

Department of Health

Workforce Review Report

Physiotherapy

2019 - 2029





Space Age Technology Alter G Anti-Gravity Treadmill to Improve Rehabilitation of Patients of all Ages with a wide range of conditions.

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Foreword

Since October 2016, Health and Social Care workers and the Department of Health have been cooperating to deliver the transformation set out in ***Health and Wellbeing 2026: Delivering Together***. This ambitious ten year plan was our response to the report produced by an Expert Panel led by Professor Bengoa, who were tasked with considering how best to re-configure Health and Social Care Services in Northern Ireland.

The aim is a health and social care system that helps people to stay well for longer, with services delivered in the community or at home, where possible. Allied Health Professions (AHPs) will play a key part in responding to this challenge, particularly as we expand the role of innovative, multidisciplinary teams across a range of integrated care pathways within health and social care settings. No matter how or where AHP staff work, they will continue to maintain their clear professional focus: supporting people, who are ill, have disabilities or special needs, to live the fullest lives possible.

Since these AHP workforce reviews commenced, the landscape across Health and Social Care has changed considerably. Opportunities for AHPs have been created across a range of primary care multi-disciplinary teams. These are to be welcomed, but it is important to have the highly skilled workforce required to take these opportunities as they arise. This series of workforce reviews are written with a view to identifying and quantifying the workforce required to meet these challenges and help drive the transformation agenda forward.

The AHP workforce reviews will help to address one of the immediate priorities set out in the ***New Decade, New Approach*** document published at the time of the establishment of the new Northern Ireland Executive. The commitment being that the Executive will transform HSC services through reconfiguration of services.

There is however currently a bigger challenge facing the HSC system in the guise of the current Covid-19 pandemic. This is challenging us in many ways, including the immense pressures placed on our workforce and the need to think and act differently, and to consider how we currently work and how we may work in the future.

In this changing environment, it is even more essential that we have an understanding of our workforce needs, so that we can plan effectively to maintain and develop our services into the future. This was recognised in ***Health and Wellbeing 2026: Delivering Together*** and appears as a key theme in the associated ***Health and Social Care Workforce Strategy 2026: Delivering for Our People***. Recognising that the HSC is a changing environment and will continue to evolve, this series of workforce reviews are “living documents” which will be reviewed throughout the period of the reviews.

This Workforce Review Report, and the clear recommendations it contains, is the result of a wider Workforce Review Programme covering all thirteen AHPs in Northern Ireland. Since March 2017, Project Groups comprising representatives from across the health and social care service, professional bodies, staff side representatives and the Department of Health, have been meeting regularly to consider how these professions / services are likely to develop in the period 2019 – 2029. Their work has been overseen by the AHP Workforce Review Programme Steering Group and applies the **Regional HSC Workforce Planning Framework's** six step methodology.

This process and its resulting Workforce Review Reports are the products of active co-design and co-production, delivering together to ensure the workforce needs of the HSC are met. Project Groups have engaged with their stakeholders, including service users and carers, both in formal engagement events and through ongoing involvement with relevant individuals and organisations. Their input has been invaluable in producing this final document and its recommendations. We would like to thank everyone who has contributed to the work of the AHP Workforce Review Programme.

Our vision is for Northern Ireland to have an AHP workforce that has the capacity and capability to deliver the best possible care, for patients and clients, and has the leadership skills and opportunities to lead and transform services to improve population health. The Physiotherapy Workforce Review Report and its recommendations set us on course to do just that for this profession.



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Executive Summary

On the 31st March 2017 within NI HSC Trusts the physiotherapy workforce was comprised of 995.6 WTE Physiotherapy posts. Translated to headcount this represents 1202 Physiotherapists.

The Ulster University (UU) is the only institution in NI offering BSc (Hons) in Physiotherapy. UU had previously been commissioned by DoHNI for 69 undergraduate places; however this was reduced over time to 60, then 55 and for the past two years (16/17 and 17/18) the UU intake of undergraduate places has been reduced to 50 DoHNI commissioned places. The evidence is that not all of these will take up work in the HSCNI although all have been funded by the DOHNI. The BSc is the only pathway to qualify as a Physiotherapist in NI as there are currently no masters post graduate courses offered in physiotherapy. It is important to note that the HSC has jobs for all of these graduates and we also have a capacity gap for additional posts required to fill vacancies and take up transformation posts.

The quantitative summary of the processes expected to have a significant impact on the physiotherapy human resource pool required by the HSCNI services over the next 5 years highlights the need for an ongoing and robust workforce planning cycle. Using available information from the UU Employability unit; 2012-2016 outturns, the average loss of UU Physiotherapy graduates to HSCNI employment has been calculated at 21%; this should not be an option for DoHNI funded places as all commissioned places are required to ensure an effective recruitment pool for HSCNI service sustainability as per table 8.

While not an exact science, the quantitative analysis summary; Table 8 in this paper, estimates a cumulative deficit of 422 Physiotherapists over the period 1st April 2018 – 31st March 2023. This equates, on average terms, to the need for an **additional 85 Physiotherapists to be recruited per year** to ensure the workforce numbers to deliver the services planned to meet the patient/population needs. To be very clear, this 85 is in addition to the '50' annual UU graduates that are currently funded by DoHNI; the subsequent expectation being that they join the HSCNI Human Resource pool over the next 5 years.

The working group explored the other three countries of the UK; Scotland, England and Wales, as potential benchmark comparators regarding the number of DoH commissioned undergraduate places. As Scotland and England have multiple providers of BSc Physiotherapy programmes and also a masters route to qualify as a Physiotherapist these were ruled out as there were too many variables. Wales was chosen as they have a similar population, geography, their undergraduate training places are all funded by their health department and they have only one third level education provider. Based on these factors Wales was considered to be a better benchmark match.

Based on the rationale outlined above, the rudimentary benchmarking comparison with Wales regarding the number of DoH commissioned undergraduate places (Table 9) indicates that the current UU undergraduate intake of 50 should be increased to **86 DoHNI commissioned places per year**. This year, the health department in Wales has moved to encourage those students accepting DoH Wales funded places on the Cardiff University physiotherapy programme to commit to work in NHS Wales for a period of 2 years.

An **additional 36 undergraduate places commissioned by the DoHNI** through UU would have a significant impact on the estimated annual shortfall of 85 Physiotherapists outlined in this document. As per the recommendations, **other strategies also need to be applied to ameliorate the total estimated annual deficit of 85 qualified physiotherapists;** evidenced in clinical practice over the past two years and now a high risk situation in line with the transformation agenda and the need for permanent Physiotherapists to fill the new posts created.

Abbreviations

AHP:	Allied Health Professional
CEC:	Clinical Education Centre
CIS:	Community Information System
CSP:	Chartered Society of Physiotherapy
DfE:	Department for Economy
DoHNI:	Department of Health Northern Ireland
ECG:	Education and Commissioning Group
GP:	General Practitioner
HRPTS:	Human Resources Payroll Travel & Subsistence System
HCPC :	Health and Care Professions Council
HSC:	Health and Social Care
HSE:	Health Service Executive
HSC Trusts:	Belfast, Northern, Southern, South Eastern, Western & Northern Ireland Ambulance Service Trust (NIAS)
HSCB:	Health and Social Care Board
IPC:	Institute of Public Care
NI:	Northern Ireland
NISRA:	Northern Ireland Statistical & Research Agency
NMP:	Non-Medical prescribing
PFA:	Priorities for Action
PHA:	Public Health Agency
Q&A:	Questions and Answers
QALYs	Quality adjusted life years
RQIA:	Regulation and Quality Improvement Authority
RWPG:	Regional Workforce Planning Group
SDS:	Self Directed Support
TIG:	Transformation Implementation Group
TYC:	Transforming Your Care
UU:	Ulster University
WLI:	Waiting List Initiative

1. Introduction

a) Drivers for change

There are many strategic drivers which support co-ordinated, timely effective workforce planning and which recommend proactive management to plan effectively for the wide range and complexity of needs within the population;

- The recognition of the changing nature of health and social care needs and the link to demographic changes in local populations and the greater emphasis on preventative approaches, supporting and empowering people.
- The requirement that appropriate aspects of the wider service delivery model reflect the 7-day needs of patients / clients and that education and training provision meets the needs of the health and social care workforce in Northern Ireland and empowers them to enhance patient safety, quality and outcomes of care.
- Ensuring affordability of services given the challenging financial context for all organisations.
- The need to connect workforce issues with the overall strategic direction, e.g. Delivering Together, Programme for Government, Transforming Your Care, Making Life Better, HSC Quality Strategy 2020, AHP Strategy for Northern Ireland, the Annual Commissioning Plan Direction and the Review of Urgent and Emergency care.

The Bengoa (Expert Panel) Review was tasked with producing proposals to remodel the HSC in order to deliver safe, high quality, and sustainable services for the population in Northern Ireland. Recommendations were submitted to the Minister in the summer of 2016 and following consideration of these, the 'Bengoa / Expert Panel report 'Systems not Structures: Changing Health and Social Care' was published in October 2016.

