

Pre-Budget Submission

Royal College of Physicians of Ireland

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1. Summary of RCPI recommendations for Budget 2026

In Budget 2026, the Royal College of Physicians of Ireland (RCPI) proposes several measures to enhance capacity in community and hospital settings. This includes adequate funding to expand workforce capacity and services in community and hospital settings, supporting Ireland's obligations under the WHO Global Code of Practice on the International Recruitment of Health Personnel. We call for funding to support additional consultant posts, specialist medical training places, and targeted investment to increase acute hospital beds and long-term community care supports and facilities.

For disability services, we call for sufficient resources to meet the needs of children with disabilities, supporting Ireland's obligations under international human rights frameworks. We also call for funding of structured programmes for young people moving from paediatric to adult care.

To address the root causes of ill-health, we recommend cross-sectoral actions to reduce health inequalities, universal access to Occupational Health Services, and funding for National Clinical Programmes especially those focused on chronic disease (eg Obesity) as a key component of national chronic disease management and prevention efforts. To support a sustainable health system, we call for sufficient funding for the HSE Climate Action Strategy, resourcing of Ireland's Digital Health Framework, and prioritizing upstream prevention measures. We also suggest considering legislation for net zero carbon targets in healthcare.

Finally, to reduce harm from smoking and alcohol use, we propose health-focused tobacco taxation policies that are protected from industry interference, alongside investment in anti-smuggling measures, increased excise duties on alcohol, and the introduction of alcohol health warning labels.

2. About the Royal College of Physicians of Ireland

The Royal College of Physicians of Ireland, which includes over 14,000 doctors, is the largest postgraduate medical training college in Ireland and provides lifelong learning. Our Members and Fellows also lead initiatives and discussions that influence government policies, legislation and shape public debate.

RCPI houses the following Faculties and Institutes dedicated to specialist postgraduate medical training and continuous professional development:

- Faculty of Occupational Medicine
- Faculty of Paediatrics
- Faculty of Pathology
- Faculty of Public Health Medicine
- Institute of Obstetricians and Gynaecologists
- Institute of Medicine

RCPI and its Faculties and Institutes in recent years have brought attention to issues such as health inequalities, vaping, smoking, climate action, alcohol harm, and protecting the health of young people engaging online through development of position papers, educational events for doctors and other healthcare professionals and through public engagement events.

We are also members of Irish alliances of health sector organisations including the Alcohol Health Alliance, Health Promotion Alliance, the Tobacco 21 Alliance and the Climate and Health Alliance and are supportive of their pre-budget submissions.

3. Ensuring capacity across community and hospital settings

Ireland's growing population will require increased capacity in both community and hospital settings. This includes the challenge of responding to the needs of an increasing number of older people. In 2022, adults aged 65 years and above represented 15% of our population¹ and accounted for 56.9 % of total hospital in-patient bed days.²

The Sláintecare vision aims to deliver a better experience for people and better value for public investment by enabling people to stay healthy in their own homes and communities for longer. The six new Regional Health Areas support this vision, by facilitating planning and delivery of integrated care, aligning community and hospital services around the needs of the population in each region. Delivering consistent, high-quality care across all regions is not only a matter of equity, but a critical step toward a more sustainable and cost-effective health service.

Achieving this vision requires targeted investment in health system capacity, particularly in workforce planning. This applies to medical workforce as well as nursing workforce, medical scientists and other allied health professionals. Aligning staffing levels with population health needs will ensure timely access to appropriate care, reduce inefficiencies and improve patient outcomes. Investment is also required for training bodies to train sufficient staff to meet future population needs.

There have been welcome increases in medical workforce numbers and in post-graduate medical training places in recent years. However, Ireland has had some catching up to do – for many years we have fallen below the OECD average for number of doctors per capita. This has improved in recent years and Ireland ranked just above the OECD average on this metric in 2023 - at 4.0 practicing doctors/1000 population.³ The workforce is also ageing - one third of hospital consultants are over 55.⁴ Without enough doctors to replace the numbers retiring, the gap between population needs and available medical care will widen even further, as the population increases.

