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Health Education England Relocation Expenses Framework: Equality Impact Assessment

31th August 2020

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Contents

Introduction.....	3
Executive Summary	4
Methodology and Approach.....	5
Why an Equality Analysis?	5
Diversity Data 2020	5
Diversity Analysis of the HEE Framework.....	8
Overview.....	8
Available Data	8
Consultation on the Framework.....	9
Improvements to the Framework.....	9
Application of the Framework	11
Conclusion	12
Appendix 1 – Summary of Recommendations for Each Protected Characteristic	13
Appendix 2 – Review of Relocation Policies and Best Practice	15
Learning from Universities.....	15
Learning from Councils	15
Learning from other NHS Bodies	15
Appendix 3 – Qualitative Research.....	16
Summary of Interviews.....	16
Familiarity with the Policy.....	16
The Process	16
Homeowners	17
Family Life.....	17
Disability.....	18
Mileage.....	18
Appendix 4 – UK Equality Legislation	19
The Public Sector Equality Duty (PSED)	19

Introduction

EW Group have been commissioned by Health Education England (HEE) to conduct an independent Equality Impact Assessment (EqIA) on its new National Relocation Expenses Framework which will apply to all trainees in England.

This EqIA sets out:

- An Executive Summary
- HEE's commitment to Equality, Diversity and Inclusion
- Diversity data held by HEE on the cohort of doctors and dentists in training programmes
- A diversity analysis of the HEE Relocation Expenses Framework
- The summary of all the recommendations against each of the protected characteristics in Appendix 1
- A report of the 11 interviews conducted with trainees Appendix 2
- A review of relocation policies and lessons learnt from their EqIAs in Appendix 3
- A summary of the requirements of the Public Sector Equality Duty (PSED) set out in the Equality Act 2010 and its implications for HEE.

Executive Summary

This report reviews how Health Education England has demonstrated its commitment to Equality and Inclusion as set out in its Diversity and Inclusion Strategic Framework¹.

It sets out how thinking on equality has been at the heart of the updated relocation expenses policy. To refresh the policy, HEE has consulted with the British Medical Association (BMA) over a number of months. It also commissioned an independent organisation, EW Group, to conduct a full Equality Impact Assessment (EqIA), some time before the launch of the policy. The analysis has been based on a review of other organisation's policies, interviews conducted with 11 diverse trainee doctors, the consultancies' understanding of the issues that different groups face, and research.

The report sets out a number of recommendations. As the framework will be launched in October 2020, this gives HEE sufficient time to implement the recommendations before the policy goes live.

HEE has shown due regard to the PSED commitments set out in the Equality Act 2010 and to the Human Rights Act 1998 and is committed to its implementation.

¹<https://www.hee.nhs.uk/sites/default/files/documents/Diversity%20and%20Inclusion%20-%20Our%20Strategic%20Framework.pdf>

Methodology and Approach

Our approach to this work has been to identify issues that could affect the different protected characteristics as set out in the Equality Act 2010. To do this, we analysed HEE data and compared it to ONS data. This data enabled us to identify any underlying issues that might impact how the framework would work in practice. We looked for insights into potential issues on relocation expenses by reviewing the following websites: Medical Associations, the BMA and HEE. We interviewed 11 trainee doctors who provided critical insights into the implementation of the current policies and what the refreshed framework needed to address. Our findings were informed by a review of how different organisations approach relocation expenses and their equality thinking, as well as EW's own experience in this area.

Why an Equality Analysis?

HEE has reviewed the Relocation Expenses Framework in order to make sure that there is equity across the system in how the policy is applied and to remove any anomalies.

The review therefore reflects its commitment to equality and inclusion and to human rights. In its strategy, it states: "We recognise the importance of an inclusive approach to our way of working and the decisions we make. We know that processes, such as equality impact assessments, can be a useful tool in demonstrating that we have shown due regard to the aims of the Public Sector Equality Duty. However, we know that we can make better use of high-quality equality information and analysis, at the right time..."

"Health Education England will build its reputation as an organisation that has the capability and capacity to play a system-wide leadership role on diversity and inclusion".

HEE works both within the framework of the Equality Act and the Human Rights Act 1998 and in leading on the refreshed policy, it has paid attention to family issues enshrined in 'the right to family and private life'.

