

# PAM Strategy

speech and language therapy

occupational therapy

physiotherapy

orthoptics

podiatry

dietetics

A Regional Strategic Framework for the  
Professions Allied to Medicine in Northern Ireland

## Foreword

It is with great pleasure that I commend this document which is a combination of a strategic plan and a position paper for the Professions Allied to Medicine in Northern Ireland.

This is an important development for the Professions Allied to Medicine as it is the first published strategy to be produced regionally or nationally. It represents the commitment that these professions have to working together in the interest of providing high standards of health and social care.

The overall aim of the strategy is to develop a framework which will enable the Professions Allied to Medicine to contribute effectively to the planning, management and delivery of health and social care in Northern Ireland during the period 1997-2002.



The target audience for this document is all personnel in Northern Ireland involved in the commissioning and delivery of health and social care within statutory, voluntary and private sectors.

It is intended that the implementation of the strategy will be assisted by the development of a range of action plans which will be published in due course. This strategy is designed to assist the development of the Professions Allied to Medicine individually and collaboratively into the next millennium.

This strategic document is the culmination of a lot of hard work undertaken by representatives of the Professions Allied to Medicine under the auspices of the Advisory Committee of the Therapeutic Professions Allied to Medicine (ACTPAM). Through the development and implementation of this strategy the Professions Allied to Medicine look forward to contributing to the promotion of health and social wellbeing and to the targeting of health and social needs of the people of Northern Ireland during the regional strategic planning period 1997-2002.

### **Nuala McArdle**

Officer for the Professions Allied to Medicine  
Department of Health and Social Services

# Contents

	Page
Introduction	3
Mission Statement	4
Purpose of Document	4
Background	5
Role and Functions of the Professions	5
Development of the PAM Strategic Framework	8
Identifying Current Position and Moving Forward	9
Professional Involvement in Planning and Management	10
Training and Development	11
Skill Mix	12
Research and Development	12
Workforce Planning	13
Information Support and Infrastructure	13
Quality	13
Summary of Recommendations	15
Conclusion	15
Appendix 1    Function and Remit of ACTPAM	16
Appendix 2    Steering Group for Regional Strategic Framework Document	18
Appendix 3    Professional Associations for PAMs	19

## **Introduction**

This document is intended for use as a strategic framework to help inform all relevant personnel, to facilitate improved communication between the Professions Allied to Medicine (PAMs) within Northern Ireland and to provide a focus for developing a collective strategy for the period 1997-2002.

The document highlights the current position of the PAMs and identifies areas where change is required. In doing so it provides the professions with common strategic objectives, the achievement of which will lead to optimal service provision by PAMs staff, and provide opportunities in all aspects of delivery and development of Health and Social Services. The key issues identified are:-

- **Professional Involvement in Planning and Management**
- **Training and Development**
- **Skill Mix**
- **Research and Development**
- **Workforce Planning**
- **Information Support and Infrastructure**
- **Quality**

Advances in these identified areas are integral not only to the development of the Professions Allied to Medicine and the services they deliver, but to the attainment of the key objectives highlighted in the DHSS Regional Strategy, 1997-2002.

This strategic framework document has been endorsed by the Professions Allied to Medicine in Northern Ireland through a process of consultation with managers and clinicians within the six professional groups. There is strong commitment from within the professions to take forward the recommendations within the document. To this end a range of multiprofessional PAM regional working groups are being established.

# A Strategy for the Professions Allied to Medicine

## **Mission Statement**

The primary aim of the Professions Allied to Medicine is to contribute to the improvement of the physical and mental health and social wellbeing of people in Northern Ireland, thereby reflecting the overall aim of the Regional Strategy 1997-2002.

## **Purpose of the Document**

This framework document exists to facilitate communication within the Professions Allied to Medicine and to inform all Commissioners, Trusts, Training and Professional Bodies regarding:

- **the existing position of the PAMs within the Health and Social Services;**
- **the future strategic direction for PAMs within the Health and Social Services;**
- **how the future strategic direction will be achieved.**

The target audience for the PAM Strategy is all personnel in Northern Ireland involved in the commissioning and delivery of health and social care within statutory, voluntary and private sectors.

