

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

**COMPREHENSIVE REVIEW  
OF THE HPSS  
PHYSIOTHERAPY  
WORKFORCE**

**Report of the Project Group**

**May 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.*

*The review relating to the HPSS Physiotherapy Workforce is considered within this report.*

### **Section 1: Introduction**

The document presented sets out a comprehensive review of the HPSS physiotherapy profession. The review was undertaken during the period December 2001 – April 2002 and was co-ordinated by a Project Group, which comprised of representatives of the DHSSPS, providers, education, commissioners, private sector and staff side. The content of the report includes background details (including terms of reference), the project methodology, a detailed profile of the current qualified physiotherapy workforce, a projection of the supply and demand for physiotherapists 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 Physiotherapy 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 Physiotherapy it is evident that there have been difficulties both across the UK and within ROI in relation to the recruitment and retention of staff. Vacancy rates reported in England are around 10% and statistics from the CPSM also indicate that one in three therapists joining the register have trained abroad. Frustrations voiced by the workforce include increasing workloads, lack of time for patient care, lack of protected time for continuing professional development and disillusionment at limited opportunities for career progression. There is increasing demand for therapists as a total group, evidenced by the specific reference to the profession in the NHS document 'Investment and Reform for the NHS staff'. The paper outlines that physiotherapists are very much in demand for the

implementation of the NHS plan, and suggests that an increase of 59% is required in the workforce by 2009 (England and Wales).

The shortage of physiotherapists has also been highlighted in the ROI through the publication of the 'Bacon Report'. Vacancy rates of around 14% are quoted in the report and it concluded that a major expansion is required in staffing over the next fifteen years to meet projected service demands.

Increases in demand for services are due to a wide range of factors such as, ageing population, government reforms including care in the community, the development of multi-disciplinary services and the drive to improve cancer and other services.

These increases in demand coupled with the current difficulties in recruitment and retention within the profession, emphasise the urgent need to develop workforce arrangements.

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

The terms of reference for the review were as follows:

- To provide a profile of the current qualified Physiotherapy 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 qualified physiotherapists 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 physiotherapist workforce profile and trends within this workforce are outlined in Section 4 of the report. The analysis of data indicates that there are 687 physiotherapists in the HPSS, with 92% of workforce female. The workforce is relatively young with 65% under the age of 40 years. There has only been a slight increase in part-time working within the profession during the last three years, with 39% of staff part time in 2001, compared to 37% in 1998. A review of the skill mix within the profession indicates that the majority of posts (49%) are graded at the highest clinical grade, Senior 1 (over half of posts at this grade are part-time and are community based). Only 15% of posts are at the new graduate / entry grade (Basic Grade) and 14% of posts are at the management grades. All of the Physiotherapy providers within the HPSS in NI employ support staff (ie physiotherapy helpers). 127 helper staff were recorded in post in December 2001.

A review of vacancies at December 2001 indicated a 6% vacancy rate across the service in NI. This equates to 42 posts which managers are having difficulty filling or are unfilled.

A questionnaire forwarded to managers provided details on the recruitment of staff that have graduated outside of NI or been previously working outside of NI. The data indicated that an estimated 17 physiotherapists join the NI HPSS workforce each year through these routes. A review of information on leavers (other than for reason of retirement) also indicated that an estimated 4% of the workforce is lost due, for example, to family reasons, individuals taking up posts in the private sector or moving to work outside of NI. This information informed the supply assumptions detailed in the workforce projections contained in the report.

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

Nineteen key informant interviews and eight focus groups were carried out to gather qualitative data on issues impacting on the recruitment and retention of physiotherapists 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 graduating are taking up a position within the HPSS in NI after graduation. Issues identified that are attracting new graduates to posts outside of NI include, students being offered incentives to take up posts elsewhere, better choice of posts elsewhere, opportunity for travel on graduation. In addition to the under graduate course, a 2 year Masters Degree programme is available at UU from June 2002. The course will eventually provide up to 24 places per annum (in addition to the 65 undergraduate places), however local students (with appropriate primary degrees) are at present unable to access funding for the course. This means that, if the local funding arrangements remain unchanged, the majority of participants are likely to come from outside of NI and are therefore less likely to be available for the HPSS after their training is complete. Out of 15 students commencing the course in June 2002, only 4 are from NI. The majority (8) are from the ROI, with the remaining from overseas countries.
- **Recruitment:** A significant number of Trusts are finding some difficulty in recruiting to posts, particularly in the specialist higher clinical grade (Senior I Grade). The geographical position of some Trusts is a problem, (eg within some rural areas), as is attracting staff with the right skills for some specialist areas (such as learning disability and paediatrics). In addition some Trusts appear to be more attractive than others to staff at particular points in their career (eg junior grade staff are more attracted to posts in the Greater Belfast area, particularly those within the larger specialist centres).
- **Temporary Posts / Bank / Agency:** Many Trusts are finding it extremely difficult to recruit to temporary posts. A number have however been able to establish a bank with a small number of staff registered.
- **Retention:** A significant number of Trusts reported retention of basic grades as an issue, with the majority of staff leaving to obtain promotion. Some Trusts have particular difficulties in retaining junior staff where there are limited senior II posts within their workforce structure.

- Family friendly policies: With a female dominated workforce, all Trusts are experiencing increasing requests for flexible working and career breaks. This will have to be taken into account for future service models, such as extended 7 day working arrangements.
- Private / Voluntary Sector: There are around 80 NI physiotherapists registered with the Organisation of Chartered Physiotherapists in Private Practice. Almost half of all Trusts interviewed through the review have experienced staff leaving to work in the private sector. While the review was not able to quantify the number of physiotherapists who work within the voluntary sector, many Trusts reported that they work closely with a range of organisations, such as the MS Society and NI Chest Heart and Stroke Association.
- Working Hours, Terms and Conditions: The most common area of concern quoted within the review related to the payments for the on call payment system. Many respondents expressed the opinion that payment for call working was extremely poor. This is particularly in view of the level of responsibility that staff carry when on call, which usually entails covering a wide range of speciality areas. Another area of dissatisfaction was the use of discretionary points as a means of extending the pay scale.
- Working Time Directive: Respondents indicated that this will have an impact on physiotherapy staff working in a number of areas, however, it has yet to be fully quantified.
- Career Progression: Many respondents indicated that lack of opportunities for career progression was a key area of concern amongst staff. Many expressed concern at the limited number of Senior II posts (resulting in staff having to remain at basic grade level for longer than desired), and most indicated that the introduction of competency based progression from basic grade to Senior II would be highly desirable. The other main concern was the lack of opportunity for clinical career progression beyond Senior I, with the only promotional route into management. For many this later option is not attractive. The introduction of discretionary points has made no impact on this issue.
- Continuing Professional Development and Research: Lack of support in terms of time and funding for CPD was highlighted as a major issue of concern. Staff also indicated that local provision of relevant specialist courses could be improved, with physiotherapists on occasion having to travel to England to access some areas of training required. Many respondents were strongly of the view that physiotherapy staff are frequently having to give up free time during weekends and evening in order to access CPD opportunities. While these arrangements are sometimes necessary to enable equipment to be available for patient treatments during the week, a major area of discontent is that staff attending weekends and evening training are not getting any time off in lieu. It was widely agreed by respondents that there is an urgent need for a regional approach to assessing, prioritising and resourcing CPD for physiotherapists and for providing staff with the protected time to participate in CPD and research activities.

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

- Current services: Increasing demands are being experienced from across the full range of acute and community services.
- 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.

- **Skillmix:** All Trusts commented positively on the contribution that support staff make to service delivery. The majority indicated that there was scope for developing the role of support staff, but this would require adequate resourcing, both for training and for enhancing the current pay structure.
- **Clinical Placements:** While Trusts commented positively on the benefits of providing clinical placements, many indicated that they are finding it increasingly difficult to respond to student requirements. Reasons cited for this included: lack of sufficient senior staff to supervise students (this is compounded by the fact that over half of Senior 1 posts are part-time), lack of dedicated clinical tutor posts, poor accommodation arrangements (which make it difficult to find space for students) and poor training allowances that do not attract qualified staff to supervise.
- **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.
- **Role extension:** The development of the physiotherapy role has been welcomed as a positive move for the profession. The drivers for development include changes to the hours of junior doctors and greater discretion for non medical staff to expand their scope of practice. Areas where this has occurred include orthopaedics, rheumatology and A & E. Respondents did however indicate a level of frustration at the slow progress with the establishment of specialist posts (ie Clinical Specialist, Extended Scope Practitioner, physiotherapy Consultant posts).
- **Other areas of service development** which will require the development of the physiotherapy role include brain injury and cancer services.

## Section 7: Supply and Demand Projections

Section 7 of the report provides details on the estimated supply and demand projections of physiotherapists 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, staff leaving the HPSS due to retirement and other reasons and the impact of family friendly policies. The data indicates, based on the assumptions utilised, that there will be less than 1% increase in the supply of therapists to HPSS over the next five years.

The demand for additional physiotherapists has been considered under three headings;

- 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, Local Health and Social Care Groups and as a result of funding under Priorities for Action.
- 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), palliative care, meeting demands within paediatrics, addressing resource for continuing professional development and the development of the clinical specialist, advanced practitioner and consultant roles. Meeting the requirements for the working time directive would also be included under this heading.

