Equality, Fairer Scotland and Children's Rights Impact Assessment Report Template

Allied Health Professions Careers Fellowship Scheme – adapting the promotion and recruitment strategy

NMAHP Directorate, Workforce Education and Career Development Programme

Date report completed: June 2026
Date report reviewed: August 2026

Introduction

NES directorate or department: Nursing, Midwifery and Allied Health Professions

Equality, Fairer Scotland and Children's Rights Impact Assessment help us to make good decisions. It's a process to help us think about how we can:

- Take action to advance equality
- Eliminate unlawful discrimination, harassment and victimisation
- Foster good relations
- Develop better technology, education and learning and workforce planning solutions to contribute to Scotland's health and care
- Support us to be a diverse and inclusive employer
- Demonstrate how we have considered equality and children's rights in making our decisions.

An Equality Impact Assessment (EQIA) help us to consider how our work will meet the Public Sector Equality Duty and it is an important way to mainstream equality into our work at NES.

This EQIA relates to a review and proposed changes to how the Allied Health Professions (AHP) Careers Development Fellowship Scheme (CFS) promotes awareness of the learning opportunity and recruits' applications.

Purpose and objective of proposed work

The AHP CFS supports career development across the four pillars of practice for the AHP workforce in the public health and social care sector in Scotland. It does this by funding AHP staff to participate in a learning programme delivered by NHS Education for Scotland and appointed facilitators, and to lead and deliver a work-based project over 10- 12 months to improve or develop AHP services.

Proposed change to AHP CFS

The Fellowship has been evolving within its current format over seven years, and the programme team are reviewing the approach to promoting the career development opportunity and recruiting applications. The CFS is open to all workforce levels across 14 professions across health and social care. Analysis of applications reveal that the proportion of applications does not mirror the distribution of staff across professions, workforce levels and organisations; this can imply that people with protected characteristics may also face additional barriers.

Aim and outcomes of the EQIA

This EQIA aims to reduce barriers to AHP staff in the Scottish health and social care system to apply to the CFS. Specifically, it will review the promotion and recruitment approach to applications to the AHP CFS and identify and reduce barriers for people with protected characteristics. The outcomes will be identification of potential barriers and updated approaches to the promotion and recruitment processes.

Approach to developing the EQIA

To progress the impact assessment, a review was undertaken of AHP CFS data relating to both applicants and award recipients. Two discussions were held with the AHP CFS Advisory Group, which includes representatives from key strategic stakeholders. In addition, alumni of the CFS were consulted for their views on barriers to applying and the potential implications for people with protected characteristics. Further data on protected characteristics were sourced from the Health and Care Professions Council (HCPC) website.

To support the process, the online e-learning module to support EQIA writing was completed, as well as participating in the NES EQIA online workshop and drop-in sessions, as well as reviewing other published impact assessments from the NMAHP Directorate.

Challenges related to the reach and recruitment of applicants were explored during the NES NMAHP Directorate internal governance review in August 2025. More recently, this EQIA has undergone peer review by the Workforce Education and Career Development (WECD) programme team and the NMAHP Associate Director for the WECD programme.

Evidence

The following subheadings outline the key sources of evidence used to inform this EQIA and provide a summary of the information gathered. Proposed actions to address the issues identified are presented at the end of each section.

Internal team review

As part of the monthly operational meetings to run the AHP CFS, the team reflected and reviewed their current promotion and recruitment processes. They acknowledged that there was a historical strong focus on social media, specifically X, Facebook and LinkedIn, to raise awareness of CFS opening dates and recruit applicants. This focus can be a barrier to those that are less engaged with social media, or those that have disabilities that reduce their engagement with these platforms.

The team also acknowledged that the AHP CFS does not collect data about protected characteristics of applicants or of those awarded and therefore there is no direct evidence that the impact assessment could include. However, the HCPC publishes UK-wide diversity data covering 20 professions across all sectors. This includes Scotland-based AHPs within the 14 professions open to applying to the AHP CFS; the dataset includes information on all protected characteristics and the percentage of registrants with each characteristic. Although this data does not include support worker roles and is only indicative of the AHP workforce in Scotland, it provides a useful reference point to use as a benchmark for looking

at CFS application data in the future. A summary of the protected characteristic data is presented in Annex B.

Required action: there is a need to introduce approaches to reach those that do not routinely access email or use social media, such as introducing printable resources. Also, the CFS team should identify approaches to gather data about protected characteristics of applicants and awarded fellows. With this new information, HCPC diversity data can be used as a benchmark for future collection and monitoring of applicants' protected characteristics, allowing comparisons of representation and identification of any disparities.

