Northumbria Healthcare
NHS Foundation Trust

CG52

Northumbria Healthcare NHS Foundation Trust

Clinical Governance Policies and Procedures

Referrals for Radiological Investigations: Policy for Non-Medical Registered Professionals

Version	07
Sub Committee & Approval date	Radiology Specialty Board 14/02/2025
Date Ratified by Policy Assurance Group	18/03/2025
Name of policy authors	Dr. Mark Twemlow, Clinical Lead for Radiology Deborah Henderson, Trust Lead Radiographer
Date issued	21/03/2025
Review date	21/03/2028
Target audience	All Radiology staff and non-medical referrers making requests for Radiological examinations to Northumbria Healthcare NHS Foundation Trust

This Policy has been Impact Assessed against the Equality Act 2010

History of previous versions of this document:

Approved Sub-Committee	Approved by Assurance Committee	Version	Issue Date	Review Date	Contact Person
24/02/2022	19/04/2022	6	22/04/2022	22/04/2025	Dr Twemlow Clinical Lead Radiology Ken Storey, Radiology Systems Manager Deborah Henderson, Trust Lead Radiographer Faye Clough, Cath Lab Lead Radiographer
IRMER Feb 2018 Radiology Operational Board Jan 2018	13/02/2018	5	02/05/2018	02/05/2021	Dr Twemlow, Clinical Lead Radiology Ken Storey, Radiology Systems Manager Deborah Henderson, Trust Lead Radiographer Faye Clough, Cath Lab Lead Radiographer
02/12/2013	11/03/2014	4	02/04/2014	02/04/2017	Jon Besbrode, Nurse Practitioner Dr. Rita Robson, Director of Radiology
Mar 2010	02/03/2010	3	30/04/2010	30/04/2013	Jon Besbrode, Nurse Practitioner Dr. Rita Robson, Director of Radiology
Dec 04	Jan 05	2	Aug 06	Aug 08	Jon Besbrode, Nurse Practitioner Dr. Rita Robson, Director of Radiology
Dec 04	Jan 05	1	Jan 05	Jan 07	Jon Besbrode, Nurse Practitioner Dr. Rita Robson, Director of Radiology

Statement of changes made from Version 6

Version	Date	Changes
7	Jan 2025	• All applications will be via the digital application process which can be found on the radiology intranet page or link requested via the IRMER email for primary care and other external NMR • The database will be the record of entitlement.

Contents

1. Operational Summary 1

2. Introduction 1

3. Purpose 1

4. Duties within the organisation 1

5. Definitions of Terms Used 2

6. Process 4

   6.1 Governance 4
   6.2 The Local Plan 5

7. Training and Support 5

8. Process for monitoring and audit 9

9. References 10

10. Associated Documents 11

Appendix 1 - List of IR(ME)R modules to be completed by Non-Medical referrers on first Application 12
Appendix 2 - List of IR (ME) R modules to be completed as a 3-yearly refresher 13
Appendix 3 - Equality Impact Assessment 14

© This material is the copyright of Northumbria Healthcare NHS Foundation Trust

1. Operational Summary

This policy provides a guide for non-medical, registered healthcare professionals to become referrers for Radiology procedures within Northumbria Healthcare NHS Foundation Trust (NHCT) as described within the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R 2017).

2. Introduction

This policy has been developed to facilitate the referral by non-medical, registered healthcare professionals for radiological opinion in order to efficiently manage individual patients and caseloads. This policy is supported by professional colleges and national policy. With correct governance this is a recognised referral pathway under IR(ME)R 2017, allowing non-medical registered healthcare professionals to use their skills to provide efficient and high-quality patient care.

3. Purpose

This policy provides a framework for groups or individuals to operate a safe referral system that is relevant to the context of their practice. It describes the process and governance of entitlement to be a non-medical referrer and ongoing CPD and audit required of non-medical referrers under IR(ME)R.

