

# **Equality Impact Assessment**

On

**General Dental Practice Policies:  
VDP Trainer Selection  
GDP Continuing Dental Education**

By

**Northern Ireland Council for Postgraduate Medical  
and Dental Education  
(NICPMDE)**



**Final Report  
June 2003**

# Executive Summary

This document reports the outcome of an Equality Impact Assessment (EQIA) by the Northern Ireland Council for Postgraduate Medical and Dental Education on General Dental Practice policies.

The EQIA was carried out with reference to the Equality Commission's 'Practical Guidance on Equality Impact Assessment' (Equality Commission 2001a).

This document will be made available on request in formats such as Braille, audiocassette, large print, and disc and in minority languages to meet the needs of those not fluent in English.

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## The Organisation

The Northern Ireland Council for Postgraduate Medical and Dental Education (NICPMDE) was established in 1970 and re-constituted in 1994. It is responsible for funding, managing and supporting postgraduate medical and dental education within the Northern Ireland Deanery.

## **The Policies**

### ***The Policy on Vocational Dental Practice Trainer Selection***

Each year, the NICPMDE invites applications from General Dental Practitioners (GDPs) for posts as Vocational Dental Practice (VDP) Trainers. Their role is to deliver vocational training to trainees, who are commonly known as Vocational Dental Practitioners. The training programme lasts for one year.

The application process is based on an open competition. There is funding for 24 training practices. Details of information meetings and the closing date for applications are published in each edition of the Postgraduate Dental Calendar. In addition, each GDP also receives an information flyer about Vocational Training.

Each potential trainer must complete an application form and practice checklist. A practice inspection is carried out by an Adviser and a GDP specifically trained in this area. The Continuing Education record is also taken into account and there is a formal interview.

### ***The Policy on General Dental Practice Continuing Dental Education***

It is a General Dental Council requirement that all registered dentists must complete a certain number of hours of continuing professional development (CPD) in every five-year cycle.

The Council offers a range of different courses and lectures on a six-month basis, some of which have an unlimited and some have a limited number of places available. All of the courses and lectures are published in the Postgraduate Dental Calendar, which is published twice a year and disseminated to every GDP. The Calendar also outlines the course selection procedure.

## **Data Collection and Consultation**

The Council conducted a survey of all GDP trainers and applicants for trainer posts to collect data on age, gender, religion, dependants, marital status, ethnicity, and disability. Moreover, a questionnaire was sent to all GDPs providing them with the

opportunity to express their views and suggestions on equality of opportunity regarding both schemes.

The consultation period lasted for 11 weeks from 29 November 2002 to 14 February 2003. The chosen method focused on soliciting written responses. Letters were sent out to all GDPs in Northern Ireland, providing them with a summary of the report as well as details on how to access the full report and inviting them to comment on the EQIA. In addition, the NICPMDE approached the British Dental Association to comment on the report.

Finally, a pro forma was sent to all organisations on the consultation list, inviting responses to a set of focused questions (see Appendix 4).

## **Key Findings and Action Points**

### ***VDP Trainer Selection***

The assessment is based on the analysis of both quantitative and qualitative data. While the response rate to the conducted survey is comparably low (11% of all GDPs) and thus caution has to be taken in the wider interpretation of the results, the NICPMDE values the feedback provided by those who offered their views.

In the following, the main findings from the research are summarised and assessed:

- Female GDPs do not participate evenly in the VDP Trainer scheme. GDPs argue that this is in large parts due to the exclusion of part-time GDPs from the scheme, who are predominately female. *The assessment of these findings suggests a misconception amongst GDPs regarding the eligibility criteria. The regulations governing the scheme were recently changed to allow easier participation of female GDPs. Trainers no longer have to be practice owners but only to have a significant managerial role within the practice. They do not have to be full time; the stipulations are that the trainer has to be in the practice with the trainee for three days per week, not full time. These changes should facilitate an increase in*

*female participation over time. The Council is aware that female GDPs are under-represented among trainers. The information leaflet sent to every practitioner in Northern Ireland states this and that applications from female practitioners are welcomed.*

- The findings also suggest that GDPs over 50 years old are under-represented amongst applicants and VDP Trainers. *The qualitative data does not yield any evidence of this being an adverse impact of the policy itself. In contrast, it may reasonably be accounted for by the self-discrimination of older GDPs. GDPs over 55 years old tend to have stable practices or are reducing their time commitment to practice. GDPs who apply to be trainers tend to be younger and are attempting to expand their practices.*
- Neither persons with a disability nor people from a black and minority ethnic group participate in the scheme. *However, in the absence of comparator data for the GDP population as a whole there is no clear evidence of this being due to adverse impacts of the policy itself. It is unlikely that the percentage of either disabled people or people from a black and minority ethnic group is substantially lower amongst trainers and applicants than amongst all GDPs. In fact, the Council is aware that a member of a black and minority ethnic group has participated in the scheme in the past.*
- Hardly any single people or people without dependants are to be found amongst GDP Trainers. In the absence of comparator data, it is impossible to determine whether this is due to adverse impacts of the policy itself. *It is more likely, however, that this reflects the particular age structure of participants.*
- The majority of GDPs surveyed explicitly endorsed the scheme as being open and transparent. A significant minority, however, felt

that information on the scheme is not distributed widely enough. *Every GDP in Northern Ireland receives an information leaflet about the scheme. This is reinforced with information contained within the postgraduate calendar, which is distributed to every dentist twice yearly. The Council therefore argues that it has made strenuous efforts to make the appointment of GDP Trainers as transparent as possible.*

- GDPs perceived a bias against rural and peripheral practices to be at work in relation to the scheme. Fewer trainers are seen to be selected from these areas. *The Council holds three information evenings for potential Trainers, two of which always take place in the West. The interviews are held outside Belfast specifically to encourage and facilitate rural applicants. Statistics reveal that 11 of the current training practices are located in the EHSSB, 5 each in the WHSSB and NHSSB and 2 in the SHSSB.*
- GDPs moreover suggested that first-time applicants are less likely to succeed in their application than experienced trainers. *Statistics on successful and unsuccessful applicants however do not necessarily support this claim, given that about 46% of successful candidates were first-time applicants. Rather than merely dismissing this perception as misguided, however, it should be taken to indicate a need for publishing these statistics.*

## **Action Points**

The assessment revealed differential impacts in relation to two groups: females and older people. Evidence of adverse effects on disabled GDPs as well as GDPs from black and minority ethnic groups necessarily remains inconclusive as data on these groups is not available for the GDP population as a whole. No evidence emerged regarding adverse impacts depending on marital status, dependants, religious affiliation, political opinion or sexual

orientation. Taking on board the outcome of the research, the Council proposes to undertake the following actions:

- monitoring data on the categories of age, gender, marital status, dependants, disability, ethnicity, and religion will be collected on a regular basis as part of the application process;
- the analysis of monitoring data on the equality categories as well as the geographical spread of applicants and trainers will be published on a regular basis (such as on the Council's website and in the dental calendar).

