



Department
of Health

Equality Analysis

The Nursing and Midwifery Council – amendments to modernise midwifery regulation and improve the effectiveness and efficiency of fitness to practise processes

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Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them.

Equality analysis

Title: The Nursing and Midwifery Council - amendments to modernise midwifery regulation and improve the effectiveness and efficiency of fitness to practise processes

Relevant line in DH Shared Delivery Plan 2015-2020

Creating the safest, highest quality healthcare services

What are the intended outcomes of this work?

The Nursing and Midwifery Order 2001 (NMO) is the NMC's governing legislation which sets out the regulatory framework for both nursing and midwifery. In all key aspects - education, registration, standards and fitness to practise - the same framework applies to both professions. However the NMO currently contains an additional set of provisions unique to midwifery, specifically:

- a role for Local Supervising Authorities (LSAs), Local Supervising Authority Midwifery Officers (LSAMOs) and Supervisors of Midwives (SoMs) in discharging supervisory functions for midwifery including determining whether to suspend a midwife from practice (in accordance with Rule 14 of the Midwives rules and standards¹) and investigating cases of alleged misconduct or lack of competence
- a requirement for there to be a Midwifery Committee to advise the NMC Council on matters relating to midwifery

There are no similar provisions to those set out above in relation to nursing or in relation to any other regulated health and care profession.

The NMO sets out the functions and activities in relation to the fitness to practise of registrants (both nurses and midwives). The NMC also has rules which set out in more detail how it will investigate and take action on allegations that a registered nurse's or midwife's fitness to practise is impaired. The rules also include information on the hearings process, appeals and sanctions that are available.

Reviews and recommendations

Statutory supervision of midwives

There have been a number of reviews in recent years which have commented on the distinct model of midwifery regulation set out above and a number of recommendations have been made. The relevant text from these reports is reproduced below.

¹ <https://www.nmc.org.uk/about-us/our-legal-framework/our-order-and-rules/>

- Parliamentary and Health Service Ombudsman (PHSO) Report²

“Health and care professionals are subject to a number of mechanisms to ensure safe practice, from frameworks put in place by employers or service providers, to professional regulation. The case for an additional tier of regulation for midwives is not clear. Moreover, other health and care professions benefit from supervision without it being a statutory right, or an aspect of their professional regulation.”

It recommended that the following principles should inform the future model of midwifery regulation:

- That midwifery supervision and regulation should be separated;
- That the NMC should be in direct control of regulatory activity.

- Kings Fund Report – Midwifery regulation in the UK³

“The NMC as the health care professional regulator should have direct responsibility and accountability solely for the core functions of regulation. The legislation pertaining to the NMC should be revised to reflect this. This means that the additional layer of regulation currently in place for midwives and the extended role for the NMC over statutory supervision should end.

The de facto implication of this recommendation is that for the NMC the system of regulation for midwives would be the same as for nurses, as we found no risk-based evidence to conclude that an alternative model is justified.

The NMC as the health care professional regulator should have direct responsibility and accountability for the core functions of regulation, that is:

- The registration and renewal of registration of professionals
- Ensuring the quality of pre-registration and post-registration education and training
- Setting standards for professional conduct and practice and ensuring ongoing practice standards (for example, through revalidation)
- The investigation and adjudication of fitness-to-practise cases.

The existence of the LSAs as separate structures does not meet the criteria of the regulator having clear oversight of regulatory decisions and we recommend that the LSA structure should be removed from statute as it pertains to the NMC”.

- Kirkup Report – Investigation into Morecambe Bay⁴:Recommendation 32

“The Local Supervising Authority system for midwives was ineffectual at detecting manifest problems at the University Hospitals of Morecambe Bay NHS Foundation

² <http://www.ombudsman.org.uk/reports-and-consultations/reports/health/midwifery-supervision-and-regulation-recommendations-for-change>

³ <http://www.kingsfund.org.uk/projects/midwifery-regulation-united-kingdom>

⁴ <https://www.gov.uk/government/publications/morecambe-bay-investigation-report>

Trust, not only in individual failures of care but also with the systems to investigate them. As with complaints, our remit was not to examine the operation of the system nationally; however, the nature of the failures and the recent King's Fund review (Midwifery regulation in the United Kingdom) lead us to suppose that this is not unique to this Trust, although there were specific problems there that exacerbated the more systematic concern. We believe that an urgent response is required to the King's Fund findings, with effective reform of the system".

