

What are the Unanswered Questions for the Allied Health Professions Workforce? A Priority Setting Partnership in Association with the James Lind Alliance

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Background

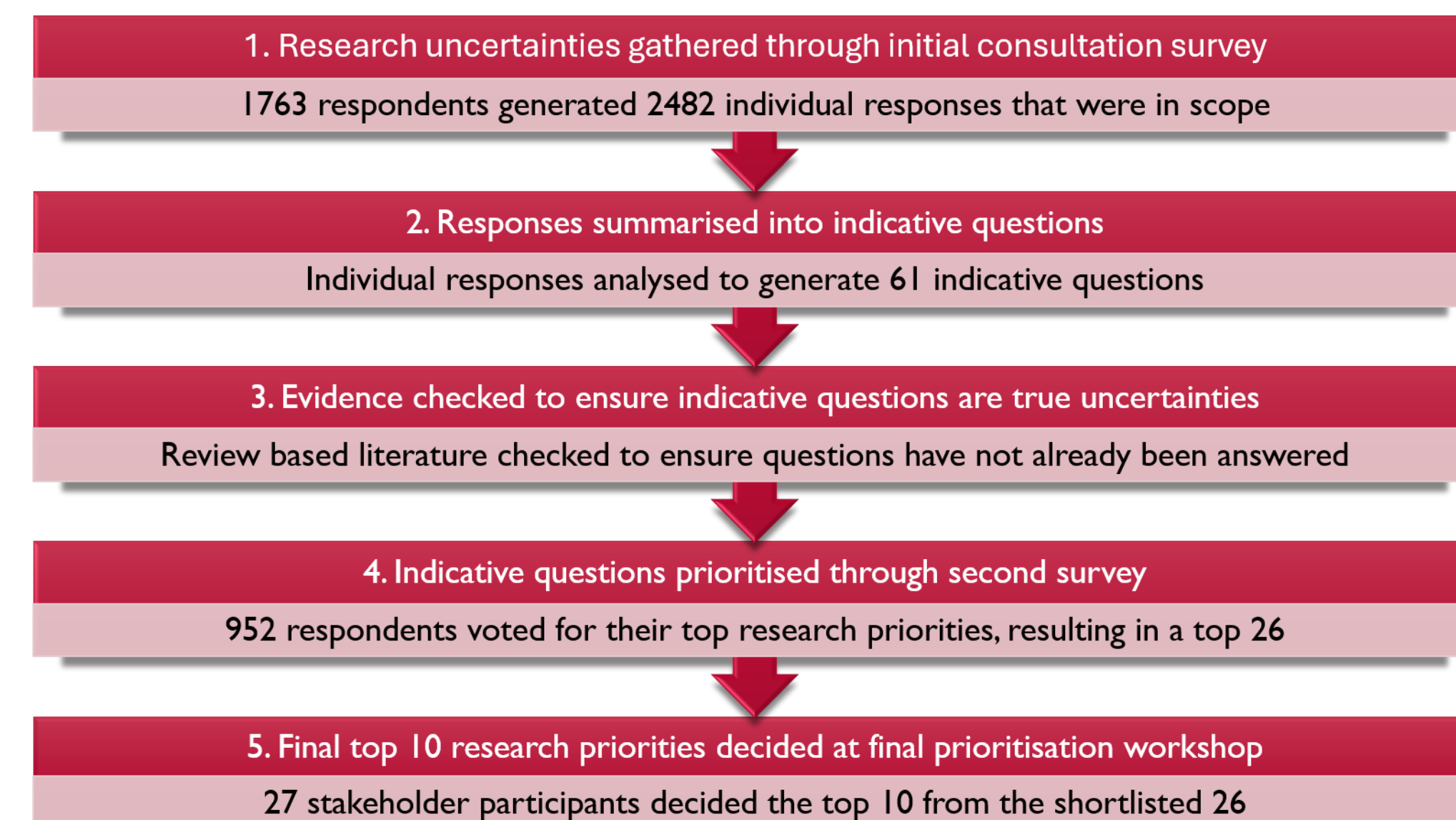
The workforce research landscape is currently dominated by studies surrounding doctors and nurses, with much less focusing on the Allied Health Professions (AHP) workforce. Additionally, those in frontline positions within AHP services rarely get the opportunity to influence the direction that research focuses its lens.

Research question

What are the most important unanswered questions about the Allied Health Workforce, according to professional bodies, policy makers and AHP leaders, AHP service managers and frontline AHP professionals, and service users?