## **Monitoring**

The delivery of specific action points in this Equality Impact Assessment will be monitored on an ongoing basis and the organisation's Annual Review of Progress will contain a report on the EQIA implementation.

The organisation will seek to put in place arrangements for quantitative monitoring in relation to the categories of age, gender, religion, ethnicity, marital status, dependants, and disability on an annual basis.

The organisation does not have any quantitative monitoring arrangements in place in relation to the categories of political opinion and sexual orientation. Options for qualitative monitoring with regard to these categories will likewise be explored in the course of the first quarter of the new financial year, pending also the publication of further advice by the Equality Commission.

The Council commits itself to revising the policies if monitoring shows adverse impacts.

## ***GDP Continuing Dental Education***

At present, monitoring data on participants of GDP Continuing Education Courses is not available. In light of this, definite conclusions as to differential impacts cannot be drawn from a quantitative perspective. Accordingly, the assessment focused on eliciting the views of GDPs.

Most importantly, the qualitative data does not provide any indication of perceived differential impacts in relation to the nine equality groups.

GDPs' concerns focus entirely on a ***perceived bias towards GDPs based in and around Belfast***, effectively disadvantaging dentists in peripheral areas, the West in particular. On the other hand, various GDPs acknowledged developments towards a wider geographical spread of venues over recent years.

### **Action Points**

The Council takes on board the concerns of GDPs in this respect. Its efforts are severely constrained, however, by difficulties in finding suitable venues for lectures which can accommodate a large audience. The Council will, however, investigate the feasibility of piloting video-conferencing facilities.

To address the problem of over-subscription the Council will explore the feasibility of contracting staff to run courses twice. With regard to the suggestion for giving preference to candidates who have been previously unsuccessful the Council wishes to clarify that this is the current practice.

### **Monitoring**

The delivery of specific action points in this Equality Impact Assessment will be monitored on an ongoing basis and the organisation's Annual Review of Progress will contain a report on the EQIA implementation.

In addition, a delivery plan outlining the practical implementation of EQIA action points will be produced by the end of the first quarter of the financial year 2003/2004, and this will set out approaches to the monitoring of specific impacts for the equality target groups. The organisation will seek to put in place arrangements for quantitative monitoring in relation to the categories of age, gender, religion, ethnicity, marital status, dependants, and disability on an annual basis.

The organisation does not have any quantitative monitoring arrangements in place in relation to the categories of political opinion and sexual orientation. Options for qualitative monitoring

with regard to these categories will likewise be explored in the course of the first quarter of the new financial year, pending also the publication of further advice by the Equality Commission.

The Council commits itself to revising the policies if monitoring shows adverse impacts.

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## **BACKGROUND**

### ***Organisational Background***

The Northern Ireland Council for Postgraduate Medical and Dental Education (NICPMDE) was established in 1970 and re-constituted in 1994. It is responsible for funding, managing and supporting postgraduate medical and dental education within the Northern Ireland Deanery. The Council, through its committees and sub-committees:

- organises, accredits and reviews educational and training activities for doctors and dentists;
- allocates funds to facilitate training and study leave;
- monitors quality standards in medical and dental education and training;
- provides a careers and information and advisory service for doctors in the training grades;
- advises on the needs of overseas doctors training in Northern Ireland;
- facilitates specialist training requirements including flexible training opportunities and training and research opportunities outside Northern Ireland;
- implements the vocational training schemes for medical and dental practitioners.

To reflect the different training pathways the Council is divided into three functional departments for the provision of training in:

- general practice
- dentistry
- the hospital specialties/public health medicine.

Overall management responsibility rests with the Chief Executive/Postgraduate Dean. There are currently 121 staff,

including a large number of medical and dental professionals, on the payroll of the Council. Thirty-five members of staff are based at Council Headquarters.

The NICPMDE is accountable to the Department of Health, Social Services and Public Safety from which it receives its financial allocation. The Postgraduate Dean has also a line of accountability to Queen's University Belfast for the administration of the pre-registration house officer year.

### ***Equality Impact Assessments***

Section 75 of the Northern Ireland Act 1998 has placed the following statutory requirements on each public authority.

1. *A public authority shall in carrying out its functions relating to Northern Ireland have due regard to the need to promote equality of opportunity –*
  - (a) *Between persons of different religious belief, political opinion, racial groups, age, marital status or sexual orientation;*
  - (b) *Between men and women generally;*
  - (c) *Between persons with a disability and persons without;*  
*and*
  - (d) *Between persons with dependants and persons without.*
2. *Without prejudice to its obligations under subsection (1), a public authority shall in carrying out its functions relating to Northern Ireland have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.*

A key practical element of the statutory equality duties is that public bodies should assess the impact of their policies and procedures on the promotion of equality of opportunity and good relations. This is practically carried out by initially assessing the equality implications of a policy or procedure, called screening. Those policies assessed as having equality implications should then be considered for an equality impact assessment.

An Equality Impact Assessment (EQIA) is a thorough and systematic analysis of a policy to determine whether or not that policy has a negative impact on groups or individuals in relation to one or more of the nine equality categories. The stages of an EQIA are listed in Appendix 1.

### ***The Policy on Vocational Dental Practice Trainer Selection***

Each year, the NICPMDE invites applications from General Dental Practitioners (GDPs) for posts as Vocational Dental Practice (VDP) Trainers. Their role is to deliver vocational training to trainees, who are commonly known as Vocational Dental Practitioners. The training programme lasts for one year.

The application process is based on an open competition. There is funding for 24 training practices. Details of information meetings and the closing date for applications are published in each edition of the Postgraduate Dental Calendar. In addition, each GDP also receives an information flyer about Vocational Training.

Each potential trainer must complete an application form and practice checklist. A practice inspection is carried out by an Adviser and a GDP specifically trained in this area. The Continuing Education record is also taken into account and there is a formal interview. Potential trainees apply directly to appointed training practices.

The following EQIA focuses specifically on the selection of VDP Trainers by the Committee on Vocational Training. It seeks to assess whether access to the scheme is fair in relation to the nine equality categories.

## ***Screening***

This policy had been screened for equality implications as required by Section 75 and Schedule 9 and of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

A series of screening consultation meetings – with representatives of voluntary organisations - carried out during 2001, identified the potential for differential impact arising from the operation of the policy.

Taking account of comments received during consultation it was decided to undertake an Equality Impact Assessment on the policy. The outcome of the screening exercise was reported to the Equality Commission in July 2001.

## DATA COLLECTION AND CONSULTATION

### *Data Collection*

It was decided that any assessment of the equality impacts of the policy should be based on two types of data:

- quantitative data (statistics) which would provide an overview of the background of those GDPs who are trainers – and those who are not; likewise of those who apply for VDP Trainer posts and those who do not;
- qualitative data which would provide some insights into perceptions held by GDPs as the main stakeholders of the scheme regarding the strengths and weaknesses of the current policy and its practice as well as potential inequalities and suggestions for improvement.

