

**Advanced Practice  
Review Equality  
Impact  
Assessment (EqIA)**

Executive Summary -  
Phase One

March 2024

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## Overview

Experienced nurses and midwives across the UK are increasingly taking on complex, autonomous and expert roles commonly referred to as 'advanced practice'. It is recognised that **Advanced Practitioners (AP)** utilise advanced knowledge and skills that enable them to demonstrate advanced communication skills, make timely person-centred decisions, provide continuity of care and support people to navigate their care pathway seamlessly across different specialities, settings and professions.

Advanced practitioners enhance capacity for service delivery, help to reduce demand on other health and care professionals and improve the overall quality of service. The role also provides pathways for career progression for nurses and midwives, supporting workforce development and retention.

There have been calls over a number of years for more specific regulation of nurses and midwives working in AP roles.

Our [2020-25 Strategy](#) set out a commitment to carrying out a comprehensive review of UK advanced nursing practice, including consideration of whether additional regulation is needed. Our 2022-23 Corporate plan extended this to include both nursing and midwifery.

### Context

As part of a discovery phase we commissioned the Nuffield Trust to carry out [independent research](#). This reviewed the existing evidence on AP regulation, international approaches to regulating AP and the AP landscape across the four UK countries. We also commissioned [qualitative research](#) with professionals currently working in AP roles to better understand their views.

In May 2023, the Council agreed to the recruitment of additional resource to support the review, as well as agreeing our **key lines of enquiry (KLOEs)**, developed in response to the independent research. The key lines of enquiry have underpinned phase one of this review in order to better understand the risks identified in the Nuffield report.

**Phase one** of the review focused on evidence gathering and reviewing whether additional regulation of AP is required for the purposes of patient safety, public protection and increased confidence in the professions. It included exploring a range of potential options for regulation to see which would best protect the public whilst being proportionate and realistic – either as stand-alone options or as hybrid or sequential options.

These options include: maintaining the status quo; developing a voluntary set of principles or joint statement; credentialling; revalidation; a test of competence; or setting education standards, approving and quality assuring programmes.

As part of Phase one we established an [advanced practice independent steering group](#) with an independent chair – Kay Fawcett OBE. The steering group includes key **strategic partners** from health and social care across the four UK countries, representing nursing and midwifery. The steering group reviewed all evidence, alongside draft recommendations for the potential regulation of AP, developed consensus where possible and provided advice to the Executive Board.

Throughout this phase we have **engaged widely** with **stakeholders** to test assumptions, identify gaps and refine our thinking. This engagement has included professional and public stakeholders.

As work progressed, an additional KLOE (KLOE 9) was added to the review, exploring the impact of additional regulation on **internationally educated nurses and midwives (IENM)**.

Alongside this we have commissioned an **independent economic evaluation**.

These outputs will help us to further understand the benefits, risks and challenges associated with various options to regulate AP. This needs to consider both those professionals who work in AP roles, and also people who engage with/are cared for by AP professionals and how additional regulation may mitigate these risks.

Our work has been informed by the Professional Standards Authority's **right touch regulation principles**, which means that any regulatory intervention must be proportionate, consistent, targeted, transparent, accountable and agile. Specifically, we have committed to the following principles as part of the review:

- Promote public protection and enhance public confidence.
- Be based on the NMC's 2020-25 Strategy.
- Uphold the NMC's values of 'fair, kind, ambitious, and collaborative' and a person-centred approach.
- Be co-produced with a diverse range of stakeholders.
- Be suitable for nurses and midwives on the register and apply across the four countries of the UK.
- Align with principles of 'right touch' regulation.
- Reflect robust, contemporaneous evidence.
- Be ambitious and future-proof.
- Embed equity, diversity and inclusion (EDI).

Throughout Phase One we have taken specific actions to ensure that EDI has been embedded within our approaches. These actions are outline in Table 1.

