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Regulating for the Workforce of the Future: Addressing the Healthcare Workforce Crisis in Scotland and Ireland

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Key messages

- The health workforce crisis is an international concern, but until recently there has been little focus in the academic literature on the role of professional regulation in addressing this.
- Key themes that emerged from two research roundtables we held with regulatory stakeholders in Ireland and Scotland included: the multifaceted nature of the crisis; recognising and regulating new professions; remote and rural working; and the changing role of professional regulation.
- Although our focus was on the medical profession, it was clear that these themes also had resonance for other areas of the health workforce.
- The role of professional regulation is evolving. While it retains a focus on protecting the public, in the context of the healthcare workforce crisis, there is potential for regulatory stakeholders to take an increasingly proactive approach – one that, in collaboration with other stakeholders, contributes to shaping the cultural, educational, and organisational contexts in which healthcare professionals work.
- This is consistent with a wellbeing economy model that draws attention not just to metrics, such as the number of jobs available, but also to the quality and sustainability of these roles to meet the needs of healthcare professionals, patients and wider publics.

What is known?

The professional workforce is an essential component of health systems (Fleming et al. 2022), but is in crisis. In Scotland, unsafe levels of medical staffing have been reported (BMA 2023). Similar challenges exist in Ireland, with workforce planning noted as a key priority for the Irish Health Service Executive (HSE) (Health Services People Strategy (2019-2024), and Sláintecare (the name for the initiative to reform Ireland's healthcare system) (Path to Universal Healthcare 2025). As well as a public health concern, this crisis is of significance to the economy in circumstances where the healthcare workforce contributes to maintaining and promoting economic growth in addition to providing necessary services (Bloom et al. 2019). A resilient healthcare workforce is also central to a 'wellbeing economy' (Ireland-Scotland Joint Bilateral Review, 2021-2025) which values the ways in which '…the reduction

of inequality and the improvement of citizens' lives can make the economy more resilient' (Scottish Government Wellbeing Economy Toolkit, 2022). The healthcare workforce crisis is therefore an economic threat as well as a global health challenge.

The realities of the healthcare workforce crisis became more apparent during the COVID-19 pandemic, where widespread recruitment campaigns were launched (Humphries et al. 2021), and existing healthcare professionals redeployed. These schemes required unprecedented regulatory flexibility around matters such as registration and indemnity, as well as how practice should be assessed in the context of a pandemic, while maintaining public protection and confidence. However, while the threat of COVID has lessened, the existential threat of the workforce crisis persists, with NHS Scotland '… struggling to meet ever-increasing patient demand' (BMA 2023), and the Irish Medical Organisation emphasising 'the scale of the [workforce] challenge and the urgent need for action' (IMO 2024).

As high-income countries with mature systems of health professional regulation, equivalent regulatory stakeholders, and populations spread across cosmopolitan and rural areas, the comparator case studies of Scotland and Ireland enabled us to consider what we can learn from these experiences about the relationship between professional regulation, its role in addressing the healthcare workforce crisis, and the promotion of an economy that values the wellbeing of patients, publics and professionals. Solutions to the workforce crisis are multifaceted but significant attention has been paid in recent years to the role of migration in this context (Aluttis et al. 2014). However, the role of professional regulation – which directly impacts on the recruitment, registration and retention of healthcare professionals – had been underexplored.

What did we do?

As part of the *Regulating for the Workforce of the Future* RSE-RIA funded project, we held two research roundtables in March 20025 (in Cork) and June 2025 (in Edinburgh) in order to explore the tripartite relationship between

