



Workforce Planning Review

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

Introduction

Orthoptists are part of the eye care team. They assess, diagnose and treat visual function problems, abnormalities of eye movements and dysfunction of eye co-ordination in children and adults, such as squint, 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.

This document is a summary of the Comprehensive Review of the Orthoptic Workforce February 2003. The review was co-ordinated by a Project Group, which comprised of representatives of the DHSSPS, providers, education, commissioners and staff side. 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:

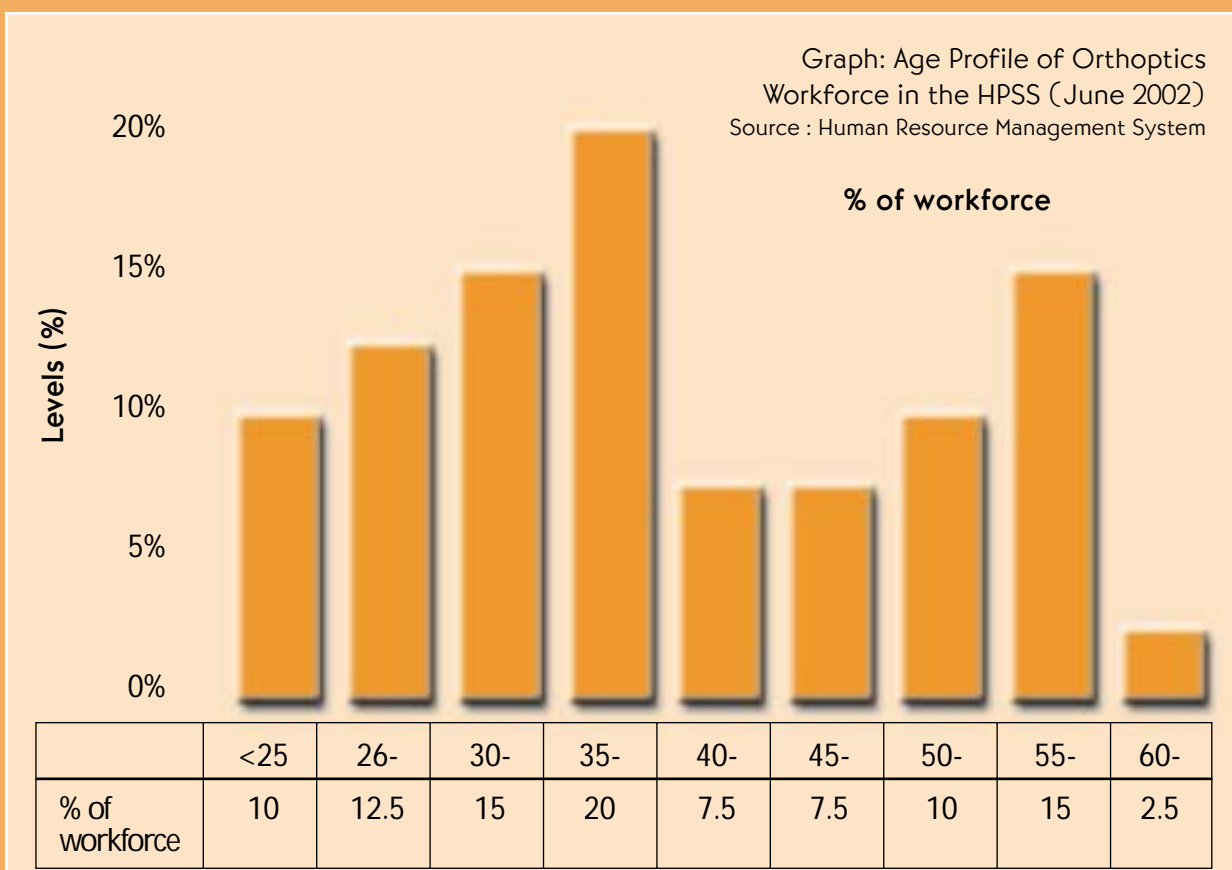
- An audit to identify the staffing profile and characteristics of the workforce.
- Background research conducted involving a literature review, policy document review, and a review of Trust and Commissioner strategies to identify proposed capital and service developments or changes.
- Consultation with stakeholders across all areas of the workforce involving consultation, through 8 Key Informant Interviews and 4 Focus Groups.
- Analysis of data gathered to develop a workforce model to aid the prediction of supply and demand of the workforce over the period of 2003 - 2007.
- Written survey of UK orthoptic graduates (2001) now residing in NI.

