

Equality Impact Assessment

On

Specialist Registrar Policies:

**Specialist Registrar Placements
Flexible Training for Specialist Registrars
Supernumerary Specialist Registrars**

By

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



**Final Report
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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 Specialist Registrar (SpR) Policies, encompassing the three policies of SpR placements, Flexible Training and Supernumerary SpRs.

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

Placements

A Specialist Registrar (SpR) is a trainee undergoing HST (higher specialty training), the training phase which follows the general professional training/basic specialist training of a doctor. Within the SpR grade there are two types of training programmes to which overseas doctors may be appointed. Type 1 is a higher specialist training programme leading to the award of a Certificate of Completion of Specialist Training (CCST). Type 2 is a fixed term training appointment (FTTA). Here the doctor pursues an agreed training programme tailored to meet his/her training goals and usually lasts from 6 months to 2 years.

Each SpR is required to complete a number of placements throughout the training period. The matching of SpRs with available SpR hospital posts is undertaken on a specialty basis by the Specialty Training Committees.

Flexible Training Scheme

The purpose of flexible (part-time) training is to retain within the health service doctors who might otherwise leave because they are unable to train on a full-time basis. The process for appointment to a training post is the same for both full-time and flexible applicants. Entry is through competition and is judged on merit alone. It is not part of an appointment committee's job to consider, before making a decision, whether a candidate wishes to train flexibly on entry or in the future. Usual reasons for applying include pregnancy, the need to care for dependants or the doctor's own health or disability. Both men and women are eligible.

Supernumerary SpR Scheme

The Scheme enables a number of SpRs to undertake a period of training/research outside Northern Ireland. Applicants follow a formal application procedure. Decisions are undertaken by the Council with the support of the Training Committees. Funding arrangements differ depending on the nature of the post that is taken up and whether other sources of funding are available. Type 2 SpRs are not eligible to apply for supernumerary funding to train

outside Northern Ireland as they are appointed to fill in for Type 1 posts that are temporarily vacated.

Data Collection and Consultation

A survey of all SpRs was conducted to collect data on the dimensions of age, gender, religion, disability, ethnicity, marital status, and 'dependants'. It was agreed that the categories of sexual orientation and politics would not be surveyed due to their sensitivity.

In order to explore the views and suggestions of SpRs, two focus groups were held, which 10 SpRs eventually attended.

The consultation period lasted for 11 weeks from 29 November 2002 to 14 February 2003. Given the relatively small number of SpRs 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 SpRs who had attended one of the focus groups, 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 Specialty Training Committees were approached to comment on the EQIA. Finally, summary reports were sent via email and post to nearly 300 further consultees along with a pro forma for written comments.

Overall, a total of 10 responses were received; seven of these stated that they did not wish to make any comments; 3 provided in-depth comments. All comments received are listed in Appendix 4 along with the Council's response.

Key Findings

The following key findings emanated from a review of data/information collected in the course of the EQIA and were assessed by the Council.

Placements

There are some indications that people from ethnic minorities feel disadvantaged by the policy. Their share amongst those who were not given any opportunity to discuss their placement is substantial. In the absence of data on preferences and allocations for all SpRs it is impossible however to precisely determine differential impacts on a quantitative basis.

Moreover, it must be taken into account that SpRs from ethnic minorities mainly train in Type 2 programmes. These individuals by the nature of the programmes have very little influence on their placement as they are appointed to specific vacancies within the CCST training programme to fill posts for a fixed time.

The evidence is inconclusive regarding differential impact in relation to the category of dependants and marital status. While the survey findings suggest that people without dependants and single people feel disadvantaged in the placement process, in the focus groups, the perception prevailed that the needs of working mothers were not taken into account to a sufficient extent.

SpRs assessed the placement process as fair in the main. It was argued, however, that some differences existed between specialties. Some of these may be explained by the fact that training always takes place within the exigencies of the service and is dependent on training opportunities that exist within Northern Ireland. For example only two Trusts provide training in Ophthalmology. As required by the Royal College of Ophthalmologists a trainee must spend time in both and cannot opt for only going to one of these.

SpRs also stressed the importance of transparency of the decision-making process. It was suggested that the personal circumstances of SpRs should be taken into account to a greater extent and that feedback on any placement decisions should be provided to SpRs.

Flexible Trainees

The quantitative data suggests a differential impact of the policy on flexible training in relation to the category of dependants. Except for one person who accessed the scheme on the grounds of health, all flexible SpRs are carers, which reflects the definition of

the policy's purpose as accommodating those with domestic responsibilities. In this sense, the recorded differential impacts cannot be considered unlawful.

