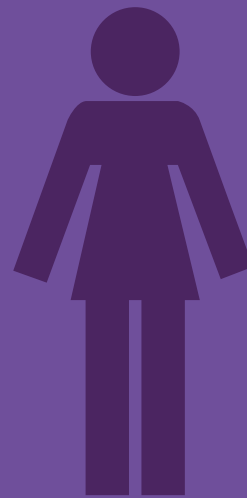


BRIEFING

**Independent review
of the gender pay gap
in medicine**



Independent review of the gender pay gap in medicine



The DHSC (Department of Health and Social Care) has recently set up an independent review of the gender pay gap in medicine. The BMA expects that the review will produce strong evidence of the causes of the gender pay gap and that its recommendations will have long-term impact on gender equality and pay in the medical profession. This briefing answers the key questions about the review and outlines how the BMA, its committees and members will be involved.

What is the gender pay gap and how does it differ from equal pay?

The gender pay gap shows the difference between the average (mean or median) hourly earnings of all male and all female employees. It is expressed as a percentage of men's earnings: if an organisation has a pay gap of 15 per cent this means that women's average hourly earnings are 15 per cent less than men's.

The gender pay gap is not the same as equal pay. Equal pay is about ensuring men and women doing similar work or work that is different but of equal value (in terms of skills, responsibility, effort) are paid the same. A gender pay gap could reflect a failure to provide equal pay but it usually reflects a range of factors, including a concentration of women in lower paid roles and women being less likely to reach senior management levels.

How does this review differ from gender pay gap reporting?

There has been extensive publicity of the national [gender pay gap reporting regulations](#), which have mandated individual NHS organisations employing more than 250 staff to publish their own gender pay gaps. However, this data measures the median hourly rate across an employer's workforce, and does not break down the data for individual staff groups – i.e. for doctors. The review of the gender pay gap in medicine will be a detailed analysis into gender pay differences across the medical profession. It will have access to detailed NHS Digital and HMRC (HM Revenue and Customs) data to calculate the specific gap for doctors and the underlying causes of this gap.

Why is a review of the gender pay gap in medicine being conducted?

In July 2016 during the junior doctors' contract dispute, the Secretary of State for Health and Social Care announced that he would commission an independent review of the gender pay gap. However there have been concerns about the size of the gender pay gap in medicine for many years. The influential [2009 Deech report](#), commissioned by the Chief Medical Officer, recommended a programme of action to improve opportunities for women in medicine. Several years later, evidence of a [considerable pay gap in medicine](#) suggests these have not been fully addressed, with many women doctors still [earning less than men on average and continuing to face barriers in the careers](#).

What will be the objective and scope of the review?

The overall aim of the review is to understand the causes of the gender pay gap in medicine and to make implementable recommendations to narrow it. It will cover the whole medical profession including public health doctors and medical academics. The review was announced during the junior doctor contract dispute. However, it will look at the pay gap across doctors' careers and in different areas of medicine.

The review will look at pay differences by age, stage of career, part time working and over a whole lifetime including the impact on pensions. Relevant issues for the review could include: gendered education and career choices, unequal impact of caring responsibilities, lack of quality flexible working opportunities, underrepresentation of women in leadership positions and the culture of medicine.

What will be the format of the review?

The review will commence shortly and complete by the end of 2018. It will be England-only however representatives from the other UK nations will be invited to observe at meetings. A steering group will oversee the review, chaired by Prof Jane Dacre, current President of the Royal College of Physicians and a [strong advocate for gender equality in medicine](#).

The BMA will have three seats on the steering group: Anthea Mowat, Representative Body chair, Hannah Barham Brown, Junior Doctors Committee deputy chair for professional issues, Helen Fidler, Consultants Committee deputy chair (swapping with other branch of practice representatives for parts of the review that focus on GPs). Other steering group representatives will include: the Medical Women's Federation, DHSC and NHS Employers.

How will the review gather evidence?

- The review will incorporate NHS Digital and additional HMRC data for general practice;
- It will commission qualitative research (focus groups and/or surveys) to gather doctors' views on the causes of gender pay differences and what can be done to narrow them;
- There is likely to be a Call to Evidence, allowing external stakeholders to submit material;
- An independent reviewer with expertise in gender pay gap analysis will produce evidence for a final report drawing together all the research material, looking at how variations in progression, hours worked, on-call allowances, and other additional payments contribute to the gender pay gap.

How is the BMA involved?

As a key stakeholder, the BMA has inputted into the format of the review.

- The BMA's representatives will have a strong influence on the steering group, which will write the final report and make the recommendations coming out of the review.
- We are establishing an internal advisory group to ensure that the perspectives of all branches of practice feed into the review;
- We will be updating members throughout the review. The BMA also hopes members will have the opportunity to take part in the qualitative research.

What will be the likely outputs of the review?

We understand that the outcomes may include: a thorough data analysis, conclusions about causation, a review of initiatives already underway, and recommendations to address the issues identified. The steering group's final recommendations are expected to feed into policy reforms, contract negotiations and Doctors and Dentists' Review Body recommendations.

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