

The cover features a light blue background with abstract, flowing green and blue wave patterns. A large, solid blue circle with a white border is centered on the page. Inside this circle, the title 'Health and care services report' is written in white, bold, sans-serif font. The text is arranged in three lines: 'Health and', 'care services', and 'report'.

**Health and
care services**
report



Ireland's state of health

Projections of an ageing population and rising demand have pushed the Government to adopt a bold reform agenda on health, aiming to expand capacity, reduce waiting times, add to the workforce, and reshape care delivery.

Ireland's health service now supports around 15,372 hospital inpatient beds, a 2.4 per cent increase since 2022. However, despite this incremental growth, there are roughly 716,573 patients currently on the active hospital scheduled care waiting list.

The Programme for Government 2025, *Securing Ireland's Future*, and Autumn Legislation Programme reflect a multi-pronged approach aiming to bolster the workforce and infrastructure, expand hospital and community care capacity, reset waiting list standards, and invest in prevention, digital health, and patient-centred care.

Underpinning this ambition is recognition of structural strains and a realisation that without decisive action, even added beds and staff will struggle to keep pace. An earlier 2025 report from the Economic and Social Research Institute (ESRI) forecasts that by 2040, the

State will need up to 6,800 additional inpatient beds in acute public hospitals, as a result of projected population growth, from 5.3 million to between 5.9 million and 6.3 million, and ageing, from one-in-seven aged 65+ to one-in-five.

In this context, the Government's health agenda is as much about catching up as it is about preparing for future pressures.

At the heart of the plan is capacity expansion and waiting list reduction. The May 2025 waiting list report confirms that scheduled care lists remain high, but also that targeted policies are beginning to lead to incremental progress, with a 5 per cent reduction in the number of patients waiting over 12 months compared to the same time last year, and a 12 per cent drop for those waiting over 18 months.

In parallel, outpatient (OPD) attendances and inpatient/day-case (IPDC) attendances increased by between 9 per cent and 10 per cent and between 4 per cent and 5 per cent, respectively, over 2024/2025, signalling a ramping up of hospital activity.

However, despite the increase in bed capacity, more than 1,122 public hospital beds remain temporarily closed or delayed in opening due to staffing shortages, construction delays, or regulatory compliance issues.

Emergency and urgent care are also cited as priorities. Overcrowding remains a visible symptom as, on many days in 2025, more than 600 patients nationwide were reported waiting on trolleys for beds. The Government is aiming for seven-day care, increased consultants, improved after-hours rostering, and expanded diagnostics, aiming to reduce both demand surges and cancellations.

In tandem, workforce expansion is a cornerstone. The plan envisages scaling up recruitment of doctors, nurses, allied health professionals, and consultants, aiming to reduce reliance on agency staff, expanding public-only consultant posts, and growing training capacity in medical, nursing, dental, pharmacy, and allied health courses. By investing in supply and retention, the Government aims to avoid the familiar cycle of “beds built, but no staff to operate them”.

However, capacity and staffing are only part of the equation. The 2025 agenda also embraces system reform, patient-centred care, and better governance. Legislative proposals in the autumn 2025 package include bills on patient safeguarding, reform of prescribing and pharmacy practices, and a National Research Ethics Bill, indicating a structural commitment to modernise how healthcare is regulated and delivered.

Meanwhile, on care delivery, the governance of waiting list performance is being tightened. The 2025 multi-annual Waiting List Action Plan (WLAP) aims to embed new operational standards and transparent metrics. There is also growing recognition of the need for long-term care, post-acute care, and community supports.

Delayed discharges remain a persistent challenge. By August 2025, more than 5,500 patients had stayed in hospital longer than medically necessary, occupying beds while awaiting homecare, residential care, or community supports, resulting in over 85,000 lost bed days. Until such bottlenecks are addressed, through expanded community supports, better home care provision, and faster transitions, there is consensus in the sector that adding hospital capacity alone will not resolve overcrowding or waiting list pressures.

The ESRI’s 2040 projections make clear that the current expansion is necessary but not sufficient. Outpatient attendances, inpatient discharges, and bed day demand are all set to grow by between 20 per cent and 60 per cent over the next 15 years, meaning that increasing the number of beds and staffing is critical.

Minister for Health Jennifer Carroll MacNeill TD has described her main task as “continuing to extend our hospital and care capacity”. She adds: “We are committed to ensuring there are more beds for our hospitals and to removing some elective procedures from acute hospitals into new surgical hubs, and then elective hospitals.”

Key priorities

- Reduce waiting times to between 10 and 12 weeks through new elective hospitals, surgical hubs, and increased hospital operating hours.
- Expand national bed capacity including up to 4,500 new or upgraded inpatient beds and 100 additional ICU beds.
- Increase health workforce supply and retention.
- Digitalise the healthcare system with universal electronic health records, e-prescribing, a national patient app, and an AI-supported digital care strategy.
- Strengthen patient safety and advocacy through safeguarding legislation, improved complaints structures, expanded patient support services, and clinical quality tools.



STIO team members at the 2025 *Business Post* Awards: Front left: Orla Bannon. Front right: Lou O'Hare. Back left: Marguerite Sinnott. Back right: Sinead Dooner.

Innovating for better healthcare

Under the leadership of the Chief Technology and Transformation Officer (CTTO), the Sláintecare Transformation and Innovation Office (STIO) advances transformation across the healthcare system by enabling sustainable reform and better outcomes for patients, service users, and communities.

We provide national leadership, oversight, and governance of health innovation projects, ensuring alignment with strategic priorities and the HSE Framework for Health Innovation.

Our role is to support, enable, coordinate, and report on reform programmes across the health system. In partnership with the Department of Health, HSE programme leads, and key stakeholders, we ensure robust governance, accountability, and delivery of reforms that matter, the framework is pending approval and due for release early 2026.

Programmes of work

Sláintecare 2025+

Sláintecare 2025+ is Ireland's integrated reform programme for health and social care services. Its goal is to improve services, optimise patient outcomes, and ensure responsiveness to

community needs nationwide. Implemented between 2025-2027, with reforms extending further, it builds on progress from earlier Programmes for Government and Sláintecare Implementation Strategies (2018-2024).

Developed through extensive stakeholder engagement and overseen by the Sláintecare Programme Board, this ambitious programme addresses systemic challenges and advances Ireland toward universal healthcare. The STIO works closely with the Sláintecare Programme Management Office (SPMO) and HSE programme leads to ensure effective delivery and support for this reform agenda.

Sláintecare Integrated Innovation Fund (SIIF)

The Sláintecare Integrated Innovation Fund (SIIF) tests and evaluates innovative, integrated models of care, leveraging technology where possible.

By funding projects as 'proof of concept,' SIIF supports early-stage initiatives, identifies those suitable for mainstreaming, and helps them scale. This strengthens the health system's ability to respond to future challenges while improving patient care.

Project themes are drawn from health policy, government priorities, and ministerial objectives, fully aligned with Sláintecare reform. The programme adopts a cross-sectoral approach, embedding innovation within new HSE Health Regions. Currently, 11 projects are funded, with potential for mainstreaming in late-2025 or end-2026.

STIO, in partnership with the Department of Health and Pobal, leads coordination, governance, and oversight of SIIF projects, ensuring accountability and alignment with the wider reform programme.

HSE transformation portfolio

The HSE is managing a significant number of complex change programmes with interdependencies requiring executive-level oversight. Success over the next three to five years will be measured by improved outcomes for patients and the public through targeted initiatives.

Approved in December 2024, the HSE Transformation Portfolio brings together 12 Transformation Programmes and 27 Strategic Programmes, representing the

CEO's strategic priorities. These align with Sláintecare reforms and the five commitments of the Corporate Plan 2025-2027: healthy communities, right care, right place, right time, and strong foundations.

Governance is led by the CEO, with the Deputy CEO ensuring accountability. Each programme has a designated senior responsible owner (SRO). STIO plays a central role in supporting delivery and reporting to the HSE board's Strategy and Reform Committee, ensuring transparency and robust governance across the portfolio.

Innovation

Ireland's health and social care system faces critical challenges: an ageing population, rising demand, and the need for sustained investment. The HSE is advancing reforms such as digital transformation and Sláintecare implementation, but innovation is essential to keep pace.

Innovation improves patient care, enhances efficiency, and ensures the health service can meet future needs. The Covid-19 pandemic demonstrated the power of centrally led initiatives rolled out nationwide, while also highlighting local ingenuity. Without a unified, system-wide approach, many promising innovations risk remaining fragmented and failing to achieve national impact.

To address this, the HSE Framework for Health Innovation, commissioned by the CTTO and CCO and led by STIO, provides a clear national strategy. Its vision is to cultivate a dynamic ecosystem where new ideas are systematically identified, developed, and scaled. The framework aims to enhance patient outcomes, improve service delivery, and foster a culture of continuous learning and adaptation, embedding innovation across the health system in a sustainable way.

The team

Lou O'Hare, Assistant National Director

Lou O'Hare leads strategic transformation, innovation, and patient-centred care across the health system. With over 35 years' experience in senior clinical, managerial, and leadership roles in acute hospitals and Section 38 agencies, she is known for her commitment to operational excellence and reform. O'Hare fosters a culture of enablement and co-design, shaping a responsive health ecosystem that delivers improved outcomes for patients, service users, and communities.



STIO teams members left to right Orla Bannon, Lou O'Hare, Marguerite Sinnott, Nora Heavey.



L-R: Damien McCallion, HSE; Derek O'Keefe, HSE/University of Galway; Jenny Doran, University of Galway; Lou O'Hare, HSE; Jack Pinder, University of Galway; Sheila Gleeson, University of Galway; David Tiernan, University of Galway; Ian McCabe, University of Galway; and Derek Tierney, Department of Health.

Sinead Dooner, Business Manager

Sinead Dooner oversees STIO operations, including Sláintecare and Innovation programmes. With 24 years' experience in community and business health settings, she brings expertise in strategic planning, performance management, and governance. Her leadership in change management and business transformation consistently drives efficiency and enhances organisational impact.

Marguerite Sinnott, Project and Finance Manager

Marguerite Sinnott manages the Sláintecare Integrated Innovation Fund, STIO finance, and project governance. A Strategic Management Accountant with 20 years' private sector experience, she excels in financial planning, performance analysis, and strategic delivery. Her work supports innovation, drives efficiency, and ensures measurable results across reform initiatives.

Orla Bannon, Project and Business Manager

Orla Bannon delivers the Sláintecare Action Plan and manages key projects. With 21 years in healthcare administration and leadership, she brings deep expertise in service delivery,

strategic planning, and stakeholder engagement. Her collaborative approach ensures high-quality outcomes across hospital and national health programmes.

Nora Heavey, Administration and Business Support

Nora Heavey supports cross-functional delivery of STIO programmes. With 24 years in healthcare administration and business support, spanning Community Services and HSE Innovation.

Fergal Collins, Administration Support

Fergal Collins supports finance and operational support across STIO programmes.

W: www.about.hse.ie/our-work/digital-health/slaintecare-transformation-and-innovation-office-stio



Ireland's digital-health roadmap



The Irish health system is undergoing a profound digital transformation. In May 2024, the Department of Health launched *Digital for Care: A Digital Health Framework for Ireland 2024 2030*, setting out a national vision for modernising health and social care, writes Emily O'Sullivan, Partner and EY EHR Lead.

Within this framework, the Health Service Executive (HSE) published a companion strategic plan, the *Digital Health Strategic Implementation Roadmap*, outlining how digital tools, including nationwide electronic health records (EHR), shared care records, and patient-facing services will enable better, safer, more integrated care.

This plan is built around six guiding principles: making the patient an empowered partner, enabling connected care, fostering a digital-health ecosystem, promoting data-driven services, ensuring secure, foundational infrastructure, and supporting a digitally capable workforce.

The vision is to provide Irish patients and care-givers seamless, digital health records, whether they are in hospital, community care, or primary care, with care coordinated more smoothly, and data flowing securely across the system.

Despite great progress, Ireland is still on the lower scale of digital maturity in healthcare. It remains the only EU country without universal patient access to digital health records. Fragmentation persists, with multiple systems operating in silos, and rural areas face significant connectivity gaps. The 2021 cyberattack on the HSE exposed vulnerabilities in cybersecurity and accelerated calls for reform.

