



Equality Impact Assessment Template

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

EqlA 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):

Making Available MSc Scholarships for Women in Surgery, particularly in Africa.

This EQIA outlines the support for 4 MSc Scholarships designed to train surgeons in Africa to be restricted to women-only applicants and to have a preference for applicants from Kenya. It evidences the need for more trained surgeons in sub-Saharan Africa and also an increasing need for there to be gender balance in the sector as the number of surgeons in the region grows.

This EQIA will enable the increase in the number of female surgeons on the ground and by doing so aim to increase their ability to address the current unmet need for effective surgical service in Africa and to improve outcomes for patients. Enabling the scholarship to be available only to women will also address clearly-evidenced inequality in the workforce.

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: Professor Stephen J Wigmore

Job title: Regius Professor of Clinical Surgery, Head of Department of Surgery

School/service/unit: Clinical Surgery, Centre for Inflammation Research

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)

- Age
- Disability
- race (including ethnicity and nationality)
- religion or belief
- **sex**
- sexual orientation
- gender reassignment
- pregnancy and maternity
- marriage or civil partnership¹

These scholarships enable qualified students to participate in high level training in their chosen clinical subject area, whilst still remaining in their home countries and current jobs. The aim of these programmes is to build capacity in these regions by up-skilling highly capable professionals to develop clinical provision in their countries. The philanthropic funder of these scholarships (Johnson and Johnson) is keen for the University to restrict these four studentships to women applicants and with a preference for women domiciled in Kenya.

Add notes against the following applicable statements:

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

There is a severe dearth of surgeons in sub-Saharan Africa and according to the Royal College of Surgeons in Ireland, 95% of the population of sub-Saharan Africa have no access to a safe surgical service². According to Women in Surgery Africa (WISA) in a Lancet article³ women represent 14% of COSECSA graduates and 23% of current membership trainees. Whilst these are encouraging figures, the playing field is still not level and the numbers of surgeons training in Africa is still tiny compared with surgical training in the global north. Women in Africa have reported several barriers to taking up surgical training⁴ which range from workplaces not accommodating flexible and family-friendly practices through to open bias and sexism. With women representing a significantly underrepresented talent pool, there is compelling need for more trained surgeons in Africa and specifically for more opportunities for women.

¹ [Improving surgical care in Africa - Royal College of Surgeons in Ireland \(rcsi.com\)](https://www.rcsi.com)

¹ [Women in Surgery Africa and research - The Lancet](https://www.thelancet.com)

¹ [The Challenges Experienced By Female Surgeons in Africa: A Systematic Review - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov)

A focus on Kenya: The University of Edinburgh has a growing alumni base in Kenya and already has several surgeons who have participated in our programme or are currently studying on our

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.

² [Improving surgical care in Africa - Royal College of Surgeons in Ireland \(rcsi.com\)](https://www.rcsi.com)

³ [Women in Surgery Africa and research - The Lancet](https://www.thelancet.com)

⁴ [The Challenges Experienced By Female Surgeons in Africa: A Systematic Review - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov)

programme. Whilst we are keen to support a wide range of students in sub-Saharan Africa, we believe that a priority, but not exclusive, focus on Kenya can provide a continuing active network for our trainees. Therefore, we would prioritise these scholarships for students domiciled in Kenya, but would also wish to consider similarly qualified students from other relevant countries such as Uganda and Rwanda.

Furthermore, this proposal constitutes positive action in providing support to overcome obstacles faced by African Women in Surgery, detailed above. As such, it will be governed by the same guidelines as equivalent positive action initiatives across the University, which must pass the two-stage test:

Stage

1

Evidence provided in Section E demonstrates disadvantage suffered by persons who share a protected characteristic (in this case, sex) where that disadvantage is linked to that protected characteristic. The evidence we have gathered demonstrates that women are under-represented in surgery in Africa where they face inflexible working practices and bias that preclude them from progressing. We also know that training in surgery is a route to career progression. Whilst this under-representation of women in surgery is due to a number of factors, lack of access to training, because they are women, is key.

