



Workforce Planning Review

Department of Health, Social Services and Public Safety
An Roinn Sláinte, Serbhísí Sóisialta agus Sábháilteachta Poiblí

Introduction

Podiatrists specialise in the assessment, diagnosis and treatment of disease 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.

This document is a summary document of the Comprehensive Review of the Podiatry Workforce December 2002. The review was co-ordinated by a Project Steering Group, comprising of representatives of the DHSSPS, providers, education, commissioners and staff side. The report includes a profile of the Podiatry workforce, a projection of supply and demand within the HPSS workforce over the 5-year period 2003-2007 and recommendations to address issues arising from the review. This information is vital to assist the Department primarily in developing strategies that will ensure that the correct numbers of professionals are trained, in place and working effectively to offer the maximum benefit to patients and clients.

Methodology

Various stages were utilised to undertake this review:

- An audit to identify the staffing profile and characteristics of the workforce.
- Background research was conducted involving a literature review, policy document search, and a review of Trust and Commissioner strategies to identify proposed capital and service developments or changes.
- Consultation with stakeholders across all areas of the workforce, through Key Informant Interviews and Focus Groups.
- Analysis of data collected to develop a workforce model to aid the prediction of the future workforce needs by identification of key supply and demand indicators over the period of 2003-2007.

Key Findings of The Review

Key findings identified include the staffing profile, supply issues, demand issues and predictions.

- The Podiatry workforce represented a total headcount of 179 across the HPSS (March 2002). 52% were at Senior II grade and only 1% at the basic grade level.
- The ratio of headcount to whole time equivalent for this workforce was 1.2: 1.
- 77% of the workforce was female, with 23% male.
- The age profile of the Podiatry workforce shows that only 1% fell within the 55+ category and that 60 remains the 'eligible' age for retirement within the general Podiatry profession.
- The data indicated that 95% of the workforce was under 50 years of age and 69% were below 40 years of age.
- The grade breakdown of podiatrists within the workforce identified that 32% were at Senior I grade, 52% were at Senior II grade and only 1% at the basic grade level.
- The total number of vacancies within this profession was identified as 7, which equated to 3.9% of the workforce.

Recruitment and Retention

- There were no issues with regard to recruiting to training places at the University of Ulster with the application to places ratio 5.5: 1.
- The attrition rate for Podiatry students was 22% based on a three-year period.
- On average 73% of new graduates did not enter the HPSS sector in Northern Ireland, due to a lack of availability of posts. Data indicates that only one

Graph: Age Profile of Podiatry HPSS Workforce (March 2002)

Source : Human Resource Management System



	<30	30 - 40	40 - 50	50 - 55	55 - 60
% of workforce	27%	42%	26%	4%	1%

REVIEW

Workforce Planning Review

graduate in each of the last 2 years took up employment within the HPSS.

- Final year students expressed a strong desire to take up employment in the HPSS but indicated there were poor job opportunities.
- Staff requests are increasing for work-life balance practices and it is estimated that this accounted for a loss of 1% of the Podiatry workforce per annum and the trend is likely to increase.

Private Sector

- There was a demand for Podiatrists within the private sector and graduates often gravitate towards this employment when unable to gain employment within the HPSS.
- A considerable number of Podiatrists work in a dual role between the private sector and the HPSS.

Career Progression

- Lack of career opportunities and progression was a significant factor in demotivating the work force. There appears to be a limited career path beyond Senior I level, at which point, often the only available promotional route is into management, which has in itself very limited opportunities.
- There were very few basic grade posts within the Podiatry workforce (a total of 6 at March 2002) and these numbers have decreased by 57% since 1998 from 14 Podiatrists.
- The majority of Podiatry posts - 31%, were at a Senior I level, with 51% of posts at Senior II level, which in total accounts for 82% of the workforce.

Lifelong Learning

- Difficulties are encountered in ensuring Continual Professional Development for post-graduate staff both from a time and funding prospective. Time out often has

a detrimental affect on contract and indicative volumes, which complicates workflow patterns and the ability of managers to release staff for training.

- Issues were identified which indicated a need for change in the undergraduate clinical placement system and a requirement for Trusts to consider improved ways of facilitating clinical placements.

Under representation

- A lack of representation at corporate and strategic levels for the profession was recognised, which correspondingly indicates a lack of inclusion in the decision and communication process within Boards and Trusts.

Demand Issues

Demands, which alter service provision, were identified within the context of the review.

Service Developments

- The development of a Diabetes specialist post at the Royal Group of Hospitals Trust.
- The delivery of a Podiatry Service within the context of Regional Brain Injury Unit.
- The provision of Podiatric Surgery within the HPSS.
- The Podiatry contribution to the Health and Social Care Groups.
- Role extension of the Podiatrists into both the clinical specialist and consultant role.

