The State of Education and Training in Integrated Care in Ireland

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Country context

Census of Population 2022[1] – Summary Results – key points

1. Irish population is increasing. It is the first time in 171 years that **Ireland's population exceeded the five million threshold**. There were 5,149,139 people in the State on Sunday, 03 April 2022, an 8% increase since April 2016.
2. The **average age of the population increased** from 37.4 in 2016 to 38.8 in 2022.
3. The population includes 2,544,549 males and 2,604,590 females.
4. The number of people with **dual Irish citizenship** was 170,597 which represents a 63% increase from 2016.
5. There was a **drop** from 87% to 83% in the proportion of people who reported their health was good or very good since 2016. In 2022, 52% of people aged 35 to 39 reported very good health, compared with 61% in 2016. In contrast, there was a small increase in the proportion of people aged 75 and over reporting very good health in 2022 compared with the previous census.
6. A total of 1,109,557 people reported experiencing **at least one long-lasting condition** or difficulty to any extent, accounting for 22% of the population. Of these, 407,342 (8% of the population) reported experiencing at least one long-lasting condition or difficulty to a great extent or a lot. A further 702,215 (14% of the population) reported a long-lasting condition or difficulty to some extent or a little. There were more females than males in each of these three categories.
7. **Carers: The number of unpaid carers increased by 53%** to over 299,000. Growth was also recorded in the number of hours of unpaid care provided each week, with the largest increase among persons providing care for 43 hours or more per week. People aged between 50 and 59 were the group most likely to be providing regular unpaid care.
8. 711,379 people reported that they regularly engaged in helping or **voluntary work** without pay in one or more of five different activities.
9. Approximately a third of all workers (747,961 people) **worked from home** for at least some part of their week.
10. Almost **80% of households had a broadband internet connection** in 2022, up from 71% in 2016.

The Healthy Ireland Survey: Population health[2]

The Healthy Ireland Survey is an annual survey conducted with a representative sample of individuals aged 15 and older living in Ireland, typically involving over 7,500 participants. The data collected from these surveys is crucial for informing policy development and implementation, as well as for monitoring, measuring, and evaluating the progress of various components of the Healthy Ireland Framework[3]. Additionally, the survey data supports Ireland in fulfilling international reporting obligations to organizations such as the OECD, the EU, and the WHO.
A representative sample of 7,455 people aged 15 and older living in Ireland were interviewed between November 2021 and July 2022. Topic included: General health, Smoking, Alcohol, Weight management, Health service utilisation, Dental and oral health, Skin protection, Menstrual health and period poverty, Suicide awareness, Impact of COVID-19 on health behaviours. Selected outcomes from each section are presented below:

- According to the survey, 31% of respondents reported having a long-standing illness or health problem lasting six months or more. Participants indicated whether they had been medically diagnosed with one or more of 25 common conditions. The most frequently reported conditions included high blood pressure (7%), diabetes (5%), arthritis (5%), asthma (4%), psychiatric diagnoses such as anxiety or depression (3%), and high cholesterol (3%).
- Among those aged 25-34, smoking is most prevalent, with 18% of the population identifying as smokers. This marks a decrease from 23% in 2015, reflecting a downward trend in smoking rates.
- In the survey, 67% of Irish respondents over the age of 15 reported consuming alcohol in the past six months. Among those who had consumed alcohol, 55% reported drinking at least once a week, while 32% stated they drank multiple times a week.
- The findings from this wave of the survey indicate that 41% of the population reported having a normal weight, 35% identified as overweight, and 21% reported being obese. Additionally, 2% of respondents indicated that they were underweight.
- In this wave of the survey, 71% of respondents reported visiting a GP in the previous 12 months, with an average of 3.8 visits per person among those aged 15 and older. This average includes individuals who had not visited a GP. Both the proportion of people visiting a GP and the average number of visits have increased compared to the 2021 survey, where 66% reported GP visits with an average of 3.3 visits per person. However, these figures are still lower than those recorded in 2019, when 73% had visited a GP, with an average of 4.5 visits per person.
- In the past 12 months, 13% of individuals aged 15 and older were admitted to a hospital as in-patients, a figure consistent with 2019 (12%). Older adults, particularly those aged 75 and above, were most likely to be admitted, with nearly 24% of this age group spending time in the hospital as in-patients during the same period. Additionally, 13% of all respondents aged 15 and older reported using an emergency department in a public hospital, while 3% used an emergency department in a private hospital. This represents an increase compared to the 2017 survey, where 10% used public emergency departments and 2% used private ones.
- In the survey, 81% of respondents reported having good dental health, with 34% rating it as very good and 47% as good. Only 3% described their dental health as bad, while the remaining 16% considered it average. These figures have remained largely consistent since the last measurement in 2018.
- According to the survey, 86% of respondents frequently use at least one form of sun protection during the summer months while in Ireland.
- The survey revealed that 24% of eligible respondents had experienced at least one issue indicative of period poverty.
- According to the survey, 67% of respondents reported knowing someone who had died by suicide, with 14% indicating that the person was someone close to them. Additionally, 6% of respondents stated that they had attempted to take their own life at some point in the past.

