Academy of Medical Royal Colleges

The independent review of the gender pay gap in medicine
Academy response

Mend the Gap, Professor Dame Jane Dacre's independent review of the gender pay gap in medicine in England, marked a crucial and timely intervention into conversations about gender equality in the profession. Concerningly, the report identified that medicine's gender pay gap is large for a single professional group and that it spans specialties. Gender inequalities are driven by a combination of factors, the review found, including structural barriers, workplace cultures and family responsibilities.

The Academy of Medical Royal Colleges (the Academy) agrees that the problems identified by the review must be tackled urgently, to improve the experiences of women in medicine, and to deliver benefits to the profession, the health service and patient care. Many of the recommendations set out in the report highlighted the need for a broad culture change across the NHS, which will require a whole systems-approach. Further, while the report focused on medicine in England, many of its findings and conclusions will resonate across the four nations (and beyond the UK).

The Academy, and the medical royal colleges and faculties we represent, were rightly identified as important stakeholders within this landscape. We recognise that we have a responsibility to act to improve gender equality (and diversity more widely) in medicine and look forward to working with a range of partners to help deliver change. Earlier this year we convened a short-life working group – bringing together representatives from medical royal colleges and faculties – to consider how the Academy and our member organisations might respond, and work with others to respond, to Professor Dacre's recommendations. Only through stakeholders working together collaboratively can these wide-ranging challenges be addressed effectively. Since forming this group, we are delighted the Academy has been invited to take part in the Department of Health & Social Care's (DHSC) implementation panel on the gender pay gap report.

Improved workforce planning is crucial to tackling inequalities in the profession. There are workforce shortages across the system and these create barriers to flexible working being fully adopted and embraced in the NHS. The review concluded that a modest oversupply of doctors would reduce the impact of market forces on medical pay (which has a negative effect on the gender pay gap), and it recommended widening the appeal of flexible working to help make senior jobs more accessible to women. The Academy is calling for a more transparent, long-term approach to workforce planning, which takes into account the needs of patients and the rising demand among health and care staff for flexible working. In partnership with other stakeholders, we have drafted an amendment to the Health and Care Bill that would help enshrine effective workforce planning. We have also highlighted the importance of factoring flexibilities into workforce planning in our submission to Health Education England's (HEE) Strategic Framework Review. Better access to and support for flexible training and working across all staff groups will not only help ameliorate the gender pay gap, but also improve recruitment, retention, and staff wellbeing.

To open up more senior opportunities for women, Professor Dacre recommended expanding the appeal of flexible working among men to increase the percentage of male doctors that work less-than-full-time. By reducing the stigma surrounding flexible working for men, caring responsibilities might be more evenly distributed, the review suggested. While societal attitudes are key to driving some of these developments, we believe that providing role models within the profession is a crucial way to inspire change. The Academy will be producing a report bringing together case studies of men and women who combine medical work with a range of caring responsibilities.

Across the system there is already important work underway to address some of the issues identified in the report. NHS England/Improvement are developing a flexible working definition and set of principles for the NHS, and HEE has committed to increasing flexibility in postgraduate medical training. The Anti-Bullying Alliance, of which we are a member, has undertaken work to tackle bullying, harassment and undermining in medicine, which the review identified as barriers to women, particularly those working flexibly. Many stakeholders, including some of the medical royal colleges, have sought to improve the visibility of female role models by taking a stance against male-only panels or 'manels' at their events. In recognition that access to diverse role models can support those from underrepresented backgrounds, many colleges and faculties have also sought to provide mentoring, coaching and peer support schemes.

Many of the recommendations in Professor Dacre's review reflect changes that the Academy and medical royal colleges and faculties have already been calling for and for which we will continue to make the case at a national level. In addition to our statements on workforce planning, we have also responded to the recent consultation on reforming Clinical Excellence Awards, highlighting the importance of broadening access, and we were involved in discussions about the new Specialist Grade, which opens up opportunities for SAS doctors, many of whom are women. We have also called for simplifying and streamlining access to CESR/CEGPR, and look forward to further opportunities to work with the General Medical Council on this.

There is also much that should be done at local and employer level to support women in the workplace, in terms of job planning to enable women to take on leadership roles, creating a supportive culture in which individuals from all backgrounds can thrive, and providing facilities and resources tailored to women. Examples include access to suitable spaces for breastfeeding/pumping and guidance on menopause in the workplace.

