

Equality, Diversity & Inclusion in the North West Trainee Advanced Practice Workforce



Baseline data and summary of findings

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Contents

Equality, Diversity & Inclusion in the North West Trainee Advanced Practice Workforce	1
Executive Summary	3
Aims and objectives	3
Trainee Data Collection	4
1. Data Analysis	5
1.1 Trainees by Employment Terms	5
1.2 Trainee by registered profession	5
1.3 Trainees by Age	6
1.4 Trainees by Sex Assigned at Birth and Gender	8
1.5 Trainees by Sexual Orientation	8
1.6 Trainees by Disability, Impairment and Condition	9
1.7 Trainees by Ethnicity	10
1.8 Trainees by Religion	11
1.9 Trainees by Caring Responsibilities	12
2. Stakeholder engagement overview and process	12
3. Summary of Findings	14
3.1 Our current trainee workforce	14
3.2 Potential challenges and existing barriers	14
3.3 Additional considerations	15
4. Recommendations	15
5. Conclusion	17
6. Appendix	17
6.1 Advanced Practice Workforce beyond training	17
6.2 AHPs within the context of advanced practice	18
6.3 Work and data from other regions	19
7. Acknowledgements	22



Executive Summary

NHS England (NHSE) has made a commitment to equality, diversity and inclusion becoming integral to all work programmes and has supported this by developing an **Equality, Diversity and Inclusion (EDI) Improvement Plan (2023)**¹, which identifies key high impact and specific actions and interventions to create culture change and improve staff and patient experience. This plan anchors all EDI activity within NHS England.

This report offers an overview and analysis of the EDI data collected by the NHS England North West Faculty for Advancing Practice from trainee advanced practitioners across the region, dating from 2022 to 2024. Prior to 2022, the 7 regional NHSE Faculties for Advancing Practice did not collect trainee demographic data that included data specific to EDI. We therefore did not know whether the diversity of our trainee advanced practitioner workforce was representative of the 9 protected characteristics that sit within the Equality Act (2010) and therefore the population and communities they serve. The 7 Faculties recognised this in 2022 and collaborated to develop data collection strategies that would bridge this gap in knowledge.

This report will enable targeted work to enable best practice is embedded and to monitor and evidence improvements against any inequity.

Aims and objectives

In relation to equality, diversity and inclusion the Faculty aim to:

- collect and validate data related to equality, diversity and inclusion within the current trainee Advanced Practitioner workforce within the North West region,
- understand and articulate where trainee Advanced Practitioners are working, including organisational, directorate and service level information,
- understand the barriers, challenges and opportunities for career progression, specific to each professional group and/or individuals who identify as belonging to one or more protected characteristics, as described in the Equality Act (2010),
- identify any gaps in our workforce that may be responsive to focused and targeted workstreams,
- define recommendations to identify, develop and implement these workstreams, delivered via an action plan.

Trainee Data Collection

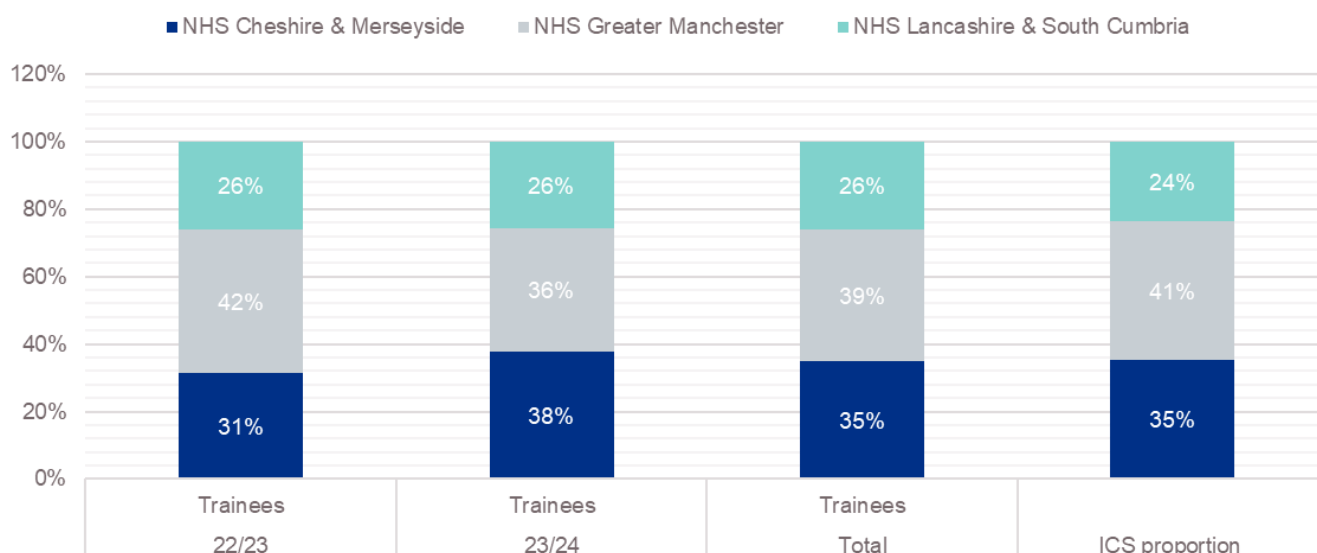
In order to establish how the above priorities may translate into future Faculty workstreams, a deeper understanding of the current trainee and qualified advanced clinical practitioner workforce within the North West is required, including how the nine protected characteristics outlined in the Equality Act (2010) are represented. This aids in identifying gaps and areas for focused improvement, that would direct the ED&I specific implementation workplan.

Prior to Autumn 2022, the Faculty did not collect demographic, personal or sensitive data from trainee advanced clinical practitioners in receipt of NHSE funding. However, since the 2022/23 funding application process, successful trainees were asked to complete a data collection form. A data protection impact assessment (DPIA) has been completed to gain the assurances that the Faculty are collecting and processing this data lawfully.

The first part of the following report offers an analysis of the complete data obtained from the trainee advanced practitioners who commenced their training programmes between Autumn 2022 – Spring 2024. This analysis will be outlined according to each protected characteristic, however, will also include demographic characteristics that do not sit within the protected characteristics covered by The Equality Act 2010.

A total of 736 completed data collection forms were received, however respondents did not answer all questions.

