

## 1. Performance Review Appraisal - Equality Impact Assessment

The Equality Impact Assessment (EIA) is intended to be a 'living document' to inform decision-making and will be updated at each key stage of the project. We intend to publish this document alongside the report of our public consultation and when we publish key decisions in relation to the future of the programme.

## 2. Main objectives of the project/programme

The objectives of the appraisal are summarised by its Terms of Reference, which were agreed by the Authority's Scrutiny Committee in June 2020. The aims of the appraisal are to:

1. Examine different approaches to performance assessment, including how outcomes are reported, to identify different options
2. Consider the effectiveness of the Authority's approach to gathering information, and assessing and reporting on the regulators' performance
3. Consider whether the Authority's internal tools and processes for gathering information, assessing performance and reporting against the Standards can be improved
4. Consider how far it is appropriate to rely on previous performance to inform the scope of current assessments
5. Propose and develop an updated and improved process for performance reviews

## 3. Engagement and involvement

The Authority has consulted with a number of groups as part of this project.

The Authority carried out a pre-consultation engagement exercise in July/August 2020, to seek feedback from key stakeholders on the performance review process.

The Authority issued a public consultation on options to change the performance review process which included a question on the impact of the changes on those with protected characteristics. The consultation was emailed to our stakeholder lists and published on our website from 10 December to 4 March 2021. The consultation was open to anyone to respond. We received 34 responses from a range of stakeholders including the regulators, professional and representative groups, patient groups, government organisations, members of the public and registrants.

## 4. Impacts and mitigations

**Table One – Impacts and Mitigations**

| Protected characteristic | Impact   | Actions to be taken and timescale |
|--------------------------|--|-----------------------------------|
| Age                      | Older people are more likely to develop serious ill health and to have complex co-morbidities, putting them at increased risk of | See table 2 below.                |

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|                                | <p>harms from registrants if regulators fail in their role in public protection, which could result from reduced assurance by the Authority.</p> <p>Older people may be less likely to engage with the Authority (for example, if they have specific communication needs) and have their views impact our assessments of the regulators' performance.</p>   |                    |
| Disability                     | <p>People with long term health conditions may be more likely to develop serious ill health and to have complex co-morbidities, putting them at increased risk of harms if regulators fail in their role in public protection which could result from reduced assurance by the Authority.</p> <p>Disabled people may be less likely to engage with the Authority (for example if they have specific communication requirements) and have their views impact our assessments of the regulators' performance.</p> | See table 2 below. |
| Gender reassignment            | <p>Patients access specialised healthcare services, putting them at increased risk of harms if regulators fail in their role in public protection which could result from reduced assurance by the Authority.</p> <p>The same is likely of transgender registrants or registrants going through gender reassignment. For example, if reduced oversight of the regulators resulted in them not treating transgender registrants fairly.</p>  | See table 2 below. |
| Marriage and civil partnership | No specific impact identified.  | N/A                |
| Pregnancy and                  | Pregnant women and mothers  | See table 2 below. |

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| maternity          | access specialised healthcare services, putting them at increased risk of harms if regulators fail in their role in public protection which could result from reduced assurance by the Authority.   |                    |
| Race               | <p>BAME people may be more likely to develop and have long term and serious health conditions, putting them at increased risk of harms if regulators fail in their role in public protection which could result from reduced assurance by the Authority.</p> <p>We note that BAME registrants are currently over-represented in fitness to practise proceedings. If any changes to the Authority's performance review process led to a decline in regulators' performance in FtP, this could disproportionately impact on BAME registrants.</p> | See table 2 below. |
| Sex                | People of different sexes access specialised healthcare services, putting them at increased risk of harms if regulators fail in their role in public protection which could result from reduced assurance by the Authority.   | See table 2 below. |
| Religion or belief | People of different religions or beliefs may access specialised healthcare services, putting them at increased risk of harms if regulators fail in their role in public protection which could result from reduced assurance by the Authority.  | See table 2 below. |
| Sexual orientation | People of different sexual orientations may access specialised healthcare services, putting them at increased risk of harms if regulators fail in their role in public protection which could result from reduced assurance by  | See table 2 below. |

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|                                | the Authority.   |                    |
| Political opinion <sup>1</sup> | No specific impact identified.   | See table 2 below. |
| Dependents                     | People with dependents may access specialised health and social care services, putting them at increased risk of harms if regulators fail in their role in public protection which could result from reduced assurance by the Authority. | See table 2 below. |