Key Findings of The Review

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

Staffing Profile

- The Orthoptic workforce represented a total headcount of 30 in Northern Ireland (June 2002).
- The ratio of headcount to whole time equivalent for this workforce was 1.2:1.
- 93% of the workforce was female.
- The age profile of the Orthoptic workforce shows that 60 is the 'eligible' age for retirement.
- The data indicates that 65% of the workforce were under 40 years of age. 17.5% were over 55 years of age and potentially due to retire within the next 5-10 years.
- The grade breakdown of Orthoptics within Northern Ireland identified that 55% of the workforce were at Senior I grade and there were no basic grade orthoptists.
- The number of vacancies within this profession was identified as 1, which equated to 3.4% of the workforce.



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Supply and Demand Issues

Supply Issues

The following issues were identified as affecting the workforce supply over the 5-year workforce plan.

Recruitment and Retention

- Recruitment of new graduates is mainly from Sheffield and Liverpool Universities as there is no training base within Northern Ireland.
- Final year students expressed a strong desire to take up employment in the HPSS but indicated there were poor job opportunities.
- The majority of managers have not recruited Orthoptists to the HPSS within the last 3 years.
- Requests for work-life balance practices were increasing and it was estimated that this accounted for a loss of 1% of the Orthoptic workforce per annum and the trend for requests were likely to increase. However, due to the small numbers and therefore the lack of flexibility within the Orthoptic Workforce, managers find difficulty approving requests and delivering the clinical service required.

Career Progression

- Lack of career opportunities and progression was a significant factor in the work force. There was a limited career path at senior level with often the only available promotional route into management, which had limited opportunities.
- There were no basic grade posts within the HPSS Orthoptic workforce (June 2002).
- The majority of Orthoptic posts were at a Senior I level.

Lifelong Learning

- Difficulties were noted in ensuring Continual Professional Development (CPD) for post-graduate staff both from a time and funding resource prospective.
- It was noted that HPSS Trusts have not been widely involved in accepting undergraduate clinical placements although there are British Orthoptic Society approved trainers already established in some Trusts.

Under representation

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

Demand Issues

The following issues were identified as affecting demand over the 5-year plan.

Skill Mix/Workforce Review

- A significant amount of an Orthoptists' time can be spent on administrative and clerical tasks.
- All managerial posts have a dual clinical role, which limits the manager's ability to attend business meetings and allocate time to preparing and developing business cases and plans.

Operational Difficulties

- The small number of Orthoptists in each Trust reduces ability to operate flexible services.
- An increase in awareness of Patient Charter Rights, access to services, increasing

expectation and complaints systems causes pressure on the operational service delivery.

- An ageing growing population with compound clinical complications requires more time for clinical evaluation/treatment and increasing referral activity patterns are the 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 requirements of the Orthoptic workforce over the 5-year period 2003 - 2007.

Supply Projections

It was difficult to estimate the potential supply of Orthoptists for the HPSS workforce given that training takes place at two English universities and not within the Northern Ireland context. This combined with the small numbers (30 headcount) renders Orthoptics to a vulnerable position when changes occur within the HPSS workforce. The review has already identified (source HRMS) that over the 5-year period there are potentially five retirements due to age and statistics suggest one possible additional retirement due to incapacity. The worse case scenario suggests a total of 6 leavers, which equates to 20% of the total workforce over the next 5 years. There was no evidence of succession planning within the HPSS to cope with this loss.

In conclusion, based on the above analysis and assumptions there is not a readily identifiable supply of Orthoptists to the HPSS. The only potential supply sources appear to be graduates leaving English universities who have Northern Ireland addresses that may return to the region; attracting new graduates who

have not lived in NI; and or recruiting established Orthoptists already in employment outside Northern Ireland. These factors leave the Orthoptics workforce in a vulnerable position in Northern Ireland.