## **Background**

1. The Professions Allied to Medicine involved in this strategy document are:

- **Dietetics**
- **Orthoptics,**
- **Occupational Therapy**
- **Physiotherapy;**
- **Podiatry;**
- **Speech and Language Therapy.**

These 6 graduate professions are regulated by the Council for the Professions Supplementary to Medicine (CPSM) or their Professional Association and carry statutory responsibilities under a range of legislation in Northern Ireland. State Registration with the CPSM or enrolment with the appropriate Professional Association is the essential criteria for employment within the Health and Social Services in Northern Ireland. This requires members to maintain standards of personal conduct and professional competence and to be personally accountable for their activity. These standards provide safeguards for the wellbeing of service users and set quality criteria for Commissioners of services.

These 6 professions collectively advise the Department of Health and Social Services regarding the planning and provision of services in Northern Ireland through the Advisory Committee of the Professions Allied to Medicine (ACTPAM) (Appendix 1), Members of ACTPAM and Departmental Officers identified the need to develop a PAM strategic framework for Northern Ireland. This document has been prepared by representatives of the above (Appendix 2).

## **Role and Functions of the Professions**

2. The Professions Allied to Medicine assess, diagnose and treat people from all age groups within all programmes of care in acute, primary and secondary health and social care settings who come directly to them or are referred by other professionals.

The overall aim of these professions is to help individuals in the management of their condition, to overcome their disability, to achieve maximum functional independent living and to help them come to terms with their disorder or disability.

In addition to a general role in promoting health and the prevention of problems, the Professions Allied to Medicine have an educational role in promoting self care. This extends to advising and teaching associated carers and other health and social care disciplines, in order to provide a coherent approach which maximises benefit for the individual.

- **Dietitians** specialise in nutritional assessment which is used together with clinical information to prescribe appropriate dietary treatment.

Diet is the cornerstone of treatment in many conditions such as diabetes, celiac disease, malnutrition, renal and hepatic diseases and certain paediatric disorders.

Their overall aim is to educate patients to make informed food choices required for the dietary management of their condition and ensure nutritional needs are met. They also have a key role in the management of artificial feeding. Support to family and carers is provided when needed.

Dietitians have a major role in nutrition and health promotion initiatives and disease prevention programmes. They liaise with other health professionals and key personnel in a variety of community settings.

- **Orthoptists** assess, diagnose and treat visual function problems, abnormalities of eye movements and dysfunction of eye co-ordination in children and adults, such as strabismic amblyopia/lazy eye and double vision.

Their specialised training enables them to assess the visual function in the non-verbal patient eg those patients who are deemed to have special needs or the stroke patient with poor communication skills.

After Orthoptic investigation, treatment and management aims to achieve the maximum visual potential and relieve symptoms, underpinned by education and counselling to both patient and carer.

Orthoptic treatment may be a combination of occlusion, eye exercises, optical, pharmaceutical or surgical intervention based on the Orthoptists assessment.

Orthoptists are part of the eye care team.

- **Occupational Therapists** treat people with physical and/or psychological illness or disability through specific treatment mediums selected for the purpose of enabling individuals to reach their maximum level of function and independence in all aspects of life.

They assess the physical, psychological and social functions of the individual, identify areas of dysfunction and involve the individual in a structured programme of treatment designed to help overcome disability.

The treatment mediums selected are specific to the individual's needs and lifestyle and focus on self maintenance, work and leisure.

- **Physiotherapists** – Chartered physiotherapists are involved in the diagnosis and management of people with a broad range of physical problems.

Primarily they use manipulation, therapeutic handling, exercise and electrophysical modalities. Their assessment and evaluation of need, or potential need, takes into account variations in health status, in order to promote, maximise and restore the individual's physical, psychological and social well being.

