CASE STUDY | IRELAND YEAR 3

FROM BRAIN DRAIN TO BRAIN GAIN:
IRELAND'S NURSING AND MIDWIFERY WORKFORCE

RCSI

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Abbreviations

CCPS	Certificate of Current Professional Status
EU	European Union
HSE	Health Service Executive
MCI	Medical Council of Ireland
NDTP	National Doctor Training and Planning
NMBI	Nursing and Midwifery Board of Ireland
OECD	Organisation for Economic Co-operation and Development
RCSI	Royal College of Surgeons in Ireland
WHO	World Health Organization
WTE	whole-time equivalent

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IRELAND

1. Background

Ireland has contributed to the development and implementation of, and research on, the World Health Organization (WHO) Global Code of Practice on the International Recruitment of Health Personnel. As a source and destination country for migrating health professionals, Ireland's challenge has been to ensure domestic health workforce self-sufficiency and sustainability, and thereby reduce its large-scale dependence on international recruitment of health professionals, especially doctors and nurses.

The Royal College of Surgeons in Ireland (RCSI) Health Workforce Research Group has been researching the inward migration of nurses, and more recently the inward and outward migration of doctors, since 2006 (1). The group's published research, 2006–2011, demonstrated how a shortfall of domestically trained nurses, aggravated by a one-year gap in nurse production in 2005 during the transition to the first cohort of a nurse degree course in 2006, contributed to large-scale, active international recruitment of nurses from 2000.

Findings from the studies on the inward migration of foreign-trained doctors and on outward migration by Irish graduates have highlighted how poor access to training, lack of career opportunities, and poor working conditions (2, 3) are contributing in a similar way to the onward migration of foreign-trained doctors (4), and to Irish-trained doctors leaving to work in other high-income countries (5).

The Year 2 Brain Drain to Brain Gain report (6) utilized routine data sources to illustrate inward and outward migration of doctors; and how migration was changing the medical workforce profile and trends, and reversing policy objectives. It was based on an analysis of triangulated routine data from published reports of the Medical Council of Ireland (MCI) and the Health Service Executive (HSE) National Doctor Training and Planning (NDTP); and on data linkage between MCI and NDTP data sets.

Year 3 of the Brain Drain to Brain Gain project,[1] building on earlier research on nurse and doctor migration, focuses on accessing and utilizing available routine data to generate up-to-date evidence on the inward and outward migration flows of Ireland's nursing and midwifery workforce.

1.2 Health workforce policy in Ireland

In 2016, the Department of Health established a cross-sectoral Steering Group to Develop a National Integrated Strategic Framework for Health Workforce Planning for health services in Ireland, including

1 Brain Drain to Brain Gain: Supporting the WHO Code of Practice on International Recruitment of Health Personnel for Better Management of Health Worker Migration project.

doctors, nurses and midwives, and health and social care workers. The steering group, of which the Brain Drain Irish Coordinator is a member, produced its final report, including an implementation plan, at the start of October 2017. The report aims to provide an understanding of the drivers that inform labour market dynamics, considering both workforce supply and demand sides (7). It provides a framework for ensuring that high quality, complete and timely data are collected and analysed, so as to inform decision-making and identification of appropriate health workforce policies and strategies.

The report—entitled Working together for health: a national strategic framework for health and social care workforce planning (7)—firmly places Irish health workforce policy and planning in an international context, specifically (Chapter 3):

- the WHO Global Code, including the recommendations of the first review in 2015, which was co-chaired by Ireland;
- the Global Strategy on Human Resources for Health: Workforce 2030;
- the United Nations High-level Commission on Health Employment and Economic Growth;
- the European Union Joint Action on Health Workforce Planning and Forecasting;
- the Organisation for Economic Co-operation and Development (OECD) report on workforce planning.

The framework concludes: "A national strategic framework for health and social care workforce planning should be grounded in the principles of the WHO Global Code, and take into account the need to manage health workforce demand and supply sustainably and insofar as possible within national resources" (7).

