

# Equality Outcomes 2017-2021

These are the equality outcomes  
and mainstreaming priorities  
we will work to deliver in 2017-2021.

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## About NHS Education for Scotland (NES)

We are a national special health board responsible for education, training and workforce development for those who work in and with NHSScotland.

We have a Scotland-wide role in undergraduate, postgraduate and continuing professional development and our mission is to provide education that enables excellence in health and care for the people of Scotland.



At NES, we believe that education is a force for positive change, supporting health and care services through a well-developed workforce, with the right skills and behaviours to provide new models of care which cross traditional public service boundaries.

As the national training and education body for NHSScotland we have a key remit in supporting the whole service, in addition to our own workforce, to deliver the Scottish Government's *Everyone Matters: 2020 Workforce Vision*.

## Equality Outcomes

Equality outcomes are specific priority areas of work where we aim to deliver targeted improvements for specific populations. Equality outcomes are only one, specific part of the equality work we do. Through our processes for mainstreaming equality, such as equality impact assessment, and our policies and working practices, we strive to make our work accessible and inclusive. In this cycle of reporting, we have also identified support for disabled learners in NHSScotland as a focus for mainstreaming activity.

<sup>1</sup>These are statutory requirements for listed Scottish public authorities set by amendments to the Equality Act 2010. Further information is available on the website of the Equality and Human Rights Commission, [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

## Outcome area: **Reducing health inequalities**

Equality Outcome: **Health inequalities are mitigated and where possible reduced or prevented through the provision of opportunities for healthcare staff to enhance relevant skills and knowledge.**

### *What is the issue?*

Research on health inequalities highlights the important role that health and social services staff can play in supporting and enhancing development of health literacy among service users as a key contribution that the health service can make to reducing health inequalities. Limited health literacy has been identified as a significant issue for a number of groups in the population, including some minority ethnic groups, Gypsy/Travellers, and other populations associated with educational and socio-economic background. This has been cited as a contributing factor to health inequalities and as a barrier to person-centred care.

Research on the sustainability of primary care services in areas of deprivation identified the contribution of widening access to the medical profession to service sustainability.

People with learning disabilities experience particularly significant gaps in health outcomes relative to the general population.

### Relevant characteristics:



### *We will do this by:*

- Raising awareness and capabilities of professionals to address health literacy, and improve access to tools, innovations and technologies through The Health Literacy Place website.
- Continued development of the cross-sector reach of dementia and learning disability education to improve quality of care and quality of life outcomes for people with dementia or learning disabilities, and families and carers
- Reduced health inequalities for vulnerable children and families through education and role development to enhance understanding of the Children and Young People's (Scotland) Act (2014) and improved capacity, capability and access to learning resources for children, young people and families. Raise awareness in relation to the health needs and vulnerability of looked after children and young people, as part of our Corporate Parenting responsibilities.
- Education and skills development which supports improved oral health for older people, children and homeless people, improved access to services and better awareness of child protection and safeguarding.
- Ensuring issues relating to health inequalities are considered as part of all relevant training programmes and advocating for inclusion of health inequalities in health care curricula.
- Supporting improvements in sustainability of services in areas of deprivation through supporting and advocating for widening access to medical and professional education to increase participation from people from lower socio-economic backgrounds. Outcome area: Enhancing access to employment and career development.

## Outcome area: **Enhancing access to employment and career development**

Equality Outcome: **Boards will have improved awareness of the importance of youth engagement and employment, particularly with regard to young people experiencing disadvantage on the labour market, and will increase youth employment and build the workforce of the future by supporting boards to actively build strong partnerships with key stakeholders, including young people.**

