

East of England (EoE) Post Repatriation Project Equality Impact Assessment Template

Part 1: Specialty Details

1.1 Name of Specialty:	Clinical Radiology
1.2 Head of Specialty	Dr Mark Alexander (Head of School of Clinical Radiology and Associate Director of Medical Education)
1.3 Training Programme Directors Involved:	<p><i>East Anglian:</i> Addenbrookes: Dr Justin Cross Norfolk & Norwich: Dr John Curtin John Cahir</p> <p><i>Essex, Bedfordshire and Hertfordshire:</i> Luton & Dunstable: Dr Sheena McLaggan</p>
1.4 Trainee Representative/s:	Various, including at Project Board level Nicholas Chua [REDACTED] Amir Helmy [REDACTED]
1.5 EIA Lead for Project Board:	Paul Martin
1.6 Contact Details:	[REDACTED]
1.7 Date EIA Undertaken:	Between April 2015 & March 2017
1.8 Date EIA Considered by EoE Project Board:	TBC
1.9 Project Board Decision:	Accept () Reject () Modifications:
1.10 Date of Formal Review:	April 2017

Explanatory Note (a):

The Project Board wants to ensure that consideration of these issues is undertaken thoroughly and that it involves not only clinical leads for the Speciality/Foundation School concerned but also trainee participation.

The whole process will be overseen by the Project Board's Equality Champion in order to provide support to clinicians but also ensure a consistent approach. The outputs from this exercise will be reported back to the full Project Board for sign off.

Parties involved in this process should familiarise themselves with the most recent Project Board Report on Public Sector Equality Duty (Version 13, August 2016) and specifically its findings and recommendations around compliance and good practice.

Part 2: What Change is Being Assessed?

2.1. Details of programme/rotation/support service or policy being assessed:

Health Education England (HEE) is considering changing the management of a total of 9 Clinical Radiology training posts from 2016 – 2018. The posts are currently managed by London and South East (LaSE) but are actually based within East of England (EoE) Trusts and funded by EoE. These posts have historically been managed by LaSE on behalf of EoE and represent less than 1% of the total number of all Foundation and specialty posts currently managed by LaSE.

The posts currently managed by LaSE will return to EoE managed programmes by August 2018. This programme of change will take place over a two year period commencing in August 2017 and junior doctors will be recruited to EoE managed Clinical Radiology programmes by August 2018.

The posts being considered for repatriation are based in 2 EoE NHS Acute Trusts. The proposal is to transfer the management of these posts from LaSE managed programmes to EoE managed programmes by August 2018.

2.2 Is this a new or existing programme/rotation/support service or policy?

New () Existing (X)

2.3 Has this been assessed before and if so please attach either existing assessment or any history?

These transferred posts are all existing and established posts, funded through tariff by EoE or Trust funded and based within 2 EoE NHS Acute Trusts. The proposal currently is to transfer the management of these posts from LaSE to EoE teams.

Yes () Details Attached ()

No (X)

Explanatory Note (b):

Please give full details of any training programme, rotation, support service or policy being assessed because of possible changes as a direct result of the EoE Post Repatriation Project.

This should include full details of the sites/locations covered and stakeholders affected.

Please be aware that no changes to training programmes, rotations, support services or any policy can be made before appropriate consideration has been given to the impact of such changes on our Public Sector Equality Duty and before the Project Board has considered first this EIA.

Part 3: Equality Impact Assessment (Screening)

3.1 Could a particular group of people be affected differently in either a negative or positive way by the service / function / project / strategy / policy?

The Project Board has given due regard to its obligations under the Equality Act 2010 and specifically how these changes might impact upon all trainees but especially for those that share protected characteristics. The Project Board took the decision early on in its planning process to “exclude” current trainees from any repatriations (December 2015) and did this in order to minimise any impacts and ensure a safe transition to any new arrangements.

It should also be stressed that these proposals do not change our recruitment or allocation processes, our equal opportunity or diversity policies or the support which we will continue to provide to trainees, including new trainees eventually appointed to expanded EoE programmes.

