

Workforce Plan | 2014/15

NHS Education for Scotland

Quality Education for
a Healthier Scotland

NHS Education for Scotland
July 2014



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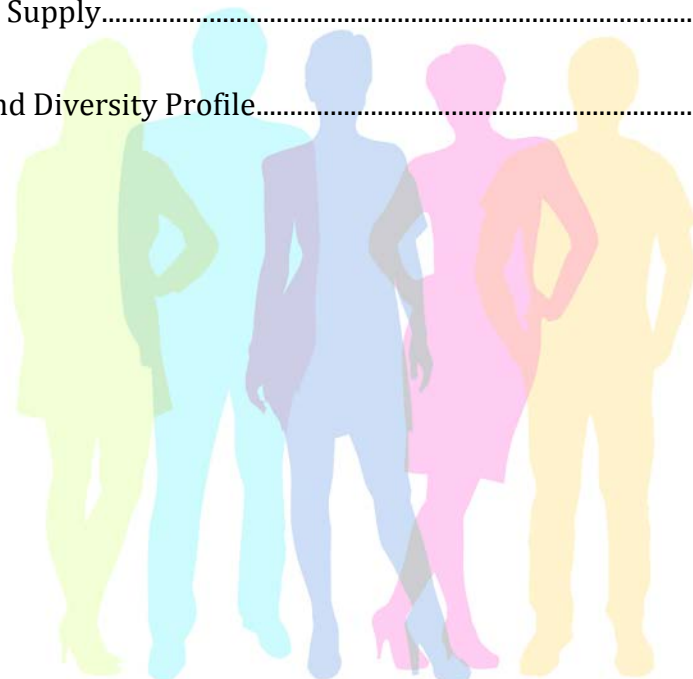
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Executive Summary

The planning year 2014-15 represents the first year of our refreshed Strategic Framework 2014-19 ¹*Quality Education for a Healthier Scotland*. This Workforce Plan 2014/15 supports the aims of the refreshed Framework, the implementation of the NHS Scotland 2020 Vision, 'Everyone Matters'-the NHS Scotland 2020 Workforce Vision and the Quality Strategy.

NES is in a good position to not only support safe, effective and patient-centred care through well educated and trained staff, but also to provide a significant contribution to a systematic and co-ordinated approach to workforce development across our public sector called for by the Christie Commission. In addition, our extensive experience in providing national shared services for trainees, equips us to offer our expertise to the wider NHS Scotland HR Shared Services initiative.

This Workforce Plan supports the delivery of the objectives contained within the Corporate Plan² which represents our response to public service reform and describes the detailed education and training activities that we provide to support care provided to the highest standards of quality and safety by well trained staff. This is our core business which fundamentally underpins the three quality ambitions of safe, effective and person-centred care.

Our People and Organisational Development Strategy has been reviewed in the light of the refreshed NES Strategic Framework. We have developed a three year People & OD Strategy and will review in March 2017 to ensure it remains fit for purpose for the final two years of the NES Strategic Framework. This Strategy- 'Ensuring Everyone Matters' –has been refreshed to further '*enable a capable, sustainable and integrated workforce, led and managed in a healthy organisational culture.*' It sets out the people implications of our Strategic Framework, reflecting the NHS Scotland Values and NES Ways of Working. It describes strategic priorities and how the Human Resources & Organisational Development function will work to deliver high quality, integrated HR & OD services to facilitate the achievement of the NES Strategic Framework and Everyone Matters.

NES has made significant progress in developing a more integrated and efficient organisation. We are driving forward with the organisational change agenda and its accompanying workforce development requirements. We continue to work in a demanding operating context, which requires us to continue to focus on our Improvement and Efficiency Plans, the development of new and improved ways of working, the creation of cash savings and delivering efficiency gains enabling the organisation to respond to increasing demands for education and training in support of the NHS Scotland workforce.

In order to deliver on these complex and often conflicting demands we have to maintain a high level of staff engagement and sustain highly effective partnership relationships through a time of significant organisational change. We are also investing in the skills and abilities of managers to lead change in order to meet the

¹ <http://www.nes.scot.nhs.uk/publications-and-resources/corporate-publications/nhs-education-for-scotland-strategic-framework-2011-2014.aspx>

² <http://www.nes.scot.nhs.uk/publications-and-resources/corporate-publications/nhs-education-for-scotland-corporate-plan-2013-2014.aspx>

changing needs of stakeholders which includes an increasing focus on collaborative working across a diverse range of public sector partners.

A key challenge in 2014/15 will be taking forward the development of a Phase 1 implementation plan for our Digital Strategy. This will have implications for staff training and development in subsequent years and we anticipate the workforce implications of this strategy beginning to emerge in 2014/15. They will be reflected in future workforce plans.

Within the context of low staff turnover, NES will continue to:-

- ❖ identify skills, encourage talent and promote and support the development of collaborative working
- ❖ identify and grow the potential of our current workforce, aligning and embedding the requirements of the NHS Scotland Staff Governance Standard with an emphasis on enhancing employee experience including the implementation of '*I Matter*'
- ❖ develop our leadership and management capability to manage change well and improve organisational performance
- ❖ provide learning and career development plans that are aligned with corporate and operational plans
- ❖ deliver enhanced productivity and efficiency
- ❖ further enhance management reporting on the NES staffing establishment supporting integrated workforce planning decisions; enable comprehensive value add self serve information to be readily available to both Managers and Staff as required.
- ❖ create drivers and support for organisational re-design and change ensuring we have the right people, with the right skills, in the right place at the right time
- ❖ continue our focus on enhancing the quality of conversations between managers and staff in support of greater alignment between NES corporate and operational plans and individual staff objectives



1. Introduction

NHS Education for Scotland (NES) is a national special health board, working in partnership with our stakeholders to provide education, training and workforce development for those who work in and with NHS Scotland. Our aim is to improve health and care through education and we have a UK and in a number of instances an international role in undergraduate and postgraduate education and continuing professional development.

This year we launched our 2014-2019 refreshed Strategic Framework. (<http://nes.scot.nhs.uk/publications-and-resources/corporate-publications/nhs-education-for-scotland-strategic-framework-2011-2014.aspx>). This Workforce Plan is aligned with our vision- 'Quality Education for a Healthier Scotland' and our mission 'to provide education that enables excellence in health and care for the people of Scotland'. Our Strategic Framework is aligned with the 2020 Route Map priorities and Quality Strategy. It represents our contribution to public service reform and health and social care integration through the provision of high quality education and training that enable the staff of NHS Scotland to deliver the best possible care.

A significant proportion of our core business is focused on training the clinical workforce, with the majority of our funding used to pay for doctors and dentists in postgraduate training. We also prepare professionals for practice in clinical psychology, pharmacy, optometry and healthcare science and provide access to education for the nursing, midwifery and allied health professions and for healthcare support workers and administrative, clerical and support staff. The Workforce Plan reflects NES's commitment to support public service reform and current policy priorities by education and training for improving quality, service re-design, leadership and management.

When developing the refreshed Strategic Framework, we consulted with stakeholders and partners on their priorities through a comprehensive 'Engagement and Intelligence Gathering' process. They told us they wanted a workforce that could achieve sustainable quality in those health and social care services which cross traditional organisational and professional boundaries. NES has therefore planned its delivery around five broad strategic themes:

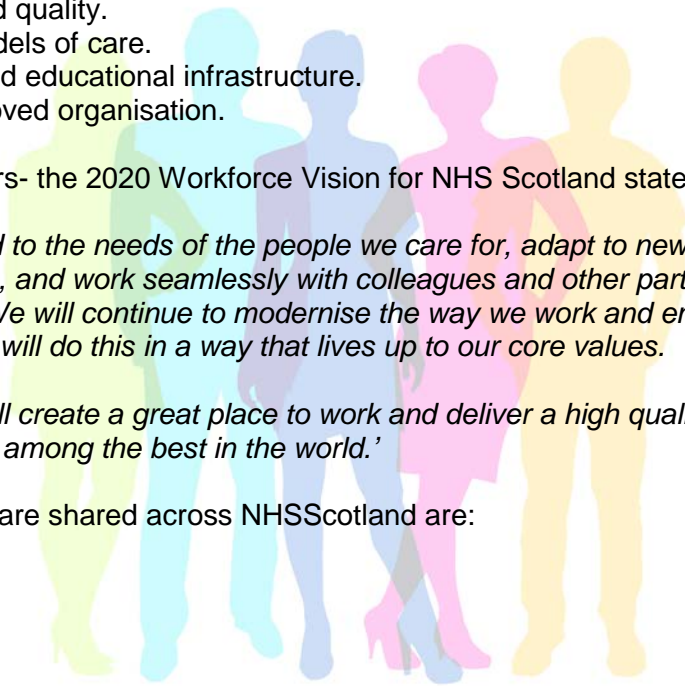
1. An excellent workforce.
2. Improved quality.
3. New models of care.
4. Enhanced educational infrastructure.
5. An improved organisation.

Everyone Matters- the 2020 Workforce Vision for NHS Scotland states:-

'We will respond to the needs of the people we care for, adapt to new, improved ways of working, and work seamlessly with colleagues and other partner organisations. We will continue to modernise the way we work and embrace technology. We will do this in a way that lives up to our core values.'

Together, we will create a great place to work and deliver a high quality healthcare service which is among the best in the world.'

The values that are shared across NHSScotland are:



- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

In addressing the aims Everyone Matters, NES will be working in partnership to implement priorities for action.

NES also provides a national shared service for NHS Scotland in relation to the recruitment and in some instances, employment of medical, dental, other vocational trainees and management trainees. With effect from August 2014 NES is extending its national service delivery to provide a lead sponsor service to all Tier 2 medical trainees that require sponsorship. In support of delivery of these services NES provides for stakeholders a wide range of management information including equality and diversity data which supports continuous service improvement in recruitment and assessment of trainees and informs workforce planning across NHS Scotland.

The scale of organisational change across NES is significant and we are working to ensure we support effective management of this internal change, working in partnership at all times. Our Workforce Plan therefore reflects and supports a rolling programme of organisational change across NES informed by Performance Improvement Plans, the implementation of technology and changing demands from our stakeholders.

Our People and Organisational Development Strategy 2014-17 *Ensuring Everyone Matters*'-describes how the developing and maximising the potential talent of our workforce is a key driver of success for NES. In support of our People & OD Strategy, we continue to implement annual Organisational Development & Learning Plans, progress with which inform this Workforce Plan.

2. NES Initiatives, Priorities and Key Challenges for 2014/15

The priority initiatives for 2014/15 include the following:

- ❖ **Refresh our People & OD Strategy** (which includes our Learning & Development Strategy) - Ensure alignment with the NES Strategic Framework and operational plan requirements. Supporting staff with skills development within the context of organisational change will continue to be a priority for us.
- ❖ **Enhance Staff Experience** – Implement *I Matter* in accordance with agreed action plans. This will enable us to understand and improve on a team basis our performance against the Staff Governance Standard and action plans in response to the 2013 NHS Scotland Staff Survey and the 2014 national survey supporting the embedding of these standards within the context of continual improvement.
- ❖ **Enhance Efficiency & Productivity**-Continue to support the work of our Performance Improvement Board in coordinating NES efficiency and improvement plans by supporting Directorates, work streams and individuals through a wide range of resources and training enabling the effective

management of organisational change. This has a particular focus on the importance of communicating and consulting with staff on change proposals and responding to feedback

- ❖ **Objective Setting & Personal Development Planning** – Incorporate in to training, guidance and support provided for line managers and staff the outputs from the new annual Quality Assurance process introduced in 2013 and conducted in partnership into the overall quality and alignment of objectives and personal development plans.
- ❖ **Leadership & Management Development** – Continue the roll out of our ‘Managers Passport’, a reflective self-assessment of effectiveness against 16 practice standards to be completed by all NES line managers. This is intended to support managers in their personal development planning, increase awareness and ownership of self-directed learning and enables us to respond more effectively to their individual development needs as well as identifying common development requirements against which Learning & Development resources can be allocated.
- ❖ **Maximise the contribution and potential of our staff** – We are participating fully in the national project to refresh the core and people management dimensions of the Knowledge & Skills Framework and, through the quality assurance of objectives and personal development plans outlined above, will continue to refine and identify other mechanisms that ensure learning and development requirements are accurately determined and develop our provision accordingly.

We will continue to operate in partnership our central process for awarding continuing education funding in support of fair and equal access to career development support for all staff. We also plan to develop a Talent Management Strategy.

- ❖ **Shared Services for Trainees**- Implement a Lead Sponsor arrangement for all medical trainees with Tier 2 Visa status. This contributes to the national agenda of ‘Delivering Once for Scotland’, enhances the attractiveness of Scotland as a place to train and delivers increased efficiency and reduced costs.
- ❖ **Recruitment and Selection**-Carry out a review of our recruitment processes to include competency based selection in support of enhanced selection, including values based recruitment and selection.
- ❖ **Youth Employment:** To contribute towards a sustainable workforce, we will continue to actively pursue all reasonable options to provide opportunity for young people to pursue a career with us and we aim to put in place - in partnership – an updated policy in relation to Youth Employment in 2014/15. We will also recruit a further 2 Modern Apprentices (1 each in Creative and Digital medical and Business Administration) following the success of those introduced in the organisation during 2013/14.
- ❖ **Organisational Re-design and Change:** NES seeks to remain at the forefront of educational solutions for the workforce of NHS Scotland and contributing to the reshaping of that workforce including responding to the integration of health and social care continues to be a key priority.

- ❖ **Medical Trainees:** To deliver the lead sponsor service on behalf of NHS Scotland for medical trainees requiring Tier 2 sponsorship. NES aims to deliver a high quality service that contributes to the attraction, retention and development of trainees in Scotland.

In 2014/15, NES will build on the work undertaken in 2013/14 by rolling out training to leaders and implementers respectively on how to re-design their departments and how to manage and implement change effectively.

One of NES's key workforce challenges is in supporting change and new ways of working. In the course of 2014-15 we will be working to support the Directorates as they undergo change to achieve improved streamlining of their service delivery. All major change of this nature is being taken forward in partnership and overseen by the Change Management Programme Board (chaired by the Chief Executive).

In the course of 2014/15 we will also be continuing to support the realisation of the benefits of organisational change programmes. One of our workforce challenges is to identify and release capacity and redeploy this resource to new and emerging areas of work.

We are fortunate to have a talented and stable workforce. Providing appropriate and sufficient training and development and redeployment opportunities continues to be a priority in 2014/15.

Workforce planning is an integrated and on-going activity and this workforce plan is reviewed annually. We will fully review the Workforce Plan at 31 March 2015 in order to ensure alignment with updated corporate and operational plans.

3. Planning Context within NES

The NES Workforce Plan is driven by our 2014-2019 refreshed Strategic Framework, Corporate Plan and Local Delivery Plan aligned to the 2020 Route Map priority actions. We are an organisation that plans and delivers all our activities in partnership with our stakeholders. We also focus on embedding best practice and improving efficiency, delivering our services nationally for Scotland where we can, as well as providing a local perspective through our regional offices. Our 9 key outcomes that we aim to achieve are:-

- ❖ A demonstrable impact of our work on healthcare services.
- ❖ An excellent learning environment where there is better access to education for all healthcare staff.
- ❖ Flexible access to a broad range of quality improvement education in the workplace
- ❖ Leadership and management development that enables positive change, values and behaviours
- ❖ A key role in analysis, information and modelling for the NHS Scotland workforce to strengthen workforce planning

- ❖ A range of development opportunities for support workers and new and extended roles to support integration
- ❖ Improved and consistent use of technology with measureable benefits for user satisfaction, accessibility and impact
- ❖ Consistently well developed educational support roles and networks to enable education across the workplace
- ❖ An effective organisation where staff are enabled to give their best and our values are evident in every day work

NES continues to have to address significant challenges in the operating environment including the following:-

- ❖ Financial – NES has delivered £19 million pounds of savings over the last three years. 2.5 million pounds of savings had to be delivered in 2013/14 and a further 2.5 million in 2014/15.
- ❖ The regulatory environment- particularly with reference to the GMC continues to place demands on the Medical Directorate including revalidation, accreditation of trainers and reporting of patient safety incidents and the implementation of the Shape of Training Report
- ❖ Rising expectations in the area of workforce and analysis intelligence and modelling and quality improvement with NES taking on greater responsibilities
- ❖ Health and social care integration and public service reform including our contribution to Public Services Collaborative Learning
- ❖ Completion of the Glasgow Premises consolidation project
- ❖ Organisation wide and Directorate based organisational change programmes. Current cross Directorate programmes include procurement, finance and the alignment of our Digital Strategy. Driving the benefits of a single Postgraduate Medical Deanery will be a priority in 2014/15
- ❖ Proactive and anticipatory response to service challenges including remote and rural and primary care
- ❖ Scottish response to the Francis Enquiry including the learning environment, inspection visits, leadership and healthcare support workers

Over the last three years we have seen reductions in our core staffing establishment. In the course of 2013/14 it has becoming increasingly challenging to sustain a reduction in core staffing numbers. This has been combined with new and emerging areas of work that have transferred to NES with associated funding to support time limited appointments which have added to our staff in post. Driving forward with organisational change and realising efficiency and cash savings from our performance improvement programmes and implementing new ways of working will continue as we look to realign – wherever possible- our workforce to respond to the challenges outlined above.

We continue to make use of agency and fixed term contracts in order to create redeployment opportunities for staff affected by organisational change and to

resource work streams supported by fixed term funding. In partnership however we are now actively making permanent appointments to posts where organisational change programmes have been completed. Given the recruitment challenges in 'hot spot' areas e.g. Aberdeen, we are actively encouraging managers- based on enhanced technology – to consider placing an appointment in another regional or central office where we can attract and retain a wider talent pool.

All vacancies, contract extensions and any proposed changes to the staffing establishment are subject to a robust business case, reviewed in partnership and agreed by the Executive Team. In 2013/14 we continued to develop our online establishment control system, extending its use to other HR processes and the development of further reporting.

This Workforce Plan has also been developed within the context of a Scottish Government 'no redundancy' policy and we have already met the target of a 25% reduction in senior management posts. NES does not limit its savings to staff on Executive and Agenda for Change contracts and has delivered savings in sessional commitments across staff on consultant and other medical and dental contracts. The process of identifying savings is on-going.

Having successfully relocated our three main Edinburgh office locations to one city centre site in November 2012 we are working to consolidate our two central office sites in Glasgow into 2 Central Quay by August 2014. Working in partnership, we are continuing to roll out our Workplace Strategy which is based on flexible working spaces and an open plan environment. We have updated what is already a very comprehensive Agile Working Toolkit and based on the learning from our Edinburgh move in 2012 have further developed our organisational development and change programme to support staff in adapting to what is a further significant cultural change.

In 2013, we implemented in partnership a new policy and approach to employee performance management to deliver NES' strategic aim of establishing systems which better connect individual performance with the organisational aims and outputs. From 2013, this Personal Review & Planning process sees all individual objective setting, development planning and annual review activity happening in line with the annual operational planning cycle.

Annual Personal Review and Planning meetings, incorporating the Joint Development Review (JDR) for staff on Agenda for Change now take place between 1st April and 30th June each year. This is intended to ensure a clearer flow of Directorate and corporate priorities from the annual operational planning process, and allow time for teams to consider the implications of these for their own work area. We expect that the quality of objectives and personal development plans (PDP's) will improve as a result of individuals across the organisation participating in this activity simultaneously.

Progress is being tracked on the basis of activity recorded on the relevant online system: e-KSF for staff on Agenda for Change and Domino for other groups. We measure the proportion of staff with objectives, PDP's and annual reviews each year. At 30th June 2013, 77% of eligible staff had objectives for 2013/14 recorded online, with 60% having signed off PDP's for the same period, the latter figure reflecting difficulties some staff experienced in ensuring agreed PDP's were properly signed off on one of the systems.

From 2013, an annual Quality Assurance process for Personal Review and Planning outcomes has been introduced. This was developed and delivered in Partnership as

part of the revised arrangements developed with a group of staff and line managers in 2012. 2013 data provides a baseline against which quality can be measured moving forward, an approach unique in NHS Scotland and the wider Public Sector.

Effective Business Partnering, completion rate data, and Quality Assurance outcomes will be used to continue to offer appropriate development support for staff and line managers in this key area during 2014/15. Further note will be taken of a Progress Review of our Performance Management Strategy and Action Plan that will be completed during 2014/15 to determine what support will be required to further embed improvements in this activity going forward to.

All organisational change in NES is managed through the Change Management Programme Board (management and staff side), Partnership Forum and the application in partnership of agreed policy. The Property Strategy and work on performance improvement work streams is informing organisational change projects across NES and the Change Management Programme Board – chaired by the Chief Executive - is playing a key role in ensuring a consistent approach and in taking forward policy guidance in support of a much more significant programme of organisational change across NES.

In 2013/14 NES ran in partnership a Voluntary Severance and Early Retirement Scheme and 12 staff left service under the terms of this Scheme as at 31 March 2014. In 2014/15 we will review in partnership the operation of our Voluntary Severance and Early Retirement Scheme with the aim of strengthening the opportunity of severance linked to programmes of organisational change. This reflects the maturity of a number of our change programmes and the recognition that while an open offer in terms is likely to continue in 2014/15, the potential to identify posts for deletion through this process has diminished over time.

NES will continue to have a significant role in contributing to workforce planning for a diverse range of trainees and other health service groups. We do this in partnership with Scottish Government, higher and further education institutions and other key stakeholder groups.

4. Approach to Workforce Planning in NES

Workforce Planning in NES is integrated with the strategic and annual operational and financial planning processes. Our refreshed Strategic Framework, annual Corporate Plan and Local Delivery Plan are aligned with the Quality Strategy 2020 Route Map priorities and regulatory and key stakeholder requirements. Our People & Organisational Development Strategy which informs our Workforce Plan is aligned with our Strategic Framework and Everyone Matters.

To support workforce planning, NES has a Workforce Planning cohort trained in the 'Six Steps Planning Methodology'. This cohort consists of Directorate Business Managers who play a pivotal role in coordinating annual operational and financial planning. Their role is to provide workforce planning expertise in their Directorates supported by the HR & OD, Finance and Corporate Planning functions. The aims and objectives of the plan are to complement the Corporate Plan and support the NES Strategic Framework i.e.:-

- ❖ Continue to embed Workforce Planning as an integral part of day to day business

- ❖ Develop workforce plans in partnership across the organisation
- ❖ Increase awareness of the financial position, age profile and workforce risks
- ❖ Develop a more efficient workforce
- ❖ Standardise and regularly consider workforce planning by the Executive Team, Staff Governance Committee and Partnership Forum
- ❖ Ensure integration and ownership of workforce planning across Directorates.

HR & OD produces a comprehensive set of quarterly workforce management metrics. This report is reviewed quarterly by the Executive Team, Staff Governance Committee and Partnership Forum and enables us to monitor performance against the Workforce Plan and inform decision making. The metrics are also published on the Staff Intranet and are available to all Directors and Business Managers to support workforce planning.

NES also develops and agrees in Partnership an annual Self Assessment Audit Tool (SAAT) Action Plan including our response to the NHSS Staff Survey. In 2014/15 we will be considering how we develop integrated action plans based on the new Staff Governance Standard Monitoring Returns and I Matter.

Our action plans include our staff Equality & Diversity Action Plan aligned with our Equality and Diversity Strategic Action Plan 2013-17. In April 2013, NES published an updated Equal Pay Statement which includes our commitment to equal pay and provides an analysis of pay equity within the NES workforce³.

Performance against Staff Governance Standards through these reports is monitored quarterly by the Staff Governance Committee and the Partnership Forum.

Staff Governance and the experience that prospective and current staff have of NES continues to be very important to us and we have engaged fully with the NHS Scotland I Matter programme lending practical support to the piloting of the Staff Experience Tool in 2013. NES is planning to be an early implementer of the I Matter Tool in 2014, having been- in April 2014 -the first Health Board to agree a provisional Implementation Plan.

In 2013 NES successfully retained our Healthy Working Lives Gold Award status. Under our Wellness Strategy our focus in 2013/14 has been on mental health and we achieved the Mental Health Commendation Award in 2013.