No men partake in flexible training. This outcome is closely linked to the above issue (the definition of the purpose of the policy), given that wider cultural factors (gender roles in Northern Irish society) mean that it is predominantly women who perform the role of carers.

At first sight, the quantitative data likewise suggests inequalities with regard to ethnicity: few members from ethnic minorities are represented amongst flexible trainees. It must be noted, however, that many overseas doctors are not eligible to apply for the scheme. Priority is given to applicants who train in Type 1 programmes vis-à-vis those on fixed-term contracts (i.e. in Type 2 programmes). SpRs from a black and minority ethnic group, however, mostly train in Type 2 programmes.

The interviews suggested that factors unconnected with the policy – the extension of visa – may also play a key role. It has to be borne in mind, however, that since Type 2 trainees tend to be appointed for a fixed period of time, the Postgraduate Dean cannot grant an extension without evidence that the doctor has been offered a further appointment. The extension thus hinges on the individual finding a new post beyond his/her fixed term post.

The data also demonstrates differences in access to the scheme between different specialties. This may be accounted for by the fact that in some of the non-acute specialties (e.g. in psychiatry or laboratory medicine) it is easier for trainees to work less than full-time in a full time post.

The assessment likewise reveals a significant gap between the number of available places and the extent of need.

Focus group participants pointed to the need to reconsider pay arrangements. While the Council recognises the problematic nature of current arrangements, they are outwith the remit of the Council. The pay arrangements are nationally agreed and signed up to locally by the DHSSPS.

Furthermore, SpRs suggested promoting job-share arrangements. While the Council supports the idea in principle, any such arrangements would have to be agreed with the Trusts. Moreover,

several general comments should be taken into account. Firstly, job sharing is dependent on having two people in the same specialty at the same stage of training. Secondly, it is a particularly expensive arrangement for the Trusts. Under the current method of funding posts the Council pays 50% towards the cost of a training post. Under the new pay arrangements for flexible trainees they can no longer be paid on a pro-rata basis which means that the Trust must pay two full basic salaries plus all the additional out of hours pay whilst only recouping 50% of the basic salary costs of one post from the Council.

Supernumerary Registrars

The assessment could only produce evidence with regard to the categories of gender and ethnicity. Here it emerged that the policy has a differential impact along gender lines: women are substantially under-represented amongst supernumerary SpRs. The differential impact is even more substantial in relation to the category of ethnicity: people from ethnic minorities are much less likely to apply even though their share has clearly increased over recent years. Difficulties in obtaining a visa may play a role to account for this.

The qualitative data suggests that awareness of the scheme is greatly limited amongst the majority of SpRs.

Finally, no evidence was found to suggest adverse impacts of any of the three policies in relation to the categories of age, disability, religion, political affiliation or sexual orientation.

Action Points

Based on the findings and their assessment the Council will undertake the following actions:

- Consideration will be given to organising an induction event, perhaps on a specialty by specialty basis. Information on the supernumerary funding scheme is contained within the Council's study leave guidelines which is circulated to all those in the SpR grade and is on the Council's website. It is also included in the information pack for all newly appointed SpRs. Information on the flexible training scheme is available

on the website and is included in the information pack for all newly appointed SpRs. Information on the supernumerary SpR scheme and flexible training scheme is already included in the induction pack for overseas doctors. It should be borne in mind that funding is limited for both schemes.

- The Council will include a statement in the information it provides to SpRs to emphasise (over and above its commitment as an equal opportunity employer in relation to all nine categories) that it particularly welcomes applications from women and people from ethnic minorities who train in Type 1 programmes for the Supernumerary SpR scheme.
- The Council will ensure that a greater transparency is achieved with regard to the placement process and that there is a consistency of approach across all specialties; feedback/ explanations on individual cases will be provided.

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 Policies

Specialist Registrar Placements

A Specialist Registrar (SpR) is a trainee undergoing HST (higher specialty training), the training phase which follows the general professional training/basic specialist training of a doctor. She/he needs to successfully complete the training period – which usually lasts at least four years – in order to obtain a Consultant post. The successful completion of the training is certified by the ‘Certificate of Completion of Specialist Training’ (CCST). Recruitment to the scheme is undertaken on a competitive basis.

Each SpR is required to complete a number of placements throughout the training period. The matching of SpRs with available SpR hospital posts is undertaken on a specialty basis by the Specialty Training Committees.

The EQIA focused in particular on issues of fairness in relation to the placement process.

