Equality and Diversity Impact Assessment

The following report is based on data collected during an impact assessment session held with members of the service (Vocational Dental Practitioners and their Trainers), members of the recruitment team, and Directors of Postgraduate Training. The session was held on 16.1.08, and this document was circulated to the participants who attended the impact assessment session, and to equalities groups (LGBThealthscotland, Fair For all – Disability, Fair for All – Age, National Resource Centre for Ethnic Minority Health, Scottish Interfaith Council, Fair for All – Gender, and Stonewall Scotland). We are very grateful for the valuable feedback which was received from these groups, and this feedback has been incorporated into the report.

As the data had suggested that there was the possibility that applicants to Vocational Training from ethnic minority groups might be disadvantaged by the process, we invited trainers and trainees to the session, and we particularly encouraged attendance of trainers and trainees from ethnic minority groups.

It should be noted that during the session the participants approached the impact assessment of recruitment to VT predominantly from the point of view ensuring that all potential applicants to Vocational Training are treated fairly and that everything that can be done is done to promote equality of opportunity for all applicants. However, we recognise that this aim is inextricably linked to the promotion of a better patient experience. For clarity within this report, statements that link directly to service delivery are noted in italics.

An Action Plan is contained in Section 9 showing work that will be taken forward as a result of this impact assessment. Progress against these targets will be reviewed at each dental E&D group (approximately every six weeks), and further information is available from Aileen Ferguson on tel. 0131 313 8018.

The format of the report is dictated by the Equality and Diversity Impact Assessment Toolkit, adapted for use by NES from the Scottish Government’s document http://www.scotland.gov.uk/Publications/2005/02/20687/52421

If you have any comments or queries around any of the information contained in this report, or require this report in a different format, please contact Aileen.Ferguson@nes.scot.nhs.uk

March 2008, (revised September 2008)
Equality and Diversity Impact Assessment

<table>
<thead>
<tr>
<th>Name of Function/ policy/ procedure/ project/ guideline/ practice/ proposal to be impact assessed</th>
</tr>
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<tbody>
<tr>
<td>Recruitment to Dental Vocational Training</td>
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<table>
<thead>
<tr>
<th>Has a Rapid Impact Assessment (RIA) been completed indicating a full impact assessment is required?</th>
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<tbody>
<tr>
<td>(Available on intranet via the PFPI pages or in some cases this may be the project template)</td>
</tr>
<tr>
<td>Yes Date: 30/10/07</td>
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<table>
<thead>
<tr>
<th>Lead</th>
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<tbody>
<tr>
<td>Aileen Ferguson</td>
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<table>
<thead>
<tr>
<th>Attendees at the IA session</th>
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<tbody>
<tr>
<td>NES staff and E&amp;D working group members:</td>
</tr>
<tr>
<td>Claire Tochel (Research &amp; Information Officer),</td>
</tr>
<tr>
<td>Alan Walker (Director of Postgraduate General Dental Practice Education),</td>
</tr>
<tr>
<td>Aileen Ferguson (NES Business Support Officer),</td>
</tr>
<tr>
<td>David Felix (Associate Dean with responsibility for the Hospital Dental Service)</td>
</tr>
<tr>
<td>Representatives from:</td>
</tr>
<tr>
<td>HR Recruitment staff,</td>
</tr>
<tr>
<td>Postgraduate General Dental Practice Directors,</td>
</tr>
<tr>
<td>Associate Dean,</td>
</tr>
<tr>
<td>Trainers and Vocational Dental Practitioners (VDPs).</td>
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</table>

We advertised the session to trainers and VDPs and noted that individuals from ethnic minorities were particularly welcome, as data suggested they might be disadvantaged by the process.

<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>16.1.08</td>
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<tr>
<th>Action (please detail who will undertake any recommendations)</th>
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<tbody>
<tr>
<td>Please submit a copy of the completed document to <a href="mailto:Morag.McElhinney@nes.scot.nhs.uk">Morag.McElhinney@nes.scot.nhs.uk</a></td>
</tr>
</tbody>
</table>

E&D Working Group, Dental staff and HR Recruitment Staff

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
What is an Equality and Diversity Impact Assessment?

An Equality and Diversity Impact Assessment is the process of anticipating and measuring the effects of a new or existing service, policy or project on different social groups according to race, gender, disability, sexual orientation, age, and religion or belief. The purpose of the Impact Assessment is to ensure that all users of services and policies have equal access and opportunities and that their specific needs are addressed where possible and that diversity is promoted wherever possible in all that we do.