Accordingly, an audit was undertaken to identify available data and means of filling existing data gaps. In sum, data collection was undertaken in the following way:

- collection of quantitative data

At present, the NICPMDE does not hold any equality data on trainers and applicants. It was therefore decided that a **survey of all GDP trainers and applicants for trainer posts** would be conducted to collect data on the dimensions of age, gender, religion, dependants, marital status, ethnicity, and disability. It was agreed that the categories of sexual orientation and politics would not be surveyed due to their sensitivity. Recent attempts to gather monitoring data on politics in the context of promoting good relations within the organisation had shown a strong reluctance on the side of respondents to reveal their political affiliation.

- collection of qualitative data

In order to explore the views and suggestions of GDPs, an invitation was sent to all GDPs (684 in total) to attend one of two **focus groups** scheduled to be held at night-time in two different locations across Northern Ireland (Belfast and Antrim).

Unfortunately, only 4 GDPs confirmed their willingness to attend, dates and venues possibly having posed difficulties for further GDPs wishing to participate. In order to ensure the most efficient use of available resources, it was therefore decided to cancel the focus groups and opt for a wider approach instead. Accordingly, a brief two-page **questionnaire** was sent to all GDPs **based on a set of open-ended questions** (see Appendix 2), thus providing GDPs with the opportunity to make their voices heard in writing. In order to ensure complete confidentiality, GDPs were not asked to reveal their identity in the survey.

In all, 11 % (73 individuals out of 684) of all GDPs responded to the questionnaire.

### **Consultation**

The draft EQIA report was published for consultation on 29 November 2002. A range of *dissemination methods* were used:

- an ad was placed in the Belfast Telegraph, The Irish News and The Newsletter on 29 November 2002 to announce the beginning of the consultation period;
- the EQIA report was placed on the website of the Agency, both as a summary and the full report;
- an email was sent to 267 consultees (see Appendix 3) on 29 November 2002 comprised of a consultation announcement, a summary report and contact details for the Equality Unit of the Agency;
- the same was sent by post to 30 further consultees (see Appendix 3) who do not have access to the internet or email.

The consultation period lasted for 11 weeks from 29 November 2002 to 14 February 2003. Given the relatively small number of GDPs who had expressed their interest in attending a focus group at the data collection stage of the EQIA, it was decided that consultation meetings would be unlikely to solicit a large response and thus would not constitute the best use of resources. Accordingly, the chosen method focused on soliciting written

responses. **Letters were sent out to all GDPs in Northern Ireland**, providing them with a summary of the report as well as details on how to access the full report and inviting them to comment on the EQIA. In addition, the NICPMDE approached the British Dental Association to comment on the report.

Finally, a **pro forma** was sent to all organisations on the consultation list, inviting responses to a set of focused questions (see Appendix 4). A total of x responses were received. Seven of these stated that they did not wish to make any comments; six provided specific comments.

## **KEY FINDINGS**

The EQIA sought to collect data relating to the impact of the policy on the selection of VDP Trainers across all the nine equality target groups. In a first step, it aimed to cast light on which GDPs apply for VDP Trainer posts and which do not, as well as which GDPs are selected, all in terms of their equality background.

### ***Profile of VDP Trainers and Trainer applicants***

The high return rate of questionnaires (in all, 30 individuals or 65% of all VDP Trainer applicants responded to the survey) means that it is possible to arrive at a fairly accurate picture of the profile of applicants. This applies even more so to those who were successful in their application: a return rate of 92% (a total of 22 out of 24 GDPs) was recorded. Nevertheless, in the interpretation of any percentage figures it should be borne in mind that absolute numbers are rather small.

In the following, a description of the sample is undertaken alongside which a comparison with all GDPs (for the categories of age and gender) or (in relation to other categories) the wider Northern Irish population is placed.

### **Gender**

Nearly 75% of applicants for VDP Trainer posts are men, which suggests a highly uneven gender profile. Even when the gender imbalance within the entire GDP population is taken into consideration (61% are male), it emerges that women are still strongly under-represented amongst VDP Trainers. The very same imbalance applies within the group of successful candidates.

### **Age**

The analysis reveals an uneven age structure amongst both applicants for VDP Trainer posts in general and successful applicants in particular, skewed towards the group of 30-49 year olds who make up 90% of the sample. A comparison with the entire GDP population shows that this age group is strongly over-represented amongst VDP Trainers (90% compared to 68%). While it may be argued that the under-representation of the 20-29

age bracket is due to the need for a number of years of experience in the profession in order to fulfil the role as a VDP Trainer in a meaningful way, it is difficult to account for the under-representation of 50-69 year olds (less than 5% compared to 13%), other than by disadvantage or self-discrimination.

### **Religious Belief**

The survey revealed that a slightly higher share of VDP Trainers are Roman Catholic (60%). While, in the absence of available data, it is impossible to determine whether this mirrors an imbalance within the GDP population as a whole, data from the 2001 Labour Force Survey (Equality Commission 2001) suggests that this is in contrast to the structure of the general working population where 42% were recorded as Roman Catholic.

Interestingly, a somewhat different picture emerges in relation to the pool of applicants for VDP Trainer posts where only 47% were Roman Catholic, suggesting that Catholics are somewhat more likely to be successful in their applications than Protestants.

### **Ethnicity**

All VDP Trainers as well as candidates indicated that their ethnicity is 'white'; none belong to any black and minority ethnic group. While this may be considered as highly problematic as such, in the absence of available data it is impossible to determine whether this indicates adverse impacts of the policies or rather constitutes a reflection of a lack of GDPs from ethnic minorities in Northern Ireland.

However, data from the Multi Cultural Resource Centre (MCRC) suggests that at the very least some 1.5% of the Northern Irish population belongs to a black and minority ethnic group. It might therefore seem plausible to expect a similar figure amongst the GDP population, suggesting in turn that it might be reasonable to expect some members of a black and minority ethnic group amongst VDP Trainers and applicants, even if only a very small number.

## **Marital Status**

There are hardly any single people amongst VDP Trainers (a mere 9%); 90% are married. The same applies to applicants for VDP Trainer posts. As in relation to some of the other categories it is impossible to draw conclusions as to whether this is an adverse impact of the policies themselves given the lack of comparator data for GDPs as a whole. It is plausible to assume, however, that this in large parts reflects the age structure of applicants and trainers as people in the age bracket between 30-49 are far more likely to be married in Northern Ireland.

## **Disability**

Similar to the category of racial group, the analysis reveals that the group of VDP Trainers as well as applicants for posts is made up entirely of non-disabled persons. Disabled people are not represented amongst them. Again, in the absence of comparator data for the entire GDP population it is impossible to determine whether this indicates an adverse impact of the policy itself or mirrors a lack of representation of disabled people amongst GDPs overall.

Estimates based on the Labour Force Survey (Equality Commission 2001) show, however, that 20% of people of working age have a disability. Even if the comparator data is narrowed down to highly qualified people of working age (those with a degree) the share of persons with a disability is still significant (5%). This suggests that it might be reasonable to expect some GDPs and therefore VDP Trainers to have a disability, in line with other types of occupations.