Within the Specialist Registrar grade there are two types of training programmes to which overseas doctors i.e. non EEA nationals may be appointed. These are as follows:

- ***Type 1*** a higher specialist training programme leading to the award of a Certificate of Completion of Specialist Training (CCST).

- **Type 2** a fixed term training appointment (FTTA). Here the doctor pursues an agreed training programme tailored to meet his/her training goals and usually lasts from 6 months to 2 years. The criteria for entry to the grade and the arrangements for making an appointment tends to be more flexible.

All overseas doctors within the specialist registrar grade will hold the immigration status permit-free training and are called visiting specialist registrars. Doctors qualifying for higher specialist training will be given an initial grant of permit-free training, not exceeding 3 years and provision for further extensions of stay (each not exceeding 3 years) dependent on the requirements of the training programme. The Home Office must be satisfied that the requirements of the Immigration Rules are met before a further extension is granted.

The majority of overseas doctors training in Northern Ireland are appointed to fixed term training appointments (Type 2 programmes). They are allocated to vacancies which occur within the specialist training programmes when Type 1 SpRs take time out of programme to do research or undertake specialist training outside Northern Ireland.

Flexible Training Scheme

The purpose of flexible (part-time) training is to retain within the health service doctors who might otherwise leave because they are unable to train on a full-time basis.

The process for appointment to a training post is the same for both full-time and flexible applicants. Entry is through competition and is judged on merit alone. It is not part of an appointment committee's job to consider, before making a decision, whether a candidate wishes to train flexibly on entry or in the future. Once candidates are notified that they have been selected they can apply to the Postgraduate Dean to be considered for flexible training. The Dean will ascertain whether an individual's request for flexible training is based on well founded individual reasons. Usual reasons include pregnancy, the need to care for dependants or the doctor's own health or disability. Both men and women are eligible.

Having established eligibility, the Postgraduate Dean will determine the feasibility of acceding to the request. This will

depend on: the specialty the trainee has chosen; the stage of training; the presence of other flexible trainees enhancing the possibility of job-sharing or partnership arrangements; the availability of resources. If a flexible training slot is not immediately available applicants will be placed on a waiting list. Full-time trainees can apply to become flexible trainees and flexible trainees can apply to revert to full-time training at any time. For a trainee to commence training in a part-time capacity funding, educational approval, hours of work and the agreement of a Trust to accept a flexible trainee have to be organised.

Until August 2002 Council funded 50% of the basic salary costs of supernumerary flexible training posts. Council now funds 100% of the basic salary costs provided the posts are compliant with the New Deal arrangements. Recurrent funding exists for 23 supernumerary flexible training posts although funding this year has been identified to accommodate a further 5 trainees. For the purpose of the analysis, 3 further posts in which SpRs work on reduced hours will be taken into consideration.

The EQIA focused specifically on the selection/approval of flexible trainees.

Supernumerary SpR Scheme

The Scheme enables a number of SpRs to undertake a period of training/research outside Northern Ireland.

Decisions are undertaken by the Council with the support of the Training Committees. Funding arrangements differ depending on the nature of the post that is taken up and whether other sources of funding are available. Type 2 SpRs are not eligible to apply for supernumerary funding to train outside Northern Ireland as they are appointed to fill in for Type 1 posts that are temporarily vacated.

The EQIA focused specifically on the selection/approval of Supernumerary SpRs.

Screening

These policies 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 three policies.

Taking account of comments received during consultation it was decided to undertake an Equality Impact Assessment on the policies. 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 policies should be based on two types of data:

- quantitative data (statistics) which would provide an overview of the equality background of SpRs in general as well as of Flexible SpRs; likewise quantitative data should offer a first indication of the level of satisfaction with the placement process;
- qualitative data which would provide some insights into perceptions held by SpRs as the main stakeholders of the three policies regarding the fairness of current policies and their practice as well as potential suggestions for improvement.

Accordingly, an audit was carried out 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 SpRs. Data which captures some aspects of the equality background of SpRs at the time of their application for the scheme (covering the dimensions of age, gender, religion, ethnicity, and marital status) is held by the Central Services Agency (CSA) on behalf of the Council.

In order to gather more comprehensive baseline data, it was decided therefore that a ***survey of all SpRs*** would be conducted to collect data on the dimensions of age, gender, religion, disability, ethnicity, marital status, and 'dependants'. 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.

It should be noted that, by the nature of the scheme, it was impossible to survey Supernumerary SpRs, given that they were out of the country at the time. Here, the analysis was limited to the categories of gender and ethnicity which is recorded by the NICPMDE on a manual basis.

