



**Oifig Náisiúnta Um Ghairmithe Sláinte
agus Cúraim Shóisalaigh**
Dara Uirlár, Foirgneamh Clinciúil & Riarcháin Bloc A,
Feidhmeannacht na Seirbhíse Sláinte,
Páirc Mheirlinne, Gaillimh, H91 N973
Fón: 091 775094 / 775906
Riomhphost: HSCP.NationalOffice@hse.ie

**National Health and Social Care
Professions Office**
2nd Floor, Clinical and Administration Block A
HSE, Merlin Park, Galway, H91 N973
Telephone: 091 775094 / 775906
Email: HSCP.NationalOffice@hse.ie

**Oifig Náisiúnta Um Ghairmithe Sláinte
agus Cúraim Shóisalaigh**
Céad Uirlár, Halla an Fhionnuisce
Campas Ospidéal Naomh Muire,
Bóthar na nAcráí, Páirc an Fhionnuisce
Baile Átha Cliath 20, D20 CK33
Fón: 01 7959780
Riomhphost: HSCP.NationalOffice@hse.ie

**National Health and Social Care
Professions Office**
1st Floor, Phoenix Hall,
St Mary's Hospital Campus,
Acres Road, Phoenix Park,
Dublin 20, D20 CK33
Telephone: 01 7959780
Email: HSCP.NationalOffice@hse.ie

13TH May, 2025

BY EMAIL ONLY

Mr. Pádraig Rice TD.
Dail Eireann,
Leinster House,
Kildare Street,
DUBLIN 2.

PQ Ref: 24701/25 - To ask the Minister for Health to provide further details in respect of the role and responsibilities of the new HSCP regional integration development leads in each HSE health region; and if she will make a statement on the matter.

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Dear Deputy Rice,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response.

I have examined the matter and the following outlines the position.

There is a significant shortage of HSCP in Ireland and globally with a high level of HSCP vacancies in the HSE across many grades. Securing sufficient practice placements for HSCP students and internationally trained HSCP requiring compensation measures is the critical constraint in increasing HSCP workforce supply. There are currently over 8,000 HSCP students all of whom require clinical placement and a lack of co-ordinated, resourced, HSCP clinical infrastructure to deliver the HSE commitment in this regard or to support international recruitment of HSCP.

In recent years, the Department of Health prioritised significant workforce initiatives related to HSCP including expanding educational supports, expanding numbers of Health and Social Care Professionals and development of HSCP advanced practice. In the HSE's National service plan for 2024 a total of 10 WTEs was allocated to support this work, as follows:

- 2 x WTE to the National HSCP Office: 1 x Assistant National Lead – Education and 1 x Assistant National Lead – Workforce Planning.
- **1 x HSCP Regional Integration Lead in each of the 6 Health Regions**
- 1 x HSCP Regional Practice Education Co-ordinator in 2 of the Health Regions

The National Service Plan 2025 provides additional WTE which will add to the above where each Region will have two posts working with the HSCP Regional Integration Development Lead.

All evidence to date in HSE reviews and working with all stakeholders including the Higher Education Institutes (HEIs) indicates that a strong, HSCP clinically led regional structure is critical to creating the essential sustainable, clinical placement infrastructure for HSCP. An effective **regional structure** requires high level co-ordination of workforce planning, resourcing, cross sectoral site-specific supports, clinical governance, supervision, collaboration and innovation led by HSCP clinical decision makers with sufficient level of seniority to effect transformational change in clinical placement provision across 26 health and social care professions.



This is strongly underpinned by an interprofessional approach to working with HSCP in respect of education and training and is strongly supported by the NHSCPO. This is articulated in the co-produced [*HSCP Deliver, A Strategic Guidance Framework for the Health and Social Care Professions*](#).

HSCP Integration Development Lead

In each Region the HSCP Integration Development Lead will be the first HSCP leadership role at this level to deal with integration across services, practice placement education and, as resources allow, practice development for HSCP. The Regional posts will focus on identifying the resources already in the region to support practice education and pulling HSCP and relevant stakeholders together to formulate plans to address requirements within the region.

The HSCP Integration Development Lead's core purpose is to:

- Provide strategic clinical HSCP Leadership for the 26 HSCP disciplines, to development of integrated working and implementation of new pathways and models of care in community and across services
- Coordinate and lead Heads of Discipline in Community to address key issues such as, new models of care, development of care pathways, clinical practice education, management and prioritisation of staff development, CPD, including practice placement education and provision of periods of adaptation and, management of supervision. This list is not exhaustive.
- Work with heads of discipline and HEI representatives to develop an integrated and interdisciplinary approach that suits that region's needs. This includes developing new innovative approaches for testing/support nationally.
- Lead a team to deliver on the above for the region
- Provide key feedback to the National HSCP Office, to influence decision-making and ensuring that opinions from local and regional levels are being discussed in appropriate fora
- Work with the National HSCP Office to identify training opportunities required for staff

Collaborative working across regions and with the national team will be critical to achieving the most progress for all within available resources and achieving a standardised and consistent approach tailored to regional and geographic needs, and ultimately contribute to an increase in HSCP workforce supply.

Yours sincerely,

Jackie Reed

c.c. pquestions@hse.ie

National HSCP Lead