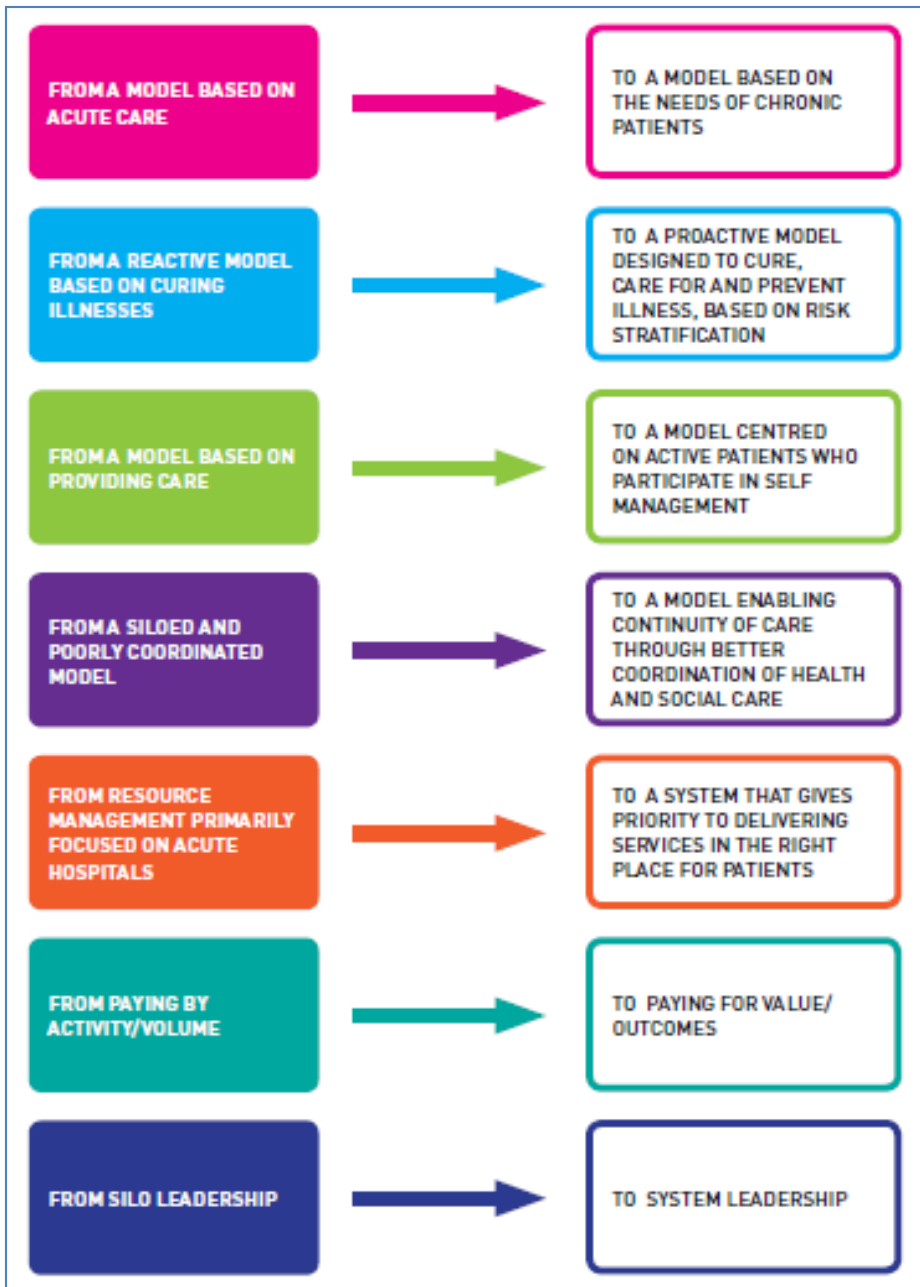


Figure 1 - HSC Model proposed by the Expert panel [Source: Mark Taylor, NI AHP Conference 18.10.17]

In response to the Bengoa / Expert Panel report the Department published 'Health and Wellbeing 2026 – Delivering Together'. This report re-affirmed that effective workforce engagement and planning are key enablers to HSC transformation and that the far-reaching transformation journey needs the commitment and engagement of workers across every band / grade if it is to succeed. 'Delivering Together', is now considered the only road map for reform. A Workforce Strategy; one of 18 key priority actions (no.16) to be taken forward, has been developed. The Workforce Strategy will cover all aspects of HSC Workforce,

including; retention and recruitment, opportunities for introducing new job roles and re-skilling and up-skilling initiatives. In line with the then Minister's vision, the strategy will be developed through co-design and co-production with staff, patient's / clients, communities etc.



Figure 2 - Drivers for Change [Source: Mark Taylor, NI AHP Conference 18.10.17]

b) Strategic content

In December 2016 the Department of Health (DoHNI) Northern Ireland embarked on a number of regional workforce reviews across a range of Allied Health Professional groups including Physiotherapy. These workforce reviews were deemed necessary to ensure AHP services delivered across NI would be sustainable to meet future demands and needs of the population and to ensure services were delivered to an appropriate standard in line with strategic policy directions. It is recognised that there are a number of challenges faced by the health and social care system to ensure a workforce that is constituted correctly in terms of their ability to provide the best care for service users and their families;

- numbers and skills to ensure they are an adaptive workforce and

- organised and deployed in the most efficient and effective way

The overall analysis and review of the Regional Physiotherapy workforce review was pitched at a level to enable completion of an effective workforce plan by avoiding drill-down to a level that would become too complex and challenging if individual Trust information recording and reporting systems and service variations were taken into account. This was achieved through effective engagement of relevant organisations and stakeholders; Physiotherapy Managers, Trust AHP Leads, Policy Officer and service users.

Challenges included determining the necessary workforce to deliver sustainable Physiotherapy services that would provide timely support for clients at both population and specialist levels into the future – Horizon Scanning via analysis of;

- Demographic trends, the increase in patient's presenting with more complex issues
- Proposed service developments / transformation including enhanced partnership working with Health and Social Care colleagues and other agencies.
- Pre-registration Training places and alternative routes for training including Apprenticeship opportunities
- Post registration Training needs and skills enhancement linked to professional practice Frameworks and a sustainable qualified workforce.
- The evidence of the past two years of the shortage of qualified Physiotherapists to maintain core services has identified the risk of lack of access to a readily available workforce/recruitment pool and also the lack of numbers of graduates/staff available to work in Trusts in NI. There is also a risk that some trusts are more attractive to potential employees than others which need to be explored further to ensure measures are actioned to ease the recruitment pressures in the region and the individual Trusts. These risks have been added to by the transformation agenda and the increased numbers of Physiotherapists required to fill the range of vacant new and core service posts; Table 8.
- Turnover rate per year – currently at 14% and vacancy rates – currently at 11.5%

This approach facilitated active and effective participation and subsequent ownership throughout the duration of the workforce review.

c) Workforce plan methodology

The Physiotherapy workforce review was completed in line with the 6 step methodology outlined within the Regional HSC Workforce Planning Framework as denoted in the diagram below. This allowed a sequenced framework to be adopted to complete all aspects of the workforce review within the set 1 year period which ended in March 2018.

Skills for Health

Regional HSC Workforce Planning Framework

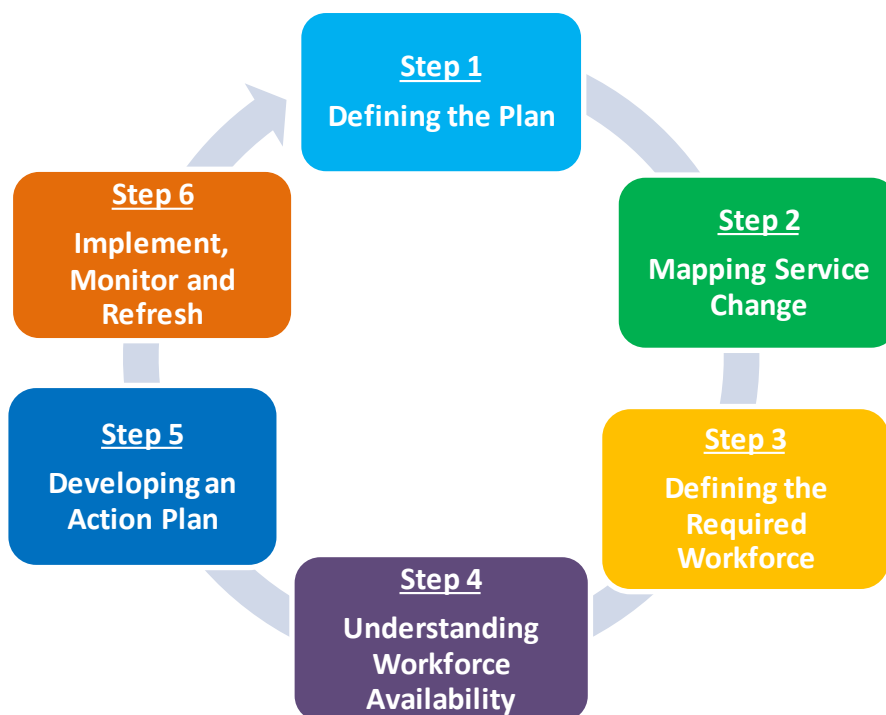


Figure 3 - Skills For Health - Regional HSC Workforce Planning Framework

A key component for the successful completion of the Physiotherapy Workforce Review was to obtain relevant stakeholder engagement. In the initial stages of the review a regional professional sub-group was established with relevant stakeholders. This group agreed and worked through specific actions outlined within the Programme Plan, and clear reporting lines were set and communicated to the AHP Workforce Review Programme Steering Group at regular intervals. (Refer to Appendix 1 for Workforce Review Programme Steering Group and Professional Sub-group membership and terms of reference)

d) Assumptions and constraints

Due to the challenging nature of completing this Physiotherapy workforce review it was important to consider any possible assumptions, constraints and / or risks early in the process. This was particularly important due to wide and varied nature of Physiotherapy Services which not only work within HSC but has had recent developments in partnership working with other statutory and non-statutory agencies. A number of identified assumptions and constraints are listed below, and measures were taken to help manage these and reduce their implications throughout the process of the review.

