

NHS Education for Scotland: Equal Pay Statement

This statement has been agreed in partnership and approved by the NHS Education for Scotland (NES) Board. It will be reviewed on a regular basis by the NES Executive Team, Partnership Forum and Staff Governance Committee.

NES is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.

NES understands that the right to equal pay between women and men is a legal right under both domestic and European Law. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations¹ require NES to take the following steps:

- Publish gender pay gap information by 30 April 2013 and every two years thereafter, using the specific calculation set out in the Regulations.
- Publish a statement on equal pay between men and women; persons who are disabled and persons who are not; and persons who fall into a minority racial group and persons who do not, to be updated every four years.
- Publish information on occupational segregation among its employees, being the concentration of men and women; persons who are disabled and persons who are not; and persons who fall into a minority racial group and persons who do not, to be updated every four years.

NES recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

NES also recognises underlying drivers of pay inequality, including occupational segregation, inequality of unpaid care between men and women, lack of flexible working opportunities, and traditional social attitudes², and will

¹ <http://www.legislation.gov.uk/sdsi/2012/9780111016718/contents>.

² <http://www.gov.scot/Publications/2016/06/4807>.

take steps within its remit to address these factors in ways that achieve the aims of the NHSScotland Staff Governance Standard³ and the Equality Duty⁴.

It is good practice and reflects the values of NES that pay is awarded fairly and equitably.

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality.
- Promote equality of opportunity and the principles of equal pay throughout the workforce.

Promote good relations between people sharing different protected characteristics in the implementation of equal pay.

We will:

- Review this policy, statement and action points, in partnership, with trade unions and professional organisations as appropriate, every two years and update our report within four years;
- Inform employees as to how pay practices work and how their own pay is determined;
- Ensure managers are provided with guidance and advice regarding decisions about pay, benefits and grading;
- Continually review the implementation of our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Continue to monitor the impact of job role harmonisation and job evaluation schemes, as well as promotions and the outcomes of re-evaluations to ensure equality of opportunity;
- Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010;
- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the relevant trade unions and professional organisations;
- Empower staff and managers to work flexibly and effectively with a focus on outcomes, supporting flexible and agile working arrangements and work-life balance;
- Continue to progress through the Carer Positive Framework to support carers in the workplace;

³ <http://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard/>

⁴ <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty>

- Ensure that equal pay is central to our commitment to fair organisational change, and that the outcomes for staff in relation to equal pay and occupational segregation are monitored;
- Continue to monitor staff development, taking action as appropriate to ensure that all staff are appropriately trained and developed.

Responsibility for implementing this policy is held by the NES Chief Executive.

Any member of staff who wishes to raise a concern should in the first instance do this informally with their Line Manager or Human Resources. Should the issue remain unresolved staff can use the NES Grievance Procedure to formally raise their concerns.

Caroline Lamb
Chief Executive
NHS Education for Scotland
April 2017

Equal Pay and Gender Occupational Segregation Analysis: Information on the staffing establishment within NHS Education for Scotland

Introduction

NES is a national special health board responsible for education, training and workforce development for those who work in and with NHSScotland. We have a Scotland-wide role in undergraduate, postgraduate and continuing professional development and our mission is to provide education that enables excellence in health and care for the people of Scotland.

At NES, we believe that education is a force for positive change, supporting health and care services through a well developed workforce, with the right skills and behaviours to provide new models of care which cross traditional public service boundaries.

As the national training and education body for NHSScotland we have a key remit in supporting the whole service, in addition to our own workforce, to deliver the Scottish Government's Everyone Matters: 2020 Workforce Vision.

We aim to be an exemplar employer, promoting equality across the organisation, through equal pay and the elimination of bias in NES's employment practices. NES aims to apply nationally agreed pay systems to its staff in a just and equitable manner, as is the legal right of every employee.

