

**Department of Health, Social Services and  
Public Safety**

**COMPREHENSIVE REVIEW  
OF THE HPSS  
OCCUPATIONAL THERAPY  
WORKFORCE**

**Report of the Project Group**

**February 2002**

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## EXECUTIVE SUMMARY

*In September 2001, the DHSSPS commenced a series of uni-professional workforce reviews, which, over the period of one year, would cover the 15 main clinical professions within the HPSS. There were a number of drivers behind the initiative and these included, the publication of the Hayes Report on the future of Acute Hospital Services and the DHSSPS Consultation document 'The Employer of Choice'. Both documents highlighted the urgent need to put in place structures that will support workforce planning within and across all of the HPSS Professions. While it was determined that the initiatives, at this stage, would be taken forward on a uni-professional basis, the information and recommendations from this work would provide an important baseline in terms of developing workforce planning within HPSS across service sectors and professions.*

*Occupational Therapy (OT) was the fourth clinical profession to be included in the workforce review initiative.*

### **Section 1 : Introduction**

The document presented sets out a comprehensive review of the HPSS OT workforce. The review was undertaken during the period October 2001 – February 2002 and was co-ordinated by a Project Group, which comprised of representatives of the DHSSPS, providers, education, commissioners, and staff side. The content of the report includes background details (including terms of reference), the project methodology, a detailed profile of the current OT workforce, a projection of the supply and demand for OT's within the HPSS workforce over the 5 year period 2002 – 2006 and recommendations to address issues arising from the review.

### **Section 2 : Background**

The principal focus of the review was to provide the DHSSPS and service providers and commissioners with information concerning recruitment and retention issues within the Occupational Therapy workforce and a projection of supply and demand within the profession. This information is vital to assist the Department in developing strategies that will ensure that the correct numbers of therapists are trained, in place and working effectively to offer the maximum benefit to patients and clients.

In considering the above, it is also important to reflect on the current health policy context for the delivery of health and social care services in the future. A number of strategic documents have been reviewed and highlight the focus now being given to the delivery of high quality accessible care, with the development of the HPSS workforce being key to achieving this.

Specifically in relation to Occupational Therapy it is evident that there have been difficulties both across the UK and within ROI in relation to the recruitment and retention of staff. Levels of remuneration, high caseloads, lack of access to continuing professional development have been highlighted as impacting on the recruitment and retention of OT staff within the health service. There is also increasing demand for therapists as a total group, evidenced by the target set of 6500 more therapy staff within the NHS in England and Wales by 2004 and the projected

requirement for almost 1425 OT's (from the current base of 550 staff) in the ROI by 2015. Reasons cited for increasing demands include the increasing elderly population, impact of legislation, increasing numbers of children with special needs and changes in service delivery.

### **Section 3 : Terms of Reference and Methodology**

The terms of reference for the review were as follows:

- To provide a profile of the current OT workforce
- To provide an analysis of current and future recruitment and retention issues, including pay, career structure, working arrangements
- To provide a prediction of the supply of and demand for occupational therapists over the next 5 years.

The methodology applied to achieve the above comprised of a number of elements, including, literature review, analysis of current workforce data, questionnaire to service managers, interviews with key informants and focus groups.

One of the main outcomes of the review is to assist the Department in reviewing the number of student places that need to be commissioned from education locally to meet future service demands.

### **Section 4 : Findings**

The main findings in relation to the current HPSS OT workforce profile and trends within this workforce are outlined in Section 4 of the report. The analysis of data indicates that there are 525 occupational therapists in the HPSS, with 97% of staff female. The workforce is relatively young with 72% under the age of 40 years. There has only been a small increase in part-time working within the profession, with 72% of staff full time in 2001, compared to 74% in 1998. A review of the skill mix within the profession indicates that the majority of posts (52%) are graded at the highest clinical grade (Senior 1). Only 16% of posts are at the new graduate / entry grade (Basic Grade) and 15% of posts are at the management grades. All of the OT providers within the HPSS in NI employ support staff in OT Helper / Assistant / Technical Instructor roles. 126 such support staff are in post across NI.

A review of vacancies at September 2001 indicated a 9% vacancy rate across the service in NI. This equates to 53 posts which managers are having difficulty filling or are unfilled. More recent evidence from the interviews with managers and through the project group indicates that this problem is not decreasing (a further snap shot of vacancies in December 2001 indicated 60 vacancies).

A questionnaire forwarded to managers provided details on staff leaving the profession, and recruitment of staff who have graduated or been previously working outside of NI. This information informed the supply assumptions detailed in the workforce projections contained in the report. The DHSSPS Project Support Analysis Branch has also been able to supply data on average retirement age within the profession (average 58 years), and leavers for other

reasons. These details have also been used to inform the projections contained in Section 7 of the report.

## **Sections 5 & 6 : Key Findings In Interviews and Focus Groups – Supply Issues and Demand Issues**

Twenty two key informant interviews and eight focus groups were carried out to gather qualitative data on issues impacting on the recruitment and retention of occupational therapists within the HPSS workforce. The detailed findings are contained within sections 5 and 6 of the report.

In relation to the supply of therapists, the following issues were highlighted:

- **Students:** The University of Ulster provided details on student numbers and first destination survey results of graduates over the past three years. On average only 58% of students are taking up a position in NI after graduation. Issues identified that are attracting new graduates to posts outside of NI included, students undertaking placements in GB and being offered attractive posts on graduation to return, better choice of posts elsewhere, opportunity for travel on graduation.
- **Recruitment:** The majority of Trusts are finding it difficult to recruit to posts, particularly in the specialist higher clinical grade (Senior I Grade). Difficulties were also reported in relation to other grades (Head III, Basic Grade posts particularly during December up to graduation in May, and some Senior 11 specialties, eg learning disability, mental health). The geographical position of some Trusts is a problem, (eg within North & West Belfast, Royal Hospitals and some rural areas). All Trusts reported that, with the exception of basic grade posts (in the period after graduation), there are either limited or no applicants for many posts advertised. Competition between Trusts was highlighted as an increasing issue within HPSS in the recruitment of staff.
- **Temporary Posts / Bank / Agency:** All Trusts are finding it extremely difficult to recruit to temporary posts. Limited success was also reported when Trusts have attempted to recruit for temporary staff via GB based agencies. Some Trusts have attempted to create a bank of staff to cover temporary requirements, but little success was reported.
- **Family friendly policies:** With an almost exclusively female workforce, all Trusts are experiencing some increase in requests for flexible working and career breaks. Many Trusts indicated that there are not able to facilitate all requests at present, due to the difficulties in replacing hours reduced.
- **Career Progression / CPD:** Many respondents indicated that lack of opportunities for career progression was a key area of concern amongst staff, particularly once Senior I grade was achieved. There are currently no further opportunities for clinical career progression beyond Senior 1 and the only route is into management. For many this later option is not attractive. The introduction of discretionary points has made no impact on this issue. Lack of support in terms of time and funding for CPD was also highlighted as a major issue of concern. Many comments were received concerning the need for a regional approach to assessing, prioritising and resourcing CPD for all PAMS.

- Accommodation: A significant number of respondents indicated that the poor accommodation that many staff are working in was a contributory factor in low moral in the workforce.

The following areas of demand were highlighted through the interviews and focus groups.

- Current services: Increasing demands are being experienced from a number of service areas including hospital inpatient services, wheelchair services, home based rehabilitation, paediatrics, community mental health and learning disability. While respondents indicated that they welcomed their expanding role in a number of service areas (eg. neurology, addictions, child and adolescent psychiatry, accident and emergency) there was concern that the service was now being 'spread too thinly', due to inadequate resources.
- Administration: All respondents indicated that paperwork and general administration was taking up a considerable amount of therapists' time, to the detriment of time spent with patients and clients. Few feel that they have access to adequate administrative support or IT which would enable them to carry out their clinical work more efficiently.
- CPD: There is an expectation that at some time in the future the new Health Professions Council will set down mandatory requirements for CPD time for PAMS. This could potentially be 10 sessions per annum.
- Clinical placements: While the commitment to supporting clinical placements was clear from respondents, many are finding it difficult to accommodate students because of high caseloads and the amount of time that student supervision required. The student experience is also limited because of the small number of staff in some specialist service areas. The University of Ulster would facilitate all placements in NI, however this is not possible at present.
- Increasing patient expectations: Respondents commented that patients are now more 'vocal' about their 'right' to a service. As a consequence staff have to spend increasing amounts of time dealing with inquiries or complaints.
- Legislation: The introduction of legislation has in the past, and will continue to have an impact on the work of occupational therapists. (eg Disability Discrimination Act 1995, Education Order 1995 and the anticipated Special Education and Disability Bill, 2003/04). It was highlighted that this needs to be accounted for in the workforce planning for occupational therapists.
- New Ways of Working: New initiatives that occupational therapists have become involved in include, assessment of patients at Accident and Emergency (to help prevent admission) and organisation of assessment clinics as a way of providing services to a greater number of people.

## Section 7 : Supply and Demand Projections

Section 7 of the report provides details on the estimated supply and demand projections of occupational therapists within HPSS over the period 2002 – 2006. The supply figures have been developed from the data gathered and from discussions with the project group members. The figures include, projected numbers of new graduates joining HPSS (at current levels), individuals being recruited from outside of NI, staffing leaving the HPSS due to retirement and other reasons and the impact of family friendly policies. The data indicates, that if current trends continue, there will be an estimated 6% increase in the supply of therapists to HPSS over the next five years.

The demand for additional occupational therapists into HPSS over the five year period has been presented under three scenarios. These are:

- 1. *Agreed policy context and resource approved / identified:*** This refers to service developments that have been agreed within the current HPSS policy framework with resources identified, or are likely to be approved over the course of the 5 year workforce plan. This includes, additional posts within the Cancer Centres, Regional Brain Injury Unit, Regional Medium Secure Unit, Acute services and as a result of the establishment of Local Health and Social Care Groups.
- 2. *Future policy context that may potentially attract investment:*** This refers to service developments that have been identified via key informant interviews and the project group that potentially maybe supported over the next five years, although resources have yet to be identified. Areas included are additional investment in multidisciplinary support services in the community as a result of the community care review. Also, further support for posts in the areas of brain injury (community infrastructure), addressing community waiting lists, meeting demands within paediatrics, addressing resource for continuing professional development and the development of the consultant role.
- 3. *Unmet demand:*** This refers to additional unmet demands within the current services, identified via the key informant interviews and project group. It is acknowledged that there is currently no policy context or resource identified to meet the demand areas identified. Included in this category are additional support for hospital services, learning disability, mental health and health promotion.

In considering initially within this report the demands for additional staff in scenarios 1 and 2 the projections used provide for a 17% increase in OT staffing, in addition to the requirement to address the current vacancy level of approximately 53 posts.

In terms of the impact of this level of demand, if the current trend continues in the supply of staff, over the period 2002 – 2006:

- there will be an estimated shortfall of 44 staff after 5 years within scenario 1, rising to a shortfall of 108 (after 5 years) if scenario 2 is included.

In terms of areas that might impact on this shortfall:

- If more graduates are recruited to the HPSS workforce (eg 70% compared with the current 58%), an additional 26 therapists would be available. If a reduction in leavers (for reasons other than retirement) was achieved (eg by 30%) a further 27 staff would remain in the workforce). If the number of graduate places at UU was increased by 10, a further 6 therapists per annum would be available to the HPSS workforce from 2006. The net impact of the above would be to provide an additional 59 therapists within the workforce which would go some way towards addressing the shortfall identified above.

The figures confirm however that there is projected to be a significant shortfall in the HPSS occupational therapy workforce over the next five years. This would be further increased if scenario 3 was included.

