Equality, diversity, and inclusion in advanced practice training in the East of England

NHS England East of England Faculty for Advancing Practice

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1. Executive summary

This report provides an overview and analysis of the equality, diversity and inclusion (EDI) data collected by the Regional Faculty for Advancing Practice from 399 advanced practice trainees. The data was collected via period monitoring surveys sent to trainees between finance years 2022-23 and 2023-24. The purpose of the analysis was to understand whether the diversity of the current trainee workforce in the East of England is representative of the talent available and the community being served. Analysis of the data suggests that the advanced practice trainee workforce is broadly representative of the wider NHS workforce and population in the East of England. However, the data cannot reveal whether the first-hand experience of trainees is equal and inclusive. The report makes some recommendations for the Faculty to expand future data collection and analysis on EDI in advanced practice trainees. It also recommends that Integrated Care Boards (ICBs) should consider what support and practices are in place to ensure trainees from different backgrounds are being recruited and treated equally and inclusively.

2. Background

Equality, diversity and inclusion (EDI) in the workplace means that there is a range of staff with different demographics and backgrounds, who are treated fairly, are valued and who feel safe to raise concerns and share ideas (ACAS). The NHS has a legal responsibility to tackle workforce and health inequalities and prevent discrimination against protected characteristics under the Equality Act 2010 and Health and Care Act 2022.

In recent years, the NHS has produced plans and guidance which reinforce the importance of improving equality, diversity and inclusion across protected characteristics in the workplace. The NHS Workforce Race Equality Standard 2015 requires organisations to progress against indicators to ensure employees from ethnic minorities have fair treatment and career opportunities. The NHS Long Term Plan 2019 reinforced the need “to improve equality and opportunities for people from all backgrounds to work in the NHS”.

More recently, the Covid-19 pandemic has highlighted the disadvantages and health inequalities faced by those from different backgrounds and the NHS has committed to being an inclusive employer, with the People Plan 2020/21 setting out a vision to be an employer that reflects the diversity of the communities it serves. Consequently, the NHS equality, diversity, and inclusion improvement plan 2023 acknowledges the benefits of a diverse and inclusive NHS workforce; retaining staff and resolving health inequalities through attracting diverse talent which increases efficiency and safety of services to provide better quality care. In addressing the current and future NHS workforce challenges the NHS Long Term Workforce Plan 2023 recognises that enacting the NHS equality, diversity and inclusion plan will be crucial to the objective of retaining staff.

The NHS Long Term Workforce Plan distinguishes advanced practitioners as one of the seven priority professional sectors to develop, noting the impact these roles have in improving patient care, and to address future healthcare pressures due to a growing and ageing population requiring more complex healthcare.

The Electronic Staff Record (ESR) collects NHS staff EDI data on 6 out of 9 protected characteristics provided by secondary care NHS employers. Former Health Education England (HEE) created workforce reports based on ESR data, one dedicated to the EDI of the NHS staff (Diversity & Inclusion Workforce Profile, internal NHSE report) and another giving access to some EDI characteristics of advanced practitioners (Advanced Practitioner Workforce Overview, internal NHSE report). However, national and historical variations in how employers code advanced practitioners in ESR mean that the data on advanced practice job roles cannot be assumed to be 100% accurate. Further, whilst ESR, when correctly coded, can differentiate between trainee and qualified advanced practitioners, it cannot distinguish which trainees NHS England (NHSE) financially supports. These factors prompted the NHSE East of England Faculty for Advancing Practice (hereby referred to as the Regional Faculty) to collect EDI data about trainees in advanced practice via a monitoring survey (see section 3 for further context).

The aim of this report is to provide an overview of the EDI data collected by the Regional Faculty on the current regional trainee workforce. It should provide baseline information to aid Integrated Care Boards (ICBs) to understand the demographics and background of their current advanced practice trainee workforce. ICBs should reflect whether the data is representative of the talent pool available and of the community being served. Plans and actions should then be developed to create and retain a more diverse and inclusive workforce which can provide the highest quality of care.

3. NHSE East of England data

3.1 Context

In 2022, NHS England (NHSE) regional Faculties began collecting data about advanced practice trainees in receipt of NHSE funding. This data collection started because regional Faculties and the Centre for Advancing Practice recognised the importance of equality, diversity and inclusion in the advanced practice workforce and its responsibility to ensure this is reflected in its training funding practices.

Each region collects EDI data on trainees that are aligned to 7 out of 9 legally protected characteristics: age, disability, gender reassignment, race, religion, sex, sexual orientation. The questions formulated to collect this data resulted from a working group made up of representatives from the 7 Regional Faculties for Advancing Practice. Marital status/civil

partnership and pregnancy/maternity were excluded from the questions to keep the amount of sensitive data collected to the minimum required to draw a broad understanding of the background of trainees. EDI questions are not mandatory for trainees; they can skip these questions in the survey (collected as blank) or answer “Prefer not to say”.

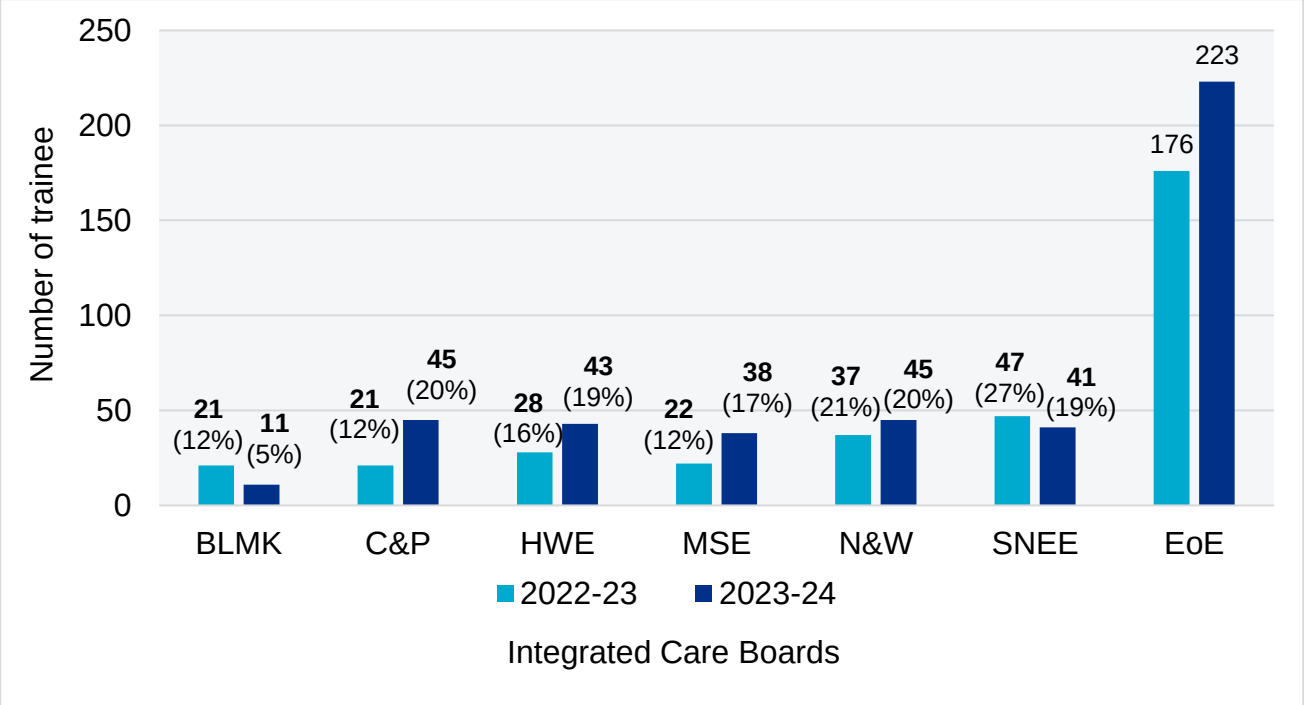
The EDI questions are included in a periodic monitoring survey sent to trainees NHSE is funding. The data selected to be presented in this report is of NHSE funded trainees active on advanced practice programmes who completed the Regional Faculty’s monitoring survey between September 2022 and March 2024. It includes data from those who did not answer the EDI questions in the survey (6%) and those that partially answered (8%). The data covers the financial years of 2022-23 and 2023-24 with a total number of 399 of active trainees.

3.2 Overview of continuing trainee numbers

The number of continuing trainees has increased by 46% from 176 in 2022-23 to 223 in 2023-24 (figure 1). This is due to a 23% increase in total number of trainees funded by the Regional Faculty from 208 in 2022-23 to 257 in 2023-24 (Overview of the advanced practice workforce in the East of England 2023/24).

The repartition of these trainees varies across the 6 ICBs, with Suffolk & North-East Essex (SNEE) and Norfolk & Waveney (N&W) ICBs having the highest number of active trainees (88 and 82 respectively) and Bedfordshire, Luton & Milton Keynes (BLMK) ICB the smallest (32). A decrease of active trainees can be observed between 2022-23 and 2023-24 financial years for SNEE (6%) and BLMK (10%) ICBs.

Figure 1 – Number of continuing trainees who completed the NHSE Faculty’s Trainee Monitoring Survey per ICB and per financial year (N=399)



3.3 Analysis of data per EDI characteristic

Analysis of the sexual orientation characteristic

Creating an inclusive and respectful environment for individuals of all sexual orientations is one of the interventions stated in the NHS equality, diversity and inclusion improvement plan (2023).The plan highlights that Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Intersex, sexual and many other terms (such as non-binary and pansexual) staff (LGBTQIA+) are more likely to face discrimination from their colleagues and patients, and this can have a detrimental impact on their health. Therefore, awareness of LGBTQIA+ health issues is important for the wellbeing of healthcare professionals and also to provide sensitive and comprehensive care to patients of diverse sexual orientations (NHSE LGBTQ health 2020, P Deemer, 2023).

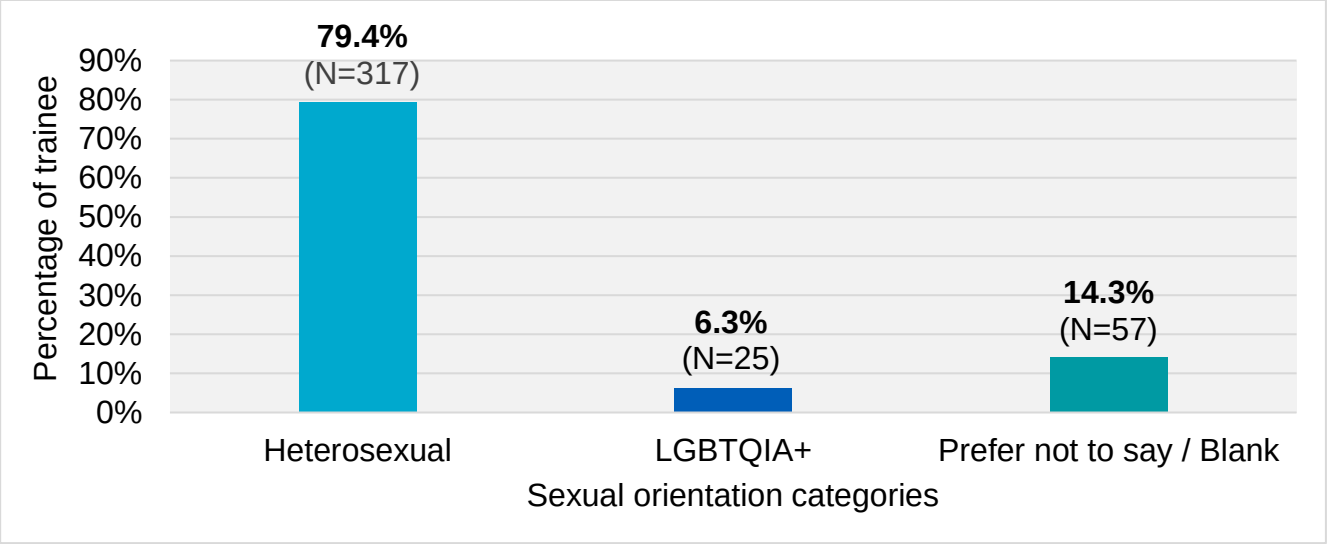
The data in figure 2 indicates that most trainees identify themselves as heterosexual (79%) while a small percentage (6%) within the LGBTQIA+ category. Fourteen per cent chose not to specify their sexual orientation.

A similar pattern can be observed between 2022-23 and 2023-24 financial years (appendix 1) and across the 6 ICBs (appendix 10). However, it can be noted that the percentage of trainees within the LGBTQIA+ category has doubled between 2022-23 and 2023-24 when the percentage of trainees identifying themselves as heterosexual has slightly decreased.

At ICB level, trainees appear to predominantly identify themselves as heterosexual with a variation across the 6 ICBs (from 71% to 88%). A lower percentage of trainees (3%) identify

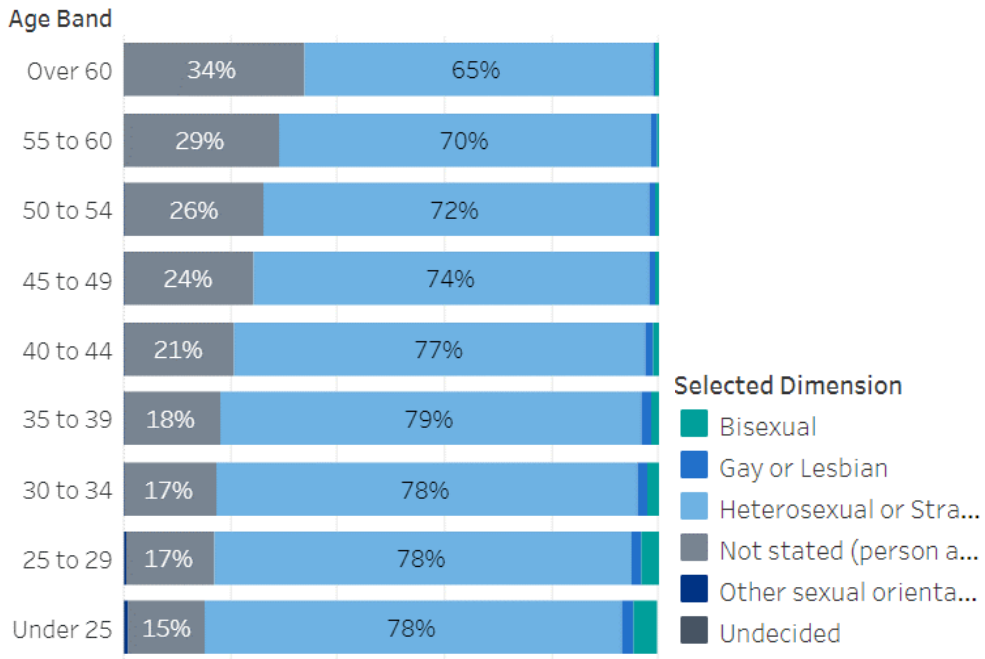
being from a LGBTQIA+ category for MSE and SNEE ICBs compared to the other ICBs (from 6% to 9%). It can also be observed that the percentage of trainees preferring not to disclose their sexual orientation varies from 11% for N&W ICB up to 20% for C&P ICB, while being only 6% for BLMK ICB.

Figure 2 – Percentage of trainees by identified sexual orientation (N=399)



Data of the sexual orientation of the NHS workforce in relation to age groups (figure 3) for secondary care (Diversity & Inclusion Workforce Profile, internal NHSE report) indicates that although most of the NHS workforce identifies as heterosexual or straight, the diversity of sexual orientations increases in younger age groups. In addition, the younger the age group the NHS workforce is, the more likely they are to disclose their sexual orientations. This indicates that there is a difference about identification with sexual orientations between generations as reflected with the NHS workforce. This is also reflected in the wider population of England, where the younger a person is the more likely they are to identify as LGBTQIA+ (Office of National Statistics Census 2021).