2. Methods

Registration data were analysed from the annual reports, 2007–2015, of the Nursing and Midwifery Board of Ireland (NMBI) (8–15). The common data collection and analysis protocol for the Brain Drain to Brain Gain project was followed (16), which mapped available data on the nursing and midwifery workforce. In addition, relevant research and grey literature were reviewed.

3. Results

3.1 Nursing and midwifery workforce in Ireland

Nurses and midwives comprise 34% of the overall public (sector) health workforce in Ireland (7). According to the most recently available OECD data, Ireland had 12.4 registered nurses per 1000 population in 2013 (17). This compares to an average of approximately 9 nurses per 1000 population in 2013 across OECD countries. The ratio of nurses to physicians in Ireland was 4.0, compared to the OECD average of 2.8 (17).

If a nurse or midwife wishes to practise in Ireland, they must first register with the NMBI. The NMBI is the independent statutory organization that regulates the nursing and midwifery professions in Ireland. In addition to other roles, it maintains the register of nurses and midwives, and evaluates applications from those in Ireland and overseas who wish to practise as nurses and midwives in Ireland.

The most significant professional development framework for nursing and midwifery in Ireland in the last 25 years was the Report of the Commission on Nursing, 1998 (18). The Office of the Nursing and Midwifery Services Director was established in 2006, to focus on the strategic development of nursing and midwifery within the HSE. A Taskforce on Staffing and Skill Mix for Nursing was established in 2014 to improve methods to measure and test the effects of changing staffing ratios on patient outcomes (19). The interim report of the taskforce sets out a framework for safe nurse staffing and skill mix. This framework is being piloted in three hospitals.

Table 1 shows that the total numbers of nurses and midwives registered with the NMBI increased steadily each year from 2007 to 2015, from 85 782 in 2007 to 95 536 in 2015. The numbers of active nurses and midwives decreased over the same period, from 67 245 to 65 203. The number of inactive nurses and midwives—determined by nurses and midwives themselves—increased considerably from 18 537 in 2007 to 30 333 in 2015, representing an increase of 11 796 during this period.

TABLE 1. NURSES AND MIDWIVES REGISTERED WITH NMBI, 2007–2015

Year	Active	Inactive	Total
2007	67 245	18 537	85 782
2008	68 614	19 610	88 224
2009	68 483	21 021	89 504
2010	67 415	23 115	90 530
2011	67 130	24 570	91 700
2012	66 888	25 838	92 726
2013	66 409	28 306	94 715
2014	64 790	29 814	94 604
2015	65 203	30 333	95 536

Source: NMBI annual reports, *(8–15)*.

According to the NMBI, "many individuals apply to have their name registered in more than one Division of the Register" based on the qualifications and registrations they hold (14). Table 2 shows that the total numbers of qualifications registered—for both nurses and midwives—with the NMBI increased steadily each year from 2007 to 2015, from 116 211 in 2007 to 128 490 in 2015. The number of active registrations decreased over the same period, from 90 307 to 86 319. The number of inactive registrations—determined by nurses and midwives themselves—increased considerably from 25 904 in 2007 to 42 171 in 2015, representing an increase of 16 267 during this period.

TABLE 2. QUALIFICATIONS REGISTERED (NURSES AND MIDWIVES) WITH NMBI, 2007–2015

Year	Active	Inactive	Total
2007	90 307	25 904	116 211
2008	91 786	27 410	119 196
2009	91 625	29 307	120 932
2010	90 185	32 149	122 334
2011	89 723	34 174	123 897
2012	89 207	35 972	125 179
2013	88 395	39 302	127 697
2014	86 162	41 389	127 551
2015	86 319	42 171	128 490

Source: NMBI annual reports *(8–15)*.

Ireland is experiencing a growing and ageing population. This means that demand for health care, and therefore for health workers, will continue to grow in Ireland over the coming years (7).