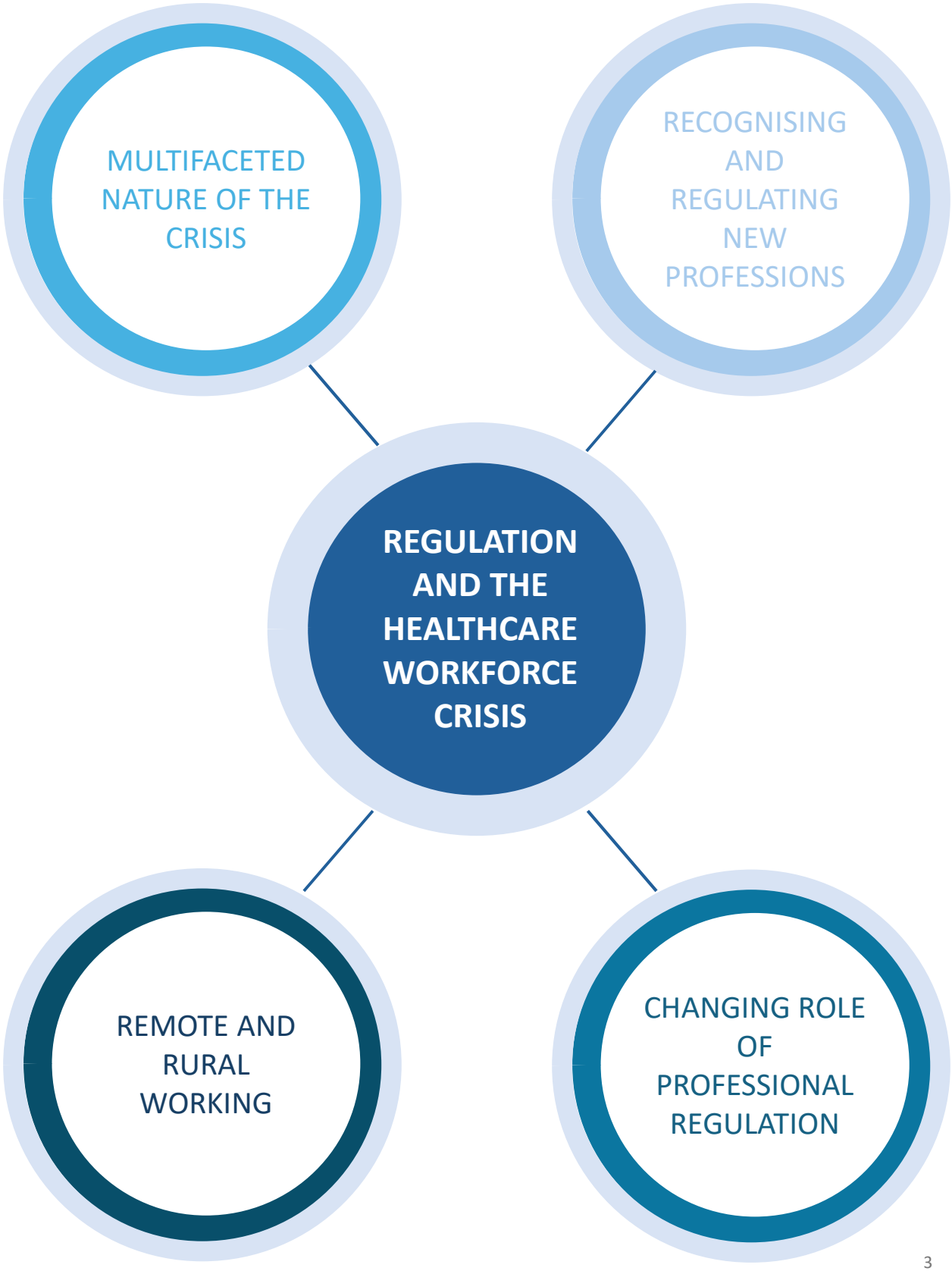
(i) professional regulation;

(ii) its role in addressing the workforce crisis; and

(iii) the promotion of an economy that values the wellbeing of patients and professionals, with a particular focus on the medical profession.

Regulatory stakeholders from both jurisdictions (**Appendix I**) helped shape an interdisciplinary research agenda that identifies ways in which professional regulation can help or hinder this crisis. This briefing note is not designed as a consensus document, but rather to identify, at a high-level, some of the key themes that emerged across both roundtables.

Themes arising from research roundtables



Multifaceted nature of the healthcare workforce crisis

- Defining the contours of the workforce crisis plays an important role in understanding how this is impacted by professional regulation. From our discussions, it was indicated that this is not a single crisis that can be easily defined (e.g. 'not enough doctors') nor simplistically solved (e.g. 'more undergraduate training places') but rather a multitude of crises with different dimensions in accordance with factors, including: job roles (e.g. primary or secondary care); location (e.g. cosmopolitan or rural); and career stage and path. Some of the key issues highlighted included:
    - Healthcare professionals' wellbeing and burnout and its impact on retention.
    - Race, gender and disability equality.
    - Training and education constraints.
    - Fitness to practise processes (and the impact on those involved).
    - Temporary vs lasting solutions e.g. regulatory flexibilities born of the COVID-19 crisis hold potential to evolve into lasting solutions.
    - Professional mobility for doctors moving between countries.
    - Ethical international recruitment in a global workforce crisis.