- **Aim** is to promote equality of opportunity and diversity.
- **Outcome driven** as opposed to process driven.
- **Aim** is to increase participation and inclusion, leading to culture change in public authority decision making and promotion of equal opportunities.

- Consider the extent of differential impact on different groups.
- Consider if there is a differential negative impact.
  - If so, **why**?
  - How can this be mitigated?

- **What do we impact assess?** – The actual and potential impact new and existing services, policies, procedures, projects, guidelines, practices, proposals will have on different groups.

- **When do we impact assess?** Ideally impact assessment should occur at the initial planning stages of a new function*. Following the completion of a Rapid Impact Assessment (link) the need for a full impact assessment may be identified.

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
- Who should impact assess? The impact assessment process requires the Directorate to identify the most appropriate member of staff to lead both the Rapid and Full Impact Assessment. Involvement of other interested parties (e.g. Steering Groups, colleagues, external stakeholders etc) in the impact assessment, including equality groups, should be encouraged where possible.

- Performance management of equality and diversity issues will be embedded into NES systems.
- Training will be offered to the Working Group members involved in the rapid and full impact assessment processes.
- Glossary – a glossary of terms is appended to this document for guidance.

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
1. Identify **ALL** the aims of the function*

   a) What is the purpose of the function*?  
      (consider implicit and explicit aims)  
      To select the most competent dental graduates to enter the NHS dental workforce via Vocational training within a suitable training practice.  
      To ensure that all graduates of Scottish Dental schools gain a Vocational Training/Dental Foundation place if they wish one.  

   b) Who does the function* affect/benefit?  
      (e.g. staff/ service users; equality groups; other stakeholder groups)  
      The selection process for Dental Vocational Training affects two distinct groups:– (a) the trainees who undergo part of all of the recruitment process, and (b) those patients and colleagues with whom the trainee will work for the duration of their training and beyond.  

   c) What results/outcomes are intended?  
      A fair and consistent recruitment process.  
      Satisfactory completion of training by VDP.  
      The best possible quality of patient experience.  

   d) Are there risks associated with the function* in relation to meeting equality duties/requirements?  
      Claims of discrimination within recruitment and selection process.  
      The risk of employing a VDP/trainer who may potentially discriminate on any ground in practice, against patients, staff, colleagues.  
      The risk of a trainee or trainers not recognising inequality due to lack of training or a lack of cultural awareness.  

2. Consider the evidence (data and information)

   These questions can be tackled out of sequence and as a gap is identified during the process. If you require any assistance on research related issues please contact your local Research and Information Officer.

   a) What information/data would be useful to have?  

   b) What data (quantitative and qualitative (see glossary) – e.g. questionnaires, published reports,  
      2007 Recruitment questionnaires  
      2007 Recruitment report  
      2007/2008 Trainer and Trainee survey  

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
<table>
<thead>
<tr>
<th>surveys, HR statistics) is available?</th>
<th>Census data</th>
</tr>
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<tbody>
<tr>
<td>(in house and external)</td>
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</table>

**c) How reliable/ valid/ up to date is data?**

Updated every year.
The trainer survey only captures data from successful trainers.
The trainee survey does not capture those registrants who do not progress as far as E-application, matching or clearing – changes are being put in place to ensure that data is captured from these groups – changing the time of the survey and issuing it online.

**d) What does the data tell you about:**

- **Different Needs?**
- **Different experiences?**
- **Different impacts?**
- **Different outcomes?**

Data suggests there is a need for more information about the trainees left in clearing, so measures have been put in place to gather information on trainees’ preferences in terms of where they wish to work and trainers’ preferences for trainees. Trainee data will be available in 2008 and it is proposed that trainer data could be built in to the process in 2009.

The data suggested that there was a group of Muslim women who entered and were left within the clearing process. As a first step, gathering more information about their choices will ascertain whether the choices they make are self-limiting. Examination of a further year of data will indicate if this is a one-off anomaly.

The trainee survey suggests that female applicants may be less content with the recruitment process than men, again, a further year of data to be examined by the working group will show if this is an anomaly.

Because of the selection process which takes place at University level, the numbers of trainees and trainers who consider themselves disabled is very small (none noted in any data in 2007/08), and the main support need identified in the past has been dyslexia. *A lack of disabled individuals entering dentistry would constitute a negative impact on this group.*

Age and sexual orientation did not, from the statistics, appear to be grounds by which individuals were disadvantaged. However, available data on the sexual orientation suggests that either less LGBT\(^1\) individuals are attracted to dentistry

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\(^1\) LGBT, (also GLBT) is an acronym referring collectively to Lesbian, Gay, Bisexual, and Transgender/Transsexual people.