NES recognises the context within which we are engaging with Boards, regulators and professional bodies in delivering our services. We recognise that pressure on territorial boards, in particular in relation to workforce redesign and capacity to invest time and financial resources in education and training, requires NES to be flexible and wherever possible to add value through 'delivering once for Scotland' as agreed with our key stakeholders. We are therefore driving forward with developments to maximise the expertise across NES to deliver collaboratively across professional groups.

³ Equal Pay Statement - <http://www.nes.scot.nhs.uk/media/16768/Equal-Pay-Statment-April-2013.pdf>

5. Plan Purpose and Strategic Workforce Planning Objectives

The Workforce Plan is approved by the Executive Team, Partnership Forum and Staff Governance Committee and is used along with other plans to monitor and review progress against workforce objectives. Our strategic people objectives are aligned to the refreshed Strategic Framework and Corporate Plan.

We will continue to focus on improving our systems, processes, workforce plans and structures in order to become more effective, sharing best practice and resources to deliver education in a more streamlined and consistent way. We also focus on the delivery of efficiency savings on activities that do not impact on our activities that directly support patient care.

Our 'Engagement and Intelligence Gathering' process has helped to ensure that our plans align with the priorities of NHS Boards, Scottish Government and other stakeholders building effective relationships and partnering across health and social care, the education sector, regulatory and professional bodies and the wider public sector. For our staff, we will identify skills, maximise talent and encourage and support collaborative team working.

We provide a comprehensive recruitment and selection assessment centre and on-boarding service to the postgraduate training programmes that we manage for a range of healthcare professions.

This Workforce Plan primarily supports the delivery of NES Strategic Theme 5 (NES Strategic Framework 2014-19) and associated activities as follows:-

An Improved Organisation- Enhancing the capability of our staff to give their best and achieve their potential

- ❖ Supporting and Developing our Staff
- ❖ Performance Improvement
- ❖ Efficient and Effective Corporate Resources

Our strategic themes are delivered through key outcomes which in relation to the NES workforce is focussed on:- An Effective Organisation where all staff are enabled to give their best and our values are evident in every day work

NES has introduced a Leadership and Management Development Framework and as part of this, our Manager's Passport enables managers to assess themselves against agreed performance standards at core, intermediate and advanced level. By 31 March 2013, 10% of managers had completed a self assessment with the passport. This is in line with our target of all line managers having completed their first self-assessment by December 2014 based on a cascade approach led by the Chief Executive and his direct reports designed to ensure that all participants have the benefit of their line manager having participated before them.

As part of the roll out of our 2014-19 Strategic Framework the Chief Executive led a reaffirmation of our commitment to lead and manage the organisation in line with NES values at a launch event and workshop in March 2014 attended by approximately 70 managers, staff and non-Executive Board members. We recognise that at a time of significant organisational change, personal governance and the support for the management of change is essential to ensure all the workforce are

treated in the manner set out in the Staff Governance Standard and in line with our espoused ways of working.

6. Performance Management

Performance management happens both at a corporate level, for NES as a whole, and at the individual level, for our employees. In NES, there are links between both these elements of performance management via the Operational Planning process. In NES, performance management is about delivering organisational effectiveness through leading, managing and developing our people and their contributions. Our performance management strategy and process focuses on the following key elements of our approach:

- ❖ Objective setting
- ❖ Performance review and appraisal
- ❖ Personal development planning
- ❖ Giving and receiving feedback
- ❖ Line management

These activities are features of good employment practice and Staff Governance, and are mandatory for all NES employees. Highly effective organisations typically use performance management and the activities associated with it to ensure that their people are clear on how they contribute to the organisation's strategy and that regular performance review/appraisal and development planning supports this. In implementing the People and OD Strategy, we are committed to ensuring that:

- ❖ All of our people are able to understand how they contribute to the organisation's strategy via the work that they do
- ❖ These contributions are recognised both as they happen and through formal performance review processes
- ❖ Appropriate development is provided to help people enhance their contribution through the acquisition of knowledge and skills

We need to be able to demonstrate our impact and use our resources effectively, which includes the funding we have available to support staff development. Effective performance management helps us to do this, ensuring that we are helped to perform well in our roles and are supported in developing our skills and experience, as appropriate.

7. Key Workforce Challenges

NES' key workforce challenge is delivering an Improved Organisation⁴, ensuring our staff have the capacity and capability to give their best and achieve their potential. In operational plans we are continuing to take forward a wide range of developments which enable the implementation of our Strategic Framework, workforce objectives and the priority action areas of the 2020 Workforce Vision which are:-

- Healthy Organisational Culture

⁴ NES Strategic Framework 2014/19 'Quality Education for a Healthier Scotland'

- Sustainable Workforce
- Capable Workforce
- Integrated Workforce
- Effective Leadership and Management

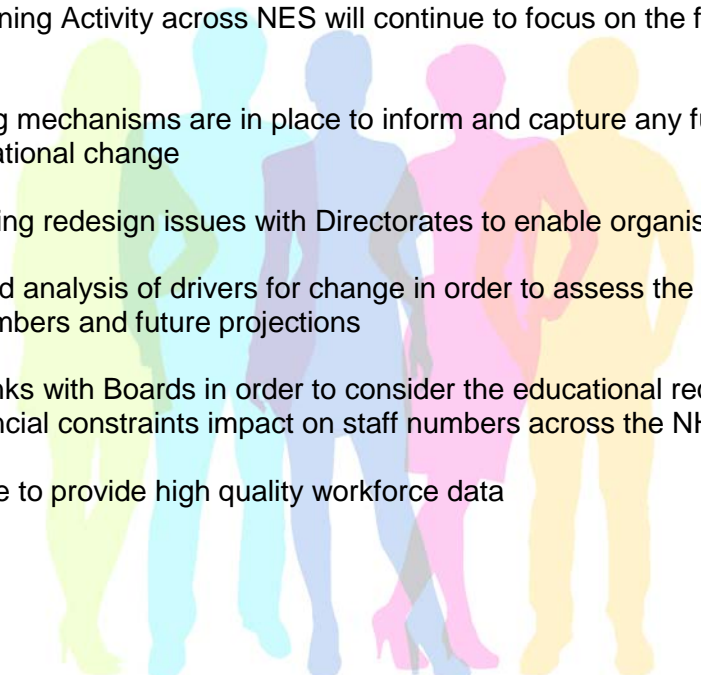
In the course of 2014/15, we will be continuing to implement a significant programme of organisational change across the organisation. We will also continue to fully participate in national programmes of change e.g. Shared Services.

In 2013 we reviewed our Values based on a comprehensive staff engagement process. Beginning with our managers, we are focussing on the ways of working required to deliver our strategic aims and objectives and this will be taken forward throughout the organisation in 2014/15. Our strategic workforce objectives are to:-

- ❖ maximise the potential and contribution of our current workforce
- ❖ continue to grow our leadership and management capability to manage change and performance
- ❖ continue to provide learning and career development plans that are aligned with corporate and operational plans
- ❖ deliver enhanced productivity and efficiency
- ❖ create drivers for and support organisational re-design and change to ensure that we have the right people, with the right skills, in the right place at the right time
- ❖ continue to develop a clearer alignment between our corporate and operational plans and individual staff objectives
- ❖ improve the attractiveness of Scotland as a place to train through the alignment of the educational journey, with the employment journey
- ❖ support the Scottish Governments commitment to Youth Employment providing work experience and training opportunities for unemployed young people aged 16 to 24.

Workforce Planning Activity across NES will continue to focus on the following activity:-

- ❖ Ensuring mechanisms are in place to inform and capture any future organisational change
- ❖ Supporting redesign issues with Directorates to enable organisational change
- ❖ Improved analysis of drivers for change in order to assess the implications on staff numbers and future projections
- ❖ Close links with Boards in order to consider the educational requirements as the financial constraints impact on staff numbers across the NHSS
- ❖ Continue to provide high quality workforce data



- ❖ Ensure the Workforce Plan develops in sophistication and continues to be published annually
- ❖ Support the development of extended roles, identify gaps and address these with appropriate learning as required
- ❖ Monitoring the roll-out of our 'Managers Passport' as part of our leadership and management framework
- ❖ Ensure close alignment of the Workforce Plan to all other internal planning documents and in particular the Strategic Framework and Corporate Plan, Everyone Matters and our People & Organisational Development Strategy 2014-17.
- ❖ NES continues to work in partnership to develop policies and services that make a positive contribution to the attraction, retention and development of the trainee workforce in particular. There is an increasing focus on international recruitment for medical trainees which require innovative and proactive approaches within a very competitive market.

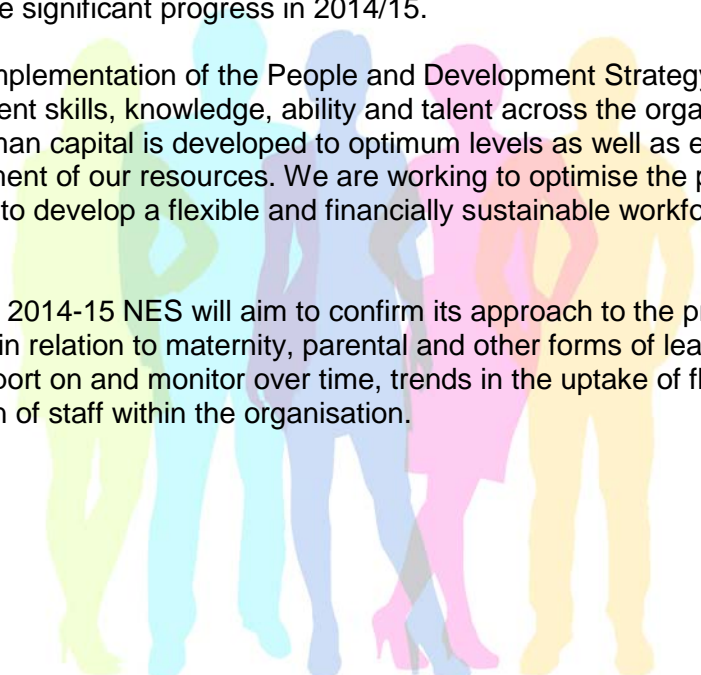
8. Recruitment, Retention & Talent Management

NES has a highly skilled and professionally qualified workforce and has been successful in attracting talented staff to the organisation. In addition to monitoring turnover we also measure a stability index which measures the retention rate of employees with over one years' service. Our stability index was consistently over 90% throughout the course of 2013/14. Recruitment and retention are not therefore significant issues for us, except that, in a changing work environment, staff turnover could be perceived as too low. The workforce challenge for NES is therefore to continue to develop our understanding of our staff skills base and to plan future development and succession planning.

We are working to increase flexibility of employment and significantly enhance efficiency by implementing where appropriate standard NES job descriptions which enable the workforce to be more responsive to changing organisational needs. This project will make significant progress in 2014/15.

The on-going implementation of the People and Development Strategy enables us to assess the current skills, knowledge, ability and talent across the organisation to ensure that human capital is developed to optimum levels as well as enable more flexible deployment of our resources. We are working to optimise the potential of our people in order to develop a flexible and financially sustainable workforce for the future.

In the course of 2014-15 NES will aim to confirm its approach to the presentation of workforce data in relation to maternity, parental and other forms of leave. This will enable us to report on and monitor over time, trends in the uptake of flexible working and progression of staff within the organisation.



9. Affordability/Availability and Adaptability

The integration of workforce, operational and financial planning has ensured that the NES workforce is affordable. NES is also satisfied that our workforce projections are based on realistic assumptions regarding future supply. We recognise the workforce challenges set out in this plan and are planning the interventions to develop and manage our talent in a more flexible way.

10. Risk Management

Through our regular monitoring of all workforce, financial and operational plans, NES is able to assess and manage workforce risks. NES recognises that a more formal approach to succession planning is required for roles beyond the senior management team and has plans to develop a wider Talent Management Strategy in 2014/15 that is cognisant of best practice approaches to Talent Management, that reflects NES workforce parameters and strategic priorities, and takes advantage of public sector workforce development initiatives in Scotland.

11. Workforce Supply

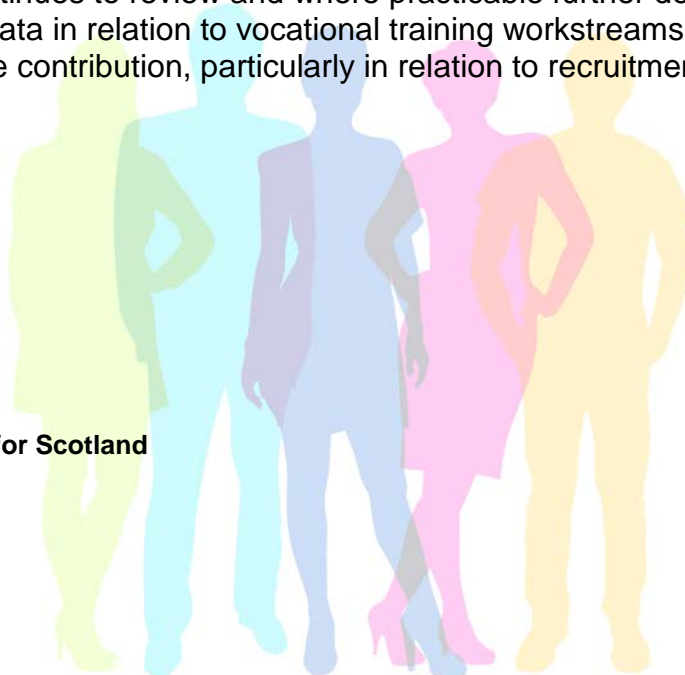
This Workforce Plan has been developed based on the guidance set out in CEL 32 (2011) and workforce projections developed as an integral part of this plan are submitted to SGHSCD in accordance with their requirements. See Appendix 1 for information on Workforce Supply.

12. Equality and Diversity Profile

Appendix 2 - NES Equality and Diversity Profile

Appendix 3 - Vocational Training recruitment Equality and Diversity Profile

N.B.: NES continues to review and where practicable further develop equality and diversity data in relation to vocational training workstreams to which we make an active contribution, particularly in relation to recruitment, assessment and selection.

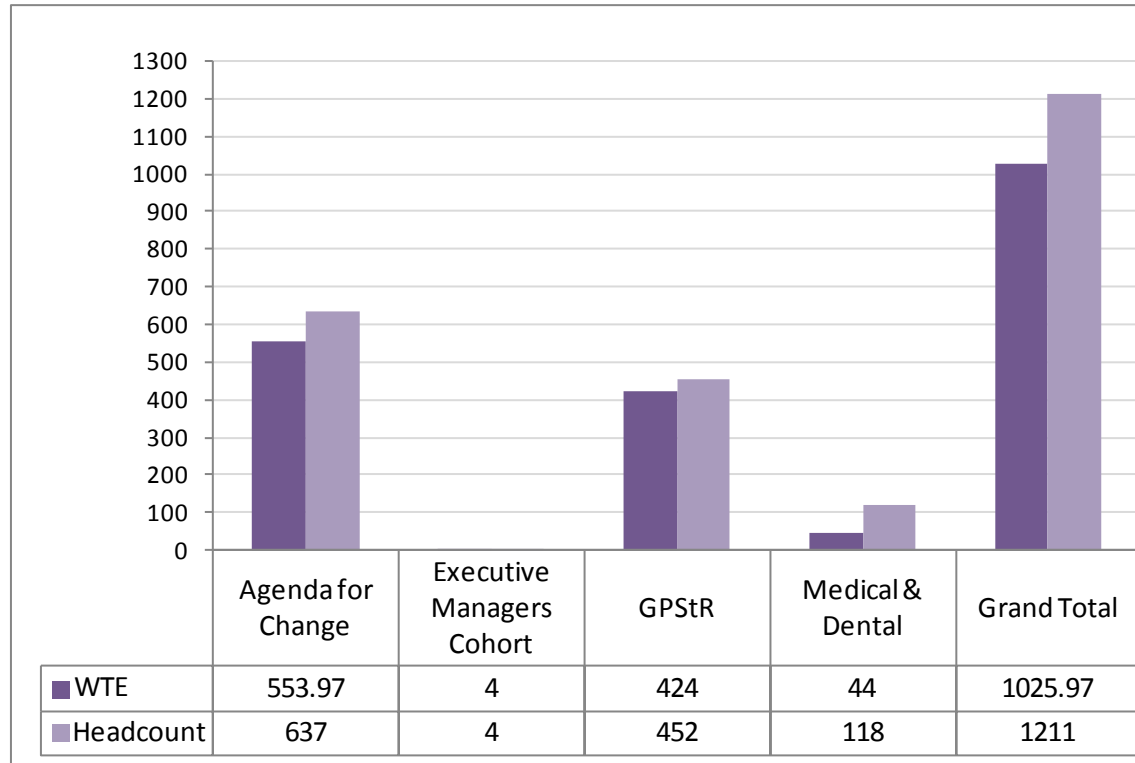


1. WORKFORCE SUPPLY: CURRENT WORKFORCE

NHS Education for Scotland (NES) directly employed 1211 (Headcount) staff at 31st March 2014, an increase of 13 staff over the last 12 months. This is known as the headcount (HC). As some of these staff work part time, the whole time equivalent (WTE) figure is 1025.97¹, an increase of 19.5 WTE over the year.

Staff categorisation by pay scale 31.03.2014

TABLE 1: Breakdown of Pay Scale Categories



Executive Managers Cohort
Medical & Dental
Associate Advisers
Consultant
CRUMP
GP and GDP Educators
Admin & Clerical
Agenda for Change

¹ These figures exclude non-executive board members and various classes of staff not employed by NES whom we are invoiced for. These include secondments, university employees, bank lecturer's, sessional staff and agency workers.

2. NES RECURRING ESTABLISHED POSTS

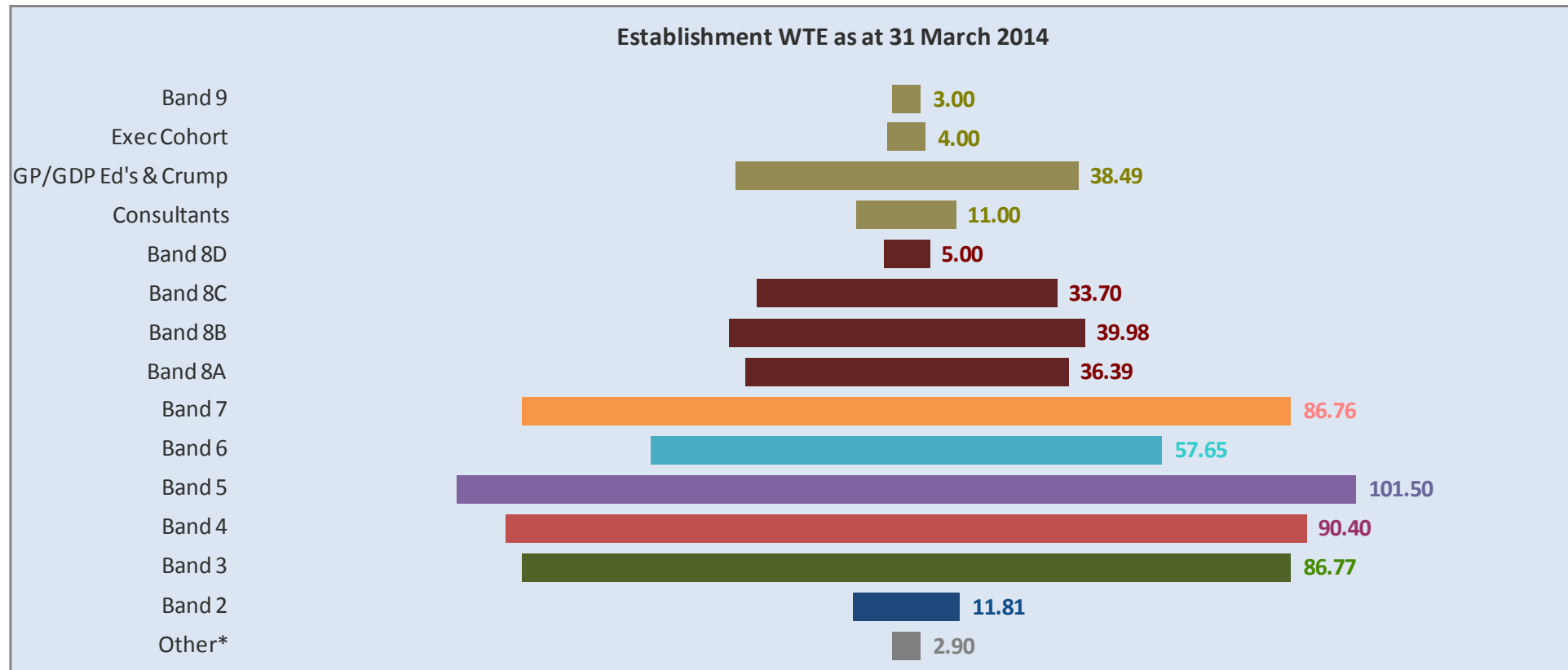
A breakdown of recurring posts by Band is shown below for all Agenda for Change staff, Medical and Dental Grades and Executive Cohort bands. This model shows the proportion of staff on each grade to provide a baseline for managers to use when planning for service redesign. This model does not include GP Specialty Training Registrar's (GPStR's).

Table 2: WTE Summary by Grade as at 31.03.14

	1	2	3	4	5	6	7	8				9			NES Total**	
	Other*	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	Exec Cohort	GP/GD P Ed's & Crump		Consultants
Total	2.90	11.81	86.77	90.40	101.50	57.65	86.76	36.39	39.98	33.70	5.00	3.00	4.00	38.49	11.00	609.35
								115.07				56.49				

*Includes some staff on university contracts and Service Level Agreements

**This figure includes recurring established posts including vacancies.

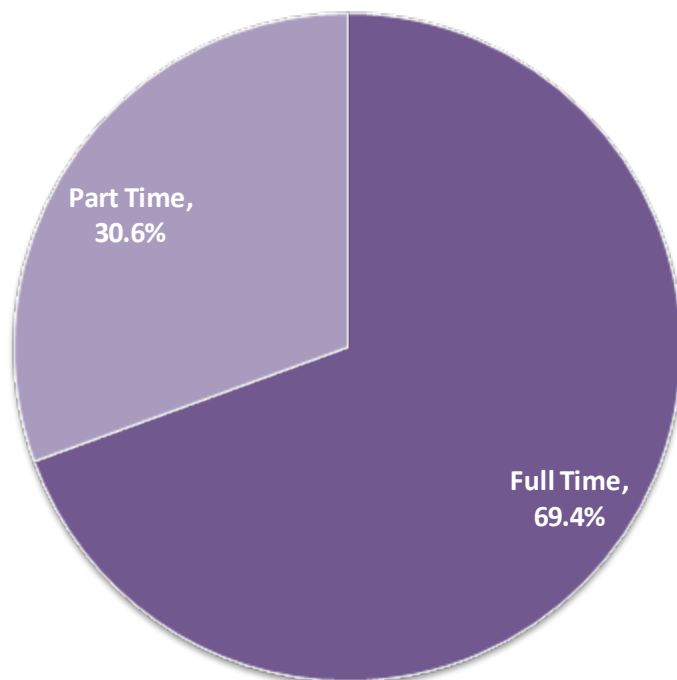


3. STAFF WORKING PATTERN & CONTRACT TYPE

Extent of flexible working as 31.03.2014

A total of 30.6% of staff in NES² work part-time (see figure 3 below) compared with 43% in NHSS³ and 37% within public sector organisations in Scotland⁴. As at 31.03.2014, 13.2% of NES staff either work compressed hours or have a flexible working pattern. This is a slight increase of on last year's figures and reflects the application of fair access to flexible working practices for NES employees. These principles are embedded in NES Human Resources (HR) policies, the most common flexible working practices NES were part-time working, compressed hours, job sharing and home working. In addition to this all NES staff are entitled to flexitime working arrangements.

