

Equality Impact Assessment – Results

**Increasing the number of
Scotland domiciled/EU
students studying medicine
at Scottish universities**

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Scottish Government
Riaghaltas na h-Alba
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EQUALITY IMPACT ASSESSMENT – RESULTS

Title of Policy	Increasing the number of Scotland domiciled/EU students studying medicine at Scottish universities
Summary of aims and desired outcomes of Policy	<p>The policy intention is to retain more doctors in NHS Scotland in the longer term.</p> <p>Ministers have given guidance to the Scottish Funding Council (the SFC) with a view to increasing the number of Scotland domiciled/EU students by 100 and decreasing rest of UK (rUK) students by 100 (while keeping overall medical student headcount the same). The SFC can take this into account when allocating funding to universities.</p> <p>The benefit of adopting this policy is that it improves the sustainability of the medical workforce in Scotland. Once we have increased Scotland/EU domiciles by 100 and decreased rUK domiciles by a corresponding amount we estimate that we will retain approximately 36 extra doctors per annum into year 1 of speciality training within current (and planned) medical student headcount.</p>
Directorate: Division: Team	Health Workforce Division

2. Executive Summary

This Equality Impact Assessment (EQIA) has considered the potential impacts of replacing 100 rUK students with 100 Scots dom students over 3 years, on each of the protected characteristics. Evidence confirms that if we do not take action to improve the retention of medical undergraduates then the £23m Medical Education package investment made in recent years will not translate into the medical workforce that we need.

How this impacts the protected characteristics is set out under Description of Findings.

The EQIA has identified that it is expected that those of Scottish national origin will generally benefit from the policy proposal; English, Northern Irish and Welsh (rUK) nationals are likely to be indirectly disadvantaged. Our rationale for this policy however is the positive gain in terms of workforce, estimated at 36 doctors a year once the policy is fully implemented, justifies any indirect disadvantage. It has also identified that we need to continue to monitor the effect of the policy in terms of the protected characteristics of race and religion and belief.

In a number of instances data is limited and the effects are therefore unclear. Again we will continue to monitor data going forward.

3. Background

The Scottish Government is committed to creating a sustainable medical workforce.

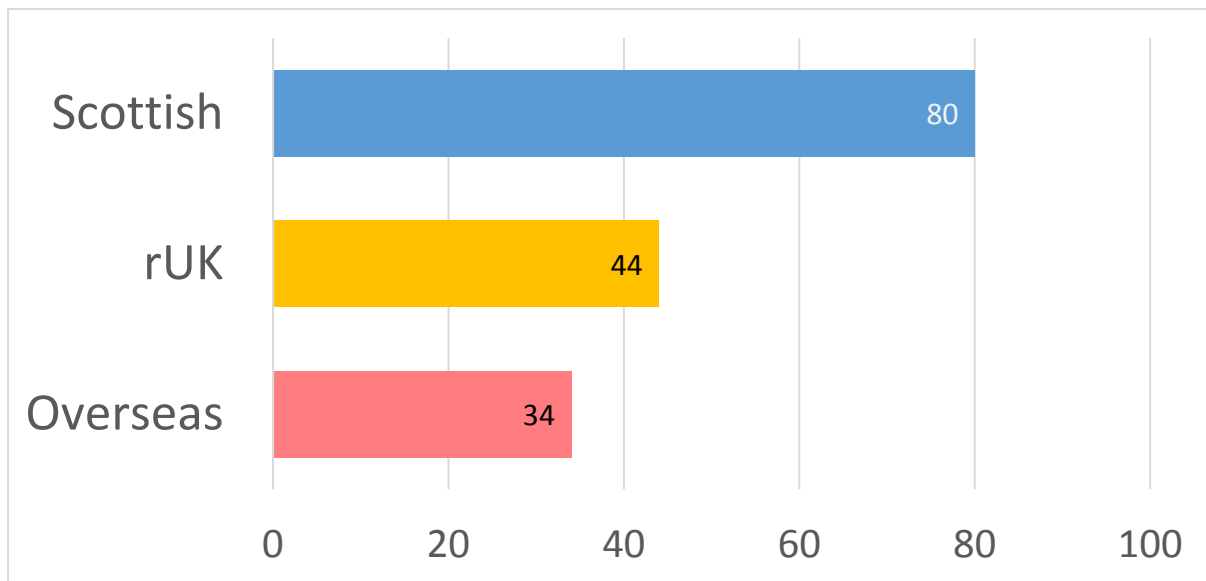
Scotland, in common with other UK nations is facing a number of supply side challenges most notably in particular specialities and locations. The Scottish Government is taking a number of actions to ensure that we have a sufficient number of trainee doctors coming through the system to supply us with the qualified doctors we need in the specialities that we need.