Finally we recognise the need to look internally at our own values and processes, to improve equality, diversity and inclusivity (EDI) among the Academy and its member organisations. The Academy will be auditing its own committees – which comprise representatives from the medical royal colleges and faculties, as well as some stakeholder organisations – to consider how far different protected characteristics are represented among committee members. This audit will enable us to judge how far our work is representative of different groups within the medical profession and whether more needs to be done to improve diversity. We will be adding a statement on inclusivity to our committees' terms of reference and developing guidance to strongly encourage member organisations to nominate representatives from a wide range of backgrounds.

Our working group tasked with examining the recommendations from Professor Dacre's report has highlighted the value of cross-college and faculty conversations about equalities. Building on this work, there is a plan from the Royal College of Psychiatrists to convene a longer-term group, bringing together representatives across our member organisations, to discuss EDI projects. This will facilitate discussion about promoting inclusivity across a range of protected characteristics. For example, it will enable colleges and faculties to share advice and best practice on issues such as how to promote visible role models to widen participation in medicine and how to evaluate EDI across different activities, including exams, recruitment, and CESR. It is clear that gender inequalities intersect with a range of other characteristics, including race and disability, and a group looking at EDI more broadly can bring together related initiatives to have greater impact.

We thank Professor Dacre for her important work highlighting gender inequalities in medicine and look forward to working with partners across the system to effect change.

Appendix
Academy response to individual recommendations

The Academy was named as a relevant stakeholder against 19 recommendations in Professor Dacre's review. These recommendations are listed below, along with the Academy's response.

Theme 1: Address structural and institutional penalties and barriers within women's medical careers

Recommendation	Named stakeholder	Academy response
1.5 Agree measures to address the factors that are deterring women from becoming GP partners	BMA, DHSC, NHSE&I, Royal College of GPs (RCGP)	The RCGP continues to work with DHSC, the BMA and others to support the implementation of recommendations from the Government's 2018/19 GP partnership review, in order to improve access to partnerships. Ongoing work on GP partnerships and retention will include a focus on gender.
1.6 Introduce a national weighted evaluation scheme to ensure standardisation of additional pay and contracts for doctors taking on senior roles (for example, Clinical or Medical Director)	Medical schools, medical royal colleges, HEE, non-gender balanced specialties, Medical TUs, NHS Employers	Pay and contracts are trade union issues, though the Academy and colleges/faculties have a role in terms of supporting doctors taking on leadership roles. Those taking on leadership roles should be given appropriate SPA time in recognition of the work they are doing and should be appropriately remunerated for this. We will speak with the British Medical Association (BMA) and NHS Employers about strengthening guidance on the use of SPA time (including for external/ leadership roles) and the value of group job planning. The Academy Trainee Doctors' Group (ATDG) is undertaking work to strengthen support for trainees in leadership roles, including clarity around the definition and use of professional leave.

Recommendation	Named stakeholder	Academy response
1.7 Ensure that the influence of specialty on the gender pay gap in total pay reduces by introducing policies to reduce gender segregation, and supporting men and women to work more equally across all specialties	GMC, HEE, PG Deaneries, medical royal colleges, AoMRC, specialty societies	Gender balance across specialties requires a strategic approach to the workforce pipeline, from education before medical school to the retention of senior doctors. Colleges do not directly employ doctors, but they have a role to play in promoting female role models. This is one area where a new cross-college/ faculty EDI group could undertake further work, e.g. through disseminating learning from those specialties that have tackled gender disparities in recruitment, and discussing effective ways to monitor and evaluate recruitment, exams and CESR progress to track disparities across different protected characteristics.
1.8 Ensure consistency of ARCP training outcomes across the country; and minimise increases in overall length of LTFT training by focusing on the acquisition of competence rather than time served	Medical royal colleges, HEE, AoMRC, BMA	In recent years there has been a shift towards recognition of competences rather than time served (reflected in curricula), but progress is variable and work continues in this area. Training time can remain extremely long for those LTFT. A more flexible and individually tailored approach to LTFT would be beneficial and the Academy will discuss this with HEE.
1.9 Redesign training systems in medicine to reduce the burden of assessment which discourages the career progress of women. The first step is to rationalise the assessments in different specialties as part of the new curricula, modelling the effect on pay gaps	HEE, Postgraduate Deaneries, BMA, medical royal colleges, AoMRC	Many curricula have already been rewritten to move away from a tick-box mentality. As new curricula are introduced, colleges should ensure every decision aid offers clarity about how many assessments are expected of LTFT trainees. This will provide greater transparency for candidates and supervisors. There should also be clarity on how much study or exam time should be counted as part of working hours. A cross-college Exams Delivery Group was set up during the pandemic to support discussion about alternative methods of exam delivery. This has provided a forum to explore important issues, such as how to ensure third-party test centres have provisions for breastfeeding and comfort breaks. The colleges/faculties will shortly be evaluating online delivery of exams from an EDI perspective.

