**Equality Impact Assessment Report**

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| Name of function, policy or programme: | NES Optometry Low Vision Training Programme |
| Directorate or department: | NES Optometry, Dental Directorate |
| Name of person(s) completing EQIA: | Claire Black and Erica Campbell-Walker - Senior Specialist Leads for Low Vision |
| Date Report Completed: | December 2022 |

**1. Define the function**[[1]](#footnote-2)

**What is the purpose of the function/workstream?**

The NES Optometry Low Vision training programme aims to equip learners with the comprehensive theoretical knowledge and the practical skills to provide a high standard of low vision care for people with visual impairment and is accredited by the College of Optometrists to award the Professional Certificate in Low Vision.

This training aligns to the requirements of the proposed National Low Vision Service Scotland (NLVSS) and the core values of the Vision 2020 Scottish Vision Strategy (2013-2018) by supporting delivery of a service which aims to provide:

‘*fair and equitable access for all members of society to eye health, eye care and sight loss services, particularly ensuring equity for those who, for whatever reason, encounter the greatest difficulty in achieving this’ and ‘person-centred delivery of excellent services and support in the most appropriate way for everyone, in line with their personal preferences.’*

The programme achieves this by:

* Delivering low vision education and training via Turas modules and practical workshops
* Providing evidence-based guidance to support low vision service delivery
* Working with National Services Scotland (NSS) on NLVSS audit
* Supporting NLVSS practitioners with ongoing Continuing Professional Development.

**Who does the function benefit and what is the relevance of the function to those groups?**

The programme benefits:

* **Practitioners** delivering low vision services - better informed and equipped to provide high quality care through enhanced knowledge and clinical skills, peer support networks and streamlined referral processes.
* **Patients with visual impairment** - receive more accessible, high quality, standardised low vision care within an efficient, timely, and holistic patient-centred model of care.
* **Secondary Care Ophthalmic services** - improved clinic capacity and freeing up of resources.

**How are they affected or will they benefit from it?**

* **Practitioners** will have access to up-to-date, evidence informed educational resources (e.g. clinical guidance, e-learning, continuing professional development) and improved awareness around equality diversity and inclusion.
* **Patients with visual impairment** will have access to local highly trained practitioners and to improve the quality and consistency of care.
* **Secondary Care Ophthalmic services** will have access to a network of highly trained practitioners to support their patients with visual impairment, and allow secondary care to prioritise their clinical time appropriately.

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| **Who** | **Benefits associated with NES low vision training programme** |
| **Practitioners** | **Accessibility maximised:**(e.g. - for remote and rural participants/ those with work life balances)* **Application process** will be interlinked with NLVSS and safeguarded by GDPR and DPIA requirements. GOC EDI practitioner profile resource is available for reference.
* **Enrolment process** will include the request for learners to complete both an inclusive learner questionnaire and a protected characteristics questionnaire (optional). This data will facilitate EDI monitoring and also early identification of students who may require reasonable adjustments/ additional contact support from the NES Senior Specialist Advisor (Disability Lead).
* **Online distance learning materials**- full lecture and clinical skills workshop resources will be released at enrolment maximising the time practitioners have access prior to examination/ course work deadline. All webinars/ cohort wide engagement will be recorded and made available to those who could not attend.
* **Online assessment** – delivered through a wide window of opportunity helping those with unconventional working patterns to access this at a convenient time of day.
* **Peer and tutor support (online discussion forums)** – available to support all participants but remote and rural practitioners often find enhanced benefits over others – (as per Trish Gray – RHEAL)
* **Improved clinical skills –** through wide stakeholder engagement and competency mapping we identified educational need and differences between the potential participants (optometrists vs dispensing opticians) a specific adjunctive lecture series has been created to bridge the educational gap identified in ocular pathology. Despite the potential barriers it was considered that a practical element must be incorporated into the programme as a means of offering opportunity to practice key low vision assessment clinical skills and allowing a standardised **practical assessment** of the learners.
* **Improved understanding of the impact** of low vision on the individual, their family and community.
* **Networking –** peer support and potential alumni discussion forum provision will offer (especially remote and rural) practitioners a support network in the early days of their service LV delivery journey and on going support to all helping them to extend their confidence and practice.
* improved awareness of and integration into **local support services and referral pathways –** through the coursework element a directory of local and national low vison support services available to each practitioner’s patients should be created. During this process networking between disciplines is encouraged and referral processes refined – reducing  practitioner anxiety and potential delays around appropriate onward referrals.
* **Programme review** process includes reporting of EDI specific data and any issues arising – with creation of action points and time frame for remedy.
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| **Patients** | * **Better access** to local low vision services (especially beneficial in remote and rural setting)
* It is anticipated that any national low vision service would include facility for domiciliary assessments therefore **improving accessibility for many with a disability** or comorbidity that restricts their ability to travel.
* **Standardised** high quality low vision care
* **Reduced waiting times**
* **Reduced burden** on secondary care
* **Improved transition** from secondary to primary care
* Smother **integrated referral** processes.
* It is anticipated that any new service (NSS) would **audit service users and practitioners** about their experience/ potential hurdles or suggested improvements - this data would feedback and **drive training programme change** and NES LV Continuing Professional Development resource creation.

