HSE | NDTP NATIONAL DOCTORS TRAINING & PLANNING

Expert Stakeholder Informed Workforce Review of the Specialty of Occupational Medicine 2025-2038

HSE
National Doctors Training & Planning

Trinity College Dublin
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FACULTY OF OCCUPATIONAL MEDICINE
ROYAL COLLEGE OF PHYSICIANS OF IRELAND

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Foreword

I am pleased to introduce this workforce planning report for Occupational Medicine, prepared by HSE National Doctors Training and Planning in collaboration with HSE Workplace Health and Wellbeing and the Faculty of Occupational Medicine at the Royal College of Physicians of Ireland. Occupational Medicine is an increasingly important specialty within the Irish healthcare system and plays a central role in supporting the health, safety and wellbeing of the working population. As workforce participation continues to increase, and as more people remain in employment later in life, demand for occupational health services is expected to grow significantly over the coming years. This is occurring in the context of an ageing specialist workforce and increasing complexity in the health needs of employees across both public and private sectors.

This report provides an evidence-informed assessment of the future demand for specialists in Occupational Medicine in Ireland over the period 2025–2038. The findings indicate that the current workforce and training pipeline will not be sufficient to meet projected demand. Depending on future models of service delivery, the report projects a requirement for between 144 and 215 Whole Time Equivalent specialists in Occupational Medicine by 2038. Achieving this level of workforce capacity will require sustained expansion of Higher Specialist Training intake alongside additional recruitment from outside the Irish training system.

The report highlights the importance of increasing training capacity in a planned and sustainable manner to support future service requirements and improve access to occupational health services across the workforce. It also reflects the broader strategic objective of strengthening specialist-delivered care and ensuring that workforce planning aligns with population needs, evolving workplace health demands and wider health service priorities.

The recommendations outlined in this report are intended to support future workforce planning, service development and policy considerations within Occupational Medicine. Given the pace of change across healthcare delivery, labour force participation and workplace health needs, it will be important that these projections and recommendations are reviewed within the next three to five years to ensure they remain aligned with developments in the specialty and the wider working population.

I would like to acknowledge the contribution of colleagues in HSE Workplace Health and Wellbeing, the RCPI's Faculty of Occupational Medicine, TCD's Centre for Health Policy and Management and all stakeholders who contributed their expertise and advice during the development of this report.

Professor Anthony O'Regan

Medical Director
HSE National Doctors Training and Planning

Executive Summary

The aim of this report is to outline expert-informed future demand for specialists in Occupational Medicine in Ireland and to make recommendations on the required annual Higher Specialist Training (HST) programme intake to meet that demand over the period 2025–2038.

Supply and demand projections are derived using a stepwise workforce planning methodological framework (HSE, 2016) and involved collaborative engagement with HSE Workplace Health and Wellbeing and the Faculty of Occupational Medicine in the Royal College of Physicians of Ireland. Both public and private sector service provision was considered, reflecting the cross-sectoral nature of the specialty.

Data used to inform the baseline Occupational Medicine workforce was derived from Medical Council registration data and where appropriate, validated against data from the HSE Health Service Personnel Census (IMC, 2025, HSE, 2024). As of 2024, there were 76 specialists in Occupational Medicine in Ireland, with a total of 113 doctors delivering Occupational Medicine services, a proportion of whom were General Practitioners. Specialists worked at an estimated Whole Time Equivalent (WTE) rate of 88%. Approximately 58% of specialists are aged over 50 years, indicating a significant proportion of the workforce is likely to retire within the projection period. The workforce is broadly distributed across public and private service provision, with a notable proportion engaged in dual practice.

Demand for Occupational Medicine specialists was informed by a range of structural and demographic factors, including labour force growth, workforce ageing and related increasing prevalence of chronic disease. International benchmarking was considered and an assumption of expansion toward universal access to occupational health services was recommended.

Two demand workforce projection scenarios were developed to reflect both labour force population-level demand and expansion of access to occupational health services across the workforce. These scenarios are as follows:

- Scenario 1: Assumed all occupational health services are delivered by specialists in Occupational Medicine. Demand for Occupational Medicine specialists under this scenario is approximately 220 WTE by 2038

- Scenario 2: Assumed a continued contribution from other specialist providers, primarily General Practitioners. Demand for Occupational Medicine specialists under this scenario is approximately 148 WTE by 2038

The results of workforce projection modelling to meet future demand indicated a requirement to increase the HST intake in to Occupational Medicine training by 1 per year to approximately 9 trainees by 2028. In order to meet workforce demand as per Scenarios 1 and 2, additional recruitment from outside the training pipeline will be needed.

