

# Equality and Human Rights Screening Template

NIMDTA 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?

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

**For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality Portal - [Screening Resources & Evidence](#).**

For advice and support on screening contact:

Equality Unit|BSO|James House|2-4 Cromac Avenue|Belfast|BT7 2JA

Tel: 028 9536 3961

# SCREENING TEMPLATE

## (1) INFORMATION ABOUT THE POLICY OR DECISION

### 1.1 Title of policy or decision

Transfer of Information (TOI) Policy

### 1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**

To support resident doctors and dentists by sharing relevant support information so that adjustments can be facilitated during rotational placements. To also protect patient safety by sharing information in regard to restrictions on fitness to practise. This policy is restricted to how information is shared and is not about decision making around adjustments/restrictions.

- **how will this be achieved? (key elements)**

By ensuring relevant information is shared appropriately.

- **what are the key constraints? (for example financial, legislative or other)**

There may be some difficulties in obtaining Occupational Health Reports by NIMDTA if a Occupational Health Referral was not made by NIMDTA. Non-compliance with policy.

### 1.3 Main stakeholders affected (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**

- Current NIMDTA Employees (resident doctors and dentists in training)
- NIMDTA employees responsible for occupational health referrals
- NIMDTA education management teams responsible for managing training programmes.
- NIMDTA Lead Educators
- Trust Medical Directors, Directors of Medical Education, Medical HR
- Trust Occupational Health Teams

N.B. This list is not exhaustive.

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

- **what are they? (This list is not exhaustive)**

Professional Support Unit Policy

Fitness to Practise Policy

Special Circumstances Policy

Foundation STEP Policy

Pre-employment Health Checks

- **who owns them?**

NIMDTA

STEP Policy UKFPO

## **(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.**

- Organisational wide equality data from HRPTS
- Equality data for Resident Doctors and Dentists who were the subject a TOI at August 2024
- Carers NI State of Caring 2022 Annual survey (UK wide, including NI)
- Health Survey NI 2021/22
- Views of colleagues and NIMDTA Senior Team through review at Trainee Review Group and Quality Management Group
- Data Protection Impact Assessment and advice from BSO Data Protection Officer
- Draft policy circulated to all Resident Doctors and Dentists for comment
- Annual Feedback survey results from Professional Support & Wellbeing service users
- Lessons learnt
- Annual PSW Activity Reports
- Transfer of Information dashboard
- Feedback from stakeholders, e.g. DME