Statutory Midwifery Committee

The three UK Law Commissions' review⁵ of the regulation of health and (in England) social care professions considered the streamlining of processes across regulators. The Law Commissions concluded that all statutory committees, with the exception of fitness to practise and appointment committees should be abolished.

Having a statutory committee who advises the professional regulator is unique to midwifery.

Department's proposals

The Department consulted on proposed changes to the NMC's governing legislation which would:

- remove the additional tier of regulation for midwives created by statutory supervision, and
- remove the statutory requirement for the NMC to have a Midwifery Committee

In addition, the Department is proposing a number of changes to the NMC's fitness to practise processes to ensure they are both efficient and proportionate. These include giving additional powers to the Investigating Committee and replacing the Health Committee and the Conduct and Competence Committee with a single Fitness to Practise Committee which can hear allegations of impairment of fitness to practise on any grounds. The proposed amendments in relation to the NMC's fitness to practise processes cover both nurses and midwives.

⁵ <http://www.lawcom.gov.uk/project/regulation-of-health-and-social-care-professionals/>

Who will be affected? *e.g. staff, patients, service users etc*

- Nursing and Midwifery Council
- registered nurses and midwives
- applicants to become a registered nurse or midwife
- users of maternity services
- Higher Education Institutions
- NHS Trusts

Evidence

What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

The following evidence has been considered:

- The DH impact assessment
- The DH consultation document
- The consultation responses received as part of the DH consultation
- Equality and Diversity information in NMC annual reports⁶ generated anonymously from voluntary returns of equality and diversity monitoring forms*.
- National maternity Review: Better Births Improving outcomes of maternity services in England. A Five Year Forward View for maternity care

*The NMC does not require information on the disability, race, sexual orientation, religion or beliefs of any applicant or registrant. However, the NMC may receive voluntary information on these protected characteristics via: a) the completed application/registration equality and diversity monitoring form, or; b) the completed fitness to practise equality and diversity monitoring form when a registrant has been notified of an allegation regarding their fitness to practise. Such information is separated at the point of receipt and added to an overall pool of anonymous information that cannot be attributed to any individual. This enables the NMC to gain an overall picture of the composition of those affected by its functions and policies and whether any has an adverse impact on any protected characteristic as a whole.

Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

Removal of statutory supervision of midwives

We have not been able to source any evidence that suggests that the removal of midwifery supervision from statute will have an impact on disability.

⁶ NMC Fitness to Practise Equality and Diversity Monitoring Data 2012-2013 - http://www.nmc-uk.org/Documents/Annual_reports_and_accounts/NMC%20Fitness%20to%20Practise%20Equality%20and%20Diversity%20Monitoring%20Data%202012%20-%202013.pdf ; Analysis of Diversity Data 2011 - <http://www.nmc-uk.org/About-us/Equality-and-diversity/Analysis-of-diversity-data-2011/>

Removal of statutory requirement for the NMC to hold a Midwifery Committee

We have not been able to source any evidence that suggests that the removal of the requirement for the NMC to hold a Midwifery Committee from statute will have an impact on disability.

Fitness to Practise changes

A number of points were raised in consultation responses in relation to the impact on those with disabilities of some of the fitness to practise changes. For example the view that replacing the Conduct and Competence and Health Committee with a single Fitness to Practise Committee could, potentially, lead to the loss of specialised understanding of physical disability and mental ill health issues affecting nurses and midwives. As such, it is important that the new combined panel properly understand the implications of the Equality Act 2010 when considering physical and mental illhealth.

To counter this risk, the NMC's training programme for panel members will include specialised training for all members of the Fitness to Practise Committee on the Equality Act 2010 and understanding health conditions. The NMC are committed to ensuring that existing good practice from the health committee is replicated in the new model.

The consultation responses also noted that the proposal to allow hearings/meetings to be held in a more convenient country or location may enable those registrants or witnesses with disabilities to attend more easily. For some persons with disabilities, the necessity of travelling long distances to attend hearings particularly on public transport (which is not always easily accessible or navigated), and the cost and inconvenience of overnight stays can be prohibitive. The changes in relation to the locations of Fitness to Practise hearings may therefore have a positive impact on such groups.