Annual training and workforce recommendations are outlined within this report. Ongoing monitoring of recruitment, retention, and workforce participation will be required to ensure that workforce development remains aligned with demand at both national and regional levels. A review and update of the recommendations outlined herein should be undertaken within the next 3 to 5 years.

Introduction

This report focuses specifically on the projected demand and supply of Occupational Medicine specialists in Ireland over the period 2025 to 2038, with the objective of informing sustainable workforce development and ensuring alignment between training output and future service needs. It has been developed through collaboration between HSE National Doctors Training and Planning (NDTP), HSE Workplace Health and Wellbeing (WHWU), the Faculty of Occupational Medicine within the Royal College of Physicians in Ireland (RCPI) with support from the Centre for Health Policy and Management in Trinity College Dublin.

Stakeholder engagement was important in establishing agreed assumptions regarding current workforce capacity, future demand drivers, and training pipeline requirements. An outline of stakeholder responsibilities in the context of medical workforce planning is outlined below:

HSE National Doctors Training & Planning and Occupational Medicine Workforce Planning

The HSE NDTP Unit, operating within the HSE Office of the Chief Clinical Officer, has statutory responsibility related to medical education and training, medical workforce planning, and the consultant post approval process.

Within this remit, NDTP is responsible for ensuring that the Irish health service is supported by an adequate number of appropriately trained specialist doctors who possess the competencies required to deliver safe, high-quality, and responsive care. This includes ensuring that workforce planning aligns with evolving models of healthcare delivery, population health needs, workforce participation trends, and national policy priorities.

NDTP makes recommendations annually on training intake numbers across specialties, including Occupational Medicine. Recommendations are based on expert-informed projections of future specialist and consultant demand. These recommendations directly inform the annual postgraduate training intake numbers, ensuring capacity is aligned with anticipated service requirements over the medium to long term, ensuring that training capacity is aligned with anticipated service requirements over the medium to long term.

Workplace Health and Wellbeing Unit, Health Service Executive

The HSE's WHWU is a national office, based within the organisation's Human Resources Division. The remit of WHWU is to provide governance, oversight and co-ordination of the following:

- Provision of services to prevent staff becoming ill or injured at work - this is led through the Occupational Health Services and the National Health and Safety Function.
- Active promotion of Staff Health Services and Human Resources portfolios.
- Maximising of staff access to timely rehabilitation services through Occupational Health Services and Human Resources portfolios and internal and external rehabilitation services.
- Provision of counselling and psychosocial supports for staff through the Employee Assistance Programme
- Provision of advice and support on the proactive management of work-related stress and other complex organisational, psychological factors that can arise in the workplace

WHWU facilitates the management of Occupational Medicine Higher Specialist Training (HST) placements for the RCPI. Placements in HSE sites that are supported by HSE Occupational Health Physicians. In addition, trainees complete a number of external placements which are supported by the HSE through secondment agreements thus enabling the trainees to hold a HSE contract for the duration of their time on the training scheme.

Faculty of Occupational Medicine, Royal College of Physicians of Ireland

The Faculty of Occupational Medicine (RCPI) is Ireland's national professional and training body for Occupational Medicine. Established in 1976, the Faculty of Occupational Medicine at RCPI is the authoritative body for consultation in matters of education or public interest concerning Occupational Medicine. It is accredited by the Medical Council of Ireland and fulfils a wide range of complex functions including:

- Development and delivery of postgraduate specialist training in Occupational Medicine in Ireland.
- Setting & overseeing postgraduate Occupational Medicine examinations. of the national Occupational Medicine professional competence accreditation scheme.
- Management of the national Occupational Medicine professional competence accreditation scheme
- Supporting the maintenance of professional standards for doctors working in the field.

1.1. Aims and Objectives

The aims of this Occupational Medicine workforce review are as follows:

- To estimate future demand for Occupational Medicine specialists in Ireland across both public and private sectors over the period 2025–2038.
- To determine the required annual HST intake number necessary to meet projected demand for specialists.
- To support strategic and regional workforce planning, taking into account evolving service delivery models and population health needs.
- To provide an evidence base to inform policy development in workplace health and wellbeing and occupational health service provision.

