



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

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An Roinn

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

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# **HPSS WORKFORCE PLANNING**

## **ANNUAL REVIEWS 2005**

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# Introduction

The Department has now established a workforce planning cycle whereby full uni-professional reviews of each of the main clinical professional groups plus a number of supporting groups are carried out every three years, supported by update reviews every intervening year.

The main aims of the full reviews are to establish information on the supply/ demand dynamics relevant to the group, thereby informing the Department's decision making on the number of training places to be commissioned and to develop understanding of the issues impacting on recruitment and retention and career progression of those employed.

The purpose of the annual updates is to revisit the assumptions made in the full review, to identify any new issues impacting on the group and to readjust statistical data in line with any new information available. This process is intended to enable the Department to maintain as current workforce intelligence as possible, thereby enabling any necessary action to be taken at an early stage should there be major changes impacting on supply/ demand or other matters affecting the group.

The following annual update reviews were carried out during 2005:

- Clinical Psychology
- Dietetics
- Occupational Therapy
- Orthoptics
- Podiatry
- Speech and Language Therapy

This composite document presents the update reports for these groups. This document can be accessed on the Departmental extranet site as well as the Department's website.

# Methodology

Data was collected for each of the professions at the 31<sup>st</sup> March 2005 and sourced from the Human Resources Management System (HRMS), the bi-annual HPSS vacancy survey and information received from the University of Ulster. This data was also compared to a base of statistical information which had been collected over the last 5 years. The comparative data was used to consider trends and patterns within the workforce. The Workforce Planning Advisory Groups tested the latest statistical information, examined the supply and demand modelling and considered the actions that had been taken on the recommendations made in the original main review reports.

# CLINICAL PSYCHOLOGY

## Introduction

Clinical psychologists aim to reduce psychological distress and to enhance and promote psychological well-being. They work with people with mental or physical health problems – which might include anxiety and depression, serious and enduring mental illness, adjustment to physical illness, neurological disorders, addictive behaviours, childhood behaviour disorders, personal and family relationships. They work with people throughout the lifespan and with those with learning disabilities.

Clinical psychologists aim to reduce sickness by the application of psychological theory and therapies. They work largely in health and social care settings including hospitals, health centres, community mental health teams, child and adolescent mental health services and social services. Some work as trainers, teachers and researchers in universities and some work in the private sector.

They often work in a multidisciplinary team alongside other health professionals including doctors, nurses, social workers, occupational therapists and physiotherapists, as well as educational and counselling psychologists and criminal and legal psychologists.

Access to the services of a clinical psychologist can be from a number of routes depending on the specialty and where the service is located eg. by referral by the client's GP, via Hospital Consultants, from Community Mental Health Teams via social services departments etc.

The Department of Health, Social Services and Public Safety (DHSSPS) carried out a review of the clinical psychology workforce in 2003. The review produced a detailed profile of the clinical psychology workforce across N Ireland and investigated through a range of survey tools, key issues and factors relating to the supply of and demand for clinical psychologists over the period 2002-2006. The report made a number of recommendations which would assist DHSSPS in developing strategies to ensure the correct number of clinical psychologists are in place and working in the most effective way to offer optimum benefit to patients and clients.

The update review carried out in 2005 considered the current position of the workforce and developments that had taken place since the first review, and sought to identify any new significant developments that would impact on the clinical psychology workforce.

## **Key issues explored**

### **Supply and Demand**

The first review predicted a substantial shortfall in qualified staff over the following 5 years to 2006. This trend was indicated as result of high vacancy rates, reported difficulties in ability to fill new posts and recruitment problems hampering the profession's ability to grow.

Since the review in 2003, workforce numbers have increased from 104 Qualified Clinical Psychologists working in the HPSS at May 2002 to 146 at March 2005. It was felt that this has influenced potential students attracted to the profession, ensuring continuing competition for the increased number of student places.

#### **Workforce numbers**

	<b>Clinical Psychologists</b>		<b>Assistant/ Trainee Psychologists</b>	
	<i>Headcount</i>	<i>WTE</i>	<i>Headcount</i>	<i>WTE</i>
March 2001	98	89.39	59	58.03
March 2002	105	94.11	53	52.79
March 2003	116	105.87	64	63.01
March 2004	127	119.78	72	71.21
March 2005	146	136.93	71	69.91

#### **HPSS Vacancies**

	<b>Clinical Psychologists</b>				<b>Assistant/ Trainee Psychologists</b>			
	No. of vacancies (Headcount)		Vacancy Rates % (Headcount)		No. of vacancies (Headcount)		Vacancy Rates % (Headcount)	
	<i>Current</i>	<i>Long-term</i>	<i>Current</i>	<i>Long-term</i>	<i>Current</i>	<i>Long-term</i>	<i>Current</i>	<i>Long-term</i>
Sep 03	29	7	19.9%	5.6%	1	0	1.6%	0.0%
Jun 04	12	4	8.5%	3.1%	2	1	2.6%	1.3%
Mar 05	20	8	12.0%	5.2%	1	0	1.4%	0.0%

It was also agreed that retention rates within the workforce have been very good over recent years.

It will be important to monitor this to ascertain whether these trends will prove to be consistent.

### **Private Sector**

It has been noted that the number of psychologists with employment in the private sector has been increasing over the past few years. While some may have dual employment in both the HPSS and private sector, the growing incidence of private sector employment could have significant implications for the HPSS workforce. It will be important to further explore this dynamic in the next full review of the workforce.

## **Skill mix**

It is considered that development of the appropriate skill-mix in the provision of clinical psychology services will be of vital significance in enabling the profession to meet increasing service demands into the future. In the first review it was noted that use is made of the Assistant Psychologist post in a number of HPSS trusts, but that they are usually used as transitional posts for potential D. Clin. Psych. students who wish to gain experience before joining the course at QUB. While some of these staff train in NI, local training places are limited and a number leave to pursue training elsewhere in the UK.

The Associate Psychologist role has been developed in some trusts, usually employing people holding a psychology degree and who have at least 2 years experience working as an Assistant Psychologist.

While these have been positive developments, it was noted that very substantial scope exists to explore and expand the potential role of assistants/associates, and that this would be a key issue to be addressed in the next full review of the group.

Given the significance on this area, it was agreed that a group would be set up in advance of the next full review, to discuss this issue and the implications for the delivery of psychology services.

## **Regional service provision**

In the course of the update review the potential for provision of regional psychology services was considered. Given the specialist nature of some of the services provided and the restricted numbers of trained staff available it was felt that regional provision would offer benefit to the patient/client through provision of a service that may not otherwise be viable to provide locally at a number of locations. This level of service provision would also offer greater opportunity for staff to develop their skills in dealing with an adequate caseload across the region. This issue will be researched as part of the next workforce review.

## **Training provision and new approaches**

Training locally is provided at Queen's University. Since the first review there have been developments with the British Psychological Society on alternative approaches to training and support other than central commissioning. This area will be explored in the course of the next review, when the resource and workforce planning implications will be identified.

The number of commissioned training places at QUB which currently stands at 11, will also be considered in the next review.

## Benchmarking

The first review had sought to establish foundation information on the clinical psychology workforce, covering statistics on numbers employed, supply and demand, and qualitative information on recruitment, retention and other related matters. This focused on the workforce in N Ireland and did not make any comparisons with other countries. It was agreed in the course of the update review that the local information could usefully be compared to the situation in the other UK countries. If benchmarking information is readily accessible consideration of this will be included in the next full workforce review exercise.

## Testing assumptions of first review

It is acknowledged that the service is highly dependent on the availability of local graduates to fill posts. A number of assumptions were made in the first review, including the assumption that local staff are being attracted away from N Ireland to work in other areas, and that few graduates from other areas seek employment in the HPSS. These assumptions will be explored and tested out in the next full review as they have very significant impact on supply and demand of the workforce.

## Gender profile

As is the case with the healthcare professions overall, the gender of the workforce is predominantly female. This has potential to reduce the workforce capacity through high levels of part-time working in line with the family friendly policies adopted by healthcare organisations. It was noted that, to help maintain a balance in the gender profile, the British Psychological Society has developed a strategy to target males at high school age to attract them into the profession. The gender balance and impact on workforce capacity will continue to be monitored in the workforce planning reviews.

### Clinical Psychologists by Gender

	2001	2002	2003	2004	2005
<b>Female</b>	70	71	80	92	103
<b>Male</b>	28	34	36	35	43
<b>Total</b>	98	105	116	127	146

## **Continuing Professional Development (CPD)**

All registrants are required to undertake CPD if they are to remain on the professional register and thus be entitled to practise. At the time of the update review it was noted that the Health Professions Council was in the process of setting standards and guidance for this. This would have implication for resources and workforce capacity. The impact of application of these standards will be addressed in the next review of the group.

## **Future service demands**

It was noted that the requirements for service delivery have become more complex in recent years. Changes in the Mental Health Act, implementation of the Children's Order, the development of psychological therapy departments, and an increase in multi-disciplinary working have all brought new demands to the workforce.

The Bamford Review of Mental Health and Learning Disability Services has made a range of recommendations on the provision of these services into the future. It was recognised that these recommendations if implemented would have far-reaching impact on the provision of service, and would set new challenges for the training and development of staff, and for development of new ways of working for the multi-disciplinary team. The next review of this workforce will take into account the findings of the Bamford Review and the requirements identified for future service delivery as they will impact on the clinical psychology profession.

## **Conclusions and recommendations**

The Clinical Psychology workforce of the HPSS is a relatively small group. The provision of service in NI is expected to shortly go through re-organisation in response to the recommendations of the Bamford Review on the provision of mental health and learning disability services into the future. This will bring major challenges to the profession and will require concentration on developing new ways of working involving the whole team of fully training and support staff, working alongside fellow professionals from other disciplines.

The profession relies heavily on growing its own staff from within N Ireland and it is recognised that further work will be required to ensure that career that potential students continue to be attracted to the profession and that subsequent potential for career development ensures that their services are retained in the long term.

The initial workforce planning review of this group established foundation information on the profession within N Ireland. The next review will seek to build on that foundation and will seek to refine and further develop the analysis of factors impacting on this workforce and the predicted implications for future service delivery.