Monitoring the overall equality and diversity information the NMC receives (as outlined in the 'what evidence have you considered' section above) will enable these conclusions to be tested and, where appropriate, for amendments to the legislation be considered.

Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

Both midwives and nurses are more likely to be women. The NMC's 2014-2015 annual Equality & Diversity report shows that 11% of nurses and midwives on the NMC register are male and 89% are female, therefore these changes will have a greater impact on women.

Removal of statutory supervision of midwives

Supervisors of Midwives (SOMs) are more likely to be women therefore the removal of the statutory requirement for supervision could mean that this role is no longer required. However the UK four countries are developing a new non statutory model of supervision which may incorporate a similar role.

SOMs undertake additional training (currently HEI based) for the role therefore if this role no longer exists, women who would have wanted to undertake this training may not be able to as the job will not exist in the same format as it does currently. However, as set out above, a new model of supervision is being developed which will still require some form of additional training in order to take up a supervising role therefore we anticipate that the impact will be offset by

the introduction of the new model of supervision.

Removal of statutory requirement for the NMC to hold a Midwifery Committee

There are a number of concerns that the removal of the committee will mean that the voice of midwifery within the NMC will be lost. The Committee exists to advise the Council on matters relating to midwifery, and is not a representative group for midwives (which are mostly women). There will be no direct impact on women; the NMC Council's route to obtaining advice will be aligned with advice to the Council on nursing. As noted by the Professional Standards Authority (PSA) in their response to the consultation, "Professional representation should form no part of the governance structure of a professional regulator. It erodes the separation between public and professional interests that was identified as being essential to the proper functioning of regulation in the report of the Shipman Inquiry, and given full government endorsement in the White Paper *Trust, Assurance and Safety*."

It must be noted that the Council has a statutory duty to consult nurses and midwives in setting legislation, standards and guidance: this will continue and midwives will continue to have the same route to provide their views to the NMC.

The NMC has also established a strategic Midwifery Panel to advise the Council on securing appropriate midwifery input. This panel has four country representation and includes the Royal College of Midwives and a lay representative amongst others. As an additional measure, the NMC has appointed a Senior Midwifery Advisor to provide expert advice on midwifery issues.

Fitness to practise changes

The policy changes in relation to fitness to practise outlined in the consultation will apply equally to both nurses and midwives. However, as set out previously, they are likely to impact more on women as the majority of nurses and midwives being women. The changes that are proposed are intended to improve fitness to practise processes in terms of proportionality and efficiency therefore any impact on women is likely to be positive.

Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.

Through the consultation exercise views were expressed that a disproportionate number of black and minority ethnic (BME) nurses and midwives are referred to the NMC in relation to fitness to practise. It must be noted that the NMC does not require information on the disability, race, sexual orientation, religion or beliefs of any applicant or registrant. However, the NMC may receive voluntary information on these protected characteristics via: a) the completed application/registration equality and diversity monitoring form, or; b) the completed fitness to practise equality and diversity monitoring form when a registrant has been notified of an allegation regarding their fitness to practise.

We have not however been able to find any evidence that suggests that the proposed changes to fitness to practise processes will have an impact on the protected characteristic of race.

Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.

The NMC's equality data does not breakdown age profiles by registration type (nurse or midwife) as it is anonymised at the point of collection. As a whole, the age profile of those on the NMC register during 2014-15 (taken from the 2014-2015 annual Equality & Diversity report) is as follows:

- Under 25 years – 4%
- 25-29 years – 9%
- 30-39 years – 21%
- 40-49 years – 29%
- 50-54 years – 17%
- Over 55 years – 20%

The data above shows that the majority of nurses and midwives (66%) are over 40 years of age therefore it is possible that there would be an increased impact on those over 40. However the broad spread across the age ranges should be noted.

The Office of National Statistics report that 76.9% of births in England and Wales in 2015 were to women between the ages of 25-39.

In addition, the Better Births – National Maternity Review⁷ said that women are giving birth later; there has been a steady increase in the average age for first time mothers from 27.2 years in 1982 to 30.2 years in 2014. With this in mind women between the ages of 27 -31 are more likely to be affected by the proposed changes.

