NHS Education for Scotland
Equality Impact Assessment Report

Name of function, policy or programme: Clinical Effectiveness (CE) Workstream
NES directorate or department: Dental Directorate

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Date of Previous Version	Name of person(s) completing EQIA	Contributors
March 2016	Michele West, Jill Farnham	Doug Stirling, Linda Young, Irene Black

1. Define the function[1]

What is the purpose of the function?

To support healthcare professionals to deliver high quality, safe, effective, patient-centred care by:

a) The provision of user-friendly, evidence-based guidance on topics identified as priorities for oral healthcare.
b) Developing and evaluating evidence-based interventions for the efficient implementation of guidance recommendations.
c) Conducting high quality primary care research on a wide range of topics broadly categorised as quality assurance, quality improvement, patient safety, academic support and knowledge generation.
d) Providing quality improvement resources to support dental teams.
e) Developing and delivering in-practice clinical effectiveness education and training.
f) Developing e-learning and other educational courses and resources.
g) Delivering education and training for the whole dental team including those in training and postgraduates at a wide variety of training sessions and other events.
h) Mentoring participants in postgraduate fellowship schemes.

Who does the function benefit and what is the relevance of the function to those groups?

All members of the dental team, and undergraduate and postgraduate trainees, benefit by being better informed and equipped to provide high quality care; patients benefit by receiving higher quality oral healthcare.

How are they affected or will they benefit from it?

All of the dental team will have access to up-to-date, evidence informed educational resources (e.g. clinical guidance, in-practice training, e-learning, CPD courses), quality improvement tools and patient safety tools. Patients benefit through the application of these resources in practice to improve their care. Where relevant, educational resources for patients are also available.

[1] In this document, 'function' is used broadly to cover all the areas of work for which impact assessment is required, as defined in the Regulations. This includes policy, programme, project, service and function, among others.

What results/outcomes are intended?

- Increased awareness and understanding of best practice and evidence-based guidance recommendations.
- To enable dental professionals to improve practice and where necessary augment their skills and knowledge and change behaviours.
- Enhanced patient safety through the delivery of high-quality care.

What is NES's role in developing and delivering the function?

The CE Workstream comprises the Scottish Dental Clinical Effectiveness Programme (SDCEP), the Scottish Dental Practice Based Research network (SDPBRN), the Translation Research in a Dental Setting programme (TRiaDS) and Quality Improvement in Practice Training (QIiPT) and operates within the NES Dental Directorate. NES provides the operational infrastructure to support the delivery of this workstream.

NES also leads dental postgraduate fellowship schemes, such as the Scottish Dental Clinical Leadership Fellow (SDCLF) scheme, that the CE workstream facilitates aspects of, for example by providing mentoring and administrative support for participants. Recruitment is managed through NES HR.

Who are the partners in developing and delivering the function and what are their roles?

The CE Workstream works in partnership with dental and other healthcare professionals, dental educators and trainers, higher and further education institutions, Scottish Government Health and Social Care Directorates, NHS Boards and independent practices, each of which has a role in communicating and implementing current best practice recommendations in their own setting.

Individually, each programme may collaborate or liaise with other relevant bodies including:

- Antimicrobial Resistance and Healthcare Associated Infection Scotland (ARHAI);
- Health Facilities Scotland;
- Cochrane Oral Health Group;
- Dental Health Services Research Unit (Dundee);
- Health Services Research Unit (Aberdeen);
- Healthcare Improvement Scotland;
- Higher Education Institutions;
- Health Protection Scotland;
- Infection Prevention Society;
- NHS 24;
- NHS Services Scotland (NSS);
- Professional Societies;
- Public Health Scotland;
- Public Health Team (NES);
- Research Networks (UK & International);
- Royal Colleges and College of General Dentistry;
- Scottish Government;
- Scottish Public Dental Service;
- Scottish Oral Health Research Collaboration;
- Scottish Qualifications Authority (SQA);
- Territorial Health Boards;
- UK Government (including Northern Ireland).

2. Evidence used to inform assessment

Briefly summarise or list the types of evidence you have used in this EQIA. (Evidence may include surveys, statistical data; consultation responses, in-depth interviews, academic or professional publications, scoping studies). You may also attach a bibliography or list of references.

i. Diversity data on undergraduate students

Data published by HESA on all UK-domiciled undergraduate enrolments in academic year 2020/21 indicates that 18% of students declared a disability. 5.9% of students had a specific learning difficulty, which was the most common disability reported.

NES holds individual-level HESA data on students enrolled on health and care courses in Scotland (data sourced by NES through a data sharing agreement with the Scottish Funding Council. HESA's statistical disclosure rules have been applied. Data provided by the NES Data Group):

BDS
6.2% of students starting a BDS course in academic year 2019/20 in Scotland declared a disability. The breakdown of disability status and type of disability was as follows: no known disability, 93.8%; a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D, 3.1%; a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy, 1.9%; a mental health condition such as depression, schizophrenia or anxiety disorder, 0.6%; two or more impairments and/or disabling medical conditions, 0.6%.
29.3% of BDS students were from non-white ethnic groups.