As part of this effort we are growing the medical workforce. The Scottish Government has invested significantly in medical undergraduates. By 2021, the Scottish Government will have increased medical school places by 190 in total, an increase of 22% from 2016 levels.

In addition to growing the workforce, however, it's clear that we need to retain more of those whom we train. A number of initiatives have been introduced to improve the retention of medical graduates – for example a trial of a 'return of service' bursary, available to students of the new ScotGEM graduate entry medicine programme.

Evidence shows that Scotland domiciled graduates from Scottish medical schools are retained at almost twice the rate of graduates from the rest of the UK (rUK) into speciality training. The retention rate is lower again for fee paying international students (see **Table 1** below).

Table 1 Retention rate into year 1 of speciality training of domicile groups studying at Scottish Medical Schools¹



A profile of our medical student population also reveals that Scotland has far fewer “home” i.e. Scotland-domiciled medical students in comparison to England and Northern Ireland. Data shows that just over 50% of the intake to undergraduate medicine at Scottish universities is Scotland domiciled and this has been the case for a number of years.² We do not have reliable decoupled data from which we can reliably ascertain a retention rate in NHSScotland for EU students.

In November 2017, the General Medical Council (GMC) published a report³ which provided an analysis of the transition from the foundation programme to the next stage of training. It found that-

“Scotland and Wales have a smaller proportion of their own high-school students entering their foundation programmes, and this matters. A number of factors feed into the differences between the four countries.

The first is that Scotland and Wales have far fewer home-domiciled medical students, and consequently, fewer home-domiciled foundation doctors than England and Northern Ireland.”

In 2016 around 78.2% of England’s Foundation doctors were home-domiciled (the figure is higher for Northern Ireland 89.0%) but for Scotland this drops to 52.4%.

¹ Source UK Med data GMC, NES Analysis. 2012 cohort. Domicile of graduates from Scottish Medical Schools v retention into post graduate training at ST1 in NHS Scotland.

² According to both Higher Education Statistics Agency and Board for Academic Medicine data

³ Training pathways: analysis of the transition from the foundation programme to the next state of training <https://www.gmc-uk.org/education/reports-and-reviews/training-pathways> (see pages 17-18)

The report confirms that this matters for two reasons.

1. Home-domiciled doctors are less likely to take a break from training.
2. Home-domiciled doctors are less likely to move to another UK country.

Consequently, despite recent significant investment, evidence confirms that if we do not take action to improve the retention of medical undergraduates then this investment will not translate into the medical workforce that we need.

Ministers therefore wish to see further action taken to increase the number of Scots domiciled students in medical intakes and have been working closely with the SFC on this matter. Ministers consider that replacing 100 RUK medical students with 100 Scots dom/EU students on a phased basis over the next three years would help to retain medical school graduates in Scotland in the long term. Ministers have given guidance to the SFC which the SFC can take into account when allocating funding to universities.

The benefit of adopting this policy is that it improves the sustainability of the medical workforce in Scotland. Once we have increased Scotland/EU domiciles by 100 and decreased rUK domiciles by a corresponding amount we estimate that we will retain approximately 36 extra doctors per annum within current headcount (including the planned increases.)

4. Identifying Persons Affected by the Proposed Policy

Before Ministers could make their final decision about whether to proceed with the proposed policy, it was necessary to establish the likely effect on persons who share a protected characteristic in terms of the relevant equalities legislation.

The policy will affect any student commencing a Medical degree (MB ChB) course at a Scottish university in the 2019-20 and subsequent academic years (excluding any additional funded places.)

Since the number and protected characteristics of such students is not yet known, an estimate has been made based on the students who entered the MB ChB in Scotland in academic years 2014/15-2017/8 ("the relevant student group".) The number and characteristics of persons entering in these years were reasonably consistent and this data is therefore considered to be a reasonable estimate of the number and protected characteristics of those who will comprise the student group affected by this policy.

The Equalities Impact Assessment considers evidence on the characteristics protected under the Equalities Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The equality analysis helped inform the development and monitoring arrangements for the policy.

5. Discrimination

Discrimination can be direct or indirect.