\(^2\) ‘Being the gay one – experiences of lesbian, gay and bisexual people working in the health and social care sector’ Stonewall, 2007

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
The low number of individuals entering dentistry with a profile other than young, white, Christian, and able-bodied would suggest that there would be merit in assisting the trainees and trainers to understand the needs of individuals from a different demographic.

Initiatives such as the assessment of cultural competencies and mandatory E&D training will assist recognition of barriers to accessing service, and ultimately deliver a better patient experience. Training will also help staff, trainers and trainees to recognise their own rights within the workplace, and promote a culture where diversity is visible and valued.

<table>
<thead>
<tr>
<th>e) Having reviewed the information and data available, do you have any remaining questions that would prevent you continuing with the impact assessment? Is there further information you can gather?</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no other questions that can be answered immediately, so the decision was taken to invite VDPs and trainers from as wide a demographic as possible to an impact assessment session, to gain their perspective. The trainers and trainees were separated in order to capture their different perspectives, with each group assigned a facilitator and scribe to aid the process.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f) Are there any stakeholders (see 1b above) you should now consult?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainers and Trainees. Recruitment staff. Dental staff (Directors).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g) Have you consulted any experts already?</th>
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<tbody>
<tr>
<td>No. HR recruitment staff will attend the impact assessment.</td>
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</table>

<table>
<thead>
<tr>
<th>h) What were the views of any experts/stakeholders?</th>
</tr>
</thead>
</table>

### 3. Assess the likely impact on different groups and the opportunity to promote diversity

#### a) In what areas does it have an impact?

**E.g.**

- Health
- Lifestyle, including family life
- Work life, including employment progression
- Physical conditions

*Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
- Access to information
  - Experience of services
  b) Is the impact the same/ different/ neutral/ beneficial/ adverse in relation to equality?
  c) How do you know this? What evidence is there?
  d) Does adverse impact amount to unlawful discrimination? (legal advice may be required)
  e) Is the impact intended to redress past disadvantage or promote equality?
  f) How does the function* area affect different groups and sections of those groups? (e.g. young and disabled)
  g) How can the function promote diversity?

- **3.1 Race**
  - including colour, nationality, ethnic or national origins (e.g. different communities including Gypsy/ Travellers, asylum seekers and refugees, new migrants)

<table>
<thead>
<tr>
<th>Areas of Impact</th>
<th>The proportion of BME(^3) VDPs registering for the VDP recruitment process dentistry is higher than the Scottish census shows for the working population as a whole. This might indicate that dentistry is an attractive option to individuals from this group choosing University courses.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutral Impacts and explanation</td>
<td>Statistics would suggest that for those VDPs who are recruited to the Vocational Training year, irrespective of their race, the impact is extremely beneficial, as the training, if satisfactory completion is attained, will enable the individual to work within the NHS. Often, it can lead directly to a position within the practice as an associate.</td>
</tr>
</tbody>
</table>
| Beneficial Impacts and explanation | VDP recruitment statistics suggest that a high percentage of BME VDPs are left in the clearing process (21%), as opposed to 3% of white VDPs within the process. In addition, 77% of those who progressed through the recruitment process and were left in clearing were female. This might suggest that BME female VDPs (predominantly Muslim) are disadvantaged by the process.  

  * A lack of a visible presence of BME individuals within the service may in turn provide a negative message to patients. |
| Adverse Impact and explanation | The recruitment process is lawful, and trainees apply through free and open |

\(^3\) BME - Black and Minority Ethnic persons or groups

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
competition, but more work will be done to ascertain exactly why this group appears to be disadvantaged, and measures to promote diversity as described in this document will be put in place prior to the next recruitment round.

How can the function promote diversity?  
Please see section 9.