### *What is the issue?*

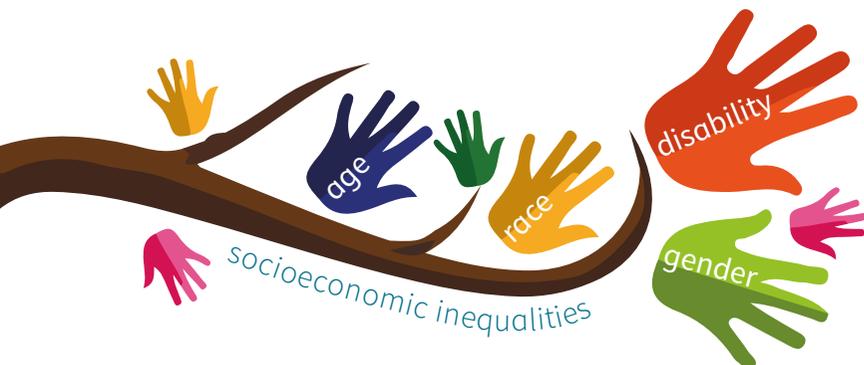
Youth unemployment in Scotland is high, while NHSScotland has, in many areas of the service, an ageing workforce. Scottish Government's Youth Employment Strategy sets out a target of reducing youth unemployment by 40% by 2021. Increasing opportunities for youth employment via apprenticeship schemes offers an opportunity to support effective succession planning and to increase employment options for young people. However, the labour market, and many employment programmes, have a history of occupational segregation by gender and under-representation of disabled people and under-employment of

people from black and minority ethnic backgrounds. Looked-after children and care experienced young people face barriers to accessing education and work.

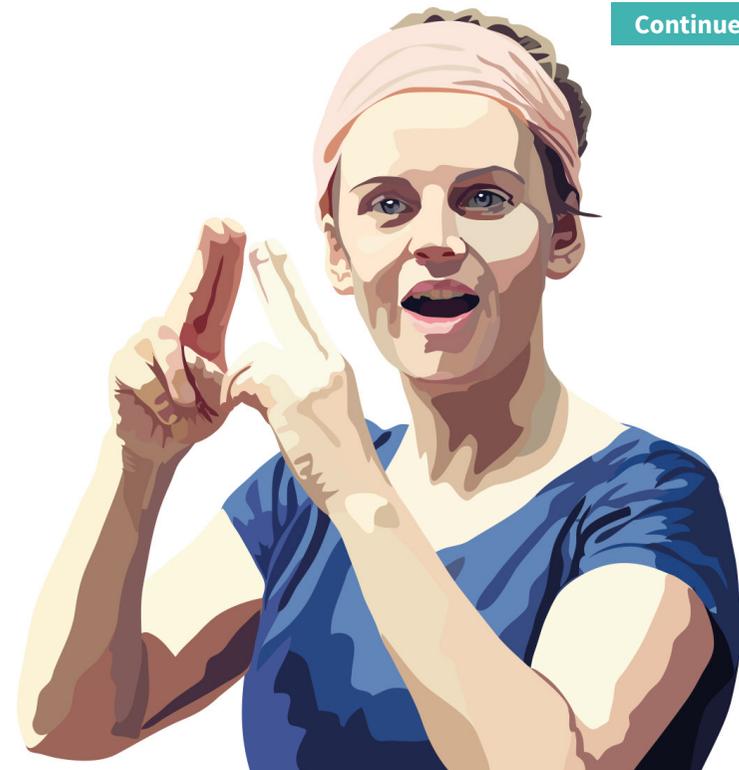
### *We will do this by:*

- Supporting engagement between the NHSS Modern Apprenticeship/Youth Employment Network and equality stakeholders.
- Raising awareness of equality and diversity good practice in youth employment and facilitating knowledge exchange among boards.
- Ensuring that our evidence based guidance and other resources support good practice in responding to the issues highlighted.

### Relevant characteristics:



[Continued >](#)



## Outcome area: **Enhancing access to employment and career development** (Continued)

Equality Outcome: **The number of refugee health professionals re-entering their profession is increased through better access to training, language support, professional mentoring and work experience.**

*We will do this by*

Working with partners to guide and assist refugee and asylum seeking doctors to access training and language support, eg. The Bridges Programme.

[Continued >](#)

### *What is the issue?*

Refugee and asylum seeking health professionals may face a number of barriers when seeking work in the UK, including language barriers, recognition or transfer of qualifications, or the need for additional educational support to adjust to working in a new cultural environment and new healthcare system. Access to education and employment is crucial to integration, to building self-esteem and to securing a life free from poverty.