# DIETETICS

## Introduction

Dieticians specialise in nutritional assessment which is used together with clinical information to prescribe appropriate dietary treatment. Diet is the cornerstone of treatment in many conditions such as diabetes, coeliac disease, malnutrition, renal and hepatic diseases and certain paediatric disorders. The Dietician's overall aim is to educate patients to make informed food choices required for dietary management of their condition and ensures nutritional needs are met. They also have a key role in the management of artificial feeding and support to family and carers when required. Dieticians have a major role in nutrition and health promotion initiatives and disease prevention programmes. They liaise with other health professionals and key personnel in a variety of community settings.

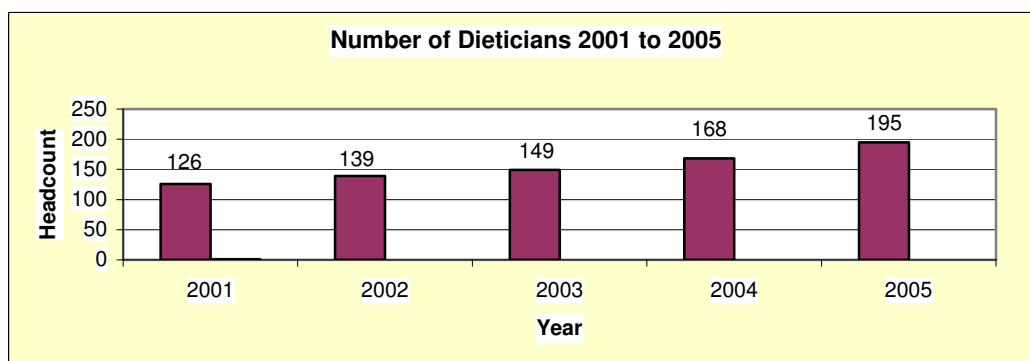
The Department of Health, Social Services and Public Safety (DHSSPS) carried out its initial comprehensive regional review of the dietetic workforce in 2002. The review provided a detailed profile of this workforce, identified recruitment and retention issues specific to the dietetic workforce and made projections of the supply and demand for dieticians over the 5-year period 2003-2007. The report also made a number of recommendations for action to address issues arising from the review.

The update review carried out in 2005 considered what progress has been made since the first review and sought to identify any major developments impacting on the dietetics workforce.

## Key issues explored

### Headcount

There has been a 55% increase in the number of dieticians since 2001, rising from 126 in 2001 to 195 in 2005.



The 2002 review had projected a shortfall until 2005, and the main issues affecting this included:

- the low percentage of new University of Ulster graduates entering the HPSS (31%);
- the limited number of student clinical placements available in Northern Ireland resulting in placements in other UK countries and the possibility of students being offered employment outside of the HPSS; and
- the perception of better continuing professional development (CPD) opportunities elsewhere than would be available in Northern Ireland.

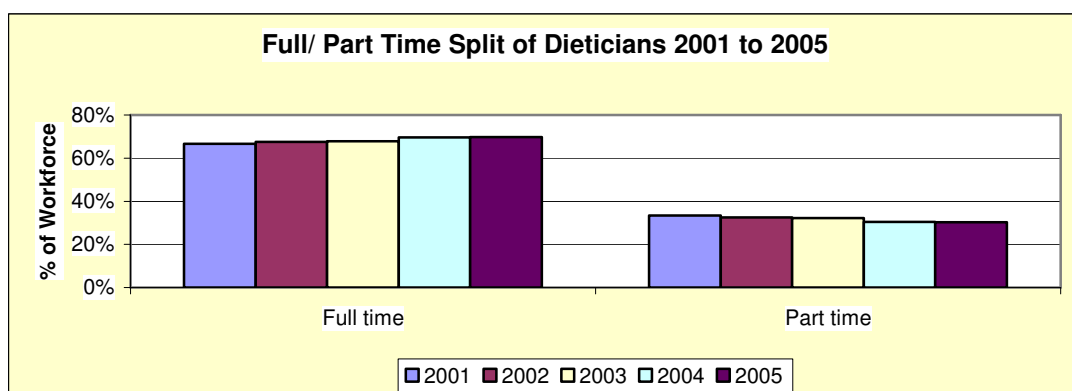
Since the first review, work has gone into addressing a number of these issues especially the availability of placements and provision of CPD opportunities and the current statistics show the resulting positive effects.

Although the number of Dieticians has increased by 69 between 2001 and 2005, the increase requires careful interpretation, as many of the posts created are temporary, provided by funding for new initiatives development. The update review estimated that 40-50% of the total figure relates to temporary contracts and this issue will require further investigation.

### Full-time/ Part-time split by WTE

The first review indicated that the number of dieticians working part-time had increased from 26 in 1998 (26% of the total workforce) to 45 in 2002 (32% of the workforce). Since 2001, the full/ part-time split has remained relatively stable, with currently under one third of the workforce working part-time.

The update review recognised that these statistics do not indicate the number of requests received for reduced hours, and given the gender and age profile of the workforce, there is a continued need to monitor the impact of flexible working arrangements on the workforce.

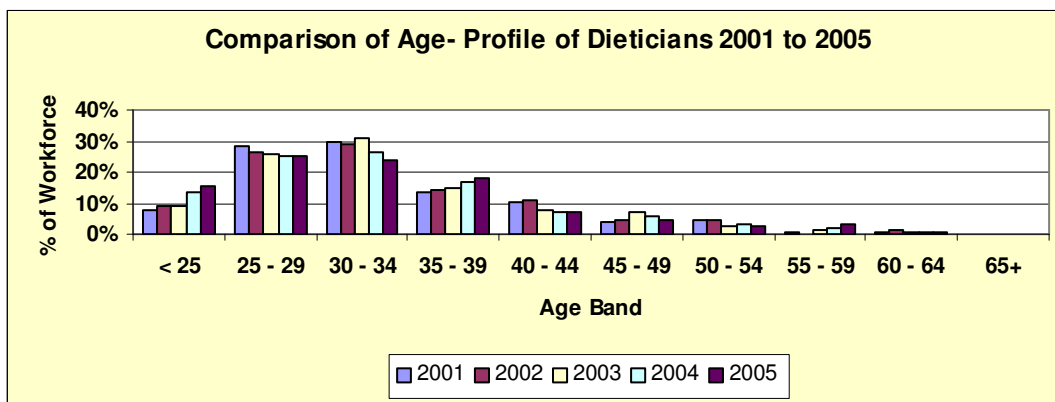


## Gender Profile

The dietetic workforce was entirely female during the first review. At the update review, 99.5% of the workforce is female. As with the majority of the Allied Health Professions, an advertising/ careers information drive will be required to encourage males to consider employment into this line of work.

## Age Profile

The first review indicated that 95% of the workforce was under 50 years of age and 80% were below 40 years of age. The 2005 age profile shows a similar young workforce with 97% below 50 years of age and 83% less than 40 years of age. 50% of the workforce are aged between 25 and 34 years of age.



This age profile gives cause for concern as to the potential impact that requests for part-time working under family friendly policies will have on the predominantly female workforce. The update review also noted that many staff likely to seek reduced hours are at senior grade, and this could result in a loss of expertise and skills from the workforce. The small number of staff in the older age groups within this workforce was noted and it was questioned whether early retirement is a factor.

## HPSS Vacancies

The first review identified that the total number of vacant posts was 8, which equated to 5.4% of the workforce. The most recent HPSS survey indicates a current vacancy rate of 7.6%. This survey does not include temporary vacancies, and those at the 2005 update review voiced difficulties with understaffing and back-filling posts for vacancies covering maternity leave.

### Dietician Vacancies and Rates (Headcount)

	Number of Vacancies (Headcount)		Vacancy Rates % (Headcount)	
	Current	Long-Term	Current	Long-Term
Sept 2003	7	0	4.1	0.0
June 2004	13	3	6.7	1.6
Mar 2005	16	9	7.6	4.4

## **Undergraduate statistics**

Data collected for the first review highlighted that on average 69% of new graduates did not enter the HPSS. Following the original review, steps have been undertaken to address this situation. Statistics collected at 2002 indicated that the number of graduates entering the HPSS had since improved, although recent figures are required.

At the update review, concern was raised over a lack of posts for undergraduates leaving university resulting in them seeking employment outside of Northern Ireland. It was noted that it is preferable to slightly overproduce than under produce graduates, nonetheless the availability of posts is essential if we are to “grow our own” staff.

The update review noted that the attrition rate for dietetic students is minimal, and causes no concern. There remains to be a high demand for dietetic courses given the very high application to place ratio.

## **Grade Balance**

The first review identified that 52% of the dietetic workforce were at Senior I grade and 10% at basic/ graduate grade level. In comparison at 2005, the grade breakdown is 54% of the workforce are at Senior I grade and 11% at basic/ graduate grade.

## **Dietetic Assistants**

At the time of the first review there was only one dietetic assistant post, a pilot at Craigavon Area Hospital Group HSS Trust. Since then a total of 6 dietetic assistant posts have been created.

### **Total numbers of Dietetic Assistants**

	<b>Headcount</b>	<b>WTE</b>
March 2001		
March 2002		
March 2003		
March 2004	3	2.50
March 2005	6	5.74

## **Supply vs demand**

The first review had estimated that the supply would outweigh demand for dieticians in 2003 and 2004 and this would be redressed by the forecasted supply in 2005. However, the 2005 update review indicates that this is not the case with statistics showing 16 current vacancies, 9 of which are long-term. This will be examined as part of the next full review.

## **Assistant Grades**

The increased use and need for additional assistant grades was raised at the update review. It was also noted that the development of a framework was required to identify a career pathway for the assistant grade.

## **Core Services**

The review noted concerns around understaffing and difficulties in backfilling. Additionally, the potential of early retirements and potential loss of experience within the workforce were also noted.

All of these issues will be explored in the next full review of the workforce.

## **Actions on the recommendations of the 2002 Review**

### **Regional AHP Information Project**

The drive towards collection of more accurate statistics is an on-going agenda being addressed by the statistics unit within the Department. While refinement of the data collection and interpretation will go forward, the Department will continue to work along with the Workforce Advisory Group to quality assure statistics collected, and on the qualitative side, to test out issues identified for the group.

### **AHP Regional Informatics Pilot**

There have been six pilots from different teams within the service researching on the AHP Regional Informatics Pilot to test the informatics core curriculum within an AHP team. The dietetic group are taking work forward with a team in the Southern Board in order to identify how to manage information and make this information available to the service.