Action in these areas aligns with WHO's Global Strategy on Human Resources for Health: Workforce 2030⁵, particularly Objective 2^a. Ireland continues to rely on recruiting doctors, nurses, medical scientists, and other professionals from abroad to meet our health workforce needs. While it can be beneficial for individuals to come here for training and experience, taking the most talented individuals from low- and middle-income countries (LMICs) without reciprocating or exchanging expertise weakens their health services. In failing to address this, Ireland is not meeting its obligations under the WHO Global Code of Practice on the International Recruitment of Health Personnel.⁶

Occupational Medicine

Occupational medicine is essential to Ireland's public health service and workforce wellbeing. However, the lack of consultant status hinders recruitment and delays service delivery. These specialists complete equivalent training to other consultants and awarding them consultant status—aligned with international standards—is key to attracting and retaining these specialists.

In Budget 2026, we call for the following measures to support capacity across community and hospital settings:

- Investment to expand workforce capacity and services across both community and acute care settings.
- This investment will support Ireland's obligations under the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- Fund additional consultant posts and additional specialist medical training places to meet future workforce needs.
- Targeted investment to increase the number of acute and rehabilitation beds in hospital settings in line with rising demand.
- Adequate investment in rehabilitation services, homecare supports and long-term community care.
- Investment to facilitate the awarding of Consultant status to appropriately trained and qualified physicians in Occupational Medicine.

^a Objective 2: "Align investment in human resources for health with the current and future needs of the population and health systems, taking account of labour market dynamics and education policies, to address shortages and improve distribution of health workers, so as to enable maximum improvements in health outcomes, social welfare, employment creation and economic growth"

4. Investment in Disability Services and continuity of care for young people

Waiting times for assessment and therapeutic intervention by Children's Disability Network Teams (CDNTs) are unacceptably long, with families regularly facing delays of 3 to 4 years. These delays critically undermine children's access to time-crucial early intervention, resulting in avoidable long-term harm and significantly poorer outcomes.

Ireland's healthcare system is currently failing to deliver early intervention to many children with disabilities. This falls short of both best practice and Ireland's obligations under international human rights frameworks, including the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities.

To meet the needs of these children effectively, with timely access to appointments and interventions, the system requires urgent investment in resources, improved coordination and communication between services and accurate data collection for service planning:

Children with disabilities must be placed at the centre of policy and funding decisions. Budget 2026 must address these systemic failures and ensure that no child is left waiting for the supports they urgently need.

Continuity of care for young people with as they move into adult services

Adolescence is a particularly vulnerable period for young people with chronic conditions and those living with disability, who face a range of complex psychosocial challenges—including educational disruption, social isolation, low self-esteem, and difficulties with independence and relationships. These young people also experience higher rates of mental health issues compared to their peers. ⁷

Poor adherence to treatment, risk-taking behaviours, and gaps in care during the transition from paediatric to adult services contribute to worse health outcomes. Research shows that without appropriate support, many adolescents experience deterioration in health and reduced engagement with services post-transition. ^{8 9}

However, evidence clearly supports the effectiveness of structured transition programmes in improving clinical outcomes, continuity of care, and long-term health—while reducing avoidable complications and mortality.

Targeted investment in coordinated, age-appropriate transition supports must be prioritised in Budget 2026 to protect the wellbeing and future of adolescents living with chronic conditions and those living with disability.

In Budget 2026, we call for the following investment in disability services and continuity of care for young people as they move into adult services

- Investment in services to meet the needs of children with disability, including staffing, infrastructure, data systems, and coordination mechanisms.
- Funding through HSE to support structured programmes that guide and support young people with chronic conditions moving from paediatric to adult care.