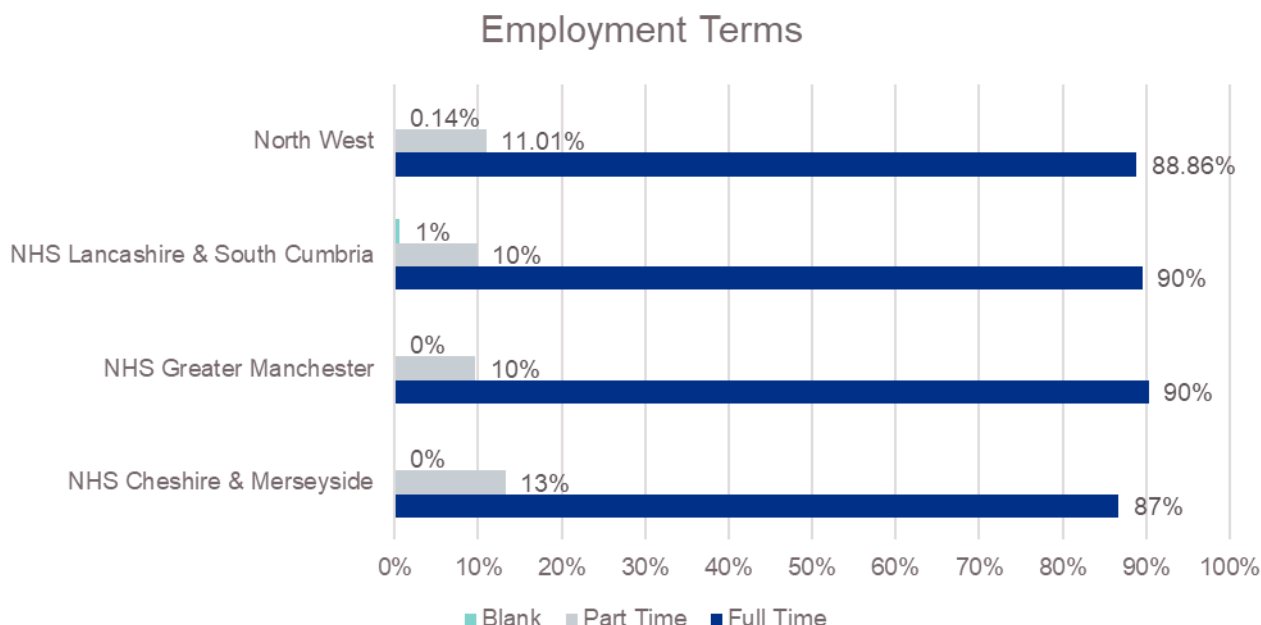
Trainee by Integrated Care System



1. Data Analysis

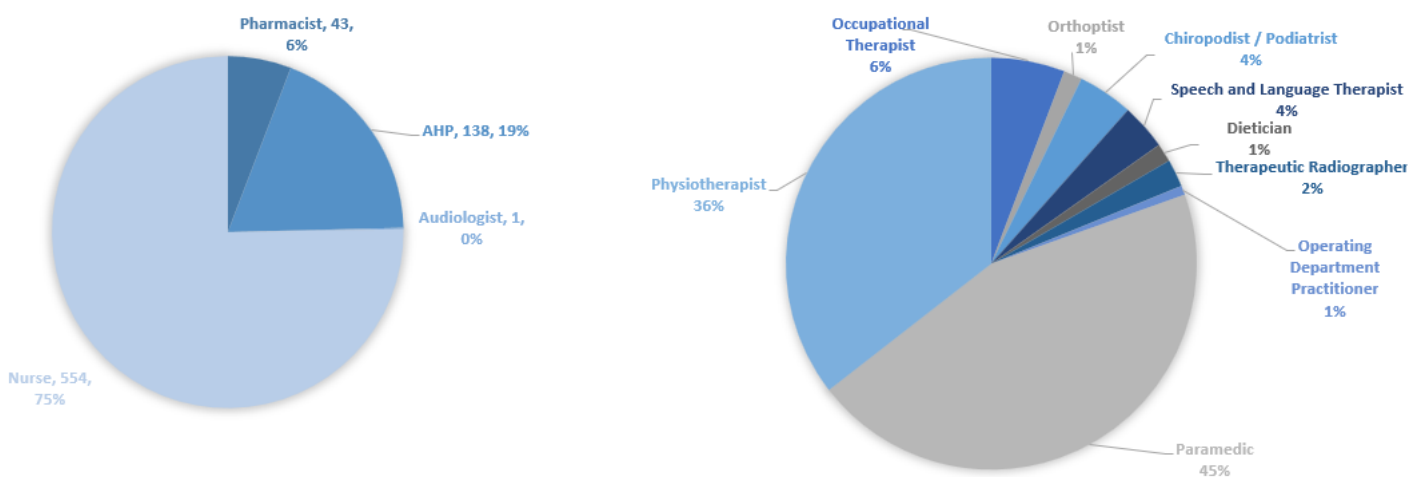
Where appropriate and for the purposes of preserving confidentiality, data has been redacted for any question or option that received less than 5 responses.

1.1 Trainees by Employment Terms



88.86% of trainee advanced clinical practitioners are employed on a full-time basis. Apprenticeship standards and fees funded guidance specifies that practitioners must work a minimum of 30-hours per week in clinical practice. There is a possibility that this could impact of a cohort of individuals that are not able to work 30 hours due to care giving responsibilities or people with a disability.

1.2 Trainee by registered profession



The table above demonstrates that 75% of trainee advanced clinical practitioners were registered nurses by professional background. However this varies across the ICS areas:

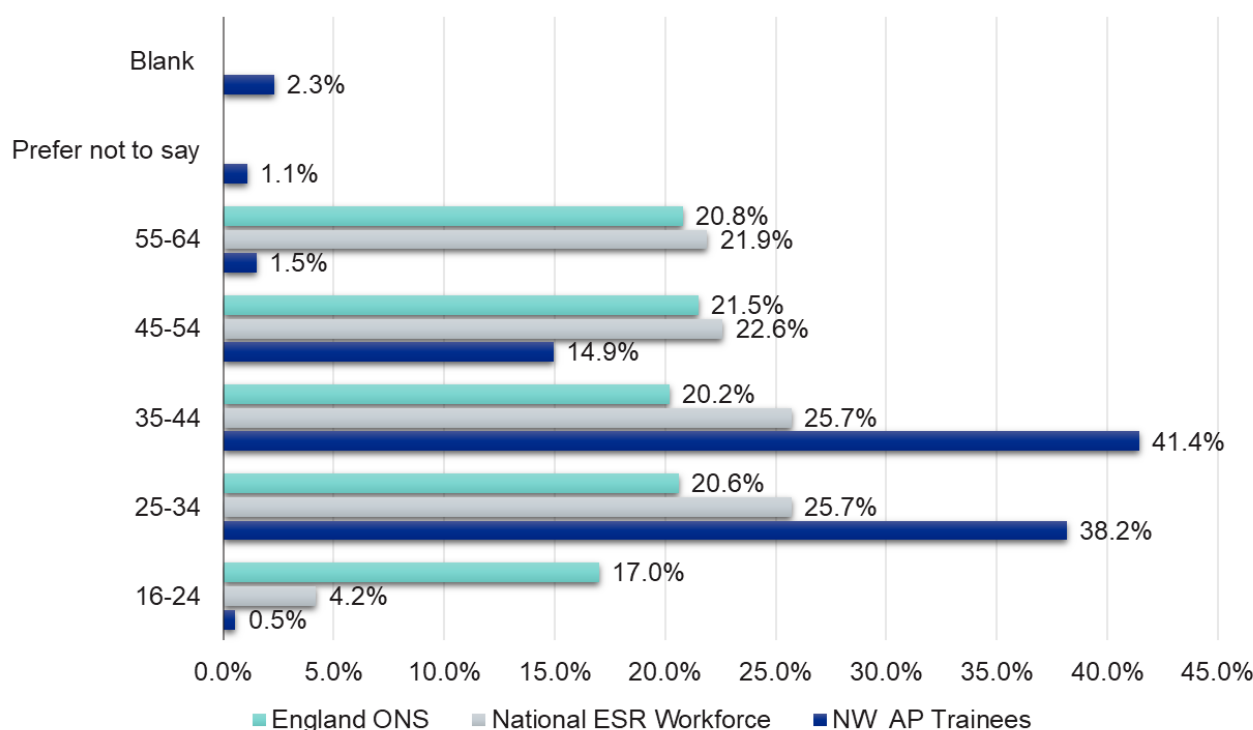
Greater Manchester	72%
Cheshire and Merseycare	75%
Lancashire and South Cumbria	79%

The second largest workforce group are Allied Health Professions (AHPs) 19%. 8% were paramedics and 7% physiotherapists . The final 4% of the other AHP is shown in the above right hand side pie chart. There are 5 AHP professions that are not represented.

