



Equality Impact Assessment Template

Before carrying out EqIA, you should familiarise yourself with the University's EqIA Policy Statement and Guidance and Checklist Notes, and undertake our online training on Equality and Diversity and EqIA. These, along with further information and resources, are available at www.ed.ac.uk/schools-departments/equality-diversity/impact-assessment

EqIA covers policies, provisions, criteria, functions, practices and activities, including decisions and the delivery of services, but will be referred to as 'policy/practice' hereinafter.

A. Policy/Practice (name or brief description):

New programme of study: HCP-MBChB

The MBChB for Healthcare Practitioners offers a shortened route to medicine for existing healthcare practitioners who hold a BSc or higher degree, and who are employed in a healthcare profession in Scotland. It shares content and learning outcomes with the current MBChB, of which it is effectively a 'sub-programme' covering years 1,2 and 4 of the 6-year MBChB. It has two other unique features, in being part-time for the first 3 years, and mostly remote, with students remaining in part-time employment locally, and having an attachment to a local GP.

Entrants will therefore be older, with traits common to other graduate students, including having family as well as professional responsibilities, financial challenges, and concerns about ability to return to intensive and high-level academic study. However their professional experience is likely to give them some advantages versus school-leavers.

B. Reason for Equality Impact Assessment (Mark **yes against the applicable reason):**

- Proposed new policy/practice **YES**
- Proposed change to an existing policy/practice
- Undertaking a review of an existing policy/practice
- Other (please state):

C. Person responsible for the policy area or practice:

Name: **Neil Turner**

Job title: **Programme Director, Dean for Undergraduate Learning and Teaching,**

School/service/unit: **Edinburgh Medical School, CMVM**

D. An Impact Assessment should be carried out if any of the following apply to the policy/practice, if it:

- affects primary or high level functions of the University
- is relevant to the promotion of equality (in terms of the Public Sector Equality Duty 'needs' as set out in the Policy and Guidance)?
- It is one which interested parties could reasonably expect the University to have carried out an EqIA?

E. Equality Groups

To which equality groups is the policy/practice relevant and why? (add notes against the following applicable equality group/s)

It is relevant to all groups, but notably the first (age) is more likely to be an issue for this programme than for the parent MBChB programme.

- **Age** – Age may be indirectly impacted by a requirement that students should have evidence of recent academic study.
- **Disability** – Students awarded an MBChB must be able to practise Medicine. This imposes some limits on the reasonable adjustments that can be made for studying Medicine.
- race (including ethnicity and nationality)
- religion or belief
- sex
- sexual orientation
- gender reassignment
- pregnancy and maternity
- marriage or civil partnership¹

Add notes against the following applicable statements:

- **On any available information about the needs of relevant equality groups:**

There is extensive published evidence about the profiles of applicants to medical schools and their subsequent performance in medical studies. In very concise summary:

- Competition for entry is very high. Overall drop-out rates are exceptionally low.
- Most entrants are school-leavers.
- Women make up 60% or higher. This gender imbalance has been present in the UK for over 20 years, and has recently been relatively stable at its current level.
- Socially and educationally advantaged groups are strongly over-represented.
- Some ethnic minorities tend to be over-represented while others (notably Afro-Caribbean black) are markedly under-represented. However in general, imbalances in those entering medical schools reflect imbalances in applicants.
- Disabled students form a significant minority of entrants. A few disabilities are not compatible with medical practice.
- Female students tend to perform slightly better on average than male.
- Ethnic minority students tend to under-perform slightly, even when of UK origin.
- On average, students declaring a disability perform slightly less well.
- All these observations on differential attainment also hold in postgraduate practice.
- There is no good published evidence on the impact of sexual orientation, gender reassignment, or marriage or civil partnership, or pregnancy.
- Analyses undertaken on performance of Edinburgh medical students have, when groups are large enough to reach conclusions, reflected published national/international observations and have not revealed new anomalies.
- Edinburgh students and others have recently raised questions around gender stereotyping by clinicians, and occasionally by academics. By contrast, reports of inappropriate attitudes to race, religion, or sexual orientation are extremely rare.
- Staff in academic roles: In common with other medical schools, surveys have shown excellent representation of women in early career academic positions, but

¹ Note: only the duty to eliminate discrimination applies to marriage and civil partnership. There is no need to have regard to advancing equality or opportunity or fostering good relations in this respect.

this falls off progressively with seniority. Ethnic minorities tend to be under-represented at all levels.

