EQUALITY IMPACT ASSESSMENT

TITLE: Clinical Research Investment Scheme (CRIS)

VERSION CONTROL

Date	Name	Version	Comments
12/08/24	Lisa Murray	0.1	

Stage 1 Description: Fact-finding about you and your research

Organisation	NIHR Manchester Biomedical Research Centre (BRC)
Researcher responsible for assessment	NA
Other members of the team undertaking assessment	Georgina Moulton, Academic Capacity Building Lead Lisa Murray, BRC Education and Training Manager Yasamin Noori, Training Coordinator
Give a brief description of your research	The overall ambition of the Clinical Research Investment Scheme (CRIS) is to invest in and increase the capacity of research-qualified healthcare professionals focussing on experimental medicine / early phase translational research across the BRC partnership and region. Often healthcare professionals can be drawn away from research for several reasons and often focus on clinical delivery without having the opportunity to return to clinical research. This opportunity is for registered healthcare professionals in substantive posts to have protected research time of up to 0.2FTE over 2 years with a small amount of project funding to conduct a piece of high-quality research, or high-quality early translational research training supported by leading biomedical researchers from across Manchester BRC, whilst developing 'on the job' skills around early phase trials. This scheme will provide an opportunity to those who are not currently undertaking research but do have some research experience and want to build on their existing skillset to pursue a sustainable career in early phase experimental medicine. This includes but is not limited to: nurses, midwives, allied health professionals, doctors, pharmacists, and clinical scientists from Manchester BRC partner Trusts.
What are the key aims and benefits of the research?	This scheme forms part of the BRC Capacity Building ambition and will provide an opportunity to those who are not currently undertaking research but do have some research experience and want to build on their existing skillset to pursue a sustainable career in early phase, experimental medicine.

2. Stakeholders and Impact

Who is intended to benefit from your research and how?	**Healthcare professionals participating in the scheme** • Opportunity to conduct a piece of high-quality research. • Extend research skills and experience. • Be supported by leading biomedical researchers from across the BRC. • Develop 'on the job'' skills around early phase trails. • Opportunity to collaborate and build network. • Provide a catalyst to continue in research once the award is completed. • Support longer term ambitions within the host trust. • Provide opportunities for underrepresented groups. **Employers within the Manchester BRC Partner Trusts** • Enhance the career development of staff through a unique opportunity. • Facilitate staff to bring new skillsets/knowledge back into their working environment. • Join collaborative networks involved in healthcare and higher education in Manchester. • Contribute to the GM Health and Social Care Partnership strategy of improving patient outcomes through upskilling the workforce. • Play a role in aligning the efforts of healthcare partners and deepening GM's health science ecosystem. • Help shape the future of the Manchester BRC CRIS through feedback. **BRC Clusters/Themes** • Develop mentoring skills and gain fresh perspectives from participants. **University of Manchester** • Enhance research output and collaborations. • Improve curriculum with practical insights from ongoing research. • Enhanced reputation. • Longer term diversification of the academic clinical research workforce

	Broader community Advancements that may lead to new treatments/technologies.
Could there be a different impact or outcome for some groups?	Participants with disabilities – assessments will need to be undertaken and reasonable adjustments implemented where possible/necessary. Participants from underrepresented groups – although this will increase representation in the research setting to support the contribution of diverse perspectives and promote equality, diversity and inclusion, some participants might feel like an outsider leading to a less positive placement experience. Participants with caring responsibilities – there might be additional childcare costs or temporary changes required to childcare to join the scheme. Recognising different impacts and implementing targeted strategies will help ensure that all participants, regardless of their background or identity, have a positive and beneficial experience on the scheme. This approach will not only promote equity and inclusivity but also enrich the research environment by fostering diverse perspectives and ideas.
Is there any specific, targeted action to promote equality? Is there a history of unequal outcomes? (Do you have enough evidence to prove otherwise?)	EDI principles will be considered at every step of the recruitment process to support the building of a more equal, diverse and inclusive research culture: • The scheme will be advertised far and wide through non-traditional recruitment channels e.g. staff networks • An inclusive selection process will be followed whereby personal information is removed from applications to prevent unconscious bias. • Reviewers will be encouraged to complete the Unconscious Bias and Diversity in The Workplace training. • Entry requirements, key criteria and guidance/support will be made clear in recruitment adverts, together with acknowledgement of the BRCs value and commitment to diversity and inclusion. • A BRC EDI statement will be included in the CRIS advert and at least 4 weeks will be given between advert opening and call closing. • The language and imagery used in the advert will be inclusive to ensure it is easy to understand and accessible to all. • Clear feedback will be provided to unsuccessful applicants. • EDI data and applicant experiences will be captured through the recruitment process and reviewed to identify unmet needs and groups who are not proceeding and why.