Figure 3 – Percentage of NHS workforce in relation to age groups and sexual orientation



Analysis of the sex registered/assigned at birth characteristic

Gender equality, diversity and inclusion is usually about giving equal access and opportunities and removing barriers of discrimination towards women.
The NHS equality, diversity and inclusion improvement plan (2023) explains that the discrimination is multifaceted: there is bias in recruitment and career progression which contributes to the gender pay gap; under-representation within senior leadership teams; sexual harassment; and inflexible working practices. These experiences may deter potential recruits or force talented women to leave the NHS. Therefore, it is recommended that sex discrimination related to women should be a key focus for organisations.

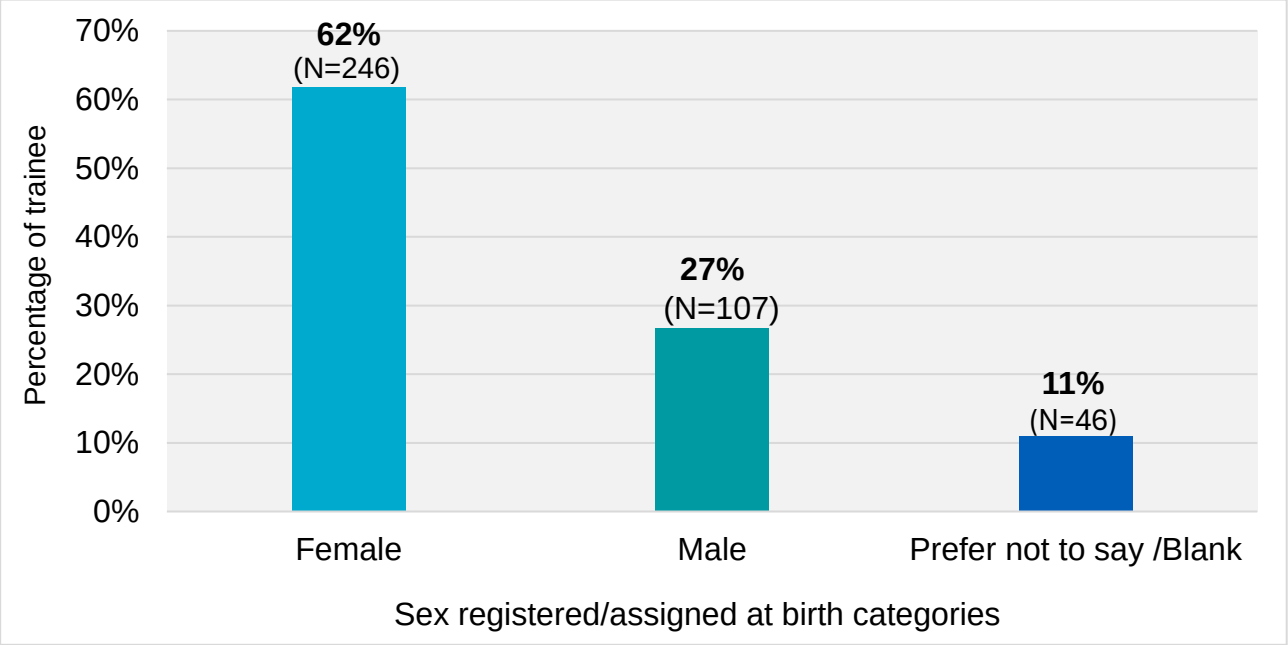
The NHS equality, diversity and inclusion improvement plan (2023) reports that 77% of the NHS workforce are women. A similar percentage is found within the advanced practice workforce in secondary care at national level (78%) and in the East of England region (74%) (Diversity & Inclusion Workforce Profile, internal NHSE report). This proportion is replicated for female trainees in advanced practice (figure 4) although slightly lower (62%). However, this could be due to having 11% who didn't specify their gender at birth.

The breakdown by financial year highlights that the percentage of females trainees has decreased by 8% between 2022-23 and 2023-24 while the percentage of males increased by 10% (appendix 2).

Across the 6 ICBs, a similar trend of a higher percentage of female advanced practice trainees can be observed (appendix 11). The exception is Cambridge & Peterborough (C&P) ICB which has a similar percentage of female and male trainees in advanced practice. An

average of 14% of trainees preferred not to specify their sex registered/assigned at birth for most ICBs, apart from BLMK and N&W ICBs with an average of 6%.

Figure 4 – Percentage of trainees by sex registered/assigned at birth (N=399)



Analysis of the sex and gender now characteristic

Gender reassignment is a protected characteristic under the Equality Act 2010. The question which collects this data in the trainee monitoring survey does not specifically ask whether their gender assigned at birth is different to the gender they identify as now. Instead, the trainee is asked “What is your current sex and gender?”. When questions were formulated by the working group (see Context section) it was felt this would be a more sensitive approach to collecting this information.

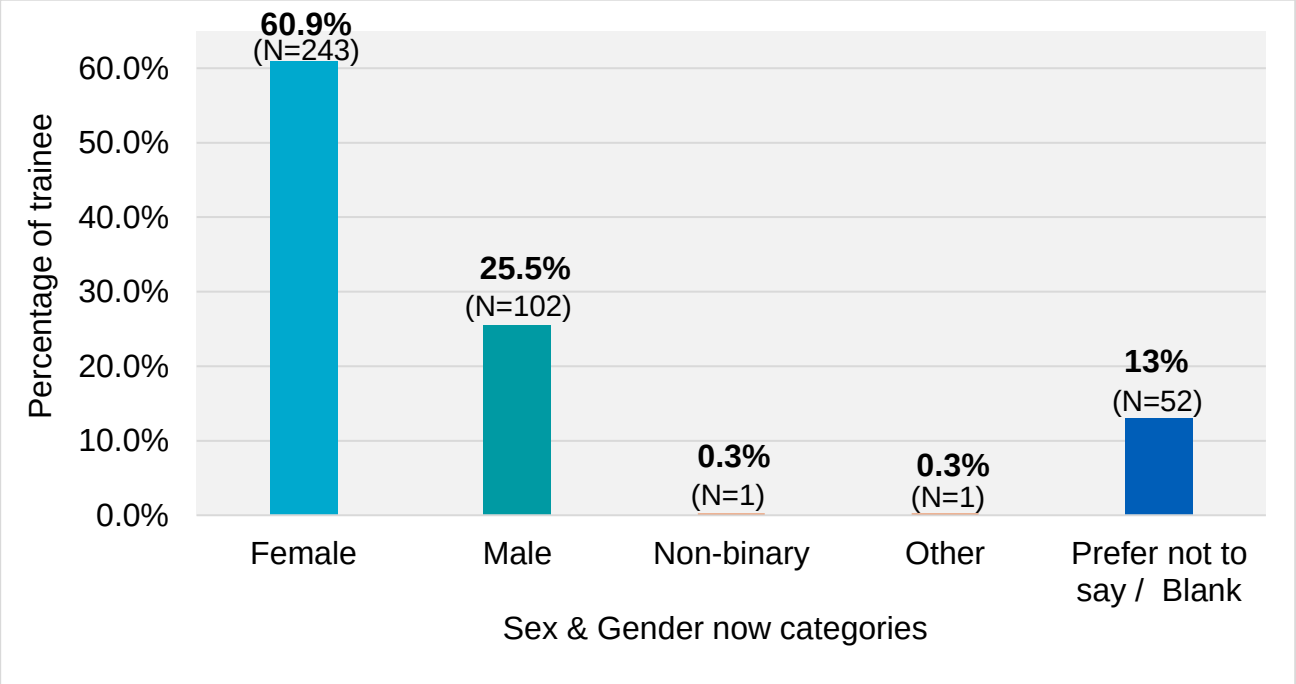
Similarly to sex registered/assigned at birth, most trainees identify themselves as female (61%), followed by male (25%) (figure 5). The similarity of percentage for these two characteristics indicates that for most trainees their sex and gender at birth is probably the same as their sex and gender now. A slightly higher percentage of trainees (13%) preferred not to disclose their sex and gender now, compared to sex registered/assigned at birth (11%). Finally, 0.6% of the trainees identify themselves as non-binary or other.

A similar trend of predominantly female trainees is observed by financial year (appendix 3) with the percentage of female slightly decreasing (65% to 58%) from 2022-23 to 2023-24 financial years, while the percentage of male increases (20% to 30%). There is a higher percentage of trainees choosing to disclose their sex & gender now characteristic in 2023-24 as well as the percentage of trainees identifying as non-binary and as other categories. This might be resulting from younger generations being more at ease in disclosing this

information as previously observed with the sexual orientation characteristic. Appendix 8 shows there is a slightly higher proportion of 25–34-year-old respondents in 2023-24.

The identified trend is repeated when analysing the data at ICB level (appendix 12) with a higher percentage of female trainees than male across all 6 ICBs. However, the proportion between male and female varies across the ICBs, with a higher difference in BLMK ICB (63%) and almost an even percentage in C&P ICB (9%), with the percentage being between 32% to 43% for the other ICBs. A higher percentage of trainees in C&P ICB (18%) preferred not to disclose this information, while being the lowest for trainees in BLMK ICB (6%).

Figure 5 – Percentage of trainees by sex and gender now (N=399)



Analysis of the disability characteristic

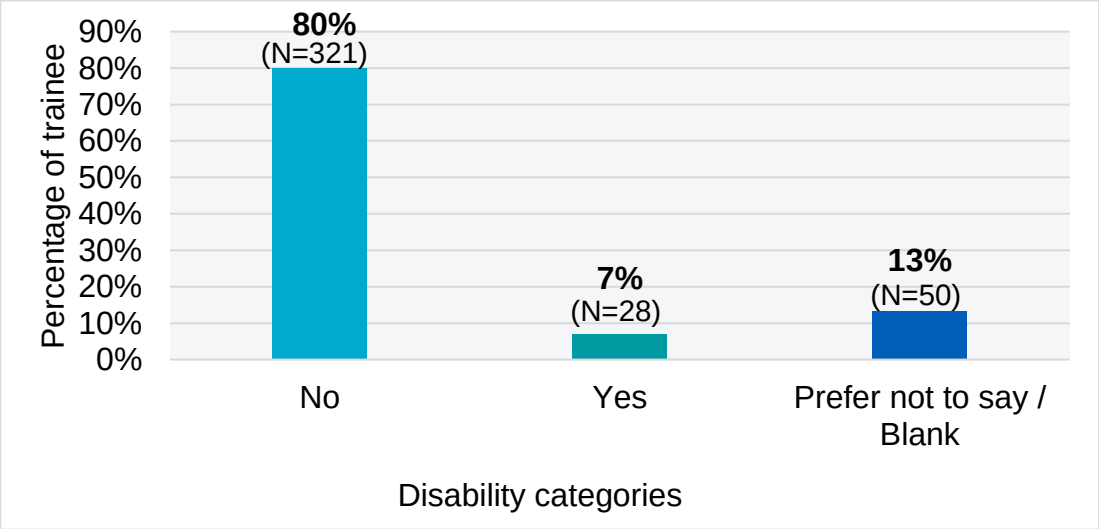
As noted in the NHS equality, diversity and inclusion plan, data available from the Workforce Disability Equality Standard (WDES) and NHS Staff Survey shows that more must be done to reduce inequality for staff with disabilities. For example, the 2023 WDES report revealed that only 73% of disabled NHS staff reported receiving the adjustments needed to perform their duties effectively. Further, the report notes that disabled people also continue to be underrepresented in middle to senior pay bands.

Most trainees (80%) responded as not having a disability (figure 6). Only a small percentage (7%) have declared having a disability. Thirteen percent preferred not to specify. This is comparable to data on the entire secondary care workforce in East of England when filtered to staff on comparable salary grades to trainee and qualified advanced practitioners (Agenda for Change (AfC) 7 and 8a), with 79% of staff declaring not to have a disability. The trend

between the 2 last financial years is nearly identical (appendix 4), which also reflects the trend described previously.

A similar trend can be observed across the 6 ICBs (appendix 13), however a higher percentage of trainees in BLMK ICB indicate that they have a disability (16%) while C&P ICB has the lowest percentage (3%), with the other ICBs being between 6 to 9%. A high percentage of trainee in C&P ICB preferred not to disclose this information (23%), followed by MSE ICB (17%).

Figure 6 – Percentage of trainees who have a disability (N=399)



Analysis of the ethnicity characteristic

It is known that having a diverse clinical NHS workforce contributes to a higher quality of healthcare delivered to an increasing culturally diverse patient population (NHS equality diversity and inclusion improvement plan, 2023) as it enhances trust and understanding (Hemmings et al, 2021). This is due to having healthcare professionals culturally sensitive and competent to meet the unique healthcare needs and specificities of patients from different ethnic backgrounds.

Trainees were given the option to choose among a list of 26 different ethnicities (appendix 5), the list being agreed by the previously mentioned working group, which included the possibility to disclose any other not listed. However, for the purpose of a better clarity of results, this overview analysis of ethnicity data was narrowed to 6 categories (figure 7).

The ethnic diversity identified for trainees in advanced practice appears (figure 7) to be in line with the ethnic diversity of the population they will serve once qualified (figure 8).

Most trainees (68%) are from White ethnicity, followed by trainees of Asian (11%) and then Black ethnicity (6%). The percentage of trainees from mixed or multiple ethnicities is very low (2%). 12% of the trainees chose not to specify their ethnicity.

When related to the ethnic diversity of the population in East of England (2021 census estimates, internal NHSE report) a similar trend can be observed (figure 8, appendix 18), with a majority of 6.6 million population of the East of England region being from a White ethnic background (86%), followed by 7% for Asian, 3% for Black and Mixed backgrounds and 1% for other ethnic background. This indicates that the ethnic diversity of trainees in the East of England has the potential to reflect the ethnic diversity of the population they serve.

