An Roinn Sláinte
Department of Health

Ireland's Future Health and Social Care Workforce

Overview

Department of Health

December 2025

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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 is the **Overview** version, and it 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.
- This accompanies the **Detailed** version which 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.

Guiding Principles

The guiding principles for workforce planning are:

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.
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 will 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 time period of 2023 - 2057.

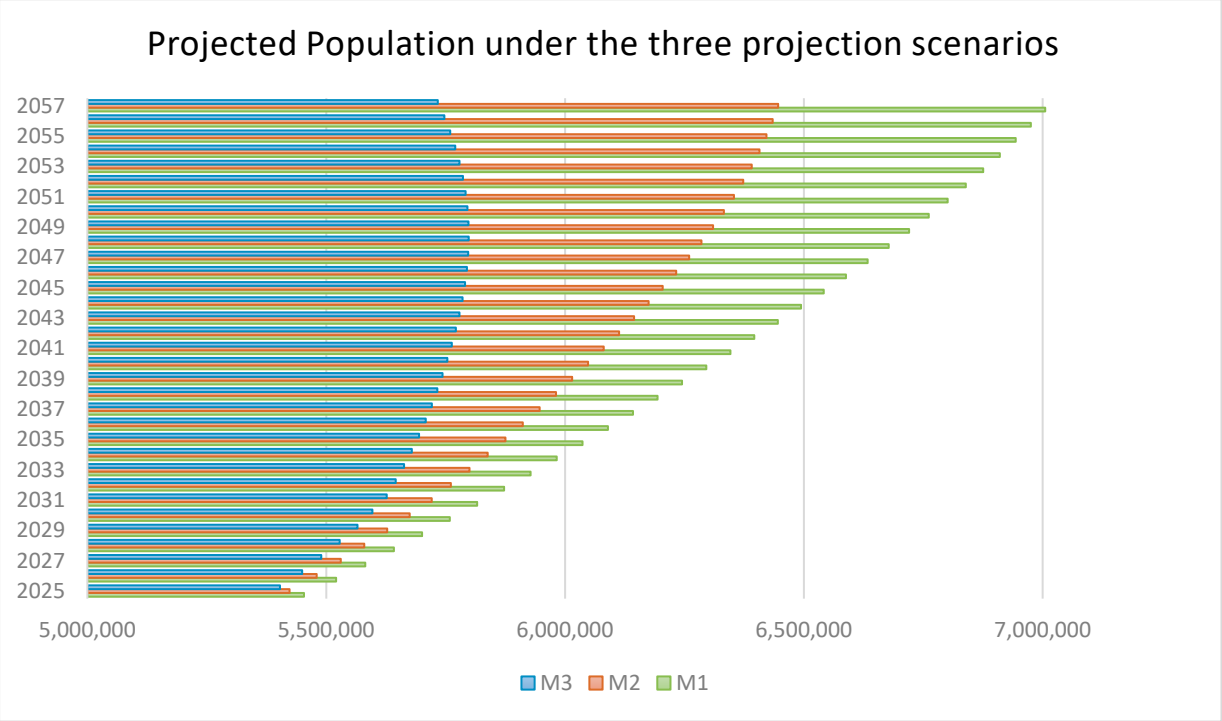

Figure 1: Projected population under the three CSO projection scenarios

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

[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.

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 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 2057 (Central Statistics Office, 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).