The Information Communication Technology One-day Conference for AHPs has taken place to maximise the use of technology in healthcare delivery.

The establishment of an AHP homepage/extranet has been completed to improve communication and the profile of AHPs in the HPSS.

### **Consultant Post Development**

A regional workshop to progress the development of the AHP Consultant Post was held in May 2005. Further consideration of how this role would sit with existing roles to enhance service delivery is required.

### **Clinical Placements**

Since the first review considerable progress has been made to formalise the arrangements for establishment and management of clinical placements. This agreement would be refined as necessary.

## **Other New Initiatives**

### **Dietetic Strategy**

The development of a regional Dietetic Strategy is in progress.

### **AHP Workshops**

A number of AHP workshops have taken place and the outcomes presented in a document covering:

- Influencing the Modernising Agenda
- Modernising and Improving the HPSS
- Developing AHPs for the way forward
- Connecting with Quality
- Our future Workforce

This document can be accessed on the Departmental Extranet site (<http://extranet/alliedhealthprofessions/AHPStrategy.htm>).

## **Conclusions and Recommendations**

The update review shows that the total number of dieticians employed in the HPSS has increased since the initial review. However, it has been noted that many posts have been created on a temporary and research/ project specific rather than on a permanent basis. In addition, the 2005 update review indicates that there are 16 current vacancies, 9 of which are long-term. The supply and demand statistics will need to be explored further at the next full review.

The review also noted potential workforce pressures arising from changes to the staff profile of this group such as experienced staff reducing their hours resulting in a loss of expertise and skills from the workforce.

Other issues with implications for the workforce raised at the update included preventative medicine, clinically acute based needs and the impact of diabetes and obesity. These will be explored at the next full review.

The capacity of the dietetic workforce to deliver core services will be further enhanced by the development of roles for assistant grade staff, the consultant grade and the overall skill mix of the team.

These issues will be addressed at the next full review of this group.

# OCCUPATIONAL THERAPY

## Introduction

Occupational Therapists treat people with physical and/or psychological illness or disability through specific treatment mediums selected for the purpose of enabling individuals to reach maximum levels of function and independence in all aspects of life.

They assess the physical, psychological and social functions of the individual, identify areas of dysfunction and involve the individual in a structured programme of treatment designed to overcome disability.

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

The Department of Health, Social Services and Public Safety (the Department) carried out its first comprehensive regional review of the occupational therapy (OT) workforce from October 2001 to February 2002. The review produced a detailed profile of the OT workforce, identified recruitment and retention issues specific to this group and made projections of supply and demand over the five years 2002-2006.

The initial review was considered as a baseline review profiling the workforce at a point in time; following that review, an interim review was carried out in March 2003 which updated the original report and provided comparative statistical information as at March 2003.

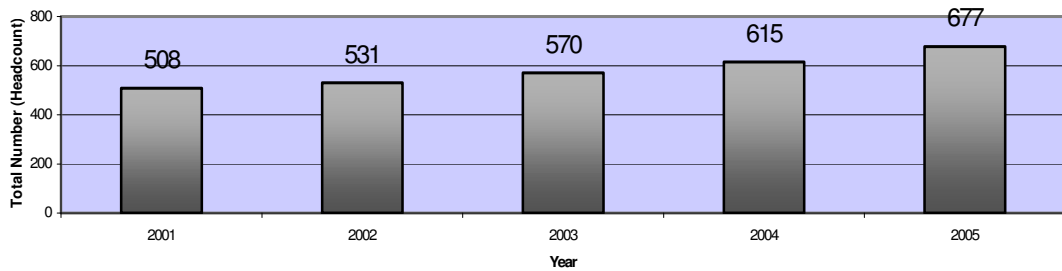
The update report carried out in 2005 considered the current position of the workforce, examined whether the trends as predicted in the full review were emerging as expected, and considered whether there were any major new developments since 2003, which would impact on the workforce.

## Key issues explored

### **Headcount**

The statistics show that each year since 2001 has seen a steady increase in the number of occupational therapists employed, rising from 508 in 2001 to 677 in 2005.

### Number of Occupational Therapists 2001 to 2005

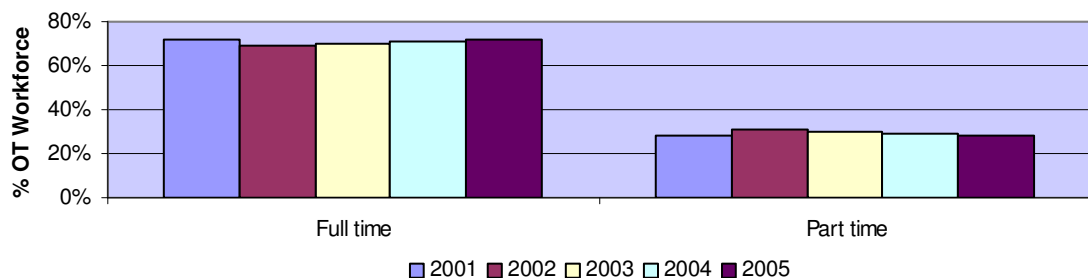


Given that the original review had noted difficulties in recruitment and retention across the UK and ROI, this increasing trend in headcount indicates a growing interest in occupational therapy as a career choice.

### Full-time/Part-time split

The original review noted a small increase in part-time working with a corresponding decrease in full-time working between 1998 and 2001. Current statistics show that the number of Occupational Therapists working part-time has increased, although the proportion of staff working part-time overall has decreased over the past 4 years. While some of this results from flexible working arrangements in line with work/life balance requests, some concerns were raised at the 2005 update review as to how these statistics should be interpreted. A number of these posts are for specialist teams, funded through the New Developments Initiative. This means that in effect this is depleting the number of experienced staff in core services.

### Full-time/Part-time Split of Occupational Therapists 2001 to 2005



### Full-time & Part-time Working

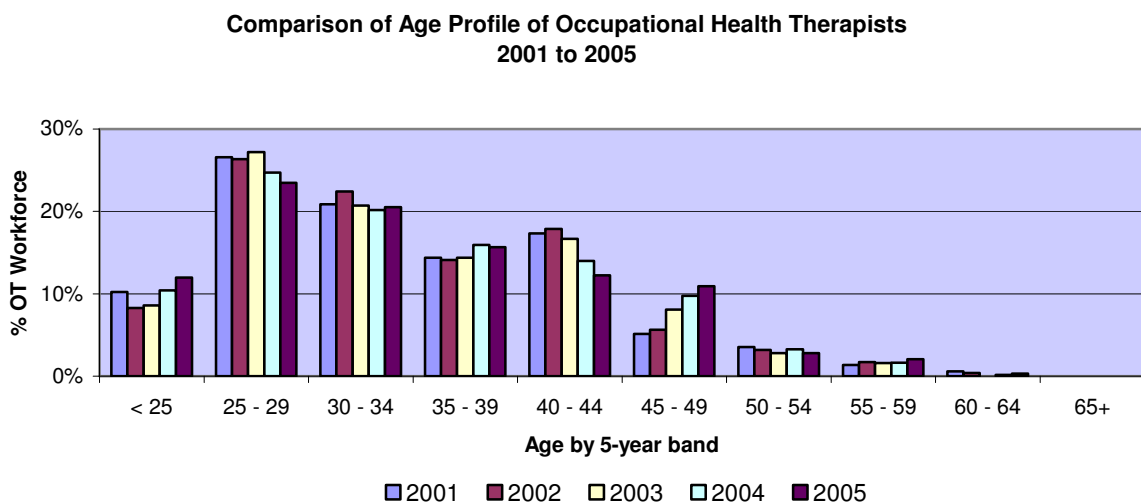
Year	Full time	Part time	Total
2001	366	142	508
2002	368	163	531
2003	398	172	570
2004	437	178	615
2005	485	192	677

Requests for work/life balance flexible working arrangements were noted as continuing, although at a slower rate than originally predicted. Part of the reason for this may indicate the difficulties some services have experienced in accommodating requests while maintaining service provision. Additionally, it was noted that there had been a series of requests since 2001 from staff wishing to work reduced hours, and it may be that such requests have now reached their peak.

Clearly the factors underpinning the part/time versus whole/time statistics are complex and require careful interpretation. This issue will be revisited in the next full review.

## Age Profile

The 2001 review indicated that the occupational therapy workforce was relatively young, with 72% within the 20-40 years age group. The 2005 statistics show that this is still the case, with the majority of staff still under 40 years old.



Two issues were identified in relation to the age profile of the workforce. Firstly, the requests for flexible working are at their highest in a young workforce and this will continue to be the case for occupational therapy for the next few years as the majority are still under 40 years old. The second issue concerned the age profile of the 55-59 year old age band highlighting a loss of experienced and skilled staff within the service. Whilst there has been some increase in the numbers in this age band, it is minimal in terms of the overall profile. It was recognised that some sort of incentive scheme may be necessary to encourage experienced staff to remain in the service past age 55.

## Gender Profile

The gender profile of occupational therapists shows a continuing higher representation of females than males. While there has been an increase in the number of males employed since 2001 this increase has been very small

amounting to 4 people, while the increase in females employed over that time was 165.

### Gender Split

	2001	2002	2003	2004	2005
<b>Female</b>	493	518	555	601	658
<b>Male</b>	15	13	15	14	19
<b>Total</b>	508	531	570	615	677

Given the higher representation of females than males generally throughout the Allied Health Professions, it may be necessary to undertake targeted recruitment/advertising/careers information drives to encourage males to consider employment in the professions. The 2005 review noted that a number of Trusts had undertaken such work themselves.

### HPSS Vacancies

The most recent HPSS survey indicates a vacancy rate of 8.3%, which is a slight decrease on the vacancy rates (9%) as recorded in previous reviews. The update review recognised there may be variation in the rates for specific grades and services that the overall rate would not identify.

### Vacancies

	Number of Vacancies (Headcount)		Vacancy Rates (Headcount)	
	Current	Long-term	Current	Long-term
Sept 2003	72	28	10.8	4.5
June 2004	60	36	8.8	5.5
Mar 2005	62	30	8.3	4.2

### Assistant Grades

All OT providers in the HPSS employ support staff in OT Helper/Assistant/Technical Instructor roles. The statistics from 2001 to 2005 show a small decrease from 59 to 56. The potential benefit to be gained through greater employment of assistants in supporting roles has been noted and this together with the fall in full time employment in core services flags up the importance of closely monitoring trends in assistant employment over the next few years.

