

Patient and Client Council

Your voice in health and social care

Equality and Human Rights Screening Template

The Patient and Client Council is required to address the 4 questions below in relation to all its policies.

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

<p>1.1 Title of policy or decision</p> <p>Malpractice Policy.</p>
<p>1.2 Description of policy or decision</p> <p>Aims & Objectives</p> <p>As part of the project to develop a model for remunerating lived experience in co design/coproduction, the Patient and Client Council (PCC) has committed to delivering three main outcomes;</p> <ol style="list-style-type: none">1. Develop systems and processes for a recruitment and payment system for members of the public to be paid for their involvement work.2. Provide peer mentoring for new recruits to ensure effective co-design/co-production.3. Provide reciprocal recognition for service users and carers who are working with the HSC on a personal capacity or on behalf of a group on dedicated or commissioned work, such as Co-design teams, Co-delivery of Peer work, and community services. <p>In order to fulfil outcomes 1 & 2, the PCC plan to become a learning centre with the Open College Network NI (OCN) to deliver an endorsed bespoke programme to train recruits and other interested parties in effective engagement & coproduction. The Patient and Client Council (PCC) takes very seriously the issues of malpractice. This protocol describes the process by which the organisation will report, investigate and record allegations of malpractice in relation to the organisations OCN accredited/endorsed training provision.</p> <p>How this will be achieved;</p>

This policy applies to participants of and employees responsible for the delivery, assessment and internal verification of PCC training provision. Malpractice is taken to mean any activity, neglect or practice that compromises assessments, the validity of assessment results or the integrity of a qualification. Malpractice can include maladministration.

Maladministration is taken to mean any activity, neglect or other practice that results in a failure to comply with the specified requirements for the delivery of a qualification.

Examples of learner malpractice may include:

- Misuse of assessment/examination material
- Bringing unauthorised material into an assessment/examination environment
- Obtaining or passing on assessment/exam related information through talking or passing notes
- Copying from another learner
- Plagiarism of another's work
- Disruptive behaviour during the assessment/examination
- Impersonation - pretending to be someone else, or arranging for someone else to undertake the assessment/examination in your place
- Breaching security of assessment/examination materials
- Failing to follow instructions provided by an assessor/invigilator
- Changing result statements or certificates

This list is not exhaustive, and any other action deemed to compromise the integrity of the qualification/course will be subject to the policy. In instances where there is evidence of malpractice by learners the OCN Malpractice and Maladministration Policy would apply. Employees must take action in accordance to OCN Malpractice and maladministration policy guidance to centres.

Examples of staff malpractice may include:

- Assisting learners in the production of work for assessment
- Producing falsified witness statements about learner performance

- Changing assessment results/examination marks without sufficient evidence to support the decision
- Allowing evidence, which is known by the staff member not to be the learner's own, to be included in a learner's assessment portfolio.
- Improper assistance to a learner during assessment/examination
- Moving the time or date of the assessment/examination without prior agreement of those concerned
- Failure to supervise the assessment/examination properly
- Falsifying records/certificates, for example by alteration, substitution, or by fraud.
- Fraudulent certificate claims, that is claiming for a certificate prior to the learner completing all the requirements of assessment
- Failure to keep assessment/examination materials secure

This list is not exhaustive, and any other action deemed to compromise the integrity of the qualification/course will be subject to the policy. In instances where there is evidence of malpractice by staff the PCC Disciplinary Procedure will apply.

If the PCC discovers or is made aware of alleged malpractice, through the discharge of responsibilities through its managers will conduct a full investigation.

Investigations of malpractice will be undertaken by the PCC Manager as appointed by the Head of Operations and subject to the production of a written report by completing the OCN Malpractice and Maladministration Allegation Form. The report is to include the following, as appropriate:

- Details of all the facts, details of any circumstances, and details of the investigation carried out.
- Written statement(s) from the person under investigation.
- Written statement(s) from all other persons involved.
- Details of any mitigating circumstances.
- Details of the conclusions as to whether and what malpractice is deemed to have taken place.