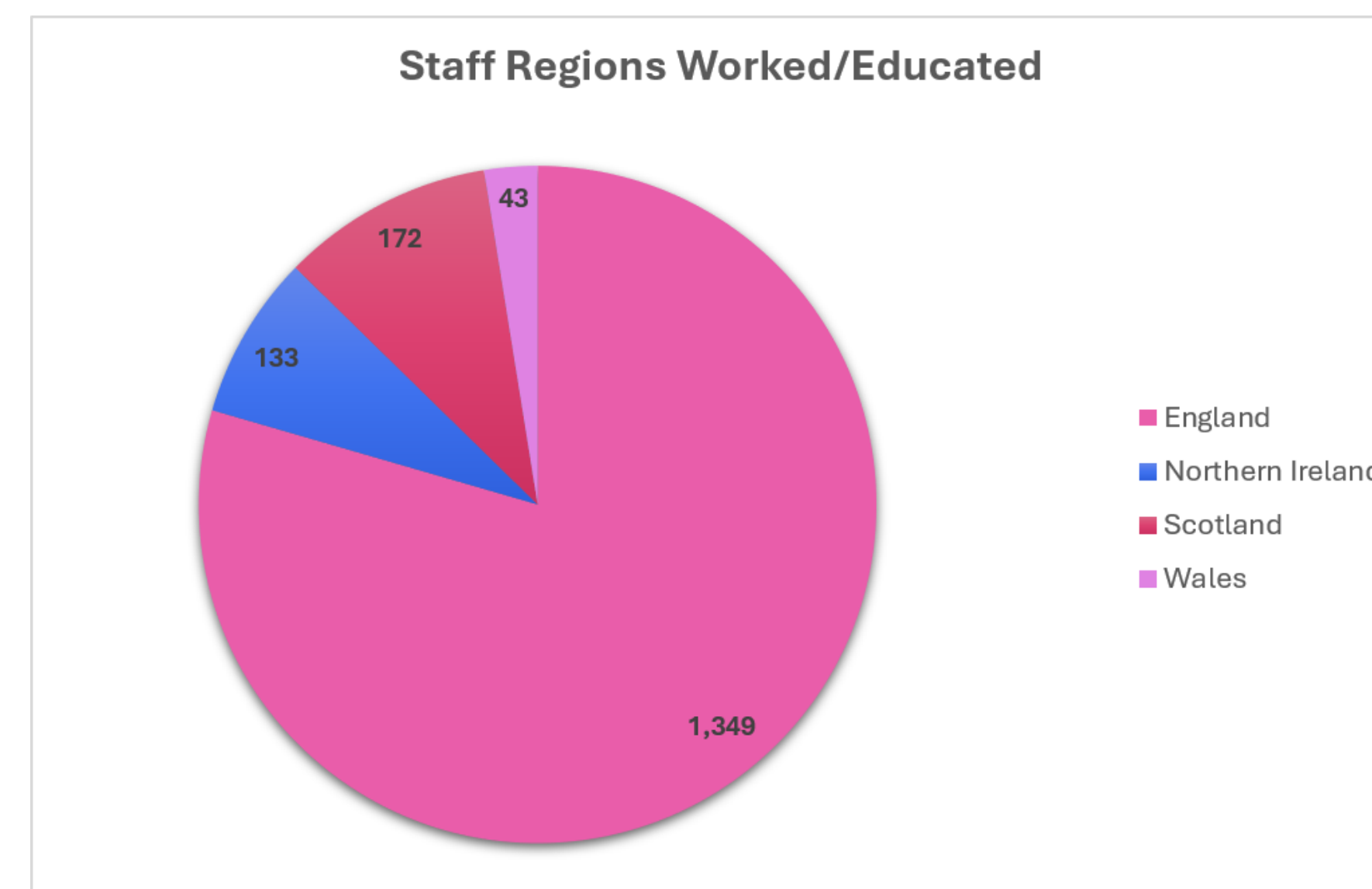
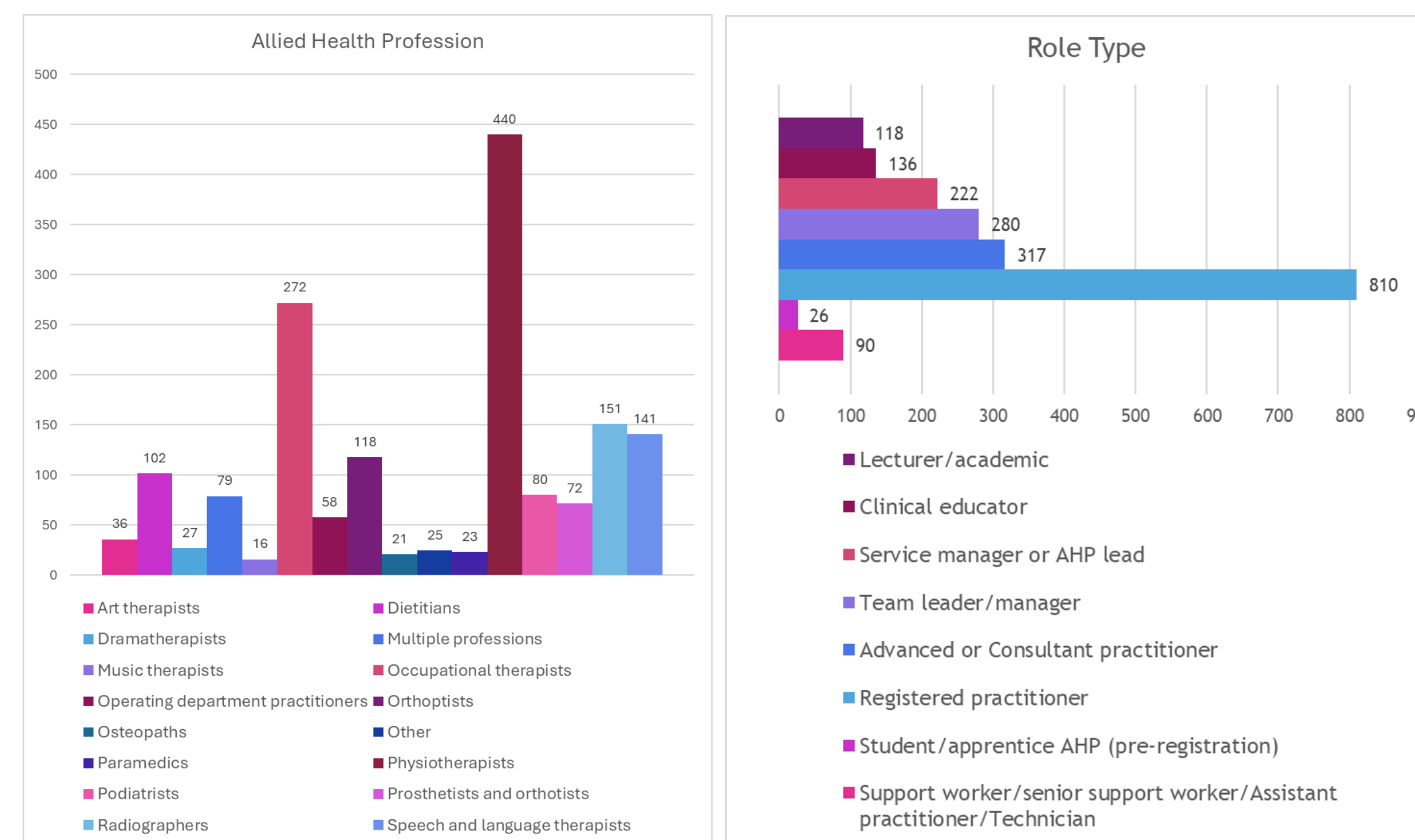
Methods

