

# Equality Impact Assessment

## Section 1: Project overview

### What are the intended outcomes of this work?

- There are multiple definitions for preceptorship but it is generally understood to be a period of structured support to guide practitioners through periods of career transition and to develop their professional confidence. This is commonly associated with the transition from learner into autonomous professional, but for the purpose of this work we take preceptorship to apply to all periods of career transition. Other types of career transition include, but are not limited to: registrants returning from a career break, international graduates joining the UK register for the first time, registrants moving sector/role or taking on new responsibility.
- Preceptorship programmes are not intended to make up for shortcomings in pre-registration education and should not be viewed as a retest of competence – from the point of registration all registrants are autonomous professionals and are expected to meet their professional Standards.
- However, preceptorship is about recognising that periods of career transition can cause instability and can be challenging times for individuals. Effective support can help to empower individuals during periods of career transition and in some cases may even help retain them as a professional.
- Good preceptorship programmes increase the level of support for all those involved and may be particularly important for specific groups of people who are likely to be more impacted by periods of career transition, such as those with a disability, women and those with caring responsibilities. Preceptorship programmes are common in the health and care sector but there is evidence to suggest provision varies between professions and employers. The proposed principles aim to support consistently high-quality preceptorship provision.
- Providing principles endorsed by the professional regulator aims to help to shine a light on the importance and value of this type of structured support. Preceptorship plays a key part in identifying the individual needs of a registrant and making sure they are appropriately supported to prosper in their professional career. This can help to reduce unequal outcomes later on.
- The intended outcome of this work is to publish guiding principles for preceptorship that will apply to all 15 HCPC professions with a view to standardising the quality and availability of preceptorship programmes.
- This work supports HCPC's strategic commitment to being a proactive and compassionate regulator by seeking opportunities to support high-quality professional practice. By supporting registrants to perform at their best, patients and service users are more likely to receive quality care and treatment which directly supports our core regulatory objectives. This work also indirectly contributes to national programmes to address wider workforce retention issues.
- This project takes a complementary approach to the Nursing and Midwifery Council principles<sup>1</sup>, recognising that HCPC registrants often work alongside nursing colleagues, but will be tailored to the diverse needs of the HCPC's varied professional groups. We will also seek to learn from good practice and align with programmes of work across the UK including

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<sup>1</sup> [Principles of preceptorship- The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/principles-of-preceptorship/)

Scotland's Flying Start programme<sup>2</sup>, the Welsh government preceptorship approach for nurses<sup>3</sup> and Northern Ireland's Preceptorship framework<sup>4</sup>.

- The guidance will take the same approach as the NMC in that the status of the guidance will be voluntary, but its use will be encouraged by the HCPC and also promoted and used by national health bodies that oversee health education / employers. The guidance document sets out the benefits of preceptorship to individual registrants, those providing preceptor support, organisations and the wider health and care sector.
- An 8-week public consultation and supporting stakeholder engagement will be carried out to inform this work with a view to publishing final principles in early 2023. While the HCPC are responsible for producing the principles, we do not regulate employers or have a remit to lead implementation work. Implementation will continue across the UK led by national NHS organisations and individual employers/service providers. The success of the principles will largely depend on the way in which they are implemented.

#### **Who will be affected?**

- registrants and potential registrants, including students or trainees;
- education and training providers; and
- health and care providers, professional bodies and consumer groups.

## **Section 2: Evidence and Engagement**

#### **What evidence have you considered towards this impact assessment?**

1. HCPC's registrant database which provides information on the breakdown of protected characteristics across our current registrant population.
2. Ongoing internal data analysis looking at retention rates broken down by each profession, and then again by specific characteristics to identify any trends in leaving rates across certain groups. We do not yet have findings regarding the characteristic breakdown but early analysis indicates a correlation between small professions and higher leaving rates. As part of the next steps of analysis we will consider the demographic of the smaller professions to identify any trends which may be connected to lower retention.
3. HCPC's New Graduate Survey 2021 which looked at the recent experiences of new graduates. While the sample rate for this survey was relatively low, so the findings are an indication only, this survey suggests new graduates felt less supported in preceptorship in comparison to other areas. Due to the low response rate, there was insufficient demographic information to allow trend analysis.
4. Research commissioned by Health Education England (HEE) which looked specifically at 'what works for AHP preceptorship, for whom and in what circumstances'.
5. Work undertaken by other health and social care regulators<sup>5</sup>.

These proposals are also informed by internal discussions, including with HCPC's Council.