After the compilation of the report an independent advisor will be appointed to:

- Review the report.
- Decide whether the correct procedures have been adhered to in conducting the investigation.
- Ensure that the individual accused of malpractice has had the opportunity to explain themselves by way of a meeting with the PCC Manager.
- Review the conclusions of the report and agree/disagree with the findings.
- Discuss and agree appropriate penalties/actions.

Each case will be considered on an individual basis dependant on all the information given.

The Patient and Client Council will take action/impose penalties in order to prevent the individual/s from gaining an unfair advantage and to maintain the integrity of the assessment/examination and the confidence of the public in PCC's training provision and associated awarding procedures.

Any sanction/penalty imposed will reflect the severity of the malpractice. The following sanctions may be imposed:

- An official warning
- Withdrawal of contract (in the case of external trainers/verifiers etc)
- Action taken in line with the PCC's Disciplinary Procedure
- Loss of part of the marks gained for the assessment/examination
- Loss of all the marks gained for the assessment/examination
- Disqualification from the whole qualification
- Disqualification from all qualifications taken in that series

The PCC will report all allegations of malpractice to OCN NI in line with the section 7 of the OCN terms and conditions for centre recognition (Malpractice and Maladministration).

Key Constraints

In cases where the PCC is accused of malpractice an independent investigator will be appointed to carry out the investigation. Following this,

OCN Centres and Learners have 4 weeks to register an appeal against our decision from the date notified of the decision being appealed. The process outlined in the OCN Appeals Policy is to be followed.

Individual/s being investigated for alleged malpractice will be informed of this in writing at the earliest possible opportunity. This notification will detail the nature of the malpractice for which they are being investigated and the possible consequences they may face should evidence of malpractice be uncovered. Any individual accused of malpractice will be given the opportunity to respond to any allegations made against them. If an anonymous report of malpractice is made, it will only be investigated in the case that sufficient evidence is provided, or if it appears serious enough to warrant investigation on the claim alone.

1.3 Main stakeholders affected (internal and external)

Internal

- Staff responsible for programme delivery, assessment of internal verification
- Enrolled Coproduction Associates (those recruited through the purpose designed recruitment and payment system)
- Enrolled PCC Engagement Platform members
- Enrolled PCC Members

External

- Enrolled learners from Community and Voluntary Sector
- Enrolled learners from HSC

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

The Northern Ireland Programme for Government
Health and Wellbeing 2026- Delivering Together
Co-Production Guide for Northern Ireland - Connecting and Realising Value
Through People
Regional HSC Strategies
OCN Assessment Requirements

OCN Internal Verification Requirements
OCN Appeals Policy
OCN Reasonable Adjustments and Special Considerations Policy
OCN Terms and Conditions for Centre Approval
PCC Internal Verification Policy
PCC Reasonable Adjustments and Special Considerations Policy
PCC Employment Equality of Opportunity Policy
PCC Centre Contingency Plan
BSO Complaints Policy

(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.

- NISRA Mid-Year Population Reports and Census data
- PCC (2019) Exploring Paid Service User/Carer Involvement in Health and Social Care Settings
- PHA (2017) Personal and Public Involvement (PPI) and its impact
- GIRES (2014) The Number of Gender Variant People in the UK
- CarersNI (2019) State of Caring 2019 Annual survey (UK wide, including NI)
- Health Survey 2019-20
- Annual enrolments at schools and in funded pre-school education in Northern Ireland 2020-21.
- HSC Interpreting Service Annual Reports
- Office for National Statistics National Debate on Measuring National Wellbeing
- ONS (2016) Labour Force Survey
- PCC Staff monitoring data June 2021
- Learning and Work Institute (2020) Working Together-How learning and skills support can create an inclusive labour market in NI

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. Also give consideration to multiple identities.