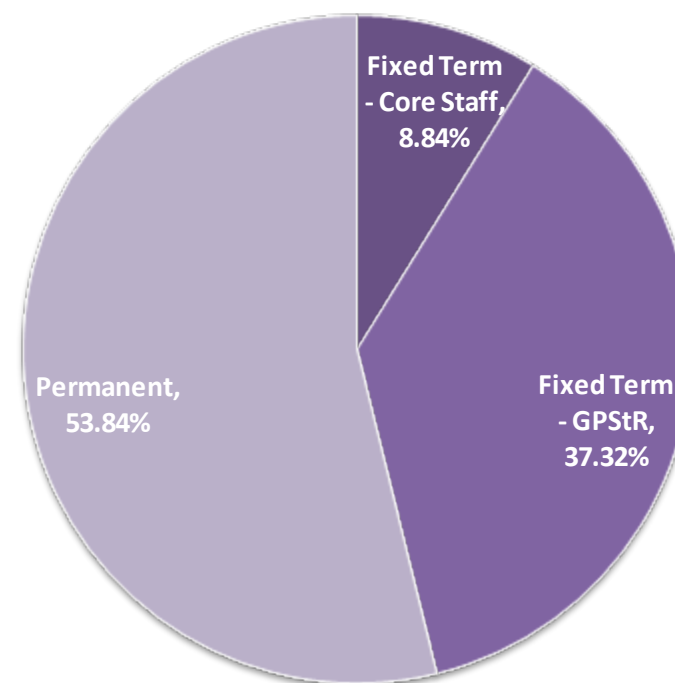
Table 3.1: Working pattern



Contract Type as at 31.03.2014

NES uses temporary workers to provide additional resources and allow for flexibility on a short-term basis. We continue to receive time limited funding which necessitates the use of fixed term contracts. To retain posts that are available for staff who become subject to redeployment as a result of organisational change we have a practice in partnership of making fixed term appointments where appropriate. GPStR's are on fixed term contracts as NES only employ these trainees whilst they are in the GP component of the training programme. The NES core staff population a total of 14.10% staff are on fixed term contracts, a slight increase from the previous year, while 85.90% are on permanent contracts.

Table 3.2: Contract type



² Including GP Specialty Registrars

³ National comparator figures from previous year (ISD), figures as at 31.03.2014

⁴ HR Benchmarker 2012 – Workforce Performance Indicators Report, DLA Piper

4. STAFF LOCATION AND FUNCTION

NES Central Offices are located in Edinburgh and Glasgow, with regional offices located throughout Scotland. The main regional centres are in Dundee, Inverness, Aberdeen and Edinburgh. Majority of the staff that are employed in the regional locations work either in the Medical or Dental Directorate which cover the whole of Scotland and report into the central office via the Directors of Medicine and Dentistry (see Figure 4). The central offices based in Edinburgh and Glasgow host a range of core support services, together with the Nursing, Midwifery and Allied Health Professions (NMAHP), Workforce, Psychology and Pharmacy functions. GP Specialty Training Registrar's (GPStR's) are based all over the country in GP practices with majority based in the west of Scotland. In addition to NES offices, some staff are also based at universities, hospitals or other health board offices, as indicated by "Other" in Table 4.2.

Table 4.1: FUNCTIONAL ANALYSIS, Headcount

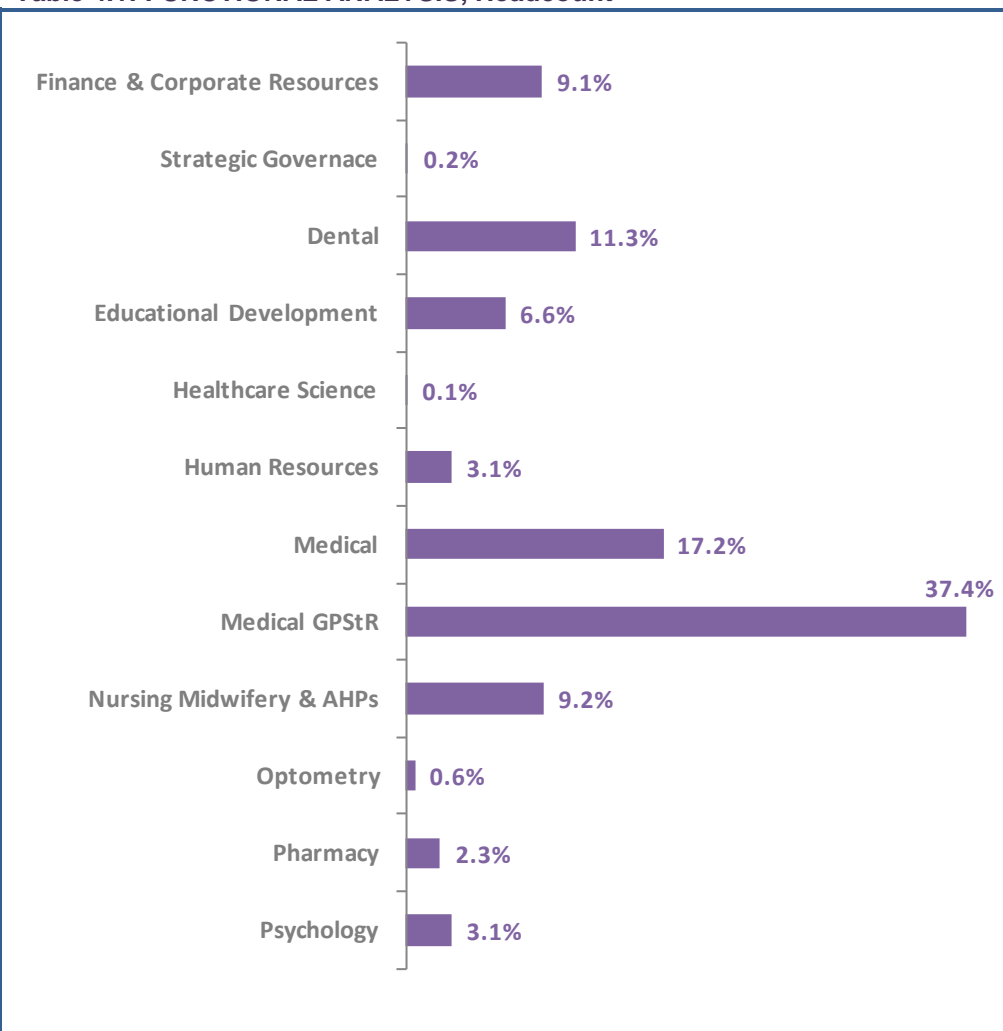
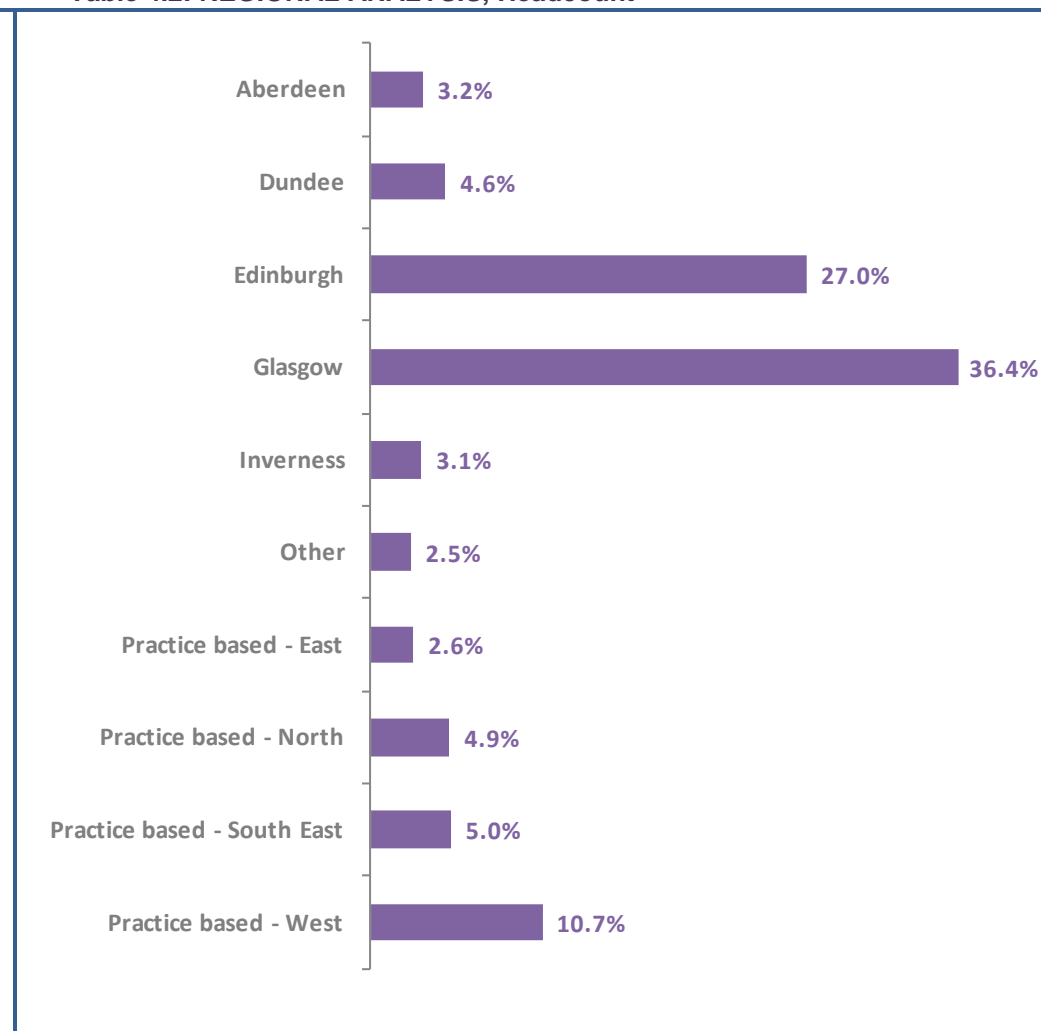
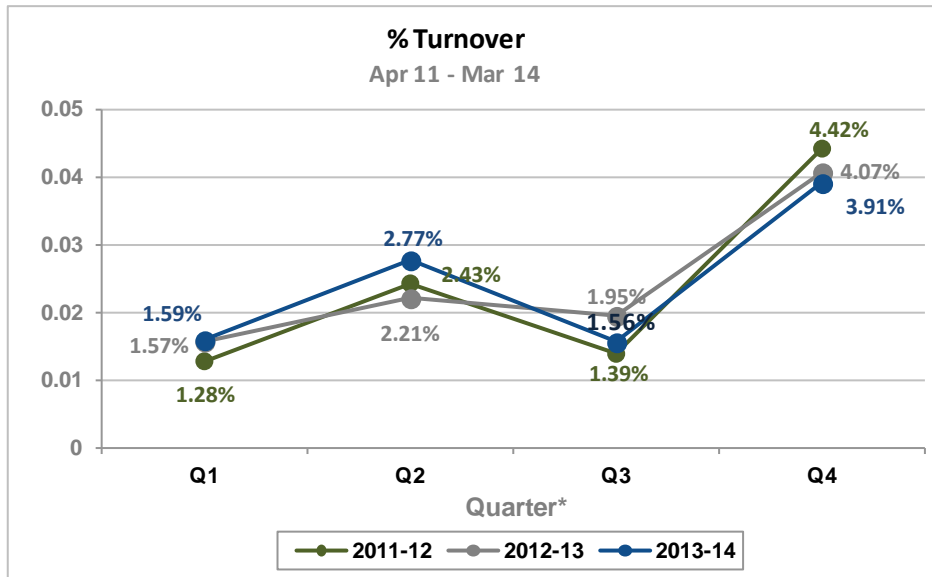


Table 4.2: REGIONAL ANALYSIS, Headcount



5. ABSENCE & TURNOVER (NES Core Staff)

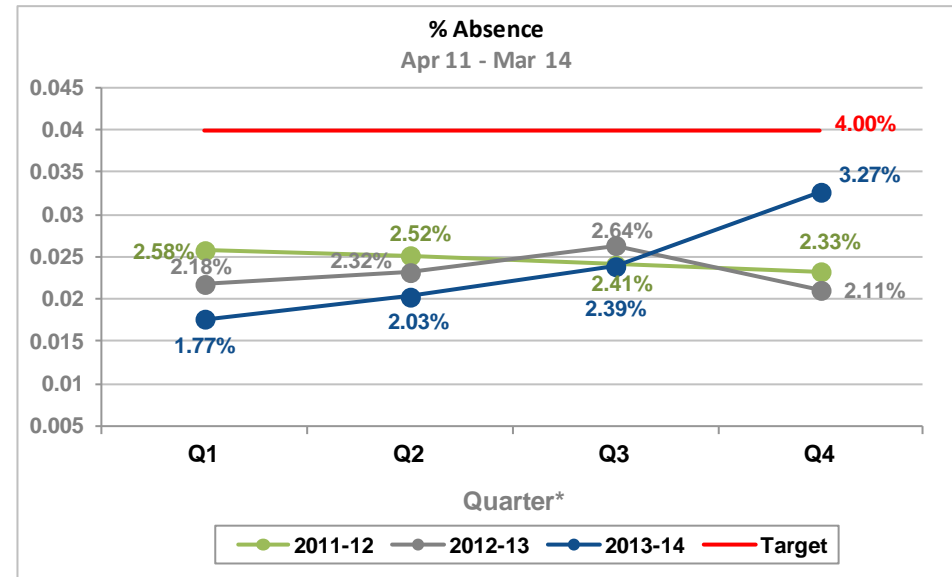
Table 5.1: Turnover at 31.03.14



NHS Scotland's overall average turnover for April 2013 – March 2014 was 6.8% compared to the figure NES have at 2.46% for the same period⁵. Turnover increased in Q4 to 3.91%, the primary cause for turnover rising in Quarter 4 is because staff left at the end of the financial year due to the voluntary severance scheme. Consideration will be given in partnership later in this financial year (2014-15) as to the offer of a further round of voluntary severance and early retirement.

Commitment to strict vacancy controls and redeployment have become a vehicle to deliver sustainable service redesign, which will continue in 2014/15. The stability index (staff in post for over one year) as at 31.03.2014 was 92.72% which is in line with 91.5% in large public sector organisations⁶. These figures do not include GPStR's as training posts are rotational and are therefore removed when calculating turnover figures.

Table 5.2: Absence at 31.03.14



In 2013-14 sickness absence averaged at 2.37%. This compares favourably with reported sickness absence figures across NHSS which were reported at 4.91%⁷. NES continues to improve on absence reporting rules and actively manages individual cases of absenteeism which give cause for concern. The average number of days lost through sickness absence per employee per annum was 2.2 days as at 31/03/2014 as compared to 7.1 days for national public sector organisations⁸. Stress /anxiety remains as on the top five reasons for sickness absence, however hours lost due to stress/anxiety has fallen by almost 50%.

NES has continued the wellness strategy to support all aspects of staff wellbeing which will continue to be embedded. Facilities such as the occupational health service and the ICAS independent counselling service are in place to support employees while at work and on sick leave as required. In 2013-14 NES has retained the Healthy Working Lives Gold Award and also attained the Mental Health and Wellbeing Commendation Award.

⁵ Based on ISD methodology, data does not include GPSTR's

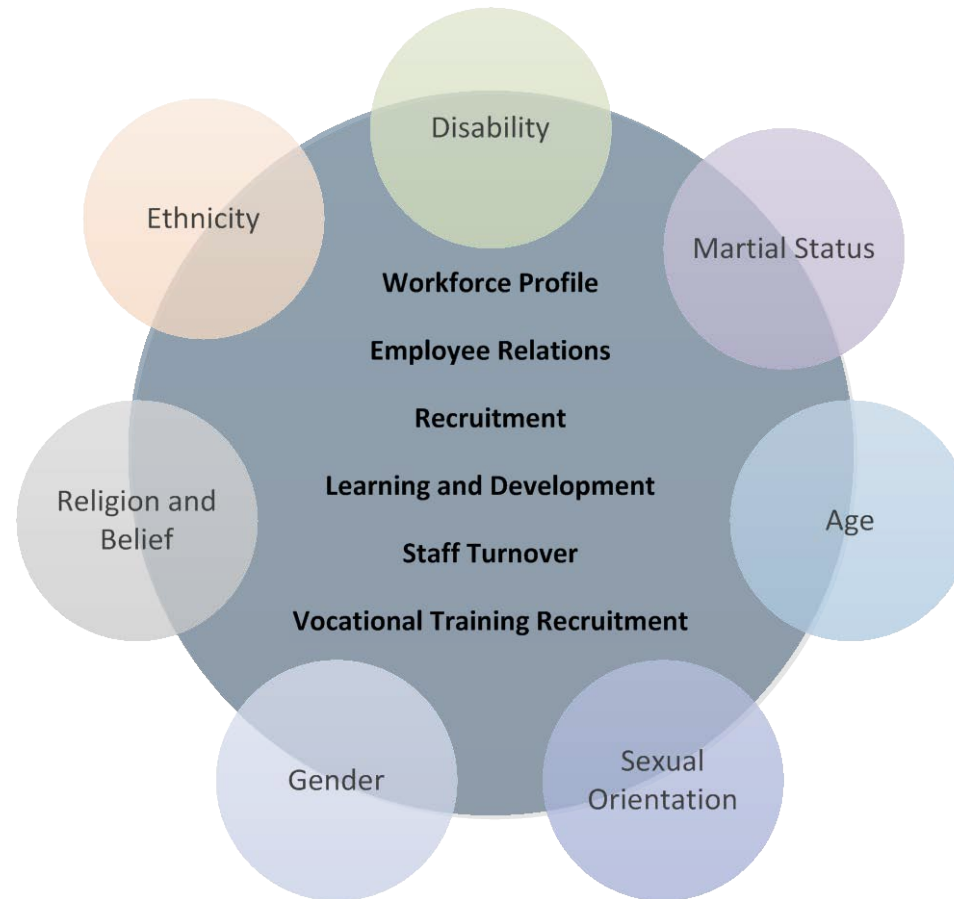
⁶ DLA Piper, HR Benchmarker 2013, HR Performance Indicators Report

⁷ National comparator figures from previous year (ISD), figures as at 31.03.2014

⁸ DLA Piper, HR Benchmarker 2013, HR Performance Indicators Report

NES EQUALITY AND DIVERSITY PROFILE

Equality monitoring information lets us identify how people experience their employment journey with NHS Education for Scotland (NES), based on their protected characteristics. This report contains high level observations, context and potential actions for each protected characteristic. This report identifies NES’s performance in relation to aiming to achieve its objective of ensuring fair recruitment and employment practices. The data relates only to employees who are directly employed by NES¹. It excludes those who work with us but are engaged on other arrangements. This report is the starting point for further investigation and a more sophisticated intelligence led approach to management, engagement and development based on the protected characteristics. The report satisfies our statutory obligation under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 to publish information annually relating to the diversity profile of our workforce and an analysis of equality and diversity in recruitment, retention, development and training. This report will consider the impact of equality and diversity in relation to various criteria as shown below.²



¹ For Data Protection reasons we are not allowed to report on any categories if there are under five staff present in that category

² This workforce equality profile includes data on NES core staff and GP Trainees (GPStR's) who are employed by NES. The tables on staff in post include diversity data for both NES core staff and GPStR's. This is the first year that GPStR's data has been included in this data set. The completeness and quality of the data held on core staff is higher in relation to some characteristics, particularly ethnicity. We have highlighted the collection of GPStR data as a focus for improvement. The subsequent tables on recruitment report the figures for NES core staff and GPStR's separately as they refer to two different recruitment processes. GPStR's are employed on fixed term contracts for specific parts of their medical training. For this reason, the data on training, retention, staff turnover and promotions refer only to NES core staff.

1.0 STAFF IN POST

1.1 Workforce Profile

The reporting period is 1st April 2013 to 31st March 2014. As at the March 2013 the headcount (not including GPSTR's) in NES was 755 (589.01 WTE), by March 2014 this has increased slightly to 759 (601.97 WTE). The size of the core NES workforce has averaged at 762 (599.91 WTE) over 2013-14 as compared to 765 (600 WTE) over 2012-13.

Table 6.1: Headcount & WTE, not including GPSTR's

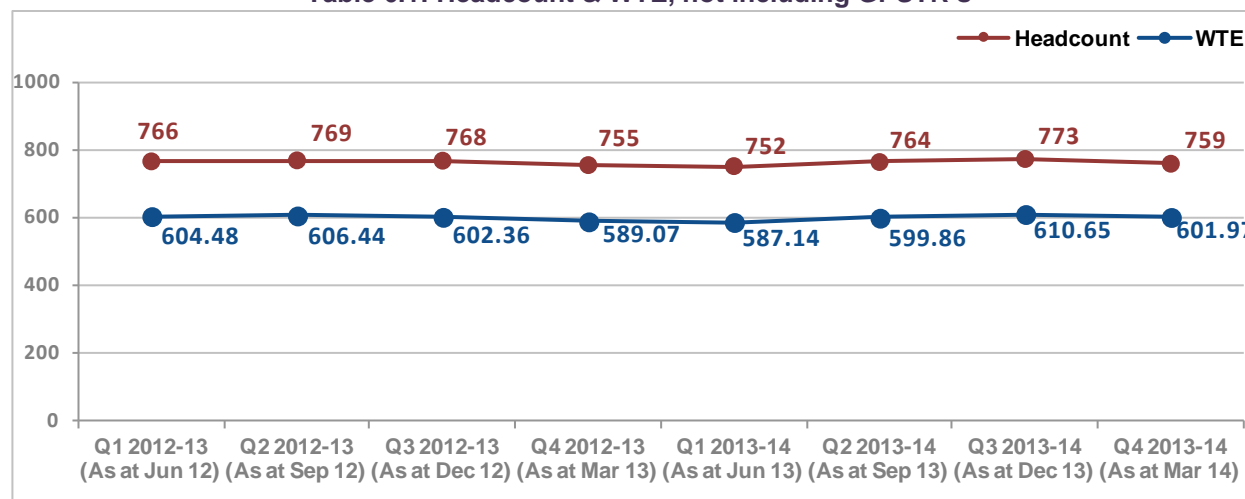
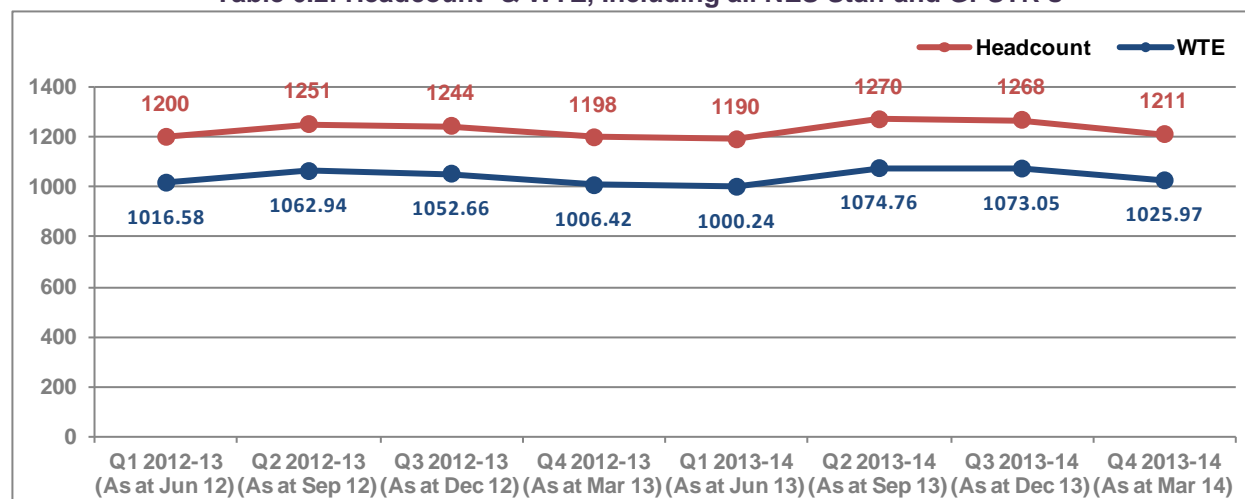


Table 6.2: Headcount * & WTE, Including all NES Staff and GPSTR's



1.2 Gender

The NES workforce is predominantly female; women make up 68.95% of the total workforce as at 31st March 2014.