**3. Unmet need:** This refers to additional areas of unmet need, 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. Some of the areas included in this category are additional support for orthopaedics, cardiac / stroke rehabilitation, intensive care, womens health, disability services, (in particular services for young adults with learning disabilities or physical disabilities) and mental health.

To provide an indicator of the supply of Physiotherapists against demand over the next five years, projections have been made based on the impact of different demand scenarios (ie 4%, 13% or 25% increase in staffing). The requirement to fill all current vacancies (estimated at 42) has also been included in the projections

In terms of the impact of these levels of demand, if the current assumptions in relation to the supply of staff, remain unchanged, over the period 2002 – 2006:

- At 4% growth (from Heading 1, ie agreed resource): There will be an estimated shortfall of 66 staff after 5 years.
- At 13% growth: There will be an estimated shortfall 129 staff after 5 years.
- At 25% growth: There will be an estimated shortfall of 209 staff after 5 years.

In terms of areas that might impact on this shortfall:

- If more graduates are recruited to the HPSS workforce (eg 80% compared with the current 58%), an additional 67 therapists would be available.
- If funding for the Masters Degree programme was made available to NI graduates, a higher percentage of local of students would be recruited and are likely to be available for the HPSS workforce on graduation.
- If a reduction in leavers (for reasons other than retirement) was achieved (eg by 30%) a further 45 staff would remain in the workforce.
- If the number of graduate places at UU was increased by 5, a further 3 therapists per annum would be available to the HPSS workforce from 2006.

The figures confirm however that there is projected to be a significant shortfall in the HPSS physiotherapy workforce over the next five years.

### **Section 8:**

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

***Increase the number of students taking up posts in NI after graduation – Target 80% 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 review their skill mix and consider recruiting to additional junior grade posts to secure more qualified physiotherapists within the workforce. (It is acknowledged that a number of Trusts have already put in place early recruitment procedures in an attempt to recruit graduates). The funding implications of this will require further discussion.
- Trusts should review their skill mix to explore how senior II posts may be developed, to provide career progression opportunities for basic grade staff and to ensure staff obtain the skills required for senior I level posts. The funding for additional senior II posts is acknowledged as an issue in achieving the above.
- 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.

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

- A profile of clinical placements within all Trusts should be collated to review current levels of provision. Support and funding required within Trusts to facilitate clinical placements should also be reviewed (ie reviewing the need for additional clinical tutor posts).
- Accommodation planning within Trusts should take account of the need to provide adequate space to facilitate students on placement.

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

- The Department should review if discussions should be taken forward with UU to increase the number of undergraduate places at UU.
- The Department should review if funding should be made available for appropriate NI graduates to gain access to the fast Track Masters Degree Course at UU.

#### ***Attracting other qualified Physiotherapists 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 is required to identify initiatives that will lead to the retention of therapists within the workforce. This will include incentives to encourage staff, who may be considering retirement, to continue to contribute at some level to HPSS physiotherapy services. There was also a strong view from the project group that the introduction of initiatives such as link grade progression would have a positive impact on retention of staff.
- The Department should take to take forward the development of the physiotherapy clinical specialist and consultant roles to acknowledge high levels of clinical expertise within the profession and remunerate accordingly.

- The Department should review how Trusts are using mechanisms, such as the Enabling Agreement, in addressing recruitment and retention issues amongst the physiotherapy workforce.

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

- The Department should take forward initiatives to enhance the continuing professional development opportunities for physiotherapists. This will include developing a regional strategy to identify training and development needs, identifying protected time for CPD and investment in specialist courses to be provided locally. The development of a regional centre for CPD for PAMS should be taken forward, which meets to needs of the physiotherapy profession.

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

- Work needs to be taken forward to support the development of the role of physiotherapy assistants. 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 the supply and demand assumptions and to update the workforce plan for physiotherapists.
- Further work needs to be commissioned by the Department to review in more detail the impact of family friendly policies / career breaks on the workforce

## **Section 9: Conclusion**

The physiotherapy 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 and further discussion to consider the implications of the workforce trends presented. The models presented in the report will need updated and refined on a regular basis to continue to inform decision-making and priorities concerning the investment in the HPSS physiotherapy workforce over the next years.

## 1. INTRODUCTION

*Chartered physiotherapists are involved in the diagnosis and management of people with a broad range of physical problems. Primarily they use manipulation, therapeutic handling, exercise and electro-therapeutic modalities. Their assessment and evaluation of need, or potential need takes into account variations in health status in order to promote, maximise and restore the individuals physical, psychological and social well being (13) Physiotherapists also have a key role in preventing admission, promoting early discharge and maintaining people in the community. They provide services across the acute, community and education sectors within HPSS.*

This report outlines a comprehensive review of the Physiotherapy workforce within Health and Personal Social Services in N. Ireland. The review was undertaken during the period December 2001- April 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 11– Membership). The report is presented by the Project Group and outlines:

- The background to the project
- The project methodology and terms of reference
- A detailed profile of the HPSS physiotherapy 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. physiotherapy workforce.

## **2. BACKGROUND**

The principal focus of the review has been to provide a profile of the current physiotherapy workforce in N.I. and to investigate, through a range of survey tools, key issues and factors relating the supply of and demand for therapists over the period 2002 – 2006. The report culminates in highlighting key recommendations, which will assist the Department in developing strategies that will ensure the correct number of physiotherapists, are in place, working in the most effective way, to offer maximum benefit to patients and clients. The development of such strategies must also consider physiotherapy 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 issues are 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 clinical effectiveness and it is essential to develop strategies that can ensure the correct numbers of these skilled employees are in place, working on an integrated basis and in the most effective way, offering maximum benefit to the health care team and patient and clients. This has been further reinforced by the Report produced by the Acute Hospitals 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.

### **2.2 Great Britain and Northern Ireland Context**

The current strategic focus for health and social services first 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, national service that is clinically sound, cost-effective and equitable. The NHS white paper and subsequent quality consultation document (4) identified requirements for consistent, high quality care throughout the health service and all health organisations, including primary care. This will mean that all areas of health services deliver care to the patient in the most timely and most cost effective ways possible.

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, implementing new management arrangements, and recruiting 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.

Priorities for Action (6) details the DHSSPS planning priorities for 2002/2003, in the context of the Programme for Government. These include:

- Improving access to hospital and community services, particularly reducing waiting lists.
- Tackling shortages of skilled staff, particularly in hard pressed specialised areas. This includes not only the increases in the supply of qualified staff but also measures to improve recruitment and retention of staff within HPSS.
- To develop linkages and coordination between the primary, secondary and community care sectors.
- To improve the community infrastructure to support long-term care vulnerable groups in the most appropriate community setting.

The development of local physiotherapy services is a key element in the achievement of a number of targets and objectives set out in the document which outline how the Department expects HPSS to deliver to the Minister’s priorities.

## **2.3 Secondary Care**

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 physiotherapy 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 recent 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 recent 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

The DHSSPS position paper 'Primary Care – Professions Allied to Medicine' (12), has been produced to help inform key stakeholders of the contribution that the Professions Allied to Medicine currently make and their potentially greater role in ensuring high quality services in primary care. It endorses the priority given to breaking down traditional boundaries so that all care professionals use their skills in the most appropriate way to treat and care for people, the development of new and innovative models of service delivery and the support of emerging new professional roles. 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.

## **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 strategy document “Investing for Health”(18) The proposals recognise that our health is determined by social, economic and cultural environment and encourage 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 physiotherapists will have part to play in delivering to the objectives and targets that will be outlined in final public health strategy.

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

The underlying strategic theme of effective and co-ordinated workforce planning is documented in a number of NHS documents in England and Wales (19,20). In the consultation paper “A Health Service of all Talents: developing the NHS workforce” (2000) (21) 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 consultation paper “Acute Hospital Services Review” published in May 2001 (2) reinforces the fact that over 70% of HPSS expenditure is on staffing, so it is obviously critical for employers to have in place a planning system to help managers set appropriate establishment levels. The report puts forward the idea that the main asset of the current system is a “skilled, dedicated, caring and motivated workforce”. 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 new challenges, The Acute Hospital Services Review (2) notes that emphasis should be on:

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

The publication of the DHSSPS consultation document the Employer of Choice (21) outlines the commitment by the Department to improve services through attracting, retaining and developing the best staff. The paper outlines that key areas that must be addressed are:

- workforce planning
- recruitment, retention and return
- improved working lives
- equality and fairness
- education and training
- industrial relations

*It is in within this health policy context that we examine the physiotherapy profession in N.I.*

## 2.7 The Physiotherapy Profession

There are currently around 33835 physiotherapists registered in the UK with the Health Professions Council (HPC). At present, only therapists working within the NHS are required by law to register with the HPC, however a large number of physiotherapists also work within the voluntary and private health sectors. From April 2003, all those wishing to call themselves physiotherapists will have to register with the HPC, whether they are working within the private, public or voluntary sectors.

