Equality Impact Assessment Report Template

Title: NMAHP Return to Practice

NES directorate or department: NMAHP

Date Report Completed: January 2025

Introduction

Return to practice is the process for readmission to the nursing and midwifery or health and care professions register. The mechanism for re-entry to a professional register differs between nursing and midwifery (NM) and allied health professions (AHP). Despite these differences the organisation supports the process for all professions and similar ways therefore a joint EQIA was considered appropriate.

How we support Return to Practice

Nursing and Midwifery

The Nursing and Midwifery Council (NMC) has very specific requirements for those wishing to return to the professional register. This includes an approved return to practice programme that enables returners to meet the necessary standards for registration.

NHS Education for Scotland (NES) manage the NM Return to Practice education provision on behalf of Scottish Government. NES leads on the tender, commission and general oversight for this programme which is currently provided in Scotland by Glasgow Caledonian University.

A central point of information is available for returners and supervisors on the NES internet website. A key, local lead is identified in each NHS Board and their contact details are made available online. There is also a 'frequently asked questions' section, video testimonies from practitioners who have completed the process, and information on alternative ways to join the register. It is noted that often those considering returning may need support in application and interview skills. The site signposts to relevant, current resources to help meet that need.

Organisational NM leads, the NES project team and representatives from Scottish Government meet biannually to review and discuss the programme, process and successes/challenges.

Allied Health Professions

An evaluation of AHP return to practice was undertaken and the outcomes informed the current support offered by NES. The Health Care Professions Council (HCPC) has Return to Practice as a 'self-directed' process. It is the individual returner's responsibility to self-assess and identify their areas of updating using the HCPC Standards of Proficiency.

A central point of information, developed by the NES project team, is available for returners and supervisors on the NHS Scotland Careers' website and a local lead is identified in each NHS Board and their contact details made available online.

Potential returners have access to informal discussions with the NES project team. This can include an orientation to 'free-to-access' development resources, e.g. Knowledge Network, Turas Learn, Turas Professional Portfolio etc. The discussion can also advise on gathering supporting evidence and arranging supervised practice.

Potential returners have access to a "request-for-supervised-practice" electronic form, hosted by NES, allowing an individualised request to be automatically sent to the relevant local lead within an NHS Board. In addition to the guidance for arranging supervised practice, there are 'talking heads' testimonies of people sharing their stories from different professions. There are also animated videos for returnees and supervisors to reassure them about the process.

This work is relevant to the following Equality Outcomes

This EQIA draws on information from engagement and feedback of the national Return to Practice stakeholder groups and practitioners who have undertaken the process. These stakeholder groups are involved in the local support and, where applicable, assessment of those returning to practice. These networks ensure a robust, regular feedback loop between those returning to practice and the national project team.

This EQIA has been considered and developed through the lens of the NES Equality, Diversity and Inclusion Strategy 2025-2029. This gave assurance that the Nursing and Midwifery and Allied Health Professions Return to Practice initiative and associated resources supported the following outcomes:

- Development of culturally competent educational resources
- Inclusive recruitment practices
- Human rights-based approach.

Evidence

Consultation with stakeholders has been integral to the development, maintenance, and evolution of how returners are supported. This has allowed us to enlarge our representation and hear the perspectives of a diverse range of staff from Scotland's healthcare workforce, which is the target audience for the return to practice programme and its associated learning resources.

There are also biannual meetings with the national NM stakeholder group who provide an organisational update and share their experiences of supporting returners. Updates include what is working well and where there may be challenges in accessing or undertaking the programme as well as feedback on resources, processes and recruitment.

Where available, we have used [Scottish Health Workforce equality and diversity data](#) to help us understand the demographic of the staff for whom Return to Practice and its associated learning resources are intended, and consider how to address potential inequalities of access, participation, or attainment.

Assessment

We have considered how this work will impact on the Public Sector Equality Duty. This includes how it might affect people differently, taking account of protected characteristics and how these intersect, including with poverty and low income. This is important as a national NHS Board in our work to address health inequalities.

We have also considered children's rights and our role as a corporate parent. This work is not applicable to children's rights and our role as a corporate parent.

We will adhere to the NES Inclusive Education and Learning Policy in any refresh, design and delivery of how the organisation supports Return to Practice and its associated learning resources. This will include:

➢ being proactive in our communication and actions, to create psychological safety for learners to discuss their learning needs, so that reasonable adjustments can be put in place and barriers to participation reduced or eliminated.

