

Equality Impact Assessment

On

**Recruitment of Trainees for
Dental Vocational Training (VT)
and Dental General Professional
Training (GPT)**

By



**Final Report
July 2006**

Executive Summary

This document reports the outcome of an Equality Impact Assessment (EQIA) by the Northern Ireland Medical and Dental Training Agency (NIMDTA) on the Recruitment of Trainees for Dental Vocational Training (VT) and Dental General Professional Training (GPT).

The EQIA was carried out with reference to the Equality Commission's 'Practical Guidance on Equality Impact Assessment' (Equality Commission for Northern Ireland 2004b).

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

NIMDTA was established in 1970 and re-constituted in 1994 and 2004. It is responsible for funding, managing and supporting postgraduate medical and dental education within the Northern Ireland Deanery.

The Policy

The Schemes

After completing their undergraduate course, most dental graduates apply to undertake a further training stage. Two different

types of training programmes are delivered in the Northern Ireland Deanery: Vocational Training (VT) and General Professional Training (GPT). On both schemes, trainees are based in a particular practice, assigned to an individual trainer.

The VT programme lasts for one year. Trainees spend four days a week in their trainer's practice and are released one day a week for a study day.

The GPT scheme involves two years of training. Alongside general dental practice, it introduces trainees to hospital and community dentistry and thus provides for a broader professional experience. The trainee spends three days per week in the practice.

In the Northern Ireland Deanery, there are currently 24 places available on the VT scheme and a further 4 places on the GPT scheme.

The Recruitment Process

Only dentists fully registered with the General Dental Council are eligible to undertake VT and GPT. Full registration in turn requires basic dental qualifications, such as graduation from a UK dental school.

Graduates from dental schools outside the UK are likewise eligible to become registered and thus to apply for the schemes, provided that their qualifications are deemed equivalent to UK levels.

Graduates from dental schools outside the European Economic Area prove equivalency by passing an examination, namely the International Qualifying Examination (IQE). They must also prove proficiency in the English language. Graduates from dental schools within the European Economic Area are automatically eligible to apply provided they can prove proficiency in the English language.

While the scheme is generally administered by NIMDTA, it is individual dentists who – as trainers – recruit a trainee for their practice. Trainers and trainees sign an employment contract.

In effect, therefore, potential trainees apply to different practices. In recent years, the number of graduates applying for the schemes has exceeded the number of places available in the Northern Irish Deanery.

Ultimately, the main stakeholders of the policy therefore are: (1) trainees (2) unsuccessful applicants for the scheme and (3) potential applicants.

At the same time, trainers likewise have a key interest in the policy, in addition to the Agency itself.

Screening

The policy had been screened for equality implications as required by Section 75 and Schedule 9 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.

Over recent years, NIMDTA has routinely distributed a questionnaire after the completion of the recruitment and selection process soliciting feedback from applicants on the current policy and process.

Comments received have pointed to the potential for differential impact arising from the operation of the policy, in particular with regards to the categories of gender, religion and/or political opinion.

Taking account of these comments 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 August 2004.

Data Collection and Consultation

The following table summarises the main elements of the data collection:

<i>target group</i>	<i>method</i>	<i>participants</i>
trainees	quantitative and qualitative survey	24 (out of 25)
trainees	focus group	24 (out of 25)
unsuccessful applicants	quantitative and qualitative survey	4 (out of 14)

final year students	quantitative and qualitative survey	34 (out of 40)
final year students	focus group	34 (out of 40)
trainers	focus group	25 (out of 25)
voluntary sector organisations	interview	
	literature review	

The consultation period lasted initially for 13 weeks from 29 April 2005 to 29 July 2005. It was extended for another 13 weeks until 31 October 2005.

Letters were sent out to all trainers and trainees in Northern Ireland, providing them with a copy of the report and inviting them to comment on the EQIA. Moreover, a pro forma was sent to all organisations on the consultation list, inviting responses to a set of focused questions. A total of three responses were received.

Key Findings

The Operation of the Schemes

The research findings clearly point to a lack of consistency in the implementation of the policy between training practices. Inconsistencies occur in relation to all aspects of the recruitment process:

- application forms

The use and nature of application forms employed varies considerably between practices.

- monitoring forms

The separation of monitoring data from other personal data (application forms) is not ensured in all cases.

- shortlisting

The use and nature of shortlisting criteria employed is far from uniform across the participating training practices.

- interviews

For the most part, interview questions are perceived to be appropriate. Important exceptions emerged, indicating that in some cases questions which had no bearing on the candidates suitability for the post were being asked, for instance questions regarding future plans and personal circumstances.

- job offers

There were indications that deadlines are not adhered to in each and every case.

The observed inconsistencies appear to be the result of a combination of two factors:

(1) a lack of stipulations and/or existing stipulations leave too much room for interpretation

In some areas, clear stipulations are missing leading to differences in practices, for example with regards to the application of shortlisting criteria.

(2) failure to comply with existing stipulations

Finally, in some areas participating individuals appear not to comply with guidance and/or stipulations given, for instance in relation to the nature of interview questions asked. A lack of understanding of the vital need to comply with these may play a part.

These are compounded by the fact that quality assurance and monitoring of the implementation of the policy is undertaken only to a limited extent. In other words, the role of an 'enforcer' of the process is not fulfilled to a sufficient extent, for instance by ensuring that the process and its various elements are documented and externally validated.

The current vacuum is echoed in the views expressed by trainers, which suggest that the accountability of NIMDTA before the law with regards to the schemes is underestimated. While it is not the intention to dispute the important role of trainers as employers of trainees, it must be recognised that trainers act as agents for NIMDTA. Trainers receive a monthly training grant through public money as is the salary which trainees receive. In this sense, the

employment relationship between trainees and trainers is embedded in the wider employment relationship between NIMDTA and trainers. In other words, the accountability before the law with regards to the schemes is joint.

The findings likewise suggest a lack of understanding on the side of trainers of the statutory duties placed on NIMDTA under Section 75 of the Northern Ireland Act in carrying out its functions.

Impacts of the Policy and its Operation on Section 75 Groups

The assessment suggests adverse impacts of the policy for a number of groups: females, Protestants, and members from BME groups. Likewise, negative impacts emerge with regards to the dimensions of marital status (engaged, married) and dependant status (with young dependants), in particular for females. There are moreover reasons to believe that people from LGB backgrounds and people with a disability may be disadvantaged.

- Success rates of females in applying for the schemes are substantially lower than those of males: in 2004, women made up 71% of applicants but only 58% of trainees. Trainers' perceptions of females being less committed to a career in dentistry may play a role herein.
- There are reasons to believe that Protestants (and/or those of describe their identities as British) have greater difficulties in gaining access to the schemes. The large majority of trainees are Catholic whereas proxy data for final year students suggests a more balanced profile with regards to religious affiliation. Notably moreover, three out of four unsuccessful applicants who participated in the research were from Protestant backgrounds.
- The research reveals a lack of ethnic diversity amongst trainees (all trainees are white), whereas BME groups are represented both amongst applicants and final year students. The operation of the policy thus impacts adversely on people from BME backgrounds.
- Though the statistics do not reveal any negative impacts currently in relation to dependant status, the qualitative research underlines potential inequalities for women with young dependants, due to trainers questioning their

willingness to commit themselves entirely to their career. The same applies to the category of marital status (engaged or married women).

- There are concerns likewise that people from LGB backgrounds might face particular barriers in accessing the schemes if – as it has emerged – questions which are not directly relevant to the post are asked at the interview stage.
- There are reasons to believe that the current recruitment process poses particular barriers for people with a disability, mainly focusing on the stress involved and access to transport.
- Beyond the nine groups, inequalities also emerge for non-QUB graduates who are less likely to gain access to the schemes (26.7% of unsuccessful applicants are non-QUB graduates vis-à-vis 12.5% of trainees).

No evidence emerged regarding adverse impacts in relation to age, though the reported case of a trainer repeatedly commenting on an applicant's 'young appearance' is a cause for concern.

Considering the range of negative impacts, the overall assessment reached by unsuccessful applicants that the operation of the policy fails to promote equality of opportunity appears to be well founded.

Some of the views advanced by trainers indicate a lack of understanding of the concept of discrimination (direct and indirect) as well as a degree of complacency regarding the impacts of the current process, which must give concern and points to the need for further training.

Action Points

It is important to note that – due to the timescales involved in carrying out an EQIA – the assessment focused on the policy and its operation up to 2004/2005. Based on the feedback emerging from user surveys conducted over recent years, NIMDTA introduced some basic changes in the recruitment process for 2005/2006 (i.e. while the assessment was ongoing). These should be seen as basic and urgent quality assurance measures rather than any

attempts to pre-empt the outcome of this consultation.

These comprised:

- standardised application forms during the 2005/2006 recruitment process for both VT and GPT
- participation of an HR professional on the interview panel for the recruitment of trainees for the GPT scheme for 2005/2006.

