



## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

### THIS IS A PUBLIC DOCUMENT

<b>Title of Proposal:</b> Appraisal Policy for Doctors & Dentists	
<b>Lead Manager:</b> Wesley Henderson	<b>Title:</b> Senior Manager (interim)
<b>Directorate:</b> Medical Directorate	<b>Department:</b> Office of the Medical Director
<b>Contact details:</b> Wesley Henderson <b>Address:</b> Ward 4, South West Acute Hospital, WHSCT. <b>Tel:</b> 0266638200 extension 259207 or 07795274192 <b>Email:</b> wesley.henderson@westerntrust.hscni.net	
<b>Short Description of Proposal</b> The aim of this policy is to ensure that all licensed practitioners (doctors and dentists) with a prescribed connection to the Western Health & Social Services Trust, or those who work in longer term locum positions, undergo a high quality and consistent form of annual professional appraisal, to meet updated regulatory and HSC public inquiries requirements.	
<b>Final Recommendations:</b> (please tick as appropriate)	
1. <b>GREEN:</b> No equality issues/impact: no further action	√
2. <b>AMBER:</b> Minor equality issues/impact: actions identified	
3. <b>RED:</b> Major equality issues/impact: full EQIA recommended	
Please send draft completed form for quality assurance to <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a> For further information on quality assurance see page 3, section 3.	
<b>Final Approval Date:</b>	

## (1) INFORMATION ABOUT THE POLICY OR PROPOSAL

### 1.1 Title of policy or proposal

**Appraisal Policy for Doctors & Dentists**

### 1.2 Description of policy or proposal

The policy outlines the annual appraisal requirement for doctors and dentists employed by the Wes Western Health and Social Care Trust (WHSCT), for all non-training grades.

The policy update ensures continued compliance with the underlying legislation for this requirement, *General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012*, was passed into law on 3<sup>rd</sup> December 2012, and with more recent change requirements identified under:

- GMC Good Medical Practice 2024
- Independent Neurology Inquiry Recommendations.

### 1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

The following stakeholders have been involved are:

#### Internal

All non-training doctor grades (including Consultant, Specialty Doctor, Associate Specialist and Junior Doctors

Physician Associates / Anaesthetic Associates

Dental Practitioners

Medical Directors Office

Service Managers / Clinical Leads / Divisional Clinical Directors

Medical HR

#### External

Trade Unions / BMA

Department of Health (Chief Medical Officer's Office)

General Medical Council

General Dental Council

### 1.4 Other policies or decisions with a bearing on this policy or proposal

The main drivers for change at this time are the GMC Good Medical Practice 2024 and the Independent Neurology Inquiry Recommendations. Locally, the opportunity has been used to include improvements in governance processes, e.g. inclusion of the Engagement Protocol, as part of Trust policy.

## (2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

### 2.1 Data Gathering

**2.1.1** What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

Change requirements have been identified in:

- **General Medical Council – Good Medical Practice 2024**; providing updated guidance on the completion and content of Medical Annual appraisal towards Revalidation.
- **Independent Neurology Inquiry Recommendations**; with change requirements specifically identified for HSCNI Trusts to address.
- Professional Governance; where the policy has been updated to include local process and guidance, relevant to Appraisal & Revalidation.
- **Regional Appraisal System and Dashboard**; the update will reflect the implementation of the online Regional Appraisal System and the associated dashboard, used to support the completion of annual appraisal and to support reporting/monitoring to ensure compliance.
- **Collaborative Working and Shared Learning**; the Trust now benefits from participation in collaborative working with all other HSC organisation on Appraisal & Revalidation matters.

Direct discussion and guidance from officers of the Trust Equality department.

#### **2.1.2 How did you involve people?**

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

**Consultation and Engagement Statement:** In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

A Trust working group was established with representation from key senior stakeholders, including the Medical Director, Appraisal & Revalidation Clinical Lead, Appraisal & Revalidation Team and the Regional Appraisal & Revalidation Lead.

The working group also benefited from collaborative support from other HSCNI Trusts through shared learning and good practice.

