



Workforce Planning Review

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

Introduction

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, coeliac disease, malnutrition, renal and hepatic diseases and certain paediatric disorders. The Dietitians 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 and support to family and carers when required. 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.

This document is a summary of the Comprehensive Review of the Dietetic Workforce, December 2003. The review was co-ordinated by a Project Steering Group, comprising of representatives of the DHSSPS, providers, education, staff side and commissioners. The report includes a profile of the workforce, a projection of the 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 review 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 14 key informant interviews and 7 focus groups.
- Analysis of data gathered to develop a workforce model to aid the prediction of future workforce needs by the identification of key supply and demand indicators over the period of 2003-2007.

Key Findings of The Review

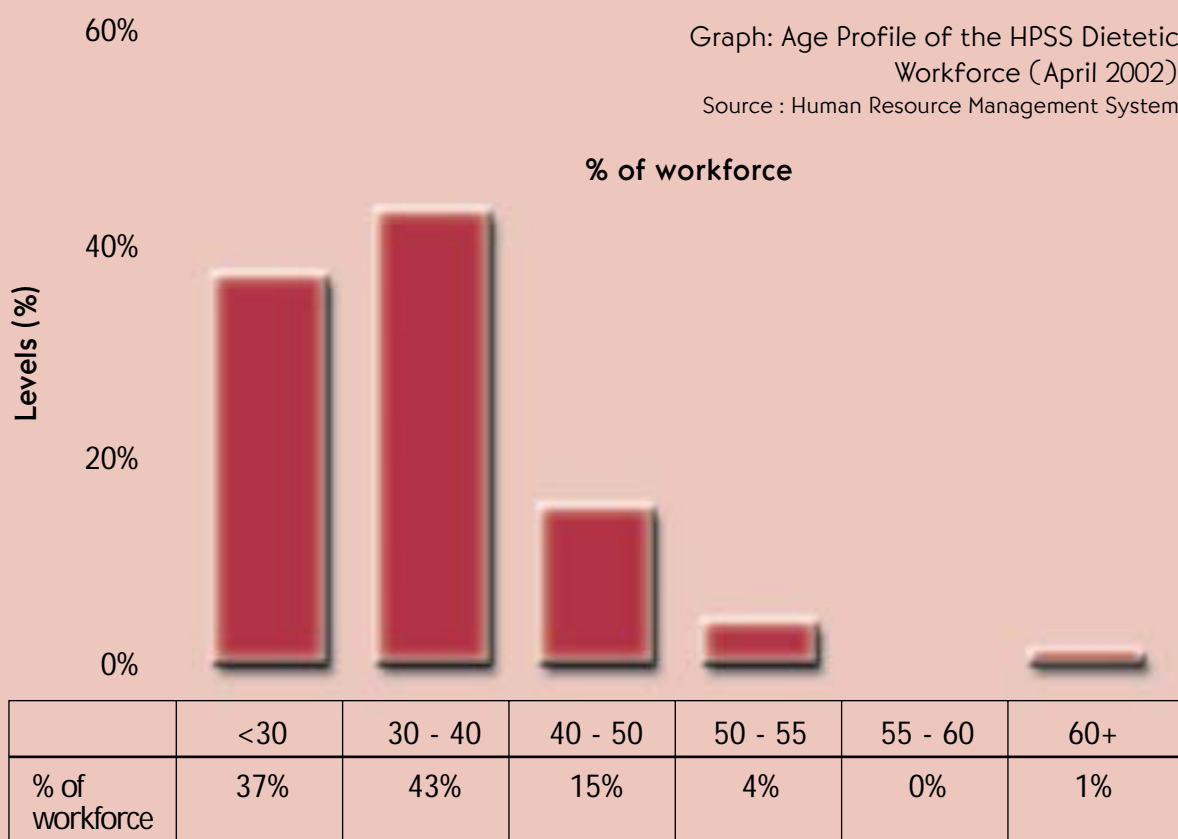
Staffing Profile

- The Dietetic workforce represents a total headcount of 139 in Northern Ireland (April 2002).
- The ratio of headcount to whole time equivalent for this workforce was 1.16:1.
- The workforce was entirely female.
- The age profile of the Dietetic workforce shows that only 1% fall within the 55+ category and the 'eligible' age for retirement is 60 years.
- The data indicated that 95% of the workforce was under 50 years of age and 80% were below 40 years of age.
- The grade breakdown identified that 52% of the workforce were at Senior 1 grade and 10% at the basic grade level.