This report provides a summary of NES's analysis of occupational segregation within the organisation by gender, race and disability. Occupational segregation refers to the distribution of people defined by specific characteristics, for example, gender, race or disability, into different types of work. Occupational segregation occurs both between and within economic sectors, and is typically described in two ways:

- Horizontal segregation refers to the clustering of people, e.g. men and women, into different types of work. For example, within the NHS, the majority of nurses are women, while men are more likely to work in facilities and maintenance roles.
- Vertical segregation refers to the clustering of people, e.g. men and women, into different levels of work (e.g. at different pay bands).

This report also provides information on NES's gender pay gap, as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations⁵.

Employee data

Employee data within NES is held on our HR system. This is an information management system, accessible only by authorised users and contains

⁵ <http://www.legislation.gov.uk/sdsi/2012/9780111016718/contents>.

employee information gathered and managed in accordance with data protection principles.

We report annually on the composition of our workforce and on staff development, progression and retention in the Annual Workforce Plan, which is published on our website⁶. We report on the use of this data biennially in our mainstreaming reports. The data in this report reflects the composition of NES staff at the end of the 2015-2016 financial year (31 March 2016), so that it aligns with the most recent workforce plan.

NES Workforce: Terms and Conditions of Employment

The NES workforce profile is complex. We employ a number of staff for whom NES is their main employer, with the majority employed under National Health Service Agenda for Change (A4C) Contract and Terms and Conditions of employment. A4C is a nationally negotiated and agreed NHS contract of employment which includes provisions on pay, pay progression and terms and conditions of employment. Agenda for Change applies to most of the staff groups working in the National Health Service, with the exception of doctors, dentists and some executive level managers.

We also employ a significant number of staff for whom NES is not the primary employer. Most of these staff are on NHS Consultant and General Practice (GP) and General Dental Practice (GDP) Educator contracts of employment. They undertake sessional work for us. In the tables in this report, these staff will be described as GP/GPD Educators or Consultants, or as 'Educational Roles (non-A4C)'. They are remunerated by NES on the pay determined by their substantive employer, which in most instances is one of the territorial boards. Consultant and other clinical contracts are also national contractual agreements which prescribe pay, pay progression and terms and conditions.

In August 2011 NES became the employer of all General Practice Specialty Trainees (GPStRs) in Scotland while they are undertaking the GP Practice component of their training. They are employed on a nationally agreed training contract. In our analysis, we report on this cohort of staff separately unless otherwise noted, because they are employed by NES only during a specific portion of their training.

We also employ staff on NHS Scotland Executive contracts of employment (Executive Cohort) which are evaluated using national grading policies with prescribed pay ranges and terms and conditions of employment.

Gender Pay Gap

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012⁷ specify that public authorities must report the gender pay gap in the form of 'information on the percentage difference among its employees between

⁶ <http://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-monitoring.aspx>

⁷ <http://www.legislation.gov.uk/ssi/2012/162/regulation/7/made>

men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime)'. The specific formula used for this calculation is the formula for the average pay gap set out in the guidance published by Close the Gap⁸. The specific formula is: $(A - B)/A \times 100$, where A = average hourly rate of pay of men and B = average hourly rate of pay of women.

Using this method of analysis, NES's overall gender pay gap is 19%. The average hourly pay for women is £19.28 and for men is £23.80.

In presenting the information set out below, the nature of the calculations-based on average pay figures- means that the data is very susceptible to being skewed by small numbers of outlying pay levels. This is very relevant for the profile of the NES workforce and the data below needs to be reviewed within that context.

Because we employ staff on different sets of nationally agreed terms and conditions, we also carried out a detailed analysis of women's and men's pay within each pay band of the A4C contract group, the Consultant and GP/GDP Educator contract group and the GPStR contract group to inform our understanding of the factors contributing to the overall pay gap.

Table 1 provides a summary of the hourly pay rate and the gender pay gap for each contract group. The figures reported in this table show a comparison between women's and men's average hourly pay within the specific contract group. Thus, within the staff on Agenda for Change terms and conditions, the average hourly pay for women is £17.49 and for men is £18.27. The overall pay gap within specific contract groups is small.

