



EQUALITY SCREENING TEMPLATE

See [Guidance Notes](#) (POL:PP:032) 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 (incl. doc. reference number) or decision :

Clinical appraisal and revalidation policy and procedure MP:024

1.2 Description of policy or decision

This policy and procedure set out the arrangements for appraisal of medical staff and requirements of General Medical Council revalidation.

1.3 Main stakeholders affected (internal and external)

NIBTS medical staff.

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

None.



(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.

NIBTS has three medical staff only and the office of population census and survey information for Northern Ireland and the Gender Identify Research and Education Society (GIREs) information has been referenced. Note GIREs data assembled by Home Office (2011) and updated (2014).

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	<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	<p>Gender 66.6% female, 33.3% male – staff data</p> <p>NI population (census 2011) female 51%, male 49%</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>The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among youngsters is growing even more</p>



	<p>rapidly (50% p.a.). 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).</p> <p>Applying GIREs figures to NI population (using NISRA mid-year population estimates for June 2016) N=1,862,100:</p> <ul style="list-style-type: none"> • 18,621 people who do not identify with gender assigned to them at birth • 466 likely to have sought medical care • 279 likely to have undergone transition. <p>Weblink http://www.nisra.gov.uk/statistics/populationmid-year-population-estimates</p>														
Age	<p>Staff Data</p> <table border="1" data-bbox="320 837 1458 1149"> <thead> <tr> <th>Age Group</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>16-24</td> <td>0</td> </tr> <tr> <td>25-34</td> <td>0</td> </tr> <tr> <td>35-44</td> <td>33.3</td> </tr> <tr> <td>45-54</td> <td>0</td> </tr> <tr> <td>55-64</td> <td>66.6</td> </tr> <tr> <td>>=65</td> <td>0</td> </tr> </tbody> </table> <p>Mid-year population estimates published by NISRA in 2017 show that:</p> <p>0-19 yrs (inclusive) = 483,978 (26.0% of all NI population) 20-34 yrs = 366,619 (19.7%) 35-49 yrs = 370,263 (19.9%) 50-64 yrs = 343,522 (18.4%) 65-74 yrs = 166,059 (8.9%) 75-89 yrs = 118,965 (6.4%) 90+ yrs = 12,731 (0.7%)</p> <p>Weblink http://www.nisra.gov.uk/statistics/populationmid-year-population-estimates</p>	Age Group	Percentage (%)	16-24	0	25-34	0	35-44	33.3	45-54	0	55-64	66.6	>=65	0
Age Group	Percentage (%)														
16-24	0														
25-34	0														
35-44	33.3														
45-54	0														
55-64	66.6														
>=65	0														
Religion	<p>Catholic 66.6%, Protestant 0%, Neither 33.3% - staff data</p> <p>OPCS 2011 45.1% Catholic, 48.4% Protestant and other Christian, 0.9% other religion and 5.6% no religion or religion non stated. Religion or Religion brought up in</p>														



	<ul style="list-style-type: none"> • 45.14% (817, 424) of the population were either Catholic or brought up as Catholic. • 48.36% (875, 733) stated that they were Protestant or brought up as Protestant. • 0.92% (16, 660) of the population belonged to or had been brought up in other religions and Philosophies. • 5.59% (101, 227) neither belonged to, nor had been brought up in a religion. <p>(Census 2011)Currently identifying as:</p> <p>Catholic 40.76% (738, 108)</p> <p>Presbyterian Church in Ireland 19.06% (345, 150)</p> <p>Church of Ireland 13.74% (248, 813)</p> <p>Methodist Church in Ireland 3% (54, 326)</p> <p>Other Christian(including Christian related) 5.76% (104, 308)</p> <p>Other religions 0.82% (14, 849)</p> <p>No religion 10.11% (183, 078)</p> <p>Did not state religion 6.75% (122, 233)</p> <p>(Census 2011)</p> <p>Weblink http://www.nisra.gov.uk/statistics/populationmid-year-population-estimates</p>
Political Opinion	<p>66.6% broadly nationalist, 0% other – staff data</p> <p>Nationality</p> <ul style="list-style-type: none"> • British only – 39.89% (722, 353) • Irish only – 25.26% (457, 424)



- Northern Irish only – 20.94% (379, 195)
- British and Northern Irish only – 6.17% (111, 730)
- Irish and Northern Irish only – 1.06% (19, 195)
- British, Irish and Northern Irish – 1.02% (1847)
- British and Irish only – 0.66% (11, 952)
- Other – 5.00% (90, 543)

(Census 2011)

“Which of these political parties do you feel closest to?” (Northern Ireland Life and Times, 2016)