Removal of statutory supervision of midwives

Pregnant women – Respondents to the consultation have questioned whether the removal of statutory supervision for midwives will mean that women will have less choice in terms of birthing plans (e.g. home births) as responsibility for supervision will fall to the employer and options may therefore be more limited. If this were the case, it could potentially impact more on pregnant women who are likely to be aged between 25-39. However the National Maternity Review sets out that in 2012 96% of trusts offered home births, yet only 2.4% of births were at home and that only 10% of women (surveyed by the NFWI (National Federation of Women's Institutes) preferred a home birth in 2013. In addition, Clinical Commissioning Groups have taken on the recommendation by the National Maternity Review to ensure women are able to make decisions about the support they need during birth and where they would prefer to give birth, whether this is at home, in a midwifery unit or in an obstetric unit. The changes to statutory supervision do not affect this right to choice.

⁷ <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

Fitness to practise changes

The changes in relation to fitness to practise should have a positive impact on the process as a whole, including the impact on the registrant, by making it more proportionate and efficient.

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

We have not been able to find any evidence that suggests that the proposed changes set out above will have an impact on the protected characteristic of gender reassignment .

The NMC does not request or collect information on the gender reassignment of any applicant or registrant.

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

We have not been able to find any evidence that suggests that the proposed changes set out above will have an impact on the protected characteristic of sexual orientation.

The NMC does not request or collect information on the sexual orientation of any applicant or registrant.

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

We have not been able to find any evidence that suggests that the proposed changes set out above will have an impact on the protected characteristic of religion or belief.

Monitoring the overall equality and diversity information the NMC has (as outlined in the 'what evidence have you considered' section above) will enable this conclusion to be tested and, where appropriate, for amendments to be considered.

Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

The NMC does not request or collect information on pregnancy or maternity status of any applicant or registrant.

Removal of statutory supervision of midwives

The statutory requirement for a system of midwifery supervision is being removed from

legislation to ensure that there is a clear separation between supervision and regulatory investigations and sanctions. This does not, however, mean that a model of supervision, focussing on support and development for midwives, will not exist in the future. In January this year the Department, on behalf of the four UK countries, published high level principles for a new non statutory model of supervision⁸. Any model of supervision should be able to be applied to all registered midwives whether they are in the NHS, the independent sector, self-employed or any other setting. The new model of midwifery supervision continues to be developed in each of the four countries through task forces working in collaboration with a range of stakeholders. This will help to ensure that midwives are able to continue to maintain and improve quality of care for pregnant women.

As set out earlier in the document a number of respondents to the consultation have questioned whether the removal of statutory supervision for midwives will mean that pregnant women will have less choice in terms of birthing plans (e.g. home births) as responsibility for supervision will fall to the employer and options may therefore be more limited. However the National Maternity Review sets out that in 2012 96% of trusts offered home births, yet only 2.4% of births were at home and that only 10% of women (surveyed by the NFWI (National Federation of Women's Institutes) preferred a home birth in 2013. In addition, Clinical Commissioning Groups have taken on the recommendation by the National Maternity Review to ensure women are able to make decisions about the support they need during birth and where they would prefer to give birth, whether this is at home, in a midwifery unit or in an obstetric unit. The changes to statutory supervision do not affect this right to choice.

As part of the consultation, we also received comments from both organisations and individual respondents which highlighted concerns over the removal of statutory supervision and ensuring advocacy for women and support for decision making when choices fall outside the remit of local policy or guidelines. Advocacy for women is an integral part of the midwifery undergraduate and post graduate curriculum and is something that all midwives should do. However it must also be noted that advocacy is a skill that is strengthened and developed with experience therefore maternity providers will also need to utilise senior midwives (ward managers, matrons, consultant midwives, Heads/Directors) to support this. We expect organisations to plan care in partnership with women and their families, placing choice, safety and quality at the centre of discussions.

Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*

We have not been able to find any evidence that suggests that the proposed changes set out above will have an impact on the protected characteristic of carers.

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic*

⁸ <https://www.gov.uk/government/publications/changes-to-midwife-supervision-in-the-uk/proposals-for-changing-the-system-of-midwifery-supervision-in-the-uk>

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groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

We have not been able to find any evidence that suggests that the proposed changes set out above will have an impact on any other identified groups.

The NMC does not request or collect information on the income, social status, marital status or status of inequality of any applicant or registrant.