The Key Assumption on completion of the Physiotherapy Regional workforce review is that the Recommendations will be fully endorsed to support implementation by an action group over the next two years. The recommendations cover all aspects of workforce capacity, quality, skills/knowledge and sustainable delivery of effective evidence based services and include undergraduate and post graduate learning and development, viable recruitment pools and processes to enable career development and structures, key financial commitments required and future proofing of services to meet population and patient health and social care needs. The working group have used the HSC Workforce strategy to embed the six step tool methodology. Failure to implement the recommendations will result in not having the workforce required to meet the needs of our aging and growing populations and will restrict the reform and transformation identified in the Bengoa report and Delivering Together proposals.

ASSUMPTIONS & CONSTRAINTS

Assumptions	Constraints
<ul style="list-style-type: none"> • Timeframe and Professional Capacity - completion within 12 month period was challenging. • Availability and Access to relevant data – Information on activity and staffing levels across the region is currently collated in different formats and to varying levels because of the different HSC Information systems deployed throughout Trusts/region which raised comparisons / benchmarking challenges. • Impact of Current and Future Developments – Physiotherapy practice continues to develop in many areas with a particular focus on primary care, stroke, Home based rehabilitation, unscheduled and acute care at Home. • Recruitment and Retention – Quantifying the recruitment pool required to provide the workforce numbers and skills identified. Reviewing and standardising the recruitment processes and valuing of staff within HSC • Future Population Health and Social Care Needs and the impact of Technological Advances and Social and Medicines prescribing – The predicted demographic trends and needs of the population will inform the type of service models and subsequent workforce required for the future. • The Future HSC and the restructuring of the HSC system is uncertain and this is influencing the availability of current and future funding. 	<p>Difficulty In Achieving Effective Engagement for this piece of work – is an area to be addressed with key stakeholders at each stage to ensure co-production.</p> <p>Lack of Consensus – Widespread consensus is required at all levels across the range of organisations with a vested interest in the outcomes and findings of the review, this was achieved through active engagement with a wide range of partners(add reference to list).</p> <p>Lack of development- The full extent of Transformational service developments are not fully realised at the time of the workforce review however need to be included in the predictions of workforce for the future.</p>

<ul style="list-style-type: none">• Implementation of the Agreed Action Plan –Recommendations from the Physiotherapy workforce review are required to be supported and implemented to ensure achievement of the Transformation agenda and to provide a sustainable Physiotherapy workforce in NI for the next 10 years.	
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Table 1 - Assumptions and Constraints

2. Defining the plan

a) Purpose, aims and objectives, guiding principles and scope of the Physiotherapy workforce review based on the evidence gained through the use of the Six Step tool.

A number of key factors have been established within the Terms of Reference of the Physiotherapy Workforce Review, including:

- Make recommendations on workforce profile to ensure service sustainability
- Make recommendations to the DOHNI regarding the commissioning of pre-registration training. (**Recommendation 1**)
- Make recommendations regarding post registration training requirements. (**Recommendation 3**)
- Produce a programme plan and agree processes and timescales for delivering of project outputs.

Effective communication and engagement with key stakeholders, including dissemination of information relevant to the project within each of the participating organisations. User satisfaction questionnaires, user forums, patient / carer stories are all methods whereby service users and physiotherapists gain understanding, learn and share ideas as regards future planning for effective change and co-production. (Section 7 Stakeholder Engagement pages 38-40)

- Make recommendations on the recruitment processes to ensure service sustainability and maximum capacity to deliver services.
- Make recommendations on measures including structures and skills to align and develop information on the AHP workforce to assist with HSC wide service transformation.

b) Ownership

Relevant professional and workforce leads were identified as nominated members of the AHP Workforce Review Programme Steering Group and the Regional Physiotherapy Sub-Group. This included nominations from the Department of Health (DoHNI), Human Resources Directors in HSC Trusts, Physiotherapy Heads of Service from each Health and Social Care Trust, Public Health Agency (PHA), AHP Leads from the Health & Social Care Trusts, Directors/leads from Health and Social Care Board (HSCB), Staff side, the Chartered Society of Physiotherapy (CSP), policy officer for the CSP and service user involvement in line with requirements of the Public and Personal Involvement legislative frameworks.

It was identified that Physiotherapy Workforce Review progress would be reported on a monthly basis in line with processes outlined by DoHNI.

3. Mapping service change

a) Population and health profile

NI 2017 mid-year statistics estimate the population to be 1.874million with population projections anticipating a rise of 4.68% to 1.961m by 2027. Information and population statistics suggest varied levels of increase across each of the LCG areas; ranging from 2.5% to 9.8% in the same period.

Currently, the largest proportion of the population is aged between 40-64 years (31.9%), followed by those aged between 16-39 years (31.1%). It is predicted that by 2027, the over 65 population is expected to increase by 28%, representing 19.9% of the overall population. This will have a significant impact in terms of service demand / pressure across the health and care system; as people grow older the likelihood of illness and disability typically increases. A more detailed breakdown of predicted population growth to 2027 by Trust and region is outlined in the table below:

Age Band (Yrs)	Belfast	Northern	South Eastern	Southern	Western	NI
0-15	71,444	94,325	71,608	92,045	63,124	392,546
16-39	119,079	135,866	101,364	125,295	87,591	569,195
40-64	109,928	155,448	117,888	128,516	97,681	609,461
65+	66,201	104,691	85,183	73,207	60,757	390,039
All ages	366,652	490,330	376,043	419,063	309,153	1,961,241
%	18.7%	25.0%	19.2%	21.4%	15.8%	100.0%

Table 2 - NI resident Populations by Local Commissioning Group - 2027

Source: NISRA, Based on 2014 Population Mid-Year Estimates

Available evidence suggests the prevalence of long term conditions such as COPD, Diabetes, Stroke, Asthma, Lymphoedema and Hypertension is increasing; the number of people coping with co-morbidities having likewise increased.

The advances in diagnoses and treatment of cancer related illnesses has resulted in people surviving longer and requiring rehabilitation to ensure they live well after cancer.

Deprivation, lack of social support, low self-esteem, unhealthy life-style choices, risk taking behaviour and poor access to health information and quality services all have an impact on general health and wellbeing; possibly compounding the growth in Mental Health problems.

The average life expectancy for NI males is currently 78.3 years compared to 82.3 years for NI females.

Physiotherapists will have significant input with patients during their long-term condition or palliative / end of life journey to enhance the quality of life for the person and their family; providing practical advice in relation to respiratory or ambulatory need - moving and handling in the person's own home, care package advice, etc.

Chartered Physiotherapists have a professional aspiration to ensure people live well for longer; the evidence for this is presented by the CSP in a series of "Physiotherapy Works" evidence briefings including the economic evidence in terms of QALYs (Quality adjusted life years).

Reference: CSP Council 2017

b) Statistics

Within the region, recent activity figures; April 2016 to March 2017 for Acute / Non-Acute, Community / Primary Care, older people, Learning / Physical Disability and Children's services indicate that Physiotherapists professionally managed a minimum of 222,692 new referrals; evidencing the significant role Physiotherapy has played and continues to play in the health, well-being and social integration of the population of N.I.

c) Regional Service Profile of Physiotherapy

Physiotherapy Workforce Profile for NI as of the 31st March 2017

1202 Physiotherapists working in HSCNI Trusts (995.6 WTE)

Point of Note – There is an increasing requirement from the current workforce for Flexible Working; work-life balance, job share requests etc. which will impact on the head count required for stability of the ‘Region wide Physiotherapy service’.

Known challenges for Physiotherapy workforce planning:

Predominantly female staffing

83% Female

17% Male

- Analysis of Headcount : WTE percentages % across NI indicates a stable position;
2007 – 19.3%
2012 – 19.5%
2017 – 20.7%

It is important that workforce planning is based on Headcount and not on older models of WTE as that is no longer the best metric to use for stability of the workforce or workforce pool. This change to headcount is required due to the increase in part time working, job shares, family friendly working arrangements, seven day working rotas, extended working days etc.

The figures above indicate that, on average terms, each 1 headcount physiotherapist employed by HSCNI facilitates the cover of patient need equivalent to 0.83 WTE. As such, assuming the number of DOHNI commissioned places reflects the WTE needs of the services to enable them to adequately meet the needs of the population, there is a necessity to train 20% more people to cover flexible working arrangements.

(Recommendation 1)

This should be kept under review as it is predicted by Heads of Service that the Head Count : WTE will rise by 20% in the next few years. (**Recommendation 4**)

d) Emerging Service Development Opportunities and Cost Implications

Across the region there are significant challenges which require careful planning, co-production and design to manage them effectively. To achieve this, Health and Social Care organisations must strive to avoid silo working, secure additional resources and use these appropriately and effectively. They must work in partnership with other services and agencies including service users, councils, the community and voluntary sectors to manage the growing demand related to demographics and the diverse needs of our population; reforming and transforming services via smarter working with partners and users.

Delivering Together requires a greater focus on health promotion, prevention, early intervention and self-management to educate and embed public health messages within the N.I. population to enable them to take on the responsibilities; where appropriate, of their own health and well-being.

Services which are co-produced and co-designed are key and must be provided in a way that ensures safety and effectiveness for service users and staff, while keeping pace with innovative approaches and technology that steer health and social care developments. The 'Delivering Together' strategy acknowledges that staff require the opportunity to develop professionally; enabling them to expand their knowledge, skills and expertise to be future fit to deliver more specialised person-centred services that meet service user needs whilst maintaining personalised compassionate care.

Ongoing and Emerging Developments predicted to occur over the next ten years which will impact on the NI regional Physiotherapy Workforce Numbers and Profiles.