DUP/Democratic Unionist Party 17%

Sinn Fein 14 %

Ulster Unionist Party (UUP) 12%

Social Democratic and Labour Party (SDLP) 12%

Alliance Party 9%

Other Party (WRITE IN) 3%

None of these 23%

Other answer (WRITE IN)/ Don't know 12%. Breakdown by males and females, religion and age can be found here:

http://www.ark.ac.uk/nilt/2016/Political_Atitudes/POLPART2.html

“Generally speaking, do you consider yourself as a unionist, a nationalist or neither?” (Northern Ireland Life and Times, 2016)

Unionist 29%; Nationalist 24%; Neither 46%; Other/ don't know 2%. Breakdown by males and females, religion and age can be found



	<p>here:</p> <p>http://www.ark.ac.uk/nilt/2016/Political_Atitudes/UNINATID.html NI Weblink http://www.nisra.gov.uk/statistics/populationmid-year-population-estimates</p>
Marital Status	<p>100% married/civil partnership – staff data</p> <ul style="list-style-type: none"> • 47.56% (680, 840) of those aged 16 or over were married • 36.14% (517, 359) were single • 0.09% (1288) were registered in same-sex civil partnerships • 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership • 6.78% (97, 058) were either widowed or a surviving partner <p>(Census 2011)Northern Ireland Life and Times (2016)</p> <p>Single (never married) 33%</p> <p>Married and living with husband/wife 50%</p> <p>A civil partner in a legally-registered civil partnership 0%</p> <p>Married and separated from husband/wife 3%</p> <p>Divorced 6%</p> <p>Widowed 8%</p> <p>Results for males/ females; religion; age available here http://www.ark.ac.uk/nilt/2016/Background/RMARST.html</p> <p>Civil partnerships</p> <p>Annual Reports of the Registrar General for NI show that Between 2005 to 2017 inclusive, there have been 1202 civil partnerships registered in NI. (Available at https://www.nisra.gov.uk/publications/registrar-general-annual-report-2016-civil-partnerships-and-dissolutions</p>



	<p>Weblink http://www.nisra.gov.uk/statistics/populationmid-year-population-estimates</p>
<p>Dependent Status</p>	<p>100% staff with dependants – staff data</p> <ul style="list-style-type: none"> • 11.81% (213, 863) of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age. • 3.11% (56, 318) provided 50 hours care or more. • 33.86% (238, 129) of households contained dependent children. • 40.29% (283, 350) contained a least one person with a long – term health problem or a disability. <p>(Census 2011)</p> <p>CarersNI</p> <ul style="list-style-type: none"> • 1 in every 8 adults is a carer • 2% of 0-17 year olds are carers, based on the 2011 Census • There are approximately 220,000 carers in Northern Ireland (• Any one of us has a 6.6% chance of becoming a carer in any year • One quarter of all carers provide over 50 hours of care per week • People providing high levels of care are twice as likely to be permanently sick or disabled than the average person • 64% of carers are women; 36% are men. <p>CarersNI State of Caring 2017 Annual survey (UK wide, including NI)</p>



- 24% of respondents given up work to care
- 26% reduced working hours to care

Available at <https://www.carersuk.org/northernireland/policy/policy-library/state-of-caring-in-northern-ireland-2017-2>

Northern Ireland Life and Times (2015)

- 17% respondents were carers: 21% of women and 13% of men.

Health Survey NI (2016/17)

- 13% have caring responsibilities
- Approx 70% receive no monetary reward for giving this care
- 48% received help from other family members, but 38% received no support from others

Parents with dependent children (Census 2011)

Responsibility for dependent children: 238,094 households (33.9% of all NI households)

HSCT breakdown by male/ female; age; long-term health problem or disability; economic activity / employment status; highest level of qualification; ethnic group; family type; age of dependent children' number of children with long-term health problem or disability;

Urban/ rural SOA of residence. Available here

<http://www.ninis2.nisra.gov.uk/public/SearchResults.aspx?sk=dependent;children;>

NI Lone parent families = 115,959, with 123,745 dependent children



	<p>in family (Census 2011).</p> <p>Gender disparity: Of the 115, 959 lone parents, 16, 691 are males and 99,268 are female.</p> <p>(Census 2011)</p> <p>Weblink http://www.nisra.gov.uk/statistics/populationmid-year-population-estimates</p>
Disability	<p>100% no disability – staff data</p> <p>20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.</p> <p>68.57% (1, 241709) of residents did not have long – term health condition.</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 of Dexterity Difficulty – 11.44% (207, 163) • A learning, intellectual, social or behavioural difficulty. 2.22% (40, 201) • An emotional, psychological - 5.83% (105, 573) <p>or mental health condition</p> <ul style="list-style-type: none"> • 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



