
The equality impact of our approach to COVID-19

Executive Summary

Background

In April 2019, the organisation introduced a standardised template for Equality Impact Assessments and guidance on how to complete these. These allow us to assess the impact of new policies and ways of working against the protected characteristics set out in the Equality Act 2010. They also prompt us to consider the impact on other characteristics, such as socio-economic background, four country diversity and Welsh language.

The Policy team, and members of OMT, have developed Equality Impact Assessments on the policy approach underpinning the COVID-19 temporary register, the changes we have made to our operational processes arising from COVID-19, and our move to home working.

In completing these, we have engaged other regulators, professional bodies and other key stakeholders. We have also reviewed data available on our temporary and current registrants and analysis by charities representing protected characteristics on the impact of COVID-19.

The Equality Impact Assessments prompt those completing to consider where there has been an impact on these groups, the reasons why, and if they require an action. Actions identified across the impact assessments include:

- Translation of content on the COVID-19 hub for the public into Welsh;
- Provide stakeholders with regular updates, including regular engagement with representatives from the four countries on our approach;
- Exploring virtual telephony services;
- Trialling virtual hearings on Teams;
- Outgoing phone calls to vulnerable parties with support for staff making challenging calls remotely;
- Gather feedback from registrants on approach;
- Training in Registration team to recognise and support individuals that may need assistance; and
- Home working survey.

Due to the need to act extremely quickly in establishing the temporary register and our new ways of working, we have completed these Equality Impact Assessments

retrospectively. These have been completed as soon as possible, once the immediate pressures of adapting to COVID-19 had eased.

All actions set out in these assessments will be implemented immediately, and will be kept under continual review to inform our approach going forwards.

Please note, these are living documents. Our templates make clear EDI should be an ongoing consideration throughout any project. We are still receiving feedback on the assessments from stakeholders and will continue to keep our analysis and actions under review. For example, in the SMT meeting it was noted that that visual disabilities are discussed but not hearing impairments. OMT members will be considering this and updating their assessments accordingly – e.g. the need to provide subtitles on any video communications we produce.

Appendixes

Attached are the following:

- A. EQIA on the policy approach to the COVID-19 temporary register
- B. EQIA on Registration’s service changes due to COVID-19
- C. EQIA on FTP’s service changes due to COVID-19
- D. EQIA on Education’s service changes due to COVID-19
- E. EQIA on HR’s approach to COVID-19, including employee wellbeing initiatives
- F. EQIA on communicating and engaging during COVID-19

These are subject to minor amends, following a proof read before publication.

Previous consideration	None
Decision	Council is invited to note these documents.
Next steps	EDI will continue to be assessed and reviewed as this work progresses.
Strategic priority	Strategic priority 1: Improve our performance to achieve the Professional Standards Authority’s Standards of Good Regulation. Strategic priority 2: Ensure our communication and engagement activities are proactive, effective and informed by the views and expectations of our stakeholders. Strategic priority 4: Make better use of data, intelligence and research evidence to drive improvement and engagement.
Risk	There are no risks associated with this paper.

Financial and
resource
implications

.....
There are no additional resource or financial implications
associated with this work.

Author

.....
Olivia Bird, Policy Manager

Equality, Diversity and Inclusion Impact Assessment (EIA)

Section 1: Project overview

Project title: HCPC's approach to the COVID-19 temporary register	
Name of assessor: Olivia Bird	Date EIA agreed: TBC

What are the intended outcomes of this work?

- To reduce the regulatory barriers surrounding registration to allow the NHS to respond to the COVID-19 outbreak, whilst minimising risks to the public.
- Create a process of automatic registration for individuals who have de-registered in the last three years (who do not have FTP history) and third year students on UK programmes who have completed their clinical practice placements to be registered.
- This approach is to be kept under continuous review.
- To provide advice and support for affected registrants and other key stakeholders relating to COVID-19 and the COVID-19 temporary register.

Who will be affected?

At the time of writing:

- Anyone who has de-registered in the last three years and has not been subject to a FTP concern will be added to the temporary register. This means, if they wanted to, they could return to practice under their protected title.
- Students on UK approved programmes in their third year, who have completed their clinical practice placements, will be added to the temporary register. They will be able to practice in their profession. They will leave their studies early, so may be delayed in joining the permanent register.
- Students at other stages of their education and training may have opportunities to support the COVID-19 response in non-protected roles. This may impact on the progress of their education and training longer term, and the time it takes to get on the HCPC register.
- Education and training providers will need to revise their programmes to accommodate students joining the temporary register. Plans will need to be put in place to allow students to return to their studies after the COVID-19 outbreak, to complete their qualifications, so they can apply for permanent registration. They may also see similar impact for other students due to the above.
- Employers will need to be aware of the temporary register, and what this means for them when responding to COVID-19. In particular, they will need to be aware of the limitations on

This document is adapted from a Department of Health publication and contains public sector information licensed under the Open Government Licence v3.0. Last revised by the HCPC Policy and Standards department in October 2018.

their scope of practice (as we will not be including annotations). They also need to provide appropriate support and training for the temporary registrants.

- HCPC employees will need to be familiar with the approach to the temporary register, and able to respond to enquiries coming in. There will also be a change to traditional ways of working, as the organisation has moved to home working.

Section 2: Evidence and Engagement

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

We have considered the available EDI data of those on the temporary register. This is age and gender of de-registered individuals and age of third year students.

We do not currently link wider EDI data to individuals on our Register, and so do not hold this data specific to those registrants who have de-registered. It was also decided, due to need to act quickly and the impact on our Registration team and education providers, that we would only ask for age from education providers of students added to the temporary register. Whilst education providers are likely to collect EDI data on their students, this is likely to differ across institutions and would go beyond what we hold on the rest of the temporary register. To go back and ask for gender data only was considered to be disproportionate.

We have also emailed professional bodies, regulators and other key stakeholders to provide us with EDI feedback on our approach. This is still being collected at the point of writing, and this EQIA will be updated as this is gathered.

We have also considered demographics previously shared with us by the HEE on returners to practice through their support programme.

We have also considered information on the impact of COVID-19 issued by charities, such as the LGBT foundation: <https://lgbt.foundation/coronavirus/impact>

How have you engaged stakeholders in gathering or analysing this evidence?

We have engaged with the EDI representatives from the other regulators to establish how they are approaching EDI issues in response to COVID-19.

We have also emailed professional bodies and other key stakeholders to provide us with EDI feedback. This is still being collected at the point of writing, and this EQIA will be updated as this is gathered.

Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the [protected characteristics](#).

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

Age (includes children, young people and older people)

Students are likely to be younger than the wider profession's population. The majority are within the age range of 20-24 (1692, 50%, with only 189 are over 45). Equally, the majority of people who have de-registered have due to retirement – and so are older than the wider profession's population. Of the ex-registrants on the temporary register, the largest age group was 60-64 (4551), followed by 55-59 (2712). However, there is no obligation that these groups return to practice if they do not want to.