This policy should also be read in conjunction with NHCT Employer's Procedures under IR(ME)R (Radiology SOP 1) which is available on the Radiology Intranet page or on request to the IRMER mailbox for non-medical referrers (NMRs) outside the Trust.

4. Duties within the organisation

Non-Medical Referrers – are required to follow this policy by developing, distributing, and following their own local plan when developing their role to include referral for radiological opinion. The local plan is described later in this document.

General Managers/Ward and Department Managers – are responsible for ensuring that referral for radiological opinion is an appropriate service for the identified non-medical registered professionals within their departmental remit.

Radiology Department Staff – are responsible for implementing radiology department procedures in checking the validity and justification of referrals against the non-medical referrers database.

Radiology Managers - are responsible for holding a database of staff who are formally entitled to refer using this policy. This database will be kept up to date on Q-pulse, allowing new users to be added and those no longer referring to be taken off and available to view on the Radiology Intranet page.. It is the responsibility of the general or ward managers to ensure radiology is informed when an NMR leaves a role so the database can be accurate. Entitlement is for a role under which an individual is registered and does not carry over to another role.

5. Definitions of Terms Used

Non-medical, registered healthcare professionals: for the purposes of this policy the term includes any profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002, such as NMC Registrants, HCPC Registrants or GPhC Registrants (this list is not exhaustive).

Digital Registration: This is the digital registration used for the applications for Non-Medical Referrers (NMR) to register for entitlement to refer for radiological examinations. All applications will be via the digital application process which can be found on the radiology intranet page under IR(ME)R applications or link requested via the IRMER email for primary care and other external NMR.

A Local Plan is an operational plan written for a specific group of non-medical registered professionals working in a particular context, speciality, or department.
Each specialist area must have a local plan. The local plan is to be retained by the lead specialist nurse or equivalent for this area and a copy should be forwarded to the IR(ME)R administrators.

Each specialist area must have a local plan which will be submitted using the digital registration process and when approved will be available in the drop-down list found within the registration form.

An example of a local plan template can be found on the digital registration page and can be used as a guide to producing a local plan for a particular plan or speciality.
An example of a local plan can be found in Appendix 1 which can be used as a guide to producing a local plan for a particular team or speciality.

Scope of practice: Describes a range of skills and tasks based on professional registration, education, training, knowledge and experience.

Entitlement: This is the process of verifying that the duty holder has the necessary training and competencies to undertake the task as defined in their scope of practice.

Clinical supervisor: A senior clinician/team leader (recommended to be a GP/ Consultant or another senior entitled NMR) within the area of work identified in the local plan who is responsible for providing mentorship, guidance, governance, and patient care in any team who have NMRs.

Referrer: A registered healthcare professional who is entitled, in accordance with the employer's procedures, to refer individuals for medical exposures.

The role of the referrer is to provide relevant clinical information within the request in order that appropriate justification for the requested examination can take place. The referrer must be sufficiently competent to assess a patient, in order that medical data can be provided to the practitioner who 'justifies' the exposure. The referrer must understand their professional accountability arising from their regulatory body's code of conduct or equivalent, and any medico-legal issues related to their scope of practice. Entitlement to refer is written into NHCT Employer's Procedures under IR(ME)R.

Non-medical referrer (NMR): As above with referrer but not registered as a Doctor with the GMC but registered as a healthcare professional. New entitlement to refer will be given after registration is approved via the digital approval process and the entitled NMR is entered onto the database held on Q-pulse and available to view on the radiology intranet page. Those already entitled are included on the database.

Employer: Any legal person who carries out (other than as an employee), or engages others to carry out, medical exposures or practical aspects, at a given radiological installation. Northumbria Healthcare NHS Foundation Trust is the employer, but a number of roles are delegated to the radiology department.

P**ractitioner**: A registered health care professional who is entitled by the employer to take responsibility for an individual exposure. The primary role of the practitioner is to justify and authorise exposures.