Given uncertainties in future service configuration, regulatory developments, and employer demand, workforce projections presented in this report should be considered indicative. A review of recommendations is expected within a 3–5 year timeframe to ensure continued alignment with health system priorities and labour market dynamics.

The recommendations arising from this report are stakeholder-informed and intended to guide workforce planning, training capacity, and policy development. Implementation of these recommendations will depend on factors including funding, training capacity and infrastructure, service configuration, and the availability of suitably qualified candidates.

1.2. Principles Underpinning Medical Workforce Planning

Medical workforce planning in NDTP is broadly based on the following principles:

- Workforce planning should align with relevant Government policy
- The Irish health service should be self-sufficient in producing medical graduates, consistent with the WHO Global Code on the International Recruitment of Healthcare Professionals (WHO, 2010).
- More patient/client care should be consultant/specialist-delivered, and more care should occur close to home and in community settings.
- Workforce recommendations apply across the entire population and encompass both HSE-funded and non-HSE-funded (private) services.
- Recommendations should incorporate future population health needs, including demographic ageing, epidemiological trends, Models of Care (MoCs), and evolving clinical and therapeutic innovations.
- Training capacity should match recommended training numbers.

2. Methodology

A multi-method approach to workforce planning was used to include:

1. A review of Occupational Medicine service delivery in Ireland.

2. A quantitative review of the Occupational Medicine workforce across public and private sectors to establish the baseline current workforce and related demographic variables.

3. A review of the drivers of change to the specialty in the future.

4. Stakeholder consultation to establish expert-informed baseline assumptions to be used in projection modelling.

5. Quantitative simulation modelling of supply and demand statistics to establish the recommended annual increase in the supply of the specialist and trainee workforce numbers to meet the demand for specialists by 2038.

2.1. Data and Limitations

Data from the Medical Council's Annual Registration and Retention data set (2025) was used in supply modelling. The DIME database includes data on specialist and NCHD demographics. The data comes directly from Postgraduate Medical Training Bodies, the Medical Council of Ireland, and clinical sites employing doctors in the public system.

2.2 Modelling

Projection modelling of supply and demand was carried out using an extended version of a statistical simulation model originally developed by FÁS and the Expert Group on Future Skills Needs (Behan et al, 2009). The model uses a stock-flow analysis of doctors progressing through Occupational Medicine training and entering specialist posts. Entrants and exits are modelled annually based on assumptions related to age, gender, part-time work, attrition, time lags from CSCST attainment to entering the workforce and recruitment. These assumptions were developed through analysis of Medical Council data and stakeholder engagement.

Estimating future specialist demand required extensive engagement with speciality stakeholders. Demand estimates consider population growth, demographic ageing, labour force participation projections and international workforce and service delivery benchmarks.

3. Overview of the Specialty of Occupational Medicine

An Occupational Medicine Specialist is a medical specialist trained to deal with the impact of health on work, the effect of work on health, prevention of occupational injury and disease and the promotion of health, safety, and welfare in the work environment. In Ireland, the Faculty of Occupational Medicine of the RCPI defines the role as encompassing the prevention, diagnosis, and management of occupational diseases, alongside the promotion of health in working populations (RCPI, 2022).

Unlike many hospital-based specialties, Occupational Medicine services are delivered across a diverse range of settings, including healthcare organisations, large employers, regulatory agencies, and independent practice. As such, workforce planning must account for both public and private sector demand, as well as evolving service models that emphasise prevention, early intervention, and workforce retention.

Current legislation does not specifically require Irish employers to provide an occupational health or occupational medical service. However, employers are legally obliged to carry out risk assessments and to put in place appropriate control measures based on the risks identified. There is also no statutory requirement for doctors practising Occupational Medicine to hold formal specialist qualifications in the field. As a result, occupational health services in Ireland are mainly delivered by a mix of specialist Occupational Medicine physicians and General Practitioners (GPs) with experience or a special interest in Occupational Medicine.

In 2019, an RCPI expert advisory group published a preferred MoC for Occupational Medicine in Ireland, which described three main systems through which occupational health services are delivered:

1. In-company model (internal service): The occupational health physician is employed by, or contracted directly to, the organisation receiving the service and is usually based on the company's premises.