- Targeted workforce commissioning will facilitate prevention of admission and more effective, safe hospital discharge including discharge to assess models; Service continuity – acute and community services require to be commissioned on a 52-week basis. Transformation - acute and community services move from 5 to 7-day provision. (**See impact of this on workforce numbers in text box below this will be explored further on page 33**)

NOTE - Enhancement of Service; Continuity and 7-day Provision

Will need to be defined further on the basis of service need:

- Posts funded for 52 week service provision to enhance continuity
 $52/42 = 1.24 \text{ WTE}$
- Posts funded for 42 weeks X 7 days/week
 $+2/5 = 0.4$ so 7 days/week = **1.4 WTE** for 7 day service 42 weeks of the year
- Posts funded for 52 weeks X 7 days/week
 $52/42 - 1.24 \times 1.4 = 1.74 \text{ WTE}$ for enhanced service continuity across 7 days/week

- Advanced Practice Physiotherapists i.e. First Contact Physiotherapy Practitioners in Musculoskeletal (MSK) to support GPs and meet service user needs. It is now known that for three trust areas 37 Band 8A posts are in the process of being recruited and appointed.)
- Independent Prescribing by Physiotherapists.
- Reshaping Stroke services.
- Physiotherapy Led Pelvic Health and Continence services.
- Integration and further development of Intermediate Care (IC); 4 categories - Crisis Response, Bed-based IC, Home-based Rehabilitation IC and Re-ablement.
- Specialist service developments to meet the specific needs of the population i.e. Vestibular Rehabilitation, Headaches service, Out of hours community respiratory services for children and adults with complex, life limiting and long term conditions to enable them to live in their own homes and be part of their community for as long as possible.
- ENCOMPASS programme will recruit a significant workforce and these posts will be a potential new employment/redeployment opportunity for Physiotherapists.
- Increased Public Health remit - Health Promotion and lifestyle management - Physical activity promotion / obesity management etc. This is an expansion of the

role of Physiotherapists to meet patient/population need and will include the application of social prescribing to prevent ill health, self-manage long term conditions and ensure the ability of patients and populations to be independent.

- Recruitment—widening the ‘pool’/marketing NI Physiotherapy Services is essential to ensuring a viable workforce source. **(Recommendation 6)**
- *Optimisation of the Undergraduate commissioned places **(Recommendation 1)** will ensure that we have a viable pool of Physiotherapists to recruit into the workforce.

Not an exhaustive list but gives a sense of the journey the Physiotherapy workforce is on.

4. Underpinning Requirements of the NI HSC Physiotherapy Workforce

a) Practitioner Regulation - Health and Care Professions Council (HCPC)

Physiotherapists are autonomous practitioners who provide essential diagnostic and therapeutic services including; primary prevention, assessment, treatment, promotion of self-management, functional rehabilitation in a range of settings, specialist disease management and secondary prevention.

All Physiotherapists must be registered with the HCPC to practice in the HSC. Only those physiotherapists with a professional qualification from a training organization recognised by the HCPC can register with the regulatory body and can lawfully use the protected title - Physiotherapist. The HCPC is responsible for setting and maintaining standards of professional training, performance and conduct of the health professions it regulates.

N.I. Physiotherapy - Regional Mission Statement

HSCNI Physiotherapists will use a 'whole person' approach to ensure high quality prevention, diagnosis, rehabilitation and therapeutic services that work to enhance the health and wellbeing of people living in Northern Ireland.

Reference - NI Physiotherapy Heads of Service 2017

b) Service Delivery; Profession & Employer of Choice

This Physiotherapy Workforce Review Report is informed by the objectives of the Health and Social Care Workforce Strategy 2026 – Delivering for Our People, which has recently been published.

(Objective 1; Theme 1; Action 1)

Establishing a Regional Health and Social Care careers service aims to put a service in place which will ensure a good supply of people to the health and social care professions.

(Objective 1: Theme 3; Actions 5 and 6)

Developing an optimum workforce model for reconfigured Health and Social Care Services and the ongoing application of the Regional HSC Workforce Planning Framework aims to ensure the conditions are in place for effective workforce planning across all of the health and social care workforce.

The recommendations from this Physiotherapy Workforce review will take on board the ongoing work from these actions both now and during the scheduled interim review.

c) Career Development

Advanced Practice, First Contact and Extended Scope roles make optimum use of the knowledge and skills of Physiotherapists to facilitate Physiotherapy and AHP Led services, to enhance the patient journey and release Medical and other healthcare professionals to focus on patients with conditions and complexities that they can deal with better. This move will enable the transformation of services in Musculoskeletal (MSK), Minor Injuries in ED, Falls, Intermediate Care, Neurology, Cancer, Palliative Care, Pelvic Health, Continence, etc.

The Advanced AHP Practice Framework 2019, currently being developed will provide a regional approach in addressing the requirement for advanced AHP/Physiotherapy practice within Health and Social Care in N. Ireland. It outlines the knowledge, skills, experience and competency level for advanced practitioner roles. Implementation of robust ECG (Education and Commissioning Group) planning and committed funding for three year periods is key to achieving the competent, skilled workforce required to deliver the future services required for the population. Currently the funding for the AHP ECG plans is agreed on an annual basis and it is usually at the end of March beginning of April each year. This process is detrimental to the planning process as (a) The AHP services do not know what their annual budget will be and (b) The AHP services already have lost valuable time in the planning resulting in re prioritising the priority list due to lack of funding. Also,

delivery is concentrated on the last quarter of each year making it hard to release staff to attend and maintain service delivery during winter pressure period.

The DoHNI AHP Advanced Practitioner Framework will inform planning in relation to the existing and future AHP workforce profile and the knowledge and skill assets required for advanced practitioner up to consultant posts. This framework will be key to further informing Physiotherapy Workforce Planning.

d) Postgraduate ECG Training Budget –

An ECG budget agreed for a three year period for AHPs is vital for the planning, delivery and release of staff to gain the directed postgraduate skills and knowledge key to the development of Physiotherapists. Confirming this budget annually in March/April is a significant limitation in relation to the planning, organisation and commissioning of the agreed training programmes required to ensure effective service development, continuity and future proofing. The three year planning cycle is important to support workforce development in a planned, co-ordinated way that ensures release to attend training but is dependent on committed funding streams confirmed for the three year cycle. This is key from an education provider and service perspective as the current model is not meeting service need due to the inability to forward plan. **(Recommendation 3)**

A recurring funded planning cycle is key to developing the workforce, securing more timely release of the right staff through better planning and scheduling of the various programmes throughout the calendar year(s). Currently due to present processes the majority of training is delivered in the last quarter of the year which coincides with the “winter pressure” period, end of year leave, making it very difficult to release staff to the training they need to deliver safe effective care. **(Recommendation 3)**

Changing of funding per WTE to funding per head of Physiotherapist / AHP is a key requirement in the ECG budget build - baseline funding for Physiotherapists at all levels in the organisation should match the need to address proactively the

transformation agenda and ensure the workforce pool is readily available and appropriately skilled. (Refer to Section 3(c) Workforce profile and ***(Recommendation 4)***)

5. Understanding Workforce Availability

a) Commissioned Undergraduate Places at UU; 2009 – 2017 Intake

UU Student Attrition from HSCNI Physiotherapy Workforce; Extrapolated from DoHNI & UU Employability unit.

UU indicate that 1 student per intake year does not complete the BSc programme.

Using available information from the UU Employability unit; the *average loss* to the HSCNI Physiotherapy workforce across 2012-2016 outturns, has been calculated to 'predict' the 2017-2020 outturn available to HSC.

Intake Year	Intake / Graduate Numbers	Change in DOH Funded places	Graduation Year	Graduates going into Non-HSCNI Employment	Graduates Not Available to Work for HSCNI	Total Graduates Lost to HSCNI	Maximum Number of Graduates Available to HSCNI
2009	69 / 68		2012	9	5	14	54
2010	59 / 58	-10	2013	13	0	13	45
2011	59 / 58		2014	11	0	11	47
2012	59 / 58		2015	11	5	16	42
2013	59 / 58		2016	7	1	8	50
Average %	-		-	51/300 17%	11/300 4%	62/300 21%	238/300 79%
2014	59 / 58		2017	-	-	12	46
2015	55 / 54	-4	2018	-	-	11	43
2016	50 / 49	-5	2019	-	-	10	39
2017	50 / 49		2020	-	-	10	39

Table 3 - UU Student Attrition from HSCNI Physiotherapy Workforce

Placement Capacity – HSCNI previously managed 69; 2009 intake year.

To increase the recruitment pool in the initial five year period of this workforce review we need to mitigate against the lack of commissioned places and the loss of

graduates to the HSCNI by scoping other routes to pursue BSc Honours in Physiotherapy. These options will need to be explored with Education partners, DOHNI and the Profession and should include Postgraduate routes inclusive of the Open University and apprenticeship models which are currently not available in the public sector at present (**Recommendations 1, 2 & 5**). It is important to note that each year there are nine times as many undergraduate applicants as there are current commissioned places for evidencing the scope to fill the additional funded places recommended.

b) Undergraduate Marketing

With limitations in the expansion of the human resource pool due to the current undergraduate out-turn from Ulster University there is need to explore the availability of Physiotherapy graduates from NI, across universities in England, Scotland and Wales.

Though no Physiotherapy specific data could be gathered, the DoH was able to advise that there are 427 AHP undergraduates from NI currently training in England, Scotland and Wales – with a total of **2,154 since 2012**. This data was gained from the workforce planning department at DOHNI. The evidence in a recent survey of NI AHP students studying in England, Scotland and Wales also shows that only one third of those people come back to NI to work. The evidence for all those students who train at home is that at least two thirds stay at home to work after graduation. It is essential to explore ways to encourage people to not go away in the first instance after graduation; one mechanism being to secure the post graduates in employment for the HSCNI for two years (Recommendation 5). It will also be important to explore ways to reach out to and encourage those graduates from UK universities to return home for employment opportunities in NI within the five Trust Physiotherapy services.

(Recommendation 6).

c) Recruitment and Retention – Standard

Demand on Human Resource Pool 2013/14 – 2017/18: Ongoing Service Developments and Retirements

On average terms over the last 5 years, the HSCNI required an additional 33 qualified Physiotherapists per year to join the human resource pool to address year-on-year service development / business case bids that secured new funding.