The Agency would hold that the specific barriers identified in the research for various Section 75 groups can primarily be related back to the inconsistent implementation of the policy on the ground and a lack of independent objectivity in the process. The research findings point to the paramount need for NIMDTA to re-assert its role in enforcing the policy and in providing clear guidance and support to those who are involved in its implementation.

Taking on board the outcome of the research, the Agency will undertake a range of actions to this end. These are grouped into the following areas:

The Recruitment Process

(1) Drawing on the expertise of HR professionals, and in collaboration with trainers and organisations representing the interests of people from Section 75 groups, NIMDTA will develop selection criteria guiding the recruitment process of all trainees. This will involve drafting personnel specifications, designing shortlisting criteria, interview questions and expected answers.

(2) NIMDTA will devise a standardised application form. All applicants will submit their application forms alongside their monitoring forms to NIMDTA. The Agency will process the forms and ensure that interview panels do not have access to any of the monitoring information. The Agency will also consult directly with potential applicants to determine whether or not they would advocate inclusion of a sexual orientation category on the monitoring form.

(3) The Agency will ensure that HR professionals are represented on interview panels in order to introduce an element of independent objectivity into the process.

(4) The Agency will explore the scope for drawing on the expertise of members of the Community Dental Service, who are not presently involved in the recruitment process, but are well-experienced in equality issues and employment legislation.

(5) The Agency will ensure that, in its face-to-face communication with potential applicants, it will encourage those facing particular barriers to apply. The Agency will emphasise its commitment to ensure that all applicants enjoy equality of opportunity in relation to the recruitment process.

(6) Following concerns on the issue of the under-representation of Protestant trainees, and whether or not this is directly linked to the religious belief of trainers, the Agency will undertake further investigation.

Training

(7) In order to build the capacity of trainers to meet the needs of different individuals and to raise awareness of NIMDTA's statutory requirements in relation to the policy, the Section 75 element of the recruitment and selection training will be strengthened.

(8) NIMDTA will introduce the requirement for successful trainer candidates to attend equality awareness training. The Agency will continue to ensure that sufficient places are available for the training.

(9) The Agency will liaise with QUB School of Dentistry with the aim to offer joint training courses in interview skills for students.

Introduction of an Alternative Recruitment Model

The preceding action points mainly relate to putting in place procedures for quality assuring any recruitment process and providing support to key stakeholders involved – regardless of what recruitment model is being used.

The Agency would argue, however, that the range of adverse impacts highlighted in the research, call into

question the ability of a practice-based recruitment model to promote equality of opportunity. Based on the outcome of the assessment, the Agency will therefore introduce a centralised recruitment model with the following features as it is likely to better promote equality of opportunity.

For the VT schemes, an independent interview panel is formed, involving:

- a chairperson from the dental profession
- an Human Resources professional
- three dental practitioners who have acted as trainers within the past five years but who will not act as trainers during the year for which trainees are recruited.

VT Advisers will not be involved in the panel.

Applicants submit one application form to NIMDTA. The panel conducts all interviews and selects 24 suitable candidates, based on a set of selection criteria, which will be developed in a participative manner (see Action Point 1). A waiting list of further candidates will likewise be drawn up.

All selected candidates are invited to visit the training practices and meet the trainers, who will conduct informal interviews. All trainers and trainees then specify their top ten preferences. The independent panel undertakes the matching process.

The model thus ensures that the process is:

- inclusive

Trainers will be involved in the development of selection criteria. Also, the preference-based matching process will safeguard against trainers receiving a trainee they would not agree with and vice versa. The process thus ensures that the working relationship between trainer and trainee remains at the heart of the selection process.

- objective

The make up of the selection panel introduces a strong element of independent objectivity, ensuring that criteria pertaining exclusively to the knowledge and skills of candidates are applied.

- efficient

The time commitment of trainers for the recruitment and selection process will be substantially reduced as fewer practice visits and informal interviews will be undertaken. Equally, the candidates will only need to attend one formal interview.

The Agency will likewise introduce a centralised model for the recruitment of trainees for the GPT scheme. Taking account of its smaller scale – only four places are available – the Agency would argue that the involvement of trainers on the panel alongside an HR professional would be the most efficient use of resources while ensuring the promotion of equality of opportunity.

Monitoring

After the completion of the EQIA, a delivery plan will be drawn up to implement specific action points emanating from the assessment. The delivery 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.

Qualitative monitoring with regards to all nine categories will be undertaken annually in the context of a qualitative survey to be conducted with all applicants after the completion of the recruitment process.

Further options for monitoring will be explored, pending the publication of monitoring guidance by the Equality Commission.

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

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BACKGROUND

Organisational Background

The Northern Ireland Medical and Dental Training Agency (NIMDTA) was established in 1970 and re-constituted in 1994 and 2004. It is responsible for funding, managing and supporting postgraduate medical and dental education within the Northern Ireland Deanery. The Agency, 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 Agency 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 Agency. Thirty-five members of staff are based at Agency Headquarters.

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 significant 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 explained in Appendix 1.

The Policy on the Recruitment of Trainees for Dental Vocational Training (VT) and Dental General Professional Training (GPT)

The Schemes

After completing their undergraduate course, most dental graduates apply to undertake a further training stage. Two different types of training programmes are delivered in the Northern Ireland Deanery: Vocational Training (VT) and General Professional Training (GPT). On both schemes, trainees are based in a particular practice, assigned to an individual trainer.

The VT programme lasts for one year. Trainees spend four days a week in the training practice and are released one day a week for a study day.

The GPT scheme involves two years of training. Alongside general dental practice, it introduces trainees to hospital and community dentistry and thus provides for a broader professional experience. The trainee spends three days per week in the practice.

Trainees who have completed their training normally move on to become an associate in a dental practice.

In the Northern Ireland Deanery, there are currently 24 places available on the VT scheme and a further 4 places on the GPT scheme.

Due to difficulties in recruiting sufficient numbers of trainers for the VT scheme, however, only 21 VT training places were available in 2004/2005.

The Recruitment Process

Only dentists fully registered with the General Dental Council are eligible to undertake VT and GPT. Full registration in turn requires basic dental qualifications, such as graduation from a UK dental school.

Graduates from dental schools outside the UK are likewise eligible to become registered and thus to apply for the schemes, provided that their qualifications are deemed equivalent to UK levels.

Graduates from dental schools outside the European Economic Area prove equivalency by passing an examination, namely the International Qualifying Examination (IQE). They must also prove proficiency in the English language. Graduates from dental schools within the European Economic Area are automatically eligible to apply provided they can prove proficiency in the English language.

While the scheme is generally administered by NIMDTA, it is individual dentists who – as trainers – recruit a trainee for their practice. Trainers and trainees sign an employment contract.

In effect, therefore, potential trainees apply to different practices. In recent years, the number of graduates applying for the schemes has exceeded the number of places available in the Northern Irish Deanery. Due to the intense competition for places, graduates have therefore tended to apply to all 24 practices on the VT scheme and/or all four practices on the GPT scheme.

The recruitment process typically involves the following steps:

<i>Timing</i>	<i>Step</i>
February	NIMDTA presentation to QUB final year students to provide information on the recruitment process and the scheme itself ad is published in the British Dental Journal to advise of the details of the schemes; further information is placed on the website training practices for GPT are announced; two-week recruitment and selection process for GPT is undertaken
middle of March	training practices for VT are announced; two-week recruitment and selection

	process for VT commences
end of March	appointments of trainees are undertaken by trainers
August	training commences

Table 1: Steps in the Recruitment Process.

Key Interests in the Policy

Ultimately, the main stakeholders of the policy therefore are:

- (1) trainees
- (2) unsuccessful applicants for the scheme
- (3) potential applicants.

It is their access to the scheme which the EQIA seeks to examine from an equality perspective.

At the same time, trainers likewise have a key interest in the policy, in addition to the Agency itself.

Screening

The policy had been screened for equality implications as required by Section 75 and Schedule 9 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.

Over recent years, NIMDTA has routinely distributed a questionnaire after the completion of the recruitment and selection process soliciting feedback from applicants on the current policy and process.

Comments received have pointed to the potential for differential impact arising from the operation of the policy, in particular with regards to the categories of gender, religion and/or political opinion.

Taking account of these comments 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 August 2004.

DATA COLLECTION AND CONSULTATION

Data Collection

An audit was undertaken to identify available data and means of filling existing data gaps. In determining the most appropriate data collection methods, the experience gained from past EQIAs was taken into consideration.

Data in relation to the main stakeholders of the policy was gathered in the following ways:

(1) trainees

A quantitative and qualitative survey was conducted with current trainees. In addition, three focus groups were convened to explore their views and experiences of the recruitment process as well as suggestions for its improvement.

In total, 24 out of 25 trainees participated in the focus groups.