Table 3 shows the numbers of nurses and midwives employed in the HSE 2007–2016, calculated as whole-time equivalents (WTEs). The data show a decrease in nursing and midwifery staff from 39 006 at the end of December 2007 to 35 835 in November 2016. The downward trend in nurse and midwife WTEs dates from 2007, one year after the graduation of the first cohort of nurse degree holders, and two years before the onset of economic recession and the public sector moratorium on recruitment in 2009. WTE numbers stabilized in 2012 and remained stagnant up to 2016.

TABLE 3. NURSES AND MIDWIVES EMPLOYED IN THE PUBLIC HEALTH SERVICE, 2007–2016

Year	Number of WTEs
2007	39 006
2008	38 108
2009	37 466
2010	36 503
2011	35 902
2012	34 637
2013	33 768
2014	34 504
2015	35 353
2016	35 835

Source: HSE census data, referenced by Irish Nurses and Midwives Organisation *(20)*.

3.2 Nurse and midwife migration into Ireland

Ireland was heavily reliant on international nurse recruitment from 2000 to 2010, with a study finding that 35% of new entrants into the professional register during this period were non-EU migrant nurses (21). According to the authors of the study, "international nurse recruitment was perceived as a stop-gap measure … with the understanding being that Irish-trained nurses would be prioritised for recruitment as soon as more graduates came on stream". A fast-track visa scheme was launched in 2000 to enable skilled migrants and their families to work in Ireland. Nursing was included as a profession in which Ireland was experiencing shortages. Nurse migration accounted for 60% of all working visas issued between June 2000 and December 2006 (22).

The study (21) also found, in a survey of 337 nurses, that 83% of respondents who had migrated to Ireland reported that a recruitment agency enabled their migration to Ireland, with interview panels travelling to India and the Philippines to recruit. As a result, the Irish health system became over-reliant on a migrant nurse workforce (21). Active recruitment of nurses has been a feature of nurse migration to Ireland since 2001 (22). However, many of these nurses—often after many years in Ireland—were considering migration onwards to other countries, primarily due to an inability to attain citizenship and reunify families, while others saw Ireland as a stepping stone to other high-income countries (23).

In January 2017, a scheme was introduced by Ireland's Department of Social Protection to enable payment of maternity benefit to foreign nurses and midwives working in Ireland who wished to travel home to introduce their newborns to their families and friends in their home country during their maternity leave. This was a strategy to mitigate and reduce one of the drivers to onward migration. A recruitment campaign to attract nurses and midwives working in the United Kingdom and elsewhere to work in Ireland, which was launched in 2015, was not as successful as anticipated. By 2017, it had recruited only 91 nurses and midwives back to Ireland, despite an aim of attracting 500 nurses within three months of the campaign start date (24).

Currently some health services recruit international nurses and midwives whose undergraduate preparation does not meet the NMBI qualification requirement for registration (7). The HSE provides programmes that support the period of adaptation and assessment for these nurses and midwives. The duration of this adaptation course is usually six weeks and is undertaken in a public service teaching or training hospital. The Faculty of Nursing at the RCSI provides an aptitude test for overseas nurses applying to register as a general nurse with the NMBI (7).

Table 4 shows the number of applications for registration received by the NMBI, 2007–2014.[2] Total annual applications decreased sharply between 2007 and 2009, from 4 828 to 2 670, with little overall change up to 2014. These figures mainly reflect trends in non-Irish EU and non-EU applications, with a moderate increase followed by a fall in Irish-trained applicants. As outlined in section 3.1, many individuals apply to have their name registered in more than one division of the register (14). A breakdown of the main countries for non-EU applicants in provided in Table 5.