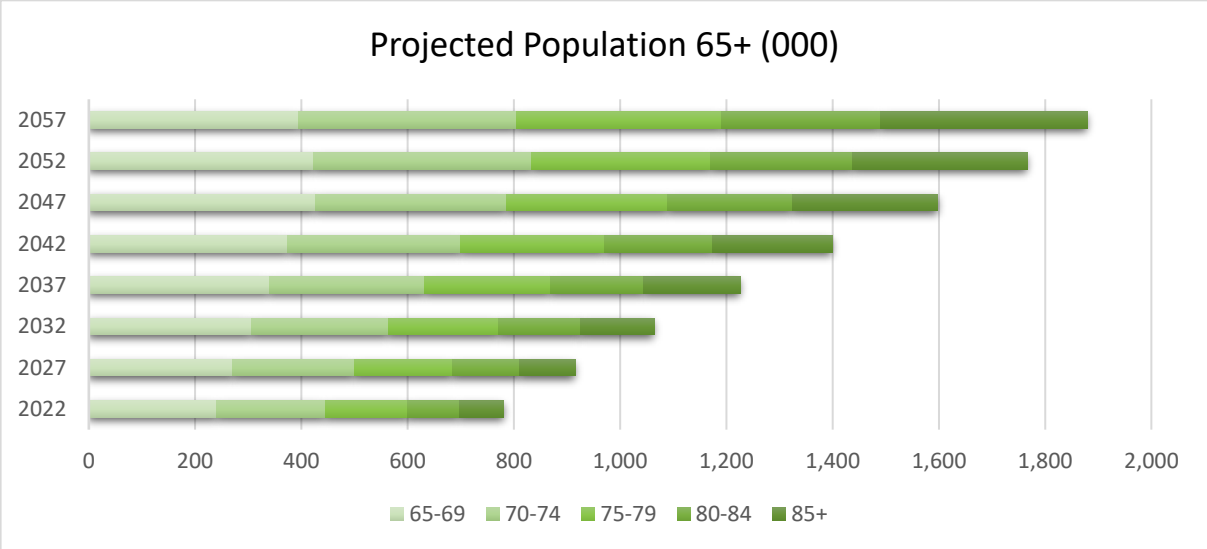

Figure 2: CSO projected population over 65

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

[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.

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.

Considering projected population demographics, it is not feasible to meet the future demand for services by relying solely on an indefinite increase in 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 healthcare delivery, while maintaining worker satisfaction.

It is also imperative that the longer lifespans of the population 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. 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).

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.

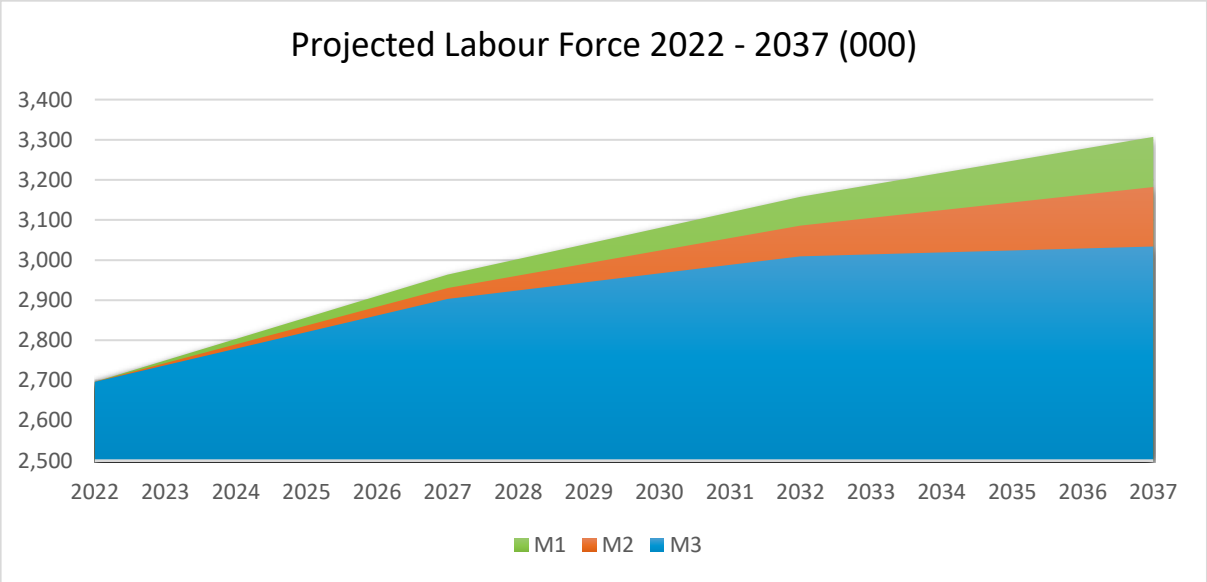

Figure 3: CSO projected labour force 2022 - 2037

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 workers. Expansion of student places and career pathways are required to replace the existing workforce and meet the future demand for healthcare services. 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.

From 2020 to 2022, Ireland stood out in international comparisons with 49% of our nursing 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).