(2) unsuccessful applicants

A further survey was carried out, targeting those graduates who were unsuccessful in their application for a place on the scheme. It comprised a quantitative and a qualitative part.

Unfortunately, only four out of 14 individuals returned the questionnaires.

(3) potential applicants

The Agency sought to conduct a further survey, targeting those who had contacted NIMDTA for further information on the scheme but who had subsequently not applied to any of the training practices. A quantitative and a qualitative questionnaire were sent to the respective graduates.

Unfortunately, none of the graduates participated in the survey, dated contact details or a lack of interest potentially having posed important barriers.

Consequently, efforts were undertaken to collect data regarding potential applicants in other ways. As, ultimately, the pool of eligible applicants is vast (anyone having obtained basic dental qualifications – see previous section), it is impossible to survey all potential applicants. It was decided, therefore, that QUB students would be surveyed as

the main pool of potential applicants, while it is recognised that this group cannot be considered as strictly 'representative' of all potential applicants.

A quantitative and qualitative survey was conducted with students. In addition, two focus groups were convened to explore their views of the recruitment process in greater detail.

(4) trainers

A focus group with trainers was carried out to elicit their perspective on the current process and any proposals for changes.

(5) voluntary sector organisations

Several organisations representing the views of people from particular Section 75 groups were approached in order to conduct one-to-one interviews and capture further information: Disability Action, the Northern Ireland Council for Ethnic Minorities, and the Coalition on Sexual Orientation.

Eventually, one organisation (Disability Action) agreed to provide their input at the data collection stage.

(6) secondary sources

The EQIA also drew on data collected by NIMDTA in the course of a qualitative survey conducted with all applicants after the completion of the recruitment process since 2003/2004 on an annual basis.

Finally, publications focusing on employment issues in relation to sexual orientation were reviewed.

The categories of sexual orientation and politics were not surveyed quantitatively 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. This renders any quantitative measuring of the category highly inaccurate, leading the Agency to conclude that any quantitative results would not be reliable nor in fact meaningful.

With regards to sexual orientation, concerns around sensitivity and confidentiality are just as important, as acknowledged by the Equality Commission (Equal Commission for Northern Ireland 2004). The Agency participated in the consultation exercise on

'Monitoring for Section 75' undertaken by the Equality Commission during 2002, and awaits the outcome of this consultation. At present, the Agency would be concerned that posing a question on sexual orientation in a quantitative questionnaire would likewise not produce reliable nor meaningful results.

Hence, the Agency decided to employ qualitative methods to explore issues around sexual orientation and political affiliation (see also Appendices).

The following table summarises the main elements of the data collection:

<i>target group</i>	<i>method</i>	<i>participants</i>
trainees	quantitative and qualitative survey	24 (out of 25)
trainees	focus group	24 (out of 25)
unsuccessful applicants	quantitative and qualitative survey	4 (out of 14)
final year students	quantitative and qualitative survey	34 (out of 40)
final year students	focus group	34 (out of 40)
trainers	focus group	25 (out of 25)
voluntary sector organisations	interview	
	literature review	

Table 2: Overview of Data Collected in the Course of the EQIA.

The following graph illustrates the main stakeholders of the policy and provides figures for the size of the groups involved:

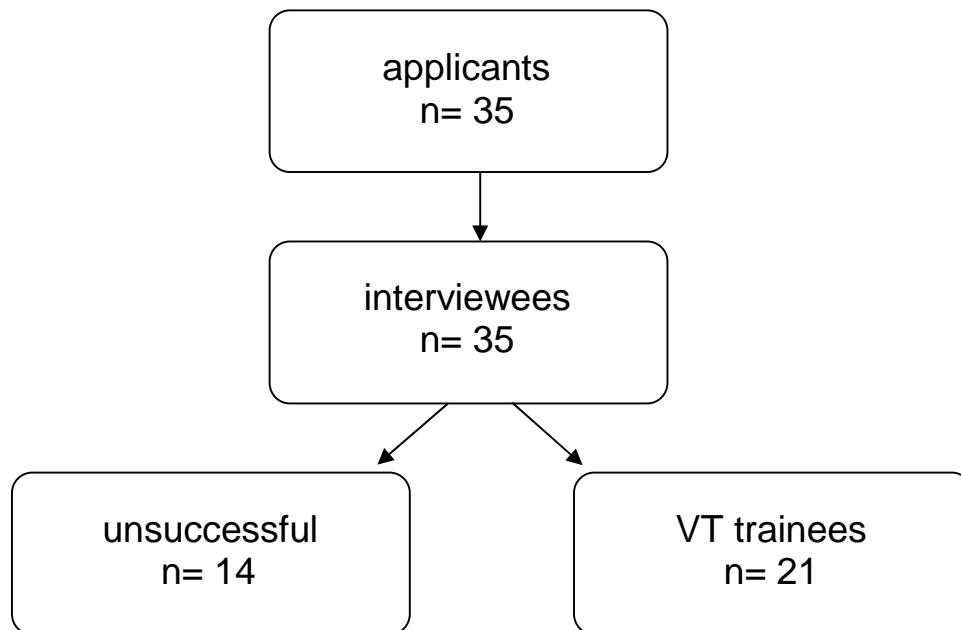


Figure 1: The Main Stakeholders of the Policy for the VT Scheme (data for the GPT scheme was not available).

Consultation

The draft EQIA report was published for consultation on 29 April 2005. A range of dissemination methods were used:

- an ad was placed in the Belfast Telegraph, the Irish News and the Newsletter on 29 April 2005 to announce the beginning of the consultation period;
- an email was sent to over 250 consultees (see Appendix 7) in April 2005, comprised of a consultation announcement, a summary report and contact details for the Equality Manager of the Agency;
- the same was sent by post to 30 further consultees (see Appendix 7) who do not have access to the internet or email.

The consultation period lasted initially for 13 weeks from 29 April 2005 to 29 July 2005. It was extended for another 13 weeks.

Letters were sent out to all trainers and trainees in Northern Ireland, providing them with a copy of the report and inviting them to comment on the EQIA.

Moreover, a pro forma was sent to all organisations on the consultation list, inviting responses to a set of focused questions.

A total of three responses were received. All comments received are listed in Appendix 7 together with the response by the Agency.

KEY FINDINGS

The EQIA sought to collect data relating to the impact of the policy across all the nine equality target groups. Particular impacts in relation to these categories, however, cannot be seen in isolation: they are closely linked to perceptions of the operation of the schemes as such.

The following analysis is therefore undertaken in two parts: firstly, perceptions of the operation of the schemes are reported. In the second section, perceptions of resulting inequalities in relation to the nine categories (and further perceived inequalities) are reported and an analysis of the quantitative data presented.

Finally, suggestions raised by participants of the research on how current shortcomings can be addressed are summarised.

Perceptions of the Operation of the Policy

All participants of the research acknowledged the intense competition for places on the schemes. The current number of available places in Northern Ireland was seen as insufficient. The rationale for admitting a substantially higher number of students to the undergraduate course in light of the few places available was questioned.

Timing of the Recruitment and Selection Process

Applicants for the scheme – whether successful or unsuccessful – were unanimous in their assessment of the timescales involved as problematic. A number of concerns were expressed:

- The timing towards the end of March is seen as disruptive, considering the need to prepare for final year exams.
- The two-week period set for the completion of the recruitment and selection process is considered inadequate.
- The lack of coordination of interview schedules between practices poses logistical problems for attending a number of interviews in different locations.

As focus group participants variously commented in relation to the VT scheme:

“it was a horrible experience”; “a stressful disaster”; “it was complete hell”; “I felt like a zombie afterwards”

In contrast, trainees on the GPT scheme described their experience of the recruitment process as much less stressful than that of their counterparts.

Trainers, along with VT trainees, pointed to a lack of efficiency inherent in the current process. Moreover, they acknowledged the timing as unfortunate, recognising that interviews take place at a time when students are under great pressure.

Application Forms and Monitoring Forms

It emerged from the focus groups that many practices did not ask applicants to fill in any application forms. Most commonly, students were asked to submit their CVs alongside monitoring forms. Trainees expressed concerns that information collected in the monitoring forms was being used in the selection process. They cited cases in which they were asked to submit their monitoring forms in the same envelope as their application, pointing to a lack of safeguard against the panel matching information from the two.

Some trainers, in turn, pointed to a lack of understanding on the side of applicants of the fair employment procedures involved. One case was cited in which an applicant failed to submit their monitoring form, thus excluding themselves from the process.

Shortlisting

Applicants assessed the shortlisting process as problematic with regards to promoting equality of opportunity. It was argued that current practice lacked consistency: some trainers had shortlisted candidates whereas others had not. Moreover, whenever shortlisting was undertaken, the criteria used in the process appeared to differ. In many cases, it was felt that the process completely lacked transparency.