More information on the above roles can be found in The Employer's Procedures under IR(ME)R 2017, specifically Employers Procedure B1, B2 and B3 which are available on the Radiology Intranet page or on request to IRMER@nhct.nhs.uk.

6. Process

6.1 Governance

It is explicit within IR(ME)R 2017 that any referral protocols must be robust in order to protect patients, staff, and the employer. Non-medical referrers must be entitled by the Employer, in practice this has been delegated to the Radiology Department at NHCT who will keep a database.

This policy and the local plan thus constitutes the Employer's procedure within IR(ME)R 2017 for non-medical referrers to refer individuals for diagnostic investigations which use ionising radiation.

Ultrasound does not involve ionising radiation so is not covered under IR(ME)R 2017. Healthcare professionals who are not currently registered with one of the bodies listed in 5.1 such as Physicians Associates can be accepted to refer for Ultrasound only with a local plan in place.

Non-medical, registered healthcare professionals can NOT refer for magnetic resonance imaging (MRI) opinions through this policy. The policy on requesting MRI examinations (CG24), is available on the Trust Intranet or from the radiology department via IRMER@northumbria-healthcare.nhs.uk

High dose examinations such as CT and PET/CT should only be made as part of a multi-disciplinary team or consultant led care pathway.

For NMRs working autonomously (i.e. carrying out referral and then image review without waiting for report) they must ensure that following the clinical evaluation (i.e., the report) of the exam that a decision is made by them about the ongoing management of the patient based on the results of the report. The decision and ongoing action in support of the patient must be recorded and discussed with the patient. This is to ensure that an action is taken by the referrer following each medical exposure.

There must be processes within each speciality/work area for mitigating the risks of failure to act on diagnostic results for both results acknowledgement and clinical management handover (NPSA Safety alert 16: Early Identification of failure to act on Radiological Imaging Reports).

6.2 The Local Plan

The local plan will identify the scope of practice or a specific range of investigations which it is appropriate for the non-medical referrer to request. Each non-medical referrer must work in accordance with their local plan.

Each specialist area must have a local plan. The local plan must be completed in advance or at the same time as an application for a new non-medical referrer unless a local plan already exists for that speciality in which the new applicant can be included. The list of approved local plans can be found on the digital registration page and are available on a drop-down list within the registration application..

The scope of entitlement should also be specified, that is, which examinations the individual can refer for. Details are kept in the local plan for that speciality/ward and specific scopes of practice are assigned to each non-medical referrer in Q-pulse whose detail is then shared to a register of NMRs on the Radiology Intranet Page.

Amended local plans will only be accepted via the digital application process. Local Plans should be updated at a minimum of 3-yearly or when there is a change in aspect of work practice or scope of practice or Clinical Supervisor that would render the previous plan inaccurate. Reminders to review Local Plans will be received by their authors through Q-pulse to allow Radiology to ensure the present accuracy and validity of these local plans.

7. Training and Support

7.1 Training and CPD required of Non-Medical Referrers

Non-medical referrers are entitled to request examinations using ionising radiation, as such they must have developed their understanding of IR(ME)R through appropriate awareness, training, and experience, including a perception of the risks of ionising radiation exposure.

The non-medical, registered healthcare professional must have undertaken/proven:

- Adequate theoretical and practical clinical training under the supervision of a Clinical Supervisor as specified in their relevant Local Plan (see Appendix 1)
- Knowledge of referral and clinical guidelines for a given scope of practice and local referral pathways.
- A clear understanding of their responsibilities and accountabilities within their professional organisation.

- Appropriate knowledge and understanding of the purpose of each investigation.
- A clear understanding of the value of particular radiological examinations in specified clinical contexts (working within the parameters of the above local plan).
- The correct procedure for requesting each examination.
- That they can provide accurate and appropriate clinical information for each request.
- Appropriate knowledge of when and how to contact radiology staff.
- Appropriate knowledge of when and how to contact medical staff to communicate potentially significant findings.
- IR(ME)R training (see Appendix 1 for exact modules)
- The NMR will commit to completing an audit in 6 months' time of 10 exams as per section 8.1.