<table>
<thead>
<tr>
<th><strong>3.2 Disability</strong></th>
<th>mental, physical, sensory, learning difficulties, visible/invisible, progressive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Areas of Impact</strong></td>
<td>i.e. what are the areas of impact of the function* on disability?</td>
</tr>
<tr>
<td></td>
<td>As the individuals entering the process have been selected for undergraduate training by the universities, there are few trainees who have special requirements as a result of a physical disability (none registered in the current year).</td>
</tr>
<tr>
<td><strong>Neutral Impacts and explanation</strong></td>
<td>The impact is deemed to be neutral. However, more work requires to be done on whether there are barriers to individuals with a disability entering dental school.</td>
</tr>
<tr>
<td><strong>Beneficial Impacts and explanation</strong></td>
<td>Statistics would suggest that for those VDPs who are recruited to the Vocational Training year, irrespective of whether they are disabled, the impact is extremely beneficial, as the training, if satisfactory completion is attained, will enable the individual to work within the NHS. Often, it can lead directly to a position within the practice as an associate.</td>
</tr>
<tr>
<td><strong>Adverse Impact and explanation</strong></td>
<td>The most common disability that occurs is dyslexia, and this is an issue not simply for the recruitment process but for the entirety of the training. Trainees may be disadvantaged if they feel unable to declare their disability during the recruitment phase.</td>
</tr>
</tbody>
</table>

*Disabled people often face unacceptable difficulties when they try to use NHSScotland services*, so education and training of trainers and VDPs across Scotland in Equality and Diversity is mandatory, and this training is being offered by NES to all its dental staff. However, a lack of a visible presence of disabled individuals within the service may in turn provide a negative message to patients.

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* NHSScotland and the Disability Discrimination Act 1995 Introduction, Scottish Executive Health Department  
http://www.sehd.scot.nhs.uk/hddda/
with disability, and a potential lack of understanding of the barriers to service from able-bodied service providers would have a negative impact of disabled service users.

If investigation shows that disabled students are not considering dentistry as a career, or are not supported through the University application process, this would constitute a negative impact.

<table>
<thead>
<tr>
<th>Lawful or Unlawful and explanation</th>
<th>The recruitment process is lawful, and trainees apply through free and open competition, but more work will be done to ascertain whether this group is disadvantaged.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can the function promote diversity?</td>
<td>Please see section 9</td>
</tr>
</tbody>
</table>

### 3.3 Sex and Gender

- Men, women, transsexual people, marital status

**Areas of Impact**

i.e. what are the areas of impact of the function* on sex and gender?

It was discussed that a male trainee might be perceived as more favourable from a business person’s point of view as they may be seen as being focused more on success/advancement whereas it was felt generally that women may not look at a placement in this way.

There may also be an issue of childcare and whether or not NES was providing enough options to parents (both sexes) who may only be able to work specific hours due to childcare requirements/responsibilities. Should part time trainers be matched to part time VDPs? A suggestion was that it would be better to have a full time trainers with 2 part time trainees whose schedules complemented each other.

**Neutral Impacts and explanation**

There are similar numbers of male and female VDPs.

**Beneficial Impacts and explanation**

Statistics would suggest that for those VDPs who are recruited to the Vocational Training year, irrespective of gender, the impact is extremely beneficial, as the training, if satisfactory completion is attained, will enable the individual to work within the NHS. Often, it can lead directly to a position within the practice as an associate.

**Adverse Impact and explanation**

Statistics suggested that women were less content with the matching process than

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
men, and that more women than men entered and were left in clearing. This may, however, be a result of the higher levels of women entering VT. The statistics for the 2008 intake will confirm this.

The Scottish Government’s 2006 survey *Attitudes to Discrimination in Scotland*\(^5\) indicated that within the surveyed population, 22-32% would agree that it is ‘definitely / probably’ acceptable to discriminate against people who had undergone a sex change in terms of suitability for employment or in provision of service. NES, in making E&D training mandatory for trainers and VDPs and in piloting cultural awareness competencies, is working to provide education and eliminate discrimination against all individuals by staff involved in NHS dentistry. Promoting an understanding of the issues (for example in terms of child-care or child-friendly surgeries, or promoting an understanding of the issues facing those undergoing a sex change) will result in improved patient care and a better working environment for all individuals.

<table>
<thead>
<tr>
<th>Lawful or Unlawful and explanation</th>
<th>The recruitment process is lawful, and trainees apply through free and open competition, but more work will be done to ascertain if women are disadvantaged, and measures will be put in place to address inequalities and promote diversity, as per section 9.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can the function promote diversity?</td>
<td>Please see section 9.</td>
</tr>
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</table>

### 3.4 Sexual orientation

<table>
<thead>
<tr>
<th>Areas of Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.e. what are the areas of impact of the function* on sexual orientation?</td>
</tr>
<tr>
<td>No areas were highlighted by the group.</td>
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</table>

<table>
<thead>
<tr>
<th>Neutral Impacts and explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The function was deemed to have a neutral impact by all present. Numbers of people describing themselves as LGBT are very small, and trainees and trainers were of the opinion that individuals were not disadvantaged by their sexual orientation during the recruitment process or training. However, the fact that the...</td>
</tr>
</tbody>
</table>

\(^5\) *Attitudes to Discrimination in Scotland*, Bromley & Curtice, 2006 http://www.scotland.gov.uk/Publications/2007/12/04093619/0

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
numbers of individuals describing themselves as LGBT are smaller than the national average of 6%, suggests that more work requires to be done to change the culture and promote diversity, allowing individuals to work and patients to be treated without fear of bullying, discrimination or harassment.