Data analysis of applicants, awarded fellows and UK workforce

The AHP CFS team routinely analyses occupation-related data for both applicants and those awarded fellowships. For this impact assessment, seven years of application and award data were reviewed, including comparisons between individuals who were successful and those who were not. NES AHP workforce data was also examined to understand the proportional representation of each profession, their distribution across NHS Boards, and the composition of the workforce employed in social care.

This analysis identified indicative trends of under-representation across specific professions, organisations, and workforce levels. It also highlighted variation in translation rates between professions and across NHS Boards, with a relatively lower number of applications originating from rural areas. To date, only three applications have been submitted by staff employed within Local Authorities; one of these has recently been awarded a fellowship.

Further analysis of professions awarded fellowships indicated that physiotherapy and speech and language therapy have comparatively higher translation rates than other professions. While the review panel includes representation from strategic AHP stakeholders and the NES Organisation, Leadership and Learning Directorate, there is currently a higher proportion of panel members from these two professions than from others.

Required actions: The AHP CFS team will increase targeted communications to specific groups, networks, and regions to better reach people from under-represented professions, workforce levels, and geographical areas.

The membership of the review panel will be reviewed and refreshed to ensure that it includes a broader diversity of professions, roles, and relevant experiences.

The review process will be adapted so that applications from smaller or less represented professions are assessed by at least one panel member with appropriate professional knowledge.

Engagement with AHP Representatives from Social Care

Discussions with both the Chair of the Occupational Therapists in Social Care Network and the former AHP Lead from the Care Inspectorate highlighted potential cultural barriers. Specifically, NES branding and the reliance on information being cascaded through AHP

Directors may unintentionally signal that the CFS is primarily intended for NHS-employed staff. These factors could contribute to lower engagement from AHPs working in social care.

Required actions: The AHP CFS team will target communications by engaging with and disseminating communications through social care specific networks and highlight that applications are sought from local authority employed AHPs.

Engagement with AHP CFS Applicants and Alumni about Barriers to Application

To support the application process: online information sessions are provided, individual discussions are offered, access to a module about effective application writing is promoted and written guidance to complete the application form is provided. In recent years, the AHP CFS team has surveyed all applicants about their experience of the application process. This feedback has helped identify where applicants encounter challenges and where additional clarity or guidance would be beneficial for future recruitment cycles. Consistent themes include the length of time required to complete the application and the level of thought needed to prepare it. A small number of applicants also disclosed that they are neurodiverse or have dyslexia and reported finding the application particularly demanding. These challenges are likely to be amplified for staff at lower workforce levels, who may have reduced access to IT.

Twenty former fellows participated in an alumni CPD workshop during which they discussed potential barriers to applying for individuals with protected characteristics. The group highlighted that the application itself can be difficult to complete, which may pose a greater barrier for applicants with disabilities that affect writing or processing written information. They suggested that providing a longer lead-in time to develop project proposals would help mitigate this.

The alumni members also indicated that continued communication is needed to reinforce that the CFS is open to all workforce levels, including support workers, as there is a perception that it is only intended for more experienced or senior roles. Additionally, they noted that applicants from remote and rural areas face increased challenges in securing backfill to allow release from service. As a result, the group recommended offering clearer guidance for managers about how the finance can be used to ensure release of Fellows from their substantive post to engage with the CFS.

Required actions: The AHP CFS team will maintain ongoing engagement processes with applicants and others involved in the application process to support continuous improvement and ensure appropriate support is offered each year. In addition, guidance will be developed for managers on flexible approaches to releasing awarded applicants from their substantive roles so they can fully participate in their fellowship.

Summary

The findings from the impact assessment indicate the following actions:

1. Strengthening equality data collection:
   The AHP CFS needs to begin gathering data on applicants' protected characteristics to understand whether groups are experiencing barriers to applying for, or being awarded, fellowships. We will work with corporate development colleagues within NES to ensure this data is collected and processed safely and appropriately.
2. Addressing regional and professional under-representation:
   Applications are currently lower from people in rural areas, as well as from specific professions and workforce levels. We will therefore target relevant networks and tailor key messages during promotional activity to better reach these priority groups. Membership of the review panel will also be reviewed to encourage a diversity of professions and experiences.
3. Improving accessibility of the application process:
   We will continue to review the application process through seeking feedback from applicants and managers to enhance support provided each year.
4. Diversifying promotional channels:
   We will continue to review the promotion of the CFS based on feedback and engagement with applicants and stakeholders. This will include printable promotional materials for use in departments and target communications through specific groups and networks to reach priority groups.

We have considered how this work will impact on the Public Sector Equality Duty (See Annex A). 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 commitment to address health inequalities.

We have also considered children's rights, our role as a corporate parent and the Fairer Scotland Duty. This work to review current AHP CFS promotional and application processes is not applicable to Children's rights.

The impact assessment has identified the following actions to better advance equality, progress children's rights and meet the Public Sector Equality Duty. See Section 5.