The policy itself is an example of system-wide leadership. HEE has taken responsibility for setting out one policy that will cover all the Deaneries in England and, by making it one central policy, it has removed the possibility that a trainee's expenses will depend on where they are working and living. Commissioning an external review demonstrates that HEE is fulfilling its ambition of making better use of equality information and analysis. This document sets out equality information and asks whether there is more that HEE can do to ensure equity in the policy, as well as compliance with the Public Sector Equality Duty. The requirements of the Act are set out in Appendix 4.

Diversity Data 2020

The EqIA needs to be based on robust data. Set out below is data on doctors and dentists in training, held by HEE. The total number of trainees is 55,621.

Age

The average age of the trainees is 32.

Sex

57.40% of the cohort are women and 42.60% are men. There is therefore a higher representation of women than the general population.

Race

HEE provides the following figures for the breakdown of race. 81% of trainee doctors have provided their ethnicity so the figures cannot be entirely comprehensive.

Ethnicity	HEE Figures	ONS Figures (England and Wales)
White British	39%	86%
All Other White	5.7%	(included in 86% figure)
Mixed/Multiple ethnic groups	3.3%	2.2%
Asian/Asian British	24.9%	7.5%
Black/African/Caribbean/Black British	5.7%	3.3%
Other ethnic group	2.4%	1.1%

There is a higher proportion of BAME doctors (36.3%) than you would expect given the English population (ONS gives an overall figure of 14% for the general population)².

Disability

468 of the cohort have declared a disability. This represents 0.84% of the workforce.

This is lower than the general population according to ONS figures, according to which 16% of the overall working age population are disabled or living with a long-term health condition³.

It is a legal requirement under the Equality Act that the needs of the disabled are anticipated. Carers are considered under this category by association.

LGBT

There is a low declaration on this category and only 2.7% of trainees have identified as LGBT. According to ONS figures, nearly 7% of the population identify as LGBT⁴.

The only issue identified that may exist for LGBT staff is homophobic or transphobic bullying⁵.

Religion and Belief

HEE breaks down categories for identifying belief into some considerable detail. As with race data, and for the purposes of consistency, this paper refers to the main categories used by ONS.

Of those that have declared their belief, the following table sets out the percentages of religious beliefs held in the cohort.

Religious Belief	HEE Figures	ONS Figures (England and Wales)
Christian	23.3%	59.3%

² <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest>

³ <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures>

⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2017>

⁵ <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2017>; <https://www.bma.org.uk/advice-and-support/discrimination-and-harassment/homophobic-discrimination/lgbt-equality-in-the-workplace>

Muslim	11.5%	4.8%
Hindu	5.9%	1.0%
Sikh	1.1%	0.8%
Jewish	0.6%	0.5%
Buddhist	1.5%	0.4%
No religion	18.5%	25.0%

The chart shows that there is a much higher number of Muslims and Hindus than the national population⁶.

An online review of different doctors' associations such as the Muslim Doctors Association, British Association of Physicians of Indian Origin, Christian Medical Fellowship, etc. showed that none identified relocation as a particular issue.

⁶<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religioninenglandandwales2011/2012-12-11>

Diversity Analysis of the HEE Framework

Overview

The HEE Relocation Expenses Framework is a step forward for consistency in relocation expenses as it will be applied across all regions. This means that every trainee can expect to be treated the same no matter where they are working. It has built in some flexibility to account for different trainee needs, specifically:

- Paragraph 18 makes provision for increasing the allowance in exceptional circumstances. Currently, it specifically mentions trainees who are cohabiting or married. The report recommends extending it to cover other diverse needs, including those of trainees who experience bullying, harassment or discrimination on the basis of a protected characteristic.
- Paragraph 36 allows for temporary accommodation expenses and a weekly journey home if daily travel circumstances are agreed to be excessive. This may help accommodate a wide variety of diverse needs.
- Paragraph 41 gives a longer window for claiming expenses in particular circumstances, such as moving from abroad relocating in order to align with the school year. This may benefit women who are more likely to be primary carers of children.
- Paragraph 43 allows for expenses for 'continuing commitments' which will support families.

With some small-scale adjustments, the framework can accommodate more diverse needs.

Available Data

HEE's data says that two thirds of claims are for excess travel and one third is for relocation, removals and continuing commitments. HEE also records queries about the framework to Trusts in the London and South-East region.