Other eligible professions that are currently not within the trainee workforce include:

Midwives	Optometrists	Social Workers
Dental Hygienist Therapist	Statutory regulated health care scientists (cardiac physiology)	
statutory regulated psychological professions (clinical psychologist, counselling psychologist, forensic psychologist & health psychologist)		

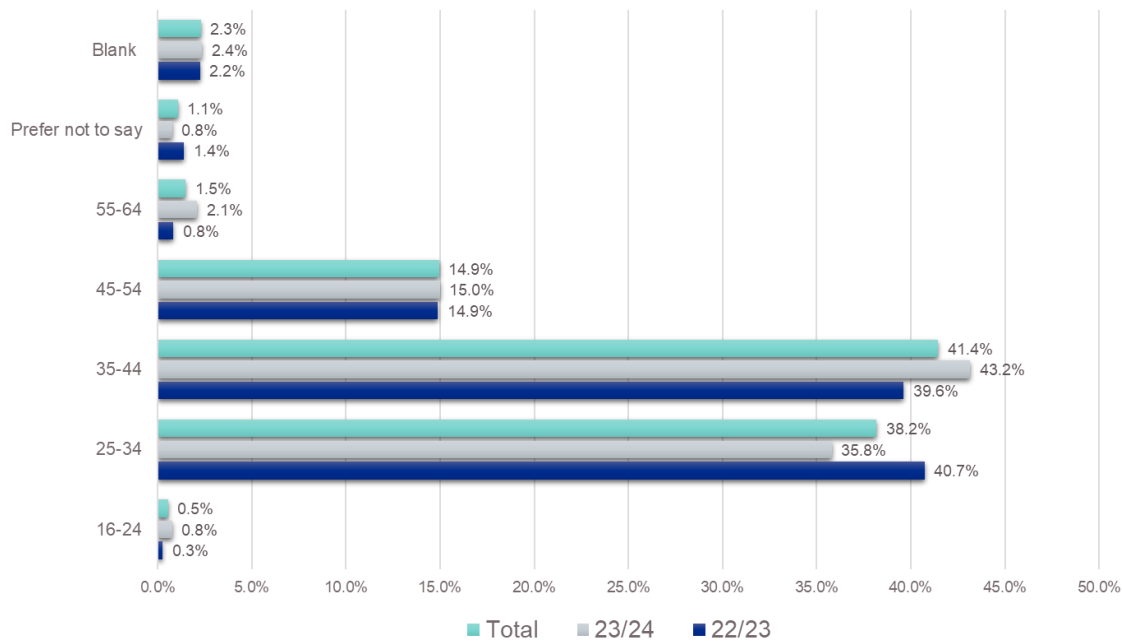
1.3 Trainees by Age



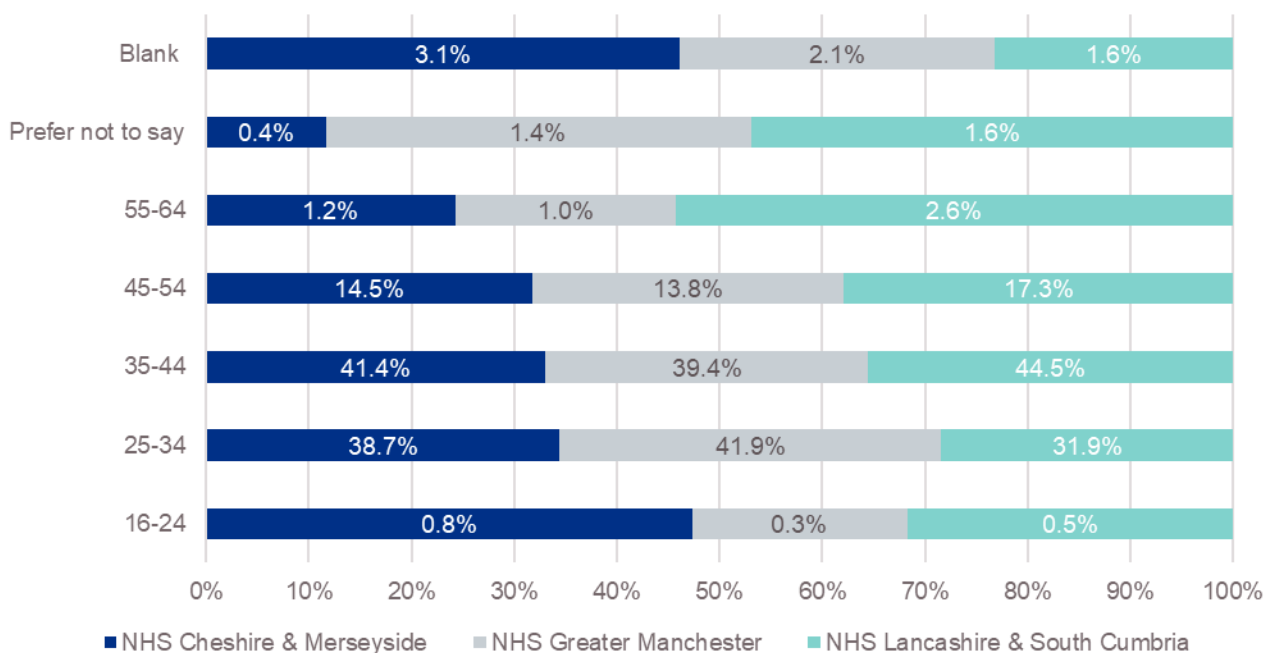
Most of the trainees age from the 25-34 and 35-44 category. The England ONS percentages are based on the working ages 16 – 64 and does not account for anyone over 65. The comparison of the ONS and ESR workforce data for the 16-24 category does not consider

that a trainee ACP is required to have between 3 to 5 years post registration experience, therefore it would only be expected to have a low percentage within this age category. Even though there is evidence that age is not a barrier with 1.5% of trainees in the 55-64 category the number is low and therefore potentially not equitable.

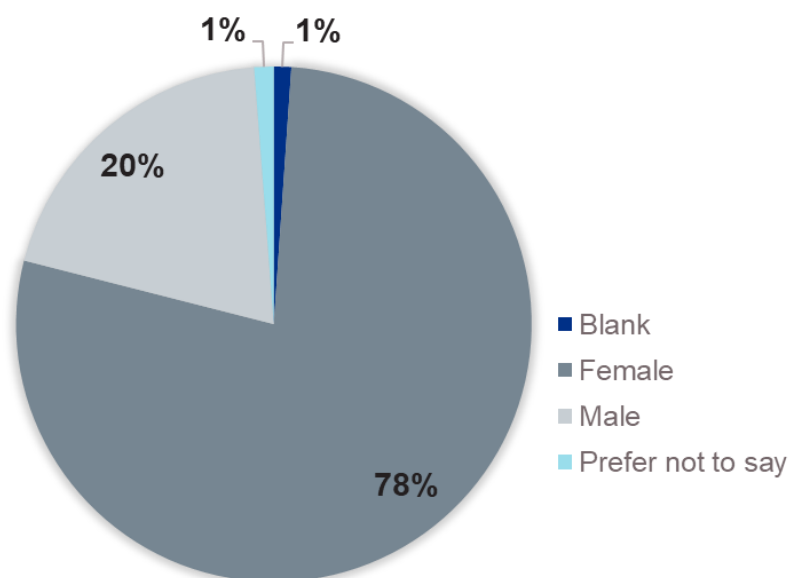
The below graphs demonstrate that there are no significant differences between the two academic year intakes:



The split by Integrated Care Systems show that Lancashire and South Cumbria have the highest percentage of the older age groups, and this could be aligned with the population of the area

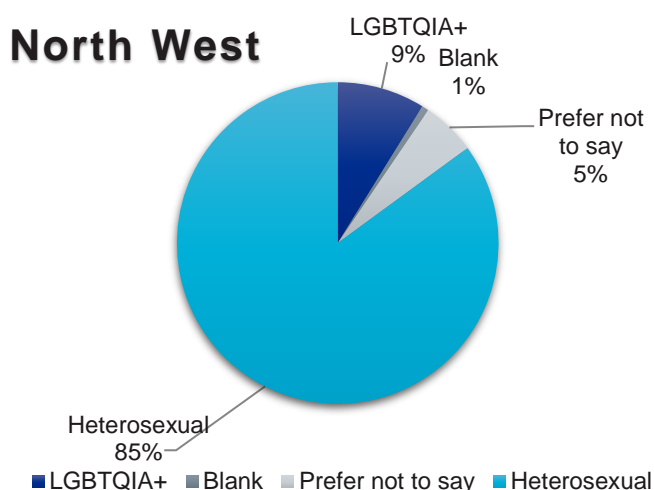


1.4 Trainees by Sex Assigned at Birth and Gender



78% of trainee advanced clinical practitioners identify as female which is reflective of the NHS workforce. Within the trainee database it is evident that there is a small cohort of individuals whose gender identity is different to their confirmed sex assigned at birth. This shows diversity in the advanced practice trainee workforce, but it is not known if this aligns to the general population or NHS eligible advanced practice workforce to understand levels of equity.