- **Podiatrists** specialise in the assessment, diagnosis and treatment of diseases and conditions affecting the feet and lower limbs. Their training enables them to assess the vascular, neurological and orthopaedic status of the patient's lower limbs. Following assessment, treatment is focused on relieving symptoms and maintaining functional independence.

Podiatrists are also trained to perform biomechanical examinations in the diagnosis of gait abnormalities and, where appropriate, to prescribe orthoses to maximise foot function.

Whilst all Podiatrists are trained to perform minor surgery using local anaesthesia, a small number have undertaken further qualifications in advanced surgical techniques.

This profession was formerly known as chiropody. The title of podiatrist has been adopted by the profession as it more truly reflects the work undertaken by the profession.

- **Speech and Language Therapists** specialise in the diagnosis and treatment of communication disorders in adults and children. This may include reading and writing as well as speech, language, voice or stammering difficulties. They are also involved in teaching alternative and augmentative methods of communication and in the assessment and management of swallowing problems.

After assessing the nature of the communication problem, speech and language therapists use their theoretical and practical skills to rehabilitate, educate and counsel patients and their families, with the aim of enabling them to reach as great a measure of independent communication as possible.

## **Development of the PAM Strategic Framework**

3. This publication is an important development for the Professions Allied to Medicine. It is the first PAM Strategy to be published regionally or nationally and represents the commitment to collaborative working between the Professions Allied to Medicine in Northern Ireland in the interests of providing high standards of health and social care.

The aim of this document is to enable PAM groups to work together in promoting increased understanding regarding these professions and to develop a strategic framework which will enable them to contribute effectively to the planning, management and delivery of health and social care in Northern Ireland during the period 1997-2002.

The Strategy reflects the overall aim and key strategic themes of the Department of Health and Social Services Regional Strategy 1997-2002. These include:

**Strategic Aim** - **To promote the physical and mental health and social wellbeing of the population**

**Strategic Themes** - **promoting health and social wellbeing**

- **targeting health and social need**
- **improving care in the community**
- **improving acute care**

**Key areas** - **family and child health and welfare**

- **physical and sensory disability**
- **learning disability**
- **mental health**
- **circulatory diseases**
- **cancers and**
- **other non-communicable diseases**

Each of the Professions Allied to Medicine has a unique and diverse range of skills to offer within these strategic areas and a range of collaborative action plans will be developed to highlight their important contribution to these areas.

## Identifying Current Position and Moving Forward

4. These 6 Professions Allied to Medicine constitute an equivalent of 1480 whole time equivalent (wte) staff working within health and social services. This total is broken down as follows:

<b>Profession</b>	<b>WTE</b>
Dietetics	84
Occupational Therapy	457
Orthoptics	25
Physiotherapy	562
Podiatry	140
Speech and Language Therapy	<u>212</u>
<b>Total</b>	<b>1480</b>

Clinically, the Professions Allied to Medicine have made a significant contribution to the achievement of key strategic objectives outlined within the Department of Health and Social Service Strategic Plan 1992-97. This has been achieved despite these professional groups having had limited opportunity to influence the strategic planning, management and development of health and social care in Northern Ireland. This lack of influence has manifested itself in areas of particular difficulty which are common to all of the 6 professions ie

- **Professional involvement in planning and management**
- **Training and development**
- **Skill-mix**
- **Research and Development**
- **Workforce planning**
- **Information Support and Infrastructure**
- **Quality**

**Each of these issues represent a focus for future change and development which will be taken forward in a variety of ways assisted by the establishment of working groups.**