**Table 1. Actions completed to embed EDI objectives**

Ref.	Details of action undertaken	Intent/purpose from an EDI perspective
1.	Recruitment of AP advisers for both nursing and midwifery across the UK (Oct 2023)	We sought nominations from the Chief Nursing Officers and Chief Midwifery Officers across the UK to recruit one nursing and one midwifery adviser from each country of the UK. We also recruited a nominated nurse for social care. These advisers brought expertise and practice related perspective, including representing the public expectations and experiences from their countries.
2.	Establishing a Public advisory group (PAG) specifically for AP in addition to the continued engagement and consultation with the NMC Public voice forum. (June 2023 onwards)	To ensure we target general public viewpoints but also reach out to those members of the public who are 'experts by experience' and will have specific ideas, opinions based on their experience of receiving services provided by APs. This group also includes representatives from charity/advocacy groups with wide reach into networks of people who have been cared for by APs.
3.	Four country public engagement led by AP advisers (Oct 2023 onwards)	This was to gain specific nuanced feedback based on the context of each country of the UK. It enabled us to compare the experiences and expectations across the UK and helped shape our thinking so our policy options are able meet requirements across the UK.
4.	Public poll with inputs from PAG who helped shape the survey, its content, focus and wording. (Dec 2023)	In addition to qualitative findings from the public engagements, we also wanted to reach out to a larger number of people to gain opinions on the expectations from AP professionals and a 'temperature check' on the potential regulatory options. We surveyed 2000 members of the public overall; although some questions didn't have responses from all 2000. The survey design and

		wording were shaped by feedback received from PAG.
5.	Specific engagement with maternity service users (Feb 2024)	We identified the need to engage with maternity service users, specifically those who had experience of receiving care from advanced midwifery practitioners. This roundtable was well attended by around 45 women across the UK, some of whom were also involved in their local service improvement networks. It enabled us to gain midwifery specific insights.
6.	Additional key line of enquiry on the impact of additional regulation on internationally educated nurses and midwives (Oct 2023 onwards)	Reflecting on the wider strategic data we have on our register and the growing number of internationally educated nurses and midwives joining our register we added this key line of enquiry to examine this issue in detail. We've commissioned the Florence Nightingale Foundation to review the evidence in this area using a literature review as well as primary research in the form of a survey and focus group discussions with internationally educated nurses and midwives in the UK to gain their insights and views on AP and its potential regulation.

The end of this phase will be marked by making recommendations to the Council as to whether additional regulation of AP is necessary, and the option/s considered to be the most proportionate to mitigate risks to public protection. The Council will decide how to proceed and the review will then move into phase two. Phase two will include more detailed consideration of these preferred options, including further public engagement and a formal consultation exercise.

## Key considerations

### Data

We do not currently collect information on the number of APs working in UK health and social care services. We currently don't collect data from our registrants about advanced practice and data from across the health and care system is difficult to collect as there is no agreed definition of the role of advanced practice nor who may be described or identify themselves as an AP. However, our previous research by the Nuffield Trust (2023) and our own phase one work indicates the following information.

- 8,000 AP nurses working in NHS in England (2 per cent)(May 2022). Some estimates indicate that around 8 per cent of the nursing workforce in England may be working in AP roles.
- 70 AP midwifery roles in England and Wales
- 27 AP midwifery titles in use in England.
- Around 800. in Scotland (Sept 2020).
- We don't have current data from Northern Ireland and Wales.
- Recent analysis of job adverts indicates that there were 435 Advanced Nurse Practitioner and 414 Advanced Clinical Practitioner jobs being advertised in England (February 2024). Additionally, there were 222 Advanced Nurse Practitioner and 261 Advanced Clinical Practitioner jobs being advertised in Scotland (February 2024).

Alongside the limited information on the number of APs working in UK nursing and midwifery, we have no data about health inequalities within patient groups who access advanced practice care, largely because we cannot currently accurately define what advanced practice is or identify who advanced practitioners are.

We currently have limited information on fitness to practice referrals which involve **advanced nursing and midwifery practitioners**. We do not currently know the number of referrals made which relate to those working in AP roles, nor any resultant action taken following these referrals. We are aware, however, that FtP case examiners have identified some cases referred to us within the past three months that would appear to involve registrants working in AP roles.

Because we do not collect information on APs, we also have an evidence gap on the EDI data of this workforce. This means we are not able to understand if any groups with protected characteristics (PCs) are more represented in the AP workforce, nor the number of referrals for fitness to practice as above. We are hopeful, however, that if we are able to access information from the NHS Electronic Staff Record (ESR) in England, and equivalent data sources in the devolved nations and across the primary, independent and voluntary sectors, we may be able to get a clearer insight into the make-up of the AP workforce across the UK. It is worth noting though that the staff records reflect employer job titles which can often vary so the data needs to be viewed in that context.

