HSC Public Health Agency

Equality and Human Rights Screening Template

The PHA is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

SCREENING TEMPLATE

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template .

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Northern Ireland Standards for Education Providers who deliver Nurse and Midwife Cervical Screening Sample Taking Programmes

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

These education standards have been developed for nursing and midwifery education providers in Northern Ireland who provide cervical screening sample taking education programmes. They replace the Public Health Agency 2016 version of the education standards. These standards provide details of the theoretical content and practical assessment, required within the education programme to prepare students to deliver a competent person-centred cervical screening service in clinical practice. These standards will provide consistency, standardisation and quality assurance in the delivery of the education programme and the update programme.

The guidance covers the following content:

- the education standards
- current context
- governance
- the initial education programme
- learning outcomes
- education programme preparation
- designated practice supervisor
- assessment
- maintaining proficiency

Following desktop review of education standards for cervical smear takers in other jurisdictictions across the UK and Republic of Ireland, the rationale for change to the Northern Ireland guidance was to ensure it was keeping in line with the other jurisdictions.

PHA is responsible for updating the guidance but not for monitoring education providers adherence to the guidance. Education providers are responsible for self-assessment against the standards and the accrediting organisation / university will monitor adherence to the guidance.

There are no known constraints.

1.3 (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

The main stakeholders will be:

- Nurse / midwife smear takers
- Education providers
- NI Population: female, trans men, non binary, anyone with a cervix, by age group.
- Nurse / midwife employers
- Public Health Agency

1.4 Other policies or decisions with a bearing on this policy or decision

- **what are they?**
- **who owns them?**

Northern Ireland Cervical Screening Programme which is owned by the Public Health Agency
Cervical cancer screening | HSC Public Health Agency (hscni.net)

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

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

Professional Task and Finish group representation from the Public Health Agency, Royal College of Nursing, Queen's University Belfast, University of Ulster, General Practice nursing.

Four week opportunity to comment on the guidance to include private education providers, general practice nurses, multidisciplinary membership of the Public Health Agency-chaired Primary Care Nursing Steering Group, General Practice Federation chairs and lead nurses, Trusts.

Northern Ireland Statistical Research Agency census and population information:
NI: IN PROFILE | Northern Ireland Statistics and Research Agency (nisra.gov.uk)

Nursing and Mifwifery Council information:
The NMC register Northern Ireland

https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/2023-reports-and-accounts/annual-report/nmc-annual-report-and-accounts-2022-2023.pdf

Equality and diversity reports - The Nursing and Midwifery Council (nmc.org.uk)

Gender Identity Research and Education Society (GIRES):
Gender Identity Service - HSCB (hscni.net)

2018 Northern Ireland Life and Times Survey:
https://www.ark.ac.uk/nilt/

A desk top review of education standards for Cervical Screening sample taking in other UK nations and Republic of Ireland was carried out.

English guidance: Education pathway - GOV.UK (www.gov.uk)

Scottish guidance: Cervical-Screening-Education-Standards.pdf (emap.com)

Republic of Ireland guidance: Cervical Screening Education Programme - Standards and Requirements.pdf (cervicalcheck.ie)

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	***What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	These standards will provide detail for education providers teaching nurses and midwives about the wider cervical screening programme; target audience, engaging women/individuals with a cervix aged 25-64 years. **NI Population:** The population of Northern Ireland on census day, 21 March 2021, was 1,903,175. There are a total of 967,043 females (50.81% of the population). Trans men and non-binary people assigned female at birth who have not had surgery to remove the cervix are recommended to undertake cervical screening with the same frequency as cisgender (cis; people who are not trans) women. The Gender Identity Research and Education Society (GIRES) suggests: • 1% of the population may experience some degree of gender dysphoria • 0.2% of whom are likely to seek medical treatment for their condition at some stage. As proxy measure, in July 2020, there were some 481 people on the waiting list for the Northern Ireland Adult Gender Identity Clinic. This is likely an under-estimate of the true number of transgender individuals living in NI[1]. • Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men). Applying GIRES figures to NI population n= 1,903,175 (Census 2021): • 19,031 people who do not identify with gender assigned to them at birth

[1] Gender Identity Service - HSCB (hscni.net).