- A Small Trust handles 1 per month
- A Medium Trust handles 3-4 per month
- A Large Trust handles 7 per month⁷.

Given that the expenses cover a cohort of over 50,000, this does not indicate large scale problems with its implementation but the qualitative interviews (Appendix 2) show that late payment and a lack of clarity can have a substantial impact on a trainee doctor's life.

The BMA states that many doctors do not claim their expenses as policies can be confusing⁸. Confusion or opacity is always a diversity issue meaning that those 'in the know' end up with preferential treatment. This means that communication of the framework is vital as well as monitoring of its implementation.

Qualitative interviews with some (not all) of the interviewees showed that some of the trainees only find out about the policy by word of mouth.

⁷ <https://lasepgmdsupport.hee.nhs.uk/support/solutions/articles/7000030360-why-are-relocation-expenses-moving-to-trusts->

⁸ <https://www.bma.org.uk/pay-and-contracts/pay/expenses/travel-expenses-for-doctors>

Consultation on the Framework

The framework is based on one drafted by the North West region, which has been used as the basis of the proposed national framework. It has been drafted in consultation with the BMA. With the launch in October 2020, this will mean the consultation process will last over 10 months, which is substantial.

HEE states, "There has been extensive engagement and consultation with the BMA to consider elements of the draft framework and HEE now consider that they have a set of arrangements that provide consistency, clarity, fairness and reasonable recompense for expenses associating with HEE training programmes as well as taking account of the wide range of trainees' individual exceptional circumstances. This version includes a number of significant improvements on the October 2019 framework including an uplift on the overall policy".

Overall, HEE has set out that the new policy has improved on previous policies by making the following adjustments:

- Increase in the overall individual maximum allowance from £8,000 to £10,000
- Removal of the 'cap' placed on expenses eligible to be claimed by Foundation Trainees
- Inclusion of IDT trainees' eligibility to claim relocation expenses
- The amendment of the relocation requirement to 30 miles or 1 hour's journey time
- Increase in 'temporary accommodation' allowance based on regional property costs
- Reduction in the 'reasonable commuting' mileage from 20 to 17 miles each way before trainees can claim excess mileage
- Reimbursement of excess mileage rates for bicycle and public transport use
- Reimbursement of redirection of mail costs
- Opportunity to seek reimbursement for rental agency fees/unavoidable double rent costs
- Inclusion of ferry costs for trainees commuting to the Isle of Wight and the opportunity for trainees to claim other tolls by exception under the Regional Flexibilities Framework.

The qualitative research found that these amendments will make a substantial difference. The interviewees said that if a trainee moves frequently (which may depend on their speciality), they can quickly reach the threshold of £8k, so the uplift will be welcome. Sometimes trainees choose where they live based on the relocation expenses that they can claim so it is important that there is some more flexibility in the mileage allowance as this will give them more choice. The ability to claim for 'continuing commitments' will help accommodate family needs as will the journey home once a week. The biggest inequity doctors raised was that you cannot claim relocation expenses if you are renting which means, of course, that there has been a built-in bias to the more wealthy who are able to buy their own home. This has a particular implication for equality on race and age⁹. The average age of first-time buyers in England is 33 so there is a potential inequity for those under 34 if they are not able to claim¹⁰. It was critical that the updated policy addressed this.

Improvements to the Framework

Marriage and Civil Partnership

⁹ <https://www.ethnicity-facts-figures.service.gov.uk/housing/owning-and-renting/home-ownership/latest>

¹⁰ <https://www.finder.com/uk/first-time-buyer-statistics>

The issue of managing family circumstances came up frequently in the interviews. Managing the needs of their family and their training are a challenge for trainees. There are no additional recommendations made in this review as adjustments have already been made in the updated policy, e.g. the continuing commitments provision in paragraph 43. What this means is set out in Appendix 2.

Age

A policy where only homeowners can claim could disadvantage younger people. This is addressed in the new policy. The commitment to equity between homeowners and renters should be made explicit in the 'guiding principles' section of the policy.

Carers are also considered under this protected characteristic by association. Those caring for the disabled and those caring for the elderly are both protected by the Equality Act. The policy should be more explicit about how they will be supported.

Sex

Women are more likely to be working part-time. Of the current LTFT trainees, 84.1% are female.