## 2.8 Supply Issues

It has been widely accepted that there are increasing difficulties with regard to the recruitment and retention of physiotherapists over the past number of years. Particular issues associated with the supply of physiotherapists are detailed in subsequent paragraphs:

### *Remuneration*

The pay structure for physiotherapists (as defined by the relevant HSS Circular, TC7 9/2001) provides three main clinical grades (Basic Grade, Senior II and Senior I) followed by Superintendent Grade (I-IV) and Area Grade (I-II). Management grades are identified at Superintendent and Area Grade Level (The Area grade is now not widely used). The salary structure is the same as that applied to the other PAMs professions of Occupational Therapy, Chiropody, Orthoptists, Dieticians and Radiographers with pay award determined by the National Review Body for Nursing Staff, Midwives, Health Visitors and Professions Allied to Medicine.

Towards the end of the 1990's some flexibility for employers was developed in relation to PAMS remuneration with the introduction of local pay supplements and local enabling agreements. The first allows employing authorities to pay supplements, not exceeding 20%, where management consider that proven problems in recruitment and retention could be redressed by pay enhancement. The enabling agreement arrangements also allow variations to existing grading criteria to assist in addressing recruitment and retention difficulties. The local process for determining proposals in both instances is subject to consultation with local staff side representatives. None of the above arrangements have been widely used, to date, by Trusts within NI.

In addition to the above, discretionary points have recently been introduced as a mechanism for staff to achieve recognition for having developed their role and skills. Staff are eligible for discretionary points after serving one year at the top of the scale.

Like other NHS professions, the remuneration of physiotherapists will come within the 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.

### *Recruitment Issues*

According to statistics from the Department of Health (England), physiotherapy vacancy rates (posts vacant for 3 months plus) in March 2000 stood at 4 per cent. This increased to 5 per cent in March 2001. 'On the day' vacancies have been reported to be significantly higher at over 10%. The Chartered Society of Physiotherapists Chief Executive suggested at that time "these figures reveal a bad situation getting worse." (Frontline, August 2001:7).

Evidence submitted by PT 'A' Staff Side representatives to the Pay Review Body in England during September 2001 highlighted that the low starting salaries of graduates was part of the recruitment problem. The evidence highlighted that there is a 19 to 20 per cent pay gap between the salaries of PAM professionals and graduates throughout industry.

The shortfall across all the PAMS groups was recognised in the NHS Plan (DoH, 2000) (22), which highlighted a commitment to increasing PAMs numbers, suggesting that by 2004 there would be:

- Over 6500 more therapists;
- 4,450 more therapists being trained and
- new therapist Consultant posts.

The NHS document 'Investment and Reform for the NHS staff – Taking forward the NHS Plan' (February 2001) (23) sets out progress made in England and Wales towards delivering the commitments in the NHS Plan to increase the number of staff. The document specifically refers to physiotherapists as being very much in demand for the implementation of the NHS Plan. An increase of physiotherapy staffing from around 16000 (2001/02) up to around 25000 by 2009/10 is projected in the document. A number of initiatives are identified to meet the staffing projections outlined in 'Investment and Reform in NHS staff'. These include investment in education and training places, active recruit of trained staff from abroad, return to practice initiatives, flexible working and flexible retirement.

Statistics from the Council for the Professions Supplementary to Medicine indicate that one in three physiotherapists joining the register have trained abroad. (Frontline, June 2001). A study commissioned by the CSP in 2000, also showed that, of new registrants on the state registration body each year, one third come from overseas. The study indicated that the vast majority of these overseas registrants were from Australia, South Africa and New Zealand, and they generally remained for 1 – 2 years before returning home. They therefore have a limited impact on the permanent workforce.

### *ROI*

In the ROI, a report commissioned by the Minister and Health and Children (Current and Future Supply and Demand Conditions in the Labour Market for Certain Health Professional Therapists, (24) highlighted the shortage of qualified physiotherapists, occupational therapists and speech and language therapists. The report concluded that a major expansion is essential in the number of therapy professionals over the next fifteen years. (an estimate of 1328 additional physiotherapists is suggested by 2015, providing a total of 2628). The report indicates that

there are an estimated 1300 physiotherapists in employment in the ROI, (with around 1000 of this number working in the private sector). The vacancy rate for physiotherapy posts in the public sector is presented in the report at around 13.8%. The recommendations within the report include:

- an annual increase of 25 physiotherapy places at undergraduate level (being provided from September 2002)
- provision of sufficient clinical placements
- concerted recruitment from overseas.

Bacon suggests that the scope for fast tracking qualification should be examined, whereby graduates in relevant disciplines could enter a fast track process for gaining recognised qualification in any of the three therapy professions (the example quoted was the Masters Degree in Physiotherapy at the University of Ulster) and that appropriate courses should be made available to enable the assistant therapy staff numbers to be expanded significantly (freeing some time of newly qualified therapists for additional duties). The report also notes that the expert group of various health professions recommended that initiatives should be undertaken to facilitate the return to work of qualified personnel.

#### *Retention Issues*

The turnover rate amongst physiotherapists in England and Wales (2001) was 20%, a level that has been maintained for 2-3 years. (Frontline, February 2001) Evidence submitted by PT 'A' Staff Side representatives to the Pay Review Body in England during September 2001 stated that urgent action was needed to stem the flow of professionals from the service. In the staff side annual questionnaire to physiotherapists, just over a quarter of respondents indicated that they would leave the service if they could. Eight per cent said they would leave as soon as the opportunity arose to do so. Some of the reasons for the discontent were highlighted as follows:

- staff have 'huge and overbearing workloads' and are 'burnout at the pace and pressure of reform.'
- Staff are frustrated at the lack of time for patient care and disillusionment at the block on their career progression.

The qualifications and skills of physiotherapists are transferable and at least some staff spend time working abroad. In 2001, there were 1,283 CSP members working abroad, with just under half of these working in the 'big five' Australia, Canada, USA, New Zealand and South Africa.

#### *Education and Training*

A number of strategic documents review education, training and development for health professionals in England and Wales (19,20). Educating and Training the Workforce for England (2001) concluded that achieving the planned expansion set out in the July 2000 NHS Plan depends 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 drop out rates and a larger number of good quality practice placements. The reports

also note the availability of suitable practice placements as a critical limiting factor on the number of training places that can be commissioned and that given current staffing levels, most hospital departments are close to or have already reached their capacity for supervising students.

The predominately female physiotherapy workforce, 92% in Northern Ireland (37) has implications for both part-time working and the need for family friendly working policies. The importance of having regard for the needs of a predominately female workforce, is well documented in the Hayes Report (2).

In England and Wales, this is documented in the third Report of the House of Commons Select Committee on Health. In considering NHS workforce issues the report details the government's commitment to introduce a range of family friendly policies including child care facilities, flexible hours and job share opportunities and the fact that the NHS operates a comprehensive 24 hour service provides opportunities. There is therefore a need be an employer who allows staff to 'marry their work and out of work responsibilities'.

#### *Lecturer Practitioners*

An article in Frontline (March 2002) highlighted the need for more Lecture-Practitioner posts, to bridge the theory-practice gap and develop local links between Trusts and the Universities. Currently, there are 30 Lecturer-Practitioners employed at 15 UK Universities.

## **2.9 Demand Issues**

Understanding the current and future demand issues within HPSS as they relate to physiotherapists is essential in projecting future requirements for staff. Some of the relevant issues are highlighted below.

#### *Societal Changes*

The Department for Education and Employment, Employers Skills Survey Report (25) highlighted that there has been steady growth in demand that is expected to continue in the medium term, for the services of Professions Allied to Medicine. Factors contributing to this demand include ageing population, rising expectations of patients and government reforms including a move towards care in the community, more integrated multi-disciplinary services and the introduction of clinical governance. The report identifies that the picture within HPSS is one of changes in technology and ways of working requiring staff to have a greater range of skills and a higher level of skills.

#### *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 educational needs do not receive a statement, but are supported through specialist inputs within mainstream education. This increased demand in the educational setting through

NI over the past number of years has not been matched by increased investment in therapy services to the schools

The 5 Education and Library Boards are currently carrying out a review of the demand for services (including physiotherapy) in schools for children with special educational needs. The review will report in Mid 2002 and is likely to highlight the need for significant investment in services to support the increasing number of special needs children attending schools.

**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 their children 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 physiotherapists who may be required to provide therapy services to children placed in scattered mainstream schools.

### *CPD and Research*

Evidence based practice through good quality audit and research is vital if physiotherapy is to develop as a profession. Evidence in Frontline (February 2001) indicates that in recent years there has been an increase in the amount of research being undertaken by physiotherapists, with larger numbers pursuing higher education, and understanding the importance of using outcome measures and evidence-based practice. In 2001 there were 96 members only however, with Doctorates.

A report completed by the Research and Development Office in Northern Ireland (26) found that the ratio of physiotherapist staff involved in research was 1:14, and only 1% of physiotherapists surveyed had a masters degree. The report concluded that much more needs to be done to support PAMS in this area. (R&D Office, 2001)

In relation to continuing professional development, the standards of physiotherapy practice make it clear that all therapists must continue to advance their knowledge and skills throughout their careers. It is expected that the new Health Professions Council (HPC), which was established in April 2002, will seek evidence of competence and continuing professional development before confirming registration of physiotherapists.