Category	<i>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?</i>
Gender	PCC Staff;

	<p>Male: 17.39%</p> <p>Female: 82.61%</p> <p>Other;</p> <p>At 30 June 2020, Northern Ireland's population was estimated to be 1.90 million people. Just over half of the population (50.7 per cent) were female, with 961,400 females compared to 934,200 males (49.3 per cent).</p> <p>The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014):</p> <ul style="list-style-type: none"> • gender variant to some degree 1% • have sought some medical care 0.025% • having already undergone transition 0.015% <p>Applying GIREs figures to NI population (using NISRA mid-year population estimates for June 2019) N=1,881,600 (approx.):</p> <ul style="list-style-type: none"> • 18,816 people who do not identify with gender assigned to them at birth • 470 likely to have sought medical care • 282 likely to have undergone transition.
Age	<p>PCC Staff;</p> <ul style="list-style-type: none"> • 16-24 0.00% • 25-29 13.04% • 30-34 17.39% • 35-39 13.04% • 40-44 8.70% • 45-49 21.74% • 50-54 13.04% • 55-59 13.04% • 60-64 0.00%

- ≥ 65 0.00%

Other;

Over the three decades from year ending mid-1990 to year ending mid-2020 the median age (i.e. the age at which half the population is older and half is younger) of the Northern Ireland population has increased from 31.0 to 39.2 years. It is projected that from mid-2028 onwards the older population (people aged 65 and over) will be larger than the number of children (i.e. people aged 0 to 15 years).

Over the 25 year period (1995 to 2020) Northern Ireland has seen changes in the proportion of the population in key age groups. The proportion of the population aged 65 and over has experienced the largest increase over the 25 year period, with a distinct accelerated growth in this population occurring from mid-2007. As a result, the proportion of the population aged 65 and over has increased by 29.5 per cent from mid-1995 to mid-2020.

Conversely, the proportion of children (i.e. people aged 0 to 15 years) in Northern Ireland has decreased since mid-1994 by 17.3 per cent to mid-2020. The proportion of the population who are of working age (i.e. people aged 16 to 64 years) has remained relatively stable over the period.

(NISRA, 2020, Mid-year population estimates)

Community Background	<p>PCC Staff;</p> <ul style="list-style-type: none"> • Perceived Protestant 4.35% • Protestant 26.09% • Perceived Roman Catholic 13.04% • Roman Catholic 30.43% • Neither 13.04% • Perceived Neither 0.00% • Not assigned 13.04% <p>Other;</p> <ul style="list-style-type: none"> • Catholic 40.28% • Church of Ireland 15.3% • Presbyterian 20.69% • Methodist 3.15% • Religion not stated 13.8% <p>(Census, 2011)</p>																								
Political Opinion	<p>PCC Staff;</p> <table border="0"> <tr> <td>Broadly Nationalist</td> <td>4.35%</td> </tr> <tr> <td>Other</td> <td>8.70%</td> </tr> <tr> <td>Broadly Unionist</td> <td>4.35%</td> </tr> <tr> <td>Not assigned</td> <td>69.57%</td> </tr> <tr> <td>Do not wish to answer</td> <td>13.04%</td> </tr> </table> <p>Other;</p> <table border="0"> <tr> <td>Party</td> <td>% Share</td> </tr> <tr> <td>DUP Democratic Unionist Party</td> <td>30.6%</td> </tr> <tr> <td>SF Sinn Féin</td> <td>22.8%</td> </tr> <tr> <td>APNI Alliance Party</td> <td>16.8%</td> </tr> <tr> <td>SDLP Social Democratic & Labour Party</td> <td>14.9%</td> </tr> <tr> <td>UUP Ulster Unionist Party</td> <td>11.7%</td> </tr> <tr> <td>AONT Aontú</td> <td>1.2%</td> </tr> </table> <p>(BBC 2019 Election)</p>	Broadly Nationalist	4.35%	Other	8.70%	Broadly Unionist	4.35%	Not assigned	69.57%	Do not wish to answer	13.04%	Party	% Share	DUP Democratic Unionist Party	30.6%	SF Sinn Féin	22.8%	APNI Alliance Party	16.8%	SDLP Social Democratic & Labour Party	14.9%	UUP Ulster Unionist Party	11.7%	AONT Aontú	1.2%
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Marital Status	<p>PCC Staff;</p> <p>Divorced 4.35%</p> <p>Mar/CP 34.78%</p> <p>Other 4.35%</p> <p>Separated 0.00%</p> <p>Single 30.43%</p> <p>Unknown 21.74%</p> <p>Widw/R 4.35%</p> <p>Not assigned 0.00%</p>																								