Figure 7 – Percentage of trainee in relation to ethnicity (N=399)

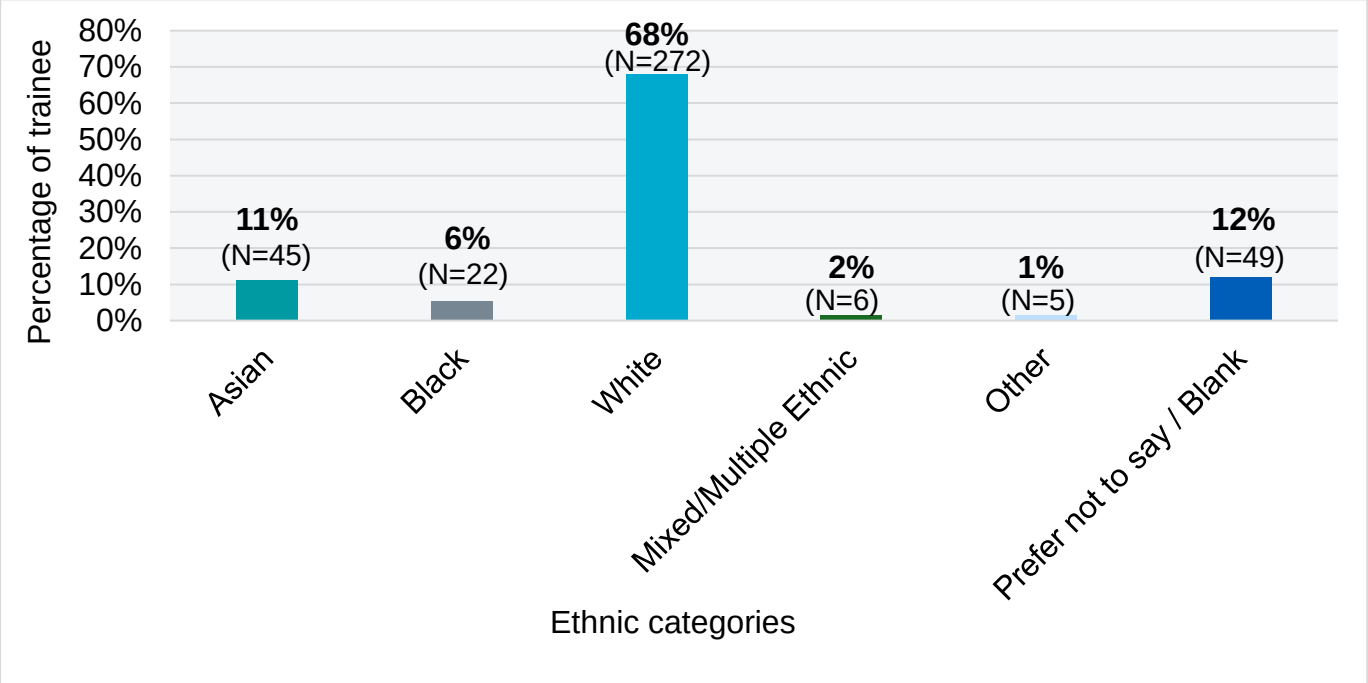
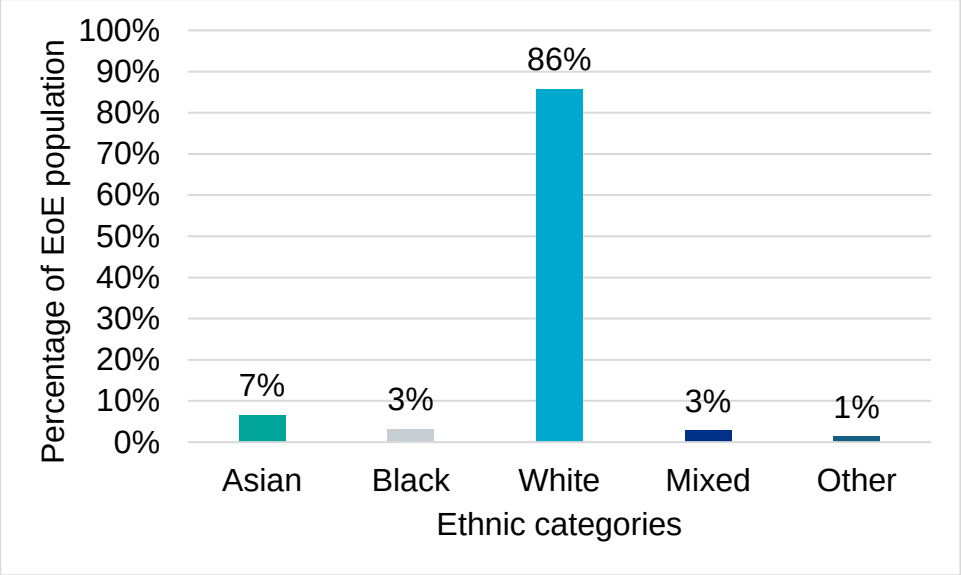


Figure 8 – Percentage of the population in East of England in relation to ethnicity (2021 Census Estimate)



A recent qualitative study run by the University of Suffolk (Exploring the barriers that may be affecting ethnic minority groups accessing or developing into Advanced Practice Roles in the NHS within East of England) reports that employed advanced practitioners from ethnic minorities in the East of England find it more difficult to access training opportunities which can be related to the lower percentage of trainees in advanced practice from a similar ethnic background. However, the study stated that organisational advanced practice leads and programme leads in universities did not perceive that individuals from an ethnic minority were treated differently and that they have the same training opportunities.

A similar trend can be observed across the last 2 financial years (appendix 6). However, the percentage of the trainees from Black and Asian ethnicities tends to be lower in 2023-24 compared to 2022-23 (particularly for those from a Black ethnicity, 9 to 3%) while the percentage trainees from a White ethnicity is slightly higher at 5%., Trainees (2%) identifying with the ethnic categories of Mixed/Multiple and Other appear for the first time in 2023-24.

Although most trainees are from White ethnicities across all 6 ICBs (appendix 14), the proportion in relation to the other ethnicities varies across the ICBs. A higher ethnic diversity can be noticed for MSE ICB, followed by C&P, HWE and BLMK ICBs. Trainees with Asian ethnicity tend to be more represented than those with Black ethnicity apart from trainees in MSE ICB.

Analysis of the religion or belief characteristic

The survey enabled trainees to choose from 14 different religious or belief categories. However, it was decided to group some categories together for a better presentation of data as shown in figure 9.

Most trainees identify as Christian (39%), followed by 2.5% Hindu, Muslims (1.8%), Sikhs (0.5%), Catholics (0.3%) and Buddhists (0.3%). A sizeable proportion of trainees do not identify as having a religion or belief (33%) and (31.5%) preferred not to specify their religion or belief (21.5%). Among the EDI characteristics, this religion or belief has the highest percentage of non-disclosure (21% when 12% is the average for the other EDI characteristics). Data on the wider NHS workforce in East of England also suggests most NHS staff identify as Christian (44%) with a significant proportion (18%) choosing not to disclose (appendix 18).

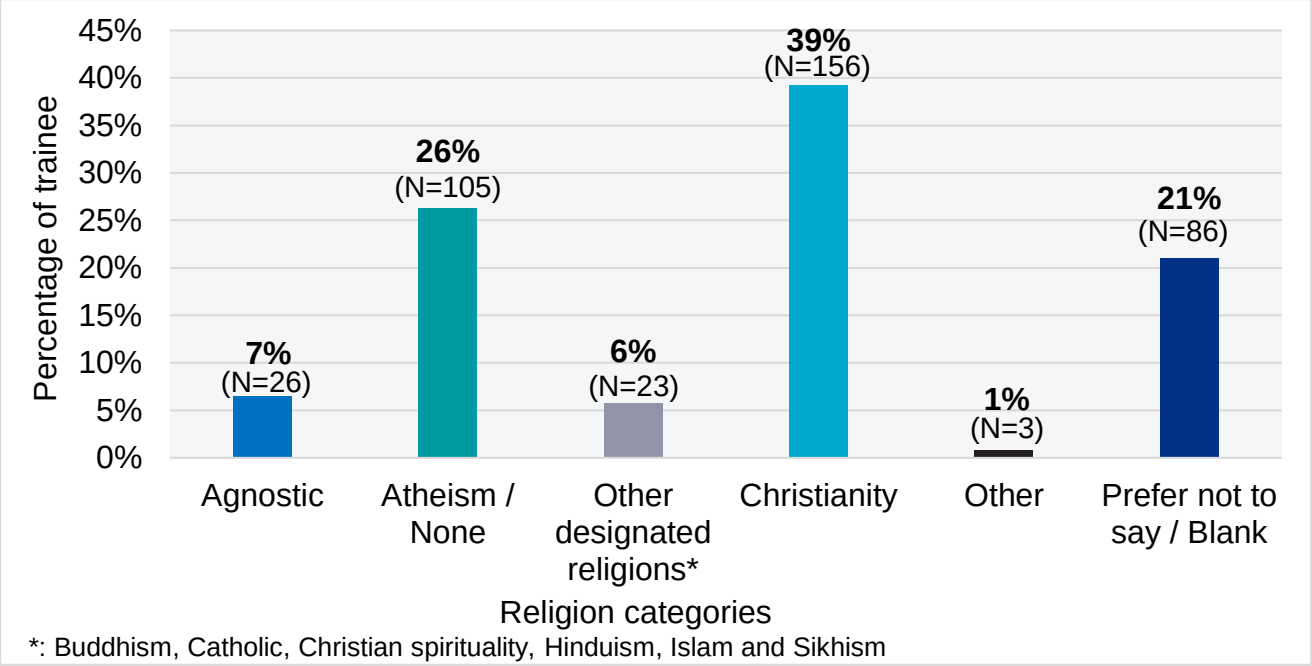
A similar trend can be observed for the last 2 financial years (appendix 7), with a slight decrease of trainees being Christian (7%) 2023-24 while there is a much higher percentage of trainees declaring being Atheist (11%).

At ICB level (appendix 15), a higher percentage of trainees identifying as Christian can be observed across all ICBs with a variation from 33% (SNEE ICB) up to 53% (MSE ICB), except for N&W ICB where the Atheist category is highest at 39%. The diversity of religions or beliefs varied across the 6 ICBs with a higher diversity for BLMK ICB, followed by HWE and MSE ICBs, and a lower diversity for N&W ICB. The percentage of trainees who didn't disclose this information is much higher for C&P ICB (29%), followed by SNEE ICB (24%) and slightly lower for BLMK ICB (16%).

Similar to the previous ethnicity characteristic, having an NHS clinical workforce which is religiously diverse supports a better understanding and respect of diverse religious beliefs and practices of the population they serve and therefore a better quality of healthcare provided (N Hemmings et al, 2021). Religious attitudes towards different forms of healthcare, such as in-vitro fertilisation (IVF), organ donation, vaccination (Scientific Advisory Group for Emergencies Gov UK, 2021) and palliative care are very much culturally influenced and are well documented in the following publications (Department of Health, 2009); C Chapman et al, 2021 and Scientific Advisory Group for Emergencies Gov UK, 2021.

When reviewing the identified ethnic and belief diversity among the trainee advanced practitioners to those identified of the population in East of England (appendix 18) and in each ICB (appendices 19 to 25), they appear to be similar which highlights that the future workforce in advanced practice will potentially reflect the population they will serve.

Figure 9: Percentage of trainees in relation to religions or believes (N=399)



*: Buddhism, Catholic, Christian spirituality, Hinduism, Islam and Sikhism

Analysis of the age group characteristic

Most trainees in advanced practice belong to the age group 25-44 (69%) with a similar percentage for the 25-34 and 35-44 age categories (figure 10). This percentage decreases by half for the 44-54 age group (18%), and drastically falls to 3% for the 55-64 age group. Data on the secondary care workforce in East of England (Diversity & Inclusion Workforce Profile, internal NHSE report) of staff on comparable salary grades to trainee and qualified advanced practitioners suggests a similar pattern, with 63% in the 25-44 age group. However, a smaller percentage is seen in the 25-29 age group (4%) compared to advanced practice trainee data, with 35-39 being the largest age group (16%).

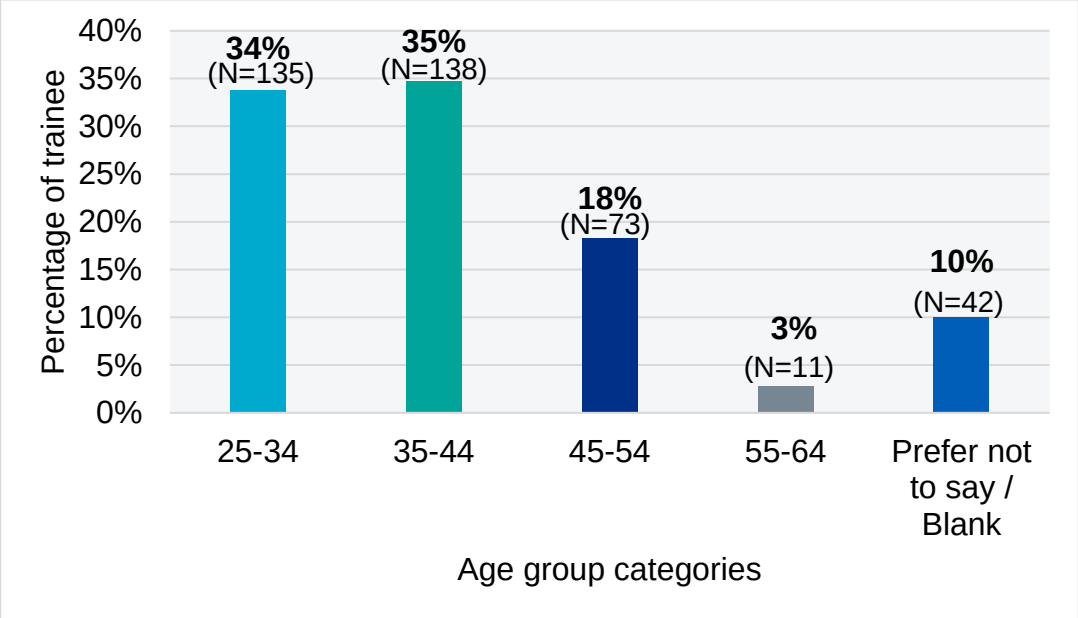
A similar trend is observed between the two financial years (appendix 8). However, the percentage of the 35-44 and 45-54 age group decreases respectively by 5% and 2% while slightly increasing by 2% for the 55-64 age group in 2023-24. There is also a higher percentage of trainees (5%) preferring not to provide this information.

Although this general trend is repeated at ICB level, there is a significant variation of the percentage of the different age groups across the 6 ICBs (appendix 16). For BLMK, C&P and N&W ICBs, the percentage of the 25-34 category is the highest (average of 40%) while it is the 35-44 category for the other ICBs and particularly MSE ICB (52%). The percentage of 45-54 is much higher for BLMK ICB (28%) than for the other ICBs (from 15% to 21%) and the lowest for MSE ICB (13%). Finally, the percentage of 55-64 is much higher for HWE ICB (7%) compared to 2 to 4% for the other ICBs, with none within that age range in BLMK ICB. It can be noticed that once again the percentage of trainees not disclosing this information is higher for C&P ICB (15%) while lower for BLMK ICB (3%).

Although having a higher percentage of trainees in the lower age groups can provide a level of reassurance that the region will have the workforce to replace those retiring or leaving, it doesn't mean this is enough to reach the increase of advanced practice workforce growth expected in the NHS Long term Workforce plan, 2023 which aspires East of England to have 130% increase in trainees starting on programmes by 2026-37 (see Overview of the advanced practice workforce in the East of England 2023/24). In addition to training new advanced practitioners, retention of qualified staff will be required to maintain workforce growth. A consideration for future reporting is to examine data on advanced practice vacancies and leavers. This data is not currently available to the Regional Faculty but area for potential development.

An advantage to having generational diversity within the advanced practice workforce, and within the NHS workforce in general, is that it provides different perspectives and approaches to work which can lead to innovative, more effective and tailored approaches to patient care, and contribute to a positive workplace culture (NHS Equality diversity and inclusion improvement plan, 2023).

Figure 10 – Percentage of trainees in relation to age groups (N=399)



Analysis of carer responsibility data

Whilst caring responsibilities are not a protected characteristic within the Equality Act (2010), the Regional Faculties included a question about caring responsibilities in the monitoring survey to understand how inclusive the advanced practice workforce is for carers.