A number of recommendations are outlined below that are aimed at addressing the shortage in the workforce identified.

## **Section 8 : Recommendations**

The following recommendations have been concluded from the review:

### ***Increase the number of students taking up posts in NI after graduation – Target 70% of graduates:***

- It is recommended that Trusts should project their workforce requirements for the year ahead and recruit from final year UU students, commencing the process early (prior to graduations) in November / December. This will mean Trusts may also have to consider recruiting to additional junior grade posts to secure more qualified occupational therapists within the workforce.
- Trusts should review their skill mix to ensure that junior grade posts are available to attract students into the HPSS, particularly before graduation. Trusts should also review their skill mix to develop future posts at basic grade and senior II posts wherever possible.
- A follow up to the focus group work with 4th year UU students should be undertaken to provide further information about how to attract more graduates into HPSS.
- Further discussions are required on incentives to encourage new graduates to take up posts within NI.

### ***Clinical Placements:***

- All Trusts should seek to facilitate clinical placements in NI to reduce the need for UU students to travel to GB for placements. The University, Boards and Trusts will need to take forward discussions on how this can be achieved (overcoming current barriers) within the context of current service level agreements.
- The University and Trusts should work together to ensure that as many third and fourth year student placements as possible are provided within NI. This will include discussions on more flexible timetabling of placements to enable service providers to accommodate as many students as possible.

### ***Additional Student Places:***

- The Department should take forward discussions with UU to review an increase in the number of undergraduate places at UU.
- The feasibility of the development of an accelerated entry programme for qualification as an Occupational Therapist should be explored (This should include the opportunity for support staff to undergo training to qualify as an occupational therapist).

### ***Attracting other qualified Occupational Therapists into the workforce:***

- The Department should explore the potential for a return to practice initiative by assessing levels of interest through local advertisement.
- The Department should seek to provide information on opportunities within NI for NI students who are currently studying in GB. This should be co-ordinated regionally.

### ***Retention of current workforce:***

- Further work needs to be taken forward to review the implementation and impact on the workforce of family friendly policies. There was a view from some members of the project group that the figures presented in the report (the impact of family friendly policies and leavers), are conservative and require further research.
- Further work is required to identify initiatives that will lead to the retention of therapists within the workforce.
- The Department should take forward the development of the PAMS consultant role to acknowledge high levels of clinical expertise within the profession and remunerate accordingly.
- Consideration needs to be given to the establishment of a scheme of rotation appointments for newly qualified staff, to provide the experience many desire of different clinical settings.

### ***Continuing Professional Development Opportunities***

- The Department should take forward initiatives to enhance the continuing professional development opportunities for occupational therapists. This will include developing a regional strategy to identify training and development needs and investment in opportunities locally. The development of a regional centre for CPD for PAMS should be taken forward.

### ***Unqualified / support staff***

- Work needs to be taken forward to support the development of the role of occupational therapy support staff. This includes regional support to make provision for opportunities to develop the skills of assistants to NVQ level 3 and local providers considering how the role of unqualified staff can be developed to assist in addressing demands within the current service.
- The provision of administrative and IT support to therapists needs further reviewed by employers, given the poor levels reported by participants in the workforce review.

### ***Further Review of the Workforce***

- The project group should be convened on an annual basis to review and update the workforce plan for occupational therapists.

### **Section 9 : Conclusion**

In conclusion, it must be emphasised that this review provides only a baseline from which an action plan must be developed and further work taken forward to enable the development and implementation of the recommendations outlined. In addition, the workforce data and projections presented must be subject to regular review and updating as further and more up to date information becomes available. By actively reviewing the workforce planning model, a mechanism exists to inform strategic decision making about the occupational therapy workforce within HPSS for the future.

## 1. INTRODUCTION

*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 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 overcome disability.*

*The treatment mediums selected are specific to the individual's needs and lifestyle and focus on self maintenance, work and leisure. (13)*

This report outlines a comprehensive review of the Occupational Therapy workforce within Health and Personal Social Services in N. Ireland. The review was undertaken during the period October 2001 – February 2002 and was co-ordinated by a Project Group, which comprised of representatives of the DHSSPS, HPSS commissioners and providers, education and staff side (Appendix 1– Membership). The report is presented by the Project Group and outlines:

- The background to the project
- The project methodology
- A detailed profile of the HPSS occupational therapy workforce, recruitment and retention issues identified in relation to the workforce and a projection of the supply and demand for therapists over the five year period 2002 – 2006.

The report concludes with a list of recommendations from the Project Group, which seek to contribute to the addressing current and future workforce issues within the N.I. HPSS occupational therapy workforce.

## **2. BACKGROUND**

The principle focus of the review has been to provide a profile of the current occupational therapy workforce within the HPSS in N.I. and investigate, through a range of survey tools, key issues and factors regarding the supply of and demand for therapists over the period 2002 - 2006. The report culminates in highlighting key conclusions and recommendations, which will assist the Department in developing strategies that will ensure the correct number of occupational therapists are in place, working in the most effective way, to offer maximum benefit to the HPSS healthcare team and ultimately patients and clients. The development of such strategies must also of course consider occupational therapy services within the context of national, regional and local strategies and priorities for healthcare services as a whole. A brief review of some of the relevant policy areas is outlined below.

### **2.1 Health Policy Context**

The overall aim of the Department of Health, Social Services and Public Safety is to improve the health and well-being of the people of Northern Ireland. It seeks to achieve this in ways which:

- Are fair and equitable, targeting resources towards those in greatest need.
- Listen to the views of users, carers and the public
- Continuously improve the quality and clinical excellence of services
- Stimulate and support the formation of partnerships across all sectors to promote and improve health and well-being (1).

It must also seek to ensure the effectiveness of service provision, ie, to secure the greatest possible health gain from available resources. All HPSS employees have a central role in achieving this overall effectiveness and it is essential to develop strategies that can ensure the correct numbers of these employees are in place, working on an integrated basis and in the most effective way, offering maximum benefit to the healthcare team and patients and clients. This has been reinforced by the Report produced by the Acute Services Review Group (May 2001) (2) which highlights the urgent need for improved workforce planning arrangements within HPSS including a robust assessment of service needs and the skills and staff required to deliver these services efficiently and effectively. The report also highlighted that there is the need to build up adequate contingency or even over supply of adequately prepared professionals so as to ensure that there is no repeat of the difficulties of the past.

It is within this context that the workforce review for occupational therapists is presented.

## 2.2 Great Britain and Northern Ireland Context

The current strategic focus for health and social services is detailed in 'The New NHS - Modern and Dependable' (3) which sets out the Government's vision for the National Health Service (NHS) in England. The Government plans for NHS modernisation are intended to ensure a high quality service that is clinically sound, cost-effective and equitable. The NHS white paper and subsequent quality consultation document (4) identified the requirement for consistent, high quality care throughout the health service and all health organisations, including primary care.

In line with the above, the Northern Ireland Executive in its Programme for Government 2001–2004 (5) identified “Working for a Healthier people” as one of its five priorities and has stated that “we will work to reduce waiting lists, implement new management arrangements, and recruit additional front line staff”.

The Programme focuses specifically on the following:

- reducing preventable diseases, ill health and health inequalities;
- ensuring that the environment supports healthy living and that recreational facilities are improved;
- modernising and improving hospital and primary care services to ensure more timely and effective care and treatment for patients;
- enabling those who suffer from disability, chronic, mental or terminal illness to live normal lives
- promoting the health and social development of children

The programme recognises that everyone has a right to timely quality care based on clinical and social care need and the system must be able to respond to assessed individual need. The programme also commits the Executive to addressing current workforce shortages within HPSS.

The document ‘Priorities for Action’ (6) details the DHSSPS planning priorities for 2001/2002, in the context of the Programme for Government as outlined above. These include:

- Increasing capacity and improving flexibility and responsiveness to meeting continuing demand.
- Improving access to services, particularly reducing waiting lists
- Tackling shortages of skilled staff, particularly in hard pressed specialised areas. This includes not only increases in the supply of qualified staff but also measures to improve recruitment and retention of staff within HPSS.
- Developing partnerships with other statutory and voluntary sector organisations.

A number of targets and objectives are set out in the document which outline how the Department expects HPSS to deliver to the Minister's priorities, within the context of the overall resources available, during 2001/02. Those that impact on occupational therapy services include :

*Community Care and Acute Services :*

- to further develop bridging services between community, primary and acute care to ensure that acute admissions take place only where appropriate and patients are assured timely return to the community once acute treatment has been completed.
- to continue and build on good practice in developing innovative schemes such as step down and intermediate care.
- to reverse the trend of delivering the majority of care managed packages in institutional settings and provide an additional 230 care packages.
- to agree the service requirements for the new cancer centre by September 2001 and progress the development of Cancer Units and the Centre and the full implementation of the 1996 Campbell Report "Cancer Services: Investing in the Future"(7)

*Maternity and Child Health*

- to develop the regional childrens palliative care service

*Mental Health*

- to increase the capacity and capability of primary and community care teams to manage mental health problems

*Learning Disability*

- To secure agreement on a long term strategy to significantly reduce the number of long stay patient inappropriately remaining in hospital care.

*Physical and Sensory Disability :*

- to establish a regional traumatic brain injury unit
- to facilitate early discharge from hospital to the community.
- provision of additional 100 wheelchairs in 2001/02 and an additional 20 OT staff.
- to reduce the numbers waiting for occupational therapy assessment for housing adaptation at April 2001 by 20% by March 2002.

*Family Health Services :*

- to encourage a team approach in primary care, promote multi-disciplinary working and collaborative working

- to invest in services that substitute for services currently provided in secondary care
- to support primary care in its efforts to target health and social need
- to support services which deliver proven outcomes and have the capacity to be replicated elsewhere as best practice

*Workforce :*

- to review the effectiveness of the current workforce planning mechanisms and introduce improvements to enhance the multi professional dimension to such activity.
- to ensure that recruitment and retention issues are addressed and that future workforce requirements are identified and linked to workforce planning activities.
- to address the need to increase the numbers of students in pre and post registration education in PAMS.

*Partnerships with the voluntary and community sector :*

- to ensure that funding for the voluntary and community sector enables the sector to achieve sustainable outcomes in line with Boards and Trusts policies and objectives

### **2.3 Secondary Changes**

In the provision of secondary services, the Acute Hospital Review Group Report 2001(2) is the most recent document to address the structure of the HPSS as a whole in Northern Ireland. The Report's key recommendations include:

- Giving primary care a more prominent role in service delivery and expanding the research base in primary care.
- Reorganising hospital services and treating them as a series of systems, rather than stand alone institutions
- Provide acute hospital services that are consultant delivered rather than consultant led
- Primary care organisations given the responsibility for the commissioning of community services and non-regional hospital services in the context of the strategic plan

While not providing specific comments concerning on occupational therapy services, the report does suggest that, in line with trends announced for the NHS in England, NI will require an additional 1000 therapists and other health professionals by 2010. It also emphasises the urgent need to undertake a major workforce planning exercise that covers the whole of HPSS.

### **2.4 Primary Care & Quality**

Building the Way Forward in Primary Care (8) outlines new ways for health professionals to be involved in the delivery of HPSS services. The summary of the consultation on the future of primary care (9), details that there is general agreement on the need for the development of

primary care to provide a quality service to meet the growing demands on this sector. The arrangements, announcement by the Minister on 16<sup>th</sup> October 2001, (10) outline proposals to set up local health and social care groups, with primary care professional working in partnership with Health and Social Services Boards, Trusts and others in the planning, commissioning and delivery of services for the communities they service. The new arrangements will undoubtedly facilitate service development for PAMS and other professions, in that ‘they will help stimulate innovation in the delivery of service at a local level’ (10).