	<p>Other;</p> <p>Almost half (48 per cent) of people aged 16 years and over in Northern Ireland on Census Day 2011 were married, and over a third (36 per cent) were single. Just over 1,200 (0.1 per cent) were in registered same-sex civil partnerships. A further 9.5 per cent were either separated or divorced, while the remaining 6.8 per cent were widowed.</p>
Dependent Status	<p>PCC Staff;</p> <p>Yes 21.74%</p> <p>Not assigned 65.22%</p> <p>No 13.04%</p> <p>Other;</p> <p>In March 2011, 64,000 households in Northern Ireland were headed by a lone parent with dependent children. While the total number of households in Northern Ireland increased by 12 per cent over the decade, from 626,700 in 2001 to 703,300 in 2011, the number of lone parent households with dependent children increased by over a quarter (27 per cent) during the same period, from 50,600 in 2001. Belfast West contains the highest proportion of lone parent households (19 per cent of all households), followed by Foyle (15 per cent) and Belfast North (14 per cent). The lowest proportion of lone parent households, are in Belfast South (6.3 per cent), North Down (6.6 per cent) and Fermanagh and South Tyrone (6.7 per cent).</p> <p>Based on the most recent information from Carers Northern Ireland, the following facts relate to carers.</p> <ol style="list-style-type: none"> 1. 1 in every 8 adults is a carer 2. There are approximately 207,000 carers in Northern Ireland 3. Any one of us has a 6.6% chance of becoming a carer in any year

	<p>4. Carers save the Northern Ireland economy over £4.4 billion a year - more than the annual NHS spending in Northern Ireland.</p> <p>5. The main carers' benefit is worth just £55.55 for a minimum of 35 hours - £7.94 per day</p> <p>6. One quarter of all carers provide over 50 hours of care per week</p> <p>7. People providing high levels of care are twice as likely to be permanently sick or disabled, than the average person</p> <p>8. Approximately 30,000 people in Northern Ireland care for more than one person</p> <p>9. 64% of carers are women; 36% are men 10. By 2037 the number of carers could have increased to 400,000 (Carers NI, 2011)</p> <p>Carers NI, State of Caring 2019 Annual survey (UK wide, including NI) stated that;</p> <ul style="list-style-type: none"> • 2 in 5 carers (39%) responding reported being in paid work. • 38% of all carers reported that they had given up work to care. • 18% had reduced their working hours. • 1 in 6 carers (17%) said that they work the same hours but their job is negatively affected by caring, for example because of tiredness, lateness, and stress. • 12% of carers said they have had to take a less qualified job or have turned down a promotion to fit around their caring responsibilities. • Just over 1 in 10 carers (11%) said they had retired early to care.
Disability	<p>PCC Staff; No 52.17% Not assigned 43.48% Yes 4.35%</p> <p>Other;</p>