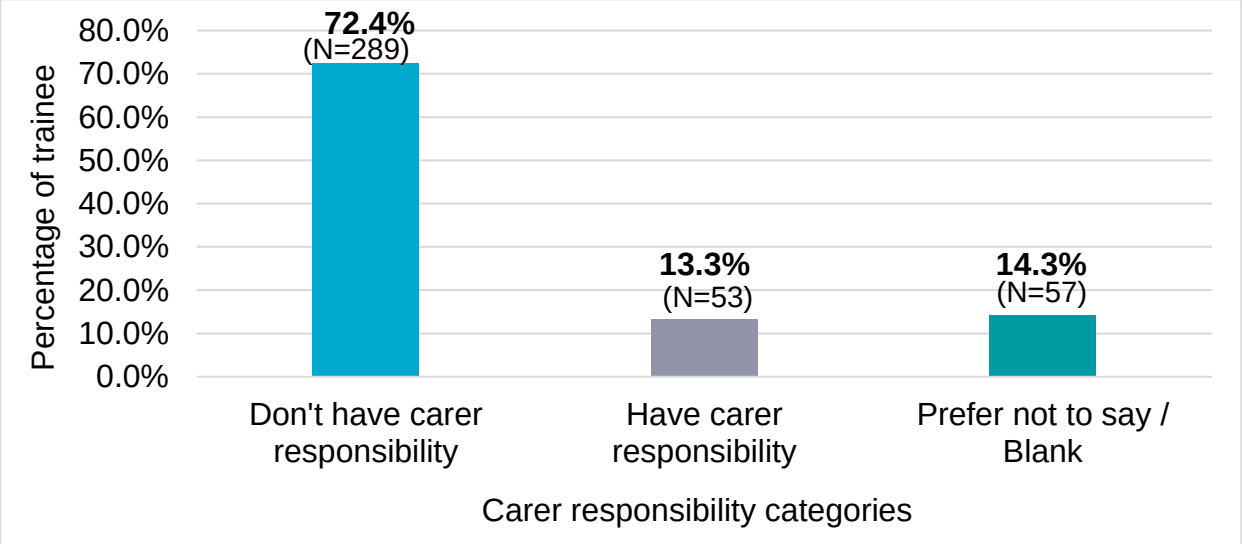
Most of the trainees (72%) indicated that they don't have carer responsibility (meaning they don't look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability or problems related to age (figure 11)). Only a small percentage have carer responsibility (14%).

A similar trend is observed between the 2 last financial years (appendix 9), although there is a slight increase (4%) of trainees not having carer responsibility in 2023-24.

This trend is replicated across the different ICBs although there is a slight variation (appendix 17). The percentage of trainees choosing not to disclose this information is similar in most ICBs (from 11% in N&W ICB to 18% in C&P ICB). However, it is much lower in BLMK ICB (3%).

Currently the question around caring responsibility in the Reginal Faculty's monitoring survey does not explicitly state care of children or unpaid care as an including factor. As such, it cannot be assumed that all carers of children or unpaid carers felt they could answer "Yes" to this question and so may not currently be included in this dataset. As this report shows, the majority of advanced practice trainees are women and it is know that women undertake the vast majority of unpaid care in the UK (Office of National Statistics Census 2021). Upon reflection, the question in the survey will therefore be amended for future collections and this decision will be shared with other Regional Faculties so they can consider implementing in their own areas.

Figure 11 – Percentage of trainees in relation to carer responsibility (N=399)



4. Key findings

1. Most trainees (79%) identify as heterosexual, which reflects the wider NHS workforce. Overall, a smaller percentage (6%) identify as LGBTQIA+ but there are some small

variations between ICBs; SNEE and MSE ICBs have the smallest (3%) and C&P and HWE ICBs have the largest (9% and 8.5%) group of trainees identifying as LGBTQIA+.

2. Most trainees identify as women (61%). This does not reflect the distribution in the population. However, it does reflect the pattern seen in the wider NHS workforce. The data suggests for most trainees their sex and gender at birth is probably the same as their sex and gender now. The proportion of female and male trainees are similar across ICBs, except for BLMK ICB (which has the highest percentage of female) and C&P ICB (which has less of a difference between the percentage of male and female).
3. Eighty per cent of trainees stated they did not have a disability which is similar to NHS staff in secondary care with similar pay bands to trainee and qualified advanced practitioners. BLMK ICB has a higher percentage of trainees with a disability (16%) and C&P ICB the lowest (3%).
4. Most trainees (68%) are from a White ethnicity, followed by trainees of Asian (11%) and then Black ethnicity (6%). This is similar to the ethnic diversity in population of the East of England. C&P ICB has greater ethnic diversity amongst trainees (and its population) than any other ICB. N&W and SNEE ICBs are the least ethnically diverse, however this is reflected in its population which is majority White.
5. Thirty-nine per cent of trainees are Christian. A significant amount of trainees preferred not to disclose their religious beliefs (21%) and 26% stated they had no religion. This is reflected in in data on the wider NHS workforce in East of England. Unlike most ICBs, most trainees in N&W ICB identify as Atheist rather than Christian.
6. Advanced practice trainees are most represented in the 25-44 age group, which is similar to data on the wider NHS workforce in East of England for comparable pay scales. Age groups varied between ICBs, with BLMK, C&P and N&W ICBs having a bigger proportion of trainees between 25-34. The age groups 16-24 and 65+ are not represented in the trainee data. However, this is expected; it is recommended that trainees must have a minimum of 5 years' experience post-qualification and the average retirement age in advanced practitioners in the East of England is 59 (Advanced Practitioners Workforce Overview, internal NHSE report).
7. Most trainees do not appear to have caring responsibilities. However, the question that captures this data does not specifically explore caring responsibilities of children or unpaid care so some trainees may be underrepresented in this data.
8. Across all EDI questions, a significant proportion of trainees chose not to give an answer. For most questions, this ranged between 10-13% of trainees not answering or stating "prefer not to say", with 14% choosing not to disclose sexual orientation or caring status. Trainees were most likely not to answer the religious belief question (21%).

9. There were no statistically significant differences in the diversity of trainees between the 2022-23 and 2023-24 finance years.

5. Conclusion

As stated in the Background section, this report was produced to provide baseline information to aid Integrated Care Boards (ICBs) to understand the demographics and background of their current advanced practice workforce and reflect whether this is representative of the talent available and of the community being served. The findings are intended to inform ICB workforce planning to create and retain a more diverse and inclusive workforce which can provide the highest quality of care.

Analysis of the EDI data of continuing advanced practice trainees suggests that the future workforce is broadly representative of the wider NHS workforce and population in the East of England. Therefore, a reflection from this report for ICBs might be how they ensure they maintain diversity in their advanced practice training numbers to both reflect the population and make the most of the diversity of talent available to services and patients to improve quality of care.

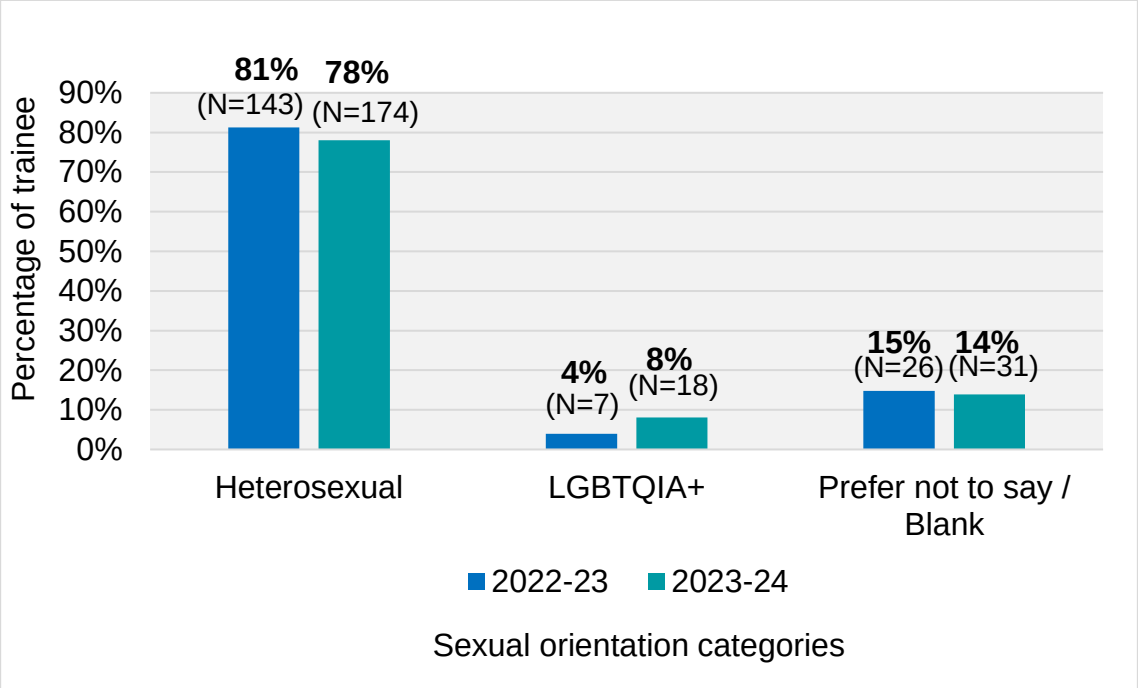
6. Recommendations

1. Whilst this report captures the diversity data of trainees it cannot reflect the trainees' experience of their learning and work environments. To retain a diverse talent, Integrated Care Boards (ICBs) should consider what support and practices are in place to ensure trainees from different backgrounds are being treated equally and inclusively. For example, what peer support networks are in place to support trainees from different backgrounds?
2. Although this report suggests that trainees in recent cohorts are broadly representative of the wider NHS workforce and population in the East of England, it cannot be assumed that robust formal inclusive recruitment practices are in place across organisations. Therefore, ICBs should consider asking organisations to confirm what inclusive recruitment policies and procedures are in place and how often these are reviewed. Organisations who do not have active inclusive recruitment policies should be required to implement these as a priority by the ICB.
3. In future surveys, the Regional Faculty should ensure the question on caring responsibilities is inclusive to unpaid carers and carers of children.
4. Given that a significant proportion of trainees feel they cannot disclose an answer (especially for religious beliefs) and the reason behind this cannot be assumed, the Regional Faculty should explore whether a follow up question can be added to the survey to ask trainees why they don't wish to provide an answer.

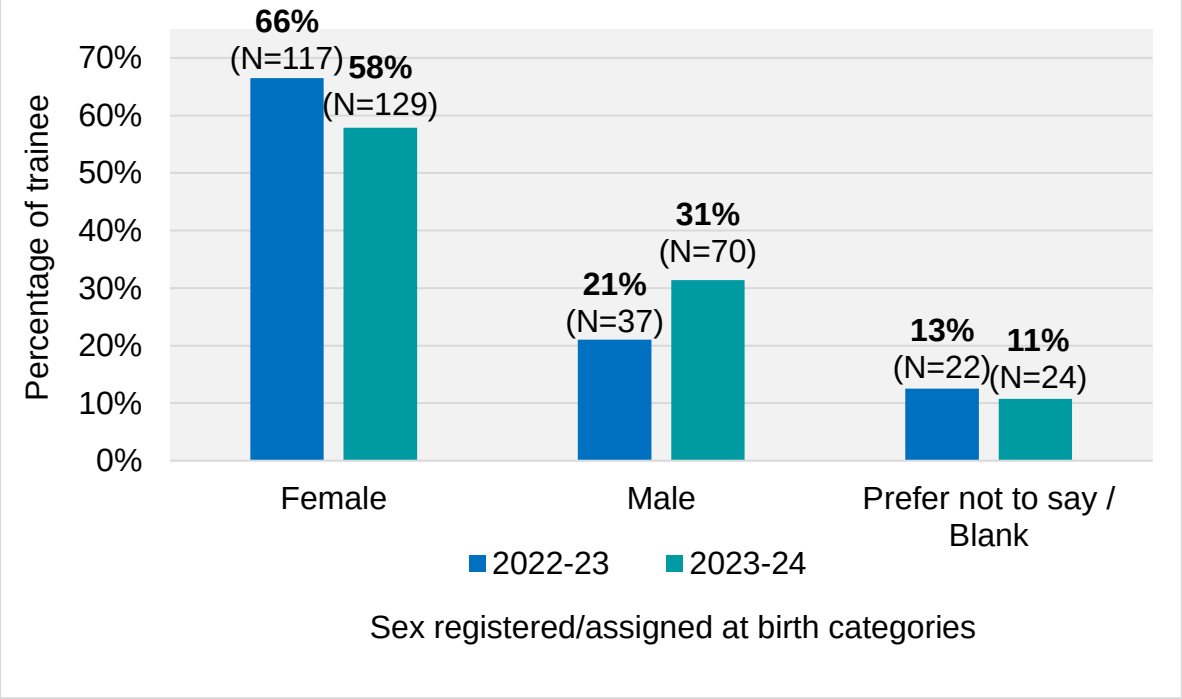
5. To further aid ICBs in understanding the diversity of their advanced practice trainees and how this might change over time, the Regional Faculty should consider producing an annual version of this report.
6. Advanced practice is multi-professional and a range of professional backgrounds can become advanced practitioners. In future reporting, the Regional Faculty should consider comparing EDI data by professional background to understand whether there are diversity variations between them.
7. This report analysed data at ICB level and does not examine the diversity of advanced practice training at an NHS employer level. To support organisations to understand the diversity of their advanced practice trainees, the Regional Faculty should consider whether it can provide an organisational-level data analysis in future reporting.
8. Currently the monitoring survey does not directly ask trainees whether they are transgender (for the reasons explained in the introduction). Due to this the data can only suggest whether the sex and gender of trainees at birth is the same as their sex and gender now. The Regional Faculty should consider whether this question should be removed or altered because it does not provide conclusive data as currently worded.

7. Appendices

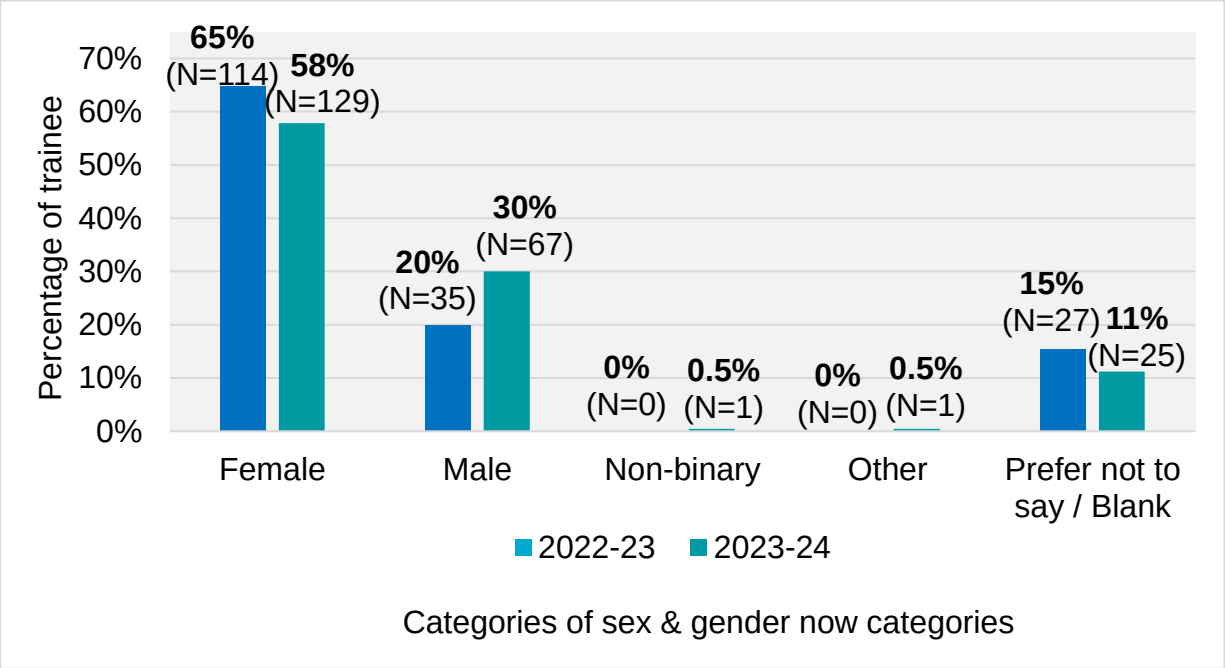
Appendix 1 - Overview of the sexual orientation characteristic per financial year (2022-23 and 2023-24) (N=399)