The NMC does not request or collect information on the nationality, right to remain or right to work of an individual (this is the responsibility of an employer). The NMC request only the geographical location of where the application is being submitted from, and the country where a qualification was gained, to ensure it is correctly processed as a domestic or overseas application. The NMC may only request sight of a passport (or identity document of equivalent level) to confirm the identity of an individual.

Engagement and involvement

Was this work subject to the requirements of the cross-government [Code of Practice on Consultation](#)?

Yes

How have you engaged stakeholders in gathering evidence or testing the evidence available?

Public consultation – the Department ran an 8 week public consultation which included a question relating to the potential impact on equalities the proposals might have. We alerted key stakeholders to the consultation when it was published to maximise the number of responses.

Working with key stakeholders to develop the scope of the proposals – the Department worked with a number of key stakeholders including the NMC, the Royal College of Midwives and the Professional Standards Authority and the devolved administrations when developing the scope of the proposals.

NMC engagement events in relation to fitness to practise changes – These were held across the UK four countries between July and August 2016. As part of these events the NMC shared

their initial policy proposals for Case Examiners' new disposal powers and sought feedback.

How have you engaged stakeholders in testing the policy or programme proposals?

Each of the four country task forces working on the development of new non statutory models of supervision have worked with a range of stakeholders.

The NMC has committed to producing a source document for midwives on their regulation after any legislative change may occur. This document would signpost aspects of the statutory framework for midwives and will be reviewed and finalised with midwifery stakeholders. In addition the NMC has convened a strategic midwifery panel which includes the RCM, LSAMO representative, and educators. This stakeholder panel helps to provide the NMC with strategic direction in moving from the current regulatory approach to any revised approach.

The Department launched a consultation on the proposed changes - *"The Nursing & Midwifery Council – amendments to modernise midwifery regulation and improve the effectiveness and efficiency of fitness to practise processes"* which ran for 8 weeks from 21st April 2016 to the 17th June 2016. The Department alerted key stakeholders to the consultation and the NMC also wrote to all midwives on their register encouraging them to respond to the consultation.

Link to the consultation below:

<https://www.gov.uk/government/consultations/changes-to-nursing-and-midwifery-council-governing-legislation>

As part of the consultation exercise the following question was asked in order to help establish whether there were any concerns surrounding equality;

Q13 Do you think that any of the proposals would help achieve the following aims:

- **Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010?**
- **Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it?**
- **Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it?**

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Key stakeholders were identified and notified of the consultation by e-mail.

There were 1,424 responses to the consultation; respondents to the consultation identified themselves as follows:

Table 1: Individuals

Category	Number of respondents	%
Midwives/student midwives	863	66%
Nurses	31	2%
Another healthcare professional	34	2%
Member of the public/Other/Not Answered/An individual	387	30%
Total	1,315	100%

Table 2: Organisations

Category	Number of respondents	%
NHS Trusts	30	28%
Regulator/Professional Body	14	13%
Charity	5	5%
Higher Education Institution	25	23%
Supervisors of Midwifery Group	7	6%
Other	28	25%
Total	109	100%

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.

How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

The proposed changes we have outlined above will directly impact on nurses and midwives. In addition those affected are more likely to be women and pregnant women. Of the 1,424 responses to the consultation 1,289 (90.5%) did not answer the question (set out on page 15) in relation to equalities however the comments that were received have been considered and fed into the analysis as appropriate.

In summary:

Removal of statutory supervision of midwives

The removal of statutory supervision could impact on women (midwives) and pregnant women as they currently receive a level support from supervisors of midwives (SOMs) which are part of the statutory requirement for supervision. The statutory requirement for a system of supervision is being removed from legislation to ensure that there is a clear separation between supervision and regulatory investigations and sanctions. This does not, however, mean that a model of supervision, focussing on support and development for midwives, will not exist in the future. In January this year

the Department, on behalf of the four UK countries, published high level principles for a new non statutory model of supervision⁹. Any model of supervision should be able to be applied to all registered midwives whether they are in the NHS, the independent sector, self-employed or any other setting. The new model of midwifery supervision continues to be developed in each of the four countries through task forces working in collaboration with a range of stakeholders. This will help to ensure that midwives are able to continue to maintain and improve quality of care for pregnant women.