	<p>More than one person in five (300,000) people in Northern Ireland has a disability. The incidence of disability in Northern Ireland has traditionally been higher than Great Britain. Persons with limiting long term illness 20.36% in Northern Ireland.</p> <p>Figures from the last Census (2011) show the proportion of the population with the following disabilities:</p> <ul style="list-style-type: none"> • Deafness or partial hearing loss – 5.14% (93, 078) • Blindness or partial sight loss – 1.7% (30, 785) • Communication Difficulty – 1.65% (29, 879) • Mobility or Dexterity Difficulty – 11.44% (207, 163) • A learning, intellectual, social or behavioural difficulty - 2.22% (40, 201) • An emotional, psychological or mental health condition - 5.83% (105, 573) • Long – term pain or discomfort – 10.10% (182, 897) • Shortness of breath or difficulty breathing – 8.72% (157, 907) • Frequent confusion or memory loss – 1.97% (35, 674) • A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.55% (118, 612) • Other condition – 5.22% (94, 527) • No Condition – 68.57% (1, 241, 709) <p>It is recognised that as people age, they are more likely to experience ill-health and disability. Data from the Health Survey NI shows that Limiting longstanding illness increases from 18% among young adults aged 25 -34 years to 52% among those who are 75 plus years.</p>
Ethnicity	<p>PCC Staff; Not assigned 56.52% White 43.48% Other 0.00%</p>

	<p>Black African 0.00%</p> <p>Indian 0.00%</p> <p>Chinese 0.00%</p> <p>Other;</p> <p>In March 2011, 1.8 per cent (32,400) of the resident population of Northern Ireland belonged to minority ethnic groups, more than double the proportion in 2001 (0.8 per cent). Chinese (6,300), Indian (6,200) and Mixed (6,000) were the most prevalent minority groups, followed by Other Asian (5,000) and Black African (2,300).</p> <p>However, in recognition that migration patterns have shifted considerably since the publication of the last census, figures from the most recent HSC Translation Service are included also. Statistics from the HSC Interpreting Service showed a large rise in requests for interpreters from 1,850 in 2004-2005 to 132434 requests in 2019-2020. The most popularly requested languages in 2019-2020 are included below:</p> <ol style="list-style-type: none"> 1. Polish 30231 2. Arabic 20392 3. Lithuanian 15503 4. Romanian 13059 5. Portuguese 8312 6. Bulgarian 7881 7. Tetum 6623 8. Slovak 5696 9. Mandarin 4794 10. Cantonese 3170
Sexual Orientation	<p>PCC Staff;</p> <p>Do not wish to answer 8.70%</p> <p>Not assigned 65.22%</p> <p>Opposite sex 21.74%</p> <p>Same Sex 4.35%</p> <p>Other;</p> <p>It is estimated the one in ten people in N Ireland are from Lesbian Gay Bisexual Transgender groups.</p>

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. Also give consideration to multiple identities (such as single parents for example).

Category	Needs and Experiences
Gender	There is no data to suggest that the needs and experiences of participants or staff in terms of the protocol in the case of malpractice may differ on the basis of gender.
Age	There is no data to suggest that the needs and experiences of participants or staff in terms of the protocol in the case of malpractice may differ on the basis of age.
Religion	There is no data to suggest that the needs and experiences of participants or staff in terms of the protocol in the case of malpractice may differ on the basis of religion.
Political Opinion	There is no data to suggest that the needs and experiences of participants or staff in terms of the protocol in the case of malpractice may differ on the basis of political opinion.
Marital Status	There is no data to suggest that the needs and experiences of participants or staff in terms of the protocol in the case of malpractice may differ on the basis of marital status.
Dependent Status	There is no data to suggest that the needs and experiences of participants or staff in terms of the protocol in the case of malpractice may differ on the basis of dependent status.
Disability	<p>Individuals with some forms of disability may be more likely to be accused of malpractice. For example, in the policy it states that “Failing to follow instructions provided by an assessor/invigilator” is an example of malpractice – people who have a mild/ moderate Learning Disability may find it harder to follow instructions, as well those who are hard to hearing. Learners who have Attention Deficient Hyperactivity Disorder, which is characterised by inattention, hyperactivity and impulsivity may be more likely to be accused of the example of malpractice stated in the possible.</p> <p>Individual/s being investigated for alleged malpractice will be informed of this in writing at the earliest possible opportunity. This may not be suitable where the individual is identified as having particular communication requirement in relation to, for example, learning difficulties, a visual or hearing impairment or a mental illness.</p>

