Health Care Assistants Literature Review

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List of Terms

Abbreviations	Definition
CCNME	Consortium of Centres of Nursing and Midwifery Education.
CNME	Centre of Nursing and Midwifery Education
CORU	Regulating Health and Social Care Professionals in Ireland
CSTAR	Centre for Support and Training in Analysis and Research (UCD)
DOH	Department of Health
EEA	European Economic Area
ENQA	European Association for Quality Assurance in Higher Education
EPSU	European Public Services Union
ETB	Education and Training Board
ETBI	Education and Trainings Boards Ireland
EU	European Union
FEETAC	Further Education and Trainings Award Council
GRETB	Galway and Roscommon Education and Training Board
HCA	Healthcare Assistant
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
ILO	International Labour Organisation
NARIC	National Academic Recognition Information Centre
NCVA	National Council for Vocational Awards
NHI	Nursing Homes Ireland

NMBI	Nursing and Midwifery Board of Ireland
NVQ	National Vocational Qualification
PA	Physican Assistant (US)
QA	Quality Assurance
QQI	Quality and Qualifications Ireland
RCSI	Royal College of Surgeons in Ireland
SIPTU	Services, Industrial, Professional and Technical Union
SOLAS	An tSeirbhís Oideachais Leanúnaigh agus Scileanna (Further Education & Training Authority)
UCD	University College Dublin

Executive Summary

This literature review examines the current state of Healthcare Assistants (HCAs) in Ireland, highlighting significant challenges and opportunities across workforce regulation, training, career development, and working conditions.

The HCA role lacks a clear national definition and standardised tasks, causing confusion and overlap with nursing duties. Regulation is inconsistent, with no unified registration or mandatory qualifications, leading to wide variation in pay, qualifications, and conditions. This distinction in roles is especially clear between public and private sectors.

Quality and Qualifications Ireland Level 5 is the standard qualification, offered by diverse providers including public institutions, Centres of Nursing and Midwifery Education, voluntary groups, and private colleges. However, course content, fees, and delivery vary widely. Many HCAs, particularly in the private sector, remain unqualified or partially qualified, facing barriers like cost and restrictive work permits that limit career mobility.

Private employers rely heavily on overseas recruitment and looser qualification enforcement. Retention is poor, as qualified HCAs move to better-paid public roles, worsening private sector shortages. Pay disparities are significant, with public sector HCAs earning more. Minimum salary rules for non-EU HCAs have capped private sector wages, causing wage stagnation and reducing job appeal. Lack of clear career paths and incentives limits HCAs' pursuit of further education. Flat pay scales discourage skill growth.

The current loose regulatory environment, inconsistent qualification standards, and pay disparities create significant challenges for Ireland's HCA workforce amid growing care demands from an ageing population. Strengthening regulation, education, career development, and professional support for HCAs is essential to improve workforce stability, care quality, and the sustainability of healthcare services across Ireland. Key policy actions include:

- Defining a clear, standardised HCA role and task list nationally.

- Implementing professional registration and a unified regulatory framework.
- Mandating QQI Level 5 certification as a minimum entry requirement, with a unified national curriculum and consistent standards for practice placements.
- Creating structured career pathways with differentiated pay for certified HCAs.
- Enabling collective bargaining rights for HCAs across all sectors.
- Supporting professional communities and peer networks.
- Conducting further research on union roles, private sector working conditions, and delegated clinical duties.

1. Introduction

The purpose of this literature review is to provide an in-depth understanding of the scope of Healthcare Assistant role in Ireland, exploring how the role varies across settings, the education and qualification requirements, regulation of the sector, career development, recruitment and retention and broader implications on healthcare delivery.

The role and function of healthcare assistants (HCAs) cannot be easily defined. Here we use the term to universally cover a number of different job titles, some of which are specific to different sectors (e.g. Health Service Executive (HSE) hospitals), but whose job descriptions are otherwise similar (See Table 1).

Table 1. Synonymous Job Titles and their Contexts

Job Title	Commonly Used In	Notes	Citation
Healthcare Assistant (HCA)	HSE hospitals, nursing homes (public and private)	Official title used in HSE job postings and most public health settings.	HSE, 2022
Care Assistant	Private nursing homes, home care agencies	General title in private sector job ads.	SIPTU, n.d.

Care Support Worker	Disability services (e.g., HSE, voluntary orgs)	Used especially in intellectual disability services.	HSE, 2022
Health Care Support Assistant	HSE job descriptions and QQI awards	Reflects QQI Level 5 qualification name.	QQI, 2014
Carer	Informal or private home care settings	Non-specific, widely used in public discourse and media.	SIPTU, n.d.
Home Help	HSE community services (especially older adults)	Older term; still in use for certain support roles.	HSE, 2022
Support Worker	Disability and mental health services	Broader term that may overlap with social care work.	HSE, 2022
Multi-Task Attendant	Public hospitals and nursing homes	Includes patient care, cleaning, catering—used in multi-role settings.	HSE, 2022

Source: TASC, 2025

In 2020, Fórsa, one of the trade unions, began clarifying the role of HCAs in discussions with Department of Health (DOH) and HSE around supporting school students in receipt of Disability Services during the COVID-19 lockdowns. At that time Fórsa secured assurances that Special Needs Assistants working in educational settings would not be reassigned to HCA roles without appropriate qualifications (Fórsa, 2020). Otherwise, the specific duties of HCAs are not clearly defined.

This is an issue not unique to Ireland, and is recognised internationally, despite the proliferation of the role in various healthcare settings (Jackson et al., 2024; Schäfer et al., n.d.). Indeed, a recent study by the European Public Services Union (EPSU) alludes to the broad and varied nature of the work carried out by HCAs. Consequently, the EPSU adopts a 'very wide understanding of the occupation which

will comprise workers not performing jobs of other health and social care professionals' (Florek, 2022). In a report on the role and function of HCAs in Ireland, the HSE (HSE, 2018), utilised the definition as adopted by the International Labour Organisation (ILO) in their International Standard Classification of Occupations (ILO, 2012):

> "Health care assistants provide direct personal care and assistance with activities of daily living[1] to patients and residents in a variety of health care settings such as hospitals, clinics, and residential nursing care facilities. They generally work in implementation of established care plans and practices, and under the direct supervision of medical, nursing or other health professionals or associate professionals."

As of January 2024, there were 20,272 HCAs employed in Ireland's public health system, according to the Health Service Executive (HSE, 2024). This figure reflects a 15.8% increase compared to the previous year (HSE, 2024), indicating a growing reliance on HCAs across hospitals, nursing homes, and community care settings.

In addition to those employed in the public sector, a significant number of HCAs work in the private and voluntary sectors. While exact figures for these sectors are not specified in the HSE report, the Department of Health (2024) estimated that 27,995 caring personnel (e.g. HCAs, midwives, physiotherapists, etc.) were practicing in Ireland in 2023 across both public and private healthcare settings based on provider reported personnel numbers. This suggests that approximately 7,700 HCAs are employed outside of the public system. However, exact figures of HCAs working in Ireland are unavailable and likely the numbers of staff reported by providers are under reported.

[1] "**Activities of daily living** include basic self-care tasks such as bathing, dressing, eating, toileting, and mobility." — *National Disability Authority (2005)*

Many undocumented immigrant workers are known to be employed in Ireland's care sector, including in roles as HCAs, often without contracts or formal recognition. These individuals are unlikely to appear in any official counts. The Migrant Rights Centre Ireland (MRCI) and SIPTU have reported that these workers are routinely underpaid, overworked, and excluded from basic labour protections, making them largely invisible in official statistics (MRCI, 2020a; SIPTU, 2024a). Because these roles are not subject to the same levels of oversight or formal registration requirements, employers can avoid reporting such workers in official staff counts. This leads to a significant underestimation of the number of HCAs active in the system. This is a particular concern in the private and home care sectors where employment relationships are often informal. The Irish Times estimated that there were from 5,000 to 5,667 undocumented immigrants working in the care sector (Lally, 2020). Despite their essential roles, these workers were not included in health workforce data or public health planning, and many lacked access to healthcare themselves.

In an attempt to better understand the staffing levels and demands of the caring environment a KPMG report, commissioned by the Department of Enterprise, Trade and Employment used modelling to estimate that the demand for HCAs in 2023 was 65,272 workers, while the actual number of HCAs employed was only 59,707. That is, in 2023 the staffing of HCAs was 8.9% lower than needed for the population, reflecting unmet needs and potentially structural barriers. They predict a rise in the rate of demand for HCAs of 3.5% to 4.0% over the next 12 years (KPMG, 2024).

Casting aside differences in methodologies regarding assessing the number of HCAs, it is widely recognised that Ireland is experiencing significant problems in meeting the demand for healthcare workers across all healthcare settings (O'Donovan, 2024; PWC, 2023; MRCI, 2020c). This shortage of HCAs in the Irish healthcare system puts pressure on the existing HCAs in their positions, leading to them working even more hours in an understaffed environment.

It is within this broad context that this literature review is being undertaken. We aim to answer several research questions, relating to the HCA role, focusing on qualifications and regulation, training and career opportunities and broader workforce issues. Key issues to be explored are outlined below.

Research questions

Qualification Requirements and Oversight

1. What are the minimum qualifications required to become a healthcare assistant in different healthcare settings (e.g., hospitals, nursing homes, community care)?
2. Who is responsible for monitoring qualification requirements?

Training and Career Development

3. What types of training and certification programmes are available for healthcare assistants, and how do they compare in terms of content and quality?
4. To what extent do employers require formal qualifications versus on-the-job training for healthcare assistants?
5. What role do continuing professional development and upskilling play in the career progression of healthcare assistants?

Workforce Implications and Challenges

6. How do qualification requirements impact the recruitment and retention of healthcare assistants?
7. What challenges do aspiring healthcare assistants face in meeting qualification requirements, and how can these be addressed?

Impact on Healthcare Delivery

8. How do qualification standards (e.g., policies, regulations) influence the quality of care provided by healthcare assistants?

9. How do policies impact HCAs' integration into healthcare teams?

The literature review begins with an overview of international literature, before exploring the HCA role in Ireland.

2. An Overview of International Literature on the HCA Role

Internationally, a variety of terms are used to describe healthcare assistants (HCAs), reflecting differences in healthcare systems, roles, and cultural contexts. In the United States, HCAs are commonly referred to as orderlies or personal aides (PAs), with roles often focused on supporting patients with mobility, hygiene, and daily tasks in hospital or home settings. In Germany and Sweden, the term nursing assistants is widely used, while Germany also employs the title eldercare assistants to describe workers who provide support to older adults in residential or community care. In Scotland, social care workers or home care workers typically fulfil similar functions, emphasising person-centred care in both domiciliary and residential contexts. Sweden additionally uses the term nursing aides for staff who assist with basic medical and personal care under the supervision of registered nurses. Despite differences in terminology, these roles generally involve supporting individuals with daily living activities and contributing to the continuity and quality of care (Jackson et al., 2024).

The following paragraphs discuss the evidence regarding the training of staff that support activities of daily living in a variety of international settings. The terminology used is in alignment with terminology utilised in the international literature.

2.1 International Evidence on HCA Training

The issue of low educational requirements for HCAs is not an Ireland-specific problem. Sweden, for example, holds no mandatory requirements for being a social care worker, though the National Board of Health and Welfare recommends training equivalent to a three-year healthcare programme one would take in secondary school. Nurse's aides in Sweden complete a one-year vocational education

programme that is usually provided publicly (Murphy et al., 2022). Similarly, the Netherlands requires vocational training for nursing assistants, and the amount of education required increases along with the grades available in the healthcare system–helping auxiliaries complete a one-year course, care helpers complete a two-year course, and nursing assistants complete a three-year course. The three-year training for nursing assistants in the Netherlands is lengthy compared to the training for their equivalents in other countries (Murphy et al., 2022).