There are gender differences between the various workforce contract groups. The workforce contracted under Agenda for Change (A4C) (78.49%) and Executive Cohort (75%) arrangements is predominantly female. The workforce contracted under GP/GDP Educator and Consultant arrangements, is predominantly male (66.95%). It is worth noting however that sixty six percent (64.82%) of the GPStR workforce is female. This trend prevailed across all quarters in 2013-14.

Over half of GP Specialty Training Registrar's (GPStR's), who are on training grades, are female. This figure is broadly consistent with the gender composition of the GP Workforce in Scotland.³

In the A4C contract group there is a gender difference in the distribution of the workforce across pay bands. Females work mostly in Bands 5 and 8 irrespective of whether they work part time or full time. Nearly 50% of males on A4C contracts are employed at Band 7 or above as compared with 36.8% of females on Band 7 and above.

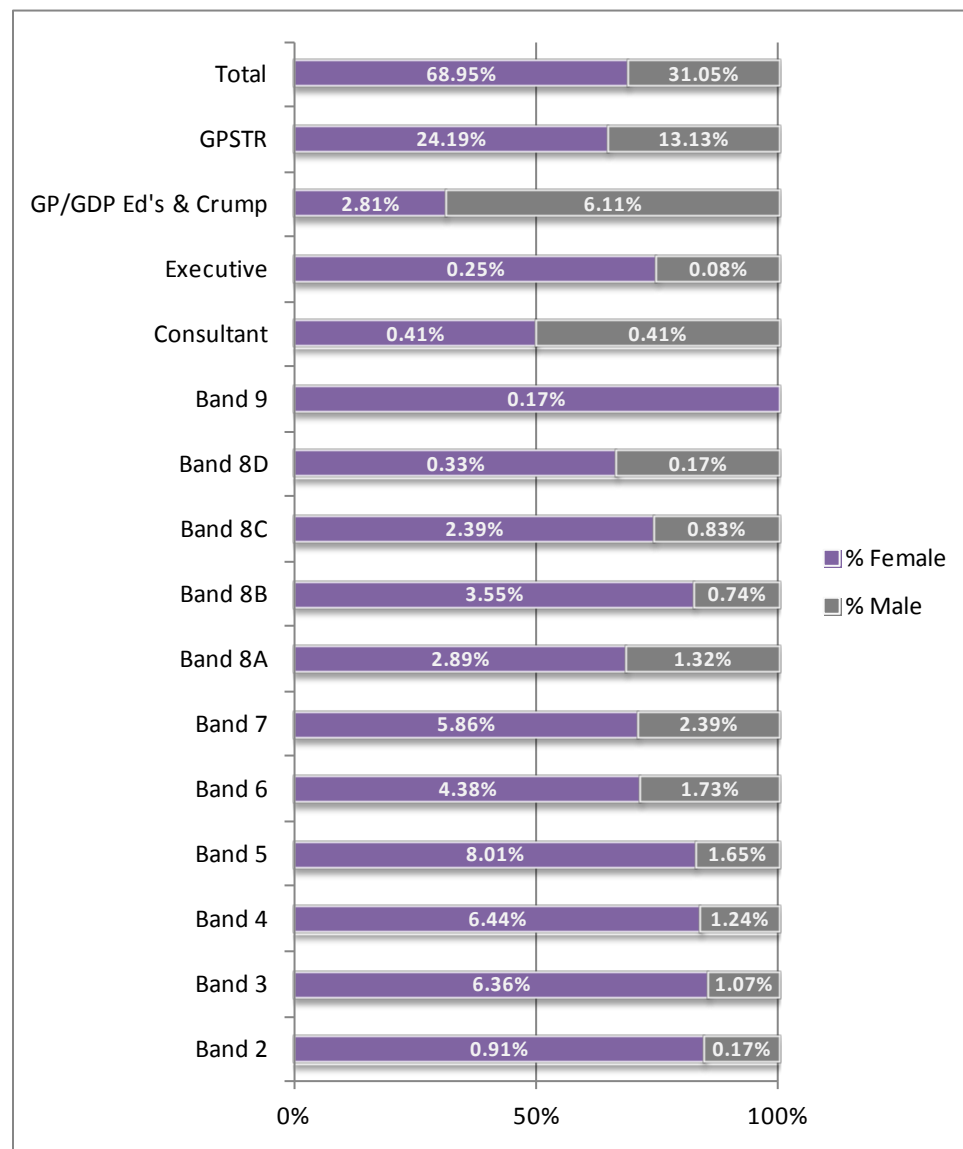
The NES Workforce Directorate has undertaken a more detailed analysis of the pay differences by grade and gender across all Agenda for Change grades. This has been further analysed with reference to full and part time staff in the published Equal Pay Statement³.

There is no inequality evidence that would cause the organisation any concern with regards to the levels of pay within each band by gender. In relation to certain grades there are some minor differences in gender and pay; however the differences are too small to be able to draw any definitive conclusions.

NES aims to be a family friendly employer and has implemented a range of policies which aim to enable the workforce to achieve work life balance and to enable NES to attract and retain a diverse workforce. The analysis of our workforce shows that a significant number of women work for NES on a part time basis and that a significant number of GP Trainees, both male and female, are choosing to work part time.

NES also published in April 2013 an Equal Pay Statement which includes our commitment to equal pay and provides an analysis of pay equity at NES⁴.

Table 7: Gender Profile as at 31st March 2014
distributed by pay band over the whole of the workforce



³ <http://www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/>

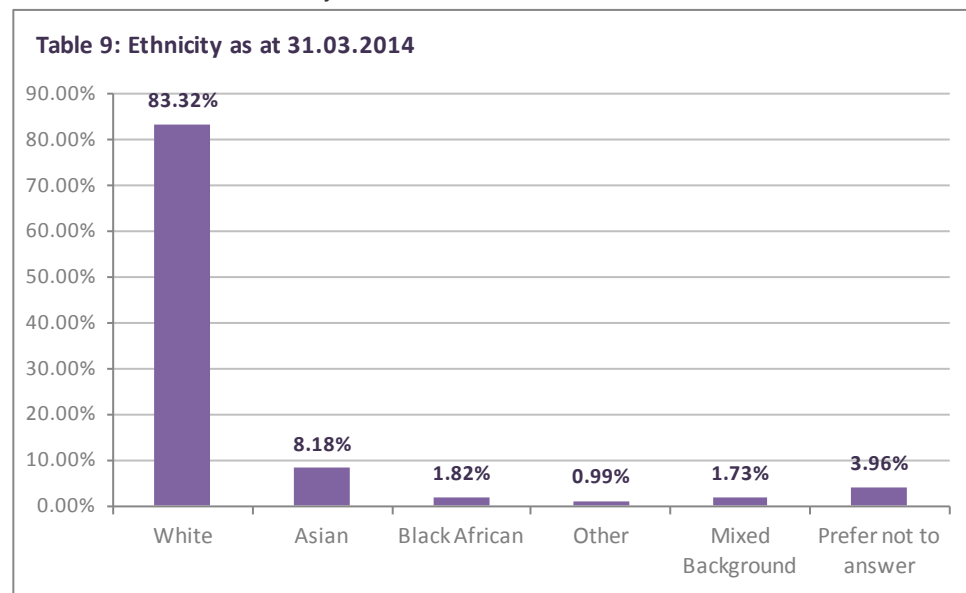
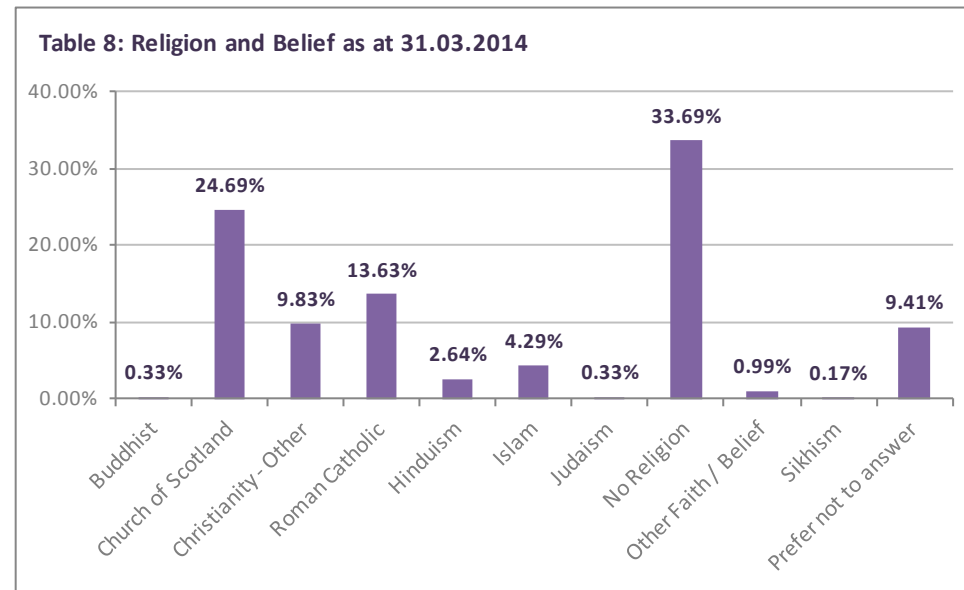
⁴ Equal Pay Statement - <http://www.nes.scot.nhs.uk/media/16768/Equal-Pay-Statment-April-2013.pdf>

1.3 Religion and Belief

90.59% of NES staff disclosed their religion and belief in 2013-14 as compared to 87.9% as at 2012-13.

The percentage of staff not wishing to disclose this information as at 31.03.2014 was 9.41% in comparison to 12.1% as at 31.03.2013. This is a positive step however it is interesting that this figure remains relatively high compared to disclosure relating to other equality strands. Also it is slightly higher than as reported in the 2011 census, where 7% did not disclose their religion⁵.

Going forward, it will be important to continue to reassure staff as to the reasons for collating and reporting this data. Evidence based promotional material will continue to be placed on the intranet to encourage staff to disclose this information. The 'Your NES' pages on the intranet, which aim to provide a forum for staff to find information relevant to their personal circumstances, combined with articles in NES Express will be a useful tool in communicating this type of message to staff. In addition, the ability for staff to update their own personnel records on the HR System since March 2013 and staff are able to maintain this information on an ongoing basis, eliminating the need to undertake a data collection exercise annually.



1.4 Ethnicity

There continues to be an increase in the disclosure of ethnicity, with only 3.96% of staff who prefer not to disclose this information. The NES workforce is predominantly white (83.32%) this broadly reflects the national population where 96% of the population is white. The remaining staff are split between the other ethnic groups. A high proportion (27.21%) of GPStR's are from ethnic minority backgrounds, this reflects that recruitment practices for GPStR's attract a high number of international medical trainees. 4.08% of NES core staff are of black and minority ethnic origins. NES will continue to monitor the attraction and retention of staff from minority ethnic groups

According to the 2011 census, council areas with large cities had the highest proportion of their population from a minority ethnic group: 12% in Glasgow City, 8% in City of Edinburgh and Aberdeen City and 6% in Dundee City. Again this is representative of the NES ethnicity profile by geographical region.

⁵ <http://www.scotlandscensus.gov.uk/>

1.5 Disability

As at 31.03.2014, disability status was known for 95.46% (up from 93.1% as at 31.03.2013) of staff, with 4.54% preferring not to disclose this information. We also continue to collate data on the type of disability/impairment.

Of the NES workforce, as at 31.03.2014, 1.98% (compared to 3.2% in other public sector organisations⁶) have disclosed a disability and the most common description of their disability is a long standing illness or physical impairment.

The NES disability policy promotes the social model approach to disability and recognises that there is an organisational responsibility to take positive action in the removal of barriers faced by people with disabilities. In 2013-14 the Disability policy has been further reviewed and revised to reflect the Equality Act 2010 and the provisions therein for the disabled community. It continues to reflect the organisation's positive commitment to promoting disability equality across our organisation.

NES has a duty to make reasonable adjustments for disabled people, in employment and in its service delivery. NES must ensure that it takes all reasonable steps to remove any provision, criterion or practice or any physical feature of premises that may put a disabled person at a disadvantage at any stage of employment or in delivering its services. Further information on making reasonable adjustments is covered in the Disability Policy and the Equality and Diversity in Employment Policy

NES has been taking steps to take account of disabled people's disabilities by:

- Implementing reasonable adjustments in the workplace to support employment – in 2012-13 and 2013-14 we focused on ensuring our facilities and working practices are inclusive of disabled people through our Edinburgh and Glasgow relocation projects
- Embedding an inclusive education and learning policy which takes account of the specific needs of disabled people
- Operating a guaranteed interview scheme for disabled applicants to NES corporate posts and to vocational and preregistration training posts
- Reviewing and updating our disability policy to provide greater clarity about reasonable adjustments
- Developing educational resources and support for NHSScotland to improve the cultural competence of NHSScotland staff, including specific resources to support improvements to the care delivered to people with sensory impairments and learning disabilities.

Table 10.1: Disability status as at 31.03.2014

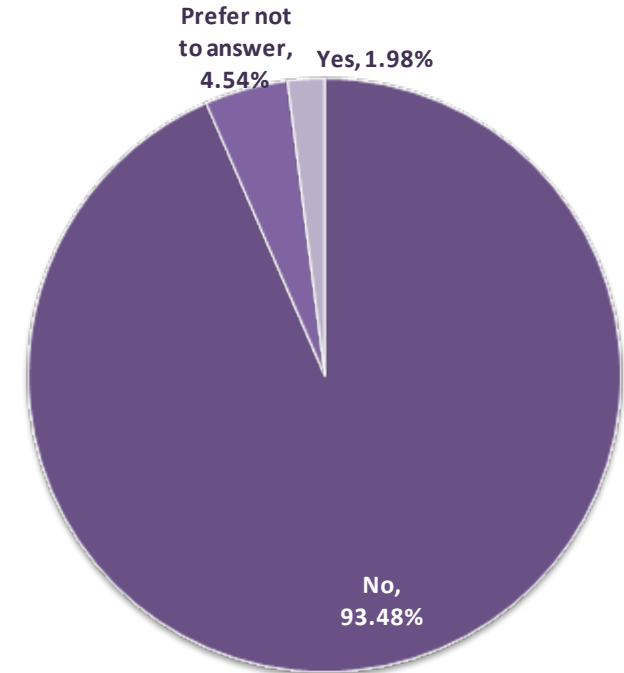
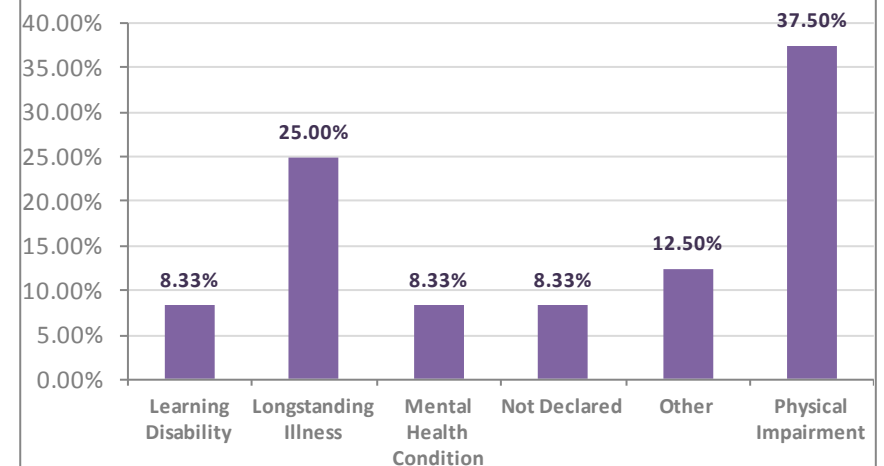


Table 10.2: Type of disability as at 31.03.2104



⁶ HR Benchmarker 2013 – Workforce performance Indicators Report, DLA Piper

1.6 Age

As at 31.03.2014 the largest proportion of the NES workforce was in the 25-34 age range at 37.74%. The majority of GPStR's (75.44%) fall in this age range. For NES core staff the prevalent age group is 45-54, 35.84% staff members falling within this age group. This figure is slightly higher than the 31.9% within similar public sector organisations⁷ and 33.7% within the rest of NHS Scotland⁸.

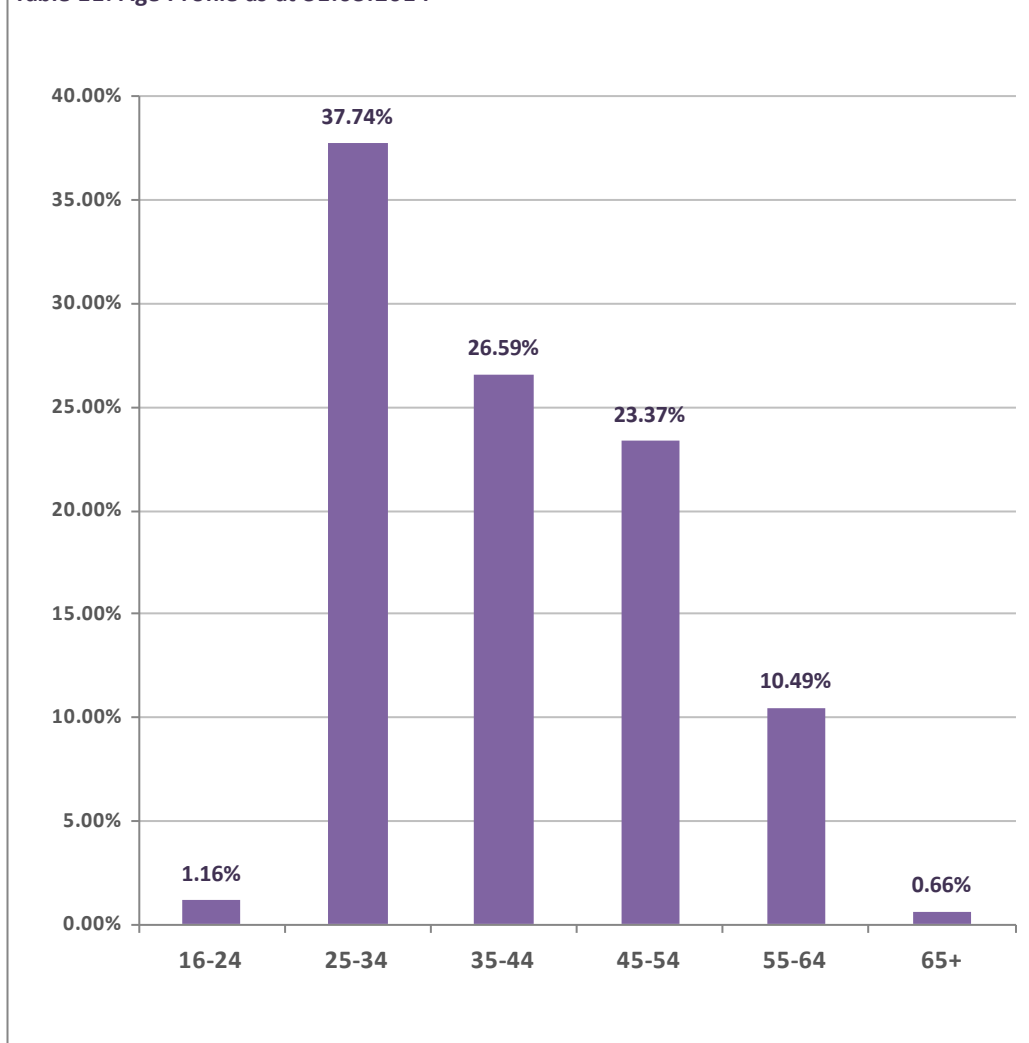
The under 24 (1.16%) and 65+ (0.66%) age groups continue to be the most underrepresented groups within NES. This is lower than the overall NHSS data where 4.2% were between 16-24 and 1.4% were 65 or over. Some of the longest serving and most experienced employees are over 55 years old; there is the potential for NES to lose more experienced members of staff in the forthcoming years. Succession planning remains key to ensure sustainability of services over the next decade.

Although the age demographic of NES can in part be attributed to the clinical experience gained by a number of staff prior to moving into education, training and project roles, close monitoring of the age demographic will continue and feed into the annual review of the HR & OD priorities in the Equality and Diversity Strategic Action Plan 2013/17. The Directorate will continue to seek opportunities to promote NES to all ages of potential workforce.

NES will continue to seek opportunities to promote NES to all ages of potential workforce and plan to review job descriptions to ensure that any experiential requirements are valid. NES is looking to develop an approach to Talent Management over the course of 2014-15.

NES is supporting a Scottish Government initiative to provide work placements for young people aged 16-24. Modern Apprenticeships are focussed on young people who face barriers to entering the training and workplace, providing them with essential employability skills as well as creating specialist skills in a given field. Since 2012 NES has created 4 Modern Apprenticeship posts in fields such as Business & Administration and Creative and Digital media. These programmes were tailored for those with relatively high academic attainment and an ability to make an easy transition into the workplace.

Table 11: Age Profile as at 31.03.2014



⁷ HR Benchmarker 2013 – Workforce Performance Indicators Report, DLA Piper

⁸ National comparator figures from previous year (ISD), figures as at 31.03.2014

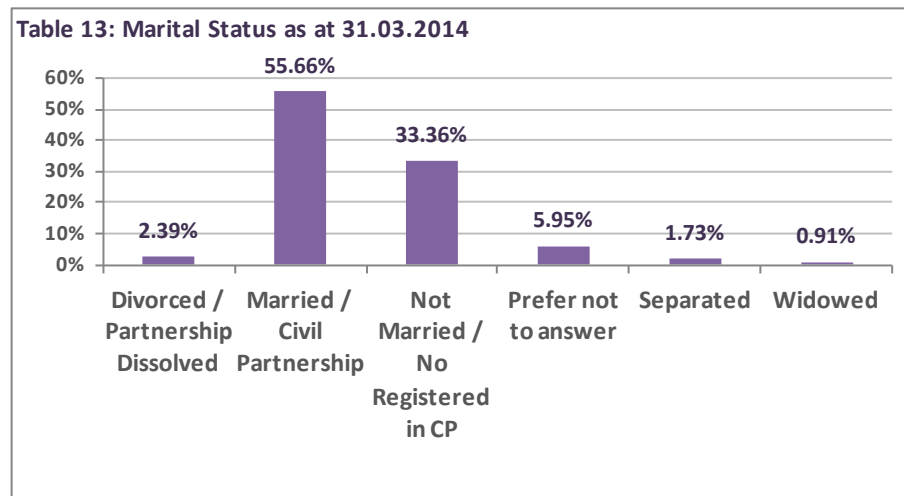
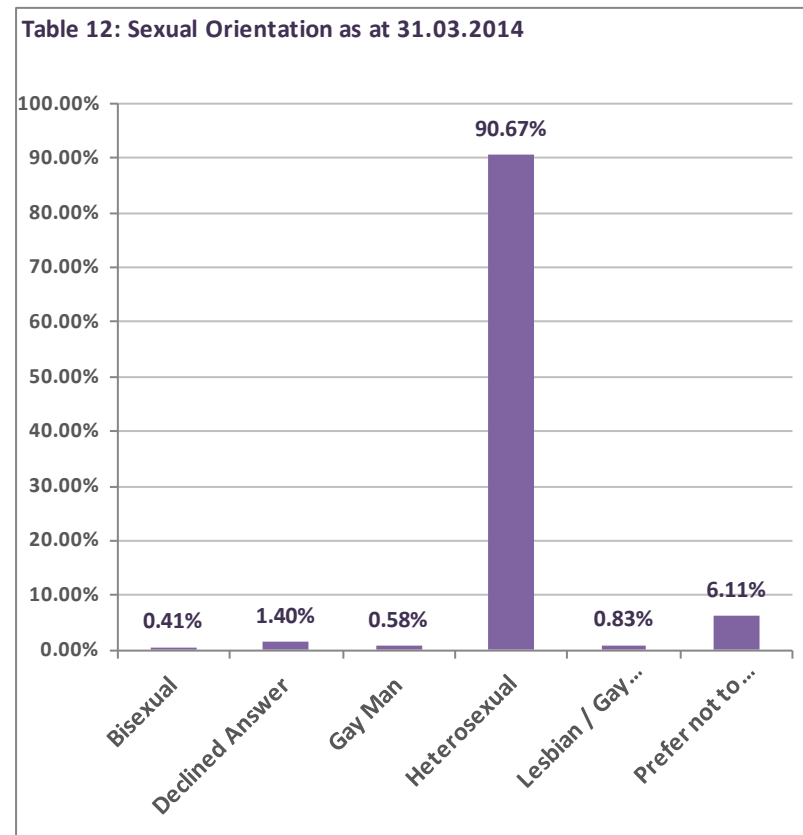
1.7 Sexual Orientation

As with disclosure of other equalities data, we continue to promote the disclosure of information as 6.11% of employees stated that they would prefer not to declare this information (compared to 10.2% in the previous reporting period at 31.03.2013). This suggests that staff may still have concerns over why NES would collect this data and how it would be used.