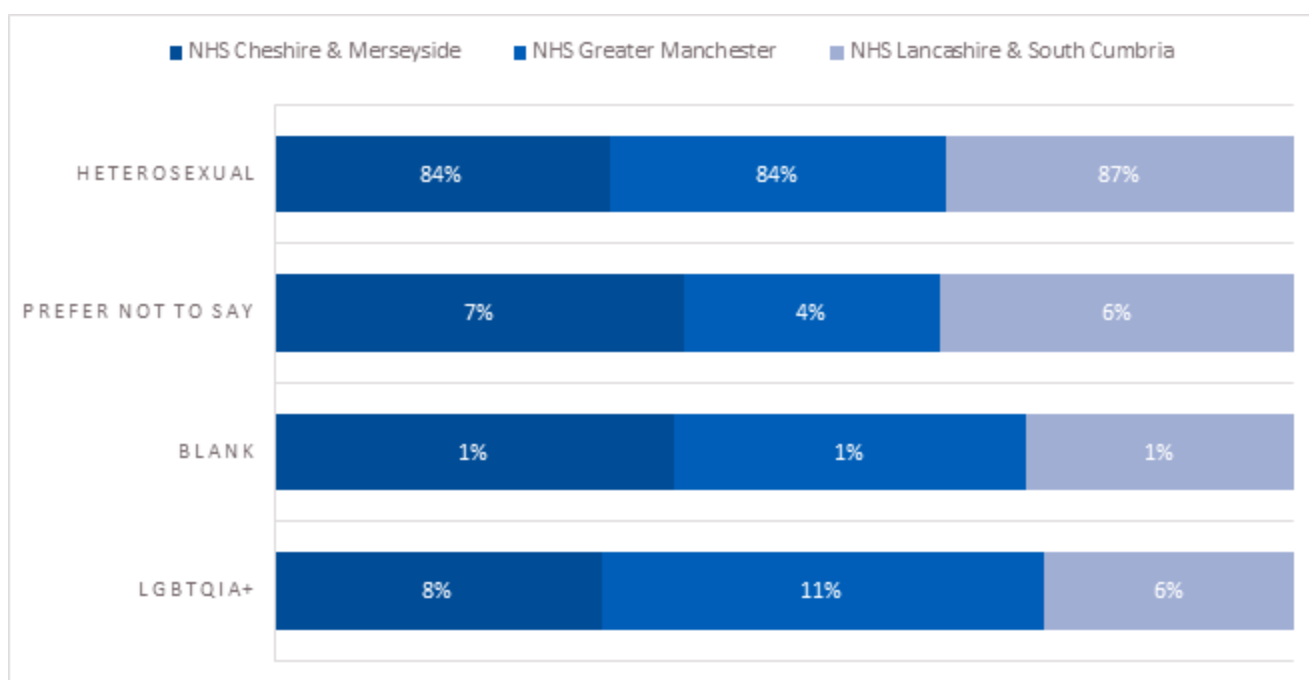
1.5 Trainees by Sexual Orientation



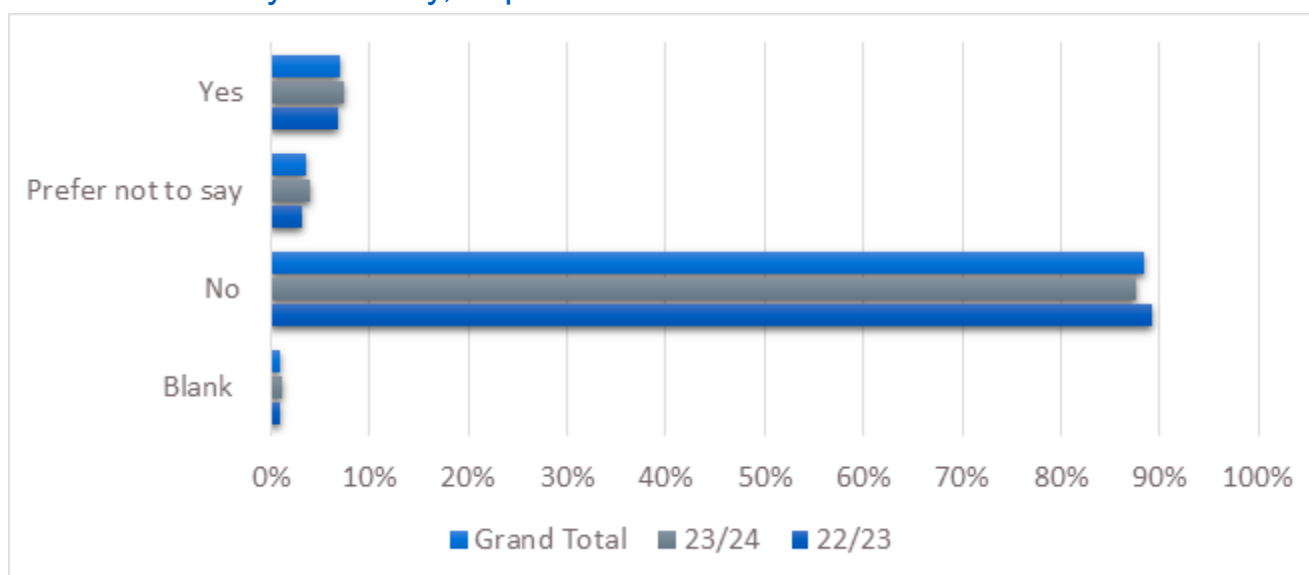
85% of trainee advanced clinical practitioners identify as heterosexual. 9% identify as LGBTQIA+. According to the Office of National Statistics Census 2021, released in April 2023, 5.5% (n=993 / 17,874) of the 'public administration, education and health' industry identified as gay, lesbian, bisexual or 'any other sexual orientation' (i.e. not heterosexual / straight). Despite this data not being specific to healthcare or indeed advanced practice, our

regional data could be suggested to be reflective of the wider census and comparative workforce.

Advanced Practice trainees have a higher diversity of sexual orientation within NHS Greater Manchester Integrated Care System.



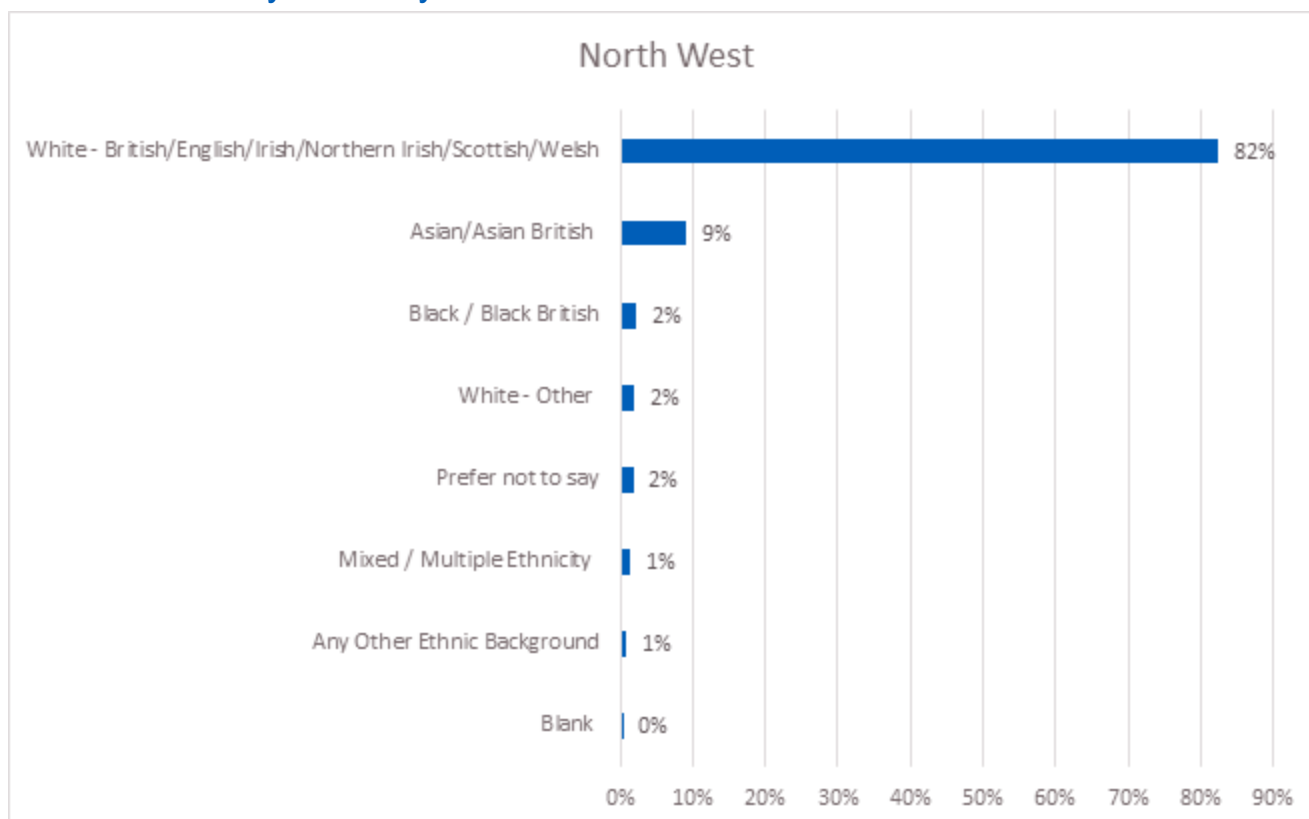
1.6 Trainees by Disability, Impairment and Condition



