

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?

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

Applying for a Dental Foundation Training Number

1.2 Description of policy or decision

This policy has been written to ensure a consistent approach for the application, management and decision process regarding applications for a dental foundation training number.

1.3 Main stakeholders affected (internal and external)

This policy will affect all those dentists wishing to work as a Principal or Associate Dentist within Northern Ireland.

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

This policy has been influenced by the following:

- SR 1993 No 326 - The Health and Personal Social Services General Dental Services Regulations (Northern Ireland) 1993¹(as amended by the General Dental Services (Amendment) Regulations 2017)².
- Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications³.
- Committee of Postgraduate Dental Deans (COPDEND) Performers List –

¹ <http://www.legislation.gov.uk/nisr/1993/326/contents/made>

² <http://www.legislation.gov.uk/nisr/2017/10/contents/made>

³ <http://eur-lex.europa.eu/LEXUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:EN:PDF>

Foundation Training by Assessment competency evidence list

- NHS Education for Scotland, Applying for a Dental Foundation Training Number via Equivalence.

This policy may have an impact on the following NIMDTA policies:

- None identified

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

2.1 Census and 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.

Health Survey NI 2016/17

Census 2011

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	<p><u>Population of NI</u> The proportion of females in 2011 is 51.00% (923, 540). The male population is 49.00% (887, 323) in 2011.</p> <p>As of March 2018 there are 1137 dentists in Northern Ireland.</p>						
Age	<ul style="list-style-type: none"> 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><u>Population of NI</u></p> <table border="1"> <tbody> <tr> <td>0-15</td> <td>20.95%</td> <td>379,378</td> </tr> <tr> <td>16-19</td> <td>5.61%</td> <td>101,589</td> </tr> </tbody> </table>	0-15	20.95%	379,378	16-19	5.61%	101,589
0-15	20.95%	379,378					
16-19	5.61%	101,589					

	20-24	6.96%	126,036
	25-29	6.85%	124,044
	30-44	20.65%	373,943
	45-59	19.21%	347,867
	60-64	5.21%	94,346
	65-74	8.04%	145,593
	75-84	4.79%	86,740
	85-89	1.17%	21,187
	90 and over	0.56%	10,141
Religion	<p><u>Population of NI</u></p> <p>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. 		
Political Opinion	<p><u>Population of NI</u></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) 		
Marital Status	<p><u>Population of NI</u></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
Dependent Status	<p><u>Population of NI</u></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.
Disability	<p><u>Population of NI</u></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> <p>Deafness or partial hearing loss – 5.14% (93, 078)</p> <p>Blindness or partial sight loss – 1.7% (30, 785)</p> <p>Communication Difficulty – 1.65% (29, 879)</p> <p>Mobility of Dexterity Difficulty – 11.44% (207, 163)</p> <p>A learning, intellectual, social or behavioural difficulty. 2.22% (40, 201)</p> <p>An emotional, psychological or mental health condition - 5.83% (105, 573)</p>

	<p>Long – term pain or discomfort – 10.10% (182, 897)</p> <p>Shortness of breath or difficulty breathing – 8.72% (157, 907)</p> <p>Frequent confusion or memory loss – 1.97% (35, 674)</p> <p>A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy). – 6.55% (118, 612)</p> <p>Other condition – 5.22% (94, 527)</p> <p>No Condition – 68.57% (1, 241, 709)</p>
Ethnicity	<p><u>Population of NI</u> 1.8% 32,596 of the usual resident population belonged to minority ethnic groups,</p> <p>White – 98.21% (1, 778, 449)</p> <p>Chinese – 0.35% (6, 338)</p> <p>Irish Traveller – 0.07% (1, 268)</p> <p>Indian – 0.34% (6, 157)</p> <p>Pakistani – 0.06% (1, 087)</p> <p>Bangladeshi – 0.03% (543)</p> <p>Other Asian – 0.28% (5, 070)</p> <p>Black Caribbean – 0.02% (362)</p> <p>Black African – 0.13% (2354)</p> <p>Black Other – 0.05% (905)</p> <p>Mixed – 0.33% (5976)</p> <p>Other – 0.13% (2354)</p> <p>Language (Spoken by those aged 3 and over);</p> <p>English – 96.86% (1, 681, 210)</p>

- 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)**

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**

	<p>11. Chinese - Cantonese 2858</p> <p>12. Russian 2541</p> <p>13. Latvian 2042</p> <p>14. Somali 1151</p> <p>15. Czech 855</p> <p>16. Chinese - Hakka 748</p> <p>17. Spanish 589</p> <p>18. Farsi 515</p> <p>19. Bengali 369</p> <p>20. Urdu 297</p>
Sexual Orientation	<p><u>Population of NI</u></p> <p>Census 2011 does not include this information.</p> <p>There is variation in estimates of the size of the LGB population in Northern Ireland. Recently the Office of National Statistics estimate 1.5-2% which would be closer to 20-30,000 adults. The latter document is disputed by various LGB&T organisations, who estimate that between 7 and 10% of the population are not exclusively heterosexual.</p>

To help inform any equality impact it is acknowledged that an application received under the Policy; Applying for a Dental Foundation Training Number can come from a wider field than that of the above data, however it is not proportional to consider this as part of this Equality and Human Rights Screening Template.

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	No known issues
Age	As people get older they are more likely to have certain health problems – e.g. Sight loss. May require policy in large font.
Religion	No known issues
Political Opinion	No known issues
Marital Status	No known issues
Dependent Status	No known issues
Disability	Specific issues for people with sight loss issues – may require policy to be in large format/ braille. Also those with learning disabilities may need easy to read version (both staff and contractors).
Ethnicity	Those whose first language is not English may require translation into different languages to access the provisions of the policy.
Sexual Orientation	No known issues

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.

None identified

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>
<p>Age: In acknowledgement of the fact that as people age they are more likely to experience disabilities, and other issues such as sight loss, the policy and accompanying guidance is produced in font size 14, in line with our Accessible Formats Policy.</p> <p>Disability: Specific issues for people with sight loss issues have been identified above. As mentioned in the previous paragraph, the policy and guidance will be produced in size 14 font. If requested, the policy and guidance will be made available braille.</p> <p>If requested, the documents will also be made available in Easy Read versions for those with a learning disability.</p> <p>Ethnicity: As noted above, those whose first language is not English may require translation into different languages to access the provisions of the policy. This will be arranged upon request.</p>	<p>Records will be kept of the number of requests for alternative formats in order to address equality issues identified.</p>

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>
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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 type="checkbox"/>
No further impact	X

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	X

Mitigation is in place in relation to any impacts identified during the screening process for the Section 75 groups.

(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	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	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	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
N/A	N/A	N/A	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.

None

(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
NIL	NIL	NIL

Approved Lead Officer: Brid Hendron

Position: Postgraduate Dental Dean

Date: 03.04.2019

Policy/Decision Screened by: Katie Symington

Any request for the document in another format or language will be considered.
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