Department of Health

Workforce Review Report

Podiatry

2019 - 2029

Contents

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 Podiatry Workforce Review Report and its recommendations set us on course to do just that for this profession.

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Executive Summary

The Podiatry Workforce Review has been initiated, guided and endorsed by the Department of Health (DoH) and co-produced by the podiatry heads of service from each of the five Health and Social Care Trusts in collaboration with the Public Health Agency (PHA).

The aim of the review is to ensure that adequate numbers of podiatrists are trained at undergraduate level to meet the anticipated demands for the profession over the next 5-10 years.

A range of methods were employed over the period of the review including gathering and analysing statistical data, conducting a range of workshops, surveys, focus groups, interviews and meetings with stakeholders across the Health and Social Care (HSC) system, including the independent sector and reviewing relevant policies and strategies to identify proposed service developments or changes over the next number of years.

It is evident that the podiatry profession, like all Allied Health Professions (AHPs), faces a number of challenges in terms of having a staffing resource with the capacity to manage the anticipated increase in demand in all the service areas it currently operates in. These areas are clearly highlighted in the review content. The document demonstrates that over the next five years 27 extra undergraduate places need to be commissioned. In doing so the profession is mindful of the need to ensure the delivery of safe and effective services that continue to meet the needs of service users both in primary and secondary care settings.

The review outlines a number of key recommendations in order to achieve these objectives which are outlined within the Terms of Reference (ToR) in Appendix 2.

Introduction

This report forms part of a programme of data development and analysis on the podiatry profession as part of the Allied Health Professionals (AHP) in NI. It describes both undergraduate and post-graduate education and training and the HSC labour market for podiatrists. It has drawn on several sources of routinely collected data at different stages of the education and employment pathway from university through to the provision of services.

The aim of the report is to examine trends in the supply of and demand for podiatrists in NI using aggregate data collected over several years by the five Trusts. It is anticipated that this report will be of interest to podiatry leads and professionals responsible for planning the education and workforce landscape for podiatric services across NI and the rest of the United Kingdom (UK).

Strategic context

The direction of travel for transformational change within the HSC has been clearly set through the publications of 'Health and Wellbeing 2026 – Delivering together' and 'Systems not Structures: Changing Health and Social Care – Expert Panel Report'.

These documents have been developed to help HSC to ensure services can meet the predicted demographic needs and challenges facing the region over the next decade and beyond.

These strategic drivers stress the importance of investing in our workforce, providing opportunities to develop their skills and find suitable career paths at all levels.

'We must invest in our staff and provide the environment to allow them to do what they do best – provide excellent high quality care' – 'Health and Wellbeing 2026- Delivering Together'

In doing so it has been recognised that effective workforce engagement and planning are key enablers to HSC transformation. Therefore in December 2016 the Department of Health (DoH) NI embarked on a number of regional workforce reviews across a range of AHP groups including podiatry. These workforce reviews were deemed necessary to ensure AHP services delivered across NI would be

sustainable to meet future demands, needs of the population and to ensure services were delivered to an appropriate standard in line with strategic policy directions. It is well acknowledged that there are a range of challenges faced by the HSC system which supports the need for the workforce to be balanced correctly in terms of size and skills, ensuring there is an adaptive workforce, well organised and deployed correctly to provide the best possible care for service users and their families.

Engagement between relevant organisations and stakeholders facilitated effective and active participation throughout the duration of the review. Another challenge experienced in completing the review was in determining the necessary workforce to deliver sustainable services in the future, some of which was unknown. The review completed a horizon scanning exercise to determine future service needs. This involved:

- Analysis of demographic trends
- Analysis of complexity of need
- Predicting subsequent need
- Predicting service developments
- Identifying potential partnerships with other agencies in the delivery of services.

The main focus of the 'Delivering Together' Framework is to put people at the forefront of services, to enable them to stay well for longer, with any specialist interventions required being delivered to a high standard in a safe and timely manner.

The Health Minister's 'Delivering Together' Strategy proposes a whole system transformation plan that requires cultural and operational change in order to meet future demands. This proposed transformation of HSC services is a long-term goal.

Fig 1 - Delivering Together Ambition

By embedding the 'Delivering Together' Strategy into all stages of this review, there is greater assurance that the ultimate findings will be in keeping with the strategic direction for the future model of HSC in NI.

Workforce plan methodology

The review used the sequenced six-step methodology outlined within the Skills for Health, Regional HSC Workforce Planning Framework as denoted in the diagram below with completion agreed by March 2018.

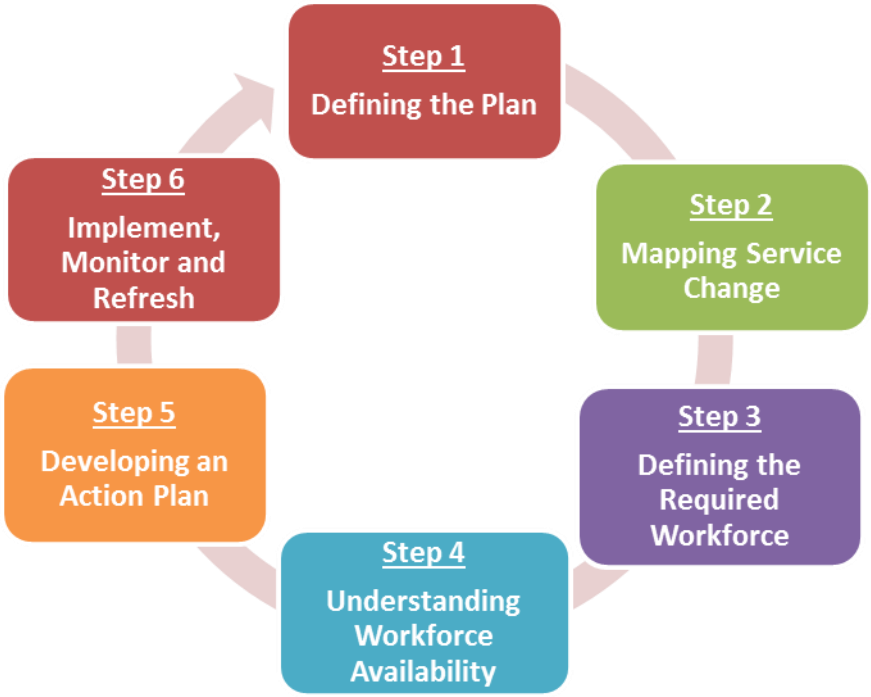


Figure 2 - Six Step Methodology.

Meeting the terms of reference

A key component for the successful completion of the 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 AHP Workforce Review Programme Steering Group at regular intervals.

Assumptions and constraints

Due to the challenging nature of a workforce review, it was important to consider any possible assumptions, constraints and/or risks early in the process. A number of assumptions and constraints were identified and measures were taken to help manage these and reduce their implications throughout the process of the review. While the key points are outlined in Table 1, additional constraints can be found in Appendix 2

Constraint/Assumption	Description	Measures Taken
Engagement	Active involvement of key stakeholders is critical at every stage of the review. Engagement will ensure that recommendations made from the review have senior DoH agreement to support implementation.	A Stakeholder Engagement event was held. To inform key stakeholders gain opinion and support. Relevant, findings determined at each stage of the review were also communicated routinely with the Programme Steering Group.
Timeframe and Professional Capacity	Completion of a comprehensive review within a year was likely to prove challenging, particularly due to the competing demands and pressures of those involved.	The development of a programme plan with clear timeframes and responsibilities which shared the work amongst the sub-group members helped manage this.
Access to Data	Podiatry staff work across a range of settings and deliver a diverse range of service models including; uni-professional, multi-professional, and multi-agency basis.	All available information was accessed and utilised in carrying out the review and a process was set to ensure professional sign off and authorisation of the information used.
Future HSC and Political Structures	NI is experiencing system change and uncertainty, particularly within the political and health care arenas, with associated financial uncertainty.	The sub-group based their analysis on key strategic frameworks e.g. the Bengoa Report and 'Delivering Together – Health and Well-being 2026' Framework.

Table 1 – Constraints and assumptions considered in approaching the review with an outline of measures taken

Defining the Plan

Purpose, aims and objectives guiding principles scope of the workforce review

The focus of the podiatry workforce review was to ensure services across NI are both sustainable and delivered to an appropriate standard. The range of challenges faced by the HSC system has reinforced the need to ensure that the podiatry workforce is balanced correctly in terms of numbers and skills. This will ensure that an adaptive Podiatry workforce is deployed in the right way and ensure services provide timely support for clients at both population and specialist levels.

Ownership

Relevant professional and workforce leads were identified as nominated members of the AHP Workforce Review Programme Steering Group and the regional podiatry sub-group. This included nominations from relevant organisations such as DoH, podiatry heads of service from each of the HSC Trusts, Public Health Agency (PHA), Staff side, the College of Podiatry and service user involvement in line with requirements of the Public and Personal Involvement (PPI) legislative frameworks. The Project Group report to the AHP Steering Group.

Drivers for change

There are many strategic drivers which support workforce planning, and which recommends proactive management to help plan for the wide range and complexity of needs within the population. This is particularly evident in the overarching ambition of Delivering Together 2026 as outlined in Figure 3.

