



NUFFIELD DEPARTMENT OF
PRIMARY CARE
HEALTH SCIENCES

NDPCHS Gender Pay Gap Report

2024



Introduction from Richard Hobbs

I remain very proud that we are the first department at the University of Oxford to achieve an Athena Swan gold award. It recognises the sustained work of many colleagues over many years and demonstrates our long-term commitment to supporting the careers of all who work here. While we can be extremely proud of this award, the gender pay gap report reminds us that there is more work to be done.

Our Athena Swan priority to “increase the number of women progressing to more senior grades in the department” will improve our pipeline and directly support a reduction in the gender pay gap.



This pipeline data has been reviewed annually for Athena Swan and over the past decade we have seen an improvement from no female professors in 2012 to 29% at the time of our gold application in 2022. Promotion of our professional services staff has also been vital for reducing the gender pay gap and between 2017-2021 4.5% of female staff were promoted through a job regrade.

Publishing the gender pay gap for the first time in the department is part of our commitment to transparency and will become an important metric for us to remain accountable to reducing gender inequality. We continue to seek to address the gender pay gap and other intersectional inequalities through delivery of an effective action plan drawing on the recommendations of our Athena Swan work.

Introduction

In March 2023 the Nuffield Department of Primary Care Health Sciences was awarded an Athena Swan gold award, a first for the University of Oxford. This is in recognition of the progress in advancing gender equality that the department has made over the past 12 years. However, it is recognised that there is much more work to be done to achieve gender equality and create a workplace that is truly supportive for women and men. In acknowledgement of the work to be done and to uphold our value of Trusting & Accountable, for the first time the department is publishing its gender pay gap report. The University publishes this on an annual basis and the report for 2022 can be found [here](#).

The [gender pay gap report](#) has been calculated following the [Gov.uk reporting guidelines](#). The report is based on all department members as of February 2024 (a total 427 staff). The gender pay gap is reported as a positive or negative measure:

- A positive measure, for example, a gap of 13.9% – this indicates the extent to which women earn, on average, less per hour than their male colleagues.
- A negative measure, for example, a gap of –9.2% – this indicates the extent to which women earn, on average, more per hour than their male colleagues.

Gender Pay Gap 2024

The mean (average) gender pay gap as a percentage of men's pay is:

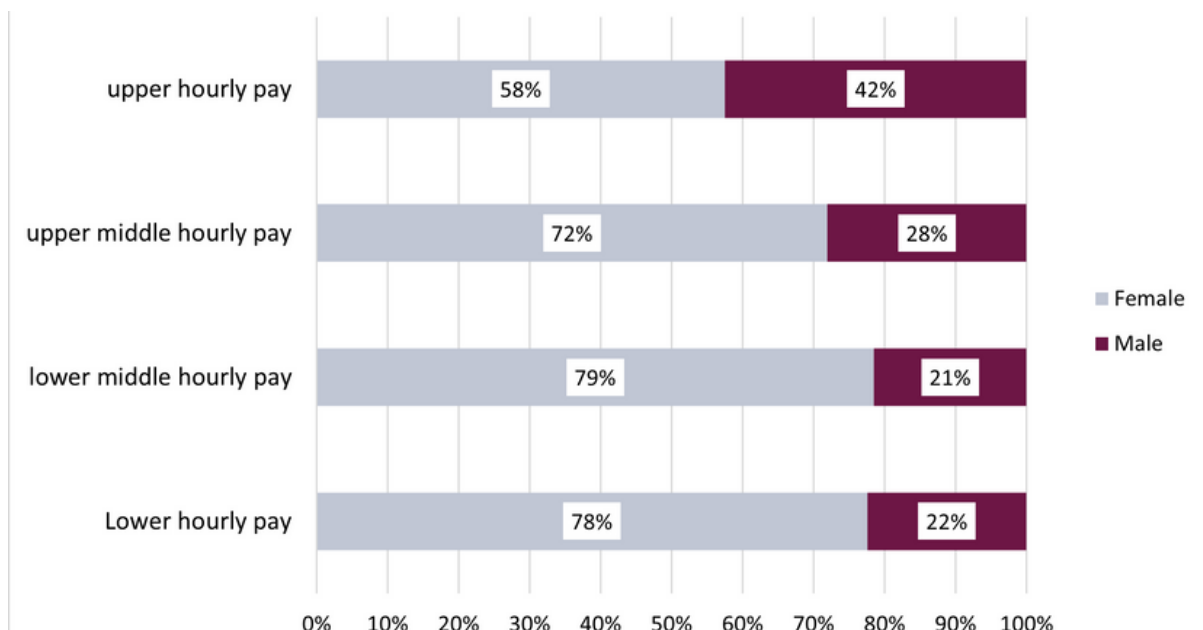
18.9%

The median gender pay gap in hourly pay as a percentage of men's pay is:

11.1%

The department gender pay gap is similar to that across the whole University (mean **19.6%**; median **13.6%**), which is described in detail [here](#).