**Evidence:** (Ryan et al 2010) The newly established primary care based Welsh Low Vision Service is effective and has improved access to low vision services in Wales:“Aim: The aim of this study was to determine whether the new, primary care based, Welsh Low Vision Service (WLVS) improved access to low vision services in Wales and was effective.Results: Following instigation of the WLVS, the number of low vision assessments increased by 51.7%, the waiting time decreased from more than 6 months to less than 2 months for the majority of people, and journey time to the nearest service provider reduced for 80% of people. Visual disability scores improved significantly (p < 0.001) by 0.79 logits and 97.42% patients found the service helpful.Conclusions: The extension of low vision rehabilitation services into primary care identified a considerable unmet burden of need as evidenced by the substantial increase in the number of low vision assessments provided in Wales. The new service is effective and exhibits improved access”. |

**What results/outcomes are intended?**

* The programme will provide graduates with an opportunity to enhance their knowledge in the management of low vision.
* The programme will address the Scottish government requirement to support delivery of the National Low Vision Service Scotland via accredited practitioners, ensuring a level of quality assurance and governance.
* Patients of increasing age and those with co-morbidities or disabilities are likely to reap most benefit from a national service.
* Practitioners will have direct impact on patient care, providing this safely and effectively. (Scottish Government, 2010)
* Practitioners will have direct impact on reducing Secondary Care Ophthalmic service waiting times and budget
* Patients with visual impairment will have reducing waiting times and distance to travel with access to local low vision services.
* The programme will support Scottish Government’s 2020 Vision (Scottish Government, 2011), the aims of the Scottish Government’s Chief Medical Officer’s annual report on Realistic Medicine (Scottish Government, 2018) and the National Clinical Strategy (Scottish Government, 2016) in supporting the shift in the balance of care to facilitate closer working between hospital and community eyecare services.
* The proposed programme will help to nurture improved communication and networking between all professional groups involved in providing low vision support and services. This aligns with the Scottish Government’s agenda to improve pathways for patients and ensure that they see the most appropriate healthcare professional in the right place at the right time (Scottish Government, 2016).

**What is NES’s role in developing and delivering the function?**

* The NES Optometry Low Vision workstream was commissioned by the Scottish Government to scope training requirements, through competency mapping and stakeholder involvement, and to deliver training to support the roll out of the NLVSS.
* NES Optometry consulted Nationwide practitioner demographics and EDI data prior to programme development and implemented procedures to allow the NLVSS to audit anonymised data gathered from programme participants to identify any potential accessibility barriers created during the application, enrolment, or training phases.
* NES Optometry have developed the practitioner training and examination materials, policy documents, and a train the trainer course.
* NES Optometry will deliver the training using Turas Learn, Moodle, webinars, and practical workshops.
* NES Optometry business support provides administrative support to programme participants with NES IT providing support around digital accessibility and digital literacy.
* NES provides the operational infrastructure to support the delivery of the NES Optometry Low Vision Training Programme.
* Recruitment of programme staff is managed through NES HR.