Education for HCA, or PAs, is similarly unstandardised in the United States. Prospective PAs complete training programmes, mostly at the graduate level, and often on medical or nursing school campuses (Hooker, 2006). The programmes are accredited by the Accreditation Review Commission for Physician Assistants. Students complete courses and participate in didactic coursework and a clinical year of rotations in different specialties. The required coursework for a programme is laid out in the Physician Assistant Education Association 'Guide for International Program Development.' Before being certified, they must pass the Physician Assistant National Certifying Examination, which is a nationally administered exam that ensures PAs possess the essential knowledge for the profession (Legler et al., 2007). Orderlies, however, complete short on-the-job training and do not have prerequisite qualifications (US Bureau of Labor Statistics, n.d.).

Similarly to the United States, Germany's qualifications framework is state-by-state. The vocational training completed by nursing and eldercare assistants is state regulated, and there is no standardised national curriculum. However, there are minimum standards of knowledge set out in the Care Professions Reform Act of 2017. On completion of vocational training courses, nursing assistants will have attained the necessary knowledge and skills to fulfil entry requirements into a nursing degree course (in general health, child health or eldercare) (Murphy et al., 2022).

2.2 International Discussions of HCA Regulation

A recent study of the regulation of healthcare assistant roles globally reported that of 77 jurisdictions examined, only 12 jurisdictions had implemented regulation programmes for HCAs. All of these jurisdictions were in the USA, in specific states (Jackson et al., 2024). The governing bodies for these regulations were almost entirely the state's board of nursing, the exceptions being Arkansas' Office of Long-Term Care, California's Healthcare Workforce Branch, Rhode Island's Department of Health, and Washington's Department of Health (Jackson et al., 2024). The licensure of healthcare professionals is a state issue and is not determined by the federal government. However, physician assistants in the US are formally licensed in all states. The regulations in each state are in the form of individual medical statutes that define the parameters of physician assistants' practice in the medical field (Hooker, 2006).

In Sweden, nursing assistants and aides are an unlicensed and unregulated field. A research report commissioned by the Health Research Board which explored the regulation of HCAs in four EU member states, reported that the Swedish Municipal Workers' Union has been pushing for the professionalisation of the field since 2016 (Murphy et al., 2022). In Scotland, social care staff are regulated by the Scottish Social Services Council, which includes home care workers. However, employees of healthcare providers in social care settings are not included in this group. Employees of the National Health Service are regulated by the Scotland Mandatory Induction Standards and Code of Conduct (Murphy et al., 2022).

UCD CSTAR writes in their report on HCAs that unregulated care providers in many countries are prone to overstepping their boundaries with patients as well as other health professionals (Conyard et al., 2020). The blurring of boundaries and issues of skill-mixing has specifically led to tension between HCAs and nurses. According to Bach et al., the requirements of the HCA role are a threat to nurses' "distinctive patient-centered ideology" (2012, p. 207), as their usual mix of tasks are separated into skills and remove the holistic nature of the practice. Nurses may feel that their role is to be usurped by HCAs. Indeed, evidence from the United Kingdom indicates

that HCAs may consider that their role and position in healthcare makes them more connected to patients' physical and emotional needs (Bach et al., 2012). In the UK, research has shown that the vagueness of the relationship between HCAs and nurses has become socially negotiated and based more on "contingency and culture" than on tangible trust policies (Bosley & Dale, 2008, p. 119). They give the example of certain tasks being delegated to HCAs at times of shortage and overload that are later revoked when the workload is balanced. These tasks include blood glucose monitoring, providing assistance in the operating theatre and training junior nurses (Spilsbury and Meyer 2004). Although Spilsbury and Meyer (2004) found that HCAs were recognised for their contributions during staff shortages, their work often went unnoticed and unrewarded. Despite showing they could manage and carry out key nursing tasks, they were not allowed to maintain this level of responsibility when enough registered nurses were present (Spilsbury and Meyer 2004).

This tension has led nurses to highlight their professional credentials in comparison to HCAs' and treat HCAs as subordinates instead of coworkers (Bosley & Dale, 2008). HCAs rely on nurses to delegate tasks that they can perform, but nurses may be reluctant to give them tasks that they deem to not have the knowledge or skills for. Bosley and Dale (2008) give the example of ear syringing as a practical task meant to be delegated to HCAs, which is resisted by nurses due to their belief that it requires knowledge that HCAs don't possess. Without a clarification of roles and duties for HCAs, they are put in a position of conflict with nurses, and are at risk of underutilising key skills learned in training, and jeopardizing their career development over time.

3. The Role of the HCA in Ireland

'Healthcare Assistants' is an umbrella group in the HSE workforce reporting system, under which employees can be defined variously as Health Care/Care Assistants; Health & Social Care Assistants, and Attendant/Aide (HSE, 2023). In Ireland, HCAs

are employed publicly by the HSE, or privately by nursing homes, agencies and households for personal care. In healthcare settings such as hospitals and nursing homes, HCAs generally work in tandem with doctors or nurses, who delegate tasks to them. In these settings, HCAs assist in patient care, conducting simple medical tasks like taking blood pressure and glucose levels or recording fluid intakes, as well as providing personal care such as showering, toileting and dressing (Bach et al., 2012). However, there is evidence that the role of the HCA can extend to more complex procedures including patient assessment, wound care and the administration of medications (Lloyd-Jones & Young, 2005; McKenna et al., 2004). A recent report in Ireland worryingly indicated that some HCAs were being tasked with taking bloods and catheterisations (McAuley, 2024). The lack of role clarity for HCAs is broadly recognised in Ireland, with a wide variation in qualifications and skills across the sector (Mulligan, 2022).

In private settings the role of the HCA is even less clearly defined, regulated or monitored. In private homes, for example, in addition to duties such as personal care and basic healthcare (monitoring blood pressure, temperature, glucose levels), HCAs also routinely assist with other varied tasks, including exercise, light housework as well as assisting with wound dressing and medication administration.

A report commissioned by the HSE on the role and function of HCAs (2018) identified 10 areas of patient-centred care in which HCAs routinely perform duties, including:

- Communicating
- Breathing
- Eating and Drinking
- Intimate Care – Elimination of Waste
- Controlling Body Temperature
- Intimate Care – Personal Cleansing and Dressing
- Mobilising
- Death and Dying

- Collaboration in other Ward Activities
- Maintaining a Safe Environment (HSE, 2018)

The emergence of various professional development courses on medication administration in Ireland, which are being provided by marketed towards HCAs, underscores their expanding role into areas traditionally outside of their remit. These courses are being offered both by private training organisations who will provide in-house training in healthcare facilities for a fee (Safe Administration of Medication for HCA's & Social Care Workers | NBTS.Ie Health & Safety Training, n.d.) as well as being offered free of charge to individuals through the Alliance of Healthcare Assistants in Ireland (Medication Administration for Healthcare Assistants Working in the Clients Own Home, n.d.).

The need to provide clear definition of roles and responsibilities was identified over a decade ago:

> "It is recommended that a national review of the education, role and functions of the nursing healthcare support worker roles, such as the Healthcare Assistant and Multi-task attendant is undertaken; and that the findings of this review will inform alterations to the nursing/healthcare assistant grade mix." (Taskforce on Staffing and Skill Mix for Nursing Department of Health., 2016)

Regardless, the HCA role continues to evolve and, with this, a lack of clarity and blurring of the boundaries of the HCA role and responsibilities continues. The lack of a clearly defined role for the HCA has led to the Irish Nurses and Midwives Organisation (INMO) raising concerns about the importance of ensuring that HCAs do not act as proxies for more qualified healthcare professionals, and that they are not burdened with the responsibility for making clinical judgements or assessments without supervision (Irish Nurses and Midwives Organisation, 2016).

4. Qualification Requirements

Key concerns identified in the regulation of HCAs in Ireland relate to the broad variation in qualifications, how these are recorded and monitored and how they vary across various healthcare and home settings. As stated previously, problems with regulation of the HCA role are not unique to Ireland. In the EU context, the EPSU notes that under-regulation remains an issue for a significant proportion of employees in the health and social services sector, with no common definition for the HCA Role and significant variation in the scope of the role across the EU (Florek, 2022). The process of implementing stringent registration processes and regulation of the HCA role is recognised as complex but also may have the benefit of improving working conditions for many employed in the role (EPSU Launches New Report on Registration of Health Care Assistants, n.d.).

There are four categories of HCAs which are detailed in the following subsections:

1) Formal qualification from Ireland

2) Formal qualification from Overseas

3) Informal "on the job" qualifications

4) Un-/part- qualified and irregular employment

4.1 Formal Qualification from Ireland

The first step towards regulating the Healthcare Assistant role in Ireland came in 2001, when the role was first formally defined by the HSE:

> "The role of the health care assistant is to assist nursing/midwifery staff in the delivery of patient care under the direction and supervision of the Clinical Nurse Manager 2/1, Staff Nurses/Midwives/ Public Health Nurses and community Registered General Nurse as appropriate." (DOHC Nursing Policy Division Working Group, 2012)

At the inception of the role, candidates were required to hold a National Council for Vocational Awards (NCVA) Level 2 award. This award consisted of 8 modules, one of which was work experience (DOHC Nursing Policy Division Working Group, 2012).

The introduction of a formal training course for HCAs was broadly welcomed and led to notable improvements in knowledge and skills amongst HCAs (Keeney et al., 2005).

A national job description for HCAs was developed in 2006, as the role developed from a multi-task attendant to one focused more on patient care under the supervision of a nurse or other healthcare professional (Irish Nurses and Midwives Organisation, 2016). At this time, the FETAC level 5 qualification was introduced to replace the former NCVA award. The FETAC level 5 qualification was made widely available to thousands of HSE healthcare workers through the SkillsVEC programme (HSE, n.d.-a) This initiative enabled staff, many of whom were already working as HCAs without formal qualifications, to gain certified training in specific areas (e.g. care skills, communication, infection prevention and control, and safety and health at work) (LHP Skillnet, n.d.).

By offering structured, accredited education, the SkillsVEC programme aimed to professionalise the healthcare assistant workforce, enhance care standards, and create clearer pathways for career progression within the health and social care sectors (HSE, n.d.-b). There was an expectation that those not in possession of this qualification would work towards it, but that it was recognised that in some "exceptional circumstances" this may not be possible and that, for these HCAs, the "job description [would] apply consistent with the appropriate delegation of duties from the nurse/midwife" (HSE, 2006).

At present, qualification requirements are laid out in the HSE Eligibility Criteria (Health Care Assistants, Eligibility Criteria, 2023). To work as a HCA, candidates must possess

a) a QQI Level 5 healthcare award, or
b) an equivalent healthcare qualification, or
c) currently be employed as a Health Care Assistant or in a comparable role.

Additionally, HCAs must be sufficiently competent and have the capacity to 'discharge the duties of the role' (Health Care Assistants, Eligibility Criteria, 2023).

The HSE does not specify key competencies and skills needed by HCAs, only that they be in good health and of good character. The HSE conducts Garda vetting for all new employees when their role has contact with children or vulnerable adults, which is applicable to HCAs. The Department of Health cites issues around the timings related to Garda Vetting and uptake of roles in the HSE as a possible obstacle for people interested in the position of HCA in Ireland (Department of Health, 2022).

While the requirements of the role are clearly specified, the way in which these requirements are implemented in practice differs considerably across sectors, depending in part on whether HCAs are employed in the Public Sector (HSE) settings (hospitals, nursing homes), Private healthcare settings (nursing homes) or private homes. The discussion will explore each route to working as a HCA and how the rules are applied in practice in each of the sectors above.