Table 1: Mean Hourly Pay rate and gender pay gap by contract type

Pay scale	Male (A)	Female (B)	A-B	% Gap*
Agenda for Change	£18.27	£17.49	£0.78	4.3%
Executive Managers Cohort / Band 9		£49.71		0.0%
GP/GDP Ed's, CRUMP and Consultants	£43.96	£43.22	£0.74	1.7%
GP Registrar	17.69	£17.92£	-£0.23	-1.3%

*Differences have not been subjected to tests for statistical significance.

Table 2 provides a more detailed analysis of pay within the most numerous group, those employed under Agenda for Change terms and conditions. This table compares the average hourly pay rate by gender at each pay band to determine whether there are differences within the individual pay bands.

⁸ <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-PSED-guidance-on-gender-and-employment-2016.pdf>, The formula used is the mean pay gap formula on p. 32.

Table 2: Mean Hourly Pay rate and gender pay gap by Agenda for Change pay band

Grade	Male (A)	Female (B)	A-B	% Gap*
Band 2	£7.85	£8.97	-£1.11	-14.2%
Band 3	£9.48	£9.89	-£0.41	-4.4%
Band 4	£10.73	£11.05	-£0.32	-3.0%
Band 5	£13.10	£13.88	-£0.79	-6.0%
Band 6	£14.98	£15.90	-£0.92	-6.1%
Band 7	£19.75	£20.26	-£0.51	-2.6%
Band 8A	£23.83	£23.92	-£0.09	-0.4%
Band 8B	£28.15	£28.20	-£0.05	-0.2%
Band 8C	£35.28	£34.19	£1.09	3.1%
Band 8D	£40.61	£39.56	£1.05	2.6%
Exec and Band 9		£49.71	-£49.71	0.0%

* Differences have not been subjected to tests for statistical significance.

Table 1 illustrates that the overall variance between men's and women's pay within contract groups is less than 5%. Within the most numerous pay band (Agenda for Change, Table 2), there is somewhat greater variance at some pay bands. Skewing factors contributing to this variance include length of service and the impact of individual staff members on pay protection at lower bands following the outcomes of organisational change. The relatively smaller number of men employed in bands 2-5 makes the male average salary more sensitive to these skewing factors relative to the female average, and the sample size at band 2 is particularly small.

Table 2 also illustrates that within the Agenda for Change cohort, where pay gaps exist, they tend to be somewhat in favour of women. Length of service and the relatively larger numbers of women in the cohort at each banding contribute to this effect.

The pay gaps calculated in Tables 1 and 2 will not sum to the overall 19% pay gap. The 19% figure arises from the impact of the differential between the salaries of the Agenda for Change scale and the Medical/Dental scale, where the Medical/Dental Consultant grade salaries are significantly higher than Agenda for Change. This is discussed further in the following section.

Gender Profile

The following section provides an overview of the number of women and men employed by NES in the different contractual groups as at 31st March 2016. The gender split expressed as a percentage of the total workforce, based on headcount. In this section we will discuss the profile of the GPStRs separately. In the following analysis, all statistics and tables refer to NES staffing excluding GPStRs unless explicitly noted otherwise.

The majority of NES's staff (72.03%) are female. The following table indicates, however, that women and men are unevenly distributed amongst the different professional groups.

Table 3: Distribution by gender and contract type

Pay scale	Female	Male
Agenda for Change	512	143
Executive Managers Cohort / Band 9	6	
GP/GDP Ed's, CRUMP and Consultants	46	76
Total	564	219

Table 3 describes the relative numbers of women and men employed by NES under the various contractual arrangements. It is notable that NES has a particularly high level of women employed on Executive terms. A higher proportion of the men employed by NES are employed on Consultant and GP/GDP Educator contracts.

Table 4 describes the pattern of vertical gender occupational segregation.