## Dependencies

This EqIA has been guided by our [Equality, Diversity and Inclusion \(EDI\) plan](#) published in September 2022, setting out our key EDI priorities, objectives and actions for the next three years. The plan provides the framework for us to realise our ambition of being an inclusive regulator and employer.

We have also considered interdependencies internal to the NMC such as our 2020-2025 strategy and corporate plan, planned review of our revalidation process and the Code, alongside the UK government's plans for [Regulatory Reform](#) – reforming the legislation that underpins the UK's health and care professional regulators.

External interdependencies have also been considered including the four UK country's AP frameworks, along with their plans for development of AP as part of wider workforce plans and current credentialling models. This includes:

**NHSE Workforce, Training and Education's Centre for Advancing Practice (CfAP)** [Multi-professional framework for Advanced Practice](#) - The Centre for Advancing Practice oversees the workforce transformation of multiprofessional advanced level practice in England, by establishing and monitoring standards for education and training, accrediting advanced level programmes, supporting and recognising educational and training equivalence, and growing and embedding the advanced and consultant practice workforce. These are voluntary standards and processes, largely aimed at NHS employees.

**RCN Advanced Practice Credentialling Programme.** The RCN delivers a voluntary credentialling approach to give formal recognition for nurses of the advanced level of expertise and skills they have.

**Health Education and Improvement Wales (HEIW)** – in recognition of workforce requirements HEIW have developed a [framework for advanced nursing, midwifery and allied health practice](#) to guide the successful development, implementation and evaluation of AP roles within NHS Wales. It ensures a consistent approach is taken and appropriate governance arrangements are in place to support advanced level practice. The framework is aimed at employers, service leads, education providers and senior or Advanced Practitioners themselves.

**NHS Scotland** outlined in their paper [Transforming Roles](#) their support for the workforce development of nurses, midwives and all allied health professionals in advanced practice roles. To underpin this, **NHS Education for Scotland** has developed a multiprofessional [toolkit](#) as a supportive resource for all professionals working in or aspiring to work in AP roles aimed at facilitating the development of advanced practitioners.

**The Northern Ireland Department of Health and the Northern Ireland Practice and Education Council for Nursing and Midwifery** published their [analysis and recommendations for advanced practice](#) to support future strategic direction and workforce requirements and care delivery. This is following the development of the Advanced Nursing Practice Framework: Supporting Advanced Nursing Practice in Health and Social Care Trusts (DHSSPS, 2016) which was launched to enable a



strategic and consistent approach to the development and implementation of the ANP role in NI.

## Equality impacts

In line with the Equality Act (2010), this EqlA template sets out each PC separately to consider ways in which any proposed changes might impact on individuals and groups with these characteristics. It is worth noting that individuals often have more than one characteristic that may be subject to disadvantage, prejudice and discrimination. This means that people have simultaneous membership of multiple interconnected social categories and may therefore experience multiple barriers. This EqlA also includes wider determinants which may result in certain groups being disadvantaged with regard to this work, for example geographical location and/or socioeconomic status.

### Age

We do not have information on the age profile of APs working in UK nursing and midwifery. We are aware from our most recent figures, however, that 33.4 per cent of our total registrants are aged 50+.

Previous research indicates that people with post-registration qualifications (SCPHN and SPQ qualifications) are likely to be over the age of 50. We do not have similar data for people with AP qualifications however we can make a tentative assumption that people with AP qualifications are also likely to be over the age of 50, as they develop professionally in their careers.

If we proceed to additional regulation of AP, we need to consider the arrangements that may be put in place to enable those with the appropriate knowledge and skills who are already working in AP roles to transition into the new requirements (often referred to as 'grandparenting'). This is in order to ensure these professionals can be supported in any new regulatory approach. Those close to retirement may be disincentivised to continue in their roles if they feel any new regulatory approach is too burdensome or if suitable grandparenting arrangements are not in place.

There may be the risk of potential age discrimination if any entry requirements are set for the number of years of experience. The emphasis should be on outcomes or competencies instead. We also know, from the [Ambitious for Change](#) report, that professionals referred to us are more likely to be aged over 51 years, compared to the overall population of registered nurses and midwives.

Furthermore, we know that a lower proportion of nurses and midwives aged 51 years and above revalidated compared to the number that were expected to. However, some of these may have chosen to retire rather than revalidate and this is consistent with data that shows during and following the Covid pandemic, more nurses and midwives were choosing to retire.

We are aware of evidence that the further along an individual is in their career, the less likely they are to undertake further education and training – this may affect the number of older registrants who may wish to move into AP roles if the requirements in terms of education and training is too onerous.