#### **How have you engaged stakeholders in gathering or analysing this evidence?**

<sup>2</sup> [Flying Start NHS: definitive guide to the programme | Turas | Learn](#)

<sup>3</sup> [all-wales-preceptorship-guidelines-for-newly-appointed-ward-sisters-charge-nurses.pdf \(gov.wales\)](#)

<sup>4</sup> [Preceptorship | NIPEC \(hscni.net\)](#)

<sup>5</sup> For example the [Principles of preceptorship - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

1. The HCPC registrant database is held within HCPC, populated by information provided by registrants.
2. The project is supported by three advisory groups including: 1) **Central advisory group** with representation from the wider health and care sector, private and NHS employers, educators, students, Equality, Diversity and Inclusion (EDI) representation, trade unions and others 2) **Professional representative group** with invited representation from each of the 15 HCPC regulated professions and 3) **Four nations group** looking specifically at preceptorship across the four nations of the UK.
3. Alongside this we hosted a number of pre-consultation public workshops jointly with HEE with c.500 attendees where we looked at the proposed principles in detail and asked specific questions on inclusivity and EDI. These workshops were recorded and shared with interested parties who were unable to attend the live events.
4. We presented this work at the HCPC's EDI quarterly forum on preceptorship and took feedback and comments from attendees. Members of the forum are external stakeholders with expertise in EDI and lived experience; membership includes registrants and EDI professionals in relevant stakeholder organisations. We will continue to engage with the EDI forum as this work develops.
5. An 8-week public consultation will be carried out. The consultation will ask respondents, who we anticipate will primarily be employers and registrants, to provide additional feedback on how the principles relate to them. The consultation will specifically ask for feedback on understanding of preceptorship more generally and any barriers in implementing the principles. We will also ask respondents to complete an optional EDI form at the end of their consultation response so that we can understand any significant patterns of difference across demographics.
6. Proposals have been discussed with HCPC's Education and Training Committee, which includes both registrant and lay members.

### Section 3: Analysis by equality group

#### Summary

The principles are deliberately pitched at a high level to enable a consistent standard to be set but to also allow individual organisations to deliver their preceptorship programmes in ways which work for their circumstances and demographics.

We anticipate that preceptorship principles are likely to have a greater positive impact on registrants more likely to be in periods of career transition – likely those at the start of their career who are likely to be younger, those with caring responsibilities and females who are more likely to take career breaks.

The proposal to publish guidance in this area contributes to a well-equipped and effective workforce which ultimately ties into the HCPC's fundamental statutory duty to protect the public.

Our public consultation will ask questions to specifically test the inclusivity of the principles and to understand and specific challenges or barriers experienced by certain groups.

#### Age

- Younger registrants are generally more likely to be at the start of their careers and therefore in a period of career transition. The guidance may contribute positively to supporting this

group. The guidance aims to be clear that it applies across different career stages and aims to be drafted to be inclusive of older registrants who are also going through career transitions.

### **Disability**

- Registrants with disabilities may be more likely to benefit from individual tailored support at points of career transition. People with disabilities often need to share enhanced information about their disability and, for example, reasonable adjustments with different parties during periods of career transition, having guidance in place aims to support this process by having a central point of contact in their preceptorship.
- Providing a single set of principles for preceptorship programmes aims to support high quality programmes that are tailored to individual needs, including in relation to disability. An effective set of principles should contribute to a more supportive working environment that supports people with disabilities in the workplace by providing a greater degree of consistency in approach to issues like any support an individual may need. Registrants with disabilities may be more likely to leave the profession early if they are not supported with tailored support during challenging times of career transition.

### **Gender reassignment**

- Undergoing gender reassignment during a period of career transition may pose additional challenges and a preceptee may have additional needs that the preceptorship programme can support with. Consistent, high-quality preceptorship provision, which the proposed principles aim to support, are likely to support such preceptees, benefitting those registrants and their employers.

### **Marriage and civil partnerships**

- No differential impacts have been identified relating to registrants who are married or in civil partnerships. We are seeking feedback on equality impacts in our consultation and will ensure any identified impacts are considered in our analysis and response.

### **Pregnancy and maternity**

- Registrants who are pregnant or who have childcare responsibilities may be more likely to take more frequent and/or longer career breaks. Consistent, high-quality preceptorship provision, which the proposed principles aim to support, are likely to support such career transitions, benefitting those registrants and their employers. Such support may support registrants returning to work, rather than leaving the regulated workforce.

### **Race**

- There is a well-evidenced ethnicity attainment gap in healthcare professions like nursing and medicine<sup>6</sup>. While data for Allied Health Professions (AHPs), practitioner psychologists and scientists is not well understood at present, we want to ensure that the tools currently being tested in other professions are supported by these principles. These tools include personalised support and learning programmes, recognising the additional challenges that some groups experience through periods of career transition, and our principles actively support this approach (e.g. through tailored programmes of support). Information about other healthcare professions, suggests that the provision of consistent, high-quality preceptorships,

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<sup>6</sup> [Differential attainment project - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/differential-attainment-project)

which the proposed principles aim to support, are likely to positively impact on HCPC registrants from ethnic minority groups.