Figure 1. Proportion of males and females in each pay quartile



The figure above represents all staff, including clinical, academic and research specialist and professional technical and operational staff. The hourly figures have been calculated using the basic pay plus any allowances (e.g. a management allowance). They exclude bonus and Clinical Excellence Pay. As of February 2024, there were 305 women (71%) and 122 men (29%). Therefore, for equity to be represented in the department, we would expect 70% women and 30% men to be present in each pay quartile.

Bonus Pay

Gender Pay Gap reporting also takes into account bonus pay. In the University the annual [Awards for Excellence](#) gives a pay award equivalent of one pay increment (either as a lump sum or advancement to the next point on the incremental scale). Those received as lump sum are included in the bonus gap figures below. The recognition scheme is an award of £200 in all cases to give timely recognition of one-off contributions.

Clinical Excellence Awards are only available to eligible staff on clinical grades. They are intended to recognise and reward those consultants who contribute most towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS services. This includes those consultants and senior academic GPs who do so through their contribution to academic medicine.

Table 1. Percentage of women and men receiving bonus pay

	Bonus Awards for Excellence and Recognition	All Bonuses including CEA
Women	4%	5%
Men	5%	11%

Table 2. Bonus Pay Gap

	Bonus Awards for Excellence and Recognition	All Bonuses including CEA	Clinical Excellence Awards
Mean	0%	25%	-25% (Womens's bonus 25% higher)
Median	0%	13%	-28 (Womens's bonus 25% higher)

Equal Pay

Equal pay is not part of the gender pay gap reporting, although it may of course contribute to the gender pay gap. To be entitled to equal pay, two people must be employed by the same employer, on the same terms and conditions, and the work that is done has to be equal. The grading system in the university helps establish equal pay and additionally average spinal points for grades 1-10 are also included in the report. The following data apply to university staff employed on academic and research or professional technical and operational contracts. The figures given are full-time-equivalent salaries including allowances. For academic and research staff this may include management allowances or for Professional, Technical and Operational staff this may include market pay supplements for specific technical experts.

Table 3. Academic and Research staff average salary

Grade	Female	Male
06S	£35,544.88	£34,885.75
07S	£41,946.86	£42,144.05
08S	£52,297.17	£51,253.59
09S	£62,864.12	£61,629.40
10S	£71,884.60	£70,509.00
Clinical	£86,476.37	£85,477.00
Senior	£118,629.75	£121,894.00

Table 4. Professional Technical and Operational staff average salary

Grade	Female	Male
03/04S	£26,824.38	£25,140.00
05S	£32,741.03	£31,446.50
06S	£37,216.48	£37,259.44
07S	£43,093.66	£41,625.29
08S	£52,483.60	£57,714.29
Senior	£66,920.50	£81,911.80