HEE does have separate policies in place to support trainees who are parents: Enhanced Preferences and pre-allocation. However, there are some small adjustments it could make to its policies to support greater equity in its delivery.

1. HEE's Relocation Expenses Framework should be explicit in regard to relocation expenses for trainees working part-time. Are they payable in full? Appendix 2 shows that the University of Kent pays these expenses pro rata. However, as expenses are the same for trainees working part-time and full-time, and there is a total budget for everyone, the framework should state the HEE's position on part-time working explicitly. A clear statement avoids any ambiguity and therefore unfair application of the framework.
2. HEE should consider if the extra mileage allowance could also factor in taking children to nurseries, if the journey to nursery is longer than at the previous post.

Disability

For some disabled trainees, there may be more expense and difficulty in moving home or travelling home than for the general population. The NHS website lists examples of adaptations to the home that may be needed¹¹. Grants are available for adjustments under £1,000 but there may be still more costs involved in relocation and adapting new homes. Trainees should also be supported by Access to Work and may also be able to claim Disability Allowance.

Carers are also considered under this protected characteristic by association. Those caring for the disabled and those caring for the elderly are both protected by the Equality Act. The policy should be more explicit about how they will be supported.

The framework should take into account the potential needs of disabled staff and carers by developing:

1. Paragraph 18 to make it explicit that exceptional circumstances may include reasonable adjustments needed at home that may not be covered by grants.
2. Paragraph 32 to state that, in exceptional circumstances, first class travel could be claimed if it is a reasonable adjustment for a disabled trainee.

¹¹ <https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/home-adaptations/>

3. Paragraph 36 to include carers (who may need to make a journey home once a week, for instance, to visit an elderly relative).

Race

The new policy addresses the inequity of expenses being paid to homeowners and not to renters. This should be made explicit in the 'purpose and guiding principles' section.

Pregnancy and Maternity

The framework should be explicit about arrangements if a member of staff is on maternity leave, and that if they need to move to take up a post at the end of their maternity leave, then they can claim relocation expenses.

Religion and Belief

In undertaking the review, we have considered whether it would be appropriate for relocation expenses to include costs associated with travelling back to a trainee's place of worship. This may be, for instance, particularly relevant if a trainee's faith is Judaism or Islam where in a remote location, they may not be able to access a synagogue or a mosque. No one identified this as an issue in the consultation. We have come to the conclusion that no provision needs to be added to the policy, as all hospitals should have reflection rooms and so provide a place for members of each faith to practise their religion. We could not find an example of any relocation policy that did cater for this eventuality.

Sexual Orientation

Some doctors and dentists experience homophobic bullying, harassment or discrimination. The framework should be explicit about whether this constitutes an exceptional circumstance under paragraph 18.

Gender Reassignment

The framework should be explicit about whether transphobic bullying, harassment or discrimination constitutes an exceptional circumstance under paragraph 18.

No other issues relating to protected characteristics were identified in the analysis.

Application of the Framework

The BMA statement that many people do not claim their expenses could be a diversity issue, particularly if one group is more likely to claim than another. Trainees in the consultation raised the issue that it could be very time consuming and cumbersome to claim expenses and that the process needs to be computerised. Complex processes can be a diversity issue as they make it more difficult for people who do not speak English as their first language or who are already very busy with family commitments and demanding jobs to claim. This could also be an issue for disabled doctors.

The framework needs a communications plan and for a monitoring arrangement to be put in place to ensure fairness. HEE should work with the Trusts to ensure that the process is as straightforward as possible.

Conclusion

The HEE Relocation Expenses Framework is very clear and its implementation will be a step forward in ensuring equity for all trainee doctors and dentists in England. It follows best practice and shows consideration of the different circumstances that trainees might experience. It can fully take into account all the issues identified in this EqIA by making some small but significant changes. As always, with policies, it is important that they are well communicated, that trainees are encouraged to take up this benefit and that the process is made as simple and straightforward as possible and above all regularly reviewed in the light of use.