The Consultation Paper, “Best Practice - Best Care” (11), published in April 2001, focuses on the three interlocking strands of setting standards (improving services and practice), delivering services (ensuring local accountability) and improving monitoring and regulation of the services. The document sets out the Department’s commitment to securing a more responsive, caring public service, raising the quality of HPSS and tackling underperformance

## **2.5 Public Health**

In the UK, public health strategies have recently been produced for Scotland (Working together for a Healthier Scotland 1998) (14), Wales (Better Health –Better Wales 1998) (15) and England (Saving Lives: Our Healthier Nation 1999) (16).

In Northern Ireland these key public health issues are outlined in the strategic document “Well into 2000: A positive agenda for Health and Social Well-being”(17) and the more recent public health document “Investing for Health”(18) The strategy recognises that our health is determined by social, economic and cultural environment and encourages professions to work with the community to promote health and well-being rather than focus on the treatment of ill health. It is clear that occupational therapists will have part to play in delivering to the objectives and targets that are outlined in the public health strategy.

## **2.6 The Importance of the Workforce**

The underlying theme of effective and co-ordinated workforce planning is documented in a number of NHS documents in England, Wales and Northern Ireland. In the consultation paper “A Health Service for All Talents: Developing the NHS Workforce” (DoH, 2000) (19) the Department of Health acknowledge problems with the current workforce development and planning. The paper made a range of recommendations including improving training education and regulation, increasing staff numbers and changing career pathways whilst achieving better integration between workforce, service and financial planning. A National Workforce Development Unit, Care Group Workforce Teams and a Workforce Numbers Advisory Board will be established to implement the recommendations.

The paper ‘Meeting the Challenge: A Strategy for the Allied Health Professionals’ (DoH, 2000)(20) sets out the Government’s Plans for developing and supporting these professions and the central role they have to play in developing the NHS Plan. Significant focus is placed within the document on investing in training, education and career development of all therapists.

The need for meaningful workforce planning at local and national levels in Northern Ireland has been highlighted consistently for a number of years. The consultation paper ‘Acute Hospital Services Review’ (Acute Service Review Group, 2001) reinforces the fact that over 70% of HPSS expenditure is on staffing, and therefore that it is critical for employers to have

in place a planning system to help managers set appropriate establishment levels. The report suggests that the main asset of the current system is “a skilled, dedicated, caring and motivated workforce.” It highlights that the key issue in achieving change is the need to consider the impact of changes on the existing workforce, their need for training and support, and the development of new skills and work practices to meet the needs of the future. In developing the workforce to meet the challenges, the Review notes that emphasis should be placed on:

- Team working across professional and organisational boundaries;
- Flexible working to make the best use of the range of skills and knowledge that staff have;
- Patient focussed workforce planning and development, stemming from the needs of patients not professionals;
- Maximising the contribution of all staff to patient care, doing away with all barriers that say only doctors or nurses should provide particular types of care;
- Modernising education and training;
- Expanding the workforce to meet current and future demands.

The publication of the more recent DHSSPS consultation document ‘The Employer of Choice’ (DHSSPS, 2001) (21) outlined the commitment by the Department to improve services through attracting, retaining and developing the best staff. The paper outlined the key area that must be addressed as:

- Workforce planning;
- Recruitment, retention and return;
- Improved working lives;
- Equality and fairness;
- Education and training;
- Industrial relations.

*It is within this health policy context that we examine the occupational therapy profession within Northern Ireland. The current and future demand issues within the profession are examined.*

## **2.7 The Occupational Therapy Profession**

The Parliament of the United Kingdom formally acknowledged the professional status of Occupational Therapists by setting up the Occupational Therapy Board through the Professions Supplementary to Medicine Act (1960.) This gives a considerable degree of professional autonomy to Occupational Therapists, enabling them to maintain their own professional discipline and standards of conduct and code of ethics and to set standards of education and training for entry into the workforce.

There are around 21,000 state registered occupational therapists in the United Kingdom (CPSM, 2000.)

## 2.8 Supply Issues

It has been widely accepted that recruiting and retaining basic grade occupational therapists is difficult and has been so for many years. (Blom-Cooper, 1989, Parker 1991, Kraeger and Walker, 1993, Public Sector Labour Market Survey, 1995, Spalding, 1997) (22,23,24). Blom-Cooper's (1989) study found a vacancy rate of 25% among Basic Grade occupational therapists. Growing evidence has also been found of the difficulty in recruiting Senior II staff, with reported vacancy rates being higher. (Ferguson and Rugg, 2000) (25). This situation coexists with a rising demand for occupational therapists' services rendering any shortfall all the more acute. (PT'A' Staff Side Evidence, 1996, Social Services Inspectorate, 2000) (26,27).

PT'A' Staff Side Evidence (1996) suggested that about a fifth (21%) of therapists change their employers annually. Replacing such staff is expensive, costing some three-quarters of any replacement's first year salary. (Furnham, 1997) The issues associated therefore with the supply of occupational therapy staff are outlined below (28).

### *Recruitment and Retention*

Turnover rates among qualified PAMS are reported at 16% and rising, with occupational therapists characterised within the overall picture as a 'pocket of difficulty.' (Rigby, 1996) (29). Buchan and Pike (1989) (30) found losses to the National Health Service of 24% among occupational therapists.

Longitudinal studies of British occupational therapists' initial entry into practice have found that various reasons attract Basic Grades to their first post. Rugg (1996) (31) found that supervision and access to professional development opportunities were most significant. Atkinson and Stewart (1997) (32) found that personal ties influenced a Basic Grade's first destination, as did clinical rotation and professional development.

In the examination of attrition, Bailey's (1990a) (33) study of personal and employment factors of 696 therapists, found that a fifth of those who left practice had been in practice for less than five years. Employment-related issues associated with attrition were the amount of bureaucracy encountered at work and the emphasis placed upon paperwork, high caseloads and financial imperatives. Dissatisfaction with salary levels, lack of respect from other colleagues and the need to justify the occupational therapist's role constantly were also associated with attrition. Rugg (1999) (34) found that retention of Basic Grade therapists was linked to issues of support, resources, success with clients and job satisfaction. (Rugg, 1999)

The only study of attrition to be completed amongst occupational therapists in Northern Ireland (1991) (35) found that fundamental to occupational therapists staying in the post was their degree of job satisfaction. Four specific factors of job satisfaction were established: multiprofessional teamwork, adequate staffing, further training/retraining and involvement in decision making. High weightings were also given to lack of resources, unrealistic workload, and lack of professional status.

The shortage of therapists was recognised beyond doubt in the NHS Plan (DoH, 2000) (36). It highlights a commitment to PAMS staff suggesting that by 2004 there will be:

- Over 6,500 more therapists,

- 4,450 more therapists being trained and
- new therapist Consultant posts.

### *ROI*

In the ROI, the report 'Current and Future Supply and Demand conditions in the Labour Market for Certain Health Professional Therapists' (Bacon et al) (37) highlighted the shortage of qualified physiotherapists, occupational therapist and speech therapists. The report identified that there are an estimated 550 OT 's working across all sectors in the ROI (approximately 190 work in the public health sector), with a vacancy rate of around 19%. There is no statutory requirement to be state registered in the ROI and therefore precise figures are not available. The report concluded that a major expansion is essential in the number of therapy professionals over the next fifteen years to meet service demands. In relation to occupational therapy, Bacon suggested an additional 875 OT staff would be required by 2015, bringing the total number working across all sectors to 1425. The report's recommendations include:

- An annual increase of 75 places at undergraduate level in occupational therapy;
- Provision of sufficient clinical placements;
- Concerted recruitment from overseas.

The report also concluded that appropriate courses should be made available in sufficient numbers to enable assistant therapy grades to be expanded significantly to free some of the time of qualified therapists.

There may be an impact in NI as a result of the above service developments in the ROI. For example, on a positive note, the increase in student places in the ROI could free up some places locally at UU for NI students. However there will be increased demand for student placements throughout the whole of Ireland and incentives are likely to continue (at least in the short term) to be offered to NI graduates to take up posts in the ROI.

### ***Remuneration***

The pay structure for Occupational therapists provides 3 main clinical grades (Basis Grade / Senior II / Senior I) followed by Head grade (VI - 1) (38). Management grades are identified at Head. The previous 'Area' role is now covered by the PAMS Commissioner role now established within a number of the Boards. The salary structure is the same to that applied to the other PAMS professions of Physiotherapy, Chiropractic, Orthoptists, Dieticians and Radiographers, with pay awards determined by the National Review Body for Nursing Staff, Midwives, Health Visitors and Professions Allied to Medicine. Discretionary points have recently been introduced as a mechanism for staff to achieve recognition for having developed their role and skills. Staff are eligible to apply for the discretionary points after serving one year at the top of their scale. There are some variances in the terms and conditions between some Trusts, eg. some Trust contracts do not include clinical supervisors allowances while others do.

Like other NHS professions, the remuneration for occupational therapists will come under new arrangements proposed under Agenda for Change, which will link individual pay progression to the development of skills and knowledge. It is anticipated that this will assist in defining

career pathways and will allow staff to move into more advanced practitioner roles (with appropriate remuneration), without requiring a move into management. The timeframe for the introduction of these arrangements within NI HPSS has not yet been finalised, however it will be taken forward during the 5 year timeframe presented in the report.

### ***Education and Training***

A number of strategic documents in England and Wales review education, training and development for health professionals. 'Educating and Training the Future Health Professional Workforce for England' (NAO, 2001) (39,40) concluded that achieving the planned expansion of the workforce set out in the NHS Plan depended on increased investment in teaching staff and accommodation at higher education institutions, achieving value for money in the provision of training courses, a reduction in student attrition rates and a large number of good quality practice placements.

The reports also noted that the availability of suitable practice placements was a critical limiting factor on the number of training places that can be commissioned, and given current staffing levels, most Hospitals are close to or already have reached their capacity for supervising students. In England there have also been problems with recruitment and retention for undergraduate places. There has been an average of 20% under recruitment against places and student attrition rates for occupational therapy range from 7-12%. As a result of this the Department of Health's 'Human Resource Performance Framework' has set targets to reduce attrition rates with the 2000/2001 intake to not exceed 10% in pre-registration training. In Northern Ireland the overall number of university places for occupational therapy has remained at 50 per annum. The recruitment of students has not been an issue, with 10 applicants for every place in the last three years. Student attrition rates within NI are also within the target set by the Department of Health, with an average of 7% attrition per intake.

### ***Family Friendly Policies***

The predominantly female occupational therapy workforce (97%) within Northern Ireland has implications for workforce planning, with requirements for both part-time working and the need for family friendly working policies. The importance of having regard for the needs of a predominantly female workforce is well documented in the Hayes Review (2001.)

## **2.9 Demand Issues**

Acknowledging the current and future demand issues within HPSS as they relate to occupational therapists is essential in workforce planning and projecting future requirements of staff. Some of the demand issues relevant to the OT profession are identified below.

### ***Societal Changes***

The Department for Education and Employment, Employers Skills Survey Report (2000) (41) highlighted that there has been a steady growth in demand that is expected to continue in the medium term for the services of Professions Allied to Medicine. Factors contributing to the demand were highlighted as the ageing population, and the rising expectations of patients.

The average life span is increasing by about two years every decade (Church et al,1995) (42) and OPCS data indicates that 16% of the population are aged 65 or more. The number of people in this age category has also increased by 6.15% during the last 10 years. Older people have a higher usage of all health services, consequently occupational therapists will need to expand their knowledge of the multiple pathology associated with ageing and the increased need for active rehabilitation in the older patient group.