### *Rehabilitation – specialist teams*

The demand for physiotherapy in this area of service will continue to grow with an increasing elderly population and the need for the development of rehabilitation services within the community.

### *Cancer Services*

The NHS Cancer Plan (27) and the Calman-Hine Report (28), in United Kingdom, 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, receive a uniformly high standard of care.

In the Government's strategic document 'Investing for Health' Northern Ireland, it states that, as the second most frequent cause of death men have a 1 in 6, and a women as 1 in 8 chance of dying from the it before the age of 75yrs. The Campbell Report (1996) (7) was a key document as it showed that treatment by specialist, multi-disciplinary teams leads to better outcomes for patients. To ensure that all people with the disease have rapid access to cancer services the report also outlined for the need for current services to be re-organised. The implementation of the report will provide one regional cancer centre, at the Belfast City Hospital, and four additional cancer units, one for each Board area. To progress the development of Cancer Units and the Cancer Centre in line with the Campbell Report, is one of the key objectives within both the 'Acute Services Review'(2) and 'Priorities for Action'(6). Physiotherapists will form part of the multidisciplinary services to be taken forward in this area and in the further development of specialist palliative care teams that will work in the community.

### **3. METHODOLOGY**

The methodology for the review contained the following research components:

- Literature review, data research and analysis and questionnaire to service managers
- Key informant interviews
- Focus Groups

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

The terms of reference were identified as follows:

- to provide a profile of the current Physiotherapy 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 for physiotherapists 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 policy context influencing the delivery of physiotherapy services and consequently workforce planning, both for now and into the future. A limited range of papers on recruitment and retention issues relating to physiotherapists 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 physiotherapy workforce a range of information sources was utilised. These included:

- A detailed workforce questionnaire completed by all physiotherapy managers working in HSS Trusts in N.I.
- DHSSPS Project Support Analysis Branch HRMS database
- Health Professions Council 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 physiotherapy 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 physiotherapists over the next 5 years, within the context of the HPSS service and the wider environment

The list of the 18 individuals who took part in the interviews is detailed in Appendix II.

### **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 physiotherapy 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 (2 groups)
- SHSSB (1 group)
- NHSSB (2 Groups)
- WHSSB (2 groups)
- University of Ulster (1 group of undergraduate students)

A total of 56 physiotherapists and 8 students 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. FINDINGS

This section details the key findings from the analysis of the workforce profile information.

### 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 Physiotherapy Workforce*

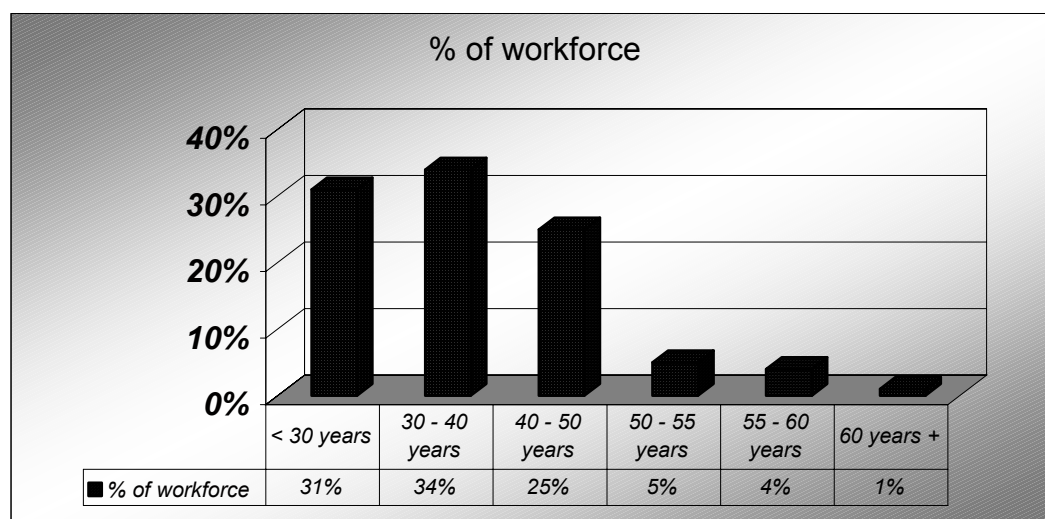
The DHSSPS Human Resources Management system records 687 physiotherapists employed across the HPSS in NI. 5% of the 687 staff are recorded as being employed on a temporary basis. In addition 38 physiotherapists are recorded as bank staff across, however a number of these may also be employed permanently within other Trusts.

92% of the workforce is female within 8% male. There has been a slight increase in the number of males within the workforce (2%) over the past 4 years. (Source: DHSSPS)

### 4.2 Age Profile

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

**Figure : Age Profile –Physiotherapists –December 2001**



*Source : DHSSPS, December 2001*

The data indicates that the majority (90%) of the current workforce is under 50 years of age.

### 4.3 Full Time / Part Time Profile

The number of physiotherapists working part time has increase slightly over the past 4 years, from 228 in 1998 (37% of the total workforce) to 260 in 2001 (39% of the workforce) (Source DHSSPS). Overall the workforce has grown by 11% (619 to 687) over the period 1998 – 2001.

### **Headcount to Whole Time Equivalent Breakdown**

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

**Table : Headcount to WTE ratio**

Total Headcount (Dec 2001)	687
Total WTE (Dec 2001)	564.64
WTE / Headcount	Headcount = 1.2 WTE

Source: DHSSPS

The figure indicates that for every WTE physiotherapist post, the equivalent of 1.2 staff are employed within the service. This reflects the impact of part-time working within the profession.

### **4.4 Workforce Profile By Grade**

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

**Table : Grade Profile –December 2001**

<b>Grade</b>	<b>F/T</b>	<b>P/T</b>	<b>Total</b>	<b>% of total</b>
<b>Basic</b>	<b>100</b>	<b>3</b>	<b>103</b>	<b>15%</b>
<b>Senior II</b>	<b>99</b>	<b>51</b>	<b>150</b>	<b>22%</b>
<b>Senior I</b>	<b>134</b>	<b>204</b>	<b>338</b>	<b>49%</b>
<b>Superintendent IV</b>	<b>13</b>	<b>4</b>	<b>17</b>	<b>2.5%</b>
<b>Superintendent 111</b>	<b>41</b>	<b>10</b>	<b>51</b>	<b>7.4%</b>
<b>Superintendent 11</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>1.2%</b>
<b>Superintendent 1</b>	<b>7</b>	<b>0</b>	<b>7</b>	<b>1%</b>
<b>Area 11</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0.3%</b>
<b>Others</b>	<b>8</b>	<b>3</b>	<b>11</b>	<b>1.6%</b>
<b>TOTAL</b>	<b>412</b>	<b>275</b>	<b>687</b>	<b>100%</b>

Source : Trust questionnaire – December 2001

The table indicates that there are a lower percentage of posts for new graduates (Basic Grade) and at Senior II level. With the vast majority of staff at the senior clinical grade 1, there is clearly an issue in ensuring that there are adequate numbers of appropriately skilled staff available to apply for the senior 1 positions.

In addition to the professional staff group, all of Trusts employing physiotherapists also employ helper grade staff. 127 assistants were recorded as working within HPSS throughout N.I. (DHSSPS, December 2001). The majority of these staff are female (82%), with 50% in full time posts and 50% part-time. The number of helpers employed has increased by 27% in the last 4 years (100 in 1998 to 127 in 2001).

#### 4.5 Vacancy Analysis

The workforce questionnaire forwarded to service managers provided details of the vacancy profile at 30<sup>th</sup> December 2001. The analysis of the vacancies at that particular date is detailed below (includes all long term and short term vacancies identified by Trusts).

**Table : Vacancies –December 2001**

<b>BOARD</b>	<b>FULL TIME</b>	<b>PART TIME</b>	<b>TOTAL</b>
<b>EHSSB</b>	13	9	22
<b>SHSSB</b>	4	2	6
<b>NHSSB</b>	4	5	9
<b>WHSSB</b>	3	2	4
<b>Total</b>	24	18	42

*Source : Trust questionnaire*

Out of 42 identified vacancies at 30<sup>th</sup> December 2001, 26 related to permanent posts, 3 related to fixed term posts and 13 were within temporary posts. (N.B. Comment was made within the project group, that some vacancies are not filled due to financial pressures within Trusts).