Figure 2. Academic and Research by Grade spine point across all grades

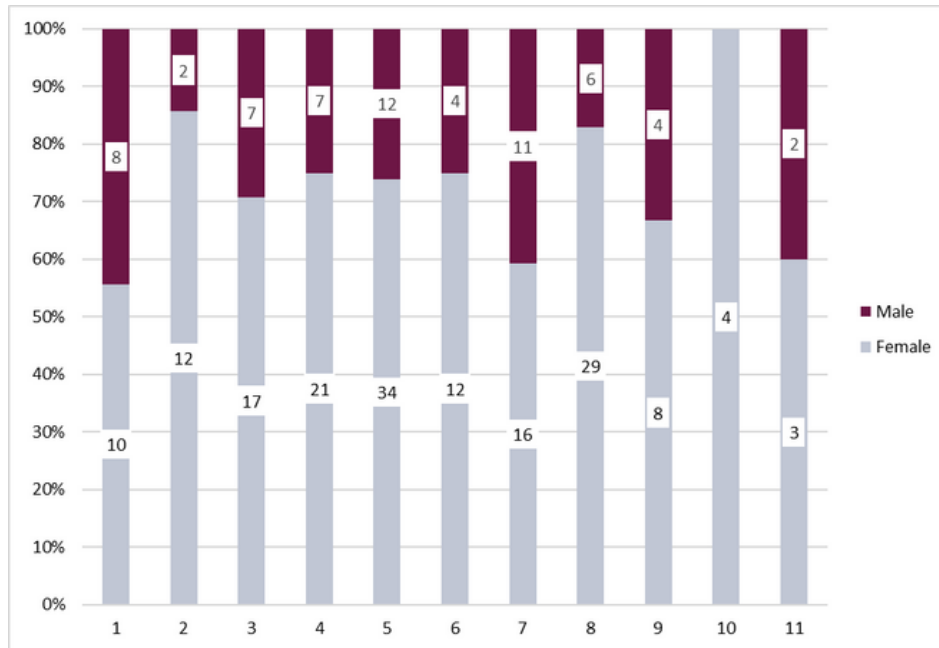
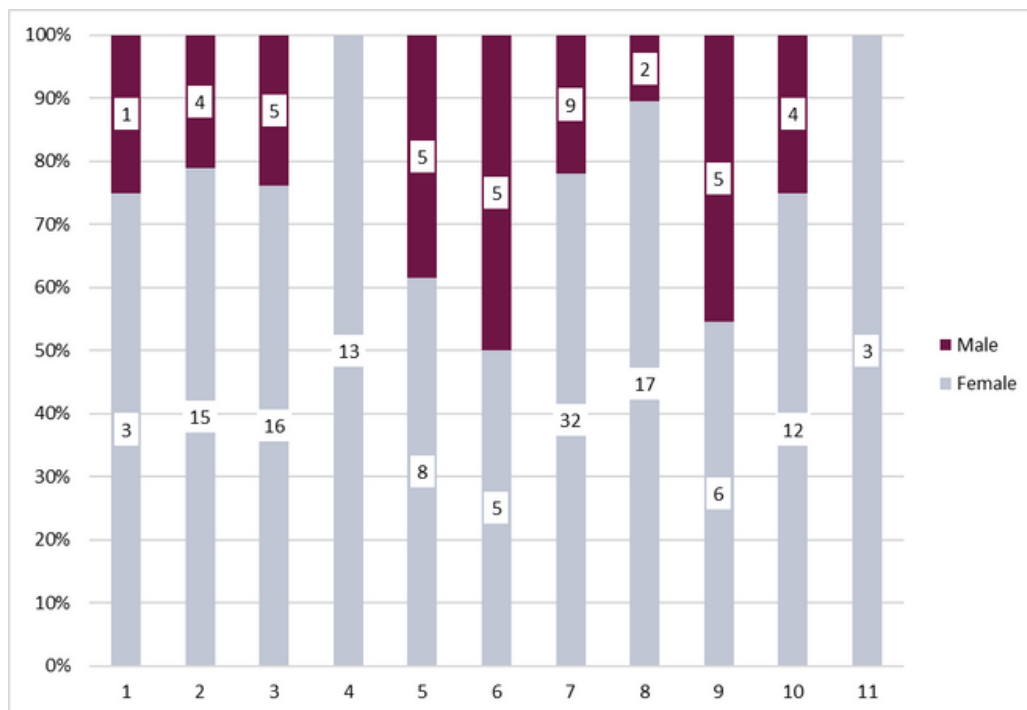


Figure 3. Professional Technical and Operational staff by spine point across all grades



For equity to be represented in the department, one would expect similar proportions of women and men in each spine point. The spine point a staff member is on will depend on their experience prior to starting in post and how long they have been in the role as it is usual to progress one spine point each year. These data suggest such a balance across spine points, with a greater proportion of women represented in each spine point, reflecting the proportion of women and men in the department.

What are we doing to address these data?

The gender pay gap is one of many metrics which will be monitored by the Athena Swan Data Monitoring group and enable us to track the effectiveness of our actions. Over the last award cycle the Data Monitoring group has regularly reviewed staff and student data which you can view in the appendix of our gold [Athena Swan application](#). Improving the pipeline of women to increase representation at senior level in the department has long been a priority. When the department submitted its first Athena Swan application in 2012 there were no female professors and at the time of our gold award in 2022 the proportion of female professors had increase to 29%. Furthermore, progress towards a flatter pipeline is seen in the doubling of the proportion of male staff at mid-career researcher level within the department from 9% (at Grade 8) in 2013 to 25% in 2022. These changes and steps that we are taking to even out this pipeline will positively impact the gender pay gap report which is reflective of the pipeline by showing an imbalance of male to female staff at senior level resulting in a higher proportion of male staff in the top quartile than the lower three quartiles.