Ethnicity	According to the statistical data of the PCC staff monitoring it is 100% likely the assessor/tutor and Internal Verifier will not be of a minority ethnicity. This may be discouraging or perpetuate suspicion of bias from those identified communities.
Sexual Orientation	There is no data to suggest that the needs and experiences of participants or staff in terms of the protocol in the case of malpractice may differ on the basis of sexual orientation.

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.

Individuals that categorise as disabled minority ethnic people may be identified as having particular communication requirements in relation to investigations of malpractice, for example, learning difficulties, a visual or hearing impairment, a mental illness, and English as an additional language. The PCC will take steps to ensure that alternative communication requirements are addressed and that personal individual support is offered as required.

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?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
Disability: Individual/s being investigated for alleged malpractice will be informed of this in writing at the earliest possible opportunity. This may not be suitable where the individual is identified as having particular communication requirement in relation	

to, for example, learning difficulties, a visual or hearing impairment or a mental illness. The PCC will take steps to ensure that alternative communication requirements are addressed and that personal individual support is offered as required.

The PCC will ensure that assessment is appropriately organised using the Reasonable Adjustments Policy in terms of individuals with some forms of disability that as a result may be more likely to be accused of malpractice.

Staff be trained in use of the policy, in particular appropriate referrals and trained in the investigation procedures set by OCN. It will also be ensured that staff are up to date with mandatory equality and diversity training.

The offer of a representative or support person to be present for conversations concerning the alleged malpractice will be made.

Ethnicity: According to the statistical data of the PCC staff monitoring it is 100% likely the assessor/tutor and Internal Verifier will not be of a minority ethnicity. This may be discouraging or perpetuate suspicion of bias from those identified communities. In the case that the PCC is accused of malpractice an independent investigator from OCN NI will be appointed to carry out the investigation.

<p>Individual/s being investigated for alleged malpractice will be informed of this in writing at the earliest possible opportunity. Where English is a second language this will be available in alternative language as required. The PCC holds a Service Level Agreement with the HSC Interpreter Service and can arrange for an interpreter in agreement with the individual where required.</p> <p>Each case of suspected malpractice will be considered on an individual basis dependant on all the information given.</p> <p>In the case that the PCC is accused of malpractice an independent investigator will be appointed to carry out the investigation.</p>	
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2.6 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	N/A	
Political Opinion	N/A	
Ethnicity	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	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