	• Approximately half (9,500) would likely be individuals born with a cervix and therefore eligible for cervical screening. Most of whom will still have their cervix as the number who seek and undergo medical treatment is small. **Nurses, Midwives and Nursing Associates:** * Nursing Associates- England only As at 31 March 2023, the number of nurses, midwives and nursing associates on the permanent Nursing and Midwifery Council (NMC) register was 788,638 (21,970 of these nurses and midwives reside in NI). Of all murses, midwives and nursing associates*, 89% were female (701,974), 11% were male (86,637) and 0.003% were unknown (27) <u>Northern Ireland:</u> 91.8% identify as female, 8.2% identify as male. Of this total 0.6% said their gender is not the same as it was at the time of birth Female nurses and midwives are most likely to have career breaks, eg to care for dependants, maternity leave, own ill health, and will likely be most impacted by the education standards need to carry out 20 cervical consultations to maintain proficiency and for update training. The change in cervical screening education standards is unlikely to impact the end service user regardless of gender. This will be addressed in the standards for the content of the training programme.
Age	**NI Population:** Cervical screening is available for women and those with a cervix aged between 25 to 64 years old. There are 503,705 females (52.09% of the female population) aged between 25 and 64 years. **Nurses, Midwives and Nursing Associates:** Under 21 = 41 (0.005%) 21-30 = 124,030 (15.7%) 31-40 = 212,366 (26.9%) 41-50 = 185,642 (23.5%) 51-60 = 193,037 (24.5%) over 61 = 73,522 (9.3%) <u>Northern Ireland:</u> 21-40 = 12,272 41-55 = 9,413 Over 56 = 6,002

<table>
<tr><td>Religion</td><td>

NI Population (top 4 categories):
Catholic = 805,151 (42.31%)
No religion = 330,983 (17.39%)
Presbyterian = 316,103 (16.61%)
Church of Ireland = 219,788 (11.55%)

From the female population in NI aged 25 – 64 breakdown is:
Catholic = 220,707 (43.82%)
No religion = 83,457 (16.57%)
Presbyterian = 80,840 (16.05%)
Other religions = 55,130 (10.94%)
Church of Ireland = 57,906 (11.50%)

Nurses, Midwives and Nursing Associates: (top 4 categories UK wide):
Christian = 452,641 (57.4%)
None = 248,207 (31.5%)
Prefer not to say = 35,350 (4.5%)
Muslim = 17,389 (2.2%)

The change in education standards for smear takers should not have any adverse effect on individuals of any religious faith.

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<tr><td>Political Opinion</td><td>

NI Population:
The 2018 Northern Ireland Life and Times Survey asked ‘Generally speaking, do you think of yourself as a unionist, a nationalist or neither?’

	Males (%)	**Females (%)**
Unionist	31	23
Nationalist	22	20
Neither	45	55
Other	1	1
Don’t Know	1	2

Data from Census 2021 on national identity:

	Male (%)	**Female (%)**
British Only	31.6	32.1
Irish Only	29.7	28.6
Northern Irish only	19.1	20.4
British and Irish only	0.6	0.6
British and Northern	8	7.9

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	Irish only		
	Irish and Northern Irish only	1.7	1.8
	British, Irish and Northern Irish only	1.6	1.3
	Other	7.6	7.2

Of the census information above, the percentage breakdown of females aged 25 – 64 is:

British Only	30.6
Irish Only	28.8
Northern Irish only	20
British and Irish only	0.5
British and Northern Irish only	7.9
Irish and Northern Irish only	1.9
British, Irish and Northern Irish only	1.4
Other	8.8

The change in cervical screening education standards should not have any adverse effect on individuals of any political opinion or national identity.

Nurses, Midwives and Nursing Associates: Not available

Marital Status	**NI Population:** Married = 690,509 (45.59%) Single = 576,708 (38.07%) Widowed or surviving partner = 96,384 (6.36%) Divorced/legally dissolved relationship = 91,128 (6.02%) Separated = 57.272 (3.78%) Civil partnership = 2,742 (0.18%) A UK-wide study found that living with a partner increased the probability for cervical cancer screening with by 3.5%[2]. **Nurses, Midwives and Nursing Associates:** Not available

[2] Labeit et al. Cervical Cancer Screening Service Utilisation in UK. Sci Rep. 2013; 3: 2362. – Cervical Cancer Screening Service Utilisation in UK - PMC (nih.gov)