### Total numbers of Assistant Grades for 2001 to 2005

	Full time	Part time		Total	
	Headcount	Headcount	WTE	Headcount	WTE
<b>2001</b>	42	17	10.10	59	52.10
<b>2002</b>	38	15	7.89	53	45.89
<b>2003</b>	44	17	10.20	61	54.20
<b>2004</b>	35	22	13.41	57	48.41
<b>2005</b>	34	22	13.46	56	47.46

## **Undergraduate statistics and issues**

The update review noted that attrition rates during training are low and show no cause for concern. The application to place ratio remains high for all AHP courses. This may partly be caused by applicants applying for places on courses for more than one profession.

The “first destination” statistics for students has also shown that a good percentage take employment in the HPSS. Previous workforce reviews have revealed that the location of clinical placements, particularly in the last two years of a training course, have a major influence on the location of employment post training. During 2004 much work went into developing a robust system of clinical placements locally, and the Department, University and service would continue to work together to ensure that local placements of consistently high quality are available for AHP students.

## **Consultant grade**

At the time of the update review, there remained no Occupational Therapy Consultant posts in Northern Ireland. The Department had provided advice on the identification of need in this respect and on the development of proposals for establishment of Consultant level posts. The review had been advised that there is a need for consultant level posts to be developed, and the Department has undertaken to continue to work with the service on this matter.

## **Reviewing Supply vs Demand**

While statistics show balance in supply and demand under current conditions, the review noted that they do not take into account the modernisation agenda, the Flagship Proposals, “Tier 2”, nor the development of cancer services.

These issues were noted and would be addressed as part of the next full review of the workforce.

## **Basic grade posts**

Additionally, it was noted that the system now shows a shortage of basic grade posts. This is a significant issue to note particularly in the context of succession planning, where the availability of these posts is essential if we are to “grow our own “ staff.

## **Core services**

The review noted concerns that core services are not now being met due to understaffing and the difficulties of back-fill. The problem has been worsened by a shortage of entry-level posts in addition to specialist and new service developments, which have attracted staff away from core service provision. Pressures are now apparent on the timely delivery of core services.

This was noted and would be explored in the next full workforce review.

## **Locum staff**

It was noted that a new development impacting on the workforce is the increasing number of staff opting out of core services and undertaking locum work due to the financial and flexibility benefits this presents. By implication this pattern will result in increased costs in the form of agency bills to meet current staffing demands. Given that this has been identified as a growing trend, work will be taken forward to identify the extent to which locums are being employed across the Allied Health professions. Although such temporary employment may meet immediate workforce pressures, in the long term it acts against ensuring a full and permanent complement of staff to meet service needs.

The Department will work along with the service to address this issue.

## **Actions on the recommendations of the 2002 review**

### **Regional AHP Information Project**

The drive towards collection of more accurate statistics is an ongoing agenda being addressed by the statistics unit in the Department. While refinement of the data collection and interpretation will go forward, the Department will continue to work along with the Workforce Advisory Group to quality-assure statistics collected and on the qualitative side, testing out issues identified for the group.

### **AHP Regional Informatics Pilot**

There had been six pilots from different teams within the service carrying out research to test the informatics core curriculum within an AHP team. Research on this field was also being taken forward by the university of Ulster.

A series of one-day conferences for AHPs on Information Communication Technology had taken place and had been very successful.

The group that had been established to develop an AHP homepage/extranet to improve communication and raise the profile of AHPs in the HPSS would continue to work together and are currently addressing recruitment and retention issues.

### **Consultant post development**

A regional workshop had been held in May 2005 and proposals for the development/establishment of these posts had been invited. At present there are no AHPs employed at Consultant level in the HPSS and this contrasts with the situation in the other UK countries. Development of Consultant level posts will need to take into consideration how the role of Consultant would sit alongside existing roles to enhance service delivery.

## **Clinical Placements**

Individual workshops were planned for all the Allied Health Professions. These would look at the undergraduate clinical placement survey to profile the clinical placements regionally.

The Clinical Placement Partnership Agreement had been completed and signed to formalise the placement system between education providers, Trusts and the Department. This agreement would be refined and developed as necessary.

## **Commissioning**

A group with membership from education providers, Trusts and the Department has been established and meets on a three-monthly basis. This has been found to be a useful mechanism to address emerging workforce requirements. Additionally, it was noted that Podiatry Services have an education group that meets with the University of Ulster. The development of such a mechanism for all AHP groups would be desirable.

## **Other New Initiatives**

A number of AHP workshops have been run and the outcomes presented in a document covering:

- Influencing the Modernising Agenda
- Modernising and Improving the HPSS
- Developing AHPs for the way forward
- Connecting with Quality
- Our future Workforce

This document can be accessed on the Departmental Extranet site, AHPs/AHP Strategy (<http://extranet/alliedhealthprofessions/AHPStrategy.htm>).

Work has also gone forward on the development of new roles and ways of working for AHPs-

- AHP Consultant
- Advanced Practitioner
- Assistant Practitioner
- Database of good practice development

- Reduction in duration of the undergraduate programme from four to three years
- Capacity improving workshops for AHP undergraduate clinical placement
- The establishment of an AHP CPD Centre
- Identified accommodation for AHP Programmes

In 2005, the post of co-ordinator for CPD for AHPs was also made permanent and an officer recruited to the position.

**The following Management Development Programmes for the year 2005/2006 are scheduled to take place:**

- Leadership programme;
- AHP Induction (common regional) programme;
- The development of a CD Rom of the patient journey.\*

*\*This programme has been established in order to assist the team in their approach to the patient, to help identify what skills and competencies are required throughout the patient journey. The thrust of this is to help support the service in moving forward on developing new ways of working.*

**Conclusions and Recommendations**

The update review indicated that the Occupational Therapy profession continues to attract students to its training programmes and has shown an increased number of people employed since the interim review carried out by the Department in 2003.

Although these are welcome and positive signs, it is noted that demands will increase over the next few years in response to the modernisation agenda, the “Flagship proposals”, “Tier 2” and provision of cancer services. It will be necessary to address these issues in the next full review of the group.

The review also noted some changes in the staffing profile of this group, particularly an increasing trend for locum employment, with its consequent involvement of agency staff, a shift of experienced staff from core services to specialist and new services, and a lack of basic grade posts which consequently limits the entry opportunities for newly qualified practitioners.

Taking these changes together, it is clear that there will be pressures on the Occupation Therapy workforce over the next few years if it is to meet the increasing demands identified in this update review. The capacity of the workforce to address these needs will be enhanced by further development of the role of the assistant grade staff, the consultant grade, and on the skill-mix of the team overall.

These issues will all be addressed in the next full review of this group.

# ORTHOPTICS

## **Introduction**

Orthoptists are part of the eye care team. They assess, diagnose and treat visual function problems, abnormalities of eye movements and dysfunction of eye co-ordination in children and adults, such as squint, amblyopia/lazy eye and double vision. Their specialised training allows them to assess the visual function in the non-verbal patient eg those patients who are deemed to have special needs or the stroke patient with poor communication skills. After orthoptic investigation, treatment and management aims to achieve the maximum visual potential and relieve symptoms, underpinned by education and counselling to both patient and carer. Orthoptic treatment may be a combination of occlusion, eye exercises, optical, pharmaceutical or surgical intervention based on the orthoptist's assessment.

The Department of Health Social Services and Public Safety (DHSSPS) carried out its first comprehensive regional review of the orthoptic workforce in 2003. The review produced a detailed profile of the orthoptic workforce, gave a projection of the supply and demand within the HPSS workforce over the five years 2003 to 2007, and made recommendations to address issues arising from the review.

The update review carried out in 2005 revisited the findings and assumptions made in the first review and sought to identify any major developments impacting on the workforce.

## **Key issues explored**

### **Headcount**

The orthoptic workforce is very small, totalling 33 at the time of the 2003 review. That review had predicted a fall in the workforce over the next five years as a result of a number of factors including age profile and career development restrictions.

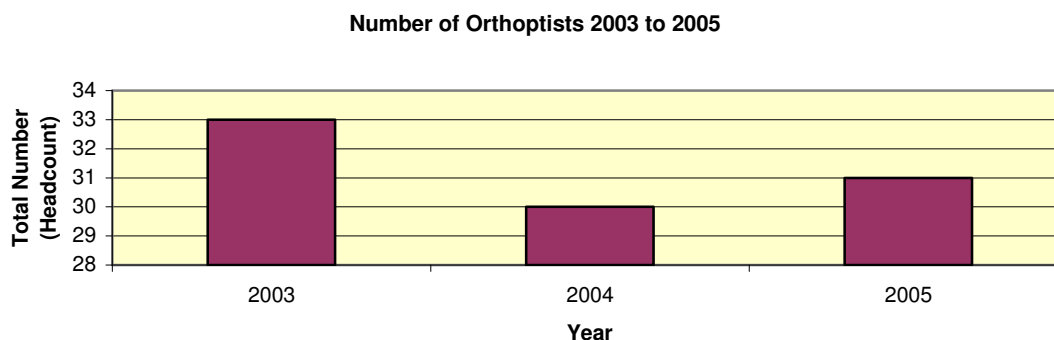
As predicted, the update review shows a decrease in workforce numbers over the last two years. The total number currently employed is 31.

The supply of orthoptists is severely constrained by the lack of local training provision, as a result of which students from Northern Ireland must attend either Liverpool or Sheffield University. In common with Northern Ireland, there is no orthoptic training available in the Republic of Ireland and, consequently, prospective orthoptic students from the Republic of Ireland must also seek places at either Liverpool or Sheffield University. At present there are only 2 first year students from Northern Ireland studying orthoptics and this indicates that vacancies will not be filled until these students graduate.

The situation regarding workforce supply raises concern about the capacity to deliver service. In the update review it was proposed by the Advisory Group that an increase of 2.2 Whole Time Equivalent (WTE) staff in the current year, repeated in the following 2 years would provide a full complement of staff.

Given that numbers have fallen since the initial review, it is clear that it will be necessary to take a proactive approach to encouraging orthoptic employment in the HPSS if the full complement is to be realised.

This will be addressed during the next full review.