Relevant characteristics:



## Outcome area: **Enhancing access to employment and career development** (Continued)

Equality Outcome: **Retention and career development are improved for people who take breaks from training or career progression through career advice, induction and returner programmes, flexible training, retainer schemes and support for performance.**

### *What is the issue?*

Professionals take career breaks for a variety of reasons, but childbearing, caring responsibilities, illness or disability are common reasons for taking time out from training or a career. Career breaks at any stage can impact on retention, progression and pay equity. Actions outlined in this section aim to contribute to supporting progression for people who have taken career breaks, reducing the potential for negative impact of these breaks.

Data from medical and dental training underscores the importance of effective support mechanisms at the earliest possible stage for professionals experiencing difficulty in their training.

### *We will do this by:*

- A Return to Work programme in Dental training;
- a medical careers advisory service, support programmes to retain doctors in the profession when they have caring or similar commitments (such as the GP Retainer Scheme), and support for doctors to return to a medical career following career breaks (e.g. the GP Returners Scheme);
- a national Performance Support Unit in medical training to ensure a consistent and equitable standard of support for medical trainees;
- supporting options for less-than-full-time training.

### Relevant characteristics:



## Outcome Area: **Reducing Differential Attainment in Education**

Equality Outcome: **Attainment gaps for medical trainees from Black and Minority Ethnic backgrounds and International Medical Graduates are reduced through a range of measures (see below)**

### *What is the issue?*

Both UK Black and Minority Ethnic (BME) graduates and International Medical Graduates (IMGs) experience differential outcomes on the Clinical Skills Assessment, which is one part of the first round of the Royal College of GPs final qualifying examination. Research indicates that differential attainment by nationality and ethnicity can be found in other medical specialties as well, and the General Medical Council advised that medical Deaneries must consider how they can better support BME and IMG trainees to prepare for assessments and to meet the specific learning needs of IMGs in particular.

### *We will do this by:*

- Delivering targeted educational support via the STEP programme to International Medical Graduates and their Educational Supervisors which addresses their specific educational needs and supports preparation for the Clinical Skills Assessment.
- Extending relevant educational support via the STEP programme to Black and Minority Ethnic trainees and their Educational Supervisors.
- Improving the collection and analysis of data with the aim of monitoring progression and attainment by ethnicity and nationality at all stages of the training journey, from recruitment, through progression to outcomes, to inform continuous improvement.
- Supporting faculty development for trainers in line with recommended good practice in inclusive learning environments for medical education, including development in cultural competence and unconscious bias.

Relevant characteristics:



## Outcome Area: **Making learning and development more inclusive**

Equality Outcome: **Leadership cohorts are more reflective of the Scottish population through the provision of leadership and management development programmes that are inclusive.**

**Our leadership and management development supports leaders at all levels to develop the skills and knowledge they need to plan, manage and deliver equitable, person-centred services to the people of Scotland, and to manage staff fairly and effectively.**

### *What is the issue?*

Research from NHS England found significant vertical segregation by race and gender. Comparable data on ethnicity is not currently available for Scotland but research in the public sector suggests a similar pattern is likely.

NHSS has significant patterns of gender occupational segregation with women generally under-represented in senior management of most boards (NES is an anomaly) and considerable gender segregation by profession.

Research on diversity & staff engagement found that unconscious bias has been found to be concentrated primarily around work allocation, feedback, informal mentoring & sponsorship. This is relevant to staff management & development, but will also have relevance to educational work and supervision and to reducing occupational segregation as it may impact on progression.

The Equality and Human Rights Commission identified equality, diversity and human rights as learning needs for strategic leaders

of Integrated Joint Boards following their assessment of the IJBs' inaugural statutory equality outcomes and mainstreaming report publications in April 2016.

### *We will do this by:*

- Improving the collection and analysis of participant data with the aim of monitoring access to leadership development by protected characteristic, from recruitment, through progression to outcomes, to inform continuous improvement.
- Requiring that leadership development programme commissioning and design reflects the need for leaders to ensure their services and people management activities are person centred, and raise awareness of the value of equality, diversity and human rights and the risks of unconscious bias.
- Ensuring that work on national talent management arrangements being undertaken with Scottish Government is subject to equality impact assessment, and both recognises and seeks to help address the barriers to progression of women in to senior management roles.