For HCAs trained in Ireland, the standard formal qualification required to work as a healthcare assistant is the QQI Level 5 award. There are five Major Awards that qualify a person for the Healthcare Assistant position. The Awards applicable to the position are Community Care, Community Health Services, Healthcare Support, Health Service Skills, and Nursing Studies (HSE, 2025). Major Awards are the main level of achievement in a subject that allows a learner eligibility for certifications. Each Major Award is made up of 8 modules and 120 credits. Most employers require a Major Award while hiring, but some only require a minimum of two modules to speed up the hiring process (Conyard et al., 2020). Learners take classes on specific health areas like disabilities and rehabilitation, as well as more general classes on nutrition, biology, customer service, and communication (QQI Awards Standards | Quality and Qualifications Ireland, 2021). QQI Level 5 certifications are equivalent to a standard Leaving Certificate, as they can be used in place of a Leaving Certificate when applying to universities and technical schools (Childcare & Healthcare Courses Online | Chevron Training, n.d.).

All HCAs entering the public sector workforce from within Ireland for the first time must hold the QQI level 5 qualification. In contrast, however, HCAs working in home care or nursing home settings, no formal healthcare qualification is required, although HCAs working in these settings must demonstrate that they are working towards achieving their qualification (KPMG, 2024). This inconsistency leads to a significant grey area in relation to qualifications for HCAs. A recent study found that 16% of respondents working in the private sector did not hold full formal qualifications (Conyard et al., 2020). A recent international study on the registration of HCAs also noted how the QQI level 5 qualification was 'somewhat ambiguous' and that within the private sector in particular the requirement was not stringently enforced (Florek, 2022). Indeed, the evidence would suggest that many HCAs initially employed in the private sector move into the public sector (KPMG, 2024), suggesting that once they are fully qualified, HCAs may seek out better pay and conditions offered by the HSE. Further information on the training and career development for HCAs who qualified in Ireland is available in Section 6.

4.2 Formal Qualifications from Overseas

Ireland's population is ageing at a rapid rate, with the number of people aged 85 and older predicted to double by 2036 (Keegan et al., 2022). in addition to an increasing proportion of the population being older, levels of dependency will also increase (May et al., 2022). These issues are set to exacerbate existing shortages of care staff across all sectors. A report by KPMG estimates a shortfall of 62,243 HCAs by 2036 (KPMG, 2024). Within this context, there is increasing reliance on the recruitment of HCAs from overseas to fill this significant care gap.

Recent figures indicate that in 2022, 22% of a combined pool of almost 28,000 HCAs and Healthcare Support Assistants[2] working in 563 nursing homes in Ireland were non-national (Jalili et al., 2024). For HCAs recruited from overseas, there is a requirement to have a qualification comparable to QQI level 5 on the Quality and

[2] Healthcare Support Assistants work in the Home Help Sector (*Healthcare Support Assistant/Home Help - Inishowen Development Partnership*, n.d.; HSE, 2021). The title Healthcare Support Assistant appears to be used interchangeably with the title Healthcare Assistants (Home Support) (*HCA - Home Support - Quals & Exp*, n.d.)

Qualifications Ireland (QQI) NARIC Ireland framework. NARIC Ireland allows for recognition of foreign qualifications by comparing to major award types on the Irish National Framework of Qualifications (NFQ). (NARIC Ireland Foreign Qualifications - QSearch, n.d.).

Since 2021, potential employees from outside the EU/ European Economic Area (EEA) can apply for a general employment permit to work as a HCA in Ireland. Applications are made through the Department of Enterprise, Trade and Employment and are contingent on the candidate having an offer of employment which pays a salary of €27,000 or more, and a commitment to earning the QQI Level 5 qualification within two years (KPMG, 2024). Following the recommendations of the Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants (Department of Health, 2022), in 2023, similar general employment permits were extended to home care workers from outside the EU/ EEA (Department of Enterprise, Trade and Employment, 2022).

All HCAs entering Ireland from overseas to work in the public sector must hold a formal qualification from overseas. However, there are some notable inconsistencies in how the rules are applied in the private sector (Conyard et al., 2020). Such as, a lack of oversight on the extent to which employees are achieving the QQI qualification within two years of the commencement of employment and evidence that some employees do not have plans to complete full certification (Conyard et al., 2020).

4.3 Healthcare Assistants Qualified "on the job"

While the HSE outlines a requirement for QQI Level 5 or equivalent qualifications for new entrants, there are many HCAs working within the HSE system who do not hold any formal qualifications. The role of Healthcare Assistant was first introduced in 2001. Prior to this, no formal qualification was required. The HSE Eligibility Criteria stipulates that those who are already employed as HCAs do not need to hold a QQI Level 5 certificate (HSE, 2023). However, the HSE does not provide detail on how this pool of employees should demonstrate proficiency in the role.

Evidence suggests that many HCAs gain employment through internship type arrangements. For example, under the Public Service Stability Agreement 2013 – 2016, up to 1,000 interns were hired in Healthcare Assistant, Multi-task Attendant and other roles. The HSE reports that at the time of publication, "most" of the interns transitioned to permanent HCA roles at the end of the internships (2018), as their roles were "regularised" into permanent positions after 18 months of satisfactory work (Oireachtas, 2022). Additionally, there are HCAs employed without formal qualifications who commit to gaining their qualifications while working. Evidence suggests that many employees in private nursing homes are employed on the condition of making a commitment to gaining QQI qualifications within two years of employment (KPMG, 2024).

These internships and work placements allow individuals without formal qualifications to gain experience as HCAs and such opportunities are typically offered within community care services, hospitals and nursing homes (HSE, 2022). Such supervised work placements can provide a valuable introduction to the HCA role and ideally serve as a stepping stone toward formal training. This approach supports workforce entry and addresses staffing shortages (HSE, 2022). However, precise pathways for on-the-job learning and/or progression towards accredited certification are not apparent.

There appears to be a significant qualifications "grey area" for HCAs from outside the EEA who are renewing work permits. Guidance from the Department of Enterprise, Trade and Employment notes that HCAs should demonstrate that they have developed skills and competencies comparable to QQI level 5 qualifications during their employment (Department of Enterprise, Trade and Employment, n.d.). This loophole appears to provide scope for employers to recognise other skills and qualifications gained on the job.

4.4 HCAs who are unqualified, part- qualified or in irregular employment

The final category of HCAs we identify is those who either do not hold any qualifications, are part qualified or whose qualifications are not recognised due to their irregular employment status.

As noted earlier, it is not compulsory for HCAs working in the private sector to hold full formal qualifications. While they are required to hold at least two minor awards and make a commitment to work towards full qualification, evidence suggests that some HCAs, particularly those employed in the private sector, do not intend on pursuing full qualification, with 16% of employees in this sector not holding full qualifications (Conyard et al., 2020).

While working towards their QQI Level 5 qualification, HCAs generally undertake work placements. The extent of uniformity of work experience (in terms of duration, task allocation) across certifying bodies is unclear, but given the vast difference in types of courses available it is unlikely that work placement roles and responsibilities are consistent or comparable for HCAs in training. These unqualified HCAs work alongside qualified HCAs. There is no evidence of the regulation of the types of duties unqualified HCAs should be restricted to while awaiting qualification.

In addition, there is evidence of a significant informal market of HCAs, particularly in home care and eldercare, where undocumented immigrants are heavily employed (ESRI, 2017; MRCI, 2020b, 2020c; Stapleton et al., 2024). While it is impossible to accurately determine the number of undocumented HCAs working in Ireland, recent figures can provide a rough indication of employment of undocumented workers in the healthcare sector more broadly. Figures from 2022 indicate that there were approximately 17,000 to 20,000 undocumented immigrants in Ireland, including 2,000 to 3,000 children (Stapleton et al., 2024). Further, the Regularisation of Long-Term Undocumented Migrants Scheme implemented in 2022 received applications on behalf of 8,311 individuals, of which 55% stated they were in employment. The response level is approximately half of the estimated total number of

undocumented adults in Ireland. Of the 4,674 who provided information on their employment, 464 stated they were healthcare and related workers (Stapleton et al., 2024). It could be roughly extrapolated, therefore, that there are approximately 900-1,000 undocumented workers in the healthcare sector.

Indeed, the problem of undocumented workers in the healthcare system is long recognised, with the Employment Permits (Amendment) Bill introduced in 2014 to protect undocumented immigrants from exploitation and making provisions for access to work permits for care workers (SIPTU Digital, 2014). Often undocumented workers do hold formal qualifications from overseas but are trapped in situations where they do not have a route to having these qualifications recognised. There is evidence that many undocumented workers in the health sector enter Ireland initially on a student visa and remain after the expiration of their visa (ESRI, 2017). Stories from some of these workers highlight how they remain trapped working for employers who are unwilling to sponsor them and thus are unable to regularise their employment (Malekmian, 2021a, 2021b). The introduction of work permits for non-EU HCAs and homecare workers was seen as a route to reducing the number of undocumented homecare workers in Ireland (Department of Health, 2022).

5. Regulation of HCAs

5.1 Oversight of qualifications

As the discussion above illustrates, while there are minimum qualifications required to fulfil the HCA role In Ireland in the public sector, there are many grey areas and a significant lack of transparency in how the role is regulated. This is even more pronounced in the private sector.

In the public sector, there is an expectation that HCAs will have a QQI Level 5, or equivalent qualification from another jurisdiction, or have sufficient 'on the job' experience not to require a qualification, or in some cases to prove they are working towards gaining a QQI Level 5 award. In the private sector, however, adherence to these standards is much less stringent. While employees should show evidence that

they are working towards a QQI Level 5 award, evidence suggests that many HCAs employed in the private sector do not complete the process of becoming qualified (Conyard et al., 2020; Delaney, 2020).

Furthermore, there is evidence of considerable variability in the qualifications required in cases where the HSE contracts out work to private providers of home care services, with specific qualification requirements outlined in individual tender agreements (Delaney, 2020). Therefore, there is no published information available on what the qualifications are for HCAs working in the private sector, even if they are under HSE contractual obligations to support publicly funded patients.

The HSE stipulates that homecare workers working for private providers who are contracted to the HSE should have a minimum of two modules in order to work (Care of The Older Person and Care Skills), with a commitment to complete remaining modules within 11 months. The same requirement is stipulated for working in nursing homes (Conyard et al., 2020). These requirements have been identified as a barrier for some new entrants to care working (Department of Health, 2022). However, the extent to which these regulations are actually adhered to is questionable. A recent study exploring the regulation of the homecare sector indicated that while there was some evidence of "self-governance", the regulation of work tendered to private providers by the HSE existed in theory, but not necessarily in practice (HIQA, 2021).

5.2 Regulation of Health and Social Care in Ireland

HIQA is responsible for regulating health and social care. While Nursing Homes are regulated and subject to inspections, in their 2024 Regulation Handbook, they state:

> "There is no specific requirement in the regulations that stipulates a particular minimum qualification to work as a healthcare assistant in centres for older people. In addition, the regulations do not specify any particular training or qualification or the level required." (HIQA, 2025)

Similarly, the home care sector is completely unregulated:

> "There are no statutory requirements around who can provide home care, e.g. mandatory minimum training / qualification requirements across the sector (save for regulated professions such as nurses) and no statutory care standards." (Timoney, 2018)

This can result in significant exploitation of workers, with zero hours contracts and low wages commonplace. In response to these poor conditions, there have been calls for regulation of the sector (Delaney, 2020; Timoney, 2018) and the emergence of community-based co-operatives of home care workers, who seek to ensure better pay and conditions for workers (Delaney, 2020). The lack of clarity around the differences between the position of "home health care assistant", "home carer", "homecare worker" and "home support worker" and the qualification requirements for each position (Murphy et al., 2022) also adds another layer of confusion around the role (RCSI, 2023). The Table 2 below provides a list of the various terms for HCA which appear in the Irish literature we have examined.