Skill Mix/Workforce Review

- A significant amount of podiatrist's time can be spent on administrative and clerical tasks.
- Some tasks undertaken by podiatrists do not require professional skills and there are opportunities to further allocate tasks to assistant grades eg decontamination of equipment.
- Podiatry assistants could be employed to meet some of the requirements identified as demand in the clinical service.

Operational Difficulties

- A considerable element of the clinical service time is been allocated to "high risk" category patients. This prioritisation shifts the emphasis of service provision to leave a significant gap in the ability to deliver a clinical service to lower risk patients. These pressures have resulted in lengthening clinical waiting lists within the podiatry service.
- Pressures experienced within the Podiatry Service result in lengthening waiting times for new patients attempting to access the clinical service for the first time.
- An increase in patient awareness of Patients Charter, rights access to services, increasing expectations and complaints systems causes pressure on the operational service delivery.

- An ageing growing population with increased referral activity patterns, compounding clinical complications and increased dependency, cause pressure on the clinical service.

Supply And Demand Projections

Conclusions were drawn and assumptions made concerning the future profile of the workforce utilising the supply and demand projections. These were developed into a workforce model to predict the requirements of the Podiatry workforce over the period 2003 - 2007.

Supply Projections

Supply projections were based on assumptions made during the consultation process and calculated between the period 2003-2007. These are profiled in the table below:-

Demand Projections

The demand for Podiatry professionals has been presented at three demand levels:

Demand Level 1: This refers to capital and service developments, which have already been agreed in which the workforce requirements have been identified, and have the associated funding approval.

Table: Projected Supply of Overall Podiatry Workforce in NI (2003-2007)

Supply to NI.HPSS	2003	2004	2005	2006	2007
Total available	12	15	15	15	15
Total leavers	5	6	6	5	5
Total current/potential numbers	172	179	190	201	211
Projected potential numbers	179	190	201	211	221
Potential net increase (decrease)	4%	5%	5%	5%	5%

REVIEW

Workforce Planning Review

Demand Level 2: This refers to service developments that have been identified via the Key Informant Interviews and the Project Group that are likely to be supported over the next 5 years, although resources have yet to be identified. This includes educational requirements at both under and postgraduate's levels including Continual Professional Development, time required to facilitate students on clinical placements, elements of health promotion, role development and meeting the requirements of clinical governance.

Demand Level 3: This refers to additional demands within the current and future services, identified via the Key Informant Interviews and Project Group that do not have funding allocation. This includes referral waiting lists and

clinical service demands that cannot be met within existing resources.

For the initial purposes of this workforce plan the combination of Demand Levels 1 + 2 have been adopted. These demand levels include agreed resourced capital and service plans with identified workforce requirements and those that are likely to be resourced within the 5-year plan. The following table illustrates the impact of these demands including the current vacancies within the projected workforce.

Table: Projected Demand Figures in Headcount over the 5-year Workforce Plan for Podiatry Population within Northern Ireland.

Workforce requirements	2003	2004	2005	2006	2007
Vacancies	7	0	0	0	0
Demand Level 1 (capital & service requirements, with identified resources)	0	2	-	-	-
Demand Level 2 (current and future demand likely to be resourced)	6	4	5	1	1
Total Demand Level 1+2	13	6	5	1	1



Supply v Demand Conclusions

The following table illustrates the overall increase (decrease) in the numbers within the workforce over the 5-year plan.

Table: Profile of Projected Supply against Demand by Headcount for the 5-year Plan.

Key Factors: Supply v. Demand	2003	2004	2005	2006	2007
Potential additional numbers in HPSS	7	9	9	10	10
Vacancies	7	0	0	0	0
Demand Levels 1 & 2	6	6	5	1	1
Total over (under) numbers in workforce	(6)	3	4	9	9

It can be seen from the above table that the supply of Podiatrists available to the HPSS should meet the demands of levels 1 & 2 by year 2 of the workforce plan when taking into account the current vacancies (7).

Recommendations

Workforce Planning

- Now that the workforce planning process is established it is recommended that the Project Board should be retained to review supply and demand on an ongoing basis. It should utilise the information gathered in the review, building and expand on it, taking into account such factors as the impact on the workforce, of role extension, specialisation, capital plans and service development business cases.
- The Project Board should ensure that there is a consistent and targeted approach to gathering relevant supply and demand data and manpower recording processes.
- The Department should review the activity data collected from the Allied Health Professions at Trust level and professional managers should review management data collection from the current information systems and ensure the systems are maximised to their full potential. The aim of these reviews will be to provide a more comprehensive management information collection, which will aid the workforce planning process.