Table 4: Gender by grade

Grade	Female		Male	
	N	%	N	%
Band 2	9	1.15%	4	0.51%
Band 3	68	8.68%	11	1.40%
Band 4	87	11.11%	18	2.30%
Band 5	102	13.03%	23	2.94%
Band 6	49	6.26%	21	2.68%
Band 7	76	9.71%	25	3.19%
Band 8A	39	4.98%	16	2.04%

Band 8B	49	6.26%	14	1.79%
Band 8C	26	3.32%	9	1.15%
Band 8D	7	0.89%	2	0.26%
Exec and Band 9	6	0.77%		0.00%
GP/GDP Ed's, CRUMP and Consultants	46	5.87%	76	9.71%
Total	564	72.03%	219	27.97%

Table 4 provides the overall number of women and men working at different pay grades. GP/GDP Educators, CRUMP and Consultants are medical and dental educational posts at senior level on the medical and dental pay scales.

Table 4 also provides the percentage of women or men (expressed as a percentage of total staff) who are working in posts at that grade. Thus, 102 women are employed in A4C band 5 posts, which accounts for 13.03% of women employed by NES.

Although women are well represented at all levels of the organisation – including at the most senior levels -- the highest percentages of women are employed at bands 5, 4, and 7. This is not surprising, given that the majority of NES staff overall are women, and that the staffing profile of the organisation will include a larger number of staff working within these pay bands. In contrast, the highest percentage of men by a considerable margin is at Consultant GP/GDP Educator level, and within the A4C staff the highest percentage of men occurs at band 7.

Table 5 provides information about the distribution of women and men in different types of jobs within NES.

Table 5: Occupational Segregation by Gender and Occupational Group

Occupational Group	Female	Male
Administrative Services	86.8%	13.2%
Communications	81.8%	18.2%
Corporate Services	88.9%	11.1%
Directors	85.7%	14.3%
Education - Agenda for Change	84.6%	15.4%
Education - non Agenda for Change	37.9%	62.1%
Finance	62.7%	37.3%
HR & OD	82.1%	17.9%
Information Systems/Technology	30.2%	69.8%
Total	72.0%	28.0%

The pattern of horizontal gender occupational segregation reflected in table 5 is largely consistent with that of our 2013 report and with patterns reported in the wider Scottish workforce. The majority of staff in administrative services and Human Resources are women and the majority in Information Systems/Technology are men. NES does have a higher number of women in finance and director posts than typically found in the Scottish labour market⁹. Our percentage of women in director posts increased relative to the report four years ago, but this is primarily due to the impact of the change in the Chief Executive post¹⁰.

NES employs significant numbers of staff in educational roles. These include sessional clinical educational staff (Consultants, GP and General Dental Practice educators), a higher percentage of whom are men, and educational project managers, practice educators, trainers and educational programme directors on Agenda for Change terms. The majority of this latter group are women and are mostly involved with multi-professional educational programmes or leading programmes in nursing, midwifery, allied health professions, psychology or pharmacy. This reflects wider patterns of gender occupational segregation in the service, with more men represented in medicine and dentistry and a high percentage of women in the other professional groups. In this regard, NES's staffing is reflective of the pool from which it is recruited. The percentage of women employed in the Consultant, GP/GDP Educator group has slightly increased relative to 2013¹¹.

GP Specialty Registrars (GPStRs)

NES is the employer for medical General Practice trainees during the GP specialty portion of their postgraduate training. The high number of women in GPStR posts illustrates the changing gender composition of the GP workforce¹².

Table 6: GP Specialty Registrars by gender

Gender	N	%
Female	358	71.89%
Male	140	28.11%
Total	498	100.00%

⁹ WISE briefing paper January 2013: Where are women in Scotland's labour market?, <http://www.gcu.ac.uk/media/gcalwebv2/theuniversity/centresprojects/wise/WiSE%20Briefing%20Paper%20No%20%20final.pdf>

¹⁰ The directors accounted for in this table are directors employed by NES. The NES Board also includes non-executive directors who are appointed through the public appointments process. Their diversity data will be collected through a national process coordinated by Scottish Government and reported separately. The actual gender composition of the NES Board is closer to a 50:50 division than is implied by this table.