- The total number of vacant posts were 8, which equated to 5.4% 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 6.2:1.
- The attrition rate for Dietetic students was minimal (below 4%) based on the three-year period 1998-2001.
- On average 69% of new graduates did not enter the HPSS. Data indicated that only 12 out of 25 graduates in 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 few job opportunities.



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- Increased requests for work-life balance practices estimates a loss of 1.75% of the Dietetic workforce per annum and the trend is likely to increase.

Career Progression

- Lack of career opportunities and progression was a significant factor in the work force. A limited career path at the senior level was indicated, and often the only available promotional route into management, which was seen to have very limited opportunities.
- There were very few basic grade posts within the Dietetic workforce (a total of 14 at April 2002).
- The majority of Dietetic posts were at a Senior I level (approximately 52%).

Lifelong Learning

- Difficulties were encountered ensuring Continual Professional Development for post-graduate staff both from a time and funding resource prospective.
- Frequently the funding of CPD is achieved by raising money through sponsorship and income generation.
- It was noted there was a need for a change in the undergraduate clinical placement system and a requirement for HPSS Trusts to become more widely involved in accommodating clinical placements.

Under representation

- There was a lack of leadership representation at all levels for the profession, which correspondingly means a lack of inclusion in the decision and communication process.

Supply and Demand Issues

Supply Issues

The following issues were identified during the consultations:

- Managers found difficulty recruiting to entry grade posts outside the annual graduation period.
- Managers experienced difficulty filling temporary posts.
- Life-work balance requests were increasing amongst the 100% female workforce.
- On average the HPSS Dietetic workforce was stable with few issues being identified in retaining staff.
- Some managers reported difficulties in filling posts with contracted hours of less than 0.5 WTE.
- Graduates were being offered posts outside the HPSS when on clinical placement.

Demand Issues

The following demand issues were identified over the 5-year period:

Service Developments

- The delivery of a dietetic service within the context of the Regional Brain Injury Unit.
- Service delivery for the Sensory Disability Service (United Hospitals Trust).
- Additional clinical service for Intensive Care Unit/High Dependency Unit beds (Royal Group of Hospitals Trust).
- Additional dietetic service delivery for Oncology Services.

- The initiation of a Renal Unit (Ulster Community and Hospitals Trust).

Skill Mix/Workforce Review

- A significant amount of Dietitians time can be spent on administrative and clerical tasks.
- Some tasks undertaken by Dietitians do not require professional skills and there are opportunities to further allocate tasks to assistant grades.
- There was only one dietetic assistant post identified within the HPSS piloted by Craigavon Area Hospital Group HSS Trust.

Operational difficulties

- Pressures experienced within the dietetic service resulted in a reduction in a number of review appointments available.
- 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 compounding clinical complications in old age and increasing referral activity patterns are a cause of pressure on the clinical service.

Supply And Demand Projections

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

Supply Projections

Supply projections were based on assumptions made during the consultation process and endorsed by the project group. The supply of Dietitians was calculated between 2003-2007 and the figures include, projected numbers of new graduates joining the HPSS, individuals being recruited from outside NI, staff leaving due to retirement and other reasons and the impact of work life balance policies. This data is profiled in the table below:

Demand Projections

The demand projections for dietetic professionals has been presented at three demand levels:

Demand Level One: *Capital and service developments with identified staffing requirements for the next 5 years, for which funding has already been agreed.*

This refers to service developments that have been agreed within the current HPSS policy framework with resources identified over the course of the 5-year plan. It includes, additional posts within the Cancer Centre/Units, Regional Brain Injury Unit, Local Health and Social Care Groups and services identified in 'Priorities for Action'.