Direct discrimination would only arise if, because of a protected characteristic, a student was treated less favourably than other students. We do not therefore consider that the proposed policy would give rise to direct discrimination.

Indirect discrimination would arise if the eligibility criteria nevertheless operate so as to put students who share a protected characteristic at a particular disadvantage when compared to students who do not share that protected characteristic and this cannot be shown to be a proportionate means of achieving a legitimate aim.

To establish whether putting in place the proposed policy could result in indirect discrimination, it was necessary to establish whether the eligibility criteria would put students in the student group who share a relevant protected characteristic at a particular disadvantage compared to students who do not share that characteristic.

6. Information Gathered

Data is restricted by the fact that it is the characteristics of a very specific group within the general population that requires to be considered i.e. the relevant student group.

Some of the data related to the protected characteristics is available from student records, compiled by the Higher Education Statistics Agency (HESA) for students at Higher Education Institutions.

An analysis of HESA data was carried out to determine the profile of the relevant student groups by domicile and also linking this data to the General Medicine Council's National Training Survey data on the career destination of students.

Table 2 (provided at **Annex A**) provides available data for some of the protected characteristics. In all cases the data is limited due to the small numbers of students recorded each year. As such, some characteristics, where possible, have been grouped into larger categories to maintain a higher level of quality.

7. Response to Stakeholder Engagement

An informal consultation with the Scottish Funding Council and the Scottish University Medical Schools has been carried out. Medical Schools were concerned that the policy would result in unequal treatment of Scotland domiciled and RUK students.

DESCRIPTION OF FINDINGS

a) Race

The protected characteristic of race refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.

(i) National origins

There is no data available for the student group for national origins but there is data available in relation to domicile for the relevant student group.

In order to consider the likely effect of introducing the proposed policy on groups with different national origins, an estimate has been made on the basis of domicile. This proceeds on the assumption that the majority of Scotland domiciled entrants are likely to be of Scottish national origin and the majority of RUK domiciled entrants are likely to be of English, Northern Irish or Welsh national origin

Table 2 shows first degree intake into medicine at Scottish HEIs by domicile grouped under the headings available from the data. These are:

- Scotland domiciled
- rUK domiciled
- Other EU domiciled
- Non EU domiciled

Analysis

As noted above, detailed data is not available in relation to the likely effects of putting in place the proposed policy in relation to national origin.

However, given that the majority of Scotland domiciled entrants are likely to be of Scottish national origin and the majority of RUK domiciled entrants are likely to be of English, Northern Irish or Welsh national origin, it is expected that Scottish will generally benefit from the policy proposal; English, Northern Irish and Welsh (rUK) nationals are likely to be disadvantaged.

(ii) Ethnic origins

HESA data contains information on ethnic origins but analysis of this data is restricted by (a) the categories used to code the data on the student records and (b) the number of students falling into each category. Table 2 groups the data under the headings:

- White
- Other ethnic background
- Unknown

Small numbers meant it was not possible to conduct separate analysis for individual ethnic groups. Instead analysis proceeds on the basis that students having “other ethnic background” constitute a racial group (i.e. a group sharing a particular protected characteristic of race).

Analysis

From an analysis of the information gathered there is some evidence that students who share the characteristic ‘other ethnic background’ may potentially be affected by

this policy as the data suggests that between 2014/5 and 2017/8 rUK students have a higher proportion of 'other ethnic background' students than Scotland domiciled students.

In addition, from the 2011 Census data, minority ethnic people make up 4% of Scotland's population. In contrast minority ethnic people make up 14% of the population of England and Wales. This suggests that there may therefore be some effect.

As the the rUK cohort would appear to be a more ethnically diverse group it is our intention to continue to closely monitor this element.

(iii) Nationality

The available data is limited by the categories used to code the data. The data records nationality in terms of 3 separate groups – "UK", "EU" and "other". Analysis proceeds on the basis of these three categories and this is considered an appropriate approach. It was decided not to look at individual nationalities within the "EU" or "other" categories given that (a) the proposed policy does not distinguish at such a detailed level and (b) there is insufficient student numbers in the data to allow robust analysis of individual nationalities.

Analysis

The proposed policy is to increase the number of Scotland domiciled and EU students and reduce the number of RUK students. It is therefore expected that some UK nationals (ie Scotland domiciled) and EU nationals will generally benefit from the policy proposal.

Other UK nationals (ie non Scotland domiciled UK nationals) are likely to be disadvantaged.

International students, who are not part of the policy proposal, are likely to be unaffected.