Why EHR success matters

An EHR is not just a digital version of a paper chart. It is a backbone for clinical transformation: a fundamental reworking of how healthcare is delivered, coordinated, and managed. Used well, there is evidence that EHR's enable improved quality of care, patient safety, timeliness of information, efficiency, and cost-effectiveness of care.

Implementation of an EHR in support of clinical transformation of this scale and complexity is not easy. EHR projects involve the integration of a complex web of organisational, human, and technological factors underlying success, including appropriate governance and leadership, clinician engagement and training, adequate infrastructure, usability, interoperability, and alignment with local workflows. While technology is the enabler of these transformations, the wrap-around services like standardisation, change management, communications, and

governance are key to achieve the results of usability, adoption, and sustainability.

If these factors are missing, the risk is a system that is designed without clinical workflow in mind which can therefore introduce risk to the patient.

Lessons from international experience

Looking beyond Ireland's shores can offer a glimpse into who did it right. Ireland can leverage lessons learned from others in support of success.

What works:

- **Strong governance, clinician engagement, change-management, and training are essential success factors:** Success depends on organisational culture, leadership, end-user involvement, adequate resourcing, well-designed workflows, and workflow-based training. When all is said and done, usability comes down to process redesign and optimised clinical workflow. Policymakers must follow through with stable funding and clear governance for these concepts which are often short-changed if the design and build phases extend, which they often do. Without stable funding and clear governance, ambitions risk falling short.
- **Interoperability and standardisation matter:** Bringing key pieces of information together as opposed to forcing clinicians to go find the data they need to deliver patient care is a key concept of usability. Where fragmentation exists (which is a persistent problem in many jurisdictions who have rolled out EHRs), such as multiple systems and incompatible data standards, will undermine the promise of seamless cross-provider care. To fulfil the promise of integrated care, data must be consistent, shareable, secure, and flow smoothly across organisations, hospitals, clinics, community care, and social care.
- **Ensure the underpinning technology works:** Think wireless networks, user access, and safeguards for protecting patients' data in the form of cybersecurity strategies and technology.
- **Ongoing adaptation and continuous improvement cannot be neglected:** EHR implementations are not a one-off project but a process over many years. The ongoing refinement of workflows, user feedback loops, continuous training, and responsiveness to changing clinical practices and technology advances are critical concepts in support of usability.
- **Make sure benefits can be measured/monitored:** Even with a predominantly paper-based ecosystem as a starting point, there are ways to ensure you are measuring a baseline in support of demonstrating benefits post go-live. This is important for funders and taxpayers to understand the benefit in the large investment that is required for the scale of a national clinical transformation.

International examples:

The above themes ring true when we look at international examples of who did it right. Across Denmark, Finland, Estonia, Israel, Singapore, and Canada/Alberta, the same core themes repeat:

1. central or coordinated governance with clear accountability;
2. interoperability built early, not added later;
3. clinician leadership and structured change management embedded throughout;
4. phased rollout strategies that emphasise adaptation, not perfection, at launch; and
5. transparent measurement and benefits realisation to sustain political and public confidence.

Clinical transformation is more than a technology rollout. It is about remaking how care is delivered: shifting from siloed, paper-heavy, fragmented services to integrated, data-driven, patient-centred care. This is clinical transformation in its truest sense. Ireland's digital health transformation roadmap signals a pivotal moment. With the 2024-2030 framework, the HSE and the Department of Health are laying the foundation for a transformed health service: digital, connected, patient-centred, and ready for the challenges of the 21st century.

Ireland's late start may prove advantageous. Free from legacy constraints, the country can leapfrog to modern, cloud-enabled, interoperable systems. The Health Information Bill 2024 provides a strong legal foundation, while the *Digital for Care* roadmap offers clarity on priorities.

But success will not be granted by technology alone. It will require strong leadership, deep clinician engagement, ongoing investment, and, above all, a willingness across the health system to change how care is delivered. If Ireland can get those pieces right, the result could be nothing short of a revolution in how health and social care delivery works for people.

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Shape the future
with confidence



Applying design thinking to drive transformation



Siobhán Manning, service innovation and design lead at the Mater Misericordiae University Hospital, explores how collaborating with designers is improving medical processes and patient outcomes.

In 2013, the Mater Transformation unit was established to work with frontline staff to codesign solutions. The unit has driven transformational change across multiple service areas.

In 2016, the unit collaborated with masters students from the National College of Art and Design (NCAD) to introduce a new approach to problem-solving. Manning says this collaboration “has grown exponentially” since then.

StrokeLINK

A project called StrokeLINK emerged from this collaboration. It aims to educate stroke patients and provide them with personalised support tools as they recover.

Explaining the rationale of the project, Manning says patients are provided with “loads of information” when they are discharged, such as how to prevent a second stroke. Patients are likely to forget this information as they have limited processing capacity at the point of

discharge. This leads to patients later stating that they were not provided with the necessary information, despite stroke ward staff doing so.

“But of course that was the point when we were running up to them and telling them 50 million important things to remember,” says Manning.

To address this weakness in the system, the Mater Transformation unit employed a designer to “flip the whole lens on the problem”. The designer collected data on what information patients sought at various stages of their care journey. Two nurse specialists were employed to redesign the service based on this data. This was done in close collaboration with the designer.

Under the new service, patients were not overloaded with information at the point of discharge. Staff only connected with them to inform them of immediate steps they must take and to arrange a call the following day. A week later, staff would meet with the patient to “begin the education process” and provide them with a book containing necessary information.

“Our patients hold that book like a bible. It has become a critical asset,” says Manning. “In the last couple of years, we have been developing a website that is more targeted at the wider family.”

Demonstrating the project’s success, Manning says the proportion of people satisfied with the service at the point of discharge improved from 63 per cent to 98 per cent. The proportion of those who felt they had been provided with enough information rose from 70 per cent to 96 per cent. Those who felt they knew which danger signals to look out for grew from 28 per cent to 89 per cent.

Additionally, the proportion of people monitoring their blood pressure increased from 8 per cent to 98 per cent. The proportion of those that stopped smoking rose from 14 per cent to 64 per cent. Those that improved their diet rose from 43 per cent to 93 per cent.

Before the project, one in 10 patients were visiting A&E with problems that “could have been prevented”, with one in 25 being admitted. Manning asserts that StrokeLINK succeeded in reducing both of these figures to 0.

Further solutions

Another project to emerge from the collaboration was Skinnovate which sought to create a potential solution to reduce the 54,000 people on waiting lists for dermatologists throughout the State. To develop the solution, Skinnovate targeted the Mater’s dermatologist waiting list of 4,000.

Using ‘lean’ thinking, Mater Transformation’s research found that a lack of a centralised

referral system contributed to the lengthy waiting lists. Lean thinking is an approach that aims to optimise value for customers while cultivating an efficient workplace built on respect and teamwork. When referrals were addressed to specific consultants, they were placed on that consultant’s wait list. This created disparity in the length of the different consultants’ lists and some patients were “waiting way longer for an urgent appointment” than others.

“One of the things that we found was that there were duplicate referrals on the list,” adds Manning.

Working with the Mater Transformation unit, the dermatology team achieved a 40 per cent reduction in waiting lists. A key part of this was gaining consultant support to move to centralising the referrals. However, the rate of referrals continued increasing. “We were going to be back where we started in a few years. We knew we needed to think wider,” says Manning.

Patients must sit on waiting lists when their doctor refers them to a consultant if they are unable to find the root cause of their ailment. “The doctor’s hands are tied because they have run the course of what they can think of,” says Manning.

To address this, they are currently testing the use of Siilo, which Manning describes as an “encrypted safe version of WhatsApp”. If GPs are unsure of how to treat a patient, they describe the symptoms with an accompanying picture in the group, and consultants outline what steps they should take.

The Mater Transformation unit also introduced an active discharge letter to be provided by consultants to GPs. It includes details on the medication patients are on, and instructions for potential next steps.

Furthermore, the unit employed an NCAD student to interview patients about their experience on a waiting list. The interviews found that patients attempted to track their symptoms but felt “fuzzy and rushed” when outlining them to consultants. This led to consultants being provided with vague symptoms. To address this, the unit developed an app called DermaDiary which enables patients to track their symptoms.

“When you go into the peer-first consultation, you are two steps ahead. You are brining much better information and you are bringing pictures,” says Manning.

Projects such as StrokeLINK, Skinnovate, and DermaDiary demonstrate the potential for collaboration and design thinking to improve health outcomes. Concluding, Manning says: “This is now commonly the way we work. No matter what methodology we are using, we are problem-solving with staff.”

Patient safety is what shapes medical regulation



Patient safety is not a standalone goal, but the thread that connects every aspect of modern medical regulation, writes Maria O'Kane, CEO, Medical Council.

Trust is the cornerstone of the doctor-patient relationship, and as the regulator, we hold the privileged role of maintaining that public trust in the medical profession.

Since stepping into the role of CEO of the Medical Council this summer, I have championed a clear vision to uphold that trust – with patient safety the guiding principle for everything we do, and robust governance and accountability strongly embedded into our work.

This year we launched the Medical Council's 2025-2028 Statement of Strategy, built around four strategic themes: Transform, Balance, Empower and Support, and Invest. Patient safety is the common thread that ties in every

aspect of good medical regulation. In tandem, we recognise that as an organisation we must continue to evolve, adapt, and embrace new technologies.

Proactive patient safety initiatives

Our role is not simply reactive, and we are increasingly emphasising prevention, proactivity and early identification of risks in practice. A key area of concern is antimicrobial resistance (AMR), one of the top 10 global public health threats by the World Health Organisation. Although the Medical Council does not issue clinical guidance, we do have information in our SafeStart guide for doctors who may be

newly working in Ireland or less familiar with prescribing practices here. We are committed to working with our stakeholders to drive awareness of AMR amongst those who may be unaware of the risks, or resistant to change.

With artificial intelligence (AI), we have an obligation to show regulatory leadership in order to prevent gaps in governance and mitigate risks associated with AI-driven healthcare. Earlier this year, the Medical Council published our position statement on AI, which serves as a foundation for its responsible use in clinical practice. AI is just another tool in a doctor's medicine bag, and it requires a doctor's clinical judgement and experience when using it. Professional competence is a key professional responsibility of doctors using AI.

The regulatory challenge with AI is finding the balance between supporting doctors and protecting the public, without stifling innovation. In my view, as the regulator, we must explore practical AI pilots while engaging with



Maria O'Kane

Maria O'Kane is CEO of the Medical Council. She commenced her role in June 2025. Previously, O'Kane was CEO of the Southern Health and Social Care Trust in Northern Ireland, responsible for the effective running of an integrated health and social care organisation. Prior to this, she held a number of medical management and clinical and educational leadership roles across Northern Ireland. O'Kane studied medicine in Queen's University Belfast before qualifying as a consultant psychiatrist, specialising in General Adult Psychiatry and Psychotherapy. With over 30 years' experience working in healthcare leadership, O'Kane has also held senior leadership roles in the British Medical Association and the Royal College of Psychiatrists.

The Medical Council is the regulator of doctors in Ireland and maintains the Register of Medical Practitioners – the register of all doctors who can practise medicine in Ireland.

The Medical Council also sets the standards for medical education and training in Ireland. It oversees lifelong learning and skills development throughout doctors' professional careers through its professional competence requirements. It is charged with promoting good medical practice.

The Medical Council is also where the public may make a complaint against a doctor.

doctors and stakeholders to reduce fear around AI. It is certainly one of my key priorities as CEO, both for the organisation and the profession.

Strategic stakeholder engagement

In line with our Strategy, proactive stakeholder engagement will ensure greater collaboration, understanding, and stronger partnerships, all of which contribute to better outcomes for patients. In September 2025, we hosted the International Association of Medical Regulatory Authorities (IAMRA) 16th International Conference on Medical Regulation in Dublin. More than 460 participants from 37 countries attended IAMRA's first European conference in over a decade. Under the theme, 'people-focused regulation for a safer global community,' we united around our shared commitment of placing patients and communities at the centre of health practitioner regulation.

The conference provided an opportunity to benchmark Irish regulatory practice against international standards and identify areas where the Council can enhance its strategic and operational effectiveness. For me, the overarching need for strong collaboration was clear, as was focusing on shared outcomes rather than shared processes to achieve people-focused regulation.

Corporate governance and accountability

Regulation must be visible, proportionate and accountable. At times, the Medical Council has to make

difficult decisions or speak out on issues that are uncomfortable, but necessary. I am acutely aware that these decisions affect not only the medical profession, but the public's trust in doctors and in us as a regulator. That is why it is important that the public understands why we make these decisions. Fairness, clarity, and transparency must underpin everything we do.