Students earlier in their programmes, or those who have been de-registered for more than 3 years, are not eligible to join the temporary register. The youngest students and oldest former registrants are therefore more likely to not be allowed to join the temporary register. This is justified on the basis of risk to the public – if someone is earlier in their education, or has been out of practice for longer, they are more likely to pose a risk to the public.

Disability (includes physical and mental health conditions. Remember 'invisible disabilities')

We do not hold data on the number of people with disabilities on the temporary register. However, some of the people removed from the temporary register due to FTP history may be individuals who have been to a health committee. Persons with disabilities may therefore be more likely removed from the temporary register.

There will also be people who have voluntarily de-registered for health reasons but have not disclosed this to us and therefore not had previous FTP involvement. These individuals could be on the temporary register, although will be under no obligation to return to practice.

Those with pre-existing health conditions, including disability, are more likely to be seriously impacted by COVID-19. Temporary registrants from this group could therefore be at greater risk if they returned to practice. Our approach does not directly increase this risk though – as there is no obligation to return to practice, this group is unlikely to be affected.

Gender reassignment (consider that individuals at different stages of transition may have different needs)

We do not expect an impact on this group. Eligibility to join the temporary register is not affected by this characteristic.

Marriage and civil partnerships (includes same-sex unions)

We do not expect an impact on this group. Eligibility to join the temporary register is not affected by this characteristic.

Pregnancy and maternity (includes people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)

Some people may have de-registered due to pregnancy / maternity. We do not hold data on this to confirm, but we know from HEE that a large number of returners to practice are women who left for these reasons. The approach to the temporary register, being automatic but placing no obligation on temporary registrants to return to their profession if they don't want to (e.g. because they still have child caring responsibilities), means that this group should not be impacted by our approach.

Those who have taken maternity leave during their education and training may also be at a disadvantage as they have not completed their final clinical placements, necessary to access the temporary register. This is justified on the basis of risk, with education providers given

discretion in their approach to ensure access to placements and opportunities is non-discriminatory.

Pregnancy is a risk factor for being more seriously affected by COVID-19. Temporary registrants from this group could therefore be at greater risk if they returned to practice. Our approach does not directly increase this risk though – as there is no obligation to return to practice, this group are not affected.

Race (includes nationality, citizenship, ethnic or national origins)

We do not hold data on the race of temporary registrants. However, we know from other regulators (the GMC and NMC) that people from BAME backgrounds are more likely to have a FTP concern raised about them. If this is the case, there would be a larger number of people from BAME backgrounds excluded from the temporary register due to their FTP history. The decision to exclude those former registrants with FTP history is on the basis of risks posed to the public and is a requirement to fulfil out statutory objectives.

People from BAME backgrounds are also more likely to be seriously affected by COVID-19, although the reasons for this are still unknown. Temporary registrants from this group could therefore be at greater risk if they returned to practice. Our approach does not directly increase this risk though – as there is no obligation to return to practice, this group are not affected.

Religion or belief (includes religious and philosophical beliefs, including lack of belief)

We do not expect an impact on this group. Eligibility to join the temporary register is not affected by this characteristic.

Sex (includes men and women)

We are aware that there is a gender imbalance on the Register – 75% of the Register are women. This means the de-registered population will also mostly be female, as well as students. We also know women are more likely to return to practice.

Male registrants are more likely than female registrants to have FTP history. They are therefore more likely to have been excluded from the temporary register.

Despite this, men made up 47% of professionals excluded from the temporary register due to FTP history. Men are therefore over-represented in FTP. Removal of people with FTP history is justified on the basis of risk, and does not prevent individuals from re-joining the Register through the returning to practice process.

Finally, men are more likely to be seriously affected by COVID-19. Temporary registrants from this group could therefore be at greater risk if they returned to practice. Our approach does not directly increase this risk though – as there is no obligation to return to practice, this group are not affected.

Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

We do not expect an impact on this group. Eligibility to join the temporary register is not affected by this characteristic.

Other identified groups

We are not charging fees for temporary registrants, so there shouldn't be an impact on people in lower household incomes.

The Government issued emergency legislation which required the HCPC to establish a temporary register to support the response to the COVID-19 pandemic. This legislation doesn't allow us to collect a fee for those on the temporary register; in part because some of those individuals may choose not to practise. The temporary register is only in place to cover the current COVID-19 emergency and will be removed as soon as Government directs it; this could be at any time.

Current registrants still need to pay their fees. HCPC has a statutory role in protecting the public. During the COVID-19 pandemic we are still required to fulfil this role by setting standards, keeping a Register, and taking action where concerns are raised about our registrants. We are not part of the Department of Health and Social Care or the Government. We maintain our independence by being funded entirely by registrants' fees. We receive no other regular funding from other sources. In order to meet our legal obligations, we are not able to suspend or reimburse registration fees.

The difference in approach to fees across these two groups is justified on the basis that there are different costs for each group. For example, as the temporary registration process is automatic there are no costs for processing applications or renewals. Nor do we have the same costs for FTP, as there is an automatic removal process where a concern is raised about someone on the temporary register.

We do not expect our existing registrants to bear the burden of the costs associated with the temporary register. We are keeping a record of costs incurred and will request a grant from Government to cover this if necessary.

We understand the challenges our registrants are facing, and we appreciate their commitment and dedication to help the NHS fight the COVID-19 pandemic. We have therefore:

- Developed a suite of guidance and FAQs on our COVID-19 hub (<https://www.hcpc-uk.org/covid-19/>). These resources are intended to provide additional guidance and direction to our registrants during these challenging times, and are kept under continual review; and
- Taken the decision to postpone the increase we had planned to make to our fees.

Four countries diversity

The approach to the COVID-19 register has been developed with all four countries. HEE and NHSE, who we are primarily in contact with, are in contact and co-ordinating with their equivalent bodies across all four countries. We are also in regular, direct contact with the Chief AHPs and Chief Scientific Officers across the four countries.

There is a need for us to provide Welsh language communications, detailed below.

There are some variances in the definition of allied health professional (AHP) across our professions. ODPs, for example, are not AHPs in Scotland. Therefore some professions may not have access to certain resources that are being made available to AHPs. Care has been taken, by ourselves and organisations such as NHSEI, to ensure that all the relevant professions

are engaged. This should limit any negative impact on these professions by being excluded from the definition of AHP.

Section 4: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

Any information published that is targeted at registrants would be technical or specialised material aimed at professionals (see para 4.2 of the Scheme) for the purpose of the Welsh Language Scheme (WLS)¹. We therefore do not need to translate these materials, but could provide a translation on request.

However, information for members of the public would require a translation (see para 3.8). Due to the need to minimise translation costs, we will only translate content when it is finalised / unlikely to be amended – web content is changing all the time as the situation develops. To date, we have translated 6 pages into Welsh. These are:

- <https://www.hcpc-uk.org/covid-19/temporary-register/>
- <https://www.hcpc-uk.org/covid-19/temporary-register/covid-19-our-approach-to-temporary-registration/>
- <https://www.hcpc-uk.org/covid-19/advice/advice-for-members-of-the-public/>
- <https://www.hcpc-uk.org/covid-19/adapting-how-we-regulate/>
- <https://www.hcpc-uk.org/covid-19/adapting-how-we-regulate/approach-to-fitness-to-practise-investigations-and-hearings/>

These can be found at <https://www.hcpc-uk.org/cy-gb/covid-19/>.