Design: This followed the traditional James Lind Alliance Priority Setting Partnership process (see figure below).



Results

Initial Consultation respondents:



Top Ten AHP Workforce Research Priorities

ALLIED HEALTH PROFESSIONS WORKFORCE RESEARCH PARTNERSHIP

TOP 10 RESEARCH PRIORITIES

- 1 What is the impact and effectiveness of the allied health professions workforce on health service delivery and how can this be measured (e.g. reduction of waiting lists, increased availability of community based care, economic benefit, cost-effectiveness, health outcomes)?
- 2 How can it be ensured that the allied health professions workforce is properly funded and resourced for a fully staffed, safe and effective workforce? What impact would this have on service delivery and patient outcomes?
- 3 How can organisations (e.g. private sector, NHS, and social care) and service delivery teams work more seamlessly together in partnership to develop the allied health professional workforce and deliver the best patient care and outcomes?
- 4 How are innovations in technology such as artificial intelligence (AI) and other digital solutions affecting and/or assisting the allied health professions workforce and healthcare delivery? What training is needed to support the workforce to use it safely and effectively?
- 5 How can the future sustainability of the allied health professions workforce be addressed (e.g. succession, workforce and work planning, and staffing levels)?
- 6 How can more opportunities for leadership roles in the allied health professions be grown, and how can allied health professionals be encouraged into such roles?
- 7 How can preventative roles delivered by the allied health professions be developed and supported further? What is the impact of preventive roles?
- 8 What is the best way to balance capacity for health service provision whilst also allowing the allied health professions workforce access to professional training and career development? What impact would achieving this balance have (e.g. patient care, safety, service delivery, staff wellbeing, job satisfaction and retention)?
- 9 How can speciality, extended, enhanced, advanced and consultant roles be developed, funded and utilised more effectively to support the allied health professions workforce, and what impact does this have on patient outcomes?
- 10 What are the challenges faced by the smaller and underrepresented allied health professions? How can funding, roles and recognition for these groups be developed and spread more evenly and equitably (e.g. the arts based therapies or in specialist services)?

Conclusion

This PSP shows that the AHP workforce would prefer that research prioritise and focus on service delivery, role development, and career progression, and how those elements improve patient outcomes.



JLA Webpage

Acknowledgements

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For further info, please scan the QR codes or email s.etty@shu.ac.uk

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