89% (n=317) of trainee advanced clinical practitioners did not consider themselves to have a disability, impairment or long-term condition. However, 7% do and 4% either did not answer or preferred not to say.

The Workforce Disability Equality Standard data published in 2022 reported an overall increase in disability declaration from 3.0% in 2019, to 4.2% in 2022. This therefore suggests that our regional workforce is above the current national average.

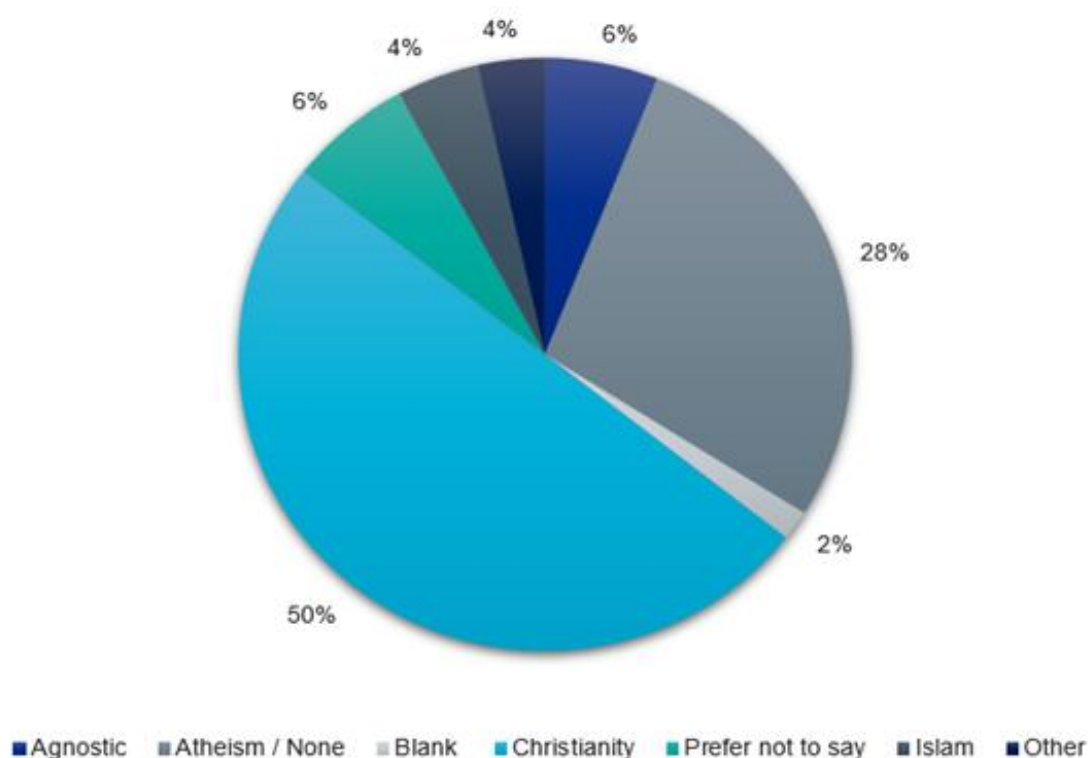
1.7 Trainees by Ethnicity



Most of this cohort (84%) of trainee advanced clinical practitioners are white. The remaining 16% are from a non-white ethnic background.

The Workforce Race Equality Standard data published in 2022 reported an overall increase in percentage of black and minority ethnic (BME) staff from 17.7% in 2016, to 24.2% in 2022. When this is split further into banding as per AfC, 16.8% of the workforce on Band 7 are from a BME background, which would capture the majority (but not all due to variations in agreed pay regionally) of our trainee advanced practice workforce. This therefore suggests that our current workforce representation is commensurate with the wider NHS workforce census.

1.8 Trainees by Religion

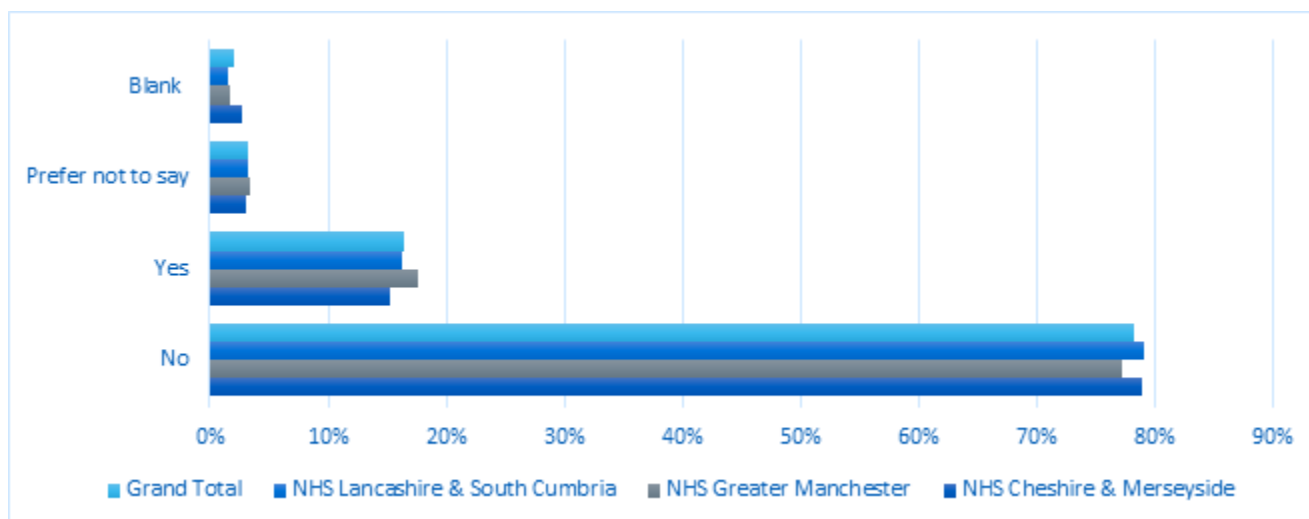


In the most recent National Census data (2021), 46.2% of the population identified as Christian, with census data demonstrating this to be a downward trend when compared to data from the previous census in 2011. Notably, census data from 2021 also demonstrated an increase in responses that selected the 'agnostic' or 'atheist' options, as well as an increase in prevalence of the Muslim faith, and 'others' (which includes Hinduism, Sikhism, Buddhism and Judaism).

In the **NHS Workforce Statistics - June 2023** the total Christianity workforce is 44%. 4.8% Islamic in comparison to the Advanced Practice trainees at 4%. 'Other' was at 4.4% in comparison to the advanced practice trainees at 6%.