Trainers likewise identified the shortlisting process as fraught with difficulties. Some felt that they were not well enough equipped for undertaking the task, looking for further guidance from NIMDTA. More importantly, however, there was a strong view that the scope for introducing meaningful shortlisting criteria was limited, given the great similarities in relevant qualifications and experience between candidates. Trainees explicitly endorsed this view.

Interviews

Applicants generally assessed the interviews as fair. The membership of the panels was seen as appropriate in most cases (involving the trainer and key practice staff). Some cases were cited, however, in which candidates were unclear about who some of the panel members were.

The same applies to the questions posed, which were seen as appropriate for the most part. Important exceptions emerged, however: for one, candidates reported being asked questions about their personal circumstances (e.g. travel distances from their home to the practice, marital status and family circumstances) as well as about their plans to stay on in the practice after completing the training.

Applicants also reported that note-taking in the course of the interviews was not uniform; some panel members did not take any notes. Vice versa, however, it likewise emerged that not all applicants were aware of the requirement for panel members to take notes, reporting that they were irritated by the panel's preoccupation with writing rather than focusing on the candidate.

The representative from Disability Action argued that the current process does not provide any safeguards with regards to its implementation due to a lack of involvement of an objective third party in the interviews.

Job Offers

Applicants expressed strong views on perceived inconsistencies with regards to the job offer procedure. It was alleged that some jobs were offered to candidates before the specified date and time.

Notably, while some of the trainers rejected this criticism as unfounded, others provided further evidence of inconsistencies, reporting of calling the candidate selected for the post at the specified time only to find that they had already received and accepted another job offer.

Both trainers and applicants argued that the tight timescales of the process meant that there was no room for a 'cooling off' period after the interviews. Applicants felt pressured by trainers to decide on the spot.

Perceptions of NIMDTA's Role in the Operation of the Policy

The focus group with trainers provided important insights into the perceptions held by some of the trainers regarding the role of NIMDTA in the operation of the policy. The Agency was primarily referred to as fulfilling a coordinating role for the scheme.

“NIMDTA coordinates the scheme but has no control over the employment nor do they employ. We are solely the employers. It's a one-to-one relationship between trainers and trainees. NIMDTA holds the reigns of the process, they oblige us to use certain forms etc. (...). If there was any come back in terms of employment law it would be only me that takes the full responsibility.”

“We are accountable before the law. NIMDTA is accountable only to a limited extent.”

These quotes suggest that NIMDTA's accountability in relation to the scheme is seen as secondary to that of trainers rather than on an equal footing. Notably, moreover, NIMDTA's accountability under the statutory equality duties (Section 75) does not appear to feature on the collective 'radar screen' of trainers at all.

Assessing the Impacts of the Policy and its Operation on Section 75 Groups

Gender

A number of trainees, unsuccessful applicants as well as final year students pointed to perceived disadvantages for women in accessing positions. Trainees argued that all males from the class had received job offers first. It was thought that trainers' perceptions of females as being less likely to stay on as an associate after the year (i.e. going off on maternity leave or taking a career break) played a paramount role. The feedback received from applicants of the previous year underlined similar concerns, which points to a persistent nature of the perceived problem.

In contrast, the issue received rather little attention by trainers. Some described perceived gender imbalances as 'hearsay',

questioning the evidence base. Others acknowledged differential impacts as possible.

The quantitative analysis reveals that a slightly greater number of females (58%) than males are on the training schemes. When the profile of unsuccessful applicants is taken into account, however, a striking gender imbalance emerges: 93% of these are female. This clearly exposes adverse impacts with regards to gender: women have unequal access to the scheme. Their success rates are substantially lower (in 2004, 71% of applicants were females but only 58% were successful in their application).

Age

The quantitative data suggests that age does not play any significant role with regards to access to the scheme. The age profile of those on the scheme is virtually identical to that of final year students. While the number of returns received from unsuccessful applicants is too small to draw definite conclusions, those who did reply were in the same age bracket as those who were successful in gaining a trainee post.

Neither were concerns regarding potential imbalances with regards to age raised in any of the qualitative research undertaken.

There do not appear to be negative impacts of the policy with regards to age, therefore, which is largely due to the make up of the student population. Dental students tend not to take out any substantial length of time before applying for the VT/GPT scheme nor indeed before starting their undergraduate course.

One important exception should be noted, however. One applicant reported a potential employer repeatedly commenting on the candidate 'looking very young'.

Religious Belief and Political Opinion

Some trainees as well as unsuccessful applicants expressed concerns regarding disadvantages for Protestants in obtaining training posts, indicating that they had not been invited for interview in a number of practices due to their religious affiliation, and in others (located in predominately Catholic areas), interviews had been largely tokenistic. Candidates specifically referred to

trainers indicating that they had to be seen to interview applicants from both religions to comply with fair employment legislation.

The very same issues had been raised by applicants in the previous year, again suggesting a persistent problem.

The survey indeed revealed that a large majority of trainees are Catholic (66.7%) vis-à-vis 29.2% Protestant and 4.2% who described their religious affiliation as 'neither'.

The data collected in relation to QUB final year students shows a balanced composition with regards to the two main groupings¹. The differences in the composition between trainees and students may, on the one hand, be due to differences in geographical mobility. Arguably, Protestant graduates are more likely to be willing to leave Northern Ireland for the next stage of their training than their Catholic counterparts would be (Osborne and Shuttleworth 2004).

This interpretation is called into question, however, by the results of the survey of those who were unsuccessful in their application. While too few of those participated in the research to allow definite conclusions, it is remarkable that 3 out of 4 who did participate were from Protestant backgrounds (with one other person describing their affiliation as 'neither').

There are reasons to believe, therefore, that Protestants indeed have greater difficulties in gaining access to the scheme.

Ethnicity

The quantitative data shows a complete lack of diversity in relation to the ethnic origin of trainees; all trainees are white. In marked contrast, 14.3% of unsuccessful applicants were from black and minority ethnic (BME) groups. Currently, 5.9% of final year students at QUB belong to a BME group. It must be concluded, therefore, that the operation of the scheme creates adverse impacts for applicants from BME groups.

¹ In this case, the category of stated nationality was taken as a proxy for religious affiliation.

Marital Status

The overwhelming majority of students, applicants and trainees are single, which is largely a reflection of their age profile. The quantitative data does not suggest any differential impact of the policy in this respect. Neither indeed did any of the participants of focus groups explicitly raise concerns with regards to this category.

Some of the unsuccessful applicants, however, pointed out that disadvantages apply to young married or engaged females in particular, underpinned again by trainers' assumptions about the likelihood of females going off on maternity leave.

Disability

The survey data would suggest that people with a disability are not represented amongst either students, trainees or unsuccessful applicants.

A note of caution should be taken, however, in any interpretation of these figures. The survey asked individuals to indicate whether they consider themselves to meet the definition as set out in the Disability Discrimination Act. Young people with a disability, however, tend to be particularly reluctant to reveal a disability. Fear of discrimination by potential employers plays an important role. Thus, the survey figures may under-record the actual incidence of disability amongst these groups.

The qualitative research revealed that a number of respondents have concerns over barriers which people with a disability may face in relation to accessing posts.

The representative from Disability Action argued that the timescale of the selection process creates particular problems for people with a disability. Access to transport and the stress involved in the process would pose particular barriers to them.

At the same time, the representative also acknowledged that the share of people with a disability on the course would be likely to remain below the average for the Northern Irish population, pointing to a combination of general and specific barriers. The unequal access for people with a disability to mainstream education often results in individuals following a vocational rather than academic career path. For those who do obtain academic

qualifications, life-long learning often suits best, which in turn is not an option with regards to a career in dentistry.

Further specific barriers result from low self-esteem, leading to people with a disability self-selecting themselves out of the process, seeing themselves as unable to meet the physical demands of the job.

Dependants

The statistics illustrate that hardly any people with young dependants can be found amongst trainees (only one person). Neither, indeed, do any of the final year students have caring responsibilities for children. The (small number of) returns received from unsuccessful applicants likewise revealed that they were without young dependants.

This suggests that, currently, the group of potential applicants is rather homogeneous with regards to young dependant status, which is largely a reflection of their age profile.

On the other hand, the focus group with trainees elicited concerns about disadvantages for women with young dependants in particular, based on trainers questioning their willingness (or capacity) to commit themselves entirely to their career.

This underlines caution with regards to concluding from the quantitative analysis that barriers do not exist. Rather, there are reasons to believe that these have simply not come to the fore to date.

Carers of disabled or elderly dependants are currently not represented on the scheme. Neither did any of the unsuccessful applicants who participated in the research indicate that they fulfilled caring responsibilities. Hence, there are no indications currently of adverse impacts in this respect. Importantly, however, the present group of final year students includes carers of disabled and elderly dependants. The same concerns as with carers of young dependants emerge with regards to equality of access for this group.