### **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.**

<b>Category</b>	<b><i>What is the makeup of the affected group? ( %) Are there any issues or problems? For example, a lower uptake that</i></b>
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	<b><i>needs to be addressed or greater involvement of a particular group?</i></b>																																										
Gender	<p><b>Staff Profile (March 2024)</b></p> <table border="1"> <tr> <td>Female</td> <td>60.37%</td> </tr> <tr> <td>Male</td> <td>39.63%</td> </tr> <tr> <td>Grand Total</td> <td>100%</td> </tr> </table> <p><b>TOI Subjects Profile (January 2025)</b></p> <table border="1"> <tr> <td>Female</td> <td>61.96%</td> </tr> <tr> <td>Male</td> <td>38.04%</td> </tr> <tr> <td>Grand Total</td> <td>100%</td> </tr> </table> <p>NIMDTA employs a higher proportion of female resident doctors, which is also reflected in the TOI recipients. Evidence shows that females are more likely to have a long-term health condition and are more likely to be the main carer for dependents, therefore may require adjustments to be able to meet their needs and to be able to continue in work and training.</p>	Female	60.37%	Male	39.63%	Grand Total	100%	Female	61.96%	Male	38.04%	Grand Total	100%																														
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<p><b>Community Background</b></p>	<p><b>Staff Profile (March 2024)</b></p> <table border="1"> <tr><td>Perceived Protestant</td><td>0.10%</td></tr> <tr><td>Protestant</td><td>28.61%</td></tr> <tr><td>Perceived Roman Catholic</td><td>0.05%</td></tr> <tr><td>Roman Catholic</td><td>33.83%</td></tr> <tr><td>Neither</td><td>0.10%</td></tr> <tr><td>Perceived Neither</td><td>25.52%</td></tr> <tr><td>Not assigned</td><td>11.79%</td></tr> </table> <p><b>TOI Subjects Profile (January 2025)</b></p> <table border="1"> <tr><td>Perceived Protestant</td><td>0.00%</td></tr> <tr><td>Protestant</td><td>30.67%</td></tr> <tr><td>Perceived Roman Catholic</td><td>0.00%</td></tr> <tr><td>Roman Catholic</td><td>30.67%</td></tr> <tr><td>Neither</td><td>27.61%</td></tr> <tr><td>Perceived Neither</td><td>0.00%</td></tr> <tr><td>Not assigned</td><td>11.04%</td></tr> </table> <p>The profile of Transfer of Information subjects in regard to community background is broadly the same as the staff profile.</p>	Perceived Protestant	0.10%	Protestant	28.61%	Perceived Roman Catholic	0.05%	Roman Catholic	33.83%	Neither	0.10%	Perceived Neither	25.52%	Not assigned	11.79%	Perceived Protestant	0.00%	Protestant	30.67%	Perceived Roman Catholic	0.00%	Roman Catholic	30.67%	Neither	27.61%	Perceived Neither	0.00%	Not assigned	11.04%
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<p><b>Marital Status</b></p>	<p><b>Staff Profile (March 2024)</b></p> <table border="1"> <tr><td>Divorced</td><td>0.14%</td></tr> <tr><td>Mar/CP</td><td>37.12%</td></tr> <tr><td>Other</td><td>2.13%</td></tr> <tr><td>Separat</td><td>0.05%</td></tr> <tr><td>Single</td><td>57.32%</td></tr> </table>	Divorced	0.14%	Mar/CP	37.12%	Other	2.13%	Separat	0.05%	Single	57.32%																		
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	Unknwn	3.14%
	Widw/R	0.05%
	Not assigned	0.05%
	<b>TOI Subjects Profile (January 2025)</b>	
	Divorced	0.61%
	Mar/CP	35.58%
	Other	4.91%
	Separt	0.00%
	Single	54.60%
	Unknwn	4.29%
	Widw/R	0.00%
	Not assigned	0.00%
	The profile of Transfer of Information subjects in regard to marital status is broadly the same as the staff profile.	
	Dependent Status	<b>Staff Profile (March 2024)</b>
Yes		17.79%
Not assigned		12.95%
No		69.26%
<b>TOI Subjects Profile (January 2025)</b>		
Yes		20.86%
Not assigned		11.04%
No		68.09%
<b>CarersNI State of Caring 2022</b> Annual survey (UK wide, including NI)		
<ul style="list-style-type: none"> <li>• 82% identified as female and 17% identified as male</li> <li>• 4% are aged 25-34, 17% are aged 35-44, 33% are aged 45-54, 31% are aged 55-64 and 14% are aged 65+</li> <li>• 24% have a disability</li> <li>• 98% described their ethnicity as white</li> <li>• 28% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role</li> <li>• 56% are in some form of employment and 18% are retired from work.</li> <li>• 31% have been caring for 15 year or more, 16% for between 10-14 years, 25% for 5-9 years, 25% for 1-4 years, and 3% for less than a year</li> <li>• 46% provide 90 hours or more of care per week, 13% care for 50-89 hours, 23% care for 20-49 hours, and 19% care for 1-19 hours per week</li> <li>• 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people.</li> </ul>		
1) 1 in 3 carers said they could afford their bills without struggling financially.		

- 2) 28% said they had access to paid carers leave from work
- 3) 54% said they had been offered flexible working arrangements
- 4) 1 in 5 carers reported their physical health to be bad or very bad
- 5) 24% had been caring for 10 years or more
- 6) 25% were caring for 50+ hours a week
- 7) 27% reported their mental health as bad or very bad
- 8) 23% of carers say the care and support services available in their area do not meet their needs
- 9) 43% with unpaid caring responsibilities in NI are also in full/part-time employment
- 10) 130k had either given up work or reduced their hours to care for someone
- 11) 78% were worried about being able to juggle the two.
- 12) Over 60% said that working from home had enable them to balance work and caring more effectively
- 13) 64% had given up opportunities at work due to caring
- 14) 41% said not working from home would make them consider leaving their job

**Health Survey NI 2021/22**

Respondents with caring responsibilities – 17%

Respondents with caring responsibilities by gender – Male – 13%; Female – 22%

The profile of Transfer of Information subjects in regard to community background is broadly the same as the staff profile.

