

A PROFILE OF PHYSIOTHERAPY SUPPLY IN IRELAND

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INTRODUCTION

Physiotherapy is an important therapy service that is provided in acute (hospitals) and in non-acute (primary and community care, nursing homes etc.) settings. In order to understand where resources are most needed, policymakers need information on how many physiotherapists are working in Ireland and where they are located. However, there is a lack of information on acute and non-acute physiotherapy supply in Ireland across public and private settings, owing largely to the absence of a comprehensive central register. This makes it difficult not only to compare the availability of physiotherapists across counties in Ireland, but also to examine Irish supply in an international context.

This paper quantifies the total supply of physiotherapists working in Ireland, disaggregated by their setting (acute and non-acute) and sector (public and private). In cases where individual physiotherapists work in different settings and sectors, we apportion their workload accordingly. This paper also estimates for each county the number of non-acute physiotherapists working in the community to find out where there is a low supply of therapists.

METHODS

Data on both physiotherapist numbers and whole time equivalents (WTE) were included in this study. WTE numbers are calculated to give a more accurate picture than a simple headcount. One WTE is equivalent to one full-time physiotherapist, defined as 1,702 hours annually (46 weeks × 37 hours weekly). Data on public physiotherapist numbers and WTE employed by the Health Service Executive (HSE) were obtained from the 2014 Health Service Personnel Census (HSPC). Data on private physiotherapy numbers and WTE were obtained from the 2015 register of members of the Irish Society for Chartered Physiotherapists (ISCP).

¹ This Bulletin summaries the findings from: Eighan, J., Walsh, B., Smith, S., Wren, M-A., Barron, S., and Morgenroth, E., "A profile of physiotherapy supply in Ireland", Irish Journal of Medical Science, Available online: <https://link.springer.com/article/10.1007%2Fs11845-018-1806-1>
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In both databases physiotherapist headcounts were available by location, sex and work setting (acute or non-acute). While WTE data for publicly-employed physiotherapists were available in the HSPC, there were no such data available in the ISCP database. Therefore, a survey of members of the ISCP was conducted in 2015, eliciting hours and weeks worked. These data were then used to convert the headcount of physiotherapists in the ISCP database to WTE.

We combined these data with the Central Statistics Office (CSO) population figures for each county in 2014/2015, allowing us to estimate the number of non-acute public and private physiotherapists per person in each county.

FINDINGS AND DISCUSSION

In 2014/2015 there were an estimated 3,172 physiotherapists practicing in Ireland. Per person, this is 30 per cent below the EU-28 average. When converted into WTE, there were a total of 2,617 physiotherapists in 2014/2015, with 864 WTE in the acute setting and 1,771 WTE in the non-acute setting. A greater proportion of physiotherapists worked full-time in acute hospitals than in non-acute settings which suggests that the decision to work in the non-acute setting may reflect a preference for more flexible working hours. In the acute hospital setting, the majority of physiotherapists worked in public hospitals, while in the non-acute setting, slightly more physiotherapists worked privately (899 WTE as opposed to 872 WTE in the public sector). Female physiotherapists accounted for 74 per cent of total physiotherapist supply and 84 per cent in acute hospitals.

The supply of physiotherapists varied across counties. While the national average was 3.5 WTE per 10,000 population, many counties such as the commuter counties of the Greater Dublin Area (Kildare, Wicklow and Meath), and Wexford and Waterford had less than 3 WTE per 10,000. In contrast, Dublin South had by far the largest number of physiotherapists, with 5 WTE per 10,000 people. Differences between public and private supply were also observed across counties. While Kildare had the lowest level of public supply, private supply was amongst the highest in Ireland, with over two thirds of non-acute supply being private. Sensitivity analyses were undertaken to examine whether differences in supply between counties reflected relatively greater need. Controlling for mortality, disability and medical card holder numbers established that the differences did not reflect relative need.

These are the first comprehensive estimates of the supply of physiotherapists in Ireland. The findings should assist policy makers in planning where to prioritise resources. The results also demonstrate that there are inequalities in therapy services in Ireland. These inequalities may need to be rectified, if the aim expressed in the recent Sláintecare report of treating more conditions in the community is to be realised.

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