Table 2: Synonyms for HCA in recent Irish literature and policy documents

Title	Source
Healthcare Assistant	Conyard (2022)
Health Care Assistant	HSE (2025), Department of Health
Multitask Attendant	Department of Health (2016)
Healthcare Support Worker	Department of Health (2016)
Health Care Support Assistant	HSE (2021)
Healthcare Assistant (Home Support)	HSE (HCA - Home Support - Quals & Exp, n.d.)
Home Care Worker	Murphy (2022)
Home Support Worker	Morrow et al (2024), RCSI (2023)
Home Carer	Department of Health (2022)
Home Health Care Assistant	McKeown (2024)

Source: TASC, 2025

5.3 Professional Registration of HCAs

The professional registration of HCAs is seen as a route to addressing the problems outlined above: (i) inconsistency in the qualification requirements across public, voluntary and private sectors and (ii) lack of oversight of HCAs across various settings (Glackin, 2016; HSE, 2018).

At present, HCAs in Ireland are not subject to any kind of unified federal regulation or registration. Recent findings from a large-scale quantitative study of HCAs in Ireland highlighted the importance of enforcing consistent standards in training and recruitment, with the lack of educational requirements in some settings highlighted as a critical issue (Jalili et al., 2024). Some organisations have called for the recognition of healthcare workers as a profession and registration through CORU (NHI, n.d.) and there is strong support within the HCA community for professional registration (McHale, 2024; SIPTU, 2024b).

Without a registry, it becomes nearly impossible to get an accurate number of employed HCAs in Ireland, which impedes knowledge of training and qualifications, as well as workforce planning (HSE, 2018). Ireland's lack of a national registry of HCAs opens up the possibility of HCAs evading consequence for malpractice– without national registration, HCAs who are released for malpractice are able to be rehired elsewhere (Conyard et al., 2020). Implementing regulation and registration of HCAs could also aid in clarifying their role in the workplace. The HSE's 2018 report on HCAs posits that the role and responsibilities of the Multi–Task Attendant in some sectors has been blurred with the role of the Health Care Assistant. It demonstrates a need for clarification and separation of duties (HSE, 2018). Without clarification of duties for HCAs, there is the possibility of overestimated capabilities by supervising staff or an overstepping of boundaries with patients that puts them in jeopardy.

The issue of a regulatory body for HCAs has been broached several times, even in the Oireachtas. A 2019 Oireachtas debate discussed the recommendations of the HSE's 2018 report on HCAs with representatives from the SIPTU trade union,

specifically on how to move forward in accordance with the slate of Slaintecare healthcare reforms. Representative Paul Bell stated that there is a lack of understanding in the health service of how the role of HCA has developed (Oireachtas, 2019). The position continues to be unregulated today.

6. Training and Career Development

6.1 Quality and Qualifications Ireland Quality Assurance Process

As discussed in the previous section, the QQI level 5 is the standard award required for qualifying as a HCA in Ireland. Formal QQI Level 5 certification is available from a range of providers, including Centres of Nursing and Midwifery Education (CNMEs), Educational Training Boards and Public and Private Educational Institutions.

In order to offer QQI awards, centres must gain approval through QQI's quality assurance (QA) process. For Universities, Institutes of Technology and the Royal College of Surgeons Ireland (RCSI), the QA process is conducted on an institutional level only. For all other providers, QA comprises both an institutional and programme level evaluation (QQI, 2021).

In general, while providers are encouraged to design QA systems appropriate to their context, these must align with QQI's Core Statutory Quality Assurance Guidelines and any applicable sector-specific guidelines. This approach ensures that institutional autonomy is balanced with national consistency and comparability (QQI, 2021). The QA framework is informed by European best practice, particularly the Standards and Guidelines for Quality Assurance in the European Higher Education Area, further embedding it within a broader international quality framework (ENQA, 2015).

The QA process includes initial access to programme validation, periodic institutional reviews, and ongoing monitoring through reporting mechanisms. Providers undergo structured engagements with QQI, such as re-engagement

processes and external quality reviews, to demonstrate compliance with national standards and continuous quality improvement (QQI, 2021).

For QQI Level 5 awards that are applicable to HCAs (Community Care, Community Health Services, Healthcare Support, Health Service Skills, and Nursing Studies), QQI provides Certificate Specifications, which outline the required course content and assessment. These Certificate Specifications are provided for both minor award components (see, for example, QQI, n.d.-a) as well as the overall content of major awards (see, for example, QQI, n.d.-b, n.d.-c). Details of each type of provider, including examples of the type of courses offered, are provided below.

6.2 Consortium of Centres of Nursing and Midwifery Education

There are a total of 12 HSE CNMEs and 8 voluntary CNMEs in Ireland overseen by the Consortium of Centres of Nursing and Midwifery Education (Centres of Nursing and Midwifery Education (CNMEs), n.d.). In HSE CNMEs, QQI award courses are offered based on need within each geographical area. In the Sligo, Leitrim and West Cavan region, the QQI level 5 in Health Service Skills is offered to HCAs currently working in the HSE. HCAs who already hold a major award can participate in elective components in order to upskill (Centre for Nursing and Midwifery Education: Sligo, Leitrim and West Cavan, 2025). Voluntary CNMEs book training through the CCNME. For example, Muiríosa Foundation is a voluntary health organisation and member of CCNME, funded through the HSE. The Learning and Development Department at Muiríosa offers training organised by the CCNME to staff, depending on specific role requirements ('Learning and Development', n.d.).

6.3 Public Educational Institutions

QQI level 5 certification is offered through a range of public education institutions. SOLAS is the Further Education and Training Authority in Ireland and has an oversight role in planning funding and organising Further Education and Training (FET) offered through ETBs in Ireland (SOLAS et al., 2020). SOLAS works in partnership with Education and Training Boards Ireland (ETBI) to offer Level 5 certification through a range of centres. ETBs deliver courses to more than 226,000

learners annually in approximately 500 locations (ETBI, 2024), including Community Colleges of Further Education, and Further Education and Training Centres. Many courses offered through ETBs are provided at low or no cost to learners.

For example, the Galway and Roscommon ETB (GRETB) offers the Healthcare Support QQI Level 5 award either in full- or part-time mode. The course is delivered over 34 weeks. The full-time course consists of 10 modules while the part-time course includes 5 modules. Fees may apply for non EU/ EEA applicants (Course Finder, n.d.). Similarly, Dunboyne College of Further Education offers the Healthcare Assistant (Health Service Skills) course over 36 weeks, offering 11 modules which are subject to change and dependent on demand (Healthdept, n.d.).

The QQI Level 5 in Healthcare Support is also offered through the Back to Education Initiative, which is specifically targeted towards those who have not achieved a leaving certificate, are on social welfare or have a medical card or who are currently in the workforce but need to upgrade their skills. For example, the Back to Education Programme, Meath offers this course over 38 weeks on a part-time basis (three days a week, from 9 – 3). The course is designed to enable participants to combine learning with work, family and other responsibilities (BTEI - B2502 - Healthcare Support - Level 5 - Navan, n.d.).

Aside from ETBs, other publicly funded bodies offer QQI certification. One such example is Greenhills Community College, a College of Further Education funded through the Government of Ireland and the EU. Greenhills Community College offers QQI Level 5 Healthcare Assistant course full-time over 39 weeks, comprising of 8 modules ('Healthcare Assistant (Level 5)', n.d.). There is a flat registration fee of €50 for courses in 2025/26. Course specific fees have been waived for both the current and the 2024/25 academic years due to cost of living concerns (Greenhills Community College, 2023).

6.4 Not-for-profit and voluntary providers

QQI certified courses are also offered through not-for profit or voluntary institutions. One example is Leading Healthcare Providers (LHP) Skillnet. LHP Skillnet is a not-

for-profit learning network which is co-funded by Skillnet Ireland and a range of member companies (Skillnet, n.d.). LHP Skillnet offers QQI level 5 certificate in Healthcare support free of charge for job seekers. The course consists of 8 modules, is delivered online through live sessions (09:00 – 16:00) once a week over 6-7 months. The award is co-funded by the Government of Ireland, the EU and network companies (Skillnet, 2023).

Voluntary Colleges of Further Education across Ireland also offer QQI accreditation. A total of 15 Voluntary Secondary Schools and Community and Comprehensive Schools (VSCCS) received grants for further education through the Department of Education in 2022 (SOLAS, 2022). One such institution that offers a QQI Level 5 in Healthcare Support is Central College Limerick. This course is offered over one year, listing 8 modules (that may be subject to change). An administration fee and exam fee are charged, but the exam fee may be waived for Medical Card Holders (Healthcare Support 5M4339, n.d.).

6.5 Private Educational and Training Institutions

A wide range of private providers of QQI certification have emerged in recent years. Private institutions generally charge higher fees than any of the previous types of providers, although the mode of delivery and course content varies across providers.

Online providers include the Open College. This course costs €260 and can be completed in 8 weeks (Open College). According to Chevron College, a similar online course, HCA students are required to complete a minimum 150 hours of work experience during the course, which is a common requirement for students across different programmes. They recommend 4-6 weeks to complete each module, if a student is spending 10-15 hours per week on the course (Chevron College).

Some institutions provide a range of delivery modes, such as The Progressive College, which has offerings of fully online, blended and classroom learning modes for the QQI Level 5 in Healthcare Support. Fees are on a sliding scale from approximately €1000 to €1,500, depending on the level of in-person or live

interaction. The course duration is 32 to 40 weeks, depending on the mode of delivery. The College of Management and IT similarly offers a blended learning approach, utilising a predominantly e-learning approach, supported by access to a qualified tutor. The course is conducted over 12 months, consisting of 8 module and has a fee of €995. In contrast, Dorset College's QQI Level 5 in Healthcare Support is offered solely in in-person mode. This comprises of in-person classes two evenings a week for 3 hours, plus 12 Saturday workshops over the course of the academic year. The fees of €2,150 include enrolment fee and exam fee.

Some organisations provide training specifically focused on QQI Accreditation. For example, Forus Training offers a wide range of courses in healthcare, business and education. In contrast to other providers, minor awards are offered on an individual basis, as a route to gaining a QQI Level 5 Major Award. Costs per module range from €250 upwards, and a range of learning modes including online, in-person and blended are offered (5M4339 Healthcare Support Major Award Course | Online, n.d.).

6.6 Summary

As the discussion above illustrates, there is considerable variability in routes to achieving QQI level 5 accreditation for HCAs. Courses differ significantly in terms of the type of institution, funding model, fees, course structure, course content, mode of delivery and duration. It is thus beyond the scope of this literature review to provide a comprehensive outline of all the types of courses available. To illustrate the level of variability in routes to QQI Level 5 Accreditation for Healthcare Assistants, examples of each type of provider, mode of delivery (e.g. in person or online) , costs, course content, format and duration of courses are provided in Table 3, below. As very limited data are available on the courses run by the CCNME, these are excluded from the table.