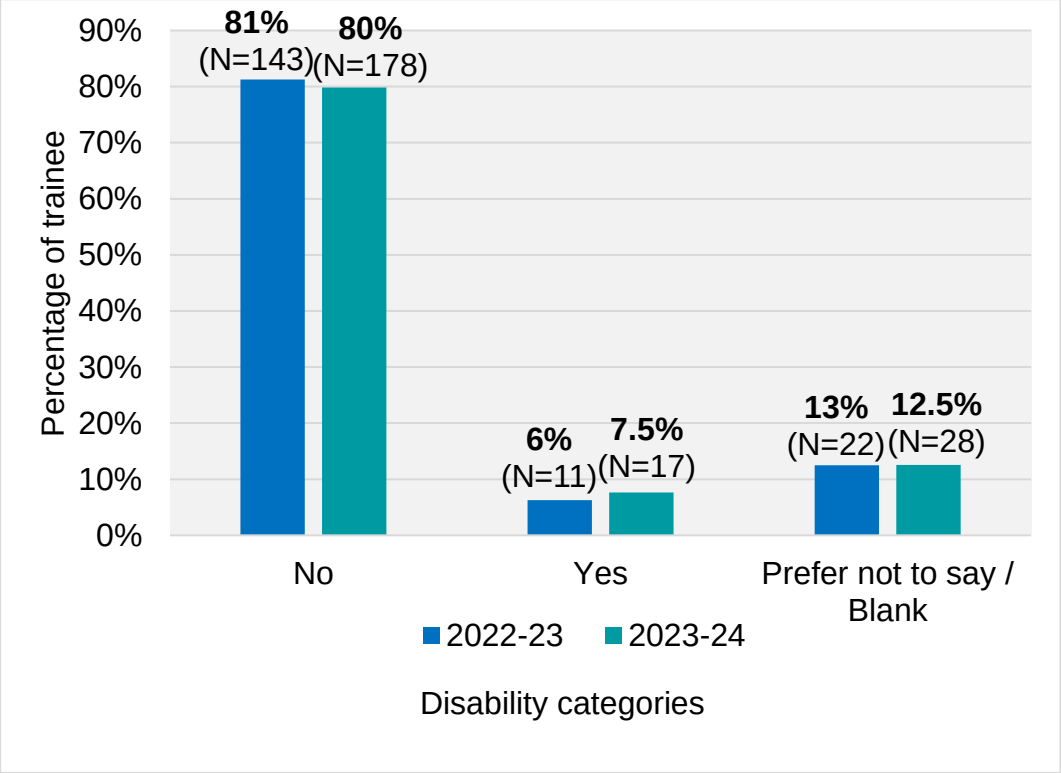
Appendix 2 - Overview of the sex registered/assigned at birth characteristic per financial year (2022-23 and 2023-24) (N=399)



Appendix 3 - Overview of the sex and gender now characteristic per financial year (2022-23 and 2023-24) (N=399)



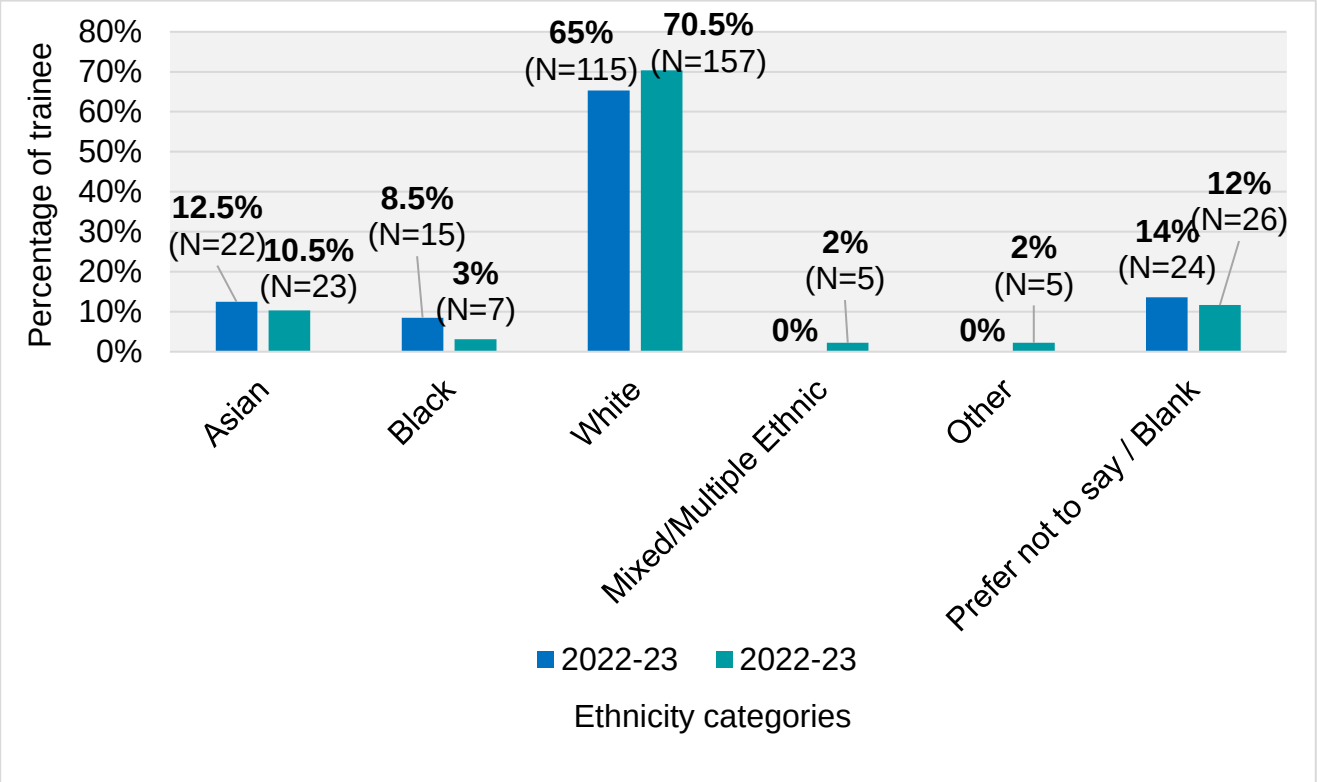
Appendix 4 - Overview of the disability characteristic per financial year (2022-23 and 2023-24) (N=399)



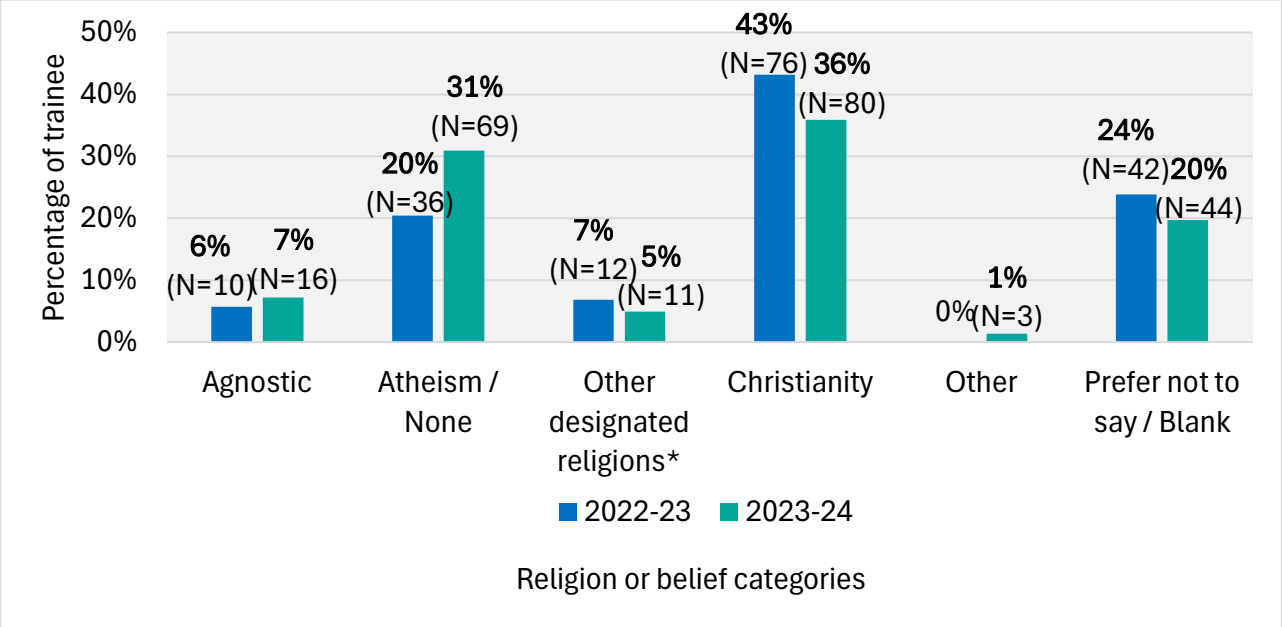
Appendix 5 – Complete list of ethnic characteristics

- Arab / Indian
- Asian / Philippines
- Asian / Asian British - Bangladeshi
- Asian / Asian British - Chinese
- Asian / Asian British - Indian
- Asian / Asian British - Pakistani
- Asian / Asian British - Prefer not to say
- Black / Black British - African
- Black / Black British - Caribbean
- Black / Black British - Prefer not so say
- Mixed / Multiple Ethnic - White and Black Caribbean
- Mixed / Multiple Ethnic - White and Black African
- Mixed / Multiple Ethnic - White and Asian
- Mixed / Multiple Ethnic - Prefer not to say
- White - British
- White - English
- White - Irish
- White - Northern Irish
- White - Scottish
- White – Welsh
- White - Other
- White - Prefer not to say
- Any Other Ethnic Background - Arab
- Any Other Ethnic Background - Prefer not to say
- My Ethnicity is not listed
- Prefer not to say

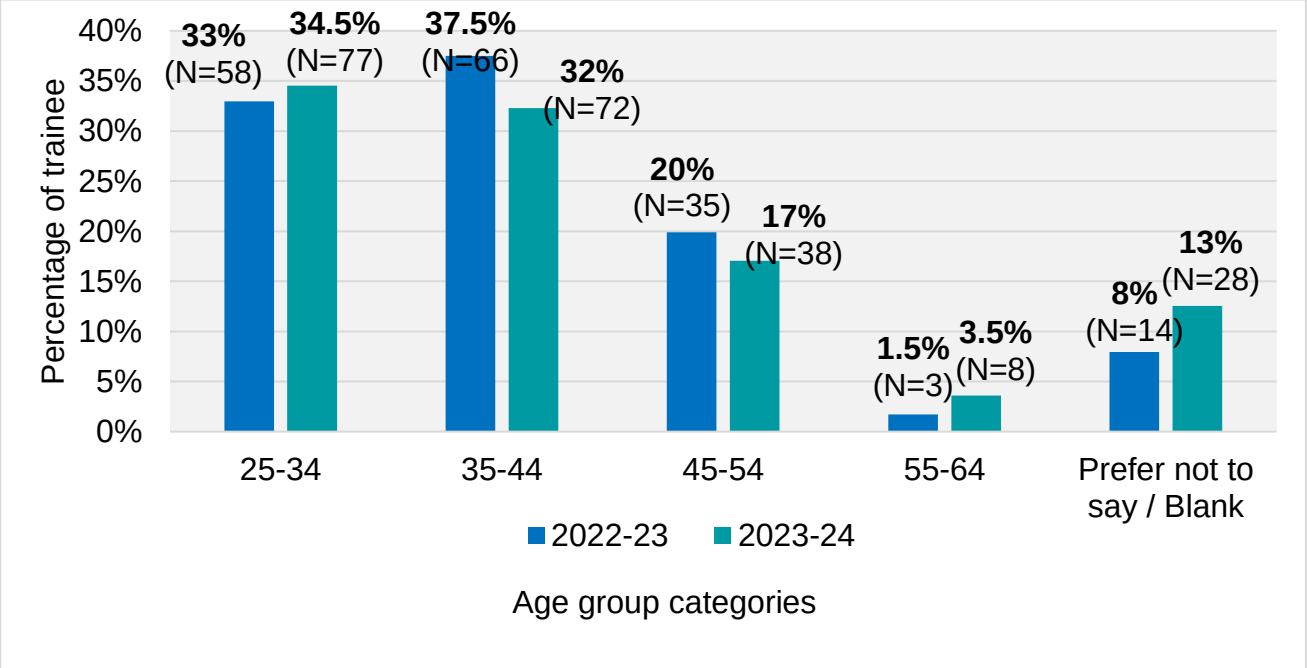
Appendix 6 - Overview of the ethnicity characteristic per financial year (2022-23 and 2023-24) (N=399)



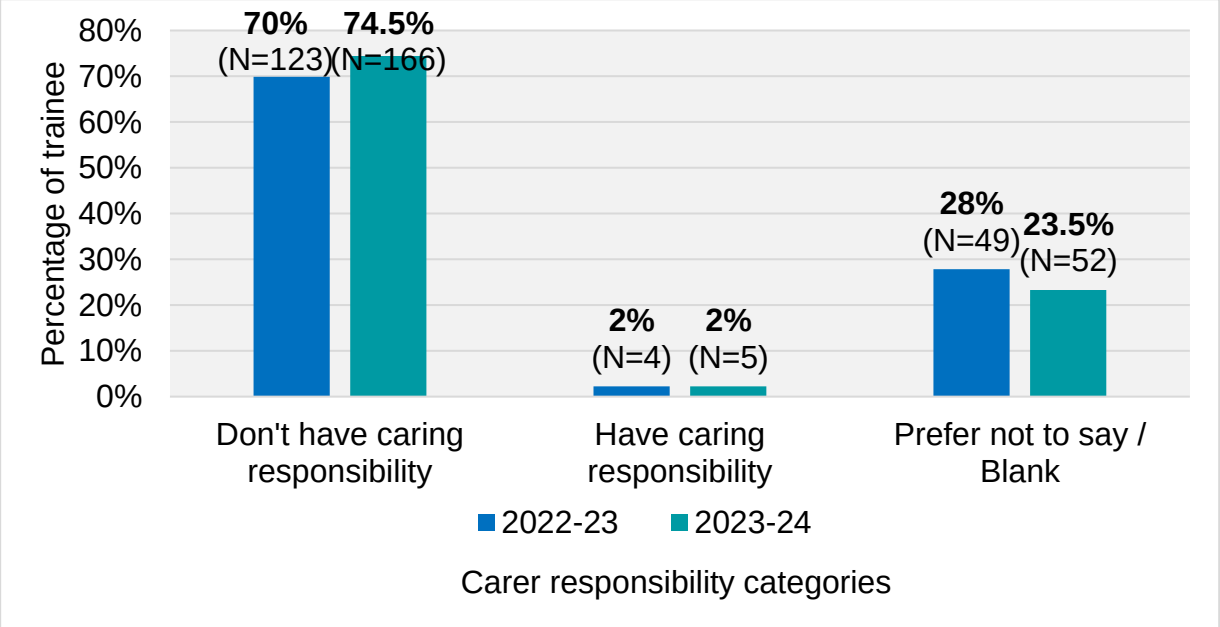
Appendix 7 - Overview of the religion or belief characteristic per financial year (2022-23 and 2023-24) (N=399)