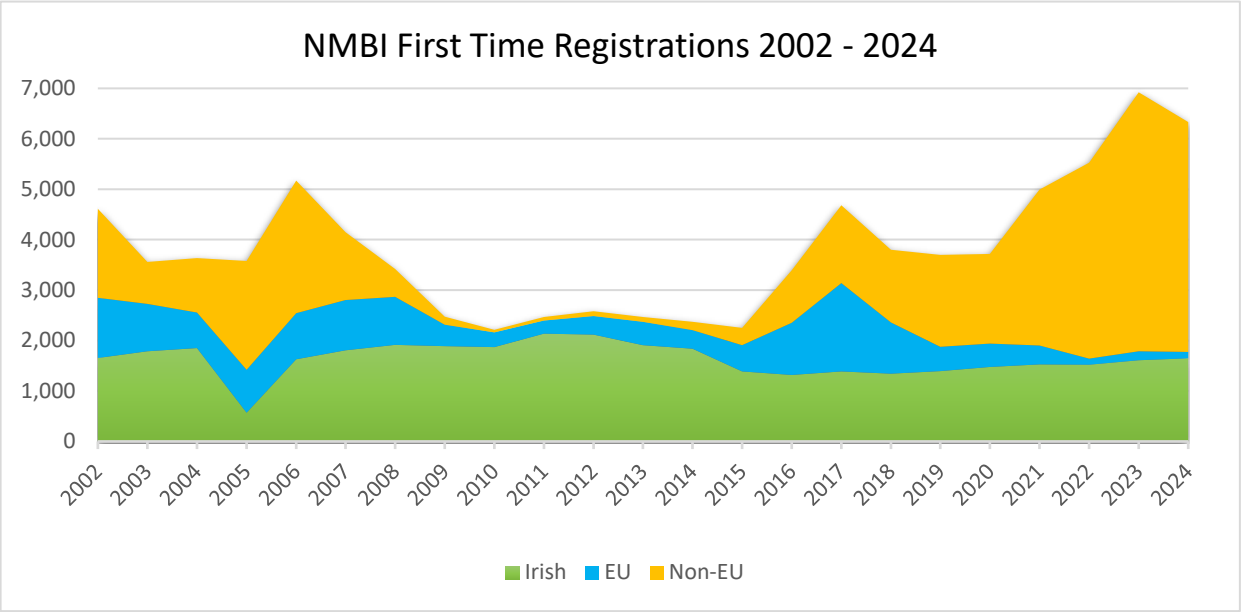

Figure 4: NMBI first time registrations 2002 - 2024

The lean years following the financial crisis are evident from the graph below. While our Nursing & Midwifery school places did increase from 1,603 in 2016 to 2,235 in 2024, it is clear that more growth is evident 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%.