2. Private health provider model (external service): Services are delivered by a private provider or group of occupational health physicians, typically from the provider's own premises.

3. Primary care model (external service): Occupational Medicine services are provided by GPs within their primary care practices (Drummond and Ibrahim, 2019).

Independent Specialist Occupational Medical Services also exist within the public health system by accredited specialists. These services operate locally, whether under the direction of the HSE Workplace Health and Wellbeing Unit or under the relevant employer (Section 38, 39). Similar arrangements also exist within major public organisations, including An Garda Síochána, the Civil Service, and Córas Iompair Éireann (CIÉ).

According to the preferred MoC for Ireland (Drummin et al 2019), the main functions of Occupational Medicine in Ireland cover prevention, intervention, and rehabilitation throughout an employee's working life. Common activities include:

- Pre-employment health assessments
- Fitness-for-work evaluations
- Health surveillance and periodic medical assessments
- Fitness-for-duty assessments for safety-critical tasks
- Occupational vaccination programmes
- Consultations between Chief Medical Officers and key stakeholders such as human resources, health and safety, and senior management

Occupational Medicine specialists also contribute to promoting health and wellbeing at work, providing training and advice, and supporting employers in meeting legal and safety obligations, including during regulatory or legal proceedings.

4. Occupational Medicine Training Pathway in Ireland

In Ireland, the training pathway for Occupational Medicine specialists is overseen by the RCPI through the Faculty of Occupational Medicine.

Entry to HST in Occupational Medicine requires completion of Basic Specialist Training (BST) in General Internal Medicine and attainment of Membership of the RCPI (MRCPI), or alternatively, Membership of the Irish College of General Practitioners (MICGP), or an equivalent international qualification (RCPI, 2022).

The HST programme is completed over 4 years. Trainees currently rotate, on an annual basis, through a selection of approved training posts across Ireland in order to gain the necessary specialist training in Occupational Medicine.

A minimum of 18 months must be spent in industrial settings such as heavy and light manufacturing, engineering, electronics, pharmaceuticals, chemicals, and transport. At least 12 months must be completed in the service sector, which includes healthcare, finance, insurance, and office environments. Trainees currently complete at least one year in the health service as part of their service sector component.

The four year HST programme may include up to one year of out-of-programme experience (OCPE). All applications must be made prospectively and approved by the training body. OCPE cannot be taken until year three of the programme. Examples of OCPE would include a specialist training opportunity (for example a clinical fellowship) in Ireland or abroad, dedicated research post approved or a suitable academic post.

Since 2023, the HST curriculum has adopted an outcome-based structure centred on six key training domains:

- Assessment and management of hazards to health
- Toxicology and biological hazards
- Management and leadership
- Ergonomics, health promotion, and organisational psychology
- Research and evidence-based practice
- Occupational Medicine law and ethics

Each domain includes defined learning outcomes and competency targets, alongside requirements for core professional and clinical skills.

As with all curricula, this document remains subject to ongoing review and refinement. A further revision of the curriculum will be undertaken during 2026, informed by the experience of its initial implementation. The updated curriculum will take effect from July 2027, before the first cohort to train under the OBE model completes the programme.

For a Trainee to be awarded a Certificate of Satisfactory Completion of Specialist Training (CSCST) they are required to:

- Complete the full duration of the programme in HST posts as allocated by the Training Body that are approved for HST and have been awarded training credit through the annual evaluation process
- Achieve all outcomes as set out in the occupational medicine curriculum
- Complete the Licentiate (LFOM) and Membership of the Faculty of Occupational Medicine (MFOM) examinations
- Attend relevant study days
- Attend the Taught Programme and mandatory courses listed in the occupational medicine specialty curriculum
- Maintain an up-to-date and correctly completed ePortfolio as evidence of satisfactory completion of training
- Attend and satisfactorily pass annual evaluations

For a Trainee to attain specialist registration in Occupational Medicine with the Irish Medical Council, they must hold a CSCST.

5. Occupational Medicine Workforce in Ireland

In 2024 there were a total of 113 specialist registered doctors working in the specialty of Occupational Medicine and delivering the service across both the public and private employment sectors. Of these specialists, 76 had a specialist qualification in Occupational Medicine (IMC, 2025). The majority of the additional 37 specialists working in the area of Occupational Medicine (95%) were General Practitioners with the remaining 5% being specialists in General Medicine and General Surgery.