(b) Age

Table 2 shows distribution by domicile and age profile.

HESA data categorises the first degree intake into medicine at Scottish HEIs by age as follows:

- Age 21 and under
- Age 22-25
- Age 26-35
- Age over 35

With around 85% of students aged 21 or under the student group is likely to be younger than the general population. For the purposes of the protected characteristic of age it was therefore considered appropriate to conduct an assessment of the impact of the proposed policy on those under 21 years of ('young students') and those over 21 years of age ("mature students") for each domicile.

Analysis

Based on a comparison of the age profile of the information gathered there is no evidence to suggest that students in the student group who share the protected characteristic of either (a) being 21 years and under or (b) over 21 years old would be placed at a particular disadvantage as a result of putting in place the proposed policy.

(c) Disability

Table 2 shows the available data from HESA.

Analysis of this data is restricted by (a) the categories used to code the data on the student records⁴ and (b) the number of students falling into each category. Small numbers meant it was not possible to conduct separate analysis for individual disabilities. Table 2 shows disability by domicile.

Analysis

From analysis of information gathered there is no evidence to suggest that students having a recorded disability would be placed at a particular disadvantage as a result of putting in place the proposed policy.

(d) Sex

The available data is shown in Table 2. No further explanation of data is required so far as it contains information in relation to the protected characteristic of sex.

Analysis

From the analysis of data there is no evidence to suggest that students in the student group who share the protected characteristic of being either (a) a man or (b) a woman would be placed at a particular disadvantage as a result of putting in place the proposed policy. This is not surprising given that we would not anticipate large variations in a students' sex depending on domicile.

⁴ Categories on the HESA student record are: No known disability; Blind/partially sighted; Deaf/hearing impairment; Wheelchair user/mobility difficulties; Personal care support; Mental health difficulties; An unseen disability, e.g. diabetes, epilepsy, asthma; Multiple disabilities; Autistic Spectrum Disorder; A specific learning difficulty e.g. dyslexia; A disability not listed above; Not known

(4) Religion and belief

Table 2 contains the available HESA data. The data is categorised under the following headings:

- Christian
- Muslim
- Other religion
- No religion
- Not known

“Other religion” includes Buddhist, hindu, jewish, sikh, spiritualist and any other religion or belief. Because of the small numbers it was not possible conduct separate analysis for religions or beliefs other than “Christian” or “Muslim”.

Analysis

The data available implies that Scottish domiciled students have historically been more likely to have ‘no religion’ than for enrolments from elsewhere in the UK or overseas. However the religion variable on the HESA data set is a voluntary question, and as such it is difficult to draw any meaningful conclusions from the data. Given that we expect the proposal to benefit Scotland domiciled students we intend to continue to monitor this aspect of the policy.

(5) Gender reassignment

Data is not available in relation to the likely effects of putting in place the proposed policy in relation to the protected characteristic of gender reassignment.

HESA data does, however, contain some information in relation to gender identity among the relevant student group, by asking them whether their current gender identity is that assigned at birth. We have chosen to group this data as follows:

- “Cis”(those who identify their gender as the same when originally assigned at birth),
- “Other” (those who do not identify their gender to be the same)
- “Unknown”(those who did not supply this information.)

The data available is shown in Table 2.

Analysis

The data available is so limited and the numbers so small that it is not possible to draw valid conclusions about the effects of the proposed policy in relation to the protected characteristic of gender reassignment. We will keep this under review however as further data becomes available.

(6) Sexual orientation

HESA data on sexual orientation is available for the student group and is contained in Table 2. HESA collects the data at a detailed level but the numbers derived are

too small for any meaningful presentation or analysis. We have therefore chosen to group the data as follows:

- Heterosexual
- Other
- Unknown

Analysis

The very small numbers within the category “other” and the significant number of “unknown” mean that it is not possible to draw valid conclusions about the effects of the proposed policy in relation to the protected characteristic of sexual orientation. We will however keep this under review as further data becomes available.

(7) Marriage and civil partnership

This protected characteristic applies only in relation to discrimination prohibited under Part 5 (work) of the 2010 Act. Since conduct in the circumstances prohibited does not arise in relation to the proposal, the proposal does not give rise to indirect discrimination in relation to this characteristic.

(8) Pregnancy and maternity

Section 19 of the 2010 Act (indirect discrimination) does not apply to the protected characteristic of pregnancy and maternity.

