| Regulatory Policy Committee | OPINION | |
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| Impact Assessment (IA) | Responsible Officers in the New Health Architecture; Proposals for making the explicit checking of language skills for doctors | |
| Lead Department/Agency | Department of Health | |
| Stage | Final | |
| Origin | Domestic | |
| IA Number | 5109 | |
| Date submitted to RPC | 21/01/2013 | |
| RPC Opinion date and reference | 18/02/2013 RPC12-DH-1309(3) | |
| Overall Assessment | GREEN | |

The IA is fit for purpose. The issues raised in our previous Opinion (13/11/2012) have now been addressed. Based on the evidence presented, this now appears to be a reasonable assessment.

Identification of costs and benefits, and the impacts on small firms, public and third sector organisations, individuals and community groups and reflection of these in the choice of options

The issues raised in our previous Opinion (13/11/2012) have now been addressed. In particular the IA no longer multiplies all costs by 2.4. In addition; the IA now clarifies that there may be some costs to doctors who undertake language training, although these are not quantified in this IA. Based on the evidence presented, the IA now appears to be a reasonable assessment of the likely impacts of the proposal, although it would be helpful if more evidence could be provided to justify the range and best estimate of cost figures.

Have the necessary burden reductions required by One-in, One-out been identified and are they robust?

The IA says that the proposal is a regulatory measure that, will impose minimal costs to business incurred through use of proportionate language tests, and will also provide potential benefits through reduced legal costs. While these impacts have not been monetised it appears reasonable to conclude that the policy is likely to be net beneficial for business. It has therefore been scored as an IN with zero net cost. This appears to be a reasonable assessment of the policy and consistent with OIOO methodology.

| Signed | A | Michael Gibbons, Chairman |
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