# The NHS Education for Scotland  blue and white logo  Consultation report on proposed equality outcomes 2025-2029

**We asked**

We consulted on our proposed equality outcomes for 2025-2029 between 29th November and 22nd December 2024. An organisation’s equality outcomes can potentially be the most impactful way that it can progress equality, tackle discrimination and harassment and promote good relations between different groups. It will help us meet the Public Sector Equality Duty.

The outcomes we consulted on were informed by evidence of inequality, the NES strategy, progress with our current set of equality outcomes and engagement with our staff. The Equality and Human Rights Commission[[1]](#footnote-2) set out that an equality outcome is a result which you aim to achieve to meet one of the ‘needs’ of the Public Sector Equality Duty. These are:

* Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
* Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
* Foster good relations between people who share a protected characteristic and those who do not.

The public sector equality duty covers the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We are required to take reasonable steps to involve people with protected characteristics in setting outcomes. The set of outcomes must cover every protected characteristic and if not, it should set out the reasons why. They are set for a four-year period.

We used existing evidence, such as the Equality and Human Rights Commission’s 2023 Is Scotland Fairer[[2]](#footnote-3) report, progress with previous equality outcomes, NES’s strategic objectives and engagement with our staff to inform the proposed outcomes.

The equality outcomes are part of NES’s overall Equality, Diversity and Inclusion Strategy and therefore do not reflect the full range of work that we do. We wanted our equality outcomes to reflect the areas where there is evidence of inequality, and which is within NES’s role to make a difference. Some outcomes cover all protected characteristics whereas others are in relation to a specific characteristic.

We recognise that we did not provide sufficient context to why we had proposed these equality outcomes, including the evidence base that we used. This is useful learning for the future.

**What we asked**

For each equality outcome, we asked the following:

Question 1: Do you agree that the equality outcome is clear in its meaning and purpose?

Question 2: Do you agree that the ‘we will’ statements for the equality outcome are achievable?

Question 3: Please tell us more if you said ‘No’ or ‘Maybe’ to the above

Question 4: Do you have any other comments in relation to the equality outcome?

The survey was anonymous and was sent by email to all NES staff and was promoted on our website and via our social media channels.

**What you said**

We received 167 responses to the consultation. This included NES Staff, NES employed doctors and dentists in training and social care. We have combined responses from members of the public and other sectors including local authority and higher/further education.

**Figure 1: % Responses to Q1 for each equality outcome**

There was a high % of respondents who agree that the equality outcomes are clear in meaning and purpose.

**Figure 2: % responses to Q2 for each equality outcome**

There was a lower level of agreement that the actions to achieve each equality outcome are achievable. This was explored by looking at the responses to the free text responses from question 3 and 4.

**What we did**

The proposed equality outcomes are part of NES’s overall strategy on equality, diversity and inclusion. This includes how we will meet our legislative requirements under the Public Sector Equality Duty. We wanted to find out if the proposed outcomes were clear and that the actions identified to deliver the outcome were achievable.

We have considered the responses to the consultation and have made amendments based on this feedback. In general, we have not changed the equality outcomes as there was high agreement that they were clear in their meaning and purpose. There was a lower percentage to ‘yes’ in response to whether the actions proposed to meet the equality outcome are achievable although ‘no’ responses remained low. We set out below the changes that have been made based on the consultation.

**Equality Outcome 1**

By March 2029, the NES workforce will be more representative of people from a minority ethnic background, disabled people and younger people to reflect the diversity of the health and social care workforce and the Scottish population.

We will do this by:

* Ensuring all staff involved in recruitment are trained on inclusive recruitment practices and are aware of bias and how to mitigate it.
* Reviewing our talent pipeline to make recommendations for improved recruitment and retention of ethnic minority staff and applicants.
* Working towards ‘Positive about Disability’ Leader Status and applying in 2026.

Consultation responses reflected that the language should be clearer e.g. talent pipeline being jargon, that a more specific target should be set and more specific actions should be undertaken. There were comments about other groups such as older workers and that training alone will not deliver this outcome. There were comments about a lack of understanding about ‘Positive about Disability’ and the involvement of people from the groups identified in the outcome being involved in the recruitment process. There were some views expressed that there should not be ‘quotas’ and that recruitment should be based on merit and not diversity.