- ***collection of qualitative data***

In order to explore the views and suggestions of SpRs on inequalities in relation to all nine categories, an invitation was sent to all SpRs (471 in total) to attend one of two ***focus groups*** scheduled to be held during day-time in two different locations across Northern Ireland (Belfast and Antrim). In return, 44 SpRs confirmed their attendance. Unfortunately, only 10 individuals eventually attended on the days. These, however, covered various equality backgrounds as well as different specialties, hospitals, stages of training and training pathways. Some moreover were flexible trainees at present, others were on the respective waiting list.

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 2) 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 2) 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 SpRs 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 SpRs who had attended one of the focus groups, 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 Specialty Training Committees were approached to comment on the EQIA.

Overall, a total of 10 responses were received; seven of these stated that they did not wish to make any comments; 3 provided in-depth comments. All comments received are listed in Appendix 4 along with the Council's response.

KEY FINDINGS

The EQIA sought to collect data relating to the impact of the policies across all the nine equality target groups. In a first step, the collection of monitoring data provided an overview of the equality background of SpRs and the sub-group of Flexible Registrars.

Profile of Specialist Registrars and Flexible Registrars

The high return rate of questionnaires (in all, 197 individuals or 42% of all SpRs responded to the survey) means that it is possible to arrive at a fairly reliable picture of their profile. This applies to a lesser extent to the group of Flexible Registrars. A return rate of 32% was recorded (a total of 10 out of 23+8). The consideration of monitoring data held by the CSA allows to capture the profile of another 8 Flexible Registrars in terms of age, gender, religion, marital status, and ethnicity. In the following two sections, a description of the samples is undertaken.

Specialist Registrars

- Gender

61% of respondents are male. In light of a 52% share of men amongst the general population of working age this means that men are slightly overrepresented amongst SpRs.

- Age

Nearly 50% of respondents belong to the 30-34 age bracket; about 90% are between 30 and 40 years of age.

- Religious Belief

The share of respondents who stated their religious affiliation as 'neither' was very high (24%) which largely corresponds to the size of non-white ethnic groups amongst SpRs. Fifty-eight of the remainders were Protestant, which is broadly in line with the wider working population (Equality Commission 2001b).

- Ethnicity

A substantial number of SpRs who responded to the survey are non-whites (23%). Amongst these, doctors of Indian origin make up the biggest sub-group (10%), then people from Pakistani (4.2%), Chinese (3.7%) and Arabic background (3%).

A large number of all SpRs from a black and minority ethnic group are trainees in Type 2 programmes.

- Marital Status

The large majority of respondents are married (67%).

- Disability

The proportion of SpRs who identified themselves as having a disability is extremely low. Only one case (0.5%) was recorded. Estimates based on the Labour Force Survey (Equality Commission 2001b) show, however, that 14% of people between 25-34 years and 19% of those between 35-39 years have a disability. Even if the comparator data is narrowed down to highly qualified people of working age (i.e. those with a degree) the share of persons with a disability is still significant (5%). Unfortunately, direct comparisons for the specified age groups are not possible as data on highest qualifications is not available by age.

The comparison suggests that it might be reasonable to expect a greater share of SpRs who have a disability, in line with other types of occupations. On the other hand, a note of caution should be taken in interpreting these figures. 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 SpRs.

- Dependants

SpRs are evenly divided in relation to dependants (50% have dependants).

Flexible Specialist Registrars

Flexible Registrars work in various specialties, even though it is striking that the Specialty of Psychiatry is strongly represented (by

a third of all cases). O&G, Anaesthetics and Paediatrics likewise show a large number of flexible trainees.

More importantly, all of the flexible trainees at present are women, with one exception all with dependants. This heavily reflects the current definition of the purpose of the policy as accommodating those with 'domestic responsibilities'. The only SpR with a disability partakes in the scheme. From a religious point of view, participants of the scheme are evenly represented (50% are Catholics). Only one flexible trainee belongs to a black and minority ethnic group. While, at first sight, this may suggest that they are disadvantaged in this scheme, it should be noted that overall priority is given to SpRs who train in Type 1 Programmes. The majority of SpRs from black and minority ethnic groups, however, train in Type 2 Programmes (i.e. in posts that are vacant only on a temporary basis when Type 1 post holders go abroad for training or research).

Supernumerary Specialist Registrars

The great majority of Supernumerary SpRs are men. In 2001, only 33% were females, in the year before no females applied at all. In comparison to their overall share amongst SpRs, they are thus clearly under-represented. As access to the scheme is open to both males and females it may be argued that wider cultural factors could play a role in bringing about a differential uptake by gender. A significant number of SpRs are working mothers. Given traditional gender roles, they are still more likely than men to be the principal carer. Thus it tends to be more difficult for women with dependents to take time out of the programme to undertake training outside Northern Ireland.