All practitioners undertaking this training and those delivering it will all be required to complete a specific Turas EDI learning module and equivalent of Adult Safeguarding Level 2. Therefore, improving awareness and understanding of EDI reporting processes and potential impacts.

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| **Course** | **Learning outcomes** |
| [Equality and diversity : equality and human rights | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/3123) | 1. Describe why equality and human rights are important
2. Identify the main types of discrimination likely to happen within the work environment
3. Identify the main causes of health inequalities and what can be done to promote equality
4. Reflect on what this means for your role within health and social care
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| Adult Support and Protection: Practice Level 1: [Adult support and protection : practice level 1 [informed] | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/64321) | 1. Recognise human rights in the context of adult support and protection.
2. Describe legislation to protect adults at risk of harm.
3. Explain the key principles of Part 1 of the Adult Support and Protection Act (Scotland) (2007).
4. Define adults at risk and recognise signs and indicators of harm and abuse.
5. Describe your role in Adult Support and Protection, the importance of information sharing, and how to raise a concern.
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| Adult Support and Protection: Practice Level 2: [Adult support and protection : practice level 2 [skilled] | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/64322) | 1. Explain the policy context and guiding principles of adult support and protection and trauma informed practice.
2. Define and recognise risk of harm in the context of adult protection and how to respond and report adult protection concerns.
3. Describe adult support and protection processes and the statutory duties of councils to inquire and investigate.
4. Reflect on the principles of mental capacity legislation and decision making in the care and treatment of adults who may be at risk of harm.
5. Describe the use of chronologies.
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**Who are the partners in developing and delivering the function and what are their roles?**

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| **Partners** | **Role** |
| **Scottish Government** | Commissioning and funding the NLVSS and this associated training programme development and delivery.  |
| **NSS Low vision service** | Specific NLVSS service audit will inform future training alteration and additional CPD as required. |
| **Practitioner (student) engagement** | NES  Optometry  values  feedback  from  students  on  the  content,  organisation  and  delivery  of  its  teaching.  Students have open access to voice feedback continuously throughout their studies, either  directly  via  email  or  the  discussion  forums  but  will  also  be  asked  to  complete  specific  feedback questionnaires (Via Questback) at key points in their learning journey. Students  will  also  be  encouraged  to  provide feedback  at  regular  intervals  during  the  course. Online  survey  and  focus  group  questioning  will  facilitate  this.   |
| **NES Digital** | NES  has  a  diverse Technology Enhanced  Learning  network  (TEL),  and  this  will  be  utilised  to  ensure  the  technology  within  the  programme is appropriate. [NES Intranet (scot.nhs.uk)](https://intranet.nes.scot.nhs.uk/help-me-with/equality-and-diversity/digital-accessibility/) |
| **Workshop facilitators and assessors** | Requirement to be adequately qualified through:* Requirement to have Prof cert in LV or equivalent enhanced low vision qualification or equivalent experience delivering low vision services.
* Must evidence related on going CDP activity
* To have completed the stipulated peer assessed training and assessment
* To have completed the Turas EDI and Adult Support and Protection level 1&2 modules
* Be familiar with and contribute to programme learning outcomes, teaching methods and assessment structure and delivery
* Be familiar with the role supportive handbook.

