



General Osteopathic Council Equality Impact Assessment Full Assessment Template

Step 1 Scoping the equality impact assessment (EIA)

Building on the material included at the screening stage, you should begin the EIA by determining its scope. The EIA should consider the impact or likely impact of the policy in relation to all areas of our remit. It should be proportionate to the significance and coverage of the policy.

Name of the policy

<i>Continuing Professional Development Scheme Legislation Consultation</i>
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Is this a new or existing policy?
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<i>The legislation consultation enables us to complete implementation of new CPD Scheme</i>

What is the main aim, purpose and/or outcome of the policy?
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<i>The purpose of the new GOsC CPD scheme is to provide assurance of continuing fitness to practise for every osteopath on the statutory Register, by encouraging osteopaths to develop their practice as members of a community of learning and practice in accordance with the Osteopathic Practice Standards.</i>
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Who is most likely to benefit from or be affected by the policy?

<i>Patients and osteopaths and other health professionals.</i>
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What data, research and other evidence or information is available which is relevant to this EIA?
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<i>KPMG Equality Impact Assessment (March 2014) available at:</i>

<i>http://www.osteopathy.org.uk/news-and-resources/document-library/continuing-fitness-to-practise/kpmg-revalidation-pilot-impact-assessment-report/</i>
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<i>GOsC CPD Consultation Analysis (October 2015) available at</i>

<i>http://www.osteopathy.org.uk/news-and-resources/document-library/consultations/cpd-consultation-analysis-report/</i>
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<i>GOsC CPD Evaluation Report (2017) available at:</i>
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<i>http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-march-2017-item-3-continuing-professional-development-cpd/?preview=true.</i>

What further data or information is needed to carry out a full assessment?

Over time, further information about equality and diversity characteristics of the osteopathic population as whole (as opposed to only respondents) may help to identify any particular impacts in the CPD scheme as evaluation data is collected annually.

Step 2 Involvement and consultation

It may be helpful to the EIA to involve stakeholders in assessing the impact of the policy, such as registrants, individuals or organisations representing sections of the public or employees. When considering how you might involve other people in assessing the policy, think about internal and external audiences for it.

If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.

See below.

Step 3 data collection and evidence

What evidence or information do you already have about how this policy might affect equality for men and women, people from different ethnic groups and disabled people?

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

The scheme has been extensively developed, consulted, piloted, consulted and finalised using the input of a range of stakeholders including osteopaths, patients, other health professional regulators using a wide range of consultation methods from 2009 to 2015. Equality considerations have been a pervasive element of this development. A detailed report about this is set out in the CPD Consultation Analysis (2015) referred to above.

What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?

As indicated above, over time, more detailed information about the equality and diversity characteristics of the population would help to identify any particular impacts as the scheme is rolled out.

Step 4 – assessing impact and strengthening the policy

What evidence do you have about how the policy will affect equality for affected groups? The EIA toolkit gives further ideas on what to consider.

What impact does, or could, the policy have on:

- **promoting equality of opportunity between disabled people and other people; between men and women; and between people from different ethnic groups**
- **eliminating disability, race and sex discrimination that is unlawful**
- **eliminating harassment on grounds of disability, race and sex**
- **promoting positive attitudes towards disabled people**
- **encouraging participation by disabled people in public life**
- **meeting disabled people's needs, even if this requires more favourable treatment**
- **promoting good community relations?**

The most recent consultation identified that 77% of respondents felt that the proposals in the scheme would have no impact on people because of gender, race, disability, age, religion or belief, sexual orientation or any other aspects of equality. Possible areas of impact were felt to be:

- *Registrants based overseas – In order to mitigate any impact, we have consolidated all guidance and resources online so that they can be accessed across the world (subject to local internet arrangements). We have run a series of early adopter seminars involving people in the UK and outside the UK which have enabled osteopaths outside of the UK to develop relationships with those inside the UK and in other countries. We have also undertaken engagement work with groups of osteopaths outside the UK, for example Gibraltar and the United Arab Emirates).*
- *Those who are not IT literate – We have a member of staff who is qualified in supporting people with a range of learning styles providing 1:1 support for osteopaths who need this. For example, 1:1 support has been provided to access webinars enabling osteopaths to join up with osteopaths in a way that suits them.*
- *Those with dyslexia, learning disabilities or visual disabilities – See above.*
- *Part time practitioners – Webinars have been provided at a range of times to enable people with caring responsibilities or outside commitments to access them at a time convenient to them*
- *Practitioners with ill health – As now, if osteopaths are unable to complete the requirements of the scheme due to ill health or other reasons, it is open to them to make an application to the registrar to reduce requirements or to carry them over to the next CPD cycle.*