## **Professional Involvement in Planning and Management**

5. During the strategic planning period 1992-1997, limited formal opportunities have been afforded to the Professions Allied to Medicine to influence decision-making in strategic planning, policy formulation, commissioning and in the general management of the Health and Personal Social Services. However there have been significant developments for the PAMs in the following areas –
- **The appointment of a PAM Officer, DHSS**
  - **Review of PAM Services (Northern, Eastern and Western Boards)**
  - **The appointment of PAM Commissioning Officers, Northern and Eastern Board**
  - **Within some Trusts, the establishment of formal organisational arrangements which allow effective input of the PAMs at Operational/Trust Board levels (eg PAM directorates or forums). Such developments have enable Trusts to ensure that professional skills are more appropriate managed, understood and accessed**
  - **National review of the Council for the Professions Supplementary to Medicine.**

The Professions Allied to Medicine are committed to having equitable and appropriate professional influence at all levels within health and social services into policy formulation, service commissioning, provision, management and evaluation.

They are committed to working collaboratively on both an interprofessional and interagency basis in order that the maximum benefit may be gained for patients, clients, carers, service Providers and all Commissioners. It is therefore important that the unique skills of each of these professions are understood and appropriately deployed in order to ensure that patients and clients' needs are met and that services are commissioned and provided in the most effective and efficient manner.

The 6 professions endorse the representation of their collective interests by one member from their professional groups at Department, Commissioning and Trust Board levels, supported by professional management from within each professional group.

It is recognised that commissioning is a developing process and that there is a need for PAMs to be involved with the emerging range of Commissioners; it is therefore vital that effective formal arrangements are established to facilitate this.

The Professions Allied to Medicine seek that formal arrangements are put in place to assist further the development of needs assessment and the commissioning of appropriate services to meet those needs. They also urge that all Trusts develop formal arrangements to ensure effective PAM input to Trusts' business.

# Training and Development

## Training

6. Due to the organisational changes in recent years and ongoing pressures on resources, PAMs in line with other professions have experienced difficulties in securing appropriate funding to meet their pre and post registration training and professional development needs. The identification and organisation of funding for training and development for PAMS has been lacking.

There are a number of areas identified below relating to both pre-registration and post-registration training, including collaborative training that require to be addressed.

### Pre-Registration training for PAMs

- **Clinical Training Provision**
- **Interface with Universities**
- **Interface with relevant training schools within Universities.**

### Post-Registration training for PAMs

- **Continuing Education and Continuing Professional Development Opportunities**
- **Multiprofessional training to promote interdisciplinary team working across the spectrum of health and social care**
- **Training in research methodology**
- **Management training**

### Collaborative Training for PAMs

**The Professions Allied to Medicine recognise the need for all health and social care professionals to work together in a patient centred manner in order to ensure the best outcome for the patient. They would therefore welcome the opportunity to explore with other health and social care professionals what opportunities could be developed to promote such collaborative working.**

These areas will be addressed through the development of a PAM Training and Development Strategy for Northern Ireland.

To action these issues it will be necessary for collaborative working between the Professions, Department, Commissioners, Providers and Universities.

## **Skill Mix**

7. The Professions Allied to Medicine recognise that Health and Social Services are undergoing major change and that this change will continue into the new millennium. All Health and Social Services staff including the Professions Allied to Medicine will be challenged by new models of delivering patient care in both the hospital and community settings. This will provide the opportunity for clinicians to critically analyse their core skills, redefine their roles and in so doing advance their clinical practice and skills and allow the delegation of routine tasks to appropriately trained and supervised personnel. Such developments will enable PAM practitioners to undertake key worker roles where their contribution is central to the management of particular patient and client groups.

The PAMs' engagement in skill mix projects has in the past been restricted and they now need equal opportunities afforded to them in line with other professional groups to enable their participation in relevant project work. The most effective way of promoting and developing effective skill mix is by addressing this issue through pre and post registration training and Continuing Professional Development.

## **Research and Development**

8. The Professions Allied to Medicine recognise the need and are committed to the development of a sound research base that will assist Commissioners, Providers and service users.

During the strategic planning period 1992-07 each of the Professions Allied to Medicine have developed their research base nationally. However the lack of adequate funding, accessible research training and appropriate professional backup to maintain service provision has left it difficult for these professions to develop local research expertise.