8. Proportionate means of achieving a legitimate aim

Where analysis indicates that putting in place the proposed policy would put students who share a protected characteristic at a particular disadvantage when compared to students who do not share that characteristic, then consideration must be given to whether the proposal is a proportionate means of achieving a legitimate aim.

(1) Legitimate aim:

As set out on page one, the aim of the proposed policy is to retain more doctors in NHS Scotland in the longer term. Evidence shows that Scotland domiciled graduates of Scottish medical schools are retained at a higher rate than students from elsewhere.

The aim of the proposed policy is legal. Higher education is within the devolved competence of the Scottish Ministers. The proposed policy also complies with the Scottish Ministers obligations in terms of European Union law and the "Convention rights" as defined in section 1 of the Human Rights Act 1998.

The aim of the policy is non-discriminatory. In particular, it does not treat a person less favourably because of a protected characteristic.

The aim also represents a real, objective consideration because it responds to the need to retain more doctors in Scotland, in line with other nations of the UK.

In all of the circumstances, it is considered that protecting medical school places at Scottish Universities for Scotland-domiciled / EU students is a legitimate aim and is a fair exercise of the Scottish Government's devolved powers.

(2) Proportionate means:

On balance, the means of achieving the aim is appropriate and necessary and could not be achieved by less discriminatory means.

(i) Ministers have already taken a number of alternative steps to deliver the long term workforce supply required by NHS Scotland. These include:

- Additional undergraduate places funded by the Scottish Government. By 2020-21, there will be 190 additional undergraduate medical places in Scottish universities, including Scotland's first Graduate Entry Medical programme (ScotGEM) and widening access places.
- The ScotGEM programme is testing a number of innovative retention methods such as the return of service bursary.
- Targeted recruitment incentives are being used - for example to fill GP Specialty Training Posts which have historically been "hard to fill."
- The Scottish Government is working with the GMC, Medical Royal Colleges, NES and the BMA to improve the quality and attractiveness of medical education programmes, and on initiatives to improve the working lives of trainee doctors.

Despite these actions, the overall pattern of medical workforce in Scotland continues to be one of significant growth and supply challenges remain. For example, over the past five years ISD data would suggest that consultant numbers in post in Scotland have increased by about 15%. Demand for health service is increasing as people live longer but often with multi morbidities. Consequently the Scottish Government has a number of ambitious targets to grow specific sectors of the workforce. At the same time, there are challenges on the supply side. We operate in an international marketplace for staff. We know the younger generation of medical staff are increasingly seeking different work patterns and career trajectories that can involve breaks from medical training programmes. The demographic in some sectors means we risk losing a number of staff to retirement. In addition there is uncertainty around the impact of Brexit on the medical workforce. All of this creates workforce pressures.

Ministers require to take further steps to retain as many Scottish Medical Schools graduates as it possibly can to ensure that the public money invested in medical education translates into the workforce that NHS Scotland needs and a multifaceted approach is required.

(ii) It is a proportionate step to reduce places for RUK students and increase places for Scotland domiciled/EU student relative to (i) the retention rate for each group (the retention rates for Scots dom at 80% compared to 44% rUK shown in Table 1), (ii) the size of each student group (the 55% to 29% Scots to rUK domicile in 2017/18 following same pattern in previous years as shown in Table 2 in the Annex) and (iii)

the cost to the public purse of each group and the financial sustainability of the university sector (£167K to £122K to train Scots versus rUK) as shown in Table 3 in the Annex.)

Apart from Scotland domiciled students RUK students form the single largest group representing approximately 30% of intake to Scottish medical schools each year. They are retained at a significantly lower rate than Scotland domiciled students. The Scottish Government makes a significant contribution to the costs of RUK students as illustrated in Table 3.

International students represent a smaller percentage of overall medical school intake at approximately 13%. They have the lowest retention rate of all the groups at 35%. However, at undergraduate level they cost the public purse significantly less than RUK students. Additionally the fee income that they pay to university medical schools is crucial to the financial sustainability of those medical schools.

EU students are the smallest group in terms of overall medical school intake at approximately 4% but for funding purposes they are given equal treatment with Scotland domiciled students and therefore they are funded in the same way as Scotland domiciled students. We do not have reliable decoupled data from which we can reliably ascertain a retention rate in NHS Scotland for EU students. SG statistical data comes from the DLHE (Destination of Leavers from HE) statistics survey which is a voluntary survey conducted 6 months after graduation. The response rate for EU graduates is low.

Taking account of all the relevant factors the proposal is proportionate in the circumstances.