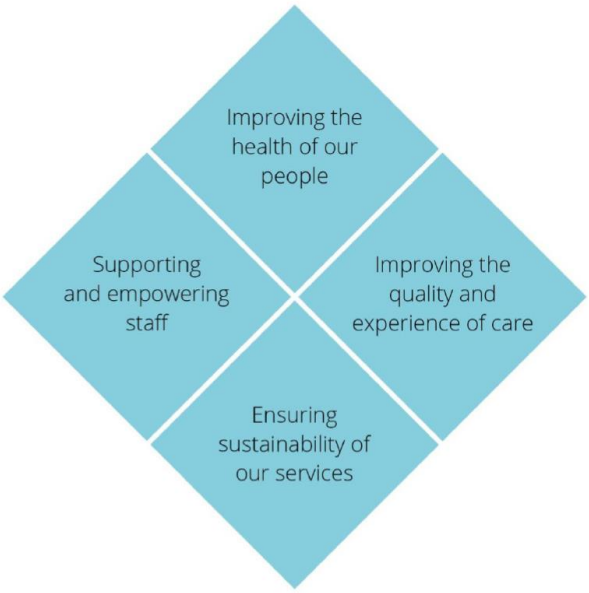


Figure 3 - Components involved in achieving the Ministers ambition – Every one of us leading long healthy and active lives.

Within this context, it is essential that this workforce review:

- Recognises the changing nature of HSC needs and the link to demographic changes in local populations (greater emphasis on preventative approach and supporting people)
- Revises service delivery models to meet the needs of patients, clients, carers and health and social care staff in the wide ranging geography of NI
- Considers the career progression and succession planning requirements of the present and future HSC workforce
- Enhances patient safety and quality of care
- Ensures affordability of services given the challenging financial context for all organisation

- Connects 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 NI and the annual Commissioning Plan Direction.

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 NI. 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.

In response to the Bengoa/Expert Panel report the DoH 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 grade if it is to succeed. 'Delivering Together', is now considered the only road map for reform. It lists the development of a workforce strategy as one of the 18 key priority actions (no.16) to be taken forward in the next 12 months as part of the transformation process. The Workforce Strategy is to 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 Minister's vision, the strategy will be developed through co design and co-production.

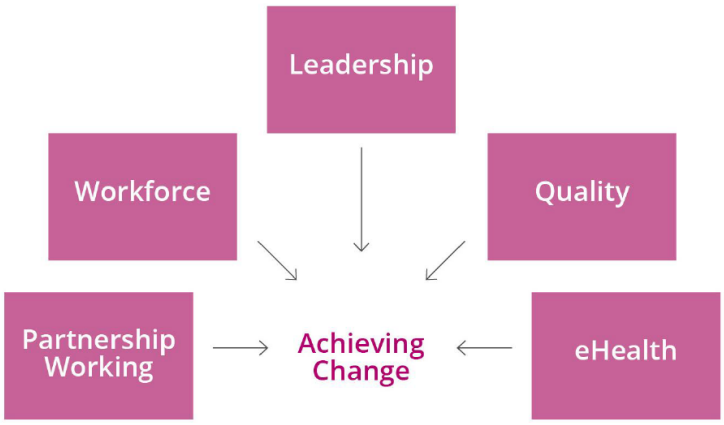


Figure 4- 'How we plan, design, support and implement service transformation is as important as the changes we wish to make.'

The NI Programme for Government (PFG) contains 14 strategic outcomes which set a clear direction of travel and enable continuous improvement on the essential components of societal wellbeing. They touch on every aspect of government, including the attainment of good health and education, economic success and confident, peaceful communities.

Making Life Better 2012 – 2023 Public Health Strategy - The main objective of this strategy is about people being enabled and supported to take control of their full health and wellbeing potential and to reduce inequalities in health. Podiatry has a key role in early identification and intervention programmes, particularly in more deprived communities.

In addition the AHP Strategy 'Achieving Health and Well-being Through Positive Partnerships' 2012-2017 sets a clear framework for the key strategic directions for AHP's across NI. Within the Strategy 40 actions were identified under four key themes:

- Promoting person-centred practice and care
- Delivering safe and effective practice and care
- Maximising resources for success
- Supporting and developing the AHP workforce.

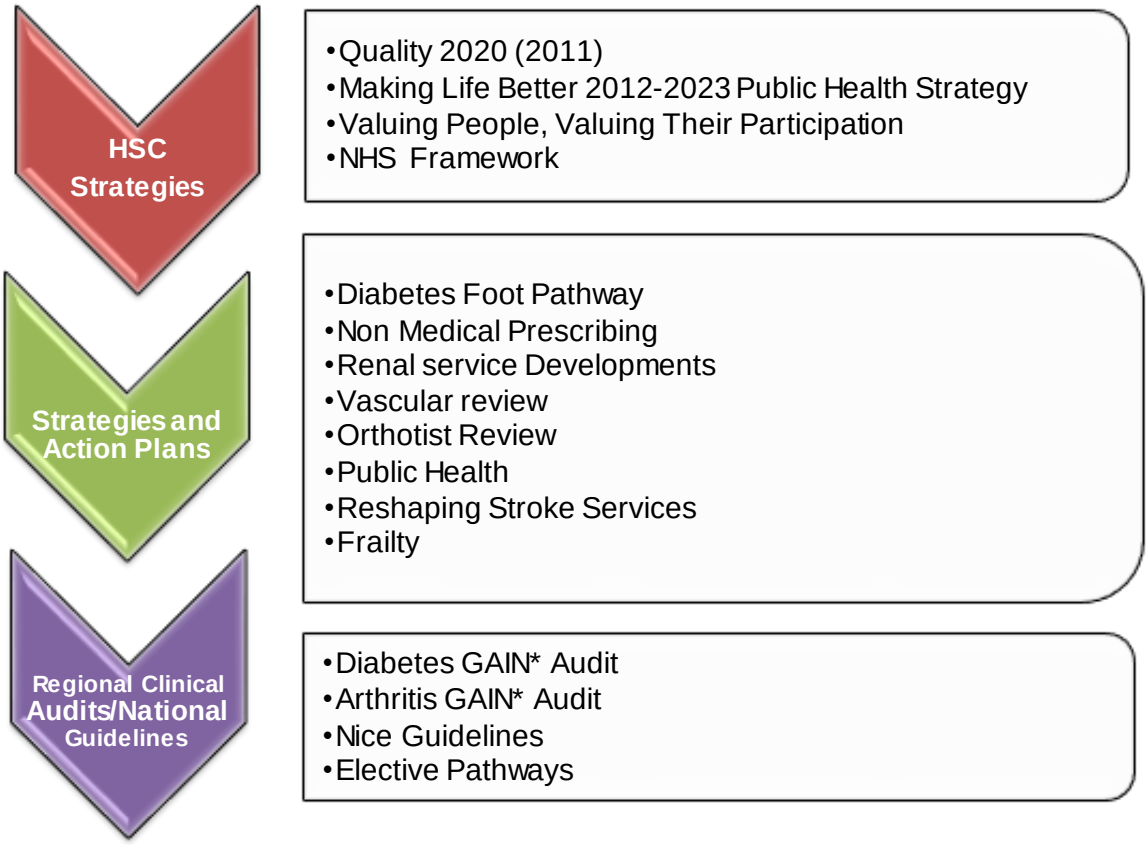


Figure 5 Influential Regional Audits, Policies and Strategies

*GAIN = Guidelines and Audit Implementation Network

Mapping the Service

Population demographics, health profile and statistics

NI 2017 mid-year statistics estimate the population as 1.874million and population projections anticipate a rise of 4.68% to 1.961m by 2027. Information and population statistics available suggest there will be varying levels of increase by 2027 across each of the Local Commissioning Group (LCG) areas, ranging from 2.5% to 9.8%.

The highest 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 the ageing population will continue to rise and by 2027 the over 65 population is expected to increase by 28%, representing 19.9% of the overall population. This will have an impact on service demands and pressures across the health and care system, as people grow older the likelihood of illness and disability is anticipated to also increase. The predicted population statistics for 2027 are displayed in Table 2. Current Population Statistics see Appendix 3

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 N.I resident population predictions by LCG – 2027

Evidence available suggests that the prevalence of long term conditions that directly impact foot health such as diabetes, arthroplasty and stroke and hypertension are increasing and the number of people coping with co-morbidities has also increased. https://www.health-ni.gov.uk/publications/201718-raw-disease-prevalence-trend-data-northern-ireland