It is anticipated that the appointment of a Research and Development director for the Health and Personal Social Services, together with the new research strategy, will lead to increased opportunities for postgraduate training in Research as well as informed advice being available at commissioning and provider level.

Research funding should be distributed in a way which ensures that all staff have equitable access to training and the opportunity to undertake research related to the overall HSS Research and Development Strategy with adequate support to develop these opportunities.

The profession Allied to Medicine will develop action plans to ensure progress in these areas.

## **Workforce Planning**

9. During the strategic period 1997-2002 it will be important to project accurate workforce requirements for the Professions Allied to Medicine as a means of informing future training needs at both pre- and post- registration level.

Workforce plans need to take account of the diversity of emerging needs arising from a range of Commissioners, Providers and competing market forces. This process requires informed advice from the Professions Allied to Medicine and needs to be rolled forward on an annual basis.

## **Information Support and Infrastructure**

10. The Professions Allied to Medicine recognise that quality information is the cornerstone of effective management and service delivery at all levels within the HPSS. The emerging demands during the strategic planning period 1992-1997 have required the professions to produce information for a range of needs. In many cases appropriate computer information systems together with administrative support have not been resourced and PAMs have had to manually produce information at the expense of professional clinical time.

The Professions Allied to Medicine are aware of the need for quality information to be accessible to DHSS, Commissioners, Providers including professional managers and clinicians. They are acutely aware that information systems need to be developed and funded which will reflect the clinical, managerial and financial needs of the services being commissioned and provided and which will ensure that professional management and clinical time is appropriately used. The professions wish to be further involved in the formulation of meaningful information strategies and systems. They urge that adequate investment is made in the production of appropriate information systems to safeguard the use of professional time and provide quality information.

## **Quality**

### **Standards and clinical audit**

11. The Professions Allied to Medicine have produced quality standards during the 1992-97 strategic planning period, many of which have been used to develop and carry out clinical audit. These standards could have assisted Commissioners and Providers in the development of commissioning and contracting. However a failure to access appropriate informed professional advice at Commissioning and Provider levels has left it difficult for the maximum benefit to be gained from these professional quality standards and audits.

The Professions Allied to Medicine plan to build on the work that has already been undertaken to promote the development and delivery of quality services.

Their strategic action plan will consider:-

- **quality improvements**
- **benchmarking**
- **further development of clinical guidelines**
- **further development of uni and multiprofessional audits**
- **further development of research**
- **development of evidence-based practice.**

## Summary of Recommendations

12. This document has outlined a variety of strategic areas for future development. A summary of these recommendations for change is given below.
  - **the establishment of regional interdisciplinary PAM Working Groups to develop and take forward specific initiatives for PAM services within the strategic framework outlined in this document.**
  - **the establishment of formal arrangements at Commissioning levels to ensure appropriate input into Commissioning from PAMs.**
  - **the establishment of formally recognised PAM Groups in all HPSS Trusts in Northern Ireland with active involvement in planning and management.**
  - **the development of a PAM Training and Development Strategy for Northern Ireland.**
  - **the involvement of the Professions Allied to Medicine in Skill Mix Initiatives.**
  - **the development of Research Action plans for the PAMs.**
  - **the development of effective Workforce Planning for PAMs.**
  - **the development and integration of PAM Information Systems.**

## Conclusion

13. In the launch of the HPSS Regional Strategy 1997-2002 the then Minister for Health and Personal Social Services, Mr Malcolm Moss stated “Health and social wellbeing is everybody’s business”. The Professions Allied to Medicine have an important contribution to make to promoting the health and social wellbeing of the people of Northern Ireland and to targeting health and social need. To this end they look forward to collaboratively working with service users, commissioners and providers within statutory, voluntary and private sectors. This document provides a framework for progressing action within each of the identified areas.