**Beneficial Impacts and explanation**  
Statistics would suggest that for those VDPs who are recruited to the Vocational Training year the impact is extremely beneficial, irrespective of their sexual orientation, as the training, if satisfactory completion is attained, will enable the individual to work within the NHS. Often, it can lead directly to a position within the practice as an associate.

**Adverse Impact and explanation**  
The Scottish Government’s 2006 survey *Attitudes to Discrimination in Scotland* indicated that within the surveyed population, 21-46% would agree that it is ‘definitely / probably’ acceptable to discriminate against a gay man or lesbian in terms of suitability for employment or in provision of service.

*NES, in piloting cultural awareness competencies and in making E&D training mandatory for trainers and VDPs, and in offering this training to staff, is working to provide education and eliminate discrimination against all individuals by staff involved in NHS dentistry.*

**Lawful or Unlawful and explanation**  
The recruitment process is lawful, and trainees apply through free and open competition, however work needs to be done to change the culture.

**How can the function promote diversity?**  
Please see section 9.

### 3.5 Age

**Areas of Impact**  
i.e. what are the areas of impact of the function* on age?

**Neutral Impacts and explanation**  
The function was deemed to have a neutral impact by all present. There is no upper or lower limit for VDPs or trainers, although dentists are required to have four years post-qualification experience before becoming trainers.

**Beneficial Impacts and explanation**  
Statistics would suggest that for those VDPs who are recruited to the Vocational Training year the impact is extremely beneficial, irrespective of their sexual orientation, as the training, if satisfactory completion is attained, will enable the individual to work within the NHS. Often, it can lead directly to a position within the practice as an associate.

*Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
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<tr>
<th>Training year (irrespective of their age), the impact is extremely beneficial, as the training, if satisfactory completion is attained, will enable the individual to work within the NHS. Often, it can lead directly to a position within the practice as an associate.</th>
</tr>
</thead>
</table>
| Adverse Impact and explanation | The Scottish Government’s 2006 survey Attitudes to Discrimination in Scotland indicated that within the surveyed population, 29-49% would agree that it is ‘definitely / probably’ acceptable to discriminate against a person aged under 21 or over 70 or in terms of suitability for employment or in provision of service.  

NES, in making E&D training mandatory for trainers and VDPs, and in offering this training to staff, is working to provide education and eliminate discrimination against all individuals by staff involved in NHS dentistry. CPD courses are available for dentists and DCPs dealing with the specific requirements of adults and children in terms of service delivery. |
| Lawful or Unlawful and explanation | The recruitment process is lawful, and trainees apply through free and open competition. |
| How can the function promote diversity? | Please see section 9. |

### 3.6 Religion or belief

| Areas of Impact  
i.e. what are the areas of impact of the function* on religion or belief? | Where practices work on a Saturday, this is advertised clearly to the VDP. There is an open invitation for requests for alternative dates to be made.  

If a trainee requires to attend mid-day congregational prayers on a Friday, arrangements are made with the practice to accommodate this requirement.  

VDP recruitment statistics suggest that a high percentage of BME VDPs are left in the clearing process (21%), as opposed to 3% of white VDPs within the process. In addition, 77% of those who progressed through the recruitment process and left in clearing were female. This might suggest that BME female VDPs (predominantly Muslim) are disadvantaged by the process. |

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
Neutral Impacts and explanation

Beneficial Impacts and explanation
Statistics would suggest that for those VDPs who are recruited to the Vocational Training year, (irrespective of their race), the impact is extremely beneficial, as the training, if satisfactory completion is attained, will enable the individual to work within the NHS. Often, it can lead directly to a position within the practice as an associate.

Adverse Impact and explanation
The Scottish Government’s 2006 survey Attitudes to Discrimination in Scotland indicated that within the surveyed population, 15-17% would agree that it is ‘definitely / probably’ acceptable to discriminate against someone of a different religion in terms of suitability for employment or in provision of service.