Recommendation	Named stakeholder	Academy response
1.11 Deregulate alternative pathways to CCT to remove career and pay disadvantages for those following alternative routes (CESR). Legislate for greater flexibility to allow applicants to satisfy the GMC that they have the knowledge, skills and experience necessary for entry to the Specialist/ GP register	GMC, medical royal colleges, AoMRC, BMA	The Academy supports reducing barriers to CESR. We have had preliminary discussions with the GMC, and will continue to engage with further work on the reform of the regulatory landscape.

Theme 2: Make senior jobs more accessible to women

Recommendation	Named stakeholder	Academy response
2.5 Promote flexible working to appeal more to men to increase the percentage of men that work LTFT, encouraging more equal sharing of caring responsibilities, reducing the stigma for men, and reducing the number of women obliged to choose LTFT working to accommodate caring responsibilities, particularly in primary care	All employing organisations, medical schools, medical royal colleges, AoMRC, HEE, GP practices, Medical TUs, NHSE&I, GMC	The Academy has had preliminary discussions with NHS England/Improvement's Flexible Working team, and supports forthcoming efforts to define and set expectations for flexible working in the NHS. We welcome the commitment to achieving a flexible working culture and practices which are fair, equitable and consistent. The Academy will publish a report bringing together case studies of men and women from across different specialties who combine their medical careers with caring responsibilities and flexible working. The aim is to provide visible role models to encourage a more equal distribution of caring responsibilities. In our policy activity on workforce supply we will continue to highlight that the demand for flexible working must be factored into long-term, strategic workforce planning. This is a major aspect of our submission to the HEE Strategic Framework review.

Theme 4: Mandate change to policy on gender pay gaps

Recommendation	Named stakeholder	Academy response
4.1 A modest oversupply of doctors would reduce the impact of market forces on medical pay which has a negative impact on the gender pay gap. Relevant organisations to be mindful of this in planning any future increases in medical school places and ethical overseas recruitment	DHSC, DfE, HEE, NHSE&I, medical royal colleges, medical schools, Home Office, BMA	The Academy has called for a modest oversupply of doctors and an increase in medical school places, as part of long-term, strategic workforce planning. We will continue to campaign for this in our responses to the current Health and Care Bill and the HEE Strategic Framework workforce review.
4.2 Set targets to address the balance of the numbers of men and women across the specialties and at more senior levels in each specialty; and monitor results and progress	HEE, DHSC, NHSE&I, AoMRC, medical royal colleges and specialty societies	There should be gender balance across the healthcare workforce. We welcome efforts to increase transparency about equality, diversity and inclusivity across different protected characteristics, as with the recent Medical Workforce Race Equality Standard. Any targets would need to be flexible and adaptable. The priority should be identifying and addressing outliers with poor gender balance. As indicated above, colleges should share learning from successful efforts to tackle gender disparities in recruitment.
4.4 Mandate improved careers' guidance in medical schools and early careers that is equality-proofed and does not perpetuate stereotypes. Include information on the causes of gender pay gaps, and the pay distribution across branches of medicine and medical specialties. Consider what further early-stage guidance or support is needed to address the causes of the gender pay gap	GMC, medical schools, medical royal colleges, BMA	The new cross-college EDI group could have a role in disseminating best practice, highlighting work by colleges and others to provide careers guidance which actively dismantles stereotypes. The Academy will facilitate communication between this group and HEE's Widening Participation strategy. The Academy, through its SAS Committee, will also continue work to promote SAS careers.