The Health System

The Health Service Executive (HSE), Ireland's publicly funded healthcare system, has been responsible for delivering health and personal social services since its establishment on January 1, 2005. Starting in February 2024, the HSE is implementing a major reorganisation into six new HSE Health Regions4. These regions are designed to ensure better alignment of hospital and community healthcare services based on local population needs, supporting the Sláintecare vision of an integrated health and social care service[5]. Sláintecare, a 10-year health reform plan, is reshaping healthcare delivery in Ireland by striving for equal access to services based on patient need rather than financial capability[5]. While the HSE Board continues to govern these regions, local decision-making and service planning will be empowered at the regional level.

The HSE Health Regions Implementation Plan[4] outlines clear objectives, key actions, and timelines with stakeholder engagement to guide the implementation process. In addition to facilitating the integration of community and acute care, the Health Regions aim to enhance local decision-making and promote service planning based on the needs of specific populations.

The Irish health service is undergoing significant reform to meet the evolving healthcare needs of its population. Primary care services are now organized into community healthcare networks, each serving approximately 50,000 people. Most chronic condition care is being delivered within these communities. The National Framework for the Integrated Prevention and Management of Chronic Disease (2020-2025)[6] outlines the strategy for reforming chronic disease management in Ireland. It introduces specialist ambulatory care hubs, which provide general practitioners with access to diagnostics, specialist services, and expert consultations directly within the community.

The National Service Plan[7]

The National Service Plan 2024 continues to advance the HSE's progress toward achieving universal healthcare, aligning with both government goals and the Sláintecare vision. By prioritising patient-centered care and enhancing primary and community health services, the Department of Health and the HSE are collaborating to implement new care models that enable individuals to maintain their health within their homes and communities for as long as possible. The overarching aim is to realise Sláintecare's goal of a universal health system that delivers appropriate care in the right place at the right time. The establishment of six new HSE Health Regions aligns with the Oireachtas Committee on the Future of Healthcare Sláintecare Report (2017)5 recommendations, which emphasize that regional bodies should oversee the planning and provision of integrated health and social care services. The National Service Plan outlines the health and social care services to be provided to the people of Ireland this year.

The government has allocated a budget of €23.5 billion to support this initiative, representing a 4.6% increase over the previous allocation. Of the total budget, €2.8 billion is provided by the Department of Children, Equality, Disability, Integration, and Youth for specialist disability services, while the remaining €20.7 billion is allocated by the Department of Health. This funding will support the addition of 683 new Whole Time Equivalent (WTE) staff for disability services and 2,268 WTEs for other health and social care services. The HSE's focus for 2024 is to improve access to urgent and emergency care; prioritise waiting lists; continue to enhance mental health and disability services and build on existing partnerships to develop and improve services.