I believe that accountability starts from within. This year, I have focused on clarifying our internal structures, enhancing oversight, and embedding risk management and learning into the organisation. My vision is that all our regulatory processes reflect the same consistency and high standards that we ask of others.

Looking ahead

The purpose of regulation is not simply to implement rules. Part of the right touch regulation model identifies priorities to work towards, and once priorities are identified, the regulatory framework is designed to solve it. Equally, in a complex, pressurised health system, regulation must stand strong to earn public trust.

The Medical Council's task is to ensure that trust is not assumed, but earned each day through integrity, transparency, and a commitment to patient safety.

You can find out more about the Medical Council's work by visiting:

W: www.medicalcouncil.ie



Comhairle na
nDochtúirí Leighis
Medical Council



Budget 2026 and the health service

Budget 2026 delivers the largest health allocation in the history of the State, providing €27.4 billion in funding as the Government aims to expand capacity, improve regional access, and advance the shift toward a ‘performance-led’ and ‘community first’ model of care.

In Budget 2026, announced on 7 October 2025, the Government allocated a record €27.4 billion health budget for 2026, representing a €1.5 billion (6.2 per cent) increase in current expenditure. The allocation is intended to support faster access to services, strengthen prevention and public health, and enhance the delivery of care across all six health regions.

Minister for Health Jennifer Caroll MacNeill TD has emphasised the need to “spend smarter” as well as to invest substantially, stating that Budget 2026 marks a decisive move toward aligning resources with performance and patient outcomes. Under the new funding model, each health region will have increased autonomy to plan, staff, and deliver services in line with local needs.

Workforce remains a central focus. The Health Service Executive (HSE) will recruit an additional 3,300 whole-time equivalent (WTE) staff in 2026. According to the Department of Health, improved deployment of existing staff, including the expansion of seven-day services, will play a key role in reducing regional variation in access and addressing waiting times.

Health regions

The Government’s ongoing regionalisation programme continues to form a major pillar of the reform agenda. Six health regions – Dublin and north east, Dublin and midlands, Dublin and south-east, south-west, mid-west, and west and north-west – are now responsible for planning and delivering the full continuum of public health and social care services for their populations.

Budget 2026 supports the further development of the regional executive officers’ governance and financial control responsibilities, alongside the progressive devolution of recruitment authority to regions. By granting each region more oversight of its workforce planning, service capacity, and partnership arrangements, the Government aims to enhance accountability and drive locally tailored decision-making.

Digitalisation

Funding has been allocated to strengthen core ICT infrastructure and maintain progress on flagship programmes including the HSE App, further rollout of the Shared Care Record, and expansion of the National Integrated Staff and Pay Records System.

In addition, more organisations will transition to the Integrated Financial Management System (IFMS), intended to improve data quality and provide more granular reporting of expenditure. The Department states that digital investments will support better decision-making, improved clinical outcomes, and enhanced value for money across the system.

Primary and community care

An important strand of Budget 2026 is the expansion of primary and community care, with the aim of shifting activity away from acute hospitals. Investment includes funding for new primary care centres, strengthening of advanced practice roles, and increased capacity for home support, community nursing, and allied health services.

The budget includes €217 million in additional spending for the Primary Care Reimbursement Service (PCRS), including €30 million for new medicines. The Government has signalled that enhanced out-of-hours GP services and expanded community diagnostic access will form part of the wider effort to reduce pressure on hospital services.

Mental health

Mental health sees a targeted increase in staffing and service development. An additional 300 WTE staff will be recruited in 2026, with a strong emphasis on crisis response. Specialist nursing teams will be deployed in all model four emergency departments out-of-hours, while new crisis resolution teams and “crisis cafés” will be established in Donegal, Kerry, and the midlands.

Child and Adolescent Mental Health Services (CAMHS) will receive funding to open 21 new acute inpatient beds, alongside 12 additional suicide crisis assessment nurses operating within community GP practices. The National Forensic Mental Health Service will also open 10 new intensive care rehabilitation unit beds.

Older people

Reflecting demographic challenges, Budget 2026 includes a €215 million increase for older persons’ services, a 7.1 per cent year-on-year rise. This covers €82 million to support an additional 1.7 million hours of home support, bringing the national total to 26.7 million hours for 2026.

The Fair Deal scheme receives €92 million to expand access to long-term residential care, including provision for 500 additional people. Capital investment will facilitate the opening of new beds in community nursing units, and a new scheme is being introduced to enhance environmental standards in nursing homes.

Further measures include €2 million in extra funding for Meals on Wheels, a 30 per cent increase, as well as €2.3 million aiming to improve dementia diagnostics and support services. The Government has confirmed that at least 22 per cent of all new home support hours in 2026 will be ringfenced for people with dementia.

Public health and inclusion health

The public health allocation for 2026 includes initiatives to increase immunisation and screening uptake, address harmful health behaviours, and support programmes focused on obesity, frailty, and chronic disease. Funding has been provided to enhance sexual health services, expand breastfeeding supports, and maintain access to PrEP medication.

An additional €11 million will support drugs and inclusion health services, expanding treatment capacity and targeting gaps in provision, particularly in rural areas. The Department also confirmed funding to increase environmental health officer staffing levels to strengthen inspection regimes, including supports for the Hot School Meals Programme.

Analysis and commentary

Budget 2026 reflects a health system undergoing structural transformation, with regionalisation, digitalisation, and community-based care shaping the Government’s approach. The €27.4 billion allocation is the largest ever for the sector, and is designed to balance additional capacity with a tighter emphasis on performance management and value for money.

Minister for Health Jennifer Carroll MacNeill TD says: “This budget emphasises our commitment to maximising the value of every euro invested in health to enhance all areas of service provision. There is a strong focus on expanding community services, with additional staff supporting increased provision of older persons services and mental health supports in line with our commitment to deliver high-quality care as close to home as possible and as a better, more affordable means than in acute hospitals.”

Sinn Féin health spokesperson David Cullinane TD describes the Budget as “severely lacking in ambition, detail, and long-term vision”. He adds: “The budget talks about enhanced capacity but the Government’s plans seem to be the best kept secret. There is no breakdown of how they intend to spend €720 million in funding for ‘expansion of services’, and it is not clear how much of this funding is solely for new measures.”

How HIQA is working to improve health outcomes for all



CEO Angela Fitzgerald speaking at the launch of HIQA's 10-year overview report on the regulation of residential disability services.

Health Information and Quality Authority (HIQA) CEO Angela Fitzgerald sets out how HIQA regulates, sets standards, provides evidence to inform decision-making and uses its voice to advocate for change and improvement in service delivery in line with its Corporate Plan 2025-2027.

As the independent body to promote safety and quality in health and social care, HIQA aims to enable the best possible outcomes for all who use services.

HIQA's remit and responsibilities have grown significantly since our establishment 18 years ago. Initially, we were charged with setting standards, monitoring public healthcare facilities, regulating nursing homes and providing evidence to support policy decisions within the wider health and social care landscape.

We have been trusted by successive governments and ministers to take on new functions, including regulating residential centres for people with disabilities and children's special care. More recently we have been charged with regulating medical exposure to ionising radiation, inspecting designated international protection centres and monitoring private hospitals under the Patient Safety Act.

In line with recent EU Directives, HIQA has been designated the Competent Authority for assessing the preparedness of health and social care services to

protect critical services against external shocks. We are working with government on a number of new priority areas including regulation of home support services and post-mortem practice, and the introduction of healthcare licensing.

Our rapid expansion over the past five years is exciting but also challenging. It demands that we constantly adapt and evolve, while maintaining our core focus of positively impacting on the population we serve.

Driving improvements in care

Within our new Corporate Plan, our priority is to promote and enhance the safety, dignity, and wellbeing of people across Irish health and social care. We use our powers, independent voice and experience to drive improvements in the quality of care and support delivered.

Our inspections seek to amplify good practice and identify where system and organisational changes are needed. Our function to conduct independent statutory reviews and investigations into patient safety issues has allowed us to enable system and policy changes that support improvements at national level. Our recent review of the governance of implantable medical devices at Children's Health Ireland (CHI), including the use of non-CE marked springs in surgery, made key recommendations for both CHI and healthcare services nationally on corporate and clinical governance, management and oversight of clinical practice to ensure that new interventions are introduced and overseen safely and effectively.

Similarly, the *Review to inform decision-making on the design and delivery of urgent and emergency healthcare services in the HSE Mid-West health region* sets out advice for government to consider in terms of delivering safe and effective services for the region on a sustainable basis. We used our evidence synthesis experience to critically assess the best available evidence on addressing patient safety and capacity issues. Our regulatory lens allowed us to provide an independent and objective view to the advice, as we understand what is required to ensure services consistently deliver excellent standards of care and the best possible outcomes for the people of the mid-west.

This review encompassed wide engagement with stakeholders, receiving over 1,100 responses from patients and families, healthcare professionals and others sharing their experiences of healthcare services in the region. Their feedback informed our approach and findings.

In everything we do, it is vital that the voices of the public and service users are heard and reflected. Public and patient involvement is a crucial component of our work to ensure that

“Our rapid expansion over the past five years is exciting but also challenging. It demands that we constantly adapt and evolve, while maintaining our core focus of positively impacting on the population we serve.”

we always consider what matters to them in shaping our advice to government.

Looking forward

In terms of shaping the future direction of health and social services, it is important to consider international developments, particularly at EU level.

We represent the Irish health sector at European level to prepare for the European Health Data Space Regulation, a major health information initiative across the EU. In collaboration with the HSE, Department of Health, Health Research Board, and others, we are coordinating programmes of work to support the establishment of a health data access body service in Ireland. This will facilitate wider secondary use of data and provide secure access to data to support research, innovation, education, training, policymaking and service management.

Similarly, we work with European counterparts to support the implementation of the EU Health Technology Assessment Regulation and ensure a coordinated approach to the development of evidence-informed health policy.

Last year presented challenges for HIQA as a regulator. We are committed to be a learning organisation, reviewing our practices and adapting how we work to ensure we continue to have an impact. We are working closely with ministers and the Department to look at areas where the regulatory and policy framework can be strengthened.

Everyone working at HIQA is driven by our shared mission to deliver the best outcomes for all who use health and social care services. Our new Corporate Plan is ambitious in its focus, and sets out six clear outcomes for us to achieve. It also sets out the key enablers needed for us to achieve better outcomes for people using services with strategic organisational structure, technology, and our people.

Our People and Culture Strategy will support our people to achieve their potential within a positive organisational culture, while our Digital Strategy will enable us to take on new functions, optimise our research capabilities and have real-time access to data and analytics to inform our regulatory approach. These are vital to ensuring we continue to make a positive impact.

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**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

In profile: Joint Oireachtas Committee on Health

Established in late-April 2025, the Joint Oireachtas Committee on Health is tasked with shadowing the work of the Department of Health.



Pádraig Rice TD, Social Democrats (Cathaoirleach)

About: Elected to the Dáil in 2024 for Cork South-Central. He has a background in policy research and equality advocacy, having previously worked in community and NGO settings. Rice is the Social Democrats' Health Spokesperson.



Colm Burke TD, Fine Gael (Leas-Chathaoirleach)

About: Served in multiple political roles over several decades, including as MEP, Senator, and TD. Solicitor by profession. Served as Minister of State at the Department of Health with responsibility for public health areas between 2024 and 2025.



Senator Manus Boyle, Fine Gael

About: Appointed as a Fine Gael Senator in 2025, after being a member of Donegal County Council from 2024 to 2025.



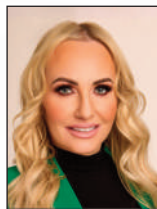
Michael Cahill TD, Fianna Fáil

About: Elected as a Kerry TD in 2024, after having been a member of Kerry County Council since 1991. Runs a B&B in Rossbeigh, County Kerry.



Senator Tom Clonan, Independent

About: Former Defence Forces officer and an academic with research expertise in institutional culture and equality issues. Entered the Seanad through a university panel. Has been active on disability and carer-related policy, informed in part by personal family circumstances involving long-term care needs.



Senator Teresa Costello, Fianna Fáil

About: Elected to the Seanad in 2025 after serving on South Dublin County Council since 2019.