Sexual Orientation

Potential inequalities on the basis of sexual orientation were not specifically addressed by either trainees or trainers. On the other hand, the issue was raised by unsuccessful applicants in the questionnaire, indicating perceived inequalities for people from LGB backgrounds.

The lack of debate around issues relating to sexual orientation in the focus group may reflect the sensitive nature of the issue; participants not feeling comfortable to voice their views in a group setting, an argument which was clearly endorsed by the qualitative research.

The literature (ACAS 2003; Equal Commission for Northern Ireland 2004; Equality Commission for Northern Ireland 2004) places particular emphasis on the implications for LGB people of inappropriate questions posed at the interview stage. Personal questions asked regarding marital status (as reported by individual applicants) are particularly intrusive for LGB people.

This causes concern regarding potential negative impacts in relation to sexual orientation.

Perceived Other Inequalities

Both trainees and trainers argued that non-QUB graduates are disadvantaged in gaining access to the scheme, mainly due to not having access to Northern Irish 'networks'. Unsuccessful applicants from dental schools outside Northern Ireland moreover pointed to logistical problems in attending interviews in the deanery: whereas clinics were booked off for the duration of interviews taking place in Scotland, for instance, the fact that interviews in Northern Ireland took place at a later stage meant that students had to book additional time off.

Similar views were aired in the feedback received in the previous year, again indicating a persisting problem.

The findings of the quantitative research clearly provide evidence for the argument of negative impact: the share of non-QUB graduates amongst those who were unsuccessful in their application was twice as high as amongst successful applicants (26.7% vs. 12.5%).

Concerns were likewise expressed with regards to the vested interest of trainers in the recruitment process, exacerbating the perception of a 'closed shop'.

In a number of cases perceptions prevailed that decisions had been taken beforehand, thus interviews being conducted on a tokenistic basis.

It was also argued that those without access to private means of transport were disadvantaged given the lack of coordination between practices in relation to interview times.

A further issue raised by both final year students and trainees were the particular difficulties encountered by left-handed students. Few practices, it was thought, were able or willing to cater for their needs.

Some trainers, finally, raised the issue of inequalities on the basis of geography: it was thought that students were reluctant to apply for and take up a post in the West of Northern Ireland. The qualitative research with students and applicants, however, suggests that students apply anywhere due to the intense competition for getting a place on the scheme. Personal preference, it was argued, becomes irrelevant under present circumstances. This finding is endorsed by the quantitative data. It shows that, while the number of applicants per practice in the West is below that in other areas, they still average 17 applicants per post.

Overall Assessment

Overall, trainees and unsuccessful applicants assessed the current process as deficient with regards to promoting equality of opportunity.

One view put forward in the focus group with trainers referred to the fact that there had not been a case taken to date as an indicator that there is no problem. Perceptions of imbalances by students were acknowledged "but they have never gotten anywhere".

Another participant argued that any potential inequalities were not due to intentional disadvantage, arguing "it is a matter of direct self-interest, not a matter of sectoral discrimination".

Suggestions

Participants of the research offered a range of suggestions on how the Agency could promote greater fairness and openness in relation to the recruitment of trainees.

changes to the current recruitment model

- increasing the number of available places

Research participants were unanimous in pointing to the need to secure funding for additional places on the schemes. At the same time, however, both trainees and trainers felt that there was little chance of success in lobbying the DHSSPS to this end.

- standardising selection criteria

Trainees as well as the representative from Disability Action pointed to the need to ensure that selection criteria (and subsequently the application forms and interview questions) are standardised. Once these are defined, they must be made transparent to all applicants.

- involving HR professionals in the panels

The representative from Disability Action proposed that HR professionals should sit on the interview panels for the posts to ensure objectivity.

- allowing more time for the recruitment and selection process

It was suggested that more time should be allowed between posts being advertised, applications submitted, interviews conducted, posts offered and decisions taken.

- coordinating interview times across practices and locations

To enable candidates attending interviews in different locations, interview times should be coordinated between practices.

- conducting interviews for VT and GPT at the same time

In order to ensure that only those with a genuine preference for the scheme apply for GPT posts, interviews should be held at the

same time as those for VT posts, thus encouraging candidates to choose between the two schemes.

- timing of the process

Importantly, there was no consensus regarding changing the timing of the recruitment process. While some trainees and trainers suggested bringing it forward by a month at least, others pointed to constraints posed by the timing in other deaneries. It was generally felt that interviews across all UK deaneries should be brought in line.

- training courses and further support

Both trainees and trainers suggested that courses be offered for students to improve their interview skills. Some trainers in turn supported the idea of providing further training and guidance in relation to recruitment and selection. They likewise emphasized the need to make applicants aware of the statutory requirements (in relation to fair employment) guiding the recruitment process.

The representative from Disability Action argued that equality awareness training was essential for all trainers.

- providing opportunities for visiting practices

Both trainees and final year students felt it was very important for them to have the opportunity to visit all practices. In some cases, a tour of the practice was only granted to the candidate selected for the post.

- organising a workshop for trainers and students to meet informally

It was also suggested providing an opportunity for all trainers and students to meet informally, given the close interaction involved in the training programme. References were frequently made to the Scottish model in which a workshop bringing together all involved is organised.

alternative recruitment models

Views were also sought on a general move away to other recruitment models. Two alternative models were put forward for

discussion: (1) centralised recruitment and (2) area-based recruitment.

Both trainees and final year students argued that a centralised model would put enormous pressure on the one interview. On the other hand, it was acknowledged that it would significantly reduce the stress involved in attending some 20+ interviews across Northern Ireland within a short period of time.

Many trainees, trainers and final year students thought that the one-to-one working relationship between trainee and trainer was key. For this reason, any model which does not take on board the personal preferences of both sets of stakeholders would be undesirable, various participants argued. For some, the personal interaction between trainer and trainee was of such paramount importance that they preferred the current model to any of the other two alternatives suggested. One trainer, for instance, categorically stated:

“I am not having anyone sending me a trainee.”

Another trainer suggested, however, the need to decide whether ownership should be kept amongst trainers or be handed over to NIMDTA.

Yet other trainers expressed a preference for an area-based recruitment model on the basis of providing ‘safety in numbers’ to the trainers themselves in relation to complying with fair employment legislation. It was also argued that many trainers had identified a number of suitable candidates in the 2004/2005 recruitment. Hence, they would not foresee any major difficulties in matching trainees and practices to their satisfaction. In a similar way, various trainees pointed to the greater efficiency for all involved in expressing a preference for the area-based model.

Applicants who had not gained a place on the schemes expressed strong views regarding the lack of equality of opportunity perceived to be inherent in the current recruitment model. They clearly favoured a more centralised model, built on a matching process.

In a similar way, the representative from Disability Action argued that an area-based approach might produce a more consistent quality of interviews while providing scope for the involvement of trainers as employers.

CONCLUSION

Summary and Assessment of Main Findings

In the following, the main findings from the research are summarised and assessed. The assessment is based on the analysis of both quantitative and qualitative data.

The Operation of the Schemes

The research findings clearly point to a lack of consistency in the implementation of the policy between training practices. Inconsistencies occur in relation to all aspects of the recruitment process:

- application forms

The use and nature of application forms employed varies considerably between practices.

- monitoring forms

The separation of monitoring data from other personal data (application forms) is not ensured in all cases.

- shortlisting

The use and nature of shortlisting criteria employed is far from uniform across the participating training practices.

- interviews

For the most part, interview questions are perceived to be appropriate. Important exceptions emerged, indicating that in some cases questions which had no bearing on the candidates suitability for the post were being asked, for instance questions regarding future plans and personal circumstances.

- job offers

There were indications that deadlines are not adhered to in each and every case.

The observed inconsistencies appear to be the result of a combination of two factors:

(1) a lack of stipulations or existing stipulations leave too much room for interpretation

In some areas, clear stipulations are missing leading to differences in practices, for example with regards to the application of shortlisting criteria.

(2) failure to comply with existing stipulations

In other areas participating individuals appear not to comply with guidance and/or stipulations given, for instance in relation to the nature of interview questions asked. A lack of understanding of the vital need to comply with these may play a part.

These are compounded by the fact that quality assurance and monitoring of the implementation of the policy is undertaken only to a limited extent. In other words, the process is not enforced to a sufficient extent, for instance by ensuring that the process and its various elements are documented and externally validated.

The current vacuum is echoed in the views expressed by trainers, which suggest that the accountability of NIMDTA before the law with regards to the schemes is underestimated. While it is not the intention to dispute the important role of trainers as employers of trainees, it must be recognised that trainers act as agents for NIMDTA. Trainers receive a monthly training grant through public money as is the salary which trainees receive. In this sense, the employment relationship between trainers and trainees is embedded in the wider employment relationship between NIMDTA and trainers. In other words, the accountability before the law with regards to the schemes is joint.