➢ keeping up to date with contemporary evidence and lived experiences, potential barriers to learning and best practice to help create inclusive resources and educational programmes and avoid direct or indirect discrimination.

➢ regular impact review of our materials and resources to ensure they are and continue to be underpinned by the principles of equality, diversity, and inclusion.

➢ How it can promote good relations between people who share a protected characteristic and those who do not. For example, how we can tackle any prejudice or stigma.

Potential Impact

Through discussion with stakeholders and review of processes and resources, we have identified current and future actions to mitigate against any potential disparities in outcomes for people with protected characteristics and from diverse populations. A summary of key themes and future actions is provided in the tables below. The timescale for achieving these actions is 12 months.

Protected Characteristics

Consideration was given to whether the programme had the potential to impact on the following groups:

Characteristic	Impact	Discussion/Action
Age	Possible Impact	All resources are in digital format. Evidence suggests that there is a divide in digital literacy in older age ranges. Therefore, we will develop and ensure that we have printable and downloadable resources. We will adapt webpage and Turas Learn content to sign post people to support for digital skills development and provide email contact details for RtP, offer careers conversations.
Disability	Minimal Impact	Images and graphics will be representative of the diversity of the workforce. Returnees are currently encouraged to contact the project team to discuss any reasonable adjustments that are required. We will continue to minimise barriers to accessing the programme and all associated resources through ensuring processes, materials and supporting resources meet all accessibility requirements and provide alternatives where necessary.
Gender Reassignment	No Impact	
Religion or Belief	No Impact	
Sex	No impact	We will continue to incorporate images and graphics that are representative of the diversity of the workforce within recruitment materials and webpage content; these will also include case studies and examples of people with different protected characteristics and from diverse population groups.

Marriage and Civil Partnership	No Impact	
Pregnancy or Maternity	Positive Impact	Returnees are encouraged to contact the project team to discuss any reasonable adjustments that are required The GCU and self-directed programmes are designed to be flexible ensuring that, where a pause is necessary, the learner will not be disadvantaged.
Race	Minimal Impact	Incorporate images, case studies and examples of people with different protected characteristics and from diverse population groups. Understand and address challenges that different groups face in accessing learning and development pathways ensuring all return to practice resources impact positively on this.
Sexual Orientation	No Impact	

Theme	Actions	Timescale
Ensure Return to Practice supporting learning resources include visible representation of the diversity of Scotland's healthcare workforce.	Incorporate images, case studies and examples of people with different protected characteristics and from diverse population groups both participating in and facilitating the programme.	Reviewed yearly in line with digital estate governance process.
Ensure ease of access to the Return to Practice supportive resources.	Ensure digital resources, including any PowerPoint presentations adhere to the Web Content Accessibility Guidelines (WCAG) Standards 2.2 AA. Develop learning resources in easy-to-read and alternative formats. Add a facilitator checklist that describes best practice for supporting neurodivergent learners.	Reviewed yearly in line with digital estate governance process. Accessibility measured yearly as part of digital estate review To be completed by end of May 2026
Support recruitment and access to Return to Practice for people who may currently face barriers to accessing learning and professional development activities such as people from black and minority ethnic backgrounds.	Establish links with relevant networks and people with lived experience to collaboratively plan and put actions in place to support access and participation.	Live and ongoing
Support access to the Return to Practice resources for people who may currently face barriers to accessing learning and professional development activities due to lack of confidence and/or experience of digital platforms.	Ensure prominent information and signposting to the Turas learning site that supports development and enhancement of digital skills throughout the resources.	Live and ongoing

Promote principles of equality, diversity, and cultural humility as core knowledge, skills, and behaviours for those supporting returners in practice.	All resources that support those supervising returners' development will include core information and signposting learning that: • supports self-awareness and exploration of cultural norms and biases. • promotes inclusive communication and behaviours. • constructively challenge prejudice.	By May 2026
Assess the impact of the future actions as identified within this EQIA.	1. Explore methods to enhance engagement with people who have completed the return to practice process, seeking feedback and support for future resource development and updates. 2. We will review the EQIA in approximately one year of publication date or sooner if feedback is received indicating that action is required. 3. We will continue to liaise with the NES Equality and Diversity Team to mitigate unintentional barriers All these actions will fall in alignment with the NMAHP Product Review Cycle on an annual basis.	1. Within year if EQIA being published 2. In line with NES governance 3. Live and ongoing

Sign-off