

Equality and Children's Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,
- the UNCRC (Incorporation) (Scotland) Act 2024,

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children's Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

International medical graduate recruitment using IMG Connect agency

Question 2a: Lead Assessor's details

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Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

No

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

<p>Aim</p>	<p>To recruit international doctors into Specialty Doctor, Specialist Doctor and Consultant psychiatric posts. Where required, doctors will receive support to work towards entry onto the Specialist register with the GMC.</p> <p>TARGET DOCTORS- Doctors from outside UK with primary medical Qualification from a medical institute which is recognised by the GMC. The Candidate should have at least 3 years of post-graduate qualification in psychiatry and have been in clinical practice for last 12 months.</p> <p>APPOINTMENT- There will be an open, transparent and competitive process. This includes an assessment of candidates' portfolio, clinical skills and interview.</p> <p>JOB-For Portfolio Pathway posts, posts should allow exposure to various clinical settings which allow the candidate to cover the curriculum. There should be opportunities for audit/Quality improvement, psychotherapy, teaching, training and involvement in clinical Governance. For non-pathway posts, candidates will work in established career grade posts which provide appropriate DCC and SPA opportunities, allowing the doctor to perform a clinical role and to undertake professional development in the usual manner. Candidates in non-pathway posts will be supported to attain Specialist registration on a case by case basis.</p> <p>PROCESS OF APPOINTMENT- For Portfolio Pathway - Clearly auditable trail of advertising the posts with a proper job description followed by a competitive interview which has elements of clinical skill assessments and portfolio presentation. Doctors also need to convince interview panel that they have basic knowledge of CESR process and they are committed to a CESR application and the reasons for choosing this route. For non-pathway posts, appointments will take place using standard processes.</p> <p>DURATION OF THE PROGRAMME- For portfolio pathway posts - at least 2 years subject to a satisfactory progression with possibility of extending to 3 years if needed. The doctor may be given a rotation with placements of at least 6 months duration similar to a training rotation, or a specific job with special interest sessions and secondments which help to cover the needs of the curriculum being applied against. For non-pathway posts, as per service requirements (fixed term or permanent).</p> <p>CONTENT OF THE PROGRAMME (FOR PORTFOLIO PATHWAY)- Following successful appointment discussions between appointed CESR fellow and a CESR tutor/educational supervisor should take place to develop a bespoke programme based on the assessment of the individual's specific strengths and needs. This should include:</p> <ul style="list-style-type: none"> • A bespoke learning plan • Regular Clinical and Educational Supervision • Opportunities to gain experience of working in specific clinical placements as needed following review of the individual's work experience against Specialty Curriculum requirements. • Modular components covering Clinical and Communication skills, Teaching, Research, Psychotherapy, Leadership and Management and Clinical
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	<p>Governance.</p> <p>The programme will include opportunities to work in specific clinical areas depending on the individual's needs.</p> <p>There will be appropriate scope for psychotherapy, audit/quality improvement, research competencies, and clinical governance. A special interest opportunity of at least 2 SPA, preferably as a single special interest day would be accommodated the job description for pathway posts (1 SPA for standard posts).</p>
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Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	<p>All prospective applicants are of working age (18-65). There are no anticipated negative impacts due to this characteristic.</p>
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>All applicants will be required to undergo a thorough occupational health assessment to establish and understand any pre-existing medical conditions or disabilities when they arrive in Fife. This enables NHS Fife to implement any necessary reasonable adjustments and mitigate any potential negative impacts. Managers will also be appropriately trained to accommodate any applicant's necessary reasonable adjustments.</p> <p>Candidates from overseas would travel to the UK for occupational health screening under a conditional offer of employment. If they were not passed fit then the offer of employment would be withdrawn.</p> <p>Occupational health clearance cannot be undertaken with anyone whilst out with the UK, however candidates will be encouraged to share any relevant correspondence/reports related to their</p>