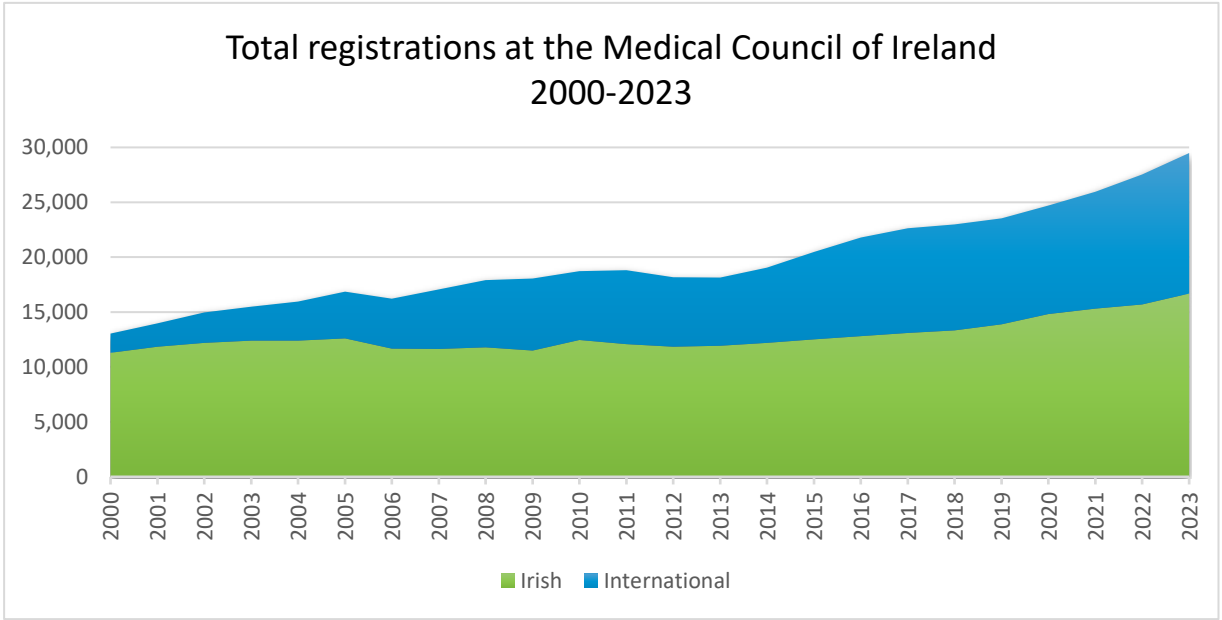

Figure 5: Medical Council of Ireland, Irish and International registrations 2000 - 2023

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.

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. We are 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 to 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.

In June 2025 the Government announced a major expansion in HSCP training places, with 461 new places to be delivered in nine priority disciplines critical to disability, health, and education services, up to 310 of these places will commence in 2025.

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. 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. Additional training places require lead times, infrastructural support and clinical practice placements.

There is also a need to consider and develop non-traditional career pathways, including expanded application of apprenticeships and earn as you 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.

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.

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 the 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).

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 will require the workforce operating to the top of their skillsets with a sustainable flow of new resources to build and sustain it at the required levels into the future. Productivity is one of the three measures that can unlock capacity and increase patient access to care within existing funding parameters.

The overall aim of the Productivity Taskforce established in 2024 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.

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 avoids 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 healthcare 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.