Demand Projections

The demand for Orthoptic professionals was presented at three demand levels:

Demand Level One: *Agreed and resourced capital and service plans with identified workforce requirements within the 5-year plan.*

This refers to capital and service developments that have been agreed within the current HPSS policy framework with resources identified and approved over the course of the 5-year workforce plan. There was no identified post for Orthoptists for this demand level.

Demand Level Two: *Future policy context that may potentially attract investment within the 5-plan.*

This refers to service developments that have been identified via Key Informant Interviews and the Project Group that potentially may be supported over the next 5 years although resources have not yet been identified. Areas included are additional investment in multi-disciplinary support services, in the Community Care Review and additional posts in Brain Injury Services (community infrastructure), addressing resources for CPD, the role-played in the Local Health and Social Care Groups, advanced practitioner and consultant roles and meeting the requirements of the Working Time Regulations.

Demand Level Three: *Areas of unmet need and current demand identified via the Key Informant Interviews and the Project Group that cannot be met within existing resources.*

It was acknowledged that there is no policy context or resource identified to meet the demand areas identified. Some of the clinical services included at this level are additional support for paediatric services, stroke services, rehabilitation; elderly care services, primary screening, visual fields and special needs services.

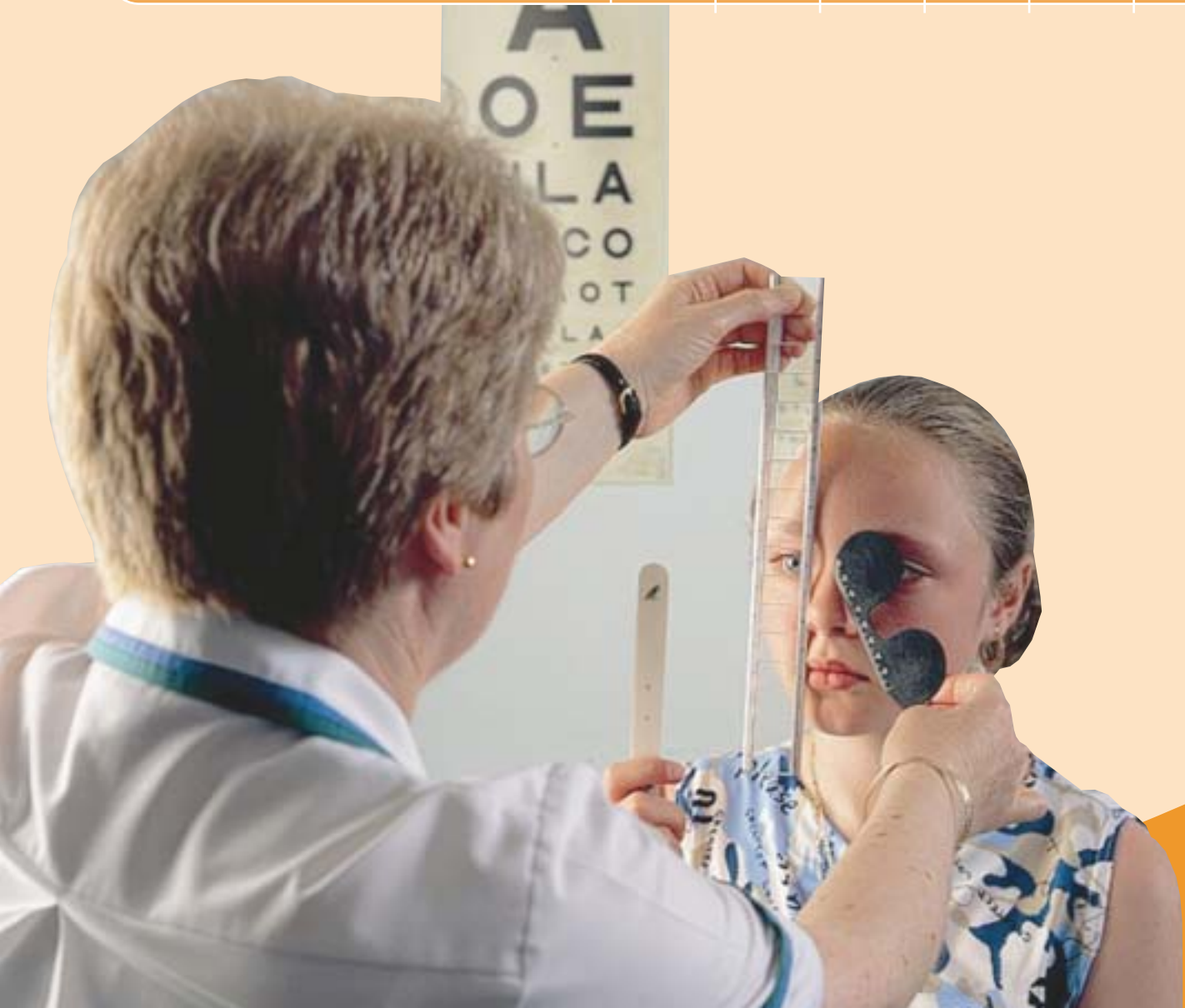
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For the initial purposes of this workforce plan a combination of Demand Levels 1 + 2 was adopted which included agreed capital and service plans with identified workforce requirements that had agreed funding or was likely to be resourced within the 5-year plan.