The findings likewise suggest a lack of understanding on the side of trainers of the statutory duties placed on NIMDTA under Section 75 of the Northern Ireland Act in carrying out its functions.

Impacts of the Policy and its Operation on Section 75 Groups

The assessment suggests adverse impacts of the policy for a number of groups: females, Protestants, and members from BME groups. Likewise, negative impacts emerge with regards to the dimensions of marital status (engaged, married) and dependant status (with young dependants), in particular for females. There

are moreover reasons to believe that people from LGB backgrounds and people with a disability may be disadvantaged.

- Success rates of females in applying for the schemes are substantially lower than those of males: in 2004, women made up 71% of applicants but only 58% of trainees. Trainers' perceptions of females being less committed to a career in dentistry may play a role herein.
- There are reasons to believe that Protestants (and/or those who describe their identities as British) have greater difficulties in gaining access to the schemes. The large majority of trainees are Catholic whereas proxy data for final year students suggests a more balanced profile with regards to religious affiliation. Notably moreover, three out of four unsuccessful applicants who participated in the research were from Protestant backgrounds.
- The research reveals a lack of ethnic diversity amongst trainees (all trainees are white), whereas BME groups are represented both amongst applicants and final year students. The operation of the policy thus impacts adversely on people from BME backgrounds.
- Though the statistics do not reveal any negative impacts currently in relation to dependant status, the qualitative research underlines potential inequalities for women with young dependants, due to perceptions of trainers questioning their willingness to commit themselves entirely to their career. The same applies to the category of marital status (engaged or married women).
- There are concerns likewise that people from LGB backgrounds might face particular barriers in accessing the schemes if – as it has emerged – questions which are not directly relevant to the post are asked at the interview stage.
- There are reasons to believe that the current recruitment process poses particular barriers for people with a disability, mainly focusing on the stress involved and access to transport.

- Beyond the nine groups, inequalities also emerge for non-QUB graduates who are less likely to gain access to the schemes (26.7% of unsuccessful applicants are non-QUB graduates vis-à-vis 12.5% of trainees).

No evidence emerged regarding adverse impacts in relation to age, though the reported case of a trainer repeatedly commenting on an applicant's 'young appearance' is a cause for concern.

Considering the range of negative impacts, the overall assessment reached by unsuccessful applicants that the operation of the policy fails to promote equality of opportunity appears to be well founded.

Some of the views advanced by trainers indicate a lack of understanding of the concept of discrimination (direct and indirect) as well as a degree of complacency regarding the impacts of the current process, which must give concern and points to the need for further training.

Action Points

It is important to note that – due to the timescales involved in carrying out an EQIA – the assessment focused on the policy and its operation up to 2004/2005. Based on the feedback emerging from user surveys conducted over recent years, NIMDTA introduced some basic changes in the recruitment process for 2005/2006 (i.e. while the assessment was ongoing). These should be seen as basic and urgent quality assurance measures rather than any attempts to pre-empt the outcome of this consultation. These comprised:

- standardised application forms during the 2005/2006 recruitment process for both VT and GPT
- participation of an HR professional on the interview panel for the recruitment of trainees for the GPT scheme for 2005/2006.

The Agency would hold that the specific barriers identified in the research for various Section 75 groups can primarily be related back to the inconsistent implementation of the policy on the ground and a lack of independent objectivity in the process. The research findings point to the paramount need for NIMDTA to re-assert its

role in enforcing the policy and in providing clear guidance and support to those who are involved in its implementation.

Taking on board the outcome of the research, the Agency will undertake a range of actions to this end. These are grouped into the following areas:

The Recruitment Process

(1) Drawing on the expertise of HR professionals, and in collaboration with trainers and organisations representing the interests of people from Section 75 groups, NIMDTA will develop selection criteria guiding the recruitment process of all trainees. This will involve drafting personnel specifications, designing shortlisting criteria, interview questions and expected answers.

(2) NIMDTA will devise a standardised application form. All applicants will submit their application forms alongside their monitoring forms to NIMDTA. The Agency will process the forms and ensure that interview panels do not have access to any of the monitoring information. The Agency will also consult directly with potential applicants to determine whether or not they would advocate inclusion of a sexual orientation category on the monitoring form.

(3) The Agency will ensure that HR professionals are represented on interview panels in order to introduce an element of independent objectivity into the process.

(4) The Agency will explore the scope for drawing on the expertise of members of the Community Dental Service, who are not presently involved in the recruitment process, but are well-experienced in equality issues and employment legislation.

(5) The Agency will ensure that in its face-to-face communication with potential applicants, it will encourage those facing particular barriers to apply. The Agency will emphasise its commitment to ensure that all applicants enjoy equality of opportunity in relation to the recruitment process.

(6) Following concerns on the issue of the under-representation of Protestant trainees, and whether or not

this is directly linked to the religious belief of trainers, the Agency will undertake further investigation.

Training

(7) In order to build the capacity of trainers to meet the needs of different individuals and to raise awareness of NIMDTA's statutory requirements in relation to the policy, the Section 75 element of the recruitment and selection training will be strengthened.

(8) NIMDTA will introduce the requirement for successful trainer candidates to attend equality awareness training. The Agency will continue to ensure that sufficient places are available for the training.

(9) The Agency will liaise with QUB School of Dentistry with the aim to offer joint training courses in interview skills for students.

Introduction of Alternative Recruitment Model

The preceding action points mainly relate to putting in place procedures for quality assuring any recruitment process and providing support to key stakeholders involved – regardless of what recruitment model is being used.

The Agency would argue, however, that the range of adverse impacts highlighted in the research, call into question the ability of a practice-based recruitment model to promote equality of opportunity. Based on the outcome of the assessment, the Agency will introduce a centralised recruitment model with the following features, given that it is likely to better promote equality of opportunity.

For the VT schemes, an independent interview panel is formed, involving:

- a chairperson from the dental profession
- an Human Resources professionals
- three dental practitioners who have acted as trainers within the past five years but who will not act as trainers during the year for which trainees are recruited.

VT Advisers will not be involved in the panel.

Applicants submit one application form to NIMDTA. The panel conducts all interviews and selects 24 suitable candidates, based on a set of selection criteria, which will be developed in a participative manner (see Action Point 1). A waiting list of further candidates will likewise be drawn up.

All selected candidates are invited to visit the training practices and meet the trainers, who will conduct informal interviews. All trainers and trainees then specify their top ten preferences. The independent panel undertakes the matching process.

The model thus ensures that the process is:

- inclusive

Trainers will be involved in the development of selection criteria. Also, the preference-based matching process will safeguard against trainers receiving a trainee they would not agree with and vice versa. The process thus ensures that the working relationship between trainer and trainee remains at the heart of the selection process.

- objective

The make up of the selection panel introduces a strong element of independent objectivity, ensuring that criteria pertaining exclusively to the knowledge and skills of candidates are applied.

- efficient

The time commitment of trainers for the recruitment and selection process will be substantially reduced as fewer practice visits and informal interviews will be undertaken. Equally, the candidates will only need to attend one formal interview.

The Agency will likewise introduce a centralised model for the recruitment of trainees for the GPT scheme. Taking account of its smaller scale – only four places are available – the Agency would argue that the involvement of trainers in the panel alongside an HR professional would be the most efficient use of resources while ensuring the promotion of equality of opportunity. The following graph provides an illustration of the new process for recruitment of trainees for VT.