Disclosure rates have increased as NES participated in the Stonewall Good Practice Programme in 2012-13 which was designed to provide expert advice and guidance around sexual orientation and gender identity issues to public sector organisations.

Stonewall research suggests that monitoring sexual orientation will only generate meaningful and reliable results when employees feel safe and confident disclosing their sexual orientation. The proportion of staff who declare their sexuality is often a barometer of the effectiveness of an organisation's diversity measures.

Therefore, the continual updating of equalities data by staff, combined with work being undertaken to explain why NES collects this data, may lead in time, to an increase in disclosure of sexual orientation by employees. During 2014-15 NES will aim to monitor sexual orientation at all stages of the employment cycle. Reporting of data takes place quarterly to the Executive Team.



1.8 Marital Status

According to the best practice guidance on monitoring equality and diversity in employment, marital/civil partnership status should be included as this is included in section 8 of the Equality Act 2010 and part of the Public Sector Equality Duty in respect of the requirement to have due regard to the need to eliminate discrimination. As at 31.03.2014, 55.66% of NES staff were married or in a civil partnership, while 5.95% of staff preferred not to disclose this information. NES will continue to monitor disclosure rates for this monitoring strand.

2.1 Promotions

Currently a promotion within NES is any change in a post holder's grade/ band. This does not include the re-evaluations of posts. During the reporting period there were 20 'promotions' within NES, all of which 60% were full time, 20% part time and 20% sessional. 75% of staff who gained promotions in 2013-14 were female. The promotions were spread across all Directorates in NES. Data has been collated with regard to the WTE, gender, marital status, religion, ethnic origin, disability, age and sexual orientation of all promoted staff.

Examination of the data suggests that no groups have been disadvantaged; however as numbers are very small they cannot be reported. It was also noted that the majority of staff (13.89%) on medical and dental terms and conditions who got promotions were male; this is broadly reflected by the makeup of this cohort as detailed in Table 7. NES will continue to monitor promotions to ensure no groups are adversely affected.

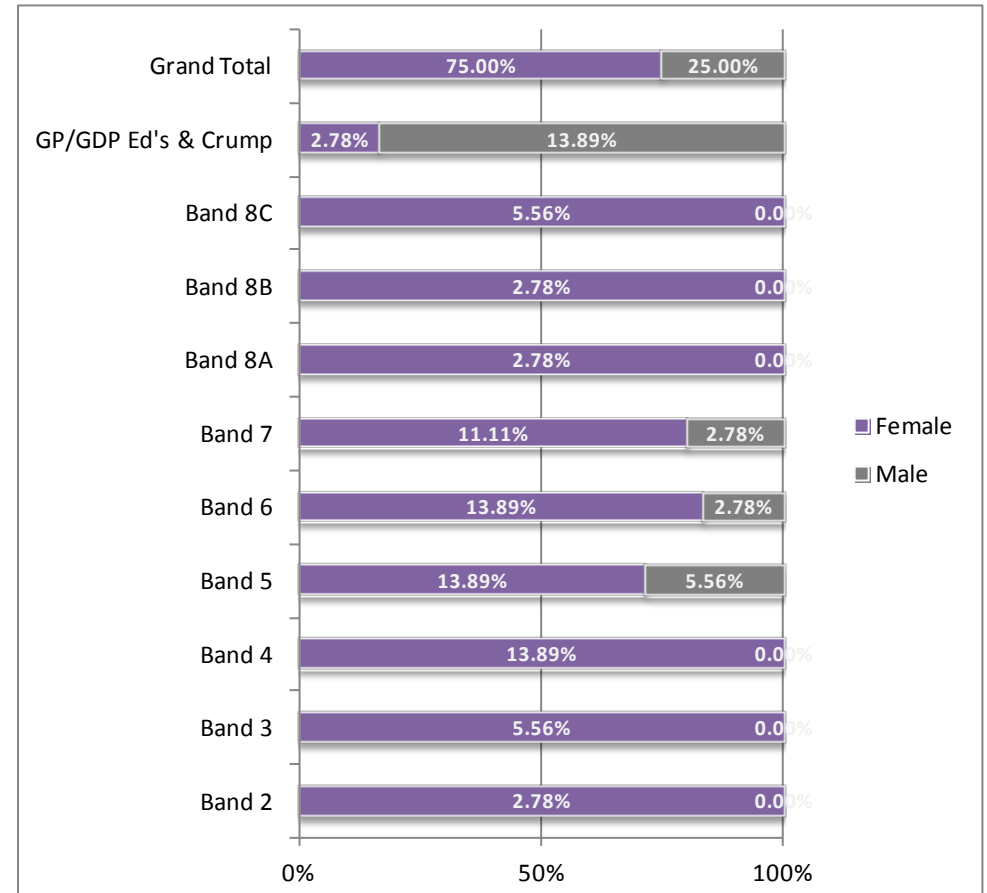
2.2 Disciplinary and Grievance

NES gathers data and reports quarterly on formal and informal case management in relation to disciplinary and grievance. This information is gathered in such a way that it can be broken down by all the protected characteristics. However, due to the very small number and need to protect individual confidentiality no data has been published.

2.3 Pregnancy and Maternity

In the course of 2014-15 NES will aim to confirm its approach to the presentation of workforce data in relation to maternity, parental and other forms of leave. This will enable us to report on and monitor over time, trends in the uptake of flexible working and progression of staff within the organisation.

Table 14: Gender Profile as at 31 March 2014
distributed by pay band over the total number of promotions



3.0 RECRUITMENT

In the reporting period April 2013 to March 2014, 252 posts were advertised which is an increase of 40% from the 180 posts that were advertised⁹ in 2012-13. A total of 2288 applications were received for these posts and 626 of these were subsequently shortlisted for interview, which gives us an average of 9 applications per vacancy. Compared to 2012-13 this represents a 19% decrease in applications received. In 2012-13, 22.06% of the applications received were shortlisted as compared 27.36% in 2013-14.

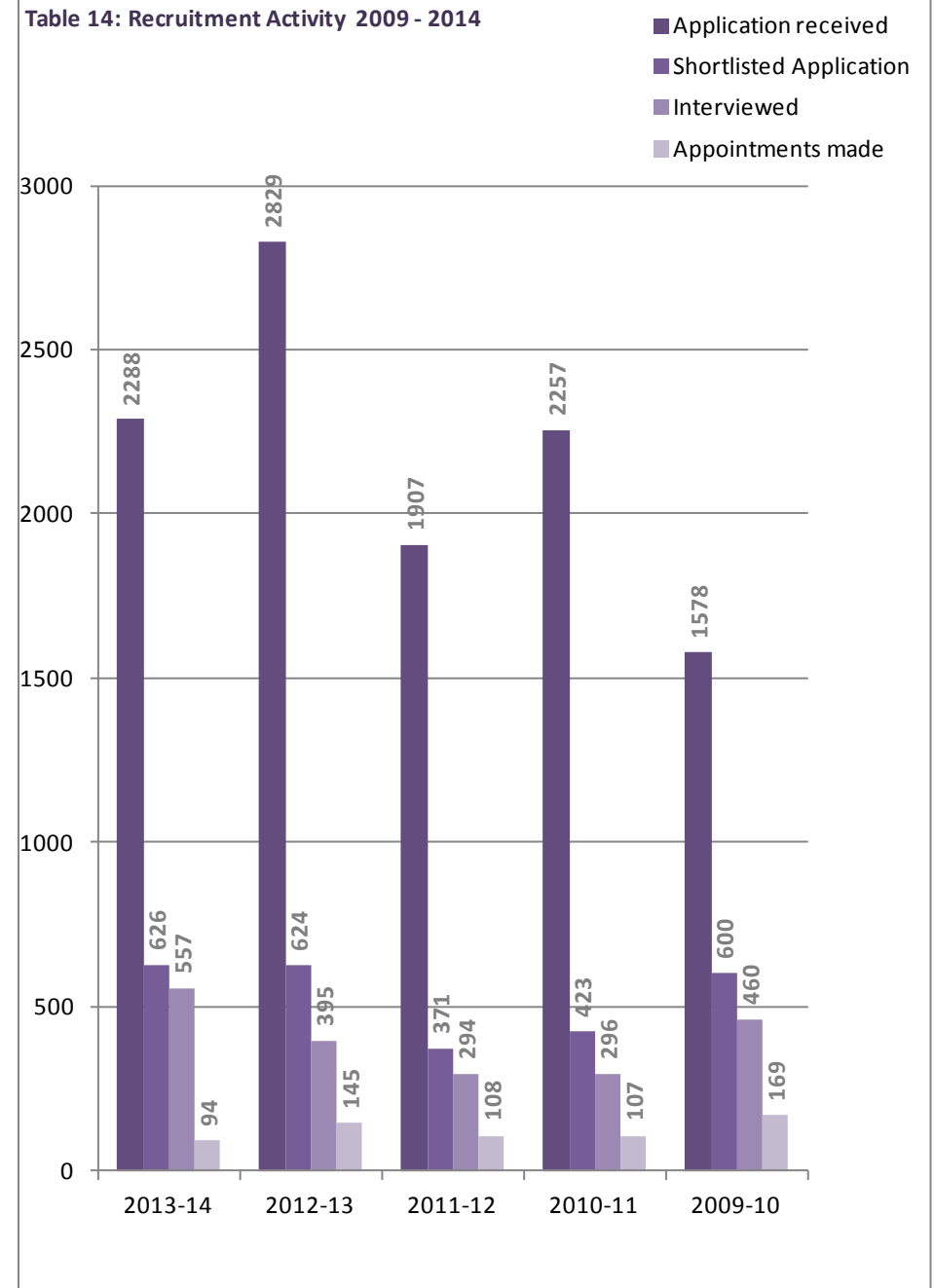
The *Resource and Talent Planning* report 2013 by The Chartered Institute of Personnel and Development (CIPD), noted that economic conditions are continuing to exert pressure on organisational resourcing. Even though NES advertised more posts in 2013-14, many of them were on a fixed term basis with time limited funding, which attracts a limited pool of candidates. The overall conversion rate from application to appointment for this reporting period is 4.12%, down from 6.4% in 2012-13. It should be noted that even though NES made 94 appointments in 2013-14, the recruitment process can fall between two periods, figures in this report only include recruitment activity that has taken place in the period of reporting. In the course of 2013-14 NES has filled 91% of the posts advertised first time, and 7% on the second attempt.

The average time to fill was 69.4 days, longer than in other public sector organisations (54.4 days). The average time to hire is longer in NES as the calculation is based on vacancy notification through to applicant starting a post. The standard calculation for other public sector organisations was based on vacancy notification through to job offer. NES use a different calculation for this metric as it recognises that a post is not truly filled until it has been occupied.

Examination of the recruitment data for the equality strands is undertaken on the basis of:

- number of applications received
- number of these applications shortlisted
- number of candidates interviewed
- number of candidates appointed

Table 14: Recruitment Activity 2009 - 2014



⁹ This does not include any training posts that GPSTR's apply for. A separate E&D report is produced for Vocational Training posts please see Appendix 3

3.1 Recruitment - Gender

Recruitment data for the year showed that in 2013-14, 62.11% of the applicants were female, higher than the other public sector organisations¹⁰ (56.6%). This is also significantly above the reported census population of 51.5%¹¹. It should be noted that this trend of a disproportionate level of female applicants is seen across the public sector organisations. This is also reflected in the current gender profile of NES as displayed in Table 7.

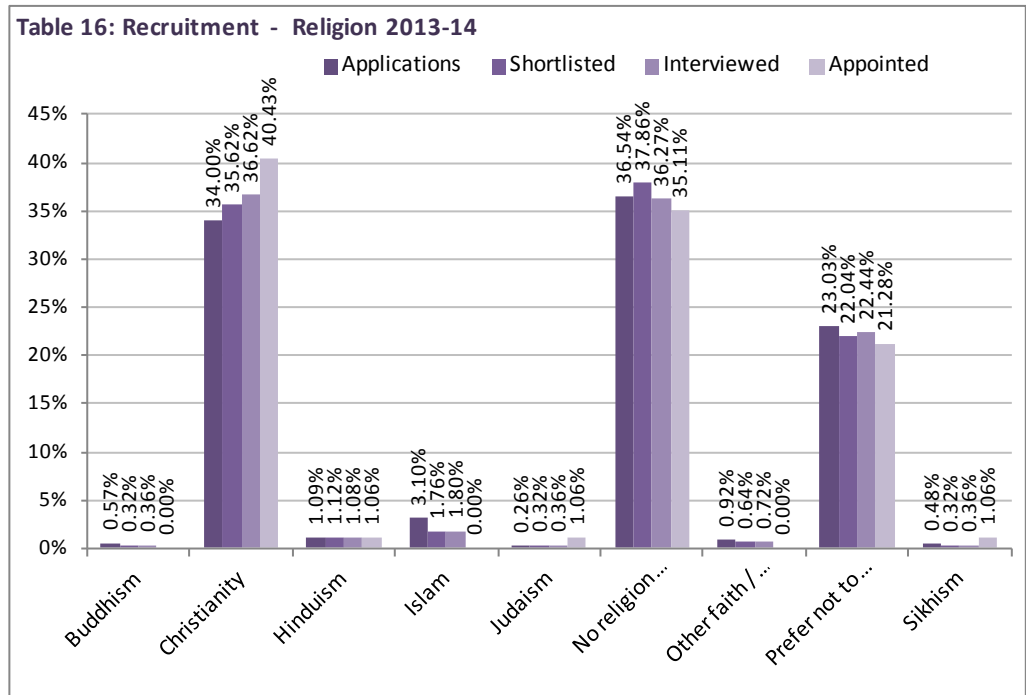
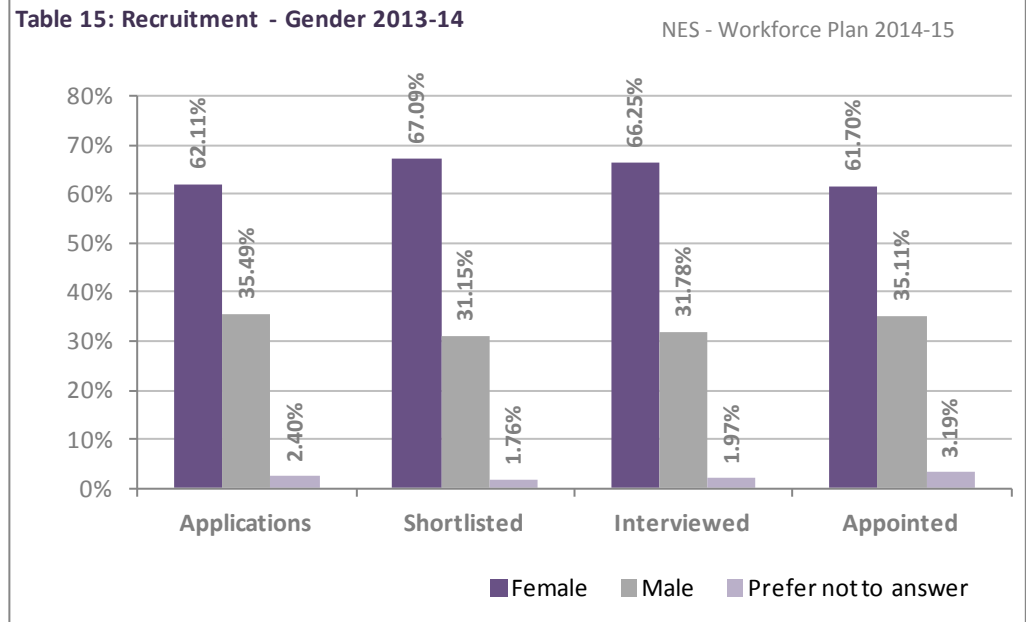
NES attracts more females than males and there is a slight difference in their success through the stages of recruitment, with 18% of males and 15% of females interviewed being appointed to a job within NES in 2013-14.

3.2 Recruitment - Religion

The largest applicant group chose the “No religion” (36.54%) category which is broadly reflective with the 2011 census data where 37% of the population also identified themselves in this category. NES would appear to be attracting a slightly more diverse pool of applicants compared to the census population. NES has been attracting more applications from the faiths of Hinduism 1.09% compared to 0.31% in the census), Islam (3.10% compared to 1.45% in the census), Judaism (0.26% compared to 0.11%).

The largest applicant groups that obtained job offers after interview were Christian (55.92%), Judaism (50%) and Sikhism (50%); while the lowest were Buddhism, Islam and Other faith all at 0%. However, due to the low numbers in many of these groups it is challenging to draw any conclusions.

NES will continue to use good practice when advertising posts to ensure that we do not exclude specific groups from the scope of recruitment campaigns.



¹⁰ HR Benchmarker 2013 – Workforce Performance Indicators Report, DLA Piper

¹¹ <http://www.scotlandscensus.gov.uk>

3.3 Recruitment – Ethnicity

Drawing on information from the most recent census¹², the ethnic profile of the Scottish population comprised 84% classifying themselves as “White Scottish” and 8% as White- Other British, with the remaining 8% belonging to other ethnic groups. Of the applications received a large percentage (79%) did not respond to the question about their ethnic origin on the application form. This is a relatively recent pattern and we are investigating as to why applicants are not disclosing this information. Of those who did respond, the largest percentage of applications and appointments were among people who classified themselves as “White Scottish”, which is broadly representative of the census population.

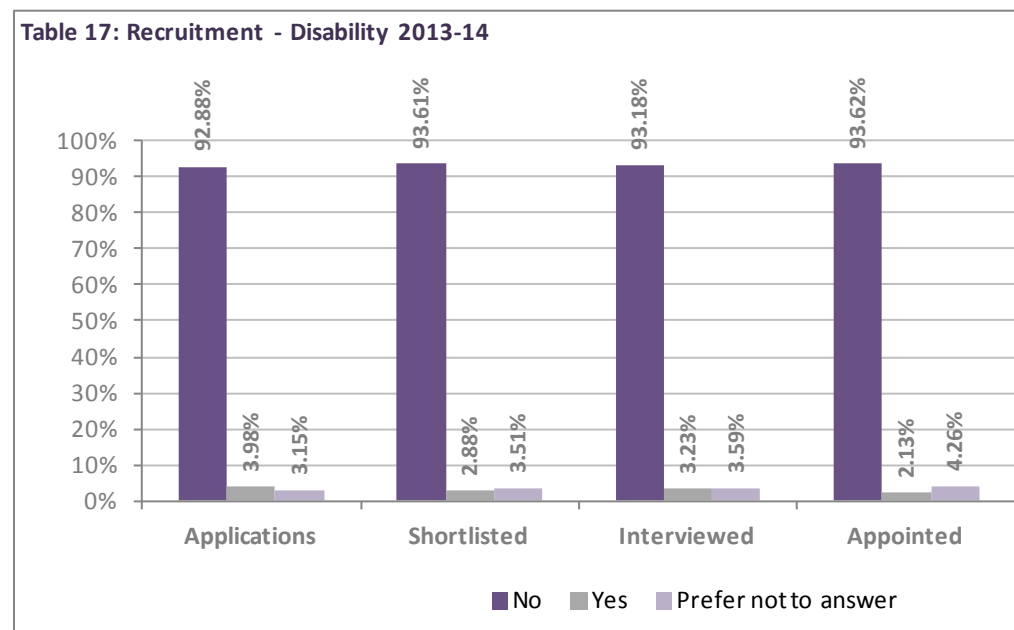
The success rate of different ethnic groups at the short listing stages is varied. The collated data shows that certain ethnic groups have a higher success rate after being shortlisted for interview, however the numbers are very small to draw a definitive conclusion. NES continues to explore possible reasons for the disparity disclosure and success rates. Equality and diversity training is available to all staff including managers who shortlist and interview candidates. The Workforce Directorate will continue to follow immigration legislation and provide guidance on the application form to get a higher response rate from candidates. In respect of applicants, NES will continue to ensure that entry into employment and progression within employment are determined solely by criteria which are related to the duties of a particular post and the relevant salary scale; and support career development and progression to ensure diverse representation and participation at all levels.

3.4 Recruitment - Disability

The proportion of applicants reporting a disability in 2013-14 was 3.98% which is slightly higher than the national average for public sector organisations (3.6%)¹³. The success rate for interviewed candidates who disclosed a disability was 11% compared to 16.96% for candidates without disabilities, however the outcomes are not consistent from year to year so they will be monitored over time to identify any emerging trends.

There has been a sharp rise in the disclosure of disability, in 2013-14 only 3.15% of the applicants choose the “Prefer not to answer” option compared to 69.6% in 2012-13. NES continues to maintain the two ticks scheme, which is a recognition given by Jobcentre Plus to employers who have agreed to take action to meet five commitments regarding the employment, retention, training and career development of disabled employees. It is represented by the two ticks disability symbol that participating organisations are authorised to display and it is placed on all NES job advertisements.

In addition candidates with a disability are able to request a “Job Interview Guarantee”. This means that they are guaranteed an interview providing they meet the minimum criteria as detailed in the person specification.



¹² <http://www.scotlandscensus.gov.uk/>

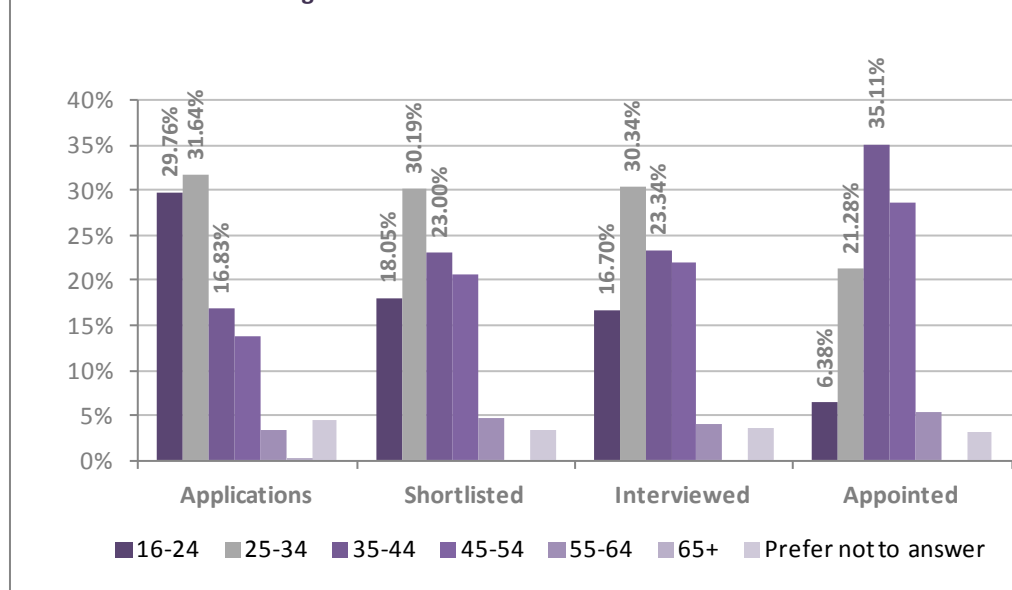
¹³ HR Benchmark 2013 – Workforce Performance Indicators Report, DLA Piper

3.5 Recruitment – Age

Majority of applications were received from the 25–34 age group (31.64%), this group have been proportionately more successful in previous years, and however in 2013-14 the age group 45-54 have enjoyed higher success rates from application to appointment (8.60%).

In 2013-14 there were 29.76% applications from applicants in the age group 16-24. NES is supporting a Scottish Government initiative to provide work placements for young people aged 16-24. Modern Apprenticeships are focussed on young people who face barriers to entering the training and workplace, providing them with essential employability skills as well as creating specialist skills in a given field. Since 2012 NES has created 4 Modern Apprenticeship posts in fields such as Business & Administration and Creative and Digital media. These programmes were tailored for those with relatively high academic attainment and an ability to make an easy transition into the workplace.