Section 5: Summary of Analysis

What is the overall impact of this work?

- Several groups are at an increased risk of being seriously impacted by COVID-19. Our approach does not directly increase this risk – as there is no obligation to return to practice.
- **Age** – By targeting students and recently de-registered individuals, the temporary register is more likely to be made up of younger and older individuals. Also, the youngest students and oldest former registrants are excluded from joining the temporary register by our approach. This is justified on the basis of risk. No obligation to practice means there is not a impact on age.
- **Disability** – By removing individuals with FTP history, we may see more registrants with disabilities who have gone through a health committee excluded from the temporary register. This is justified on the basis of risk to the public. Where someone is on the temporary register with a disability, no obligation to practice means there is not a impact on disability.
- **Gender** – Women make up more of the register and are more likely to return to practice. However, men are disproportionately represented in FTP. Removals due to FTP are

¹ <https://www.hcpc-uk.org/globalassets/about-us/governance/welsh-language-scheme.pdf>

justified on the basis of risk, and no obligation to practice means there is not a impact on age.

- **Race** – BAME registrants are more likely to be subject to FTP allegations and so excluded from the register. This is justified on the basis of risk
- **Other identified groups** – As there is no fee charged to join the temporary register, individuals from lower household incomes should not be affected. Current registrants are at a disadvantage as they still have to pay fees but we have deferred the fee increase to minimise impact on them.
- **Four country approach** – We continue to engage with representatives from across the four countries. Not all our registrants are considered AHPs across the four countries and that is something we are mindful of in our approach to ensure certain professions are not excluded.

Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

Summary of action plan

In most cases, where there is an impact on a particular group this is justified on the basis of risk. However, we also propose to undertake the following:

- **Translation of Welsh Language** – where content is created for members of the public, we will translate this into Welsh as soon as possible.
- **Engagement with four countries** - we will continue to engage appropriate representatives across the four countries.
- **Engagement not limited to AHPs** – we will continue to ensure our engagement and guidance is not limited to AHPs.
- **Other opportunities to join the Register** - make clear in our advice that there are other opportunities to join the register if excluded from the temporary register.
- **Fees** - increase delayed.
- **Regular review** - keep approach under regular review based on resource, capacity, risk, new data.

Below, explain how the action plan you have formed meets our public sector equality duty.

How will the project eliminate discrimination, harassment and victimisation?

The nature of our approach to the COVID-19 temporary register means they should not result in discrimination, harassment or victimisation of groups. Where certain groups have been discriminated against as a result of the proposals, this is justified on the basis of risk to the public.

How will the project advance equality of opportunity?

No impact

How will the project promote good relations between groups?

No impact

An action plan template is appended for specific action planning.

Appendix 1: Action plan template

This template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your project.

Issue identified	Action(s) to be taken	Person responsible and their Directorate	Target date for delivery
Need to translate content targeted at the public into Welsh	<ul style="list-style-type: none"> Information on the COVID-19 hub will be assessed on a regular basis and content translated when available 	Communications – Tony Glazier Policy – Olivia Bird	Ongoing
Continue to engage four countries in our approach	<ul style="list-style-type: none"> Engage representatives from the four countries when determining policy and advice in relation to COVID-19 	Cross-departments	Ongoing
Not all professions are AHPs	<ul style="list-style-type: none"> Ensure stakeholders are engaging all our professions 	Cross-departments	Ongoing
Fees will disproportionately impact current registrants	<ul style="list-style-type: none"> Delay fee increase Ensure registrants do not incur cost of temporary register by seeking reimbursement from Government Ensuring approach / advice relating to COVID-19 benefits all registrants 	Cross-departments	Ongoing
Some groups are excluded from access to the temporary register	<ul style="list-style-type: none"> Promote other opportunities to join the Register on COVID-19 hub 	Policy – Olivia Bird	Delivered in FAQs

This document is adapted from a Department of Health publication and contains public sector information licensed under the Open Government Licence v3.0. Last revised by the HCPC Policy and Standards department in October 2018.

Appendix 2: How to complete this form

This form is intended for use in **new or major** projects or policies. It is structured to consider the 9 protected characteristics set out in the Equality Act 2010. It is therefore important that you complete every section of the form.

You should consider and document **positive and negative** impacts which might result from the proposed project. Impacts might be **indirect**. If you consider that there will be **no impact** to groups or individuals with a particular protected characteristic, this **should still be documented**.

The equality impact assessment is not intended as a 'tick box' exercise. Instead, it offers a tool to help you embed equality, diversity and inclusion throughout your work planning and delivery. We encourage you to consult with colleagues, stakeholders and where possible, people with protected characteristics throughout this process.

For more guidance and information, please refer to the **Equality impact assessment guidance** document.

Should you have any queries or suggestions, please contact the Policy and Standards team on 0207 840 9815 or policy@hcpc-uk.org. Your EDI Manager is Katherine Timms.

Equality Impact Assessment (Level 2)

For background information on how to complete this form, read **Appendix 2**. Delete **guidance text** as you complete the form. Guidance text is suggested (not required) content.

Section 1: Project overview

Project title: Registration Department response to COVID-19	
Name of assessor: Richard Houghton	Version: 1

<p>What are the intended outcomes of this work?</p> <ul style="list-style-type: none"> To enable the Registration Department to maintain its regulatory function whilst employees are working remotely in response to the COVID-19 pandemic. To reduce the regulatory barriers surrounding registration to allow registrants/applicants the ability to interact electronically with HCPC, whilst minimising risks to the public. Create a process to allow UK graduates and those individuals returning to the Register the ability to submit applications via email. Allow paper renewals forms to be submitted electronically via email. Cancel CPD audits for physiotherapists, arts therapists, hearing aid dispensers and chiropodists/podiatrists enabling registrants to focus on providing healthcare. All direct communication with registrants/applicants and other stakeholders delivered via email whilst the registration telephone lines are switched off during a period when registration employees are working remotely.. Provide additional time for physiotherapists to renew their registration by extending the renewal deadline until the 31 May 2020. To provide advice and support for affected registrants and other key stakeholders regarding these operational changes. This approach is to be kept under continuous review.
<p>Who will be affected?</p> <p>At the time of writing:</p> <ul style="list-style-type: none"> Anyone who needs to contact HCPC by telephone will need to interact using the email communication channel. All applicants that have gained a UK approved programme will be able to choose to submit their application via email or post. This should mitigate any postal delays that may affect their application processing time.

This document is adapted from a Department of Health publication and contains public sector information licensed under the Open Government Licence v3.0. Last revised by the HCPC Policy and Standards department in October 2018.