The record of competency should be kept by the individual referrer as evidence of their professional development.

Formal entitlement to refer will be received from Radiology via the digital application process which should be kept by the non-medical referrer.

The referrer functions under IR(ME)R should be included within their specified scope of practice. The referrer must engage in continuing professional development and provide evidence of self-audit appropriate to their scope of practice and functions as a referrer (Royal College of Nursing, Health Education England, 2017).

Training in the correct electronic referral method can be undertaken by any non-medical, registered healthcare professional. Training in e-requesting using ICE can be requested through the Digital Workplace icon on a NHCT desktop or Intranet home page.

The NMR's scope of practice should be reviewed on an annual basis, this can be done at annual appraisal/personal development review and changes submitted to Radiology along with updated Local Plan (if this is required to facilitate enhanced referral scope such as CT or to remove certain examinations).

The referrer's manager, supervisor, or clinical director of radiology may withdraw approval for any individual or group at any time if any concern arises regarding knowledge or practice.

Non-medical referrers are invited to spend time in the appropriate imaging modalities if they require this as part of their training, email IRMER@nhct.nhs.uk to arrange this.

For non-medical referrers, IR(ME)R training is available as theory based via a national on-line course at www.e-lfh.org.uk or on Kallidus for trust employees. The list of required modules to be completed is given in Appendix 1.

External users will need to register for e-lfh using an NHS e-mail address. Internal users will have access to Kallidus. A guide to accessing the on-line IR(ME)R training can be found on the Radiology page of the NHCT intranet. For Non-Trust users, guidance can be obtained by e-mailing: IRMER@nhct.nhs.uk

A list of NMR must be made available to all practitioners and operators, along with their scope of practice, reviewed on a regular basis, allowing new ones to be added and revoking ones that no longer require this entitlement.

7.2 Application Process for Non-Medical Referrers

Before making an application the IR(ME)R training must be completed which can now be accessed on the trust learning portal (Kallidus) for trust staff and the e-learning for health (elfh) for primary care users. The referrer should also read this policy CG52, Referrals for Radiological Investigations: Policy for Non-Medical Registered Professionals

Select the IR(ME)R application tile on the radiology intranet page, link IRMER, MRI & US Registrations (northumbria.nhs.uk)

Click on the IR(ME)R registration or MRI only registration, MRI Requestor Registration or Ultrasound only tab, Radiology Requestor Registration

On each of the registration pages there is a dropdown menu where there is an option to check there is a local plan specific for your role listed.

If your area has a current local plan you can proceed to make an application.
If there is not a local plan listed, you will need to ask the clinical lead for your area to submit one using the New Local Plan Form. When this has been submitted and approved the applicants can complete a registration form.

Upon receipt of the above, the IRMER administrators will add the details of the non-medical healthcare professional to a list of approved referrers on Q-Pulse.

This list will act as authorisation for the applications management team to provide the appropriate privileges to ICE accounts to facilitate electronic requesting. The list will also act as the definitive list of non-medical referrers and requests for radiology will only be accepted from those non-medical referrers identified on this list.

Non-medical referrers will need to make a request to IT themselves once their name has been added to the non-medical referrers database with their required scope of practice. IT will not allow Radiology requesting access without the NMR being added to the NMR Database.

Please note paper (hard copy) correspondence/applications will no longer be accepted sent to any address. Applications/correspondence to staff personal email will also not be accepted. All correspondence should come to IRMER@nhct.nhs.uk only.

Applications sent by any other method will not be accepted.

B) Clinical Supervisor sign off:

Each non-medical referrer must be assessed by a Clinical Supervisor defined in section 5.5.

The clinical supervisor must digitally approve the 'Record of assessment of competency' to certify that through clinical training and assessment the non-medical referrer has demonstrated full compliance with the standards given in section 7.