#### *Vacancy Analysis / Total Workforce*

The information from the workforce questionnaire at 30<sup>th</sup> December 2001 indicates current vacancy rate of 5% within the HPSS Physiotherapy workforce. This is calculated as follows:

- Staff in post (December 2001) 687
- Vacancies (December 2001) 42
- Total workforce 729
- Vacancy % rate 5.8%

#### **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) :

- 6 new graduates from universities outside of N.I. returned each year to find their first job within N.I.
- 11 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 :

- 50 staff per annum left the HPSS workforce during 1999 – 2001 (taken as an average over the last three years). (This equates to approximately 7% of the workforce)
- 11% of the above retired
- 11.5% left for family reasons
- 22% left to take up a post outside of N.I.
- 12% left to take up a post in the private sector
- 43.5% left for other reasons

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

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

This section provides details of the various views expressed throughout the 19 key informant interviews and 8 focus groups. 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 University reported that recruitment to the BSc(Hons) Degree course at Jordanstown was not an issue, although the number of applicants has reduced from 902 (in 1996/7) to 490 (in 2001/02) for around 65 available places per annum. Over the last five years, all places available have been taken up, with usually between 90% – 95% of students NI residents. An average of 3 students per year, over the last 3 years, have been from the ROI although the numbers applying has decreased in the since the introduction of no fees payable in the ROI. The academic entrance standard to the course is high, with usually 3 ‘A’ grades (or 2 A’s and 1 B, if two sciences are included) required at ‘A’ level or equivalent. Females continue to make up the majority of undergraduates (on average 79% over the last 3 years).

Figures available from the University indicate the first destination of graduates after graduating, over the period 1999 - 2001.

**Table : First destination of qualifying UU Graduates, 1996 – 2000**

<b>First Destination</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>
<b>N.I.- HPSS</b>	30 (52%)	29 (50%)	44 (71%)
<b>GB - NHS</b>	11	8	2
<b>ROI</b>	6	7	9
<b>Abroad</b>	3	3	3
<b>Private Sector</b>	1	2	1
<b>Education</b>	0	2	0
<b>Unknown</b>	7	7	3
<b>Total</b>	58	58	62

*Source : University of Ulster*

The figures indicate an average of only 58% of students joining the N.I. HPSS workforce immediately after graduating from the University of Ulster.

Comments from the University of Ulster and focus group participants indicated the increasing employment options and incentives now available to new graduates outside of the Northern Ireland. These included:

- Bursaries on offer from service providers in Republic of Ireland if students agreed to work there for a limited period after qualifying.
- Guarantee of better continuing professional development opportunities than would be available in Northern Ireland.

Participants in the focus group were divided as to the attraction of private practice vis-à-vis the HPSS. However, there was agreement that those graduates that wanted to go into private practice need postgraduate experience for example in musculo-skeletal medicine.

### ***Masters Course***

A Master of Science Degree course in Physiotherapy will be available at UU from June 2002. This will enable graduates with relevant primary degrees to qualify as physiotherapists on completion of a two year, 3 months course. The course will be able to provide access (eventually) for up to 24 students per annum, however, at present all NI applicants are required to be self funding. (The full course fees are £12000 for EU residents and £27250 for overseas students). As a result, there are currently only 4 NI applicants on the course to commence in June. The remaining confirmed or potential course participants for June 2002 are from other the ROI or overseas. (The University has noted that students from the ROI appear to be able to access funding from their health boards to participate on the course).

## **5.2 HPSS Recruitment**

Nearly all Trust managers interviewed indicated that they had been experiencing increasing difficulties in recruiting staff over the last 1-3 years. A small minority of Trusts (2), indicated that recruitment was not a problem.

Difficulties outlined included: unattractive location of some posts and lack of experienced staff for certain specialist posts (due to limited junior grade posts in some speciality areas). There was a strong feeling that NI will also face increasing competition in attracting staff, due to the proposals set out both in mainland GB and in the ROI, to significantly increase the number of physiotherapy posts over the next few years.

There was a clear indication from both the interviews and focus groups that there are no 'spare' physiotherapists within Northern Ireland who would be willing to work if posts become available.

## **5.3 Grade Issues**

The majority of Trusts which have recruitment difficulties, are experiencing problems recruiting to specialist Senior I posts in a variety of specialties: eg paediatrics, neurological rehabilitation, pulmonary rehabilitation, Stroke Unit, Orthopaedics, Care Management, Outpatients, Manual Handling, community rehabilitation.

A significant number of Trusts also are experiencing problems recruiting to Basic Grade, Senior II and Superintendent posts.

#### **5.4 Geographical Area**

The geographical position of some Trusts has impacted on their ability to recruit and retain staff. Trusts attributing part of their recruitment difficulties to their location included, Causeway, United Hospitals, Down Lisburn, Armagh and Dungannon, Sperrin Lakeland (rural areas) and North and West Belfast. Proximity to the border with the ROI may also exacerbate recruitment difficulties for certain Trusts, such as Newry and Mourne, particularly with the anticipated increase in posts in the South as projected in the Bacon report.

#### **5.5 Specialty Areas**

Interview respondents indicated that in certain specialty areas, it was more difficult to fill posts than others. The specialty areas that were currently most difficult to recruit staff in were highlighted by the key interview respondents as learning disability, paediatrics, care of the elderly, domiciliary care and community rehabilitation.

#### **5.6 Temporary\Pilot Project Posts**

The majority of Trusts had experienced difficulty recruiting to temporary or fixed term project posts. One Trust reported not being able to get temporary staff at all.

#### **5.7 Bank And Agency**

Half of all Trusts interviewed indicated that they had established a Bank. Bank numbers ranged from 1 in North and West Belfast Trust to 10 in Greenpark Healthcare Trust.

Only 3 Trusts had attempted to secure Agency staff to fill posts. Two of these Trusts had been successful in their attempts.

#### **5.8 HPSS Retention**

Half of all Trusts reported retention of Basic Grade staff as a specific issue, with the majority of staff leaving for promotion. Altnagelvin Hospital Trust indicated that they had specific difficulties retaining staff because of the absence of Senior II posts in their workforce structure.

Competition between Trusts was also highlighted as an increasing issue in the retention of staff.

#### **5.9 Family Friendly Policies/Career Breaks/Return To Practice**

With a female dominated workforce, many respondents in the key informant interviews reported increasing requests for flexible working. Many of the Managers reported feeling obliged to accommodate such requests given the emphasis within the HPSS on the implementation of family friendly policies. The requests for flexible working were reported as relating in the main to unpaid leave or reduced hours after a period of maternity leave.

Eleven out of fourteen Trusts interviewed indicated that they had experienced requests for career breaks. Six of the eleven Trusts had experienced 3-5 requests in the last 3 years. Evidence from the interviews did however indicate that in the main staff return to the Trust following a career break.

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

During 2001/2 there were 83 Northern Ireland physiotherapists registered with the Organisation of Chartered Physiotherapists in Private Practice (OCPPP). Although evidence would suggest that the majority of private practitioners do register with OCP, it is not a requirement of working in private practice. Some existing HPSS staff also offer private sessions outside of their HPSS work, however, there is currently no means of collating evidence as to the numbers involved in private practice whose substantive employment is in the HPSS. Evidence from the key informant interviews indicated that almost half of all Trusts had experienced staff leaving for private practice, and 3 Trusts indicated that they are aware of staff, who dual work between the HPSS and private practice. It appears that the ability of the private sector to impact on the workforce market within the HPSS in Northern Ireland is constrained by the fact that the experience required for private practice is of a specialist outpatient nature, and this focus would appeal only to a limited number of people.

Recent direction from the private medical insurance industry will mean that there is likely to be a reduction in the number of newly qualified staff going into private practice. A main private medical insurer has recently developed a Service Specification for Physiotherapy Provision by Independent Practitioners, which tightens the criteria for practitioners providing private provision. It requires that Independent Practitioners have:

- 5 years qualification experience in full-time practice;
- A commitment to audit outcomes;
- Dedicated facilities for private practice;
- References.

The review was not able to quantify the number of physiotherapists who work within other areas such as the voluntary sector. Many Trusts reported however that they work closely with a range of organisations, such as the MS Society, NI Chest Heart and Stroke Association and Arthritis Care). Trusts also provide services (via GP referrals) within private residential and nursing homes on a regular basis.

### **5.11 Working Hours, Terms And Conditions**

Many respondents in the interviews and focus groups indicated that working hours and terms and conditions impacted on the recruitment and retention of staff. Participants were particularly frustrated by the increment system, the on-call system and the current use of Discretionary Points as a means of extending the pay scale.

The most common area of concern was the on-call payment system. Participants in the focus groups reported that on-call pay was poor, particularly when compared with other PAMs staff groups, such as radiographers. As one participant in the focus group suggested, "I pay a teenager to babysit for more than I get on-call per night."

Concerns were also raised by focus group participants at the limited opportunity for progression of pay once at Senior I level:

“Senior 1 is a big area of discontent. You get to a certain point and the pay doesn’t increase.”  
“I got my last increment in 1988, which was 14 years ago.”

The current use of Discretionary Points to extend the pay scale of physiotherapists was seen by almost all participants in the focus groups as divisive, and a “gimic” to keep staff happy. Staff also reported distaste at having to prove on paper what they did, which was time-consuming in itself. As one participant in the focus group suggested:

“Discretionary points are worth £300 pro-rata. You have to sing your own praises for stuff that you do all the time. There is a lot of work to prove your own worth.”

The implementation of the working time directive will have implications for some areas within physiotherapy services, although its impact has yet to be quantified by Trusts.