Of the 76 Specialists in Occupational Medicine, 53% are female and 58% are over 50 years old and expected to retire in the next 15 years. Overall, specialists are estimated to work at a WTE rate of approximately 88%. In the HSE this rate is approximately 94% (HSE, 2025). See Tables 1 and 2 below.

It should be noted that the focus of this report is on specialists in Occupational Medicine rather than all registered specialists delivering Occupational Medicine services. In 2024 there was a fairly even distribution of specialists working across both the public and private sectors.

Table 1 Specialists Working in Occupational Medicine in 2024 (IMC, 2025)

Area of Service	Registered Specialists in Occupational Medicine, delivering Occupational Medicine Services	All Registered Specialists delivering Occupational Medicine Services
Public only	27	42
Private only	24	40
Both	21	23
Total	72	105
N/A or Missing	4	8
Total	**76**	**113**

Table 2 Demographic Breakdown of Registered Specialists in Occupational Medicine Delivering Occupational Medicine Services in 2024 (IMC, 2025)

	Headcount	WTE	WTE Rate	% Female	% 50 yrs +
Specialists in Occupational Medicine	76	70	88%*	53%	58%

6. Drivers of Demand for Occupational Medicine Specialists

6.1 Demographic Change in the Profile of the Workforce

The main drivers of demand for Occupational Medicine specialists in to the future include the increase in workforce participation and the ageing of the workforce, with more people expected to work beyond 65 years. Under the M2 CSO population projections scenario (CSO, 2024), the workforce is expected to increase by approximately 1.2% per year from 2.8 million in 2025 to approximately 3.2 million in 2038 (CSO, 2024). Projected workforce growth is outlined in Table 3 below.

Table 3 Projected Number of Employees in the Labour Force by 2038

Variable	2025	2027	2032	2037	2038
National Labour Force	2,810,000	2,930,300	3,085,800	3,182,100	3,220,285

The projected labour force is also expected to see a rise in participation of workers aged 60 years and over, driven mainly by the increase in retirement age. At the time of Census 2022, 10% of the labour force consisted of people aged over 60. Under the M2 scenario it is projected that 13.2% of the labour force will be aged 60 years and over by 2037 (CSO, 2024).

6.2 International Benchmarks and Recommendations

European Agency for Safety and Health at Work

In 2025, a draft discussion paper from the European Agency for Safety and Health at Work (EU-OSHA) was prepared with a view to providing high-quality data to researchers and policymakers to better understand how to support and promote occupational safety and health and to develop better informed and effective policies. Within this paper, the ratios of Occupational Medicine specialists to the working population across EU and associated countries were analysed. The average ratio of Occupational Medicine specialists to the workforce across countries studied was approximately 1 specialist per 14,500 workers. Ratios vary widely, from 1:1,000 in Finland (where occupational health service access is statutory) to 1:28,000. Countries with universal or statutory occupational health service access (e.g., Finland, Italy, Spain) have significantly higher specialist-to-worker ratios. The majority of EU countries report a shortage of Occupational Medicine specialists, regardless of system model (EU-OSHA unpublished, 2025). Further to this, a paper by Krakov (2023) inferred that across EU countries the ratio of occupational health physicians to workers ranged from 1:1,000-1:15,000, to 1:28,000.

World Health Organisation Framework

The WHO Global Strategy on Occupational Health for All (1996) and the WHO Global Plan of Action on Workers' Health (2007) affirm that every worker has the right to the highest attainable standard of health. Member states are encouraged to expand and strengthen occupational health systems, aiming for universal access to basic occupational health services for all workers.

6.3 Universal Access to Occupational Health Services

The RCPI Faculty of Occupational Medicine support the development of universal access to Occupational Health services i.e. for all employees. This is aligned with WHO policy recommendations outlined above.

According to the Faculty of Occupational Medicine in the RCPI, approximately one third of workers in Ireland currently have access to services. These are delivered by 76 specialists in Occupational Medicine and 37 other specialists, the majority of whom are GPs (IMC, 2025). Those with access are mainly employees of the public service and larger corporations. The remaining two thirds of the labour force are employed in micro, small and medium enterprises and tend not to have free (organisational) access these services, likely due to a combination of administrative, logistical and cost constraints.