The assessors will be required to actively identify and report any identified EDI/ accessibility issues and take part in feedback and programme review.  |
| **External Examiner (externally contracted)** | Role specifics and handbook available Requirement for specific completion of TURAS EDI module |
| **Internal Verifier** | Role specific handbook availableRequirement for specific completion of TURAS EDI module |

**2. Evidence used to inform assessment**

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| **Category of evidence/ data** | **Source** |
| General EDI resources | [Equality and diversity zone | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/3480)[Advice and Guidance (qaa.ac.uk)](https://www.qaa.ac.uk/the-quality-code/advice-and-guidance) |
| Inclusive education and learning | [NES Intranet (scot.nhs.uk)](https://intranet.nes.scot.nhs.uk/help-me-with/equality-and-diversity/inclusive-education-and-learning/)NES [Inclusive Education and Learning Policy [DOC]](https://www.nes.scot.nhs.uk/media/3lfdlhpq/policy_inclusive_education_august_2014.doc) sets out our commitment to making education and learning more inclusiveThis policy should be read in association with the following guidance documents:* [Guidance Inclusive Education Disability Inclusion [DOC]](https://www.nes.scot.nhs.uk/media/y0upq0fq/guidance_inclusive_education_disability_inclusion.doc)
* [Guidance Inclusive Education Implementation [DOC]](https://www.nes.scot.nhs.uk/media/twslgcj5/guidance_inclusive_education_implementation.doc)
* [Guidance Inclusive Education Remote Rural [DOC]](https://www.nes.scot.nhs.uk/media/rntmojwq/guidance_inclusive_education_remote_rural.doc)
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| Diversity data on potential students | [GeneralOptical Council:](https://optical.org/media/mgqjuo1c/equality-and-diversity-data-monitoring-report-2021.pdf) EDI monitoring report 2021ABDO websiteNES mandatory training data (internal unpublished) |
| Population profiles of potential low vision service users/ patients | RNIB Sight Loss Data Tool Version 5.0- Date created: June 2022Scottish Government, Scotland census – 2011: [A review of low vision service provision in Scotland: An independent review commissioned by the Scottish Government by Dr Helen Court & Gillian Mitchell of NHS Education for Scotland and Sight Action (www.gov.scot)](https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2017/04/review-low-vision-service-provision-scotland/documents/00516692-pdf/00516692-pdf/govscot%3Adocument/00516692.pdf)*’*[General ophthalmic services in Scotland: value for (public) money? - Jonuscheit - 2019 - Ophthalmic and Physiological Optics - Wiley Online Library](https://onlinelibrary.wiley.com/doi/full/10.1111/opo.12632)[Distribution of optometric practices relative to deprivation index in Scotl...: EBSCOhost](https://web.s.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=0&sid=2325a8b2-c845-4b38-b1cf-1ce6e7a15426@redis)[Statistics Release: Registered Blind and Partially Sighted Persons, Scotland 2006 - gov.scot (www.gov.scot)](https://www.gov.scot/publications/statistics-release-registered-blind-partially-sighted-persons-scotland-2006/#:~:text=Over%2520three%252Dquarters%2520of%2520registered,over%2520(see%2520table%25201b).).  |
| External examiner, internal verifier and academic consultant. | Written and verbal communication |
| Stakeholder engagement – online Teams meetings and email correspondence to reach final agreement. | Two groups – one small group of LV practitioners in Scotland and the second wider stakeholder group incorporating input from Primary, secondary and tertiary source and those with lived experience.  |
| Internal NES Optometry consultation from - NESGAT (SQA accredited NES glaucoma training programme) | Verbal communication with NESGAT programme staff around course design and delivery including student feedback and internal verifier roles |
| Data on remote and rural populations/ guidance for delivering teaching to remote and rural participants.  | Interview with Trish Gray, Interim Head of Programme, for the Remote and Rural Healthcare Education Alliance (RRHEAL)[Making-it-Work-Framework-for-Remote-Rural-Workforce-Stability.pdf (rrmakingitwork.eu)](https://rrmakingitwork.eu/wp-content/uploads/2019/03/Making-it-Work-Framework-for-Remote-Rural-Workforce-Stability.pdf#:~:text=The%2520Making%2520it%2520Work%253A%2520Framework%2520for%2520Remote%2520Rural,and%2520improved%2520development%2520of%2520rural%2520and%2520northern%2520regions.)RRHEAL TURAS: [RRHEAL | Turas | Learn (nhs.scot)](https://eur01.safelinks.protection.outlook.com/?url=https://learn.nes.nhs.scot/786/rrheal&data=05%257C01%257CClaire.Black@nhs.scot%257C50da8536458049d3859708dadc6106d1%257C10efe0bda0304bca809cb5e6745e499a%257C0%257C0%257C638064606517835697%257CUnknown%257CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0=%257C3000%257C%257C%257C&sdata=X3k6MUwBWwyLLnzWChAPjd4iknT0aKOTYXMTioj8OaI=&reserved=0)Consideration of data around the distribution of optometric practices relative to deprivation index in Scotland |
| Accessibility of learning and other programme resources:  | NES online resources and platforms must meet the international web content accessibility guidelines (WCAG) 2.1AA Accessibility Standard.Robust procedures from NES Digital ensure adherence; all material is assessed and tested prior to publication on Turas Learn. Full transcriptions are available of all audio recorded material. PowerPoint slides is available to download |
| Reports on digital learning and inclusive education | NES Intranet (scot.nhs.uk) Digital accessibility guidance and resources. Key factors in digital inclusion are likely to be digital accessibility and digital literacy according to a review of inclusive digital education (Helen Allbutt, Inclusive Digital Education in Health and Social Care Working Environments. 2015; NES internal paper). Access to digital technology does not necessarily equate to confidence in its use in all contexts or to effective digital literacy and learning. Digital literacy appears to be closely linked to reading, writing and numerical literacy skills and this may be linked to socio-economic status. In the context of low vision practice, barriers to digital inclusion might include a lack of access to computers or the internet and incompatible software, browsers and operating systems.Varying levels of digital accessibility and digital literacy may exist within an optometric practice. The LV programme has made contact with and will continue to work with the NES Senior Specialist Advisor – Workforce (currently Jane Duffy) – to liaise for assessment of reasonable adjustments to ensure inclusivity. |