- Stakeholders emphasised that data plays a crucial role in understanding, managing, and ameliorating the healthcare workforce crisis. Accurate, timely, and comprehensive data helps to provide insights, predict future needs, and evaluate regulatory interventions. This was viewed as particularly important by stakeholders in Ireland and Scotland in the context of workforce planning; identifying gaps and distribution; exploring healthcare professionals' wellbeing; informing policy; system responsiveness; and enabling international collaboration. Discussions also underlined how a combination of quantitative and qualitative datasets could help to better understand the experience of different groups of regulated professionals (e.g. the General Medical Council's (GMC) regular publication on *The State of Medical Education and Practice in the UK* and the Irish Medical Council's (IMC) *Medical Workforce Intelligence Reports*).
- Taken together this emphasises the changing composition of the healthcare workforce and the importance of effective inductions including appropriate cultural training, team working and skill development, and flexible career pathways for all doctors. This is consistent with a wellbeing economy model, as exemplified by the Scottish Government's National Performance Framework (Scottish Government, 2024), that draws attention not just to metrics, such as the number of jobs available, but also to the quality and sustainability of these roles to meet the needs of healthcare professionals, patients and wider publics.

Recognising and regulating new professions

- One way in which the health workforce is changing is in relation to the emergence of new professions and the way in which these are recognised and, where appropriate, regulated. Regulation can play a vital role in safely integrating emerging healthcare professions, helping to expand the workforce.
- A key example of where a different approach has been taken in Ireland and Scotland is in relation to the to the statutory regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs).
    - In the UK legislation has been passed by the UK and the Scottish Parliaments to enable regulation of AAs and PAs by the GMC, although this has not been without controversy.
    - In contrast, in Ireland the IMC has indicated that it is not the appropriate body to fulfil this role (IMC Position Statement 2024). An independent report on the PA role in Ireland is due to be published later this year.
- In the UK, the Leng Review (which subsequently reported in July 2025) was established by the Secretary of State for Health and Social Care to undertake an independent review of the PA and AA professions, with a focus on the safety of these roles and their contribution to multidisciplinary healthcare teams (the questions of whether they should be regulated, and by which body, were explicitly excluded). Key recommendations that have emerged from this, relate both to matters such as the scope and positioning of the PA and AA roles, but also to the wider system in which all professionals work.
- In Ireland, regulation of PAs is currently managed through a voluntary register by the Irish Society of Physician Associates. However, this does not provide the same safeguards as statutory regulation.
- The issues discussed – for example around scope and team working - also has resonance for other professions where regulation may be introduced or expanded. For example, Nursing Associates are currently only regulated in England, and not in Scotland or Ireland. Taken together, this suggests the need for decisions about regulatory change to be made up front, alongside workforce planning, to ensure that risks are managed and all stakeholders are on board (PSA, 2022).
- The regulation of new professions is likely to require ongoing scrutiny in addressing the healthcare workforce crisis, whilst ensuring protection of the public. A separate but related issue raised was the extension of the roles of existing professions and how this could support all members of the multi-disciplinary team.

Remote and rural working

- Remote and rural locations can pose significant constraints in relation to accessing healthcare in Ireland and Scotland.
- For example, general practice in Ireland faces several challenges including viability issues, recruitment and retention problems, inadequate infrastructure, out-of-hours and locum service difficulties, limited ambulance and emergency support, professional and social isolation; and unique challenges faced by GPs serving offshore islands (Irish College of General Practitioners 2015). A measure to address this is the International Medical Graduate (IMG) Rural GP programme which aims to identify, support, and integrate a cohort of GPs into the rural Irish GP workforce. The programme is supported by the ICGP, HSE and GP medical indemnity organisations.
- In Scotland, work undertaken by the Health, Social Care and Sport Committee in 2023 has also highlighted issues such as the difficulties in implementing multi-disciplinary teams in this context and acute issues with GP recruitment and retention.
- In both Ireland and Scotland, there has been a particular focus on issues such as recruitment in remote and rural areas, but less attention has been paid to the role of regulation in this context.
    - One regulatory response to these issues has been development of a Remote and Rural Credential (Unscheduled and Urgent Care) by NHS Education for Scotland in partnership with stakeholders across the UK, as approved by the GMC (NHSES, 2024). This aims to enhance patient safety and service delivery by addressing training needs that are specific to these circumstances.
    - In the context of regulatory responses, the IMC have recently included updates to its telemedicine guidance in the 9th edition of its *Guide to Professional Conduct and Ethics* (2024). The definition of telemedicine has been expanded to include video, telephone, apps, and online platforms. The Guide also clarifies that doctors providing remote care must uphold the same professional standards as in-person consultations and must be registered in the EU to deliver these services in Ireland. This framework supports the expansion of remote care models, helping to address staffing challenges in rural areas. The workforce crisis in the context of remote and rural working presents a persistent challenge but also offers scope for regulatory innovation to support more flexible, responsive models of care.