Making a difference: actions arising from the impact assessment

The impact assessment has informed the following:

Issue or risk identified	Proposed change or action	Timescale
No recording of data about protected characteristics, therefore, no evidence related to unintended barriers to applying to CFS	Participate in corporate NES activity to progress data collection about protected characteristics of learners	March 2027
There are indicative trends in the data that applications are not proportional to the size of profession or workforce levels, including number of applications from social care. Rural areas are also generally underrepresented. Therefore, there is a risk that barriers may be compounded for individuals with protected characteristics in rural areas.	Feedback to strategic groups and networks about under representation and specifically promote opportunity to specified professions and organisations. Priorities are social care employed AHPs, radiography, paramedics and rural areas. Review the membership of the AHP CFS Review Panel to ensure a diversity of people across professions, organisations and specialisms. To improve fairness in review, if there is an application from a profession not represented on the panel then a third reviewer from the profession will be asked to comment on the project component of the application. Publish guidance for managers who may struggle with arranging backfill, sharing ideas about how to use the funding to enable fellows being released from service. The guidance will reinforce the importance of investing in staff development, resulting in retention and better value care for people accessing services.	August 2026
Historical reliance on use of social media and previous fellows and mentors to promote the fellowships and potentially only reaching the same groups annually.	Regularly review priority areas and opportunities to improve reach as part of continuous improvement of the promotion of the CFS. Increase focus on use of emails and targeted networks related to priority areas, specifically support workers, people working in rural areas, radiographers and paramedics. Provide printable and paper-based promotional materials to enable those who are not accessing social media to find out about the AHP CFS. Make use of corporate NES LinkedIn and Facebook platforms to promote application opportunities.	August 2026

Reliance upon a written application, which may disadvantage those who have challenges related to their written communication.	Continuous review of the application process, seeking feedback from applicants and managers to enhance support provided throughout the application process. Support reasonable adjustments for those with challenges with their written communication to ensure fairness in the recruitment process, for example accepting use of Microsoft Copilot and other writing aids to support an applicant's application.	March 2027

Monitoring

The impact assessment will be reviewed to understand the actual impacts of the work. A bi-annual update will be shared to the AHP CFS Advisory Group. This EQIA will be reviewed in July 2027.

Sign-Off

Director: Karen Wilson, Deputy Chief Executive and Executive Nurse Director, Public Services Delivery Scotland

Date: August 2026

Review date: August 2027

Annex A: Impact on equality and socio-economic disadvantage

Guide: Using the evidence you have collected, explain if your proposal could

- be discriminatory and/ or put a group of people sharing one of these characteristics at a disadvantage for a reason connected to that characteristic.
- Have a positive impact on reducing inequalities experienced by groups of people sharing these characteristics.

Note – answer yes/ no and if yes provide brief reasons.

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?	Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
People in different age groups	No	No	Yes, we have outlined our commitment to achieving equitable access to the application process and selection procedures based upon capability and project proposal, rather than age or related factors such as length of service.	
Disabled people	No	No	Yes, we have outlined our commitment to achieving equitable access to the application process and selection procedures based upon capability, and that this process is inclusive and accessible for people with disabilities.	Yes, by a more inclusive recruitment approach, we may reach a wider range of people and reduce barriers to people that are challenged to type and write applications. Potentially, being awarded a Fellowship and the associated promotion of the individual, this may reduce prejudice.

Trans and non-binary people	No	No	Yes, we have outlined our commitment to achieving equitable access to the application process and selection procedures based upon capability. This is an inclusive and transparent approach that is supportive and reduces the likelihood of discrimination.	Yes, by a more inclusive recruitment approach we may reach and reduce barriers to people with this characteristic. Potentially, being awarded a Fellowship and the associated promotion of the individual, this may reduce prejudice.
People who are pregnant or on maternity leave	No	No	Yes, we have outlined our commitment to achieving equitable access to the application process and selection procedures based upon capability. This is an inclusive and transparent approach that is supportive and reduces the likelihood of discrimination.	Yes, by a more inclusive recruitment approach we may reach and reduce barriers to people with this characteristic. Potentially, being awarded a Fellowship and the associated promotion of the individual, this may reduce prejudice.
People from different ethnic backgrounds	No	No	Yes, we have outlined our commitment to achieving equitable access to the application process and selection procedures based upon capability. This is an inclusive and transparent approach that is supportive and reduces the likelihood of discrimination.	Yes, by a more inclusive recruitment approach we may reach and reduce barriers to people with this characteristic. Potentially, being awarded a Fellowship and the associated promotion of the individual, this may reduce prejudice.