Table 18: Recruitment - Age 2013-14



3.6 Recruitment – Sexual Orientation

Of the applicants who disclosed their sexual orientation in 2013-14, 3.8% were Lesbian, Gay, Bisexual or Transgender (LGBT). This is below the Stonewall Scotland estimate that between 5-7% of the Scottish population are LGBT.

Looking at success during recruitment stages, 6.67% of the LGBT applicants who were interviewed were appointed to the post. This is lower than the 17.79% heterosexuals and 13.58% of the candidates who did not disclose this information were appointed to the role.

Even though the success rate of application to appointment is different, because of the small the numbers involved it is challenging to draw a definitive conclusion, however these will be monitored going forward to see if a trend emerges over time.

Table 19: Recruitment - Sexual Orientation 2013-14



4. LEARNING AND DEVELOPMENT

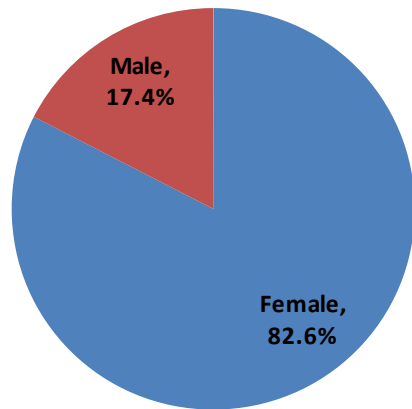
Comparative analysis of the workforce profile and the proportion taking up training suggests that the latter is largely reflective of the organisational population across the different protected groups. In terms of gender, the data reflects positively on access for female staff, with 82.6% of learning opportunities during 2013/14 accessed by female staff in comparison with that group representing 71.4% of the population. In terms of disability, ethnic origin, religion or belief and sexual orientation, there is a strong consistency between the profile of learning opportunities accessed and the organisational profile.

An area of potentially significant difference is in respect of working pattern, with full-time staff accounting for 19.6% more learning opportunities than their share of the organisational population. However, it is notable that the share taken up by part-time staff is only 4.6% lower than that group's share of the population, suggesting the working part-time is not a significant barrier to accessing learning. In fact, the remaining 15% of the variance is accounted for by sessional staff not taking up learning opportunities in NES. This is reflected in the access to learning by those in different pay bands, with the Consultant and GP Educator staff who are almost exclusively sessional, taking up 13.9% less learning opportunities than their share of the organisational profile. As many of these individuals have at least one other substantive employer, and spend less than 50% of their time undertaking work for NES, this is not felt to present a significant risk.

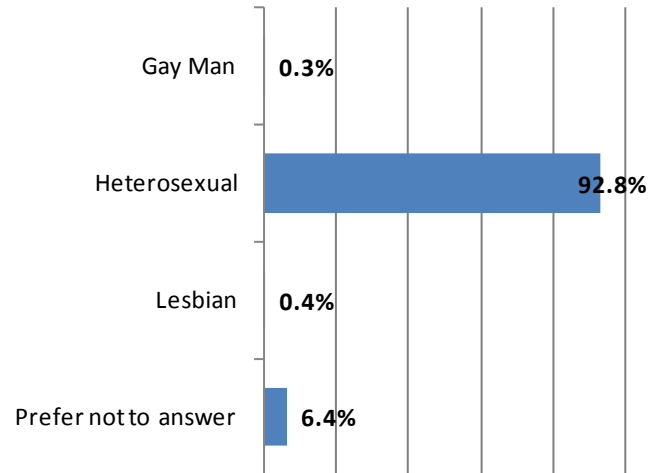
Conversely, at Agenda for Change Bands 2-7, the proportion of staff accessing training is consistently higher than each Band's share of the workforce profile. Given that these bands are predominantly made up of younger and female staff, this data is consistent with the overall gender share of training noted above and offers some encouragement around the development of future talent. Furthermore, as female staff are more likely to work part-time than their male counterparts, the data supports the earlier conclusion that the fact part-time staff access less training than that group's share of the workforce does not require short-term action beyond further monitoring.

Table 20: EQUALITY AND DIVERSITY – TRAINING ATTENDED 2013-14

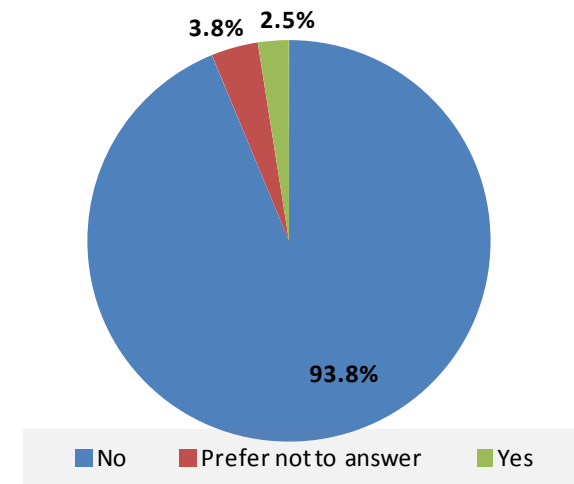
GENDER



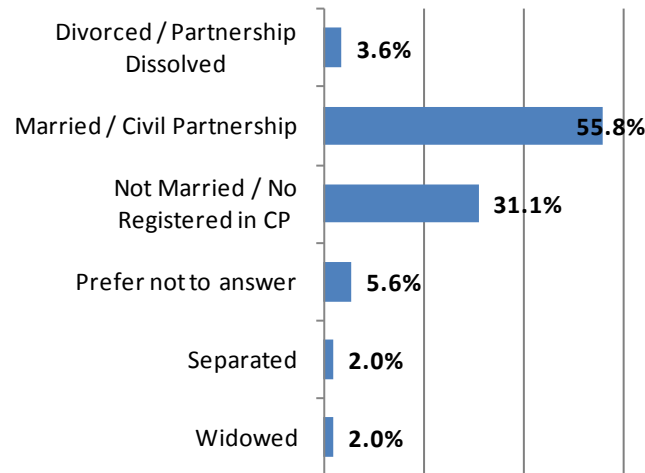
SEXUAL ORIENTATION



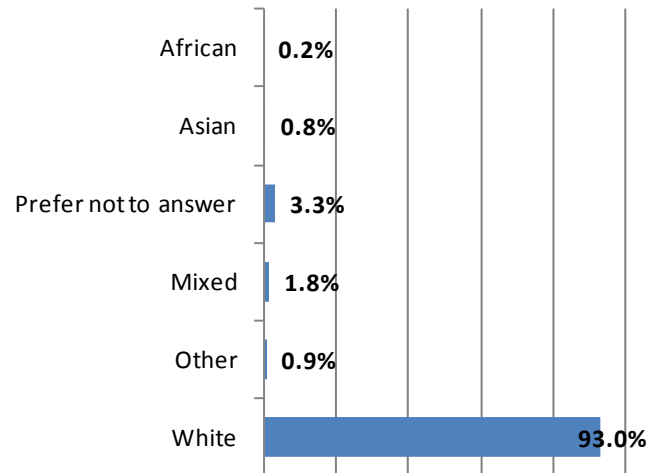
DISABILITY



MARITAL STATUS



ETHNIC ORIGIN



RELIGION AND BELIEF

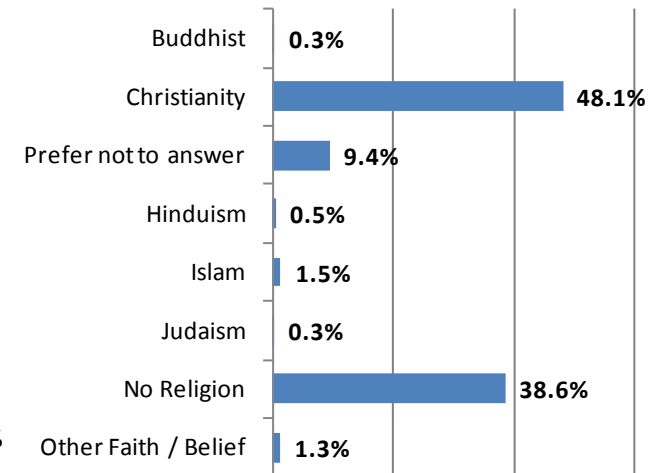


Table 21: EQUALITY AND DIVERSITY – TRAINING ATTENDED 2013-14

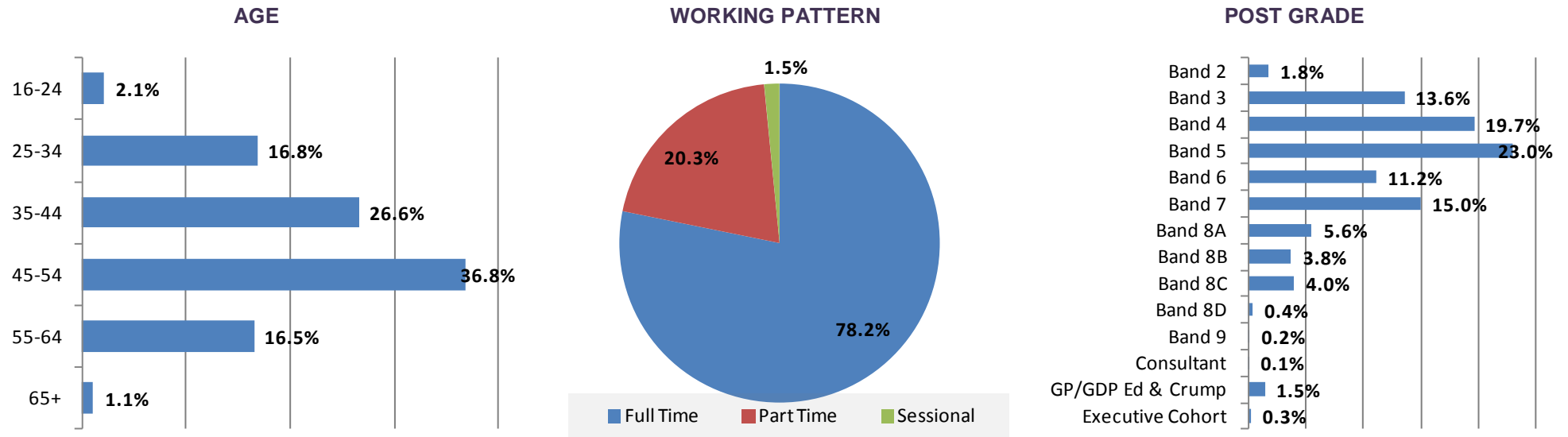
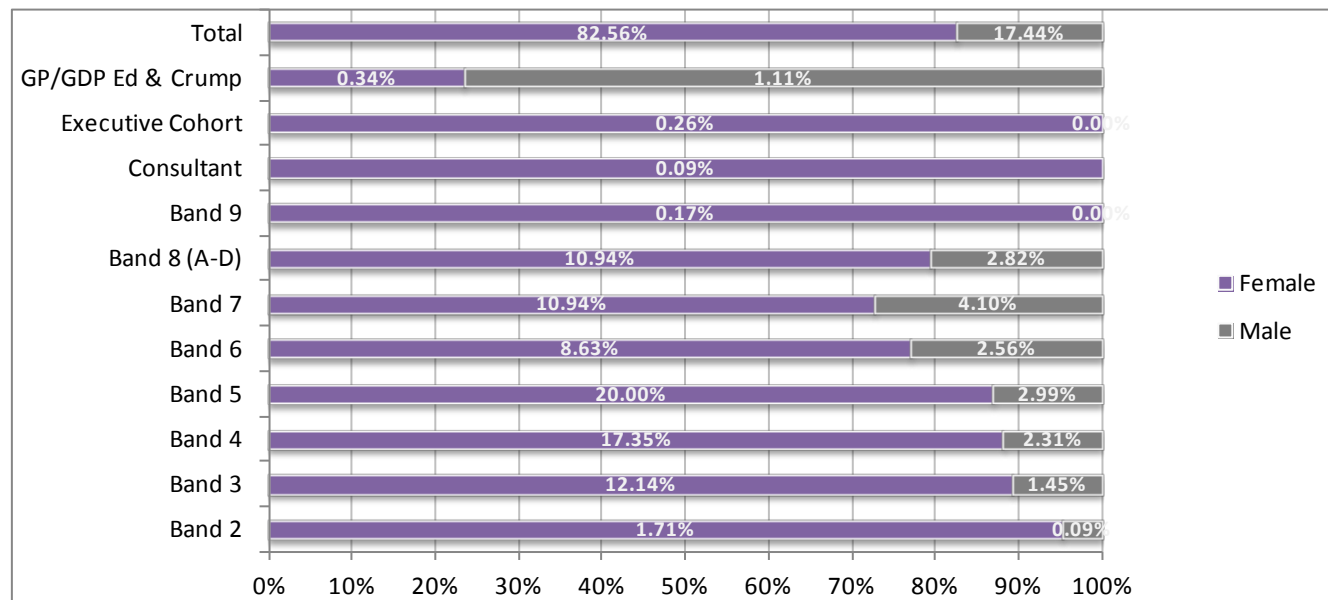


Table 22: Gender Profile of training attended distributed by pay band



5. STAFF TURNOVER

A total of 91 employees, not including GPSTR's¹⁴, left NES during the reporting period April 2013 to March 2014 as shown in table 20. NES now prepares an annual report on exit questionnaire data which provides an analysis of the impact of a wide variety of issues on the reasons for leaving and the respondents' views on a range of satisfaction and motivational factors.

NES has established processes for reviewing and reporting on themes and trends arising from exit questionnaire data. Data for 2013-14 is currently being analysed. Previous trends from the 2012-13 data include:

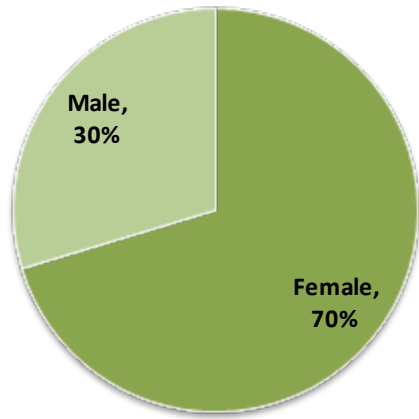
- The impact of the ending of fixed term contracts
- NES has continued to maintain reasonably a good satisfaction rate at the time of leaving employment and in relation to recommending NES as a place to work. This reflects our NHSS Staff Survey scores.
- Compared to the previous year higher number of leavers agreed that they were valued and recognised for the work that they did, were treated with fairness and respect and they were not disadvantaged on account of any of the equality strands
- Reasonably good scores on having the information required to do the job and development and training opportunities (again mirrors NHSS Staff Survey scores)
- Extensive change process potentially impacting on views of morale
- Some less positive views on career development opportunities for career development

As described above NES is in the process of analysing data collected in respect of 2013-14. We will review any possible trends emerging over 2013-14 and 2014-15 and incorporate any required actions into our staff governance plans in the normal way. The data collected will also be used when impact assessing HR & OD policies and if we implement changes within NES because of employee exit questionnaire findings; we will inform employees why we are making these changes.

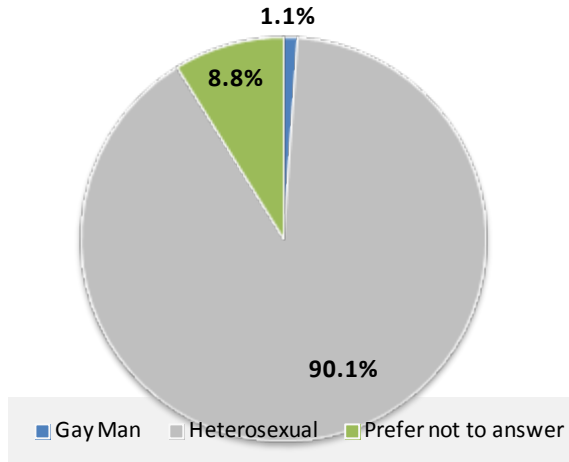
¹⁴ GPSTR's are employed for the duration of their training period on a fixed term basis.

Table 23: EQUALITY AND DIVERSITY - STAFF TURNOVER 2013-14

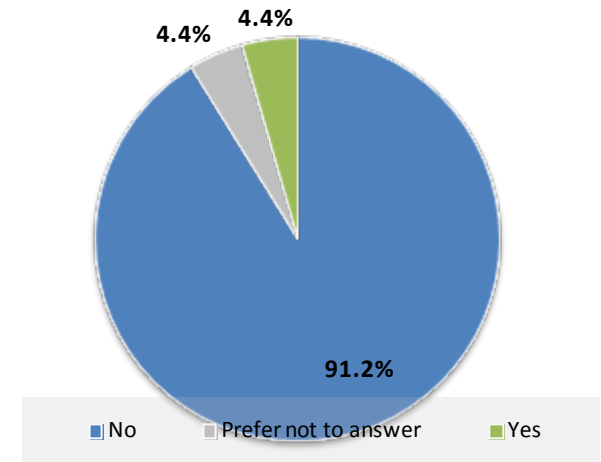
GENDER



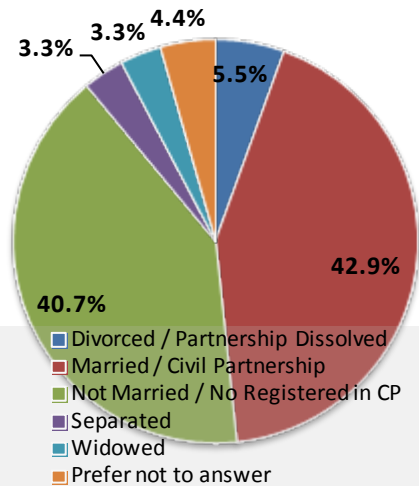
SEXUAL ORIENTATION



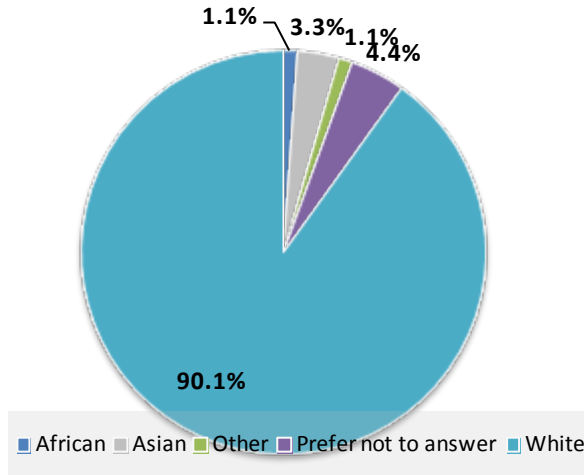
DISABILITY



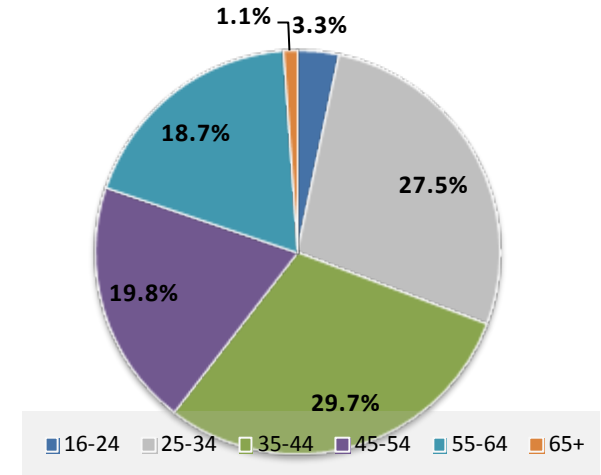
MARITAL STATUS



ETHNIC ORIGIN



AGE



APPENDIX 3

VOCATIONAL TRAINING SCHEMES - Equality and Diversity Reporting

In addition to the recruitment of NES core staff, we also recruit to Vocational Training schemes. This appendix provides a summary of the profile of candidates that have applied to these schemes over 2013-14.

In the course of 2014-15 NES will consider presenting a wider range of equality and diversity information in relation to Dental trainers and trainee recruitment, in which we have a significant role to play. While the data is already collected our focus will be on reporting and analysing this information to inform future Workforce development plans.

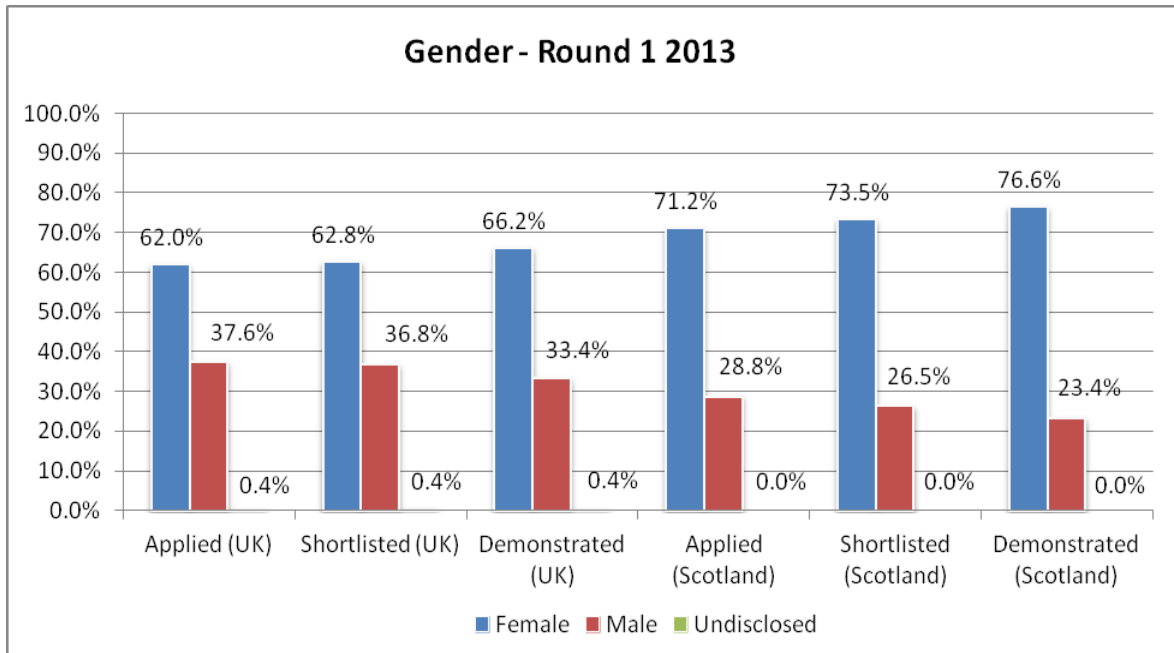
1. GENERAL PRACTICE SPECIALTY REGISTRARS (GPStRs)

NES is responsible for co-ordinating the recruitment of doctors to postgraduate medical training programmes across Scotland. This includes Foundation, Core, Speciality, GP, Sub-speciality, LATS and AMFTs. On behalf of the NHS territorial boards, NES co-ordinate with organisations like Health Education England, Royal Colleges and NHS Wales and Northern Ireland to deliver UK recruitment.