### **5.12 Career Progression**

Many respondents in the interviews and focus groups indicated that career progression was a key area of concern and impacted on the recruitment and retention of staff. Evidence from the focus groups indicated that a typical career path entailed the majority of graduates undertaking a Basic Grade rotational post in a Hospital. The common sequence after such time was to apply for a Senior II post, in line with Whitley guidelines. Much concern was expressed by both interview and focus group participants at the limited number of Senior II posts. Participants in the focus groups suggested:

“By three years you want to go for a Senior II post, but you won’t get into it before 4 years.”  
“There is a lot of frustration in the system as nothing is coming up.”

A small number of key interview informants suggested that what might need to be considered within strict guidelines, is the natural progression of staff to Senior II level, after a number of years in a basic grade post.

The most common concern was the limited opportunity for career progression once at Senior I level. It was reported that an active decision was made at Senior I level as to whether staff wanted to leave the clinical route and become a manager, as is reflected in the comment below:

“At Senior I level you have nowhere to go unless you go into management, but people want to be clinically based. The Enabling Agreement was not taken on board here.”

It was highlighted that becoming a manager was becoming less appealing because of the additional responsibility and the limited pay differential between managerial and clinical grades. Key informants also indicated that the creation of clinical specialist / enhanced practitioner / consultant posts, although desired, would only seek to increase the problems recruiting to Managerial posts.

### **5.13 Continuing Professional Development (CPD) And Research**

Both interview informants and focus group participants highlighted lack of support for continuing professional development as a key concern. All staff acknowledged the importance of CPD in terms of ensuring their ability to perform and meet the demands of the service.

The main issue raised by both the key informants and the focus group participants was one of limited funding per person per Trust. Consequently staff were funding themselves to ensure that their skills were maintained and developed, and as one member of staff highlighted, “If you can’t afford to go you miss out.” Staff in the focus group sessions also highlighted the lack of consistency both across Trusts and between grades for continuous professional development funding.

Interview respondents and focus group participants also reported significant concern with the fact that they frequently use annual leave and weekend time to participate on courses. This caused additional difficulties if staff were required to work on-call on one weekend and then go on a course on the following weekend. Two Trusts were attempting to accommodate the weekend course issue by providing time off in lieu. However, for the majority of Trusts this was not possible because of the demands of the service.

Staff also reported some problems with accessibility to relevant courses. Staff highlighted the fact that they were sometimes required to go to England for specialist courses in areas such as respiratory, ICU, paediatrics and thoracic medicine.

Interview and focus group respondents highlighted therefore that an appropriate level of investment in terms of time and resources in CPD, as well as a regional approach to assessing, prioritising and funding of such training was urgently required.

### **5.14 Advertising**

A small number of Trusts had attempted to advertise vacancies nationally, however the majority have not pursued this route, in part due to the cost.

A number commented that if therapists outside of N.I. were looking for posts within the province, they would actively seek information from, for example, the Belfast Telegraph web site or the Manager direct.

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

All respondents expressed concern about the inability of HPSS to meet the demand for physiotherapy services both currently and into the future.

### **6.1 Current Services**

The evidence from the interviews suggested that there are increasing demands for services across many services areas including:

- Outpatients
- Paediatrics / support for children with special education needs
- Adult Learning Disability
- Physical Disability
- Intensive Care Unit
- Women's Health
- Orthopaedics
- Acute and community rehabilitation for elderly, brain injury, oncology, pulmonary, cardiac and neurology.

### **6.2 Paperwork And Administration**

The majority of interview and focus group 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. As one participant in a focus group session highlighted, "I worked in the Civil Service before I became a physiotherapist. There was less paperwork in that than what I do now. 35 per cent of my time is spent on paperwork."

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, increasing litigation, increasing Parliamentary questions, and increasing audit and performance review. Few therapists felt that they had access to adequate clerical support, and half of all focus group participants felt that a significant proportion of the administrative work could be reallocated to administration staff if there were appropriate numbers.

Interview respondents also commented on the lack of IT infrastructure and associated training within their organisations.

### **6.3 Skill Mix**

Trusts employing physiotherapy helpers commented positively on the contribution they made to service delivery. Most of the respondents in the key informant interviews recognise that there is a place for assistants within the current skill mix, particularly in areas such as working with patients, clients and carers on programmes that have been designed by qualified staff. Respondents within the focus groups indicated that better use of assistants would allow qualified staff to treat more patients effectively and efficiently.

The majority of interview informants and focus group participants indicated that there was potential for increasing the numbers of helper staff. Respondents did however emphasise that the assistant role could not replace that of the qualified therapist and proper supervision arrangements are necessary to ensure effective and appropriate use of assistant time.

Respondents in both the interviews and focus groups also indicated that issues that needed to be addressed within the assistant role included the lack of opportunity for career development and poor pay structure.

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

As highlighted earlier in the report, CPD and a commitment to facilitating staff training is viewed as a key factor in the recruitment and retention of staff. This is also set against the background of Trusts having difficulty in recruiting suitable trained staff for some specialist positions and the likely introduction, by the new Health Professions Council, of a requirement for physiotherapists to produce evidence of competence and continuing professional development before confirmation of registration.

#### **6.5 Clinical Placements**

Thirteen out of fourteen Trusts interviewed provided clinical placements, although three Trusts were not able to provide them routinely. The advantages of providing clinical placements were noted as “stimulating,” “keeping staff on their toes” and “useful for attracting graduates” A number of Trusts indicated however that it was becoming increasingly difficult to facilitate placements. Reasons attributed to this include staffing levels, training allowances not attracting qualified staff to supervise, and because only a small number of Trusts have a Clinical Tutor. In addition, it was noted that the lack of suitable accommodation to facilitate students in physiotherapy departments was a real issue.

The University of Ulster confirmed that all 3<sup>rd</sup> and 4<sup>th</sup> year students can be facilitated with placements in NI, although some do to spend time in other countries, by choice. There is however more difficulty in the local provision of 2<sup>nd</sup> year student placements.

#### **6.6 Increasing Patient Expectations**

All respondents reported that patient expectations had increased and that there was a widening gap between what patients expected and what could actually be delivered. Respondents highlighted the fact that patients were more knowledgeable about their rights through increased availability and access to information; and that patients were more able to vocalise their rights due to the devolved Assembly structure.

#### **6.7 Role Extension / Development (Extended Scope Practitioner / Clinical Specialist / Consultant)**

Organisational changes around the delivery of health and social care over the past decade have provided an opportunity for Physiotherapists to develop their role beyond that traditionally recognised. The drivers for this development include:

- changes to the working hours of junior doctors;

- increasing pressure to control out patient clinic waiting lists,
- skill mix and costing exercises,
- greater discretion for non-medically trained staff to expand their scope of practice,
- greater awareness of the "added value" of physiotherapy,
- new ideas in the organisation of patient care.

This extension of the traditional role has proved effective in other parts of the UK and is welcomed. Examples of specialist areas, which currently benefit include Orthopaedics, Rheumatology, Accident and Emergency, Continence, Respiratory Care, Brain Injury and Cancer. Respondents indicated that these roles should be facilitated in N.Ireland and developed further.

Both the interview informants and the focus group participants indicated a level of frustration at the slow progress with the establishment of specialist posts (ie Clinical Specialist, Extended Scope Practitioner, physiotherapy Consultant posts). Many respondents indicated that the development of such posts was important in acknowledging high levels of clinical expertise within the profession.

## **6.8 New Services**

A number of new service areas will require investment in additional physiotherapy staff over the next few years. They include:

- Brain Injury: The development of the new regional brain injury unit and community support services.
- Cancer Services: The proposed arrangements for the development of cancer services (including palliative care) will present additional demands both in the acute and community sectors.

## **6.9 Societal Factors**

The majority of respondents highlighted the following societal factors as necessitating an increase in demand:

- Ageing Population - advances in medicine and technology have resulted in people living longer lives and this has resulted in an increase in demand for therapists
- Increased Dependency - again in relation to the above, it is now recognised that those who receive the care are generally more dependant than before and this brings about 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.

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

This section provides details on the modelling and assumptions used to estimate supply of and demand for physiotherapists within the NI HPSS workforce over the next five years.

### **7.1 Supply of the Physiotherapists**

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, University of Ulster and Trust Physiotherapy Managers.

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

- The existing employees currently available in the workforce (including full-time and part-time staff)
- Students graduating from the University of Ulster
- Students 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 Physiotherapists within the workforce over the 5 year period 2002 – 2006.