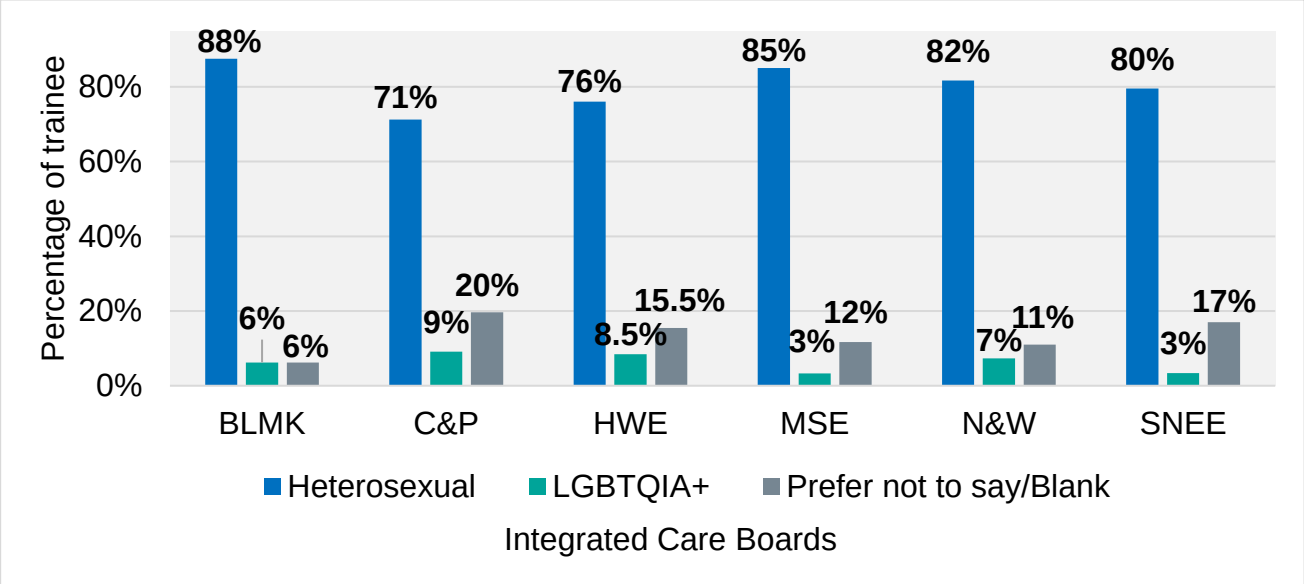
Appendix 8 - Overview of the age group characteristic per financial year (2022-23 and 2023-24) (N=399)



Appendix 9 - Overview of the carer responsibility characteristic per financial year (2022-23 and 2023-24) (N=399)

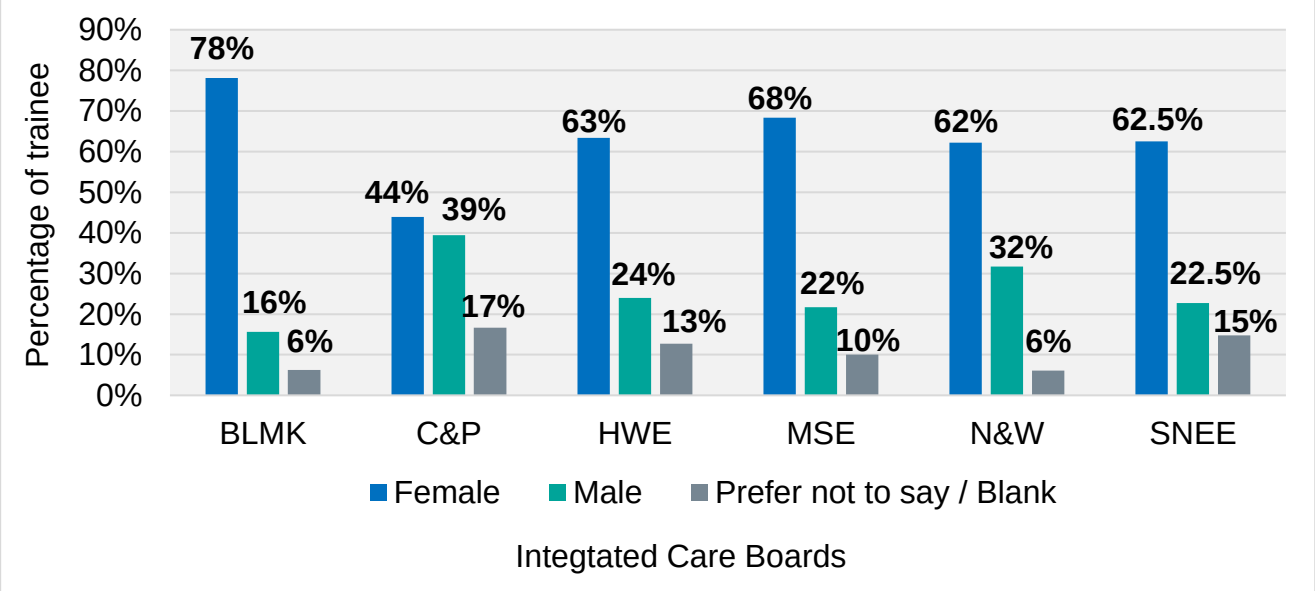


Appendix 10 - Overview of the sexual orientation characteristic per ICB (N=399)



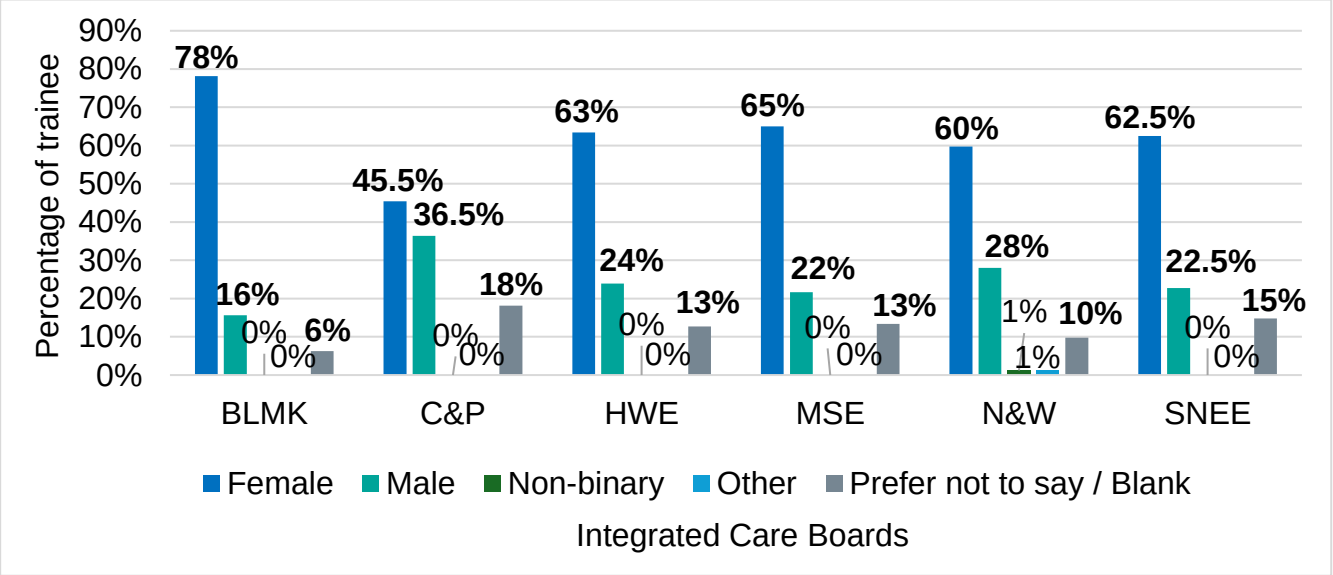
	Number of trainees		
ICB	Heterosexual	LBGTQIA+	Prefer not to say/Blank
BLMK	28	2	2
C&P	47	6	13
HWE	54	6	11
MSE	51	2	7
N&W	67	6	9
SNEE	70	3	15

Appendix 11 - Overview of the sex registered/assigned at birth characteristic per ICB (N=399)



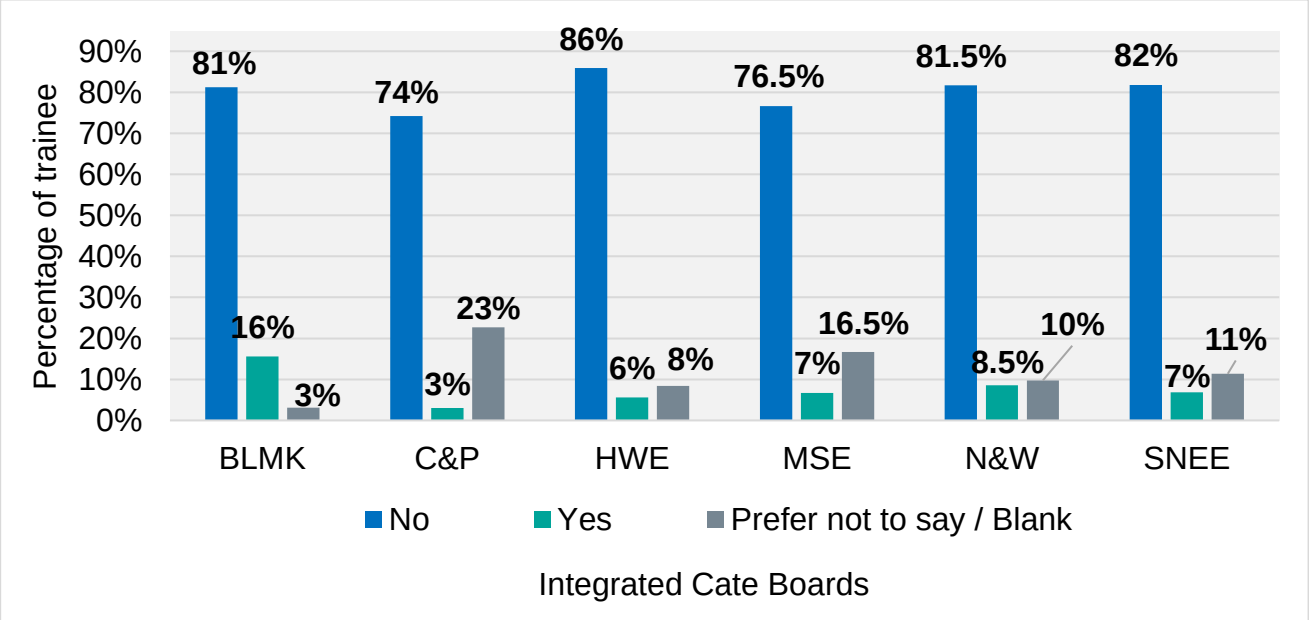
ICB	Number of trainees		
	Female	Male	Prefer not to say/Blank
BLMK	25	5	2
C&P	29	26	11
HWE	45	17	9
MSE	41	13	6
N&W	51	26	5
SNEE	55	20	13

Appendix 12 - Overview of the sex and gender now characteristic per ICB (N=399)



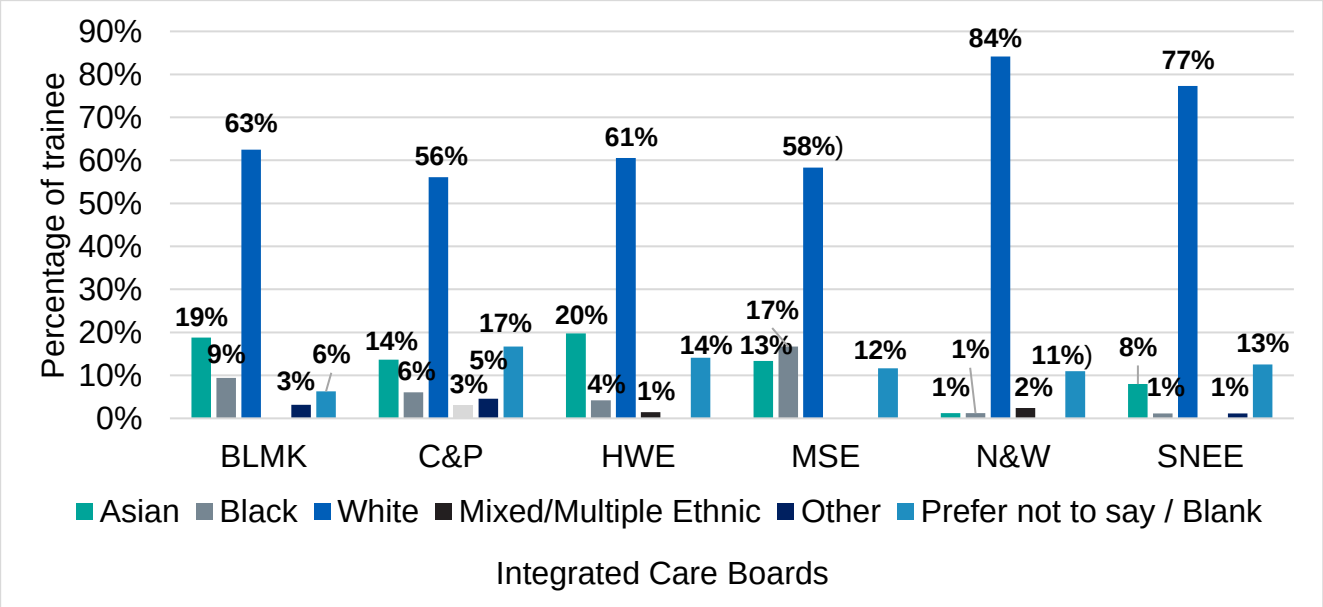
ICB	Number of trainees				
	Female	Male	Non-binary	Other	Prefer not to say/Blank
BLMK	25	5	0	0	2
C&P	30	24	0	0	12
HWE	45	17	0	0	9
MSE	39	13	0	0	8
N&W	49	23	1	1	8
SNEE	55	20	0	0	13

Appendix 13 - Overview of the disability characteristic per ICB (N=399)



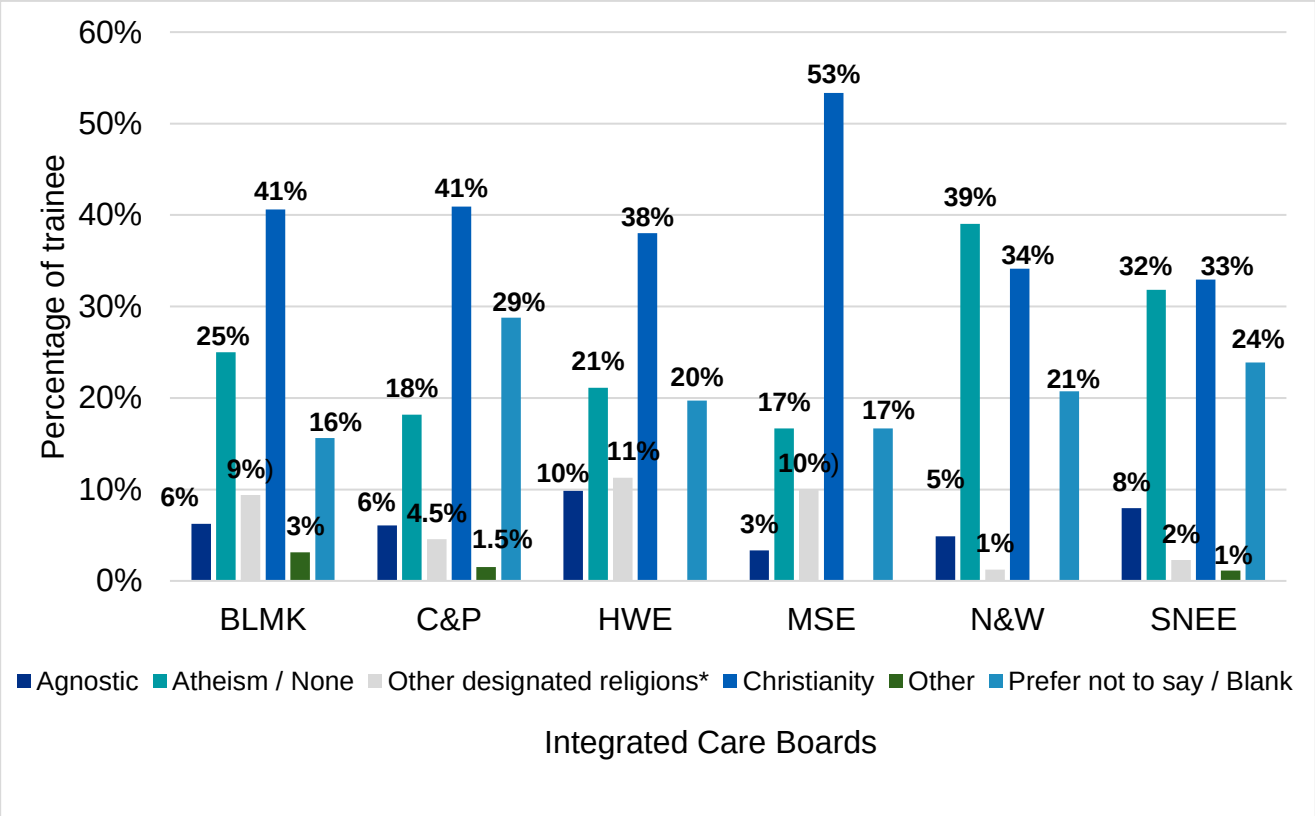
Number of trainees			
ICB	No	Yes	Prefer not to say/Blank
BLMK	26	5	1
C&P	49	2	15
HWE	61	4	6
MSE	46	4	10
N&W	67	7	8
SNEE	72	6	10

