

Workforce Planning Review

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

Introduction

"Review 2" should be read as a supplement to the summary document "Review" issued in August 2003.

The initial Comprehensive Review of the Podiatry Workforce, December 2002 was considered as a baseline review profiling the workforce at a point in time and predicting future workforce requirements over the 5-year period 2002-2006. "Review 2" updates the original report, comparing statistical information at March 2002 and 31 March 2004.

Methodology

The original Steering Group was reconvened in May 2004 to compare the workforce profile statistics, test the original assumptions against the updated information, consider the demand and supply information gathered, and share information regarding the actions resulting from the Review recommendations. The Steering Group comprised professional, service manager, human resource, staff side, university and Department representatives.

Statistical information was sourced from Human Resource Management System at 31 March 2004 and HPSS vacancy surveys on 30 September 2003 and June 2004. The following comparisons were drawn.

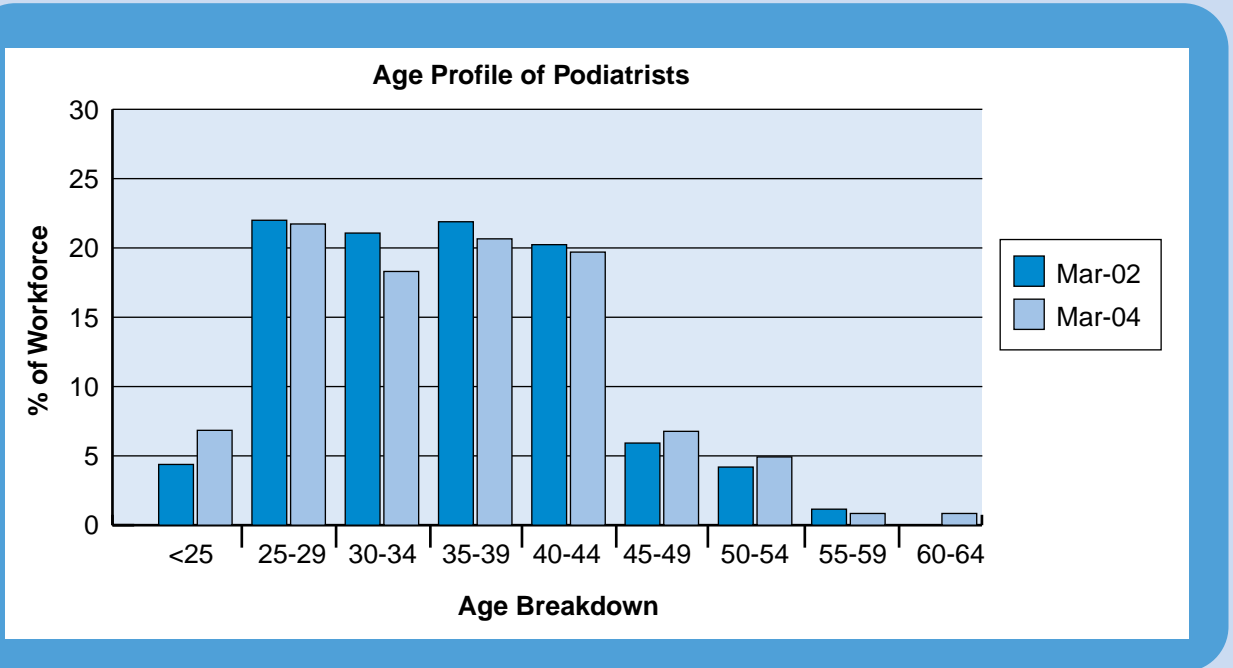
Key Findings of The Review

- Numbers in the Workforce by Headcount

Podiatry	2002 (March)	2004 (March)
Total	179	207

An increase of 28 Podiatrists was noted.

- Comparison Graph of the Age Profile of Podiatrists (2002 & 2004)



- Vacancy Rate

The DHSSPSNI collects HPSS staff vacancy figures on a biannual basis.