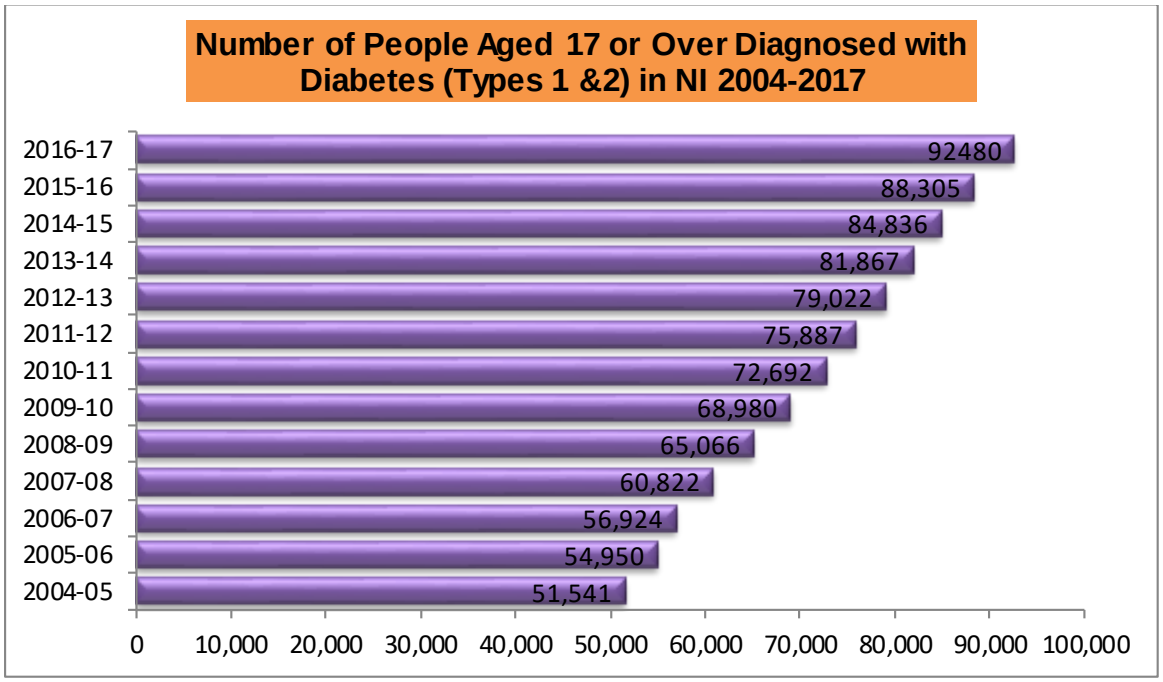
Deprivation has an impact on health and wellbeing in many ways resulting in the lack of social support, low self-esteem, unhealthy life-style choices, risk taking behaviour and poor access to health information and quality services. This is a contributing factor to the increasing numbers of patients being diagnosed with diabetes and once diagnosed with diabetes those in the most deprived areas are twice as likely to develop physical complications.

Podiatry has a significant role in optimising and supporting the transformation of the overall health and well-being of our population through:

- Undertaking roles in health promotion, health improvement, diagnosis, early detection, early intervention and self-management;
- Supporting service users to avoid illness and complications;
- Supporting people of all ages to manage long term conditions e.g. diabetes and rheumatology

Analysis of diabetes demographics highlights an increase in incidence and prevalence of people with diabetes. The numbers of people diagnosed with diabetes in NI has increased by 62.5% in the past 10 years (Diabetes UK, 2018) this has a significant impact on podiatry services.

As of April 2018 there were nearly 100,000 adults with diabetes living in NI. The management of these patients accounts for 60% of current podiatry activity



Graph 1 Increase in diabetes incidence 2005-2017.

Source: Department of Health Quality Outcomes Framework

https://www.health-ni.gov.uk/publications/quality-and-outcomes-framework-qof-achievement-data-201617

Podiatry services

HSCNI podiatry provides a comprehensive foot health service for conditions affecting the foot and lower limb in order to maintain and maximise mobility for all ages of the population

Podiatry plays a key role in the prevention of lower limb problems, through a programme of triage, screening, assessment, diagnosis, treatment and foot health education to patients with a lower limb condition or systemic condition that affects

the lower limb. The service is needs-led and person-centred to support and enable self-care where possible to relieve pain, keep the public mobile and sustain and promote active living.

Patients can have systemic, acute or chronic long-term conditions, including diabetes, arthritic, vascular and /or neurological conditions, which give rise to further complications of feet and lower limbs.

The management of podiatry's chronic caseload, which is predominantly feet at risk of ulceration, represents 70% of podiatry activity in HSCNI. This equates annually to over 200,000 contacts

Podiatry services are delivered across a variety of settings, including health centres, GP practices and domiciliary visits in the community and both inpatient and outpatient clinics in the acute hospital setting. Regional vascular and orthopaedic services are provided predominately by Belfast with the podiatrist working as part of the multidisciplinary team providing specialist care where required.

Podiatry services offer assessment and management of a range of foot problems arising from multiple aetiologies including:

- Diabetes
- Vascular disease
- Renal Disease
- Biomechanical and musculoskeletal conditions
- Systemic arthropathies and other rheumatological conditions
- Provision of orthoses
- Footwear
- Nail Surgery
- Orthopaedic conditions
- Dermatological
- Soft tissues disorders including corns, calluses
- Steroid Injections
- Falls prevention

Care pathways, eligibility criteria and key facts and figures

In 2016 the podiatry professional heads of service developed regionally aligned care pathways**.** The development of these pathways ensures greater regional equity, clarity of processes, caseload management and sharing of good practice.

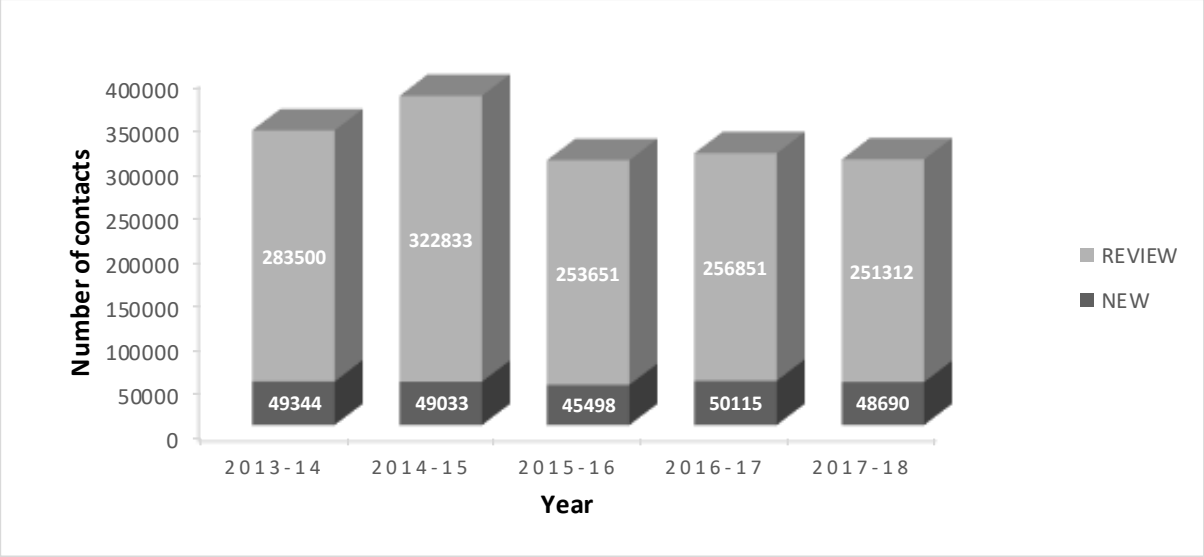
The pathway guidelines specified a number of key facts regarding podiatry services in HSCNI.

- Referral to podiatry services remains by direct access.
- Regionally agreed episodic pathways for all patients referred for nail surgery, musculoskeletal conditions and podiatric need.
- Ongoing care for a chronic caseload based on individual risk stratification for each patient. A Regional Multidisciplinary Diabetic Foot pathway has been agreed and supported by the DoH.

An analysis of waiting list figures from April 2016 to April 2018 indicates that there have been significant improvements over the last three years for the podiatry service in achieving the elective targets. Podiatry services across the HSC are aware of the need to reassess the podiatry caseload. All new and existing patients are actively assessed against the regionally agreed Podiatry Risk Allocation Tool (Appendix 4).

Those patients who are assessed as having no risk of ulceration associated with their presenting condition are discharged to self-care with advice or following intensive intervention. This ongoing review of the new and existing patients is essential to ensure that the service has capacity to deal with an increasingly complex caseload

Graph 3 demonstrates the number of elective patient contacts across the region over the past 5 years excluding any footwear service contacts or patients seen by Integrated Clinical Assessment and Treatment Services (ICATS)



Graph 2 New and Review Activity

A detailed breakdown of podiatry contacts for each trust is available in Appendix 5.

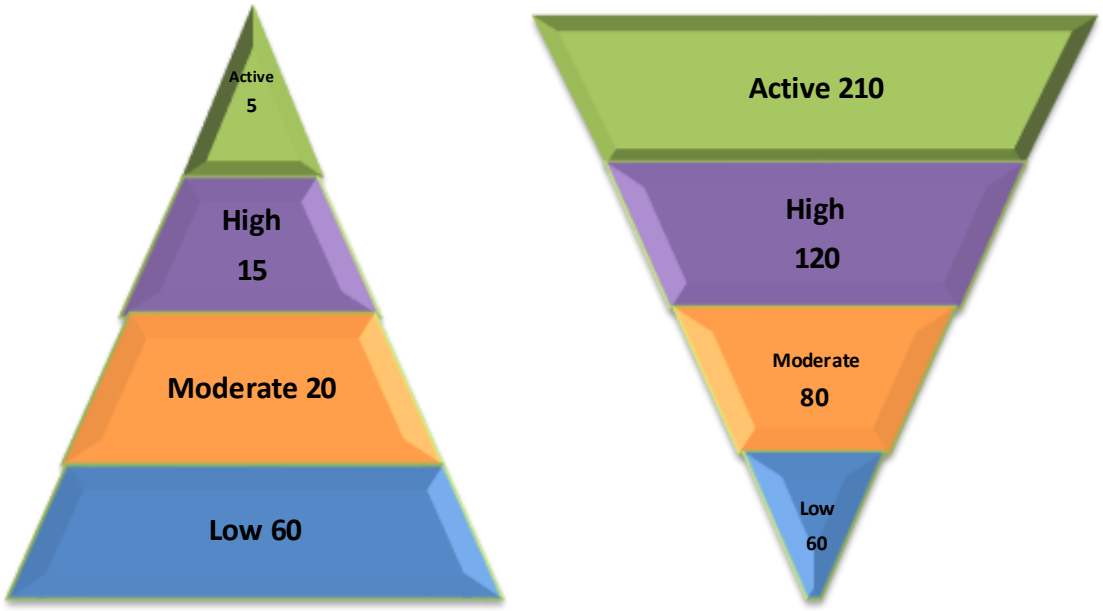
The graph shows that although the number of new referrals has remained largely constant since 2013.There has been a reduction in the number of review contacts regionally in the same period. This reduction mirrors the decline in contacts seen in podiatry in NHS England. It has been professionally recognised that a more complex caseload requires an increased intensive level of intervention: this is reflected in an increased length of appointment resulting in a reduction in the amount of contacts each podiatrist can see.