	<p>disease or epilepsy. – 6.55% (118, 612)</p> <ul style="list-style-type: none"> • Other condition – 5.22% (94, 527) • No Condition – 68.57% (1, 241, 709) <p>(Census 2011)</p> <p>Northern Ireland Life and Times 2016:</p> <p>“Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?”</p> <p>Yes 24%; No 76%; Don't know 0%. Breakdown by age, gender and religion available at http://www.ark.ac.uk/nilt/2016/Background/ANYHCOND.html</p> <p>Health Survey NI (2017)</p> <ul style="list-style-type: none"> • 42% longstanding illness (30% limiting and 12% non-limiting illness) • Males: limiting longstanding illness 27%; non-limiting longstanding illness 12% • Females: limiting longstanding illness 33%; non-limiting longstanding illness 12% • Prevalence of disability increases with age. Limiting longstanding illness increases from 15% among young adults aged 25 -34 years to 61% among those who are 75 plus years. <p>(Health Survey NI 2016/17)</p> <p>https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland</p> <p>Weblink http://www.nisra.gov.uk/statistics/populationmid-year-population-estimates</p>
Ethnicity	66.6% white, 33.3% Pakistani – staff data



1.8% (32,596) of the usual resident population belonged to minority ethnic groups:

White – 98.21% (1, 778, 449)

Chinese – 0.35% (6, 338)

Irish Traveller – 0.07% (1, 268) USE All-Ireland Traveller's Health Survey 2010 INSTEAD – SEE BELOW

Indian – 0.34% (6, 157)

Pakistani – 0.06% (1, 087)

Bangladeshi – 0.03% (543)

Other Asian – 0.28% (5, 070)

Black Caribbean – 0.02% (362)

Black African – 0.13% (2354)

Black Other – 0.05% (905)

Mixed – 0.33% (5976)

Other – 0.13% (2354)

(Census, 2011)

Irish Travellers (All-Ireland Traveller's Health Survey 2010, available at https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf)

Estimated Traveller population ROI =36,224 and **NI = 3,905**

Northern Ireland Pooled Household Survey (NIPHS) tables, published 2017. Data (2013/14 and 2014/15) from four NI Household Surveys (i.e. Labour Force Survey, Family Resources Survey; NI Health Survey, and Continuous Household Survey). Results presented for 11 Local Government Districts. Presented as 'Ethnicity White' and 'All Other Ethnicities' due to small cell sizes. Available here <https://www.nisra.gov.uk/publications/northern->



ireland-pooled-household-survey-niphs-tables

2013/14: Ethnicity White 98.2% (1,399,000); All other Ethnicities 1.6% (23,000) (No response not included)

2014/15: Ethnicity White 98.2% (1,409,000); All other Ethnicities 1.8% (26,000)

- Between 2000 and 2014, an estimated 175,000 long-term international migrants came to Northern Ireland, while 143,000 left, leaving a net total of 32,000. Local government districts in the west and south-west of Northern Ireland saw the largest net inflow of new residents, in particular: Mid Ulster (9,800), Armagh, Banbridge and Craigavon (9,300) and Newry, Mourne and Down (6,000).
- Poland continues to be the most popular country of origin for international migrants coming to live in Northern Ireland. During 2014 and 2015, however, migration from Romania rose substantially, albeit from a low baseline.
- Around 1,000 members of the Roma community, mostly from Romania, are thought to be living in Northern Ireland, mainly in South Belfast.
- International migration impacts upon the host community in a myriad number of ways, including maternity services, school enrolments, social housing, health and social care, and hate crime.
- Births to mothers born outside the UK and Ireland now account for over 10 per cent of all births in Northern Ireland each year. In 2014, 18 per cent of all births in the Mid Ulster local government district were to non-UK and Ireland mothers, followed by Armagh, Banbridge and Craigavon (15%), Belfast (15%), Fermanagh and Omagh (14%) and Newry, Mourne and Down (14%).
- Figures from the Regional Interpreting Service show that just under half a million requests (493,660) for interpreters were



made between January 2004 and December 2014. Hate crime incidents and offences with a racial motive increased substantially between 2011 and 2014.