## **Career Development**

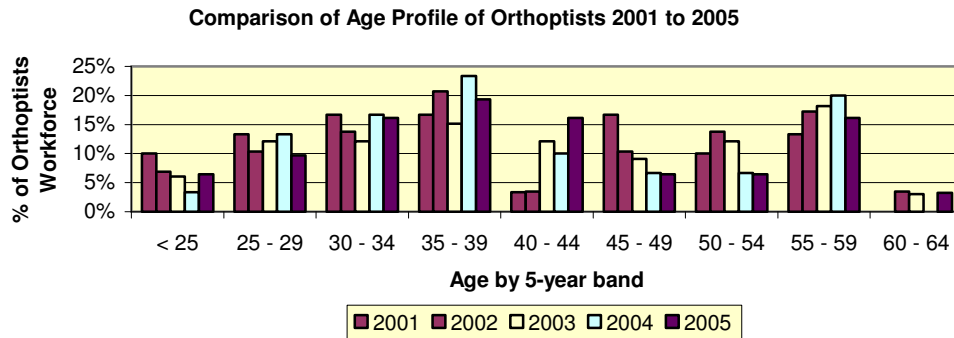
The initial review showed the majority of Orthoptic posts at Senior I level. It also showed that career development pathways are restricted, often with the only promotional route available being into management, which itself has limited opportunities. A lack of basic grade posts added to the career development problems, and the reason for this gap, was attributed to the inability of, often single-handed, orthoptists to provide the supervision necessary for inexperienced staff.

Since the first review, DHSSPS has developed HPSS careers information material for all main HPSS groups. This is available to be used along with a banner featuring orthoptics specifically, to promote careers in this field. There has been no significant change in the level of interest in orthoptics training since the initial review.

## **Age Profile**

The age profile of the profession shows a higher percentage in the older age bands in comparison to other AHP groups and staff appear to be working longer in the profession. The 2003 review had indicated that 65% of the workforce were under 40 years of age, with 17.5% over 55 and potentially due to retire within the next 5-10 years. Given the very small numbers following orthoptic training each year the update review concluded that there is a need to increase the intake of younger people to enable the service to cope with the predicted future retirements.

## Gender Balance



In common with the other AHP groups, the orthoptic profession shows a greater percentage of females than males employed. At the time of the 2003 review 93% orthoptists were female. In the update review a number of underlying causes for this were identified.

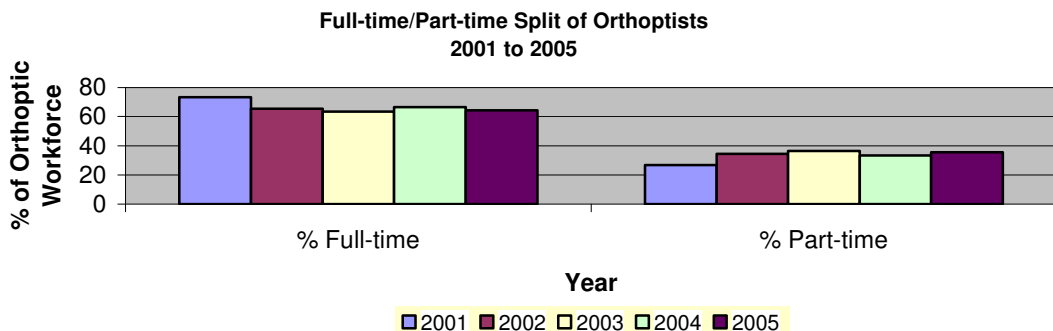
These included:

- salary issues, where higher salaries tended to attract male to professions other than orthoptics;
- poor career progression opportunities; and
- the pattern of females attaining higher academic qualifications required to gain entry to AHP courses.

It has been recognised that there is a need for a careers drive targeted specifically at males if the number of males seeking to train for and work in the Allied Health Professions is to increase to any significant extent. This applies to the orthoptic profession as to the other groups.

## Full-time/Part-time split

Since the first review there has been an increase in the number of orthoptists seeking part time hours, as a result of the family working policies adopted by the employers. The small size of the workforce however makes it increasingly difficult for employers to provide enough cover to facilitate all requests for reduced hours.



## Grade Distribution

There was no change in the overall distribution of orthoptists by grade since the first review.

	Mar 2003 (Headcount)	Mar 2004 (Headcount)	Mar 2005 (Headcount)
HEAD ORTHOPTIST	9	7	9
SNR ORTHOPTIST	24	23	22
<b>TOTAL</b>	33	30	31

*Note: grade levels have been aggregated under job title*

## HPSS Vacancies

The first review reported that in Northern Ireland at 30 June 2002 there was 1.0 WTE Orthoptic vacancy equating to a 3.4% rate. The most recent HPSS survey indicates a vacancy rate of 11.4%. The rate appears to be high due to the small size of the workforce and actually equates to 4 vacancies.

### Orthoptist Vacancies and Rates (Headcount)

	Number of Vacancies (Headcount)		Vacancy Rates % (Headcount)	
	Current	Long-Term	Current	Long-Term
<b>Sept 2003</b>	2	2	6.1	6.1
<b>June 2004</b>	2	1	6.3	3.2
<b>Mar 2005</b>	4	3	11.4	8.8

## Actions on recommendations of the 2003 review

**Orthoptic strategy:** A paper and action plan on modernising Orthoptic services have been drawn up and at the time of the update review were nearing completion. This will provide a basis for the way ahead in addressing development of the orthoptic workforce to meet regional service needs. It was recognised that without support, the high clinical commitment required from managers could potentially limit their ability to deliver on the modernisation agenda.

**Succession Planning:** The development of a succession plan to address the five potential retirements across the region in the next few years is still in progress. The possibility of engaging a facilitator to process map all the issues envisaged for the workforce was suggested.

**Orthoptic workshop:** It had been proposed that a number of issues of regional significance should be addressed at a workshop specifically for Orthoptists. This event ran in the autumn 2005, and the agenda and outcome of the workshop was a paper and action plan on modernising services with statements of intent to take forward issues including:

- recruitment tailored to orthoptic needs;

- the development of the orthoptic assistant role;
- review of orthoptic services in Northern Ireland, exploring new dynamic ways of delivering a regional orthoptic agenda;
- re-establishing undergraduate clinical placements for orthoptic students in Northern Ireland.

Subgroups will meet to specifically address these areas and outcomes will inform workforce and service development for the orthoptic group.

### **Developing Regional Information:**

- A planned Regional AHP Information Project had not been completed due to resource difficulties;
- The AHP Regional Informatics Pilot to test the informatics core curriculum within an AHP team has been completed;
- An AHP homepage/extranet and internet has been established to improve communication and raise the profile of AHPs in the HPSS.

### **Conclusions and Recommendations**

Owing to the small total numbers of orthoptists in the HPSS any changes in staffing have a significant impact on service capacity overall. This is at a time when service demands are increasing as a result of factors such as increasing awareness of Patient Charter rights, access to services, increasing expectations and the complaints system which create pressure on operational service delivery. The growing elderly population also present with compound clinical complications which require more time for clinical evaluation and treatment. Increases in referral patterns noted in the 2003 review continue to exert growing pressure on service delivery capacity.

While ideally we would wish to “grow our own” staff, the low numbers of people seeking to train as orthoptists together with limited career progression opportunities restricts our ability to achieve this.

It has been noted in the full review of 2003 and the current update review that the vulnerability of the workforce is increased by the lack of any local orthoptic training. This means that the region is reliant on training provision at two English Universities – Liverpool and Sheffield. This is also the case for the Republic of Ireland.

The need to address orthoptic service provision from a regional perspective was highlighted in the update review.

The issues raised in this update will be explored in detail in the next full review of this group.

# PODIATRY

## Introduction

Podiatrists specialise in the assessment, diagnosis and treatment of disease and conditions affecting the feet and lower limbs. Their training enables them to assess the vascular, neurological and orthopaedic status of the patient's lower limbs. Following assessment, treatment is focused on relieving symptoms and maintaining functional independence. Podiatrists are also trained to perform biomedical examinations in the diagnosis of gait abnormalities and, where appropriate, to prescribe orthosis to maximise foot function. Whilst all Podiatrists are trained to perform minor surgery using local anaesthesia, a small number have undertaken further qualifications in advanced surgical techniques. This profession was formerly known as chiropody.

The Department of Health, Social Services and Public Safety (DHSSPS) completed its first comprehensive regional review of the Podiatry workforce in 2002. The review produced a detailed profile of the workforce, identified recruitment and retention issues specific to this group and made projections of supply and demand over the five years 2003-2007.

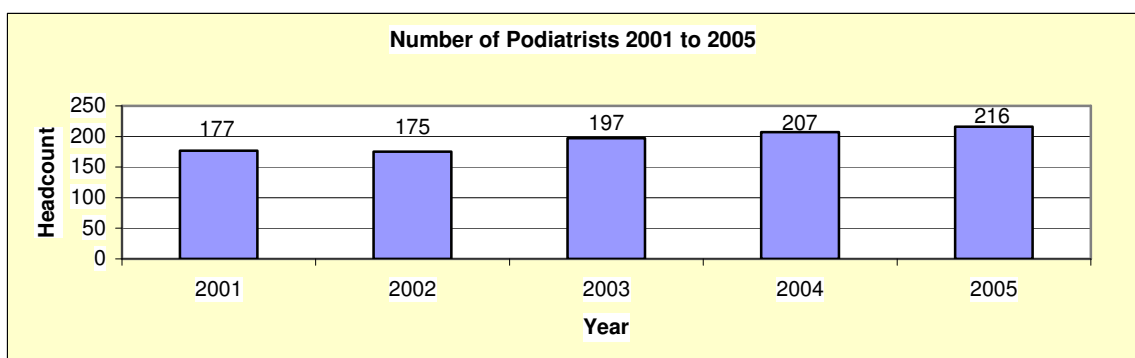
The initial review was considered as a baseline review profiling the workforce at a point in time; following that review, an interim review was carried out in 2004 which updated the original work and provided comparative statistical information as at March 2004.

The interim review carried out in 2005 considered the current position of the workforce, examined whether the trends as predicted in the full review were emerging as expected and considered whether there were any major new developments since 2004 which would impact on the workforce.

## Key issues explored

### Headcount

The statistical data shows an increase in the total number of therapists in the last four years – increasing from 177 in 2001 to 216 in 2005.