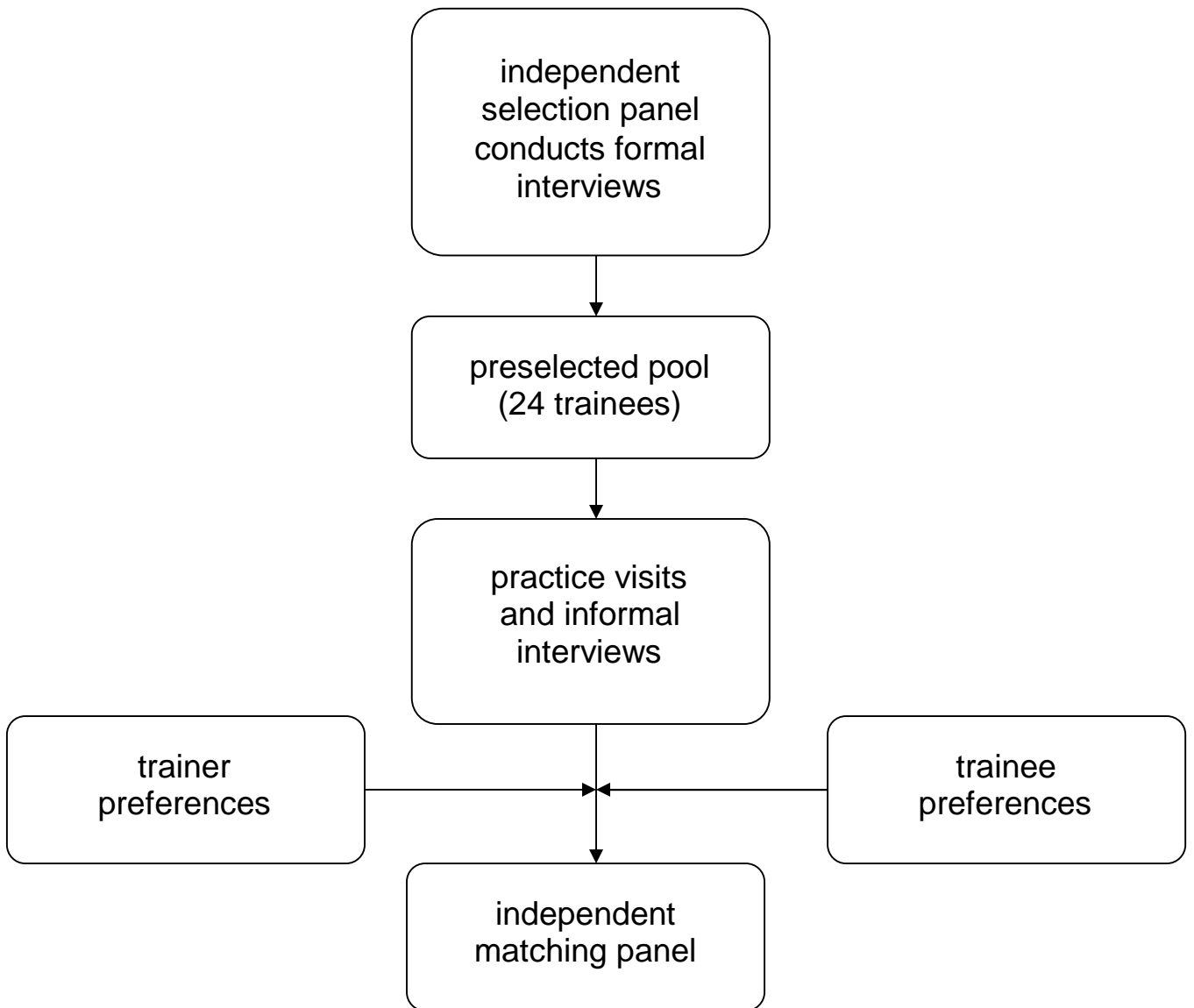


Figure 2: Centralised VT Recruitment Model

Monitoring

After the completion of the EQIA, a delivery plan will be drawn up to implement specific action points emanating from the assessment. The delivery 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.

Qualitative monitoring with regards to all nine categories will be undertaken annually in the context of a qualitative survey to be conducted with all applicants after the completion of the recruitment process.

Further options for monitoring will be explored, pending the publication of monitoring guidance by the Equality Commission.

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

APPENDICES

Appendix 1: The Steps of an EQIA

- **What is it we are actually looking at? ('Aims of Policy')**
The first part of an EQIA involves thoroughly understanding the policy to be assessed; what context it is set in; who is responsible for what; what links there are with other organisations or individuals in implementing the policy etc..
- **How can we tell what is happening on the ground? ('Consideration of Data')**
This involves reviewing what data is available in-house or elsewhere and identifying what data needs to be newly collected. 'Data' means both statistics and the views, experiences and suggestions of those affected by the policy. 'Collecting new data' means going out and doing a survey and also talking to people who are affected by a policy or those who are involved in implementing the policy (e.g. delivering a service).
- **So are there any problems for any of the groups? ('Assessment of Impacts')**
All relevant data that has been identified (whether collected from available sources or newly gathered) is brought together and analysed. Conclusions are drawn as to the impact of the policy on the nine groups.
- **What can be done to make things fairer? ('Consideration of Measures')**
Now the findings are related back to action: what can be done to address any inequalities/ unfairness that the analysis of the data has revealed.
- **Are we getting the right picture and are we thinking of doing the right thing? ('Formal Consultation')**
The findings and the proposed actions are brought back to the public at this stage, usually on the basis of a draft report. Now it's time to find out what people think about the analysis and proposals.
- **With what people have told us – what are we going to do? ('Decision by Public Authority')**
After the wider public has had a chance to comment on the analysis and proposals it's time for the organisation

to take final decisions and commit themselves to action points.

- **This is what we have found out and this is what we will do ('Publication of Results of EQIA')**

These decisions and commitments are published in a final report alongside the findings from the analysis of collected data and the comments raised by the wider public during formal consultation.

- **Keeping a close eye on what is happening ('Monitoring of Adverse Impacts')**

An EQIA is not a one off. It's important to keep a close eye on ('to monitor') what difference the changes to the policy actually make.

Appendix 2: Focus Group Questions – TRAINEES

Application Process

- How would you describe your experience of applying to become a VT/GPT?
- Did you have to fill in an application form for every practice you applied to?
- Do you think that the membership of the interview panel was appropriate?
- Were the questions asked appropriate and relevant to your application?
- How do you see the conduct of the interviews overall?
- How would you assess the timing of the application process?
- How do you see the overall support by NIMDTA in the process?

Information and Awareness

- How did you find out about the process?
- How did you find out which training practices would be available?
- Did you have any contact with practices before you applied?
- Did you feel sufficiently informed about the process by NIMDTA?

Overall Assessment

- How would you assess the process overall – does it promote equality of opportunity?
- Are any particular groups disadvantaged in the process? If so, what are the barriers of access for these groups?

Suggestions

- In principle, what do you think would be the benefits and downsides of (a) a matching process (b) a practice-based recruitment process?
- Which model promotes greater equality of opportunity?
- If NIMDTA were to hold on to a practiced-based process, what changes would you suggest should be made to it?
- How can disadvantages for particular groups be addressed?

Appendix 3: Focus Group Questions – TRAINERS

Recruitment Process

- How would you describe your experience of the recruitment process?
- What shortlisting criteria did you use? How did you decide?
- How did you decide on membership of the interview panel?
- How do you gauge the overall support by NIMDTA in the process?

Information and Awareness

- How well do you feel the process is publicised?

Overall Assessment

- How would you assess the process overall – does it promote equality of opportunity?

Way Forward

- What do you view to be the benefits/downfalls of:
(1) a matching process? (2) a practice-based process?
- If the current process were kept, how would you suggest improving it?

Appendix 4: Questionnaire – UNSUCCESSFUL APPLICANTS

1 Were you given any information on shortlisting criteria when you applied?

Please tick:

Yes	
No	

If yes, do you think the criteria were appropriate?

2 Do you think that the membership of the interview panel was appropriate?

Please tick:

Yes	
No	

If no, who should have been on it and/or who should not have been on it?

3 Were the questions you were asked appropriate and relevant to your application?

Please tick:

Yes	
No	

If no, please explain.

4 Do you think the timing of the application process was appropriate?

Please tick:

Yes	
No	

If no, please explain.

5 How would you assess the process overall – does it promote equality of opportunity?

Yes	
No	

If no, which aspects of the process do you think contribute most to creating unfairness?

6 Do you think any of the groups listed in the following table might find it particularly difficult to get on to the VT scheme in Northern Ireland? If so, why?

<i>Group</i>	<i>Difficulty of access to scheme Y/N</i>	<i>Please state reasons</i>
Gender		
Religion		
Age		
Race		
Political Opinion		
Carers		
Marital Status		
Disability		
Sexual Orientation		

7 Did you perceive any particular barriers applying to graduates from a university outside of Northern Ireland? Please tick:

Yes	
No	

If 'Yes' – what were they?

8 Did you perceive there to be any other inequalities regarding access to the scheme, beyond the factors mentioned above?

Please tick:

Yes	
No	

If yes, what were they?

If yes, how important were they in comparison?

9 In principle, which of the following selection processes would you support?

Please tick:

centralised recruitment process, managed by NIMDTA (i.e. VDPs and trainers are matched)	
practice-based recruitment process (i.e. each trainer to recruit his/her trainee individually)	

10 Do you have any suggestions how present barriers can be addressed?

11 Which university did you attend?

Please tick:

Queen's University Belfast	
----------------------------	--

other (please specify)	
------------------------	--

12 What do you do now?

I work as a VDP in Scotland/England/Wales	
I am taking a year out	
other (please specify)	

Appendix 5: Monitoring Questionnaire

ABOUT THIS QUESTIONNAIRE

In line with provisions under Section 75 and Schedule 9 of the Northern Ireland Act 1998, the Northern Ireland Medical and Dental Training Agency (NIMDTA) is committed to promoting equality of opportunity for all regardless of gender, marital status, disability, age, religious affiliation, political opinion, ethnic origin, dependants, or sexual orientation.

The Agency is monitoring its activities to ensure that its equal opportunities policy is effectively implemented. To assist in this monitoring process we would like to ask you a number of questions.