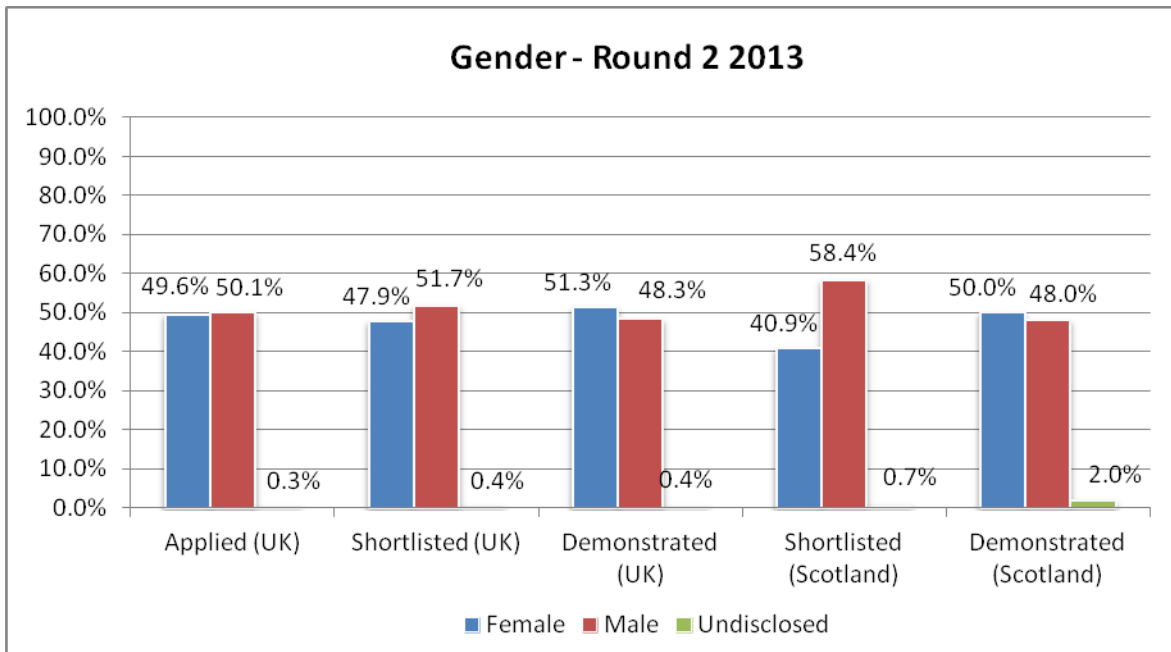
As part of SMT recruitment NES recruits (including selection and assessment) under a national UK wide process circa 350/400 GPStRs annually. NES employs the GPStRs while undertaking their GP Practice training and we undertake pre-employment screening as part of this process. Specialty Training Programmes in General Practice (up to 2 recruitment rounds per year). Recruitment to GP which is a national UK wide process, operates under the umbrella of the National Recruitment Office for General Practice Training (NRO), which co-ordinates all GP Deaneries across the UK. NES also employs GPStR's whilst they are in the GP component of the training programme.

Recruitment to GP is a well-established. Candidates make online applications via Konetic, Stage 1 is an administrative long-listing process, while Stage 2 is a Machine Markable Test replacing traditional short-listing and is an invigilated assessment at Pearson Vue centres across the country. Stage 3 is the Selection and Assessment Centre and Stage 4 is the offer process which is managed by Scottish Medical Training (ScotMT) for all specialties across Scotland, including GP. Once recruitment to this scheme is complete a handover process takes place where candidate files are issued to the employer to facilitate contractual and pre-employment checks to take place. NES undertakes the pre-employment checks and is responsible for the contractual arrangements for the trainees placed in the GP rotation.

1.1 GPStR's – Gender

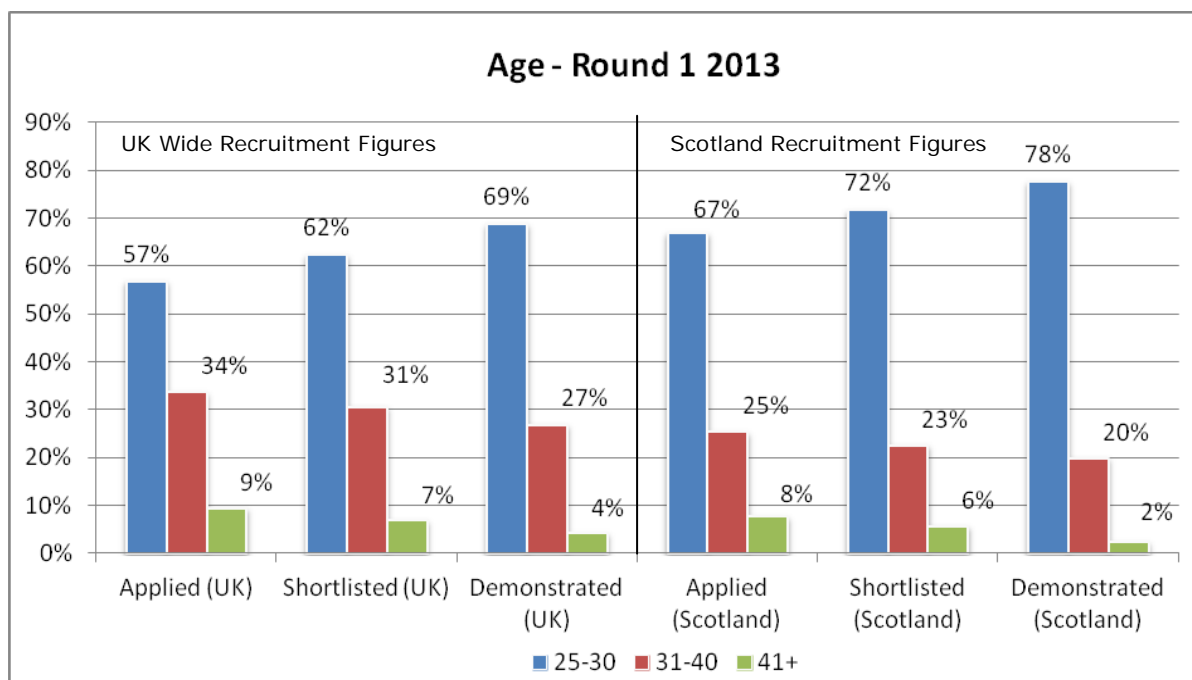


In Round 1 applicants UK wide there appears to be a pattern of male applicants scoring lower (4.2% points decrease between applied and demonstrated) than female applicants (4.2% points increase between applied and demonstrated) through the assessment. The figures for Scotland reflect this pattern. UK wide there were 24.4% more female applicants (62%) than male applicants (37.6%). In Scotland the preponderance of female applicants was greater than male applicants. (71.2% female, 28.8% male)

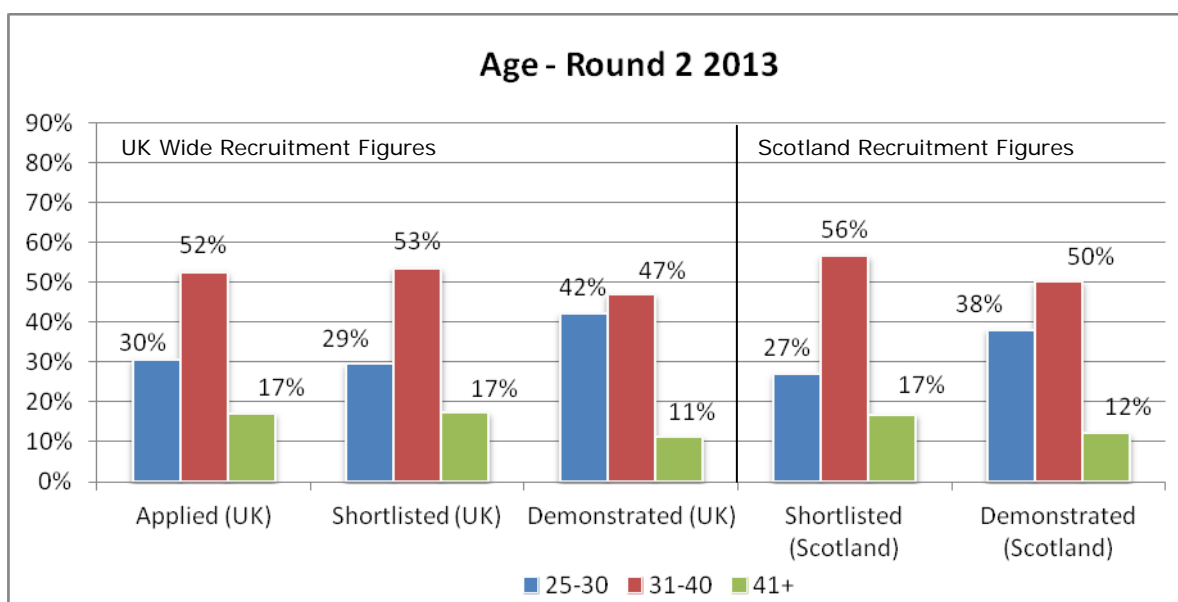


In Round 2 there was a greater proportion of male applicants UK wide, a shift from 37.6% in Round 1 to 50.1% in Round 2. On average UK wide, the female applicants scored higher through the assessment (the representation increased by 1.7% points), whilst the male applicants scored lower (1.8 % points decrease between applied and demonstrated). In Scotland there was a fall of 10.4% points for males who were Shortlisted (58.4%) to those who demonstrated (48%).

1.2 GPStR's – Age



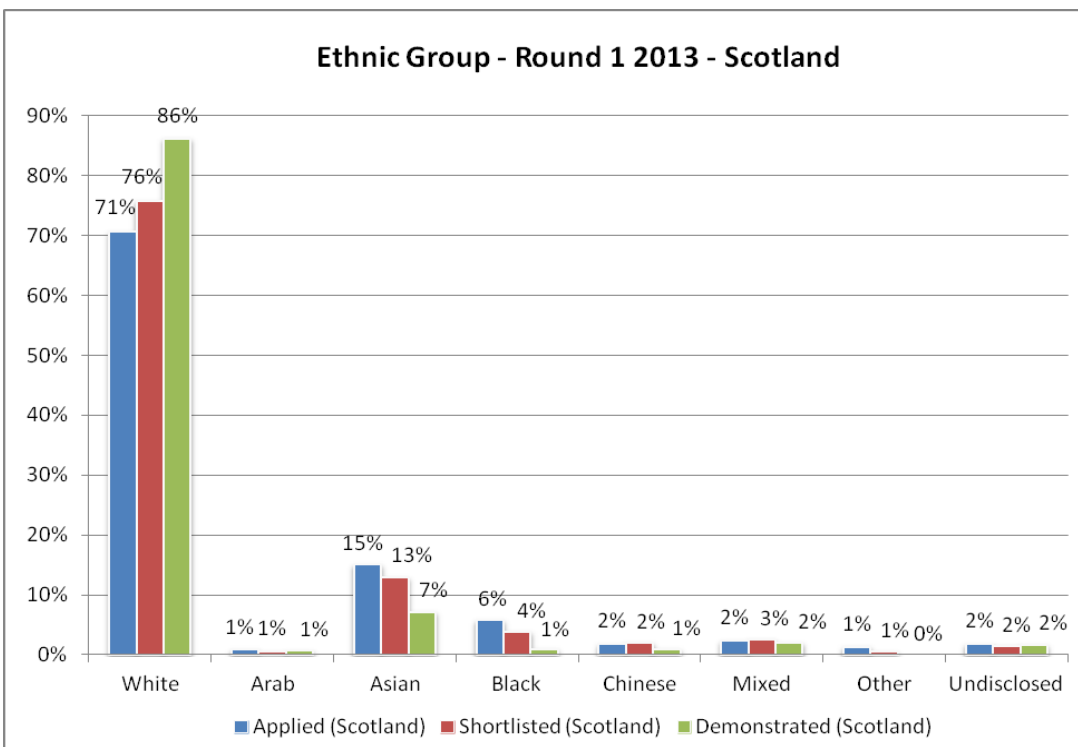
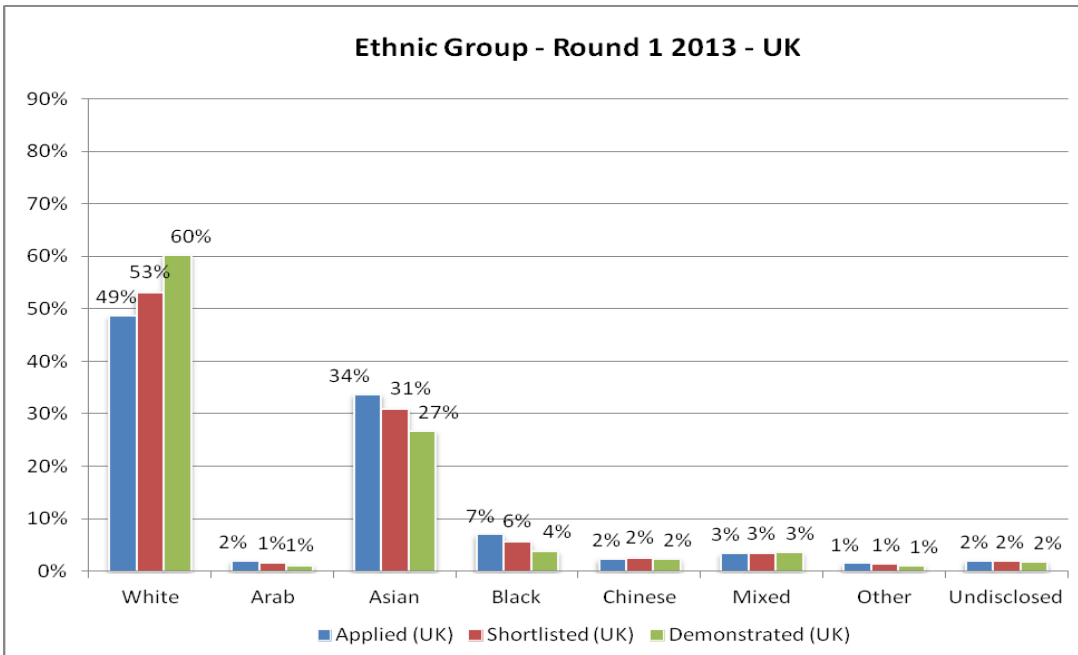
The percentage of applicants aged 25-30 appears reasonably consistent between both the UK total figures and Scotland only figures, with Scotland having a slightly higher representation of this group as compared to UK figures. There appears to be a tendency for the 25-30 age group to perform better through the assessment than those aged 31 - 40 and 41+.



The UK wide applicant data for age group appears significantly different to that of Round 1 as the representation of applicants in both the 31-40 and 41+ age groups have increased. In Round 2, 52% of the total number of applicants are in the 31-40 age group, compared to 34% in Round 1, and 17% are in the 40+ age group, compared to 9% in Round 1. In Round 2 UK wide, the 25-30 age group demonstrate an increase of representation by 12% points from Shortlisted to Demonstrated, while the 31-40 group decreases by 5% points and the 41+ group decreases by 6% points.

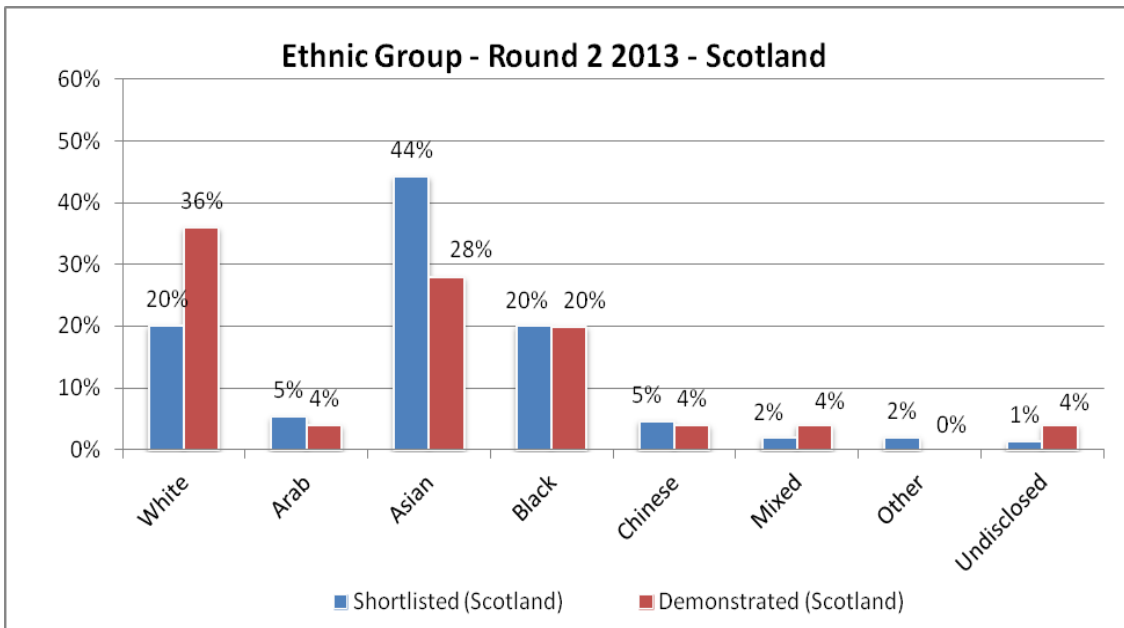
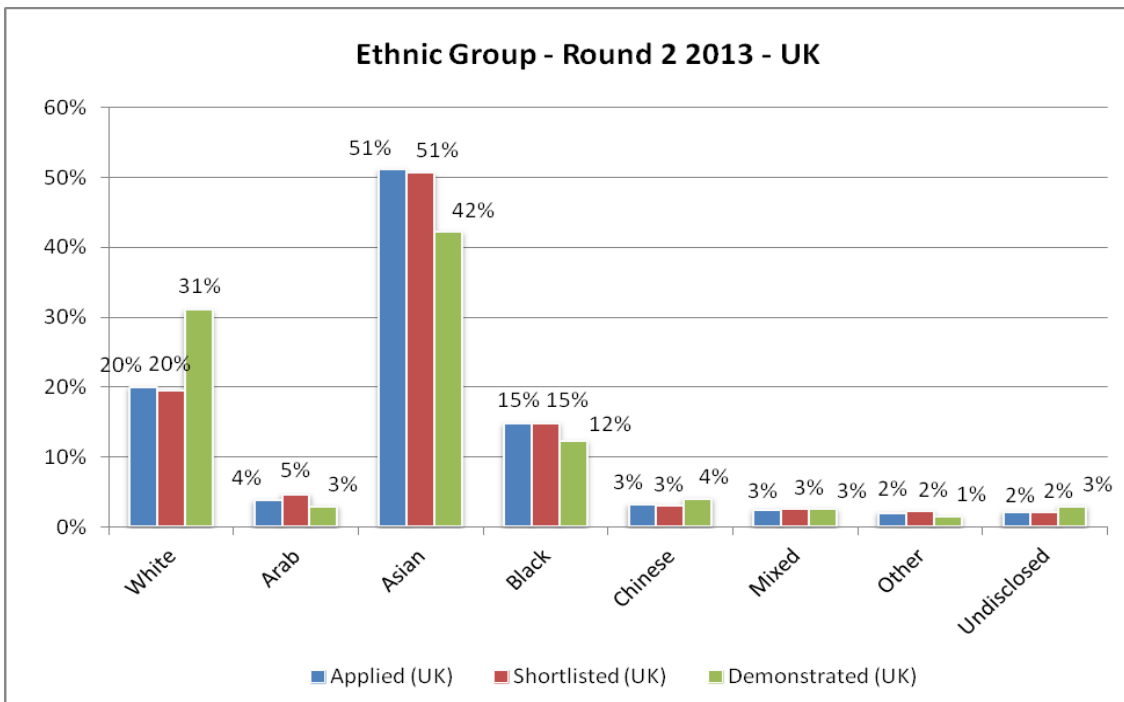
The figures in Scotland are consistent with this pattern. In Scotland in Round 2 the 25-30 age group showed an increase in representation by 11% points from Shortlisted to Demonstrated, while the representation of the 31-40 group decreases by 6% points and the 41+ group decreases by 5% points.

1.3 GPStR's – Ethnic Group



There is a greater proportion of White applicants in Scotland than in the whole of the UK in Round 1. The proportion of White applicants in Scotland increases by 15% points between Applied and Demonstrated, while the proportion of Asian applicants (the next more represented group) decreases by 8% points.

The proportion of White applicants in the whole of the UK increases by 11% points in Round 1 between Applied and Demonstrated, while the proportion of Asian applicants (the next most represented group) decreases by 7% points.

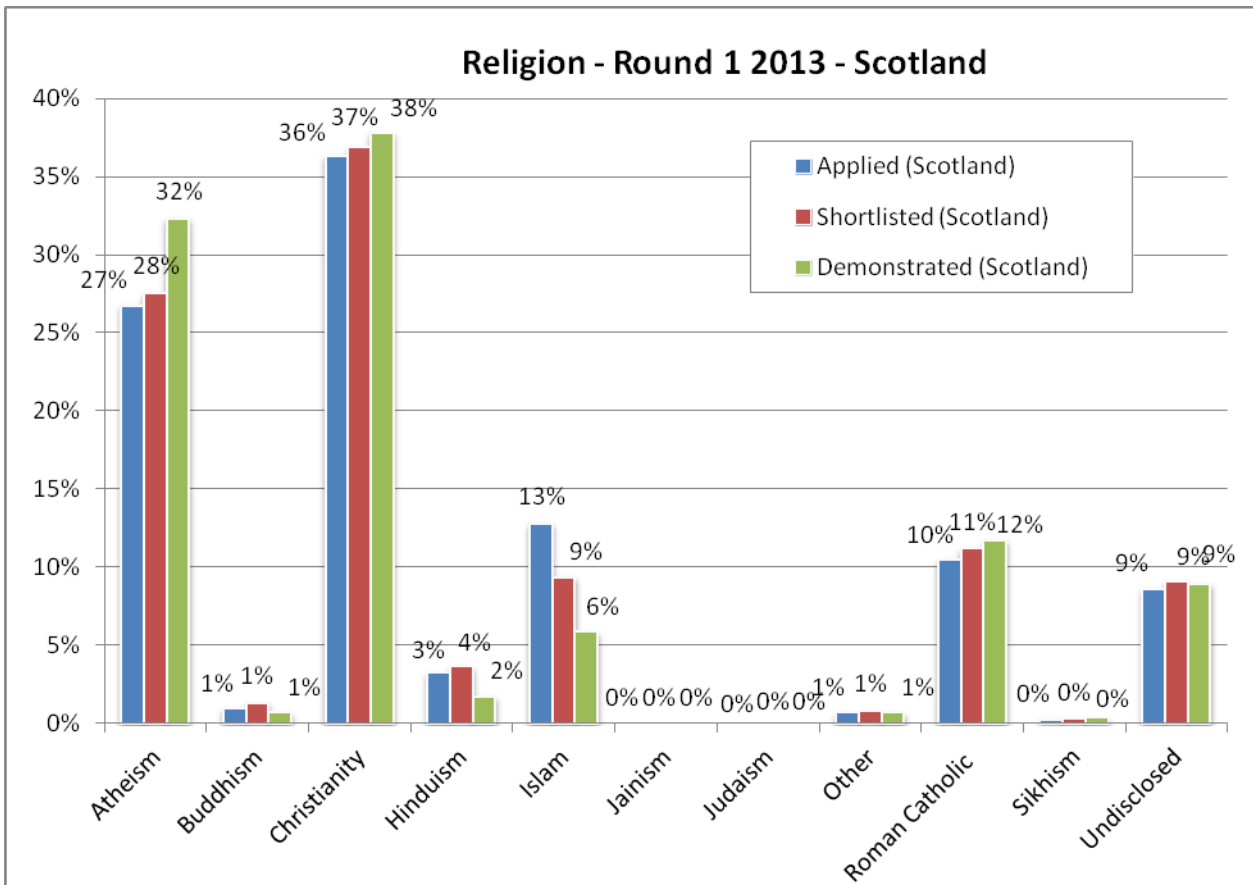
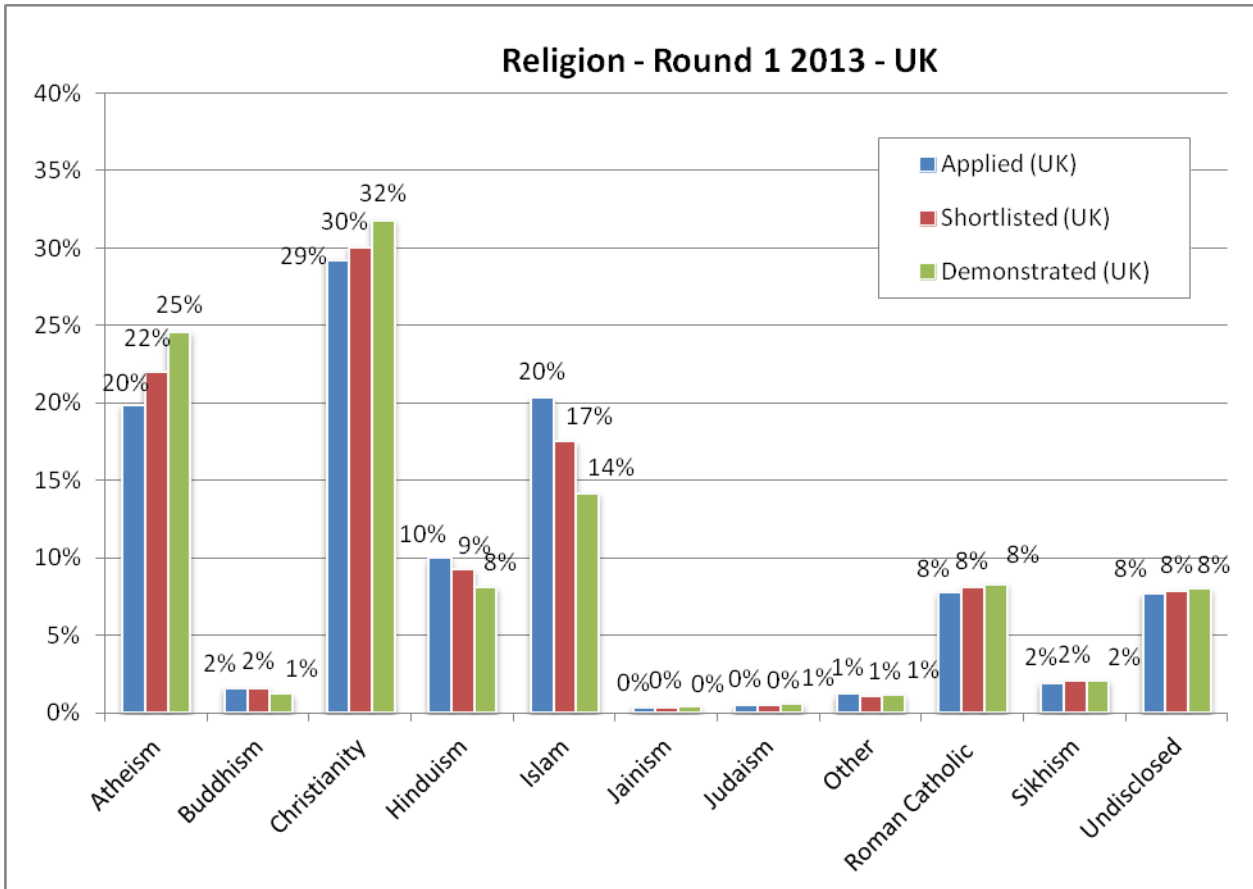


