

Equality & Health Impact Assessment for

All Wales Medical Appraisal Policy (Designated Body – Public Health Wales)

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Professor Khaw Fu Meng, Executive Medical Director
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The policy is to promote the value and worth of appraisals for ALL medical doctors and contractors, and to ensure effective arrangements exist to facilitate appraisal for all such employees in a fair and consistent manner.</p> <p>It is not a mechanism by which employers review or judge performance against a contract of employment, job plan or service objectives. Appraisal and job planning are separate processes, though the outputs from each will inform the others.</p> <p>Annual appraisal is a GMC (General Medical Council) and, contractual requirement for ALL doctors leading to revalidation and supports development of clinical practice, drives improvement in</p>

		clinical governance and gives the employer and patient confidence and assurance that medical staff are fit to practise
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>Medical employees – ESR GMC – Appraisal HEIW – Revalidation Support Unit</p>
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>All doctors, employed by the Designated Body, as well as to all medical independent contractors on the performers list, doctors in training, and locums.</p> <p>Medical Appraisal Managers Responsible officers W&OD Directors</p>

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	Neither negative or positive impact; age is not a factor used for determining the booking, completion of or agreement of appraisals		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	Positive impact as although disabilities are not a factor used for determining the booking, completion of or agreement of appraisals. doctors are able to list/describe their personal constraints if they wish		

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medical conditions such as diabetes	and detail what assistance and support they required to complete the process.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	Neither positive or negative impact; gender is not a factor used for determining the booking, completion of or agreement of appraisals		

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6.4 People who are married or who have a civil partner.	Neither positive or negative impact; marital or civil partner status is not a factor used for determining the booking, completion of or agreement of appraisals		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	Positive impact for women on maternity leave are neither required to undertake appraisals nor 'catch-up' on their return to clinical work		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Neither positive or negative impact; race/Ethnicity is not a factor used for determining the booking, completion of or agreement of appraisals. All doctors (except trainees) of all grades and specialities undergo the same process.		

<p>How will the strategy, policy, plan, procedure and/or service impact on:-</p>	<p>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</p>	<p>Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews</p>	<p>Recommendations for improvement/ mitigation/ identified gaps or opportunities</p>
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>Positive impact as although religion or belief is not a factor used for determining the booking, completion of or agreement of appraisals, any religious beliefs that impinge on public health duties/clinical care can be voluntarily acknowledged within a dedicated probity and constraints sections of the appraisal portfolio in so far as they are described by the GMC Duties of a Doctor. This is an opportunity for Doctors to demonstrate they are not restricting care to patients on the grounds of their personal beliefs, in accordance with the GMC</p>		

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6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	Neither positive or negative impact; sexual Orientation is not a factor used for determining the booking, completion of or agreement of appraisals		
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	Neither positive or negative impact, socio economic status is not a factor used for determining the booking, completion of or agreement of appraisals		
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people	Neither positive or negative impact; socio economic status is not a factor used for determining		

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unable to access services and facilities	the booking, completion of or agreement of appraisals		
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None		
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	Doctors can choose to have their appraisal conducted in Welsh – they are free to choose their appraiser each year		
Treating the Welsh language no less	Doctors can choose to have their appraisal		

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favourably than the English language	conducted in Welsh – they are free to choose their appraiser each year		

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
There should be no positive or negative impact on anyone experiencing health inequalities	None

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 	Positive impact as the appraisal allows for reflection health and wellbeing in the context of professional practice			
7.3 Social and community influences on health <ul style="list-style-type: none"> • Adverse childhood experiences 	There should be no positive or negative impact on anyone in			

<ul style="list-style-type: none"> • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	<p>terms of their social and community influences on health</p>			
<p>7.4 Mental Wellbeing</p> <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	<p>Positive impact as the appraisal allows for reflection health and wellbeing in the context of professional practice</p>			
<p>7.5 Living/ environmental conditions affecting health</p> <ul style="list-style-type: none"> • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling 	<p>There should be no positive or negative impact on anyone in terms of their living and environmental conditions</p>			

<ul style="list-style-type: none"> • Water quality 				
<p>7.6 Economic conditions affecting health</p> <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S 	<p>There should be no positive or negative impact on anyone in terms of their economic conditions</p>			
<p>7.7 Access and quality of services</p> <ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • Transport including parking, public transport, active travel 	<p>Positive impact as the appraisal allows for reflection health and wellbeing in the context of professional practice</p>			
<p>7.8 Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 	<p>There should be no positive or negative impact on anyone in terms of their macro-economic, environmental and sustainability factors</p>			

Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
None	None			

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).