- All applicants that want to return to the Register will be able to choose to submit their readmission application via email or post. This should mitigate any postal delays that may affect their application processing time.
- All registrants that renew their registration using paper renewal forms will be able to choose to submit their renewal form via email or post. This should mitigate any postal delays that may affect their renewal form processing time.
- Registrants selected for CPD audit from the following professions - physiotherapists, arts therapists, hearing aid dispensers and chiropodists/podiatrists, will not be required to submit CPD evidence but all professions will still need to undertake CPD.
- Physiotherapist registrants will have an additional month to renew registration.
- Applicants applying via other routes may see a delay in service response rates due to the impact of COVID-19 on our ways of working and increased enquiries relating to the temporary register which we will need to divert resource to. This may delay when they are able to join the register.
- Employers and other stakeholders will need to be aware of the extension of the renewal period for physiotherapists.
- Professional bodies will need to be aware of the decision to cancel CPD audits for some professions.
- HCPC employees will need to be familiar with the changes in our Registration processes and able to respond to enquiries coming in. There will also be a change to traditional ways of working, as the department has moved to home working.

Section 2: Evidence and Engagement

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

We have considered the available EDI data of those on the register. This is age and gender of individuals applying for registration and renewal of registration.

We do not currently link wider EDI data to individuals on our Register and so do not hold this specific to those registrants that are renewing registration or selected for CPD audit.

How have you engaged stakeholders in gathering or analysing this evidence?

We have engaged with the EDI representatives from the other regulators to establish how they are approaching EDI issues in response to COVID-19.

- We have also emailed professional bodies and other key stakeholders to provide us with EDI feedback. This is still being collected at the point of writing, and this EQIA will be updated as this is gathered.

Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the [protected characteristics](#).

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

Age (includes children, young people and older people)

UK applicants are likely to be younger than the wider profession's population as the majority of these applications are from individuals who have recently completed an approved qualification.

The further changes made to the Registration processes will impact all registrants in line with the current age profile of the Register.

Disability (includes physical and mental health conditions. Remember 'invisible disabilities')

This section applies to HCPC employees, Applicants, Registrants. We're offering another channel of communication by enabling applicants and registrants the ability to submit documentation via email, to help overcome potential delays in the postal service. We envisage this as a positive enabler for disabled individuals.

Those individuals that require to speak directly with HCPC will be adversely affected by the closing down of the telephone lines but we expect this to be for a limited time period and we have reviewed/updated information on the HCPC website to mitigate the impact.

Gender reassignment (consider that individuals at different stages of transition may have different needs)

We do not expect an impact on this group.

Marriage and civil partnerships (includes same-sex unions)

.We do not expect an impact on this group.

Pregnancy and maternity (includes people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)

People who are on maternity leave – The change to the process provides returners to the profession with the opportunity to submit their readmission application via email.

Race (includes nationality, citizenship, ethnic or national origins)

- .International applicants may see a delay in service response rates due to the impact of these changes on our ways of working and the increased resource required to support the current remote working model. This may delay when they are able to join the register but we are expecting the volume of international applications to decrease during this period given the current travel restrictions.

Religion or belief (includes religious and philosophical beliefs, including lack of belief)

We do not expect an impact on this group.

Sex (includes men and women)

We are aware that there is a gender imbalance on the Register – 75% of the Register are women who will be impacted by these changes.

Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

We do not expect an impact on this group.

Other identified groups

Four countries diversity

Section 4: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

Find information about our Welsh Language Scheme on our website, [here](#).

Section 5: Summary of Analysis

What is the overall impact of this work?

There is an overall positive impact expected from these changes to Registration processes providing applicants and registrants with options to submit their documentation.

Several groups are at risk of being impacted adversely by these changes.

- **Disability** – By removing the opportunity for individuals to contact the HCPC by telephone may limit the interaction with HCPC and adversely affect their ability to progress a registration enquiry.
- **Race** – International applicants may see a delay in service response rates due to the impact of these changes on our ways of working and the increased resource required to support the current remote working model. This may delay when they are able to join the register but we are expecting the volume of international applications to decrease during this period given the current travel restrictions.

Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

Summary of action plan

Whilst the project has minimal impact where there is a disproportionate impact on a particular group this is justified on the basis of risk.

We will keep our approach under regular review based on resource, capacity, risk, new data.

Below, explain how the action plan you have formed meets our public sector equality duty.

How will the project eliminate discrimination, harassment and victimisation?

The nature of our approach to COVID-19 means they should not result in discrimination, harassment or victimisation of groups. Where certain groups have been discriminated against as a result of the proposals, this is justified on the basis of risk.

How will the project advance equality of opportunity?

No impact.

How will the project promote good relations between groups?

No impact.

An action plan template is appended for specific action planning.



EDI should be an ongoing consideration throughout any project.

Where EDI issues are raised after this impact assessment and action plan have been agreed, you should make a note and update this document if necessary. Alternatively, you might choose to record changes using an EDI reflection form.

Any project identified as unlawfully discriminatory must not be progressed.

Reflection completed by: Richard Houghton

Date: 27 April 2020

Reflection approved by:

Date:

Appendix 1: Action plan template

This template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your project.

Issue identified	Action(s) to be taken	Person responsible and their Directorate	Target date for delivery
Disabled people may be adversely affected by the switching off of the Registration Department telephone lines.	Monitor complaints and gather adhoc feedback from applicants/registrants/ registration advisors.	Richard Houghton - Regulation	31 July 2020
International applicants may experience service delays.	Monitor international application response times and volumes to assess if there is a need to invest more resource in the process.	Richard Houghton - Regulation	31 July 2020

This document is adapted from a Department of Health publication and contains public sector information licensed under the Open Government Licence v3.0. Last revised by the HCPC Policy and Standards department in October 2018.

Appendix 2: How to complete this form

This form is intended for use in **new or major** projects or policies. It is structured to consider the 9 protected characteristics set out in the Equality Act 2010. It is therefore important that you complete every section of the form.

You should consider and document **positive and negative** impacts which might result from the proposed project. Impacts might be **indirect**. If you consider that there will be **no impact** to groups or individuals with a particular protected characteristic, this **should still be documented**.

The equality impact assessment is not intended as a 'tick box' exercise. Instead, it offers a tool to help you embed equality, diversity and inclusion throughout your work planning and delivery. We encourage you to consult with colleagues, stakeholders and where possible, people with protected characteristics throughout this process.

For more guidance and information, please refer to the **Equality impact assessment guidance** document.

Should you have any queries or suggestions, please contact the Policy and Standards team on 0207 840 9815 or policy@hcpc-uk.org. Your EDI Manager is Katherine Timms.

Equality Impact Assessment (Level 2)

For background information on how to complete this form, read **Appendix 2**. Delete **guidance text** as you complete the form. Guidance text is suggested (not required) content.