	Feedback will be collected from participants regularly to identify and address any issues related to equality.

Is there an actual or potential negative impact on these specific characteristics? Please highlight either yes or no								
Age	Yes	No	**Disability**	Yes	No	**Gender Reassignment**	Yes	No
Marriage & Civil Partnership	Yes	No	**Pregnancy & Maternity**	Yes	No	**Race**	Yes	No
Religion & Belief	Yes	No	**Sex**	Yes	No	**Sexuality**	Yes	No
Socio-Economic Impact	Yes	No	**Carers**	Yes	No	**Care-Experienced**	Yes	No
People From Armed Forces Backgrounds	Yes	No	**Migrant Status (e.g.: asylum seekers, refugees, economic migrants)**	Yes	No	**Homeless People**	Yes	No

Stage 3: Evidence

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts		Level of Risk (High, Medium or Low)
Age	Younger participants may be perceived to have less academic or professional experience compared to older peers, which could lead to them being overlooked or feelings of inadequacy or being undervalued. Participants might face age-related stereotypes, such as assumptions about their technological proficiency or adaptability, or level of relevant experience.	Low
Disability	Research facilities and work environments may not be fully accessible to disabled participants e.g. mobility may impact access to some research areas, research equipment and radar key toilets may need to be available. Specialised equipment or software may not be accessible to disabled participants e.g. visual, hearing, or other disabilities. Failure to provide reasonable accommodations could limit the ability of disabled participants to perform tasks effectively. Disabled participants may face biases or lack of understanding from peers and supervisors, leading to a non-inclusive work environment e.g. accessible and inclusive communication methods need to be adopted for meeting and collaborative tasks for hearing or speech impaired people. Placing a disabled researcher in a non-supportive environment could impact wellbeing and mental health. Disabled participants may have specific health and medical needs.	High
Gender Reassignment	Participants may face discrimination, bias, or harassment from peers based on their gender identity. A lack of understanding and awareness about gender reassignment could lead to misgendering or inappropriate questions. Inadequate facilities, such as the absence of gender-neutral bathrooms could create discomfort and exclusion. Individuals undergoing gender reassignment may have specific health and medical needs, including hormone treatments or regular medical appointments. The stress associated with transitioning, coupled with potential workplace challenges, could impact wellbeing and mental health. Concerns about privacy, such as the fear of being outed or having personal medical information disclosed without consent, could create anxiety.	Low
Marriage & civil partnership	Struggle to balance the demands of the CRIS with personal and family responsibilities.	Low

Pregnancy & Maternity	Certain research environments may pose health and safety risks to pregnant individuals, such as exposure to hazardous substances or physically demanding tasks. The physical and mental demands of the CRIS may be challenging for pregnant individuals, especially as their pregnancy progresses. Participants on maternity leave may face challenges in maintaining continuity with their research projects or integrating back into the scheme after their leave. Pregnant participants may need regular medical appointments, which can be difficult to balance with the demands of the CRIS. Pregnant participants and new mothers may face bias or discrimination, such as assumptions about their commitment or ability to perform certain tasks.	Low
Religion	Work schedules may conflict with religious observances, such as prayer times, Sabbath days, or religious holidays. Participants may have dietary restrictions based on religious beliefs, which can affect their ability to participate in events or use shared facilities. Dress code policies may not accommodate religious attire, such as hijabs, turbans, or yarmulkes, which can lead to discomfort or exclusion. Participants may need time and space for prayer or worship during the workday, which can be challenging in a typical research environment. Participants may face discrimination, bias, or microaggressions based on their religious beliefs or practices.	Low
Race	A lack of racial diversity among staff, mentors, and peers could lead to feelings of isolation and lack of role models for participants from underrepresented racial groups. Participants from certain racial backgrounds may face barriers to accessing opportunities such as funding, networking, and professional development. Participants may be subject to stereotyping or tokenism, where they are expected to represent their entire racial group or face reduced expectations.	Low
Sex	Participants may face discrimination or bias based on their sex, affecting their treatment, opportunities, and overall experience on the scheme. Participants may face gender stereotypes and biases that affect perceptions of their capabilities, such as assumptions that women are less competent in certain fields.	Low
Sexual Orientation	Participants may face discrimination, bias, or exclusion based on their sexual orientation, affecting their experience and opportunities during the scheme. A lack of LGBTQ+ representation among staff and mentors could lead to feelings of isolation and a lack of role models for LGBTQ+ participants.	Low