Alternatively, the clinical supervisor may receive a copy of an 'application e-mail,' within which is an 'approval e-mail' which can be submitted in place of a signed paper form.

It is the responsibility of the referrer to ensure the report for each request that they make is read and that appropriate action is taken.
Significant findings, or findings of uncertain significance or meaning, must be reported to the Consultant or Senior Clinician responsible for that patient. Significant findings would be reports including, but not limited to, significant unexpected pathology, a new diagnosis of suspected malignancy or new trauma.

The non-medical, registered healthcare professional is responsible for keeping a record of their IR(ME)R certification and their approved assessment of competence.

Evidence of training should be made available to IR(ME)R administration if required as part of an annual audit.

C) 3-year IR(ME)R Refresher Process for NMRs:

IR(ME)R training must be refreshed every 3 years. A list of the IR(ME)R modules that must be completed as part of refresher training is given in Appendix 2. It is the responsibility of the non-medical referrer to keep their IR(ME)R training up to date with reminders being given before expiry and thereafter by Q-pulse. After contacting departments or staff directly, failure to engage with this process will result in removal from the non-medical referrers database.

Upon completion of refresher training, the NMR should re- register via the registration process selecting the refresher option included on within the registration form which will be approved by radiology and the applicants clinical supervisor.

8. Process for monitoring and audit

8.1 Review of investigations made.

After the first six months of referrals the clinical supervisor and the non-medical referrer will:

- review a sample of the referrals made (10 of each type e.g. x-ray, CT, ultrasound) together with the reports.
- discuss the appropriateness of the sample referrals.
- discuss the quality of the sample referrals (the clinical information provided)
- discuss any actions taken as a result of the referral, including actions taken on any significant findings.
- discuss any concerns, identify any further training needs and plan to meet them.

It will be the responsibility of the non-medical referrer to arrange this review and to retain evidence of this.
Non-medical referrers may be asked by a Clinical supervisor or Radiology department to stop referring for radiological opinion if this is considered necessary due to the non-medical referrer working ‘out of scope’ or an audit identifies inappropriate referrals. **This would normally mean that further referrer awareness training would need to be given before the individual is re-entitled to refer.**

The radiology department will ensure that the appropriate feedback of learning is fed back to the NMR in response to Radiation Incidents or Near Miss reports. This will be through the incident report system Datix which should include the non-medical referrer as a “witness” if there is a question over the appropriateness of referral.

Annual audit of non-medical referrer activity will be performed by the Radiology Clinical Governance Team and will be registered as a Trust Audit. This will assess the

entitlement of non-medical referrers and include whether they are working within their scope of practice.

Radiology will make regular updates to Application Management Team (as a result of audit or observation) regarding referrers that have changed their scope of practice or are to be taken off in order that the referral rights of staff reflects their competencies.

9. References

- Guidance for non-medical referrers to radiology (2019) British Institute of Radiology Available at:
  BIR position statements and responses - British Institute of Radiology (access Mar 2025)
- Clinical Imaging Requests from Non-medically qualified professionals (3rd edition). (2021) Royal College of Nursing.
- A guide to understanding the implications of the Ionising Radiation (Medical Exposure) Regulations in diagnostic and interventional radiology (2017). Royal College of Radiologists London.
- IR(ME)R Implications for Clinical practice in diagnostic imaging, interventional radiology, and diagnostic nuclear medicine (2020) British Institute of Radiology, Royal College of Radiologists, Institute of Physics and Engineering in Medicine, Society and College of Radiographers and Public Health England.