Priority One is to increase the number of women progressing to more senior grades in the department

Rationale	Actions	Success measures for actions
<p>This priority and actions draw on recommendations from the EMCR Taskforce and the SAT</p> <p>We have achieved good representation of women at senior levels, 50-60% for research specialists (figure A3) and 15-33% for clinical staff (figure A2). However, there is a drop in the pipeline from 73% women at E&MCR level and 55% for similar level clinical staff.</p>	<p>1.1. Create a Growth Culture: Introduce an annual review of staff at the top of their grade bar to review if eligible for a regrade, instead of reliance on self-nomination through line managers. Pro-actively contact all eligible for award of title (Gr 8, 9 & 10)</p> <p>1.2. Invite everyone eligible for regrading and/or titles to have an individual conversation about applying and feedback before submission.</p>	<p>1.1. Review regrade and award of title data annually by the data monitoring working group to ensure equity is maintained between male and female and increase percentage of part-time staff progression.</p> <p>1.2. & 1.3. Increase the proportion of staff reporting that the “structures and processes available to me for promotion and re-grading are fair and transparent” (34% to 50%),</p>

<p>In addition, the success rate of women applying for Associate Professor and Professor titles is lower than the average across the medical sciences division (Table A3).</p> <p>We therefore now need to look more broadly at the whole pipeline and ensure everyone has equitable access to personal/career development opportunities.</p>	<p>In most instances this will be with their line manager but senior colleagues will be named as an alternative contact.</p> <p>1.3. Develop clear pathways to senior positions, with clearly defined expectations for each career stage (e.g. publication record, funding expectations, and academic citizenship).</p> <p>1.4. Support equitable access to personal/career development opportunities through share examples (intranet, blogs, newsletter) of what constitutes a personal development day (e.g. training, conference, stretch project) showcasing how these can be used in a variety ways</p>	<p>1.4. Increase in the proportion of staff agreeing with the Pulse survey question “I feel supported at work to think about my professional development and training needs” (from 70%[M] and 76%[F] in Nov 2021 to 85% in 2025)</p>
<p>Female survey respondents in the 2021 SES reported being less confident than male respondents in carrying out managerial roles (figures S16 and S18).</p>	<p>1.5. Support development of excellent leadership in the department across job roles (PTO and AR) and seniority, by re-running the Leadership Learning Pathway taking on feedback from the pilot year in 2021-22.</p> <p>1.6. Re-run initiatives to improve the delivery of PDRs (training and support of line managers)</p>	<p>1.5. Eradicate gender difference in staff being confident in carrying out line management duties: managing project finances, giving feedback, recruiting staff, facilitating career development in others and managing fixed-term contracts.</p> <p>1.6. Increase the proportion of female staff reporting that they are confident delivering PDRs from 63% in 2021 to ≥85% in 2025.</p>

<p>Initiatives we have undertaken over the past 5 years have led to an increase in PDR completion (2021: women 82%; men 73%), despite a threefold increase in staff in recent years (figure A10). However, we had originally aimed for 90% PDR completion so we intend to continue to work on this action. Training and completion for PDRs picks up RAG Amber rated action 1.2</p>	<p>1.7. Run Initiatives to increase the uptake of PDRs (e.g. PDR months) and use the new online system (Simitive) to provide better tracking of completion.</p>	<p>1.7. Increase the number of PDR completions recorded in Simitive from 82% [F] and 73% [M] to 90% by 2024.</p>
<p>Mentorship from someone who is not the person's own line manager can be beneficial in guiding career development.</p>	<p>1.8. Highlight mentoring schemes already available in the University and beyond Initiate a format for informal mentoring to improve staff access to senior staff through short clinic style sessions</p>	<p>1.8. Staff and Pulse surveys responses on interest in having a mentor Ensure 86 respondents in 2021 SES who are interested in a mentor have access to one compared to 61 respondents who have a mentor.</p>
<p>Opportunities for support when applying for fellowships or research grants are much appreciated but EMCRs are sometimes unaware of what is available or who to ask. Applying for fellowships and grants is an important stage in career progression.</p>	<p>1.9. Set clear department-wide processes (i.e. consistent across research groups) for peer review and feedback on fellowship applications, ensuring the support of senior academics (including those outside applicants' own research groups) to provide detailed feedback in writing or through drop-in clinics</p>	<p>1.9-11. Increase the proportion of EMCRs staff reporting satisfaction with support for grant and fellowship applications in the department (from 34% [F] and 62%[M] in 2021 to 75% in 2025), ensuring equity between women and men, and part and full time staff</p>

In the 2021 Staff Experience Survey we saw that only 34% of female respondents felt satisfied with the support they receive to become an independent researcher (e.g. applying for grants as a chief investigator) compared to 62% of males.

1.10. Create a specific EMCR section on the department intranet to pull the resources and links related to EMCR priorities in one place (including links to resources on grant/funding applications, writing, teaching, regrading department processes for feedback on applications, support for mock interviews etc).

1.11. Establish a process for learning from unsuccessful grant applications, including review of peer review reports and panel feedback and a discussion session on tips from successful EMCR applicants (e.g. as part of the EMCR career development day)