¹¹ This figure was 35.5% in 2013.

¹² See <http://www.gmc-uk.org/publications/somep2016.asp>

Table 7 provides information on the working pattern of GP Specialty Registrars.

Table 7: GP Specialty Registrars working pattern, disaggregated by gender

Gender	Full Time	Part Time	Grand Total
Female	49.40%	22.49%	71.89%
Male	27.11%	1.00%	28.11%
Grand Total	76.51%	23.49%	100.00%

Currently, 28.11% of GPStRs are in less than full time training. The vast majority training less than full time are women, with nearly half of all female GPStRs training on a less than full time basis.

Gender Occupational Segregation and the Gender Pay Gap

When all NES staff, including GP Specialty Registrars, are considered as a single group, the gender pay gap is 19%. Our analysis of pay within contract groups and pay bands, and of patterns of horizontal and vertical gender occupational segregation, provides insight into how we should interpret this figure.

The largest proportion of men we employ are employed in sessional educational roles on Consultant and GP/GDP Educator contract arrangements that have significantly higher rates of pay when compared to the Agenda for Change pay scale. This has a significant skewing impact on the overall pay gap. The number of women employed in these roles is proportionate to their overall representation in the consultant workforce, but they represent a small proportion of the women employed by NES overall.

In addition, there is an uneven distribution of women and men across the Agenda for Change pay bands, where a significantly higher proportion of the staff employed in the lower pay bands are women. A higher percentage of the lower-banded roles in NES are administrative posts, which have historically been more commonly filled by women. In other parts of the health service, for example, the territorial health boards, there will be a range of posts (e.g. estates, facilities, porters) which are often filled by men, at lower Agenda for Change bands. These posts do not exist in the NES workforce. These points describe how a pattern of horizontal and vertical gender occupational segregation which is common across the health workforce impacts on the pay gap in NES.

Occupational Segregation by Disability

Only 2.3% of NES staff identify as disabled; 93.5% identify as not disabled and 4.2% declined to respond. With small overall numbers, it is not possible to present data on occupational segregation by disability status in tabular form.

Among the small number of staff identifying themselves as disabled, there is a broad distribution across pay bands, with disabled staff represented from bands 3 through 8C and among Consultant/GP/GDP grade staff. The only area without representation is the most senior level (8D and above), however, the very small size of this cohort (less than 20 individuals) should also be noted.

Disabled staff work in a wide variety of different roles in the organisation.

This would lead us to suggest that the more significant issue is that disabled people are under-represented among NES staff per se, rather than within any specific staff grouping or at a particular level.

The percentage of GPStRs identifying as disabled is very small, at less than 0.5%. Work is currently underway to improve the equalities data collected from the GP trainee cohorts, which may impact on these numbers.

Occupational Segregation by Race

NES's overall ethnicity profile reflects staff from a range of ethnic origins, working within both A4C and Consultant/GP/GDP pay groups.

Table 8: Ethnic Origin - NES Core staff

Ethnic Origin	%
African	0.4%
Asian – Chinese, Chinese Scottish or Chinese British	0.4%
Asian – Indian, Indian Scottish or Indian British	1.1%
Asian – Pakistani, Pakistani Scottish or Pakistani British	0.8%
Mixed or Multiple Ethnic Group	0.6%
Other Ethnic Group - Other	0.9%
Prefer not to answer	3.3%
White - Other, Polish	2.2%
White - Irish	2.6%
White - Scottish, Other British	87.7%
Grand Total	100.0%

Table 9: Ethnic Origin - GP Specialty Registrars¹³

Ethnic Origin (GPStRs)	%
African	3.1%
Asian – Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0.6%
Asian – Chinese, Chinese Scottish or Chinese British	1.2%
Asian – Indian, Indian Scottish or Indian British	5.4%
Asian - Other	0.8%
Asian – Pakistani, Pakistani Scottish or Pakistani British	5.0%
Mixed or Multiple Ethnic Group	2.5%
Other Ethnic Group - Other	0.6%
Prefer not to answer	1.7%
White - Other	4.6%
White - Irish	5.6%
White - Scottish, Other British	68.9%
Grand Total	100.0%

Table 8 demonstrates the wide range of ethnic origins among NES staff, but within each ethnic group, overall numbers are relatively small. Table 9 indicates that GPStRs represent a higher level of ethnic diversity, which reflects the global nature of this workforce.