Sorca Clarke TD, Sinn Féin

About: TD since 2020, representing Longford-Westmeath. Previously served on Westmeath County Council. Serves as Sinn Féin's mental health spokesperson. Her interest in disability and mental health policy is partly influenced by family experience.



Pádraig O'Sullivan TD, Fianna Fáil

About: TD for Cork North-Central since 2019 and previously served on Cork County Council. Before politics, he worked as a secondary school teacher.



David Cullinane TD, Sinn Féin

About: TD for Waterford since 2016 and previously served in the Seanad. Serves as Sinn Féin's health spokesperson. Political focus includes health system governance, hospital services, and regulatory structures. Professional background before politics was in communications and community work.



Peter Roche TD, Fine Gael

About: Elected as a TD for Galway East in 2024. Previously served on Galway County Council and chaired the Regional Health Forum West. Has been active on mental health and suicide prevention issues. Professional background includes agriculture and community leadership.



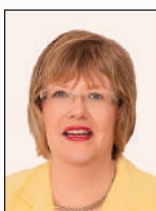
Martin Daly TD, Fianna Fáil

About: General practitioner and was elected as a TD for Roscommon-Galway in 2024. Previously served as President of the Irish Medical Organisation. Serves as Fianna Fáil's spokesperson on health.



Senator Nicole Ryan, Sinn Féin

About: Elected to the Seanad in 2025. Her public profile is shaped by her work in drug education and harm reduction initiatives, established following the death of her brother due to synthetic drug use. Has spoken publicly about family trauma, informing her focus on mental health and youth services.



Senator Maria Byrne, Fine Gael

About: Senator since 2016 and has also served in local government, including a term as Mayor of Limerick. Fine Gael's Seanad spokesperson on health. Background before national politics included small business and community involvement.



Marie Sherlock TD, Labour Party

About: Elected to the Dáil in 2024 after serving on Dublin City Council. She previously worked in the trade union sector on equality and labour market policy. Serves as the Labour Party's Health Spokesperson.



Ospidéal Naomh Eoin
St. John's Hospital

Cúram Gairmiúil agus Atruacha
Professional and Compassionate Care

St John's Hospital: Innovation and excellence



L-R: Eoin Noonan, Head of IS; Mairead O'Donoghue, RANP; Alan O'Connor Deputy Information Systems Manager; and Michelle Rogers, Deputy CEO and Director of Operations.

Is í ár bhfís a bheith mar phríomhsholáthraí seirbhís cúram sláinte ina bhfuil nuálaíocht agus sámhaitheas ag croílár eispéireas an othair.

Our vision is to be a leading provider of healthcare service where innovation and excellence are at the heart of the patient experience.

Central to how we work at St John's is the belief that patients come first, to act with integrity at all times and to strive for excellence. Our strategic plan is built around the hospital's vision of being a leading provider of healthcare services where innovation and excellence are at the heart of the patient experience. It was developed following deep consultation with all staff, healthcare partners, University of Limerick, GPs, our Patient Partnership Forum and the wider public.

The five-year plan 2022-27 outlines our vision to deliver high-quality, patient-centred care while strengthening collaboration, innovation, and staff wellbeing. The strategy ultimately focuses on the hospital proactively responding to healthcare needs by ensuring it has the capacity to safely

deliver services, reduce public waiting lists and accelerate, where possible, the further development of integrated care pathways between the hospital and wider health region.

CEO of the hospital Emer Martin says that "our plans emphasise the connections between the high-quality services we provide while working with our HSE partners to achieve better outcomes, more effectively".

Driving efficiency through technology

2025 was dominated by high demand for our services, complex operational pressures, financial and staffing challenges. Despite these pressures, our staff have continued to work tirelessly to deliver compassionate, high-quality care whilst meeting rising service demands.

The hospital is an intensive generator and user of digital information and makes extensive use of a wide range of

information and communications technologies in the delivery of its healthcare services and in the general administration and running of the Hospital.

On quality and innovation, we were delighted to gain national recognition by HSE Spark for a quality improvement initiative to boost patient flow tracking. Led by Mairead O'Donoghue, registered ANP in Emergency Medicine and Alan O'Connor, deputy information systems manager, this involved rolling out a major new in-house program in the Injury Unit titled InjuryNet, a bespoke digital patient clinical record and unit worklist. It streamlines patient flow tracking, enhances the accuracy and legibility of clinical documentation, and facilitates efficient e-referrals to GPs, physiotherapy, and the fracture clinic. By eliminating paper-based processes, we have reduced clinician fatigue, expedited patient care, enabled customised reporting for discharge coding and unit activity, and supported our sustainability goals. The project was put forward for the HSE 2025 Spark Summit award and won the Best Digital Product award.

Undoubtedly, our patients and staff benefit significantly from collaborative working relationships. We value the opportunity to have played a key role in this project initiative, strengthening our working partnerships internally and with the HSE national innovation team.

Spotlight on pharmacy

The Pharmacy service delivers a wide range of services including clinical pharmacy, antimicrobial stewardship, medication safety, medication reconciliation, anticoagulation stewardship, supporting appropriate prescribing and patient education and follow-up. Pharmacy team members contribute to the work of 14 different committees, including four internal, two within University of Limerick hospitals and two at national level.

Through its key partnerships and other opportunities, the department enjoys links with the Affiliation for Pharmacy Practice Experiential Learning (APPEL), the School of Pharmacy at University College Cork, the University of Limerick graduate entry medical school (GEMs) and, through facilitating a pharmacy student for work experience, Queen's University Belfast School of Pharmacy.

Building research capability and best practice in care of the elderly patients

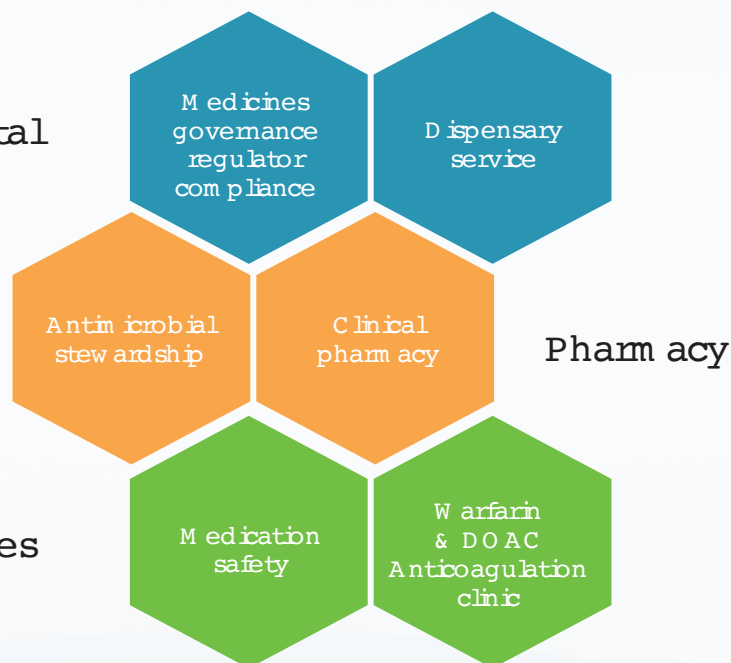
'Building partnerships' is identified as an important theme of the hospital's strategy 2022-2027. One of our 2024 goals was to develop research capability in dementia and Care of the Elderly with a university partner and begin to implement National Clinical Guideline Two (Appropriate Prescribing of Psychotropic Medication for Non-cognitive Symptoms in People with Dementia). The realisation of this goal is well under way. One of our pharmacists successfully applied for a work-based funded PhD in UCC while working as a clinical pharmacist in St John's Hospital. The partnering university is UCC School of Pharmacy.

A continuous quality improvement model helps to deliver our internal departmental goals of:

- safe, effective and economic use of medicines;
- promotion of medicines optimisation for best possible patient outcomes; and
- delivery of excellence in the practice of pharmacy.

Hospital

Services



Recent development of a pharmacy dispensary tool allows tracking of medications at patient level plus easy documentation and management of patient care. Pharmacists obtain patient data through PID patient search and apply dispensary comments behind authenticated logged-in accounts for auditing purposes. Investment in digital transformation of clinical pharmacy workflow and process reaps rewards, allowing patients with the highest need and greatest risk to be reviewed first. The approach reflects international best practice in clinical pharmacy and is of growing interest in Ireland. St John's Hospital Pharmacy is at the pioneering edge with its digital approach, with increasing opportunities to present its work to a wider clinical audience.

Digital quality improvements

Reducing interruptions: increasing communication; a safety initiative

From the Human Factors perspective, spoken and written communications are crucial to maintaining patient safety. Effective communication is essential when a medication query is handed over to a clinical pharmacist for follow-up and timely response. Multiple phone calls led to multiple interruptions, a well recognised risk factor for medication error.

In order to reduce interruptions and maintain a safe working environment for ward pharmacy staff and the dispensary, an excel file was created for two-way communication. A trial period to evaluate its effectiveness was undertaken. Phone calls and interruptions reduced significantly; written communication ensured timely information transfer to enable the right drug to be dispensed for the right patient at the right time.

However, use of an excel file by multiple users had limitations and the next step taken was to ask the IS Department to build a programme from the excel file. This became the 'Pharmacy Communication Whiteboard', with individual password access and time-stamped communications. The experience of using this programme has already delivered a verdict – the best work-environment quality improvement we have experienced in the Pharmacy, notwithstanding medication and patient safety benefits.

St John's might be among Limerick's and the country's oldest hospitals, but it is very much at the pioneering edge with a clear plan for a vibrant future at the heart of Mid-West healthcare.

W: www.stjohnshospital.ie



Ireland cancer incidence second highest in EU

Estimated cancer incidence in Ireland is the second highest among EU countries but mortality rates have “improved significantly in the last decade”, a report has found.

Country Cancer Profile: Ireland 2025, published by the OECD and European Commission in February 2025, estimates that 733 new cancer cases per 100,000 men were expected in Ireland in 2022 compared with an EU average of 684 per 100,000. It also estimates that 561 new cancer cases per 100,000 women were expected in Ireland in 2022 compared with an EU average of 488 per 100,000.

In 2021, cancer caused 248 deaths per 100,000 population; 17 per cent lower than 2011 when it stood at 299 per 100,000. Between 2011 and 2021, avoidable mortality rates decreased by 9 per cent among women in Ireland while they rose by 4 per cent across the EU. Rates decreased by 31 per cent among men in Ireland compared with a 27 per cent decrease in the EU.

Risk factors and prevention policies

In 2022, the proportion of daily smokers in Ireland stood at 14 per cent, below the EU average of 18 per cent. According to the *Irish Health Survey 2024* by the Central Statistics Office (CSO), 10.2

per cent of those aged 18 years and over smoked tobacco products daily.

Between 2013 and 2023, annual alcohol consumption per capita among those aged 15 and over decreased by 7 per cent to 9.9 litres, slightly below the EU average of 10 litres. The *Irish Health Survey 2024* finds that 40.6 per cent of people aged 18 and over drank at least once weekly.

The OECD finds that more than half of the State’s adult population is overweight or obese. However, the percentage of adults classified as overweight or obese declined from 57 per cent in 2017 to 53 per cent in 2022. This is a larger decrease than the EU average, which declined from 52 per cent to 51 per cent. However, the *Irish Health Survey 2024* finds that 58.9 per cent of people aged 18 and over were overweight or obese.

The report asserts that both adults and adolescents in Ireland “exhibit healthier dietary habits and engage in more physical activity than the EU average”. It also finds that exposure to air pollution in Ireland is lower than the EU average.

Regarding occupational exposure, 29 per cent of people aged 15 and over reported exposure to chemical products and substances in 2021, placing Ireland in the bottom third among EU+2 countries; the 27 member states plus Iceland and Norway.

Early detection

The National Screening Service's five-year strategic plan for 2023 to 2025, *Choose Screening*, aims to achieve participation rates of 70 per cent for breast cancer screening, 80 per cent for cervical cancer screening, and 50 per cent for colorectal cancer screening among the eligible population.

Between 2020 and 2022, the participation rate in breast cancer screening decreased from 78 per cent to 70 per cent, partly due to the pandemic. Despite this, it remains higher than the EU average of 56 per cent.

Participation in cervical cancer screening rose from 61 per cent in 2011 to 80 per cent in 2017. Despite a fall to 73 per cent in 2022, it remains above the EU average of 55 per cent. Participation in colorectal cancer screening in Ireland stood at 34 per cent in 2022.