- Moving into the UK workforce for registrants who have been educated and trained internationally constitutes a major career transition. Internationally educated professionals who are joining the UK register for the first time are likely to benefit from enhanced, tailored support that acknowledges those circumstances. The HCPC also provides support for international registrants entering the UK workforce, via regular seminars for new international registrants, 'Joining the UK workforce'.

#### **Religion or belief**

- Preceptorship support aims to ensure all registrants receive structured support tailored to their individual needs. Effective preceptorship may help to ensure that registrants who follow a particular religion or have a particular belief are supported and included in the workplace.

#### **Sex**

- Available evidence indicates that women are more likely to be carers (children, relatives, partners with ill-health or disabilities) and are therefore more likely to take career breaks.
- As set out above (see pregnancy and maternity), registrants who are pregnant or who have childcare responsibilities may be more likely to take more frequent and/or longer career breaks. Consistent, high-quality preceptorship provision, which the proposed principles aim to support, are likely to support such career transitions, benefitting those registrants and their employers. Such support, may support registrants returning to work, rather than leaving the regulated workforce.

#### **Sexual orientation**

- No clear differential impacts have been identified relating to registrants in relation to sexual orientation. We are seeking feedback on equality impacts in our consultation and will ensure any identified impacts are considered in our analysis and response.

#### **Other identified groups**

No additional groups have been identified as a result of this analysis. We will consider whether any other identified groups arise as a result of the feedback during the consultation.

#### **Four countries diversity**

We have been, and will continue to, engage stakeholders across the UK nations to seek their feedback on our proposals. Any issues identified through our consultation and engagement process that are specific to any of the UK nations will be carefully considered and responded to, to ensure that the principles are suitable for use across the four UK nations.

## **Section 4: Welsh Language Scheme**

### **How might this project engage our commitments under the Welsh Language Scheme?**

These proposals can be provided in Welsh on request.

## Section 5: Summary of Analysis

### Summary

This equality impact assessment identifies possible impacts of our proposals. Any proposal to produce proactive, clarifying guidance to support the delivery of effective preceptorship programmes is likely to have a positive impact on those sharing protected characteristics. Preceptorship, where it is done well, can be a very valuable tool in addressing some of the causes and impacts of inequality.

During periods of career transition, registrants may struggle to achieve their full potential and could decide to leave their profession. There may also be additional pressures on the groups identified in Section 3.

In developing a set of high level principles, that encourage consideration of individual circumstance, we have sought to ensure that opportunities to promote equality and inclusion are reflected in our approach.

## Section 6: Action plan

### Summary of action plan

As set out above, through public consultation we will be seeking views on the following:

1. How preceptorship is understood across different groups, professions and across the UK countries
2. How the principles relate in practice for health and care professionals
3. Equality impacts of these proposals, and how any negative impacts may be mitigated

An 8-week public consultation on these proposals will be carried out, supported by ongoing stakeholder engagement. There has been significant pre-consultation engagement prior to the public consultation. The consultation will ask respondents, who we anticipate will primarily be employers and new registrants, to help provide additional evidence about the likely impacts. The consultation will specifically ask for additional information about the potential negative or positive equality impacts of these proposals and for information about potential mitigations to any identified negative impacts on those with protected characteristics.

In addition, we will continue to seek further feedback on these proposals from HCPC's Equality, Diversity and Inclusion (EDI) Forum. Members of the forum are external stakeholders with expertise in EDI and lived experience; membership includes registrants and EDI professionals in relevant stakeholder organisations.

We will continue to engage with all three arms of the project advisory group which covers a broad range of perspectives.

We will carefully consider and reflect on all feedback to our consultation before determining the final format of the principles.

Implementation of the principles falls outside of the HCPC's remit. However, we are including questions on this area to support stakeholders we are working with, who will be responsible for implementing the principles. We will pass on our findings from the responses we receive to those bodies across England, Northern Ireland, Scotland and Wales.

**How will the project eliminate discrimination, harassment and victimisation?**

Part of the focus of the principles is around developing a workplace culture that is supportive, encouraging of learning and kind. This helps to shape expectations and behaviour at both an individual and organisational level. Preceptees should be working in an environment that is safe, free from abuse, discrimination, harassment and victimisation and that has proper oversight and effective mechanisms for tackling inappropriate behaviours.

**How will the project advance equality of opportunity?**

Producing a single set of guiding principles for preceptorship that apply to all registrants regardless of profession, or the environment in which they work, will help to standardise the quality and access every registrant has to preceptorship.

A key focus of the principles is the need to make sure programmes have mechanisms in place to identify the individual needs of registrants and tailor support programmes appropriately. While the success of this will come down to the way each programme is delivered on a local level, having these high-level principles issued by the regulator aims help to advance equality of opportunity by ensuring each registrant is supported in a tailored way through challenging times of career transition.

**How will the project promote good relations between groups?**

Bringing good practice together under one set of guiding principles may help to promote good relations between our varied registrant groups, as, for example, the principles support the development of positive workplace cultures and good relationships between preceptors and preceptees.