Equality Analysis

A Framework for Technology Enhanced Learning

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Title: A Framework For Technology Enhanced Learning

Relevant line in DH Business Plan 2011-2015:

What are the intended outcomes of this work?

The intended outcome is to ensure a more efficient and effective approach is adopted when using technological solutions as part of the training and learning environment for health and social care staff.

The Framework for Technology Enhanced Learning sets out a vision and provides recommendations of best practice for the appropriate provision and use of technology to support the education and training for the whole workforce across the healthcare and where appropriate the social care sector.

The Framework builds on the work previously undertaken within the DH to develop e-learning capabilities and a recent review of simulation.

The Framework is not a set of mandatory recommendations but is intended to provide guidance for best practice for use by employers and providers of training and education within the health and social care sectors.

When recommendations contained within the Framework are implemented locally, the implementing organisations should evaluate their work in light of evidence around the take up of such resources disaggregated by protected characteristics.

Who will be affected?
Employers and providers of education and training as well as staff in the health and social care receiving education, training and personal development.

Evidence *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment. For more information, see the current DH Transparency Plan.*

What evidence have you considered?

NHS Staff Survey , 2008 highlights that there has been a marked increase in the number of staff using self –accessed learning (the same figure was recorded in the 2009 Staff Survey) The survey says; 'Opportunities for development were reflected by the majority (95%) of staff reporting having had some type of training in the previous 12 months. Attending taught courses was the most common form of training, learning or development (68%), **but there was also an increase in self-accessed learning (34%)** compared with 26% in 2007 and 20% in 2006. Crucially, 80% of those who had accessed training in the past year felt that it had helped them to do their job better or to keep up to date with their job and/or professional requirements. This is a clear improvement on previous years, up from 77% in 2006 and 2007'.

The Framework makes reference to numerous publications on which its recommendations have been made including recent reports commissioned by MEE highlighting concerns that trainees were sometimes asked to work beyond their level of competence (*Temple J. Time for Training: A Review of the impact of the European Working Time Directive on the quality of training. Department of Health 2010. and Collins J. Foundation for Excellence: An Evaluation of the Foundation Programme. Department of Health 2010.*) The recommendations in the Framework are intended to address some of the problems that have been may be disadvantaged or placed under unreasonable stresses.

All of the evidence underpinning the proposals is provided or referenced within the Framework document itself and the Department of Health worked with a wide variety of stakeholders to develop the framework including representatives from the various professions, trainees, lay public, employers and the educational sector. The final document has been reviewed and approved by the Programme Boards of Medical Education England (MEE) and the DH Professional Advisory Boards and, following review and approval from these bodies, was approved by the Workforce Availability Policy and Programme Implementation Group (WAPPIG) for publication at its September meeting.

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

All learning material and practices will continue to be subject to accessibility rules and the recommendations surrounding, for example, the use of e-learning material includes recommended standards that cover accessibility requirements such as the ability to increase font sizes. The Framework specifically notes that "In line with the 2010 Equalities Act it is important that technology enhanced learning resources are designed and procured with accessibility in mind".

The use of asynchronous e-learning in particular, enables users to learn at their own pace which can have significant benefits to people with a range of disabilities.

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

Technology enhanced learning could benefit those who have caring commitments outside of work/study, a larger proportion of which are typically female. Increased access to e-learning and simulated learning tools will enable more flexible learning where people are able to learn at a time that is convenient for them.

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

The use of technology to enhance learning as outlined in the Framework can enable learning modules and packages to be developed in different languages to aid non-native English speakers, and again, the ability for people to learn at a pace that suits them will improve effectiveness of training for those people experiencing limited language barriers.

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.*

Some evidence exists (e.g. *Githens, R. P. (2007). Older adults and e-learning: Opportunities and barriers. Quarterly Review of Distance Education, 8(4), pp. 329*) that use of technology may be a barrier to older people in the workplace who may be unfamiliar or intimidated by the use of new forms of technology that may form part of their continuous personal development, however, the framework makes it clear that technology should be used as part of a blended learning approach and that any use of technology enhanced learning must be developed in line with the provisions of the 2010 Equalities Act.