Table 3. Selection of QQI Level 5 Training Courses Available to HCAs

Institution	Type of Institution	Price of course	Duration of modules	Duration of course	Format	Link to course
Open College	Private Education Institution	€1190	Self-paced	Up to 13 months	Online distance learning, 150 hours of assessment in work experience	Open College
Chevron College	Private Education Institution	€1195	4-6 weeks per module	16 months	Online learning and webinars. An online work experience module is offered.	Chevron College
Dorset College	Private Education Institution	€2150		Academic year (8 months)	In-person. Work experience element assessed through portfolio of work and skills demonstration	Dorset College
Forus Training	Private QQI Training Institution	Modules starting from €250 each	7/8 weeks, 8 modules total		Self- paced, blended or classroom. Work experience element assessed through portfolio of work and skills demonstration	Forus Training
Dun Laoghaire Future Education Institute	ETB Further Education Institute	Funded by college and the European Union		Full year course, September to May	In-person and online, assignments submitted electronically, 150 hours of work placement	DFEI
Inchicore College Dublin	ETB College of Further Education and Training	No fees, €100 flat registration fee		1-year course	In-person, work experience element	Inchicore College Dublin
City of Dublin FET College	ETB College of Further Education and Training	No fees, €50 registration fee		1-year	In-person, work experience element	City of Dublin FET
Central College Limerick	Voluntary College of Further	Administratio n charge €165, QQI		1 year	In-person, work experience elements	Central College Limerick

	Education	Exam fee €50 (medical card holders exempt)				
LHP Skillnet	Not-for-profit Learning Network	Free of charge for job seekers, funded through Irish Government and EU		6 -7 months	Online live sessions (9am – 4pm) once a week. 2-month work placement assessed by through portfolio of work and learner record.	LHP Skillnet

Source: TASC, 2025

Each of the institutions above, with the exception of Chevron College, include an in-person work placement/ work experience element as part of their course. Chevron College instead provides an online work experience module. QQI Certificate Specifications for Healthcare Assistant Major awards (e.g. Health Services Skills) require the completion of either a Work Experience or Work Practice Module (QQI, n.d.-b).

Work placement is a compulsory module. However, information on how work placements are organised is vague or non-existent in most course descriptions available online. Therefore it is unclear if duration of work placements is consistent across providers. Some institutions did provide information on the duration or work placement - for two providers, 150 hours of work placement was required, while another institution specified a 2 month work placement. Unlike work placements organised under the auspices of the Nursing and Midwifery Board of Ireland (NMBI), where clearly laid out standards for practice placements (NMBI - NMBI: Approving Nursing Programmes – Practice Placements, n.d.), we have found no evidence of whether or how the role responsibilities of HCAs undertaking work placements are monitored or regulated. It appears that the regulation of the role of HCAs in training is the responsibility of individual healthcare facilities. The HSE review of the role and function of the HCA notes:

> "Employers must support nurses and midwives in delegation and supervision of a student or a regulated or unregulated Health Care Worker by providing appropriate organizational policy and resources. Nurses must not allocate any duty to the healthcare assistant for which he/she has not been trained." (HSE, 2018, p. 11)

As the discussion above illustrates, individual schools and organisations are in charge of the curriculum used to teach their students leading to broad variation in training programmes. While the general topics of the courses offered are semi-universal across curriculums, the teachers, format of courses, and combination of modules vary across each HCAs educational experience.

Many of the online courses are offered by private and fee-paying institutions. There is an indication that the greater degree of face-to-face or traditional class-based learning is associated with higher fees. Public, not-for-profit and voluntary institutions are more likely to offer courses which are run more similarly to a traditional school schedule, from autumn to spring, and are conducted in a classroom environment. These courses are frequently offered free of charge, or with a nominal registration fee.

As mentioned, HCA candidates are often required to complete a certain number of hours of in-person work to obtain their qualification, which ensures a level of competence along with their coursework knowledge, but not every programme requires this, and the curriculum across programmes is varied. As shown in Table 3, there may be in person, online or hybrid options offered for obtaining full HCA qualifications. The discussion also highlights how there is seemingly a lack of regulation of HCAs while undertaking work placement, and that the responsibility is largely left to individual employers.

Unlike some other countries, Ireland does not have a qualifying examination for HCAs upon completing their education, to ensure a base level of essential knowledge. This lack of unified training and vague standards of education for HCAs has led to confusion and variability in their understanding and tasks in the

workplace. A study from UCD found that there are discrepancies between the number of HCAs trained in certain skills, and the number that truly use the skill in practice. For example, 11% of their study participants were trained in "Intravenous Care", though 13% of their sample use the skill in practice. Therefore, 2% of their sample practice Intravenous Care despite not being formally trained and qualified in the skill (Conyard et al., 2020). Additionally, according to Lisa Murphy for the Irish Health Research Board, around 20% of long-term care staff in any setting in the year 2020 were not formally trained in the delivery of said long-term care (Murphy et al., 2022).

In 2023, QQI conducted a major review of all Level 5 and Level 6 programmes. The Green Paper proposed consolidating the existing Advanced and Higher Certificates into a single major award at NFQ Level 6, referred to as the "Tertiary Certificate." The aim was to simplify the NFQ, enhance learner access, and improve pathways for transfer and progression within the tertiary education system (QQI, 2023). In addition, the review also highlighted concerns about the current separation between further and higher education awards at Level 6, which had caused confusion and inequities in progression opportunities. The proposed reforms intend to create a more cohesive and unified qualification framework in Ireland, with implementation beginning in September 2025 and occurring over a five-year period (QQI, 2023).

7. Continuous Professional Development and Upskilling

Private employers are more likely to identify access to training and upskilling as an attraction for employees than the public sector (KPMG, 2024). However, given the limited career path within the HCA role, it is likely that training is largely limited to the achievement of QQI level 5 certification. A common problem identified is the movement of HCAs from private providers into better paid positions in the HSE (KPMG, 2024). The problem of retaining HCAs following completion of training or qualification has been noted in hospitals in Ireland (KPMG, 2024). It is likely that a similar problem is faced by nursing homes: i.e. that on completion of their

qualifications HCAs seek out better paid employment in the HSE, which would not have been available prior to accreditation.

Beyond the progression from unqualified to qualified HCA, the flat structure of the healthcare assistant role means that there is little incentive to pursue further qualification or to undertake additional minor awards. HCAs at different levels of qualification and education are paid essentially the same rates, giving them no reason to work toward higher levels. Despite varying levels of expertise and years of education, HCAs are paid the same rate within the position. Pay increases with seniority, as with many medical positions, but different levels of education do not translate to different pay scales. Colleges that offer QQI Level 5 programmes for HCAs often include progression opportunities for people with their qualifications, but they all require an additional degree to move on to another medical position (Dun Laoghaire Further Education Institute, n.d.). The HSE has published information on paths for HCAs to take in their careers, toward nursing or midwifery. However, there are no higher levels within the HCA profession itself to ascend to (HSE, n.d.-c).

Recent research in Ireland indicates that a lack of training and development opportunities is a key factor in high turnover rates (Boatametse, 2019; Mbyehuzya, 2020). The need for upskilling and professional development opportunities for HCAs is widely recognised (Conyard et al., 2020; Department of Health, 2022; KPMG, 2024).

8. Workforce Implications and Challenges

Regulations around the employment of HCAs impact employers across various sectors in different ways, particularly in their ability to attract and retain staff and offer competitive wages.

8.1 Recruitment and Retention

There is evidence that the impact of qualification requirements is variable across different sectors. In terms of attracting staff, the less stringent enforcement of the requirement for QQI level 5 qualifications, or the commitment to working towards

these qualifications over two years, means that many HCAs entering the workforce in Ireland for the first time find employment more easily in the private sector. The recruitment of HCAs from overseas is used to a greater extent by private nursing homes than the HSE. Research by KPMG noted that Nursing Homes Ireland reported that the introduction of the employment permit scheme was "significant and critical" in enabling private nursing homes to remain viable. The impact in the HSE, private hospitals and homecare sector was less notable, according to the report (KPMG, 2024).

Conversely, however, while the removal of HCAs from the Ineligible Occupation List in 2021 meant that there were increased opportunities to recruit HCAs from non-EU/EEA countries, the requirement to pay at least €27,000 per annum meant that many private nursing homes were unable to avail of the scheme, due to funding constraints (Department of Health, 2022).

However, while staff recruitment may be in some cases easier in the private sector, staff retention is a significant problem, particularly in private nursing homes. The level of staff turnover or "churn" amongst HCAs is very high in the private sector, and particularly in private nursing homes. Once qualified, HCAs may be attracted by better pay and conditions in the HSE, which were not available to them until they gained QQI certification. There is considerable evidence of the displacement of HCAs from the private sector into the HSE. A recent employers survey found that of 2,161 HCAs who left employment in 2023, 1,854 were from the private sector, predominantly Nursing Homes (KPMG, 2024). A survey conducted by NHI in 2021 found that approximately 4,000 HCAs left their roles in private or voluntary nursing homes, with most moving into HSE hospitals, or HSE nursing homes (NHI, 2024). Indeed, Nursing Homes Ireland has publicly appealed to the HSE not to "poach" care staff from private nursing homes, which are already under considerable staffing pressure (Deegan, 2024).

8.2 Pay Disparity

Pay disparity is the key challenge facing the private sector in retaining HCAs. Pay disparity can be seen across various matrices, including sectoral (public versus private), employment setting (hospital, nursing home, home care) and employment status (possession of work permit and/or formal qualification).

Evidence shows that HCAs employed in the private sector are on much lower salaries than those in the public sector (SIPTU Campaigns Unit, 2024). HCAs working in Community and Voluntary (Section 38 and 39 organisations) are subject to individual tender agreements. While some organisations do offer comparable working terms and conditions to the HSE, this is by no means guaranteed.

HSE and hospital wages for HCAs are higher than those employed in private nursing homes and in home care settings (KPMG, 2024). While HCAs working in the private sector who have 5 or more years' experience may expect to earn around €17, HCAs in the public sector earn €19 or more per hour. A similar pattern is seen for HCAs with less than 2 years of experience (KPMG, 2024).

Pay disparity is also evident depending on employment setting. According to research commissioned by the Department of Enterprise, Trade and Employment, Irish or EU HCAs working in nursing homes can expect to earn €31,333 per year. If working in a hospital, the average yearly salary is €35,916. If working in home care, the average yearly salary is €32,245. Salaries for HCAs increases with seniority, both in hospitals and in nursing home settings (HSE, 2024). New HCAs in hospital settings are paid more than new HCAs in nursing homes, with a difference of an average of €15/hour versus €11/hour. However, after five years of experience, they are paid the same on average, at €25/hour (KPMG, 2024)

Employment status also effects pay disparity. Work-permit-holding HCAs in non-hospital settings earn less than their non-permit-holding counterparts. Permit-holding HCAs in hospitals earn a comparatively better wage, yet hospitals employ the lowest proportion of non-EU HCAs out of all three sectors (KPMG, 2024). A salary of €27,000 translates to €13.31 an hour. This is far lower than the national average

hourly wage, which is €27.41, and still lower than hourly wages in both the Retail Trade and Food and Beverage sectors (KPMG, 2024).

8.3 Wage Stagnation

While HCAs in possession of QQI Level 5 certification have various employment options open to them, this is often not the case for the many HCAs who do not have full qualifications or those recruited from outside the EU/ EEA. Conditions attached to the work permit scheme can lead to a number of impacts for these workers.

As discussed earlier, the removal of HCAs from the Ineligible Occupation List in 2021 came with a requirement for a job offer of at least €27,000 a year. According to SIPTU, the floor salary established for international HCAs acted instead as a ceiling for their wages and has suppressed wage growth in the private sector (Wall, 2024). The wage floor acts as a limitation for employers, especially nursing homes, who often cannot afford the higher wages of hospitals. The lack of possibilities for wage growth contributes to the apparent unattractiveness of the HCA role, exacerbating the continued and projected shortages.

8.4 Job Mobility

For HCAs recruited from outside the EU/EEA, the permit agreement means that they are tied to one employer unless they can find another employer to complete the recruitment and sponsorship process (KPMG, 2024). Thus, these HCAs must complete their QQI Level 5 certification in order to seek alternative employment. To add another layer of complexity, up until 2023 there was some ambiguity about how qualifications from overseas were recognised through the NARIC framework, with some HCAs recruited from overseas required to demonstrate that they held a QQI Level 5 qualification or equivalent despite having more advanced qualifications from overseas (e.g. a nursing qualification) (Oireachtas, 2023). More recently, provisions have been put in place to ensure that higher level qualifications are recognised through the NARIC system, enabling HCAs from overseas to fulfil qualification requirements without completing QQI level 5 certification (Department of Enterprise, Trade and Employment, 2023).