	<p>health which may identify health conditions/needs with the occupational health team at the appropriate pre-employment stage before travelling. This will support comprehensive assessment and may reduce the time required to obtain occupational health clearance.</p>
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>Mitigations are in place in NHS Fife to reduce any racism and discrimination based on ethnicity. Mitigations include emotional support, reporting methods and appropriately trained line managers. There will be dedicated support for international recruits, including regular meetings with the Clinical Director leading the Portfolio Pathway initiative and opportunities for peer support. Additional training may be offered to on-boarded staff on how to manage instances of discrimination, racism, micro-aggression and cultural competency.</p> <p>Shared learning from the international recruitment Nurse program will be used to enhance the experience of these staff joining NHS Fife from overseas.</p>
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>Applicants and on-boarded staff will be treated equally, regardless of sex.</p> <p>Specific training regarding Gender-based violence and related matters will be delivered to all on-boarded staff and line managers will also have completed this training.</p>
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>There is potential positive impact of this project on staff who identify as LGBT+ as they may be moving from a less open and liberal society where LGBT status is less widely accepted. Training will be offered to all on-boarded staff on what to expect in NHS Fife in relation to LGBT+ rights and relevant policies.</p>

<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>NHS Fife has policies in place that encourage religious freedom and all on-boarded staff will have these highlighted to them, ensuring they have an understanding of their rights as NHS Fife employees. There is no anticipated negative impact on any applicant due to their religion or belief. Welcome pack information will include information which will help staff to identify established local religious communities. IMG Connect will also support with provision of information and relevant signposting.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i></p> <p><i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>Managers will be able to provide support for staff regarding gender identity needs and issues.</p> <p>For any on-boarded staff who identify as Trans or gender non-conforming, this project may positively impact them by enabling them to live and work in a society that is potentially more accepting of Trans people.</p>
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>NHS Fife has a maternity/paternity policy which will positively impact on-boarded staff. The service will support candidates who wish to bring dependents to the UK by ensuring that they have access to relevant policies (e.g. parental leave policies, flexible working policy, maternity and paternity leave policies) and by applying these policies where required. The service will also work with IMG Connect to ensure that information about local facilities, schools etc. is available.</p>
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>There are no anticipated negative impacts relating to marriage and civil partnership status.</p> <p>On-boarded staff will be supported in bringing their spouses/families over to the UK to promote a healthy work-life balance and encourage staff wellbeing.</p>

Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>Onboarded staff who have children will determine whether it is in the child’s best interests to relocate the child. Decision making will be informed by the staff’s knowledge of their family situation and child’s needs.</p>
<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>Information about how to access health services will be provided to onboarded staff. This will cover information about access for themselves and family members. IMG Connect will also support with provision of information and relevant signposting.</p>
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>Onboarded staff who have children will be responsible for ensuring that the wishes of their children are considered.</p>
<p>Article 22 & 30 – Refugee &/or Care Experienced Children <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>Not applicable.</p>

<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i></p> <p><i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>Information about how to access health services will be provided to onboarded staff. This will cover information about access for themselves and family members. IMG Connect will also support with provision of information and relevant signposting.</p>
<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i></p> <p><i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>Information about how to access health services will be provided to onboarded staff. This will cover information about access for themselves and family members. IMG Connect will also support with provision of information and relevant signposting.</p> <p>Children will have rights of access to healthcare consistent with their immigration status.</p>
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	<p>Not applicable</p>

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

The Portfolio Pathway scheme has been guided by a paper by RCPsych on how to run scheme.
https://www.rcpsych.ac.uk/docs/default-source/members/cesr/guidance-for-cesr-fellowship-schemes-10-2020.pdf?sfvrsn=d6959675_2

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes		No	X
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Mechelle Sinclair-Forrow, NHS FIFE HR Advisor was consulted and advised there are no negative impacts anticipated for this project. The roles will be advertised both nationally and internationally.

Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option	Comments
<p>1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children’s Rights and Wellbeing Impact Assessment. (CRWIA)</p>	<p>All potential impacts identified above have mitigations implemented as described.</p>
<p>2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	
<p>3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.</p>	
<p>4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.</p>	

PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)


If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA’s to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
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Signature	Jacqueline Drummond
Date	17/12/25

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
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Signature	
Date	17/12/25

Return to Equality and Human Rights Team at
Fife.EqualityandHumanRights@nhs.scot