NES, in making E&D training mandatory for trainers and VDPs, and in offering this training to staff, is working to provide education and eliminate discrimination against all individuals by staff involved in NHS dentistry. It is hoped that the cultural awareness training and assessment will contribute to a better understanding of different belief systems and their implications for service delivery.

Lawful or Unlawful and explanation
The recruitment process is lawful, and trainees apply through free and open competition, but more work will be done to ascertain whether individuals who hold different religious beliefs are disadvantaged.

How can the function promote diversity?
Please see section 9.

4. Consider alternatives – what to do if there is adverse impact

a) How can the function* be changed in a way that is proportionate (see glossary) and will remove unlawful discrimination?

b) How can the function* be changed in a way that is proportionate and will

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
reduce any adverse impact? place to assess the effect of changes made.

It is hoped that by providing E&D training to all groups, they will be better equipped to meet the various needs of patients, staff and colleagues. Better links with Universities and Boards will ensure a more joined up approach to training, and the assessment of cultural competencies will contribute to a better understanding of how to provide a service that will meet the needs of all patients and staff.

c) If the function* cannot be changed, can it still be justified? (If there is direct discrimination it cannot be justified. Any adverse impact would require strong justification. You may wish to take legal advice on this).

d) Can the aims be met in some other way? What can you do now/ later?

5. Consult formally – relevant stakeholders

a) How will you consult?

- Who do you need to get views from? Internal/ external?
  - External groups concerned with tackling discrimination. Dean, Directors, Impact Assessment group, HR.

- What methods will you use? (e.g. how to contact hard to reach groups)
  - Via the work done by our PFPI Committee, Competency group & HR, linking with equalities groups.

- What formats will you use to communicate with different people?
  - We are seeking further information on how best to communicate.

- How long will you give people to respond?
  - Four weeks.

b) How will you ensure that the people who are likely to be affected or who have an interest agree that:

- The right issues have been identified?
  - The E&D working group discussed the statistics available, as did the dental Executive. We gathered a representative group of trainers, staff and trainees for the impact assessment and had a wide-ranging discussion. The results were issued to equalities groups for feedback.

- Proposed modifications are
  - The modifications were suggested by the group and by those with whom we

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
### 6. Decide whether or not to adopt/revise the function*

a) Taking into account all the data, information, potential impact issues, opportunities to promote diversity and consultation feedback, what will you do?

- Reject the function*
  - We will add processes (e.g. confidential complaints system) to ensure the system better meets the needs of all trainees.

- Pilot the function* – test proposals

- Modify the function* - how will your changes deal with adverse impacts? Will there be any subsequent adverse impacts?

- Adopt the function* as proposed – if a negative impact was identified or where you are not incorporating feedback from consultations, you must justify adopting the function*.

b) Who will progress this? Will any approvals be required?

- This will be progressed by HR, The Dental team, and the Equality and Diversity Working group, linking with the cultural competencies group and equalities groups.

### 7. Make monitoring and review arrangements

a) How will you know what the actual effect of the function* is?

- Examination of post-recruitment stats, recruitment debrief, numbers of VDPs in training.

b) In what ways will you monitor? E.g. continuously, irregularly, quantitative

- We will monitor using:
  - Trainer and trainee surveys

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
| methods such as surveys, qualitative methods such as interviews. | • Post recruitment statistics  
• End of training interviews  
• Questions within the trainee assessment tools |
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<tbody>
<tr>
<td>c) How often will monitoring information be analysed and published?</td>
<td>Monitoring information is analysed each year.</td>
</tr>
<tr>
<td>d) When will you review the function* taking into account any monitoring information?</td>
<td>The function is reviewed and changes implemented annually.</td>
</tr>
</tbody>
</table>

### 8. Publish Assessment results

| a) What are the arrangements for providing feedback to those involved in the process? | The draft report will be circulated to those who had taken place in the impact assessment, and to equalities groups. |
| b) How will you ensure the wider public knows the outcomes of your impact assessment, consultation and monitoring? Will this be a full report or a summary? | Full impact assessment will be published on the NES website. |
| c) How will you ensure access to the full impact assessment report? | Full impact assessment will be published on the NES website |