**3. Results from analysis of evidence and engagement**

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| **Disability:** | Based on the General Optical Council data on registered practitioners it is likely that a small percentage have a disability. This should be taken into consideration in the work carried out across the NES Optometry workstream.Additional source of reference: [A guide for students with disabilities and health conditions (optical.org)](https://optical.org/media/rakntyuq/guidance-for-students-with-disabilities-and-other-health-conditions.pdf) – from GOC about applying to study OO or DO. |
| **Other protected characteristics:** | Direct discrimination based on the other protected characteristics resulting from the work of the low vision workstream is judged to be very unlikely, although the potential for indirect discrimination should be considered in the ongoing reviews of projects within each programme. The evidence indicates that the gender balance and age distribution for GOC registered practitioners in Scotland are predominantly females aged between 25- 44 years old. A proportion of practitioners may have childcare or other care responsibilities and so the place and time for workstream activities should be chosen to promote inclusion of this group. Data around those with protected characteristics in the Scottish population is available in publications by the Scottish Government on the 2011 Census. This information should be used when considering the impact on delivery of low vision care to patients, resulting from specific activities carried out by the low vision programme. |
| **Educational background:** | There may be differences in educational backgrounds between GOC registered optometrists and dispensing opticians. A full scoping exercise (including competency mapping and stakeholder engagement – including those with lived experience) has been carried out to identify training requirements and any additional training either group may benefit from and this has been incorporated into the programme’s design.  |
| **Religion** | Days scheduled for examinations and student engagement must take into account the various religious calendars. The timing of assessments will take cognisance of the diverse religious beliefs represented within the GOC EDI report and the programme will endeavour to offer choice around days of the week assessments are run where possible.  |
| **Rurality** | **Programme Lead completed interview with:** Trish Gray, Interim Head of Programme, for the Remote and Rural Healthcare Education Alliance (RRHEAL) [RRHEAL | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/786/rrheal)RRHEAL is part of NHS Education for Scotland, supporting inclusive access and at distance educational engagement. RRHEAL develops educational tools and links to material specifically relevant to teams supporting health and social care for remote, rural and island populations of Scotland.[Technology enhanced working | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/Resource/View/901)[RRHEAL & UHI TEL for L&D Train the Trainer Programme | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/61159)[Education | Mobile Skills Unit | Clinical Skills Managed Educational Network (CSMEN) (scot.nhs.uk)](https://www.csmen.scot.nhs.uk/mobile-skills-unit/education/)[Faculty Development Course | Mobile Skills Unit About the Mobile Skills Unit | Clinical Skills Managed Educational Network (CSMEN) (scot.nhs.uk)](https://www.csmen.scot.nhs.uk/mobile-skills-unit/faculty-development-course/)  (Claire booked 2+3rd of March).A proportion of GOC registrants and patients who would be within the target audience for activities carried out within the low vision workstream will be based in remote and rural locations. Means of ensuring the accessibility of the educational and research resources and opportunities delivered by the workstream to those in rural locations should be adopted where possible.  |