While data on applicants for registration for 2015 and 2016 have not been reported in annual reports, the NMBI website reported that almost 1 000 overseas nurses and midwives registered to work in Ireland between January and the end of April 2017 (25), which was more than 3 times the number for the same period in 2016. Also, the 3 877 nurses and midwives that were registered in 2016 was the highest number of new registrants in five years. A 98% increase was reported on the NMBI website for new overseas registrations, which stood at 2 055; and the 1 822 Irish-trained applicants granted registration was also the highest for five years (26).

Though the NMBI annual reports have not provided quantitative breakdowns since 2012, trends between 2007 and 2012 and ranking from 2013 to 2015 show that the United Kingdom, followed by Poland, were consistently the main countries of training for new (non-Irish) EU

2 Data from 2015 are not included as the 2015 NMBI annual report gives data on registration decisions, rather than applications received.

TABLE 4. APPLICATIONS RECEIVED BY NMBI FOR REGISTRATION, 2007–2014

Year	2007	2008	2009	2010	2011	2012	2013	2014
EU applications	1 446	1 088	455	497	533	545	503	614
Non-EU applications	1 577	845	302	409	479	430	394	431
Irish-trained applications	1 805	1 918	1 913	1 952	2 042	2 200	1 548	1 603
Total	**4 828**	**3 851**	**2 670**	**2 858**	**3 054**	**3 175**	**2 445**	**2 648**

Source: NMBI annual reports *(8–14)*.

registrants, while there is a suggestion of a shift from other western European countries (Germany) towards countries of southern Europe (Portugal) and central Europe (Romania) as source countries (Table 5).

The top five countries of training of non-EU registrants, 2007–2015, are shown in Table 6. India, where Irish recruitment agencies had actively recruited from 2002 (23), continued to contribute the most non-EU nurses entering the NMBI register, with an exponential decrease between 2007 and 2010. The Philippines, where there were also active recruitment campaigns for employment in Ireland in the early 2000s, ranked second, although with much smaller numbers. A new pattern, particularly since 2012, has been the emergence of larger numbers of nurses and midwives from Nigeria joining the register. This has reflected a different form of largely passive migration to Ireland during this period, taking advantage

TABLE 5. TOP FIVE COUNTRIES OF TRAINING OF NEW EU REGISTRANTS PER YEAR (NURSES AND MIDWIVES), 2007–2015

#	2007	2008	2009	2010	2011	2012	2013	2014	2015
1	UK (676)	UK (574)	UK (277)	UK (211)	UK (170)	UK (149)	UK	UK	UK
2	Poland (124)	Poland (123)	Poland (37)	Poland (16)	Poland (22)	Portugal (57)	Portugal	Poland	Poland
3	Germany (84)	Germany (67)	Italy (20)	Lithuania (13)	Romania (14)	Spain (14)	Spain	Spain	Romania
4	Lithuania (30)	Portugal (59)	Germany (15)	Spain (10)	Portugal (9)	Romania (11)	Romania	Romania	Portugal
5	Finland (25)	Romania (22)	Portugal (13)	Germany (9)	Spain (6)	Germany (8)	Poland	Portugal	Spain
	+ 13 other countries	+ 18 other countries	+ 14 other countries	+ 13 other countries	+ 11 other countries	+ 19 other countries	+15 other countries	+ 14 other countries	+ 15 other countries

Source: NMBI annual reports *(8–15)*.