NHS Commissioners require podiatry activity to focus on patients with complex foot problems and specialist interventions; it is therefore not surprising that the amount of activity generated by the podiatry workforce has reduced.

Mike Townson; Developing a sustainable Podiatry Workforce for the UK towards 2030. (2014)

It has also been professionally recognised that a complex caseload requires more reviews. Figure 6 highlights that 5% of the most complex caseload for diabetes

requires an average of 42 appointments per year. In calculating podiatry service needs it is important to identify the level of risk the patient has, to identify the resource requirement.



Number of diabetic patients in each risk category per 100 diabetic patients

Number of appointments generated annually per 100 Diabetic patients

Figure 6. Diagrammatic representation of complexity of podiatry appointments

In scoping current models the professional podiatry heads of service compiled a template of services offered to gain a better insight into service models and potential developments which may impact on the future workforce needs (Appendix 6). This information was used to evidence gaps in service which will be discussed on pg. 27 of this document.

Financial and IT challenges

Across the region, there are significant financial challenges which need careful planning to manage effectively. To achieve this, HSC organisations must use resources effectively and work in partnership with other services and agencies including the community and voluntary sectors to manage the diverse needs of our

population. There needs to be a focus on health promotion and prevention to embed public health amongst the wider population. Services need to be provided safely and at a high quality, which keeps up with the fast pace of innovation and HSC developments. There is acknowledgement within the Delivering Together Strategy that staff need the opportunity to develop their expertise in an environment which allows for a degree of specialisation, whilst maintaining personalised compassionate care.

One of the key areas that needs developed in podiatry is expertise to support the IT agenda. Currently all trusts are using IT to support their services in recording activity and key facts. Some trusts are also using IT to record patient clinical records. In completing this review all trusts used their local IT systems to gather information (Appendix 7). The review process not only identified the variation and limitation of IT systems but also highlighted the professional knowledge gap.

Defining the Required Workforce

Service regulation Health and Care Professions Council (HCPC)

Podiatrists deliver services and provide support to patients and carers across a wide range of care pathways in a variety of locations and sectors within acute, community and primary care settings.

Podiatrists like their AHP counterparts are autonomous practitioners who provide essential diagnostic and therapeutic roles including assessment, diagnosis, treatment and discharge ranging from primary prevention through to specific and specialist disease management.

Podiatrists must be registered with the HCPC to practice. Only those podiatrists with a professional qualification from a training organisation recognised by HCPC can register with the regulatory body and can lawfully use the 'Podiatrist' protected title. HCPC is a regulatory body set up to protect the public and are responsible for setting and maintaining standards of professional training, performance and conduct of the health professions it regulates which includes podiatry and chiropody. HCPC keeps a register of the health and care professionals who meet their standards for training, professional skills, behaviour and health.

The HCPC also maintain the register of podiatrists who have the ability to supply and issue prescription only medicine (POMs) from a defined exemptions list. This is annotated separately on the register. Legislation sets out that podiatrists can act as Supplementary/ Independent prescribers if they complete additional post-registration training. One may only practise as a prescriber if one has completed approved training and have a prescribing 'annotation' on HCPC Register. In NI there are two independent prescribers currently trained and the podiatry managers are working towards ensuring the majority of HSC Podiatry staff have POMs annotation by 2020. These additional skills are utilised in the care pathways described in the document. (pg. 21)

Podiatrists can also be annotated on the HCPC register as podiatric surgeons. Podiatric surgery is the assessment and surgical treatment of the foot and its associated structures. It is carried out by podiatrists who have undertaken additional specialist training in foot and ankle surgery, typically treating bone, joints and soft tissue disorders. The majority of treatments are usually performed as a day case under local anaesthetic. It is important to note that podiatrists who specialise in surgery are not doctors (i.e. Registered Medical Practitioners) but are podiatrists who specialise in the surgical management of foot and ankle conditions.

Supervision

In line with effective governance, regulatory and accountability arrangements required to ensure the delivery of safe and effective care, podiatry must have access to regular supervision as outlined within the 'Regional Supervision Policy for AHPs – Working for a Healthier Future (2014). Supervision is an essential component of good quality, safe and effective services ensuring that services delivered meet the needs of service users and their families. The importance of supervision has been highlighted in a number of reviews and is particularly referenced in the Mid-Staffordshire NHS Foundation Trust Public Inquiry in 2013.

Workforce projections based on demand/capacity

The current model of podiatry is categorised under a number of service areas and specialities, which are summarised below.

- Diabetes /High Risk model
- Core podiatric needs
- Nail surgery
- Musculoskeletal model
- Rheumatology model
- Orthopaedic ICATS
- Footwear model

Key factors impacting on workforce projections

It has been highlighted in the document that a number of podiatry clinical services are commissioned equitably across NI. However there are still a number of clinical areas with local variation and service gaps e.g.

- Rheumatoid arthritis (RhA)
- Renal
- Homeless
- Footwear model
- Paediatrics
- Implementation of podiatric surgery model
- Prescription only medicines (POMS) and independent prescribing
- Training advanced practice/career development
- Growth in diabetes

Staffing issues this is discussed in the next section of the document - Understanding Workforce Availability pg. 34

Gaps in service delivery

Rheumatoid Arthritis (RhA)

The GAIN audit, A Regional Podiatry Audit of the Multidisciplinary Management of Rheumatological Foot Health Problems in Adults and Children in NI (2018), demonstrated that only 18% of the population with RhA were on the current podiatry caseload. If we consider that the risk factors for foot ulceration in RhA are similar to those in the diabetic foot then there is a massive unmet need in this specialty. Treatment of patients with inflammatory conditions represents approximately 10% of the podiatry caseload with only ad hoc funding in situ for specialist posts in the acute sector across the region. Appendix 8 demonstrates the number of appointments required against current capacity and shows a gap of 16 wte across NI .These staff is required to deliver the clinical interventions necessary to make a positive difference to the foot health of this patient population as evidenced in NICE guidelines.

Only 18% of the current population with RhA are on the current podiatry caseload. The risk factors for foot ulceration in RhA are similar to those in the diabetic foot. This evidences that there is a massive unmet need in this specialty.

Renal Services

Podiatry services provide dedicated input into four of the six renal units in NI: Antrim, Altnagelvin, Daisy Hill and the Ulster Hospital. Renal specialist podiatrists function at advanced practitioner level and have additional training in comparative anatomy to facilitate the need for debridement of hands as well as feet.

Table 3 demonstrates current gaps in renal funding based on the numbers receiving dialysis in each location and a 14% ulceration rate. In line with NICE (NG19) all patients receiving dialysis are considered as high risk and should receive monthly assessment and intervention from a renal specialist podiatrist.

	South Eastern	Northern	Southern	Belfast	Western
No. receiving dialysis	139	88	90	165	151
14% 52 appts	1040	658	673	1235	1130
86% 12 appts	1427	903	924	1694	1551
Total contacts	2467	1561	1597	2929	2681
Podiatry Annual Capacity	1750	1750	1750	1750	1750
Resource Required	1.4	0.9	0.9	1.7	1.5
Current Funding	1.0	0.5	0.6	0	0.5
Gap wte	0.4	0.4	0.3	1.7	1.0

Table 3 Gaps in renal staffing across region.

Homeless

Many homeless people have complex health needs and are often the most socially excluded, isolated, disadvantaged and hard to reach members of the community.

In 2015 /16, 18628 people presented to the NI Housing Executive as homeless. There is an increase prevalence of long term conditions in those who are homeless and sleeping rough. Evidence shows that 78% of homeless people report as having a physical health condition compared to 37% in the general population (Health needs audit 2016, homeless.org.uk)

> The prevalence of diabetes in the homeless population is over 3 times higher than in the general population
>
> ***Public Health Agency/ Council for homeless NI, Health Survey. 2016***

The homeless population (especially rough sleepers) are likely to have foot pathology and are known to have a higher risk of skin problems, including wounds and/or infections and musculoskeletal conditions. Foot trauma is common in homeless people due to walking for long periods in inappropriate footwear. Standing or sitting for long periods and sleeping in doorways or other cramped spaces can lead to venous stasis, oedema, infection, frost bite and skin anaesthesia due to alcoholic peripheral neuropathy (Wright, 2006).

Homeless outreach is currently not a commissioned service and many homeless people do not meet a regional access criterion which is based on a medical model (Appendix 4). The homeless client's chaotic lifestyle leads to a high Did Not Attend (DNA) rate in core services, therefore the delivery of an outreach model results in reduced DNA rate and savings to the service (Tiffney, E. 2018).

It would be hoped that if funding could be secured to replicate the current pilot model in Belfast HSC Trust then outcomes for the homeless population could be significantly improved.