(International Migration in Northern Ireland: an update (2016). Research and Information Service Research Paper) Also includes other NI data sources on migration and countries of origin, and medical card registrations in NI:

<http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2016-2021/2016/general/3916.pdf>

Languages

(Census 2011)

Language (Spoken by those aged 3 and over);

English – 96.86% (1, 681, 210)

Polish – 1.02%(17, 704)

Lithuanian – 0.36% (6, 249)

Irish (Gaelic) – 0.24% (4, 166)

Portuguese – 0.13% (2, 256)

Slovak – 0.13% (2, 256)

Chinese – 0.13% (2, 256)

Tagalog/Filipino – 0.11% (1, 909)

Latvian – 0.07% (1, 215)

Russian – 0.07% (1, 215)

Hungarian – 0.06% (1, 041)

Other – 0.75% (13, 018)

(Census, 2011)

Statistics from the HSC Interpreting Service showed a large rise in



requests for interpreters from 1,850 in 2004-2005 to 10, 6541 requests in 2016-2017. The most popularly requested languages are described below:

1. Polish 31220
2. Lithuanian 15866
3. Romanian 8975
4. Portuguese 8323
5. Arabic 6203
6. Slovak 5356
7. Tetum 5319
8. Chinese - Mandarin 5103
9. Bulgarian 3421
10. Hungarian 3387
11. Chinese - Cantonese 2858
12. Russian 2541
13. Latvian 2042
14. Somali 1151
15. Czech 855
16. Chinese - Hakka 748
17. Spanish 589
18. Farsi 515
19. Bengali 369
20. Urdu 297

Weblink <http://www.nisra.gov.uk/statistics/populationmid-year-population-estimates>



Sexual Orientation	<p>100% someone of the opposite sex – staff data</p> <p>In 2016, estimates from the Annual Population Survey (APS) showed that:</p> <ul style="list-style-type: none">• 93.4% of the UK population identified as heterosexual or straight and 2.0% of the population identified themselves as lesbian, gay or bisexual (LGB). This comprised of:<ul style="list-style-type: none">○ 1.2% identifying as gay or lesbian○ 0.8% identifying as bisexual• A further 0.5% of the population identified themselves as “Other”, which means that they did not consider themselves to fit into the heterosexual or straight, bisexual, gay or lesbian categories. A further 4.1% refused, or did not know how to identify themselves.• The population aged 16 to 24 were the age group most likely to identify as LGB in 2016 (4.1%).• More males (2.3%) than females (1.6%) identified themselves as LGB in 2016.• The population who identified as LGB in 2016 were most likely to be single, never married or civil partnered, at 70.7%.• Sexual identity is one part of the umbrella concept of “sexual orientation”. Sexual identity does not necessarily reflect sexual attraction or sexual behaviour – these are separate concepts that Office for National Statistics (ONS) currently does not measure. <p>(Available at https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016#main-points)</p> <p>There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.</p>
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	Weblink http://www.nisra.gov.uk/statistics/populationmid-year-population-estimates
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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	There is no data to suggest that the needs and experiences of service users differ on the basis of Gender.
Age	There is no data to suggest that the needs and experiences of service users differ on the basis of Age.
Religion	There is no data to suggest that the needs and experiences of service users differ on the basis of Religion.
Political Opinion	There is no data to suggest that the needs and experiences of service users differ on the basis of Political Opinion.
Marital Status	There is no data to suggest that the needs and experiences of service users differ on the basis of Marital Status.
Dependent Status	There is no data to suggest that the needs and experiences of service users differ on the basis of Dependent Status.
Disability	<p>Issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy</p> <p>The policy takes due consideration of a doctor who may have a disability which might require a reasonable adjustment to complete appraisal and revalidation. There are no doctors in this category at this time.</p>
Ethnicity	<p>Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy</p> <p>The policy takes due consideration of ethnicity and any related issues which might disadvantage a doctor in completing appraisal and revalidation. This is not applicable for any of the doctors currently in post.</p>
Sexual Orientation	There is no data to suggest that the needs and experiences of service users 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.

No.

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>
No issues	No issues

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)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	Not applicable	Not applicable
Political Opinion	Not applicable	Not applicable
Ethnicity	Not applicable	Not applicable

(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 type="checkbox"/>
No further impact	<input checked="" 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.

This policy is technical in nature and has no impact on equality of opportunity and/or good relations for people within the equality and good relations categories.



(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>
The policy and procedure require reasonable adjustment for medical staff with disabilities to access appraisal and revalidation.	No suggestions.

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>
The policy and procedure specify the requirement for reasonable adjustment for doctors who have a disability.	No suggestions



(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.

**(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
Age, Gender and Ethnicity of medical staff.	Record in HR file (confidential) doctors who have a registered disability and reasonable adjustments completed.	Not applicable.

Approved Lead Officer: Dr Kieran Morris
 Position: Medical Director
 Date: 29 March 2019
 Policy/Decision Screened by: Dr Kieran Morris

Please note that having completed the screening you are required by statute to publish the completed screening template, as per NIBTS 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 a copy of the completed screening template and policy/strategy to the HR Office for publishing.

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact a member of the HR department.