A note of caution should be taken, however, in interpreting these figures as revealing the complete exclusion of disabled persons amongst VDP Trainers. The survey asked individuals to indicate whether they consider themselves to meet the definition as set out in the Disability Discrimination Act. Respondents, however, may be reluctant to either reveal a disability or reject the wording of the definition. Thus, the survey figures may under-record the actual incidence of disability amongst VDP Trainers.

## Dependants

At present, about 77% of all VDP Trainers have dependants. The lack of comparator data for the entire GDP population does not allow any definite conclusions as to adverse impacts of the policy to be drawn, however.

## ***GDP Evaluation of Current Policy and Practice***

On the whole, about 11% of GDPs (73 out of a total of 684) returned the survey on equality of opportunity in relation to the schemes. The majority of these assessed the current policy on VDP Trainer recruitment as fair overall. A high number of respondents, however, indicated that they had no knowledge of the scheme and thus felt unable to provide an overall assessment.

## Perceived Strengths and Weaknesses

GDPs disagreed somewhat in their assessment of the ***transparency of the scheme*** at present. While the great majority of respondents explicitly endorsed the scheme as being fair and open to all GDPs, some viewed it as lacking in openness.

A second issue that drew much attention by GDPs related to the ***composition of the selection team***. The wide range of individuals serving as panel members and the experience they bring into the panel was considered as an important strength. One respondent argued, however, that the interview panel was too big, creating an intimidating setting in applicant interviews.

The ***selection process*** was considered comprehensive, clear and well structured for the most part. Some concerns were raised, however, regarding the practice visits as not being standardised in a sufficient manner, relying too much on the subjective assessment of the respective panel member. Moreover, one GDP pointed out that practice visits were scheduled too close to interview dates.

Several GDPs explicitly mentioned a ***high level of support given to applicants*** in the process as an important asset of the current scheme and its operation.

GDPs also identified the fact that the rigorous selection process for GDP Trainers ***ensures a high standard*** of both VDP training and

– in light of the emphasis on CPD in the selection criteria – of GDP practice overall as a major strength of the scheme at present.

On the other hand, it was thought that ***not enough training places*** were offered for VDPs in Northern Ireland.

### **Perceived Inequalities**

While caution should be taken with regard to a wider interpretation of the results as reflecting the views of *all* GDPs (given that only 11% of GDPs returned the questionnaire), a number of interesting points emerged from the sample concerning perceived inequalities.

It should be noted that the questionnaire returns raised a range of issues in the context of equality of opportunity, some of which did not explicitly relate to the target groups defined in the equality legislation. It was decided, however, to report on all of these concerns in order to genuinely reflect the context in which questions of fairness/ unfairness in relation to the nine categories were viewed by the respondents.

A number of significant points were raised:

- it was argued that the exclusion of part-time GDPs from the scheme means in effect that ***female GPs are discriminated against*** as many of them work on a part-time basis;
- several GDPs discerned a ***bias against practices in peripheral, particularly rural areas***; some spelled out the geographical bias as ***disadvantaging GDPs in the West*** of Northern Ireland; in many cases, travel distances for the interviews were considered as particularly problematic;
- several GDPs pointed out that ***new applicants are disadvantaged***, mainly on account of their inexperience of interview situations; this was seen to result in a situation where older, more experienced trainers were perceived to be more likely to succeed and hence 'block' places for new recruits; for some respondents, this concern was

linked to a wider perception that a small group of dentists who are 'in the know' about the system benefit from the scheme to an undue extent.

## **GDP Suggestions on How Perceived Weaknesses and Inequalities May Be Overcome**

GDPs offered a range of suggestions how present weaknesses and inequalities may be addressed:

- Most commonly, GDPs suggested that communication between NICPMDE and dentists should be improved regarding the scheme. **Information on the scheme should be more widely disseminated**, including the publication of statistics on applicants and successful candidates and advertising the scheme more generally.
- The Council, it was argued, should be more proactive in relation to the groups which might currently be disadvantaged (females, GDPs from peripheral/ rural settings). **Disadvantaged groups should be specifically encouraged to apply**. Moreover, GDPs with no previous training experience should be given greater assistance. It was suggested that support to GDPs in peripheral areas might be delivered in conjunction with the respective Health Boards.
- Likewise, GDPs argued that the Council should consider **introducing an option for GDPs to act as part-time/ job-share trainers**. This would allow female GDPs to partake more widely in the scheme.
- The Council should choose **more convenient locations for interviews** for applicants from peripheral/ rural areas. The Council should thus **ensure a broader geographical spread** of VDP Trainers.
- A number of GDPs advanced the idea of a **system of rotation** to ensure equality of opportunity for accessing the scheme. The

Council should consider preventing VDP Trainers from re-applying in the year immediately following their selection.

- Others suggested a ***quota system for disadvantaged groups***, namely for first-time applicants, female applicants and applicants from peripheral/ rural areas.
- One respondent suggested that a more informal setting at the interview stage could also serve as a means to increase chances of first-time applicants to succeed.

Finally, it is just as important to note that a number of potential inequalities that have emerged from the analysis of the quantitative data were not addressed by GDPs. These related to the categories of ethnicity and disability in particular as well as age, religion, and marital status. Moreover, there were no indications of adverse impacts in relation to the categories of political affiliation and sexual orientation.

## CONCLUSION

### ***Summary and Assessment of Main Findings***

The assessment is based on the analysis of both quantitative and qualitative data. While the response rate to the conducted survey is comparably low (11% of all GDPs) and thus caution has to be taken in the wider interpretation of the results, the NICPMDE values the feedback provided by those who offered their views.

In the following, the main findings from the research are summarised and assessed :

- Female GDPs do not participate evenly in the VDP Trainer scheme. GDPs argue that this is in large parts due to the exclusion of part-time GDPs from the scheme, who are predominately female. *The assessment of these findings suggests a misconception amongst GDPs regarding the eligibility criteria. The regulations governing the scheme were recently changed to allow easier participation of female GDPs. Trainers no longer have to be practice owners but only to have a significant managerial role within the practice. They do not have to be full time; the stipulations are that the trainer has to be in the practice with the trainee for three days per week, not full time. These changes should facilitate an increase in female participation over time. The Council is aware that female GDPs are under-represented among trainers. The information leaflet sent to every practitioner in Northern Ireland states this and that applications from female practitioners are welcomed.*
- The findings also suggest that GDPs over 50 years old are under-represented amongst applicants and VDP Trainers. *The qualitative data does not yield any evidence of this being an adverse impact of the policy itself. In contrast, it may reasonably be accounted for by the self-discrimination of older GDPs. GDPs over 55 years*

*old tend to have stable practices or are reducing their time commitment to practice. GDPs who apply to be trainers tend to be younger and are attempting to expand their practices.*