Appendix 1 – Summary of Recommendations for Each Protected Characteristic

Protected Characteristic	Needs Identified and Recommendations
Marriage and Civil Partnerships	Needs have been identified and addressed, e.g. the extended mileage allowance, expenses paid for one journey home a week and the payment of continuing commitments.
Age	The average age that people in England buy their first house is now 34. It is therefore imperative that there is equity between homeowners and renters. This is addressed in the new policy. Recommendation: Make this explicit in the guiding principles.
Disability	There may be higher costs in relocation for disabled trainees. Recommendation: Develop paragraph 18 to include potential higher costs for disabled staff. Paragraph 32 could also include a provision that a reasonable adjustment for someone with a disability may be that they travel first class, e.g. if someone needs more space because of their disability or to make sure they have a functioning toilet.
Carers	Carers are protected under the Equality Act by association (whether caring for the disabled or the elderly). Caring responsibilities may mean a journey home once a week. Recommendation: Develop the criteria for the journey home once a week to include caring responsibilities.
Race	Only one issue identified, that according to ONS statistics, all ethnic minorities are less likely to own their own homes than white British households with Black Africans and Arabs having the lowest rate of home ownership. Recommendation: That equity between homeowners and renters is made explicit in the guiding principles.
Sex	Provision is made in the framework for trainees with school age children re: claiming of expenses and for trips home should anyone find themselves in temporary accommodation. Recommendation: Make it clear what part-time staff can claim, as women are more likely to work part-time and

	to be primary carers of children. Consider if the extra mileage allowance could include taking children to nurseries.
Sexual Orientation	Some doctors and dentists experience homophobic bullying, harassment or discrimination. Recommendation: Be explicit whether paragraph 18 considers this an exceptional circumstance.
Gender Reassignment	Recommendation: Be explicit whether paragraph 18 considers leaving your placement as a result of transphobic bullying, harassment or discrimination an exceptional circumstance.
Pregnancy and Maternity	Recommendation: Make it explicit that if someone relocates while on maternity leave in order to fulfil their next post, then they can claim expenses.
Religion or Belief	No needs identified.

Appendix 2 – Review of Relocation Policies and Best Practice

Learning from Universities

Many of the publicly available policies are very similar to that of HEE and driven by HMRC guidelines. Most pay up to £8,000, in line with the tax-free limit.

Learning from Councils

In its policy, South Gloucester Council identifies carers (who are often women), and the need for reasonable adjustments due to disability as potential equality issues¹². They also identify a particular issue for travellers who may find it difficult to evidence their original base. This is not likely to be relevant to the Relocation Expenses Framework at HEE as, in order to qualify, everyone on the scheme must have had to show an address. Nevertheless, the issue of carers and reasonable adjustments are relevant. These are addressed in this EqlA with the proposed amendments to paragraph 18, 32 and 36.

Learning from other NHS Bodies

NHS Hull Clinical Commissioning Group identifies the higher costs that a disabled member of staff may incur as a potential diversity issue¹³, as does NHS Harrogate and Rural District Clinical Commissioning Group.

Rotherham Doncaster and South Humber NHS Foundation includes provision for children's education: "Where it is essential for educational reasons for the new employee to leave any of their children at a school in their previous area, there is discretion to make payments in respect of certain charges incurred. However, there are strict conditions and this must be discussed and approved by the Director of Workforce"¹⁴. This may impact women. Both issues are addressed in this framework in relation to recommendations made regarding paragraph 18.

¹² <https://www.southglos.gov.uk/documents/Workplace-Relocation-Policy-HR-CECR2012.pdf>

¹³ <https://www.hullccg.nhs.uk/wp-content/uploads/2020/02/relocation-assistance-policy-v1.1-final-2020.pdf>

¹⁴ <https://www.rdash.nhs.uk/24872/relocation-removal-expenses-policy/>

Appendix 3 – Qualitative Research

Summary of Interviews

The 11 interviews (4 from ethnic minorities, 3 women, 2 had caring responsibilities, 6 had family commitments, no one disclosed they were LGBT) explored how trainees had found out about the policy, their experience of the process and the diversity issues they raised. Some of the issues have been addressed in the new policy, others in the recommendations.

Of the 11 interviewees, 4 were from ethnic minorities, 3 were women, 5 disclosed they were married with children, 2 said they had caring responsibilities. No one disclosed that they were LGBT.

Familiarity with the Policy

These quotes reflect the mixed response from the trainees. Some Deaneries and Trusts had been proactive in communicating the policy while others only found out about it from word of mouth. This is a diversity issue as it may lead one group to benefit more from it than another. Monitoring of the policy will be critical to understanding if different groups are more likely to claim.

