



# Workforce Planning Review

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

## Introduction

**The Physiotherapist assesses and treats people with physical problems caused by accident, ageing, disease or disability, enabling them to maximise their health and social well-being.**

This document is a summary of the Comprehensive Review of the Physiotherapy Workforce May 2002. The review was co-ordinated by a Project Steering Group, comprising of representatives of the DHSSPS, providers, education, staff side and commissioners. The report includes a profile of the current workforce, a projection of the supply and demand within the HPSS workforce over the 5-year period 2002-2006 and recommendations to address issues arising from the review. This information is vital to assist the Department primarily in developing strategies that will ensure that the correct numbers of professionals are trained, in place and working effectively to offer the maximum benefit to patients and clients.

## Methodology

Various stages were utilised to undertake this review:

- An audit to identify the staffing profile and characteristics of the current workforce.
- Background research was conducted involving a literature review, policy document review, and a review of Trust and commissioner strategies to identify proposed capital and service developments or changes.
- Consultation with stakeholders across all areas of the workforce, through 19 key informant interviews and 8 focus groups.
- Analysis of data gathered to develop a workforce model to aid the prediction of future workforce needs by the identification of key supply and demand indicators over the period of 2002-2006.

## Key Findings of The Review

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

### Staffing Profile

- The Physiotherapy workforce represented a total headcount of 687 across the HPSS.
- The workforce was predominantly female (92%).
- The workforce was relatively young with 65% under the age of 40 years.
- There has been a slight increase in part-time working within the profession during the three years prior to the review, with 39% of staff part time in 2001, compared to 37% in 1998.
- The skill mix of the profession indicated that 49% of posts were at the highest clinical grade, Senior 1 (over half of posts at this grade were part-time and were community based). Only 15% of posts were at

the new graduate/entry grade. 14% of posts were at management grades.

- All of the Physiotherapy providers within the HPSS employ support staff ie physiotherapy helpers. 127 physiotherapy helpers were recorded in post in December 2001.
- A review of vacancies at December 2001 indicated a 6% vacancy rate across the service. This equated to 42 posts, which managers indicated they were having difficulty filling.
- An estimated 17 physiotherapists join the HPSS workforce each year.
- An estimated 4% of the workforce leave the HPSS each year.

Graph: Age Profile of Physiotherapists in the HPSS (December 2001)

Source : Human Resource Management System



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### Supply & Demand Issues

#### Supply Issues

##### *Recruitment and Retention*

- On average only 58% of students graduating were taking up a position within the HPSS after graduation.
- There was a general dissatisfaction in the discretionary points system as a means of rewarding staff.
- A significant number of Trusts were finding some difficulty in recruiting to posts, particularly in the specialist clinical Senior I grade.
- The geographical position of some Trusts created problems attracting staff with the right skills for specialist areas.
- Difficulties were noted in ensuring Continual Professional Development for postgraduate staff both from a time and funding resource prospective. Only limited local provision of specialist courses existed and respondents felt there should be a regional approach to assessing, prioritising and resourcing CPD.
- Entry grade staff were generally more attracted to posts in the Greater Belfast area, particularly those Trusts which are specialist centres.
- Sufficient time for CPD should be factored into the workforce-planning framework.
- Trusts reported difficulties retaining entry grade staff.
- All Trusts were experiencing increasing requests for flexible working and career breaks.
- Almost half of all Trusts interviewed had experience of staff leaving to work in the private sector.

##### *Career Progression*

- A lack of opportunities for career progression was a key concern amongst staff. A limited number of Senior II posts made progression from the entry grade difficult. Clinical career progression beyond Senior I was seen as limited with often the only promotional route into management.



## Demand Issues

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

### **Current services**

- Increased demands were 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. Limited access to adequate administrative/IT support was affecting the efficiency of the physiotherapist.

### **Skillmix**

- All Trusts commented positively on the contribution that physiotherapy helpers made to service delivery. The majority indicated that there was scope for developing the role of support staff providing there was adequate training.

### **Clinical Placements**

- Whilst Trusts commented positively on the benefits of providing clinical placements, many indicated that they were finding it increasingly difficult to respond to student requirements.

### **Increasing patient expectations**

- Respondents commented that patients are more aware of the Patients Charter and the complaints system and as a consequence staff 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 this development include changes to the hours of junior doctors and greater discretion for non-medical staff to expand their scope of practice. Respondents however indicated progress was slow in establishing specialist posts ie clinical specialist, extended scope practitioner and physiotherapy consultant posts.

## Supply And Demand Projections

Conclusions were drawn and assumptions made concerning the future profile of the workforce utilising supply and demand projections. These were developed into a workforce model to predict the requirements of the Physiotherapy workforce for the 5-year period 2002-2006.

The figures include, projected numbers of new graduates joining HPSS, individuals being recruited from outside of Northern Ireland, 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 have been presented at three demand levels:

### **Demand Level One:**

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

This refers to 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. It includes, additional posts within the Cancer Centre/Units, Regional Brain Injury Unit, Local Health and Social Care Groups (LHSCG's) and services identified in the "Priorities for Action" documents.

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**Table: Demand Level One workforce requirements (agreed and resourced capital and service plans)**

YEAR	2002	2003	2004	2005	2006	Total
<b>Workforce requirements WTE</b>						
<i>Cancer Centre/Units</i>	3	6	3	2	3	17
<i>Brian Injury Unit</i>	0	5	0	0	0	5
<i>LHSCG's</i>	1	1	0	0	0	2
<i>Priorities for Action</i>	3	0	0	0	0	3
<b>Total Required</b>	<b>7</b>	<b>12</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>27</b>

The Project Group identified the requirements to fulfil Demand Level One over the 5-year plan as totalling to a 4% growth in the workforce over the 5-year plan.

