2023). *Model 3 Hospitals Report.* Dublin: NDTP .

NDTP. (2024). *Medical Recruitment & Retention Report 2024.* HSE National Doctors Training & Planning.

NDTP. (2024). *Medical Workforce Analysis Report 2023-2024.*

NDTP. (2025). *Medical Workforce Analysis 2024 - 2025.*

NDTP. (2025). *Medical Workforce Analysis Report 2024 - 2025.*

NHI. (2024). *Nursing Homes Ireland Pre-Budget Submission 2025.*

NMBI. (2024). *NMBI Annual Report 2024.* Dublin: NMBI.

NMBI. (2025). *State of the Register 2025.* Dublin: NMBI.

OECD. (2024, November 18). *Health at a Glance Europe 2024.* OECD. Retrieved from https://doi.org/10.1787/b3704e14-en.

OECD. (2024). *Society at a Glance 2024: OECD Social Indicators.*

OECD. (2025). *Health at a glance Workforce 2025.* OECD.

PBO. (2023, August 15). *Health Spending in Ireland 2015 - 2023.* Retrieved from data.oireachtas.ie: https://data.oireachtas.ie/ie/oireachtas/parliamentaryBudgetOffice/2023/2023-08-15_health-spending-in-ireland-2015-2023_en.pdf

Pharmaceutical Society of Ireland . (2024). *Pharmacy Workforce Survey Analysis Report.* Retrieved from https://www.thepsi.ie/Libraries/Pharmacy_Practice/APRIL_2024_Pharmacy_Workforce_Survey_Analysis_Report.sflb.ashx

Powell, M., Dawson, J., Topakas, A., Durose, J., & Fewtrell, C. (2014). *Staff satisfaction and organisational performance: evidence from a longitudinal secondary analysis of the NHS staff survey and outcome data.* Southampton: NIHR Journals Library.

PwC. (2025). *Study on the deployment of AI in healthcare.* European Commission.

RCSI. (2025, June 12). *Connecting communities and classrooms to empower future dentists.* Retrieved from rcsi.ie: https://www.rcsi.com/impact/details/2025/06/empowering-future-dentists

Shine, C., & Hennessy, M. (2024, April). *An Examination of Trends in Activity, Expenditure and Workforce in Publicly Funded Acute Hospitals in Ireland.* Retrieved from Gov.ie: https://www.gov.ie/en/publication/36169-an-examination-of-trends-in-activity-expenditure-and-workforce-in-publicly-funded-acute-hospitals-in-ireland/

Singer, M., Bulled, N., Ostrach, B., & Mendenhall, E. (2017). Syndemics and the biosocial conception of health. *The Lancet*, 389. 941-950.

SOLAS. (2023). *Social & Care Occupations.* Retrieved from solas.ie: https://www.solas.ie/f/70398/x/2bbf25f395/social-care-occupations.pdf

SOLAS. (2024). *Monitoring Ireland's Skills Supply*.

Spatharou, A., Hieronimus, S., & Jenkins, J. (2020, March). *Transforming Healthcare with AI: The Impact on the Workforce and Organizations. McKinsey & Company.* Retrieved from mckinsey.com: https://www.mckinsey.com/~/media/McKinsey/Industries/Healthcare%20Systems%20and%20Services/Our%20Insights/Transforming%20healthcare%20with%20AI/Transforming-healthcare-with-AI.ashx

TILDA. (2025). *TILDA Wave 6 Report: Shaping the Future; Longitudinal Trends and Opportunites for Transformation in Health and Social Care in Ireland.* Dublin: TCD.

Venkateswaran, S., & Monteiro, N. (2025, July 25). India is exporting doctors and nurses. The country needs them too. *Indian Express*.

WHO. (2010, May 20). *WHO Global Code of Practice on the International Recruitment of Health Personnel.* Retrieved from who.int: https://www.who.int/publications/i/item/wha68.32

WHO. (2011). *Health at key stages of life - the life course approach to public health.* Copenhagen: WHO Regional Office for Europe.

WHO. (2023, September 21). *Seventy-third Regional Committee for Europe: Astana, 24–26 October 2023: Framework for Action on the Health and Care Workforce in the WHO European Region 2023–2030.* Retrieved from https://iris.who.int/handle/10665/372563

WHO. (2025). *Health workforce migration in the WHO European Region: country case studies from Albania, Armenia, Georgia, Ireland, Malta, Norway, Republic of Moldova, Romania and Tajikistan.* Copenhagen: WHO.

WHO. (2025). *Mental Health of Nurses and Doctors survey in the European Union, Iceland and Norway.* Copenhagen: WHO.