# **Appendix 1**

## **Advisory Committee of the Therapeutic Professions Allied to Medicine**

### **FUNCTION AND REMIT**

1. The Advisory Committee of the Therapeutic Professions Allied to Medicine was appointed under Article 25 of the Health and Personal Social Services (Northern Ireland) Order 1972 to advise the Department on the planning and provision of therapeutic paramedical services in Northern Ireland having regard to national policy. This includes consideration of manpower policy, including staffing and professional training needs. The remuneration and conditions of service of staff, being the concern of separate Joint Council machinery, do not come within the remit of the Committee. The Committee is the channel of advice to the Department on matters which are of concern to the therapeutic paramedical professions but it is not the only source of advice on matters which also affect other professions or services. The Committee is an advisory body to the Department and it has no executive functions.
2. Matters are referred to the Committee for advice by the Department and the Committee may also initiate matters to be brought under consideration. The Committee is kept informed of developments arising from the advice which it has given. Some of the issues referred to the Committee, however, may involve consultation with other bodies and the outcome may only emerge over a period of time.
3. The Committee may appoint sub-committees and may appoint to such sub-committees persons who are not members of the Committee.

### **CONSTITUTION**

4. Chairperson – The Chairperson is appointed by the Department from the Committee's membership for a 4 year period.
5. Vice-chairperson – The Committee may appoint a Vice-Chairperson from its membership to hold office for such period as the Committee may determine.
6. Membership – The membership of the committee is appointed after consultation with professional or other interested bodies. Members serve, however, in an individual capacity and not as representatives of the nominating bodies.

The nominating bodies are;

**DISCIPLINE**

**NOMINATING BODY**

Podiatry

The Society of Chiropodists and Podiatrists  
(Northern Ireland Branch)

Occupational Therapy

NI Regional Group of the British Association of  
Occupational Therapists

Dietetics

Ulster Branch of the British Dietetic Association

Orthoptics

NI Group of the British Orthoptic Society

Speech and Language Therapy

The Irish Region of the Royal College of Speech and  
Language Therapists

Physiotherapy

NI Board of the Chartered Society of Physiotherapy

## **Appendix 2**

### **Membership of Steering Group for Regional Strategic Framework Document**

<b>Mrs Jennifer Holmes</b>	<b>Chairperson of ACTPAM</b>
<b>Miss Ruth Nesbitt</b>	<b>Member of ACTPAM</b>
<b>Miss Pamela Hannigan</b>	<b>Member of ACTPAM</b>
<b>Dr Philip McClements</b>	<b>Principal Medical Officer</b>
<b>Mrs Nuala McArdle</b>	<b>PAM Officer DHSS&amp;PS</b>

## Appendix 3

### PAM Professional Associations

#### Useful Addresses

##### ORTHOPTICS

British Orthoptic Society  
Tavistock House North  
Tavistock Square  
LONDON WC1H 9HX

Tel: 0170 387 7992

##### SPEECH AND LANGUAGE THERAPISTS

Royal College of Speech & Language Therapists  
7 Bath Place  
Rivington Street  
LONDON EC2A 3DR

Tel: 0171 613 3855

Fax: 0171 613 3854

##### PODIATRY

Society of Chiropractic/Podiatry  
53 Wellbeck Street  
LONDON W1M 7HE

Tel: 0171 486 3381

##### OCCUPATIONAL THERAPY

College of Occupational Therapists  
6-8 Marshalsea Road  
Southwark  
LONDON SE1 1HL

Tel: 0171 357 6480

##### DIETETICS

British Dietetic Association  
7<sup>th</sup> Floor Elizabeth House  
22 Suffolk Street  
Queensway  
BIRMINGHAM B1 1LS

Tel: 0121 643 5483

##### PHYSIOTHERAPY

Chartered Society of Physiotherapy  
14 Bedford Row  
LONDON  
WC1R 4ED

Tel: 0171 306 6666

Further copies can be obtained from:  
Nuala McArdle  
Officer for the Professions Allied to Medicine  
Room C.3.19, Castle Buildings, Stormont, Belfast BT4 3PP

November 1997