On average terms over the last 5 years, the HSCNI required an additional 13 qualified Physiotherapists per year to join the human resource pool to maintain existing services from the impact of retirements.

In real terms, these demands alone, account for most of the current 49 annual UU graduates. (*Evidence to support Recommendation 1, 2 & 5*)

HSC Trusts NI	Headcount	WTE	Average / Year HC / WTE
Service Developments	166	143.27	33.2 / 28.7
Retirements	64	52.21	12.8 / 10.5
Total	230	195.48	46 / 39.2

Table 4 - Permanent B5 - B8 Service Developments and retirements across all Directorates for HSCNI Physiotherapy

Recruitment - Horizon Scanning; Significant Step Change

Baseline Resets to Enhance Continuity of Current Physiotherapy Services

NOTE - Enhancement of Service; Continuity Over 52 weeks and 7-day Provision

Will need to be defined further on the basis of service need:

- Posts currently funded for 42 weeks to be increased to 52 weeks service provision
 $52/42 = 1.24 \text{ WTE}$
- Posts Currently funded for 42 weeks over 5 days increase to 7 days/week
 $+2/5 = 0.4$ so 7 days/week = **1.4 WTE** for 7 day service 42 weeks of the year
- Posts funded for 52 weeks X 7 days/week
 $52/42 - 1.24 \times 1.4 = 1.74 \text{ WTE}$ for enhanced service continuity across 7 days/week

Stabilise Service Continuity - Planned Absence; Annual, Study Leave, etc.

On average terms over the next 5 years, the HSC Trusts NI will require up to 89 additional qualified Physiotherapists to join the human resource pool to stabilise the continuity of care across existing unscheduled care services; extrapolated across the 5 years to 0(18/19)-20(19/20)-20(20/21)-25(21/22)-24(22/23) = 89. (**Support for Recommendation 1, 2 & 5**)

NOTE: Targeted Baseline Resetting – *Unscheduled Services Only

- *AC@H, ED (not MSK), OPALS, Acute and Intermediate Care Inpatients

TRUST	Unscheduled WTE	Stabilise 52 week service over 5 days X 1.24 (change)	Enhance to seven days over 42 weeks X 1.4 (change)	Enhance to seven days over 52 weeks X 1.74 (change)
BHSCT (Existing 42/52 7/7)	105.1 24.4	130.3 (25.2) 30.3 (5.9)	147.1 (42) 34.2 (9.8)	182.9 (77.8) 42.5 (18.1)
NHSCT (Existing 42/52 7/7)	37.2 2.1	46.1 (8.9) 2.6 (0.5)	52.1 (14.9) 3 (0.9)	64.7 (27.5) 3.7 (1.6)
SEHSCT (Existing 42/52 7/7)	14.6 27.2	18.1 (3.5) 33.7 (6.5)	20.5 (5.9) 38.1 (10.9)	25.4 (10.8) 47.3 (20.1)
SHSCT (Existing 42/52 7/7)	49.7 6.4	61.6 (11.9) 7.9 (1.5)	69.6 (19.9) 9 (2.6)	86.5 (36.8) 11.1 (4.7)
WHSCT (Existing 42/52 7/7)	40.6 2.9	50.3 (9.7) 3.6 (0.7)	56.8 (16.2) 4 (1.1)	70.6 (30) 5 (2.1)
Total (Change) WTE	310.2	384.5 (+74.3)		
Headcount x 1.2		89		

Table 5 - Potential Staffing Implications of Baseline Resets to Enhance Continuity of Current HSCNI Physiotherapy Service

Peripatetic Teams; Approved and Prospective

In 2018-19, Peripatetic Teams approved across HSC Trusts NI, will require a baseline reset of 73 qualified Physiotherapists. The potential for 2019/20 is a further baseline reset of 47 Physiotherapists (**Support for Recommendation 1, 2 & 5**). The calculations for the numbers in Peripatetic pools were based on 50% maternity leave cover and to cover the recruitment period linked to turnover vacancies, it is important to note that sickness absence has not been factored in.

TRUST; Basis of Use	Approved 2018-19 *SE Trust – Calculated Risk £	Sought (inc. additional) Requiring Trust Approval
BHSCT ML/Vacancy gaps	24	-
NHSCT ML/WP	4	11
SEHSCT ML/LTSL/Vacancy gaps/WP	6*	5*
SHSCT ML/LTSL >6/12	30	24
WHSCT ML	10	6 (Vacancy gaps)
Sub-total	73	47

Table 6 - Potential Staffing Implications of Peripatetic Teams : Approved and Prospective

ML; Maternity Leave, LTSL; Long-term Sick Leave, WP; Winter Pressures

d) Recruitment Process Issues

Generally, there are significant delays in the recruitment process with regard to the timeliness of advertising vacancies and processing waiting lists, offers of posts and appointing staff evidencing the need to standardise the processes, systems and timelines in the Region to support the NI Regional HR Strategy, continuity of service delivery, reform and transformation. (**Recommendation 6**)

e) Competition within the UK Employment Market

HSC AHPs fall under Agenda for Change (AFC) pay arrangements however NI is at a disadvantage as;

- Competition within the UK Employment market is becoming more relevant to recruitment processes and in ensuring that N.I. Physiotherapy has a large enough recruitment pool. NI AHPS fall under Agenda for Change (AFC) pay and terms and conditions, however because pay is developed separately in each country there have been subtle differences emerging since 2013 across the four UK countries.

It is out with the scope of this review to be able to deal with the pay differences but it is something that is required to be considered and factored in to the recruitment challenge.

- There have been several enquiries from staff and recruiting agencies to the Heads of Physiotherapy, the Chartered Society of Physiotherapy Policy Officer for NI and to Physiotherapy staff side officers in relation to this pay difference in relation to decisions from Physiotherapists thinking about returning home to NI or taking up posts in NI. As a result several potential candidates have chosen to not take up the offers from NI or have negotiated individual terms through agencies.

Protecting the DoHNI funded new graduate places for the HSCNI is one important step to maintain the recruitment pool. (**Recommendation 5**).

In the past two years HSCNI Physiotherapy Managers have struggled to have a large enough Band 5 pool to fill vacant posts in Trusts. In June 2018 HSCNI undertook a regional recruitment process for Band 5 Physiotherapists and created a waiting list of 77 people. By 1st September 2018 all applicants had been recruited and are in post. HSCNI has had to undertake a second recruitment drive in October 2018 with only 21 applicants. Currently the number of Band 5 posts required to be filled in the region is a minimum of 60 meaning there is a gap of 39.

Using available information **from the UU Employability unit**; the average loss to HSC employment of Physiotherapy Graduates across 2012-2016 outturns, has been calculated at 21% (Table 3). In addition any students that study in other areas of the UK are less likely to return. Research evidence suggests that for the overwhelming majority of graduates the country location of their employment is the same as that of their University (McQuaid & Hollywood 2008; McGregor, McKee and Thanki, 2003; Faggian et al., 2006; McCann and Sheppard 2001). HSCNI has an average of 60 vacancies at Band 5 evidencing that there are sufficient jobs for all graduates.

- Competition from non-HSC Sector organisations and other employers; Independent / Private sectors, Capita, PIP (Personal Independence Plans) – offering direct employment of Band 5 graduates and third level education facilities offering Masters completion on graduation (**Section 5a**).

f) Potential Service Developments & HSC Transformation Agenda

In line with the expectation of 'Delivering Together' and the Bengoa report, the HSC Transformation Agenda will move at pace over the rest of 2018/19 and for the next four years.

Physiotherapists have an identified strategic role to play in the achievement of the transformation agenda (Figure 4 overleaf) e.g. First Contact Physiotherapy as part of multidisciplinary teams in primary care and therefore workforce development needs to keep pace with this.

The capacity of HSC Trust NI Physiotherapy to deliver fully against this agenda in the absence of a readily available workforce and recruitment pool could put certain aspects of the agenda and therefore patient health and wellbeing at risk.

Non-recurrent funding arrangements over the past five years have had an impact on the human resource pool; stop start / short term contracts have led to potential employees moving to areas / countries where more permanent, sustainable employment opportunities existed.

End of year WLI (Waiting List Initiative) monies is not conducive to effective workforce planning, good manpower management or effective quality service delivery. It is important that realistic "lead in" periods are in place and more stable / recurrent/permanent employment status would positively impact on the assurance for continuity of service and the achievement of PFA target areas.