- “You had to look for the document, no one tells you about it but once I found it online, it was well signposted”
- “I heard about the policy from other doctors so went digging”
- “The policy wasn’t advertised at all”
- “Word of mouth from another colleague at another Trust – otherwise not aware”
- “The policy is on our Deanery website and is easy to find”
- “At the start of this post, I was sent the Travel and Relocation policy by HR”
- “The policy should come from the Deanery but it came from the Trust”
- “Lead Employer doesn’t seem to know the policy”
- “It’s a long document; it takes teasing out”

The Process

The quotes here reflect that many (not all) trainees in the qualitative research found the process cumbersome and vague. This is a diversity issue as it may prevent some people/groups claiming. It is an improvement in the new policy that trainees do not need to submit receipts for excess mileage.

- “I claimed once, I found the process relatively straightforward, but I felt expenses are dependent on the Hospital Trust you work for and the policy was vague. Trusts have been difficult to get responses from”
- “Claiming your travel is cumbersome, seems like it is set up to avoid people claiming”
- “You don’t know what the rules are and aren’t”
- “It took some months when I first qualified to be reimbursed so I had to go to the Bank of Mum”
- “It took 3 months to agree the expenses. It’s a cumbersome form; you spend more time doing it than you end up being paid”
- “I found the process a pain”
- “If I have to look at detailed guidance, some places are better than others”

- “During last year, I couldn't claim, and I was only told about the Appeals process later so I may be out of time”
- “It's difficult having to obtain three quotes for hiring removal companies when there was only one day I could move and one company available”
- “Filling out paper forms is very tedious as is having to get every receipt”
- “The policy doesn't set out the limit so I am having problems. It is equal to me having to pay £3k to come to work”
- “Incredibly time consuming. Took over 8 months to be reimbursed. The impact of this on our finances as a family was significant”

Homeowners

That expenses are only available to homeowners is an issue that both homeowners and renters feel strongly about. It is a significant improvement that this is addressed in the new policy. The policy needs to ensure that there is equity in what renters and homeowners can claim.

- “The policy discriminates against people who don't own their own house and may be less likely to. This may affect people from minority backgrounds”
- “I tried to claim but was unable to because I rent rather than own property. Real bugbear as this is a considerable expense to me”
- “My issue is the different treatment between people who own their house and those who don't. It hasn't affected me but I would feel hard done by if I was renting”
- “If you don't own your house, you can't claim”
- “I am married with a wife and children but it's completely daft that I can't claim”
- “The policy seemed to be in favour of doctors who own property. For example, if you own a house and take your family to see the new area, this will be reimbursed, including temporary accommodation. In order to move, we crammed ourselves into a caravan – the cheapest accommodation – whilst looking for property locally but this isn't reimbursed. Travel costs and storage were not covered because we rent.”

Family Life

A recurring issue in the interviews was the complexity of moving for training posts when you have a family. As the policy necessarily has to have limits, these issues may be best addressed by really clear communication of the policy. The issue of 'continuing commitments' is addressed in the new policy (paragraph 43) and what this mean in practice is set out in Appendix 2 of the Framework.

- “My partner does not have a job which can easily be relocated”
- “I am married, I have 3 children, and we had a problem when it came to moving. My wife, who is a doctor, her income disappeared while on maternity leave and she needed to stay where she was so she could go back to her old job and we were paying a mortgage. We needed the money then and now I have to move again for my job and I have maxed out my expenses and have no help with moving. There is no way of getting round this and its frustrating.’
- “The policy is clear but it doesn't cover 'continuing commitments' and this is a problem”. *(This is an issue of the doctor working 100 miles from his home where his family live and having to pay for his accommodation).*

- “I would only want one move. My wife is in a job that is geographically based – if I was allocated to a town 100 miles away, it would not be reasonable to move me”
- “My career takes no more priority than my wife's, and I wouldn't want to move my children”
- “Registration for nurseries is a large relocation cost”

Disability

Disability was raised as an issue in the context of caring for others. Carers are considered under this category by association in the Equality Act. There is an example of good practice cited here and one of needing more clarity. This is addressed in the recommendations section of the report.

- “If you go part-time because of caring responsibilities, are relocation expenses still payable?”
- “My wife has a disease which makes it difficult to relocate. The Deanery has been helpful in accommodating me”

Mileage

Mileage is included here as it came up in the interviews and clearly presents some challenges to trainees. However, it is only a diversity issue if some groups are treated differently or are more likely to travel further for work. A national policy will help ensure that any anomalies in the system are addressed.

