**Written evidence submitted by Medical Women’s Federation.**

**Introduction.**

The Medical Women's Federation was founded in 1917 and is today the largest and most influential body of women doctors in the UK.

MWF’s aims are to advance the personal and professional development of women in medicine, to change discriminatory attitudes and practices and to work on behalf of women patients and their families. Great advances are being made in medicine, and as the number of women doctors rise, women have an increasingly important role to play in delivering health services.

MWF calls for fundamental changes to be made to the way in which organisations train and employ staff in order to make the most of what the diverse workforce have to offer throughout their working lives, and to ensure that everyone makes as full a contribution to patient care as they are able. This is of particular importance at the current time, when it is recognised that there is a shortage of doctors in the UK.

MWF aims to
- Promote the personal and professional development of women in medicine
- Improve the health of women and their families in society

MWF consistently works to change discriminatory attitudes and practices.

**Summary**

The evidence provided is cogniscent of the three main themes and provided in numbered paragraphs in response to the specific issues listed. The evidence provided will be both generic with regard to the gender pay gap faced by women aged over 40 and specific in relation to women doctors aged over 40.

1 Efficacy of the Government’s proposals
2 Additional measures
3 Actions to improve recruitment, retention and re-training
4 Barriers to promotion
5 Measures to address barriers
6 Difficulties narrowing gender pay gap in predominantly female sectors and non-professional roles
7 Extension of gender pay gap reporting

8 Voluntary measures sufficient to create change

9 Translation into action

10 Compliance with policies

11 Evidence from other countries

**Evidence**

1 The Government’s proposals as announced so far are welcome as a start in addressing the gender pay gap within organisations. The requirement for employers to publish data regarding men and women’s average pay will improve transparency and highlight discrepancies. Once identified, these differences can be investigated and addressed by the organisation. The current proposals will require organisations employing over 250 employees to undertake gender pay gap review. They include publication of bonus details, which have long been a cause of concern regarding differential awards to men and women. The extension to public organisations and the private and voluntary sector is welcome.

2 Additional measures are difficult to consider at present in view of the lack of information currently available. The Government could require that the information provided for women aged over 40 is a priority for disclosure enabling a better understanding of the reasons for the gender pay gap being wider in this group. Studies of the gender pay gap have shown that obvious issues such as grade, part-time working and previous experience do not fully explain the difference and that a significant amount of the gap is unexplained. In the NHS it is known that women are often in the lower paid categories of work or undertaking roles that are not valued in the same way as others despite being vital for quality patient care.

3 Recruitment, retention and re-training for women aged over 40 does need to be improved.

Recruitment should be gender blind at the short-listing stage with fulfilling the essential criteria for a more senior post being the most important factor. Appointment or promotion panels should not be all male. Women are less likely to apply for a promotion or senior role as they intrinsically feel they may not be up to it. Mentorship has been shown to be important for women to apply for posts or promotion. Improving support for this group of women within an organisation could also reduce the pay gap. This is highlighted by the relative lack of women doctors as role models in senior leadership positions within the NHS. Drawing attention to this and encouraging women to gain experience and apply for leadership
roles has resulted in improvement but there is still work to be done. Equality in opportunity is a vital issue for this group of women.

Retention is important in this age group. There are many reasons why a woman may have been static in her career due to outside commitments e.g. caring responsibilities. Enabling women to return after career breaks or providing more flexibility in working practices will ensure that this group is encouraged to stay or step up within an organisation. This is well illustrated by the recent problem in retention and enabling women general practitioners to return to Primary Care. This is extremely important in not wasting talented women doctors vital to the running of the NHS.

Re-training after a career break is paramount to enable this group to continue within the workforce whilst improving their skills. Re-training may cost an organisation money but will repay any investment by ensuring committed women over 40 are able to take on new roles or achieve promotion and improved status within the workforce. It is sad to see people leaving the NHS because they have not been allowed and encouraged to develop their skills at a time when they may have more to offer when domestic commitments reduced.

4 There are many barriers to promotion for women in this age group. They may have been working part time or on a career break due to other commitments, but now be in a position to contribute more to the organisation. However, they may: be lower in the pay scale; in a less valued role and unable to step up and increase their commitment; unable to demonstrate their skills because of not being appreciated; hampered by the inherent rigidity in the system. This is particularly true in academic medicine where women are often at lower grades and not valued for their commitment to the organisation. The barriers are there, but may be not understood by the organisation. The culture within the organisation itself can be one of the greatest barriers for promotion of women; both conscious and unconscious bias has to be addressed.

5 There are good examples of work being undertaken to address and improve the culture within the organisation e.g. the requirement of university departments in Science, Technology, Engineering and Medicine to achieve Athena SWAN Silver status to apply for NIHR research grants. The process of applying for Athena SWAN status has revealed to organisations inherent problems within their culture and practice with regard to women. There could be a similar scheme for recognition of barriers for women within other organisations such as the NHS.

6 Despite being vital, non-professional roles, which are predominantly female, are not well paid. An example of this is the
lower pay of domestic or secretarial staff within organisations, where pay is low and the roles are predominantly carried out by women often part time. This is where the publication of data on the gender pay gap will help transparency.

7 The regulations on gender pay gap reporting should be extended as transparency is increased. An initial step would be to extend to organisations with 100 or more employees. The best hope is that the reporting becomes routine and something that is done as best practice. Organisations will not know this information unless they actively collect it and legislation is the best way of ensuring that it occurs.

8 Reporting is one thing; however, what employers do with the gender pay gap information is another issue. Identified discrepancies should be investigated and acted upon. Voluntary measures may be insufficient to create change within organisations that identify significant gender pay gap issues.

9 Guidance will have to be issued or guidelines introduced to ensure that information about an organisation’s pay gap is translated into action. The action plan could be required as an integral part of the reporting.

10 Compliance with policies designed to narrow the gender pay gap will require monitoring. This requirement could be built in to the reporting of the data annually. Certain red flags within the reported data could be reviewed and instigate questions about the action undertaken within an organisation. Organisations doing well can be rewarded by a mark of achievement.

11 All nations are aware that women’s position in society is vulnerable to factors impinging on the economy, the culture and the political situation. All of the issues that we have discussed above are important. Reporting on the gender pay gap, highlighting vulnerable groups i.e. women aged over 40 years and acting on the information will be an important step forward.