Appendix 14 - Overview of the ethnicity characteristic per ICB (N=399)



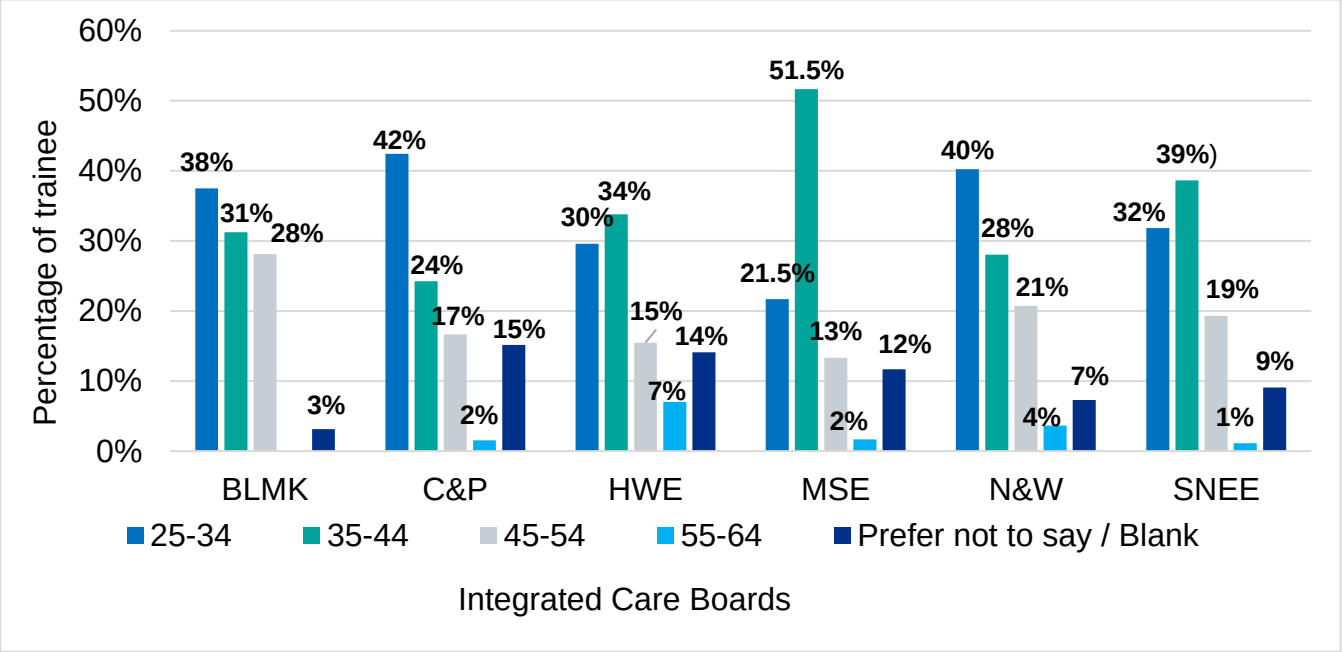
ICB	Number of trainees					
	Asian	Black	White	Mixed/Multiple Ethic	Other	Prefer not to say/Blank
BLMK	6	3	20	0	1	2
C&P	9	4	37	2	3	11
HWE	14	2	43	1	0	10
MSE	8	11	35	0	0	8
N&W	1	1	69	0	0	11
SNEE	6	1	68	0	1	11

Appendix 15 - Overview of the religion or belief characteristic per ICB (N=399)



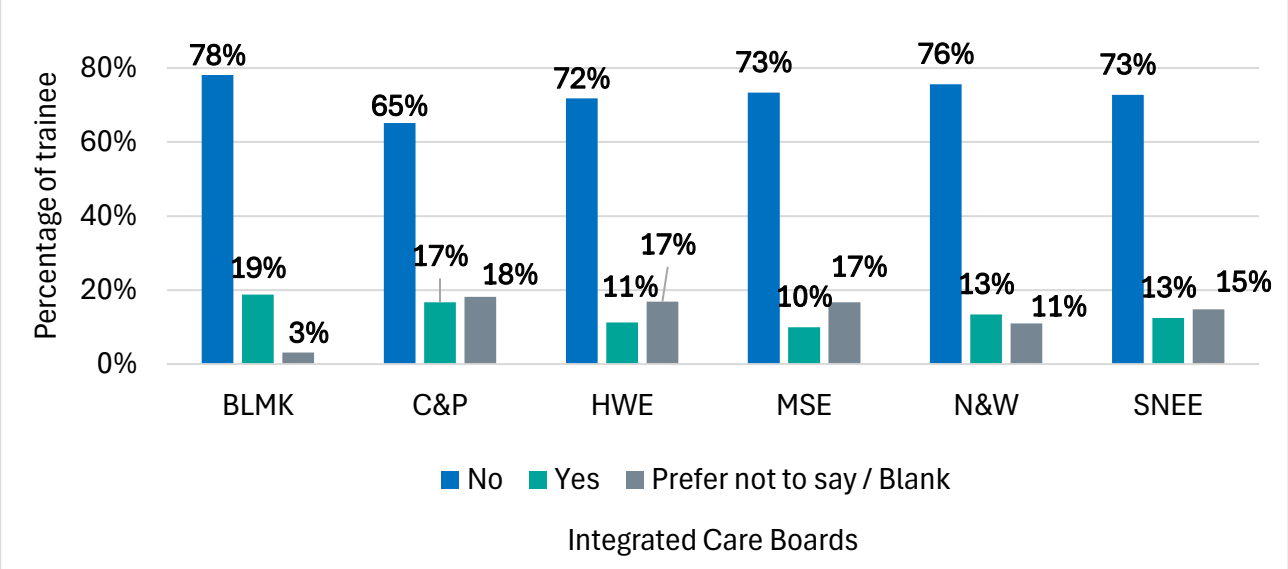
ICB	Number of trainees					
	Agnostic	Atheism/None	Other designated religions	Christianity	Other	Prefer not to say/Blank
BLMK	2	8	3	13	1	5
C&P	4	12	3	27	1	19
HWE	7	15	8	27		14
MSE	2	10	6	32		10
N&W	4	32	1	28		17
SNEE	7	28	2	29	1	21

Appendix 16 - Overview of the age group characteristic per ICB (N=399)



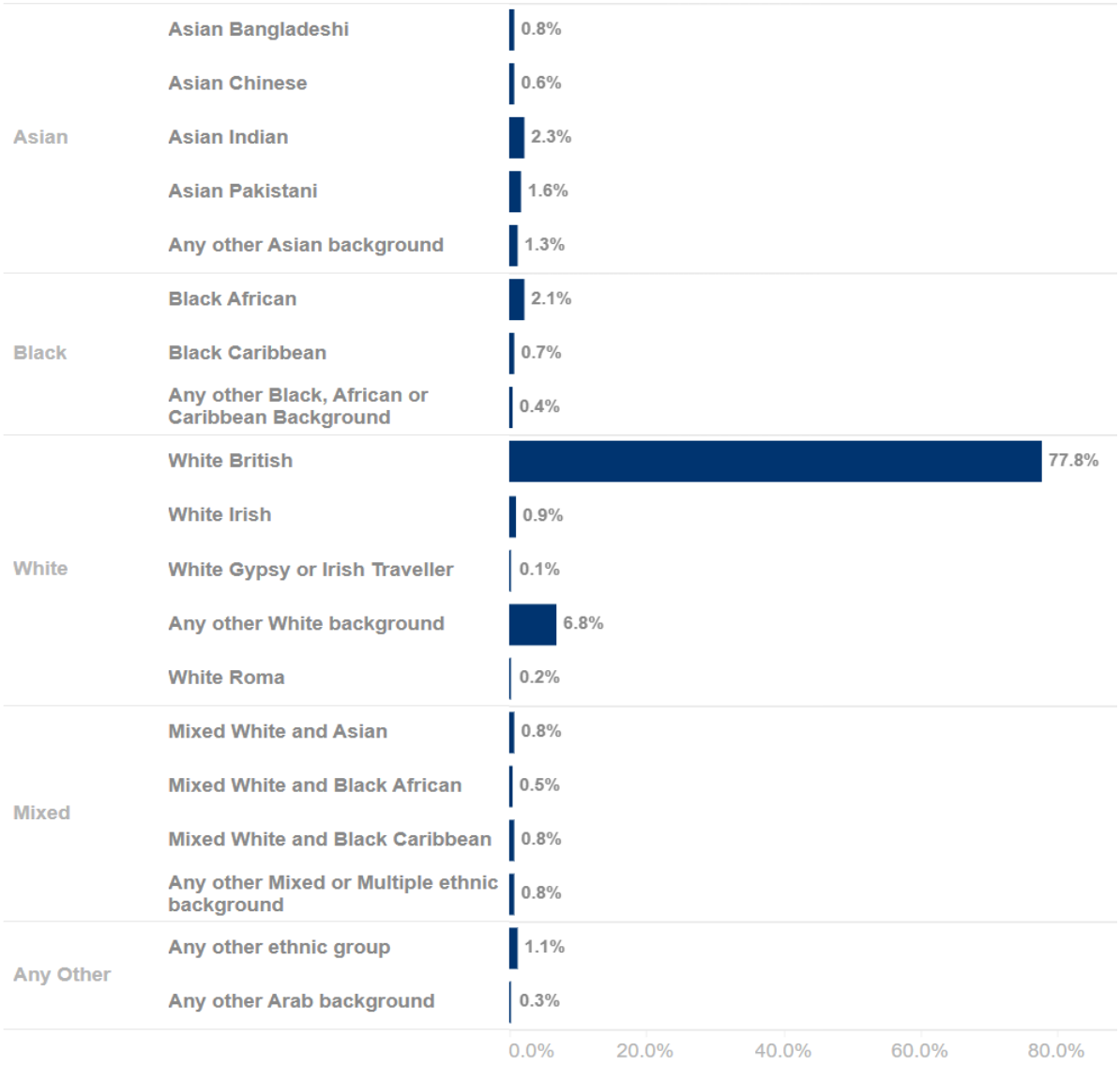
	Number of trainees				
ICB	25-34	35-44	45-54	55-64	Prefer not to say/Blank
BLMK	12	10	9	0	1
C&P	28	16	11	1	10
HWE	21	24	11	5	10
MSE	13	31	8	1	7
N&W	33	23	17	3	6
SNEE	28	34	17	1	8

Appendix 17- Overview of the carer responsibility characteristic per ICB (N=399)

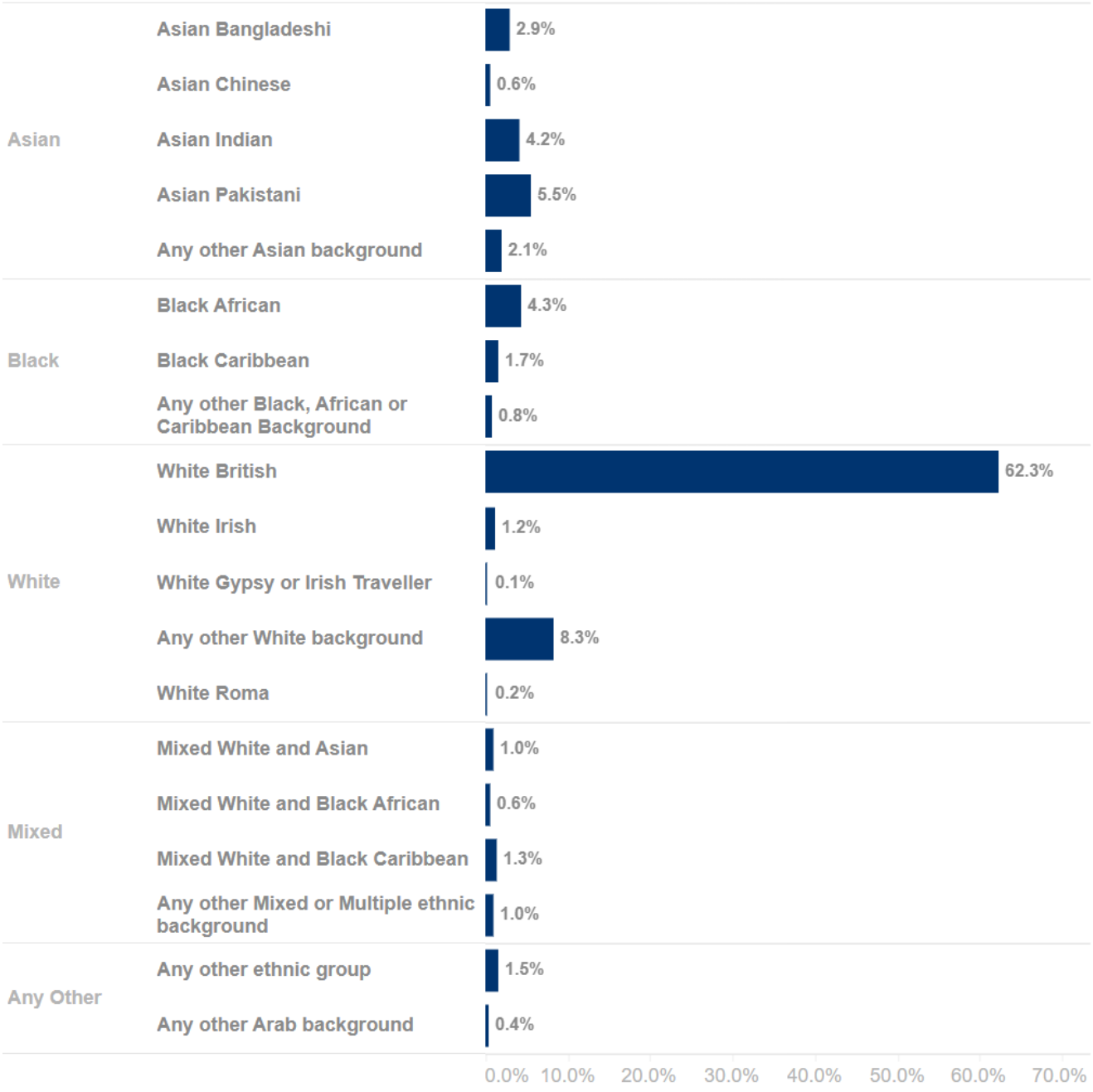


Number of trainees			
ICB	No	Yes	Prefer not to say/Blank
BLMK	25	6	1
C&P	43	11	12
HWE	51	8	12
MSE	44	6	10
N&W	62	11	9
SNEE	64	11	13