A detailed summary of the review undertaken is given in Appendix 1 (EoE Repatriation Project – Current Trainees/Posts (2016/17) and Public Sector Equality Duty) and data is presented in Appendix 2 (Protected Characteristics) but the following summarises the main findings:

Please note that the Equality Act 2010 identifies 9 “protected characteristics” that we must consider when making any decisions which could impact either positively or negatively on people sharing these facets. These are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex and
- Sexual orientation

Equality Group	Positive Impact (benefits) Please number each one and provide a brief description	Negative Impact (disadvantage) or potential negative impact Please number each one and provide a brief description	Please rate each negative impact 'low', 'medium' or 'high' See Explanatory Note ©
Age	1) It is hoped that expanding opportunities within EoE will provide additional opportunities for all potential trainees, including those that share protected characteristics;	No negative impacts were identified by this process.	Low (X) Medium () High ()

	<p>2) Separating LaSE and EoE rotations will also result in programmes that are more locally focused and thus reduce the need to rotate across two large and separate geographic areas;</p> <p>3) It is also hoped that by allowing EoE to assume management of their posts will help improve local accountability, ownership and provide the opportunity for EoE to better respond to the needs of local stakeholders, including trainees and patients.</p>		
Disabled People	As above.	<p>1) The Project Board does not feel that changing the management of posts in itself will have any impact, positive or negative. However, the Project Board accepts that any subsequent changes to programmes or their reconfiguration could impact negatively, especially in terms of possibly increasing travel times and especially within EoE</p> <p>2) It was noted that a surprising finding was how no trainees described or declared themselves as having a disability. This may provide the opportunity for HEE to use these changes to encourage more applications from persons who share this</p>	<p>Low (X)</p> <p>Medium ()</p> <p>High ()</p>

		protected characteristic.	
Gender Reassignment	As above.	No negative impacts were identified by this process.	Low (X) Medium () High ()
Marriage & Civil Partnerships	As above.	No negative impacts were identified by this process.	Low (X) Medium () High ()
Pregnancy & Maternity	As above.	1) The Project Board does not feel that changing the management of posts in itself will have any impact, positive or negative; 2) However, it accepts that any subsequent changes to programmes or their reconfiguration could impact negatively, especially in terms of possibly increasing travel times; and especially within EoE. 3) Please see comments below relating to "Women".	Low (X) Medium () High ()
Race	As above.	1) It was noted that a review of the Clinical Radiology trainees data suggests 35% of trainees did not state race, 26% of trainees identified their race as British (White) ██████████ 2) It should be noted however that no negative impacts were identified by this process.	Low (X) Medium () High ()
Religion or Belief	As above.	No negative impacts were identified by this process.	Low (X) Medium () High ()
Women	1) This exercise has demonstrated that the evidence which we hold suggests that a large number of current trainees	1) This initiative may provide HEE with an opportunity to review and address any historical underrepresentation.	Low (X) Medium () High ()

	within EoE Clinical Radiology training programmes affected by these proposals do include potentially a significant cohort of trainees that share protected characteristics, especially in terms of the number of female (36%), but please remember that protection exists equally for both sexes) trainees in training.	2) It is accepted that any subsequent changes to programmes or their reconfiguration could impact negatively, especially in terms of possibly increasing travel times; and especially within EoE This could have a disproportionate impact on female trainees because of their possible additional care responsibilities.	
Men	As above, 63% of the current EoE Clinical Radiology trainees are male.	1) This initiative may therefore provide HEE with an opportunity to review and address any historical underrepresentation; 2) It is accepted that any subsequent changes to programmes or their reconfiguration could impact negatively, especially in terms of possibly increasing travel times; and especially within EoE. This could have an impact on some male trainees because of their possible additional care responsibilities.	Low (X) Medium () High ()
Sexual Orientation	As above.	No negative impacts were identified by this process.	Low (X) Medium () High ()

Explanatory Note ©: How to Assess Negative Impacts

Low = The change is not thought to be discriminatory according to current legislation or HEE policy and procedures. Although the changes may impact on some people, we are confident that our existing processes and support structures should be able to deal with any issues on a case by case basis. No modifications are thought necessary. **Please go to Question 3.2 below.**

Medium = It is not thought to be discriminatory according to current legislation or HEE policy and procedures but is not in line with best practice and may impact on some trainees that share protected characteristics. Consideration needs to be

given to the recommended mitigations suggested. **Please go to Question 3.2 below.**

High = It is thought to be discriminatory according to current anti-discrimination legislation (i.e. it is unlawful), and also breaches HEE policy and procedures. The proposed change immediate action.