In a similar manner, SpRs from a black and minority ethnic group appear to be less likely to apply for the scheme. In 2001, only 20% of applicants belonged to a black and minority ethnic group; in the year before only 1 out of 10. It must be taken on board, however, that most SpRs from a black and minority ethnic group are not eligible to apply for the scheme (as they train in Type 2 programmes).

Specialist Registrars' Views

Placements

The questionnaire also explored SpRs' satisfaction with their current placement. It emerged that only a very small number (about 2%) of the sample were dissatisfied. Any further analysis as to the equality background of this sub-group is necessarily crude due to the very small number (4) of individuals. Nevertheless, it should be briefly noted that no clear pattern was discernable as to the specialties and hospitals they belonged to. Interestingly, most of the individuals were men. Half of them were members of a black and minority ethnic group which may suggest a feeling of being disadvantaged in relation to placements. A closer examination shows, however, that both individuals train in Type 2 programmes and thus – by the nature of the programmes – are appointed to specific vacancies within the CCST training programme.

The survey also asked SpRs whether they had been given the opportunity to discuss their placement with their Specialty Adviser/ Training Programme Director in line with current regulations. It emerged that an astonishingly high number (20% of SpRs) had in fact not been consulted by their Adviser/ Director. A large share of these (30%) belonged to the O&G specialty; strongly represented amongst this group were also SpRs from Psychiatry, Radiology, General Surgery and Orthopaedics. In terms of their equality background, a number of noteworthy patterns emerged. Over 70% were male and without dependants; a comparison with their share of SpRs as a whole showed that these groups were over-represented, in particular in relation to the latter category. Moreover, individuals from a black and minority ethnic group background were over-represented, especially SpRs from the Indian community. As before, however, it must be taken into account that individuals who train in Type 2 programmes – by the nature of the programmes – have very little influence on their placement as they are appointed to specific vacancies within the CCST training programme to fill posts for a fixed time.

The focus group discussions revealed that the indicated lack of communication is seen to be linked with a perceived wider lack of transparency in relation to the placement process. SpRs urged Committees to provide explanations as to why individual placement decisions were undertaken. It was acknowledged,

however, that the Council had recently taken important steps to ensure a greater formalisation of the process.

SpRs argued in the discussions that the placement process was fair overall, thus endorsing the findings of the survey. While several references were made to incidences of perceived favouritism in the past, it was thought that postings evened out over the training period as a whole. SpRs acknowledged that postings to Derry/Londonderry posed a difficulty for many SpRs, and people with dependants in particular. On the other hand it was thought that the longer travel distance was manageable for the short duration of the posting. It should be noted, however, that some participants questioned whether SpRs from ethnic minorities enjoyed the same equality of opportunity as others.

Participants expressed a more fundamental concern, however, with the primacy given to the interests of the Trusts over those of SpRs. It was argued that postings were undertaken according to the needs of the Trusts rather than the training needs of SpRs. Neither were personal circumstances given sufficient weight, in particular those of SpRs with dependants.

In summary, therefore, SpRs assessed the placement process as fair in the main. Reservations were held, however, in relation to the equality of opportunity for overseas doctors as well as the degree to which the needs of people with dependants were met. SpRs stressed the importance of transparency of the decision-making process. It was suggested that the personal circumstances of SpRs should be taken into account to a greater extent and that feedback on any placement decisions should be provided to SpRs.

Flexible Training

Focus group participants expressed great interest in discussing the flexible training scheme and articulated strong views.

SpRs unanimously considered ***the operation of the scheme as fair*** in the sense that all eligible applicants are accepted as such and added to the waiting list straight away. It was thought that ***information on the scheme is clear in the main*** but that it may be disseminated in a more systematic manner. Also, SpRs argued that it was crucial that participants were made aware of the operation of the scheme early enough given lengthy waiting periods at present. It was suggested that an induction session

should be organised for all SpRs at the onset of their training period. Moreover, the Council should link up with existing SpR groups to distribute information.

Importantly, SpRs from a black and minority ethnic group – in particular doctors from overseas – argued that they were virtually excluded from participating in the scheme. Entering the flexible trainee scheme in effect means that the period of stay would have to be extended. Some of the participants pointed out that the Dean has an important role to play, however, in the process of attaining a visa renewal. It was suggested that he should be more proactive in the process and that SpRs from black and minority ethnic groups should be informed more widely of the feasibility of training flexibly.

