NHS Beyond 70 - The increasing role of women in medicine

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Overview

• The history
• Where are we now?
• The gender pay gap
• The future
The history

- Healthcare began in the home
- Caring was a female responsibility
- Until the Medical Royal Colleges
- Physicians were men
- Women were unsuited
‘Woman as a doctor is a conceit contradictory to nature, and doomed to end in disappointment to both the physician and the sick’
– *The Lancet*, 1878
‘Women ought not to be encouraged to enter a profession for which they were constitutionally unfitted’
– Sir Richard Douglas Powell, RCP president, 1907
Where are we now?

NHS Digital data:
- 45% hospital specialists
- All specialties have more women than 10 years ago
- 77% NHS employees
- 44% NHS CEOs are women
Gender Pay Gap: The difference between average hourly earnings of men and women expressed as a percentage

Equal Pay: Equal pay for equal work (Equal Pay act 1970)
Data sets collected for Independent review

- Literature review including policy and legislative impact on gender and pay
- 30 in depth interviews of men and women
- Survey sent to 40,000 doctors randomised from the GMC LRMP
- Large quantitative datasets from:
  - NHS electronic Staff Record (ESR) via NHS Digital
  - HESA (Higher Education data)
  - HMRC (Self Assessment Tax returns for GP)
  - UK Med database (data on trainee cohorts)

- 83,000 Hospital doctors and 16,037 GPs
Literature Review

• The issues are clear, but evidence gaps remain
• Three main reports
  – Donaldson-Women in Medicine, Opportunity Blocks 2006
  – RCP– Women and Medicine: The Future
  – Deech – Women Doctors – Making a Difference
• Legislation has been passed, but change has been slow
  – Sex Discrimination Act 1975
  – Gender Equality Duty 2006
  – Public Sector Equality Duty 2010
Qualitative analysis: some early themes

• Barriers to progression
• Bullying culture in some specialties
• Difficulties of part time working
• Gender segregation
• Clinical Excellence Awards
• Ethnicity
• Geography

“It’s not direct discrimination against individual women, but it’s a system that is just not designed to meet the needs of a female workforce.”
Methods of quantitative analysis.

1. Descriptive data.
2. OLS Regression equations – isolates the relationship of gender with pay from all other variables – results in the ‘adjusted’ gap.
3. Oaxaca-Blinder decomposition

\[ \ln(W_{Mi}) = X_{Mi} \beta_M + \varepsilon_{Mi} \]
\[ \ln(W_{Fi}) = X_{Fi} \beta_F + \varepsilon_{Fi} \]

\[ \ln(W_M) - \ln(W_F) = (\bar{X}_M - \bar{X}_F) \beta_M + \bar{X}_F (\beta_M - \beta_F) + (\bar{X}_M - \bar{X}_F) (\hat{\beta}_M - \hat{\beta}_F) \]

- Difference in mean wages
- Differences in characteristics “endowments”
- Differences in men/women £ returns to these characteristics “coefficients”
- Interaction term
Steady reduction in the gender pay gap – total pay 16.8%
Gender Pay Gap – raw total pay x age
Medical specialties - male dominated specialties (e.g., urology) show larger gender pay gaps in total pay.
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Decomposition of the difference between hospital doctors men and women's total pay

- Women doctors are more likely to work in less well-paid roles than men doctors, eg. Consultant
- Women doctors are on average younger and have fewer years of experience than men doctors.
- Women doctors are more likely to work in less well-paid specialities.
- Women in less advantageous working conditions such as fixed term working and/or less likely to have multiple assignments.
- The effect of other identity variables.
GPs have a 33% Pay gap between men and women

- Women GPs work fewer hours than men GPs
- Women GP less likely to have contractor status
- Women GPs are on average younger
- Women GPs have fewer years of experience than men GPs
- Non-white ethnicity effects
- Other factors such as geographic region
Main contributors to the gap

• Age
• Seniority
• Specialty
• Part time working
• Gender balance in specialty
• Clinical Excellence Awards
• Ethnicity
• Geography
The future - culture

- Need more women in senior positions
- Acceptance of flexible working
- Retention of women after career breaks
- Remove barriers and disincentives
- Zero tolerance to poor behaviour
- Stick to HR policies
Women Leaders Network – “Gender Balanced Boards Good for safety”
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<thead>
<tr>
<th>Category</th>
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<tr>
<td>Effective actions</td>
<td>Women on shortlists</td>
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<td>Skills-based assessment tasks</td>
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<td>Salary negotiation within transparent salary ranges</td>
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<td>Set internal targets</td>
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<td>Actions with mixed results</td>
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<td>Leadership development training for women</td>
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<td>Performance self-assessments</td>
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<td>Diverse selection panels</td>
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In the next 70 years of the NHS

- Women will play an increasing role in medicine
- The Gender Pay Gap will reduce
- We have the opportunity to make evidence based change
- The time has come to embrace a new culture
- The medical workforce needs its men and its women