10. Associated Documents

- CG24 – Rules for requesting MRI Scan Policy
- CG99 - Medical Imaging Policy
- Department of Health (2017) The Ionising radiation (Medical Exposure) Regulations.
- Employers Procedures under IR(ME)R available on the Radiology Intranet Page or upon request from IRMER@nhct.nhs.uk

Appendix 1 - List of IR(ME)R modules to be completed by Non-Medical referrers on first Application

Can be accessed on either Kallidus **or e-learning for healthcare**

search for "IRMER" and complete the following modules:

E-IR(ME)R Module 01 - Fundamental Physics of Radiation

Radiation Hazards & Dosimeter

01_02_04 Examples of Radiation Dose (~20 mins)

01_02_05 Risks vs. Benefits in Patient Exposure (~25 mins)

Special Circumstances

01_03_01 Use of Medical Exposures in Special Circumstances (~20 mins)

E-IR(ME)R Module 02 - Management and Radiation Protection of the Patient

Patient Selection

02_01_01 Patient Selection: The Justification of Patient Exposure (~10 mins)

E-IR(ME)R Module 03 - Legal Requirements

Regulations

03_01_02 Ionising Radiation (Medical Exposure) Regulations 2017- IR(ME)R 2017 (~25 mins)

Clinical Audit

03_03_01 Clinical Audit (~10 mins)

E-IR(ME)R Module 04 - Diagnostic Radiology

General Diagnostic Radiology

04_01_03 Equipment Selection and Use (~25 mins)

(Total study time 135 minutes)

Appendix 2 - List of IR (ME) R modules to be completed as a 3-yearly refresher

Can be accessed on either ESR **or e-learning for healthcare**

On ESR or e-lfh search for "IRMER" and complete the following modules:

E-IR(ME)R Module 01 - Fundamental Physics of Radiation

Radiation Hazards & Dosimetry

01_02_04 Examples of Radiation Dose (~20 mins)

01_02_05 Risks vs. Benefits in Patient Exposure (~25 mins)

E-IR(ME)R Module 02 - Management and Radiation Protection of the Patient

Patient Selection

02_01_01 Patient Selection: The Justification of Patient Exposure (~10 mins)

E-IR(ME)R Module 03 - Legal Requirements

Regulations

03_01_02 Ionising Radiation (Medical Exposure) Regulations 2017- IR(ME)R 2017 (~25 mins)

Clinical Audit

03_03_01 Clinical Audit (~10 mins)

(Total study time 90 minutes)

To be completed for all key policies. Cite specific data and consultation evidence wherever possible.

Duties which need to be considered:

- 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.

PART 1 – Overview

Date of equality impact assessment:

January 2025

Name(s) and role(s) of staff completing the assessment:

Debbie Henderson & Dr Mark Twemlow

Overall, what are the outcomes of the policy?

To maintain the standards and efficiency of referral by non-medical registered professionals for Radiological opinion in order to manage individual patients and caseloads in the best possible manner, in line with legislation and Trust protocol.

PART 2 – Relevance to different Protected Characteristics

Answer these questions both in relation to people who use services and employees as appropriate.

Protected Characteristic	Does this characteristic have specific relevance to this policy?	If No –	If Yes –						
		Please state why:	What do you know about usage of the services affected by this policy by people in this protected group, about their experiences of it, and about any current barriers to access?	Could people in this protected group be disproportionately advantaged or disadvantaged by the policy?	Could the policy affect the ability of people in this protected group participate in public life? (e.g. by affecting their ability to go to meetings, take up public appointments etc.)	Could the policy affect public attitudes towards people in this protected group? (e.g. by increasing or reducing their presence in the community)	Could the policy, change make it more or less likely that people in this protected group will be at risk of harassment or victimisation?	If there are risks that people in this protected group could be disproportionately disadvantaged by the policy are their reasonable steps or adjustments that could be taken to reduce these risks?	Are there opportunities to create positive impacts for people in this protected group linked to this policy?
Disability *Note: "disabled people" includes people with physical, learning, and sensory disabilities, people with a long-term illness, and people with mental health problems*	No	The policy is worked from IRMER regulations. It is explicit within IRMER that any referral protocols must be robust in order to protect all patients, staff, and the employer.							
Sex *Note: all policies should be gender neutral and use pronouns such as them, their and they, not he/she; her/him*	No								
Age	No								