7. Projecting Supply and Demand

7.1 Projecting Demand

Projected demand for specialists and trainees in Occupational Medicine is stakeholder informed and based on the premise that by 2038 all employees in Ireland should have access to occupational health services. Two scenarios are presented below to determine the future demand for specialists, based on whether the medical workforce delivering those services will be registered specialists in Occupational Medicine or whether the current proportion of GPs delivering these services will be maintained.

The two scenarios proposed are as follows:

Scenario 1. Universal access for all employees to occupational health services delivered by Occupational Medicine specialists.

In line with international benchmarks as well as recommendations of the WHO and the RCPI, this equates to 1 specialist for every 15,000 employees. This scenario infers a demand for approximately 215 WTE specialists in Occupational Medicine by 2038. Stakeholder consultation inferred that a ratio of 1:15,000 is the outer limit of what is deemed an acceptable number of Occupational Medicine specialists to ensure appropriate levels of service.

Scenario 2. Universal access for all employees to occupational health services delivered by both Occupational Medicine specialists and GPs.

In line with international benchmarks as well as recommendations of the WHO and the RCPI, this equates to 1 specialist for every 15,000 employees. However, in this scenario 67% of the workforce are specialists in Occupational Medicine while the remaining 33% are GPs, as per the current system of service delivery. This scenario infers a demand for approximately 144 WTE specialists in Occupational Medicine by 2038. Table 4 below outlines the growth in the labour force and the demand for specialists as per scenarios 1 and 2 above. The assumptions underpinning scenario demand modelling are outlined in Table 5 below. It was noted through stakeholder engagement that, given the evolving manpower crisis in GP, it should not be assumed that that sector will be in a position to continue to deliver the same proportion of occupational health service as it currently delivers.

Table 4 Scenario Based Demand Estimates

Variable	2025	2027	2032	2037	2038
National Labour force (CS0, 2024)	2,810,000	2,930,300	3,085,800	3,182,100	3,220,285
Scenario 1	187	195	206	212	215
Scenario 2	126	131	138	142	144

7.2 Projecting Supply

In order to determine the appropriate supply of specialists required to meet demand, a stock-flow analysis was used. Entrants into and exits from the trainee and specialist workforce were modelled on an annual basis according to assumptions on gender, age, Less Than Full Time (LTFT) working patterns, attrition, and recruitment. These assumptions were arrived at through demographic data analysis and stakeholder engagement and are summarised in Table 5.

Table 5 Projection Modelling Assumptions

WTE Rate - 88%
Retirement age approx. 64 years.
Attrition post-CSCST of 20%.
Graduates joining the workforce no more than 1 year post-CSCST.
Exits for reasons other than retirement. 0.5% males 1% females
Training recommendations are practically aligned with achievable training capacity within the system.

7.3 Demand – Supply Analysis

In order to analyse the required supply to meet future workforce demand over a 15 year projection period a simulation modelling approach was used, based on the statistical simulation model developed by FÁS (now Solas) and The Expert Group on Future Skills Needs (Behan et al, 2009).

Results of modelling for both Scenario 1 and Scenario 2 are outlined in Tables 6 and 7 below and can be interpreted as follows:

- Required employment represents the annual increase in consultants to meet demand by 2038.
- Expansion demand represents the number of additional consultants required annually to bring the workforce in line with the demand estimate by the end of the projection period.
- Replacement demand represents the number of consultants exiting the workforce due to retirement, and for other reasons e.g. for family and health reasons among other things.
- Recruitment requirement represents the total number of consultants required as per expansion demand and replacement demand.
- Irish CSCST graduate supply represents those expected to complete specialist training and enter the workforce.
- Non-Irish trained graduate supply represents the number of specialists required to meet demand from outside of the training programme.
- Total employed year end includes the number of specialists in the workforce at the end of the year when both exits and entrants have been accounted for.