Cancer care performance

Approximately 80 per cent of cancer care patients are treated in designated cancer centres and other public hospitals with the remaining 20 per cent provided in private hospitals.

The report asserts that there are experience shortages in specific fields of the healthcare workforce. While the number of physicians and nurses in Ireland is higher than the EU averages, there is a shortage of GPs, radiologists, and radiation therapists among others.

The OECD finds that the five-year net survival rate in Ireland rose from 57 per cent amongst those diagnosed between 2004 and 2008 to 65 per cent for those diagnosed between 2014 and 2018.

Survival rates also differ based on socioeconomic status. On average, people in the most deprived areas faced a 43 per cent higher risk of mortality within five years following a cancer diagnosis compared with those in the least deprived regions.

The report finds that expenditure on cancer medications "has been experiencing a notable rise". Spending on cancer medications under the High Tech Drug Arrangement Scheme grew by 15 per cent annually between 2012 and 2020. Spending on hospital oncology medicine tripled from 2018 to 2022, reaching €151 million.

Between 2023 and 2050, the report projects that total health expenditure in Ireland is expected to reach €382 per person per year, above the EU average of €242. Additionally, per capita health expenditure on cancer care in Ireland is expected to grow by 80 per cent during this period, compared with 59 per cent across the EU. A loss of 159 full-time equivalent workers per 100,000 is also expected.

Highlighting paediatric cancer, the OECD finds that the State had an estimated incidence rate of 15.5 per 100,000 children aged 0-14, higher than the EU average of 13.7. However, the State had a lower mortality rate with a three-year average mortality rate in 2021 at 1.6 per 100,000 children compared to 2.1 across the EU.

During a Dáil debate on cancer services in November 2025, Minister for Health Jennifer Carroll MacNeill TD insisted that progress has been made under the *National Cancer Strategy 2017-2026*.

"Very significant progress has been made in improving cancer services and there are now over 220,000 living with or beyond cancer, 50 per cent more than a decade ago," said Minister MacNeill.

"We are seeing tremendous advances in cancer care and I am committed to ensuring that patients can take advantage of these developments."



Keeping care safe and healthy

eolas Magazine hears how the Health and Safety Authority (HSA) is working collaboratively to safeguard employees working in the health and social care sector.

As a regulator under the aegis of the Department of Enterprise, Tourism and Employment, the Health and Safety Authority plays a key role in promoting safety in the workplace, enhancing our regulatory frameworks, and supporting the competitiveness and sustainability of Ireland's economy. The Authority's broad mandate includes occupational safety and health, chemicals and industrial products regulation, as well as providing the national accreditation service.

One of the Authority's primary responsibilities is the regulation and promotion of occupational health and safety. In 2024, the Authority conducted over 11,600 inspections and investigations throughout the year. These spanned all economic sectors, with a particular focus on high-risk industries including the Health and Social Care sector. The Authority provides resources for employers and workers, equipping them with tools and guidance to uphold health and safety standards. Our online learning portal provides accessible training for thousands of workers.

Health and Safety Authority: Health and Social Care Inspectorate

The HSA has a dedicated team of inspectors in the Health and Social Care Unit under the Occupational Health Division. The inspectors focus on regulating and promoting occupational health and safety in the health and social care sector. Inspections are undertaken across all health and social care settings focusing on improving occupational health and safety and compliance with legal requirements. The HSA provides a wide range of information, advice and supports for the health and social care sector. Resources for the sector include webpage information, guidance documents, information sheets, risk assessments for health and social care business types and a suite of health and social care e-learning courses.

Health and social care sector profile

The health and social care sector is a significant employer in Ireland. The sector accounted for 13.7 per cent of all employed persons in 2024 and is the largest employment sector in Ireland. Central Statistics Office (CSO) data indicate that 382,500 persons are employed in human health and social work activities (CSO Labour Force Survey (LFS) Q4 2024).

Approximately two-thirds of the health and social care sector's workforce is female (CSO LFS 2024), with nurses and midwives comprising the largest occupational group (CSO Census 2022). The sector reports the highest number of non-fatal work-related 'over three days' incidents to the Health and Safety Authority. CSO data indicates that the reported work-related injury and illness rates are significant when compared with other NACE economic activity sectors.

Workplaces in this sector are diverse, including hospitals, nursing homes, dental clinics, primary care centres, offices, residential care facilities, and workers providing care for people in their own homes. Due to the complex nature of the work involved with patients and service users, for example, use of complex equipment, caring for those with behaviours of concern, the challenges facing the health and social care sector must be considered.

Health and social care workers are exposed to a wide range of occupational hazards, such as, psychosocial hazards (violence and aggression, lone working, shift work), ergonomic hazards from lifting loads and prolonged standing, exposure to biological agents and chemical agents, and physical hazards such as slips, trips and falls and ionising radiation.

Health and Social Care Advisory Committee

In 2023, the HSA established the first Health and Social Care Advisory Committee (HSCAC). The Committee is comprised of representatives from a wide range of health and social care settings and includes a diverse array of experience and knowledge of the sector. The role of the HSCAC is to advise and support the HSA in promoting occupational health and safety in this sector through the actions identified in the Action Plan. The HSCAC represents a collaborative effort between employers, employees, government representatives and health and safety experts.



Key themes of the Action Plan

The HSCAC has identified five goals to be implemented over the 3-year period from 2025-2027.



Goal 1: Enhance information and intelligence to inform interventions.

Goal 2: Promote a positive health and safety culture in the workplace.

Goal 3: Promote and support safety representatives and safety consultation in health and social care workplaces.

Goal 4: Undertake initiatives to reduce the risk of injury to employees from work-related violence and aggression, this includes challenging behaviours from service users where there is a risk of injury to staff.

Goal 5: Enable employers and employees to implement best practice in managing the risk of work-related psychosocial hazards, in particular work-related stress and work-related bullying.

Health and Social Care Advisory Committee Action Plan 2025-2027

In 2025, the first *Health and Social Care Advisory Committee Action Plan 2025-2027* was published. This action plan will support the sector in reducing the risk of work-related injury and illness and promoting a positive health and safety culture.

Each goal in the Action Plan lists the actions to achieve the objectives of the plan. In 2025 the Advisory Committee focused on the actions set out in Goal 1 and Goal 3. The Advisory Committee will continue to work on the actions outlined in the Action Plan in 2026 and 2027.

The work of the HSCAC will support the ongoing work of the HSA in driving positive change across this sector.

To download a copy of the Health and Social Care Advisory Committee Action Plan 2025-2027 visit:

W: www.hsa.ie

HSA

An tÚdarás Sláinte agus Sábháilteachta
Health and Safety Authority



The urban environment's impact on health

For every 1 per cent increase in green space, preventable deaths decrease by between 37 and 41 per cent, according to research led by Ruth Hunter, professor of public health and planetary health at Queen's University Belfast.

Emphasising how this finding “really highlights the importance of these spaces, particularly in our most deprived communities”, Hunter outlines how life expectancy is set to increase in the UK over the coming decades. In 2010, there were approximately 10 million people aged 65 and over. This is expected to grow to 15.5 million by 2030, and 19 million by 2050.

“It is not just important that we are adding years to those lives, but we also must add life to those years,” says Hunter.

She indicates that cognitive health, encompassing dementia risk and reducing cognitive impairment, is crucial for healthy ageing. Hunter outlines that the number of people living with dementia globally is set to triple by 2050.

The 2024 Commission on Dementia Prevention by *The Lancet* shows that 40 per cent of dementia cases could be prevented or delayed by targeting 14 risk factors throughout the life course. These are less education, hearing loss, hypertension, smoking, obesity, depression, high cholesterol, uncorrected vision loss, physical inactivity, diabetes, excessive alcohol consumption, traumatic brain injury, air pollution, and social isolation.

Green spaces

Hunter further demonstrates the positive impacts of green spaces on cognitive health by citing June 2019 research she led on the Connswater Community Greenway in east Belfast. It shows that those living closest to the greenway experience improved quality of life, mental wellbeing, and social environment than those living further away.

Over a 40-year period, Hunter indicates that the number of new chronic diseases and



preventable deaths would reduce significantly if those living near the greenway became physically active. The professor outlines that this can lead to economic benefits for the rest of society, citing a January 2023 study she led:

“What we see here is that for every £1 invested in the greenway, there is an expected £1.34 and £1.59 return which gives us a social present value of between £56.8 million and £67 million.

“If just 2 per cent of that local population become more active, then the greenway essentially pays for itself in terms of the reduced costs to the NHS in terms of deaths and new cases of chronic diseases.”

Air pollution

Hunter is Principal Investigator of the SPACE project which studies the living environment’s impact on dementia and brain health. The project explored environmental factors influencing healthy ageing and cognitive health and methods to promote both.

SPACE assessed the impact of air pollution, proximity to natural environments, noise and light pollution, soil pollution, access to public transport, access to road networks, climate change, proximity to climate resilient infrastructure, and epigenetics.

On air pollution, Hunter outlines the spatial distribution of particulate matter sources of PM2.5 in Northern Ireland. PM2.5 is the smallest known particle of air pollution that can cross the blood-brain barrier and is associated with a rise in dementia risk and other cognitive impairments. Sources of PM2.5 included agriculture, traffic, energy, industry, wildfires, and windblown dust.

Hunter asserts that coal and traffic are PM2.5 sources particularly associated with cognitive decline. The study found that those living close to major road networks have an accelerated biological ageing by four to five years compared to those who live furthest away.

“This is due to the impact of traffic emissions from exhausts, tyre wear, and brake fluid. We see increased traces of zinc, molybdenum, lead, and mercury in the soil closest to those road networks than we do soil furthest away. These different elements have impacts for cognitive, cardiovascular, heart, and respiratory health,” says Hunter.

“We do not need to just change how we travel for health reasons. We also need to change how we travel to meet our carbon budgets,” she adds.

Carbon budgets set the maximum amount of greenhouse gas emissions permitted over a five-year period. Hunter outlines how car use and dependency in Belfast could be reduced using recommendations from a January 2023 study by a study funded by the Medical Research Council:

- introduce a “universally safe, accessible, reliable, affordable, and properly resourced” public transport network;
- fast-track planning decision to support “long-term, sustainable, affordable, accessible city centre housing”;
- decrease car dependency for school runs;
- build a network of cycle access and dedicated cycle lanes connecting with the Greater Belfast Area and integrated with other transport policies and solutions;
- educate the public about the importance of reducing car usage; and
- incentivise reducing car dependency and usage.

Concluding, Hunter states that “the role of the environment in health prevention is really lacking” on the policy agenda. “But if we can address poor transport infrastructure, absence of green spaces and poor housing, it will have an impact on healthy ageing, general health, and environment and climate crises,” she adds.

40 years of impact: How the HRB transformed health research



HRB Chief Executive Gráinne Gorman (left) and Minister for Health Jennifer Carroll MacNeill TD at the HRB National Conference 2025 held last December.

As the Health Research Board (HRB) marks its 40th anniversary in 2026, its new CEO Gráinne Gorman reflects on four decades of progress powered by research, collaboration, and innovation.

When the HRB was established in 1986, it was born out of clear necessity. At the time, Ireland lagged behind many peers in both economic performance and public policy, including in health and social support.

Unemployment and emigration were high, economic growth was low; and compared to countries like the UK, Denmark, or the Netherlands, our public services were under-resourced and fragmented.

Bodies like the HRB laid the groundwork for future reforms. Evidence-based approaches to policy became a foundational part of what later drove the Celtic Tiger. Economic and public policy advanced hand in hand.

From modest beginnings

Our first corporate plan in 1986 focused on R&D for health, postgraduate training, and linking academia with industry. The budget was modest, just IR£2.3 million. Fast forward to today and our annual investments are worth about €65 million, supporting hundreds of projects.

The HRB was established to address knowledge gaps hindering effective health and social care planning by providing robust evidence and research to inform decision-making for government, health services, and NGOs.

The research we funded or conducted provided the evidence and data needed to ensure science, innovation and public demand translated into better health outcomes and smarter policy.

Collaboration and consultation

From our earliest days, we understood that meaningful progress in health research and policy could only be achieved through collaboration. Over the past four decades, this principle has shaped our approach and delivered transformative results.

In 1998, we formalised our partnership with the Department of Health, ensuring that research priorities were aligned with national strategies. This collaboration created a direct link between evidence generation and policymaking, embedding research at the heart of planning.