TABLE 6. TOP FIVE COUNTRIES OF TRAINING OF NEW NON-EU REGISTRANTS PER YEAR (NURSES AND MIDWIVES), 2007–2015

#	2007	2008	2009	2010	2011	2012	2013	2014	2015
1	India (1 868)	India (295)	India (71)	India (13)	India (49)	India (82)	India	India	India
2	Philippines (195)	Philippines (94)	Australia, Philippines (17 each)	Philippines (11)	Philippines (12)	Nigeria (32)	Nigeria	Philippines	Philippines
3	Australia (49)	Australia (68)	New Zealand (9)	USA (5)	USA (2)	Philippines (20)	USA	Nigeria, USA	Nigeria
4	Nigeria (46)	New Zealand (22)	Nigeria, South Africa, USA (8 each)	Australia, New Zealand, Nigeria (4 each)	Australia, Islamic Republic of Iran, Russian Federation, South Africa (1 each)	USA (11)	Philippines, Zimbabwe	Australia	USA
5	New Zealand (27)	Nigeria (18)	China (3)	South Africa, Kenya, China, Canada (1 each)			Australia	Pakistan	Australia
	19 other countries	+19 other countries	+ 7 other countries	0 other countries	0 other countries	+ 21 other countries	+ 13 other countries	+23 other countries	+ 24 other countries

Source: NMBI annual reports *(8–15)*.

of a more open immigration policy for migrants from sub-Saharan Africa.

A recruitment moratorium was introduced in the Irish public health service in 2009, with the onset of the economic recession,[3] which accounts for the dramatic decrease in numbers of overseas registrants during the period 2009–2011. Numbers of overseas registrants were not published for the years 2013 to 2015. India, followed by the Philippines, have consistently been the countries ranked first and second for non-EU nurses registering to practise in Ireland.

3.3 Nurse migration out of Ireland

Despite the fact that Ireland has a long tradition of outward migration of nurses and midwives, emigration is not measured. Types of data on emigration of nurses and /midwives emigration include the numbers who register with the NMBI as working abroad (see Table 7) and numbers of requests for a Certificate of Current Professional Status (CCPS) requests from those seeking to work in other countries (Table 8).

Table 7 shows the reasons that nurses and midwives registered their status as inactive. Overall, there was a significant increase in numbers of inactive nurses and midwives during the period 2007–2015, from 18 537 to 30 333, across all categories, which may reflect both real upward trends, but also perhaps more complete data recording in the NMBI register. It is possible that nurses and midwives who migrate for a short time may choose to stay on the register in Ireland to ensure that their transition back into the workforce in Ireland is seamless. It is also possible that where persons have opted to move to the inactive register, the reason they provide may not remain the case for the duration on the inactive register. For example, a person may state 'career break' but may subsequently begin employment outside of Ireland. There was an almost doubling in the numbers of those retiring annually during the period, from 7 057

3 The moratorium was lifted in 2015.

TABLE 7. INACTIVE NURSES AND MIDWIVES REGISTERED WITH NMBI, 2007–2015: REASONS FOR INACTIVITY

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Retired	7 057	7 676	8 410	9 549	10 472	11 218	12 505	13 304	13 543
Working abroad	5 122	5 312	5 679	6 172	6 513	6 945	7 705	8 119	8 302
Career break	2 026	2 077	2 107	2 212	2 227	2 251	2 373	2 425	2 417
Unemployed	791	827	906	994	1 013	1 052	1 128	1 150	1 140
Other	3 541	3 718	3 919	4 188	4 345	4 372	4 595	4 816	4 931
Total	**18 537**	**19 610**	**21 021**	**23 115**	**24 570**	**25 838**	**28 306**	**29 814**	**30 333**

Source: NMBI annual reports *(8–15)*.

TABLE 8. CCPS REQUESTS (NURSES AND MIDWIVES) TO NMBI, 2007–2015

Country/CCPS	2007	2008	2009	2010	2011	2012	2013	2014	2015
United Kingdom	163	272	630	829	725	727	963	743	547
Australia	1 641	4 896	1 963	415	1 214	770	643	349	340
Canada	158	282	410	166	173	136	129	77	51
USA	117	88	84	81	111	77	67	64	78
New Zealand	44	55	61	54	41	58	–[b]	–[b]	–[b]
Other countries	45	30	45	30	119	97	145	167	163
Total	**2 168**	**5 623**	**3 193**	**1 575**	**2 383**	**1 865**[a]	**1 947**	**1 400**	**1 179**

[a] There is a discrepancy in the numbers recorded. Some places in the 2012 report state 1825.
[b] For 2013-2015, only the top 4 countries are listed in the reports

Source: NMBI annual reports *(8–15)*.

to 13 543, along with a steady increase in the numbers registered as working abroad, rising from 5 122 to 8 302.