Footwear models

There is scope for expansion of the role of the podiatrist in the delivery of footwear services across the region. Currently podiatrists are involved in the delivery of footwear services in 3 of the 5 trusts, Belfast, Northern and South Eastern. Podiatry led footwear models can ensure that footwear services are delivered effectively and efficiently to the right patient at the right time. Podiatrists working closely with the orthotists can ensure that the patients receive timely intervention, triaging referrals to ensure that patients are referred to the service most appropriate to their need. In order for this aim to be realised, models of care for footwear service delivery need finalised. Staff involved in the prescription, fitting and issue of stock and modular footwear also need the appropriate level of training. Training for podiatrists requires a period of mentoring by an orthotist or a qualified footwear specialist podiatrist.

Delivering Together provides the opportunity for us to consider new ways of working. Podiatry professional heads of service hope that this provides an opportunity for the PHA and professional representatives to look at potential new models of delivering orthotist services across NI and reduce inequity of provision across the region.

Paediatrics

Specialists in podopaediatrics have expert knowledge in childhood disabilities and a child's lower limb development. They work independently and within an integrated multidisciplinary team of physiotherapists, occupational and speech therapists to develop a unique treatment plan to meet a child's individual needs and abilities .They assess lower limb function and undertake gait analysis with the aim of improving the foot and lower limb function of the child. Podopaediatrics is currently not a commissioned service however two trusts have reprofiled clinical resources and have created two specialist posts. Evidence based podopaediatric regional care pathways have been developed in conjunction with orthopaedic paediatricians to standardise practice across NI.

Implementation of podiatric surgery model

The development of a podiatric surgery service in NI has the potential to make a cost effective contribution to reducing the demand/capacity gap in orthopaedic foot and ankle surgery. The positive impact of this service on orthopaedic waiting lists was also recognised in the DoH document 'Workforce summary – Trauma and Orthopaedic Surgery' (2008). GPs in England have been referring to podiatric surgeons for over thirty years however implementation in NI has never secured funding although has gained political support in recent years. Foot surgery accounts for 15% of orthopaedic activity so redirecting part of this workload to podiatric surgeons has the potential to release orthopaedic resources to manage large joint replacements and patients with complex medical conditions. Moreover as most podiatric surgery is performed as a day case, and under a local anaesthetic administered by a podiatrist the requirement for an anaesthetist resource is negated

Research suggests that quality and productivity improvements could be achieved by providing podiatric day-case foot surgery in all NHS trusts

Society of Chiropodists and podiatrists.
A guide to the Benefits of Podiatry to Patient Care 2010

Prescription Only Medicines (POMs) and Independent prescribing.

Since 2004 all new podiatry graduates qualify with an ability to administer and supply Prescription only medicines (POMs). People qualifying before this date only have an ability to administer POMs. It is recognised that ability for the podiatrist to supply POMs is beneficial to the practitioner, patient and the service.

There is a rolling programme to ensure that all podiatrists who qualified pre 2004 complete the access and supply examination enabling them to both supply and administer POMs. This rolling programme is delivered in a distance learning format and commissioned through the DoH AHP Educational Commissioning Group.
In addition, two HSC podiatrists are registered as Non-Medical Prescribers (NMP) enabling them to independently prescribe within their scope of competence and in line with the parameters of their treatment plan. The transformational agenda requires more advanced practitioners to move to independent prescribing to support the new care pathways.

A podiatry medicines management group, established by the regional podiatry managers group, is currently working in conjunction with the PHA to finalise the implementation of NMP for podiatry in NI.

Training advanced practice and career development

The DoH provides training for principal and advanced podiatrists through a commissioned education model that includes MSc level university modules, post graduate study and individually designed courses.
Alongside the academic route, training is also completed through shadowing and work-based competency models in the Trusts.
Training is on-going/ planned in the areas of:

i. Rheumatology (adult and paediatric)
ii. Ultrasound guided steroid injection therapy
iii. Supplementary and Independent prescribing
iv. Therapeutic and stock footwear provision
v. Total contact casting
vi. Research and post graduate work
vii. Debridement of necrosis and lesions on hands (renal patients)

The podiatry services welcome the opportunity to access ongoing professional training through the AHP ECG and recognise the need to embed research and evidence based care more effectively into practice. There is limited availability of clinical academic and research roles to enhance the process. Indeed, current allocation for training is not meeting the required need. The need to prioritise training

delays staff progression and impedes staff having the requisite skill set to be able to respond quickly to the transformational agenda. A smaller workforce also results in a small pool of staff eligible to undertake MSc modules which can destabilise the workforce when staff are released.

Growth in diabetes

In December 2018, investment into podiatry services ensured the current gaps in services were addressed for the management of patients with diabetes by ensuring the effective implementation of the regionally agreed Diabetes Foot Care Pathway standardising the delivery of diabetes foot care across all trusts. This Investment will ensure that the current need is met. However it does not address any future growth in the number of people diagnosed with diabetes in NI or those patients who may present with complications due to a lack of previous preventative care arising from a historical unmet need.

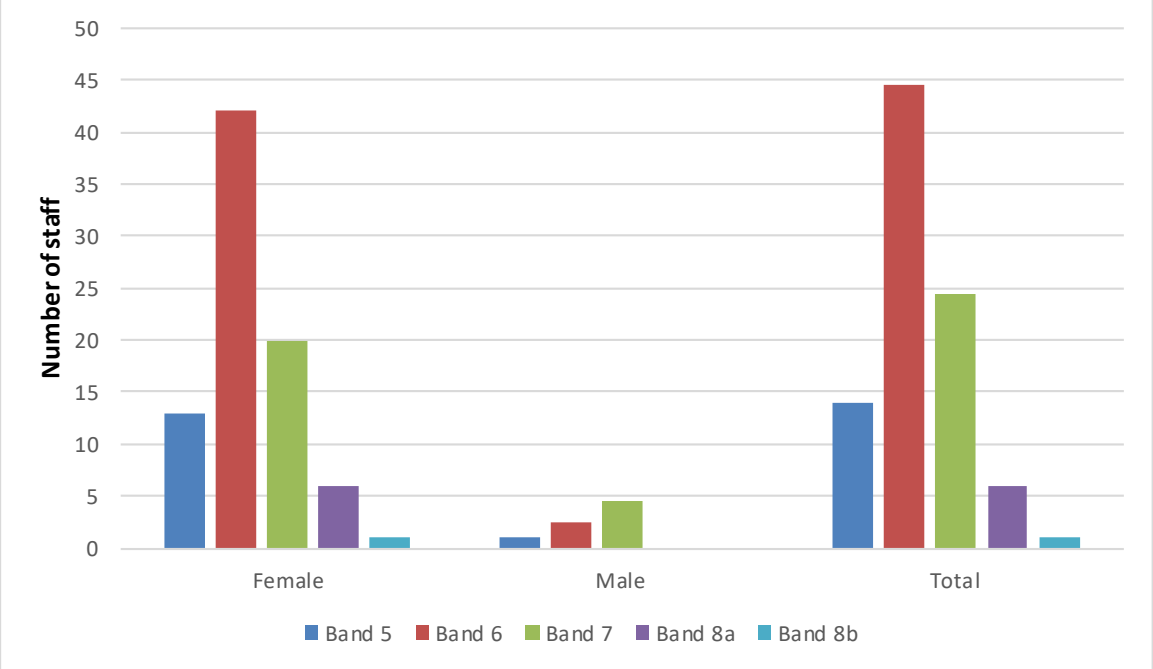
Understanding Workforce Availability

Demographics of professional workforce

Based on the DoH HSC workforce information (September 2017) the podiatry HSC workforce is comprised of 256 podiatrists with a whole time equivalent (wte) of 203. This wte figure has increased by 3 wte staff over the last 10 years (2007 = 200 WTE). Podiatry services have streamlined their models of service delivery over the past ten years to ensure that the appropriate level of service is directed to those patients at risk of foot ulceration.

At present, females represent 79% of podiatrists employed within the HSC in NI. The high proportion of women working within the podiatry profession, create an increased demand for part-time/flexible working patterns. Currently, 142 (55%) of staff are part time of which 90% are female. Analysis of working patterns for the past 10 years indicates there is a growing trend in part time working within podiatry. (39% part time

2007 and 52% part time 2012). DoH HSC information demonstrates that 61 (42% of part time staff) work more than 3 days a week.



Graph 3 Part time staff by banding and female/male split

It is important to note that additional resources are required in terms of mandatory training and supervision where there are increased numbers of part time staff.
Graph 2 shows that the greatest numbers of part time staff are at band 6 level (specialist podiatrists). This has a direct impact on succession planning for the advanced practitioner roles. If we consider the graduate gender split and the trend for females to become part time, workforce planners need to plan to graduate 3 potential HSCNI employees for every 2 wte positions.

DoH HSC 2017 information indicates a 3.6% maternity level and 4.2% absence level for podiatry both figures are equitable to other AHPs.

Demographics of non-professional workforce

Podiatry assistant practitioners (PAPs) were introduced to the workforce to promote improved skill mix and release professional staff time for more complex caseloads. Their main role is to provide routine foot care to low risk patients combined with

assisting with audit, stock management, nail surgery, foot health training and annual screening. As they are not registered by the HCPC, they work under delegated responsibility of registered staff once they have completed the College of Podiatry assistant practitioner training. A minimum of 6 months is required to complete the syllabus, submit a learning portfolio and undertake a practical examination. This training is delivered at trust level by podiatrists within the service. Ongoing training is provided by the regional managers group annually and not governed by ECG process.

In December 2018 additional investment to support the implementation of the diabetes feet pathway will see an additional 13 WTE PAPs recruited across the region.