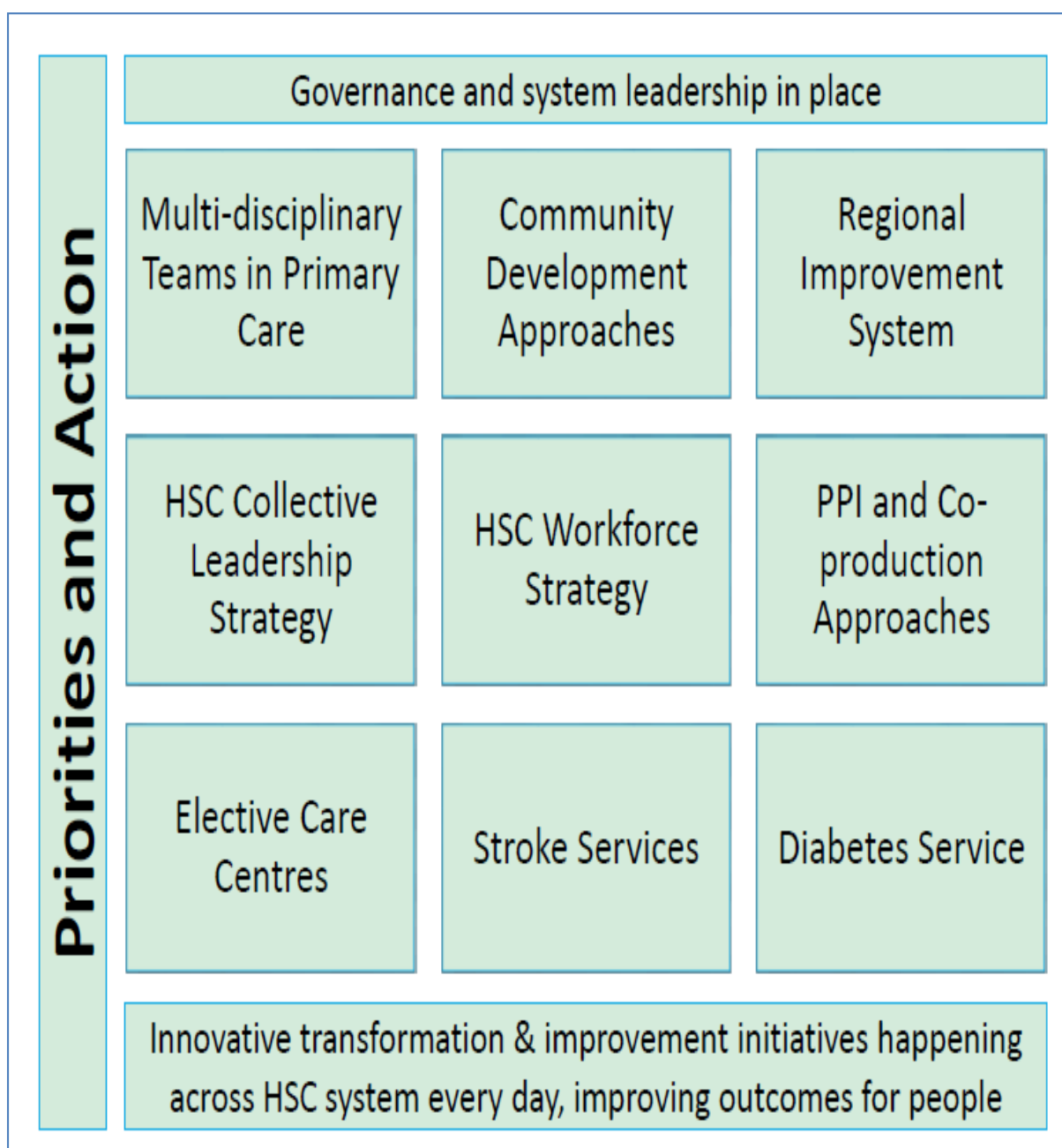
The current Turnover rate per year - 14% and vacancy rate - 11.5% escalates the requirement to ensure the complete implementation of this workforce review to guarantee that there is the staff available to deliver the services the population of NI need and the HSC are commissioned to provide.

Emerging Themes:

The table below outlines some of the potential and actual service developments currently known within the HSC continuum of core services delivery and the initiatives within the Transformation agenda.

The information in Figure 4 below came from the regional TIG group and Table outlines the key themes and initiatives where physiotherapy will be a core element of transformation.

Figure 4 – HSC Transformation Initiatives [Source: Mark Taylor, NI AHP Conference 18.10.17]



Theme	Initiative
Elective Care	<ul style="list-style-type: none"> • Waiting List initiatives • ICP Elective care pathways
Enhancing support in primary care	<ul style="list-style-type: none"> • First Contact Primary Care Physiotherapists <p>There were 2 FCPP pilots in play; SEHSCT (Dec 17) and WHSCT (Jan 18). At this point, the model guide is 1 WTE 8a Advanced Practice Physiotherapist per 10000 patient population.</p> <p>Early qualitative and quantitative data looks very positive and comparable to outcomes across England, Scotland and Wales.</p>
Transformation of Community, Intermediate Care and Hospital Services	<ul style="list-style-type: none"> • Elective care centres • Elective specialty plans • Falls prevention and rehabilitation • Unscheduled care • Intermediate Care • Implementation of new model for stroke services • Acute care at Home • Frailty services • Learning disability • Physical Disability • Community Respiratory services (5 to 7 day extended hours) to support discharge/prevent admission/attendance at day care/living life to the full with long term respiratory conditions) all age groups • Public Health drive for population health.

Table 7 - Key Transformation Initiatives for the Physiotherapy Workforce

The impact of these emerging themes and commissioned services (many currently being recruited through C&S transformation initiatives) on the workforce have been factored into this Physiotherapy workforce review however there is a likelihood that it is based on an underestimation of Physiotherapy staffing demand over the next four years. (**Recommendation 6 & 7**)

6. Summary of Influences on the NI Physiotherapy Human Resource Pool

The following table provides a quantitative summary of the measures that are expected to have a significant impact on the physiotherapy human resource pool required by the HSCNI services over the next 5 years.

It furthermore provides the evidence to highlight the need for ongoing and robust workforce planning cycle. As has already been said, the average loss to HSCNI employment of Physiotherapy Graduates across 2012-2016 outturns, has been calculated at 21%; using available information **from the UU Employability unit;**

Headcount	2018-19	2019-20	2020-21	2021-22	2022-23
Maximum UU graduates available to HSCNI based on 50 commissioned places. (Page 31)	43	39	39 + 8	39	39
Recruitment & Retention HSCNI – Service Development (Page 33)	33	33	33	33	33
Recruitment & Retention HSCNI – Retirements (Page 33)	13	13	13	13	13
Recruitment - Stabilise Existing Workforce (Acute) x 1.24 2019-23 (Page 34)	-	20	20	25	24
Recruitment - Peripatetic 2018-19 (Page 35)	73	-	-	-	-
Recruitment - Peripatetic + 2019-20 (Page 35)	-	47	-	-	-
Transformation Agenda FCPP Implementation 2018-20(1 WTE / 10k pop) (Page 38-40)	95	95	-	-	-
Shortfall UU Out-turn V HSC Trusts NI need	-171	-169	-19	-32	-31
Cumulative need beyond current DOH commissioned level through UU	171	340	359	391	422

Table 8 - Summary of Potential HSCNI Physiotherapy Staffing Issues 2018 - 2023

While the potential HSCNI Physiotherapy staffing deficit over the next five years equates to 422, a significant proportion of this predicted shortfall relates to two step-change events – the implementation of Peripatetic staffing and the introduction of FCPP’s within the Transformation Agenda. Given the need to implement a robust workforce plan it is likely that HSCNI will gradually address this deficit over the next few years. As such, on average terms, there is an indication of need for an additional 85 Physiotherapists per year; above that trained by UU, to join the HSCNI Human Resource pool over the next 5 years.

(Recommendations 1, 2, 3, 4, 5, 6, & 7)

Undergraduate Commissioning;

Rationale - for the purposes of this paper the HSCNI have benchmarked with Wales due to the similarity of geography; urban - rural and that it, like Northern Ireland, has only one University (Cardiff) that their DoH commission undergraduate training places from. We have also made the assumption that the health and care needs of the population of Wales and NI are similar.

Cardiff university is the main source of supply for training the numbers of undergraduates to meet the needs of the population of Wales. Using this benchmark Wales, have a population of 3.1 million, and offer 140 places at undergraduate level which equates with 1 Physiotherapist per 22143 of the population when we compare with NI with a 1.9 million population, 50 places are offered which equates to 1 Physiotherapist per 38,000.

2017	Population	Number of DoHNI Commissioned Places	Population Proportionality	Equivalence; Undergraduate Places Required For N.I.
Wales	3.1 million	140	1 per 22143	
NI	1.9 million	50	1 per 38000	86

Table 9 - Rudimentary Benchmarking of Undergraduate Commissioning

Based on this simple benchmarking comparison, the current annual UU recruitment pool of 50 places should be increased to around 86 commissioned undergraduate places. These additional 36 places alone will not address the predicted annual shortfall of 85 outlined above.

Of the 2180 students applying for the bursary in 2017/18 (first year of offer), only 3% declined to work in Wales post qualification. Assuming Wales DOH is able to enforce this measure, the vast majority of students trained in Wales will work in Wales after their studies.

It is crucial that similar steps are explored / taken by DoHNI to increase and protect the pool of NI physiotherapy graduates available to HSCNI via DoHNI commissioned places. (**Recommendations 1, 2 & 5**)

Cost Estimate; Incremental Increase from 50 to 86 DOHNI Commissioned Places

Many of the above developments will require robust workforce planning, partnership working with the Ulster University and Trusts as well as increased funding to be realised. This will ensure a skilled recruitment pool and the co-ordinated planned approach to ensuring the continuous professional development of the workforce. With the agreement of the DOH to these recommendations this would result in the annual commissioning of the optimum additional places identified in this paper (86) from the University (including Trust Placements). Based on the current model of commissioning, the current tuition fees, and an average bursary award of £1,500 p/a per student, the funding increase required for the 36 additional Undergraduate Commissioned Places per financial year would be:

Year 1: £190k

Year 2: £516k

Year 3: £842k

Year 4: £976k (recurrent thereafter)

Regional Placement Cost Increase: 36 people x £60x 3 placements approx £6480 per annum

A phased increase would require additional funding for Undergraduate training from the 2018/19 baseline as set out in the table below. (**Recommendation 1**)

Year	Total places	Additional required	Trust Placement Costs
2018/19	60	£53k	£1800
2019/20	70	£196k	£3600
2020/21	80	£339k	£5400
2021/22	86	£641.5k	£6480
2022/23	86	£786k	£6480
2023/24	86	£976k	£6480

Table 10 - Phased increase in Undergraduate Training and associated costs

UU and the HSC Trusts have indicated that if the department supports the recommendation to commission a phased increase to 86 places by 2021/2022, these additional numbers can be accommodated within the university and the Trusts for clinical placements. Potential solutions include placements in emerging areas of clinical practice.