	Participants may fear disclosing their sexual orientation due to potential negative repercussions, which could affect their mental health and overall experience.	
Socio-Economic	Limited access to necessary resources such as technology, transportation, and professional attire could hinder participation and success. Participants from lower socio-economic backgrounds may have fewer networking opportunities and less access to professional development resources. Participants from lower socio-economic backgrounds may feel less confident or face imposter syndrome due to perceived gaps in professional experience.	Low
Carers	Carers may struggle to balance the demands of the CRIS with their caregiving responsibilities, leading to stress and potential burnout. Carers may have less time to participate in networking events, professional development workshops, or after-hours activities that are crucial for career advancement. Carers might face bias or discrimination from peers or supervisors who may perceive their caregiving responsibilities as a hindrance to their performance.	Low
Care Experienced	Limited access to necessary resources such as technology, transportation, and professional attire could hinder participation and success. Care-experienced participants may face unique emotional and psychological challenges due to their background, affecting their ability to fully engage in the scheme. Care-experienced participants may have fewer networking opportunities and less access to professional development resources compared to their peers. Care-experienced participants may have experienced frequent relocations and instability, leading to gaps in education and work experience.	Low
Armed Forces	Individuals transitioning from the armed forces to civilian life may face difficulties adjusting to different work cultures, expectations, and environments. Skills and experiences gained in the armed forces may not be recognised/valued in the civilian research environment, potentially limiting opportunities and career progression. Individuals from the armed forces may face mental health challenges, such as PTSD or anxiety, impacting on their participation and performance.	Low
Migrant Status (eg: asylum seekers,	Migrants may face challenges with language proficiency, affecting their ability to fully participate and communicate effectively on the scheme.	Medium

refugees, economic migrants)	Migrants may experience difficulties adjusting to a new cultural environment, which can affect their comfort and effectiveness on the scheme. Migrants may face legal and administrative hurdles, such as visa restrictions or difficulties in obtaining work permits, which can hinder their ability to participate on the scheme. Migrants may have limited access to essential resources such as housing, transportation, and financial support, which can affect their ability to participate effectively. Migrants may face discrimination or bias based on their migrant status, affecting their treatment and opportunities during the scheme.	
Homeless People	Participants who are homeless may lack stable housing, which can affect their ability to commit to the scheme, maintain a regular schedule, and complete their work effectively. Homeless individuals may have difficulty accessing necessities such as food, clothing, and transportation, which could impact their ability to participate in the scheme. Homeless individuals may face health challenges, including mental health issues, affecting their participation and performance. Individuals who are homeless may have limited access to necessary technology, such as computers or internet services, affecting their ability to perform research tasks. Homeless individuals may face stigma or discrimination based on their housing status, affecting their experience and treatment during the scheme.	Low

Stage 4: Action Plan

Note: Actions should include SMART actions highlighting reasonable adjustments you will take within the scope of your research, study, review or proposal. Based on indications of negative impact identified in Section 2, examples may include a) What you might do to mitigate the risk of people from ethnic minority communities, people with disabilities or people of religion being unable to participate in your research study; b) Extending the research study scope to better understand the experiences of people from one or more of the Protected Characteristic groups; c) Consulting with people from a particular Protected Characteristic group in more detail; d) Putting monitoring procedures in place focusing on one group in particular.

Protected characteristics	Mitigating action	Justification	Person responsible	Target date
Age	Provide mentorship to participants during the application stage and throughout the scheme. Promote and encourage diversity and inclusion training for all involved in the recruitment process to foster a culture of respect and inclusivity. Ensure a range of ages of people involved in the recruitment process		BRC Capacity Building Team, Project Supervisors and participants	Sept '24
Carers	Schedule training events during regular working hours and offer virtual participation options to make them more accessible. Cover additional caring costs incurred for applicants and placement awardees. Signpost to parent, carer and guardian support groups available for carers where necessary. Promote a supportive and inclusive workplace culture.		BRC Capacity Building Team, Project Supervisors and participants	Sept '24
Care-Experienced	Provide access to resources such as laptops and assistance with professional attire to ensure all participants have the tools they need. Offer access to counselling services, mentorship programmes, and a supportive environment that acknowledges and addresses these challenges. Facilitate networking events, provide access to professional development workshops, and offer mentorship programs to support career growth.		BRC Capacity Building Team, Project Supervisors and participants	Sept '24
Disability	Conduct accessibility audits and make necessary modifications to facilities where possible.		BRC Capacity Building Team, Project	Sept '24