**Impact on the public:** The UK has an ageing population. Individuals who live longer are more likely to develop multiple health conditions – as a result they may be more likely to access health and social care services. Any changed regulatory approach could have benefits for this group by improving care quality, access to care and public protection. There will be challenges in ensuring that the AP role is fully understood by all those receiving care from those working in such roles.

## **Disability**

We do not have information on the number of APs working in UK nursing and midwifery with a disability. We know, from the [Ambitious for Change](#) report, that professionals with a disability are more likely to receive disproportionate outcomes in FtP, more likely to be referred into FtP processes, and less likely to revalidate successfully. However, recent research undertaken by our Research and Evidence Team has highlighted that registrants with a disability are more likely to struggle with the requirements of the revalidation process, in particular with accessing the CPD required to fulfil those requirements.

Data from the Higher Education Statistics Authority (HESA) indicates that students with a disability were also more likely to drop out of courses, though male students were more likely to have a disability, so the intersectional effects are unclear.

All of the above must be considered to ensure we do not develop a regulatory model for AP that adversely impacts APs or aspiring APs with a disability.

**Impact on the public:** Individuals living with short- or long-term disabilities, or multiple health conditions, may be more likely to access health and social care services. Living with multiple health conditions may also require specialist interventions and services provided by APs. Any changed regulatory approach could have benefits for this group by improving care quality and access to care, but we would also need to consider whether there would be any adverse impacts.

## **Gender**

We do not have information on the gender profile of APs working in UK **nursing and midwifery**. We do know, however, that 89 per cent of our total register identify as female.

Our register data indicates that there are more nurses and midwives who are female. Previous research and register data also indicate that people with post-registration qualifications (SCPHN & SPQ qualifications) are more likely to be female. We do not have similar data for people with AP qualifications. However, based on our previous work, we can make a tentative assumption that people with AP qualifications are more likely to be female. Whilst our regulatory options are unlikely to impact directly on gender, we need to be mindful of the gender pay gap that exists across sectors in the UK - additional regulatory approaches may potentially have cost implications which coupled with the gender pay gap could impact on the uptake of AP career pathways for some.

**Impact on the public:** We have no evidence of differential impacts on the public on the basis of gender, but we will continue to monitor this.

## **Gender reassignment**

We do not have information on the number of professionals, on our register whose gender matches their gender assigned at birth.

**Impact on the public:** We have no evidence of differential impacts on the public on the basis of gender reassignment, but we will continue to monitor this.

## **Sexual orientation**

We do not publish information on the demographic breakdown of APs working in UK nursing and midwifery by sexual orientation. We do know from the register as a whole, however, that approximately 90 per cent of our registrants identify as heterosexual or straight, and 6 per cent preferred not to identify their sexual orientation.

**Impact on the public:** We have no evidence of differential impacts on the public on the basis of sexual orientation, but we will continue to monitor this.

## **Marriage or civil partnership**

The NMC does not record data for this. There are no identified impacts on the basis of marriage and civil partnership for registrants or for members of the public, but we will continue to monitor this.

## **Pregnancy and maternity**

If we were to regulate advanced practice education and set a requirement to register after a qualification was awarded (for example, 5 years), there could be a risk that those who have not worked due to parental reasons since qualification could be disproportionately affected. It is also recognised that it may be more difficult for parents to undertake study when they have caring responsibilities.

**Impact on the public:** Women, babies and families could be positively impacted by a changed regulatory approach to midwifery AP. AP midwives care for women with multiple health needs including diabetes and perinatal mental health. Feedback from these women and their families can help understand the expectations from midwives working in AP roles.

## **Race and ethnicity**

We do not have information on the demographic breakdown of APs working in UK nursing and midwifery by race or nationality. We do know, however, that 29 per cent of our registrants identify as Asian, Black, mixed race or other ethnicity.

Previous research indicates that people with post-registration qualifications (SCPHN & SPQ qualifications) are more likely to be White. We do not have similar data for people with AP qualifications. However, we can make a tentative assumption that people with AP qualifications are more likely to be White.

We know, from the [Ambitious for Change](#) report that employers refer higher numbers of minority ethnic professionals to FtP processes. Members of the public and people who use services refer higher numbers of White professionals; these are more likely to be closed at screening compared to referrals from employers which are more likely to progress to the adjudication stage.