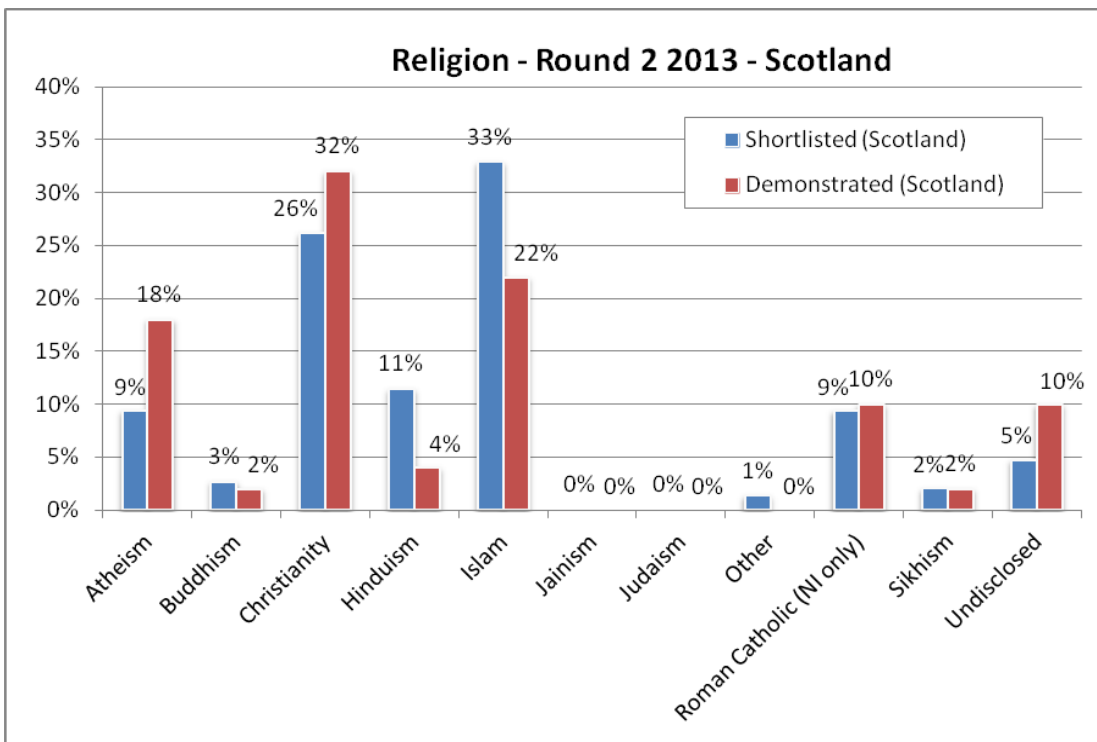
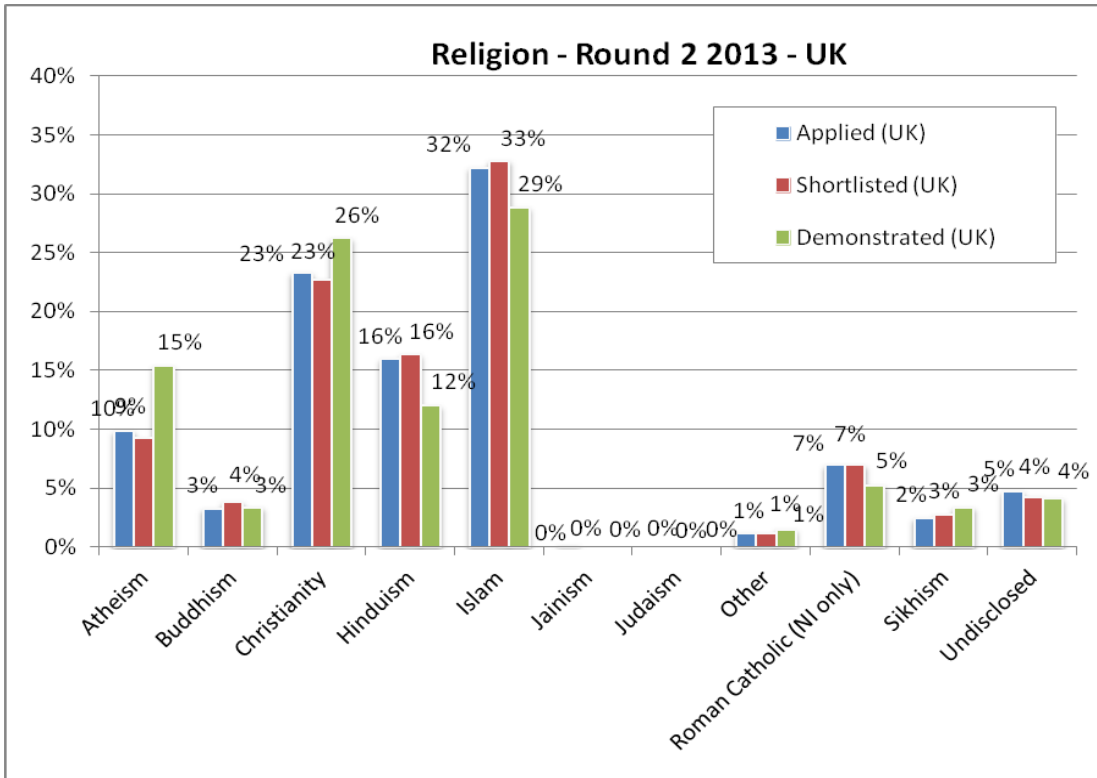
In Round 2, the demographic changes across the UK as there are a greater proportion of Asian applicants. In Scotland this proportion decreases by 16% points between Applied and Demonstrated, while the proportion of White applicants (the next more represented group) increases by 16% points over the same period.

The proportion of Asian applicants in the whole of the UK decreases by 9% points in Round 2 between Applied and Demonstrated, while the proportion of White applicants (the next most represented group) increases by 11% points.

The Scottish figures for both rounds are broadly line with UK wide figures, with a majority of White applicants who perform slightly better through the Recruitment process than those of Ethnic Minority backgrounds (with the exception of those who declared that they have Mixed Ethnicity, who are evenly represented throughout the UK recruitment process)

1.4 GPStR's – Religion





The major difference between the National, and Scotland only figures in Round 1, is the slightly lower proportion in Scotland of those of Islamic Faith, and slightly greater proportion of those who are Christian and Roman Catholic. This appears to reflect the census in terms of National and Scottish representation.

In Round 2, a larger percentage of applicants were of the Islamic faith. This representation of this group decreased between applied and demonstrated, particularly within Scotland where the proportion of candidates of Islamic Faith decreases by 11% points, while the proportion of those of Christian Faith (the next most represented group) increases by 6% points.

2. DENTAL TRAINEES

Dental Vocational Training in Scotland operates under a separately organised scheme from that in the rest of the United Kingdom. It is organised and administered on a Scotland-wide basis by NHS Education Scotland (NES). NES controls the number of Dental training places available in Scotland and co-ordinates the recruitment of vocational, foundation and specialty training and funds the salaries of the trainees and grants for the trainers.

The aim of Vocational Training (VT) in dentistry is to enhance clinical and administrative competence and promote high standards through relevant postgraduate training so as to allow participants to meet the needs of general dental practice. Training is centred on approved training practices which are inspected by NES to ensure that high standards are present and a dentist in each training practice is identified as the trainer. The recruitment of trainers and trainees is handled centrally by the Workforce Directorate within NES. As the national Board for education, training and workforce development, NES administers the education and training contract for all Dental trainees in Scotland.

There are a number of recruitment rounds for trainers and trainees, which take place throughout the year in Dentistry. NES recruits to on behalf of NHSScotland circa 300 trainees and 170 trainers annually across all the workstreams. We receive almost 1,000 applications annually managing all aspects of the assessment and selection of this trainee group.

2.1 Dental Vocational Training (DVT)

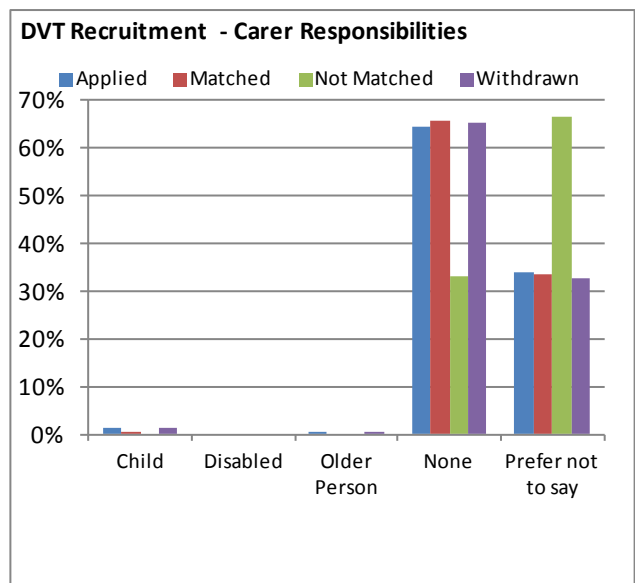
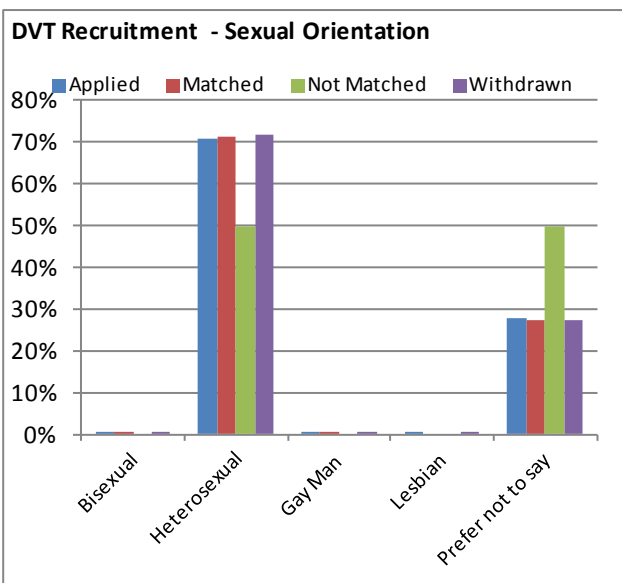
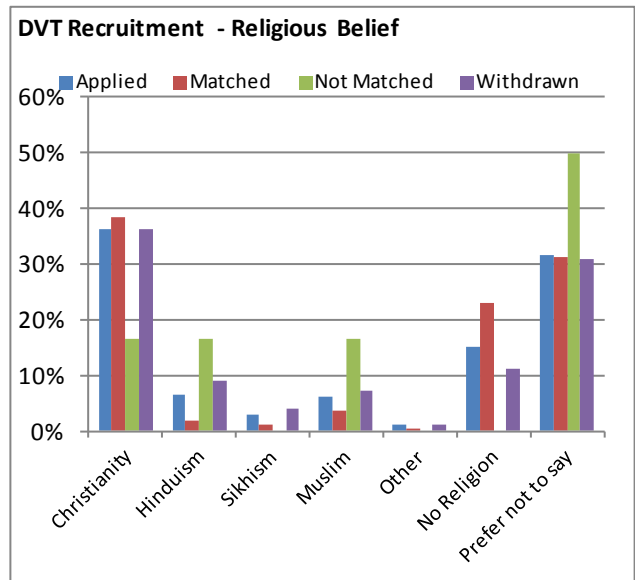
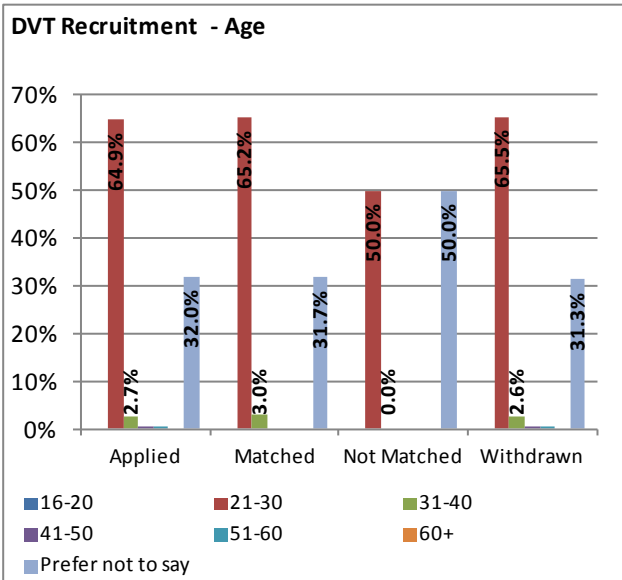
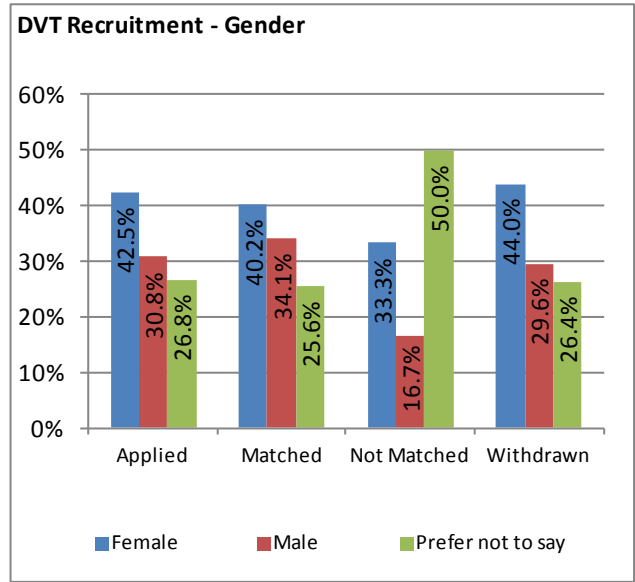
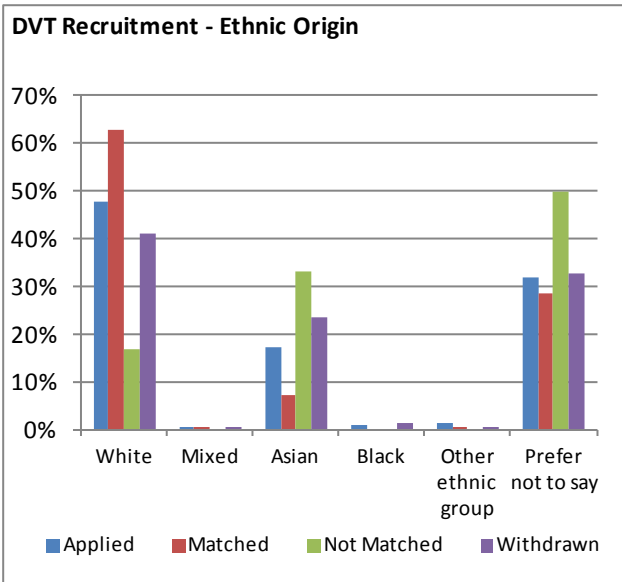
DVT is undertaken in the two years following graduation from dental school and obtaining a primary dental degree. DVT gives the newly qualified dentists the opportunity to obtain as wide an experience in all aspects of dentistry before considering further study or specialist training. The recruitment schemes run under DT are:

- Dental Vocational Trainers and Trainees – up to 2 recruitment rounds per year
- Hygienist-Therapist Vocational Trainers and Trainees - up to 2 recruitment rounds per year

Dental Vocational Trainers and Trainees

In 2013-14, 478 candidates applied for DVT posts in Scotland commencing August 2013. 164 were matched to posts and 307 withdrew from the recruitment process. Detailed outcomes data is available on request for all the protected E& D strands. From the analyses of the information it has been concluded that no groups are adversely affected by the recruitment processes, some key points to be noted are:

- The majority (64.9%) of candidates who applied for DVT posts in Scotland were aged between 21-30. 2.7% of applicants were aged 31-40, 0.2% were between 41-50, 0.2% were between 51-60, 0% were 60+ and 32% preferred not to answer. Of the candidates appointed: 65.2% of candidates between 21-30, 3% were between 31-40, 0% were 41-50, 0% were between 51-60, 0% were 60+ and 49% were not specified
- Of those who filled out the form, 64.6% had no caregiving responsibilities. 1.3% were responsible for a child, 0.2% were responsible for an older person, and 33.9% preferred not to answer. Of those who were appointed, 65.9% had no caregiving responsibilities, 0.6% were responsible for a child, 0% were responsible for an older person, and 33.5% preferred not to answer.



Hygienist-Therapist Vocational Trainers and Trainees

In 2013-14, 38 candidates applied for HTVT posts in Scotland commencing August 2013. 11 were matched to posts and 1 withdrew from the recruitment process. Detailed outcomes data is available on request for all the protected E& D strands.

2.2 Dental Foundation Programme (DF2)

Dental Foundation Training (DFT) is a two year training programme. The training comprises of one year in the General Dental Service (VT year) and one year divided, in varying degrees, between the Hospital Dental Service (HDS) and the Salaried Dental Service (SDS). The recruitment schemes run under DFT are:

- Dental Foundation Training Programmes (DF2 & DF2 Stand Alone) - annually
- Longitudinal Dental Foundation Training programmes (Trainers and Trainees) – annually

Longitudinal Dental Foundation Training programmes

In 2013-14, 43 candidates applied for LDFT posts in Scotland commencing August 2013. 30 were matched to posts and 3 withdrew from the recruitment process. Detailed outcomes data is available on request for all the protected E& D strands.

2.3 Senior House Officer Training (SHO)

Dental Senior House Officer posts that are mostly based in Dental Hospitals across Scotland and offer basic training in a range of dental specialties i.e. restorative, orthodontics etc. Dental SHO recruitment takes place annually which includes training in the Hospital Dental Service (HDS) and Oral & Maxillofacial Surgery Units (OMFS) which are based in various hospitals across Scotland.

In 2013-14, 117 candidates applied for SHO posts in Scotland commencing August 2013. Detailed outcomes data is available on request for all the protected E&D strands.

3. PRE-REGISTRATION PHARMACIST TRAINEES (PRPS)

The purpose of the PRPS is to ensure that every pre-registration pharmacist funded by the NHS in Scotland receives support and a high quality training opportunity and experience, regardless of practice setting.

Pre-registration pharmacist training in Scotland has changed with the implementation of the NHS Pre-Registration Pharmacist Scheme (PRPS) in 2006. To become a fully registered pharmacist, Pharmacy graduates complete a one year training programme in either Community Pharmacy or Hospital Pharmacy. Recruitment is co-ordinated centrally by NES HR for posts in Scotland, with support from the Lead Pharmacist and Administrator from the NES Pharmacy team.

Successful completion of pre-registration pharmacist training ultimately facilitates the achievement of registration with the General Pharmaceutical Council (GPhC). Each year there are approximately 170 funded 12 month PRPS training posts and these are recruited to via the Scottish Medical Training (ScotMT) NES e-form system. The posts are based in either Community or Hospital Pharmacies in Scotland.

In 2013-14, NES received 326 applications for 170 posts. Detailed outcomes data is available on request for all the protected E& D strands. From the analyses of the information it has been concluded that no groups are adversely affected by the recruitment processes, some key points to be noted are:

- **Ethnic Origin:** The number of applicants from an Asian background has increased between 2009 and 2013, with approximately 4% points each year, with a difference of 13.8% points between 2009 and this year's figures. Within the White ethnic group, the highest number of applicants in all the years (2009,2010,2011,2012, 2013) were Scottish. This is attributed to close links with Scottish Universities, and also the location of the training places. In 2009, 60.9% of those appointed were Scottish; this number increased to 66.3% in 2010 and decreased to 57% in 2011. In 2012 the figure rose to 65.5% and again in 2013 to 69.8%. It was noted that some overseas candidates scored less well during the process which was in part attributed to a lack of previous experience and also due to poorer communication skills. This was recognised and evidenced accordingly during the interview process.
- **Disability:** In 2013, 26 candidates declared disabilities. Of these candidates 12 were successfully appointed, which is a higher success rate from last year. The highest increased sub-category was Dyslexia//Dyspraxia/Dyscalculia. It is thought that the increase in declared disabilities is perhaps due to an improved Disability and Inclusion service at the Schools of Pharmacy. Reasonable adjustments were made for all candidates who were invited to the Assessment Centre and who requested additional support.
- **Gender:** In all five years, the highest percentage of applicants were female (2009: 70.2%, 2010: 65.5%, 2011: 70.1%; 2012: 68%, 2013: 64.7%) A similar percentage of females were appointed and therefore no issues are identified. The ratio of females:males applying to the PRPS across all years is similar and mirrors trends within the Pharmacy profession.
- **Age:** In all years, the majority (58.8%, 71%, 56.2% 85.6%, 87.7%) of candidates who applied for PRPS in Scotland were aged between 21-30. Again, no issues are identified as the PRPS is designed to support the student population following graduation.
- **Religious belief:** In all years the highest number of applicants declared No Religion or Roman Catholic (approx 25% for each category), followed by applicants who were Church of Scotland. A similar percentage were appointed in each year and therefore no issues are identified.
- **Nationality:** Data for this category has only been collected since 2011. In 2013-14, the highest number of applicants (59.5%) declared themselves as British, followed by Irish at 16.5%. In 2012 the majority of applicants declared themselves as UK (70.3%), 1.8% as British followed by 15.6% Irish. In 2013 the majority of applicants declared themselves as UK (73.9%), 6.1% as British, followed by 7.7% Irish. There is a notable increase of the number of applicants identifying as British. It is also noted that there has been a decline in the number of applicants identifying as Irish.
- **Caregiving Responsibility:** In 2011, 5 reported having caregiving responsibilities (all to young person/child). In 2012, 10 reported having caregiving responsibilities (9 to young person/child and 1 to older person) and in 2013, 8 reported having caregiving responsibilities (4 to young person/child, 3 to older person and 1 'other'). There are no notable trends in this category and any differences are too slight to be statistically valid.