We also supported initiatives arising from the Good Friday Agreement, tapping into broader all-island research initiatives and collaborating on specific programmes in areas such as cancer, palliative care and clinical trials.

By 2007, we took a major strategic step in strengthening Ireland's clinical research infrastructure through partnerships with universities and hospitals, providing the foundation for world-class clinical trials.

In the same year we began strengthening Ireland's global research footprint and later, as National Contact Point for health research funding under Horizon 2020, the EU's flagship research and innovation programme. This enables Irish researchers to access multi-billion-euro funding streams and collaborate with leading experts driving innovation across Europe.

In 2014, we introduced a joint-funding scheme with Health Research Charities Ireland, a unique initiative that has invested over €28 million in patient-focused research into conditions such as rare diseases, cancer and epilepsy.

By 2017 we led on Public and Patient Involvement (PPI) initiatives, most notably the PPI Ignite programme, in collaboration with the Irish Research Council. This ongoing programme supports researchers involving the public and patients from the start of their projects.

These partnerships contributed to today's research ecosystem by working hand-in-hand with government, academia, charities, and international organisations.

Data as an agent of change

The HRB Evidence Centre established in 2011 has become a driver of evidence-based policymaking providing reports and analysis of subjects as diverse as women's health and water fluoridation.

Continually expanding our five national health information systems supports research, enables long-term service planning and informs policy, while giving a clear picture of the day-to-day demands on our health services.

That data is a driver of positive outcomes is beyond question but putting it to good use is complex. The HRB has been instrumental protecting the public interest by overseeing the development and monitoring of health research ethics and consent considerations by supporting national committees established by the Department of Health.

And we continue this type of work in the present day working with the Health Information and Quality Authority and the Department of Health in preparing the ground for the EU's forthcoming European Health Data Space which will enable patient data sharing across the EU, while ensuring data privacy and consent is overseen at national level.

Follow the evidence

Seamus Heaney wrote in *The Cure at Troy* that "hope and history rhyme", and that has proved to be the case. Since our foundation 40 years ago, key public



health indicators have been going in the right direction.

Our life expectancy is now the fifth highest in the EU at 82 years, up from 72 in the 1980s. Over the same period, infant mortality halved, and mortality rates for cancer, cardiovascular and respiratory disease have fallen by double digits.

These are real-life impacts, achieved through research and data – often funded or produced by the HRB – and we will continue to inform Ireland's approach to ageing, chronic and rare disease, addiction, mental health and much more.

Paying dividends

While we can put figures on, and recall milestones that contributed to improvements in public health and social care over the past 40 years, the human value of the life-enhancing and life-saving research the HRB funds and conducts is inestimable.

But health research is not confined to societal well being. It is also about economic resilience. According to the European Commission, every euro invested in health research yields multiple returns in reduced costs for treatments and enhanced productivity.

When the HRB was founded, WA Watts, our first chairman, said: "In the long term, our health system will be a reflection of the research base underpinning it." Forty years later, that statement rings true.

In recent years, the OECD noted Ireland has strengthened international collaboration, data infrastructure and support for evidence-based policy; and achieved "substantial improvements in population health over recent decades". The connection between the two is self-evident.

Every improvement in public health, every policy informed by evidence, every life saved: these are the dividends of research.

As CEO, I am proud to now lead a state agency that has achieved so much working alongside many partners. But the journey is far from over. The next 40 years will bring new challenges such as the aging population and new opportunities such as AI.

Maintaining the same spirit of collaboration and innovation; further integrating national and international data, and strengthening the infrastructure for evidence-informed decision-making, the HRB can continue to improve health outcomes for individuals and society. We look forward to building on a legacy where today's research delivers tomorrow's care.

W: www.hrb.ie

HRB Health
Research
Board



Delivering universal healthcare

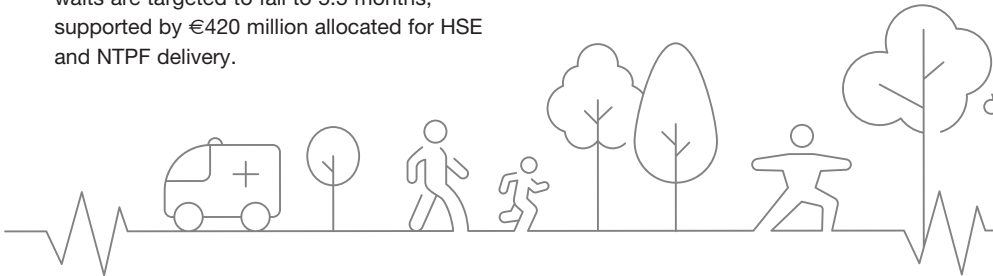
The Government’s latest Sláintecare roadmap outlines a phased but far-reaching programme of reform, centred on timely access to care, enhanced patient experience, and the expansion of health system capacity through 2025-2027.

Published under *Path to Universal Healthcare: Sláintecare and Programme for Government 2025+*, the document outlines the Government’s longstanding ambition of delivering a health service that is accessible, affordable, high-quality, and free at the point of need.

The programme sets out 23 projects to be realised over the term of government, enabled by new health regions, digital transformation, and increased investment in workforce and infrastructure.

Improving access

Reducing waiting times and expanding treatment capacity forms the core objective of the first phase of implementation. The 2025 *Waiting List Action Plan* aims to ensure that half of all patients are seen to within Sláintecare target times (12 weeks for inpatient and day-case procedures and 10 weeks for outpatient appointments) by year-end. Weighted average waits are targeted to fall to 5.5 months, supported by €420 million allocated for HSE and NTPF delivery.



Urgent and emergency care reform moves to an all-year operational footing. Updated measurement metrics were introduced in Q2 2025, aiming to build on an 11 per cent reduction in trolley waits achieved in 2024 despite growing demand. New surge protocols, senior clinical presence, extended rostering, and strengthened governance in EDs form the backbone of the Government's intended actions.

Care

A continued shift toward community-based treatment is anticipated. The Enhanced Community Care programme aims to deliver over 1.6 million contacts through community healthcare networks, alongside 141,000 interactions for older persons and 334,000 for chronic disease management teams in 2025, a 46 per cent rise on the previous year.

Telehealth programmes, including *Attend Anywhere*, are being expanded nationally, and a new Virtual Care Governance Group aims to shape regional models for remote monitoring and virtual wards. Access to community diagnostics remains central, with capacity for 240,000 radiology scans and 161,000 chronic disease tests available by GP referral.

Consultant contract reform

The Public Only Consultant Contract aims to advance the long-term goal of using public hospitals solely for public patients. By end-2024, 2,770 consultants had transitioned, with extended evening and weekend availability providing new capacity for public treatment. Ongoing monitoring through the DIME system will guide uptake and service impact from 2025 onwards.

Quality improvement

Enhanced patient experience is positioned as a pillar equal to access. A National Patient and Service User Strategy is to be co-designed, accompanied by regional participation councils and the continued expansion of the National Care Experience Programme. Health literacy measures, including a national toolkit, aim to support user navigation and decision-making.

Public health continues to widen in scope under Healthy Ireland. Renewed sexual health, physical activity, obesity, and tobacco replacement strategies are scheduled across the mandate, alongside the development of a national public health strategy and strengthened preparedness structures through the Health Threats Management Committee.

Building capacity

Population ageing and demand growth frame long-range planning priorities. Sláintecare outlines increased workforce recruitment, surgical hubs, elective treatment centres, pharmaceutical service expansion, and future capacity modelling to 2027 and beyond. Infrastructure requirements are to be aligned to demographic projections, with workforce supply identified as a determining variable.

Analysis

Life expectancy in Ireland now stands at 82.6 years, while 79.5 per cent of the population report good or very good health, the highest in the EU. At the same time, people aged over 65 are projected to rise to over one million by 2034 and 1.8 million by 2054, doubling today's cohort.

While the programme suffered from perceived losses of momentum during the previous government's term amid several high-profile resignations from the relevant authorities, Sláintecare 2025+ aims to chart a path to accommodate this demographic transition, combining short-term access improvements with long-term structural transformation.

Over the span of this government's term, waiting list reform, community treatment expansion, and digital enablement are expected to be the top challenges, while investments in infrastructure and workforce capacity aim to lay the foundation for a universal system in the long term.

In her ministerial foreword, Minister for Health Jennifer Carroll MacNeill TD says: "We are developing healthcare that is accessible, affordable, high-quality, and focused on achieving the highest possible standards of care for the people of Ireland when they need it, where they need it, and at minimal cost or free at the point of service."

The Minister adds that the announced measures "will forge the way towards delivery of world class universal health and social care services for the people of Ireland, where the patient is at the centre of all of our collective efforts".

During a Dáil debate in February 2025, Sinn Féin health spokesperson David Cullinane TD argued that there is a need for strengthening primary care, home-care supports, and community services to reduce hospital burden. He added: "I want to see progress being made. I want to see waiting times reducing. I do not want to see hospital appointment cancellations."





Leadership in healthcare

Fiona Brady, CEO of the National Treatment Purchase Fund (NTPF), speaks to *eolas Magazine* about leadership in healthcare, the role of the NTPF, patient-centred innovation, digital transformation, and her vision for the organisation.

In July 2023, Fiona Brady joined the NTPF as its first female CEO, and the first with a clinical background. She brought extensive leadership experience, having served five years as Chief Executive of Our Lady of Lourdes Hospital, Drogheda, and Louth County Hospital. Prior to that, she was Chief Operations Officer and Director of Unscheduled Care and worked with the Emergency Medicine Programme.

Brady began her career in clinical practice, training as a nurse and midwife, with over 20 years' experience in emergency nursing and management. She is also a trained coach and mentor. Her appointment presented an opportunity to "put a more patient centred focus on NTPF commissioning of scheduled care, by bringing her clinical experience from the coalface of hospital management where the emphasis generally tends to be on unscheduled care and patients on trolleys", she says.

She continues to promote a patient-centred approach, emphasising that "behind every waiting list number and metric is a patient awaiting access to care".

Role of the National Treatment Purchase Fund

Since becoming CEO, Brady has stressed that "public patients, public waiting lists and public funding form the foundation of everything the NTPF does". Too often, this central principle is lost in translation in the wider healthcare and public arena. The organisation is in fact an independent public body that carries out several important functions within the Irish health service".

The NTPF plays a vital role by gathering, organising, and reporting information on outpatient, inpatient, and day case waiting lists. This ensures hospitals have reliable data to plan services and respond to patient needs. Each month, national waiting list reports are published via the NTPF's enhanced reporting dashboard, offering transparency for patients, families, and healthcare staff. Brady highlights that "every year, we process over 53 million patient waiting list records and produce more than 25,000 reports to support hospitals, the wider health system, and other partners in improving access to care".

NTPF data is used to identify long-waiting public patients across all specialties. This information supports the commissioning function of the NTPF and helps guide national healthcare reform efforts. National waiting list protocols ensure patients are managed safely, fairly, and on time, promoting governance, clear patient information, equity of access, standardisation, efficiency, and reduced wait times. The NTPF audits hospitals to confirm compliance with these protocols and adherence to reporting requirements based on the principles of integrity, objectivity, competence, due care, and confidentiality.

Brady is keen to correct the misconception that the NTPF's administrative validation of public hospital waiting lists is not about removing patients from waiting lists. She explains that "in reality, it involves contacting patients to confirm their readiness and availability for care". With 87 per cent engagement, validation strengthens hospital-patient communication, updates records, and ensures waiting lists remain accurate.

Following validation, the commissioning process identifies and procures capacity across public and private hospitals to

arrange treatments for public patients. “The NTPF’s approach to providing access to care, fully aligns with the ambitions and targets set out under Sláintecare, to meet the needs of this and future generations,” Brady says, while emphasising the importance of collaboration across agencies to improve access.

Another key aspect of the NTPF’s work is setting the maximum prices for long-term residential care in private or voluntary nursing homes under the Nursing Homes Support Scheme (NHSS). “This responsibility is essential, not only for protecting residents but also for ensuring the responsible use of public funds” states Brady.

Patient-centred innovation and digital transformation

Since Brady’s arrival, innovation and digital transformation have been a key focus informed by a patient-centred approach.

In the last two years, digital transformation has become a cornerstone of the NTPF’s strategy, enabling better data use and therefore more patient-centred care. Brady says that “one of the most recent NTPF developments of the Patient Online Automated Response (POLAR) for both validation and commissioning has yielded an overwhelming response with 66 per cent of patients choosing now to engage online”.

