Allied Health Professions Workforce Research Partnership

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Sustaining the rural & coastal Allied Health Professional workforce

Who are Allied Health Professionals?

- Third largest clinical workforce in the National Health Service (NHS England, 2024)
- 152,000 AHPs across all UK health and social care settings (AHP Federation, 2024)
- Degree level educated, professionally autonomous practitioners
- Fourteen distinct professional groups
- Aim: improvement of health and wellbeing to help individuals to live full and active lives
- Chronic AHP shortages in rural & coastal areas
- NHS 10-year plan shifts in emphasis to prevention & community care imply a key role for AHPs

Photo: Wellcome collection, Adrian Wressell

Why the rural and coastal context?

- Ageing population, more chronic diseases, frailty & comorbidities mean greater complexity in healthcare needs (Whitty & Loveless, 2021)
- Deprivation: risk factors (e.g., smoking, obesity), unemployment, low educational attainment
- Impacts of context on healthcare needs and individuals' ability to access healthcare (The King's Fund, 2024)
- Healthcare inequalities are amplified in rural & coastal areas (Gkioleka et al, 2022)
- Poor understanding of how locational factors may affect AHP recruitment & retention

Aim: to explore evidence on the rural & coastal AHP workforce, to map the existing literature

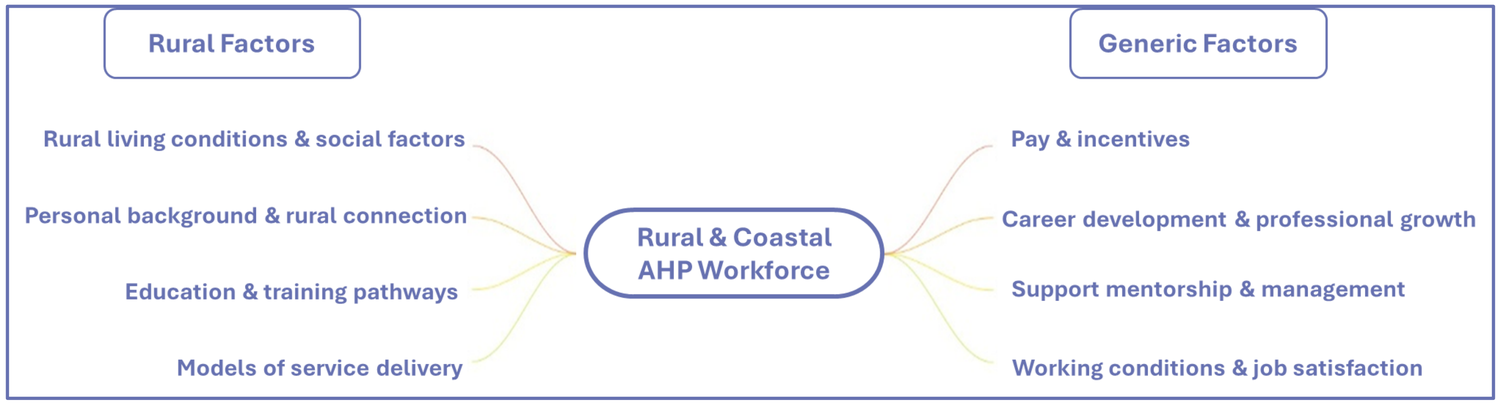
Method: Systematic scoping review of literature on the rural & coastal AHP workforce

10,494 studies screened, **607** full-text reviewed, **49** included **157** findings extracted

Output: An evidence-informed framework to inform future research & workforce modelling

Rural factors

Accessing housing, the need to travel for work, social or professional isolation & lack of CPD can negatively affect recruitment & retention, while prior rural connections are positive



Generic factors

The recruitment & retention impacts of pay, career development, professional support and job satisfaction linked to autonomy & flexibility are amplified in rural & coastal areas

Next steps: (1) Further research to understand how the different factors that we have identified interact, and to explore differences in AHP professions
(2) Work with stakeholders to design attractive 'community specialist' roles that support patient populations in rural & coastal areas
(3) Develop a dynamic simulation model to simulate the effects of interventions to improve planning and management of the AHP workforce

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https://research.shu.ac.uk/ahpwrap/