Table 6 Scenario 1. All Specialists Providing Occupational Medicine Services are Specialists in Occupational Medicine

Combined Model	Dec 25	Dec 26	Dec 27	Dec 28	Dec 29	Dec 30	Dec 31	Dec 32	Dec 33	Dec 34	Dec 35	Dec 36	Dec 37	Dec 38	Total
Workforce employed year opening	69.9	70	76.2	84.2	94.1	104.2	113.6	124.4	134.2	146.4	158.2	171.6	185.7	201.2	215.5
Expansion demand	0.1	6.2	8	9.9	10.1	9.4	10.8	9.8	12.2	11.8	13.4	14.1	15.5	14.3	145.6
Replacement demand	4.8	3.1	2.2	4.1	2.4	3.3	2.5	4.3	2.6	3.6	2.8	2.9	3	4.8	46.4
Recruitment requirement	4.9	9.3	10.2	14	12.5	12.7	13.3	14.1	14.8	15.4	16.2	17	18.5	19.1	192
Irish CCST graduates supply	0	1.4	1.4	4.2	2.8	2.1	2.8	3.5	4.2	4.9	5.6	6.3	7	7.7	53.9
Non-Irish trained graduate supply	7.9	7.9	8.8	9.7	9.7	10.6	10.6	10.6	10.6	10.6	10.6	10.6	11.4	11.4	141
Total entry	7.9	9.3	10.2	13.9	12.5	12.7	13.4	14.1	14.8	15.5	16.2	16.9	18.5	19.2	195.1
Total employed year end	73	76.2	84.2	94.1	104.2	113.6	124.4	134.2	146.4	158.2	171.6	185.7	201.2	215.5	215.5
Overall WTE Rate	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**

Table 7 Scenario 2. Sixty Seven Percent of All Specialists Providing Occupational Medicine Services are Specialists in Occupational Medicine

Combined Model	Dec 25	Dec 26	Dec 27	Dec 28	Dec 29	Dec 30	Dec 31	Dec 32	Dec 33	Dec 34	Dec 35	Dec 36	Dec 37	Dec 38	Total
Workforce year opening	69.9	65.6	68.4	72	76.6	81.6	85	89.9	93.7	100.9	107.8	116.2	125.4	135.1	143.7
Expansion demand	-4.3	2.8	3.6	4.6	5	3.4	4.9	3.8	7.2	6.9	8.4	9.2	9.7	8.6	73.8
Replacement demand	4.8	3	2.2	4	2.2	3.2	2.3	4.1	2.4	3.3	2.4	2.5	2.6	4.4	43.4
Recruitment requirement	0.5	5.8	5.8	8.6	7.2	6.6	7.2	7.9	9.6	10.2	10.8	11.7	12.3	13	117.2
Irish CCST graduates supply	0	1.4	1.4	4.2	2.8	2.1	2.8	3.5	4.2	4.9	5.6	6.3	7	7.7	53.9
Non-Irish trained graduate supply	3.5	4.4	4.4	4.4	4.4	4.4	4.4	4.4	5.3	5.3	5.3	5.3	5.3	5.3	66.1
Total entry	3.5	5.8	5.8	8.6	7.2	6.5	7.2	7.9	9.5	10.2	10.9	11.6	12.3	13	120
Workforce year end	68.6	68.4	72	76.6	81.6	85	89.9	93.7	100.9	107.8	116.2	125.4	135.1	143.7	143.7
Overall WTE Rate	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**	**88%**

7.4 Training Intake and Additional Recruitment

The current HST intake stands at 3 per annum (as at July 2025). In order to ensure training recommendations are practically aligned with capacity in the system, training intake numbers are projected to increase by 1 trainee per year to 2030. A review of the training recommendations is required in 2029 to ensure that projections are aligned with capacity in the system.

Table 8 Scenario 1. Recruitment: HST Training Intake and Specialists from outside of the Irish Training System

Year	Dec 25	Dec 26	Dec 27	Dec 28	Dec 29	Dec 30	Dec 31	Dec 32	Dec 33	Dec 34	Dec 35	Dec 36	Dec 37	Dec 38
HST Intake	3	4	5	6	7	8	9	10	11	12	12	12	12	12
Specialist Inflows from outside the training programme	9.0	9.0	10.0	11.0	11.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	13.0	13.0

Table 9 Scenario 2. Recruitment: HST Training Intake and Specialists from outside of the Irish Training System

Year	Dec 25	Dec 26	Dec 27	Dec 28	Dec 29	Dec 30	Dec 31	Dec 32	Dec 33	Dec 34	Dec 35	Dec 36	Dec 37	Dec 38
HST Intake	3	4	5	6	7	8	9	10	11	12	13	8	8	8
Specialist Inflows from outside the training programme	4	5	5	5	5	5	5	5	6	6	6	6	6	6

8. Discussion and Conclusion

This stakeholder informed review of the Occupational Medicine workforce infers that Ireland's current specialist workforce does not adequately meet existing or future demand for occupational health services across the national labour force. With an ageing specialist workforce and limited training output, the number of qualified specialists in Occupational Medicine is insufficient to ensure equitable access across all employment sectors.