Section 1: Project overview

Project title: Adaptations to FTP investigations and hearings during COVID-19	
Name of assessor: Laura Coffey	Version: 1

<p>What are the intended outcomes of this work?</p> <p>We continue to progress FTP investigations as usual during COVID-19. However, we have had to make changes to our service provision and Hearings activity following the government advice to avoid all but essential travel and social contact. We have also put measures in place to manage those cases that we are unable to progress due to the inability of third parties to engage with us and/or provide information at this time. These adaptations to our investigation processes and Hearings activity are:</p> <ul style="list-style-type: none"> • we are not receiving incoming phone calls • all general enquiries and case related enquiries are being managed by email • outgoing phone calls by the team will only be made in exceptional circumstances • all correspondence will be sent by email, unless we are unable to obtain a valid email address • incoming post is only being collected and scanned once a week • we have extended our timeframes for receipt of information from the NHS and other affected organisations. We will not invoke our escalation policy unless there is an exceptional reason for doing so. • Cases that we are unable to actively progress due to COVID-19 will be managed in line with our Limited Progression Process. This ensures continued review and monitoring of relevant cases albeit less frequently than usual. • All substantive final hearings have been postponed up to July. • Interim order applications, interim order reviews and substantive review hearings will continue but these will be held on the papers or by teleconferencing or virtual meeting. • Bundles for Investigating Committees and all other hearings types will be sent by email only, unless a party requests a paper bundle.
<p>Who will be affected?</p>

This document is adapted from a Department of Health publication and contains public sector information licensed under the Open Government Licence v3.0. Last revised by the HCPC Policy and Standards department in October 2018.

- the public, including service users and colleagues in health and care;
- registrants;
- health and care providers, professional bodies and consumer groups; and
- HCPC employees and partners.

Section 2: Evidence and Engagement

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

- stakeholder feedback from registrants' representative bodies;
- team discussions, meetings or minutes;
- Quality Assurance review from QCT; and
- approach of other healthcare professionals regulators

How have you engaged stakeholders in gathering or analysing this evidence?

- Sharing of draft approach with FTP Representative Bodies Forum and follow up call with Forum lead;
- Weekly meetings with Directors of FTP at the other regulators;
- Ongoing feedback from partners on teleconferencing and virtual hearings;

Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the [protected characteristics](#).

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

Age (includes children, young people and older people)

The closure of our phone lines and reduced incoming post is likely to impact older people, who do not always have access to email or the internet and are more likely to prefer to submit a hard copy referral and/or discuss their referral over the phone. Lack of access to the internet may also impact on the ability of older people to engage with hearings where relevant.

Disability (includes physical and mental health conditions. Remember 'invisible disabilities')

The closure of the phone lines impacts our ability to provide a reasonable adjustment to those who are unable to make their referral electronically. It also removes an avenue of support for those vulnerable and/or disabled parties who require additional support through the process, including witness support. Access to participation in hearings is also likely to be impacted by having to use virtual or teleconferencing methods.

<p>Delays caused to FTP investigations and hearings, as well as our ability to acknowledge receipt of documents or respond to enquiries, as a result of the adaptations set out above may increase anxiety or stress for parties.</p>
<p>Gender reassignment (consider that individuals at different stages of transition may have different needs)</p> <p>No impacts identified.</p>
<p>Marriage and civil partnerships (includes same-sex unions)</p> <p>No impacts identified.</p>
<p>Pregnancy and maternity (includes people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)</p> <p>No impacts identified</p>
<p>Race (includes nationality, citizenship, ethnic or national origins)</p> <p>No impacts identified</p>
<p>Religion or belief (includes religious and philosophical beliefs, including lack of belief)</p> <p>No impacts identified</p>
<p>Sex (includes men and women)</p> <p>No impacts identified</p>
<p>Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations)</p> <p>No impacts identified.</p>
<p>Other identified groups</p> <p>The closure of our phone lines and reduced incoming post may impact people from socio-economic disadvantaged groups, who do not have access to email or the internet. Lack of access to the internet may also impact on the ability of people who are socio-economically disadvantaged to engage with hearings where relevant.</p>

Four countries diversity

Whilst the government restrictions on all but essential travel and social contact apply to the whole of the UK there is no impact on four country diversity. This may change should the current restrictions be lifted at a different rate and/or in different ways across the four countries.

Section 4: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

Find information about our Welsh Language Scheme on our website, [here](#).

N/A

Section 5: Summary of Analysis

What is the overall impact of this work?

The overall impact of the changes we have had to make to FTP investigations and hearings can be summarised as follows:

- Reduced responsiveness to enquiries and information received caused by delays to receiving and processing emails and post (information raising serious concerns is being prioritised and processed within our SLA).
- Potential barriers to raising concerns and/or participating in the FTP process as most of our activity is carried out electronically or virtually.
- Our usual mechanisms by which we offer support to vulnerable parties during the FTP process is limited due to the closure of our phone lines and hearings centres.
- Delays to case progression, hearings and closure of phone lines may increase the stress and anxiety of the FTP process for parties.

Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

Summary of action plan

The measures we have introduced were implemented in response to the COVID-19 emergency and therefore at short notice. We are taking the following actions to increase our ability to operate as normal, ensure barriers to access are reduced and that we can continue to support parties effectively throughout the FTP process:

- Bringing forward planned work under the Business Improvement Project for an electronic bundle file sharing site;
- Working with IT to introduce Auto-acknowledgements for emails sent to the generic FTP and HCPTS inboxes.
- The Project Team are exploring virtual telephony services to enable us to open phone lines.
- Outgoing phone calls are being made to particularly vulnerable parties whilst we can ensure staff are supported to make challenging phone calls whilst working remotely.
- The team that handle general enquiries are frequently updated on the FAQs and other support and guidance available to parties at this time so these can be signposted to relevant parties as appropriate.
- From 1 May virtual hearings using Microsoft Teams will be trialled for interim order, review hearings and consent hearings. We are aiming to start appropriate substantive final hearings using Teams from June.

- We are planning for how witnesses can be supported to engage in the FTP process on site as and when the current government restrictions be eased.
- We have published a Statement of Approach to FTP Investigations and Hearings during COVID-19 on our website. Our approach is reviewed monthly and input is sought from FTP Forum representatives on any changes. Support available for registrants has been shared with the Forum.
- The PSA's Policy Team have reviewed our statement of approach as part of the first review of the Statement.
- The QCT team have reviewed and made recommendations in relation to our Limited Progression Process for those cases that we are unable to progress at this time.
- We continue to meet regularly with the Directors of FTP group to ensure we take an approach that is consistent across the sector, allowing for different registrant groups and legislative requirements.
- Each review of our statement of approach requires sign off by SMT.

Below, explain how the action plan you have formed meets our public sector equality duty.

How will the project eliminate discrimination, harassment and victimisation?

N/A

How will the project advance equality of opportunity?

N/A

How will the project promote good relations between groups?

N/A

An action plan template is appended for specific action planning.



EDI should be an ongoing consideration throughout any project.

Where EDI issues are raised after this impact assessment and action plan have been agreed, you should make a note and update this document if necessary. Alternatively, you might choose to record changes using an EDI reflection form.

Any project identified as unlawfully discriminatory must not be progressed.

Reflection completed by: Laura Coffey	Date: 30/4/20
Reflection approved by:	Date:

Appendix 1: Action plan template

This template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your project.