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required.
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<tr>
<th>9. Action Plan</th>
<th>Actions to Promote Equality</th>
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<tr>
<td></td>
<td>The action plan has been split into specific recruitment / training aims and into those that affect wider service delivery, although these are, inevitably, interlinked, as the education and training provided to trainees, trainers and staff will impact on service delivery. Most of the actions will promote diversity across the different strands (race, age etc), but actions specific to one particular group are also noted below.</td>
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<td></td>
<td>These actions will be built into the existing dentistry E&amp;D schemes, incorporated into the workplan for the E&amp;D group, and revised at each meeting (every six weeks or so).</td>
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Recruitment and Training Aims

1. Statistics will be requested on the gross earnings of VDPs, broken down by all the equal opps data available (e.g. age, sexual orientation etc.) to ascertain whether there are differences in the trainees’ earnings. These data could be used to counter any misconceptions held by the trainers about particular groups.
2. More statistics will be gathered on trainees’ choices of training practices – whether they are self-limiting in terms of geography.
3. Equality and Diversity training (Same Difference) may be offered as a CPD or as part of PDP course for trainers and their teams.
4. Provide more information about appropriate interview techniques for trainers and other interviewers.
5. In future, more data could be gathered on what attributes trainers look for in a trainee.
6. More information can be provided to trainees during their University career on the options available, the recruitment process, interview techniques, and information about what trainers typically seek in a trainee.
7. A confidential, external process should be put in place to deal with any concerns that trainees have about the function.
8. Make E/O questionnaires part of recruitment process – to be filled in online with a ‘decline to answer’ box. This will aid NES in providing as robust statistics as possible.
9. Ask that training practices provide more detailed website information for trainees, not all of whom can travel to all venues.
10. The trainer survey only captures data from successful trainers, and the trainee survey does not capture those registrants who do not progress as far as E-application, matching or clearing – changes are being put in place to ensure that data is captured from these groups – changing the time

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of the survey and issuing it online. Comparison to demographic of undergraduate students.
11. Surveys will be issued year on year to identify trends.
12. Link with HR to ensure that new staff / trainees are aware of equalities policies and practice, and reinforce the message that NES is an employer that promotes diversity.
13. Should part time trainers be matched to part time VDPs? A suggestion was that it would be better to have a full time trainer with 2 part time trainees whose schedules complemented each other. NES to explore the possibilities.

Service Aims

1. Introduction of a system of Assessment of Cultural Competencies is being piloted in Scotland to ensure that trainees and, in future, trainers are trained and assessed in their skills in dealing with the wide range of individuals – patients and staff - they will encounter in practice.
2. Additional cultural awareness training to be made available to trainers via CPD or provision of information sources, possibly through mandatory training.
3. NES to highlight it’s commitment to promoting diversity via literature and other media, and emphasising the link with a better quality patient experience as an end result.
4. NES to continue to provide all new trainers, all VDPs, and all returning trainers, with Equality and Diversity training in all aspects of E&D legislation. This will help ensure that the dentists and dental care professionals recognise their own rights, and the barriers to accessing services encountered by some groups.
5. NES to roll out this E&D training to directorate staff, to ensure that all individuals are trained to sensitively meet the needs of all the individuals they deal with.
6. Additional questions to be included in Patient Assessment Questionnaire regarding patients’ experience of unfair treatment within a dental practice.
7. Access statistics on the service users in terms of age, gender, sexual orientation, disability, race and religion or belief, as compared to the census demographic for Scotland, and identify where particular groups are failing to access dental services.
8. Work with other directorate colleagues to ensure that NES promotes equality and diversity via the PFPI group, cultural awareness work and links with equalities organisations.

Additional Measures specific to Race

1. Assess the demand for provision of support / information sources for improving language skills of trainees who do not have fluent English.
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<tr>
<td>2.</td>
<td>Work with dental schools and equality groups to ascertain why only a limited number of particular groups of BME or non-British individuals are attracted to dentistry.</td>
</tr>
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</table>

**Additional Measures specific to Disability**

1. Individuals with dyslexia or other impairments to have paperwork provided in a format that suits them – NES to make it clear during the process that this support is available, and application form can be altered to be more specific when asking for any special requirements that the VDP may have. Making ‘reasonable adjustment’ is a legal requirement of employers.
2. NES will better advertise the support available to trainers.
3. Better links with dental schools to identify trainees with impairments, including dyslexia and be advised of their particular requirements are met in a streamlined way.
4. Work with dental schools and equality groups to ascertain why only a limited number of people with a disability are attracted to dentistry.

**Additional Measures specific to Sexual Orientation**

1. Work with dental schools and equality groups to ascertain why only a limited number of people declaring themselves LGBT are attracted to / progress through dentistry.