7. Stakeholder Engagement

An important element of the review involved stakeholder engagement in the spirit of co-production and co-design. The Project Team comprised of representatives from DoHNI, PHA, and Trusts. The Steering Group comprised of representatives from DoHNI, PHA, Trusts, PCC and Staff Side.

An engagement strategy was discussed at Steering Group level. It was agreed a collective communications effort regionally would be important to encourage service user and carer involvement. This input to the review process would ensure solutions were coproduced appropriately.

The PCC undertook a digital communications strategy to support the involvement agenda. This included social media postings across Facebook and Twitter; published article updates in PCC monthly newsletter with a reach of 15,000 across Northern Ireland and event listings on PCC website for 'Engage' events.

In addition, the Project Group hosted an 'Engage' event on Friday 24th November 2017 at the Ulster University, Jordanstown Campus. Over 100 delegates registered to attend the event from across the statutory, independent sector, staff side, carers and users. The purpose of the event was to consult on the development of the draft Allied Health Professions Workforce Review with a Focus on Physiotherapy, Occupational Therapy, Speech & Language Therapy. The event took the format of an interactive e-participation 'Engage' session.

The engage discussion focused on four main topics:

Question 1 – Recruitment – What needs to be done to attract the right people with the right skills into these professions?

Question 2 – Retention – What needs to be done to make the HSC a brand that people aspire to work for?

Question 3 – Workforce Planning Process – Are there any gaps in the process that you would wish to have addressed?

Reflection – Having discussed all of this today, what would you now suggest as the top priority for the AHP workforce reviews to deliver?

The ‘Engage’ method combines the live aspect of small-scale discussion with information and communication technologies; on one hand it allows rapid transmission of work-group results to a plenary assembly; while on the other it permits surveys of individual participants’ opinions through a polling system. Information gathered at the engage event has been reflected in the review. Each of the round table groupings at the event were asked to prioritise their responses in each topic and the top responses captured.



The full report of the ‘Engage’ can be found at **Appendix 3**

The Public Health Agency (PHA) is carrying out an extensive piece of work across all Health and Social Care Trusts (HSCTs), with the aim of introducing a more patient-focused approach to services and shaping future healthcare in Northern Ireland. The ‘10,000 Voices’ project now ‘10,000 more voices’, gives patients, as well as their families and carers, the opportunity to share their overall experience highlighting anything important, such as what they particularly liked or disliked about the experience. The project is supported by a software package called sensemaker & the National Health Service in Northern Ireland are among the earliest users of SenseMaker®.

Personal and Public Involvement (PPI) is the active and effective involvement of service users, carers and the public in the design, development, delivery and evaluation of Health and Social care (HSC) services. Personal and Public

Involvement (PPI) is now a legislative requirement for Health and Social Care organisations as laid down in the Health and Social Services (Reform) Northern Ireland Act 2009. While PPI may be relatively new term, the concept is not. The HSC system has long recognised the benefits of meaningful and effective engagement of service users, carers and the public. Within all Trusts in the region Physiotherapists are actively involved in building partnerships and networks with service users, adults and children, carers, families, charitable organisations, user forums, voluntary organisations and other agencies including councils, education, police, Ambulance and Fire Services, to identify some areas.

The Physiotherapy profession proactively leads on engagement with patients, carers, all staff members, support and professionally qualified staff who in turn are potential service users as well as providers of services. On the 20th of November 2017, an event was held for our new Physiotherapy graduate (Band 5) staff for them to add their voices and stories to help us develop the undergraduate training, services and leaders within the profession which in turn will benefit the patient journeys and pathways.

Within the Region SHSCT Physiotherapy Musculoskeletal service is piloting the use of the Bridges approach to Self -Management and Independence; this is a first for the nation in this clinical area.

Innovative approaches e.g. “Dragon’s Den” events have enabled partnership development of quality improvement projects/services through the use of service user stories, reflection, learning and joint working with service users and physiotherapists. As a result of events like these new service models have been implemented and learning from what works for service users has resulted in service user centred services.

8. Conclusion

This report has been written to inform the Physiotherapy Workforce development needs for Northern Ireland. This is inclusive of evidencing the need for an increase in the number of undergraduate physiotherapy training places in the context of Northern Ireland HSC in 2018 and over the coming years.

Considering all of the evidence and projections outlined in this report the trend does demonstrate the need to increase the number of undergraduate places to ensure growth in the recruitment pool to meet future recruitment needs of the HSC workforce and to ensure Physiotherapy as a key partner of the HSC, delivers on and meets service needs and transformation plans.

This increase in undergraduate commissioned places will support the maintenance of existing services, the transformation agenda outlined in Delivering Together and the delivery of initiatives such as First Contact Physiotherapy amongst the numerous other transformation agenda items set out within section 3 (d).

The report further explores the post graduate Knowledge and Skills developments required by the HSC NI Physiotherapy workforce to enable productive and sustainable transformation of services. This highlights the need for fully funded postgraduate training and development that is planned on a minimum of three year cycle basis.

The recommendations set out in the next section have been informed by the first four steps of the workforce planning framework considered throughout this report. The recommendations and action plan complete the workforce cycle in line with step 5 and step 6.

Effective workforce planning for Physiotherapy and full implementation of the recommendations will ensure we have the right people, in the right place at the right time to ensure the efficient, effective delivery of the HSC services in NI over the next five years.

It is also key that there is a formal midterm review of the actions taken to evaluate the impact and adjustments required to inform the next cycle of workforce planning.

9. Recommendations of the Physiotherapy Workforce Review

Based on the findings of the Physiotherapy workforce review the key recommendations are set out below, these have been structured under key headings and will inform the Action Plan.

	RECOMMENDATIONS
<p>Undergraduate Training</p>	<p>1. DoHNI to fund uplift in undergraduate training places – evidence supports the increase from 50 to 86 with the optimum numbers to be reached by 2021/22. Phased approach over a five year period;</p> <ul style="list-style-type: none"> ➤ 2018/2019 – 60 Places ➤ 2019/2020 - 70 ➤ 2020/2021 - 80 ➤ 2021/2022 - 86 ➤ 2022/2023 - 86 <p>It is important to note that the initial impact of uplift will not be realised in the workforce until 2021 at the earliest. (Section 5: Workforce Availability)</p> <p>2. The Physiotherapy Profession and DOH with Education to explore alternative routes to BSc Physiotherapy page 32:</p> <ul style="list-style-type: none"> ➤ UU, as the local provider to scope the development of an accelerated 2 year undergraduate Masters and postgraduate Masters routes in partnership with the Physiotherapy professional leads and the DOHNI as the commissioner of education and training sources.

	<p>➤ Professional body to scope Open University Physiotherapy Degree course or apprenticeship route - access to apprenticeship levy. (Appendix 9: Q&A (Questions and Answers) on Apprenticeship Developments CSP Website Feb 2017 & Appendix 10: Apprenticeships - the back story). The DOHNI, and the profession progress this approach in partnership.</p>
<p>Post Graduate Training</p>	<p>3. DoHNI to ratify the training and funding for an ECG, budgeted, 3 year planning cycle to enable implementation of the transformation agenda from a knowledge & skills context.</p> <p>4. The funding of the ECG budget is required to be based on the Head count of physiotherapists and not WTE which is currently the case. (Regional Physiotherapy Service profile page 22)</p>
<p>Recruitment and Retention</p>	<p>5. To formalise the commitment process of UU graduates funded by DoHNI in line with the Welsh model to be secured for HSC NI employment for two years on qualification. This will help mitigate against the loss of new graduates from the pool to other markets/employers.</p> <p>6. Under the HSC WF Strategy for the region, work with physiotherapy partners and Shared Services to support HSC Trusts in NI to promote themselves as an employer of choice and Physiotherapy as a profession of choice. This will include the standardisation of regional recruitment and robust workforce planning evidenced in this paper.</p>

	<p>From the knowledge around the workforce numbers required there is evidence of the need to expand the Physiotherapy marketing profile to enable recruitment from across a wider human resource pool inclusive of Scotland, England, Wales and the South of Ireland through the use of Social media etc. (Section 5 Understanding Workforce Availability)</p> <p>The DoHNI to develop and recruit on a permanent basis an AHP Workforce Lead role who will work to proactively manage and alert to the actual and changing workforce needs across Allied Health Professionals.</p>
<p>Transformation</p>	<p>7. DoHNI, PHA, HSC Trusts NI, Physiotherapy professional leads to carry out an interim review of the physiotherapy workforce to take into account the ongoing impact of service developments and transformational service changes on the HSC Physiotherapy workforce over the next five years. (Section 3: Mapping Service Change-)</p>

10. Action plan

An appropriate action/implementation plan will be developed and published on the Department of Health's website and the Workforce Strategy Programme Board will be updated on progress.