We have amended the equality outcome to remove ‘more representative’ and ‘the Scottish population’. We have used alternative language to ‘talent pipeline’. We recognise the need to do more to promote what the ‘positive about disability’ accreditation scheme is.

**Equality Outcome 2**

By March 2029, NES will have contributed towards reducing the UK-wide attainment gap for medical and pharmacy trainees from Black and Minority Ethnic backgrounds and International Medical Graduates.

We will do this by:

* Continuing to identify, deliver and report on evidence-informed actions to reduce the attainment gap in medicine overseen by the Advancing Equity in Medical Education Steering Group
* Sharing learning from work done in medicine with colleagues in pharmacy to inform activities and measures to contribute to reducing the attainment gap in pharmacy.

The responses acknowledged a lack of understanding about the attainment gap in medicine and pharmacy to comment more. There were also reflections on the generality of the statements such as ‘contributing towards’ and ‘continuing to identify’. There were comments that the actions are too vague, and the overall goal is not within the control of NES.

We recognise that there was not sufficient context provided to this outcome. For example, it is an area that the General Medical Council is focused on at a UK level. [GMC data](https://www.gmc-uk.org/-/media/documents/96887270_tackling-disadvantage-in-medical-education-020323.pdf) shows the extent of inequalities in medical education. Work has been underway in NES through the advancing equity in medical education group to identify ways that we can contribute to reducing the attainment gap. An action plan for this work supports this equality outcome but we did not share this information as part of the consultation. We recognise that we need to clarify how we will measure the impact of the interventions.

The actions towards this outcome have been amended to:

* Identifying, delivering and reporting on the impact of actions to reduce the attainment gap in medicine
* Identifying activities and measures that will contribute to reducing the UK attainment gap in pharmacy.

**Equality Outcome 3:**

By March 2029, the voice and experience of people who have used or are using health and social care services will have increasingly informed NES’s educational resources to contribute to NES's role in addressing health inequalities.

We will do this by

* Developing, launching and embedding our 'Involving People and Communities Framework'
* Developing policy and practice that will facilitate, support and remunerate people with lived experience who inform our work.
* Upskilling our staff so they engage more effectively and routinely with people with lived experience in the development, design and delivery of our educational resources.
* Reporting to our Board on a key performance indicator that reflects increased activity in this regard.
* Seeking feedback from our learners on the value of those educational resources that have been informed by people with lived experience.

The comments reflect that this is a developing area of NES’s work and that it will require support, including funding, to achieve it. There was feedback about a lack of clarity about the term ‘lived experience’ and the need to make the wording clearer. We recognise that we did not give context as to why this outcome has been proposed and how it relates to NES’s contribution to addressing health inequalities. For example, the role of education and training in reducing inequalities by equipping the workforce to meet the needs of a diverse population and understand the experiences of different population groups.

The term ‘lived experience’ is not new as it is about understanding people’s experiences of services from their viewpoint. This can bring a different perspective to the design and development of services. In relation to NES’s role, this experience can inform the education and training provided to the workforce and contribute to providing better care and outcomes for people. People’s experience and opportunity for health and care can differ based on factors such as gender, ethnicity, age, socio-economic factors. This can lead to inequalities.

We have amended the outcome to remove ‘increasingly’ from the outcome:

* By March 2029, the voice and experience of people who have used or are using health and social care services will inform NES’s educational resources to contribute to NES's role in addressing health inequalities.

We have removed the activity about reporting to the Board on a key performance indicator. As this area of work is in NES’s strategy, reporting to the Board on this work will take place but we do not feel it needs to be reflected in the actions for the outcome. The remaining activities reflect the actions that will help us achieve the outcome, covering supporting people with lived experience, upskilling our staff and seeking feedback from out learners. We have simplified the wording in the actions.

We will do this by

* Launching our 'Involving People and Communities Framework' across the organisation.
* Facilitating, supporting and remunerating people with lived experience who inform our work.
* Upskilling our staff so they engage more effectively and routinely with people with lived experience in the development, design and delivery of our educational resources.
* Seeking feedback from our learners on the value of those educational resources that have been informed by people with lived experience.

**Equality Outcome 4:**

By March 2029, NES will have increased its knowledge about the diversity of learners accessing NES’s education and training products to improve equity in education and training for health and social care staff.