8.5 Barriers to Qualification

The discussion above shows the significant disadvantage that unqualified HCAs are at in terms of employment options and pay disparity. The combination of these factors means that many HCAs find themselves working in very difficult circumstances. These HCAs often work in private nursing homes under significant pressure due to understaffing and high staff turnover (Costa, 2023; Deegan, 2022). At the same time, they must find the time to achieve QQI Level 5 certification, in addition to their employment. Many of these HCAs are also providing financial support to family and friends overseas (i.e. remittances). Those who cannot secure sponsorship from their employer, face significant challenges both in terms of precarious working conditions and financial barriers in achieving QQI certification.

For unqualified HCAs based in Ireland but from a non-EU/EEA background, the financial burden of obtaining a QQI Level 5 certification may be prohibitive. In general, QQI certified courses provided by ETBs are offered free of charge only to EU/ EEA citizens. As the earlier discussion alluded to, the cost of achieving QQI Level 5 through a private provider can range from approximately €1,000 to €2,000. For non-EU citizens working as HCAs, many of whom come to Ireland on student visas, securing sponsorship from an employer is very difficult (Malekmian, 2021b), leaving these HCAs on zero hours or precarious contracts, with no viable route to achieving qualification.

8.6 Family Reunification

As mentioned previously, approximately 1,000 HCAs from non-EU countries were recruited to work in Ireland as HCAs, and believed their families would be able to join them. However, the minimum salary required to bring a spouse to Ireland is €30,000 a year, which left them with too low a salary to reunite with their families. The work permit scheme has become a controversial issue in healthcare, as a new annual remuneration was set at €30,000, but immigrant workers with existing contracts will not be able to benefit from the wage raise (McHale, 2025; O'Donovan,

2025; Wilson, 2023). It has been noted that these HCAs face the dilemma of being with their families, or working to provide for them (Holland, 2024).

The discussion above has illustrated the impact of regulations on the recruitment and retention of HCAs in various settings. We have also discussed the unequal impact of these requirements on HCAs, depending on their level of qualification and background. The discussion illustrates the significant challenges faced both by employers in attracting and retaining staff, as well as the serious impacts on employees in terms of pay and working conditions and job mobility. The next section will go on to explore the impact of regulations on healthcare delivery.

9. Impact on Healthcare Delivery

As discussed, variation in regulatory requirements across different sectors impact significantly on staff recruitment, retention and pay and conditions. The discussion has highlighted how less stringent requirements in the private sector means that a greater proportion of privately employed HCAs are unqualified in comparison to the public sector. Evidence suggests that some HCAs, particularly in the private nursing home sector and home care, do not have plans to complete QQI Level 5 certification and therefore there are significant knowledge and skill gaps in these sectors (Conyard et al., 2020).

Ireland's ageing population means that nursing homes are experiencing higher levels of dependency amongst residents, with the presentation of more complex healthcare needs than in the past (PWC, 2023). The heavier reliance on unqualified HCAs (in addition to issues associated with high staff turnover) may compromise the quality of care provided (SIPTU, 2024b).

10. Conclusion

This literature review investigates the current conditions of HCAs in Ireland. In general, conditions for HCAs are loose and poorly defined. There is no definition of a HCA and

it is unclear where the work of HCAs may overlap with that of nursing staff. There are no mandatory qualification requirements to work as a HCA, though most employers prefer candidates to have a QQI Level 5 qualification in Healthcare Support or a related area. Individuals can pursue further training and career development through additional QQI modules, specialist certificates, or progression routes into nursing or allied health professions. However, there is no real career progression within the profession.

Evidence suggests that recruitment and retention of HCAs within private services is challenging, with HCAs moving towards working in public services when eligible (e.g. QQI level 5 qualifications obtained). It remains unclear what challenges aspiring HCAs face in meeting qualification requirements, and how any potential problems may be addressed.

In addition, we were unable to determine whether the absence of qualification standards affects the quality of care provided by HCAs in Ireland, or how existing policies influence their integration into healthcare teams.

11. Recommendations for Change

The discussion thus far has highlighted how the current loose approach to the regulation of the HCA role in Ireland impacts on the HCA workforce across various sectors. The huge variation in qualifications, pay and conditions across sectors has significant knock-on effects on stability in each sector, in terms of staffing levels and skill mix. In conclusion, the inconsistency in qualification requirements between public sector HCAs and those working in home care or nursing homes creates a significant grey area in standards and accountability. Various recommendations have been put forward to strengthen the HCA role, including professional registration, development of career pathways, professional development and the instigation of supportive work environments (Morrow et al., 2024). We now discuss some key policy recommendations to address these issues.

11.1 Definition of HCA Role and Task Specification

A clear definition of the HCA role and a detailed task specification are essential for ensuring consistency, accountability, and quality of care across healthcare settings. Without a standardised framework, there is a risk of role confusion, task overlap, and variation in service delivery, which can undermine both patient safety and staff wellbeing. A defined role also supports appropriate delegation of duties by nurses and other professionals, clarifies the scope of practice for HCAs, and provides a foundation for training, supervision, and professional development. Moreover, it helps to protect HCAs from being asked to perform tasks beyond their competence or legal remit, thereby safeguarding both workers and service users. A nationally recognised role definition and task specification are crucial for workforce planning, regulation, and the professional recognition of HCAs as an integral part of the healthcare team.

11.2 Professional Registration of the HCA Role

To address grey areas based on emplyment sector (e.g. public sector vs. home care vs. nursing homes), a unified regulatory framework should be established to ensure all HCAs meet a minimum qualification threshold regardless of setting. Additionally, enforcement mechanisms should be strengthened to verify compliance and support HCAs in attaining the necessary QQI Level 5 certification.

The professional registration of HCAs would introduce structure and clarification to the position and allow for proper accountability when it comes to the professional behaviour of HCAs. The HSE, in their “Review of Role and Function of Health Care Assistants” strongly recommends a national registry that will allow for accurate numbers of workers, accurate evaluations of education levels, and therefore an identification of the number of staff that need further training and education (HSE, 2018). Conyard and colleagues echoes this sentiment, recommending putting a system in place to prevent malpractice by HCAs, as the current procedures are not effective (Conyard et al., 2020).

Registration should be required for all individuals working as HCAs in both public and private conditions. Those working as interns or on work placements should also register.

The registration of the HCA role through CORU is widely supported by HCAs and more broadly. Reporting on a survey of HCAs in Ireland, SIPTU recently reaffirmed the need for professional registration of HCAs as a route to ensuring consistent standards in qualification and skills (SIPTU, 2024b).

11.3 Institution of Universal Educational Standards

The HSE recommends that a QQI/FETAC Level 5 certification become the minimum requirement for the HCA role. This proposal would require HCAs to possess the QQI Level 5 certification upon entry to the position but would then require further education as they progress in their career (HSE, 2018). UCD CSTAR also recommends a unified national curriculum for HCAs, as institutions today are accredited by QQI but are allowed agency in the creation of their modules, which exacerbates the existing issues of skill-mix and the scope of the HCA role (Conyard et al., 2020).

The development of detailed standards for practice placements, such as those outlined by NMBI, (NMBI - NMBI: Approving Nursing Programmes – Practice Placements, n.d.) would provide guidance and ensure consistency in how work placements are conducted across providers.

The development of a core set of skills or duties, aligned with the level of qualification of HCAs may also ensure that HCAs do not perfom duties outside of their scope of knowledge or skills. This could include, for example, a role description for:

- Trainee HCAs
- Part-qualified HCAs
- Fully qualified HCAs.

The instigation of a structured continuous professional development process for HCAs may also help to ensure skills and competencies are maintained over the

course of employment. For example, HCAs after 2 years of employment could be required to undertake refresher course to update skills in key areas (manual handling, pressure sores and ulcers, person-centred care, nutrition etc).

11.4 Establishment of Career Paths and Professional Development

Part of supporting opportunities for career development is an incentive to pursue further education, which is why Conyard et al. for UCD CSTAR recommends a separation between certified HCAs (with a completed Full Award) and non-certified HCAs (without a Full Award completed), with a higher salary for certified HCAs. Conyard et al. writes, "Patient safety would also be improved by having a more educated and fully qualified cohort of caregivers. This would encourage more into the occupation and provide a sense of progression," (Conyard et al., 2020, p. 117).

Requiring additional education and training to ascend to higher levels of the profession incentivises further career and skill development for HCAs. As it currently stands without this requirement, additional learning for HCAs comes exclusively on-the-job, through delegation from other professionals. This leads to vague and varied standards of knowledge and stagnation in career development. The HSE (2018) also recommends further development of modules and the opportunity for specialisation in specific areas to support career development and lifelong learning.

11.5 Access to Collective Bargaining for HCAs in Private and Not-for Profit Sectors

HCAs in the private or not for profit sector are not guaranteed a minimum income and have no collective bargaining power at present (Department of Health, 2022). It is recommended that the establishment of collective bargaining process be pursued, in order to seek better pay and conditions (e.g. under SIPTU or Fórsa).

11.6 Develop and Support Communities of Practice for HCAs

Beyond remuneration and working conditions, the important role that HCAs play in providing person-centred care must be acknowledged (McKeown, 2024). The development of communication channels for HCAs to share their experiences,

learnings and challenges in informal settings may provide a route to developing a sense of community amongst HCAs across different settings. Such peer support may foster a sense of professional community for HCAs. In addition, such an organisation could provide networking opportunities, peer support, forums, and events to reduce isolation and improve morale.

11.7 Additional Research Needed

Additional research is needed to address remaining questions in the following areas:

- The current role of unions in supporting HCAs
- The working conditions of HCAs employed in the private sector
- The duties delegated to HCAs that are outside of the activities of daily living (e.g. clinical support activities which may be delegated to a HCA by nursing staff)

12. References

5M4339 Healthcare Support Major Award Course | Online. (n.d.). Forus Training | QQI Accredited Courses | Adult Training. Retrieved 23 April 2025, from https://forustraining.ie/course-categories/major-awards/5m4339-healthcare-support-major-award/

Blay, N., & Roche, M. (2020). A systematic review of activities undertaken by the unregulated Nursing Assistant. Journal of Advanced Nursing, 76(7), 1538–1551. https://pubmed.ncbi.nlm.nih.gov/32190928/Bach, S., Kessler, I., & Heron, P. (2012). Nursing a Grievance? The Role of Healthcare Assistants in a Modernized National Health Service. Gender, Work & Organization, 19(2), 205–224. https://doi.org/10.1111/j.1468-0432.2009.00502.x

Boatametse, N. K. (2019, August 20). The assessment of employee turnover among healthcare assistants (HCA's) in Dublin—Ireland. https://www.semanticscholar.org/paper/The-assessment-of-employee-turnover-among-(HCA%27s)-Boatametse/c3adc8f77da42ddbf7ce0c40ac95674667c205bd

Bosley, S., & Dale, J. (2008). Healthcare assistants in general practice: Practical and conceptual issues of skill-mix change. British Journal of General Practice, 58(547), 118–124. https://doi.org/10.3399/bjgp08X277032

BTEI - B2502—Healthcare Support—Level 5—Navan. (n.d.). Retrieved 22 April 2025, from https://www.fetchcourses.ie/course/finder?sfcw-courseId=488743

Campbell, D. (2018, April 18). Two-thirds of NHS healthcare assistants doing nurses' duties, union finds. The Guardian. https://www.theguardian.com/society/2018/apr/18/two-thirds-of-nhs-healthcare-assistants-doing-nurses-duties-union-finds

Centre for Nursing and Midwifery Education: Sligo, Leitrim and West Cavan. (2025). Education & Training Prospectus 2025: Providing NMBI Approved CPD & QQI Accredited Education L5-L8. Office of the Nursing and Midwifery Services Director.

https://www.hseland.ie/ekp/nd/fresco/repository/EKP000161570.pdf?TS=1734612624935