Oral Health Sciences degree
6.3% of students starting an Oral Health Sciences degree in Scotland in academic year 2019/20 declared a disability. 4.2% reported a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.
12.5% of Oral Health Sciences students were from non-white ethnic groups.

ii. Diversity data on dental team members

NES and NHS NSS hold information on dental professionals working in the NHS in Scotland (published by NES as part of its official statistics releases and in biennial reports on the Dental Workforce in Scotland). Based on data provided by the NES Data Group:

- In September 2020, 54.6% of the NHS Scotland dental workforce was female;
- Approximately 50% of dentists in NHS Scotland are between 25 and 40 years old, with 10.9% aged 55 and over;
- Approximately 45% of dental care professionals in NHS Scotland are between 25 and 40 years old, with approximately 15% aged 55 and over;
- In September 2020, 98.1% of dental nurses were female;
- In September 2020, 51.4% of dental technicians were female.

Data specific for practicing dentists and other members of the dental team for equality groups other than gender and age was not found.

iii. Data on remote and rural populations

According to data from the Scottish Government on rural populations, 6% of the Scottish population live in areas classified as Remote and Rural (i.e. areas with a population of less than 3,000 people, and with a drive time of over 30 minutes to a settlement with a population of 10,000 or more). A larger proportion of the population living in Remote and Rural areas are aged 65 and over, than in other areas.

iv. Reports on digital learning and inclusive education

Key factors in digital inclusion are likely to be digital accessibility and digital literacy according to a review of inclusive digital education (Helen Allbutt, *Inclusive Digital Education in Health and Social Care Working Environments. 2015*; NES internal paper). Access to digital technology does not necessarily equate to confidence in its use in all contexts or to effective digital literacy and learning. Digital literacy appears to be closely linked to reading, writing and numerical literacy skills and this may be linked to socio-economic status.

In the context of dental practice, barriers to digital inclusion might include a lack of access to computers or the internet and incompatible software, browsers and operating systems. Varying levels of digital accessibility and digital literacy may exist within a dental practice.

v. Ongoing evaluation of data collected by the CE workstream from:

- Scoping interviews with dental healthcare professionals;
- Patient questionnaires;
- Consultation feedback and discussions with guidance development stakeholders including topic experts and lay members;
- Diagnostic surveys, pilot and feasibility studies;
- Details of course bookings including numbers and categories of course participants;
- Action plans for all in-practice training delivered;
- Feedback from training sessions.

3. Results from analysis of evidence and engagement

What does the evidence and any engagement activities tell you about:
The relevance of this function for different equality groups and the specific issues you identified for particular groups – evidence of barriers, under-representation, particular needs

Disability:

A reasonable assumption based on the evidence about dental and oral health science students is that a small proportion of dental professionals in practice may have a disability, particularly a specific learning difficulty. This should be taken into consideration in the work carried out across the CE workstream.

Other protected characteristics:

Direct discrimination based on the other protected characteristics resulting from the work of the CE workstream is judged to be very unlikely, although the potential for indirect discrimination should be considered in the ongoing reviews of projects within each programme. The evidence indicates that the gender balance and age distribution for different professional groups in the dental team varies. For example, dental nurses in Scotland are predominantly female. A proportion of this group could have childcare or other care responsibilities and so the place and time for workstream activities should be chosen to promote inclusion of this group.

Data on equality groups in the Scottish population as a whole are available via reports published by the Scottish Government on the 2011 Census. This information should be used when considering the impact on delivery of dental care to patients, resulting from specific activities carried out by the programmes within the workstream.

Educational background:

Members of dental teams will have varied educational backgrounds with training requirements for their professional roles ranging from in-job training to undergraduate and postgraduate qualifications. This diversity needs to be taken into account when providing educational resources such as clinical guidance and in-practice training and when engaging dental staff in research, surveys etc.

Rurality:

A proportion of dental practitioners and patients who would be within the target audience for activities carried out within the CE workstream will be based in remote and rural locations. Means of ensuring the accessibility of the educational and research resources and opportunities delivered by the workstream to those in rural locations should be adopted where possible.

Recommendations for clinical practice made in SDCEP's guidance should be assessed for the potential to discriminate against patients in remote and rural locations who may have greater difficulties accessing dental care and who may also represent an older population.

Key outcomes

A key issue that has been identified from this analysis is ensuring the accessibility and inclusivity of guidance, training, education opportunities and research results. This includes considering:

- the accessibility of digital resources and paper documents (including the format of online material and likelihood of computer access for the target audience);
- educational background and digital literacy;
- raising awareness of training, research and educational opportunities through inclusive marketing strategies.