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.*

No evidence was found of impacts relating to this protected characteristic.

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

No evidence was found of impacts relating to this protected characteristic.

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

The use of remote training capabilities can also be helpful where cultural issues prevent people from undertaking training in certain environments or during certain periods of religious or cultural festivities.

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

The use of simulated environments and e-learning can be of particular benefit to pregnant women who may need more frequent breaks than other people. This would be more capable of being undertaken during simulation training or e-learning than during conventional training.

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

As noted in the section entitled "sex", technology enhanced learning could benefit those who have caring commitments outside of work/study. Increased access to e-learning and simulated learning tools will enable more flexible learning where people are able to learn at a time that is convenient for them.

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*

The expansion of Technology Enhanced Learning may bring some benefits to staff working in the health and social care sector with difficulties in travelling from their normal place of work, for example because of caring commitments, disability or even a lack of personal transport and limited public transport opportunities. E-Learning in particular is likely to be available at the normal place of work and during normal working hours and is often used as a substitute for externally delivered, and sometimes residential, courses.

Engagement and involvement

Was this work subject to the requirements of the cross-government Code of Practice on Consultation? No.

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

Yes. There has been an extensive programme of consultation since 2010 involving a wide range representatives from the health and social care sectors, education and training and lay representation.

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

A group of stakeholders have been engaged as a framework development group who have worked on the Framework with DH staff to develop a document that meets the widely varying needs of the different parts of the health and social care sector. The Framework has then been reviewed by the four programme boards (Medical, Dentistry, Pharmacy and Healthcare Scientists) of Medical Education

England (MEE) and the Professional Advisory Boards for Allied Health Professionals and Nursing and Midwifery. The Framework has then been approved by WAPPIG.

The overall project was managed by a project board set up in line with PRINCE2 project management practices and included a junior doctor in the role of the Senior User representative.

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

In summary, the engagements have included:

- Reviews and development of the Framework through the Framework Development Group which included the following representatives:

    o Patricia Hamilton - DH Director of Medical Education, SRO and chair of Project Board
    o Stuart Carney - DH Senior Clinical Advisor, Chair of the Framework Development Group
    o Debbie Mellor - DH Deputy Director – Workforce Education Policy
    o Andy Ashworth - DH Programme Manager - Workforce Education Policy
    o Elaine Plumb DH – Policy Support Officer - Workforce Education Policy
    o Alex Bailey - DH, Clinical Advisor
    o Lisa Hughes - DH, Allied Health Professions Officer
    o Caroline Waterfield - NHS Employers
    o Pat Saunders - DH – Senior Policy Advisor - Chief Scientific Officer
    o Elizabeth Hughes - Postgraduate Dean, NHS West Midlands Workforce Deanery
    o Sally Malin - Lay representative
    o Professor John Purvis - Professor of Pharmacy Education – Bradford
    o Tricia Ellis - SHA e-Learning lead representative
    o Jerry Read - DH - Dental and Eye Care Services
    o Chris Whitehead - Associate Director of Workforce NHS South West
    o Joe McArdle - NHS North West
    o Julia Moore/Alan Ryan – National Director - e-Learning for Healthcare
    o Bryn Baxendale - Association for Simulated Practice in Healthcare (ASPiH)
    o Professor Anne Peat - Higher Education Institute representative
    o Su Wilkinson - Connecting for Health
    o Mike Farrell - NHS North West
    o Professor Philip Cachia - NHS Education for Scotland

The above group includes a doctor in training as well as other representatives who would undertake ongoing learning that might be directly impacted by the recommendations in the Framework as part of their continuous personal development.