Dependent Status	**NI Population:** All Households = 768,802 No children in household = 408, 565 (53.15%) No dependent children in household = 124,319 (16.17%) Provision of unpaid care per household as per census 2021: No unpaid carers in household = 593,694 (77.2%) 1 unpaid carer in household = 136,006 (17.7%) 2 or more unpaid carers in household = 39,110 (5.1%) Women with dependents may find it more difficult to attend cervical screening appointments. Census 2021 recorded that one person in eight of the population aged 5 or more (or 222,200 people) provided unpaid care to a relative or friend who had a health condition or illness. Census 2021 also recorded how many hours the carer provided each week. One person in twenty-five (68,700 people) provided 50 or more hours of unpaid care per week. While people of all ages provided unpaid care, it was most common among those aged 40 to 64, at one person in five (or 124,600 people). This is within the cervical screening eligibility age band and means women providing care may find it more difficult to attend screening appointments. **Nurses, Midwives and Nursing Associates:** Data not available Female nurses and midwives are most likely to have career breaks, eg to care for dependants, maternity leave, own ill health, and will likely be most impacted by the education standards need to carry out 20 cervical consultations to maintain proficiency and for update training.
Disability	**NI Population:** Longterm health problem or disability- day to day activities; not limited = 1,440,158 (75.67%), limited a litte = 245,057 (12.88%), limited a lot = 217964 (11.45%) According to the 2021 census, one person in four (24.3% or 463,000 people) had a limiting long-term health problem or

disability, although 40% of these were aged 65 or more – this is outside the cervical screening age.

The breakdown of the various long-term conditions as outlined in the 2021 Census is:

Type of long-term condition	**Percentage of population with condition %**
Deafness or partial hearing loss	5.75
Blindness or partial sight loss	1.78
Mobility of Dexterity Difficulty that requires wheelchair use	1.48
Mobility of Dexterity Difficulty that limits basic physical activities	10.91
Intellectual or learning disability	0.89
Learning difficulty	3.5
Autism or Asperger syndrome	1.86
An emotional, psychological or mental health condition	8.68
Frequent periods of confusion or memory loss	1.99
Long – term pain or discomfort.	11.58
Shortness of breath or difficulty breathing	10.29
Other condition	8.81

The change in education standards for smear takers is not likely to impact those with disabilities as the test is the same. Individual practices take steps to accommodate the needs of disabled service users wherever possible. This will be addressed in the standards for the content of the training programme.

Nurses, Midwives and Nursing Associateswith a disability:
No = 741,720 (94.1%)
Yes = 23,314 (3.0%)
Prefer Not to Say = 21,642 (2.7%)
Unknown = 1,962 (0.2%)

Ethnicity

NI Population (relevant and top 4 categories):
The ethnic group of usual residents from the Census 2021 is as follows:

Ethnic Group	**Number**	**Percentage**
White	1,837,600	96.6%
Minority Ethnic Group	65,600	3.4%
Black	11,000	0.6%
Indian	9,900	0.5%
Chinese	9,500	0.5%
Filipino	4,500	0.2%
Irish Traveller	2,600	0.1%
Arab	1,800	0.1%
Pakistani	1,600	0.1%
Roma	1,500	0.1%
Mixed Ethnicities	14,400	0.8%
Other Asian	5,200	0.3%
Other Ethnicities	3,600	0.2%
All usual residents	**1,903,200**	**100%**

For all population screening programmes, uptake rates are often reported to be lower in BAME groups compared with Caucasian groups. There is no data available in NI in relation to screening rates for cervical screening by ethnicity.

It is not anticipated that change in education standards fo smear takers would have any adverse effects for any specified ethnicity. This will be addressed in the standards for the content of the training programme.

Nurses, Midwives and Nursing Associates: (relevant and top 4 categories):
White - English/ Welsh/Scottish/Northern Irish = 496,750 (63.0%)
White- Irish = 17,557 (2.2%)
White- gypsy or Irish Traveller = 146 (0.02%)
Black African = 73,677 (9.3%)
Asian Indian = 51,625 (6.5%)
Asian- Filipino/Filipina = 47,347 (6.0%)
<u>Northern Ireland:</u>
White = 24,108 (87.1%)
Black and Minority Ethnic Background = 3,169

	Asian/Asian British = 8.8% Black, African, Carribean, Black Britrish = 2.2% Mixed or multiple ethnic groups = 0.2%
Sexual Orientation	**NI Population** (top 4 categories): Heterosexual or straight = 1,363,859 (90.04%) Prefer not to say = 69,307 (4.58%) Not stated = 49, 961 (3.3%) Gay or lesbian = 17,713 (1.17%) Although it is not anticipated that the change in education standards for smear takers would have any impact on service users, regardless of sexual orientation, it is recognised that there is still a common misconception that it may not be necessary for lesbian women to attend for cervical screening. This will be addressed in the standards for the content of the training programme. **Nurses, Midwives and Nursing Associates:** (top 4 categories): Heterosexual or straight = 710,807 (90.1%) Prefer not to say = 45,700 (5.8%) Gay or lesbian = 15,350 (1.9%) Bisexual = 13,428 (1.7%)