Theme 5: Promote behaviour and cultural change

Recommendation	Named stake-holder	Academy response
5.1 Use current evidence on wellbeing to create an atmosphere where all doctors feel valued and welcome, especially in relation to caring responsibilities	All organisations involved in the profession, including: medical schools, Medical TUs, professional associations, medical royal colleges, AoMRC	The Academy will continue to feed into national work on wellbeing. Examples of past projects include our Support for doctors signposting resource and statement on the Wellbeing of the SAS workforce. In 2016, the Academy Flexible Careers Committee published a report on experiences of maternity/paternity. The Academy's planned report on doctors who combine work and caring responsibilities (mentioned above) will seek to destigmatise flexible working. The Academy will speak to NHS Employers regarding breastfeeding/pumping provision at Trusts, to help ensure that staff who require these facilities feel better supported.
5.2 Enhance and enforce bullying, harassment and whistle-blowing policies in all NHS organisations. Particular attention should be paid to the bullying and undermining of those with caring responsibilities and those who work part-time	All organisations involved in the profession, including: medical schools, Medical TUs, professional associations, medical royal colleges, AoMRC	Ensuring that policies around bullying, harassment and whistle-blowing are enforced is crucial. These need to apply across all relevant environments, not just the NHS – e.g. the independent sector, royal colleges. The prevalence of bullying and undermining towards those who work flexibly will be referred as an issue to the Anti-Bullying Alliance, and raised in conversations with the NHS England/ Improvement Flexible Working team. Speak Up Guardians and Guardians of Safe Working have an important role to play here. The Academy will engage with the Faculty of Medical Leadership and Management (FMLM) regarding the role of leadership in tackling bullying. Many colleges have produced resources and guidance aimed at tackling bullying, e.g. the Royal College of Obstetricians and Gynaecologists' Workplace Behaviour Toolkit, the Royal College of Surgeons of Edinburgh's Anti-Bullying and Undermining campaign, and the Royal College of Emergency Medicine's RespectED campaign.

Recommendation	Named stake-holder	Academy response
5.3 A zero-tolerance approach to poor behaviour and multiple channels for reporting incidents, including the ability to do so anonymously. Ensure appropriate organisational action is taken in response.	All organisations involved in the profession, including: medical schools, Medical TUs, professional associations, medical royal colleges, AoMRC	We support a zero-tolerance approach and the ability for incidents to be reported anonymously. Our activity in this area is outlined above.
5.4 Extend enhanced pay for shared parental leave to all doctors to overcome a cultural barrier to men playing more of a role in caring and to challenge stereotypical assumptions about gender roles	All organisations involved in the profession, including: medical schools, Medical TUs, professional associations, medical royal colleges, AoMRC	Pay and terms and conditions are not within the remit of the Academy/colleges, but we strongly support efforts to dismantle cultural barriers around caring responsibilities and working flexibly, as explored above.

Theme 6: Review clinical excellence and performance payments

Recommendation	Named stake-holder	Academy response
6.1 Monitor applications and encourage equal numbers of eligible men and women to apply for local and national awards, and to facilitate applications from specialties in receipt of fewer awards	Medical schools, NHS trusts, medical royal colleges, AoMRC, ACCEA, Medical TUs	The Academy (and some of our member organisations) responded to the recent consultation on the reform of Clinical Excellence Awards (CEAs). We await the outcome of this review to gauge how far it will tackle inequalities.
6.2 Numbers of men and women eligible for awards, as defined by the Advisory Committee on Clinical Excellence Awards (ACCEA), and in receipt of awards should be reported at medical school, trust board and national level	NHS trusts, medical schools, medical royal colleges, AoMRC, ACCEA	We agree there should be greater transparency on eligibility and achievement of awards, through reporting by Trusts. Colleges are working on improving gender and ethnicity balance of CEA committees and those doctors who they are encouraging to apply.

Recommendation	Named stake-holder	Academy response
6.3 Both nationally and locally, reward excellence in a gender-neutral way, including the need for LTFT doctors' contribution to be assessed against the proportionate hours they work; and by reviewing domain/ criteria, so additional activity undertaken more frequently by women, such as mentoring, is rewarded equally to that undertaken more frequently by men, such as additional clinical, managerial or research activity	NHS trusts, medical schools, medical royal colleges	The current review of CEAs has proposed changes to the existing domains. This may broaden the range of activities considered to demonstrate excellence, enabling greater recognition and reward of those activities more frequently undertaken by women. We await the outcome of the review to determine what further actions might be undertaken.
6.4 Use local performance assessment, objective setting, job planning and performance reward to encourage excellence capable of being rewarded locally and nationally	DHSC, medical royal colleges, AoMRC, Medical TUs	Culture change is needed to redefine excellence and prioritise supportive working styles. The Academy awaits further information on the outcome of the CEA review. If the 'other' category is agreed, there will be an opportunity for colleges to suggest recognition and reward of activities more frequently undertaken by women.
6.5 Support national applications from the Consultant workforce, using talent management and proactive encouragement of those less likely to apply, with EDI targets	Medical royal colleges, AoMRC, Medical TUs	In our response to the CEAs consultation, we noted that colleges may need to set themselves targets, such as the proportion of applications from one or another group to aim for. Colleges and other professional bodies will do what they can from a national level, but it is the action of employers in directly encouraging applications from suitable individuals in underrepresented groups that will have the greatest effect. The ACCEA could undertake or commission research into what deters underrepresented groups from applying.