If you have rated any negative impact(s) as 'High' please complete template refer matter immediately to the Project Board.

3.2 Please list below any actions that you have now factored into your proposals following this exercise and which you would now like the Project Board to consider before making a final decision and especially with regard to any identified negative impacts:

Low or medium negative impact	Action required to remove or minimise the impact	Lead person	Timescale	Resource implications	Any other comments
Low (X) Medium () Low (X) Medium ()	1) The impact of transferring post management has been identified as a potential risk and the Project Board will keep this under regular review. 2) It is accepted that any subsequent changes to programmes or their reconfiguration could impact negatively, especially in terms of possibly increasing travel times and especially within EoE. This could have an impact on some female/male trainees because of their possible additional care responsibilities, on female trainees who are pregnant or with maternity responsibilities and	HEE & Project Board Training Programme Directors	Ongoing Ongoing	None None	None None

	on some trainees with disabilities. However EoE TPDs are creating clustered rotations in a bid to try to reduce excessive journeys for trainees.				
Low (X) Medium ()	2) TPDs are expected to continue to make rotational and/or placement decisions based upon the training and personal circumstances of trainees, making adjustments as appropriate and with regard to individual needs and the constraints of the training programme.	Training Programme Directors	Ongoing		
Low (X) Medium ()	3) HEE will consider the underrepresentation issues identified by this process and will formally review these arrangements in April 2017.	HEE & Project Board	Ongoing		

3.3 Could we improve any of the positive impact(s) identified? Please explain how:

The proposed regular reviews of these decisions will enable HEE to assess how effectively these changes have delivered the positives and benefits originally envisaged. 3.4 If this process has not identified any negative impacts, then please explain how you reached that decision and provide reference to evidence (for example reviews undertaken, surveys, trainee feedback, etc.):

Some minor impacts have been identified (see above).

Part 4: Consultations

<p>4.1 Please provide details of Consultations/Engagement undertaken with stakeholders and/or trainees as part of this process?</p>	<p>1) A joint HoS meeting LaSE/EoE took place on 21/04/2016 to discuss repatriating 9 x Clinical Radiology posts from LaSE managed programmes to EoE managed programmes.</p> <p>2.) The Project Board produces a monthly Project Briefing which is sent to all stakeholders, including trainees, this is now sent quarterly.</p> <p>2) The Project Board publishes on its website all plans, documentation and the Risk Registers' associated with these proposals</p> <p>3) The Project Board has one LaSE trainee representative and EoE is awaiting confirmation of a trainee representative to join as part of its membership.</p> <p>4) Repatriation is included in STC/Board meetings.</p>
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Part 5: Date & Evidence

<p>5.1 Please provide details of any evidence or data considered as part of this process and particularly in regard to identifying the presence of staff with protected characteristics, any positive or negative impacts associated with your proposals or used to justify any modifications and/or mitigations:</p>	<ol style="list-style-type: none"> 1) Appendix 1; Public Sector Equality Duty Reports to Project Board (May, June, July and August 2016); 2) Appendix 2: Review of equalities data provided by informatics, review of LTFT data (current trainees) 3) Appendix 3: Clinical Radiology posts 4) TPDs have organised training in clusters of hospitals within close geographical areas to mitigate this potential impact. 5) Please note: All Appendices removed due to Information Governance standards
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Part 6: Any Other Issues You Wish to Raise

<p>6.1 Please include here any other issues that you feel need to be raised as part of this process and not covered elsewhere within this template:</p> <p>None for the purposes of this exercise.</p>
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END