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

Supply	2003	2004	2005	2006	2007
Total available to HPSS	14	14	14	14	14
Total leavers of HPSS	3	3	4	4	3
Total current/potential HPSS workforce	139	150	161	171	181
Projected potential HPSS workforce	150	161	171	181	192
Potential net increase (decrease)	8%	7%	6%	6%	6%

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Demand Level Two: Policy improvements that may be met in the next 5 years if funding is made available.

This demand includes educational requirements at both under and postgraduate level including continual professional development, time allocated to students on clinical placements, role developments and meeting the requirements of clinical governance.

Demand Level Three: Current demand and unmet clinical need which has been identified via the Key Informant Interviews and the Project Group.

This refers to additional areas of unmet need, identified via the consultation process. It is acknowledged that no

specific policy context or resource is identified at present to meet this demand.

For the initial purposes of this workforce plan a combination of Demand Levels 1 + 2 has been adopted. These demands include agreed and 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 within the projected workforce:

Table: Summary Table of Projected Demand Levels 1 & 2 in Headcount

Workforce requirements	2003	2004	2005	2006	2007	Total
Vacancies	7	-	-	-	-	7
Demand Level 1 (capital & service requirements, with identified resources)	-	5	-	-	-	5
Demand Level 2 (current and future demand likely to be resourced)	6	10	4	4	6	30
Total Demand Level 1+2	13	15	4	4	6	42

Supply v Demand Conclusions

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

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

Key Factors: Supply v. Demand	2003	2004	2005	2006	2007
Net supply HPSS	11	11	10	10	11
Vacancies	8	-	-	-	-
Demand Level 1 & 2	13	15	4	4	6
Total over (under) numbers in the workforce	(10)	(4)	6	6	5

It can be seen that when Demand Levels 1+2 are presented demand for Dietitians outweighs the supply until year 2005. At this point in time there should be sufficient numbers available to the workforce to meet the forecasted demand (based on the assumption that demand and supply remain constant and as forecasted).

Recommendations

Workforce Planning

- A regular review of supply and demand should be carried out throughout the 5-year period. The information gathered in the base-line review should be built upon and expanded taking into account such factors as the impact on the workforce of role extension, sub-specialisation, capital plans and service development business cases.
- The Department and professional managers should review the activity data collected from the Allied Health Professions at Trust level and the management data collected from the current information systems with the aim of ensuring that both the data and the systems are maximised to their full potential with the aim of directly improving service delivery.

Recruitment & Retention

- 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 these 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 from Dietitians to other health care workers including Dietetic Assistants.

Education & Development

- Further discussions should take place between the DHSSPS, Trusts and the University to establish a more effective way of providing and increasing the numbers of undergraduate clinical placements. It is considered that these increases are vital in enabling Trusts to recruit graduates to the HPSS. The aim should be for the clinical placement system to be self sufficient within the NI context. All



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Trusts with Dietetic services should provide undergraduate clinical placements. Results of the Clinical Placement Survey (DHSSPS May 2002) should be used in conjunction with this exercise to progress the position of Trusts to better accommodate the clinical placements required.

- 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 Dietetics profession should become actively involved in the Centre for Continuing Professional Development for Allied Health Professions with the aim of identifying training requirements to meet the needs of the current and future workforce.
- Employers should provide training to all staff that will be required to mentor or train staff as part of their role.
- The clinical specialist and consultant role should be developed in acknowledgement of 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 Dietetic 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 Dietetic service Demand Level 3, as defined in this report, and ensure that any agreed increase in service is included in any future service development plans.

Conclusion

This Dietetic Workforce Review can only be considered as the baseline for further work. This includes the development of an action plan to take forward the recommendations outlined above and further discussion to consider the implications of the workforce trends presented. The models presented in the report will need updated and refined on a regular basis to inform decision-making and priorities concerning the investment in the HPSS dietetic workforce over the next 5-years.

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AUGUST 2003

DIETETIC REVIEW

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