The Faculty are not yet able to comparatively analyse trainee data to see if these national trends are replicated in our trainee Advanced Clinical Practitioner workforce. However, there is a clear similarity in representation with regards to the Christian faith, when comparing our regional data to the available national statistics.

1.9 Trainees by Caring Responsibilities



78% of this cohort do not 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. Across the two academic years the average was 16 % who had caring responsibilities and a similar split when reviewing the trainees per academic year. 16% is not an insignificant number and demonstrates the extent of our learner's competing priorities and challenges outside of their programme of learning and workplace.

2. Stakeholder engagement overview and process

The following table illustrates our stakeholder engagement processes to date. The Faculty have existing and established forums of engagement with all below listed stakeholders, and all below stakeholders are aware that the Faculty is conducting work related to equality, diversity and inclusion specific to our advanced practice trainees within the region.

Stakeholder	Engagement to date	Next steps
Advanced Practice Leads within all secondary care Trusts, Primary Care Networks and other employers across the North West region	1:1 meetings held with Advanced Practice Leads. Some organisations have ongoing, targeted work specific to ED&I and accessibility of trainee ACP posts. Others have retrieved data to initiate conversations internally.	Disseminate report with findings and recommendations. Organisations to interpret and implement locally, according to service and population need.

Stakeholder	Engagement to date	Next steps
ICS Advanced Practice Leads	Whilst no specific engagement with these stakeholders has been completed to date, there is a plan to do so upon publication and dissemination of this report.	Dissemination of report with findings and recommendations. To be discussed at next ICS AP Leads meeting.
Programme Leads and academic teams at our regional Higher Education Institutes (HEIs)	HEI Programme Leads are aware that this work is in progress.	Dissemination of report with findings and recommendations. To be discussed at next HEI Programme Leads meeting.
AHP Leads, both internally within NHSE and externally within our regional organisations	The appendices within this report demonstrate the significant isolation barriers that exist that are faced by specific AHPs. The Faculty are also aware that those smaller AHP professions may need focused support to identify opportunities for workforce development, and that there is still opportunity for some 'myth busting' with these professional groups.	Further engagement with AHP Leads upon dissemination of report. Identification of further, more recent specific workstreams that may be ongoing within the region.
NHSE Inclusivity Task and Finish Group	The Faculty are represented at this national, monthly meeting in which regional Faculties share their ED&I specific work and best practices, encouraging collaborative working.	Share findings and recommendations with the group at established National Inclusivity meeting.
Current ACPs, current trainee ACPs and aspiring ACPs	As part of our Advanced Practice community project there was a specific webinar for ethnic minority Advanced Practitioner and Aspiring Advanced Practitioners. Past and current members of the Faculty's	Further engagement with our established Trainee Steering Group to refine our recommendations and seek feedback on trainee experience. This feedback may influence how the Faculty conducts

Stakeholder	Engagement to date	Next steps
	Trainee Steering Group are also aware that this report has been in development.	future engagement with our trainee advanced practitioner workforce.

3. Summary of Findings

3.1 Our current trainee workforce

- Our current trainee Advanced Clinical Practitioner workforce is diverse in terms of specialty / scope of practice and religion, specifically.
- Whilst there is evidence of the emergence of new, innovative roles within the non-nursing and Allied Health Professions, there is more work to be done to further analyse and overcome the barriers faced for those working in these professions to facilitate workforce growth and aligns to other regional work detailed in the appendix.
- Our data pertaining to race, ethnicity and disability is commensurate with available national data.
- Most of the trainee ACP workforce are female, white, and heterosexual. This pattern is mirrored within primary care data too, detailed in the appendix.

3.2 Potential challenges and existing barriers

- There is a need to continue and further our data analysis to continue to identify gaps in the workforce that may benefit from focused workstreams. As this is the first iteration of this report, the Faculty are not yet able to comprehensively assess for workforce growth or provide comparative data analysis, both in terms of representation across the protected characteristics listed above or within specialties and professional groups.
- There are well documented and previously identified barriers faced by those working within the Allied Health Professions, as detailed in the appendix. These barriers have been addressed in part, but again there is a need to continue and further our work targeting these challenges within the AHP space. We are in a beneficial position given the knowledge gained by work completed previously by our colleagues in other regional Faculties.
- Data gathering will be enhanced further once the ESR data cleansing project work has been completed, however this project is running over an extended period and is complex in terms of the associated organisational support and resource demand.

3.3 Additional considerations

- Our learners are mature, postgraduate students with competing responsibilities that include family commitments, caring for others and in some instances, sole parenting. In the accompanying Equality Impact Assessment, we have identified some instances where our learners may encounter negative financial, social or economic impact. Our data related to the extent of this impact is currently limited and a deeper understanding of these factors may aid us in developing future avenues of support.

4. Recommendations

The following recommendations are based on the findings from this report and should be used in conjunction with other published equality, diversity and inclusion workforce reviews, both regionally and nationally.

Time-frame	Recommendation	North West Advanced Practice Faculty's Actions
Short Term	Update and add clarity to funding and implementation guide to enable employers to consider appropriate route for learners	Completed, available here
	Collaborate with our EDI team to ensure our work doesn't have any gaps	Commenced and will continue
	Disseminate report and share specific data with appropriate stakeholders.	Planned Quarter 1 2025-26.
	Working with key stakeholders (such as AP Leads and HEI partners) to understand their existing commitment to equality, diversity and inclusion within their organisations (e.g. ED&I kitemarks, charter marks, awards and accreditations).	HEI provided status of EDI Kitemarks AP Leads meetings to discuss their EDI data and record their existing and planned work on Inclusivity.
Medium Term	Correlate the trainee demographic data with workforce data in ESR, NWRS and look to understand access to PIVO workforce data.	All Medium term to be incorporated into 2025-2026 work plan.

	<p>Develop FAQ section for Faculty webpage that clarifies accessibility and availability of advanced practice and consultant-level career pathways.</p> <p>Develop a product to aid future and ongoing comparison trainee demographic data to understand trends or directed changes. years</p> <p>Develop an online event showcasing new and innovative roles from recent intakes (2024-2026).</p> <p>Utilise national EDI Case Studies to demonstrate breadth of Advanced Practitioners.</p> <p>Workplan on the growth of non-nurse Advanced Practice growth</p>	
Long Term	<p>Ensure that existing, ongoing workstreams that showcase advanced practice as a workforce solution are multi-professional in nature, e.g. case studies.</p> <p>Work closely with ICS Leads and other key stakeholders to promote advanced and consultant level practice roles within the AHP and pharmacist professions.</p> <p>Champion innovation in workforce development and encourage inter-organisational sharing of good practice and 'success stories'.</p> <p>Continue to deep dive across organisations and specialties to establish growth and equity in key priority areas (critical care, cancer, LD&A).</p> <p>Continue to work with ICB and ICS Leads to further workforce growth and development in line with the NHS Long Term Workforce Plan (2023).</p> <p>Work with employers to explore and ensure opportunities are available to part time, aspirational advanced clinical practitioners.</p>	All long term plans to be considered in planning 2026-2027 work plan.



5. Conclusion

The findings and recommendations from this report provide the opportunity for the Faculty for Advancing Practice to work with key stakeholders to ensure the opportunity for education and training of advanced clinical practitioners is equitable and responsive to the needs of our developing workforce. We will work with our regional partners in addressing the recommendations identified.

6. Appendix

6.1 Advanced Practice Workforce beyond training

6.1.1 North West Workforce data

In March 2022, the first Advanced Practice Workforce report was published analysing September 2021 data. This report can be found - <https://advanced-practice.hee.nhs.uk/wp-content/uploads/sites/28/2022/08/An-Overview-of-the-Advanced-Clinical-Practice-Workforce-in-the-North-West-March-22.pdf>

6.1.2 Primary Care Advanced Practice Workforce Survey (2020)

A scoping project survey was sent out to our ACP primary care workforce across the region in 2020. Within this survey, respondents were asked to report on a number of areas including their marital status, ethnicity, gender and gender identification, sexual orientation, age, religion, and disability. A total of 348 responses were received. The report can be accessed in full [here](#).