5. Investment to Address the Root Causes of Ill-Health

Funding high-quality healthcare for when people are sick is crucial for public health. However, across the long- term there are huge gains to be made in supporting population health by keeping people well, in health outcomes, economic productivity, and system sustainability. For example, a 2017 systematic review of primary prevention interventions found that public health interventions had a median return on investment of more than 14:1.¹⁰

The Royal College of Physicians of Ireland is committed to promoting clinical leadership as a key part of service design and planning within healthcare. The College facilitates specialty members to provide expert clinical advice and input to National Clinical Programmes across several disease areas, population groups and medical specialties. These patient-centred programmes focus on improving patient outcomes, as well as early intervention and prevention. Programmes focused on chronic diseases (eg Obesity) are a key example of strategies to support population health which have strong prevention and early intervention components. Funding to support effective clinical leadership and strategic input through these clinical programmes is essential.

With a rising population, especially an increasing older population and rising rates of chronic disease, healthcare services will be overwhelmed if we do not focus on prevention. Chronic diseases account for:

- 76% of all deaths annually,
- 40% of acute admissions
- 75% of bed days.¹¹

Yet, much of this burden is preventable. By addressing five key risk factors – of poor diet, alcohol consumption, physical inactivity, smoking and obesity, we can significantly reduce the impact of chronic disease.

Some of these risk factors can be influenced by doctors or other healthcare professionals in consultation rooms or through health promotion programmes. However, doctors recognise that many of the root causes of the health problems of their patients lie in wider issues such as poverty, stress, unemployment or poor-quality work, education, inadequate housing conditions, and poor air quality.¹² It is essential that all sectors understand how such factors influence health, so that upstream, population level interventions are made to tackle these root causes. The need for ready access to occupational health services to support workers (including our increasingly ageing workforce) is also important given that work is a social determinant of health.¹³

Without a meaningful shift toward prevention and health equity, healthcare demand will continue to rise unsustainably, and health outcomes will worsen.

We call for the following upstream investment to tackle root causes of ill-health:

- Support and fund cross-sectoral actions to tackle root causes of ill-health and reduce health Inequalities.
- Allocate dedicated funding to support universal access to Occupational Health Services nationally.
- Funding for effective clinical leadership and strategic input through the National Clinical Programmes as a key component of national chronic disease prevention efforts.

6. A Sustainable Health System: Funding for Climate Resilience and Net-Zero Goals

Healthcare suffers the impacts of climate change while being a major contributor to carbon emissions. In Ireland it's estimated that the healthcare sector is responsible for 6.7% of the national carbon footprint.¹⁴

The HSE Climate Action Strategy in line with national climate targets and public health priorities outlines a pathway towards achieving net zero healthcare emissions. However, realising these goals will require sustained and targeted investment.

In 2022, the NHS became the first health system in the world to embed net zero carbon emissions into legislation – through the Health and Care Act 2022. This places legal duties on NHS England to reduce carbon emissions. Similar action here could support the HSE Climate Action Strategy in reaching its net zero targets.

We call for the following measures in Budget 2026 to support a sustainable health system:

- Investment to implement the HSE Climate Action Strategy.
- Resource Ireland's Digital Health Framework- Digital reform and e-health are also key enablers for the HSE's Climate Action Strategy and 2050 carbon zero target.
- Prioritise funding for upstream prevention measures – which are seen as key enablers to improve population health, while also being a complementary climate action support.
- We also call on Government to consider legislation for net zero carbon targets in healthcare.