- Formal presentations were given to a number of conferences and meetings including, ASPiH, Medical Programme Board, Dentistry Programme Board, Modernising Pharmacy Careers Programme Board and Managing Scientific Careers Programme Board. Feedback from these and other bodies has been taken into account into the final draft of the document. These project boards include staff representation for the professions affected (e.g. BMA representation is incorporated in the Medical Programme Board).

The feedback from the consultations has been used to guide the development of the proposals. There is majority support among the stakeholder community for the changes now being proposed and the document has been signed off by WAPPIG and the MEE Programme Boards.

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 Framework is expected to form the basis on which decisions will be taken by providers of education in the health and social care sector and, whilst not being mandatory, will have minimal, if any adverse impacts on any particular groups. It is hoped that the appropriate use of Technology will provide some significant positive impacts to groups that may be disadvantaged by some traditional learning methods.

The wide range of engagement that has taken place as part of this work provides confidence and assurance that this Framework will be accepted by the audience it is likely to affect.

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).*

No evidence was found of significant impacts relating to discrimination, harassment or victimisation to any of these protected characteristics.

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).*

The proposed changes may enhance the opportunities for learning for certain disabled groups, carers and pregnant women. There is a small risk that older people less familiar with certain types of technology may be adversely affected, however, any use of technology must take into account equality legislation and would be part of a blended learning environment so should not result in problems.

No evidence was found of significant impacts relating to any of the other protected characteristics.

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).*

No evidence was found of significant impacts relating to this area.

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?*

The overall impact of the proposed changes, in E&D terms, is likely to provide an increase in opportunities to certain groups that may be disadvantaged by exclusively conventional learning opportunities.

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.*

The only potentially negative impact of the Framework is the possible adverse reaction that may be experienced by older members of staff who are less comfortable with using technology. The Framework does make note, however that the use of technology enhanced learning should be part of a blended learning solution and one of the key principles upon which the recommendations are based is "equity of access". The Framework makes specific mention (para 2.46) of the need for any solutions to be compliant with the provisions of the 2010 Equalities Act. Further engagement events will take place following publication of the Framework during which discussions regarding the practical ways in which the recommendations may be implemented will be discussed.

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.*

A further engagement event is being planned towards the end of 2011 at which the DH and MEE will meet with service representatives who will have responsibility for implementing the recommendations of the Framework. It is expected that this event will, amongst other things, discuss the impact the use of TEL may have on equality and the steps that can be taken to use this Framework to enhance equality issues. The meeting will ensure that responsibility for the capture of data associated with equalities issues is clearly understood by all concerned and that a plan to record data and monitor the impact of any changes on groups with protected characteristics is agreed.

Please give an outline of your next steps based on the challenges and opportunities you have identified.

- Stakeholder engagement event to be undertaken approximately 4 weeks after publication of the Framework.
- MEE to work with Stakeholders to undertake event with a view to ownership of the TEL Framework moving to Health Education England (HEE) once HEE is formally established.
- Development and implementation of recommendations will be the responsibility of those bodies responsible for the provision and delivery of education and training in the health and social care sectors and will not be the responsibility of the DH. There may be some monitoring of outcomes as part of the responsibilities of HEE but this will need consideration at the post-publication engagement events.

For the record
Name of person who carried out this assessment:
Andy Ashworth

Date assessment completed:
14/10/2011

Name of responsible Director/Director General:

Patricia Hamilton

Date assessment was signed:

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	Further engagement event to be undertaken with service representatives	End 2011	Liz Kidd – Workforce
Data collection and evidencing	To be considered as part of engagement with stakeholders noted above.		
Analysis of evidence and assessment	To be considered as part of engagement with stakeholders noted above.		
Monitoring, evaluating and reviewing	To be considered as part of engagement with stakeholders noted above.		Likely to be Medical Education England, migrating to Health Education England but to be agreed with stakeholders.
Transparency (including publication)	Responsibility will lie with the providers of education and training and not the DH.		