Undergraduate courses

For the last three years DoH have commissioned 17 undergraduate places at Ulster University (UU). The 3-year programme contains both academic and clinical modules of study supported by dedicated NHS placements in each year.

All of the 17 commissioned places have been filled for the 2018 intake.

In previous years, the university encountered challenges filling all 17 commissioned places. These challenges combined with attrition rates, resulted in a reduced number of graduates which subsequently impacted on the recruitment pool. The HPAT will no longer be used as part of the application process, it is hoped that this will increase the numbers of applicants and continue to maximise the uptake for commissioned places.

> The profile of podiatry as a profession should be raised amongst those in post primary education and those who are considering retraining or returning to work.

The podiatry UU course also provides graduates for the private sector. This should not be considered a lost resource, as the private sector provides care for many of the

patients with a social need who are not eligible for health service podiatry. Without the private sector many more patients would develop significant pathology that would then require health service intervention.

Table 4 shows the destination of the graduates in their 1st year after qualifying. Currently commissioned places are available for students from NI and the Republic of Ireland.

Cohort	HSC	Private	Unknown	% Graduates employed in HSCNI
2012-13	5	6	1	45%
2013-14	4	9	2 left	26%
2014-15	3	7	2	16%
2015-16	6	8	3	35%
2016-17	2	12	1	15%

Table 4. Destination of New Podiatry graduates from UU.

The average ratio of male to female graduates is 22% to 78% which is reflective of the current HSC workforce information.

Of the new graduates that took employment in the private sector 70% said that they would have preferred to work in the HSCNI, but could not find a job.

The regional professional podiatry managers group conducted a survey of current staff to identify where staff who graduated in the last 10 years were trained. The survey highlighted that HSC podiatry is reliant on graduates from Scotland and England to fill vacancies.

- Graduates UU 57%
- Scottish graduates 30%

- Salford and Durham 13%

Permanent contracts were more difficult for the graduates to obtain, with only 7 (20%) having a permanent contract within 12 months of graduating. This is compared to 9 (25%) who took over 3 years to get a permanent contract and 6 (17%) who did not have any permanent employment as of June 2018. Health trusts in other parts of the UK have developed vocational training posts for new graduates to stabilise and maintain the graduate level workforce and prepare for succession planning.

80% of new graduates worked in the private sector whilst trying to find work in HSCNI. Many new graduates are reluctant to give up a permanent job in the private sector to take up a temporary post in HSC.

The change in the podiatry programme in 2012 required an increase in student placement in the HSC setting. The five trusts now provide 712 hours of student placement per student each financial year. This is divided across the 3 years of the course as shown Appendix 9. On average each trust takes 4 students per placement. This commitment affects staffing availability and contacts.

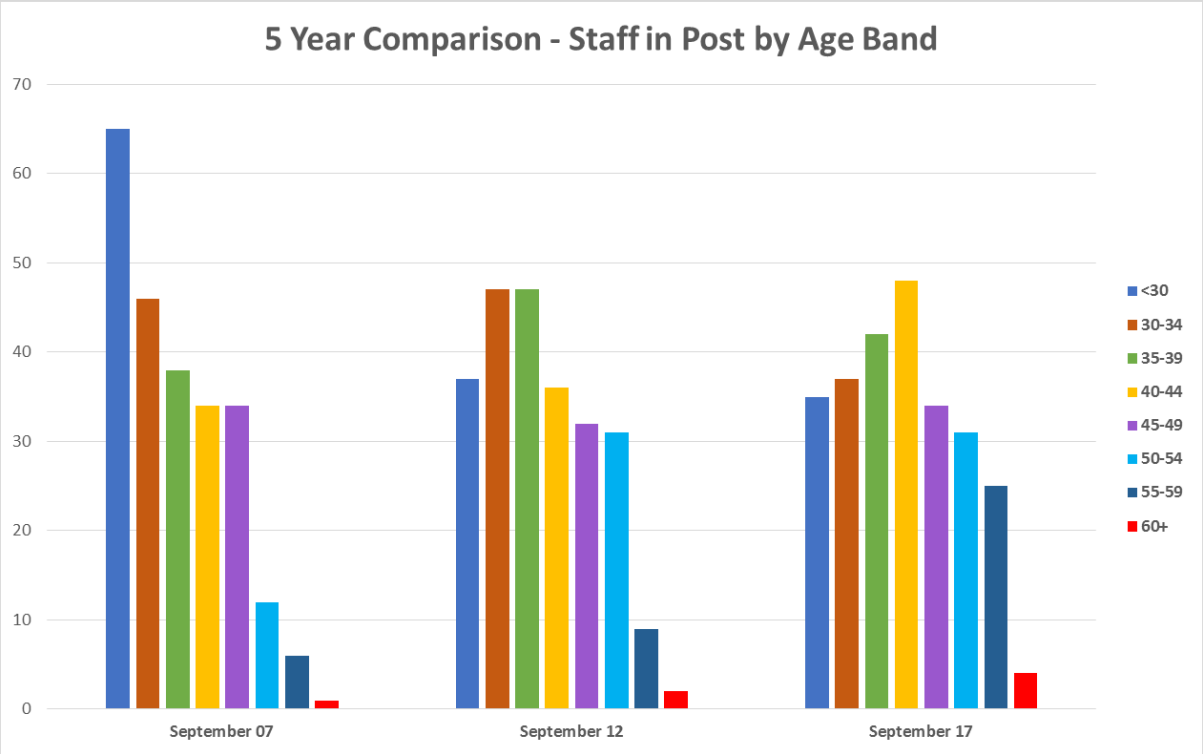
NHS England has highlighted that podiatry is the only AHP profession that has seen negative growth over the past 5 years

Facing the Facts, Shaping the Future,
Health and care workforce strategy for England (2018)

Given the projections for retirement which are discussed later in the document, the numbers graduating fall short of the numbers required to replace the staff that are eligible to retire and the numbers of staff required to meet the demographic and developmental growth of the service. Table 8 demonstrates the shortfall in the number of required graduates and associated costs.

Analysis of workforce

DOH workforce information states that in September 07, 28% of staff were working at band 5 level. By September 17 this number had reduced to 14%, a 50% reduction. This change in workforce banding was necessary to manage the change in caseloads for all trusts to a more complex patients. This caseload requires graduate staff to have support to acquire the necessary skills to become specialist (band 6) and advanced podiatrists (band 7).



Graph 4 demonstrates the age profile by banding for the last 5 years.

Analysing the change in age profile from Sept 12 - Sept 17 there is an increase from 7 to 29 staff who are over 55. If we consider current staff numbers aged over 50 (including 55+) and assume they will retire over the next 12 years the numbers increase to 60 staff out of 256.

The majority of staff members who are over 55 are working at Band 7-advanced podiatrist or higher. Assuming this group of people retire at 60, there is potential that a vast amount of clinical expertise and local knowledge will be lost over the next 5

In order to help address the deficit that will be created by these 29 people retiring, the regional managers group commissioned a succession planning course for podiatrists that will ran from May 2018 to February 2019. The aim of the programme is to identify and develop the podiatry leaders of the future. The overall objective of the course is to equip the specialist podiatrists with the knowledge and ability to develop their leadership skills therefore maximising the possibility of having a high quality pool of applicants for future podiatry leadership roles across all five trusts.

Taking account of gaps in service delivery, the aging workforce, the issue with commissioned undergraduate places, there is a cumulative workforce deficit, (Table 8). The following table provides a quantitative summary of the issues that will have an impact on the workforce over the next 5 years. The review recognises that based on the assumptions in table 8, that as of September 2019 the HSC workforce is in deficit of 23 undergraduate places.

The table is based on previous trends where 33% of graduates were employed in HSCNI. Appendix 10 is a table with 50% of graduate places employed in HSCNI.

Graduated in	**18/19**	**19/20**	**20/21**	**21/22**	**Comments**
UU commissioned places	12	15	17	17	Commissioned places by DoH(pg35)
Average number of places converted to HSC (33%) (-)	4	5	6	6	Previous trends of 33% who took up a HSC post (pg. 36)
Available pool from other Universities (+)	2	2	2	2	Previous trends of non UU graduates who took up HSC post (pg. 37)
Average retirement per year (-)	6	6	6	6	Predicted rate of retirement from HSC (pg39)
Gaps in staff due to new development(RhA, Renal) (-)	5	5	5	0	Identified gaps in service page 27-30 of this report
Average demographic (-)	7	7	7	7	Demographic patient growth (pg33)
Shortfall in required graduates	-12	-11	-10	-5	
Cumulative shortfall – this does not take into account flexible working arrangements	-12	-23	-33	-38	
	£121,968	£233,772	£335,412	£274,428	Cost of funding undergraduate

Cost of funding additional place					places based on £8664 tuition fees per year and average AHP Bursary of £1500 per year. Total £10164

Table 5. Shortfall in Podiatry graduates, assuming 33% of graduates take a HSC post.

Recruitment and retention

As the workforce is predominantly female, there are annual requirements for maternity leave. Temporary positions created because of maternity leave are often difficult to fill particularly in more clinically specialised areas and as a result, many of these maternity positions are not back filled.

Regional information available on recruitment trends would suggest significant difficulty in appointing posts on a temporary basis. This is because successful applicants generally choose to wait for a permanent position.

To address these issues it is important that there is a proactive way of appointing staff where possible on a permanent basis. This will reduce the constant shift in staff appointments across different trusts areas and sites and by doing so enabling greater continuity of care for the service user. There are models already developed in some Trusts, which are demonstrating significant benefits. These models could be considered on a regional basis to ensure service regional equity, stability and sustainability as well as benefits for service delivery to the population.