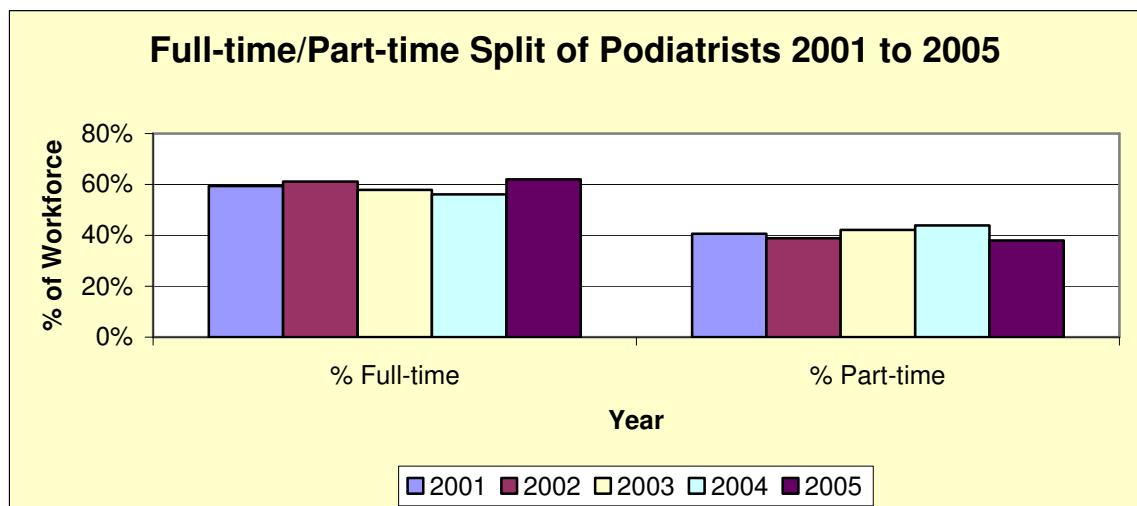


It has to be noted, however, that these statistics need to be interpreted with caution as many of the newly created posts are temporary and are funded through the New Developments Initiative.

Although the number employed has increased, the client base and focus of the work of the Podiatry group has changed and this has led to increased pressure on service provision. It was noted that the unmet need already identified is expected to grow over the next few years as a result of a range of factors such as the increasing numbers of elderly people in the population, increasing incidence of diabetes and the requirements of special needs patients.

### Full time/part time split

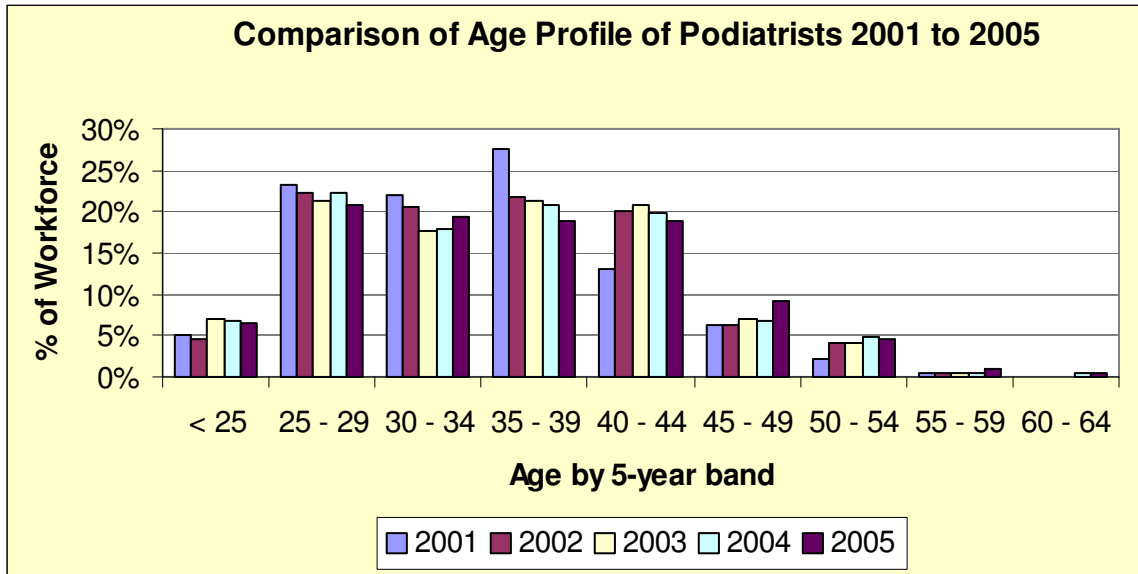
There has been an increase in the number of staff requesting part-time hours. This is largely attributed to family working policies adopted across the HPSS and it is anticipated that this trend will continue over the next few years. It was anticipated that the greater use of flexible working arrangements would help reduce levels of sickness absence amongst staff. This will be monitored in subsequent workforce planning work to establish whether the anticipated trend comes through as expected.



### Age Profile

The statistics gathered in 2002 and 2004 showed little change in distribution of age in the Podiatry group, with the majority spread fairly evenly across the 25 to 44 age band. The update review noted concerns however in relation to the age profile of the 55-59 year old band. Statistics show a greatly reduced number of practitioners at these ages and this has resulted in a loss of skills within the service. Since the level of experience held by people in this age range would greatly benefit service provision and development, it was recognised that work should be taken forward to identify what posts are available for their employment and to develop ways to attract their return to the workforce.

This issue will be revisited at the next full review of the Podiatry Group.



### **Undergraduate attrition rates**

At the time of the update review the undergraduate attrition rates were low and showed no cause for concern. The ratio of applications to places was high, as has been noted for all AHP courses. The Department currently commission 15 of the 19 places available at the University of Ulster each year.

### **Grade Balance**

The majority of podiatrists are graded at the middle clinical grades (Senior Chiropodist I and II).

While this does not present any difficulty at present, it will be necessary to address grade balance in the context of career development/progression at the next full review of the group. The availability of opportunities at both ends of the scale, basic and senior level will be necessary to enable us to “grow our own” practitioners and subsequently retain them in the workforce through the availability of meaningful career pathways.

### **Gender Profile**

As with the other AHP groups, there is a greater number of female than male podiatrists within the workforce. There has been little variation in this balance over the last 5 years. The statistics indicate that it will be necessary to run a careers drive targeted particularly at males if this pattern is to be altered.

## HPSS Vacancies

It was reported in the first review that in Northern Ireland at 31<sup>st</sup> March 2002 there were 7 podiatry vacancies (3.9%). The most recent HPSS survey indicates a vacancy rate of 5.7%.

### Podiatrist Vacancies and Rates (Headcount)

	Number of Vacancies (Headcount)		Vacancy Rates % (Headcount)	
	<i>Current</i>	<i>Long-Term</i>	<i>Current</i>	<i>Long-Term</i>
Sept 2003	10	0	4.9	0.0
June 2004	9	0	4.2	0.0
Mar 2005	13	4	5.7	1.8

### First destination statistics

At the time of the first review the statistics for students taking up first employment in the HPSS were poor, representing only one out of seven. This showed some improvement with 7 out of 11 taking up employment in the HPSS by 2003. There continue to be concerns about this. This aspect will be examined again in the next full review of the Podiatry workforce.

### Reviewing supply vs. demand

The statistics show that the current and projected demand exceeds supply.

A number of issues in relation to this were noted and will be explored in greater detail in the full review.

### Understaffing

While emphasis had recently been placed on catering for the needs of diabetic patients, it was considered that that these needs are still not being effectively met. Associated with this, it was noted that there is a need to establish priority areas of need over the next three years to optimise the use of staff resources.

It was noted that a recent audit of the podiatry workforce had indicated unmet need within the service. It is expected that this need will grow as a result of a number of factors such as the growing number of elderly people in the population, the increasing incidence of diabetes, and the requirements of special needs patients.

It was noted that a number of Trusts are now able to offer only high risk podiatric help with the result that many people who should otherwise receive this service will not be seen by HPSS podiatrists.

The update review revealed concerns about a lack of “job opportunities” and an increasing difficulty in the availability of trained practitioners to work in clinical education. This would adversely affect the existing supply situation.

## **Private Sector**

It was noted that private sector podiatry is a growing field. This was considered to reflect both a lack of available posts within in the HPSS and the growing practice of podiatrists to work both in the HPSS and private sector.

This development and its potential implications for the future workforce will be further examined in the full review.

## **Actions on the recommendations of the 2002 review**

### **Regional Recruitment**

Following the 2002 review it had been planned to run a pilot Regional Recruitment Initiative for entry level posts across the service. The aim of this was to improve upon the numbers of graduates entering the HPSS and to save recruitment time and costs. The pilot has however been put on hold due to difficulties with the practical arrangements for servicing the regional exercise. It is intended to return to the proposal again at a later stage to explore its feasibility.

### **Clinical Placements**

The establishment of a commissioning monitoring system and the development of a Service Level Agreement between the University of Ulster and the Department is now complete and will help considerably in securing good clinical placements for students.

### **The following actions have now been completed**

- Development of a Regional AHP Information Project to improve the value of regional statistical information.
- Development of an AHP Regional Informatics Pilot to test the informatics core curriculum within an AHP team.
- Provision of an Information Communication Technology One-day Conference for AHPs to maximise the use of technology in healthcare delivery.
- Establishment of an AHP Homepage/extranet and Internet to improve communication and profile of AHPs in the HPSS.
- Publication of the Workforce Planning Review documents to disseminate workforce information to a wider audience.
- Provision of a regional workshop to progress the development of the AHP Consultant role.

- Carrying out an Undergraduate Clinical Placement survey to profile the clinical placements regionally.
- Establishment of a Clinical Partnership Agreement to formalise the placement system between education providers, Trusts and the Department.

### **Conclusions and Recommendations**

The update review identified that the total number of podiatrists employed in the HPSS has increased over recent years. While this is a beneficial and welcome development, it has been noted that many of the new posts are temporary and have been provided through funding by the New Developments Initiative. Experience has shown that the process of establishing permanent posts in response to increasing service demands has taken longer than originally anticipated. This will be factored in to future workforce projections.

Current information has shown that demand continues to exceed supply and while emphasis has been placed on the need to respond to specialist areas of need, such as treatment for diabetic patients, provision continues to fall short. It has been noted that more focused prioritisation of areas of need will be required to ensure best use is made of limited resources.