We also know from this report that Black professionals are more likely to progress to the adjudication stage compared with White professionals, but they aren't any more likely to be removed from the register.

A higher proportion of nurses and midwives who identify as Asian Pakistani and Black African revalidated successfully compared to the proportion that were due to revalidate. A lower proportion of professionals who are White English/Welsh/Scottish/Northern Irish/British, White Irish or White Other revalidated successfully compared to the number that were due to revalidate.

Black and Asian students make up a lower proportion of acceptances onto NMC approved courses compared to the proportion that apply.

There are lower chances of registering through our overseas process for applicants who are Black.

We can make a tentative assumption that this situation will be similar for professionals working in AP roles and we will continue to monitor.

There may be implications for access to CPD and further education opportunities – we know there is an 'opportunity gap' for professionals from non-White backgrounds. [NHS England » NHS Workforce Race Equality Standard \(WRES\)2022 data analysis report for NHS trusts](#) and this is potentially relevant to accessing educational opportunities for advanced practice education and training. We are also aware from our engagement work that there are some real barriers in place in terms of the requirement to obtain certain grades in order to access AP programmes - this has impacts on equitable access across all professions and groups within society to such programmes.

**Impact on the public:** We have no evidence of differential impacts on the public on the basis of race/nationality. There is no evidence that any particular racial group or nationality is more likely to be seen and treated by an AP than another. We do know that people of Asian (including Indian, Pakistani, Bangladeshi) Chinese, Black African and Black Caribbean ethnicities have been found to be two to four times more likely to have diabetes than White populations and that nurses and midwives working in AP roles will be providing care for people with long term health conditions. We will continue to monitor impacts.

### **Religion or belief**

We do not publish information on the demographic breakdown of APs working in UK nursing and midwifery by religion or belief. We do know from the register as a whole, however, that 57% of our registrants identify as Christian, 36% are of no religion or prefer not to say, and 7% identify as following other religions. However, there are no identified impacts on the basis of religion/belief, but we will continue to monitor this.

**Impact on the public:** We have no evidence of differential impacts on the public on the basis of religion or belief, but we will continue to monitor this.

## Other groups

**Existing AP workforce:** Particular attention should be given to the group of professionals who are already working in AP roles and the impact of additional regulation. This includes:

- The perceived and real burdens (regulatory systemic, economic) as a result of additional regulation.
- Some professionals working in AP may not be successful in being recognised or meeting the requirements of the regulated role due to the changes in requirements and the skill and knowledge gap ('grandparenting' and 'upskilling' issues).
- Economic and career progression issues for those who are not 'deemed' to be working as APs.
- Some geographical locations in the UK may not be well served in terms of training opportunities.

If the decision is taken to regulate advanced practice, we will need to consider any impact on both nursing and midwifery practice as distinct professions. Our engagement with midwifery practitioners suggests they are eager to ensure that any proposed regulatory approaches are inclusive of midwifery. Maternity service users are equally clear of the need to reduce variability across education and practice so that the public understand the role and expectations for care delivery.

It is important that we address any barriers we identify or test any future thinking through effective engagement with those providing AP services, employers, and system regulators, and identify how to mitigate against potential barriers for registrants in such a position.

**Socio-economic status:** Regulation of AP could increase entry barriers to the role. Professionals from a lower socio-economic background may be less likely to undertake additional education or have the means to pay for it in order to qualify as an AP.

**Geography:** Those who live/work in remote and rural/coastal regions may have less easy access to education opportunities and may be less able to access AP education. This could be mitigated through online programmes although impacts in terms of cost and availability of technology to access such courses would need to be considered.

**Internationally educated nurses and midwives:** Evidence from Europe suggests that regulation in general acts as a barrier or a deterrent to entry to a profession for migrant workers. Registrant data indicates that most of our international joiners to our register are aged 40 years or younger. Additional regulation of AP may have impacts upon this group of registrants. We should also consider the impact on international professionals with AP qualifications from their home countries and the ease of these professionals to acquire AP recognition or access AP education programmes in the UK.

Alongside this, not all international degrees are equivalent to UK degrees (i.e. BSc level), therefore this could be a barrier for these internationally educated nurses and midwives in accessing AP programmes which are taught at MSc level. Equally not all

international MSc AP qualifications are aligned to UK qualifications. KLOE 9 will help us to identify some of these barriers and impacts and explore potential mitigations.