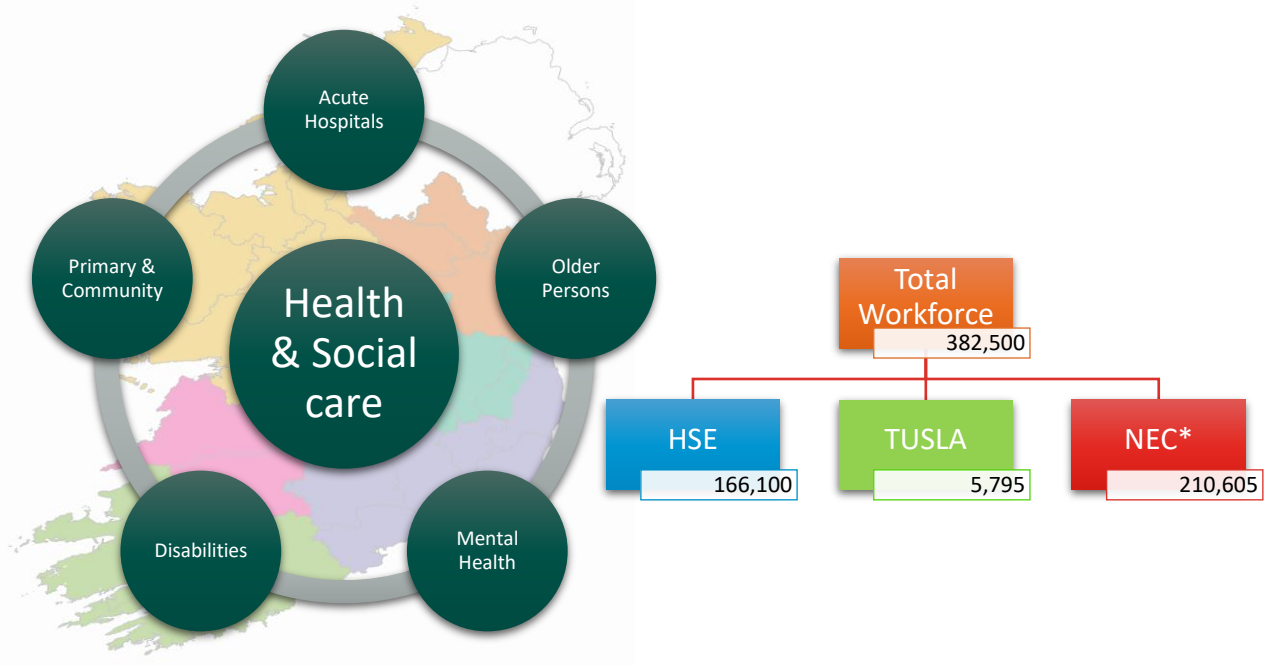

Figure 6: December 2024 – CSO Labour Force Survey, HSE and TUSLA data

**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.

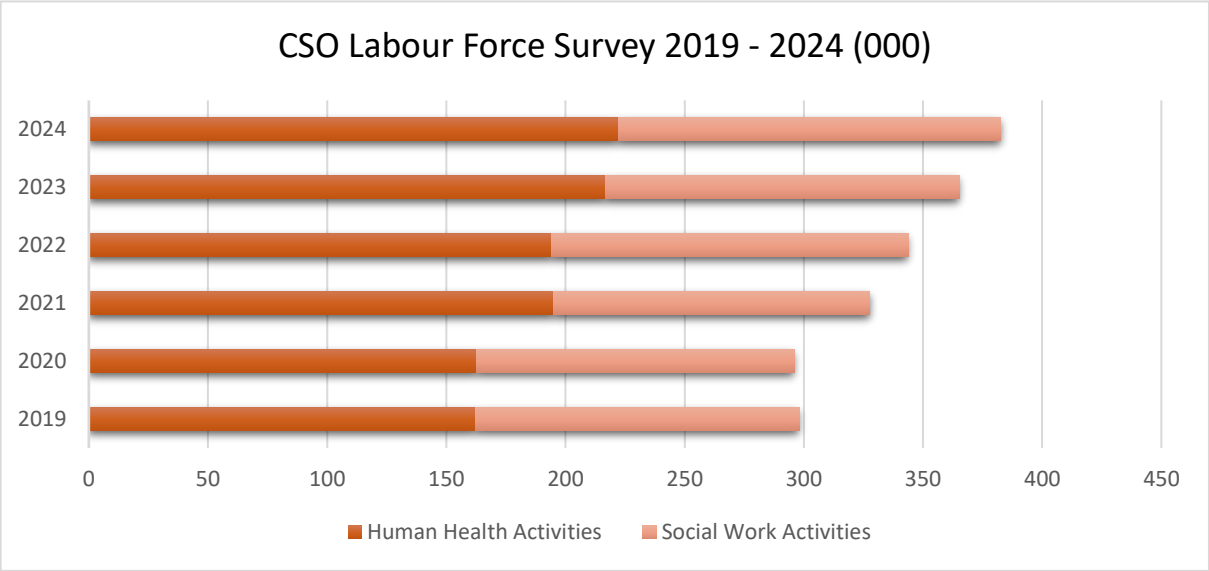

Figure 7: CSO labour force survey estimates 2019 - 2024

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

While the overall HSE (including Section 38 hospitals & agencies) workforce increased by 24% between Dec 2019 and Dec 2024, the acute care workforce, which is the largest care area in terms of WTE, increased by 30%. This compares with a 24% increase in the Tusla workforce, 23% growth in Primary Care, 12% increase in Social Care and 7% in Mental Health.