The statistics show that increasing numbers of podiatrists are working in the private sector. While it is known that there is an increasing trend for people to have dual employment in both the HPSS and private sector, the proportion of the workforce who follow this pattern is unknown. It will be important to monitor future trends and developments in this respect and to explore what impact this has on the attraction of the podiatry profession and the capacity of the statutory sector to respond adequately to service demands.

A further full review of the podiatry profession will look at these issues.

# SPEECH AND LANGUAGE THERAPY

## Introduction

Speech and Language Therapists specialise in the diagnosis and treatment of communication disorders in adults and children. This may include reading and writing difficulties as well as speech, language, voice or fluency difficulties. They are also involved in teaching alternative and augmentative methods of communication and in the assessment and management of swallowing problems.

After assessing the nature of the communication or swallowing problem, speech and language therapists use their theoretical and practical skills to rehabilitate, educate, and counsel patients and their families, with the aim of enabling them to reach as great a measure of independent communication as possible.

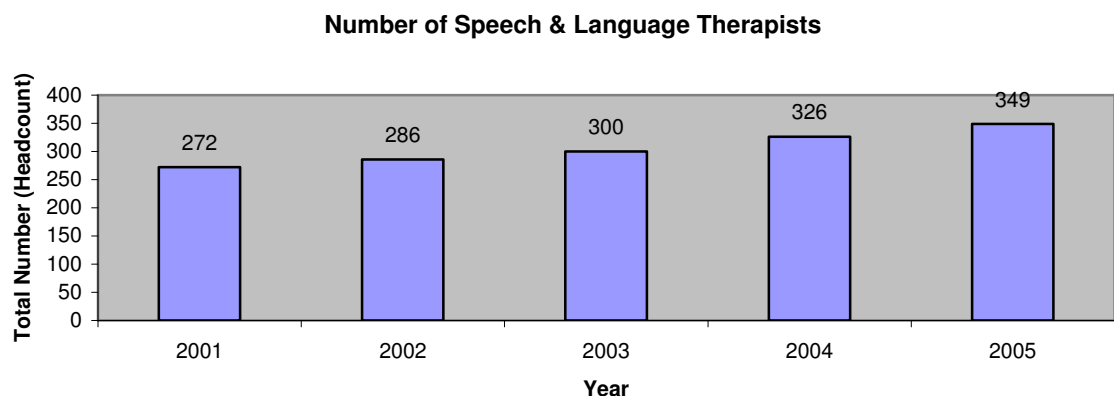
The Department of Health Social Services and Public Safety (DHSSPS) carried out its first comprehensive regional review of speech and language therapy from September to December 2001. The review produced a detailed profile of the HPSS Speech and Language Therapy (SLT) workforce, identified recruitment and retention issues specific to SLT and made projections of the supply and demand for these therapists over the five year period 2002-2006.

The report made a number of recommendations for action to address main issues identified. The update carried out in 2005 considered what progress has been made since the first review and sought to identify changes in the issues impacting on the SLT workforce.

## Key issues explored

### Headcount

There has been a steady increase in the total number of therapists since 2001, rising from 272 in 2001 to 349 in 2005.



The 2001 review had projected a shortfall over the following five years. Main issues affecting this included:

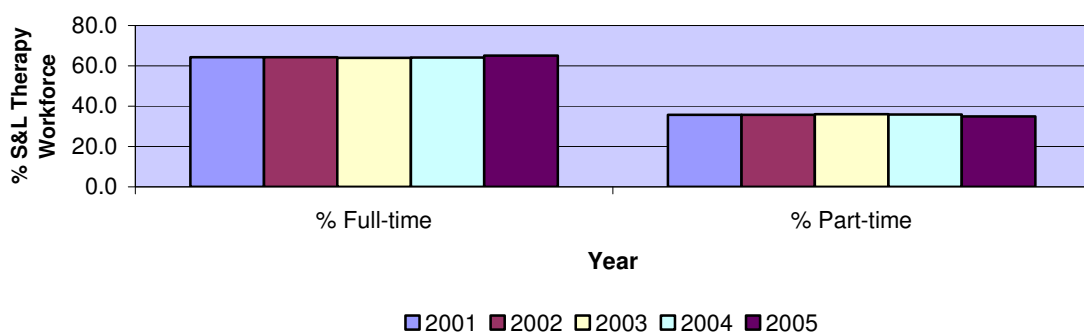
- the relatively low percentage of new University of Ulster graduates entering the HPSS (57%);
- incentives offered in ROI and GB to students agreeing to work there for a limited period after qualifying;
- limited placements available in NI, resulting in NI students being encouraged to go to Scotland or England for their 3<sup>rd</sup> and 4<sup>th</sup> year placements with the possibility of their returning to work there after graduation; and
- perceived better continuing professional development (CPD) opportunities than would be available in Northern Ireland.

Since the first review work has gone into addressing a number of these issues especially the availability of placements and provision of CPD opportunities and the current year's statistics show a positive result from this.

### Full time/Part-time split by WTE

The first review indicated that over the years 1998-2001 the number of full-time staff reduced by 8% (71% to 63%), indicating an increase in the number of staff seeking and securing a reduction in hours worked. The statistical data for 2005 illustrates a further slight increase in part time working.

**Full-time/Part-time Split of Speech & Language Therapists  
2001 to 2005**



The 2001 review noted that, given the almost exclusively female workforce, and that the majority of the workforce would continue to be within the 30-40 years age group for the next five years, it was to be expected that the number of requests from staff for flexible working arrangements would increase.

While as expected the 2005 statistics do show an increase, it has been noted that many of the part time posts are temporary and have been funded via the New Developments Initiative. Managers had reported in the first review that they experienced difficulties in attempting to cover hours lost to basic core services through the increase in part time working.

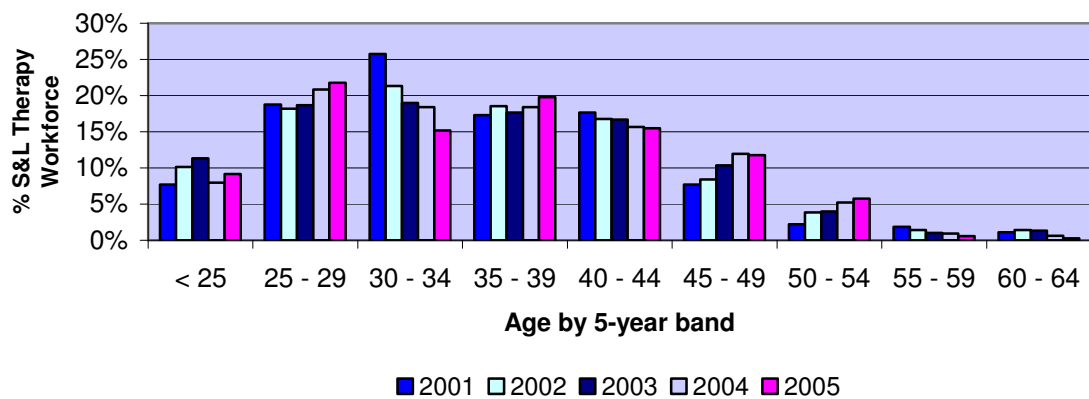
The current figures for additional part time working requests are low, indicating that this has possibly reached a plateau. The high number of requests for part time arrangements that have been supported over the past four years would tend to support this interpretation.

It is however clear that the interpretation of the statistics on part time/full time comparisons is complex and will require further investigation to arrive at a true picture of this aspect of the workforce dynamics.

### Age profile

The first review indicated that the majority of the workforce was within the 30 to 40 years age group and projected that that group would remain dominant for the next five years. The 2005 statistics support that projection, and show a marked drop in workforce numbers past 50 years old.

**Comparison of Age Profile of Speech and Language Therapists  
2001 to 2005**



The age profile of the 55-59 year band gives cause for concern. Numbers have been greatly reduced over the last 4 years with a resulting loss of skills within the service. Given the very clear pattern of early retirement from the profession, it is likely that some kind of incentive would be required to attract these therapists to remain in employment up to normal retirement age. It was noted that the lack of career progression contributes to this issue. While many have gone into the profession because of their interest in pursuing a clinical career, the small number of higher grade posts mean that in practice often the only way to achieve a more senior position and higher salary is to go into management. For those who do not wish to leave clinical practice, it would appear that early retirement is the option they choose. The anticipated impact of Agenda for Change has also been identified as a factor in this matter.

## Gender profile

As at the first review, the Speech and Language Therapy workforce is almost exclusively female (99%). The higher representation of females than males is a common pattern throughout the Allied Health Professions, although the proportion is particularly high in SLT. This is an enduring pattern and indicates that focused effort on advertising/careers information will be required to encourage higher numbers of males into the profession.

### Gender Split

	2001	2002	2003	2004	2005
<b>Female</b>	269	283	297	323	346
<b>Male</b>	3	3	3	3	3
<b>Total</b>	272	286	300	326	349

## HPSS Vacancies

Information from the workforce questionnaire at 30<sup>th</sup> June 2001 reported in the first review, indicated a vacancy rate of 15% within the HPSS Speech and Language Therapy workforce. This equated to 51 identified vacancies, of which 32 related to permanent posts, 8 related to fixed term posts and 11 were within temporary posts.

The most recent HPSS survey indicates a vacancy rate of 6.2%. This survey does not include temporary vacancies, and difficulties have been reported in back-filling such vacancies, in particular those arising from maternity leave.