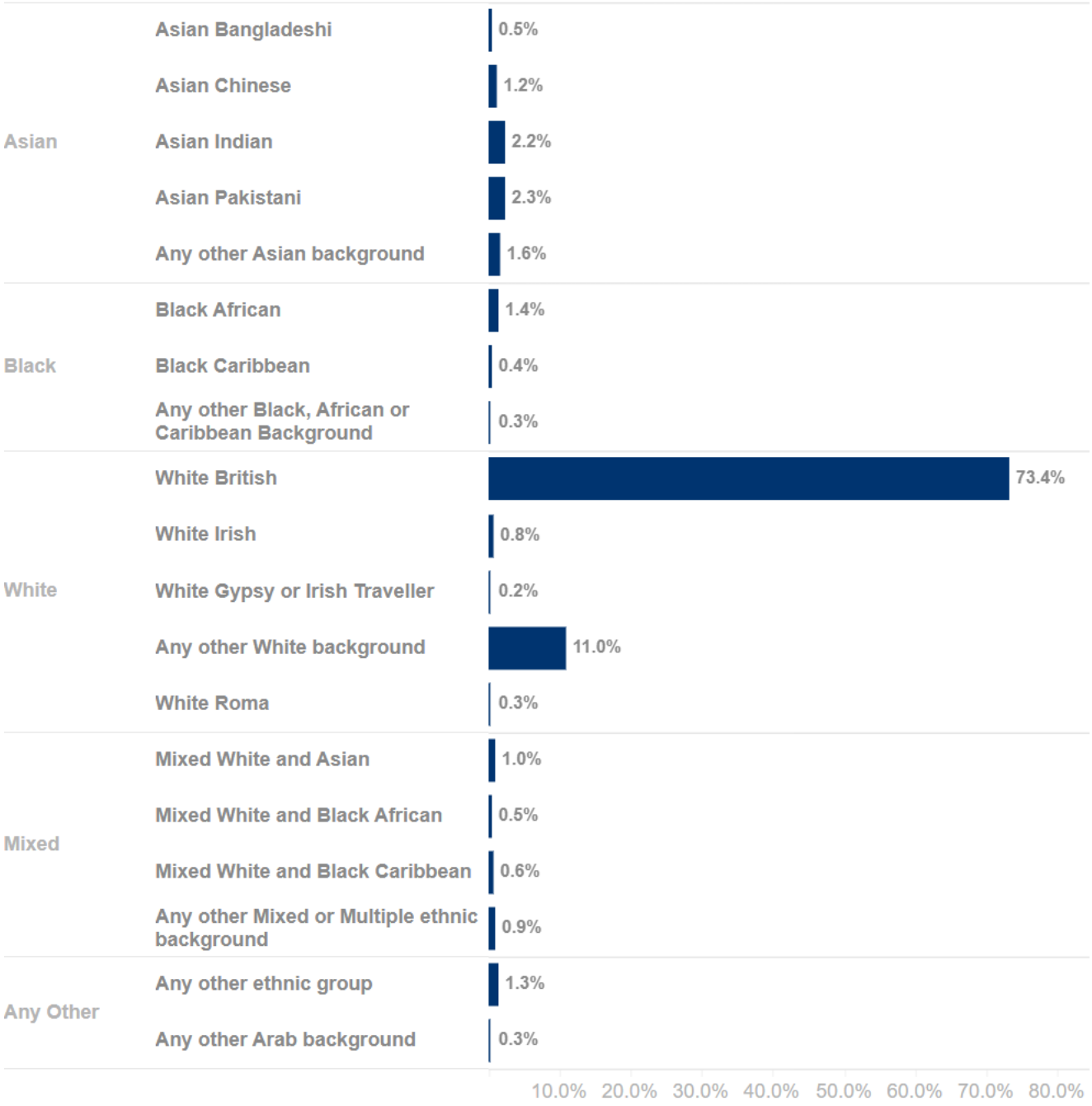
Appendix 18 – Percentage of the population in East of England in relation to ethnicity (2021 Census Estate)



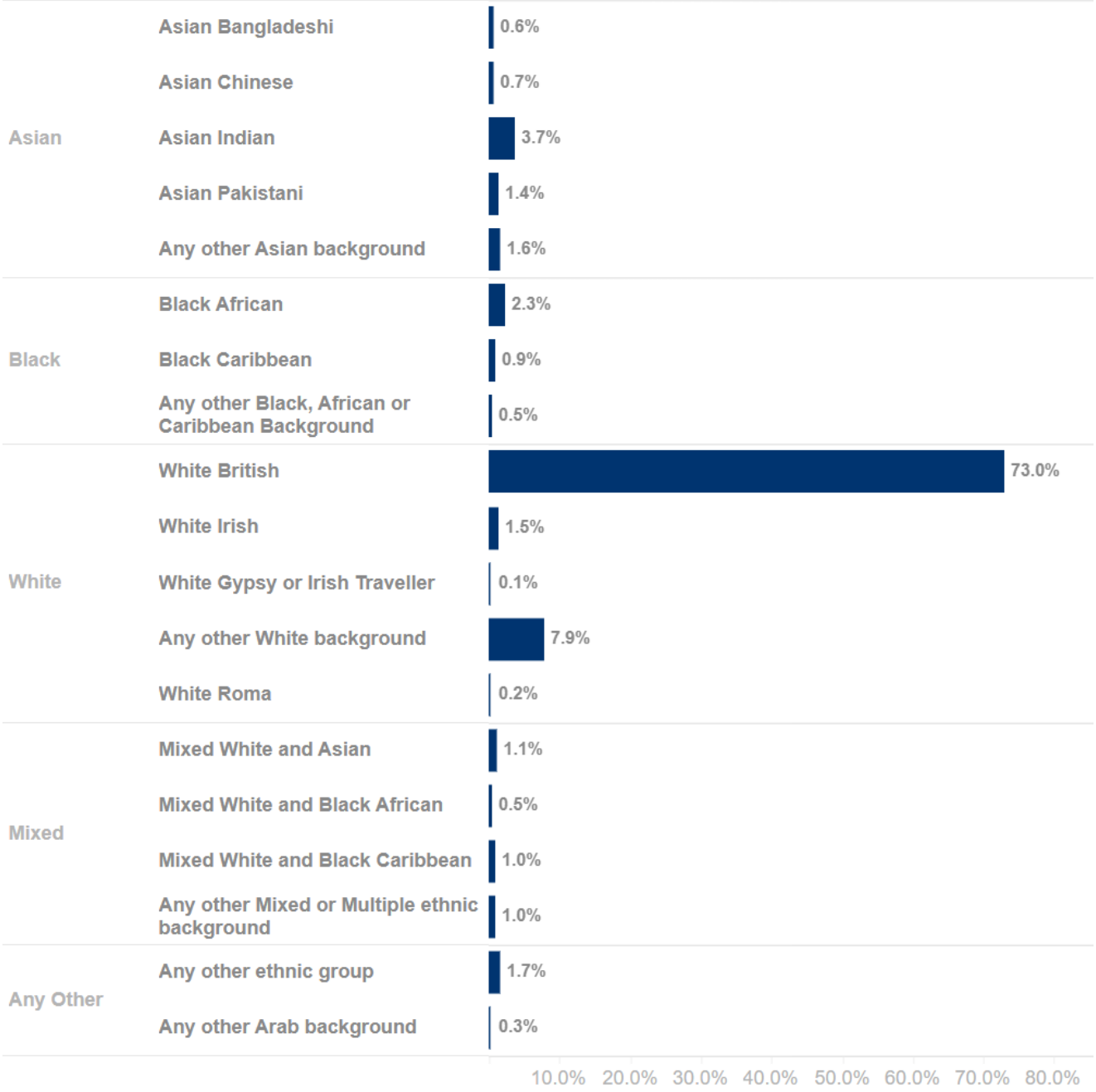
Appendix 19 – Percentage of the population in BLMK ICB in relation to ethnicity (2021 Census Estimate)



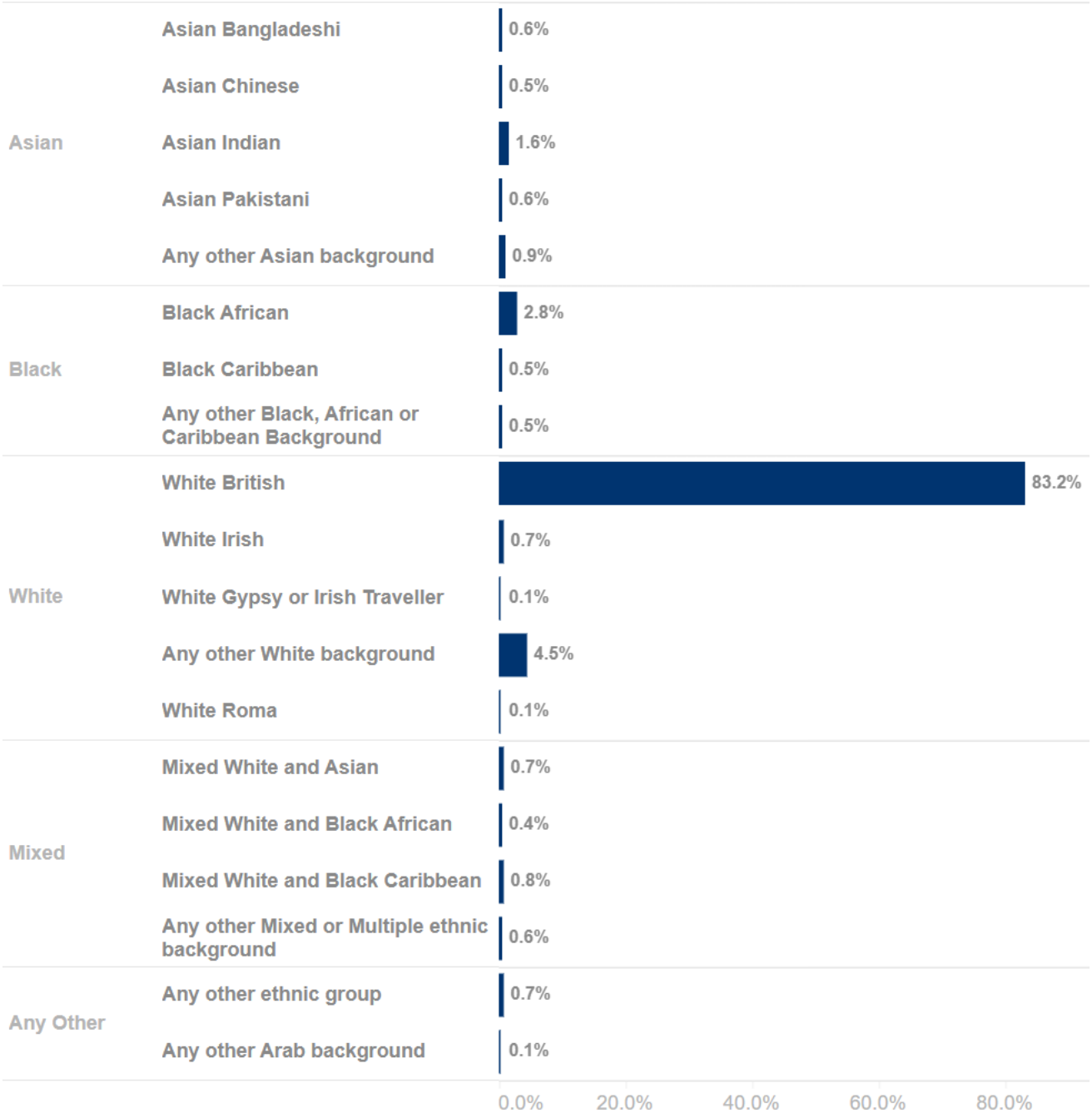
Appendix 21 – Percentage of the population in C&P ICB in relation to ethnicity (2021 Census Estimate)



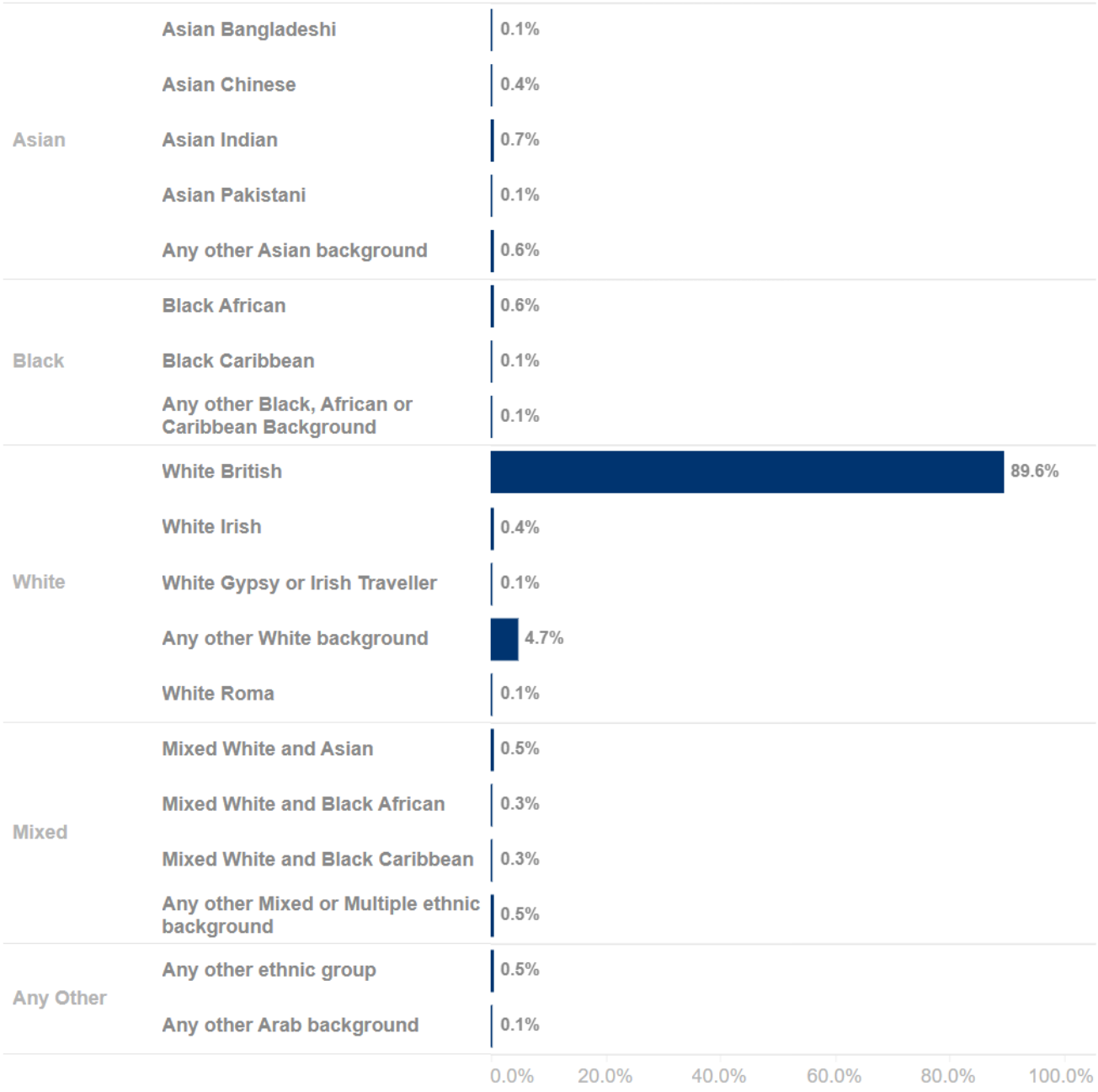
Appendix 22 – Percentage of the population in HWE ICB in relation to ethnicity (2021 Census Estimate)



Appendix 23 – Percentage of the population in MSE ICB in relation to ethnicity (2021 Census Estimate)



Appendix 24 – Percentage of the population in N&W ICB in relation to ethnicity (2021 Census Estimate)



Appendix 24 – Percentage of the population in SNEE ICB in relation to ethnicity (2021 Census Estimate)