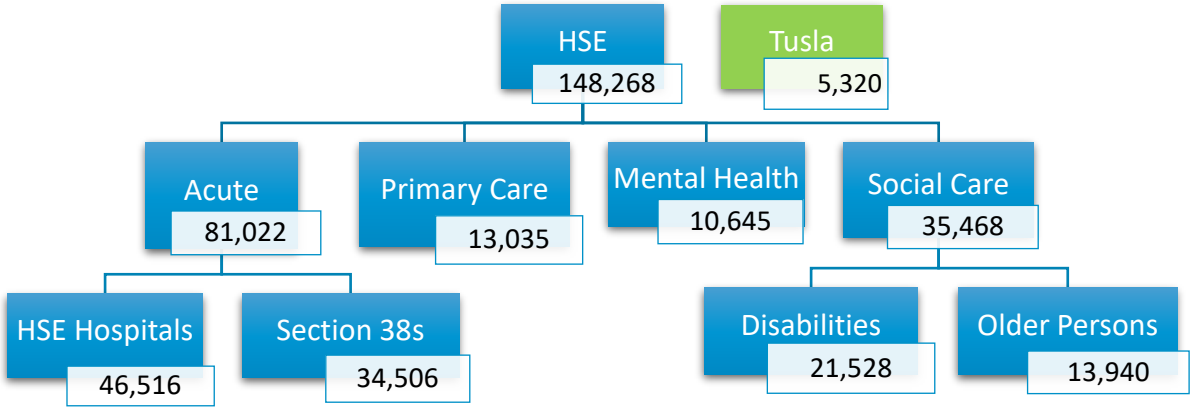

Figure 8: Snapshot of HSE health workforce data (WTE) sourced from Employment Reports - HSE.ie December 2024 & TUSLA WTE Q4 2024. Summation of Acute, Primary Care, Mental Health and Social Care in flowchart less than HSE total due to administrative staff outside of these specific areas.

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%. 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 the Detailed version of this paper.

The Economic and Social Research Institute (ESRI) collaborates with the Health Service Executive (HSE) in Ireland to produce demand and capacity projections in the areas of primary care, older persons, mental health and disability for agreed HSE services 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.

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.

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.

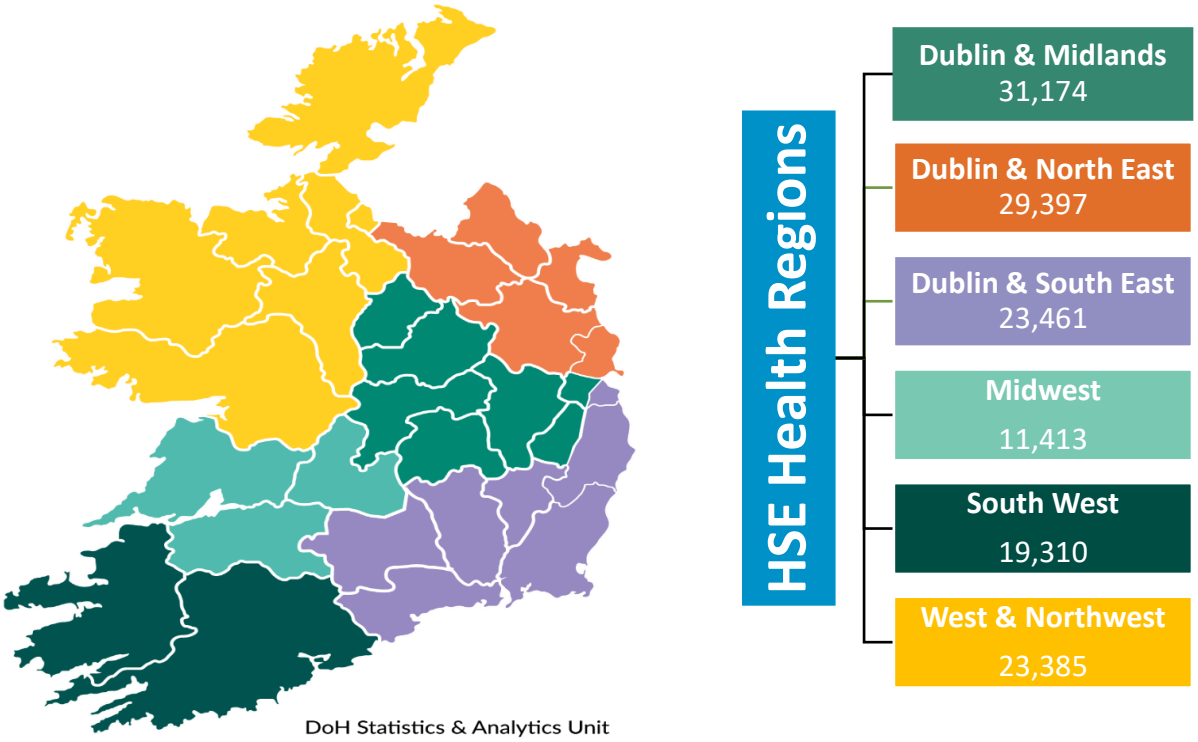

Figure 9: HSE regions and workforce, December 2024

As mentioned earlier, the HSE workforce increased by 23.7% 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).