### Vacancies

	Number of vacancies (Headcount)		Vacancy Rates (Headcount)	
	<i>Current</i>	<i>Long-Term</i>	<i>Current</i>	<i>Long-Term</i>
Sept 2003	20	1	6.0	0.3
June 2004	23	5	6.6	1.5
Mar 2005	23	11	6.2	3.1

## Assistant Grades

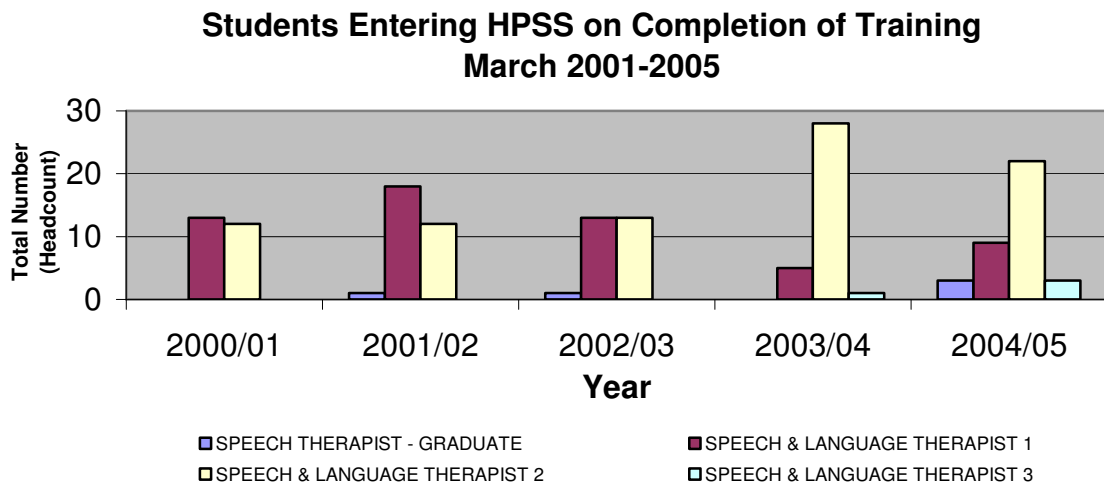
The first review reported a view from practitioners that the better use of assistants would allow qualified staff to treat patients more effectively and efficiently. Clearly the assistant role cannot replace that of the qualified therapist and proper supervision arrangements are necessary to ensure effective and appropriate use of assistant time.

The 2005 statistics show that the number of people in the assistant grade has doubled over the last four years. This development has aided the workforce but has brought up issues around appropriate supervision. Additionally, it has

been reported that the lack of opportunity for career development, poor pay structure and a deficit of training opportunities are issues that detract from the assistant grade as a career choice. This area will be further explored in the course of the next full review of the Speech and Language Therapy workforce.

### Undergraduate statistics

Data collected for the first review indicated that on average only 57% of students joined the HPSS on completion of their training at the University of Ulster. As reported above, work has gone into addressing this situation which now shows some improvement.



In the 2005 update review, concerns were raised at the number of places allocated by the university being outside the Department's commissioning plan. This results in pressure on the service due to the number of placements required, at a time when the importance of local placement provision has been recognised to optimise the potential for local graduates to seek HPSS employment. It has been noted that work is currently ongoing to resolve these issues.

Statistics supplied by the University illustrate that the current attrition rate is 6.8%. This equates to 3 students leaving the course and raises no cause for concern.

#### Attrition Rates – 2004/05 Academic Year

Year 1	0.0%
Year 2	6.8%
Year 3	0%
Year 4	0%

## **Supply vs demand**

The first review had indicated that there would be an under supply of therapists to meet service needs if trends continued in line with those noted in 2001/02. The statistics since then however show a narrowing of the gap between supply and demand. The statistics for this will be closely examined as part of the next full review. While it would be desirable to achieve a modest over-supply to provide the workforce with the flexibility to handle increases in absenteeism, reduced working hours etc, the scope to achieve this will be largely dominated by available financial resources. In the current financial climate the scope to achieve this would be limited.

## **Actions on the recommendations of the 2001 review**

### **Regional AHP Information project**

The drive towards collection of more accurate statistics is an ongoing agenda being addressed by the statistics unit in the Department. While refinement of the data collection and interpretation will go forward, the Department will continue to work along with the Workforce Advisory Group to quality-assure statistics collected and on the qualitative side, to test out issues identified for the group.

### **Clinical Placements**

Since the first review considerable progress has been made to formalise the arrangements for establishment and management of clinical placements. This will continue to be closely monitored to ensure optimum benefit is derived from local placements for local graduates.

### **AHP Workshops**

A number of AHP workshops have been run since the first review and the outcomes of these have been produced in a document covering:

- Influencing the Modernising Agenda
- Modernising and Improving the HPSS
- Developing AHPs for the way forward
- Connecting with Quality
- Our future Workforce

This document can be accessed on the Departmental Extranet site, AHPs/AHP Strategy Page (<http://extranet/alliedhealthprofessions/AHPStrategy.htm>).

Further new developments include work on the development of new roles for AHPs :

- AHP Consultant
- Advanced Practitioner
- Assistant Practitioner.

At the present time there are no AHPs employed at Consultant level in the HPSS. This contrasts to the situation in the other UK countries. A workshop was run in 2005 to address development of the consultant grade, with the emphasis on the need to consider how the role of consultant would sit alongside other colleagues to enhance service delivery.

### **Database of good practice development:**

In the process of carrying out the workforce planning reviews, it has been noted that many examples of good practice have been developed across the HPSS yet are often not known of outside the immediate organisation. To enable wider benefit to be gained from these, a database is being developed as a source of information and potential reference for others across the HPSS.

This database will be accessible through the Departmental Extranet site – <http://extranet/>.

### **AHP CPD Centre**

The Centre for CPD for AHPs was established in 2002. Since its inception it has been recognised by the Speech and Language Therapy workforce as greatly beneficial. It has been noted that there is no other equivalent in GB. In addition to providing focus in Continuing Professional Development for the Allied Health Professions, it has also shown great value for money in accessing training provision for groups of practitioners with shared training requirements rather than following the more expensive approach of individual attendance on existing programmes.

In 2005 the Centre for CPD has been further enhanced by the establishment of accommodation for AHP programmes as part of a multi-professional training facility at Knockbracken. This facility opened in the summer of 2005 and provides accommodation for largely AHP and Nursing programmes.

In 2005, the post of co-ordinator for CPD for AHPs was also made permanent and an officer recruited to the position.

### **Conclusions and Recommendations**

Overall there has been a steady increase in the numbers of speech and language therapists employed in the HPSS over the four years since the first full workforce review was carried out in 2001. Over that time there has also

been an increase in the numbers working on a part-time basis, and it is considered that this may now have reached a peak.

While this shows good progress in moving towards a balance between supply and demand, it has been noted that many new posts are temporary and have been created through the provision of New Initiatives funding. On that basis it is clear that further work will need to be done over the next few years to assess the impact this situation will have on the capacity of the service to meet the demands of core service provision at the same time as releasing experienced staff to work on new developments.

Progress has been noted in the numbers of newly trained therapists obtaining employment in the HPSS on completion of their training. It will be important to monitor the capacity of the service to continue to provide local clinical placements however if this trend is to continue.

The numbers of experienced staff over age 55 who leave this profession give cause for concern and it is recommended that work is taken forward to address means by which these practitioners could be encouraged to remain in employment until normal retirement age.

These issues will be addressed in the next full review of this group.

# **Membership of Workforce Planning**

## **Advisory Groups**

## **Membership of Clinical Psychology Workforce Planning Advisory Group**

Elizabeth Brownlees	Homefirst HSS Trust
Joyce Cairns	DHSSPS
Gerry Cunningham	Foyle HSS Trust
Chris McCusker	Queens University of Belfast
Robin Davidson	Belfast City Hospital HSS Trust
Brian McCrum	Homefirst HSS Trust
Bridie McElhill	North & West Belfast HSS Trust
Ian McMaster	DHSSPS
Janet Moore	DHSSPS
Nichola Rooney	Royal Group of Hospitals HSS Trust
Christopher Wallace	DHSSPS

## **Membership of Dietetic Workforce Planning Advisory Group**

Paula Cahalan	Royal Group Hospitals HSS Trust
Joyce Cairns	DHSSPS
Arlene Connolly	DHSSPS
Pauline Douglas	Belfast City Hospital HSS Trust
Eleanor Duff	Causeway HSS Trust
Jill Eaton-Evans	University of Ulster
Mandy Gilmore	Newry & Mourne HSS Trust
Dorothy Jeffrey	DHSSPS
Claire McGartland	Western Health & Social Services Board
Janet Moore	DHSSPS
Pauline Mulholland	Ulster Community & Hospitals HSS Trust
Sharon Patton	Altnagelvin Hospitals HSS Trust
Mary Ward	University of Ulster
Carol Whitfield	Craigavon Area Hospital Group HSS Trust

**Membership of Occupational Therapy Workforce Planning Advisory Group**

Irene Boyd	Sperrin Lakeland HSS Trust
Joyce Cairns	DHSSPS
Arlene Connolly	DHSSPS
Patrick Convery	Foyle HSS Trust
Elizabeth Brownlees	Homefirst HSS Trust
Joy Hammond	Homefirst HSS Trust
Pamela Hannigan	Northern Health & Social Services Board
Dorothy Jeffrey	DHSSPS
Janet Moore	DHSSPS
Patrick McClure	University of Ulster
Mairead McGowan	Royal Group of Hospitals HSS Trust
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**Membership of Orthoptic Workforce Panning Advisory Group**

Patricia Blackburn	Southern Health & Social Services Board
Joyce Cairns	DHSSPS
Arlene Connolly	DHSSPS
Bronach Cooper	Royal Group of Hospitals HSS Trust
Patricia Dolan	Ulster Community & Hospitals HSS Trust
Jane Hanley	Craigavon Area Hospital Group HSS Trust
Dorothy Jeffrey	DHSSPS
Alison Kennedy	Down Lisburn HSS Trust
Patrick McCance	Altnagelvin Hospitals HSS Trust
Anita McCaw	Mater Infirmorum Hospital HSS Trust
Geraldine McDowell	United Hospitals HSS Trust
Claire McGartland	Western Health & Social Services Board
Janet Moore	DHSSPS
Billy Reynolds	DHSSPS
David Wright	Altnagelvin Hospitals HSS Trust

**Membership of Podiatry Workforce Planning Advisory Group**

Ian Blair	University of Ulster
Harry Brown	University of Ulster
Joyce Cairns	DHSSPS
Anne Clarke	Causeway HSS Trust
Arlene Connolly	DHSSPS
Frank Gallagher	Regional Staff Side Representative
Roy Hamill	Homefirst HSS Trust
Pamela Hannigan	Northern Health & Social Services Board
Bronagh Monaghan	Belfast City Hospital HSS Trust
Janet Moore	DHSSPS
Margaret Moore	Sperrin Lakeland HSS Trust
Billy Reynolds	DHSSPS
Sadie Somerville	Armagh & Dungannon HSS Trust
Michelle Tennyson	South & East Belfast HSS Trust

**Membership of Speech & Language Therapy Workforce Planning  
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Jill Bradley	Causeway HSS Trust
Joyce Cairns	DHSSPS
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Arlene Connolly	DHSSPS
Heather Crawford	Down Lisburn HSS Trust
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