To understand and address patients declining NTPF offers of treatment, Brady established a call centre to proactively contact patients and provide information to ensure patients are making informed decisions. This innovation has seen a marked improvement in the number of patients now accepting these offers.

In October 2024, the NTPF published the first *National Radiology Diagnostic Waiting List Management Protocol*, ensuring that patients seeking access to radiology diagnostic services are administratively managed in line with all other national waiting lists. Brady looks forward to the NTPF publication of radiology diagnostic waiting lists in 2026.

She is proud that these innovations demonstrate how “ultimately the work of the NTPF directly benefits the patient”.

Vision for the future

Since joining the NTPF, Brady has been impressed by her team’s unique skillsets, expertise, and the significant national impact they have made in supporting patients on public hospital

Key Achievements over 2023 – 2025



TREATMENT COMMISSIONING achievements

>611,000 treatments commissioned, significantly improving patient quality of life

>65,000 diagnostic tests for waiting list patients over 2023-2024



WAITING LIST MANAGEMENT achievements

>2.5m contacts with patients to confirm their ongoing requirement for treatment

>16,000 direct engagements with patients to explain their treatment options



NURSING HOME achievements

>1,100 negotiations with nursing homes to ensure long-term care for residents

“Public patients, public waiting lists and public funding form the foundation of everything the NTPF does.”

waiting lists and those awaiting access to private and voluntary nursing home care.

Looking ahead, the NTPF is committed to continuing to work with the Department of Health, HSE, HIQA, nursing home bodies, and new regional structures to deliver a more collaborative approach to managing waiting lists.

Every initiative reflects the belief that “good health is a shared responsibility,” and Brady acknowledges that “the achievements of 2023-2025 would not have been feasible without the support

of the NTPF Board and commitment from the Department of Health and the HSE”.

Brady’s vision for the future is to continue leading the NTPF as a “patient-first, data-driven, innovative organisation that is central to improving access to care, ensuring transparency, and driving healthcare reform in Ireland”.

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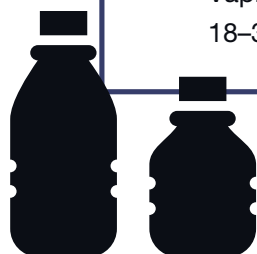
an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

Health in Ireland: Key trends 2024

These figures have been compiled using the Central Statistics Office's annual Irish health survey, published in July 2025.

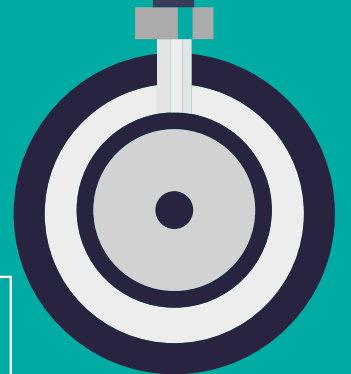
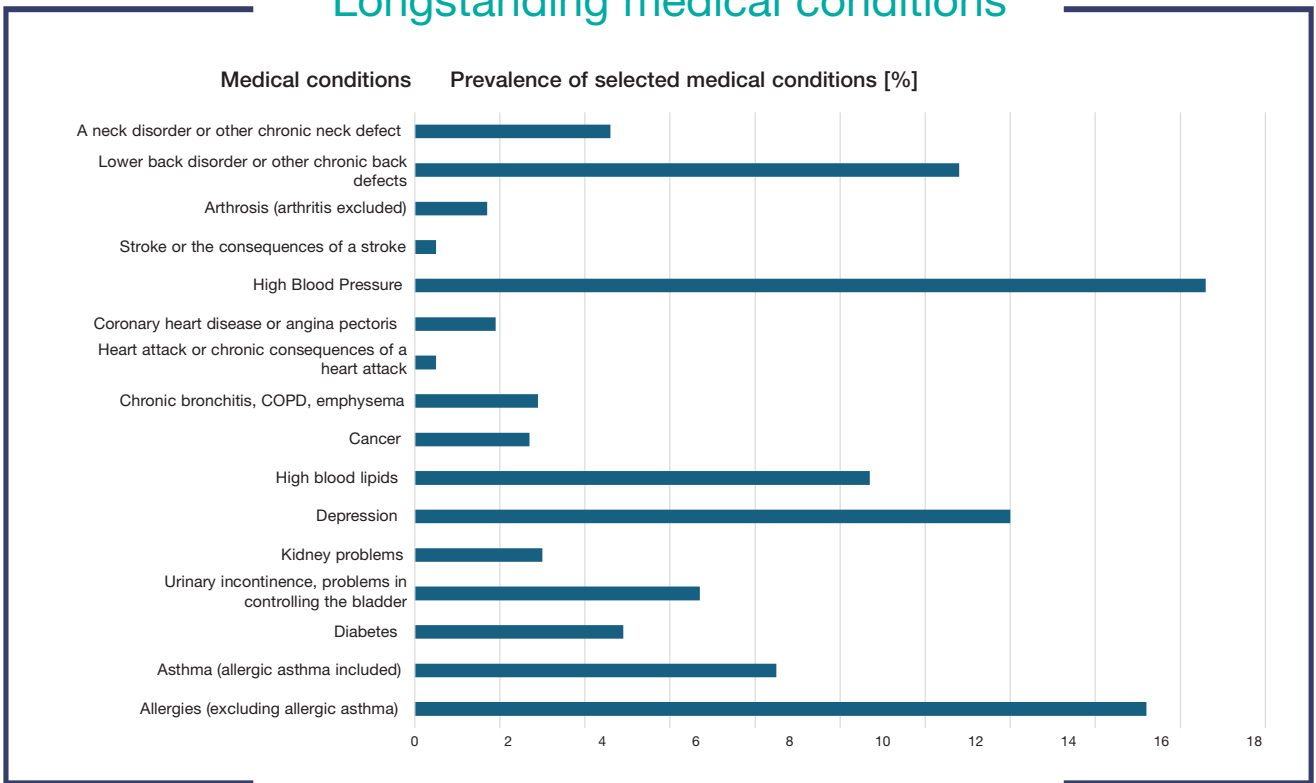
Healthcare use, medicine, and lifestyle

- **84.7%** of females visited a GP in the previous 12 months compared with **74.2%** of males
- **81.1%** of adults drank alcohol in the last 12 months; **40.6%** drink at least weekly
- Weekly alcohol use:
 - **26.7%** of 18–24-year-olds
 - **55.9%** of 55–64-year-olds
- **10.2%** smoke tobacco daily
- **7.1%** vape daily
- Vaping (daily or occasional) is highest among 18–34-year-olds



- **75.8%** of people report their general health as “good or very good”
- **4.7%** report their health as “bad or very bad”
- **23.8%** of adults are obese (BMI-based)
- Obesity by age:
 - **30.1%** of 55–64-year-olds
 - **13.6%** of 18–24-year-olds

Longstanding medical conditions



Drug use and younger trends



- **7.7%** of adults used cannabis in the last 12 months.
- Cannabis use among 18–24-year-olds: **22.1%** in the past year.



Pictured at the launch of CORU's inaugural *State of the Register* report, highlighting a growing and diverse regulated workforce of 32,332 professionals are: (L-R) Melika Khandanian, Head of Digital and Quality Systems, CORU; Christina Rafferty, Head of Registration, CORU; Mo Flynn, Chairperson, Health and Social Care Professionals Council; Minister for Health Jennifer Carroll MacNeill TD, Department of Health; Claire O'Cleary, CEO, CORU; and Alessandra Fantini, Principal Officer, Professional Regulation Unit, Department of Health.

Confidence in care



Each day, people across Ireland depend on the expertise, compassion and care of health and social care professionals, writes Claire O'Cleary, CEO of CORU.

There are now over 32,000 practitioners registered with CORU across 12 professions. The largest of these, with 6,676 registered is physiotherapists, which will soon be surpassed by social care workers who completed their transition to regulation at the end of November 2025.

We also regulate the work of 1,652 dietitians; 3,358 medical scientists; 3,900 occupational therapists; 1,057 optometrists and a further 226 dispensing opticians; 532 podiatrists; 3,694 radiographers and 584 radiation therapists; 5,757 social workers and 2,561 speech and language therapists.

Many of us and our families will rely on these professionals throughout our lives. The public needs to know that the people providing this care are qualified and accountable. That is our role.

CORU checks that every registrant has the required CORU-approved education and training. We set the standards for best practice. We take action when those standards are not met and while this is rare, in 2024 we held 19 fitness to practice inquiries to uphold accountability.

Being CORU registered is a public promise to put safety first and to act with professionalism and integrity. It is how we protect the public and build trust in health and social care. Members of the public can check CORU's registers online to ensure their care provider is registered.

CORU's impact

When all social care workers who have applied to join CORU are formally registered we will have over 40,000

registrants, doubling our number of registrants in just five years. This reflects the importance of trusted regulation in our healthcare system to protect the public we serve.

For those of us receiving care it means that when you meet one of the professionals, we regulate you can be confident they are trained to a high set of standards. It means they are accountable for their behaviour. If something goes wrong, we have clear processes in place to investigate and take action.

For professionals, being registered is a mark of pride. It shows they meet high standards and are committed to ethical care. It gives confidence to the people and communities they serve every day.

We also work with education providers to ensure future graduates are ready to practise safely.



CORU Senior Management Team at CORU Head Office, Smithfield, Dublin. Back Row (L-R): Catherine Byrne, Head of Strategy and Policy; Garrett Duffy, Head of Education; Christina Rafferty, Head of Registration; William Slattery, Solicitor and Acting Head of Legal and Fitness to Practise; and Anne Marie Bennett, Head of Recognition. Front Row (L-R): Clare Quille, Head of Corporate Services; Claire O'Cleary, CEO; and Melika Khandanian, Head of Digital Strategy and Quality Systems.

Evolving regulation

Regulation must evolve to serve both the public and the professions. Our responsibility is to uphold high standards while removing unnecessary barriers. That is why we are focused on making registration clear, straightforward, and supportive.

For graduates, this means a clear route from completing their qualification to entering the workforce without delay.

With 13 per cent of our registrants coming from overseas and many Irish professionals qualifying abroad, we provide a clear and efficient process to recognise international qualifications and support safe entry into practice. This ensures every applicant meets our standards, has verified professional conduct, and can start working with confidence in Ireland.

Regulation continues beyond the point of entry. Practice develops over time, and our framework adapts with it. A recent milestone now allows experienced physiotherapists to refer patients for radiological examinations. This shows how regulation can support safe expansion of roles while keeping public protection at its core.

We promote and assess ongoing learning through continuing professional development (CPD) framework and audits. We address concerns through transparent fitness to practise processes. We will continue to simplify systems while never compromising the high standards the public deserve and expects.

Future direction

Health and social care is changing. Roles are advancing, technologies are increasing, and care is becoming more connected. Regulation must change with it.

We are preparing to regulate new professions including psychologists, counsellors and psychotherapists. We have just completed the full transition to regulate social care workers, bringing one of the country's largest health and social care professions into the regulatory framework that protects the public.

We are continuing to explore advanced practice in more areas where professionals will take on greater responsibility in safe, accountable ways.

Our focus is always forward-looking. As health and social care evolves, the need for trusted regulation remains constant. We are committed to being a regulator that is responsive, collaborative, and firmly rooted in public protection.

Our promise

Our promise is simple: to protect the public and to promote trust in health and social care in Ireland. We do this by setting clear standards, checking qualifications, and ensuring accountability when things go wrong.

We make this promise openly. Our standards are published online, and our public register is available for anyone to check.

That transparency gives assurance that every CORU-registered professional is competent, qualified, and held to the highest levels of professional behaviour.

Being CORU registered is a promise in itself.

It is a commitment from each practitioner to act with integrity, put people first and deliver safe and ethical care. We recognise and support every professional who makes that commitment and we stand with the public to ensure that this promise is kept, now and in the future.

Claire O'Cleary

CORU - Regulating Health & Social Care Professionals

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Ag Rialáil Gairmithe Sláinte agus Cúraim Shóisialaigh
Regulating Health + Social Care Professionals

GP service demand facing significant increase

Demand for general practice services will rise sharply over the coming two decades, requiring between 24 and 31 per cent more GPs and 33 to 38 per cent more general practice nurses (GPNs) by 2040, according to research published by the Economic and Social Research Institute (ESRI).