A graduate nurse employment scheme offering 1000 new nursing positions at reduced salary rates (with an additional educational programme) was launched in 2013; however, there was poor uptake by new graduates, in line with the position adopted by the Irish Nurses and Midwives Organisation.[4] This scheme was subsequently discontinued (2).

Registered nurses and midwives who wish to work in another country request that a CCPS be issued by their professional registration body, in this case the NMBI. Table 8 shows CCPS requests to the NMBI, 2007–2015. The total number of CCPS requests decreased from 2 168 in 2007 to 1 179 in 2015. The country for which the greatest numbers of CCPS requests were made over the period was the United Kingdom. In 2015, 977 individuals made a total of 1 179 CCPS requests (15). Verification requests for the United Kingdom increased during this time; however, verifications relating to registration in most other countries decreased, most notably for Australia.

However, while verification is valuable as a source of data on intent to emigrate, health workers may emigrate without applying for verification; they may apply for registration retrospectively; they may apply for verification on several occasions; or they may apply and not follow through with emigration (27). Hence, they are not an ideal measure of outward migration.

3.4 Special studies on nurse migration

3.4.1 Survey of final year nurses and midwives

The Irish Nurses and Midwives Organisation conducted a survey of their member final year students in 2017. Results showed high levels of intention to emigrate amongst students, summarized in Box 1.

The Irish Nurses and Midwives Organisation concluded that the HSE's delay in offering permanent positions to intern nurses has provided an advantage to international recruitment agencies who approach these interns early in their final year (20).

4 The trade union for nurses and midwives in Ireland.

BOX 1. NURSING AND MIDWIFERY INTERNSHIP STUDENT SURVEY

- 78% of respondents considered emigrating from Ireland upon qualifying.
- 79% stated that they would consider staying in the public service for at least one year upon qualifying if offered guaranteed permanent contracts.
- 70% of respondents had been approached by overseas nursing companies to recruit them into their service, versus 30% of respondents being offered permanent or part-time positions in the Irish public health service.
- Of the 30% offered employment, only 16% had been offered permanent contracts in Ireland at the time of the survey; 59% of respondents were considering moving to the private sector in Ireland, but would stay if incentives were available.
- 81.49% of the total respondents placed pay, staffing levels and working conditions as the major reasons for considering leaving the Irish public health service.
- From the 23 years and younger age group, 60.54% would consider staying if offered incentives by the employer.

Source: Irish Nurses and Midwives Organisation *(20)*.

3.4.2 Survey of Irish nurses abroad

A study by the RCSI Health Workforce Research Group in 2014 (2), which investigated doctor and nurse emigration from Ireland, reported that health professionals emigrated due to challenging working conditions in the health system—in particular long working hours and uncertain career progression. The study reported the views and experiences of 307 doctors, 73 nurses and 8 midwives, who learned about and responded to the survey following a social media campaign.

Both doctors and nurses reported that they would consider returning to Ireland only if the health system was overhauled and conditions improved (2). In another paper from this study, McAleese et al. (28) reported that, while over half of their respondents originally intended to spend less than five years in their destination country at the time of emigration, only half of nurses and midwives intended to return to practise in Ireland in the future (28).

3.5 Data relating to midwives in the Irish health system

The HSE Midwifery Workforce Planning Project commissioned Birthrate Plus[5] to examine the midwifery workforce planning needs in a defined number of maternity hospitals in Ireland, in an effort to ascertain the current and projected skill mix requirements.

Table 9 shows the number of midwife qualifications registered from 2007 to 2015. While a slight increase from 17 519 to 18 112 was observed over the period, there was a decrease in active midwife qualifications registered—from 12 993 to 10 777—and an increase in inactive registrations—from 4 526 to 7 335—between 2007 and 2015.