9. Why is it necessary to exercise the functions to achieve the aim of the proposed policy?

It is considered necessary to exercise the functions to achieve the proposed policy because if we do not take action to improve the retention of medical undergraduates then we will have insufficient doctors to meet the workforce demand and the investment in additional undergraduate places will not translate into the medical workforce that we need.

(c) Other Considerations:

(i) Cross Border Flows

While there may potentially be a negative effect on rUK application numbers to Scottish medical schools, conversely it may encourage/ provide the opportunity for some of the 100 or so Scotland domiciled applicants who study medicine in other parts of the UK each year to remain in Scotland to study. The number of students from Wales and Northern Ireland studying medicine in Scotland is relatively low against the number of places advertised each year: 1% of graduates in 2018 were from Wales and only 8% were from Northern Ireland. There would however be some

displacement as we prioritise Scotland domiciled students. In our view therefore, this approach is unlikely to lead to significant cross-border policy challenges, but may result in less cross border movement or flow at medical school stage.

(ii) Amending Legislation

The proposal does not require amendment to legislation.

(iii) Financial Benefits

The costs over the 5 year degree course of replacing 100 RUK students with 100 Scotland domiciled students at the rate of 33/34 per annum over 3 years would be **£2.8 million over 3 years and £ 9.1 over 5 years, with the annual cost per annum reaching c £4.5m by year 7. This is more cost effective than creating a further 100 new undergraduate place for Scotland domiciled students.** This is due to the fact that when we create new Scotland domiciled places “top ups” and ACT costs cannot be offset. **Over 3 years it would cost £9.8 million to create 100 new Scots dom places and £32 million over 5 years.**

10. Harassment

The Scottish Ministers must not, in exercising the functions, do anything that constitutes harassment. Harassment is defined in section 26 of the 2010 Act. Putting in place the proposed policy would not give rise to harassment and is therefore consistent with the need to eliminate harassment prohibited by or under the Act.

11. Victimisation

The Scottish Ministers must not, in exercising the functions, do anything that constitutes victimisation. Victimisation is defined in section 27 of the 2010 Act. Putting in place the proposed policy would not give rise to victimisation and is therefore consistent with the need to eliminate victimisation prohibited by or under the Act.

12. Other conduct

The Scottish Ministers must not in exercising the function of making the order do anything that constitutes other conduct prohibited by the Act. Since the proposal does not rise to discrimination, harassment or victimisation, it is also therefore consistent with the need to eliminate other ancillary conduct that is prohibited by or under the Act.

13. ADVANCING EQUALITY OF OPPORTUNITY

Under section 149 of the Equality Act 2010 the Scottish Ministers must, in exercising their functions, have due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not.

Background

While the Scottish Government requires to ensure that there is a sufficient supply of doctors for NHS Scotland, it is recognised that there is a need to do everything possible to ensure that all students who choose to study medicine at Scottish universities are treated fairly.

We have already discussed that implementing the proposed policy will not affect and may benefit the position of EU students and that international students will not be affected by the proposal (in the sense that guidance on targets for this group will not change). We know that Scottish universities have a smaller proportion of home domiciled students than English universities. It will offer the chance to provide the opportunity for some of the 100 or so Scotland domiciled applicants who study medicine in other parts of the UK each year to remain in Scotland to study.

Monitoring

As previously mentioned, it has not been possible to look at any data setting out the actual effects of the policy as it will not be in place until the start of academic year 2019-20. There are also a number of gaps in the data as identified above. It is therefore the intention to continue to monitor the effects of the policy over the next three years and to keep it under review as further data becomes available.

Monitoring will be carried out by Health Workforce Division in Scottish Government. Close contact will also be maintained with the universities, Scottish Funding Council and NHS Education for Scotland to gather their views on the continued success of the policy.

14. FOSTERING GOOD RELATIONS

Under section 149 of the Equality Act the Scottish Ministers must, in exercising their functions, have due regard to the need to foster good relations between persons who share a relevant protected characteristic and those who do not.

As previously mentioned, consultation with medical schools and the Scottish Funding Council has been undertaken in the development of the proposed policy. The proposed policy has been received cautiously and some opposition has also been encountered. Where this has been the case, steps have been taken to engage with representatives, listen to their views and fully explain the reasons for the proposed policy. *Other UK Nations are aware that we are exploring ways in which to increase the number of Scots doms.*

15. RECOMMENDATIONS

1. We will continue engagement with colleagues in Universities and other UK Nations to ensure continued good relations and recommend that the SFC takes this new policy in to account when considering allocations for funding to the universities.