The report, released in June 2025, provides the most up-to-date national projections of activity and workforce needs in general practice. Using the ESRI's Hippocrates model, researchers estimate that GP consultations will grow by between 23 per cent and 30 per cent, while GPN consultations will increase by between 32 per cent and 36 per cent. The projected increase is driven primarily by population growth, an ageing demographic profile, and recent policy reforms expanding access to care.

These findings underline substantial capacity challenges for primary care services and highlight the need for long-term strategic workforce planning.

Rising population and ageing

Ireland's population has grown more rapidly than expected in recent years, due in large part to high inward migration and increased life expectancy. Under the ESRI's central scenario, the State's population is expected to grow by 900,000 people by 2040, with particularly sharp increases in older age cohorts.

General practice is especially sensitive to demographic change. Consultation rates rise significantly with age, and attendance among children under the age of six is also comparatively high. The ESRI estimates that population

growth alone will account for the majority of increased demand, with population ageing contributing a further substantial share.

"A growing and ageing population is the dominant source of future pressures on general practice services," the authors state, adding that demographic forces are "structural, predictable, and largely unavoidable".

Reshaping demand

While demographic change is the primary driver, recent policy reforms have also increased, and will continue to increase the volume and complexity of work in general practice.

Three developments are particularly influential:

1. Expansion of free GP care: In 2023, eligibility for GP visit cards was widened significantly, including automatic entitlement for children aged six and seven and increased income thresholds. This expansion added roughly 500,000 eligible individuals. Uptake assumptions in the ESRI projections indicate that newly eligible groups will use GP services at rates similar to existing cardholders, further increasing consultation volumes.

2. Growth of the Chronic Disease Treatment Programme (CDTP): The CDTP, which aims to manage chronic conditions such as diabetes, COPD,

asthma, and cardiovascular disease within general practice, has seen strong uptake: 83 per cent of eligible patients over the age of 65 had enrolled within two years. Each enrolled patient requires a minimum of four structured consultations per year (two GP and two GPN). This adds substantial workload, although the ESRI notes that effective chronic disease management may reduce unplanned or acute attendances in the longer term.

3. System-level reforms under Sláintecare: Sláintecare's ambition to shift care from hospitals to the community will further increase the scope and intensity of general practice services. While these reforms are ongoing, the authors highlight that much of this change is occurring "in a data vacuum", complicating accurate forward planning.

Projected consultation volumes

Using the Hippocrates model, the ESRI forecasts:

- **GP consultations:** +23 per cent to +30 per cent by 2040
- **GPN consultations:** +32 per cent to +36 per cent over the same period

GPN services are projected to grow faster due to increased involvement in chronic disease management,



childhood vaccinations, preventive services, and care for older populations.

These projections reflect a range of scenarios drawn from assumptions on population growth, eligibility uptake, healthy ageing, and CDTF participation.

Data gaps

A consistent theme throughout the report is Ireland's lack of comprehensive, nationally representative data on general practice activity. Most existing utilisation data comes from surveys, which cannot capture the totality of GP work, including out-of-hours activity or practice-level variation.

This limits the State's ability to monitor shifts in demand, evaluate reforms, and plan effectively.

The authors recommend prioritising robust data collection systems in general practice, including consistent reporting on consultations, workforce activity, and programme participation.

Policy considerations

The ESRI identifies a series of policy implications arising from its findings:

1. Substantial expansion of training pipelines:

The report says that while GP training places have increased in recent years, the projected scale of demand raises questions about whether current expansion plans are sufficient. A long-term strategic workforce plan is required to align training output with projected need.

2. Enhanced roles for GPNs and practice staff:

The report suggests that broader deployment of GPNs, health assistants, practice managers, and allied health professionals could help absorb rising demand, particularly if GP consultation capacity becomes constrained.

3. Sustainability of expanded benefits:

The broadening of free GP care significantly increases workload. The sustainability of these benefits must be considered alongside workforce growth and practice capacity.

4. Chronic disease management in community care:

Given the scale of chronic disease, the ESRI highlights the need for resourcing and system design that supports stable, long-term management in primary care settings.

Responding to the report, Minister for Health Jennifer Carroll MacNeill TD says: "The report will make an important contribution to our work in increasing the supply of GPs, GP nurses, and other staff essential to general practice over the next 15 years. The report highlights the challenge we face in ensuring that our population continues to have access to quality GP services."

"The ongoing Strategic Review of General Practice, due to complete its work this year, will outline new ways to ensure we have the capacity to provide essential GP services."

Workforce implications

General practitioners (GPs)

- 2023 GP headcount: 3,928
- Additional GPs required by 2040: 943-1,211
- Workforce increase needed: 24-31 per cent

General practice nurses (GPNs)

- 2023 GPN headcount: 2,288
- Additional GPNs required by 2040: 761-868
- Workforce increase needed: 33-38 per cent



Praxis Care sets out strategy to 2030

L-R: Amanda Grey, Director of Care and Development for Republic of Ireland and Great Britain; David Walsh, Director of Finance and Corporate Services; Sara Mooney, Director of HR and Corporate Services; Carol Breen, Chief Executive Officer; Greer Wilson, Director of Care and Development for Northern Ireland and Isle of Man; and Emer Hopkins, Director of Quality and Governance.

Praxis Care has unveiled its strategy to 2030 for the Republic of Ireland, outlining a bold roadmap to expand residential, respite, and day services, invest in its workforce, and elevate standards in response to rising demand for disability support. As a registered Section 39 charity, Praxis Care is dedicated to providing high-quality, person-centred care, ensuring that individuals and families can access the support they need to live with dignity, independence, and opportunity.

A critical moment

Latest data from the National Ability Supports System (NASS) shows a significant rise in the number of people availing of disability services in Ireland. Between 2023 and 2024, registrations jumped by over 4,600, a 13 per cent year-on-year increase.

Prevalence estimates suggest autism among children has risen from around 1.5 per cent to as high as 5 per cent in less than a decade, placing additional pressure on specialist education, therapy, and support services.

This growth places pressure on services that are already stretched. Current estimates indicate that over 3,200 additional people will require day services in 2025, while at least 2,053 new residential placements and 1,300 overnight respite beds will be needed. Forecasts from the Department of Health's Disability Capacity Review to 2032 highlight an ageing population as a key driver of increased need, particularly adults aged 55 and over, and warn of a "substantial backlog of need" in disability services.

Praxis Care is responding at scale. With decades of experience supporting adults and children with

disabilities, the organisation is uniquely positioned to expand essential services while aligning with government priorities and sector planning.

Transformation

Praxis Care's strategy to 2030 is anchored in a clear vision: a society where every person supported can live independently, with dignity, purpose, and meaningful community connections.

"Our mission is simple," says Carol Breen, Chief Executive of Praxis Care. "We provide personalised, compassionate support that empowers people to live fulfilling and meaningful lives. This strategy is our blueprint for delivering that mission at scale, expanding services, raising standards, and creating a sustainable model of care for the decade ahead."

Praxis Care's core values of integrity, respect, ambition, care, and innovation guide every decision, ensuring growth and expansion remain person-centred.

Strategic priorities

Ireland's rising demand for care services requires bold, targeted action. Praxis Care's strategy to 2030

is built around three strategic priorities; each designed to tackle these challenges head-on: empowering people, elevating standards, and enhancing efficiency. Together, they provide a clear roadmap for delivering high-quality, person-centred care, strengthening the workforce, and ensuring sustainable, long-term impact across the region.

Empowering people

People lie at the centre of Praxis Care's strategy. Services will be co-produced with individuals and families, tailored to meet their unique needs. Workforce investment is central: enhanced learning and development, career pathways, and staff wellbeing programmes will equip staff to deliver the high-quality care the Republic of Ireland urgently needs.

Elevating standards

Quality and accountability are non-negotiable. Praxis Care is embedding a culture of continuous improvement, strengthening governance, and modernising care environments. Success will be measured not just by outputs, but by meaningful improvements in independence, wellbeing, and inclusion for the people supported.

Enhancing efficiency

Sustainability underpins the strategy. Digital transformation, data-driven decision-making, and research-informed practice will enable services to be more responsive and efficient. Financial prudence ensures long-term resilience, while innovations in care delivery will influence sector-wide improvement.

Turning vision into reality

Praxis Care is already putting the strategy into action. This year, it opened new services across Navan, Dunboyne, Meath, and Donegal providing residential and day support for people with disabilities. Further expansions are planned for Louth, Cork, Mayo, and Meath.

These facilities exemplify the strategy in practice: personalised, community-based, and built around individual needs.

Further developments planned in 2026 will expand access to residential, supported living, and community-based

Impact you can see

1,200+ people supported across disability, mental health and autism

1,200 staff delivering high-quality, person-centred care

53 services operating across the Republic of Ireland, 136 across the Island of Ireland

£70 million annual turnover, underpinning sustainable, high-quality provision

New state-of-the-art supported living services already opened, with further developments planned across the region

Behind every number is a real story: Declan, a father of a 15-year-old son with autism and complex care needs, shares how Praxis Care's respite services have been life-changing for his family. Through personalised care, Alex has flourished in a structured and understanding environment, and Declan and his wife have found much-needed time to relax and recharge.

Declan says: "Praxis Care for me has been life-saving, because I did not realise how much damage I was doing to my mental health. It has given us a chance to breathe, to take care of ourselves, and to reconnect as a couple. We never thought we could take a proper break from caregiving, but now we can."

Read Declan's full story:



services, aligned with government commissioning priorities and evidence of rising need.

Driving this delivery is Praxis Care's new senior leadership team, featuring strong female representation. Their expertise, experience, and collaborative leadership signal a fresh chapter in the organisation's growth and reflect the strategy's values of innovation and inclusion.

Collaboration

Praxis Care recognises that no single organisation can meet these challenges alone. Success requires partnership with government, the Health Service Executive, housing bodies, and the voluntary sector.

Breen says: "The challenges are significant, but so is the opportunity. With the right investment and collaboration, we can support a social care system that delivers dignity, independence, and opportunity for every individual."

Towards 2030

Ireland's disability services are at a critical juncture. Rising demand, demographic change, and long-standing service backlogs require immediate, coordinated action. Praxis Care's strategy to 2030 offers a clear, values-driven roadmap: scaling services, uplifting standards, and embedding efficiency and innovation.

With a committed workforce, an empowered leadership team, and a plan rooted in evidence and impact, Praxis Care is ready to lead the way; ensuring that by 2030, people across Ireland can live empowered, independent, and fulfilling lives.

Explore the strategy:
www.praxiscare.org/strategy-to-2030

W: www.praxiscare.org
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Towards Ireland's next suicide prevention strategy

Ireland's next national suicide reduction strategy must put service integration, accessibility, and consistent quality of care at its centre, according to a consultation report published by the Department of Health.

The public consultation report, prepared to inform the Government's next suicide prevention strategy, asserts that there is widespread support for a "proactive" and "coordinated" approach by government. 85 per cent of survey participants state that suicide reduction should be a high national priority.

The top-ranked recommendation (selected by 33 per cent) is to improve access to services and join them up more effectively; in second place came safer, higher-quality services.

Beyond this, respondents identified five overarching policy priorities:

1. establishing accessible, high-quality care, particularly community-based options outside of hospitals;
2. a need for systemic reform and better integration so that care pathways communicate across sectors;

3. tailored interventions for groups at elevated risk, including Travellers, LGBTQ+ people, neuro-divergent individuals, and people bereaved by suicide;
4. stigma reduction via education; and
5. addressing upstream social determinants as part of a suicide-prevention strategy.

The consultation report also emphasises the role of lived experience expertise in designing and governing services. Respondents consistently call for people with direct experience of suicidality, self-harm, or bereavement to be embedded in all parts of policy formation and service delivery.

Context

Suicide remains a significant public health challenge in Ireland. The age-standardised suicide rate fell from 12.9 per 100,000 in 2000 to 9.2 per 100,000

by 2021, a reduction of nearly 28 per cent. Preliminary data suggests a rate of about 8.6 per 100,000 in 2022. For comparison, recent data from England and Wales shows a suicide rate of approximately 11.4 per 100,000, indicating that while Ireland's rate is improving, there is still considerable ground to cover.

Ireland's existing national framework, *Connecting for Life*, has delivered many gains; however, the public consultation responses suggest that the upcoming strategy must go further. Specifically, many respondents want more emphasis on prevention in community settings, and less reliance on hospital-centric or crisis-only models.

If you have been affected by suicide or distress, Samaritans Ireland can be contacted at +353 1 671 0071