Advances in medicine and technology have also impacted upon the demand for occupational therapy services. People with certain conditions such as life-limiting and terminal illnesses are now surviving, where previously they would not have done. Not only is there an increase in the numbers of occupational therapists required as a result of this, but an increase in the amount of time spent with a patient with a disabling condition, which must be acknowledged in workforce planning.

### ***Legislative Changes***

The Department for Education and Employment, Employers Skills Survey Report (2000) also highlighted that the steady growth in demand for the services of Professions Allied to Medicine, was owing to Government Reforms and the introduction of clinical governance.

Legislation, both current and anticipated in the future also impacts upon the way the occupational therapy service is provided:

- **Community Care Act (1990)**- The ethos of providing care in the community has resulted in increased referrals to the community staff.
- **Disability Discrimination Act (1995)** - Occupational therapists are likely to be called on to act as advisers to organisations who will need to meet the requirements of this Act by 2004, particularly in relation to providing disabled access to premises.
- **Education (NI) Order 1996** – Introduced new arrangements in relation to statementing of children with special education needs (SEN) and required mainstream schools to prevent pupils with SEN from being less favourably treated than other pupils.
- **Special Education Needs and Disability Bill (2003/4)**- This new legislation which is likely to be passed by the Assembly in 2003/04, will provide more opportunity for parents to opt to place children with special education needs in mainstream schools with the recommended support required, rather than within a special school. (The Bill will remove ‘economic grounds’ as a reason for Boards not recommending placement of special needs children in mainstream schools). This will potentially have logistical and resource implications for paediatric occupational therapists who may be required to provide services to children placed in scattered mainstream schools.
- **Housing Order (1992)** – The Order is up for review in 2002 and this is likely to result in a review of the OT input into assessments for private housing disabled facility grants.

### ***Changes in Service Delivery***

Dramatic reductions in the length of stay in an acute hospital unit, for all patients have occurred over the last decade. In part the pressure has been economic, a need to increase throughput and therefore efficiency, but developments in surgical techniques, advances in pharmacology and changes in the philosophy of care have contributed to this. Undoubtedly this has a dramatic effect on occupational therapy roles in both the hospital and community. While pressures in the community services are evident from increasing waiting lists for services, hospital therapists are also experiencing increasing demands. Rehabilitation and discharge planning arrangements begin on day one of hospital admission and hospital OT staff are under pressure to assess and treat patients quickly to facilitate earlier discharge and enable beds to be reoccupied.

### ***Education / Childrens services***

The increased demand for therapy services within educational settings is evidenced by figures provided by the South Eastern Education and Library Board. During the period 1985 to 2001, there was a 114% increase in the number of children attending special schools in the area (604 to 1291). Between 1997 and 2001, the number of children with a statement of special education needs increased by 14% (2592 to 2943). In addition, a significant number of children with special education needs do not receive a statement, but are supported through specialist inputs within mainstream education. This increased demand in the educational setting throughout NI over the past number of years has not been matched by increased investment in therapy services to the schools

The NI Education and Library Boards are currently carrying out a review of the demand for services from children identified as having special needs within the education setting. It has been acknowledged that there has been a significant increase in the number of children with special needs and it is also clear that current services, in particular in areas such as Speech and Language Therapy and OT have not been resourced to keep pace with this demand. Figures provided by the SEELB illustrate such demand with a 114% increase in the number of children attending special schools in the area (604 to 1291) during the period 1985 to 2001. Between 1997 and 2001, the number of children with a statement of their special education needs also increased by 14% (2592 to 2943). A significant percentage of these children require occupational therapy input.

### ***Primary Care***

The DHSSPS position paper 'Primary care- Professions Allied to Medicine' (43) was produced to help inform key stakeholders of the contribution that the PAMS currently make and their potentially greater role in ensuring high quality primary care services. It endorses the priority given to breaking down traditional boundaries so that all care professionals can use their skills in the most appropriate way to treat and care for people and to develop new and innovative models of service delivery. However in order for this to happen it is argued that:

- It must be recognised that PAMS are key contributors across HPSS services including health promotion and prevention.

- They must be given equal status at all levels to enable them to become full partners within primary care settings, including opportunities, support and resources.
- There must be sustained investment in continuing development and training of PAMS to take on new roles and to maintain and further develop skills.
- PAMS must be given equal access at all levels to opportunities and systems to facilitate their research and development.

The Regional Strategic Framework for PAMS in N.I. (13) also outlines that :

- there must be greater representation of the Professions Allied to Medicine to influence the decision making process in strategic planning, policy formulation, commissioning and in the general management of the HPSS.

Occupational therapists will also want to ensure that they take their place amongst other health professions, in playing a full and active role in the new arrangements proposed for primary care, through the establishment of the Local Health and Social Care Groups from April 2002 .

### ***Cancer Services***

The NHS Cancer Plan (DoH, 2000) (44) and Calman-Hine Report (NHS Executive, 1995) (45) were published with the aim to create a network of cancer care within England and Wales so that every patient wherever he or she lives, receives a uniformly high standard of care.

The Campbell Report (1996) in Northern Ireland highlighted that treatment by specialist, multi-disciplinary teams leads to better outcomes for patients and indicated that “radical changes” need to occur to the current system to ensure rapid access to cancer services. Full implementation of the Report’s recommendations would improve cancer survival rates by 10%. It was felt however that staff shortages were inhibiting the implementation of the strategy and therefore restricting the extent to which the cancer services could be made available outside the Belfast area. It was proposed that cancer services should be provided at one regional cancer centre, and four additional cancer units, one from each Boards area should be created to service their catchment populations. The progression of the development of the Cancer Units and Cancer Centre in line with the Campbell report, are one of the key objectives in both the Acute Services Review (2000) and Priorities For Action (2001) stating that Boards should agree the service requirements for the new Cancer Centre by September 2001. Occupational therapists will form part of the multi-disciplinary services to be taken forward.

### ***Role Expansion***

The Exploring New Roles in Practice (ENRiP) (46) database which mapped new role development in 40 acute Trusts in England, identified new occupational therapy roles in a variety of services (SCHARR, 1997) Many of these new roles involved practitioners working across the traditional boundaries between medicine, physiotherapy, nursing and occupational therapy. For example, pressure on beds and the need to reduce the time spent in Hospital led some Trusts to develop new roles for occupational therapists in Accident and Emergency Departments to prevent inappropriate admissions. Other Trusts were developing specialist roles

for occupational therapists in renal medicine and cardiac rehabilitation. These developments must be acknowledged within future workforce planning.

### ***Continuing Professional Development***

In the UK, although there has been no statutory requirement, CPD the code of professional conduct makes it clear that all Occupational Therapists shall be personally responsible for maintaining and developing their personal professional competence. It is generally accepted that Therapists should undertake 10 sessions per annum for such activity. The view is that this will ultimately become mandatory when the Health Professions Council (HPC) replaces CPSM as the statutory body for occupational therapists, in 2002. It is suggested that thirty five hours would serve as an indication of a minimum level of CPD activity. (It is noted that a Masters in Advance Practice in OT is available at UU, however the uptake of the course is small due to difficulties OT staff have in securing funding and the required time off for study.

### ***Research***

In the UK, although there has been no statutory requirement, the Code of Ethics and Professional Conduct (COT, 2000) makes it clear that occupational therapists must continue to maintain and advance their knowledge and skills throughout their career. The recent College of Occupational Therapists' Research and Development Strategic Vision and Action Plan (Ilott and White, 2001) (47) acknowledges the centrality of research to occupational therapy practice. Unlike previous reports the Plan emphasises the individual requirement to ensure ownership, effective action and quality outcomes. Members are expected to 'adhere to the code of Ethics and Professional Conduct for Occupational Therapists' and 'have a duty to ensure that wherever possible their professional practice is evidence based and consistent with established research findings.' The plan also sets targets for improved involvement of occupational therapists in research, as follows:

- 1% of occupational therapists be research leaders;
- 4.2% of students graduating should receive capability funding to ensure adequate PhD output in occupational therapy.

A recent report by Curtin and Jaramazovic (2001) (48) indicates occupational therapists commitment to research and further development. The research respondents were overwhelmingly positive about EBP. However several factors acted as barriers to the successful development of EBP. Time was reported in 94.5% of cases, departmental issues such as workloads and insufficient staffing were reported in 50.8% of cases, and resources such as lack of access to appropriate IT was reported in 55.2% of cases. These factors need to be taken cognisance of if the effective training and development of staff is to be reached.

In NI a recent report by the Research and Development Office (49) highlighted the need to create capacity for PAMS research locally, with the requirement for more resources solely for research staff. The report identified that OT staff have currently the lowest involvement in research activity amongst the seven PAMS professional groups.

### ***NI Service Reviews***

There are currently two Health and Social Services Boards within NI undertaking reviews directly related to Occupational Therapy services.

In the EHSSB, increasing waiting lists for services has resulted in a growing number of complaints from clients, carers and local public representatives. In response the Board is currently undertaking a fundamental review of occupational therapy services with the aim of bringing forward proposals for the future development of the service. It is anticipated that the report and recommendations will be available by April 2002.

In the WHSSB, a review of all six professions allied services is underway which will make recommendations on the future organisation of services. Again this review will report its findings in early 2002.

Both of the above reports will have an impact on workforce requirements into the future.

### ***Waiting Lists***

The demand for occupational therapy services is clearly indicated from the waiting list information submitted by community Trusts. There are a wide variety of groups that can refer to the OT service including doctors, nurses, housing executive staff, social workers, physiotherapists, health visitors and even voluntary groups. It must be noted that the figures do not reflect current demands within hospital, mental health and paediatric services.

At the end of September 2001 there were 9479 people waiting for community OT assessment in NI. 64% (6077) of these individuals had been waiting over 3 months.

There has been concern for some time about the length of the OT waiting lists. This is demonstrated through the number of Assembly enquiries and complaints directed to Trusts. Despite a successful initiative in 2000/01 to remove unnecessary referrals from the Housing Executive (some minor works and change of heating) this has not had a significant impact on the waiting list. In view of the above, waiting list information is currently being collated by the DHSSPS on a monthly basis.

### **3. METHODOLOGY**

The methodology for the review contained the following research components:

- Literature review and research
- Key informant interviews
- Focus Groups

#### **3.1 Terms of Reference**

The terms of reference for the review were identified as follows:

- to provide a profile of the current Occupational Therapy workforce in Northern Ireland, including:
  - numbers employed
  - age and gender balance
  - working patterns
- to provide an analysis of the current and future recruitment and retention issues, including:
  - pay
  - career development and specialisation
  - career breaks/leaving the profession
  - working arrangements
- provide a prediction of anticipated future supply and demand of occupational therapists over the next 5 year period.

One of the main outcomes of the review is to assist the Department in reviewing the number of student places that need to be commissioned from education locally to meet future service demands.

### **3.2 Literature Review and Research**

A review of key strategic documents (both local and national) was carried out to set down the health policy context influencing the delivery of occupational therapy services and consequently workforce planning, both for now and into the future. A limited range of papers on recruitment and retention issues relating to occupational therapists were also reviewed. The content of these documents is largely considered in Section 2.

To gather accurate information that would help in the development of the current and future profile of the occupational therapy workforce a range of information sources was utilised. These included:

- A detailed workforce questionnaire completed by all occupational therapy managers working in HSS Trusts in N.I.
- DHSSPS Project Support Analysis Branch database
- Council for Professional Supplementary to Medicine database
- British Association of Occupational Therapists database
- University of Ulster : Student Profile Report

The data gathered through the above sources was vital in informing the future demand and supply predictions for the occupational therapy workforce.