Other groups where the subject has been raised includes:

- Medical Directorate SMT
- Corporate Policy Group
- Regional Appraisal & Revalidation Working Group
- BMA Local Negotiating Committee

## 2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

Category	Service Users			Medical Staff		
	Trust Equality Office 24 <sup>th</sup> April 2024 (2021 Census figures)			Trust workforce planning 3 <sup>rd</sup> June 2024		
Gender	Female	152,563	50.58%	Female	361	43.44%
	Male	149,055	49.42%	Male	470	56.56%
Age	Age range	Total No.	% of total	Age range	No. of Staff	% of total
	0 – 15	63,854	21.17	16-24	0	0
	16-24	31,181	10.34	25-34	320	38.51
	25-44	75,214	24.95	35-44	237	19.69
	45-64	79,970	26.51	45-54	170	20.46
	65-74	29,392	9.74	55-64	81	9.75
	75+	22,006	7.30	65 +	23	2.77
Religion	Presbyterian	26,996		Protestant	92	
	Church of Ireland	34,802		Roman Catholic	214	
	Methodist	4,540		Not Determined/Not Known		525
	Roman Catholic	194,050		<b>TOTAL</b>	<b>831</b>	
	Other Religions	2,388				
	No Religion	25,107				
	Religion not stated	4,860				
Political Opinion	Not collected Based on first choice votes held by electoral office:			Broadly Unionist	39	
				Broadly Nationalist	67	
				Other	106	
				Do not wish to answer/not known	619	
				<b>TOTAL</b>	<b>831</b>	
Marital Status	Category	Total No.	% of total	Category	No. of Staff	% of total
	Married	107,063	35.50%	Married	438	52.71
	Single	92,708	30.74%	Single	255	30.69
	Other	37,991	12.60%	Other	138	11.47
Dependent Status	Households with dependent children 38,219 24.48%			Yes	138	
				No	145	
				Not Known	548	
				<b>TOTAL</b>	<b>831</b>	
Disability	Household with one or more persons with a limiting long term illness - 43,479 44.63%			Yes	7	
				No	363	
				Not Known	461	
				<b>TOTAL</b>	<b>831</b>	
Ethnicity	Category	Total No	% of total	Bangladeshi	1	
	Arab	158	0.05	Black African	14	
	Asian Other	326	0.11	Black Caribbean	0	
	Black African	370	0.12	Black Other	0	
	Black Other	132	0.06	Chinese	2	

	Chinese	640	0.21	Filipino	0
	Filipino	415	0.14	Indian	39
	Indian	1,041	0.35	Irish Traveller	0
	Irish Traveller	527	0.17	Mixed Ethnic Group	9
	Roma	43	0.01	Not assigned	422
	Mixed Ethnic Group	1,554		Other	24
		0.51		Pakistani	26
	Other	372	0.12	White	294
	Pakistani	156	0.05	<b>TOTAL</b>	<b>831</b>
	White	295,860	98.09		
Sexual Orientation	Category	%		Opposite sex	316
	Heterosexual	91.2		Same sex	14
	LGBTQ+	1.6		Same and Opposite sex	1
	Not stated	7.2		Do not wish to answer/not known	500
				<b>TOTAL</b>	<b>831</b>

### 2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	Needs and Experiences	
<b>Equality Group</b>	<b>Service Users, etc.</b>	<b>Staff</b>
Gender	No Change to Service Delivery	No Identified Issues
Age	No Change to Service Delivery	No Identified Issues
Religion	No Change to Service Delivery	No Identified Issues
Political Opinion	No Change to Service Delivery	No Identified Issues
Marital Status	No Change to Service Delivery	No Identified Issues
Dependent Status	No Change to Service Delivery	No Identified Issues
Disability	Documents available in alternative formats and interpreters available as per Trust Policy	Documents available in alternative formats and interpreters available as per Trust Policy
Ethnicity	Documents available in alternative languages and interpreters available as per Trust Policy	Documents available in alternative languages as per Trust Policy
Sexual Orientation	No Change to Service Delivery	No Identified Issues
Other Issues: e.g. Rurality	No Change to Service Delivery	No Change to Service Delivery

### 2.4 Multiple Identities:

When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

There are no additional issues associated with this policy update.