7. Fiscal Policy to Reduce Harm: Saving Lives by Tackling Smoking and Alcohol Use

Increasing tobacco taxes is the most effective way to reduce smoking, especially among youth and low-income groups.¹⁵ Taxes should be frequent, substantial, should outpace income growth and revenue should be ringfenced for tobacco control, cessation services, and community health initiatives. The 2022 report of the Commission on Taxation and Welfare supports stronger public health-driven tobacco taxation in Ireland.¹⁶

Tobacco control in Ireland is at a critical juncture. Smoking prevalence in Ireland has stalled since 2019¹⁷ and missed the <5% target for 2025 set by Government in *Tobacco Free Ireland*. Decisive and courageous Government action for a Tobacco free Ireland should include robust application of tobacco taxation in Budget 2026. For example, a €5 tax

increase on cigarettes, would reduce smoking prevalence by 1%, save €1bn over 15 years, and generate €300m annually—supporting public health and reducing healthcare costs.¹⁸

The tobacco industry uses lobbying to oppose taxation and influence health policy, violating Ireland’s obligations under WHO FCTC Article 5.3. Reference to *Retailers Against Smuggling*¹⁹ in the Budget 2026 Tax Strategy paper on general excise is concerning, as the group is funded by Irish Tobacco Manufacturers Advisory Committee (ITMAC), representing major tobacco companies.^b This raises serious issues regarding industry influence on public health and taxation policy in Ireland.²⁰

Evidence from systematic reviews consistently demonstrates that a combination of behavioural support and pharmacotherapy (including NRT) significantly increases quit rates.²¹ Ireland needs to continue to ensure a well-resourced, consistently promoted national cessation programme, including free or low-priced NRT, and integrated across hospital and community settings, with clear, evidence-based messaging for both healthcare professionals and the public.

To reduce the prevalence of smoking, its associated health effects, and the economic costs to the state, we recommend the following measures for inclusion in Budget 2026.

1. Ensure tobacco taxation policy-making is focused on promoting health and is protected from tobacco industry interference.
2. Minimum of €2 increase on a packet of 20 cigarettes and a proportionate increase on related products on an annual basis. The revenue generated from this additional tax should be ring-fenced for funding health services.
3. An elimination of the price differential between roll your own products (RYO) and cigarettes.

^b British American Tobacco (BAT trades as P.J. Carroll & Company Limited in Ireland), Japan Tobacco International (JTI Ireland Limited, formerly Gallaher (Dublin) Limited) and Imperial Tobacco (John Player & Sons Limited)

4. Introduction of an environmental levy on all tobacco products.
5. Introduction of taxation on e-liquids.
6. Increased funding for anti-smuggling measures to ensure the price increases have the desired result of reducing smoking prevalence.
7. Increased investment in tobacco cessation programmes that have been proven to work - for example the HSE's tobacco cessation programme.

Alcohol and Accountability: Labelling and Pricing for Public Health

Excise duties on alcohol are a proven WHO 'Best Buy' to reduce health harms associated with alcohol consumption. Despite some reductions in recent years in alcohol consumed per capita in Ireland, as a nation we continue to drink well above the reduction target of 9.1 litres per capita set by Government in 2013. In 2023, per capita consumption was 9.9 litres per capita. Also, as survey data indicate that approximately one-third of the population of Ireland abstains from alcohol completely, those who drink alcohol are consuming even greater quantities than what is indicated by per capita estimates. ²²

Ireland is leading globally with proposals for new regulations as part of the Public Health (Alcohol) Act 2018 (PHAA), requiring health labelling on alcohol products. These laws are to come into effect in May 2026 and will include warning of liver disease, risks of alcohol consumption during pregnancy, cancer risks, and calorie content. With over 1,000 alcohol-related cancers annually²³ and high FASD rates (Ireland has the third highest rate FASD in the world ²⁴), these measures are vital. Over 75 health organisations support these policies. This is a chance to prioritise public health over industry pressure and reaffirm Ireland's commitment to evidence-based, life-saving alcohol harm reduction.

To reduce health harms from alcohol consumption, we call for the following actions in Budget 2026:

- Increase excise duties on alcohol products in line with inflation
- Ensure automatic uprating of Minimum Unit Pricing (MUP) in line with inflation.
- Fully fund and implement alcohol health warning labelling by May 2026.

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