However, as these are registration data, one cannot conclude that they represent a downward trend in the numbers of practising midwives. Some may be practising as nurses, for example as public health nurses, while holding a midwifery qualification, as this was a requirement until it was removed following implementation of a recommendation by the Commission on Nursing.

TABLE 9. MIDWIFE QUALIFICATIONS REGISTERED WITH NMBI, 2007–2015, ACTIVE AND INACTIVE

Year	Active	Inactive	Total
2007	12 993	4 526	17 519
2008	12 988	4 775	17 763
2009	12 808	5 084	17 892
2010	12 444	5 566	18 010
2011	12 065	5 937	18 002
2012	11 850	6 229	18 079
2013	11 525	6 819	18 344
2014	11 020	7 197	18 217
2015	10 777	7 335	18 112

Source: NMBI annual reports *(8–15)*.

Between 2007 and 2015, there was a decrease in the annual number of newly registered midwifery qualifications from 295 to 236, registering Ireland as country of training (Table 10). Numbers have fluctuated over the years. Notably, there was a significant increase between 2014 and 2015, from 158 to 236 midwifery qualifications. There was a rapid fall in registrations of non-Irish EU trained graduates between 2007 and 2010. In contrast to nurses (see section 3.2), the numbers of newly registered midwives who trained outside the EU have been negligible since 2008, with only one between 2010 and 2015.

TABLE 10. NEWLY REGISTERED QUALIFICATIONS (MIDWIFERY), 2007–2015

Year	Ireland	EU	Non-EU	Total
2007	158	122	15	295
2008	168	98	10	276
2009	158	43	6	207
2010	217	14	0	231
2011	115	13	0	128
2012	253	17	0	270
2013	244	17	0	261
2014	142	15	1	158
2015	217	19	0	236

Source: NMBI annual reports *(8–15)*.

4. Discussion and policy recommendations

Data on nursing and midwifery migration flows into and out of Ireland are thin and incomplete. Data consist of numbers registered rather than the numbers actively working in the public health sector. Improvements in registration practices that aim to capture the numbers and categories of inactive nurses—retired, unemployed, career break and abroad - show falling numbers of practising nurses and midwives.

The recently published Working together for health: a national strategic framework for health and social care workforce planning (7) provides the framework under which the root causes and consequences of inward and outward migration of nurses and midwives can be better understood and managed. Two of the key action areas are of particular relevance.

- Action area 3. A HSE national workforce planning unit is being established that will be tasked

5 An internationally recognized tool for determining midwifery staffing WTEs (29).

with building workforce planning capacity and operationalizing the workforce planning framework. A critical area for planning will be the identification of the staffing needs—numbers and skill sets—of nurses and midwives, doctors and other social care workforce cadres, as part of the development of new models of care within hospitals and across to primary care and the community. New skill sets for multidisciplinary working may mean that international recruitment is a less appropriate response to staff shortages.

- Action area 5. This outlines the need to "build the evidence base, underpinned by research and evaluation". This report highlights some of the data gaps, discontinuations in data collection, and apparent inconsistencies or lack of clarity in how data on nurses and midwives are routinely collected. The new HSE national workforce planning unit will need to work with the relevant stakeholders, including the NMBI, to ensure better data systems are put in place.

As a matter of urgency, nursing and midwifery registration data need to be enhanced by employment-based data sources (21), disaggregated by nationality and country of training, as well as type of training. Additional resources are needed to gather this data, which could be led by the NMBI. Work is reportedly under way at the Department of Health to support the development of the data set required to inform the new NMBI database, provided for in the 2011 Nurses and Midwives Act. It is foreseen that this will include information on current employer and additional granular-level data. Data on all nurses and midwives in all sectors—public, private, health services schools, prisons—need to be captured to ensure the effective implementation of the Global Code in Ireland.

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