We will do this by

* Implementing an agreed set of equality, diversity and inclusion monitoring questions to improve our knowledge about learners.
* Analysing and using equality, diversity and inclusion data to make our education products more inclusive.

Responses reflected that this outcome is about gathering data and that more should be said about improving equity in education and training for the workforce. Reporting to the Board was not considered an activity that would deliver meaningful change. It was recognised that people can be reluctant to share information in relation to a disability and that there should be messages about access to support being a right rather than as a ‘favour’ to staff. There was recognition in the responses that NES works with a range of partners and employers and that most learners in health and social care are not employed by NES.

As with other equality outcomes, there was no context provided as to why NES identified this as a potential equality outcome. NES is a national education and training provider and recognises the barriers that some population groups can experience in accessing education and training. NES aims to contribute to equity in education and training for the workforce, recognising that this does not sit within our complete control. Understanding the demographics of learners who access our products will help us understand if there are groups who are not accessing our learning. This will contribute to our Public Sector Equality Duty, specifically to advancing equality of opportunity. We have removed the action about reporting to the Board as this is an action that we will do as part of our governance arrangements around the Learning and Education Strategy.

**Equality Outcome 5:**

By March 2029, NES will have contributed to improving the knowledge and skills of the health and social care workforce on anti-racism, equality, diversity and inclusion by developing learning resources.

We will do this by:

* Collaborating with the health and social care sector to identify learning needs and deliver education and training resources to meet these learning needs.
* Working with our partners in health and social care to promote and support the delivery of anti-racism training resources to support NHS Boards anti-racism action plans.
* Develop resources to support implementation of the Knowledge and Skills Framework on Transgender Care
* Working across NES to identify opportunities to strengthen education and training resources to reflect current and emerging issues, for example, sexual harassment, anti-racism, transgender care.

Comments in relation to this outcome were varied, reflecting the broad range of issues that are covered in this outcome. There were comments about why some groups were not specifically mentioned, such as disability, women, faith groups. There were also questions around how effective training is and how those who required to undertake training are not always those who take it up. There were also comments about how this outcome will be measured. There was some misunderstanding about ‘transgender care’. There were comments that transgender rights should not be at the expense of women’s rights.

NES’s vision is to “support better rights-based quality care and outcomes for every person in Scotland, through a skilled, capable and resilient health and social care workforce”. We have a role in improving the health of the population and reducing health inequalities in communities. Educating and training the workforce on issues of inequality, discrimination and harassment is an important way that we can contribute to this goal. Inclusive workplace cultures are recognised as important for the wellbeing of staff and for attracting and retaining people into careers in health and social care. We therefore consider it important that we contribute to improving the knowledge and skills of the workforce as a national education and training body. The NES Equality, diversity and human rights team works with partners across health and social care. This helps the team to identify learning needs and develop resources that will support the health and social care system in its training and education on equality, diversity and inclusion. This aims to avoid duplication across the system by sharing resources, promoting good practice and contributing to a ‘once for Scotland’ approach.

We have amended the outcome and wording based on feedback to:

* By March 2029, NES will meet the learning needs of the health and social care workforce on anti-racism, equality, diversity and inclusion.

We will do this by:

* Collaborating with the health and social care sector to identify learning needs and deliver and evaluate education and training resources to meet these learning needs.
* Working across NES to strengthen education and training resources to reflect current issues, for example, sexual harassment and misogyny, anti-racism, transgender care, disability and neurodiversity, religion and belief.

The other activities will remain as they were proposed.

**Thank you and next steps**

Thank you to everyone who took the time to respond to the consultation. Our Equality, Diversity and Inclusion Strategy which will include our final equality outcomes will be published on our website in April 2025.

**March 2025**

1. [guidance-equality-outcomes-public-sector-equality-duty-scotland.pdf](https://www.equalityhumanrights.com/sites/default/files/2022/guidance-equality-outcomes-public-sector-equality-duty-scotland.pdf) [↑](#footnote-ref-2)
2. [Equality and Human Rights Monitor 2023: Is Scotland Fairer? | EHRC](https://www.equalityhumanrights.com/our-work/equality-and-human-rights-monitor/equality-and-human-rights-monitor-2023-scotland-fairer) [↑](#footnote-ref-3)