- *Neither persons with a disability nor people from a black and minority ethnic group participate in the scheme. However, in the absence of comparator data for the GDP population as a whole there is no clear evidence of this being due to adverse impacts of the policy itself. It is unlikely that the percentage of either disabled people or people from a black and minority ethnic group is substantially lower amongst trainers and applicants than amongst all GDPs. In fact, the Council is aware that a member of a black and minority ethnic group has participated in the scheme in the past.*
- *Hardly any single people or people without dependants are to be found amongst GDP Trainers. In the absence of comparator data, it is impossible to determine whether this is due to adverse impacts of the policy itself. It is more likely, however, that this reflects the particular age structure of participants.*
- *The majority of GDPs surveyed explicitly endorsed the scheme as being open and transparent. A significant minority, however, felt that information on the scheme is not distributed widely enough. Every GDP in Northern Ireland receives an information leaflet about the scheme. This is reinforced with information contained within the postgraduate calendar, which is distributed to every dentist twice yearly. The Council therefore argues that it has made strenuous efforts to make the appointment of GDP Trainers as transparent as possible.*
- *GDPs perceived a bias against rural and peripheral practices to be at work in relation to the scheme. Fewer trainers are seen to be selected from these areas. The Council holds three*

*information evenings for potential Trainers, two of which always take place in the West. The interviews are held outside Belfast specifically to encourage and facilitate rural applicants. Statistics reveal that 11 of the current training practices are located in the EHSSB, 5 each in the WHSSB and NHSSB and 2 in the SHSSB.*

- GDPs moreover suggested that first-time applicants are less likely to succeed in their application than experienced trainers. *Statistics on successful and unsuccessful applicants however do not necessarily support this claim, given that about 46% of successful candidates were first-time applicants. Rather than merely dismissing this perception as misguided, however, it should be taken to indicate a need for publishing these statistics.*

### **Action Points**

The assessment revealed differential impacts in relation to two groups: females and older people. Evidence of adverse effects on disabled GDPs as well as GDPs from black and minority ethnic groups necessarily remains inconclusive as data on these groups is not available for the GDP population as a whole. No evidence emerged regarding adverse depending on marital status, dependants, religious affiliation, political opinion or sexual orientation. Taking on board the outcome of the research, the Council proposes to undertake the following actions:

- monitoring data on the categories of age, gender, marital status, dependants, disability, ethnicity, and religion will be collected on a regular basis as part of the application process;
- the analysis of monitoring data on the equality categories as well as the geographical spread of applicants and trainers will be published on a regular basis (such as on the Council's website and in the dental calendar).

## ***Monitoring***

The delivery of specific action points in this Equality Impact Assessment will be monitored on an ongoing basis and the organisation's Annual Review of Progress will contain a report on the EQIA implementation.

The organisation will seek to put in place arrangements for quantitative monitoring in relation to the categories of age, gender, religion, ethnicity, marital status, dependants, and disability on an annual basis.

The organisation does not have any quantitative monitoring arrangements in place in relation to the categories of political opinion and sexual orientation. Options for qualitative monitoring with regard to these categories will likewise be explored in the course of the first quarter of the new financial year, pending also the publication of further advice by the Equality Commission.

The Council commits itself to revising the policies if monitoring shows adverse impacts.

## **THE POLICY ON GENERAL DENTAL PRACTICE CONTINUING DENTAL EDUCATION**

It is a General Dental Council requirement that all registered dentists must complete and record 250 hours of continuing professional development (CPD) in every five year cycle. 75 of these hours must be verifiable i.e. 15 hours per year. All of the courses/ lectures that the Council offers in its postgraduate calendar count as verifiable CPD. Verifiable courses/ lectures are outlined as having concise aims and objectives, clear anticipated outcomes and including measures of quality control.

The Council offers a range of different courses and lectures on a six-month basis, some of which have an unlimited and some have a limited number of places available. All of the courses and lectures are published in the Postgraduate Dental Calendar, which is published twice a year and disseminated to every GDP. The Calendar also outlines the course selection procedure.

The following criteria are used for course selection when a course is oversubscribed:

- Those applications which have been received by Council by the specified closing date.
- First preference is given to those who have in the previous two years been unsuccessful in gaining a place on a course of similar type organised by NICPMDE.
- Those who have previously been allocated a place on a limited attendance course and have not attended or given sufficient notice (to enable the place to be filled) will not normally be considered until applications from all other eligible candidates have been processed.
- Creation of a reserve list.
- Selected applicants must confirm acceptance of place by an agreed date.

## DATA COLLECTION AND CONSULTATION

### ***Data Collection***

Given that monitoring data covering all of the nine equality dimensions on all GDPs in Northern Ireland does not exist at present, it was decided that a quantitative approach to the assessment of the Continuing Dental Education scheme would not be feasible.

The EQIA was therefore based on a qualitative approach, seeking to collect qualitative data which would provide some insights into perceptions held by GDPs as the main stakeholders of the scheme regarding the strengths and weaknesses of the current policy and its practice as well as potential inequalities and suggestions for improvement.

In order to explore the views and suggestions of GDPs, an invitation was sent to all GDPs (684 in total) to attend one of two ***focus groups*** scheduled to be held at night-time in two different locations across Northern Ireland (Belfast and Antrim). Unfortunately, only 4 GDPs confirmed their willingness to attend, dates and venues possibly having posed difficulties for further GDPs wishing to participate. In order to ensure the most efficient use of available resources, it was therefore decided to cancel the focus groups and opt for a wider approach instead. Accordingly, a brief two-page ***questionnaire*** was sent to all GDPs ***based on a set of open-ended questions*** (see Appendix 2), thus providing GDPs with the opportunity to make their voices heard in writing. In order to ensure complete confidentiality, GDPs were not asked to reveal their identity in the survey.

In all, 11 % (73 individuals out of 684) of all GDPs responded to the questionnaire.

### ***Consultation***

The draft EQIA report was published for consultation on 29 November 2002. A range of *dissemination methods* were used:

- an ad was placed in the Belfast Telegraph, The Irish News and The Newsletter on 29 November

2002 to announce the beginning of the consultation period;

- the EQIA report was placed on the website of the Agency, both as a summary and the full report;
- an email was sent to 267 consultees (see Appendix 3) on 29 November 2002 comprised of a consultation announcement, a summary report and contact details for the Equality Unit of the Agency;
- the same was sent by post to 30 further consultees (see Appendix 3) who do not have access to the internet or email.

The consultation period lasted for 11 weeks from 29 November 2002 to 14 February 2003. Given the relatively small number of GDPs who had expressed their interest in attending a focus group at the data collection stage of the EQIA, it was decided that consultation meetings would be unlikely to solicit a large response and thus would not constitute the best use of resources. Accordingly, the chosen method focused on soliciting written responses. **Letters were sent out to all GDPs in Northern Ireland**, providing them with a summary of the report as well as details on how to access the full report and inviting them to comment on the EQIA. In addition, the NICPMDE approached the British Dental Association to comment on the report.