Grave concerns were raised in relation to the **limited number of places** available for flexible training. SpRs perceived access to a flexible training post to be considerably more difficult than in England, Scotland and Wales. Focus group participants argued that a waiting period of over a year meant that needs were not met at the time when they were greatest. A number of SpRs pointed to the important implications of long waiting lists, relating instances where individuals had to discontinue their training for some time.

Moreover, it was argued that interest in flexible training was likely to increase in the future in light of the rise in the share of women amongst SpRs.

It is important to note that SpRs were aware of the constraints under which the scheme is operated by the Council. Participants identified financial considerations of Trusts as playing a key role. Given that flexible trainees receive the same basic salary as full-time SpRs, pay constitutes a major barrier to increasing the number of places under current conditions. It was argued that the current arrangements likewise implied that full-time trainees were effectively disadvantaged from a financial point of view. On the whole, SpRs maintained that the ability for the Council to respond to the needs of trainees for reduced hours differed substantially from specialty to specialty.

When prompted on possible solutions, participants firstly underlined the **need to reconsider current arrangements of pay levels**. Secondly, it was thought that the option to job-share should be promoted more widely. A **centralised matching service for**

job sharing was preferred to putting the onus on SpRs to find a job-share partner.

Finally, participants were prompted on their views regarding **eligibility criteria** for the scheme. Being asked whether they considered the current emphasis on health and care provision as primary criteria as appropriate, SpRs argued that in principle flexible training should be available for anyone, regardless of personal circumstances. However, priority should be given to those with most urgent needs.

Supernumerary SpR Scheme

Being probed on their awareness of the option to apply for a period of leave to undertake research or training outside Northern Ireland (the Supernumerary SpR scheme), SpRs stated that they were completely unaware of the scheme. Two participants recalled a colleague going abroad for a period of training but were not aware that this option was – in principle – open to any SpR nor that a specific scheme existed. It was thought that SpRs working in academic departments might be somewhat advantaged in having better access to sources of information about the scheme, their supervisors being more likely to be familiar with the policy.

Focus group participants argued that in order to address this fundamental problem, information on the scheme needs to be distributed to all SpRs. Guidelines and selection criteria should be openly publicised and a formal procedure adopted. SpRs again referred to their suggestion for a formal induction event as an opportunity to advertise the scheme on a wider basis, thus ensuring greater equality of opportunity in relation to the scheme.

CONCLUSION

Summary and Assessment of Main Findings

Placements

There are some indications that people from ethnic minorities feel disadvantaged by the policy. Their share amongst those who were not given any opportunity to discuss their placement is substantial. In the absence of data on preferences and allocations for all SpRs it is impossible however to precisely determine differential impacts on a quantitative basis.

Moreover, it must be taken into account that SpRs from ethnic minorities mainly train in Type 2 programmes. These individuals by the nature of the programmes have very little influence on their placement as they are appointed to specific vacancies within the CCST training programme to fill posts for a fixed time.

The evidence is inconclusive regarding differential impact in relation to the category of dependants and marital status. While the survey findings suggest that people without dependants and single people feel disadvantaged in the placement process, in the focus groups, the perception prevailed that the needs of working mothers were not taken into account to a sufficient extent.

SpRs assessed the placement process as fair in the main. It was argued, however, that some differences existed between specialties. Some of these may be explained by the fact that training always takes place within the exigencies of the service and is dependent on training opportunities that exist within Northern Ireland. For example only two Trusts provide training in Ophthalmology. As required by the Royal College of Ophthalmologists a trainee must spend time in both and cannot opt for only going to one of these.

SpRs also stressed the importance of transparency of the decision-making process. It was suggested that the personal circumstances of SpRs should be taken into account to a greater extent and that feedback on any placement decisions should be provided to SpRs.

Flexible Trainees

The quantitative data suggests a differential impact of the policy on flexible training in relation to the category of dependants. Except for one person who accessed the scheme on the grounds of health, all flexible SpRs are carers, which reflects the definition of the policy's purpose as accommodating those with domestic responsibilities. In this sense, the recorded differential impacts cannot be considered unlawful.

No men partake in flexible training. This outcome is closely linked to the above issue (the definition of the purpose of the policy), given that wider cultural factors (gender roles in Northern Irish society) mean that it is predominantly women who perform the role of carers.

At first sight, the quantitative data likewise suggests inequalities with regard to ethnicity: few members from ethnic minorities are represented amongst flexible trainees. It must be noted, however, that many overseas doctors are not eligible to apply for the scheme. Priority is given to applicants who train in Type 1 programmes vis-à-vis those on fixed-term contracts (i.e. in Type 2 programmes). SpRs from a black and minority ethnic group, however, mostly train in Type 2 programmes.