Centres of Nursing and Midwifery Education (CNMEs). (n.d.). Retrieved 16 April 2025, from https://healthservice.hse.ie/about-us/onmsd/onmsd/cnmes/centres-of-nursing-and-midwifery-education.html

Childcare & Healthcare Courses Online | Chevron Training. (n.d.). Chevron College. Retrieved 27 April 2025, from https://chevrontraining.ie/

Conyard, K. F., Codd, M., Yeates, S., Metcalfe, A., Hannon, P., Rusk, B., Corish, S., & Flannery, J. (2020). Healthcare Assistants and Qualified Carers, A Trained, but untapped underutilised resource; A population-based study in Ireland—Final Report- March 2020. https://doi.org/10.13140/RG.2.2.20322.68805

Costa, I. (2023, June 27). Hiqa finds staff shortages in nursing homes and poor infection controls. Irish Examiner. https://www.irishexaminer.com/news/arid-41171722.html

Course Finder. (n.d.). GRETB | Galway and Roscommon Education and Training Board. Retrieved 22 April 2025, from https://gretb.ie/further-education-training/course-finder/

Deegan, K. (2022, January 17). Nursing home staffing emergency will have consequences for health & social care. Nursing Homes Ireland. https://nhi.ie/nursing-home-staffing-emergency-will-have-consequences-for-health-social-care/

Deegan, K. (2024, July 2). 'There is a real concern here' – private nursing homes fear quality of care could be hit if HSE poaches staff. Nursing Homes Ireland. https://nhi.ie/there-is-a-real-concern-here-private-nursing-homes-fear-quality-of-care-could-be-hit-if-hse-poaches-staff/

Delaney, M. (2020, August 6). 'It's dangerous': How Ireland is behind the curve on home care regulation. TheJournal.Ie. https://www.thejournal.ie/carer-pay-conditions-covid19-part-three-5167184-Aug2020/

Department of Enterprise, Trade and Employment. (n.d.). Health Care Assistant General Employment Permit Checklist. Department of Enterprise, Trade and Employment.

Department of Enterprise, Trade and Employment. (2022). Minister Mary Butler and Minister Damien English launch the Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants and make major announcement on employment permits for home carers. https://enterprise.gov.ie/en/news-and-events/department-news/2022/november/202211302.html

Department of Enterprise, Trade and Employment. (2023). Renewal of an Employment Permit: Health Care Assistant. https://enterprise.gov.ie/en/publications/renewal-of-employment-permit-health-care-assistant.html

Department of Health. (2022). Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants [Report]. Department of Health (DoH). https://www.lenus.ie/handle/10147/634824

Department of Health. (2024). National healthcare statistics 2024. https://www.gov.ie/en/department-of-health/publications/national-healthcare-statistics-2024/

DOHC Nursing Policy Division Working Group. (2012). Effective Utilisation of Professional Skills of Nurses and Midwives. Government of Ireland. http://web.archive.org/web/20121130140056/http://www.dohc.ie/publications/effective_utilisation_of_professional_skills_of_nurses_and_midwives.html

Dun Laoghaire Further Education Institute. (n.d.). Retrieved 23 April 2025, from https://www.dfei.ie/

Ely, J. (2018, April 20). Healthcare assistants increasingly being used as 'nurses on the cheap'. Nursing Standard. https://rcni.com/nursing-standard/newsroom/news/healthcare-assistants-increasingly-being-used-nurses-cheap-131996European Association for Quality Assurance in Higher

Education (ENQA). (2015). Standards and guidelines for quality assurance in the European Higher Education Area (ESG). https://www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf

EPSU launches new report on registration of health care assistants. (n.d.). EPSU. Retrieved 26 March 2025, from https://www.epsu.org/article/epsu-launches-new-report-registration-health-care-assistants

ESRI. (2017). Non-EU students and undocumented migrants among those illegally employed | ESRI. https://www.esri.ie/news/non-eu-students-and-undocumented-migrants-among-those-illegally-employed

ETBI. (2024). Our Vision for Further Education and Training (FET). ETBI. https://www.etbi.ie/wp-content/uploads/2024/06/SupportYourLocalETB-Our-Political-Priorities-for-Further-Education-Training.pdf

Florek, K. (2022). Registration of Healthcare AssistantS: An Investigation of Benefits and Drawbacks based on EPSU Affiliates' Experiences. EPSU. https://www.epsu.org/sites/default/files/article/files/Registration%20of%20Health%20Care%20Assistants_b.pdf

Fórsa. (2020). SNAs reassigned only on a voluntary basis and with appropriate training. Fórsa News. https://forsatradeunion.newsweaver.com/designtest/rrxrhbp8c0m

Glackin, P. (2016). The Evolving Role of the Healthcare Assistant and Its Implications for Regulation in the Republic of Ireland – A Case Study Approach [University of Northumbria at Newcastle]. https://www.proquest.com/openview/2fd89cceb1f4717a0cfb1e6b2ffd5296/1?cbl=51922&diss=y&pq-origsite=gscholar

Greenhills Community College. (2023). Greenhills Community College Adult Further Education Courses. Greenhills Community College.

HCA - Home Support—Quals & Exp. (n.d.). HSE Career Hub. Retrieved 27 April 2025, from https://careerhub.hse.ie/hca_home_support-quals-exp/

Health Care Assistants, Eligibility Criteria. (2023). https://www.hse.ie/eng/staff/jobs/eligibility-criteria/health-care-assistants.html

Healthcare Assistant (Level 5). (n.d.). Greenhills Community College Further Education. Retrieved 22 April 2025, from https://greenhillscollege.ie/further-education/course/healthcare-assistant-level-5/

Healthcare Support 5M4339. (n.d.). Retrieved 22 April 2025, from http://centralcollegelimerick.ie/healthcare-support/

Healthcare Support Assistant/Home Help—Inishowen Development Partnership. (n.d.). Https://Inishowen.Ie/. Retrieved 27 April 2025, from https://inishowen.ie/jobs/healthcare-support-assistant-home-help/

Healthdept. (n.d.). Dunboyne College of Further Education. Retrieved 22 April 2025, from https://dunboynecollege.ie/healthdept/

HIQA. (2021). REGULATION OF HOMECARE: Research Report December 2021. HIQA.

HIQA. (2025). Regulation Handbook: A guide for providers and staff of designated centres: Version 4—March 2025. HIQA. https://www.hiqa.ie/sites/default/files/2019-10/Regulation-Handbook.pdf

Holland, K. (2024, March 17). Workers in critical sectors 'forced to choose' between providing for family and being with them. The Irish Times. https://www.irishtimes.com/ireland/social-affairs/2024/03/17/workers-in-critical-sectors-forced-to-choose-between-providing-for-family-and-being-with-them/

Hooker, R. S. (2006). Physician assistants and nurse practitioners: The United States experience. The Medical Journal of Australia, 185(1), 4–7. https://doi.org/10.5694/j.1326-5377.2006.tb00438.x

HSE. (n.d.-a). How do I become a Health Care Assistant (HCA)? HSE Career Hub. https://careerhub.hse.ie/pathways_hca/

HSE. (n.d.-b). Support for staff development. HSE. https://www.hse.ie/eng/staff/jobs/your-career/professional-development/

HSE. (n.d.-c). PW HCA pathways additional info. HSE Career Hub. Retrieved 23 April 2025, from https://careerhub.hse.ie/pw-hca-pathways-additional-info/

HSE. (2006). Report of the High Level Group on Health Care Assistants. https://www.hse.ie/eng/staff/resources/hrstrategiesreports/report%20of%20the%20high%20level%20group%20on%20health%20care%20assistants%20regarding%20the%20implementation%20of%20the%20hca%20programme.pdf

HSE. (2018). Review of the Role and Functions of the Healthcare Assistant. HSE. https://www.hse.ie/eng/staff/resources/hrstrategiesreports/health-care-assistant-review-final-report-2018.pdf

HSE. (2021). Best Practice Guidance for Health Care Support Assistants. https://www.hse.ie/eng/services/publications/olderpeople/best-practice-guidance-for-health-care-support-assistants.pdf

HSE. (2023). Workforce Reporting by Community Healthcare Organisation. HSE.Ie. https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/workforce-reporting-by-community-healthcare-organisation.html

HSE. (2024). Health sector employment report – January 2024. https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/health-services-employment-report-jan-2024.pdf

HSE. (2025, April 16). Health Care Assistant Grade Code 6075. https://www.hse.ie/eng/staff/jobs/eligibility-criteria/health-care-assistant.pdf

ILO. (2012). International Standard Classification of Occupations Structure, group definitions and correspondence tables. International Labour Organization. https://webapps.ilo.org/ilostat-files/ISCO/newdocs-08-2021/ISCO-08/ISCO-08%20EN%20Vol%201.pdf

Irish Nurses and Midwives Organisation. (2016). INMO Position Statement: Healthcare Assistant. https://www.inmo.ie/Portals/0/Documents/Members/Publications/2016%20INMO%20Position%20Statement%20Health%20Care%20Assistant%202016.pdf

Jackson, J., Gadimova, F., & Epko, S. (2024). A nurse by any other name? An international comparison of nomenclature and regulation of healthcare assistants. International Journal of Nursing Studies Advances, 6, 100200. https://doi.org/10.1016/j.ijnsa.2024.100200

Jalili, P., Conyard, K. F., Wall, P., Gormley, E., & Codd, M. B. (2024). Wellbeing, career satisfaction, and educational requirements in healthcare assistants in Ireland. European Journal of Public Health, 34(Supplement_3), ckae144.333. https://doi.org/10.1093/eurpub/ckae144.333

Keegan, C., Brick, A., Rodriguez, A. G., & Hill, L. (2022). Projections of workforce requirements for public acute hospitals in Ireland, 2019–2035:a regional analysis based on the Hippocrates model [Report]. ESRI. https://doi.org/10.26504/rs147

Keeney, S., Hasson, F., & McKenna, H. P. (2005). Healthcare assistants' experiences and perceptions of participating in a training course. Learning in Health and Social Care, 4(2), 78–88. https://doi.org/10.1111/j.1473-6861.2005.00083.x

KPMG. (2024). Department of Enterprise, Trade and Employment Labour market impacts of health care assistant employment permits Final report. https://enterprise.gov.ie/en/publications/publication-files/report-on-the-labour-market-impact-of-health-care-assistant-employment-permits.pdf

Lally, C. (2020, April 2). Undocumented migrants feel forgotten during Covid-19 pandemic. The Irish Times. https://www.irishtimes.com/news/social-affairs/ageing-ireland-homecare-workers-vital-as-population-grows-older-1.3999064?utm_source=chatgpt.com

Learning and Development. (n.d.). Muiriosa Foundation. Retrieved 22 April 2025, from https://www.muiriosa.ie/services/centre-for-education/

Legler, C. F., Cawley ,James F., & and Fenn, W. H. (2007). Physician assistants: Education, practice and global interest. Medical Teacher, 29(1), e22–e25. https://doi.org/10.1080/01421590601034696

Lloyd-Jones, M., & Young, T. (2005). The role of the healthcare assistant in tissue viability. Journal of Tissue Viability, 15(3), 6–10. https://doi.org/10.1016/S0965-206X(05)53002-X

Malekmian, S. (2021a). A Healthcare Assistant Wants Permission to Keep Doing His Job. Dublin InQuirer. https://www.dublininquirer.com/a-healthcare-assistant-wants-permission-to-keep-doing-his-job/

Malekmian, S. (2021b, October 13). For International Students Working in Private Nursing Homes, After-Graduation Work Permits and Higher-Paid Jobs Remain Elusive. Dublin Inquirer. http://dublininquirer.com/2021/10/13/for-international-students-working-in-private-nursing-homes-after-graduation-work-permits-and-higher-paid-jobs-remain-elusive/

May, P., Normand, C., Matthews, S., Kenny, R. A., Romero-Ortuno, R., & Tysinger, B. (2022). Projecting future health and service use among older people in Ireland: An overview of a dynamic microsimulation model in The Irish Longitudinal Study on Ageing (TILDA) (5:21). HRB Open Research. https://doi.org/10.12688/hrbopenres.13525.2

Mbyehuzya, M. (2020). An Exploration of Factors Influencing Staff turnover in Irish Nursing Homes (Nurses and Healthcare Assistants' Point of View).