Table: Summary Table of Projected Demand Levels 1 & 2 in WTE.

Workforce requirements	2003	2004	2005	2006	2007	Total
<i>Demand Level One (capital & service requirements, that have resources)</i>	-	-	-	-	-	-
<i>Demand Level Two (future policy context that may attract investment within the 5-year plan)</i>	2.7	8.2	5	3	1	19.9
Demand Levels 1 & 2 Total Requirements	2.7	8.2	5	3	1	19.9



Recommendations

It is recognised that there is no single simple solution to maintaining a supply of Orthoptists to the HPSS. Several recruitment and retention strategies need to be established in order to ensure adequate provision of the workforce.

Workforce Planning

- The Project Board should ensure that there is a consistent and targeted approach to gathering relevant supply and demand data and should include a review of current IT capabilities and manpower recording processes.
- Trusts should be alerted to the forecast indicating the potential retirements of five Orthoptists from the HPSS within the 5-year plan. Trusts and the Orthoptic profession should further investigate this collaboratively and a worse case scenario position should be identified and contingency plans explored and implemented regionally to cope with anticipated loss from the workforce.
- A Regional Orthoptic Strategy should be established taking into account the information gathered in the Workforce Planning Review. As part of the strategic planning process Orthoptists should identify their core business and explore the interfaces and related roles with the professions of optometry and ophthalmology. This activity should include all the key stakeholders and take into consideration both the existing service delivery and that of future services.

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 have a consistent approach to the implementation of work-life balance policies and procedures and this should be factored into workforce planning.
- As there is no readily available internal supply of Orthoptists it is necessary to establish a recruitment strategy, which targets external to Northern Ireland.
- Employers should plan their Orthoptic requirements using the information collated within this Review and put a strategy in place to cope with the anticipated supply and demand issues.

Utilisation of the Available Workforce

- A co-ordinated approach should take place with regard to workforce planning of the Orthoptic service, particularly in relation to role extension and development issues.
- Consideration should be given to the model of providing area services for Orthoptics across the HPSS to maximise the limited clinical, managerial and administrative resources within a small profession.

Education & Development

- It has already been stated that succession-planning needs to take place within the profession to ensure the posts that have been identified as likely to become vacant, due to retirements within the 5-year plan, are filled. Discussions should take place between the DHSSPS, Trusts and Universities to establish a more effective way of providing additional clinical placements for undergraduates

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throughout each year of the degree programme as a means of aiding this succession planning.

- Undergraduate clinical placements should be initiated at the Royal Group of Hospitals Trust, as exposure to neurological conditions is pivotal to undergraduate education. 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 CPD (including leadership and management development) and all employers should ensure that the recommended hours provision is accounted for through the workforce planning process.
- Employers should provide training to all staff that will be required to provide mentorship or coaching support as part of their role.

- The advanced practitioner and consultant role should be developed in acknowledgment of the high levels of clinical expertise within the profession.

Further Review of the Workforce

- 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 expanding on it and taking into account such factors as the impact on the workforce of the role extension, sub-specialisation, capital and service development plans.

Conclusion

This Orthoptic 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 continue to inform decision-making and priorities concerning the investment in the HPSS orthoptic workforce over the next 5-years.

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AUGUST 2003

ORTHOPTIC REVIEW

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