### **3.3 Key Informant Interviews**

The Project Group identified a number of key individuals who would contribute to qualitative data in relation to the following areas ;

- current and future recruitment and retention issues
- current and future demand issues
- identification of parameters that will impact on the supply and demand of occupational therapists over the next 5 years, within the context of the HPSS service and the wider environment

The list of the 22 individuals who took part in the interviews is detailed in Appendix III.

An analysis of the issues that emerged from the interviews is detailed within the findings and conclusions sections of the report.

### **3.4 Focus Groups**

Eight focus groups were held in various locations throughout N.I. All of the groups were organised and facilitated by the Beeches Management Centre.

The purpose of groups was to explore, with a mixture of Occupational therapy staff (within different grades / specialisms) issues that they (staff working on the ground within HPSS) felt were key to the recruitment and retention of staff. The locations of the groups were as follows:

- EHSSB (3 groups)
- SHSSB (1 group)
- NHSSB (1 group)
- WHSSB (2 groups)
- University of Ulster (1 group of undergraduate students)

A total of 62 occupational therapists participated in the events.

A wide range of qualitative information was gathered through the groups on the current and future recruitment, retention and demand indicators.

## **4. WORKFORCE DEMOGRAPHICS - FINDINGS**

This section details the key findings from the workforce profile information. The details from the findings informed the recommendations that are presented in the final sections of the report.

### **4.1 Workforce Demographic Profile**

The data from the DHSSPS Project Support Analysis Branch, and the questionnaire completed by service managers provided the majority of the workforce information presented.

#### ***Profile of the Occupational Therapy Workforce***

There are currently 525 'qualified' occupational therapists working within HPSS in NI. The CPSM have recorded a higher number, with 651 therapists registered with a NI address. The breakdown of staffing in terms of permanent and temporary posts is broken as follows:

- 95% permanent staff
- 1.5% staff on fixed term contracts (time limited projects)
- 3.5% staff on temporary contracts

97% of the workforce is female with only 3% male. This breakdown has not changed over the past 4 years

## 4.2 Age Profile

The age profile of the workforce is detailed in the Figure below:

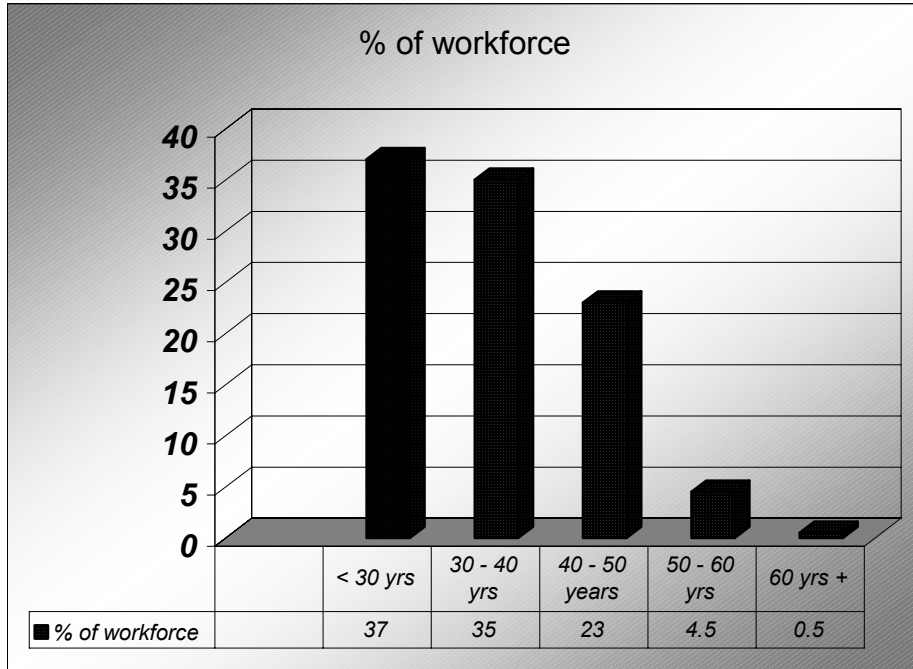


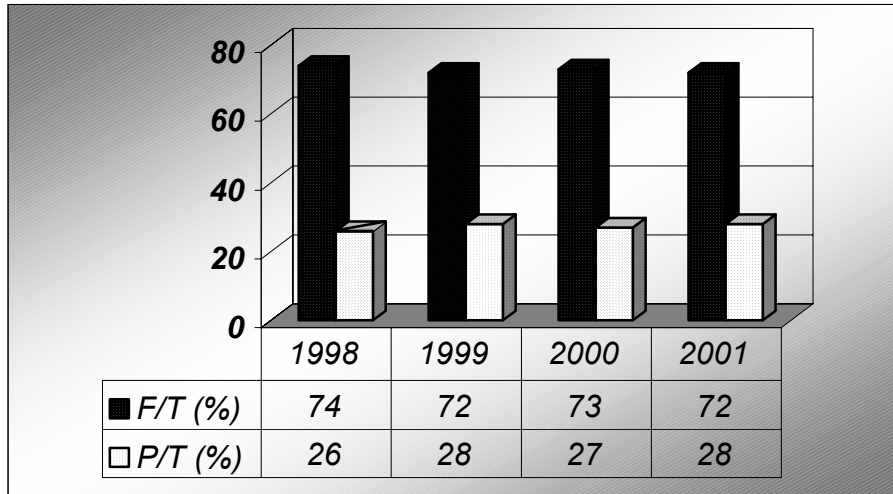
Figure: Age Profile – Occupational Therapists September 2001. (Source : DHSSPS)

The data outlines that the majority (72%) of the current workforce is within the 20 – 40 age range, indicating a relatively young workforce.

### 4.3 Full Time / Part Time Profile

An analysis of full time and part time working within Occupational Therapy over the past 4 years is detailed below:

Figure : Full time / Part time staff Profile 1998 - 2001



Source : DHSSPS – September 2001

The figure indicates that during the period 1998 – 2001, the number of full time staff has reduced only slightly during the last four years. During the same period the number of occupational therapists employed within HPSS increased by 17% (447 to 525 individuals, Source, DHSSPS)

#### Headcount to Whole Time Equivalent Breakdown

Based on the available data, information can be presented on the ratio of current numbers of full time Occupational Therapists to part time staff, shown as actual headcount to whole time equivalent.

Table: Headcount to WTE ratio (Source DHSSPS, September 2001)

Total Headcount (Sep 2001)	525
Total WTE (Sep 2001)	468.08
WTE / Headcount	1.12 Headcount = 1 WTE

The figures indicate that 1.12 Occupational therapists are required in the workforce for every full time post.

#### 4.4 Workforce Profile By Grade

An analysis across all HSS Trusts of grade profile of the Occupational Therapy workforce is detailed in the table below.

Table: Grade Profile – September 2001

<b>Grade</b>	<b>Full Time (Number)</b>	<b>Part Time (Number)</b>	<b>TOTAL (%)</b>
<b>Basic</b>	82	1	83 (16%)
<b>Senior 11</b>	79	8	87 (17%)
<b>Senior 1</b>	154	116	270 (52%)
<b>Head IV</b>	7	5	12 (2%)
<b>Head 111</b>	44	5	49 (9%)
<b>Head II</b>	4	0	4 (1%)
<b>Head 1</b>	13	0	13 (2%)
<b>Others</b>	6	0	6 (1%)
<b>TOTAL</b>	389	135	524 (100%)

*Source : Trust questionnaire*

The table indicates that the majority of staff are at Senior 1 level (52%), with significantly fewer posts available at higher grades. This clearly has implications for the career progression of experienced staff. The information also indicates that almost half (42%) of Senior I posts are part-time. This may provide an explanation as to why there appears not to have been an increase in part-time working. ie a significant number of posts are already available to staff potentially looking for part time work.

In addition to the professional staff groups, all 15 Trusts (providing the OT services within HPSS) reported that they employ OT support staff. A total of 126 support staff work within HPSS (DHSSPS, Sep. 2001), with the staffing levels increased by 29% since 1998. Support staff in OT work in three different roles:

- Skilled Technicians: providing supervision at woodwork / treatment sessions with patients.
- OT Helpers: Staff who have completed the HNC in Occupational Therapy support and take on additional duties in support of professionally qualified staff.
- OT Technicians: Skilled support staff working within the community sector who put up additional stair rails, grab rails etc to assist clients within the community.

Figures from the DHSSPS indicate that there has been a significant increase in the number of Technical staff working within OT Departments over the past 4 years (41 in 1998 and 62 in 2002 ie an increase of 51%), with the number of OT helpers remaining virtually the same (57 in 1998 and 58 in 2002)

#### 4.5 Vacancy Analysis

The workforce questionnaire forwarded to service managers provided details of the vacancy profile at 30<sup>th</sup> September 2001. 53 were recorded from the questionnaires. It is important to note that this is a snap shot of vacancies taken at a single point in time, however a further record of vacancies taken in December 2001 indicated 60 across the HPSS. The analysis of the vacancies indicated in September 2001 is detailed below.

Table : Vacancies –September 2001

<b>GRADE</b>	<b>FULL TIME</b>	<b>PART TIME</b>	<b>TOTAL (%)</b>
<b>Basic</b>	13	0	13 (24%)
<b>Senior 11</b>	11	1	12 (23%)
<b>Senior 1</b>	15	7	22 (42%)
<b>Head 111</b>	5	0	5 (9%)
<b>Head II</b>	1	0	1 (2%)
<b>TOTAL</b>	45	8	53 (100%)

Source : Trust questionnaire

Out of 53 identified vacancies at 30<sup>th</sup> September 2001, 45 were for permanent posts and 8 related to fixed term posts / temporary posts.

The majority of vacancies identified (83%) were for full time positions.

In geographical terms the vacancies were split as follows :

- ❑ EHSSB : 35 vacant posts (66 %)
- ❑ SHSSB : 10 vacant posts (19%)
- ❑ NHSSB : 6 vacant posts (11%)
- ❑ WHSSB : 2 vacant posts (4%)

### ***Vacancy Analysis / Total Workforce***

The information from the workforce questionnaire at 30<sup>th</sup> September 2001 indicated a vacancy rate of 9% within the HPSS Occupational Therapy workforce. This is calculated as follows:

➤ Staff in post (September 2001)	525
➤ Vacancies (September 2001)	53
➤ Total workforce	578
➤ Vacancy % rate	9%

### **4.6 Recruitment and retention of Staff**

Managers were asked within the questionnaire to identify the number of staff they had been able to recruit from universities or employers outside of N.I. The figures provided indicated that on average (across the last 3 years):

- 5 new graduates from universities outside of N.I. returned each year to find their first job within N.I.
- 14 qualified staff returned each year to the N.I HPSS workforce after working as therapists elsewhere.

In relation to retention of staff, managers returned the following information (taken as an average over the 3 year period 1998/99 – 2000/01):

- 17 staff (3.2%) per annum left the HPSS occupational therapy workforce (taken as an average over the last three years), excluding retirees. Of these;
  - 21% left for family reasons
  - 56% left to take up an OT post outside of N.I.
  - 23% left for other reasons

For comparison, leaver figures have also been sourced from the DHSSPS Project Support Analysis Branch. Information over the year 2000/01 indicated that (excluding staff taking career breaks), 20 permanent staff left the service for the following reasons:

- 5% retired
- 5% left for reasons of ill health
- 65% left to take a job elsewhere / move to another country
- 25% left for other reasons (eg. personal / transport difficulties)

Both sets of data indicate that the majority of leavers from the HPSS workforce leave to take up an alternative job or an OT post outside of NI.