At present, only about one-third of workers — mainly those in the public sector or large organisations — have access to occupational health services, leaving small and medium-sized enterprises largely underserved. To achieve universal access in line with international standards, Ireland will require an estimated 215 WTE Occupational Medicine specialists by 2038, or 144 WTE specialists under a shared service model with GPs. Expanding training capacity, enhancing recruitment, and retaining experienced specialists will be critical to meeting these targets. It is the view of the Faculty that the current lack of parity for Occupational Medicine specialists as consultants among their peers is likely to effect future recruitment and retention of trainees in this specialty and should be addressed.

Aligning national policy with World Health Organization and EU recommendations would help strengthen Ireland's occupational health infrastructure, promote workplace wellbeing, and ensure all workers have access to high-quality occupational health services in the years ahead.

This stakeholder informed review of the Occupational Medicine workforce in Ireland should be reviewed and updated where appropriate, within the next 3-5 years to ensure that recommendations are aligned with evolving service provision and service need.

References

Behan, J., Condon, N., Milicevic, I. and Shally, C. (2009) *A Quantitative Tool for Workforce Planning in Healthcare: Example Simulations*. Dublin: Skills and Labour Market Research Unit, FÁS, on behalf of the Expert Group on Future Skills Needs. Available at: Skills Ireland report (Accessed: 27 May 2026).

British Medical Association. (2023) The Occupational Physician. London: British Medical Association. Available at: British Medical Association report (Accessed: 17 October 2025).

Central Statistics Office. (2024) *Population and labour force projections 2024*. Dublin: CSO. Available at: Central Statistics Office Ireland (Accessed: 27 May 2026).

Drummond, A. and Ibrahim, N. (2019) *Preferred Model of Care for Occupational Medicine in Ireland: Report of the Expert Advisory Group*. Dublin: Faculty of Occupational Medicine, Royal College of Physicians of Ireland. Available at: RCPI Expert Advisory Group Report (Accessed: 27 May 2026).

European Agency for Safety and Health at Work (EU-OSHA). (2025) *Discussion Paper on Occupational Medicine in the EU and Supporting Compliance*. Bilbao: EU-OSHA. Unpublished discussion paper.

Faculty of Occupational Medicine. (2022) *About Us*. London: Faculty of Occupational Medicine. Available at: Faculty of Occupational Medicine UK (Accessed: 17 October 2025).

Health Service Executive (HSE). (2024) *Doctors Integrated Management E-System (DIME)*. Internal workforce management database. Dublin: HSE.

Health Service Executive (HSE). (2024) *Health Service Personnel Census 2024*. Dublin: HSE.

Health Service Executive (HSE) National Doctors Training and Planning. (2016) *Medical Workforce Planning Ireland: A Stepwise Approach*. Dublin: HSE. Available at: HSE workforce planning framework reference (Accessed: 27 May 2026).

Health Service Executive (HSE) National Doctors Training and Planning. (2024) *DIME database*. Dublin: HSE.

Krakov, A.O., Zack, O., Sagiv, O.Y. et al. (2023) 'Disparities in occupational health services: an international comparative study', *Journal of Occupational Medicine and Toxicology*, 18, p. 21.

Medical Council. (2024) *Annual registration and retention data set 2024*. Dublin: Medical Council. Available at: Medical Council Ireland (Accessed: 27 May 2026).

Royal College of Physicians of Ireland. (2022) *Faculty of Occupational Medicine Curriculum (Version 4.0)*. Dublin: RCPI. Available at: RCPI Occupational Medicine Curriculum (Accessed: 17 October 2025).

World Health Organization. (1996) *Global Strategy on Occupational Health for All: The Way to Health at Work*. Geneva: World Health Organization. Available at: World Health Organization (Accessed: 27 May 2026).

World Health Organization. (2007) *Workers' Health: Global Plan of Action*. Geneva: World Health Organization. Available at: World Health Organization (Accessed: 27 May 2026).

World Health Organization. (2010) *WHO Global Code of Practice on the International Recruitment of Health Personnel*. Geneva: World Health Organization. Available at: WHO Global Code on International Recruitment (Accessed: 27 May 2026).

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