Other potential issues will be highlighted through analysis of feedback and study data. For each specific piece of work or activity, any recommendations, implementation, quality improvement or educational resources will be considered for potential discrimination against any particular groups.

Evidence of existing good practice and opportunities to promote equality or good relations

The programmes within the CE workstream already promote equality and inclusivity in the way in which they carry out many of their activities:

- All members of the dental team are invited to participate in the consultation process during guidance development via the dental portal and by other methods depending on resources.
- The published guidance is disseminated in various formats, with printed copies available in some cases. Accessible versions of guidance and supporting documents are available via the SDCEP website. All guidance is available free of charge online and is advertised and promoted widely. Some of the supporting tools (e.g. Dental Prescribing App and Dental Companion App) are provided in formats compatible with multiple devices and with ease of navigation considered).
- The language and content of all resources including guidance, patient information, reports and e-learning packages aims to be appropriate for the end user group. Alternative formats and translations of resources can be requested via NES.
- SDCEP, TRiaDS and SDPBRN websites all meet current website accessibility standards (W3C WCAG 2.1 AA).
- SDCEP's standard guidance development process includes active steps to identify potential equality issues for patients and dental professionals, in relation to the guidance recommendations. This informs actions to mitigate impacts and promote equality.
- In relation to in-practice training, practices are advised of the benefits of participation by all members of the dental team and the category of course participants recorded e.g. dentist, DCP, technician, trainee, etc. to monitor inclusive participation. Training sessions are scheduled to suit individual practices. All participants are asked to complete a post course evaluation. Feedback received is reviewed and any aspect of the training which appears to have been a barrier to any participant is highlighted. E-learning alternatives to the in-practice training are available. There is a fee for in-practice training but this is charged at practice level and not to individuals.

- Research activities such as interviews and focus groups are scheduled to suit individual needs and preferences, for example taking place out with usual working hours, to facilitate participation.
- For the majority of research studies, dental professionals are recruited through the NES Portal with relevant target staff groups contacted according to the purposes of the research. In some instances and as appropriate there is a randomisation process to ensure that each practitioner has an equal chance of selection.

We aim to continue to make publications and events inclusive to all members of the dental team from all practices.

4. Actions taken or planned in response to issues identified in the analysis

Issue identified	Action to be taken in response to issue	Responsibility	Timescale	Resources required
Addressing learning needs for trainers, guidance producers, researchers etc on the adjustments required to promote inclusive education, including for individuals with specific learning difficulties such as dyslexia.	Identify and consult suitable resources (e.g. inclusive education and learning resources available via the NES intranet) and/or participate in relevant training.	Project/activity leads	Ongoing as resources developed.	Staff time
Ensuring accessibility of online resources including guidance, supporting tools, patient information, reports, educational or promotional videos, e-learning content etc.	Consult guides on digital accessibility (e.g. digital accessibility resources available via the NES intranet) for the development and checking of resources developed by CE workstream. Participate in relevant training as required.	Project/activity leads with delegation as appropriate	Ongoing to ensure that published resources meet current accessibility requirements.	Staff time

5. Risk Management

In this assessment, have you identified any equality and diversity related risks which require ongoing management? If so, please attach a risk register identifying the risks and arrangements for managing the risks.
Any risks identified in this process should be added to the appropriate project or organisational risk register. See the NES risk management guidance for advice on identifying and scoring risks, or take advice from your directorate's risk champion.

None identified

6. Consideration of Alternatives and Implementation

Note that if the impact assessment indicates that a function will negatively discriminate, either indirectly or through discrimination arising from disability, the function must be objectively justified[2]. This may require taking legal advice. If the function is to be objectively justified, outline the justification here, including analysis of any alternatives. See the guidance notes for instructions.

Not applicable

7. Monitoring and Review

Monitoring and review of equality impact should ideally be part of a wider monitoring or review process.

Please explain how the function will be monitored and reviewed, including:

- What data will be collected, at what time?
- What analysis of the data will be undertaken?
- Are there specific targets or indicators to be monitored?
- How will results of monitoring be reported, when, and to whom?
- When will you review the function, taking into account any monitoring information?
- Who will be responsible for leading this review?

Each of the programmes within the Clinical Effectiveness workstream has produced an equality checklist which is completed for new projects. These prompt analysis of information collected during each project and consideration of equality impact at appropriate points in the programmes' respective processes.

The lead for a given project has responsibility for completing the checklist and for leading the review for that project. Any significant results and actions taken are reported to the programme lead.

The overarching Clinical Effectiveness Equality Impact Assessment for all programmes in the workstream will also be reviewed and updated periodically, to take into consideration any changes in workstream activities or equality data.

Sign off (by accountable director)

Professor Jan Clarkson
Associate Postgraduate Dental Dean - Clinical Effectiveness

Date 27 July 2022

[2] Direct discrimination cannot be justified other than on very narrow grounds in relation to age. If the EQIA indicates that a function discriminates directly, it should not be implemented.