Key Priorities for 2024

Hospitals

- The development and implementation of a three-year Urgent and Emergency Care (UEC) Plan (2024-2026)[8]
- Delivery of an additional 22 beds to bring total critical care capacity to 352 beds
- Completion of phase 1 of the development of major trauma centres
- Increasing activity targets in the areas of inpatient, day case, outpatient and GI scopes by 5% above the 2023 outturn.
- Addressing waiting lists and times. The multiannual Waiting List Action Plan[9] aims to reduce and reform waiting lists, spanning acute and community settings beyond urgent and emergency care.
- The plan for improving access to urgent and emergency care focuses on implementing the first-year commitments of the new multiannual Urgent and Emergency Care (UEC) Plan. This plan is centered on four key pillars: hospital avoidance, emergency operations, in-hospital operations, and discharge operations. In parallel, long-term initiatives will address essential needs such as increasing healthcare capacity, expanding the number of GPs providing care, and introducing key digital systems to support integrated care delivery.

Community

- The Enhanced Community Care (ECC) Programme[10] will continue its nationwide rollout, ensuring more people can access healthcare services within their local communities rather than relying on acute hospitals. Key measures include:
- Providing over 141,000 patient contacts through 28 Integrated Care Programme for Older Persons community specialist teams.
- Delivering over 228,000 patient contacts through 28 Integrated Care Programme for Chronic Disease community specialist teams.
- Completing up to 240,000 community radiology tests, alongside 161,000 tests across areas such as echocardiography, spirometry, and natriuretic peptide blood tests, totaling over 400,000 diagnostic tests.
- Additionally, through Older Persons' Services, 22 million home support hours will be provided to 54,100 individuals.

Mental Health

- The National Service Plan 2024 is dedicated to promoting the population's mental health, with a particular focus on early intervention for children, adolescents, and adults. Key priorities include enhancing early intervention for child and adolescent mental health services, improving early interventions in adult mental health care, and expanding access to person-centered mental health services. The targets for mental health services in 2024 surpass those set for 2023, with the goal for the number of children and adolescents seen in 2024 being 25% higher than the 2023 figures.

Disability

- The National Service Plan 2024 continues its collaboration with patients and service users to further develop resilient and responsive health and social care services that meet the needs of those they serve. An extensive and ambitious programme is underway to improve timely access to various services, including day care, respite, multidisciplinary care, residential services, home support, neurorehabilitation, and personal assistance services. Additionally, there will be a strategic focus this year on targeted recruitment and retention efforts for the workforce in disability services, addressing a critical need in this sector.

Education and training focused on integrated care

Universities in Ireland are accredited and provide under and postgraduate training for registered health and social care professionals. The Nursing and Midwifery Board of Ireland approves education programmes for nurses and midwives. The Higher Education Authority has a statutory responsibility for the effective governance and regulation of the higher education system. The Higher Education Authority is the statutory agency responsible for the allocation of exchequer funding to the universities, institutes of technology, and other higher education institutions. The Medical Council regulates medical doctors in Ireland. CORU - Regulating Health & Social Care Professionals body mandates the registration for Dietitians, Occupational Therapists, Medical Scientists, Radiographers and Radiation Therapists, Social Care Workers, Social Workers, Speech and Language Therapists, Optometrists and Dispensing Opticians, Physiotherapists, Podiatrists/ Chiropodists.

In the future CORU will also regulate: Clinical Biochemists, Counsellors and Psychotherapists, Orthoptists. Psychologists. Registration is a system in which each professional is formally recognized by a designated body as competent to practice within their field under a legal framework. Unlike voluntary registration systems, this is a legally mandated process, meaning that all individuals who wish to practice must be registered. Those who practice without registration can face legal prosecution.

In 2023, the government announced a major expansion in third-level education for key healthcare and therapy fields[11]. Starting in September 2023, this expansion includes:

- An increase of 100 undergraduate places in key therapy areas, with 50 of these places available in Northern Ireland.
- The launch of Post-Leaving Cert courses to train speech and language therapist assistants across five Education and Training Boards, with an estimated 120 students expected to enrol.
- The provision of 665 additional places in fields such as medicine, nursing, pharmacy, and other essential healthcare courses, including 200 nursing places in Northern Ireland.