We do not ask you to reveal your name. Monitoring will involve the use of statistical summaries information in which the identities of individuals will not appear. This information will not be available for any purpose other than present / future equal opportunities monitoring.

Gender:

Male

Female

Transsexual

Age:

Please indicate your year of birth: _____

Marital Status:

Single Married (first marriage)

Re-married Co-habiting

Separated Divorced

Widowed

Dependants:

Do you look after or give support on a daily / weekly / monthly basis to either a family member, friend or neighbour belonging to one of the following groups:

- a dependant child or young person?

Yes No

- a person with a long-term physical or mental health problem?

Yes No

- a dependant elderly person?

Yes No

Religious affiliation:

Public authorities and private sector employers registered with the Equality Commission have a legal duty to monitor community background under the Fair Employment and Treatment (NI) Order 1998. The direct question used on the monitoring return form is:

“Regardless of whether we practice religion, most of us 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”:

I am a member of the Protestant community

I am a member of the Roman Catholic community

I am a member of neither the Protestant nor Roman Catholic community

Do you have a religious belief?

Yes No

If yes, are you:

Roman Catholic Presbyterian

Church of Ireland Methodist

Baptist Muslim

Hindu Jewish

Buddhist Sikh

Baha'i

Other, please specify _____

Ethnicity and Nationality:

Please tick the appropriate box to indicate your ethnic origin and specify your nationality:

White Irish Traveller

Chinese Indian

Pakistani Bangladeshi

Black-African Black-Caribbean

Mixed ethnic group

Any other ethnic group (please describe) _____

Nationality (please describe) _____

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

If **Yes** please specify the nature of your disability

Appendix 6: Tables Summarising Collected Section 75 Data
Table 3: Gender

	female	male
trainees	58.3	41.7
unsuccessful applicants	92.9 (13)	7.1 (1)
applicants	71.1	(28.9)
QUB final year students	55.9	44.1

Table 4: Age

	20-25	>25
trainees	95.8	4.2
unsuccessful applicants	75.0 (3)	(0)
QUB final year students*	94.1	5.9

* NB: projected age at VT/GPT training stage

Table 5: Religion

	Catholic	Protestant	neither
trainees	66.7	29.2	4.2
unsuccessful applicants	0	75.0 (3)	25.0 (1)
QUB final year students	41.2	41.2	17.7

Table 6: Ethnicity

	white	black and minority ethnic
trainees	100	0
unsuccessful applicants	85.7 (12)	14.3 (2)
QUB final year students	94.1	5.9

Table 7: Marital Status

	single	married
trainees	95.8	4.2
unsuccessful applicants	100 (4)	0
QUB final year students	97.1	2.9

Table 8: Disability

	w/ a disability
trainees	0
unsuccessful applicants	0
QUB final year students	0

Table 9: Carers of children

	carers
trainees	4.2
unsuccessful applicants	0
QUB final year students	0

Table 10: Carers of disabled dependants

	carers
trainees	0
unsuccessful applicants	0
QUB final year students	2.9

Table 11: Carers of elderly dependants

	carers
trainees	0
unsuccessful applicants	0
QUB final year students	5.9

Table 12: School of Dentistry

	QUB	other
trainees	87.5 (21)	12.5 (3)
unsuccessful applicants	73.3 (11)	26.7 (4)
applicants	82.1 (32)	17.9 (7)

Appendix 7: 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
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
Filor Housing Association
First Key
Fold Housing Association
Forum For Action On Substance Abuse
Foyle Down's Syndrome Trust
Foyle Friend
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
Newtownabbey 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 Women's 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 Council
Probation Board for NI
Progressive House
Prospects for People with Learning Disabilities
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 Agency
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 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 Equality and Human Rights Forum
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 8: Comments received during consultation and responses by NIMDTA

Consultee: Ann Hope, Northern Ireland Committee, ICTU	
Comments	Response by NIMDTA
<ul style="list-style-type: none"> • It may be possible to use the 'residual method' on monitoring forms to determine political opinion as it usually corresponds to religious belief for the 2 main communities in NI • Suggest Agency approaches COSO again as no response during data collection and consultation • What additional qualitative methods did the Agency use to collect data on sexual orientation? • Sexual orientation should be a category on the monitoring form while assuring confidentiality • Further work carried out on Protestant under-representation should 	<ul style="list-style-type: none"> • The Agency notes the comment. • Agency will continue to engage with CoSo and other groups regarding the monitoring of sexual orientation • Open-ended questions in questionnaires and respondents prompted in focus groups • Agency notes the comment but also notes contrasting recommendation by other groups in the field; Agency will consult directly with potential applicants on whether or not they would advocate inclusion of the category (see extended Action Point 2) • The Agency notes the comment and commits itself to exploring the

<p>explore the religious correlation between matched trainer and trainee</p> <ul style="list-style-type: none"> • Questions whether or not under-representation of Protestants is an example of direct discrimination or location of practices • Agency could actively seek trainers in neutral areas depending on findings of above comment • Trainers need to receive equality awareness training to address under-representation of women and those from BME communities • The Agency should contact ECNI regarding the use of lawful positive action measures which could be taken • The preference-based matching process should be carefully monitored • Questions reasons why a trainer may not agree with having a particular trainee as outlined on P.42. 	<p>potential link (see new Action Point 6)</p> <ul style="list-style-type: none"> • The Agency notes the comment • Agency will consider such measures after above review • As outlined in the proposed action points, the Agency has committed itself to providing such training to successful trainer candidates • The Agency notes the comment • The Agency notes the comment and as specified on P.44 a delivery plan will be drawn up to monitor implementation • Agency will seek clarification on good practice from other deaneries
<p>Consultee: Mrs M Oliver, Armagh and Dungannon Health & Social Services Trust</p>	

Comments	Response by NIMDTA
<ul style="list-style-type: none"> • Research may highlight some legitimate cause for concern especially in relation to gender discrimination • Too much significance is attributed to qualitative reports from only 4 out of a possible 14 unsuccessful applicants who had negative experiences • No <u>evidence</u> presented that ethnic minorities / Protestants / those with dependants were discriminated against • Ratio of religious beliefs between final year students is not necessarily the same ratio that applied for VT/GPT as not all applicants were from QUB and not all QUB students applied • Agrees that further training for interviewers and trainers is required as inappropriate questions are unacceptable 	<ul style="list-style-type: none"> • The Agency notes the comment • The report highlights that definite conclusions cannot be drawn as too few participated in the research. However, the Agency feels that the views of those who did participate are no less important just because there were only 4 of them. • The Agency feels that the quantitative and qualitative data collected and outlined throughout the report can be regarded as evidence • The Agency acknowledges the point made, but would refer you to the discussion on religious belief and political opinion on P.27-28. • The Agency notes the comment

<ul style="list-style-type: none"> • To describe a positive comment on a person's "young appearance" and try to suggest that this is a cause for concern is nonsense • Community Dental Service members are not involved but have a pool of experienced interviewers who are well versed in equality issues and legislation • Nothing in report re. female to male ratio of trainers / interviewers – this may present barriers to females as most trainers are male • Conclusions reached are not backed by evidence in most cases • Concerns about 'potential inequalities' seem to be based mainly on statements gleaned from a very small number of unsuccessful applicants 	<ul style="list-style-type: none"> • Crucially, this comment was not perceived as 'positive' by the applicant in question. Irrelevant comments and questions are in breach of employment legislation and in fact may be in breach of age discrimination legislation when it comes into effect in Oct 2006 • The Agency will explore the scope for drawing on the expertise of members of the Community Dental Service (see new Action Point 4) • The Agency notes the comment. The new system of recruitment will ensure that panels are balanced and representative • The Agency would argue that the report presents sufficient evidence to support its conclusions, bearing in mind the value of qualitative data and the careful wording employed • The Agency would maintain that potential inequalities were highlighted throughout the whole of the data collection process
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<ul style="list-style-type: none"> • No detail given of potential barriers for people with disabilities – just “reasons to believe” • Questions about stress and access to transport are legitimate questions for a dentist taking up employment • Where is the evidence that operation of the policy impacts negatively on people from ethnic minorities just because all trainees are white? The white candidates on this occasion may have been the best. No information is provided on the number of applicants from ethnic minorities – the numbers may have been small • The section on QUB v non-QUB graduates is confused – the statistics do not necessarily add up to discrimination 	<ul style="list-style-type: none"> • Specific detail given includes expert guidance from a representative of Disability Action on the timescales involved, access to transport and low levels of self-esteem • The Agency notes the comment but emphasises that care must be taken to ensure that disabled people are not discriminated against • The Agency notes the comment • The statistics outlined show that only 12.5% of non-QUB graduate applicants were successful, with twice as many more being unsuccessful. QUB graduates are therefore more likely to be successful which could amount to inequitable practice
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Consultee: Disability Action	
Comments	Response by NIMDTA
No specific comments	

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