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### Relevant characteristics:



## Outcome Area: **Making learning and development more inclusive** (Continued)

Equality Outcome: **Access to learning is improved through enabling flexible learner access on any device; delivering resources built to best practice accessibility standards; and providing appropriate and relevant digital literacies development for learners.**

### *What is the issue?*

Digital exclusion is strongly linked to other deprivations. In terms of demographics; older people, disabled people, people with low incomes and low levels of education or long-term unemployed are most likely to be digitally excluded. Remote and rural populations may experience issues with connectivity. Within the health service, some staff groups (eg, nurses and support workers) are more likely to identify barriers to accessing computers in work, particularly for learning. Staff working in social care settings identify barriers to accessing computers in work for learning.

Digital literacy is a complex concept which impacts on the accessibility and effectiveness of digital learning. A range of factors can affect digital literacy, including disability, age and educational background. Some disabled people are agile adopters of digital resources. Younger learners may have different learning and support needs in relation to digital literacy than older learners.

### *We will do this by:*

- Improving access to e-learning resources and supporting digital literacies for healthcare support workers.
- Implementing robust digital development standards across all new NES digital learning resources and platforms.
- Increasing our analytic capacity to gather equalities data on the use of digital learning in continuing professional education through our Turas Learn platform.



## Outcome Area: **Improving staff experience and engagement for all**

**Equality Outcome: The employment rate of young and disabled people in NES is increased and access to learning, education and progression opportunities for younger, older and disabled workers is improved; staff with caring responsibilities have the flexibility they require to sustain employment and career progression; the elements of staff experience most relevant to equality and diversity outcomes are maintained and improved.**

### *What is the issue?*

In NES staff, there is under-representation of people from black and minority ethnic communities at senior level and under-representation of disabled people overall.

National research on diversity and staff engagement found that unconscious bias has been found to be concentrated primarily around work allocation, feedback, informal mentoring & sponsorship. This is relevant to staff management and development, but will also have relevance to educational work and supervision and to reducing occupational segregation as it may impact on progression.

In its review of occupational segregation, NES considered the impact of pregnancy and maternity, including flexible working, on career development. This has also been reviewed as part of our Carer Positive workstream. The result has been some practical suggestions for supporting reintegration into work and considering options for peer support arrangements. Research highlights caring responsibilities as factors potentially impacting career progression, particularly where work is not truly flexible.

NES considered equality and diversity in its recent review of the implementation of agile working. Agile working was cited as a positive feature by carers and disabled staff in particular. Some staff noted barriers to accessing truly agile working arrangements.

### *We will do this by:*

- Improving the consistency of our approach to agile working, to enhance flexible working options and support work/life balance.
- Continuing to progress through the Carer Positive framework.
- Using management and recruitment training to identify and remove unconscious bias.
- Ensuring that our approach to succession planning and staff development offers equality of opportunity for all staff.

### Relevant characteristics:



## Priority Area: **Inclusion for disabled learners**

Mainstreaming Priority: **We will continue to enhance the inclusivity of education and training programmes for disabled learners in NHS Scotland. Our Inclusive Education and Learning Policy, Guidance: Disability Inclusion sets out the specific steps we will take.**

### *What is the issue?*

In 2015, 10.9% of first-degree students in health care subjects in higher education and 13.8% of full time first degree student in health care related subjects in further education in Scotland declared a disability.

Yet few trainees in postgraduate training declare a disability. Research on barriers for disabled people in postgraduate training in health care professions internationally identifies a number of barriers and areas where support could be improved.

### *We will do this by:*

NES has an Inclusive Education and Learning Policy which sets out our commitments to taking an anticipatory approach to educational inclusion, and to advocating for and supporting reasonable adjustments in learning. Our associated guidance on disability inclusion highlights a range of specific actions which relate to NES's role, including:

- Raising awareness of inclusive educational approaches and signposting to good practice;
- Addressing barriers to disclosure;
- Ensuring effective delivery of reasonable adjustments for learners who are NES employees;
- Using data for monitoring, improvement and quality management.



You can read more about our work on equality on our website at:  
**[www.nes.scot.nhs.uk/about-us/equality-and-diversity](http://www.nes.scot.nhs.uk/about-us/equality-and-diversity)**



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