	Aim to ensure technological tools and software are compatible with assistive technologies, providing alternative formats and accessibility features where possible. Encourage diversity and inclusion training, focusing on disability awareness and sensitivity. Use inclusive communication methods, such as providing captioning and ensuring written communication is clear and accessible. Signpost to mental health resources as required and create a supportive environment that acknowledges and addresses disability challenges.		Supervisors and participants	
Gender Reassignment	Ask applicants to state their pronouns and how they would like to be addressed. Ensure staff complete mandatory diversity and inclusion training to promote a respectful and inclusive environment. Signpost training sessions focused on gender identity, gender reassignment, and the importance of using correct pronouns and respectful language. Ensure the availability of gender-neutral facilities and communicate their presence. Provide flexibility in work schedules to accommodate medical appointments and ensure access to healthcare support. Signpost to mental health resources as required. Protect the privacy and confidentiality, ensuring personal information is handled with care and sensitivity.		BRC Capacity Building Team, Project Supervisors and participants	Sept ‘24
Marriage & civil partnership	Support flexible working hours and remote work options to accommodate personal commitments.		BRC Capacity Building Team, Project Supervisors and participants	Sept ‘24
Pregnancy & Maternity	Support the completion of risk assessments and support the identification of alternative tasks or roles that ensure a safe working environment for pregnant participants. Support accommodations such as additional breaks, flexible hours, or remote work options. Support provisions for extending the scheme durations and reintegration post-leave. Support flexible scheduling to accommodate medical appointments.		BRC Capacity Building Team, Project Supervisors and participants	Sept ‘24

	Follow relevant Trust/HEI policies and procedures.			
Religion	Support flexible scheduling options, allow for religious leave, and accommodate requests for time off for religious observances. Ensure that dietary requirements are respected by providing appropriate food options during events and in shared spaces. Develop and enforce inclusive dress code policies that allow for religious attire and ensure that all staff and participants are aware of these policies. Provide designated prayer rooms or quiet spaces and allow flexibility in break times to accommodate religious practices. Follow relevant Trust/HEI policies and ensure staff complete their mandatory EDI training.		BRC Capacity Building Team, Project Supervisors and participants	Sept '24
Race	Actively recruit and support a diverse cohort of participants to create an inclusive environment. Ensure equal access to all resources and opportunities, and actively support participants from underrepresented racial groups. Promote individual recognition and avoid placing undue expectations on participants based on their race.		BRC Capacity Building Team, Project Supervisors and participants	Sept '24
Sex	Signpost to training on gender equality and inclusion. Promote an inclusive culture that challenges stereotypes and biases through training and awareness programmes. Offer participants the option to be supervised by someone with their lived experience e.g. someone who is a woman.		BRC Capacity Building Team, Project Supervisors and participants	Sept '24
Sexual Orientation	Ensure anti-discrimination policies are followed and provide mandatory training on LGBTQ+ inclusion and diversity for all staff and participants. Foster an inclusive and supportive environment where participants feel safe and comfortable being open about their sexual orientation.		BRC Capacity Building Team, Project Supervisors and participants	Sept '24
Socio-Economic	Provide access to resources such as laptops to ensure all participants have the tools they need. Offer flexible working hours and remote work options to accommodate participants' schedules and financial needs.		BRC Capacity Building Team, Project Supervisors and participants	Sept '24

Armed Forces	Signpost to transition support, including orientation programs, mentorship, and career counselling tailored to the needs of those from the armed forces. Offer access to mental health support services, including counselling and peer support networks where required.		BRC Capacity Building Team, Project Supervisors and participants	Sept '24
Migrant Status (eg: asylum seekers, refugees, economic migrants)	Signpost to language support services, such as language courses and translation services, to help improve language proficiency and communication skills. Create an inclusive environment that respects and values diverse cultural backgrounds. Aid with navigating legal and administrative processes, including support for visa applications and work permits. Ensure anti-discrimination policies are followed, provide diversity and inclusion training, and create a supportive reporting mechanism for incidents of discrimination.		BRC Capacity Building Team, Project Supervisors and participants	Sept '24
Homeless People	Offer flexible placement schedules to accommodate varying housing situations. Signpost to health and mental health services where required. Provide access to technology and internet services. Foster a supportive and understanding environment.		BRC Capacity Building Team, Project Supervisors and participants	Sept '24

Stage 5: Monitoring

How will you monitor and evaluate the equality impact of your study?	This EIA will be a live document and EDI quantitative and qualitative data will be reviewed by the recruiting team

Stage 6: Signatures

Authors Signature	L. Murray	**Date**	12/08/24
Senior Signature	G.Moulton		
Date for Review	August 2025		