**Key outcomes**

A key issue that has been identified from this analysis is ensuring the accessibility and inclusivity of guidance, training, education opportunities and research results.

This includes considering:

* the accessibility of digital resources and paper documents (including the format of online material and likelihood of computer access for the target audience);
* educational background and digital literacy.

Other potential issues will be highlighted through analysis of feedback and study data. For each specific piece of work or activity, any recommendations, implementation, quality improvement or educational resources will be considered for potential discrimination against any particular groups.

**Evidence of existing good practice and opportunities to promote equality or good relations**

* All members of the NES LV programme and wider NES Optometry team are invited to participate in the consultation process during programme review.
* The outcomes of any programme review will be disseminated to NES LV programme and other relevant staff.
* All learning material will conform to NES accessibility guidance
* Documentation, handouts, presentation transcripts etc are available to download
* Students will have full and continued access to the learning materials
* Assessment and practical day schedules will be cognisant of potential barriers to protected groups.
* The language and content of all resources including guidance, patient information, reports and e-learning packages aims to be appropriate for the end user group. Alternative formats and translations of resources can be requested via NES.
* All participants are asked to complete feedback (Questbacks) at all junctions of the programme, from application to accreditation and we plan to work with NSS in facilitating post-course practitioner service delivery feedback.
* Feedback received is reviewed and any aspect of the training which appears to have been a barrier to any participant is assessed.
* Introductory webinars and supported tutor sessions are scheduled to suit individual needs and preferences, for example taking place out with usual working hours, to facilitate participation.
* Welsh service audit – data outcomes.

**NES wide EDI measures:**

* NES  has  a  supportive  Equality  and  Diversity  zone  available  to  all  staff  and  students over TurasLearn. ‘NES is committed to delivering our equality duty, which requires that we work in ways that will help to:
	+ Eliminate discrimination and harassment
	+ Advance equality of opportunity; and
	+ Foster good relations.
* The  Equality  and  Diversity  Zone  directs  to  resources  which  will  help  embed  good equality  and  diversity practice in our work. This will support NES to meet its legal duties and to deliver its values and ways of working’.
* There is NES EDI Guidance available for staff to support programme design and implementation. This is available through Turas and includes, equality and diversity for course design, digital accessibility and top tips for accessible learning and development and a link to the inclusive learner policies.
* The  inclusive  education  and  learning  page,  includes  additional  resources  and  links to  the  Knowledge  Network  inclusive  education  and  learning  page (education  and  appendices  on  dyslexia and good practice guidelines are also provided).

**Programme specific EDI measures:**

* Prior to course introduction we will ask all students to complete an anonymised, optional questionnaire designed to capture data on protected characteristic of the cohorts. This will enable Equality and Diversity Index (EDI) monitoring.
* All programme staff and students will be required to successfully complete the national Equality and Diversity: equality and human rights module on Turas Learn.
* This essential learning module provides an introduction to equality and human rights which is suitable for all staff and volunteers. The module introduces key legislation, concepts such as discrimination, social justice and health inequalities, and provides opportunities to reflect on how we can promote equality in our work.