**Disability**

**Staff Profile (March 2024)**

No	81.01%
Not assigned	14.21%
Yes	4.78%

**TOI Subjects Profile (January 2025)**

No	56.44%
Not assigned	10.43%
Yes	33.13%

**Health Survey NI (2021/22)**

- 40% longstanding illness (30% limiting and 11% non-limiting illness)
- Females (44%) were more likely than males (36%) to have a long-term condition.
- A fifth (24%) reported high levels of anxiety, while 41% reported very low levels

A higher proportion of resident doctors/dentists who are the subject of a TOI have a disability, as compared to the overall resident body, as they may be more likely to need workplace adjustments due to their ongoing health condition.

**Ethnicity**

**Staff Profile (March 2024)**

Not assigned	12.28%
White	67.57%
Other	4.54%
Black African	4.88%
Indian	3.04%
Filipino	0.15%
Mixed Ethnic Group	1.93%
Pakistani	3.19%
Bangladeshi	0.24%
Irish Traveller	0.10%
Black Other	0.10%
Chinese	1.98%

**TOI Subjects Profile (January 2025)**

Not assigned	11.04%
White	68.10%
Other	3.07%
Black African	3.68%
Indian	2.45%
Filipino	0.61%
Mixed Ethnic Group	2.45%
Pakistani	6.75%
Bangladeshi	0.61%
Irish Traveller	0.61%
Black Other	0.00%
Chinese	0.61%

The profile of Transfer of Information subjects in regard to ethnicity is broadly the same as the staff profile.

Foundation residents appointed from medical schools outside the UK will complete the STEP form in paper format rather than via the electronic system used by medical schools in the UK. This is due to the system not being accessible outside the UK. Information collected via the electronic system and paper forms will be collated and managed in the same way.

Sexual Orientation	<b>Staff Profile (March 2024)</b>	
	Full data not available for NIMDTA's workforce, but NI population estimate is 10% having a sexual orientation towards same sex.	
	Do not wish to answer	6.77%
	Not assigned	13.92%
	Opposite sex	74.29%
	Both Sexes	1.06%
	Same Sex	3.96%
	<b>TOI Recipients Profile (January 2025)</b>	
	Do not wish to answer	7.98%
	Not assigned	11.04%
Opposite sex	74.85%	
Both sexes	2.45%	
Same sex	3.68%	
The profile of Transfer of Information subjects in regard to sexual orientation is broadly the same as the staff profile.		

### 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).**

<b>Category</b>	<b>Needs and Experiences</b>
Gender	As this policy only reflects the sharing of information and does not involve any decision making, there are no equality issues for this group.
Age	As this policy only reflects the sharing of information and does not involve any decision making, there are no equality issues for this group.
Religion	As this policy only reflects the sharing of information and does not involve any decision making, there are no equality issues for this group.
Political Opinion	As this policy only reflects the sharing of information and does not involve any decision making, there are no equality issues for this group.

Marital Status	As this policy only reflects the sharing of information and does not involve any decision making, there are no equality issues for this group.
Dependent Status	As this policy only reflects the sharing of information and does not involve any decision making, there are no equality issues for this group.
Disability	As this policy only reflects the sharing of information and does not involve any decision making, there are no equality issues for this group.
Ethnicity	As this policy only reflects the sharing of information and does not involve any decision making, there are no equality issues for this group.
Sexual Orientation	As this policy only reflects the sharing of information and does not involve any decision making, there are no equality issues for this group.

## 2.4 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>
N/A	N/A

## 2.5 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)**

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
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Religion	None	None
Political opinion	None	None
Ethnicity	None	None

**(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 checked="" type="checkbox"/>

Please give reasons for your decisions.

Mitigation has been put in place regarding potential human rights impacts as per section 5.

**(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>
N/A	

**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>
N/A	

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

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



**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 the Equality Unit:

Equality Unit|BSO|James House|2-4 Cromac Avenue|Belfast|BT7 2JA

Tel: 028 9536 3961