Protected Characteristic	Does this characteristic have specific relevance to this policy?	If No –	If Yes –						
		Please state why:	What do you know about usage of the services affected by this policy by people in this protected group, about their experiences of it, and about any current barriers to access?	Could people in this protected group be disproportionately advantaged or disadvantaged by the policy?	Could the policy affect the ability of people in this protected group participate in public life? (e.g. by affecting their ability to go to meetings, take up public appointments etc.)	Could the policy affect public attitudes towards people in this protected group? (e.g. by increasing or reducing their presence in the community)	Could the policy, change make it more or less likely that people in this protected group will be at risk of harassment or victimisation?	If there are risks that people in this protected group could be disproportionately disadvantaged by the policy are their reasonable steps or adjustments that could be taken to reduce these risks?	Are there opportunities to create positive impacts for people in this protected group linked to this policy?
Race *Note: For the purposes of the Act 'race' includes colour, nationality and ethnic or national origins*	No								
Religion or belief *Note: In the Equality Act, religion includes any religion. It also includes a lack of religion. Belief means any religious or philosophical belief or a lack of such belief*	No								
Sexual Orientation *Note: The Act protects bisexual, gay, heterosexual, and lesbian people, and asexual people*	No								

Protected Characteristic	Does this characteristic have specific relevance to this policy?	If No – Please state why:	If Yes – What do you know about usage of the services affected by this policy by people in this protected group, about their experiences of it, and about any current barriers to access?	Could people in this protected group be disproportionately advantaged or disadvantaged by the policy?	Could the policy affect the ability of people in this protected group participate in public life? (e.g. by affecting their ability to go to meetings, take up public appointments etc.)	Could the policy affect public attitudes towards people in this protected group? (e.g. by increasing or reducing their presence in the community)	Could the policy, change make it more or less likely that people in this protected group will be at risk of harassment or victimisation?	If there are risks that people in this protected group could be disproportionately disadvantaged by the policy are their reasonable steps or adjustments that could be taken to reduce these risks?	Are there opportunities to create positive impacts for people in this protected group linked to this policy?
Gender Reassignment *Note: The Act provides protection for trans people. A trans person is someone who proposes to, starts, or has completed a process to change their gender*	No								
Pregnancy and Maternity *Note: the law covers those who are pregnant or who have given birth within the last 26 weeks, and those who are breast feeding*	No								

Protected Characteristic	Does this characteristic have specific relevance to this policy?	If No –	If Yes –						
		Please state why:	What do you know about usage of the services affected by this policy by people in this protected group, about their experiences of it, and about any current barriers to access?	Could people in this protected group be disproportionately advantaged or disadvantaged by the policy?	Could the policy affect the ability of people in this protected group participate in public life? (e.g. by affecting their ability to go to meetings, take up public appointments etc.)	Could the policy affect public attitudes towards people in this protected group? (e.g. by increasing or reducing their presence in the community)	Could the policy, change make it more or less likely that people in this protected group will be at risk of harassment or victimisation?	If there are risks that people in this protected group could be disproportionately disadvantaged by the policy are their reasonable steps or adjustments that could be taken to reduce these risks?	Are there opportunities to create positive impacts for people in this protected group linked to this policy?
Marriage and Civil Partnership *Note: This applies to changes, decisions or proposals impacting on employees only. The Act protects employees who are married or in a civil partnership regardless of gender*	No								

Human Rights	**Could the policy impact on human rights? (e.g. the right to life, the right to respect for private and family life, the right to a fair hearing)**
	No specific impacts identified.

PART 3 - Course of Action

Based on a consideration of all the potential impacts, tick one of the following as an overall summary of the outcome of this assessment:

☑	The equality analysis has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken.
☐	The equality analysis has identified risks to equality which will not be eliminated, and/or opportunities to promote better equality which will not be taken. Acceptance of these is reasonable and proportionate, given the objectives of the policy and its overall financial and policy context.