The interviews suggested that factors unconnected with the policy – the extension of visa – may also play a key role. It has to be borne in mind, however, that since Type 2 trainees tend to be appointed for a fixed period of time, the Postgraduate Dean cannot grant an extension without evidence that the doctor has been offered a further appointment. The extension thus hinges on the individual finding a new post beyond his/her fixed term post.

The data also demonstrates differences in access to the scheme between different specialties. This may be accounted for by the fact that in some of the non-acute specialties (e.g. in psychiatry or laboratory medicine) it is easier for trainees to work less than full-time in a full time post.

The assessment likewise reveals a significant gap between the number of available places and the extent of need.

Focus group participants pointed to the need to reconsider pay arrangements. While the Council recognises the problematic nature of current arrangements, they are outwith the remit of the

Council. The pay arrangements are nationally agreed and signed up to locally by the DHSSPS.

Furthermore, SpRs suggested promoting job-share arrangements. While the Council supports the idea in principle, any such arrangements would have to be agreed with the Trusts. Moreover, several general comments should be taken into account. Firstly, job sharing is dependent on having two people in the same specialty at the same stage of training. Secondly, it is a particularly expensive arrangement for the Trusts. Under the current method of funding posts the Council pays 50% towards the cost of a training post. Under the new pay arrangements for flexible trainees they can no longer be paid on a pro-rata basis which means that the Trust must pay two full basic salaries plus all the additional out of hours pay whilst only recouping 50% of the basic salary costs of one post from the Council.

Supernumerary Registrars

The assessment could only produce evidence with regard to the categories of gender and ethnicity. Here it emerged that the policy has a differential impact along gender lines: women are substantially under-represented amongst supernumerary SpRs. The differential impact is even more substantial in relation to the category of ethnicity: people from ethnic minorities are much less likely to apply even though their share has clearly increased over recent years. Difficulties in obtaining a visa may play a role to account for this.

The qualitative data suggests that awareness of the scheme is greatly limited amongst the majority of SpRs.

Finally, no evidence was found to suggest adverse impacts of any of the three policies in relation to the categories of age, disability, religion, political affiliation or sexual orientation.

Action Points

Based on the findings and their assessment the Council will undertake the following actions:

- Consideration will be given to organising an induction event, perhaps on a specialty by specialty basis.

Information on the supernumerary funding scheme is contained within Council's study leave guidelines which is circulated to all those in the SpR grade and is on Council's website. It is also included in the information pack for all newly appointed SpRs. Information on the flexible training scheme is available on the website and is included in the information pack for all newly appointed SpRs. Information on the supernumerary SpR scheme and flexible training scheme is already included in the induction pack for overseas doctors. It should be borne in mind that funding is limited for both schemes.

- The Council will include a statement in the information it provides to SpRs to emphasise (over and above its commitment as an equal opportunity employer in relation to all nine categories) that it particularly welcomes applications from women and people from ethnic minorities who train in Type 1 programmes for the Supernumerary SpR scheme.
- The Council will ensure that a greater transparency is achieved with regard to the placement process and that there is a consistency of approach across all specialties; feedback/ explanations on individual cases will be provided.

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: List of Consultees

Organisation
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
Glencraig 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
Youthnet

Appendix 3: Questionnaire Employed in Data Collection

About this Questionnaire

The Northern Ireland Council for Postgraduate Medical and Dental Education is a public body under the terms of Section 75 and Schedule 9 of the Northern Ireland Act 1998. We are required to promote equality of opportunity and good relations in carrying out our functions.

One of the key undertakings in our Equality Scheme was that we should carry out 'equality impact assessments'. These assessments look at the impact of our work on different groups of people and are meant to ensure that our policies promote equality of opportunity between:

- a) persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- b) men and women generally
- c) persons with a disability and persons without
- d) persons with dependants and persons without.

In order to do so, we need to collect some basic information regarding these equality categories. For this purpose, we would ask you to allow 5 minutes of your time to fill in the attached questionnaire. When you complete the questionnaire you should put it into the SAE enclosed, seal it, and return by Friday 6 September 2002.

Access to the information that you provide will be strictly controlled. The data will be used only for analysis purposes. These will involve the use of statistical summaries in which the identities of individuals will not appear.

Focus Groups

The 'equality impact assessments' also include listening to the views and perceptions of people with the greatest interest in the area. We would therefore like to provide you with the opportunity to make your views heard on the following areas:

- access to the Supernumerary SpR Scheme
- access to the Flexible Training Scheme
- matching process for SpR placements

To this end, we are organising informal discussions guided by an external facilitator. These will take place on:

- 23 September 2002 at 12:45pm in Belfast
- 3 October 2002 at 12:45pm in Antrim.