Appendixes

Appendix 1 - Membership of AHP Workforce Programme Steering Group, former Regional Workforce Planning Group and Physiotherapy Sub-Group

ALLIED HEALTH PROFESSIONS (AHP) WORKFORCE REVIEW	
PROGRAMME STEERING GROUP - MEMBERS	
Name	Organisation
Charlotte McArdle	DoH – Chief Nursing Officer
Andrew Dawson	DoH – Workforce Policy Director (Acting)
Peter Barbour	DoH – Workforce Policy Directorate
Catherine Donnelly	DoH – Workforce Policy Directorate
Hazel Winning	DoH - AHP Lead Officer
Erin Montgomery	DoH – IAU
Jill Bradley	NHSCT - Lead for Allied Health Professions
Paula Cahalan	BHSCT AHP Lead
Eamon Farrell	SHSCT – Acting Assistant Director of AHP Governance, WFD and Training
Carmel Harney	SHSCT - Assistant Director of AHP Governance, WFD and Training
Mary Hinds	PHA
Raymond Irvine	WHSCT – Senior HR Manager
Patricia McClure	Ulster University
Joanne McKissick	Patient and Client Council
Pauline McMullan	BSO Assistant Head of Clinical Education Centre
Margaret Moorehead	SEHSCT - Assistant Director – AHP
Paul Rafferty	WHSCT - Head of AHP Services
Claire Ronald	Staff Side
Claire Smyth	SEHSCT - Assistant Director Organisation & Workforce Development
Michelle Tennyson	PHA
Heather Trouton	Interim Director of Nursing and AHP

ALLIED HEALTH PROFESSIONS (AHP) WORKFORCE REVIEW	
PROGRAMME STEERING GROUP - MEMBERS	
Name	Organisation
Marie Ward	WHSCT - Assistant Director of Human Resources

ALLIED HEALTH PROFESSIONS (AHP) WORKFORCE REVIEW	
PROGRAMME STEERING GROUP – FORMER MEMBERS	
Name	Organisation
Mary Hannon-Fletcher Until 10 August 2017	Ulster University
Brendan McGrath Until 20 September 2017	WHSCT - Assistant Director of Nursing: Workforce Planning and Modernisation
Angela McVeigh Until 20 September 2017	SHSCT - Director Older People & Primary Care & Interim Executive Director Nursing & AHPs

FORMER REGIONAL WORKFORCE PLANNING GROUP - MEMBERSHIP	
UPDATED: 31 MAY 2018	
Name	Position and Organisation
Andrew Dawson	Acting Director, Workforce Policy Directorate, Department of Health
Peter Barbour	Assistant Director, Workforce Policy Directorate, Department of Health
Catherine Donnelly	Deputy Principal, Workforce Policy Directorate, Department of Health
Erin Montgomery	Principal Statistician, Information and Analysis Directorate, Department of Health
Sharon Allen	Principal Economist, Infrastructure Investment Directorate, Department of Health
Paddy Woods	Deputy Chief Medical Officer, DCMO - Safety, Quality and Standards, Department of Health
Heather Finlay	Nursing Officer, Nursing, Midwifery and AHP Directorate, Department of Health
Adrian Mairs	Acting Director of Public Health, Public Health Agency
Roger Kennedy	Assistant Director of Commissioning, HSC Board
Patricia Higgins	Director of Regulation and Standards, Northern Ireland Social Care Council
Karen Hargan	Human Resources Director, Business Services Organisation
Jacqui Kennedy	Human Resources Director, Belfast HSC Trust


FORMER REGIONAL WORKFORCE PLANNING GROUP - MEMBERSHIP**UPDATED: 31 MAY 2018**


Name	Position and Organisation
Elizabeth Brownlees	Human Resources Director, Northern HSC Trust
Myra Weir	Human Resources Director, South Eastern HSC Trust
Vivienne Toal	Human Resources Director, Southern HSC Trust
Ann McConnell	Human Resources Director, Western HSC Trust
Roisin O'Hara	Human Resources Director, Northern Ireland Ambulance Service HSC Trust


Physiotherapy Workforce Sub-Group Members





Name	Organisation
Hazel Winning	DoH (Chairperson)
Shane Breen	PHA (Co-Chair)
Peter McAuley	DoH
Catherine Donnelly	DoH (WFD)
Gerard Tinney	DoH
Alison Dunwoody	DoH
Paula Cahalan	BHSCT (AHP Lead)
Elaine McConnell	BHSCT (PT HOS)
Lynne McCartney	NHSCT (PT HOS)
Aveen McCraith	SET (PT HOS)
Teresa Ross	SHSCT (PT HOS) Chair Of Regional Physiotherapy Managers Forum
Seamus Doherty	WHSCT (PT HOS)

Tom Sullivan	CSP (Policy Officer)
Claire Ronald	Staff-side CSP

Appendix 2 – AHP Workforce Strategy Terms of Reference	
Click on Icon to open	 AHP WORKFORCE REVIEW - PHYSIOTHE

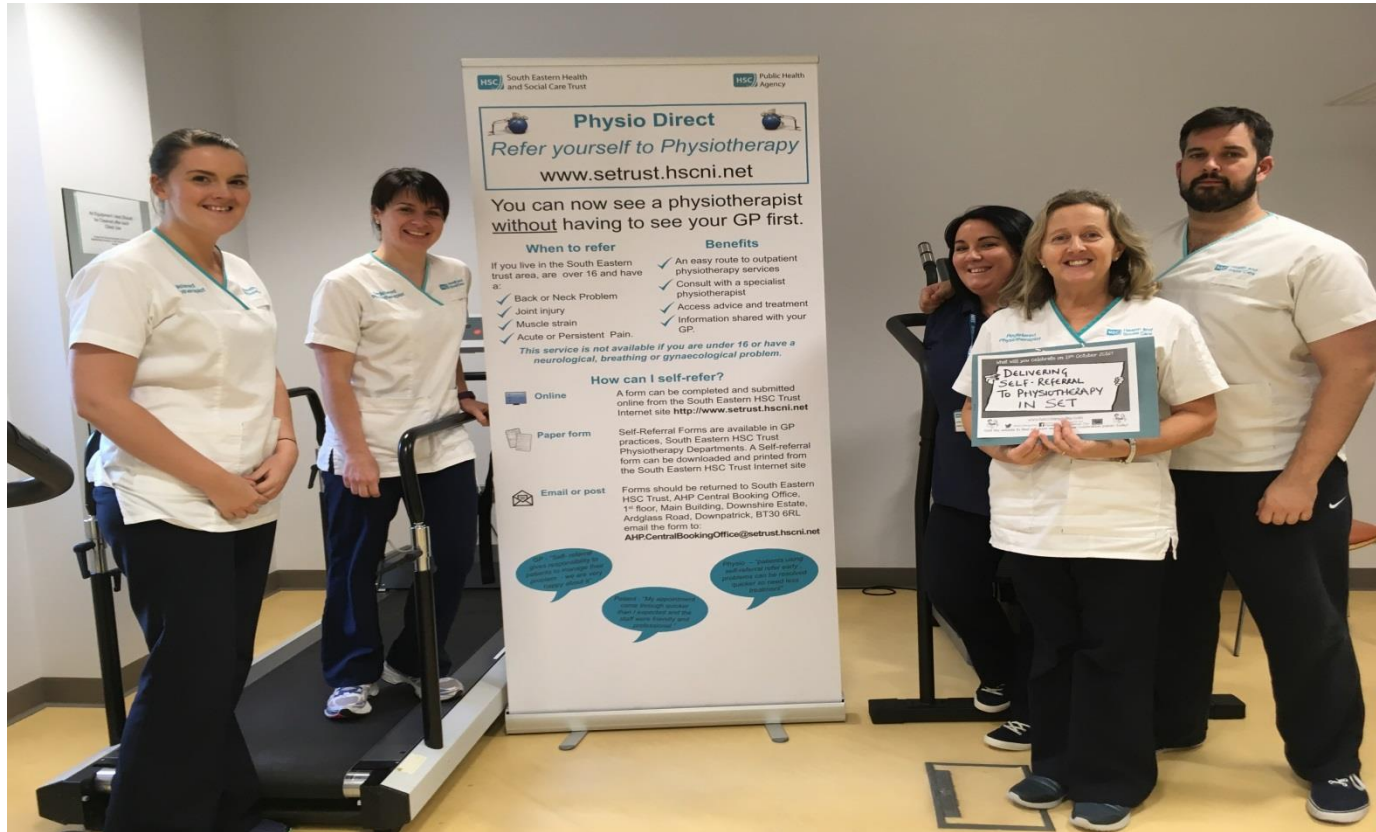
Appendix 3 - DoH HSC AHP Workforce Strategy Engagement Event – 24th November 2017	
Click on Icon to open	 DoH HSC AHP Workforce Strategy E

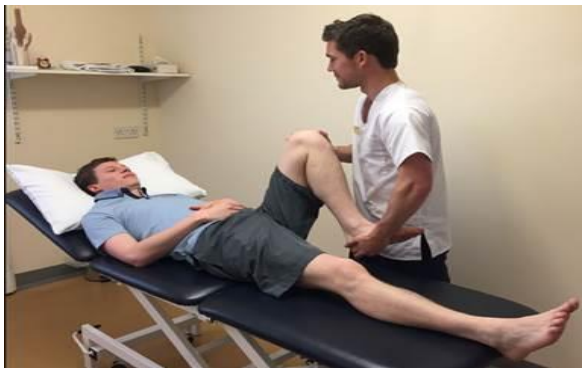
Appendix 4 - AHP Care pathways	
Click on Icon to open	 Physiotherapy Elective Care Pathwa

Appendix 5 – Fundamental Units of Evidence	
Click to open Icon	 Fundamental Units.pdf
Appendix 6 – Key Risks and Mitigation	
Click to open Icon	 Key Risks and Mitigation.pdf
Appendix 7 – Health Service capacity Review 2018 (HSE) – Main Report	
Click to open Icon	 Health-Service-Capacity-Review-2018-Ma
Appendix 8 – Facing the facts, shaping the future – a draft health and care workforce strategy for England to 2027	
Click to open Icon	 Facing the Facts Shaping the Future a

Appendix 9 – CSP: Questions and Answers Related to apprenticeships	
Click to open Icon	 CSP Questions and Answers Related to A
Appendix 10 – Apprenticeships: the back story	
Click to open Icon	 Apprenticeships The Back Story.pdf
Appendix 11 – Educational Migration in Northern Ireland 2008	
Click to open Icon	 EducationalMigrationinNIreland2008.pdf
Appendix 12 –Physio Works - CSP	
Click to hyperlink to view documents	https://www.csp.org.uk/professional-clinical/clinical-evidence/clinical-briefings

Physiotherapy in Action





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