- “The definition of mileage could be difficult in some instances, e.g. mileage to a GP surgery had been calculated at 9.8 miles as it was to the nearest bus stop. Had it been to the surgery itself, then the doctor could have claimed, as this would then have been 10 miles”
- “In my current job, I am just under the mileage allowance and travel is now very expensive. I spend £300 a month on fuel so allowance could come down a little. Travel in a rural area is very expensive”
- “Working in A&E, commuting time was 90 minutes each way. I was working 13 hours a day and decided it was safest not to commute so stayed at the hospital. The Trust point blank refused to reimburse me so I was paying £400 of my own money”

EW Group would like to thank the BMA for organising the interviews and all the trainee doctors who talked us through their experience of the Relocation Expenses Framework.

Appendix 4 – UK Equality Legislation

The Public Sector Equality Duty (PSED)

Like most organisations in Britain, HEE is subject to the Equality Act 2010 and its provisions relating to employment and the provision of goods and services. Schedule 19 of the Equality Act 2010¹⁵ makes clear that a public body must comply with the Public Sector Equality Duty. This means that in carrying out all its functions the HEE must pay due regard to the three aims of the General Equality Duty, which are 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 Government Equalities Office describes the purpose of these three duties as “supporting good decision making – it encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people’s needs”. The Duty encourages officials to develop policies with different service users in mind.

In considering how the PSED applies to the way in which the HEE’s Relocation Expenses Framework works, it is important that we bear in mind the following.

The Equality Duty relates to all characteristics that are protected by the 2010 Act, apart from marital or civil partnership status, i.e. age, disability, gender reassignment, pregnancy and maternity¹⁶, race, religion or belief, sex and sexual orientation. Appendix 1 provides a summary of the recommendations against each protected characteristic. The Relocation Expenses Framework is designed to create equity across the service in how relocation is addressed but the different needs of different groups still need to be assessed in order to ensure that no group is disadvantaged by everyone adhering to the same rules.

Meeting the Duty can be about taking proactive steps to advance equality of opportunity, e.g. to level the playing field for job applicants. But often it is about reducing, avoiding or mitigating the disproportionate or differential impact that a decision or action will have on some people because of one or more of the protected characteristics they possess. To comply with its Equality Duty, HEE must be able to show that it has paid due regard to any potential disproportionate and differential impact in its framework.

The Trusts who will implement this framework on behalf of HEE must also pay due regard to the Equality Duty’s aims when they are carrying out functions on its behalf. Measures to avoid, reduce or mitigate a disproportionate impact should be proportionate to the scale and nature of the impact.

Meeting the standards of the Equality Duty is about more than doing the bare legal minimum of avoiding discriminatory conduct. It also obliges HEE to give substantive consideration to how it can positively advance equality of opportunity and foster good relations. These are positive

¹⁵ <https://www.legislation.gov.uk/ukpga/2010/15/schedule/19>

¹⁶ The protected characteristic of pregnancy and maternity is relevant only to the first aim of the Equality Duty.

concepts requiring a proactive approach. For example, the Equality Act sets terms that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Act also clearly states that meeting different needs involves taking steps to take account of disabled people's disabilities and complying with the Equality Duty may involve treating some people more favourably than others.

To meet its Equality Duty obligations HEE needs to take (and document) a proactive approach to minimising and wherever possible entirely ameliorating the impact of its activities on people whose Equality Act protected characteristics mean they are disproportionately affected. As the Equality Duty is a continuing rather than a one-off duty, the work of assessing disproportionate or differential impacts and how they can be reduced, avoided or mitigated also needs to continue. This implies that the implementation of the framework needs to be monitored to ensure that its objective of equity is delivered.

The Equality and Human Rights Commission has also produced a helpful guide on how to assess the equality impact of financial decisions. It states that organisations need to show that:

- The process they follow to assess the impact on equality of financial proposals is robust
- The impact any financial proposal could have on people with protected characteristics is thoroughly considered before any decisions are made
- Proposals contain enough information to enable a public authority to demonstrate it has had 'due regard' to the aims of the equality duty in its decision-making
- They consider ways of mitigating or avoiding any adverse impact