Finally, a **pro forma** was sent to all organisations on the consultation list, inviting responses to a set of focused questions (see Appendix 4). A total of 12 responses were received. Seven of these stated that they did not wish to make any comments; five provided specific comments.

## **KEY FINDINGS**

### ***GDP Evaluation of Current Policy and Practice***

A broad consensus emerged amongst respondents regarding the main strengths of the scheme. Three main points were raised:

- GDPs viewed the **wide range of topics** covered by Continuing Education Courses as an asset of the scheme. Some respondents expressed concerns, however, of a lack of variation of courses from year to year.
- GDPs perceived the **quality of courses** offered as high. While some dentists thought that they were generally highly relevant for daily practice, others argued that the over-subscription of very popular courses meant that GDPs had to take up some courses which were less relevant and useful to them, mainly to fulfil their CPD requirements.
- Respondents also drew attention to the publication of the scheme. A number of GDPs stated that the calendar was well structured and clear, ensuring that the **courses are well publicised**.

Individual GDPs referred to a number of further points:

- the increase in the number of hands-on courses was seen as a positive development;
- likewise, study groups were assessed as a positive addition to the programme;
- Council staff was seen as being approachable and helpful in relation to Continuing Education Courses.

On the other hand, a number of weaknesses were identified:

- Most importantly, GDPs referred to the **over-subscription** of the most interesting and relevant courses.
- Some GDPs expressed concern that the **notice on acceptance to individual courses was not given early enough**, causing difficulties for making arrangements with patients.
- A number of GDPs viewed the **selection procedure as lacking in transparency**.

Individual GDPs also raised two further issues:

- a lack of feedback as to why they had not been accepted onto a particular course;
- a lack of user input into the development of the programme.

In relation to perceived inequalities, GDPs raised major concerns regarding the geographical dimension. A large number of respondents viewed a ***bias towards GDPs based in and around Belfast*** to be at work, seriously disadvantaging dentists in peripheral areas in general and the West (plus to a lesser extent the South) of Northern Ireland in particular. It was argued that a lack of courses (in particular the most interesting and relevant ones) offered outside Belfast meant that GDPs from the West (and the South) did not have equal access to the scheme overall.

Overall, therefore, while a large number of GDPs indicated that they viewed the current policy on Continuing Education Courses as fair in the main, the two most important concerns raised related to geographical bias and over-subscription. Importantly, no concerns whatsoever were raised in relation to any of the categories defined in the equality legislation.

### ***GDP Suggestions on How Perceived Weaknesses and Inequalities May Be Overcome***

GDPs offered a range of suggestions how present weaknesses and inequalities may be addressed:

- ***the venues for courses should be spread more evenly across Northern Ireland***; more courses should be scheduled for the West (and South); care should be taken that these are the most relevant and high quality courses
- the Council should explore possibilities of ***setting up video-conferencing facilities*** to enable GDPs to participate from remote locations;
- ***highly popular courses***, likely to be over-subscribed, should be ***run twice or three times per term***

- various suggestions were advanced in relation to the ***selection of applicants for over-subscribed courses***; some GDPs advanced a random method of selection; others suggested that applicants who are unsuccessful in one round could automatically be put onto the list for the course in the next term;
- individual GDPs moreover suggested that ***more study groups*** should be implemented.

## CONCLUSION

At present, monitoring data on participants of GDP Continuing Education Courses is not available. In light of this, definite conclusions as to differential impacts cannot be drawn from a quantitative perspective.

Accordingly, the assessment focused on eliciting the views of GDPs. While the response rate to the conducted survey is comparably low (11% of all GDPs), the NICPMDE values the feedback provided by those who offered their views.

Most importantly, the qualitative data does not provide any indication of perceived differential impacts in relation to the nine equality groups.

GDPs' concerns focus entirely on a ***perceived bias towards GDPs based in and around Belfast***, effectively disadvantaging dentists in peripheral areas, the West in particular. On the other hand, various GDPs acknowledged developments towards a wider geographical spread of venues over recent years.

### ***Action Points***

The Council takes on board the concerns of GDPs in this respect. Its efforts are severely constrained, however, by difficulties in finding suitable venues for lectures which can accommodate a large audience. The Council will, however, investigate the feasibility of piloting video-conferencing facilities.

To address the problem of over-subscription the Council will explore the feasibility of contracting staff to run courses twice. With regard to the suggestion for giving preference to candidates who have been unsuccessful before the Council wishes to clarify that this is the current practice.

### ***Monitoring***

The delivery of specific action points in this Equality Impact Assessment will be monitored on an ongoing basis and the organisation's Annual Review of Progress will contain a report on the EQIA implementation.

In addition, a delivery plan outlining the practical implementation of EQIA action points will be produced by the end of the first quarter of the financial year 2003/2004, and this will set out approaches to the monitoring of specific impacts for the equality target groups. The organisation will seek to put in place arrangements for quantitative monitoring in relation to the categories of age, gender, religion, ethnicity, marital status, dependants, and disability on an annual basis.

The organisation does not have any quantitative monitoring arrangements in place in relation to the categories of political opinion and sexual orientation. Options for qualitative monitoring with regard to these categories will likewise be explored in the course of the first quarter of the new financial year, pending also the publication of further advice by the Equality Commission.

The Council commits itself to revising the policies if monitoring shows adverse impacts.

## **APPENDICES**

## ***Appendix 1: Steps of an Equality Impact Assessment***

- Aims of Policy
- Consideration of Data
- Assessment of Impacts
- Consideration of Measures
- Formal Consultation
- Decision by Public Authority
- Publication of Results of EQIA
- Monitoring of Adverse Impacts

***Appendix 2: Equality of Opportunity Questionnaire***

**Do you think that the NICPMDE acts fairly in relation to the recruitment of trainers and access to continuing education courses?**

*recruitment of trainers*

*continuing education courses*

**What do you think are the main strengths of current arrangements regarding the two schemes?**

*recruitment of trainers*

*continuing education courses*

**What do you think are the main difficulties in relation to these schemes in terms of fairness?**

*recruitment of trainers*

*continuing education courses*

**What do you think the Council could do to promote greater fairness and opportunity in relation to these schemes?**

*recruitment of trainers*

*continuing education courses*

### **Appendix 3: List of Consultees**

<b>Organisation</b>
Action Cancer
Action for Dysphasic Adults
Action Mental Health
Action MS
Afro-Asian Residents' Group
Age Concern
The HIV Support Centre
Alliance Party of Northern Ireland
Altnagelvin HSS Trust
Alzheimers Disease Society
Ark Housing
Armagh and Dungannon HSS Trust
Armagh Travellers Support Group
Arthritis Care
Arts Council NI
ASBAH
ASBAH
Association of Chief Officers of Voluntary Associations (ACOVO)
Association Of Independent Advice Centre NI
Baha'i Community
Banbridge Youth Arts & Information Centre
Baptist Church of Ireland
Barnardos
Belfast Brook Advisory Centre
Belfast Carers Centre
Belfast Chinese Christian Church
Belfast City Hospital Health and Social Services Trust
Belfast Hebrew Congregation
Belfast Institute of Further and Higher Education
Belfast Islamic Centre
Belfast Regeneration Office
Belfast Travellers' Education & Dev. Group
Belfast Travellers Support Group
BIH Housing Association
British Deaf Association (NI)
British Dental Association NI
British Diabetic Association
British Medical Association
British Association of Social Workers (NI Office)
Bryson House
Carafriend
Carer's Northern Ireland
Carrickfergus Borough Council
Castlereagh Borough Council
Catholic Boy Scouts Foundation NI