Succession planning is also required to address difficulties in appointing to some clinical specialities which could be supported by targeting a proactive and robust post-graduate training structure over the next 2/3 years.

It is important to note that the current disparity in pay between NI and the rest of the UK can potentially increase the difficulty in recruiting.

Anecdotal evidence suggests AHPs from NI who have trained or work outside of the region may not apply for posts in NI due to the gap in pay.

Regional podiatry recruitment process

Recruitment of Band 5 Podiatrists is conducted regionally on an annual basis. New graduates apply and if successful will be offered a post when one becomes available. At present participation in this recruitment exercise is only mechanism for podiatrists to move across trusts. This is reflected in the numbers of staff in post who apply to keep their name on the waiting list in case a post becomes available in their preferred area.

A number of Trusts have adopted a peripatetic model of recruitment for both Band 5 and other qualified grades in an attempt to stabilise the workforce due to absence figures related to maternity and sickness. This is in the early stages of implementation and the outcomes and impact of this model should be evaluated to help inform future recruitment practices in this profession across each Trust area.

Regional recruitment needs reviewed for smaller services. It is felt that a regional voluntary transfer policy needs developed and more appointments to peripatetic posts.

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 DoH, PHA, and Trusts. The Steering Group comprised of representatives from DoH, 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 Patient and Client Council 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 NI and event listings on PCC website for 'Engage' events.

In addition, the project group hosted an 'Engage' event on Friday 13th April 2018 at Craigavon Civic Centre, Craigavon. 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 AHP Workforce Review with a Focus on Dietetics, Orthoptics, Podiatry and Therapeutic Radiography. The event took the format of an interactive e-participation 'Engage' session.

Information gathered from this event will help inform recommendations required to ensure that the necessary workforce is available to meet service user needs and demands for the next 10 years within Podiatry.

The engage discussion focused on four main topics as shown in Table 6

Table 6.

Qu. No	Topic	Question
Qu.1	**Recruitment**	What needs to be done to attract the right people with the right skills into these professions?
Qu. 2	**Retention**	What needs to be done to make the HSC a brand that people aspire to work for?
Qu. 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.

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. PPI is now a legislative requirement for Health and Social Care organisations as laid down in the Health and Social Services (Reform) NI 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 Podiatrists 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 and education authorities.

Each podiatry department is actively engaged in varying levels of PPI within their own trusts, which includes patient user surveys and focus groups, 10000 voices, audits and contribution to the regional AHP strategic action plan.

E-Health

Podiatry services are currently utilising a range of different IT systems across the 5 trusts. There is significant variation in the systems used to record contacts, make appointments and maintain records. The implementation of the regional digital integrated care record, encompass, will address all of these issues by ensuring that everyone involved in the patient's care will have access to the necessary health and care information from one record.It should be noted that it is envisaged that although encompass will significantly improve governance it will not create additional capacity.

There is a need for the current and future workforce need to be equipped to maximise use of E-health technologies. This will require the support of the undergraduate workforce so as to ensure that graduates are able to fully utilise a regional IT system.

Conclusion

The NI podiatry workforce review has evidenced the current scope of practice in podiatry, the current resource, predicted gaps in resource requirements and the projected areas for service development.

Using the Six Step Methodology the review describes the key clinical areas podiatry delivers services and highlights regional variances in delivering these services.

The work completed in developing the regional aligned elective pathways (2016) recognised the change in complexity of the podiatry caseload. The recognition that podiatry is integral to hospital services, also has a demand on the workforce pool. Considering the change in complexity, the gaps in current service delivery models and analysing demographic trends, the review assuredly projects the workforce required to sustain the current service.

Along with other AHP's several key factors impact on the podiatry workforce projections i.e. workforce availability, female dominant profession, working patterns and number of staff retiring. However, combine these key factors with podiatry having no increase in workforce for 10 years and reduced undergraduate training posts have led to a predicted cumulative shortfall of 38 graduate posts by the year 2022.

The review further analyses the profile of the 29 staff (12%) who could retire over the next 5 years and highlights that most of these staff are working at advanced podiatry level or above. This potential skill lost requires a robust post graduate training programme to address the potential skill gap.

This post graduate training programme needs to consider service developments and strategic drivers such as the transformational agenda. Total contact casting, steroid therapy and the introduction of independent prescribing require continued investment in the current staff to support these service developments.

The workforce review has allowed the profession to highlight several clinical practices that are not optimised or are not delivered in HSC NI. Inequalities across trusts for footwear service, homeless services and renal services are highlighted in

the document. Nationally podiatric surgery has been operational across the UK. The podiatric surgery service can address the orthopaedic foot and ankle unmet demand. To date NI has never secured funding to implement this service.

In summary the workforce review demonstrates that with the correct levels of investment at all levels for the service there is clear evidence that HSCNI Podiatry services can continue to provide an exemplary level of care across NI.

Recommendations and action plan

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

		RECOMMENDATIONS
UNDERGRADUATE TRAINING	1	**There is a requirement to sustain and maximise the pre-registration podiatry places annually to meet current and future predicted demand, and increase the number of graduates coming into HSCNI.** **It is recommended that the following are considered in order to ensure that the workforce demand is met.** -Commission 27 extra undergraduate places over the next five years
RECRUITMENT AND RETENTION	2	**Promote podiatry within HSC as a profession of choice for prospective and current students which includes;** - Raise the profile of podiatry in post primary education schools and with members of the public, in line with the Workforce strategy. [It's important to educate and inform on the full scope of the profession and communicate the benefits and positive clinical outcomes podiatry achieve.] - Appropriate investment in services to maximise the uptake of new graduates in a timely manner - A scoping exercise is undertaken to identify the value in Designated vocational training posts with a guaranteed HSC

		job post qualification - Band 5 regional recruitment process need reviewed for smaller services such as podiatry - Consideration given to a voluntary transfer policy between trusts.

POST GRADUATE TRAINING	**3**	**Prioritise post-graduate (PG) training and secure required funding to support the transformation agenda and Delivering Together Strategy to provide opportunities to meet HCPC CPD requirements and support advanced practitioner progression including;** - Develop a proactive and robust Post graduate training programme to support advanced clinical and management roles. - Consider the Development of Clinical academic, research and consultant roles which will enhance professional leadership across the profession. - Secure investment in the post graduate training budget to meet the needs of the transformational agenda.
WORKFORCE DEVELOPMENT & STABILITY	**4**	- Continue proactive workforce and succession planning for all levels of staff and provide access to leadership training schemes. - The appointment to permanent peripatetic posts needs to be standardised across NI. - Support the needs assessment for the implementation of podiatric surgery in NI

WORKFORE DEMOGRAHY		- Implementation of workforce plans to ensure that the projected workforce deficit caused by an ageing workforce, increased flexible working and staff maintaining a work life balance is addressed. • Ensure sufficiently skilled staff in post to deal with the increasingly complex caseload and increased numbers of patients with systemic conditions leaving their feet in an "at risk" state is addressed. • Identify and address gaps in the current service delivery and ensure implementation of best practice and equitable service delivery regionally, with particular reference to rheumatoid arthritis, homeless and renal podiatry services.
E HEALTH		• Develop a plan to ensure the current and future workforce are equipped to maximise use of E health technologies. • Liaise with UU to ensure that the IT agenda is supported at undergraduate level to ensure that graduates are able to utilise the standardised regional IT system upon graduation.

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.

Appendices

Appendix 1 - Membership of AHP Workforce Programme Steering Group and Podiatry Sub-Group

AHP Workforce Programme Steering Group Members	
Name	**Organisation**
Charlotte McArdle	DoH (Chairperson)
Andrew Dawson (Co-chair)	DoH (NI) – Acting Director, Workforce Policy
Hazel Winning	DoH (NI) – Nursing, Midwifery and AHP Group
Erin Montgomery	DoH (NI) – Information and Analysis Directorate
Peter Barbour	DoH (NI) – Workforce Policy Directorate
Catherine Donnelly	DoH (NI) – Workforce Policy Directorate
Paula Cahalan	Belfast HSC Trust
Raymond Irvine	Western HSC Trust
Patricia McClure	Ulster University
Joanne McKissick	Patient and Client Council
Pauline McMullan	Business Services Organisation
Margaret Moorehead	South Eastern HSC Trust
Paul Rafferty	Western HSC Trust
Claire Smyth	South Eastern HSC Trust
Jill Bradley	Northern HSC Trust
Peter Barbour	DoH (NI) – Workforce Policy Directorate
Carmel Harney	Southern HSC Trust
Brendan McGrath	Western HSC Trust
Claire Ronald	Staff Side – Chartered Society of Physiotherapy
Mary Hinds	Public Health Agency
Angela McVeigh	Southern HSC Trust
Nicola Shaw	South Eastern HSC Trust
Marie Ward	Western HSC Trust – represented by R Irvine
Gerard Tinney	(Note taker) DoH (NI) – Workforce Policy Directorate

Podiatry Workforce Sub-Group Members	
Name	**Organisation**
Hazel Winning	DoH (NI) – Nursing, Midwifery and AHP Group
Catherine Donnelly	DoH (NI) – Workforce Policy Directorate
Peter McAuley	DoH (NI) – Nursing, Midwifery and AHP Group
Alison Dunwoody	DoH (NI) – Information and Analysis Directorate
Joanne O'Hagan	DoH (NI) – Information and Analysis Directorate
Gerard Tinney	DoH (NI) – Workforce Policy Directorate
Margaret Moorehead	South Eastern HSC Trust
David Mc Keown	Staff Side
Eileen Dolan	Western HSC Trust
Julie Williams –Nash	Policy Officer Society of Chiropodists & Podiatrists
Geraldine Teague	Public Health Agency
Denise Russel	Southern HSC Trust
Pete Burbidge	South Eastern HSC Trust
Alison Campbell Smyth	Northern HSC Trust
Denise Killough	Belfast HSC Trust

Appendix 2 ToR and Assumption and Constraints

Terms of Reference

The purpose of this document is to:

- Make recommendations on measures, including structures and skills, to recalibrate the Podiatry workforce to assist with HSC wide transformation;
- Make recommendations to the DoH via the AHP Workforce Steering Group regarding the commissioning of pre-registration training;
- Make recommendations regarding post-registration training requirements;
- Develop a shared understanding of the core elements of effective workforce planning;
- Provide greater clarity of roles and responsibilities, processes, structures and governance;
- Provide an understanding of how organisations and individuals can contribute effectively in a mixed economy;
- Encourage partnership working both within and between organisations; and;
- Enable better-informed education commissioning decisions.