McAuley, E. (2024, May 21). Underqualified nursing home staff are taking bloods and inserting catheters, says HSE director. TheJournal.Ie. https://www.thejournal.ie/private-nursing-homes-ireland-6376553-May2024/

McHale, M. (2024, December 20). Healthcare assistants seek professionally registered grade. Irish Medical Times. https://www.imt.ie/news/healthcare-assistants-seek-professionally-registered-grade-20-12-2024/

McHale, M. (2025, February 14). Earnings rules separating healthcare workers from families. Irish Medical Times. https://www.imt.ie/news/earnings-rules-separating-healthcare-workers-from-families-14-02-2025/

McKenna, H. P., Hasson, F., & Keeney, S. (2004). Patient safety and quality of care: The role of the health care assistant. Journal of Nursing Management, 12(6), 452–459. https://doi.org/10.1111/j.1365-2834.2004.00514.x

McKeown, A. (2024). An Exploration of the Experiences of Home Health Care Assistants working through the COVID-19 pandemic [Masters, Dundalk Institute of Technology]. https://eprints.dkit.ie/id/eprint/896/

Medication Administration for Healthcare Assistants Working in the Clients Own Home. (n.d.). Retrieved 9 April 2025, from https://alliance-of-health-care-assistants-in-ireland.teachable.com/p/medication-administration-for-healthcare-assistants

Morrow, E., Kelly, C., Killeen, C., Naessens, E., & Lynch, M. (2024). Exploring a career pathway for home support workers in Ireland: A systematic scoping review of the international evidence. Frontiers in Health Services, 4, 1360920. https://doi.org/10.3389/frhs.2024.1360920

MRCI. (2020a). All work and low pay: Migrant workers in Ireland. Migrant Rights Centre Ireland. https://www.mrci.ie/app/uploads/2020/02/MRCI-All-Work-and-Low-Pay.pdf

MRCI. (2020b). Live here, work here, belong here. https://www.mrci.ie/app/uploads/2020/10/Infographic_Live-Here-Work-Here-Belong-Here.pdf

MRCI. (2020c). Migrant Workers in the Home Care Sector: Preparing for the Elder Boom in Ireland. MRCI. https://www.mrci.ie/app/uploads/2020/01/Migrant-Workers-in-the-Home-Care-Sector-Preparing-for-the-Elder-Boom-in-Ireland.pdf

Mulligan, D. (2022). How does the delegation of tasks by Registered Nurses to Health Care Assistants occur in residential care for older people? Interpretive Multiple Embedded Case Study. NUIG.

Murphy, L., Farragher, L., & Long, J. (2022). The role, function, and supply of home care workers in four European countries. Health Research Board.

NARIC Ireland Foreign Qualifications—QSearch. (n.d.). Retrieved 15 April 2025, from https://qsearch.qqi.ie/webpart/search?searchtype=recognitions

National Disability Authority. (2005). Disability and the provision of health services. https://nda.ie/publications/disability-supports/health/disability-and-the-provision-of-health-services.html

NHI. (n.d.). Recognising the Role of the Healthcare Assistant. Nursing Homes Ireland. Retrieved 15 April 2025, from https://nhi.ie/local-election-campaign-2024/recognising-the-role-of-the-healthcare-assistant/

NHI. (2024). Homes: Pre-budget submission 2025. NHI. https://nhi.ie/wp-content/uploads/2024/11/Nursing-Homes-Ireland-Pre-Budget-Submission-2025.pdf

NMBI - NMBI: Approving nursing programmes – practice placements. (n.d.). Retrieved 29 April 2025, from https://www.nmbi.ie/Education/Education-Bodies/Approvals-Nursing-Programmes/Practice-Placements

O'Donovan, B. (2024, December 5). Healthcare facing skills shortages and wage pressures. RTE. https://www.rte.ie/news/health/2024/1205/1484736-healthcare-wages/

O'Donovan, B. (2025). Migrant healthcare assistants protest over separations. https://www.rte.ie/news/business/2025/0213/1496529-migrant-health-care-assistants-protest-over-separations/

Oireachtas, H. of the. (2019, November 20). Joint Committee on Health debate—Wednesday, 20 Nov 2019 (Ireland) [Text]. https://www.oireachtas.ie/en/debates/debate/joint_committee_on_health/2019-11-20/4?highlight%5B0%5D=healthcare&highlight%5B1%5D=assistants&highlight%5B2%5D=healthcare&highlight%5B3%5D=assistants&highlight%5B4%5D=healthcare&highlight%5B5%5D=assistants&highlight%5B6%5D=healthcare&highlight%5B7%5D=assistant

Oireachtas, H. of the. (2022, December 7). Teacher Shortages: Motion [Private Members] – Dáil Éireann (33rd Dáil) – Wednesday, 7 Dec 2022 – Houses of the

Oireachtas (Ireland) [Text]. https://www.oireachtas.ie/en/debates/debate/dail/2022-12-07/9

Oireachtas, H. of the. (2023, April 18). Health Services Staff – Tuesday, 18 Apr 2023 – Parliamentary Questions (33rd Dáil) – Houses of the Oireachtas (Ireland) [Text]. https://www.oireachtas.ie/en/debates/question/2023-04-18/1371

Paquay, L., De Lepeleire, J., Milisen, K., Ylieff, M., Fontaine, O., & Buntinx, F. (2007). Tasks performance by registered nurses and care assistants in nursing homes: A quantitative comparison of survey data. International Journal of Nursing Studies, 44(8), 1459–1467. https://doi.org/10.1016/j.ijnurstu.2007.02.003

PWC. (2023). Challenges for Nursing Homes in the Provision of Older Persons Care Private and Voluntary Nursing Home Sector. NHI. https://nhi.ie/wp-content/uploads/2023/05/PWC-Nursing-Home-Industry-Report-Final.pdf

QQI. (n.d.-a). Certificate Specification -Work Practice. https://qsdocs.qqi.ie/sites/docs/AwardsLibraryPdf/5N1433_AwardSpecifications_English.pdf

QQI. (n.d.-b). Certificate Specification—Health Service Skills 5M3782. https://qsdocs.qqi.ie/sites/docs/AwardsLibraryPdf/5M3782_AwardSpecifications_English.pdf

QQI. (n.d.-c). Certificate Specification—Healthcare Support 5M4339.

QQI. (2021, July 8). Evaluating provider quality assurance | Quality and Qualifications Ireland. https://www.qqi.ie/what-we-do/quality-assurance-of-education-and-training/evaluating-provider-quality-assurance

QQI Awards standards | Quality and Qualifications Ireland. (2021, December 24). https://www.qqi.ie/what-we-do/qqi-awards/qqi-awards-standards

QQI. (2023). QQI Green Paper on Intermediate Qualifications at NFQ Levels 5 and 6. https://www.qqi.ie/sites/default/files/2024-12/qqi-green-paper-on-intermediate-qualifications-at-nfq-levels-5-6.pdf

RCSI. (2023). Green Paper on Home Support Workers A Stakeholder Consultation on a Career Pathway for Ireland's Home Support Workers. Leading Healthcare

Providers Skillnet. https://www.lhpskillnet.ie/wp-content/uploads/2024/02/Green-Paper-on-Home-Support-Workers-Leading-Healthcare-Providers-Skillnet-December-2023.pdf

Safe Administration of Medication for HCA's & Social Care Workers | NBTS.ie Health & Safety Training. (n.d.). Retrieved 9 April 2025, from https://nbts.ie/courses/health-social-care/safe-administration-medication-hcas-social-care-workers

Schäfer, W., Kroezen, M., Hansen, J., Sermeus, W., Aszalos, Z., & Batenburg, R. (n.d.). Core Competences of Healthcare Assistants in Europe (CC4HCA).

SIPTU. (2024a). New report reveals poor treatment of migrant home care workers in Ireland. SIPTU. https://www.siptu.ie/new-report-reveals-poor-treatment-of-migrant-home-care-workers-in-ireland-19332/

SIPTU. (2024b). SIPTU The Heath Care Assistants Union Survey 2024 Initial Results. https://www.siptu.ie/wp-content/uploads/2024/12/FinalHCASurvey.pdf

SIPTU Campaigns Unit. (2024, December 8). Major pay gap between Health Care Assistants in public and private employment. SIPTU - Services Industrial Professional and Technical Union. https://www.siptu.ie/report-shows-major-pay-gap-between-health-care-assistants-in-public-and-private-employment/

SIPTU. (2021). Home care workers: Labour rights and migration. https://www.siptu.ie

SIPTU Digital. (2014). New Employment Permits Bill tackles exploitation of undocumented workers in Ireland. SIPTU - Services Industrial Professional and Technical Union. https://www.siptu.ie/new-employment-permits-bill-tackles-exploitation-of-undocumented-workers-in-ireland-18133/

Skillnet, L. H. P. (n.d.). Who We Are. LHP Skillnet | Leading Healthcare Providers Skillnet. Retrieved 22 April 2025, from https://www.lhpskillnet.ie/who-we-are

Skillnet, L. H. P. (2023, May 27). Free QQI Level 5 Healthcare Course for Jobseekers | LHP Skillnet. LHP Skillnet | Leading Healthcare Providers Skillnet. https://www.lhpskillnet.ie/courses/free-qqi-level-5

SOLAS. (2022). The 2022 Further Education and Training (FET) Services Plan. https://www.solas.ie/f/70398/x/7c76f57325/fet-services-plan-2022.pdf

SOLAS, Department of Further and Higher Education, & Research, Innovation and Science. (2020). Future FET: Transforming Learning The National Further Education and Training (FET) Strategy. https://www.solas.ie/f/70398/x/64d0718c9e/solas_fet_strategy_web.pdf

Spilsbury, K., & Meyer, J. (2004). Use, misuse and non-use of health care assistants: understanding the work of health care assistants in a hospital setting. Journal of nursing management, 12(6), 411-418.

Stapleton, A., Cunniffe, E., & Quinn, E. (2024). Non-EU nationals in irregular employment in Ireland. ESRI. https://doi.org/10.26504/rs189

Taskforce on Staffing and Skill Mix for Nursing Department of Health. (2016). Interim Report and Recommendations by the Taskforce on Staffing and Skill Mix for Nursing on a Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland [Report]. Department of Health (DoH). https://www.lenus.ie/handle/10147/621447

Timoney, A. (2018). Home Care for Older People – Seven Policy Challenges. https://data.oireachtas.ie/ie/oireachtas/caighdeanOifigiul/2011/2011-12-16_spotlight-home-care-for-older-people-seven-policy-challenges_en.pdf

US Bureau of Labor Statistics. (n.d.). Nursing Assistants and Orderlies. Bureau of Labor Statistics. Retrieved 27 April 2025, from https://www.bls.gov/ooh/healthcare/nursing-assistants.htm

Wall, M. (2024, December 24). Republic could face 'shortage of 62,000 healthcare assistants' by 2036. The Irish Times. https://www.irishtimes.com/health/2024/12/24/republic-could-face-shortage-of-62000-healthcare-assistants-by-2036/

Wilson, J. (2023, October 17). Non-EU health workers protest over lower salaries preventing them reuniting with families. The Irish Times.

https://www.irishtimes.com/health/2023/10/17/non-eu-health-workers-protest-over-lower-salaries-preventing-them-reuniting-with-families/

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