People with religious or protected beliefs	No	No	Yes, we have outlined our commitment to achieving equitable access to the application process and selection procedures based upon capability. This is an inclusive and transparent approach that is supportive and reduces the likelihood of discrimination.	Yes, by a more inclusive recruitment approach we may reach and reduce barriers to people with this characteristic. Potentially, being awarded a Fellowship and the associated promotion of the individual, this may reduce prejudice.
Men and women [This may include carers, because many are women.]	No	No	Yes, we have outlined our commitment to achieving equitable access to the application process and selection procedures based upon capability. This is an inclusive and transparent approach that is supportive and reduces the likelihood of discrimination.	Yes, by a more inclusive recruitment approach we may reach and reduce barriers to people with this characteristic. Potentially, being awarded a Fellowship and the associated promotion of the individual, this may reduce prejudice.
People who are heterosexual, lesbian, gay or bisexual	No	No	Yes, we have outlined our commitment to achieving equitable access to the application process and selection procedures based upon capability. This is an inclusive and transparent approach that is supportive and reduces the likelihood of discrimination.	Yes, by a more inclusive recruitment approach we may reach and reduce barriers to people with this characteristic. Potentially, being awarded a Fellowship and the associated promotion of the individual, this may reduce prejudice.

People who are married or in a civil partnership [only in employment situations]	No	No	Yes, we have outlined our commitment to achieving equitable access to the application process and selection procedures based upon capability. This is an inclusive and transparent approach that is supportive and reduces the likelihood of discrimination.	Yes, by a more inclusive recruitment approach we may reach and reduce barriers to people with this characteristic. Potentially, being awarded a Fellowship and the associated promotion of the individual, this may reduce prejudice.
Care experienced people	No	No	Yes, we will diversify our promotion and recruitment approach to reach more people and be more inclusive	Yes, by a more inclusive recruitment approach we may reach and reduce barriers to people with this characteristic. Potentially, being awarded a Fellowship and the associated promotion of the individual, this may reduce prejudice.
People living in remote, rural and island communities	No	No	Yes, we will diversify our promotion and recruitment approach to reach more people and be more inclusive Also, we promote that the programme is fully online and therefore geographical location is not a barrier to participating. Also, we will target people from underrepresented areas, such as rural areas.	Yes, by a more inclusive recruitment approach we may reach and reduce barriers to people with this characteristic. Potentially, being awarded a Fellowship and the associated promotion of the individual, this may reduce prejudice.

People experiencing health inequalities caused by socio-economic disadvantage [This may include people living in different or difficult circumstances such as people experiencing homelessness, who are in prison or are ex-offenders, people with addictions and people involved with prostitution. Note – links between socio-economic factors and education.]	No	No	No	No

People experiencing employment inequalities caused by socio-economic disadvantage [This may include people living in different or difficult circumstances, such as people experiencing homelessness, who are in prison or ex-offenders, people with addictions, ex-service personnel/veterans and people involved with prostitution. Note – socio-economic factors and the links to education and opportunities for employment.]	No	No	No	No

Carers	No NOTE - there is no legal protection from discrimination on basis of caring responsibilities. Women continue to have the majority of caring responsibilities and can be put at a particular disadvantage in connection with this. This may be unlawful indirect sex discrimination.	No	Yes, we will diversify our promotion and recruitment approach to reach more people and raise awareness of the opportunity for carers to apply	Yes, by a more inclusive recruitment approach we may reach and reduce barriers to people with caring responsibilities. Potentially, being awarded a Fellowship and the associated promotion of the individual, may reduce prejudice.

Appendix B

Workforce Data

The Health and Care Professions Council (HCPC) have UK-wide diversity data, for 20 professions across all sectors. This is inclusive of NHS Scotland registered AHPs within the 14 professions included within the AHP CFS. This data is only indicative about AHP registrants in health and social care in Scotland it does not include support worker roles.

Protected characteristic	HCPC UK cross-sector workforce data with characteristic
Age	31% 30-39 yrs 26% 40-49 yrs 17% 20-29 18% 50-59 7% 60-69
Disability	5%
Ethnicity	74% White 13% Asian 2% Mixed 6% Black 1% Other 4% Prefer not to say
Gender reassignment	97% Gender same as sex at birth 3% Prefer not to say 0.25% Gender not the same as sex at birth
Marital status	47% Married 37% Never married/ in a CP 8% Prefer not to say 1% in a Civil Partnership 1% widowed
Pregnancy and maternity	89% No 5% Yes 6% Prefer not to say
Religion or belief	41% No religion/ belief 38% Christian 8% Prefer not to say 5% Muslim 3% Hindu 1% Buddhist 1% Sikh 1% Other
Sex	70% Female 27% Male 3% Prefer not to say >0% Intersex

Sexual orientation	88% Heterosexual 8% Prefer not to say 2% Bisexual 1% Gay woman 1% Gay man >0% Pansexual >0% Asexual

*responses related to 340,600 registrants (20 professions across all sectors in the United Kingdom) Available from https://www.hcpc-uk.org/data/diversity/