CAUSE
Causeway HSS Trust
Centre for Voluntary Action Studies
Challenge
Chest, Heart and Stroke Organisation
Child Poverty Action Group
Childcare Northern Ireland
Childline NI
Children's Law Centre NI
Chinese Chamber of Commerce (NI)
Chinese Health Project
Chinese Welfare Association (NI)
Choice Housing Association
Church of Ireland
Coalition on Sexual Orientation
Coleraine Borough Council
Colin Glen Trust
Committee on the Administration of Justice
Community Development and Health Network
Community Practitioners & Health Visitors Association
Community Relations Council
Community Relations Training and Learning Consortium
Community Work Education and Training Network
Confederation of Community Groups
Contact A Family
Cookstown District Council
Council for Ethnic Equality
Council for the Homeless
Craigavon and Banbridge Community HSS Trust
Craigavon Area Hospital Group HSS Trust
Craigavon Asian Women's & Children's Association ( AL-NUR)
Craigavon Borough Council
Craigavon Travellers' Support Committee
Craigavon Vietnamese Group
Crossroads
CRUSE
Cystic Fibrosis Trust
Democratic Unionist Party
Department of Culture, Arts and Leisure
Department of Health, Social Services and Public Safety
Derry City Council
Derry Travellers' Support Group
Derry Well Woman
Disability Action
Division of Clinical Psychology
Down & Connor Family Ministry
Down District Council
Down Lisburn HSS Trust

Down's Syndrome Association
Dungannon & South Tyrone Borough Council
Dunlewey Substance Advice Centre
East Belfast Community Development Agency
Eastern Health and Social Services Board
Eastern Health and Social Services Council
Employer's Forum on Disability
Enterprise House
Equality Forum NI
Equality Unit
Extern
Extra Care
Falls Community Council
Family Planning Association NI
Fermanagh District Council
Fermanagh Women's Network
Filor Housing Association
First Key
Fold Housing Association
Forum For Action On Substance Abuse
Foyle Down's Syndrome Trust
Foyle Friend
Foyle HSS Trust
Free Presbyterian Church
Gay & Lesbian Youth Northern Ireland
Gingerbread Northern Ireland
Glen Road Heights Women's Group, BTSP
Glenraig Camphill Community
Green Park Healthcare Trust
Guide Association NI
Health Action Zone
Health Promotion Agency
Help the Aged
Homefirst Community Trust
Homeless Support Unit
Housing Executive
Housing Rights Service
Include Youth
Indian Community Centre
Industrial Therapy Organisation
Inter Church Millennium Celebration Group
Karen Mortlock Trust
La Societa Italiana Irlanda Del Nord
Larne Borough Council
Law Centre NI
Law Society NI
Lesbian Line
Limavady Borough Council

Lisburn Borough Council
Magherafelt District Council
Magherafelt Women's Group
Manufacturing Science and Finance Union
Mater Infirmorium Health and Social Services Trust
MENCAP
Mental Health Commission for Northern Ireland
Mental Health Review Tribunal
Methodist Church in Ireland
Mind Yourself
Monagh Road Women's Steering Group
Moyle District Council
Multi-Cultural Resource Centre (NI)
Multiple Sclerosis Society
Muscular Dystrophy Group
N.I Association For Mental Health
Rethink
Newry & Mourne District Council
Newry & Mourne Mental Health Forum
Newry & Mourne Senior Citizens' Forum
Newry & Mourne Women
Newry Interagency Consortium for Travellers
Newry Travellers' Early Years Action Group
Newtonabbey Borough Council
Newtownabbey Senior Citizen's Forum
NI Committee of Irish Congress of Trade Unions
NI Council for the Homeless
NI Women's Aid Federation
NIACAB
NIACRO
NICOD
NIPPA
North and West HSS Trust
North Down Borough Council
North West Community Network
North West Ethnic Communities Assoc
North West Forum of People with Disabilities
Northern Health and Social Services Board
Northern Health and Social Services Council
Northern Ireland African Cultural Centre
Northern Ireland Anti Poverty Network
Northern Ireland Council for Ethnic Minorities
Northern Ireland Council for Voluntary Action
Northern Ireland Environmental Link
Northern Ireland Filipino Association
Northern Ireland Filipino Community in Action
Northern Ireland Gay Rights Association
Northern Ireland Human Rights Commission (NIHRC)
Northern Ireland Events Company

Northern Ireland Office
Northern Ireland Partnership Board
Northern Ireland Public Service Alliance
Northern Ireland Statistics and Research Agency (NISRA)
Northern Ireland Voluntary Trust
Northern Ireland Volunteer Development Agency
Northern Ireland Women's Aid Foundation
Northern Ireland Womens European Platform
Northern Ireland Youth Forum
NSPCC
NUS-USI Northern Ireland Student Centre
Office of the First Minister and Deputy First Minister
Oi-Kwan Chinese Women's Group
Omagh District Council
Omagh Women's Area Network
Organisation of the Unemployed
Parents Advice Centre
Parents and Professionals and Autism
Presbyterian Church in Ireland
PHAB (NI)
Playboard
Police Service of Northern Ireland
Praxis
Princes Trust
Prison Service Agency
Probation Board for NI
Progressive House
Prospects for People with Learning Disabilities
Proteus
Putting Children First
Queer Space
Regional Office
Registered Homes Confederation
Registration & Inspection Unit
RELATE N Ireland
RNIB
RNID
Royal College of GPs
Royal College of Midwives
Royal College of Nursing
Rural Community Network
Rural Development Council
Salvation Army
Save the Children
Scouting Association NI
SDLP
Sense NI
Shadow Trust
Shelter
Sikh Culture Centre
Simon Community
Sinn Fein

South and East HSS Trust
South West Belfast Community Forum
Southern Health and Social Services Board
Southern Health and Social Services Council
Southern Travellers' Early Years Partners
Sperrin Lakeland Health and Social Care Trust
Sperrin Lakeland Senior Citizens' Consortium
Staff Commission for Education and Library Boards
Strabane District Council
Sustainable Northern Ireland Programme
The Archbishop of Armagh
The Beeches
The Cedar Foundation
The Guide Dogs for the Blind Association
The Local Government Staff Commission for NI (LGSC)
The Northern Ireland Ambulance Services HSS Trust
The Orchardville Society
The Rainbow Project
The Royal College of Psychiatrists
The Royal Group of Hospitals Trust
The Samaritans
The Women's Centre
Threshold
Training for Women Network
Traveller Movement Northern Ireland
Travellers Support Group for Playgroup Workers
Triangle Housing Association Ltd
Ulster Community and Hospitals Trust
Ulster Peoples College
Ulster Quaker Service Committee
Ulster Unionist Party
UNISON
United Hospitals HSS Trust
U3AFoyle
Victim Support
Voice of Young People in Care (VOYPIC)
Voluntary Activity Unit
Voluntary Service Belfast
WAVE
West Belfast Economic Forum
Western Health and Social Services Board
Western Health and Social Services Council
Women's Information Group
Women's Resource and Development Agency
Women's Support Network
Workers Educational Association
Young Carers Project
Youth Action NI

Youth Council
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Youthnet
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#### ***Appendix 4: Consultation Pro-Forma***

Do you have any comment on individual findings and their assessment by the organisation?