### 2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

<b>Equality Group</b>	<b>Actions that promote equality of opportunity or minimise (mitigate) adverse impacts</b>
Disability Service Users	Documents available in alternative formats and interpreters available as per Trust Policy
Disability Staff	Documents available in alternative formats and interpreters available as per Trust Policy
Ethnicity Service Users	Documents available in alternative languages and interpreters available as per Trust Policy
Ethnicity Staff	Documents available in alternative languages as per Trust Policy

## 2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	Not Applicable	
Political Opinion	Not Applicable	
Ethnicity	Not Applicable	

### (3) CONSIDERATION OF DISABILITY DUTIES

#### **How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?**

This policy relates to legislative, regulatory and employer requirements.

The policy takes account of the online Regional Appraisal System development which facilitates remote/online appraisal, and no longer requires face to face appraisal meetings. Therefore, removing any geographical and physical challenges for participation.

#### (4) CONSIDERATION OF HUMAN RIGHTS

4.1 Does the policy or proposal adversely affect anyone's Human Rights?  
Complete for each of the Articles.

Article	Positive Impact	Negative Impact - human right interfered with or restricted	Neutral Impact
Article 2 – Right to life			✓
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			✓
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person			✓
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			✓
Article 8 – Right to respect for private & family life, home and correspondence.	✓		
Article 9 – Right to freedom of thought, conscience & religion			✓
Article 10 – Right to freedom of expression			✓
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 <sup>st</sup> protocol Article 2 – Right of access to education			✓

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

**4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.**

<b>Article Number</b>	<b>What is the negative impact and who does it impact upon?</b>	<b>What do you intend to do to address this?</b>	<b>Does this raise any further legal issues?*</b> <b>Yes/No</b>
	<b>Not applicable</b>		

*\*It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.*

**4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.**

<p>Not applicable</p>
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**(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?**

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

**How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)**

**Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?**

**Please tick:**

<b>GREEN:</b> No impact	<input checked="" type="checkbox"/>
<b>AMBER:</b> Minor impact	<input type="checkbox"/>
<b>RED:</b> Major impact	<input type="checkbox"/>

**Please tick:**

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

**Please give reasons for your decision.** (See Guidance Notes, page 28, for sample paragraph).

This is a policy update that takes account of regulatory and good practice change requirements, supporting our doctors and dentists through annual appraisal, maintaining their licence to practice and enabling them to demonstrate good practice.

The policy outlines the role of the Appraisal & Revalidation Team continuing to support all doctors and dentists in completion of their annual appraisal.

The policy outlines the role of the Appraisal & Revalidation Team continuing to provide a training program that support all doctors and dentists participating in completion of their annual appraisal.

The policy has been approved through the Trust Policy Group and is uploaded on the Trustnet in Trust Documents and has been circulated across the Trust Consultants and Non-Consultants email groups.

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to MUST include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

**(6) EQUALITY AND HUMAN RIGHTS MONITORING**

**What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?**

Feedback; doctors and dentists that attend Appraisal & Revalidation training sessions are requested to complete feedback forms (via paper and MS teams) and Appraisal Feedback forms relating to their appraisal experience.

Regional Appraisal System Dashboard; is used to monitor annual appraisal compliance, focus Appraisal & Revalidation Team resources to remind and support doctors and dentists in completion of annual appraisal.

**Approved Lead Officer:** Wesley Henderson

**Position:** Senior Manager (Medical Directorate)

**Policy/Proposal Screened By:** \_\_\_\_\_

**22nd November 2024**

**Date:** \_\_\_\_\_

**Quality Assurance:** Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: [equality.admin@westerntrust.hscni.net](mailto:equality.admin@westerntrust.hscni.net). **Quality Assurance can take up to three weeks.**

**Directorate SMT Approval:** The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

**Quarterly Equality Screening Reports:** When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.