Issue identified	Action(s) to be taken	Person responsible and their Directorate	Target date for delivery
Barriers to raising a concern	<ul style="list-style-type: none"> Virtual telephony service Triage team reminded they can take a concern over the phone (making an outgoing call) if we are made aware by email that a reasonable adjustment is required. 	Paul Cooper (Projects) Laura Coffey (FTP)	1 June 2020.
Reduced responsiveness to enquiries and processing of information	<ul style="list-style-type: none"> Auto acknowledgement on FTP and HCPTS inboxes to confirm receipt of emails Communications on our website and hunt group voicemails to manage expectations (completed). Statement of Approach to FTP during COVID-19 published and reviewed monthly. FTP Representatives Forum and PSA have input into reviews. Each review of the Statement of Approach requires SMT sign off. 	Eva Hales (A&D) Laura Coffey (A&D)	8 May for acknowledgement email. Review of statement is ongoing. Next review due 8 May.
Limitations to the support provided during the FTP process	<ul style="list-style-type: none"> Regular engagement with the FTP Representatives Forum to keep them updated on developments to our ways of working, and seek feedback from registrants. Signposting on the COVID-19 hub to support available to parties 	Laura Coffey (FTP) Claire Baker (HCPTS)	ongoing

This document is adapted from a Department of Health publication and contains public sector information licensed under the Open Government Licence v3.0. Last revised by the HCPC Policy and Standards department in October 2018.

	<ul style="list-style-type: none"> • Triage Team updated on the FAQs and information for registrants on the website so they can signpost enquiries. • Outgoing phone calls will continue to be made where required to support vulnerable parties. • Planning for how witnesses can be supported to engage in hearings from 405 as and when restrictions can be eased. 		
Impact on stress and anxiety of parties caused by delays to FTP process	<ul style="list-style-type: none"> • Regular engagement with the FTP Representatives Forum to keep them updated on developments to our ways of working, and seek feedback from registrants. • Signposting on the COVID-19 hub to support available to parties. • Limited Progression process for cases that cannot be progressed ensures regular review and monitoring of cases and provides strategies for continuing case progression where possible. QCT have provided QA input into the process. • Trialling virtual hearings or some hearing types from 1 May with a view to commencing substantive hearings in June. 	<p>Laura Coffey (FTP)</p> <p>Claire Baker (HCPTS)</p> <p>Deborah Oluwole (HCPTS)</p>	<p>30 June for virtual substantive hearing.</p> <p>Ongoing</p>

Appendix 2: How to complete this form

This form is intended for use in **new or major** projects or policies. It is structured to consider the 9 protected characteristics set out in the Equality Act 2010. It is therefore important that you complete every section of the form.

You should consider and document **positive and negative** impacts which might result from the proposed project. Impacts might be **indirect**. If you consider that there will be **no impact** to groups or individuals with a particular protected characteristic, this **should still be documented**.

The equality impact assessment is not intended as a 'tick box' exercise. Instead, it offers a tool to help you embed equality, diversity and inclusion throughout your work planning and delivery. We encourage you to consult with colleagues, stakeholders and where possible, people with protected characteristics throughout this process.

For more guidance and information, please refer to the **Equality impact assessment guidance** document.

Should you have any queries or suggestions, please contact the Policy and Standards team on 0207 840 9815 or policy@hcpc-uk.org. Your EDI Manager is Katherine Timms.

Equality Impact Assessment (Level 2)

For background information on how to complete this form, read **Appendix 2**. Delete **guidance text** as you complete the form. Guidance text is suggested (not required) content.

Section 1: Project overview

Project title: Education approvals and annual monitoring online	
Name of assessor: Brendon Edmonds	Version: 1

<p>What are the intended outcomes of this work?</p> <ul style="list-style-type: none"> - Move education approval visits and annual monitoring assessment days to a virtual space, due to COVID-19 impacts making face to face meetings no longer possible for an interim period.
<p>Who will be affected?</p> <ul style="list-style-type: none"> • education and training providers; • partners

Section 2: Evidence and Engagement

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

<p>What evidence have you considered towards this impact assessment?</p> <ul style="list-style-type: none"> • team discussions, meetings or minutes.
<p>How have you engaged stakeholders in gathering or analysing this evidence?</p> <p>No other groups consulted at present time.</p>

This document is adapted from a Department of Health publication and contains public sector information licensed under the Open Government Licence v3.0. Last revised by the HCPC Policy and Standards department in October 2018.

Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the [protected characteristics](#).

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

<p>Age (includes children, young people and older people)</p> <p>Older people might have more difficulty using video conferencing software.</p>
<p>Disability (includes physical and mental health conditions. Remember 'invisible disabilities')</p> <p>Disable people might have more difficulty using video conferencing software.</p>
<p>Gender reassignment (consider that individuals at different stages of transition may have different needs)</p> <p>None</p>
<p>Marriage and civil partnerships (includes same-sex unions)</p> <p>None.</p>
<p>Pregnancy and maternity (includes people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)</p> <p>None</p>
<p>Race (includes nationality, citizenship, ethnic or national origins)</p> <p>None</p>
<p>Religion or belief (includes religious and philosophical beliefs, including lack of belief)</p> <p>None</p>
<p>Sex (includes men and women)</p> <p>None</p>

Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

None

Other identified groups

None

Four countries diversity

None

Section 4: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

No direct link.

Section 5: Summary of Analysis

What is the overall impact of this work?

Education providers were given a choice as to whether they wanted to shift to a virtual visit, or postpone their visit. Most opted for this and for those that didn't their decision to postpone was driven by other COVID-19 related impacts meaning their business plans had changed.

We issued guidance to our visitors around how they could access common video conferencing software that was sent by HCPC and by education providers. This helped to minimise any technical difficulties on the day of a visit or at an AM assessment day.

Feedback from the executive and partners indicates virtual visits are working well and not diminishing the robustness with which the approval / AM processes and standards are applied. Following the COVID-19 peak, we will give further consideration to how the virtual visit and AM assessment models can be continued, and to what extent this would be the case.

Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

Summary of action plan

None

Below, explain how the action plan you have formed meets our public sector equality duty.

How will the project eliminate discrimination, harassment and victimisation? N/A
How will the project advance equality of opportunity? N/A
How will the project promote good relations between groups? N/A

An action plan template is appended for specific action planning.



EDI should be an ongoing consideration throughout any project.

Where EDI issues are raised after this impact assessment and action plan have been agreed, you should make a note and update this document if necessary. Alternatively, you might choose to record changes using an EDI reflection form.

Any project identified as unlawfully discriminatory must not be progressed.

Reflection completed by: Brendon Edmonds	Date: 04/05/2020
Reflection approved by:	Date:

Appendix 1: Action plan template

This template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your project.

Issue identified	Action(s) to be taken	Person responsible and their Directorate	Target date for delivery
	Remember to include: <ul style="list-style-type: none"> • plans for governance visibility; and • how you will monitor any impact on EDI. 		

This document is adapted from a Department of Health publication and contains public sector information licensed under the Open Government Licence v3.0. Last revised by the HCPC Policy and Standards department in October 2018.