**Table Two - General impacts across all equality strands**

|  | General comments across all equality strands   | Mitigation of negative impact/<br>maximisation of positive impact   |
|--|--|---|
| Risk of harm to healthcare users from reduced assurance                                | A reduction in our oversight, including through a change to the scope of reviews to reduce the frequency of reviews, could have an impact on the regulators' performance, and consequently on how well they oversee their registrants. This could result in increased risk to registrants' patients and service users. We note that people with some protected characteristics may access health and social care services more than the general population, and that all protected characteristics may access specialised health and social care services. | We should ensure that our reviews are risk based, and that we have processes in place to effectively monitor and act on risk. The evidence base should support this. Any revised process should not result in less effective oversight of the regulators. |
| Risk of harm to those accessing regulators' statutory functions resulting from reduced | A reduction in our oversight, including through a change to the scope of reviews to reduce the frequency of reviews could have an impact on the  | We should ensure that our reviews are risk based, and that we have processes in place to effectively monitor and act on risk. The evidence  |

<sup>1</sup> Section 75 (1) of the Northern Ireland Act 1998 places public authorities under a duty to have due regard to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status, sexual orientation, between men and women, persons with a disability and without and persons with dependents and without. Most of these correspond with protected characteristics under the Equality Act but political belief and dependents are not referenced.

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| <p>assurance</p>  | <p>regulators' performance, and consequently on registrants and members of the public that use the regulators' statutory functions if the regulators' work were to deteriorate as a result.</p> <p>We note that some groups are more at risk of harm as a result of failures. This would include, for example, BAME registrants that are currently over-represented in fitness to practise proceedings.</p>                             | <p>base should support this. Any revised process should not result in less effective oversight of the regulators.</p> <p>We received feedback through the consultation that the review process could positively contribute to tackling inequality, both within healthcare provision and the professions themselves. Under Standard 3, we assess the regulators' understanding of their registrants and their patients/service users, as well as those who interact with the regulator. We also assess how the regulator ensures that its processes do not impose barriers or otherwise disadvantage people with protected characteristics. In reviewing our evidence base and our processes, we will look at how we assess this Standard.</p> |
| <p>Risk that some groups' views and feedback on the regulators' performance may not be obtained</p> | <p>We note that individuals with any of the protected characteristics may be less able or less likely to engage with the Authority and/or the regulators. The impact of this is that their views and experience of the regulators would not be taken into account in our assessments of the regulators' performance. This could mean that specific risks to those with protected characteristics are not identified in our reviews.</p> | <p>In developing our approach to stakeholder feedback, we must be mindful of potential barriers to engagement and mitigate these.</p> <p>We should identify if some groups may need support to engage.</p> <p>Engagement should be inclusive, we should think about how we provide information about the process (such as whether we can provide literature in a range of formats) as well as how we engage with stakeholders (whether this is in writing, in person or virtually).</p>   |

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| <p>Costs</p> | <p>Any increased costs associated with the performance review may be passed on to regulators.</p> <p>Changes to the performance review process may require increased resource input from the regulators themselves, which could result in them having less resource for other work and/or needing to increase their income including through registration fees.</p> <p>Increased costs may be passed on to registrants which may result in them deciding not to maintain their registration resulting in reduced public protection. Any increase in costs will disproportionately affect those registrants on lower incomes.</p> <p>Increased costs in some cases may be passed on to patients/service users through increases to registrant fees.</p> | <p>Changes to the process are being designed on the basis that resources required for core performance review work will be slightly lower than current.</p> <p>Contingency will be used to manage the transition from the current process in the first year. In subsequent years, this contingency will be used to respond to emerging risks and for improvement work.</p> <p>We expect that overall, there will be a reduced resource requirement from regulators, over the course of the full cycle, given the more focussed and targeted approach. However there may be an increased requirement in the initial period as the process is introduced. We need to take a flexible and proportionate approach to ensure that the introduction of the new process does not result in a high workload for the regulators.</p> |
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## 5. Version control

| Version | Key changes  | Date approved               |
|---------|--|-----------------------------|
| V1      | N/A  | Reviewed by Board May 2021  |
| V2      | Updated to reference the impact that reducing scope of reviews could have. | Reviewed by Board July 2021 |
| V3      | Updated to reflect update to resource expectations and                     | Reviewed by Board           |

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|----|---|---------------------------------------|
|    | impact on costs.  | November 2021                         |
| V4 | Reviewed following second consultation; updated with reference to Northern Ireland Act 1998 | To be reviewed by Board January 2022. |