To briefly summarise, in terms of the protected characteristics outlined above that were included in the survey (from those that responded):

- 90% of our North West primary care ACP workforce are White British (n=315)
- 42.5% of the workforce are within the 41 – 50 years of age range (n=148). Only 2.6% are within the 25 – 30 years of age range (n=9)
- 84.5% of the workforce are female (n=294)
- 93.7% of the workforce identify as heterosexual (n=326)
- 72.1% are married (n=251)
- 95.4% identified as the same sex registered at birth (n=322)
- 66.9% indicated Christianity as their religion (n=233). 17.5% (n=61) atheist, 3.2% (n=11) Islam, 0.9% (n=3) Buddhism and 5.2% (n=18) not wishing to disclose

- 91.7% stated that they did not have a disability (n=319). 6.9% (n=24) respondents indicated that they did have a disability. 95.8% of this cohort stated that their disability was invisible (n=23).

6.2 AHPs within the context of advanced practice

The trainee data referenced above further highlights that there is a need to work towards a more professionally inclusive advanced practice workforce. This is a well-acknowledged, multi-factorial issue, with numerous existing workstreams either completed or ongoing both regionally and nationally.

North West Virtual Network for AHPs working at an advanced level

In 2022, Tanya Rumney, Training Programme Director for AHPs within the North West Faculty, co-ordinated and facilitated a virtual network for AHPs. The purpose of this network was “to provide a safe space to share learning, discuss barriers and create momentum to further develop AHP advanced practitioners in the North West.”

A series of virtual meetings were held between May and October 2022. In response to an initial survey sent to attendees, 82% of AHPs within advanced practice roles experienced feelings of professional isolation. Attendees also reported experiencing barriers to advanced practice roles including (but not limited to):

- Poor awareness (within the professions and within the organisations) of advanced practice for roles other than nursing. Most advanced practice leads in Trusts are nurses and there are examples where AHPs have been advised that funding for advanced practice MSc or NMP is only for nurses;
- Prescribing restrictions within AHPs meaning that many people thought they could not pursue a career within advanced practice;
- Restrictions to MSc Advanced Clinical Practice programmes meaning previously completed level 7 modules could not be APL in – this is important for some professions who end up completing the MSc in advanced practice to “tick the box” but they then have to undertake further level 7 study in order to get the learning that they need for the job. This is especially the case for smaller professions – e.g. if a trainee is training to be a neonatal dietitian, there may only be one course in UK that offers what they need, but restrictions in the funding / between HEIs mean that learners have to do this separate to their MSc in Advanced Clinical Practice
- Confusion in primary care for AHPs between First Contact Practitioner and advanced practice.

6.3 Work and data from other regions

The South West Faculty for Advancing Practice completed a scoping review focusing on AHPs and pharmacists in advanced practice in 2022. The South East Faculty for Advancing Practice also completed a project in 2020/2021 related to barriers experienced by AHPs in advanced and consultant level practice, specific to those working in mental health and community rehabilitation services. The findings from this project are again referenced in the South West Faculty's scoping report, available [here](#). Please see the appendices for processes and additional findings from both Faculty's projects.

They initially analysed their expression of interest submissions for trainee advanced clinical practitioner places from 2021/2022 to evaluate representation from professions and reassuringly, the data and patterns in the data that emerged from this reflect our current data that we have detailed above. Again, representation across all professions was limited with 81% of funded trainee places being allocated to those from a nursing (64%) or paramedic background (16.5%). In the South West in 2021/22, 85 places were allocated to those from a nursing background, compared to 36 places being allocated to AHPs, pharmacists and other.

The South East Faculty for Advancing Practice also completed a project in 2020/2021 related to barriers experienced by AHPs in advanced and consultant level practice, specific to those working in mental health and community rehabilitation services. The findings from this project are again referenced in the South West Faculty's scoping report, available [here](#).

The fishbone analysis produced from the South East project is available below as Figure 1.0, which demonstrates the issues and barriers experienced by those AHPs wishing to access advanced practice within mental health and community rehabilitation services.

The themes that emerged from the South West review of AHP and pharmacists in advanced practice are displayed in Figure 2.0. These themes have emerged from a combination of a scoping review of the literature (dated January 2022), discussions within the South West region, including the findings from the South East project and review of the websites belonging to the professional bodies for AHPs and pharmacists.

The South West Faculty produced a driver diagram demonstrating potential change ideas that may serve to overcome some of the above challenges described above (Figure 3.0).

Figure 1.0 South East 'Spotlight on AHPs in advanced and consultant level practice' project findings

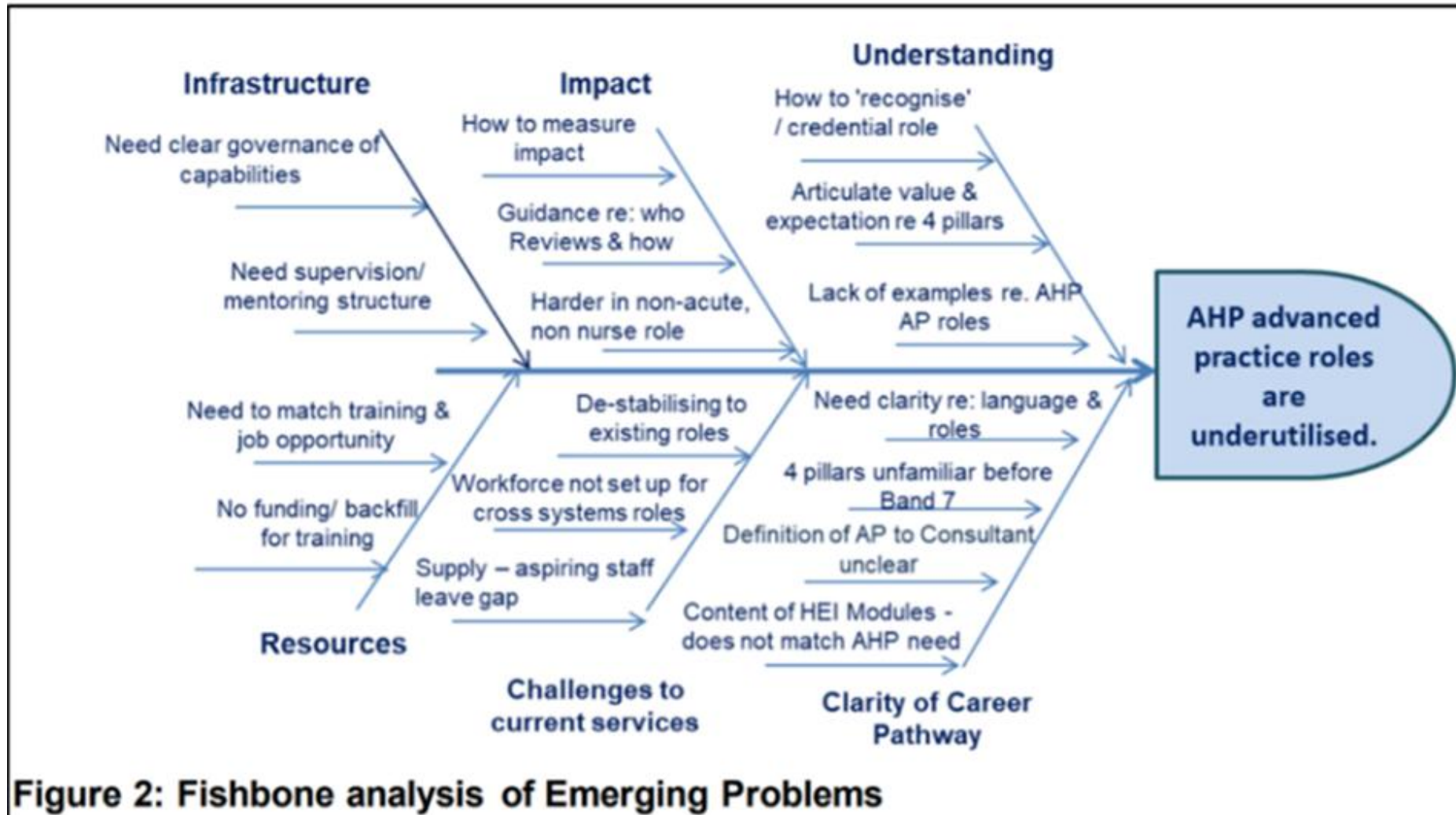


Figure 2.0 Findings from the South West review of AHPs and Pharmacists in advanced practice