Additional assumptions and constraints that need to be considered.

- Elective SBA agreement in place. However no SBA for hospital activity.
- Regional elective variance of service delivery : Footwear, Homeless, Falls, Learning Disability L&D)
- Regional variances in internal reporting mechanisms.

Appendix 3 Population Statistics for 2017

N Ireland Resident Populations by Local Commissioning Group – 2017

Age Band (Yrs.)	Belfast	Northern	South Eastern	Southern	Western	NI
0-15	69,117	96,773	71,920	87,195	64,884	**389,889**
16-39	124,799	141,288	102,990	120,503	92,609	**582,189**
40-64	108,043	155,239	117,759	118,606	97,475	**597,122**
65+	54,371	82,130	65,823	55,427	46,551	**304,302**
All ages	**356,330**	**475,430**	**358,492**	**381,731**	**301,519**	**1,873,502**
%	**19%**	**25.4%**	**19.1%**	**20.4%**	**16.1%**	**100%**

Appendix 4 Risk Tool

Podiatry Risk Allocation Tool and Discharge Planning Guide

Level of Risk	Definition	Suggested Review Time	Discharge *(Guidance on care pathway outcome)*
No Risk	Patients With No medical reason* requiring: Short term interventions to include: -Biomechanical assessments -Nail surgery -need for foot health advice to support self-management	Advice or Intensive treatment Leading to Discharge	Discharge following assessment and advice or intensive intervention
Low Risk	Medical reason* With Foot Pathology **Or** Diabetes with or without foot pathology	52 weeks for review Or Discharge Or review as per Podiatric need	Annual review with appropriate healthcare professional. Refer on to PAP caseload if appropriate
Low Risk	No Medical reason **With** Patients with potential risk associated with Chronic on-going debilitating podiatric pathology Example. Severe N/V HD Severe Hyper keratosis	As per podiatric treatment plan.	Not suitable for initial discharge as patients have a definite need for intervention
Moderate Risk	Medical Reason **With** Loss of Protective Sensation (LOPS) **Or** PAD Significant Deformity associated with Inflammatory Arthritis	12-52 weeks	Not Suitable for Discharge Refer on to PAP caseload if appropriate
High Risk	Medical reason with Previous amputation Previous History of Ulceration Renal replacement therapy	4-12Weeks	Not suitable for Discharge

	Neuropathy combined with PAD Neuropathy or PAD in combination with callus and or deformity Consolidated Charcot Neuroarthropathy		
Active	Active Bacterial Infection Critical limb ischaemia Ulcer present Active/Suspected Charcot Red/Hot swollen foot Gangrene/ Necrosis	0-4 weeks	Not suitable for discharge
At Risk	Patients with potential risk associated with no support and evidence of self-neglect. Or may be a Designated Vulnerable adult due to neglect.	As per podiatric treatment plan	Not suitable for discharge as identified as being vulnerable with no support Refer To PAP if appropriate

* Medical reasons are:

- Diabetes.

- Podiatric need in combination with any of the following :
  Rheumatology
  Chronic Kidney Disease level 3 and above
  Peripheral Arterial Disease (PAD)
  Immuno- compromised

Appendix 5 Contacts per trust 2013-17

SET	NEW	REVIEW	NEW MSK	NAIL SURGERY	Prevalence of RHA
13-14	6516	52487	4524	235	
14-15	6864	51601	2800	244	
15-16	6153	45839	2548	222	2142
16-17	6693	46113	2744	218	
17-18	6745	42820	2581	238	

WESTERN	NEW	REVIEW	NEW MSK	NAIL SURGERY	Prevalence of RHA
13-14	5520	51668	1689	238	
14-15	5957	51090	2200	271	
15-16	4798	45381	2435	244	2400
16-17	5128	44677	2091	382	
17-18	4607	41037	2122	474	

BELFAST	NEW	REVIEW	NEW MSK	NAIL SURGERY	Prevalence of RHA
13-14	7444	65753	1629	413	
14-15	7327	57457	1516	458	
15-16	7354	54957	1394	380	2560
16-17	8642	54180	1515	508	
17-18	8594	56521	1315	530	

SOUTHERN	NEW	REVIEW	NEW MSK	NAIL SURGERY	Prevalence of RHA
13-14	5466	36658	2308	80	
14-15	5606	37785	2477	88	
15-16	5095	36716	2239	116	3190
16-17	6698	41879	2321	133	
17-18	5896	42704	2055	129	

NORTHERN	NEW	REVIEW	NEW MSK	NAIL SURGERY	Prevalence of RHA
13-14	10407	76934	3841	496	
14-15	10265	73299	4021	554	
15-16	9639	70758	3843	516	3930
16-17	10246	70002	4037	486	
17-18	10573	69230	4202	475	

Appendix 6 Current Models of Practice

- The high risk foot (including the diabetes foot, the renal foot and those presenting with Peripheral Arterial Disease (PAD) ref GAIN audit, DUK docs, DF pathways anything on renal?
- Wound management in the high risk foot ref any pathways or models
- Dermatological (skin) conditions
- Nail Surgery ref regional guidelines
- Rheumatological conditions including Rheumatoid and Osteoarthritis
- Musculoskeletal Conditions in Adults and Children ref regional
- Sporting injuries
- Therapeutic and stock footwear
- Falls prevention
- Pain management
- Patient education and empowerment through 1-1 assessment sessions

Appendix 7

IT systems currently in use in each trust

	Clinical Use	Data Collection
Western	NIECR Diamond	PAS
Southern	Clinical Manager Diamond NIECR	Clinical Manager
Northern	LCID NIECR	LCID
SE TRUST	LCID NIECR	LCID
BELFAST	PARIS	PARIS

Appendix 8. Rheumatoid Arthritis caseload across NI and WTE deficit.

Factor	Statistic
Population	14222
60%Low risk =1 contact per year	8533
20%Moderate =4 contacts per year	2844x 4= 11376
16% High = 12 contacts per year	2275 x12=27300
4% Active = 42 contacts per year	568 x 42=23856
Total contacts	71065
Band 7 annual contacts	1750
Requirement For RA	40wte
Funded wte For RA	24.4wte
Gap	15.6wte

Appendix 9 Student Placement commitment 2018-19

Semester	Week	Placement
1	1-8	No Placements
	9-12	Year 2= 4 week placement
2	1-8	Year 1= 1 week Placement Year 3= 8 week placement
	9-10	No Placement
	11-12	Year 1= 2 week placement
3	1-4	Year 2= 4 week placement
	5-12	No Placement

Appendix 10 Shortfall in Graduate numbers from UU.

Graduated in	**18/19**	**19/20**	**20/21**	**21/22**	
UU commissioned places	12	15	17	17	Number of places commissioned by the DOH
Average number of places converted to HSC (33%) (-)	6	8	9	9	Based on previous trend of 33% .This indicates the number of graduates each year that will be expected to take HSC post.
Available pool from other Universities (+)	2	2	2	2	Based on previous trends. This represents the number of non UU graduates who will be expected to take a HSC post
Average retirement per year (-)	6	6	6	6	Based on analysis of current staff. This is the predicted rate of retirement from HSC
Gaps in staff due to New development(RhA, Renal) (-)	5	5	5	0	Identified gaps in service evidenced on page 27-30 of this report
Average demographic (-)	7	7	7	7	Demographic patient growth
Shortfall in required graduates	**-10**	**-8**	**-7**	**-2**	Demonstrates the shortfall of the required graduates
Cumulative shortfall	**-10**	**-18**	**-25**	**-27**	Demonstrates the cumulative shortfall of required graduates
Cost of funding additional Place	**£101640**	**£182952**	**£254100**	**£274428**	Cost of funding undergraduate place based on £8664 Tuition fees per year and average AHP Bursary of £1500 per year Total £10164

Assuming 50% conversion to HSC

Graduated in	**18/19**	**19/20**	**20/21**	**21/22**
UU commissioned places	12	15	17	17
Average number of places converted to HSC (50%) (-)	6	8	9	9
Available pool from other Universities (+)	2	2	2	2
Average retirement per year (-)	6	6	6	6
Gaps in staff due to New developments (RhA, Renal)(-)	5	5	5	0
Average demographic(-)	7	7	7	7
Shortfall in required graduates	**-10**	**-8**	**-7**	**-2**
Cumulative shortfall	**-10**	**-18**	**-25**	**-27**