Stage 2

The proposed programme constitutes a proportionate means of overcoming the disadvantage faced by women in surgery. Prospective applicants will come from Africa where UK fees are often beyond the means of most people, meaning a scholarship for a flexible training opportunity is the most appropriate means of support; no other form of outreach or support would mitigate this barrier in such a way. A financial scholarship will provide the scholarship recipients with a dedicated opportunity to access flexible training which would otherwise be beyond their reach as evidenced above. This particular financial aid also reduces the imbalance of opportunity faced by women applicants where there are proportionally more male applicants for every funded place.

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

There is sufficient, reliable evidence to prioritise support for the training of women surgeons in Africa detailed above.

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

This proposal restricts these four scholarships to women surgeons. There are several other opportunities for all applicants in the region to apply for more general scholarships. These include commonwealth scholarships and Caledonian Heritable Scholarships. A full list of these are detailed here: [Scholarships | The University of Edinburgh](#)

There is a clear disparity in the number of women surgeons in the regions of Africa as evidenced by the papers cited above. Therefore, a compelling case can be made to restrict these specific scholarships to certain types of applicants without disadvantaging other applicants to these online courses.

If the policy/practice contributes to advancing equality of opportunity⁵

⁵ This question does not apply to the protected characteristic of marriage or civil partnership

Yes, this proposal aims to address an identified area of gender-based inequality.

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

Yes, this policy will enable still-better relations with the regional group for women surgeons in Africa (WISA) as this scholarship represents the continuing development of a strong partnership between UoE and WISA.

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

We acknowledge that positive action on the basis of sex (as the criteria for the scholarship does) is direct discrimination, which is unlawful unless such action meets the positive action two-stage test – which this project does, as demonstrated above. Moreover, as mentioned previously, there are other opportunities for scholarship applicants from this region which are not gender-based.

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

The Scholarships will be advertised through WISA and through Edinburgh Surgery Online networks, ensuring global audiences are effectively engaged.

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

WISA publish figures on the number of women in surgery in Africa and these metrics will be monitored on a yearly basis to assess effectiveness of this policy.

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:

The policy will advance opportunities for women in surgery – which will contribute to addressing gender inequality in the surgical workforce.

There are many benefits of this approach, particularly to students who wish to stay in their home countries and work in their own time. Benefits include:

- **Ability to work whilst taking the programme:** The MSc is online, enabling students to stay in their local communities and allowing them to continue to provide clinical service while studying. The MSc is also part time which enables our students to take 3 years to complete their studies.
- **Wide scope of learning outcomes to improve outcomes for patients:** Graduates deliver evidence-based surgical practice across the generality of surgery to improve patient outcomes in fundamental procedures from laparotomy, to those involving the management of burns and long bone fractures, to Caesarian section.
- **Pathway to Leadership:** The course provides our graduates with the necessary skills and knowledge in becoming local and global leaders in surgery thereby supporting capacity building
- **Overcoming barriers:** Our graduates recognise the value of women in surgery and support them in overcoming the obstacles that often prevent them from accessing quality surgical training, and securing leadership roles

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.

~~**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 EqlA and how the policy or practice will be monitored in relation to its equality impact (or note where this is specified above).*

If the scholarship is likely to continue into the 2025/26 academic year, this programme will be reviewed after a period of 12 months, where we will review application statistics to ensure we are attracting applicants in need. We will review whether the intended audience have been reached by reviewing applicant demographic and subsequent scholar intake. We will also aim to seek qualitative and quantitative evidence on the recipients' experience of the scholarship.

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

August 2025.

H. Publication of EqlA

Can this EqlA be published in full, now? **Yes/No**

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

I. Sign-off



EqlA undertaken by (name(s) and job title(s)):

Accepted by (name): Stephen J Wigmore Regius Chair of Clinical Surgery

Date: 05/09/2024