The figures provided have informed the development of the supply projections detailed in future sections of the report.

The Council for Professions Supplementary to Medicine have provided figures of numbers of qualified staff who have deregistered and are recorded as under 60 years of age. 83 members under 60 years of age are recorded as lapsed registrants on the CPSM database. The British Association of Occupational Therapists were also able to provide figures of 33 lapsed NI members who would still be under 60 years of age.

*The figures indicate that there are likely to be some qualified therapists within NI not currently working within the profession.*

## 5. KEY FINDINGS IN INTERVIEWS AND FOCUS GROUPS : SUPPLY ISSUES

This section provides details of the various views expressed throughout the 22 key informant interviews and 8 focus groups involving 62 occupational therapists. Many of the issues raised by different individuals were similar and provided valuable information, which has informed the development of the recommendations and conclusions, contained in the report.

### 5.1 Supply Issues - University of Ulster Graduates

The local degree course for qualification as an Occupational Therapist is provided from the University of Ulster (Jordanstown campus). Recruitment to the BSc (Hons) course has not been an issue and over the last three years there have been 10 applicants for each one of the 50 places available. This is despite the high academic standards required for entry of 3 B grades at A level or equivalent. (Other access routes are also available, eg. HND, GNVQ). Over the last five years all places have been taken up, with 90% of students being recruited from Northern Ireland, and the remaining 10% from the Republic of Ireland. 10% of applicants to the course over the last five years have been male, with 6% of students taking up places on the course being male.

Figures provided by the University indicate that an estimated 58% of graduates are recruited to the NI HPSS on qualification (average of 1998 and 1999 graduates). The first destination figure of 45% of graduates recruited to NI HPSS for the year 2000 has been viewed with some caution, as 16% of destinations are unknown, and it is impossible to say whether these students may have been recruited to the NI HPSS.

**Table : First Destination of Qualifying Graduates 1998-2000**

<b>First Destination</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>
NI HPSS	25 (59%)	27 (57%)	20 (45%)
NHS-GB	12	6	4
EC	0	5	11
Other	2	4	2
Unknown	2	5	7
<b>TOTAL</b>	<b>41</b>	<b>47</b>	<b>44</b>

Qualitative data from the focus group session with students revealed the increasing number of employment incentives now available to new graduates outside of N.I. There was a feeling that graduates were looking to Dublin, the UK and abroad as “there are lots of permanent jobs and better infrastructure.” The University reported that they are experiencing increasing difficulties in securing placements for students in Northern Ireland, (each student is required to undertake 1000 hours of placement within a variety of clinical settings). As a result a number of undergraduates are having to undertake placements in UK, which, if they had a good experience, increased their choice of first job at graduation. There was also a strong feeling that

a cultural change in society, which encouraged the experience of travelling, also encouraged students to look abroad for their first position.

## **5.2 HPSS Recruitment**

Nearly all Trusts reported that they had some difficulty recruiting staff to occupational therapy posts. The length of time that these difficulties have been occurring does however differ between Trusts, with some experiencing problems for some time, while others only having difficulties in the last 1-3 year period.

The geography of some Trusts does appear to be an issue in attracting applicants for occupational therapy posts, for example North and West Belfast and some rural areas were highlighted. The Royal Hospitals also indicated that they have a particular difficulty in attracting and retaining staff.

Respondents from the focus groups sessions also indicated that the “occupational therapy grapevine” had the ability to enhance specific recruitment difficulties. As one respondent suggested “occupational therapy is a small world. If we hear something like that about a Trust, we’ll tell people not to apply.”

## **5.3 Grades Issues**

### ***Head III***

Some Trusts recorded difficulties in attracting candidates to posts at Head 111 level as this grade is not particularly attractive. Post holders are required to undertake management responsibilities, and therefore more ‘hassle’, for what essentially could be only a small uplift in basic salary. At Head 111 level staff do not have the same level of domiciliary commitment as more junior staff, and consequently travelling claims are lower. This contributes to the perception that the post is not financially attractive.

### ***Senior I***

Many Trusts have difficulties in particular recruiting to specialist Senior I posts in mental health, learning disability, paediatrics, wheelchair services and hospital specialist posts. Those who currently have staff in these posts are increasingly concerned about their ability to fill such positions if the Senior I staff member leaves the Trust. A key issue highlighted in relation to filling Senior 1 positions relates to the lack of Senior 11 posts in specialist areas. In certain areas this lack of junior posts has led to circumstances where if a Senior 1 post becomes vacant there are just not the occupational therapists available with the right skills to fill the vacancies. The grading profile of occupational therapists illustrates this point with 52% of all posts at Senior 1 level and only 32% of all posts at the junior grades.

### ***Senior II***

Some Trusts also reported problems recruiting to Senior II posts in areas such as care of elderly, learning disability, orthopaedics and mental health. Within mental health, one reason given for such difficulties related to the reduction in inpatient mental health services, which

traditionally would have provided posts at basis grade level. The reduction of such posts over the past years has reduced the potential pool of applicants for Senior 11 and 1 positions.

### **Basic Grade**

A small number of interviewees reported that they have experiencing difficulties recruiting to Basic Grade posts. These difficulties mainly occur 6-9 months after the graduation of UU students, when the majority have secured posts. Few applicants are received by Trusts for basic grade posts during this period until the next group of students have graduated.

### **5.4 Temporary Posts / Return to Practice**

Interview informants reported that recruitment to temporary posts was impossible. There was a clear indication from both the interviews and the focus groups, that there are no “out of work occupational therapists” available in NI to take up temporary positions as and when they are required.

It was also felt by many respondents that there are no occupational therapists ‘out there’, who would be interested in returning to work after a break, but are being prevented from doing so, due to their skills not being up to date. ie there would be no demand for a return to practice course in Northern Ireland.

### **5.5 Bank and Agency Usage**

A number of Trusts reported that they have tried to establish a bank of staff to provide temporary cover, however, with the exception of one, they had not been successful.

Some Trusts have made attempts to secure staff via agencies in England. Most reported that they had limited or no success and many are not considering the possibility of employing such staff in future due to the excessive costs.

### **5.6 The Recruitment Process**

Interview informants emphasised the fact that in terms of recruitment “the quantity of applicants is minimal, but the quality is mostly excellent.” With the exception of Basic Grade posts, Trusts reported feelings of success if there had been 3 or 4 applicants per post. In some cases for specialist posts one applicant was the norm.

All of the interview informants reported that local means of advertising were used in the main. The local means most commonly quoted were Belfast Telegraph, the Central Services Agency Job Bulletin, and Trust Internal Trawls. A small number of Trusts used Therapy Weekly and Republic of Ireland papers. Very few interviewees reported advertising in the national press.

### **5.7 Recruitment Pool**

Almost all successful applicants were recruited from within Northern Ireland, with a small number coming from the rest of the UK.

Interview informants reported that the majority of recruits were also locally trained, with a minimal number being trained in the rest of the UK or the Republic of Ireland.

### **5.8 Competition Between Trusts and Retention**

Competition between Trusts was highlighted by a number of interviewees, as an increasing issue within Northern Ireland. The majority of OT staff (above Basic Grade level) in NI are recruited from within the HPSS Trust workforce and as one interviewee explained the situation was one of “robbing Peter to pay Paul.”.

The majority of Trusts did not report a specific problem with the retention of staff. The interviewees reported that staff left in the main for promotion, but also if opportunities arose for a permanent post, a reduction in hours or travelling time.

Movement of staff from the hospital to community setting was highlighted by a number of respondents. It was generally felt that for many OT's, after a period at Basic Grade level in a hospital, the community offered potentially more opportunity for flexible working. This is obviously attractive for those staff with young families.

### **5.9 Family Friendly Policies/Career Breaks and Return to Practice**

Respondents in the key informant interviews reported some increase in requests for flexible working, although, with the exception of one Trust, the increase had not been significant. Interviewees reported that requests were usually accommodated, but that the needs of the service were acknowledged first and foremost. Requests for flexible working tended to relate to reduced hours or requests for a career break. Respondents indicated that not all requests for flexible working were being accommodated.

Evidence from the interviews and the Trust questionnaires indicated that 30 staff over the last 3 year have commenced a career break. This equates to an estimated 10 per annum, with some (but not all) returning to work on completion of the break.

### **5.10 Private/Voluntary Sector**

Interview respondents reported that currently there is no significant impact from the voluntary sector on the occupational therapy workforce within Northern Ireland. However, some staff acknowledged that although this was the current situation, it might not always be the case with developments such as Northern Ireland Children's Hospice.

Trusts reported that the impact of the private sector on the Northern Ireland Occupational Therapy workforce had not been significant, although there was an increasing trend towards HPSS staff undertaking medical-legal work for private solicitors.

### **5.11 Career Progression**

Evidence from the focus group sessions identified that a typical career path entailed the majority of new graduates taking up a Basic Grade rotational post in a Hospital (there are limited such posts in the community).

Focus group participants and interviewees reported that the common sequence was to apply for promotion at the earliest opportunity from a Basic Grade post, in line with British Association of Occupational Therapy guidelines. This sense of urgency was highlighted by one participant in: “If I hadn’t got a Senior II post at two years, I would be worried.” However, there was some feeling amongst interviewees that this sense of urgency did not always impact positively on the occupational therapy service, as individuals were not always appropriately skilled and experienced to progress at the earliest opportunity.

Career progression to Senior II level was reported by both interview and focus group participants, as being more fluid in urban areas. This was reported as being due to the limited number of posts in the more rural areas.

The most common concern was the limited opportunity for career progression once at Senior I level (OT staff are able to apply for Senior 1 posts after 3 years experience). As one interview respondent highlighted “there is not enough structure between Senior I and Head 3. A lot of practitioners do not want to be Managers.” There was therefore an active decision at this stage as to whether staff wanted to leave the clinical route and become a Manager. It was reported that additional factors impacted on the decision to become a Manager, and that these were reducing the likelihood of staff taking up managerial posts. One such key theme was the limited financial benefit of becoming a Head 3, particularly given the travel expenses and flexibility of a Senior I post in the community. A further key theme was the additional responsibility and constraints of being at this level, in terms of staff management and dealing with the public with regard to complaints.

The current use of Discretionary Points to extend the career structure of Occupational Therapists was seen by the majority of respondents in the interviews and focus groups as divisive, and operating in an arbitrary way with “the Trust made up their own rules.” Staff also reported distaste at having to prove what they do, and were put off by the process itself, as indicated in the following comments:

“I was put off by the Application Form”

“You had to write a thesis.”

“It went on so long that I forgot I had applied.”

## **5.12 Continuing Professional Development**

Both interview informants and focus group participants highlighted lack of support for continuing professional development as a key concern, as one participant explained, “having time to skill ourselves up is seen as a luxury not a necessity.” All staff acknowledged the importance of CPD in terms of ensuring their ability to perform and meet the demands of the service. As one focus group participant suggested, “in order to meet the demands of clinical governance we need to be competent to perform.” Staff also acknowledged the importance of CPD in a new evidence-based climate “we need facts and figures. An evidence base is needed.”

Staff reported concern that there is currently no protected time set aside for each practitioner, which consequently caused staff to feel guilty about going on courses because “you are offloading to someone else.” The lack of protected time built into the workforce

allocation process also caused staff to feel guilty as they felt that they were taking time out from service delivery and therefore increasing waiting lists.

