

Government takes forward plans to cut gender pay gap in medicine

- Structural barriers are the main reason for pay disparities
- Government commits to tackle the gap by dismantling barriers, making senior roles more accessible to women, improving pay transparency and promoting cultural change

The Health and Social Care Secretary has today committed to tackle the gender pay gap among doctors by making the NHS a more equal place to work, as an independent report finds structural barriers are the main reason for pay disparities.

The final report, the first review of its kind, found the gender pay gap between men and women in medicine is highest for hospital doctors, with female doctors earning 18.9% less an hour when adjusted for contracted hours. The report also found the disparity in medicine is considerably higher than other professions – the gap being 2% for accountants and 8% for teachers.

The government will establish an Implementation Panel to help address the structural barriers outlined in the report, look at driving forward the review's recommendations, with members including gender pay experts and representatives from across the health service.

The report outlines a range of recommendations to make senior roles more accessible to women and help close the gap, to the benefit of the workforce as a whole. These include:

- reducing pay points within pay scales, so it takes less time for people to reach the top, and encourage greater pay transparency in general practice
- promoting flexible working, with jobs advertised as flexible unless there is a strong justification not to, helping to improve work-life balance and make the NHS the best place to work
- restructuring part-time training to focus on competency rather than time served, reducing disproportionate long-term career penalties for women who are more likely to go part time

Minister for Care Helen Whately said:

Now more than ever, our NHS needs talented doctors providing top-quality care for patients and I thank Professor Dame Jane Dacre for her vital work. Making workplaces better for women is something I am passionate about. All too often women continue to face barriers that make it harder to succeed at work.

We will all lose out if talented women feel unable to continue working in healthcare – promising carers ended early and vital expertise and experience lost at a time when we need it more than

ever.

I'm redoubling my efforts to work with the profession to remove the barriers stopping people from achieving their full potential. I want the NHS to be a truly diverse and inclusive employer.

Professor Dame Jane Dacre, Chair of [The Independent Review into Gender Pay Gaps in Medicine in England](#) said:

The causes of the gender pay gap in medicine are complex and wide ranging and will require a system-wide effort to tackle. This pioneering review has uncovered the underlying causes and made recommendations for government, employers and the profession to address the pay gap.

I'm glad that the Health Secretary has committed to addressing this important issue, which will help keep more talented women working in the NHS.

The report sets out in full for the first time the causes of the pay gap, citing inflexible career and pay structures in medicine as creating barriers, especially for women with caring commitments, which leads to pay penalties for lower levels of experience and less favourable career paths.

The report also finds that although the pay gap has narrowed over time, progress is slow and women will continue to face disadvantages unless action is taken.

In addition, the report highlights the need for further research into the ethnicity pay gap in the NHS, looking at both the medical workforce and those on the Agenda for Change contract.

To better understand this, the Minister for Care Helen Whately will host a roundtable to hear from staff, stakeholders and BAME representatives from the NHS, complementing the NHS's ongoing work through the NHS Workforce Race Equality Standard to close the gaps in experiences between black, Asian and minority ethnic and white staff.

All of this work supports measures set out in the [NHS People Plan](#), to improve recruitment and retention, including ensuring equal opportunity and access to flexible working for both men and women.

The Gender Pay Gap in Medicine Review is the largest examination of gender pay data ever conducted in the public sector. The review was commissioned by the Department of Health and Social Care in April 2018 to determine the extent of the gap, its causes, and what needs to be done to tackle it.

Professor Dame Jane Dacre, former President of the Royal College of Physicians, was invited to chair the gender pay gap review, with the research undertaken by Professor Carol Woodhams, an expert in gender pay, alongside a

team of analysts and researchers from the University of Surrey.

The evidence presented in the report outlines the main causes of the gender pay gap in medicine. These include:

- periods of part-time working to have children or to undertake caring responsibilities have long-term implications for women's career and pay trajectories, reducing their experience and slowing down or stalling their progress to senior positions
- medical structures make it difficult for women to combine motherhood with a career in medicine. It takes women in medicine up to 35 years to close the gender pay gap after having children, compared with around 15 years for graduates in other professions in the UK
- married women doctors earn nearly 30% less than married men doctors, and this gap increased to over 32% for those with current or former NHS doctor partners, with women more likely to undertake childcare or make sacrifices to accommodate their partner's career
- male doctors are more likely to be older, have more experience and hold more senior positions. Two thirds of doctors in training grades are women but within consultant grades this drops to under half

Professor Carol Woodhams said:

The gender pay gap in medicine is large in comparison to other professions. The good news is that by making changes to some of the structural pillars that support typical medical careers, over time this will be reduced. Our report provides a road map to achieve this.

The review team conducted in-depth analysis of anonymised pay data, evidence obtained from interviews conducted with medics at various career stages, and an online survey sent to 40,000 doctors.

The review's methodology will provide a valuable resource for other sectors looking to address their gender pay gaps.

[Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England](#)