### **Demand Level Two:**

*Capital and service requirements that are likely to be resourced within the 5-year plan:*

This refers to service developments that have been identified via key informant interviews and the project group that potentially may be supported over the next 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 Paediatric Services, addressing resource for Continuing Professional Development and the development of the clinical specialist, advanced practitioner and consultant roles.

The Project Group identified the requirements to fulfil Demand Level Two over the 5-year plan as totalling to a 13% growth in the workforce. This equates to 90 WTE averaging at 18 additional staff per annum.

### **Demand Level Three:**

*Unmet need and current demand with no identified funding:*

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, women's health, disability services (in particular services for young adults with learning disabilities or physical disabilities) and mental health services.

The Project Group identified the requirements to fulfil Demand Level Three as totalling to a 25% growth in the workforce. This equates to 170 WTE averaging at 34 staff per annum over the 5-year plan.

For the initial purposes of the workforce plan a combination of demand levels 1 & 2 was adopted which included agreed capital and service plans with identified workforce requirements that have agreed funding or are likely to be resourced within the 5-year plan.

**Table: Summary impact of net supply against Demand Levels 1+2 on the Physiotherapy workforce over the 5-year plan, (in headcount) – NB ( ) indicates a shortfall.**

YEAR	2002	2003	2004	2005	2006	TOTAL
<b>Workforce Net</b>	(3)	(3)	(4)	(2)	(3)	3
<b>Supply</b>						
<b>Demand Levels 1+2</b>	46	51	21	20	21	159
<b>Total over/(under)</b>	(49)	(54)	(17)	(18)	(18)	(156)
<b>numbers in workforce</b>						

**Table: Summary of the Workforce Requirements by Headcount over the 5-year plan for Demand Levels 1 & 2**

YEAR	2002	2003	2004	2005	2006	Total
<b>Workforce requirements WTE</b>						
<i>Demand Level 1 (agreed and resourced capital &amp; service plans):</i>	7	12	3	2	3	27
<b>Current Vacancies</b>	21	21	0	0	0	42
<b>Total Required</b>	28	33	3	2	3	69
<i>Demand Level 2 (capital &amp; service requirements, likely to be resourced)</i>	18	18	18	18	18	90
<b>Total Demand Levels 1 + 2 vacancies</b>	46	51	21	20	21	159

Demand Levels 1&2 combined equate to a growth requirement within the Physiotherapy workforce of 17% over the 5-year plan. A projection was made based on the impact of Demand Levels 1+2 on the net supply. This indicates the following shortfall in the physiotherapy workforce. The vacancy level (December 2001) has been profiled over the first 2 years of the projection (total of 42 WTE staff).

### Sensitivity Analysis Summary

A number of scenarios were presented to analyse their impact on the projected workforce.

- **Scenario A**  
If more graduates were recruited to the HPSS workforce (eg 80% compared with the current 58%), an additional 67 therapists would be employed in the workforce over the 5-year plan.
- **Scenario B**  
If funding for the Masters Degree programme was made available to NI graduates, a higher percentage of local students would be recruited and are likely to be available for the HPSS workforce on graduation.
- **Scenario C**  
If a reduction in leavers (for reasons other than retirement) was achieved (eg by 30%) a further 45 staff would be retained in the workforce over the 5-year plan.

### ➤ Scenario D

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. This effect would not manifest until year 4 of the plan due to 4 years required to complete training.

## Recommendations

It is recognised that there is no single simple solution to increasing the numbers of physiotherapists in the HPSS workforce. Several recruitment and retention strategies require to be established in order to make a significant improvement on the overall numbers of staff.

### Workforce Planning

- A regional strategy should be employed to increase the number of students taking up posts in the HPSS after graduation (target 80% of graduates).
- It is recommended that Trusts should project their workforce requirements for the year ahead to recruit final year UU students, commencing the process early. Trusts may also have to review their skill mix and consider recruiting to additional entry grade posts to secure more qualified physiotherapists within the workforce.
- Trusts should review their skill mix to explore how Senior II posts may be developed, to provide career progression opportunities for entry grade staff and to ensure staff obtain the skills required for Senior 1 level posts.

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### ***Clinical Placements***

- A profile of clinical placements within all Trusts should be collated to review current levels of provision.
- 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 with UU the number of undergraduate places required to meet the anticipated needs of the workforce.
- The Department should consider if funding should be made available for appropriate Northern Ireland graduates to gain access to the fast track Masters Degree Course at UU.

### ***Recruitment & Retention***

- The Department should explore the potential for a return to practice initiative.
- Further work is required to identify initiatives that will lead to the retention of therapists within the workforce.
- The Department should progress the development of the physiotherapy clinical specialist and consultant roles to acknowledge high levels of clinical expertise within the profession.

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

- The Department should take forward initiatives to enhance Continuing Professional Development (CPD) opportunities for physiotherapists. This should include establishing a regional strategy for training and development and ensuring protected time is identified for CPD. There should be investment to allow more local provision of specialist physiotherapist courses.
- The development of a Regional Centre for CPD for Allied Health Professionals should be taken forward.

### ***Support Staff***

- The role of the physiotherapy helper should be developed to NVQ level 3. Service providers should consider how the role of the helper could be developed to address the demands and pressures within the HPSS.
- The provision of administrative and IT support to physiotherapists needs further assessment by employers, given the poor levels reported by participants in the workforce review.

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

- The project group should be reconvened initially on an annual basis to review the supply and demand assumptions and to update the workforce plan for the physiotherapy workforce.
- Further review should take place on the impact of life work balance requests on the workforce.

## Conclusion

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

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PHYSIOTHERAPY REVIEW