Appendix 2: How to complete this form

This form is intended for use in **new or major** projects or policies. It is structured to consider the 9 protected characteristics set out in the Equality Act 2010. It is therefore important that you complete every section of the form.

You should consider and document **positive and negative** impacts which might result from the proposed project. Impacts might be **indirect**. If you consider that there will be **no impact** to groups or individuals with a particular protected characteristic, this **should still be documented**.

The equality impact assessment is not intended as a 'tick box' exercise. Instead, it offers a tool to help you embed equality, diversity and inclusion throughout your work planning and delivery. We encourage you to consult with colleagues, stakeholders and where possible, people with protected characteristics throughout this process.

For more guidance and information, please refer to the **Equality impact assessment guidance** document.

Should you have any queries or suggestions, please contact the Policy and Standards team on 0207 840 9815 or policy@hcpc-uk.org. Your EDI Manager is Katherine Timms.

Equality Impact Assessment (Level 2)

For background information on how to complete this form, read **Appendix 2**. Delete **guidance text** as you complete the form. Guidance text is suggested (not required) content.

Section 1: Project overview

Project title: Introduction of wellbeing Initiatives during COVID-19	
Name of assessor:	Version:

Intended objectives from the above initiatives are:

- To support employees with their mental health whilst working from home (wfh);
- To support employees with their physical wellbeing whilst wfh;
- To support employees (and their immediate family) with their general health should they require medical attention whilst wfh;
- To reduce concerns of sickness absence recoding and sick pay relating to COVID_19
- To ensure employees environment is fit for purpose
- The wider objective is to ensure that we can continue to regulate and fulfil our obligation to protect the public whilst maintaining internal performance levels in the best possible way working remotely, being mindful of our employees' health and wellbeing and emphasising the importance of staying connected

What are the intended outcomes of this work?

The intended outcomes aim to be achieved in the following ways using digital, telephonic and technology that facilitates remote working:

- A dedicated intranet section hub for COVID-19 that addresses remote working and wellbeing – this includes work station assessment form, remote working guidance (includes roles and responsibilities for line managers and employees) and best practice on how to set up a workstation
- To introduce a Wellbeing Centre from Reward Gateway which supports a number of initiatives, Mind, Move, Munch and Money;
- To introduce a Virtual GP service – 365 days per year/ 24/7 service available to employees, their partners and children under the age of 23;
- A summary document of wellbeing resources that includes a number of wellbeing videos from MIND, websites and other resources
- Remind and encourage employees to use the existing EAP service should they need it;
- Remind and encourage employees to access the Wellbeing Advisors/Mental Health First aiders (MHFS') should they need to;

This document is adapted from a Department of Health publication and contains public sector information licensed under the Open Government Licence v3.0. Last revised by the HCPC Policy and Standards department in October 2018.

- Provide employees relevant government website links in relation to COVID-19;
- Change sickness absence triggers so that COVID-19 absences do not impact on triggers and pay;
- Provide support to employees who are experiencing difficulty with their current wfh arrangement by offering £200 (max) to order equipment e.g to finance a desk, computer screen, mouse, chair which will assist in improving their working environment and supporting their health.

Who will be affected?

- All HCPC employees

Section 2: Evidence and Engagement

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

- Employee feedback regarding exercise sessions (employee survey)
- Employee Forum feedback regarding mental health
- Feedback from wellbeing advisors
- COVID-19 daily discussions initially with senior management and key employees – now weekly calls

How have you engaged stakeholders in gathering or analysing this evidence?

- Employee Forum
- Daily/weekly COVID-19 briefings with SMT, OMT and EF
- Microsoft Teams
- Employee survey (prior to lockdown)

Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the protected characteristics.

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

Age (includes children, young people and older people)

The wellbeing initiatives are offered to all staff regardless of age.

<p>Disability (includes physical and mental health conditions. Remember ‘invisible disabilities’)</p> <p>The wellbeing initiatives are offered to all staff regardless of any disability. The offering of MHFA’s and mindfulness initiatives will specifically benefit employees suffering with mental health issues.</p>
<p>Gender reassignment (consider that individuals at different stages of transition may have different needs)</p> <p>The wellbeing initiatives are offered to all staff and does not discriminate against gender reassignment.</p>
<p>Marriage and civil partnerships (includes same-sex unions)</p> <p>The wellbeing initiatives are offered to all staff.</p>
<p>Pregnancy and maternity (includes people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)</p> <p>The wellbeing initiatives are offered to all staff who are pregnant and are on maternity.</p>
<p>Race (includes nationality, citizenship, ethnic or national origins)</p> <p>The wellbeing initiatives are offered to all staff regardless of race.</p>
<p>Religion or belief (includes religious and philosophical beliefs, including lack of belief)</p> <p>The wellbeing initiatives are offered to all staff. HCPC also supports flexible ways of working when at home to support family and health needs during periods of worship, particularly for example, during Ramadan, when team members may become more tired in the afternoon. Employees can choose a working pattern best to suit their needs and worship during this period.</p>
<p>Sex (includes men and women)</p> <p>The wellbeing initiatives are offered to all staff.</p>
<p>Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations)</p> <p>The wellbeing initiatives are offered to all staff.</p>
<p>Other identified groups</p> <p>N/A</p>

Four countries diversity

N/A.

Section 4: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

Find information about our Welsh Language Scheme on our website, [here](#).

N/A

Section 5: Summary of Analysis

What is the overall impact of this work?

The wellbeing initiatives introduced by HCPC are available to all HCPC employees and have been implemented with a focus of providing support to our employees. The impact of our initiatives should lead to employees being more informed about what they should do to maintain physical and mental health (via various online and offline channels) and to stay connected to their colleagues. Results from the working from home survey will reveal what has gone well, what has been challenging and where we need to learn lessons for the future.

It does not discriminate against any of the protected characteristics and can be accessible by all.

By removing the sickness trigger levels for COVID-19 related absences ensures that employees and especially those who already have underlying medical conditions are not disadvantaged should they have any COVID-19 symptoms. This also relates to their pay.

Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

Summary of action plan

We have been continuously monitoring the support we have been providing and where appropriate we have been updating guidance or providing new information available to all on the intranet hub.

Below, explain how the action plan you have formed meets our public sector equality duty.

How will the project eliminate discrimination, harassment and victimisation?

It is available to all HCPC employees.

How will the project advance equality of opportunity?

It is available to all HCPC employees.

How will the project promote good relations between groups?

It is available to all HCPC employees.

An action plan template is appended for specific action planning.



EDI should be an ongoing consideration throughout any project.

Where EDI issues are raised after this impact assessment and action plan have been agreed, you should make a note and update this document if necessary. Alternatively, you might choose to record changes using an EDI reflection form.

Any project identified as unlawfully discriminatory must not be progressed.

Reflection completed by:

Date:

Reflection approved by:

Date:

Appendix 1: Action plan template

This template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your project.

Issue identified	Action(s) to be taken	Person responsible and their Directorate	Target date for delivery
Home working survey	<ul style="list-style-type: none"> Review the results of the survey Identify any issues which relate to the protected characteristics 	HR	TBC

This document is adapted from a Department of Health publication and contains public sector information licensed under the Open Government Licence v3.0. Last revised by the HCPC Policy and Standards department in October 2018.