**Table : Supply of Physiotherapists (Headcount) 2001 - 2006**

Supply	2002	2003	2004	2005	2006
University of Ulster Graduates	35	35	39	35	35
Masters Degree Graduates	-	-	3	4	5
<b><i>Entering the Workforce</i></b>					
Graduates entering the workforce from outside of N.I.	6	6	6	6	6
Physios returning to work in N.I. from elsewhere	10	10	10	11	11
<b><i>TOTAL ENTERING THE WORKFORCE</i></b>	<b><i>51</i></b>	<b><i>51</i></b>	<b><i>58</i></b>	<b><i>56</i></b>	<b><i>57</i></b>
<b><i>Leaving the workforce</i></b>					
Leavers (work life balance / other leavers)	43	43	43	43	43
Physios retiring (including incapacity)	11	11	11	11	11
<b><i>TOTAL LEAVING THE WORKFORCE</i></b>	<b><i>54</i></b>	<b><i>54</i></b>	<b><i>54</i></b>	<b><i>54</i></b>	<b><i>54</i></b>
Total currently in the workforce	687	684	681	685	687
Projected Number in workforce	684	681	685	687	690
Net increase / (decrease)	(0.4%)	(0.4%)	0.6%	0.3%	0.4%

The figures presented above have been projected as follows:

- UU Graduates joining the workforce via the BSc (Hons) route have been estimated at 58% of those graduating, with an attrition rate of 4 students per intake. (based on evidence from UU over the last 3 years). The figures presented are a 'worse case scenario' in that they have assumed no improvement in this average retention of newly qualified students UU within N.I. This figure could potentially be reviewed given the higher retention rate in 2001(71%).
- The number of master degree graduates joining the workforce is projected as only 20% of course participants, given the low uptake of places by NI residents (potentially 4 commencing) on the first course. If funding was made available for local postgraduate students many more NI applications would be made for the course.
- The projected number of physiotherapists joining the N.I. workforce from outside of N.I. is based on evidence gathered from the Trust questionnaires and comments from the project group. While this number is projected as constant, over the 5 year projection, it is acknowledged that the inflow of qualified therapists could be reduced due to increased

opportunities in both GB and the ROI (with increased number of posts projected as being available). This figure will therefore require review over the period of the workforce projection.

- 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. Evidence from the Trust questionnaires and DHSSPS data has also been used to project the number of therapists who will leave the HPSS for reasons other than retirement over the past 4 years. Due to the impact of both these factors it has been projected that around 6% of the workforce will be lost each year.
- Figures from DHSSP Project Support Analysis Branch indicate that over the last 3 years, the average retirement age for therapists was 54 years. However the age profile of the current workforce indicates that 5% of the current workforce (37 individuals) is over 54 years of age. (Physiotherapists can at present retire at 55 years). Given this information, the assumption and after discussion with the project group, the assumption has been made that the majority of the workforce (80%) will retire at 57 years of age. DHSSPS figures also indicated that 3 staff over the last 3 years have retired early due to in capacity and therefore an additional 1 physiotherapist leaver per annum has been included to take account of this variable.

Based on the above analysis and assumptions it is predicted that the supply of physiotherapists over the course of the next 5 years will increase by under 1%.

## 7.2 Demand for Physiotherapists

It is difficult to obtain accurate data concerning the exact future quantifiable demand for Physiotherapists 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

Likely demand areas for additional physiotherapists required within the HPSS over the next 5 years have been outlined however under three headings;

### ***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: 17 posts (2002/6)
- Regional Brain Injury Unit: 5 posts (2003)
- Local Health and Social Care Groups: 2 posts (2002/3)
- Priorities for Action Posts (SHSSB): 3 posts (2002/3)

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

- |  |   |
|--|---|
| ➤ Community care review:                                     | 22 posts (2 per community Trust)  |
| ➤ Brain Injury, community infrastructure:                    | 8 posts (2 per Board)   |
| ➤ Special Education Review:                                  | 10 posts (2 per ELB area)   |
| ➤ Palliative Care:   | 8 posts (2 per Board)   |
| ➤ PAMS Consultant posts                                      | 4 posts (1 per Board)   |
| ➤ CPD time (10 sessions per annum)                           | 11 posts  |
| ➤ Extended scope practitioner /<br>Clinical specialist posts | Not quantified yet, but up to 5 additional posts per Trust has been suggested (project group) |
| ➤ Impact of working time directive                           | Not quantified yet  |

**3. Unmet demand – Other areas of unmet demand are identified below;**

- Extended Hours Clinic Working (potential developments under Local Health and Social Care Groups)
- Orthopaedics
- Cardiac / Stroke Pulmonary Rehabilitation
- Intensive Care
- Womens Health / continence services
- Disability services / long term conditions
- Paediatrics
- Health Promotion
- Mental Health services

### 7.3 Supply Vs Demand

To provide an indicator of the supply of Physiotherapists against demand over the next 5 years a number of scenarios are presented below. The projections have included the impact on the workforce of different demand scenarios (ie workforce increases) of 4% (resources identified), 13% and 25% (potential additional resources) over the 5 year period.

The current vacancy level has been profiled in over the first 2 years of the projections .

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

	2002	2003	2004	2005	2006
<b>Supply</b>					
Entering total	51	51	58	56	57
Leavers total	54	54	54	54	54
<b>Net Supply (Shortfall)</b>	<b>(3)</b>	<b>(3)</b>	<b>4</b>	<b>2</b>	<b>3</b>
<b>Scenario 1 - Agreed</b>					
Cancer Centres	3	6	3	2	3
Brain Injury Unit		5			
LHSCG's	1	1			
PFA	3				
Current Vacancies	21	21			
<b>Scenario 1 (4% increase in workforce)</b>	28	33	3	2	3
<b>Total over (under)</b>	<b>(31)</b>	<b>(36)</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Scenario 2 (13% increase in workforce)</b>	18	18	18	18	18
Current vacancies	21	21			
<b>Total over (under)</b>	<b>(42)</b>	<b>(42)</b>	<b>(14)</b>	<b>(16)</b>	<b>(15)</b>
<b>Scenario 3 (25% increase in workforce)</b>	34	34	34	34	34
Current vacancies	21	21			
<b>Total over (under)</b>	<b>(58)</b>	<b>(58)</b>	<b>(30)</b>	<b>(32)</b>	<b>(31)</b>

From the above it can be clearly concluded that demand outweighs supply. In considering even only the areas of confirmed investment (Scenario 1) in physiotherapy services over the next five years, if the current trend remains unchanged, there is a projected shortfall of 66 within the workforce by year 5. This increases to 129 (after 5 years) if investment at 13% growth is achieved and is significantly greater (shortfall of 209) if resources become available to enable a 25% growth in staffing.

## 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 (80%)***

If the HPSS can continue to attract a greater percentage (eg 80%) of UU graduates into the HPSS on graduation, at the levels indicated in 2001, an additional 67 therapists would be available in the workforce over the 5 year period.

➤ ***B Increase level of uptake of Masters Fast Track Course by NI Graduates (70%)***

If funding becomes available for the Master Degree course (from 2003) it is likely that a significantly higher % of students would be recruited from NI and would remain in the workforce on completion of their course. At 70% uptake by NI students (from 2003), an additional 19 therapists would be available in the workforce.

➤ ***C 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 45 therapists would be available in the workforce.

➤ ***D Increase number of graduate places at UU by 5 per annum UU***

If the number of places at UU is increased by 5 per annum from September 2002, an additional 3 therapists per annum (based on current average graduate numbers entering HPSS on graduation) would be available from 2006.

***The net impact of the total of the above would be to provide an additional 134 physiotherapists 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 shortfall in therapists over the next 5 year period.

### ***Increase the number of students taking up posts in NI after graduation – Target 80% 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 review their skill mix and consider recruiting to additional junior grade posts to secure more qualified physiotherapists within the workforce. (It is acknowledged that a number of Trusts have already put in place early recruitment procedures in an attempt to recruit graduates). The funding implications of this will require further discussion.
- Trusts should review their skill mix to explore how senior II posts may be developed, to provide career progression opportunities for basic grade staff and to ensure staff obtain the skills required for senior I level posts. The funding for additional senior II posts is acknowledged as an issue in achieving the above.
- 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.

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

- A profile of clinical placements within all Trusts should be collated to review current levels of provision. Support and funding required within Trusts to facilitate clinical placements should also be reviewed (ie reviewing the need for additional clinical tutor posts).
- Accommodation planning within Trusts should take account of the need to provide adequate space to facilitate students on placement.

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

- The Department should review if discussions should be taken forward with UU to increase the number of undergraduate places at UU.
- The Department should review if funding should be made available for appropriate NI graduates to gain access to the fast Track Masters Degree Course at UU.

### ***Attracting other qualified Physiotherapists 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 is required to identify initiatives that will lead to the retention of therapists within the workforce. This will include incentives to encourage staff, who may be

considering retirement, to continue to contribute at some level to HPSS physiotherapy services. There was also a strong view from the project group that the introduction of initiatives such as link grade progression would have a positive impact on retention of staff.

- The Department should take forward the development of the physiotherapy clinical specialist and consultant roles to acknowledge high levels of clinical expertise within the profession and remunerate accordingly.
- The Department should review how Trusts are using mechanisms, such as the Enabling Agreement, in addressing recruitment and retention issues amongst the physiotherapy workforce.

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

- The Department should take forward initiatives to enhance the continuing professional development opportunities for physiotherapists. This will include developing a regional strategy to identify training and development needs, identifying protected time for CPD and investment in specialist courses to be provided locally. The development of a regional centre for CPD for PAMS should be taken forward, which meets to needs of the physiotherapy profession.

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

- Work needs to be taken forward to support the development of the role of physiotherapy assistants. 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 the supply and demand assumptions and to update the workforce plan for physiotherapists.
- Further work needs to be commissioned by the Department to review in more detail the impact of family friendly policies / career breaks on the workforce

## **SECTION 9: Conclusion**

The physiotherapy 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 and further discussion to consider the implications of the workforce trends presented. The models presented in the report will need updated and refined on a regular basis to continue to inform decision-making and priorities concerning the investment in the HPSS physiotherapy workforce over the next years.