Additionally, 415 new places will be created in higher education institutions within the State, distributed as follows: Clinical Measurement Science (32 places), Medical Science (20 places), Medicine (60 places), Nursing and Midwifery (208 places), Occupational Therapy (24 places), Radiation Therapy (5 places), and Speech & Language Therapy (20 places).

Moderators of education and training evolution in Ireland

National level

In the Republic of Ireland, the Department of Health is responsible for health policy development and the Health Service Executive has statutory responsibility for the management and delivery of health and personal social services[12].

- The mission of the Department of Health in Ireland is to enhance the health and wellbeing of the population by:
- Supporting individuals in leading healthy and independent lives
- Ensuring the provision of high-quality and safe health and social care services.
- Building a more responsive, integrated, and person-centered health and social care system
- Promoting efficient and effective management of health and social care services while ensuring optimal use of health system resources[13].

Undergraduate studies (medicine, nursing, AHP)

- Many courses emphasize person-centered approaches and multidisciplinary team (MDT) collaboration, yet few offer coursework dedicated specifically to integrated care. Opportunities for interprofessional learning and teaching are present, but placements often remain uni-disciplinary, limiting exposure to truly integrated care settings. New educational programs, including those at the undergraduate level, are being developed with a focus on digital health solutions.

Postgraduate studies

Postgraduate studies often emphasise clinical specialization, with relatively limited coursework specifically focused on integrated care, though new programs are being developed nationally. Interprofessional master's degrees, certificates, and diplomas are available, offering more opportunities in this area.

Examples include:

- Munster Technological University- Kerry, in collaboration with IFIC, offers the Principles of Integrated Care - Special Purpose Award (Level 9, 15 credits), which runs online each semester (commenced in January 2022). This is the first educational program designed to support new or existing staff in delivering integrated care.
- Trinity College Dublin offers the MSc in Health Policy and Management, a two-year program that includes a core module on Integrated Care Systems (10 credits).
- Trinity College Dublin also provides the MSc/Postgraduate Diploma in Specialist Nursing – Gerontological Nursing (a two-year program). In the first year, the program features a core module titled 'Principles of Integrated Care in Gerontological Nursing'.

Organisation level

Models of integrated care are expanding, with numerous local initiatives supporting integrated care across the country. However, the education system at the undergraduate level remains largely unchanged, with a stronger commitment to integrated care emerging at the postgraduate level. There are still few programs specifically focused on integrated care, particularly regarding its implementation.

Individual practitioner level

At the macro level, funding is no longer the primary issue; instead, the real challenge lies in accessing the necessary skills. According to Mr. Joe Ryan, National Director of Operational Performance and Integration at the HSE, "Last year we had the go-ahead to hire about 15,000 people, we managed to recruit about 5,500."14 Workforce shortages remain a significant concern. While Continuing Professional Development (CPD) is mandated by professional bodies, there is no specific requirement for training in integrated care. Some roles, such as Clinical Specialist (Allied Health Professionals), include dedicated time for research and education. The HSE offers funding for education and upskilling, particularly for healthcare professionals working in integrated care teams, and funded PhD opportunities in practice-based research in IC are beginning to emerge. A lack of integrated digital healthcare records is seen as a significant barrier to the development and application of integrated care.

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About the International Foundation for Integrated Care (IFIC)

The International Foundation for Integrated Care (IFIC) is a not-for-profit foundation dedicated to improving the lives of people and communities by advancing the science, knowledge, and adoption of integrated care around the world.

Our vision is that individuals, families, and communities benefit from person-centred, coordinated care and support that enables them to live healthy and fulfilling lives. We work to overcome the fragmentation in health and care systems by promoting models of care that are holistic, co-produced, continuous, coordinated, equitable, and sustainable.

As the leading international voice for integrated care, IFIC brings together researchers, health and care professionals, policymakers and people, families and communities. We provide a unique platform for collaboration, knowledge exchange, and innovation to drive system change.

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- **International conferences and regional networks** – connecting people and ideas across sectors and borders
- **The Integrated Care Academy** – offering education and training to develop the workforce needed for transformation
- **Applied research and implementation support** – bridging policy and practice to build more effective and sustainable care systems
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