**Caring responsibilities:** People can have caring responsibilities across the lifespan and regardless of age, race, gender etc. This can in turn impact upon their opportunities to access the further education and training required to work as an AP.

**Part-time workers:** We do not have figures relating to how many of the individuals who work in AP roles work on a part-time basis, however, we do need to be aware of the impact of any proposed regulation of AP.

**General:** In general terms, there could be a benefit to the wider public in terms of standardised education and training, reducing variability in practise, potentially leading to improved quality of care if AP is regulated. This would be a broad benefit to all members of the public who receive care from **advanced level nursing and midwifery practitioners** irrespective of protected characteristics.

## Identified impacts of regulatory options

High level impacts of our proposed options for regulating advanced nursing and midwifery practice that have been identified during phase one. Once the Council has made a decision at the end of March, we will continue to explore the EDI impacts. These phase one high level impacts are outlined below:

**Revalidation:** Potential implications of revalidation include impacts on professionals working part-time if additional requirements for those working in AP roles is required. There may also be implications for registrants with disabilities, those who are pregnant and/or those with caring responsibilities. There may be implications if costs increase as a result of additional revalidation requirements and processes.

**Credentiailling:** Both direct and indirect credentiailling are known to be complex and expensive, which may adversely impact those on individuals on lower incomes. Indirect credentiailling may also impact based on geographic location.

**Test of Competence (ToC):** A ToC could be an expensive regulatory option and may impact those on lower incomes, as well as those living in remote or rural locations in terms of equity to access test centres. Conversely a ToC may have a positive impact on those professionals who have studied for and obtained an AP qualification abroad and who have now come to the UK wishing to practise at an advanced level.

**Setting education standards:** The costs associated with undertaking the education and training that would be required to qualify and join the register as an AP under this option may discourage those on lower incomes from putting themselves forward for such training. Whilst costs may be met partially or wholly by employers, we need to consider the impact on registrants of this regulatory options for AP.

## Welsh language requirements

We have ensured that our review complies with [our Welsh Language Standards Regulations](#). We have engaged with the Welsh Government as part of this review. We have recruited a team of AP nursing and midwifery advisers from across the four nations and this includes a Welsh speaking adviser from Wales who has conducted public engagement in the Welsh language.

If we proceed with regulation of AP, Welsh language speakers in Wales could be impacted. Any changes we make would have to ensure we continue to comply with the new [Welsh Language Standards Regulations](#).

If we were to regulate AP through setting education standards, we would want to ensure that our education standards provided flexibility to enable students to access education and practice placements in Welsh and to be able to deliver services in Welsh on graduation, as with our current education standards.

We will likely need to publicly consult on any changes to the regulation of AP. In this future scenario, we will publish information about our proposals and enable responses in both Welsh and English.

We will continue to ensure that this review and any future advanced practice policy proposals continue to give equal treatment of the Welsh and English languages. For example, continuing to engage with Welsh speakers in Wales and publishing information about our proposals in Welsh.

## Lessons learned

Throughout phase one of the review, we have sought to be as inclusive as possible. This includes our desk-based research and stakeholder engagement. Participants in our professional stakeholder engagement have been drawn from our community of interest, where individuals have signed up to be part of our review. We recognise there is more that we could do and will ensure that lessons learned are taken forward into phase two. These lessons include:

- Ensure that all phase two work includes clear focus on EDI considerations and impacts.
- Reviewing approaches to ensure participant diversity in stakeholder engagement.
- Engagement takes place with a wide cross-section of society – professionals and members of the public.
- Continuing to work with and have input from our EDI team will be an important part of this as we move to phase two.

## Next steps

Once our Council has made a decision on how to proceed, we will continue to review and update our EqIA as we move into phase two of the review, with oversight from our Project Board. This will include key actions which have been identified as part of phase one and includes exploring specific areas where there are currently evidence gaps and a lack of consensus. Specific EDI actions include:

- The need for further stakeholder engagement in phase two with a diversity of stakeholders, including aspiring APs from a range of backgrounds to identify the barriers they face in accessing AP roles and/or training.
- Continue to gather information to understand the data/information from FtP colleagues on cases related to APs.
- Explore mechanisms for accessing sources of information as to the number of APs, along with developing our own mechanisms for capturing data including data on protected characteristics within those numbers where possible.
- Ensure that processes/mechanisms for grandparenting are developed and consulted on within phase two.
- Map existing AP education provision as part of Phase two.
- Consultation on any proposed changes.



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