Following guidance endorsed by the Equality and Human Rights commission, we elected not to aggregate specific ethnic groups into larger categories for the purpose of occupational segregation analysis, because evidence suggests that labour market outcomes vary by ethnicity, and aggregation can mask important differences.

Among NES staff, the numbers of individuals from African, Polish, Mixed or Multiple Ethnic Groups or Other Ethnic Groups are particularly small and it is not possible to carry out any meaningful individual analysis of occupational segregation for these groups.

In terms of vertical occupational segregation, it is notable that there is a more even distribution of staff from Asian-Indian, White Irish, or White Other ethnic origins across the pay bands, relative to those of Asian-Pakistani, Asian-Chinese or other aggregated minority ethnic origins, and that the Executive Cohort is entirely White Scottish, British or Irish. However, these observations are based on small overall numbers and any conclusions drawn from them must be tentative.

¹³ The list of ethnic origins varies in tables 8 and 9 because data has been collected on these staff groups using different data collection instruments. Data on NES core staff are collected using the NHS Scotland monitoring categories harmonised to the Scottish Census. Data on the GPStRs was collected at recruitment as part of a UK-wide process using nationally agreed categories which differ slightly from those used in Scotland.

Small numbers make it difficult to draw any definitive conclusions about patterns of horizontal occupational segregation based on analysis of ethnic origin and occupational group. There is some indication that there is greater ethnic diversity in the areas of Information Systems/Technology, Human Resources, and Education.

Summary

Our pay gap and occupational segregation analysis highlights that NES has a predominantly female workforce. Women are across all the contract groups within the organisation, but the only group where men are the majority is among the Consultant/GP/GDP staff.

There is some evidence of gender occupational segregation within NES. Men are more likely to work in Information Systems and Technology, or to be employed by NES as sessional educational staff. Although NES employs significant numbers of both women and men in educational roles, the distribution of women and men in different areas of education reflects wider patterns of the composition of different professional groups in the health care workforce.

A relatively higher proportion of men are employed at A4C band 7 or higher and a larger number of women in the lower A4C bands, which in NES are primarily administrative roles. The configuration of the NES workforce means that NES lacks many of the roles in fields such as estates and facilities which have traditionally employed men. This contributes to a gender pay gap, with a larger proportion of men employed at higher salaries on medical and dental consultant pay scales which pay particularly high salaries relative to the majority of the NHS workforce.

However, NES also shows employment patterns which are not typical of national trends. For example, NES employs a significant number of women in finance roles and women outnumber men at all senior pay grades except Consultant/GP/GDP. The majority of NES staff employed at executive level are women, which is significantly higher than the national average.

NES offers flexible working opportunities and there is evidence of staff in a range of roles working less than full time.

Although a relatively small proportion of the NES workforce identify themselves as disabled, disabled staff are represented in a broad range of roles and at all levels of the organisation, with the exception of the most senior executives.

NES employs staff from a wide range of ethnic groups, and the small numbers within each group result in data which is more difficult to interpret. Staff from minority ethnic backgrounds are employed in a variety of roles, with some limited evidence for greater representation of those from minority ethnic communities in finance, human resources, information systems and

technology and educational roles (particularly medical/dental education). There is also limited evidence for greater representation of staff from Asian Indian and White Other ethnic origin in Agenda for Change bands 8+ relative to those of other minority ethnic groups.

The findings of this analysis have been used to inform our Equal Pay Statement and Equality Outcomes.

NHS Education for Scotland
April 2017