Staff participating in the focus group sessions raised concerns about the minimal amount of funding for CPD. In some cases, funding was reported to have been frozen, as a result of Trust Recovery Plans. Consequently not all staff members could go on courses. Courses were part self-funded or alternatively one or two members of staff attended the course and were required to provide a feedback session to other staff members. As one focus group participant explained, “your names go into a hat and it’s a lucky dip.”

Focus group participants also reported issues with regard to accessibility to relevant courses. Staff reported a limited number of short-course or accredited programmes provided in Northern Ireland. In addition, staff highlighted the fact that they were often required to go to England for specialist courses in areas such as hands, rheumatology, and care of the elderly.

Staff also highlighted their discontent at not being afforded the opportunity to attend courses where they clearly saw a role for the Occupational Therapist such as in Brain Injury and Forensic Oncology.

Interview and focus group respondents highlighted therefore that an appropriate level of investment in terms of time and resources in CPD, as well as an approach to assessing, prioritising and funding of such training would be welcomed.

## **5.12 Accommodation**

A number of respondents commented that the accommodation arrangements for occupational therapy services within Trusts were extremely poor. This particular issue was highlighted as it contributed to poor moral amongst the workforce, particularly as it was felt that other professions are provided with significantly better accommodation particularly in terms of space.

## 6. KEY FINDINGS IN INTERVIEWS AND FOCUS GROUPS - DEMAND ISSUES

All interview and focus group respondents expressed a concern at the ability of Occupational Therapy services to meet the demands of the HPSS currently and in the future.

### 6.1 Current Services

Evidence from both the interviews and focus groups highlighted the following key areas of demand currently:

- **Inpatient Acute medicine and surgery:** The turnover of inpatients is increasing year on year. A particular comment from hospital staff related to their frustration at the majority of their time being dedicated to the assessment of patients rather than on treatment.
- **Hospitals:** Other key areas of demand in the hospital settings include Neurology, Fractures, Plastics and Burns and Paediatric services.
- **Wheelchair services:** The direct correlation between age and disability has increased the demand for wheelchair services. This service was highlighted as being particularly under resourced both in terms of manpower and more significantly, in some areas, in terms of goods and services
- **Home based rehabilitation services-** Patients are being discharged earlier into the community without the same amount of rehabilitation occurring in the Hospital setting, with the resulting implications for community occupational therapy services.
- **Paediatrics: Special school and mainstream-** there are an increasing number of children with disabilities attending mainstream schools. This is alongside an increase in the number of children in special schools. This has an impact on the logistics of providing the additional occupational therapy support required with little or no corresponding increase in investment.
- **Community mental health** – respondents commented that there has been lack of investment in community mental health OT services, despite the focus on community based care. A number of respondents commented on the demand for the development of OT services to support clients being cared for the community.
- **Learning Disability (Adults)**– Again many respondent commented on the lack of investment is what is a growing area of demand.

### 6.2 Role Expansion

There were a number of areas where staff reported an expansion to their role which has not been matched with appropriate resources. Participants in the focus groups welcomed these because they increased the skill and variety of their role, but highlighted that it meant that they were being “stretched” in too many different ways and were therefore not able to provide an effective service in any area. There was a desire therefore amongst both interviewees and focus group participants for service planners to “break from tradition” and give adequate thought to resourcing of these developments.

Areas in which the demands of the service expansion were noted as:

- **Splinting and hand work:** Occupational therapists were supporting the work of Consultants in fracture and orthopaedic fracture clinics.
- **Oncology:** the development of cancer services in Northern Ireland were placing additional demands on the occupational therapy service.
- **Neurology:** The development of a new Regional Brain Injury service were placing additional demands on occupational therapy.
- **Rheumatology:** The provision of additional consultant posts without the necessary infrastructure of PAMS staff to support the increased workload.
- **Inpatient children's services:** Traditionally there has been limited input into children's inpatient services but this has been increasing.
- **Addiction services:** This previously has been an area of unmet need, but demand is slowly increasing.
- **Child and adolescent mental health services:** This previously has been an area of unmet need, but demand is increasing.
- **Accident and Emergency:** OT involvement with patients in A & E to facilitate the prevention of admissions. One such pilot is currently underway within the Belfast City Hospital.
- **Pre-school children:** There are a growing number of babies and younger children with more complex disabilities who surviving and are cared for by parents at home. This is resulting in the requirement for increasing levels of support from community OT services.

### 6.3 Future Services

Several areas of the service were noted where it was felt that occupational therapists could or will in the future have a role. These were as follows:

- Local Health and Social Care Groups
- Community development
- Work rehabilitation
- Dementia
- Palliative care
- 7 day working

It was noted by most participants that these areas would require adequate resourcing.

#### **6.4 Paperwork and Administration**

All respondents in the focus groups and the majority of interview respondents indicated that paperwork and administration were taking up more and more of qualified therapists time, which was reducing the amount of patient contact time. The amount of time spent on clerical tasks had evolved out of the increasing need to document all aspects of a therapist's work because of increasing legislation, litigation, assembly questions, and audit and performance review. Few therapists felt that they had access to adequate clerical support, and most felt that a significant proportion of the administrative work could be reallocated to administration staff if there were appropriate numbers. As one focus group participant suggested "seniors tied up with paperwork. Is this cost-effective?"

#### **6.5 Skill Mix**

Assistants, Helpers and Technical Instructors were widely used by Trusts throughout Northern Ireland. Those employing these grades of staff commented positively on the contribution that they made to service delivery.

Some of the interviewees and focus group respondents indicated that there was potential to increase the number of support staff, which would then allow qualified staff to treat patients more effectively and efficiently.

There was a clear indication from both the focus groups and the key informant interviews however that issues which needed to be addressed within the support staff role included lack of opportunity for career development, poor pay structure and lack of opportunities for continual professional development. There was a perception held that the University "like you to have A'Levels" and that the HNC was not recognised. Therefore those assistants that wanted to develop as therapists were not able to do so. In addition, there was a perception that for those support staff that had completed the NVQ that there is no parity between Trusts in relation to pay and grading.

#### **6.6 Continuing Professional Development**

CPD and a commitment to facilitating staff training were viewed as a key motivating factor and a key factor in the recruitment and retention of staff. Within the context of clinical governance, increased litigation and the expansion of the occupational therapists role highlighted above, CPD will continue to be a key area of demand. Many interview respondents and focus group participants commented on the need for a more structured approach to CPD, which is properly funded. Currently a significant element of CPD is organised by staff themselves and the opportunities for OT's to take forward CPD are considered too few with inadequate funding.

## 6.7 Clinical Placements

All interview respondents were committed to providing clinical placements for occupational therapy students, although not all were able to facilitate them. The advantages of providing clinical placements were noted as “stimulating,” “keeping staff on their toes” and “great to have if you have a busy caseload.” A number of Trusts indicated however that it was becoming increasingly difficult to facilitate placements because of very high caseloads of staff and the amount of time that needed to be dedicated to supervision, and because of the lack of suitable accommodation to facilitate an additional person in the Department. In addition, it was noted that students’ experiences were becoming increasingly limited because of the lack of appropriate equipment and the limited number of staff within some specialist areas.

The University has indicated that they would wish to facilitate all final year students with placements in NI if a sufficient volume of placements was available. At present this is not possible.

## 6.8 Increasing Patient Expectations

All respondents reported that patient expectations have increased and that there is a widening gap between what patients expected and what can actually be delivered. Respondents highlighted the fact that patients are now more knowledgeable and vocal about their rights through increased availability and access to information.

## 6.9 Legislative Changes

New and/or future pieces of legislation were highlighted by both interview informants and focus group participants, as having an increasing demand on occupational therapy services, and the way in which they are provided. The pieces of legislation that was cited were:

- Community Care Act (1990).
- Disability Discrimination Act
- Special Education Needs and Disability Bill (2003/4)

## 6.10 Societal Factors

The majority of respondents in both the interviews and focus group sessions highlighted the following factors as impacting on the demand for occupational therapy services:

- **Ageing Population-** advances in medicine and technology have resulted in people living longer and increasing the number of referrals to occupational therapy;

- **Increasing Dependency-** it is recognised that those who receive care are generally more dependent than before because of the above, and this requires a more resource intensive service;
- **Medical Technology-** advances in medicine and technology have resulted in people with certain conditions surviving, where previously they would not have done. For example children are now leaving Hospital requiring ventilator support and there are more people with terminal illnesses or life-limiting illnesses surviving, where previously they would not have done.

### **6.11 New Ways of working**

A number of respondents quoted different initiatives that they have become involved in as a way of addressing current demand on service provision. These include :

- **Accident and Emergency :** OT involvement with patients in A & E to facilitate the prevention of admissions. One such pilot is currently underway within the Belfast City Hospital.
- **Assessment Clinics :** A number of managers reported that they had or were keen to develop, with support, assessment clinics, in appropriate accommodation, as a way of providing services to a greater number of patients. The provision of such clinics facilitated greater through put of clients than the traditional domiciliary visit service.

## **7. WORKFORCE SUPPLY AND DEMAND PROJECTIONS**

This section provides details on the estimated supply of Occupational Therapists within the NI workforce over the next five years. The estimates are based on a number of assumptions, developed from the information gathered within the workforce questionnaire and other sources. A prediction of the anticipated demand for therapists over the next five years is also outlined. The demand figures again have been developed from information gathered from the questionnaires and key informant interviews and by reviewing current and proposed service development proposals that will impact on the occupational therapy service over the next five years.

### **7.1 Supply of the Occupational Therapy Workforce**

The supply information presented below has mainly been gathered by reviewing trends, over the past 3 / 4 year period, presented in the data supplied by the DHSSPS Project Support Analysis Branch, University of Ulster and Trust Occupational Therapy Managers. The anecdotal evidence gathered from the interviews and focus groups has also informed conclusions about the inflow of individuals into the workforce.

The supply of Occupational Therapists within the N.I. workforce is in the main determined by:

- The exiting employees currently available in the workforce (including full-time and part-time staff)
- Students graduating from the University of Ulster
- Student returning to work in N.I. after graduating from a university outside of N.I.
- Professionals joining the workforce who were working previously outside of N.I.
- Professionals leaving the workforce (through retirement, leaving for family reasons, career break etc)

The table below outlines the current and predicted supply of Occupational Therapists within the workforce over the 5 year period 2002 – 2006.

**Table : Supply of Occupational Therapists (Headcount) 2001 - 2006**

Supply	2002	2003	2004	2005	2006
University of Ulster Graduates	28	27	27	27	27
<b><i>Entering the Workforce</i></b>					
Graduates entering the workforce from outside of N.I.	5	5	5	5	5
OT's returning to work in N.I. from elsewhere	14	14	14	14	14
<b><i>TOTAL ENTERING THE WORKFORCE</i></b>	<b><i>47</i></b>	<b><i>46</i></b>	<b><i>46</i></b>	<b><i>46</i></b>	<b><i>46</i></b>
<b><i>Leaving the workforce</i></b>					
Family Friendly lost capacity (including impact of career breaks)	16	17	18	19	20
OT's leaving the workforce (excludes those retiring)	17	17	18	18	19
OT's retiring at 60 years +	2	2	2	2	2
<b><i>TOTAL LEAVING THE WORKFORCE</i></b>	<b><i>35</i></b>	<b><i>36</i></b>	<b><i>38</i></b>	<b><i>39</i></b>	<b><i>41</i></b>
Total currently in the workforce	525	537	547	547	554
Projected Number in workforce	537	547	555	554	559
Net increase / (decrease)	2.3%	1.9%	1.4%	1.3%	1%

The figures presented above have been projected as follows:

- UU Graduates joining the workforce have been estimated at 58% of those graduating, with an attrition rate of 3.5 students per intake. (based on evidence from UU). The figures presented are a 'worse case scenario' in that they have assumed no improvement in the retention of newly qualified students UU within N.I. The recommendations highlight the need to address this issue in particular given the low retention rate in N.I. of newly qualified therapists, the majority of whom (90%) are resident in N.I.
- The projected number of OT's joining the N.I. workforce from outside of N.I. is based on evidence gathered from the Trust questionnaires and represents an average of data over a four year period (1999 – 2001)
- Based on evidence gathered through the review, it has been assumed that there will continue to be an impact on the workforce of the uptake of family friendly policies, including requests for part-time working / career breaks etc. It has been assumed that

around 3 % per annum rising to 4% per annum of the workforce capacity will be lost due to the above over the period 2002 - 2006. It is noted that a number of project group members have indicated that this is a conservative estimate and further research will have to be carried out to test the validity of the assumption.