**4. Actions taken or planned in response to issues identified in the analysis**

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| **Issue identified** | **Action to be taken in response to issue** | **Responsibility** | **Timescale (indicate whether actions have already been completed, or provide timescale for carrying out the action) and resources required** | **What is the expected outcome?** |
| Addressing learning needs for trainers, guidance producers, researchers etc on the adjustments required to promote inclusive education, including for individuals with specific learning difficulties such as dyslexia | Identify and consult suitable resources (e.g. inclusive education and learning resources available via the NES intranet) and/or participate in relevant training. |  | Ongoing as resources developedStaff time | All staff on the programme should be aware: [Equality and diversity zone | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/3480)Have completed the [Equality and diversity : equality and human rights | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/3123/equality-and-diversity-zone/human-rights/equality-and-diversity-equality-and-human-rights) All staff on the programme should be aware of the NES Inclusive Learning Policy: [0ee0a29f-98e4-40d1-a2d1-bf50b12537af\_inclusive\_education\_policy\_Remote\_Rural\_Appendix.pdf (windows.net)](https://nesvleprdstore.blob.core.windows.net/nesndpvlecmsprdblob/0ee0a29f-98e4-40d1-a2d1-bf50b12537af_inclusive_education_policy_Remote_Rural_Appendix.pdf?sv=2018-03-28&sr=b&sig=CjQr9X3IMcpIZogZlf8u9jmpyF8Aw1y7R8ccVa7qRQ0=&st=2022-12-07T14:47:08Z&se=2022-12-07T15:52:08Z&sp=r) |
| Ensuring accessibility of online resources including guidance, supporting tools, patient information, reports, educational or promotional videos, e-learning content etc. | Consult guides on digital accessibility (e.g. digital accessibility resources available via the NES intranet) for the development and checking of resources developed by CE workstream.Participate in relevant training as required |  | Ongoing to ensure that published resources meet current accessibility requirements | Resources are accessible and comply with NES guidance. NES online resources and platforms must meet the international web content accessibility guidelines (WCAG) 2.1AA Accessibility Standard. Robust procedures from NES Digital ensure adherence; all material is assessed and tested prior to publication on Turas Learn. PowerPoint slides and full transcriptions are available of all audio recorded material are available to download |
| Timings of exams | Consult practitioners around the most suitable timing of exams. |  | Ongoing | Exams will be held over an extended period to ensure accessibility |

**5. Risk Management**

None identified

**6. Consideration of Alternatives and Implementation**

Not applicable

**7. Monitoring and Review**

How the NES Low Vision Training Programme will monitor equality, diversity and inclusion, and act on any concerns:

* As part of our statutory requirements all students will be asked to complete an anonymous, optional, protected characteristic questionnaire, allowing the programme to audit the diversity of applicants potentially identifying barriers to application .
* Student feedback - we will specifically ask the students to provide feedback about any barriers they have preserved during each stage of the learning journey.
* All students will be asked to complete an inclusive learner questionnaire at enrolment.
* Summarised EDI feedback will be fed forward to the Board of Studies allowing discussion, consideration and formation of an action plan. Review of action points will be ongoing to ensure equality, diversity and inclusion.

The Equality Impact Assessment for the NES Optometry Low Vision Training Programme will be reviewed and updated annually or where feedback from cohorts indicate the need for review. Any changes in workstream activities or data from EDI audits will be taken into consideration. The Programme Leads will be responsible for ensuring the EQIA is kept updated.

**Sign off (by accountable director)**



Professor David Felix

Postgraduate Dental Dean

**Date:** 17th February 2023

1. In this document, 'function' is used broadly to cover all the areas of work for which impact assessment is required, as defined in the Regulations. This includes policy, programme, project, service and function, among others. [↑](#footnote-ref-2)