



British Association for Music Therapy
British Association of Art Therapists
British Association of Dramatherapists
Royal College of Occupational Therapists
The British Dietetic Association
British Association of Prosthetics and Orthotics
British and Irish Orthoptic Society
Chartered Society of Physiotherapy
College of Paramedics
Royal College of Speech and Language Therapists
Royal College of Podiatry
Society and College of Radiographers

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Allied Health Professions Federation Scotland (AHPFS) comprises twelve professional bodies representing 14 Allied Health Professionals (AHPs). **There are over 14,000 AHPs in Scotland, making us the third largest clinical workforce.** In comparison, there are approximately 16,500 medical staff in the NHS.

As well as being at the forefront of rehabilitation, early intervention and prevention, AHPs are leaders and advocates for change. Utilising AHPs to our maximum effect impacts and delivers true transformational change across health, social care, public health, education, the third sector and beyond. We bring different solutions to incredibly tricky problems across sectors and the life journey.

Ahead of the 2026 Holyrood election, AHPFS have identified three key strategic areas of focus that political parties must prioritise to ensure the future sustainability of our health and social care systems as well as effectiveness of AHPs across Scotland.

Return on Investment (ROI) of up to £34 for every £1 spent, hospital admissions fall, risk of cardiovascular deaths reduce through rehabilitation, lifestyle change and early diagnosis.



Reduce mental health need, 50-60% reduction in depression and anxiety, support workplace wellbeing to reduce sickness absence by 20% - keep the population economically active.

Key priorities for the next Government

1. Embed AHP leadership across health and social care

A recent Freedom of Information (FOI) request from AHPFS has revealed a stark reality: not a single NHS Scotland Health Board has an AHP on its board nor do they have voting rights. Only 13 out of 31 Integration Joint Boards (IJBs) have any AHP representation on it with varying ability to influence. All NHS Boards currently have both nursing and medical representation on boards but AHPs are not included. The next Scottish Government must make conscious efforts to achieve parity across these professions.

This absence of AHP voices at the highest levels of decision-making is deeply troubling. As the third largest clinical group within the NHS, AHPs bring a wealth of expertise that is essential to shaping effective, forward-thinking healthcare policy. Their exclusion represents a significant missed opportunity for collaborative leadership, diversity of thinking, innovation, and meaningful system transformation.

To realise Scotland's vision of shifting care from acute settings to community-based and truly embed preventative approaches, AHPs must be included in strategic decision-making structures. Their unique skills and patient-centred perspective are not just complementary—they are critical. Without AHPs at the table, the health and care system cannot fully harness our potential to drive equitable, sustainable change.

The next Scottish Government must

- Mandate all NHS Boards to have an Executive Director of AHPs
- Mandate there is a Professional Advisor for AHPs on all IJBs

2. Expand routes into the professions

AHPFS calls on the next Scottish Government to expand access to the AHP professions through expanding routes into each profession, in consultation with the professions. Within the 14 AHPs, the solutions to the challenges around access to them will vary so consultation with each individual profession is essential. An example is graduate apprenticeships, or 'Earn as you Learn' programmes. 'Earn as you learn' routes would enable people who want to advance their careers to do so without having to give up employment or relocate outside their home area. This is of benefit to the individuals and supports them to make a difference to their community.

We know that many AHP professions face recruitment and retention challenges. Widening access helps expand the talent pool and ensures a sustainable pipeline of future professionals to meet rising demand and support the shift towards community-based, preventative care, which is

Case study: OT within Primary Care

84% of people referred to Occupational Therapy in Primary Care are managed within the service, negating a need for referral to secondary/ specialist services.

"Occupational Therapy in Primary care has been a fantastic addition. We can refer for physical, mental health or a combination of both. Patients feel empowered to cope with their illness better. I couldn't imagine a reality going back to not having Occupational Therapy, they are valued very highly among colleagues as well as patients"
GP Stakeholder.

already a priority across all political parties. **16% of the NHS AHP workforce is over 55 and the median age of the AHP workforce is 41**; efforts must be made now to ensure we don't face even greater challenges in the future.

AHP learners should also be afforded the same financial bursary as nursing and paramedicine learners. There has been considerable work done already for AHP education with the AHP education and workforce review and it is now a case of delivering against those actions. We must see parity between professions, and, as such, giving the AHP education and workforce taskforce ministerial accountability would see these actions given the prioritisation they deserve.

True transformation in health and care systems must start at the foundation. Expanding routes ensures equity is embedded from the point of entry into a profession, creating a more just and inclusive culture within AHP services for years to come.

Case study: Digital Diabetes Programme

Recognising the impact that dietitians can have in leading innovation in prevention and public health, The Scottish Government has committed £4.5m to a new Digital Diabetes Programme, which will support 3,000 people recently diagnosed with type 2 diabetes over the next three years. Led by specialist dietitians and health coaches, the fully digital service aims to help around 40% of participants achieve remission within their first year.

The next Scottish Government must

- Work with all relevant stakeholders, including Universities, to expand routes into AHP courses
- Provide our AHP learners equitable financial support throughout their studies

3. Ensure timely and equitable access to AHP services across Scotland

AHPFS fully supports the shift towards community-based care, recognising that it can lead to better health outcomes and reduce pressure on an overstretched hospital system. However, to make this vision a reality, the next Scottish Government must prioritise investment in local health and social care facilities, led by AHPs. These centres would enable a broader range of services—such as diagnostics, treatment, and rehabilitation—to be delivered closer to patients' homes, improving both access and convenience. Having a 'single point of access' for our rehabilitation services would not only reduce travel times and enhance patient satisfaction but also foster collaboration among providers, improving the integration of primary, community, and social care services. Investing in these local hubs is essential to reducing health inequalities, meeting growing demand, and ensuring equitable access to high quality diagnostics and care for every citizen.

AHPs play a critical role in the diagnosis, prevention, treatment, and rehabilitation of patients, however these services are not fully optimised and resourcing is often inconsistent, particularly in rural and underserved areas. Every citizen in Scotland should have the right to equitable access to AHP services as part of their treatment journey. Existing Scottish Government documents such as 'Realistic Medicine' and 'Right Care Right Place' already support AHP principles.

The next Scottish Government must

- Ensure AHP services are sustainably resourced to deliver for population need now and in the future

AHPs in action: **Community appointment days**

NHS Ayrshire & Arran's musculoskeletal physiotherapy service has launched Community Appointment Days, offering multiple services in one location.

They offer fast access to physio, rehab, health advice, and support services, aiming to reduce waits and promote early self-management.

Each visit starts with a "What matters to you?" conversation, with support for smoking cessation, weight loss, and diet. Feedback has been very positive:

"Brilliant! I saw four experts in one day."

Theratots: **Community- based therapy for children with complex needs**

Theratots is a community-based therapy group in NHS Lanarkshire that supports children under 3 with complex needs through multidisciplinary care in welcoming, non-clinical settings. It empowers families by combining professional support with emotional wellbeing and peer connection, offering a model for inclusive, accessible public health interventions.

For more information...



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https://www.ahpf.org.uk/Allied_Health_Professions_Federation_Scotland.htm



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