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 staff.

Table 1: CSO projections and LFS data by geographic region

CSO estimates and projections on demographics by region [3]	LFS Estimate % Human Health & Social Work Q4 2024	CSO Projected Population Growth (M2) 2022 - 2042	CSO Projected Old Dependency Ratios [4](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%

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%. 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.

The €27.4 billion health budget for 2026 will go towards reducing regional disparities in services, with greater autonomy given at a local level to how funding is spent. 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 decide how best to meet the needs of their population and improve access and reduce waiting times.

The ESRI now uses the Hippocrates model to project regional service specific demand projections, thanks to 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).

[3] Regions are based on CSO regions rather than HSE regions. https://data.cso.ie/table/PEC28
[4] 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

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. 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. 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.

Figure 10: Sláintecare 2025+ Strategic Priorities

Our acute hospital environments are evolving rapidly due to system reforms and digital transformation. Policy initiatives such as the Urgent and Emergency Care Operational Plan and the Waiting List Action Plan along with pilot programmes like the Virtual Care Wards are looking to build capacity without the need for additional bricks and mortar. Planned investment in elective hospitals in Cork, Galway and Dublin will enable the delivery of high-quality and timely elective care and release capacity in our existing hospitals to better address unscheduled care needs. In the short term, more immediate elective capacity will be delivered through new surgical hubs in Cork, Galway, Sligo, Letterkenny, Limerick, Waterford, and Dublin (North and South).

Taking a broader lens, the current acute hospital centric model of care is not sustainable. This workforce paper takes a macro and integrated approach to demand and supply forecasts and incorporates ESRI research which includes the policy objectives of Sláintecare, in that investment and a re-orientation of service delivery to shift left should reduce avoidable hospitalisations. Integrated care pathways designed primarily around the needs of the person, have the dual aim of improving both system efficiency and service user experience and outcomes.

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 development of Primary Care centres across the country is at the heart of this vision to deliver increased levels of integrated care. 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.

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 and social care 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.

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). 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 Sláintecare 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. A Strategic Review of General Practice is to be completed 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 evolving healthcare landscape in Ireland necessitates innovative approaches to improve access to care. For example, the expansion of pharmacy services will significantly empower our pharmacy workforce and the public by increasing capacity in primary care and access to care in the community. This also includes reformed models of service delivery that will create efficiencies in line with best practice, equitably allocated and person-centred, such as a new operating model for home support services with clearly defined pathways and governance processes.

The enhancement in the provision of mental health services and supports across a broad continuum from mental health promotion to specialist mental health delivery is also a priority with a focus on access, integration of services and transparent patient pathways. The government is focused on achieving and maintaining optimum mental health services 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.

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 inclusion is a critical component of public health because it promotes equity and well-being. 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.

Enabling Reform

Health system optimisation should ensure 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 requires multidisciplinary team working and environments where health and care professionals can use their knowledge and skills to best effect.

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 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.

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.

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. 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.

In line with the Digital for Care strategy, 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).

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).

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).

As mentioned earlier in the Case for Change, 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 which presents the projections of the number of doctors and professional nurses in the 27 EU Member States for the period 2021 – 2071, 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 population 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.

Reframing Health Workforce Planning

The ESRI Capacity Reviews commissioned by the Department of Health (DOH, 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 of Health is utilising projections, providing an evidence-base 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) 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 2: 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 Modelling

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 the annual 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. Further information is available in the Detailed version of the paper.

Table 3: 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)[5]
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.

[5] Based on intern intake required in 2035 so translates to number of IRE/UK and EU students in Irish medical schools required in 2030.

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 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.

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 11: 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. The vision is that we will increase the supply of health and social care workers.

- ✓ **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.

The paper outlines the evidence to increase the education and training supply of health and care workers building on the recent unprecedented expansion in recruitment, and to seek improvements in retention, keeping more staff in post. The paper also outlines the need for productivity improvements through making the most effective use of EHRs (Electronic Health Records) and emerging technologies such as artificial intelligence. It also signals a shift from an over-reliance on international recruitment towards self-sufficiency with a largely domestic recruitment model, in line with the WHO Code of Conduct.

As new data becomes available, it 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.