**Additional Measures specific to Age**

1. Work with dental schools and equality groups to ascertain why only a limited number of older people are attracted to / progress through dentistry.

**Additional Measures specific to Religion or Belief**

1. Information to be sourced from N. Ireland regarding the positive discrimination put in place within the dental school to address religions bias within training practices.
2. Work with dental schools and equality groups to ascertain why people with a range of religions beliefs are not attracted to / progress through dentistry.

* Function – please read function* as meaning policy, procedure, project, guideline, practice, proposal etc as required
<table>
<thead>
<tr>
<th><strong>GLOSSARY</strong></th>
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<tbody>
<tr>
<td>Bias/Liking</td>
<td>A preference or an inclination, especially one that inhibits impartial judgement.</td>
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<tr>
<td>BME</td>
<td>Black and Minority Ethnic persons or groups, the preferred <em>umbrella term</em> used in official circles in Britain, equivalent to the term “visible minorities” in American English</td>
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<td>Culture</td>
<td>the total range of activities and ideas of a group of people with shared traditions, which are transmitted and reinforced by members of the group</td>
</tr>
<tr>
<td>Direct discrimination</td>
<td>Treating a person less favourably on racial/ gender/ disability grounds</td>
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<tr>
<td>Disability</td>
<td>A physical or mental impairment which has a substantial and long term adverse effect on his ability to carry out normal day to day activities.</td>
</tr>
<tr>
<td>Discrimination</td>
<td>Unequal treatment of an individual or group of persons on the basis of features such as race, sexuality, gender, age or physical disposition.</td>
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<tr>
<td>Diversity</td>
<td>Recognising and valuing differences.</td>
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<tr>
<td>Equality</td>
<td>Creating a fair society where everyone can participate and has the opportunity to fulfil their potential.</td>
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<tr>
<td>Ethnicity</td>
<td>Relating to or characteristic of a human group having racial, religious, linguistic, and certain other traits in common.</td>
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<tr>
<td>Experts</td>
<td>Expert groups will include groups such as the Equal Opportunities Commission, the Disability Rights Commission, the Commission for Racial Equality.</td>
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<tr>
<td>Explicit aim</td>
<td>The principal purpose.</td>
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<tr>
<td>Functions</td>
<td>The full range of our duties and powers. Can be external and internal. Includes service delivery – e.g. research, publications, media campaigns, education and health improvement projects.</td>
</tr>
<tr>
<td>Implicit aim</td>
<td>The secondary or hidden or implied purpose.</td>
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</table>
| Indirect discrimination| Imposing rules or conditions on all  
  • Which one group finds it harder to comply with  
  • Which gives rise to detriment  
  • Which cannot be justified |

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<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Institutional Racism</td>
<td>Institutional racism is that which, covertly or overtly, resides in the policies, procedures, operations and culture of public or private institutions - reinforcing individual prejudices and being reinforced by them in turn.</td>
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<tr>
<td>LGBT</td>
<td>LGBT (also GLBT) is an acronym referring collectively to Lesbian, Gay, Bisexual, and Transgender/Transsexual people.</td>
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<tr>
<td>Nationality</td>
<td>A body of people sharing common descent, history, language etc</td>
</tr>
<tr>
<td>Neutral</td>
<td>Not better or worse</td>
</tr>
<tr>
<td>Policies</td>
<td>The full range of formal and informal decisions we make on carrying out our functions and all the ways in which we use our powers – or decide not to. Any assessment of a policy should therefore involve examination of long-standing ‘custom and practice’ and management decisions, as well as any formal written policy.</td>
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</table>
| Proportionate    | A function which has the most effect on an equality group should be receive greater consideration than functions with less effect. The actions taken should be relative to other considerations, such as:  
1. Cost
2. Other business requirements
3. Effectiveness of the proposed action in achieving change
4. Is it reasonable?  
If you are unsure of whether proposed action is proportionate please contact HR to discuss. |
| Prejudice        | An adverse judgement or opinion formed beforehand or without knowledge or examination of the facts. A preconceived preference or idea. Irrational suspicion or hatred of a particular group, race, or religion. |
| Race             | A group of people of common ancestry, distinguished from others by physical characteristics, such as hair type, colour of eyes and skin, stature, etc. |
| Relevant         | A function or policy will be relevant if it has, or could have, implications of any kind for promoting equality. |
| Stakeholder      | Those likely to be affected by the function*.                                                        |

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