## **APPENDICES**

I – REFERENCES

II - PROJECT GROUP MEMBERS

III –KEY INFORMANT INTERVIEWS

IV. PHYSIOTHERAPY STAFF PROFILE BY TRUST

## **APPENDIX 1**

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## **APPENDIX 11**

### **Project Group Members:**

D Bingham, DHSSPS  
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S Magee, United Hospitals HSS Trust  
P McAleese, Ulster Community and Hospitals HSS Trust  
C Rosen, North and West Belfast HSS Trust  
K McMaster, Causeway HSS Trust  
J Johns, Belfast City Hospitals HSS Trust  
P McCoy, University of Ulster  
J Martin, Private sector  
M Holmes, Staff side representative  
M Barkley, Belfast City Hospital HSS Trust  
J McCusker, Eastern Health and Social Services Board  
J Muston, Beeches Management Centre

## **APPENDIX 111**

### **Key Informant Interviews**

V Quinn, Altnagelvin Hospitals HSS Trust  
R Malcolm, Down Lisburn HSS Trust  
B Beattie, Craigavon HSS Trust  
E Cavan, Newry and Mourne HSS Trust  
S Prenter, Sperrin Lakeland HSS Trust  
S McGee, United Hospitals HSS Trust  
S Moran, United Hospitals HSS Trust  
P McAleese, Ulster Community and Hospitals HSS Trust  
C Rosen, North and West Belfast HSS Trust  
K McMaster, Causeway HSS Trust  
J Johns, Belfast City Hospitals HSS Trust  
P McCoy, University of Ulster  
J Martin, Private sector  
K Fullerton, Belfast City Hospital HSS Trust  
H Mills, Sperrin Lakeland HSS Trust  
C McIlroy, Armagh and Dungannon HSS Trust  
A Glasgow, Greenpark HSS Trust  
R Fox, Royal Hospitals HSS Trust  
J Davidson, Mater Hospital HSS Trust

## APPENDIX IV

### Physiotherapy workforce review

Dec-01

#### Number of physiotherapists split by trust

	Count	WTE
Belfast City Hospital Trust	46	38.76
Green Park Trust	61	53.66
S & E Belfast Community	37	24.75
Ulster Community & Hospitals Trust	76	58.56
Royal Group Hospital Trust	74	64.68
Mater Infirmorum Hospital	17	15
N & W Belfast Community	33	19.72
Lisburn & Down	58	48.35
Causeway	30	22.36
United Hosp Group	81	69.21
Armagh and Dungannon	28	23.05
Craigavon Area Hospital	56	45.88
Newry & Mourne	25	21.27
Altnagelvin HSS Trust (Hospital)	38	34.66
Foyle HSS Trust (Community)	2	2
Sperrin/Lakeland HSS Trust	25	22.73
Group Total	687	564.64

#### Number of physiotherapy support staff split by trust

	Count	WTE
Belfast City Hospital Trust	11	7.22
Green Park Trust	14	12.34
S & E Belfast Community	6	4.23
Ulster Community & Hospitals Trust	11	10.12
Royal Group Hospital Trust	10	8.63
Mater Infirmorum Hospital	1	1
N & W Belfast Community	7	5.33
Lisburn & Down	9	6.09
Causeway	8	6.58
United Hosp Group	19	14.29
Armagh and Dungannon	7	6.42
Craigavon Area Hospital	9	8.6
Newry & Mourne	3	1.04
Altnagelvin HSS Trust (Hospital)	7	7
Sperrin/Lakeland HSS Trust	5	2.66
Group Total	127	101.55

**Number of physiotherapists split by trust by grade**

**Dec-01**

		Count	WTE
Belfast City Hospital Trust	SUPT PHYSIOTHER 1	1	1
	SUPT PHYSIOTHER 3	5	4.58
	SNR PHYSIOTHER 1	20	14.1
	SNR PHYSIOTHER 2	8	7.08
	PHYSIOTHERAPY	12	12
	Group Total	46	38.76
Green Park Trust	SUPT PHYSIOTHER 3	10	9
	SNR PHYSIOTHER 1	26	21.05
	SNR PHYSIOTHER 2	15	13.82
	PHYSIOTHER (GRAD ENT)	9	8.79
	AREA PHYSIOTHER 2	1	1
	Group Total	61	53.66
S & E Belfast Community	SUPT PHYSIOTHER 1	1	1
	SUPT PHYSIOTHER 3	1	0.83
	SNR PHYSIOTHER 1	28	18.18
	SNR PHYSIOTHER 2	7	4.74
	Group Total	37	24.75
Ulster Community & Hospitals Trust	SUPT PHYSIOTHER 1	1	1
	SUPT PHYSIOTHER 2	1	1
	SUPT PHYSIOTHER 3	3	2.5
	SUPT PHYSIOTHER 4	5	4.5
	SNR PHYSIOTHER 1	27	18.45
	SNR PHYSIOTHER 2	18	10.86
	PHYSIOTHERAPY	21	20.25
	Group Total	76	58.56
Royal Group Hospital Trust	SUPT PHYSIOTHER 3	9	9
	SNR PHYSIOTHER 1	34	25.35
	SNR PHYSIOTHER 2	10	9.33
	PHYSIOTHERAPY	9	9
	PHYSIOTHER (GRAD ENT)	12	12
	Group Total	74	64.68
Mater Infirmorum Hospital	SUPT PHYSIOTHER 2	1	1
	SNR PHYSIOTHER 1	5	3.42
	SNR PHYSIOTHER 2	5	4.58
	PHYSIOTHERAPY	1	1
	PHYSIOTHER (GRAD ENT)	5	5
	Group Total	17	15

<b>Number of physiotherapists split by trust by grade</b>			
N & W Belfast Community	SUPT PHYSIOTHER 3	3	2.38
	SUPT PHYSIOTHER 4	1	1
	SNR PHYSIOTHER 1	25	13.69
	SNR PHYSIOTHER 2	4	2.65
	Group Total	33	19.72
Lisburn & Down	SUPT PHYSIOTHER 1	1	1
	SUPT PHYSIOTHER 2	1	1
	SUPT PHYSIOTHER 3	4	2.75
	SNR PHYSIOTHER 1	29	21.98
	SNR PHYSIOTHER 2	16	14.62
	PHYSIOTHER (GRAD ENT)	7	7
	Group Total	58	48.35
Causeway	SUPT PHYSIOTHER 1	1	1
	SUPT PHYSIOTHER 3	2	1.5
	SUPT PHYSIOTHER 4	2	2
	SNR PHYSIOTHER 1	14	8.83
	SNR PHYSIOTHER 2	8	6.03
	PHYSIOTHER (GRAD ENT)	3	3
	Group Total	30	22.36
United Hosp Group	SUPT PHYSIOTHER 2	1	1
	SUPT PHYSIOTHER 3	4	4
	SUPT PHYSIOTHER 4	1	1
	SNR PHYSIOTHER 1	42	32.29
	SNR PHYSIOTHER 2	22	20.34
	PHYSIOTHER (GRAD ENT)	11	10.58
	Group Total	81	69.21
Armagh and Dungannon	SUPT PHYSIOTHER 1	1	1
	SUPT PHYSIOTHER 3	3	2.72
	SNR PHYSIOTHER 1	18	13.75
	SNR PHYSIOTHER 2	6	5.58
	Group Total	28	23.05
Craigavon Area Hospital	SUPT PHYSIOTHER 1	1	1
	SUPT PHYSIOTHER 2	2	2
	SUPT PHYSIOTHER 3	3	2.56
	SUPT PHYSIOTHER 4	3	2
	SNR PHYSIOTHER 1	26	18.22
	SNR PHYSIOTHER 2	13	12.1
	PHYSIOTHERAPY	1	1
	PHYSIOTHER (GRAD ENT)	7	7
	Group Total	56	45.88

Number of physiotherapists split by trust by grade			
Newry & Mourne	SUPT PHYSIOTHER 2	1	1
	SUPT PHYSIOTHER 3	2	2
	SUPT PHYSIOTHER 4	1	1
	SNR PHYSIOTHER 1	13	9.94
	SNR PHYSIOTHER 2	5	4.33
	PHYSIOTHERAPY	2	2
	PHYSIOTHER (GRAD ENT)	1	1
	Group Total	25	21.27
Altnagelvin HSS Trust (Hospital)	SUPT PHYSIOTHER 3	3	3
	SUPT PHYSIOTHER 4	2	2
	SNR PHYSIOTHER 1	16	13.49
	SNR PHYSIOTHER 2	5	5
	PHYSIOTHERAPY	12	11.17
	Group Total	38	34.66
Foyle HSS Trust (Community)	SUPT PHYSIOTHER 3	2	2
	Group Total	2	2
Sperrin/Lakeland HSS Trust	SUPT PHYSIOTHER 3	2	2
	SUPT PHYSIOTHER 4	1	1
	SNR PHYSIOTHER 1	13	11.73
	SNR PHYSIOTHER 2	4	3
	PHYSIOTHER (GRAD ENT)	5	5
	Group Total	25	22.73