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

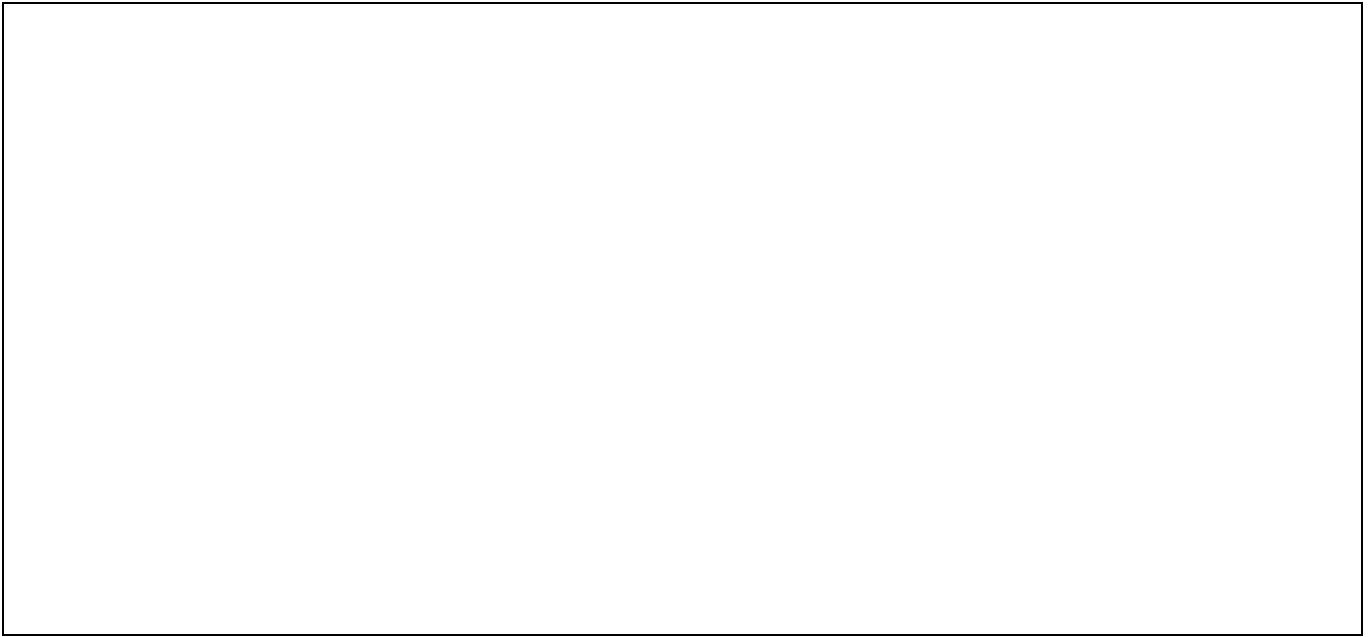
Please tick:

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Please give reasons for your decisions.

The Patient and Client Council (PCC) takes very seriously the issues of malpractice. This protocol describes the process by which the organisation will report, investigate and record allegations of malpractice in relation to the organisations OCN accredited/endorsed training provision. This document takes into consideration the ways in which that protocol can be made accessible and maintains fairness and equality throughout any investigation.

The PCC will take action/impose penalties in order to prevent the individual/s from gaining an unfair advantage and to maintain the integrity and fairness of the assessment/examination and the confidence of the public in PCC's training provision and associated awarding procedures.



(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?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
<p>This policy assures prospective learners or facilitators with a disability that the PCC take seriously the issues of malpractice. This protocol describes the process by which the organisation will report, investigate and record allegations of malpractice in relation to the organisations OCN accredited/endorsed training provision. Therefore protecting learners or facilitators with a disability from any improper action deemed to compromise the integrity of the qualification/course.</p>	<p>Ideally consultation would be sought at policy development stage from people with a disability/ties. However, the policy content requirements are set by OCN as part of their Centre Recognition Terms and Conditions. Throughout course delivery use of this policy will be monitored for equality grouping & feedback sought from those who are affected by the procedures outlined in it.</p>

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?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
<p>Inclusive language Adjustment and special considerations arrangements Use of differing formats and communication styles. Commitment to equality of opportunity.</p>	<p>The offer of a representative or support person to be present for conversations concerning the alleged malpractice.</p>

<p>Provision of support for care of mobility if required.</p> <p>Commitment to flexibility and evaluation to ensure individuals with disability are treated fairly during the malpractice investigation protocol.</p>	
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(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
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st 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*

** 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
Breakdown of registered interest in training- Staff, Service User or Carers Participant Sec 75 Monitoring Learner feedback Malpractice records	Appeals Learner feedback Disability status Malpractice records	

Approved Lead Officer: Jessica Murray

Position: Coproduction and Collaboration
Project Coordinator

Date: March 2023

Policy/Decision Screened by: Carol Collins

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**

Any request for the document in another format or language will be considered.
Please contact: Equality.Unit@hscni.net