Recruitment & Retention

- All employers should put in place policies to incorporate planned induction, consolidation and mentorship programmes for all new staff and review the effectiveness of these in a quantitative and qualitative manner.
- Employers and the profession should put in place a consistent approach to the implementation of work-life balance policies and procedures and this should be factored into workforce planning.

Utilisation of the available Workforce

- Trusts should carry out further work into the possibility of reallocating non-clinical responsibilities to other health care workers including Podiatry Assistants.
- A co-ordinated approach between the professions, employers and the DHSSPS should take place with regard to workforce planning of Podiatry, particularly in relation to role extension and development issues.

REVIEW

Workforce Planning Review

- Commissioners should work closely with Trusts to clearly specify the required podiatry clinical service provision within the existing resources.
- Consideration should be given by Commissioners and Trusts to defining how patients access the service with the aim of achieving better control of demand and workflow focused through appropriate clinical channels.

Education & Development

- The UU and Trusts should work together to agree best practice for undergraduate clinical placements that ensures students are fully prepared for a clinical working environment
- All Trusts with Podiatry services have been surveyed (DHSSPS May 2002) with regards to the existing numbers of clinical placements and the maximum numbers that may be accommodated for each training year. Further discussions should take place between DHSSPS, Trusts and the University to establish a more comprehensive way of providing undergraduate clinical placements and experience. There should be solutions found to the barriers identified to ensure Trusts can accommodate the number and quality of clinical placements required.
- Statistics indicate a high attrition rate and a high number of repeat year students within the undergraduate course. The reasons for these should be identified and explored with the view to improve outcomes and graduate numbers. These statistics should be monitored by the University of Ulster and reviewed on a regular basis by the DHSSPS.
- There should be an increased focus placed on Continuing Professional Development (including leadership and management development) and all employers should ensure that the recommended hours provision is accounted for through the workforce planning process.
- The Podiatry profession should become actively involved in the Centre for Postgraduate Continuing Professional Development for Allied Health Professionals. The NI Podiatry profession should identify its training requirements and contribute to planning for

the current and future service needs.

- Employers should ensure training is available for all staff that will be required to provide mentorship or coaching support as part of their role.
- The Clinical Specialist and Consultant role should be developed in acknowledgement the high levels of clinical expertise within the profession.

Further Review of the Workforce

- The Project Group should be reconvened initially on an annual basis to review and update the workforce plan.
- Trusts should review the skill mix of their Podiatry workforce to ensure it has the most appropriate combination of staffing grades to meet the needs of the clinical service. This review should also ensure that entry-level posts are maintained so there is a continued flow into the workforce of new graduates.
- The Project Group should be mobilised to take forward where appropriate, any recommendations emanating from the workforce review.
- Trusts should review with its podiatry service Demand Level 3, as identified in this report, and ensure that any agreed increase in service is included in any future service development plans.

Conclusion

This Podiatry Workforce Review can be only viewed as a starting point, or baseline for further work to be carried forward. This includes the development of an action plan to take forward the recommendations outlined above. The models presented in the report will need updated and refined on a regular basis to continue to inform decision making and priorities concerning the investment in the HPSS Podiatry workforce over the five-year plan.

Workforce Planning Review

REVIEW

AUGUST 2003

PODIATRY REVIEW

Project Steering Group

DAVID BINGHAM	... Department of Health Social Services & Public Safety
JOYCE CAIRNS	..... Department of Health Social Services & Public Safety
ANNE CLARKE	..... Causeway HSS Trust
COLIN FULLERTON	..... University of Ulster, Jordanstown
FRANK GALLAGHER	..... Regional Staff Side Representative
ROY HAMILL	..... Homefirst Community HSS Trust
DR. PAMELA HANNIGAN	..... Northern Health & Social Services Board
FIONA HODKINSON	..... Department of Health Social Services & Public Safety
DOROTHY JEFFREY	..... Department of Health Social Services & Public Safety
BRONAGH MONAGHAN	..... Belfast City Hospital HSS Trust
MARGARET MOORE	..... Sperrin Lakeland HSS Trust
JENA MUSTON	..... Beeches Management Centre
SADIE SOMERVILLE	..... Armagh & Dungannon HSS Trust
MICHELLE TENNYSON	..... South & East Belfast HSS Trust

Contact Address

Department of Health Social Services & Public Safety
Human Resources Directorate
Workforce Development Unit
Room D1.4
Castle Buildings
Stormont Estate
Upper Newtownards Road
BELFAST BT4 3SQ

Allied Health Professionals Home-page:

<http://extranet.dhsspsni.gov.uk>