



National Renal Workforce Planning Group

Donal J. O'Donoghue April 2002

PURPOSE

To review current guidance on staffing establishments across each professional group, to revise and update these recommendations and develop workforce planning requirements for renal services nationally.

To use the workforce plan in developing a national renal recruitment and retention strategy.

Working group of RA, BAPN, BTS and BRS on behalf of Royal Colleges and Professional Organisations

Jan 2001

KEY OBJECTIVES AND TIMESCALES 1

Collate and review all current guidance for each professional group

April 2001

Review national drivers for change

April 2001

Review projections of patient numbers and service issues

July 2001

KEY OBJECTIVES AND TIMESCALES 2

Prepare recommendations for each professional group

Oct 2001

Integrate recommendations into a draft report for consultation

April 2002

Publish a final report under the auspices of the Professional Societies

Oct 2002

CORE GROUP

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PARTICIPANTS

| | | | | | |
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| ARI | BTS | NKF | RSWSIG | ARM | DGHRS |
| RA | SpR Club | ART | DoH – HR | RCN | TNA |
| BAPN | DoH – RT | RCPaed | UKT | BPS | EDTNA |
| RCP | UKTCA | BRS | KA | RCS | BSIH |
| NCCGRF | RNG | | | | |

REVIEW PROCESS

- Uni-professional Analysis
- Review of Published Recommendations
- Detailed Census/Surveys
- Workshops
- International Comparisons
- Examples of Good/Innovative Practice
- Interactive Web based Comment

WHERE ARE WE NOW?

- Uni-professional Recommendations
- Identified Drivers for Change
- Examples of Best Practice
- Agreed Format for Integration with
 - (a) Demand Forecast
 - (b) Workforce Planning Projections

REPORT STRUCTURE

- Introduction
- Context for Change
- Renal Services for Adults
- Renal Services for Children and Young Adults
- The Role of the Non-Renal Specialist
- Workforce Planning Projections
- Key Recommendations
- References
- Appendices

PROFESSIONAL GROUPS INCLUDED

- Nursing •Physicians •Surgeons •Dietitians •Pharmacists •Social Workers •Technologists •Transplant Co-ordination •Tissue Typing •Clinical Psychologist •Management and Administration •Other Allied Healthcare Professionals •Education •Play

RENAL NUTRITION GROUP

AUDIT DESIGN

Questionnaire sent to 84 renal units including satellite units, with a named Renal Nutrition Group member.

RESULTS 1

- 90% response rate
- Existing numbers & staff grades:
 - Chief (diff. grades) 13.85 wte
 - Senior I 108.65 wte
 - Senior II 23.8 wte
 - Basic grade 0.4 wte

RESULTS 2

- Average 1 wte : 314 patients
- Range 140 - 675 patients
- Clinics**
 - Average of 4.6 per unit
 - Range 0-19 per unit
 - 54.6% clinics have a dietitian present

SATELLITE UNITS

- 71% of renal units have satellite unit(s) of which:-
- 26.5 % have a designated dietitian
- 9.6 % have no dietetic cover
- 7.2 % telephone calls from the dietitian
- 6 % supplied no information
- 21.6 % provided a dietetic service (range 4.5 – 117 hrs/month, patient numbers of 20 - 204)

CONCLUSION

- Audit data shows a shortfall of dietitians to the main renal unit bases.
- The Renal Nutrition Group have now produced national recommendations for staffing.

RECOMMENDATIONS FOR STAFFING

Figures include any patient related activity but not data collection, team meetings, teaching, audit, resource development, research and CPD.

35 % non patient activity for a Senior I

30 % non patient activity for a Senior II

27 days annual leave

10 days study / sick leave

RECOMMENDATIONS

| | New patients | Reviews |
|-------------------------|--------------------------|--------------------------|
| Pre dialysis/nephrology | 1 hr for 1st appointment | 6 hrs per year |
| Haemodialysis | 2 hrs for 1st month | 8 hrs per year |
| Home HD | | 3 hrs per year |
| CAPD | 2 hrs for 1st month | 4 hrs per year |
| Transplants | 3 hrs for 1st 3 months | 2 hrs per year |
| Inpatients | 78 hrs per bed per year | 156 hrs per bed per year |

FUTURE DEVELOPMENTS

- National shortage of dietitians
 - Dietetic assistants
 - Dietetic Consultant posts
 - Dietetic prescribing - phosphate binders
 - Vitamin D analogues etc.
- Greater involvement in research
- NSF for Diabetes / CHD - joint DM / renal clinics
 - H/T clinics
- Increase dietetic input into pre dialysis /nephrology clinics
- Dietetic led clinics
 - lifestyle changes for pre dialysis / post transplant

GAPS

- Professions not included e.g. Histopathology, Interventional Radiology and Virology
- Role(s) of Primary Care
- Research, development and academic requirements of the discipline
- The Future - Development of new models, role of generic workers, long- term conditions workforce planning

CONSULTATION ON THE DRAFT

- ERG Review - May
- Consultation period June - Sept 2002
- BRS Annual Congress
 - WFPG Poster Session
 - Future of Renal Services Plenary
- Circulation to stakeholder groups including patient groups, workforce planning confederations, societies and renal units
- Individual Society/Association Review
- www.britishrenal.org WFPG site

RENAL WORKFORCE PLANNING KEY THEMES 1

- Support for patient and carers throughout their renal career
- Integrated multi-professional team working
- Shared team skills and competencies
- Defined roles within governance framework

RENAL WORKFORCE PLANNING KEY THEMES 2

- Innovative Practice
- Close working relationships with primary care, other secondary care and outside agencies
- Equality of service provision recognising local circumstances and flexibility