Are there any further equality issues in relation to the policies which the report does not address?

Do you think that the action proposed by the organisation is appropriate for addressing the issues?

Do you have any further suggestions how the organisation may address the issues identified in the findings?

Would you like to make any further comments?

**Appendix 5: Comments Received During Consultation**

	<i>comments received</i>	<i>response</i>
NI Ombudsman (Assembly Ombudsman for NI; NI Commissioner for Complaints)	no comment	
Armagh and Dungannon HSS Trust	no comment	
Craigavon and Banbridge Community Trust	no comment	
NI Housing Executive	no comment	
Action Mental Health	assessments have been carried out thoroughly and in line with accepted good practice	
Princes Trust	no comment	
NISRA	no comment	

<b>Specific Comments</b>		
Dr Barry McGonigle	<p>(page 6) “skewed age structure” should be replaced by “particular age structure”</p> <p>Council should explore possibility to publish list of current trainers and practices on the website so other dentists can see the type of suitable candidates selected.</p>	<p>see new wording on p.5</p> <p>Council would like to clarify that the information is available on its website under the section ‘dentistry’, subsection ‘vocational training’.</p>
Disability Action (on consultation methods)	<p>Email is only one method of consultation and care should be taken that it does not become the only way as many s75 groups do not have ICT resources</p> <p>Proposed letters to organisations should include description of policies and narrative on how it could affect all s75 groups.</p> <p>Consultation processes should be carefully monitored to ensure those with a legitimate interest have input.</p>	<p>NICPMDE notes comment and wishes to refer to p.17/18 regarding the consultation methods used</p> <p>descriptions of policies were included in the documents sent out to consultees but NICPMDE notes and will incorporate the comment on including description in letter itself</p> <p>NICPMDE commits itself to evaluating the consultation process after the completion of the EQIA</p>

<p>Robbie Saulters / DHSSPS</p>	<p>How will all EQIAs be monitored - the system, timeframe and the timetable for what organisations are going to do in respect of them.</p> <p>When final EQIAs are circulated, will they include feed-back received from consultation on them?</p> <p>Are documents available in other formats?</p> <p>Did organisation consult in other formats?</p>	<p>see pp.36/37 for monitoring arrangements</p> <p>see this section and cross-references to the text</p> <p>documents are made available on request</p> <p>NICPMDE did not receive any requests for other formats</p>
<p>Disability Action (on VDP Trainer Selection and Continuing Dental Education)</p>	<p>DA requests the Council to list the range of accessible formats available (large print, Braille, audio cassette, computer disk etc.) and to remove the wording “positively consider” from this statement as it is the Council’s statutory duty to do so (page 2).</p> <p>DA would query if the survey questions (Appendix 2) were structured in such a way as to elicit qualitative information in relation to the promotion of equality of opportunity and good relations in the context of Section 75 (page 15).</p>	<p>see new paragraph on p.2</p> <p>the survey questions were sent out along with a cover letter explaining about the equality legislation; the questions were shaped by the following considerations:</p> <ul style="list-style-type: none"> <li>• in order to encourage GDPs to</li> </ul>

	<p>15).</p> <p>DA believes that future monitoring is required to gather information to allow consultees to make informed comment <b>and</b> for the Council to meet their statutory duties (page 25).</p> <p>DA would advise the Council that monitoring data on the 9 categories as part of the application process will not entirely meet the Council's statutory duty obligation. The Council must commit to include the monitoring</p>	<p>respond it should be brief and it should link issues of equality to issues of quality regarding the scheme</p> <ul style="list-style-type: none"> <li>• the questions should be open-ended to gather maximum information</li> <li>• the questions should elicit information on (1) overall assessment with regard to fairness (2) identify what is working (3) identify problems with regard to inequalities (4) suggestions how to achieve greater equality of opportunity</li> </ul> <p>Council agrees with comment; see new section on monitoring on pp. 36/37</p> <p>The Council would like to clarify that the action point refers to the data collection which is to take place <i>in the course</i> of the application process; once collected, this will allow monitoring of both successful</p>
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	<p>of “successful” applicants as part of the process (page 25).</p> <p>DA is disappointed that the Council does not commit to monitoring the 2 policies for future adverse impact.</p> <p>Additionally, the Council does not state that it will revise the policies if monitoring/ evaluation shows greater adverse impact than predicted.</p> <p>DA is concerned by the Council’s statement that since monitoring data on the Continuing Dental Education Policy is not available then conclusions as to differential impact cannot be drawn. It is the Council’s statutory duty obligation, through the EQIA process as outlined in the Equality Commission’s Guide to Statutory Duties, to gather this information and present it as part of the EQIA process (page 31).</p>	<p>and unsuccessful applicants to which the Council commits itself (as stated in the second action point.</p> <p>see new section on monitoring on pp. 36/37</p> <p>see new section on monitoring on pp. 36/37</p> <p>The Council’s statement says that conclusions as to differential impact cannot be drawn <i>from a quantitative perspective</i>. The EQIA sought to gather qualitative data by means of the survey. In the survey, participants were asked to comment on inequalities with regard to all nine equality categories yet no concerns were expressed in relation to these. As reported, the issues that were raised related exclusively to perceptions of unfairness which were seen to originate beyond the nine categories; hence the conclusion that no evidence emerged</p>
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		regarding the nine groups.
BDA (on VDP Trainer Selection)	<p>We support open competition for posts as Vocational Dental Practice Trainers.</p> <p>We do not encourage the Council to collect data which is not relevant to the VDP trainer selection policy.</p> <p>We believe the Council acts fairly in relation to the recruitment of trainers.</p>	<p>the Council notes the comment</p> <p>the Council notes the comment</p> <p>the Council notes the comment</p>
BDA (on GDP Continuing Dental Education)	<p>We welcome the Council's proposal to introduce changes to address the problems of over subscription to courses.</p> <p>We welcome further moves to widen the geographical spread of venues for courses /lectures/study clubs.</p> <p>We believe the Council acts fairly in providing access to continuing education courses.</p>	<p>the Council notes the comment</p> <p>the Council notes the comment</p> <p>the Council notes the comment</p>

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