Challenges and barriers to AHP & Pharmacy progression into Advanced Practice roles

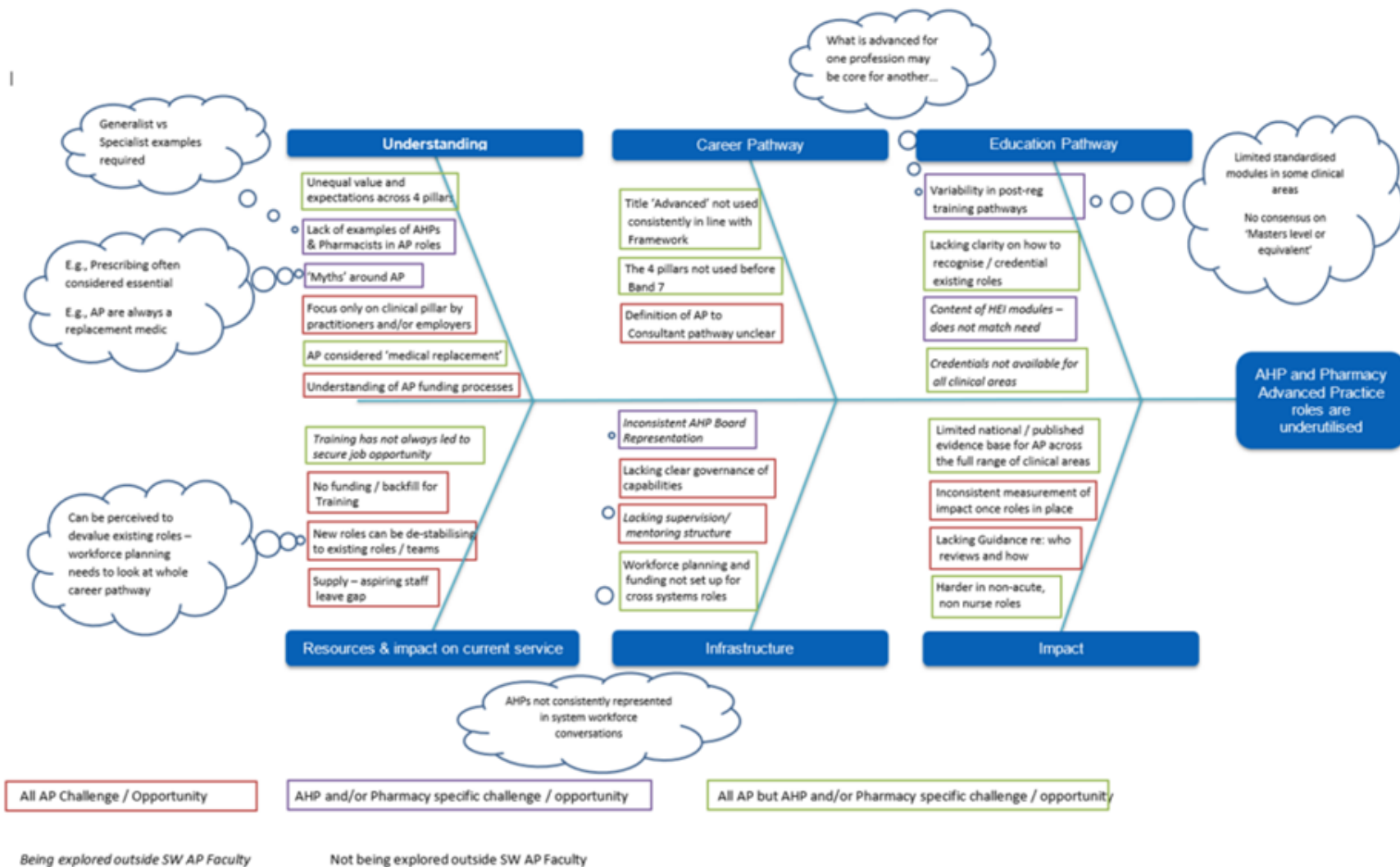
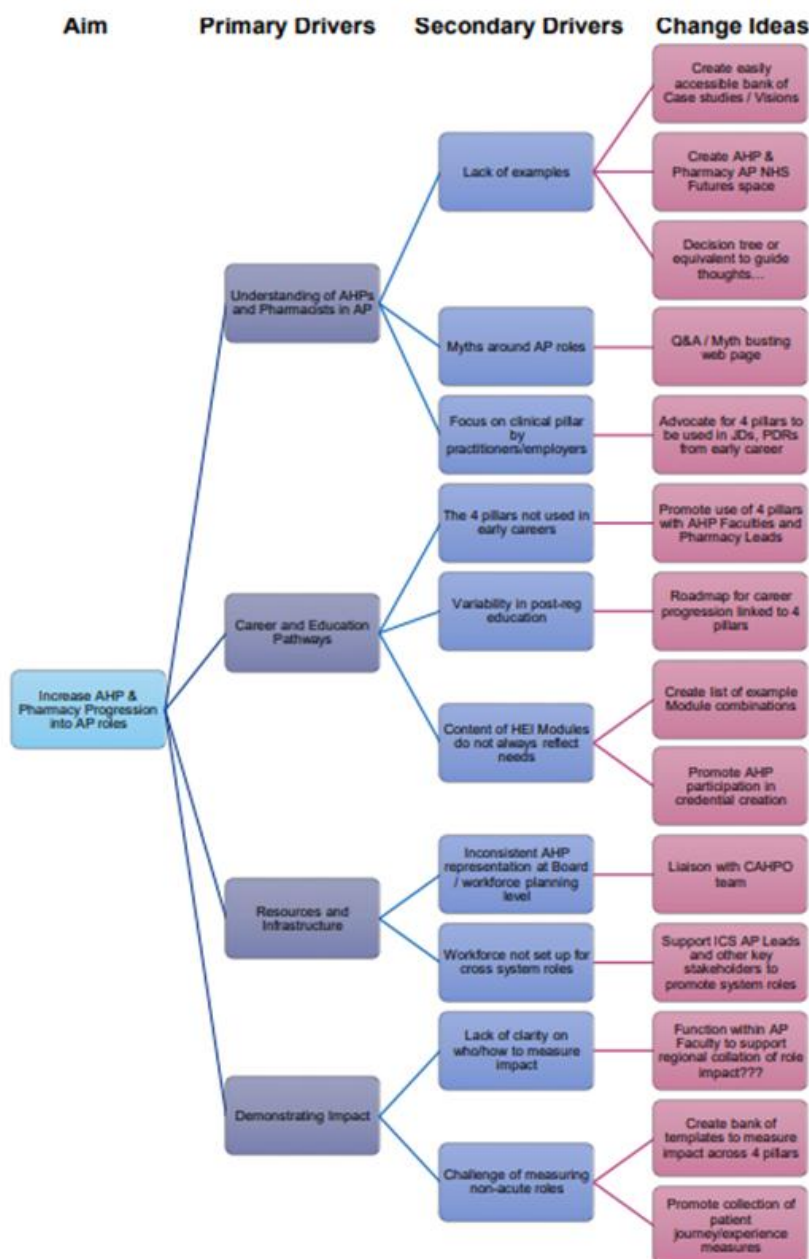


Figure 3.0 South West Faculty driver diagram



7. Acknowledgements

Thank you to the following individuals, networks and alliances who provided the data and findings for this scoping evaluation:

The South West Faculty for Advancing Practice (NHSE)

The South East Faculty for Advancing Practice (NHSE)

Deepak Agnihotri, previously Training Programme Director with the North West Faculty

The National Inclusivity team (NHSE)