Changing role of professional regulation

- In response to the challenges and opportunities identified at both roundtables stakeholders reflected on the changing role of the professional regulators. Regulation in this context is an evolving space, which is moving from a compliance model to a dynamic approach that aims to support mobility and flexibility in the workforce, whilst prioritising patient safety. Across both research roundtables a number of suggestions were made about how professional regulation can address workforce challenges, for example through:
    - Collaborative working (both within and beyond professional regulation) and outreach;
    - Collection, analysis and use of data and insights; and
    - Effective and efficient discharge of core functions (for example, in the UK the current programme of regulatory reform aims to deliver a 'flexible and modern' system of professional regulation (Department of Health & Social Care, 2023). In Ireland recent IMC research on reforming its complaints model emphasises the negative impact that this can have on doctors *and* patients, with each group seeing the process as favouring the other (IMC, 2025).
- These considerations raised the question of the extent to which professional regulation can influence matters such as workplace culture, and the contribution of upstream and downstream interventions? Whereas many issues relating to the workforce might once have been seen as outside of professional regulators' sphere of influence, this has become more of a focus particularly around matters such as workforce sustainability (PSA, 2022).
    - An example of an upstream regulatory intervention in Scotland is a new workshop for doctors 'Caring for a workforce under pressure', as delivered by GMC Scotland. This aims to promote positive workplace cultures by encouraging participants to discuss issues that are detrimental to wellbeing and identify how these might be tackled.
    - In Ireland, a downstream intervention is the recent launch by the IMC of 'CAREhub', a mental health support service to those who are engaging with its regulatory processes. This reflects the well documented toll such proceedings can take on doctors' health and wellbeing (Hawton 2015).
- While professional regulation is just one part of a complex healthcare ecosystem, discussions highlighted the valuable role professional regulators can play in shaping workplace culture by setting standards, and promoting environments that are safe, inclusive, supportive and progressive. For example, professional regulators can help to influence culture by embedding expectations for diversity, inclusion, and wellbeing in professional and training standards. Gathering demographic data on the workforce can highlight disparities and support transparency and evidence-based improvements. Through collaboration with stakeholders, within and beyond regulation, this can contribute towards fostering a culture that prioritises patient care and safety, and supports staff wellbeing.

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Appendix I: Research Roundtable Participants

Ireland (University College Cork, 6th March 2025), participants included:

Dr Mary Tumelty, School of Law, University College Cork (Co-Principal Investigator)

Dr Annie Sorbie, School of Law, University of Edinburgh (Co-Principal Investigator)

Mr Lewis Garippa, School of Law, University of Dundee

Ms Destiny Noble, School of Law, University of Edinburgh (Research Assistant)

Professor Mary Donnelly, School of Law, University College Cork

Dr Bernadette Rock, Head of Research & Regulatory Data Insights, Irish Medical Council

Ms Marian Brosnan, Quality Assurance Manager, Irish Medical Council

Professor Anthony O'Regan, Medical Director of the National Doctors Training and Planning Department, Health Service Executive

Dr Áine Ryan, Lecturer, Centre for Professionalism in Medicine & Health Sciences, Royal College of Surgeons, Ireland

Dr Sarah Fitzgibbon, Founder, Women in Medicine Network Ireland (WIMNI)

Scotland (University of Edinburgh, 5th June 2025), participants included:

Dr Annie Sorbie, School of Law, University of Edinburgh (Co-Principal Investigator)

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Mr Lewis Garippa, School of Law, University of Dundee

Ms Destiny Noble, School of Law, University of Edinburgh (Research Assistant)

Dr Chris Williams, Vice Chair (Policy) of Scottish Council, Royal College of General Practitioners Scotland

Mr Ian Somerville, Policy and External Affairs Manager, General Medical Council Scotland

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Professor Donna O'Boyle

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