These focus groups should last approximately 45 minutes and lunch will be provided. You will be reimbursed with your travel expenses. If you are interested in attending one of these focus groups, please indicate so at the end of the questionnaire. We will then provide you with further details.

Name:

Specialty:

Current Hospital:

1 Are you satisfied with your current placement: Yes No

2 If not, please comment:

3 Were you given the opportunity to discuss your placement with the Specialty Adviser/Training Programme Director?

Yes No

4 Sex: Male Female

5 Please indicate your date of birth:

6 Marital Status: Single Married
Other

7 Religious affiliation:

Regardless of whether we practice religion, most people in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background by ticking the appropriate box below:

Roman Catholic Community Protestant Community Neither

8 Ethnicity

Please tick the appropriate box to indicate your cultural background:

Caribbean African Chinese White Black
Pakistani Indian Bangladeshi Irish Traveller

Any other ethnic group (please describe)

9 Disability

In accordance with the Disability Discrimination Act 1995, a disability is defined as "a physical or mental impairment that has substantial and long term adverse effect on your ability to carry out normal day to day activities". Do you consider yourself to have a disability?

Yes No

10 Dependants

The Equality Authority defines 'persons with dependants' as persons with primary responsibility for the care of a child, of a person with a disability or of a dependant elderly person.

Do you have any dependants in your family, regardless of their age?

Yes No

11 I would be interested in attending the following Focus Group

Monday 23 September 2002 (Belfast)

Thursday 3 October 2002 (Antrim)

Thank you for your co-operation.

Appendix 4: Comments Received During Consultation

	<i>comments received</i>	<i>response</i>
NI Ombudsman (Assembly Ombudsman for NI; NI Commissioner for Complaints)		
Armagh and Dungannon HSS Trust		
Craigavon and Banbridge Community Trust		
NI Housing Executive		
Action Mental Health	assessments have been carried out thoroughly and in line with accepted good practice	
Princes Trust		
NISRA		

Specific Comments		
Disability Action	<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>The Council states that the CSA captures some aspects of the equality background of SpRs. DA wishes to point out that any policy formulated by the authority, adopted by the authority or imposed on the authority by any other public authority cannot opt out of its legal responsibility to ensure that any policy that affects its work and service delivery is independently assessed to ensure the authority’s own compliance with statutory obligations. Such policies, once accepted, and put into practice within the authority concerned becomes its policy (p.15)</p> <p>DA believes that the Council must input a</p>	<p>see new paragraph on p.2</p> <p>The NICPMDE would like to clarify that the CSA is contracted by the Council to undertake the recruitment of SpRs on its behalf. The equality data is collected as part of the recruitment process; hence it is held by the CSA on behalf of the Council.</p> <p>see new section on monitoring p.30</p>

	<p>system to gather information on the incidence of disability for future monitoring and to meet their statutory duty obligations across these 3 policies (page 18).</p> <p>DA is disappointed that the Council do not include a copy of the questionnaire to allow for informed comment.</p> <p>DA believes the Council's equal opportunity statement must include all the 9 categories listed under Section 75 not just women or people from ethnic minorities (page 27).</p> <p>DA is disappointed that the Council does not commit to monitoring the 3 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>NICPMDE notes the comment; see new Appendix 3</p> <p>this action point refers to explicitly mentioning these two groups over and above the general equal opportunity statement (which includes all 9 categories); this is intended as a positive measure to encourage higher application rates from these groups in particular</p> <p>see new section on monitoring p.30</p> <p>see above</p>
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<p>Disability Action</p>	<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.19 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>see p.30 for monitoring arrangements</p> <p>see this section and cross-references to the text</p> <p>documents are made available on</p>

	Did organisation consult in other formats?	request NICPMDE did not receive any requests for other formats
Jim Ferran, Down Lisburn HSS Trust	Notes that no data collected on political affiliation or sexual orientation, however EQIAs stated that " No evidence emerged regarding adverse impacts depending on political opinion or sexual orientation". How could evidence emerge if no data is collected on these groups?	the EQIA did not collect any <i>quantitative</i> data on political opinion and sexual orientation; in the focus groups (i.e. <i>qualitative</i> data collection), participants were asked to comment on inequalities with regard to all nine equality categories yet no concerns were expressed in relation to these two dimensions; hence the conclusion that no evidence emerged (see information added in section on collection of qualitative data on p.18)

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