The scheme is predicated on aspects of engagement, support and community and it is hoped that as the scheme rolls out and as our early adopter work rolls out, that we will create more inclusive communities of registrants in all of the categories identified above. Therefore it is hoped that the scheme will contribute to the promotion of equality.

If the policy is likely to have a negative effect on equality ('adverse impact'), what are the reasons for this?

None are anticipated as a result of the mitigating actions outlined above.

What practical changes will help to reduce any adverse impact on particular groups?

See above.

What could be done to improve the promotion of equality within the policy?

See above.

Step 5 – procurement and partnerships

Consideration of external contractor obligations and partnership working.

Is this project due to be carried out wholly or partly by contractors? If yes, have you done any work to include equality into the contract already?

If you have, please set out what steps you will take to build into the procurement process the requirement to promote equality. Specifically, you should set out how you will make sure that any partner you work with complies with all relevant legislation. You should think about tendering and specifications; awards processes; contract clauses; performance measures; and monitoring.

Not applicable

However, to support the fair implementation of peer discussion review, further signposting around equality and diversity resources will be made available for osteopaths.

Step 6 – making a decision

Summarise your findings and give an overview of whether the policy will meet the GOsC's responsibilities in relation to equality.

We believe that the scheme will meet the GOsC responsibilities in relation to equality. The GOsC team are well trained to make reasonable adjustments and to accommodate the needs of osteopaths.

What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?

Although we have tried to address any potential impacts identified by respondents to our consultation so far as indicated above, we will continue to monitor the impact of the scheme over time in order to assess any inadvertent impacts on particular groups through our annual evaluation as well as working with our early adopters.

The signposting of accessible equality and diversity resources for osteopaths will

support the fair implementation of peer discussion review.

What practical actions do you recommend to include or increase potential positive impact?

Our continued engagement activity across the sector will continue to try to engage the hard to reach to ensure no inadvertent impact as a result of equality issues.

Please note that these should be reflected in the action plan (see step 8).

Step 7 – monitoring, evaluating and reviewing

How will the recommendations of this assessment be built into wider planning and review processes?

This could include policy reviews, annual plans and use of performance management systems.

As indicated above – we will continue to monitor the impact of the policy through an annual evaluation.

How will you monitor the impact and effectiveness of the new policy?

This could include adaptations or extensions to current monitoring systems, relevant timeframes and a commitment to carry out an EIA review once the policy has been in place for one year.

See above.

Give details of how the results of the impact assessment will be published.

The EIA will be published alongside the publication of the consultation on the legislation and the guidance.

Step 8 – action plan

Taking into consideration the responses outlined in steps 1-7, complete the action plan below.

	Actions	Target date	Responsible postholder and directorate	Monitoring postholder and directorate
Involvement and consultation	<i>Completed</i>			
Data collection and evidence	<i>Completed</i>			
Assessment	<i>Completed</i>			

and analysis				
Procurement and partnerships	<i>Completed</i>			
Monitoring, evaluating and reviewing	<i>Ongoing annual evaluation</i>	<i>October 2017</i>	<i>Stacey Clift, Policy Officer</i>	<i>Fiona Browne, Head of Professional Standards</i>

Step 9 – sign-off

The final stage of the EIA is formally to sign off the document as being a complete, rigorous and robust assessment.

Author of policy and EIA

Name	Job title and team	Date	Signature
<i>Fiona Browne</i>	<i>Head of Professional Standards</i>	<i>1 March 2017</i>	

Quality check: document has been checked by:

Name	Job title and directorate	Date	Signature

Director level sign-off

Name	Job title and directorate	Date	Signature