- **Any gaps in evidence/insufficient information to properly assess the policy, and how this be will be addressed:**

As this is a new programme, we have no evidence yet on the profile of applicants, or how they perform. We propose to collect this evidence prospectively, paying attention to protected characteristics and also to social and educational advantage. Such monitoring is already undertaken for the broader MBChB group.

- If application of this policy/practice leads to discrimination (direct or indirect), harassment, victimisation, less favourable treatment for particular equality groups:

The existing MBChB programme has policies in place to avoid discrimination in selection for entry, in experience on the programme, and in dignity and respect in behaviour. Mechanisms for drawing attention to poor behaviour or practice are widely publicised. In the light of reports of gender stereotyping (e.g. by suggesting some career paths inappropriate for women) an initiative is under way to increase awareness and respectful behaviour by staff. Reported behaviour has almost always concerned NHS rather than University staff.

Appointment panels have clear guidance and training on panel composition, and on avoiding bias. The Medical School has ongoing monitoring and reporting processes, which continue to be kept under review, including as part of Athena Swan programmes.

- If the policy/practice contributes to advancing equality of opportunity²

This new programme should give opportunities to people who under-performed at school but who are intellectually capable of a medical degree, as demonstrated by their ability in the workplace. The profile of other healthcare professions is less biased in social/educational profiles, and we hope (and will monitor) that this may be reflected in entrants and in successful progression.

The details of selection procedures for entry are not yet finalised, but equality of opportunity will be considered at every stage in designing and evaluating this. For many selection methods there is an established literature on how different characteristics influence performance. We are discussing whether particular scholarship or sponsorship arrangements may be obtainable for this student group for whom loss of earnings may be a significant barrier.

- If there is an opportunity in applying this policy/practice to foster good relations:

Broadly yes; as an example that the University is serious about widening access, and around valuing the contribution and ability of other professions.

- If the policy/practice create any barriers for any other groups?

No it should not. The places on this programme are additional. All accommodations for special characteristics that are in place for the main MBChB programme will be available for this one.

- How the communication of the policy/practice is made accessible to all groups, if relevant?

² This question does not apply to the protected characteristic of marriage or civil partnership

Equality principles and policies are extensively referred to in information for applicants, and are prominently mentioned in existing MBChB policies which will apply to this programme.

- How equality groups or communities are involved in the development, review and/or monitoring of the policy or practice?

Prof Lorna Marson leads an MBChB group that consults and monitors and addresses issues of inequality, reporting to the MBChB Programme Committee and to internal and external (GMC) audits.

- Any potential or actual impact of applying the policy or practice, with regard to the need to eliminate discrimination, advance equality and promote good relations:

As above, we hope that the overall impact of this new component of the MBChB will be beneficial to equality in the MBChB programme, but we will monitor this as the programme develops.

F. Equality Impact Assessment Outcome

Select one of the four options below to indicate how the development/review of the policy/practice will be progressed and state the rationale for the decision

Option 1: No change required – the assessment is that the policy/practice is/will be robust. Apart from at selection procedures, this new route will closely follow existing MBChB procedures and monitoring, which are already the subject of close scrutiny. In one area of recognised weakness, widening participation, it may make a positive difference. We will undertake continuing monitoring to look at its effects, and alter policy accordingly.

Option 2: Adjust the policy or practice – this involves taking steps to remove any barriers, to better advance equality and/or to foster good relations.

Option 3: Continue the policy or practice despite the potential for adverse impact, and which can be mitigated/or justified

Option 4: Stop the policy or practice as there are adverse effects cannot be prevented/mitigated/or justified.

G. Action and Monitoring

1. Specify the actions required for implementing findings of this EqIA and how the policy or practice will be monitored in relation to its equality impact (or note where this is specified above).

Key requirements are for implementation of existing MBChB, Medical School and UoE procedures, and extension of monitoring of outcomes to include this new group, with explicit reporting of outcomes for them.

2. When will the policy/practice next be reviewed?

Issues around selection procedures will be reviewed in 6 months

H. Publication of EqIA

Can this EqIA be published in full, now? **Yes**

If No – please specify when it may be published or indicate restrictions that apply:

I. Sign-off

EqIA undertaken by (name(s) and job title(s)): **Prof Neil Turner 10 Jan 2019**

Accepted by (name): **PROFESSOR LORNA MARSON, DIRECTOR OF ADMISSIONS AND LEAD FOR EQUALITY AND DIVERSITY, EDINBURGH MEDICAL SCHOOL**

Lorna Marson

[This will normally be the person responsible for the policy/practice named above. If not, specify job-title/role.]

Date: 28/2/19

Retain a copy of this form for your own records and send a copy to equalitydiversity@ed.ac.uk