Vacancy Rates of the Workforce comparing 2002, 2003 and 2004

Podiatry	Headcount	WTE	% HC
2002	7	5.2	3.9
2003	10	8.3	5.0
2004	9	6.1	4.3

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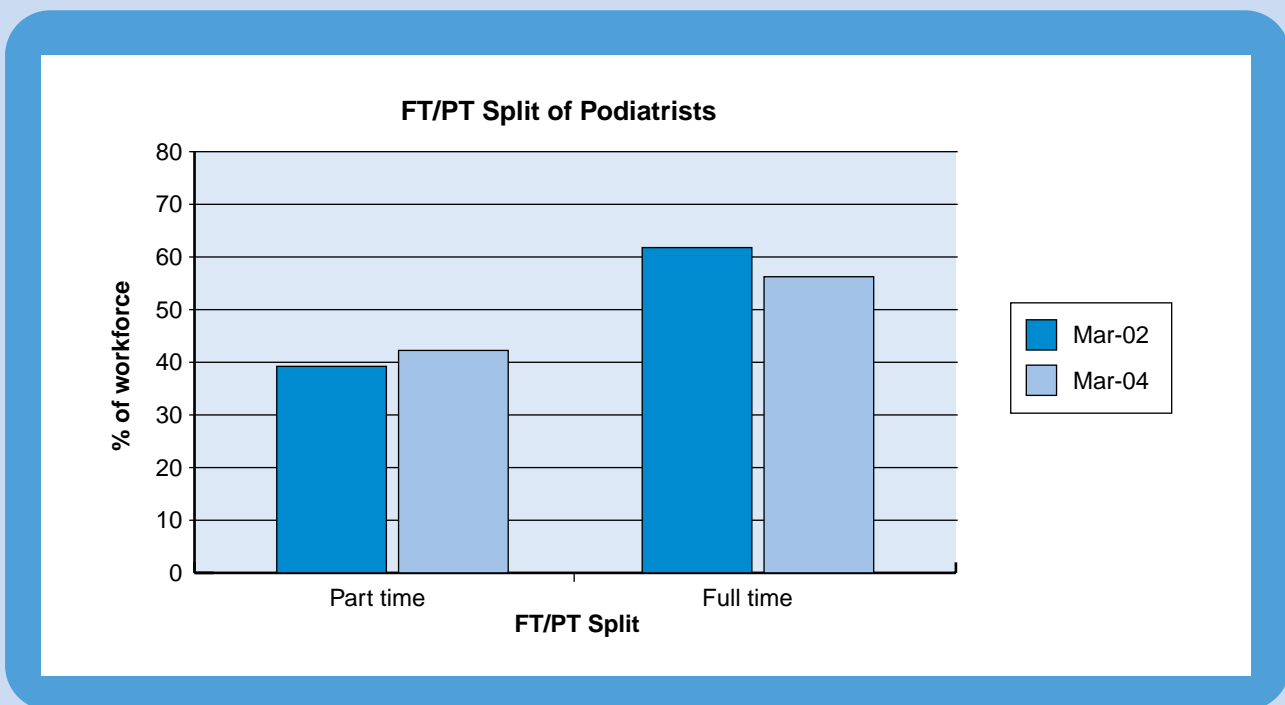
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Long-term Vacancy Rate (2002, 2003 and 2004)

Definition: a long-term rate is a vacancy of 3 months or more where the post has been advertised at least once.

Podiatry	Headcount	WTE	% HC
September 2002	1	1	1.8
September 2003	0	0	0
June 2004	0	0	0

- Full-time/Part-time Split of Workforce Comparing June 2002 with March 2004



- First Destination Statistics

These figures have improved since 2002 when only one out of 7 graduates took up employment within the HPSS whereas in 2003 7 out of 11 graduates did.

Supply and Demand Issues Revisited

Supply Issues

Consideration was given to any factors that may affect change in the supply of Podiatrists into the workforce.

- The Department-commissioned undergraduate places remain constant at 15 per annum in the 2003/2004 intake.
- The first destination statistics for graduates taking up employment in the HPSS have increased. The increase will now be factored into the supply statistics and a new average figure for first destination into the HPSS of 64% will now be substituted into the supply equation.
- Leaver statistics appear to have reached the forecasted level at an average of 5-6 per annum.
- Requests for work-life balance are continuing and being accommodated wherever possible. Managers identified that some of these changes in contracts are to accommodate working within the private podiatry sector. It is still difficult, if not impossible, to recover these hours by advertising.
- The group discussed the idea of exploring a regional or board area Bank for podiatrists.

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Demand Issues

The group considered the demand levels as identified in the original report. The following was identified:

- Generally the demand issues as identified within the original report have been correctly forecasted.
- However, the rate of appointment of additional posts and the development of services is faster than first considered in the 5-year plan. This is mainly attributed to the commissioning and investment at a local level by the Local Health and Social Care Groups (LHSCGs) over the last two years.
- The Podiatry Undergraduate Clinic relocated to the Sports Injury Clinic at University of Ulster from Belfast City Hospital in February 2004.
- Discussions have been ongoing with the University of Ulster and the Podiatry Education Sub-Group to explore ways of offering in-service clinical placements and some of these placements have been initiated. These are observational clinical placements to ensure that students have exposure to a more complex case mix in their learning experience.
- Concerns were expressed in regard to capacity within small services to cope with the introduction of additional responsibilities such as mandatory Continuous Professional Development (CPD), clinical governance etc.

Actions on the Recommendations

Action	To Be Initiated	In Progress	Complete
Develop a Regional AHP Information Project to improve the value of regional statistical information collection		✓	
AHP Regional Informatics Pilot to test the informatics core curriculum within an AHP team			✓
Information Communication Technology One-day Conference for AHPs to maximise the use of technology in healthcare delivery			✓
Establish AHP homepage/extranet and internet to improve communication and the profile of AHPs in the HPSS			✓
Publish the workforce planning Review documents to disseminate workforce information to a wider audience			✓
Convene a regional workshop to progress the development of the AHP Consultant Post			✓
Regional Recruitment Initiative for Entry Level Posts to improve upon the number of graduates entering the HPSS		On hold	
Undergraduate Clinical Placement Survey to profile the clinical placements regionally			✓
Clinical Placement Partnership Agreement to formalise the placement system between the education providers, Trusts and the Department			✓
Establish a commissioning monitoring system and develop the Service Level Agreement between the University of Ulster and the Department			✓

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Conclusion

The reconvened Steering Group for the Podiatry Workforce Planning Project recognised that the initial approach to workforce planning established a profile of the current and future workforce requirements of health and social care delivery.

The Project Group demonstrated that the original assumptions and predictions were fairly accurate. However, it recognised the difficulties in identifying accurate timescales for the initiation and expansion of services and the appointment of additional staff. When viewing the 5-year plan as a whole it was, therefore, recognised that establishing new posts took longer than originally assumed. However changes in investment and commissioning of services with the establishment of Local Health and Social Care Groups has altered the original predictions of the group by increasing posts regionally. The Group felt the methodology used was appropriate.

The Group agreed that it would remain available for any further regional workforce planning requirements.

**The Project Update
Steering Group**

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