- Again evidence from the Trust questionnaires and HPSS data has indicated that an average of 17 OT's per annum left the profession for reasons other than retirement over the past 3 years. This figure has been projected over the five years to 2006.
- Figures from DHSSP Project Support Analysis Branch indicate that, the average retirement age for therapists is 58 years. However the age profile of the current workforce indicates that a small number of staff also work beyond this. Given this fact the assumption has been made that the workforce will loose, due to retirement, all staff currently over 55 years in the next five years. Those working beyond 60 years will compensate for those who retire before 60 years. DHSSPS figures have indicated that there were no occupational therapy staff retiring over the last two years due to incapacity and therefore no additional retirees numbers have been included for this variable.

In conclusion, based on the above analysis and assumptions it is suggested that the supply of occupational therapists by the end of the period 2002 – 2006 will increase by around 6%.

## **7.2 Demand for Occupational Therapists**

It is difficult to obtain accurate data concerning the exact future quantifiable demand for Occupational Therapists within N.I. This is mainly due to the fact that there is little specific information available on projected resource investment within the service over the next five years. In addition there are a number of service reviews currently ongoing that will influence the service development over the next years, ie

- DHSSPS Community Care Review
- SHSSB Elderly Review
- Education and Library Boards Review – Support for Children with special needs in Education
- WHSSB PAMS Review
- NHSSB Elderly, Physical Disability, Sensory Impairment Review

Evidence gathered from a number of sources, through the workforce review, can however been utilised to present likely demand scenarios for particular areas of service. This includes known areas of definite or likely investment in OT services (ie current business cases), the impact of policy areas that are currently under review and the views of managers on unmet demand within the service over the period 2002 – 2006.

The demand projections for additional OT staff required within the HPSS over the next 5 years have been presented as three scenarios;

**1. Agreed policy context and resource approved**

This refers to service developments that have been agreed within the current HPSS policy framework with resources identified, or are likely to be approved over the course of the 5 year workforce plan.

**2. Future policy context that may potentially be resourced**

This refers to service developments that have been identified via key informant interviews and the project group that potentially maybe supported over the next five years, although resources have yet to be identified.

**3. Unmet demand**

This refers to additional unmet demands within the current services, identified via the key informant interviews and project group. There is no specific policy context or resource identified at present to meet this demand.

**1. Agreed policy context and resource approved - Service areas included are;**

- Cancer Centres Development : 7 posts (2003/6)
- Regional Brain Injury Unit : 11 posts (2003)
- Regional Medium Secure Unit : 3 posts
- Local Health and Social Care Groups : 2 posts (2002/3)
- Acute services : 2 posts (2002)

**2. Future policy context that may potentially be resourced - Service areas included are;**

- Community care review: 22 posts (2 per community Trust)
- Community services (waiting lists) 11 posts (1 per community Trust)
- Brain Injury, community infrastructure: 8 posts (2 per Board)
- Special Education Review: 10 posts (2 per ELB area)
- OT Consultant role: 4 posts (1 per Board)
- CPD time (10 sessions per annum) 9 posts

**2. Unmet demand – It is difficult to be specific about actual number of additional posts, however the individual demand areas are identified as follows;**

- Acute Hospital services (areas include the need to increase the current staffing establishment, development of rehabilitation services, A & E services, Tissue Viability, paediatrics).
- Learning Disability
- Mental Health services
- Developments in services driven by Local Health and Social Care Groups
- Health Promotion

Project group members indicated that there was concern about the significant lack of investment in the development of occupational therapy the above service areas.

In total, at this stage, a 17% increase in the workforce has been projected. This would be further increased if investment in the areas identified in scenario 3 is taken forward.

### 7.3 Supply Vs Demand

Utilising the above information in scenarios 1 and 2, the profile of the current workforce (including vacancies), the supply of Occupational Therapists against demand over the next 5 years is detailed below. The current vacancy level has been profiled in over the first 2 years of the period.

**Table : Projected workforce supply against projected demand 2002 – 2006 (Headcount)**

	2002	2003	2004	2005	2006
<b>Supply</b>					
Entering total	47	46	46	46	46
Leavers total	35	36	38	39	41
<b>Net Supply (Shortfall)</b>	<b>12</b>	<b>10</b>	<b>8</b>	<b>7</b>	<b>5</b>
<b>Scenario 1 - Agreed</b>					
Cancer Centres	1	1	1	1	3
Brain Injury Unit		6	5		
LHSCG's	1	1			
Medium Secure Unit			3		
Acute services	2				
Current Vacancies	26	27			
<b>Total Scenario 1</b>	<b>30</b>	<b>35</b>	<b>9</b>	<b>1</b>	<b>3</b>
<b>Total over (under)</b>	<b>(18)</b>	<b>(25)</b>	<b>(1)</b>	<b>6</b>	<b>2</b>
<b>Scenario 2 - Potential</b>					
<i>Community Care</i>	4	4	4	5	5
<i>Community WL's</i>		2	3	3	3
<i>Community Brain Injury</i>		2	2	2	2
<i>Special Education</i>		2	2	3	3
<i>Extended Scope Practit.</i>		1	1	1	1
<i>CPD</i>		2	2	2	3
<b>Total Scenario 2</b>	<b>4</b>	<b>13</b>	<b>14</b>	<b>16</b>	<b>17</b>
<b>Total over (under)</b>					
<b>SCENARIO 1 &amp; 2</b>	<b>(22)</b>	<b>(38)</b>	<b>(15)</b>	<b>(10)</b>	<b>(15)</b>

From the above it can be clearly concluded that demand outweighs supply. In considering only the areas of confirmed investment (Scenario 1) in occupational therapy services over the next

five years, if the current trend remains unchanged, there is a projected shortfall of 44 within the workforce by year 5. This increases to 100 however if further investment is secured in the services (scenario 2) and of course would be significantly greater in resources become available to invest in areas identified in scenario 3.

#### **7.4 Sensitivity Analysis**

A number of sensitively scenarios are presented below to review their impact on the projected shortfall figures above :

➤ ***A Increased % of UU graduates entering the HPSS workforce (70%)***

If the HPSS can attract a greater percentage (eg 70%) of UU graduates into the HPSS on graduation, an additional 26 therapists would be available in the workforce over the 5 year period.

➤ ***B Reduction in number of leavers from the workforce (by 30%)***

If the HPSS was to be able to reduce by 30% the number of therapists leaving the HPSS (for reasons other than retirement), an additional 27 therapists would be available in the workforce.

➤ ***C Increase number of graduate places at UU by 10 per annum UU***

If the number of places at UU is increased by 10 per annum from September 2002, an additional 6 therapists per annum (based on current average numbers newly qualified students entering HPSS on graduation) would be available from 2006.

***The net impact of the total of the above would be to provide an additional 59 occupational therapists within the workforce***

## 8. RECOMMENDATIONS

A number of recommendations are now presented based on the key findings outlined in the report. The main focus of the recommendations is to address the projected significant shortfall in therapists over the next 5 year period.

### ***Increase the number of students taking up posts in NI after graduation – Target 70% of graduates:***

- It is recommended that Trusts should project their workforce requirements for the year ahead and recruit from final year UU students, commencing the process early (prior to graduations) in November / December. This will mean Trusts may also have to consider recruiting to additional junior grade posts to secure more qualified occupational therapists within the workforce.
- Trusts should review their skill mix to ensure that junior grade posts are available to attract students into the HPSS, particularly before graduation. Trusts should also review their skill mix to develop future posts at basic grade and senior II posts wherever possible.
- A follow up to the focus group work with 4th year UU students should be undertaken to provide further information about how to attract more graduates into HPSS.
- Further discussions are required on incentives to encourage new graduates to take up posts within NI.

### ***Clinical Placements:***

- All Trusts should seek to facilitate clinical placements in NI to reduce the need for UU students to travel to GB for placements. The University, Boards and Trusts will need to take forward discussions on how this can be achieved (overcoming current barriers) within the context of current service level agreements.
- The University and Trusts should work together to ensure that as many third and fourth year student placements as possible are provided within NI. This will include discussions on more flexible timetabling of placements to enable service providers to accommodate as many students as possible.

### ***Additional Student Places:***

- The Department should take forward discussions with UU to review an increase in the number of undergraduate places at UU.
- The feasibility of the development of an accelerated entry programme for qualification as an Occupational Therapist should be explored (This should include the opportunity for support staff to under training to qualify as an occupational therapist).

### ***Attracting other qualified Occupational Therapists into the workforce:***

- The Department should explore the potential for a return to practice initiative by assessing levels of interest through local advertisement.
- The Department should seek to provide information on opportunities within NI for NI students who are currently studying in GB. This should be co-ordinated regionally.

### ***Retention of current workforce:***

- Further work needs to be taken forward to review the implementation and impact on the workforce of family friendly policies. There was a view from some members of the project group that the figures presented in the report (the impact of family friendly policies and leaver), are conservative and require further research.
- Further work is required to identify initiatives that will lead to the retention of therapists within the workforce.
- The Department should take to take forward the development of the PAMS consultant role to acknowledge high levels of clinical expertise within the profession and remunerate accordingly.
- Consideration needs to be given to the establishment of a scheme of rotation appointments for newly qualified staff, to provide the experience many desire of different clinical settings.

### ***Continuing Professional Development Opportunities***

- The Department should take forward initiatives to enhance the continuing professional development opportunities for occupational therapists. This will include developing a regional strategy to identify training and development needs and investment in opportunities locally. The development of a regional centre for CPD for PAMS should be taken forward.

### ***Unqualified / support staff***

- Work needs to be taken forward to support the development of the role of occupational therapy support staff. This includes regional support to make provision for opportunities to develop the skills of assistants to NVQ level 3 and local providers considering how the role of unqualified staff can be developed to assist in addressing demands within the current service.
- The provision of administrative and IT support to therapists needs further reviewed by employers, given the poor levels reported by participants in the workforce review.

### ***Further Review of the Workforce***

- The project group should be convened on an annual basis to review and update the workforce plan for occupational therapists.

## **9. CONCLUSION**

The occupational therapy workforce review presented can only be viewed as the starting point, or a baseline for further work to be taken 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 occupational therapy workforce over the next years.

## **APPENDICES**

1 – REFERENCES

2 - PROJECT GROUP MEMBERS

3 – KEY INFORMANT INTERVIEWS

## APPENDIX 1

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## **APPENDIX 2**

### **Project Group Members:**

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P Hannigan, NHSSB  
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B Day, Homefirst Trust  
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### Appendix 3: Key Informant Interviews

REPRESENTATIVE	ROLE / ORGANISATION
C Cranston	Occupational Therapy Manager, Craigavon Hospitals / Craigavon & Banbridge
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A McCall	Occupational Therapy Manager, Belfast City Hospital
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