



# **Enabling Excellence**

**Autonomy and Accountability for Healthcare Workers,  
Social Workers and Social Care Workers**

*Equality Impact Screening Assessment*

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## **Enabling Excellence**

Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers

**Short description of policy:**

1. The Command Paper, 'Enabling Excellence – Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers' sets out the Government's proposals on how the system for regulating healthcare workers across the United Kingdom and social care workers in England, should be reformed to sustain and develop the high professional standards of our health and social care staff and to continue to assure the safety of those using services and the public.
2. The Coalition Agreement set out a clear agenda for reducing bureaucracy and the regulatory burden. Compulsory and centralised statutory regulation is not necessarily the most effective or efficient way of ensuring high quality care and we will ensure that regulation of the health and social care professions is delivered in a fashion that is demonstrably proportionate, accountable, consistent, transparent and targeted.
3. The aim of the Command Paper is to achieve that balance: ensuring that professional regulation is proportionate and effective, imposing the least cost and complexity consistent with securing safety and confidence for patients, service users, carers and the wider public.

**Overall policy Intent**

4. The professionalism, skills, values and commitment of those working in health and social care are the critical underpinning for safe, effective and respectful care in our health and social services. In England, as the NHS White Paper 'Equity and Excellence' puts improved outcomes for patients at the heart of what the NHS does, it is essential that the regulatory arrangements for health professionals continue to support that objective.
5. The current system of professional regulation helps set high standards of education, training, conduct and ethics, and enables action to be taken to remove unsuitable workers in the rare cases when things go wrong. However, the regulatory framework is complex, requiring continuous Government intervention to keep it up to date, and compulsory and centralised statutory regulation is not necessarily the most effective or efficient way of ensuring high quality care.
6. The Command Paper, 'Enabling Excellence', contains a number of policies that are interlinked and mutually reinforcing, some of which are committed to and are being implemented through the Health and Social Care Bill (the Bill), which was introduced in Parliament on 19 January 2011.

**Identified stakeholders**

7. Patients and the public, witnesses and those affected by the performance, conduct and behaviours of practitioners, health and social care practitioners themselves, legal representatives and advisers, the health professions regulatory bodies, the General Social Care Council (GSCC), the Council for Healthcare Regulatory Excellence (CHRE), the Administrative Justice and Tribunals Council, the Office of the Health Professions Adjudicator (OHPA) Board and staff, contractors and associates.

<b>Negative impact</b>
How could the policy have a <b>significant</b> negative impact on equality in relation to each area?
<b>Age</b> None identified (see General Comments below)
<b>Disability</b> None identified (see General Comments below)
<b>Ethnicity</b> During preliminary investigations on the impact of the regulation of herbal and Chinese medicine practitioners, an informal questionnaire was issued by the Medicines and Healthcare products Regulatory Agency (MHRA). Whilst the information provided was highly varied, the survey did reveal that the impact of regulation on Chinese practitioners could potentially be significant (although the impact of not regulating could potentially be proportionately more detrimental). A full impact assessment is being prepared on this issue, to assess the case for introducing any new regulations.
<b>Gender (including trans-gendered people)</b> None identified (see General Comments below)
<b>Religion or belief</b> None identified (see General Comments below)
<b>Sexual orientation</b> None identified (see General Comments below)
<b>Socio-economic groups</b> None identified (see General Comments below)
<ul style="list-style-type: none"> <li>● Will the policy create any <b>problems</b> of <b>barriers</b> to any community of group?</li> </ul> <p>The extent to which regulation of herbal medicines and traditional Chinese medicines practitioners may cause a barrier would need to be explored as part of the development of any proposals to introduce new regulations in this area.</p>
<ul style="list-style-type: none"> <li>● Will any group be <b>excluded</b> because of the policy? and</li> <li>● Will the policy have a negative impact on <b>community relations</b>?</li> </ul> <p>No to both</p>
<ul style="list-style-type: none"> <li>● Will the policy have a negative impact on <b>human rights</b>?</li> </ul> <p>Using guidance from the Ministry of Justice, we conclude the policies considered in this screening do not contravene the Human Rights Act 1998 and are compatible with all domestic and European legislation</p> <ul style="list-style-type: none"> <li>● Will the policy have a negative impact on <b>equality to all groups</b>?</li> </ul> <p>See general comments</p>

## **General comments:**

### **Committed Policies**

#### **OHPA**

The General Medical Council (GMC) has undertaken a significant amount of work to embed equality and diversity principles in its work. It established a work programme following an independent review of its policies, practices and attitudes to equality and diversity issues. We welcome the GMC's commitment to seeking to ensure that its procedures are free from discrimination. There are no identified negative (or positive) impacts surrounding retention of adjudication by the GMC given it maintains the situation currently in place. However, it is expected that reform of the GMC's processes would be subject to a separate equality impact assessment.

The position should be similar for the General Optical Council (GOC) and other health professions regulators because they are also subject to equality and diversity legislation.

A full impact assessment including specific OHPA EqIA screening is available at:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_118489.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_118489.pdf)

### **Exploratory Policies**

#### **Herbal Medicine and Traditional Chinese Medicine practitioners**

The impact of a possible register of herbal and traditional Chinese medicine practitioners on equality would need to be fully assessed as part of the development of policy proposals on this issue

<b>Positive impact</b>
<b>1. Promote equal opportunities</b> The impact on equality of opportunity of a possible register of herbal and traditional Chinese medicine practitioner would need to be fully assessed as part of the development of policy proposals on this issue.
<b>2. Get rid of discrimination</b> The impact of a possible register of herbal and traditional Chinese medicine practitioner would need to be fully assessed as part of the development of policy proposals on this issue to consider whether there is the potential for discrimination against Chinese medicine practitioners and users of their services on grounds of race and age.
<b>3. Get rid of harassment</b> No Impact
<b>4. Promote good community relations</b> No Impact
<b>5. Promote positive attitudes towards disabled people</b> No Impact
<b>6. Encourage participation by disabled people</b> No Impact
<b>7. Consider more favourable treatment of disabled people</b> No Impact
Promote and protect <b>human rights</b> No Impact
<b>Evidence</b>
<b>What is the evidence for your answers to the above questions?</b> We have received information and estimates from the chairs of professional bodies/voluntary registers of traditional Chinese medical practitioners.  Regarding OHPA, available evidence from the GMC and independently from the CHRE indicates that such steps are effective.  Legislation confirms that the GOC and other regulators are also subject to duties in respect of equality and diversity.
<b>What does available research say?</b> N/A

**What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the policy?**

Further analysis about the potential impact of statutory regulation on herbal and traditional Chinese medicines practitioners, given the English language knowledge of some practitioners, will be necessary.

Further research is also required on:

1. Whether there any areas where regulatory bodies could contain or reduce costs whilst maintaining quality;
2. How to ensure adequate independence and accountability for the regulatory bodies;
3. Whether there is scope for providing the regulators with greater power to make their own rules and if so in what way;
4. The most appropriate mechanism to create an open, independent and competence-based framework for the appointment of council members;
5. The potential for a system of voluntary regulation to raise standards amongst specific parts of the unregulated healthcare workforce without imposing the burden of full statutory regulation;

Where advice is to be sought from the CHRE, the CHRE will be asked to provide evidential detail including a range of qualitative and quantitative evidence demonstrating that the consultation and engagement exercises that contributed to the CHRE's advice considered impact on equality.

**Have you thought about commissioning new data or research?**

The need for further evidence to support an analysis of the impact of proposals in 'Enabling Excellence' will be considered as part of the implementation of individual policy proposals and the development of associated impact assessments.