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	*Needs and Experiences*
Gender	This will impact on education of nursing and midwifery cytology smear takers providing services to anyone in the NI population with a cervix- women, transgender males. Female nurses and midwives are most likely to have career breaks, eg to care for dependants, maternity leave, own ill health, and will likely be most impacted by the education standards need to carry out 20 cervical consultations to maintain proficiency and for update training. Trans men and non-binary people assigned female at birth who have not had surgery to remove the cervix are recommended to undertake cervical screening with the same frequency as cisgender (cis; people who are not trans) women. This will be addressed in the standards for the content of the training programme. A leaflet for transgender individuals is available to raise awareness of eligibility for cervical screening. It is available on the NI Direct and PHA websites.
Age	This will impact on education of nursing and midwifery cytology smear takers providing services to anyone in the NI population with a cervix- women, transgender males. Anyone with a cervix aged 25 – 64 years. While people of all ages provided unpaid care, it was most common among those aged 40 to 64, at one person in five (or 124,600 people). This is within the cervical screening eligibility age band and means women providing care may find it more difficult to attend screening appointments.

Religion	There are no known additional needs relating to religion that are relevant to the guidance.
Political Opinion	There are no known additional needs relating to political opinion that are relevant to the guidance.
Marital Status	A UK-wide study found that living with a partner increased the probability for cervical cancer screening with by 3.5%.
Dependent Status	Female nurses and midwives are most likely to have career breaks, eg to care for dependants, maternity leave, own ill health, and will likely be most impacted by the education standards need to carry out 20 cervical consultations to maintain proficiency and for update training. While people of all ages provided unpaid care, it was most common among those aged 40 to 64, at one person in five (or 124,600 people). This is within the cervical screening eligibility age band and means women providing care may find it more difficult to attend screening appointments.
Disability	People with learning disabilities and with sensory loss may have particular communication and information needs.
Ethnicity	Participants from ethnic minorities may have particular communication and information needs, as English may not be their first language. Ethnicity is widely recognised in both the literature and the PHE Inequalities in Screening Strategy to affect screening participation. Possible barriers to participation include immigration status e.g. recent migration and refugee status, cultural beliefs and some programme specific barriers (e.g. Female Genital Mutilation as a barrier in cervical screening).
Sexual Orientation	Those who identify as LGBTQI+ may be less likely to attend for cervical screening.

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

N/A

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
Gender. The guidance makes explicit reference to the target gender and inludes anyone in the NI population with a cervix- women, transgender males.	Review and update guidance as required.
Age. The guidance makes explicit reference to the target age - anyone with a cervix aged 25 – 64 years.	Review and update guidance as required.
The guidance makes reference to the need for nurse and midwife educators to include course content relating to the engagement and care of individuals with additional needs for	Review and update guidance as required.

example women/individuals with a physical or learning disability, who have experienced female genital mutilation and those from ethnic groups	

Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	***Impact***	***Suggestions***
Religion	No impact	N/A
Political Opinion	No impact	N/A
Ethnicity	No impact	N/A

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	
Minor impact	
No further impact	✓

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	
No	✓

Revisions made to the guidance will make the provision of education more consistent regarding programme content to address section 75 quality categories. It is not thought that subjecting this policy to EQIA will present further opportunities to promote equality of opportunity.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

How does the policy or decision currently encourage disabled people to participate in public life?	***What else could you do to encourage disabled people to participate in public life?***
The guidance includes standards for programme content that will educate nurses and midwives to promote the needs of disabled people to attend for cervical smear screening.	Review and update guidance as required.

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

How does the policy or decision currently promote positive attitudes towards disabled people?	***What else could you do to promote positive attitudes towards disabled people?***
The guidance includes standards for programme content that will educate nurses and midwives that the needs of the disabled person are	Review and update guidance as required.

considered and address and their disability should not be a barrier to attend cervical screening consultations.	

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights?
Complete for each of the articles

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

1st protocol Article 2 – Right of access to education	No

If you have answered no to all of the above please move on to ***Question 6*** *on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?* Yes/No
N/A			

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

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

N/A

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
None	None	None

Approved Lead Officer:	Amber McCloughlin
Position:	Nurse Consultant
Date:	18 June 2024
Policy/Decision Screened by:	Caitriona Carr and Amber McCloughlin
Business Unit and contact details	Nursing, Midwifery and AHP Directorate, PHA

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward completed template to: Equality.Unit@hscni.net

Template updated January 2015

Any request for this document in another format or language will be considered. Please contact us (see contact details provided above).