2. The Scottish Government has concluded that it is expected that those of Scottish national origin will generally benefit from the policy proposal; English, Northern Irish and Welsh (rUK) nationals are likely to be disadvantaged. It has also identified that we need to continue to monitor the effect of the policy in terms of the protected characteristics of race and religion and belief.

In a number of instances data is limited and the effects are therefore unclear. Again we will continue to monitor data going forward.

3. However replacing 100 rUK with 100 Scots dom/EU students has caused concern with universities. Discussions on implementation and monitoring of the policy will continue in conjunction with universities.

4. Furthermore replacing 100 RUK places with Scots dom students is more cost effective than creating a further 100 new undergraduate places for Scotland domiciled students. It would cost more than three times the sum needed to enforce this policy than if we had to create 100 new undergraduate places for Scots domiciled students.

5. Over and above this, our rationale for this policy is that the positive gain (in terms of workforce, estimated at 36 doctors a year once the policy is fully implemented) justifies any indirect disadvantage. As stated previously, we believe that on balance, the measure we propose - of replacing 100 RUK students with 100 Scots dom/EU students - is appropriate and necessary and could not be achieved by less discriminatory means.

Annex A - Table 2:

First degree pre-clinical medical entrants to Scottish HEIs, 2014-15 to 2017-18

	2014-15 Domicile					2015-16 Domicile					2016-17 Domicile					2017-18 Domicile				
	All	Scotland	rUK	Other EU	Non EU	All	Scotland	rUK	Other EU	Non EU	All	Scotland	rUK	Other EU	Non EU	All	Scotland	rUK	Other EU	Non EU
Total	100%	52%	31%	4%	13%	100%	53%	31%	4%	13%	100%	54%	29%	6%	12%	100%	55%	29%	4%	12%
Age																				
21 and under	88%	83%	91%	86%	96%	86%	87%	86%	71%	92%	85%	84%	83%	82%	91%	87%	86%	87%	86%	96%
22 to 25	9%	10%	7%	14%	4%	10%	10%	13%	14%	4%	12%	11%	15%	9%	5%	11%	12%	13%	14%	0%
26 to 35	3%	5%	2%	0%	0%	3%	3%	2%	0%	4%	4%	4%	4%	9%	0%	2%	2%	0%	0%	0%
over 35	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Sex																				
Female	58%	60%	60%	57%	50%	59%	64%	52%	57%	54%	61%	61%	61%	64%	59%	61%	63%	59%	71%	61%
Male	42%	40%	40%	57%	50%	41%	36%	48%	43%	42%	38%	39%	39%	36%	41%	38%	37%	41%	43%	39%
Disability																				
Disability recorded	8%	10%	7%	0%	4%	9%	8%	11%	14%	4%	7%	6%	11%	0%	0%	6%	6%	7%	0%	9%
No known disability	92%	90%	93%	100%	96%	91%	92%	89%	86%	96%	93%	94%	89%	91%	95%	94%	94%	94%	100%	91%
Ethnicity																				
White	68%	84%	77%	0%	0%	67%	82%	77%	0%	0%	63%	78%	74%	0%	0%	64%	78%	74%	0%	0%
Other ethnic background	15%	15%	23%	0%	0%	16%	18%	25%	0%	0%	19%	22%	26%	0%	0%	20%	22%	26%	0%	0%
unknown	17%	0%	0%	100%	100%	16%	0%	0%	100%	100%	17%	0%	0%	100%	100%	16%	0%	0%	100%	100%
Nationality																				
United Kingdom	78%	95%	89%	0%	4%	80%	97%	93%	0%	4%	79%	94%	94%	9%	5%	79%	95%	93%	0%	4%
EU	8%	2%	11%	100%	0%	7%	2%	7%	86%	4%	9%	4%	7%	82%	5%	7%	3%	6%	100%	0%
Other	14%	2%	0%	0%	96%	13%	1%	2%	0%	92%	12%	2%	0%	0%	91%	13%	3%	2%	0%	91%
Sexual orientation																				
Heterosexual	74%	72%	81%	71%	71%	76%	72%	80%	86%	79%	86%	87%	91%	64%	77%	85%	84%	89%	86%	83%
Other	3%	3%	4%	0%	4%	3%	4%	4%	0%	4%	5%	6%	2%	18%	5%	7%	8%	6%	14%	4%
Unknown	22%	25%	16%	29%	25%	20%	24%	16%	14%	17%	8%	7%	7%	18%	18%	8%	8%	6%	14%	13%
Gender identity																				
Cis	82%	78%	88%	86%	79%	80%	75%	84%	100%	83%	82%	76%	91%	91%	91%	87%	82%	94%	100%	87%
Non-cis	1%	0%	0%	0%	0%	1%	1%	0%	0%	0%	1%	1%	0%	0%	0%	1%	1%	0%	0%	0%
Unknown	18%	22%	12%	29%	17%	19%	24%	16%	0%	13%	17%	23%	9%	9%	9%	13%	17%	6%	0%	9%
Religious belief																				
Christian	33%	28%	39%	43%	29%	31%	29%	29%	57%	33%	29%	26%	39%	36%	18%	37%	35%	44%	57%	26%
Muslim	6%	5%	5%	0%	13%	5%	5%	4%	0%	13%	8%	9%	4%	0%	23%	10%	10%	6%	0%	22%
Other religion	4%	1%	5%	0%	13%	7%	4%	5%	0%	17%	5%	4%	4%	9%	14%	5%	3%	7%	0%	17%
No religion	35%	40%	33%	14%	21%	35%	35%	39%	29%	21%	42%	46%	41%	45%	27%	40%	46%	41%	29%	17%
Not known	22%	24%	18%	43%	21%	23%	27%	21%	14%	17%	15%	16%	15%	9%	14%	7%	8%	4%	14%	17%
Base numbers	920	480	285	35	120	920	485	280	35	120	950	515	270	55	110	940	515	270	35	115