Appendix 2: How to complete this form

This form is intended for use in **new or major** projects or policies. It is structured to consider the 9 protected characteristics set out in the Equality Act 2010. It is therefore important that you complete every section of the form.

You should consider and document **positive and negative** impacts which might result from the proposed project. Impacts might be **indirect**. If you consider that there will be **no impact** to groups or individuals with a particular protected characteristic, this **should still be documented**.

The equality impact assessment is not intended as a 'tick box' exercise. Instead, it offers a tool to help you embed equality, diversity and inclusion throughout your work planning and delivery. We encourage you to consult with colleagues, stakeholders and where possible, people with protected characteristics throughout this process.

For more guidance and information, please refer to the **Equality impact assessment guidance** document.

Should you have any queries or suggestions, please contact the Policy and Standards team on 0207 840 9815 or policy@hcpc-uk.org. Your EDI Manager is Katherine Timms.

Equality Impact Assessment (Level 2)

Section 1: Project overview

Project title: Communicating with stakeholders during COVID-19	
Name of assessor: Jacqueline Ladds	Version: 1

What are the intended outcomes of this work?

We have continued to fulfil all our regulatory obligations throughout COVID-19, this includes renewing registrants, accepting applications & readmissions to the Register, progressing FTP investigations and undertaking education approval visits. It has been necessary to communicate this and how we have adapted our service during this time.

At the Government's request, we have opened two temporary registers for former registrants and students in their final year (who have successfully completed their practise placements). It has been necessary to communicate what this means to all stakeholder groups.

It has also been necessary to communicate how to apply our standards at this time.

In order to keep pace with Government guidance we had to work quickly to communicate these changes to stakeholders.

Who will be affected?

- the public, including service users and carers;
- registrants, and former registrants;
- health and care service providers, and employers;
- professional bodies and trade unions;
- students & learners, and higher education stakeholders (including providers);
- HCPC employees;
- HCPC partners.

Section 2: Evidence and Engagement

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

- team discussions
- best practice in communications with regards to accessibility
- approach of other health and care professionals regulators

This document is adapted from a Department of Health publication and contains public sector information licensed under the Open Government Licence v3.0. Last revised by the HCPC Policy and Standards department in October 2018.

- all employee survey on homeworking and communication preferences

How have you engaged stakeholders in gathering or analysing this evidence?

- Sharing of draft approaches and communications with key stakeholders;
- Regular meetings with comms leads at the other regulators;
- Ongoing feedback and queries through Customer Service/Complaints and in-boxes;

Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the [protected characteristics](#).

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

Age (includes children, young people and older people)

Older people who do not have access to email or internet may be impacted by the reduced access to communicating by post. They may also have difficulty accessing video conferencing. Students are likely to be younger, and some may not have a unique email address and may rely more on social media or other forms of digital communication.

Disability (includes physical and mental health conditions. Remember ‘invisible disabilities’)

Some members of the public, registrants and temporary registrants with disabilities who require communications in alternative formats may be impacted by the reduced access to physical post and services.

Gender reassignment (consider that individuals at different stages of transition may have different needs)

No impacts identified.

Marriage and civil partnerships (includes same-sex unions)

No impacts identified.

Pregnancy and maternity (includes people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)

No impacts identified

Race (includes nationality, citizenship, ethnic or national origins)

No impacts identified

Religion or belief (includes religious and philosophical beliefs, including lack of belief)

No impacts identified

Sex (includes men and women)

No impacts identified

Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

No impacts identified.

Other identified groups

People who are socio-economically disadvantaged who do not have access to the internet may be impacted as our ability to engage with them will be diminished.

Four countries diversity

Our approach to communicating the COVID-19 registers has been developed with all four countries, and we have been in regular dialogue with the Chief AHP Officers and Chief Scientific Officers across the four countries.

Section 4: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

Our commitments under the Scheme continue to apply, and we have translated pages relating to the temporary registers into Welsh. This is detailed in EQIA on the approach to the COVID-19 register.

Section 5: Summary of Analysis

We have identified that certain groups may be impacted by our communications approach, as follow:

Age - because the temporary registers are more likely to be made up of younger and older individuals, they may be disadvantaged as they may not have access to digital communications, for example email or internet

Disabilities - individuals with disabilities who require information in alternative formats may also be disadvantage by the lack of access to physical materials or post

Socio-economically disadvantaged people may also be disadvantaged as they may not have access to the internet.

Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

Summary of action plan

In most cases, where there is an impact on a particular group this is justified. However, we propose undertaking the following actions

1. Keep our communications approach under regular review
2. Respond to requests for information in alternative formats
3. Continue to work with stakeholders to extend our reach

Below, explain how the action plan you have formed meets our public sector equality duty.

<p>How will the project eliminate discrimination, harassment and victimisation?</p> <p>N/A</p>
<p>How will the project advance equality of opportunity?</p> <p>N/A</p>
<p>How will the project promote good relations between groups?</p> <p>N/A</p>

An action plan template is appended for specific action planning.



EDI should be an ongoing consideration throughout any project.

Where EDI issues are raised after this impact assessment and action plan have been agreed, you should make a note and update this document if necessary. Alternatively, you might choose to record changes using an EDI reflection form.

Any project identified as unlawfully discriminatory must not be progressed.

Reflection completed by: Jacqueline Ladds	Date: 7 May 2020
Reflection approved by:	Date:

Appendix 1: Action plan template

This template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your project.

Issue identified	Action(s) to be taken	Person responsible and their Directorate	Target date for delivery
Continue to keep our approach under review	Monitor complaints, queries and issues raised on social media	Jacqueline Ladds	Ongoing
Respond to requests for information in alternative formats	Monitor requests for translation into Welsh, in particular for members of the public	Tony Glazier	Ongoing
Continue to work with stakeholders to extend our reach	Provide stakeholders including professional bodies, unions, and NHS bodies with regular update	Jacqueline Ladds	Ongoing

This document is adapted from a Department of Health publication and contains public sector information licensed under the Open Government Licence v3.0. Last revised by the HCPC Policy and Standards department in October 2018.

Appendix 2: How to complete this form

This form is intended for use in **new or major** projects or policies. It is structured to consider the 9 protected characteristics set out in the Equality Act 2010. It is therefore important that you complete every section of the form.

You should consider and document **positive and negative** impacts which might result from the proposed project. Impacts might be **indirect**. If you consider that there will be **no impact** to groups or individuals with a particular protected characteristic, this **should still be documented**.

The equality impact assessment is not intended as a 'tick box' exercise. Instead, it offers a tool to help you embed equality, diversity and inclusion throughout your work planning and delivery. We encourage you to consult with colleagues, stakeholders and where possible, people with protected characteristics throughout this process.

For more guidance and information, please refer to the **Equality impact assessment guidance** document.

Should you have any queries or suggestions, please contact the Policy and Standards team on 0207 840 9815 or policy@hcpc-uk.org. Your EDI Manager is Katherine Timms.