Removal of statutory requirement for the NMC to convene a Midwifery Committee

The removal of the requirement for a statutory midwifery committee should not impact on midwives (the majority of whom are women) as the committee does not hold a representative function. Although the requirement to have such a committee is being removed from statute (as there is no equivalent requirement for any other regulated healthcare profession), this does not mean that the NMC cannot set up something similar on a non-statutory basis should the Council decide to do so. The Department expects the NMC to ensure that appropriate arrangements are in place in relation to obtaining midwifery expertise.

The NMC has also established a strategic Midwifery Panel to advise the Council on securing appropriate midwifery input. This panel has four country representation and includes the Royal College of Midwives and a lay representative amongst others. As an additional measure, the NMC has appointed a Senior Midwifery Advisor to provide expert advice on midwifery issues.

In addition as previously noted the Council has a legal duty to consult with nurses and midwives in establishing legislation, standards and guidance. Midwives therefore will continue to have this route for providing their views to the NMC and the NMC will continue to work with representative groups .

Changes to fitness to practise processes

The fitness to practise changes will ensure that the process is more proportionate and efficient which will be beneficial to the NMC, registrants (nurses and midwives) and service users. Therefore any impact is likely to be positive.

Eliminate discrimination, harassment and victimisation *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

Removal of statutory supervision of midwives – whatever model is put in place to replace statutory supervision it is likely to be implemented by employers such as NHS trusts who must adhere to the Equalities Act 2010 as part of their role as an employer.

Changes to fitness to practise processes – the NMC must adhere to the Equalities Act 2010 when carrying out their statutory functions including in relation to fitness to practise processes.

⁹ <https://www.gov.uk/government/publications/changes-to-midwife-supervision-in-the-uk/proposals-for-changing-the-system-of-midwifery-supervision-in-the-uk>

Advance equality of opportunity *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

Removal of statutory supervision of midwives – whatever model is put in place to replace statutory supervision it is likely to be implemented by employers such as NHS trusts who must adhere to the Equalities Act 2010 as part of their role as an employer.

Changes to fitness to practise processes – the NMC must adhere to the Equalities Act 2010 when carrying out their statutory functions including in relation to fitness to practise processes.

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

Removal of statutory supervision of midwives – whatever model is put in place to replace statutory supervision it is likely to be implemented by employers such as NHS trusts who must adhere to the Equalities Act 2010 as part of their role as an employer.

Changes to fitness to practise processes – the NMC must adhere to the Equalities Act 2010 when carrying out their statutory functions including in relation to fitness to practise processes.

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

This is discussed in the 'Summary of analysis' section

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

This is discussed in the 'Summary of analysis' section

Action planning for improvement

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

The consultation sought evidence from respondents in relation to equalities impacts and answers to the consultation have been fed into the final policy position and equality impact. An Action Plan is set out below.

See Action Plan template

• For the record

Name of person who carried out this assessment:

Professional Regulations Branch

Date assessment completed: September 2016

Name of responsible Director/Director General: Gavin Larnier

Date assessment was signed: November 2016

Action plan template

This part of the 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 policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation	<ul style="list-style-type: none">• Consultation exercise to include specific question on equalities issues arising from implementation of legislation.	Completed	
Data collection and evidencing	<ul style="list-style-type: none">• Consultation exercise to include specific question on equalities issues arising from implementation of legislation.	Completed	
Analysis of evidence and assessment	<ul style="list-style-type: none">• Analysis of consultation responses will allow assessment of impact and, where necessary, amendments to final policy approach.• Continued assessment of information in voluntary and anonymous equality and diversity monitoring forms.	Completed Ongoing	

Category	Actions	Target date	Person responsible and their Directorate
Monitoring, evaluating and reviewing	<p><u>Changes to fitness to practice processes</u> - As part of their role as overseer of the regulators, the Professional Standards Authority review the performance of the NMC on an annual basis. This review includes looking at their fitness to practice processes in particular standard 3 looks at whether 'the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation'.</p> <p><u>Removal of statutory supervision of midwives</u> - a new non statutory model is being introduced by the four countries.</p>	<p>Ongoing</p> <p>March 2017</p>	External
Transparency (including publication)	<ul style="list-style-type: none"> This Equality Impact Assessment will be published alongside the consultation report. 		