Source: HESA Student data, SG Analysis

Percentages are based on values rounded to the nearest 5 due to small numbers.

White' includes the following self-description categories - 'White', 'White - Irish', 'White - English, Welsh, Scottish, Northern Irish, British', 'White - Scottish', 'Irish Traveller', Gypsy or Traveller' and 'Other White background'.

Non-UK entrants are not asked about their ethnicity.

Nationality' is not as well-defined or as well used as 'domicile' and may lead to confusion. The HESA data does not allow a breakdown to the level of UK nation.

Other' sexual orientations include gay men/women, bisexuals, and other categories. 'Unknown' includes those who have refused this information.

For gender identity, 'Cis' are those who identify their gender as the same when originally assigned at birth. 'Other' do not identify their gender to be the same. 'Unknown' includes those who refused this information.

For religious belief, 'other religion' includes buddhist, hindu, jewish, sikh, spiritualist and any other religion or belief. 'Unknown' includes those who refused this information.

Notes on Table 2

- Percentages are based on unrounded values.
- 'White' includes the following self-description categories - 'White', 'White - Irish', 'White - English, Welsh, Scottish, Northern Irish, British', 'White - Scottish', 'Irish Traveller', Gypsy or Traveller' and 'Other White background'.
- Non-UK entrants are not asked about their ethnicity.
- Nationality' is not as well-defined or as well used as 'domicile' and may lead to confusion. The HESA data does not allow a breakdown to the level of UK nation.
- Other' sexual orientations include gay men/women, bisexuals, and other categories. 'Unknown' includes those who have refused this information.
- For gender identity, 'Cis' are those who identify their gender as the same when originally assigned at birth. 'Other' do not identify their gender to be the same. 'Unknown' includes those who refused this information.
- For religious belief, 'other religion' includes buddhist, hindu, jewish, sikh, spiritualist and any other religion or belief. 'Unknown' includes those who refused this information.

Table 3

Cost to SG of different categories of student for 5 year medical degree

Scot-dom/EU		rUK		International	
	Total		Total		Total
2 x pre-clinical @ £8,486	£16,972	2 x pre-clinical @ £0 (student pay fees @ £9,250)	£0	2 x pre-clinical @ £0 (students pay fees @ variable rates)	£0
3 x clinical @ £16,875	£50,625	3 x clinical @ £7,625	£22,875	3 x clinical @ £0 (students pay fees @ variables rates)	£0
5 x ACT @ £20,000	£100,00	5 x ACT @ £20,000	£100,00	Students pay ACT Levy @ £10,000	£50,000
Total	£167,000		£122,000		£50,000
Cost differential Scot-dom and rUK students = £45,000					
Cost differential Scot-dom and International students = £117,000					

NB. SG also provide approximately £5,000 in living cost support (comprising a mixture of student loans, bursaries and grants) per medical student per annum



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