

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:

- a. Publish gender pay gap information by 30 April 2013 and every two years thereafter, using the specific calculation set out in the Regulations.
- b. 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.
- c. 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

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

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 stereotypes and traditional social attitudes², workplace cultures which are not inclusive, experiences of bullying and harassment, differential access to development and sponsorship opportunities³ and will take steps within its remit to address these factors in ways that achieve the aims of the NHSScotland Staff Governance Standard⁴ and the Equality Duty⁵.

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

Covid 19 and implications for equal pay

The global pandemic has had and will continue to have a seismic impact on work, health and care systems and the labour market. In NES we have established a People Recovery Group to consider the impact of the pandemic on our employees and working practices as the pandemic progresses through the recovery and renewal stages. Data demonstrates the disproportionate impact that the pandemic is having on groups across our society, including economic impact, health impact and impact on those with caring responsibilities.⁶

The NES Recovery work is underpinned by maintaining connection with our staff. Through implementation of an employee engagement application, Trickle, we will hear directly and regularly, in real time from our staff about what is important to them and causing them the most concern. The continuation of developing Our Ways of Working and values; smarter working and supporting the health and wellbeing of our staff will also be key in ensuring the NES workforce are treated fairly.

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

³ https://www.closesthegap.org.uk/content/faq/#rslider_5

⁴ <http://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard/>

⁵ <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty>

⁶ <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/09/the-impacts-of-covid-19-on-equality-in-scotland/documents/full-report/full-report/govscot%3Adocument/Covid%2Band%2BInequalities%2BFinal%2BReport%2BFor%2BPublication%2B-%2BPDF.pdf>

Equal pay is pivotal in ensuring that as an employer we are able to support the recovery of the economy and labour market, leading to a diverse and inclusive workforce.

Through regular engagement with our networks set up for disabled staff, minority ethnic staff, parents and carers, combined with people analytics data we can work to ensure that we understand how new ways of working impacts different groups. Aligned to the Fair Work Framework, we will also continue to look for opportunities to support our agency and fixed term workforce throughout the pandemic.

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

- a. Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality.
- b. Promote equality of opportunity and the principles of equal pay throughout the workforce.
- c. Promote good relations between people sharing different protected characteristics in the implementation of equal pay.

We will:

- a. 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;
- b. Inform employees as to how pay practices work and how their own pay is determined;
- c. Ensure managers are provided with guidance and advice regarding decisions about pay, benefits and grading;
- d. 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;

- e. 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;
- f. Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010;
- g. 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;
- h. Empower staff and managers to work flexibly and effectively with a focus on outcomes, supporting flexible and agile working arrangements and work-life balance;
- i. Continue to progress through the Carer Positive Framework to support carers in the workplace;
- j. Support parents in the workplace through flexible working opportunities, effective role design, peer support and a programme of re-induction support following extended parental leave;
- k. 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;
- l. Continue to promote fair work practices and assess performance against the principles set out in the Fair Work framework;
- m. Regular review of data to scrutinise performance and drive improvement across recruitment practices, career progression and retention;
- n. Our ways of working will include visible leadership that prioritises diversity and inclusion;
- o. Develop workforce planning across the organisation to enhance career development succession planning and talent management;
- p. Following implementation of values based recruitment for all NES vacancies, with an increased focus on values and ways of working, we will continue to analyse recruitment outcomes and seek feedback from our applicant pool to help identify

ways in which we can be more effective at reaching a diverse applicant pool and securing the best talent;

- q. Continue to monitor the impact of Jobtrain, the portal for NHS Scotland recruitment, along with the NHS Scotland Careers website on our applicant reach and recruitment activity;
- r. Recovery and renewal following the global pandemic will continue to effect change across systems and the labour market, we will continue to use our data to inform decision making throughout this period and seek new ways of working, underpinned by equality and fair work principles;
- s. Continue to monitor staff development, taking action as appropriate to ensure that all staff are appropriately trained and developed, with access to the knowledge, tools and support they require, and experience equality of opportunity in the workplace.

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.

Karen Reid
Chief Executive
NHS Education for Scotland
April 2021

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

1. Introduction

Our Strategic Intent

“Quality Education for a Healthier Scotland”

We are a national NHS Board, with a crucial role in the education, training and development of Scotland’s healthcare staff. At the undergraduate level, we play a key role in the performance management of nursing and midwifery programmes at all Scottish Universities. We support placements in clinical settings for trainee doctors, dentists, nurses, midwives and AHPs. We are responsible for recruiting key groups of staff to post-graduate training including doctors, dentists, pharmacists, clinical psychologists and healthcare scientists. We manage the progression through structured training programmes of more than 6,500 trainees, who deliver services to patients and their families.

We support continuous professional development and commission programmes and evidence-based educational resources and interventions in a range of formats. These resources support the workforce across both health and social care. They ensure that patients and their families get the best care possible from a well-trained and educated workforce. We have educational materials that are relevant to staff from every group within health, and to staff working across the wider social care sector.

Why is this important?

The people who work in health and social care are its most important asset. Having the right numbers of trained staff, in the right place, at the right time is key to delivering better health and better care. At the same time, expectations are changing, as people

look for more control over their working lives, better career development and more flexible working.

Through our structured training programmes and our high-quality educational resources, we have a unique opportunity to engage with staff across all of health and social care. We know that there are challenges in both recruiting and retaining staff. That means more than ever, we need to be able to support people to have rewarding and fulfilling careers. We also support the workforce to gain the new skills and embrace the new ways of working that are needed, as more healthcare is delivered in the community rather than in hospital, and as healthcare technologies advance.

How do we do this?

We manage training programmes and provide educational resources to staff across Scotland. These clinicians, support workers, administrative staff, and many others are employed by NHS Boards, Local Authorities, voluntary organisations, the private sector and others. We work in partnership with Scottish Government, employers and many other organisations to try to ensure that staff experience a quality learning environment in their place of work, and to ensure seamless access to our resources.

We provide facilities and equipment for training, and many people working in educator roles across Scotland. Our digital infrastructure enables materials and support to be accessed anywhere, and from any device.

What more can we do?

The publication of the Health and Social Care Delivery Plan in December 2016 signalled a change in the way that NHS Boards work. We need to work more collaboratively and focus on how we use our collective resources and expertise to support Better Health, Better Care and Better Value, at a local, regional and national level.

We will continue to support the people who work in NHSScotland and across the care sector. We will do this by providing access to training and education. Increasingly we

also support a user-centred digital infrastructure, and opportunities to do things ‘Once for Scotland’ that improve the experience of the workforce. We will also analyse the data that we hold, and that held by other organisations to improve workforce planning and workforce development at a local, regional and national level.

Our approach to equal pay

We aim to be an exemplar employer, promoting equality and fair work practices 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:

- a. 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.
- b. 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) Regulations⁷.

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

⁷ <http://www.legislation.gov.uk/sdsi/2012/9780111016718/contents>

developing people analytics practices, processes and systems across the organisation, this will not only enhance our performance and productivity, it will also provide job quality gains due to improvements in evidence based decision making.

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 website⁸. 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 2019-2020 financial year (31 March 2020), so that it aligns with the most recent workforce plan.

3. 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 2018, NES assumed employment of all GP Specialty Trainees in Scotland throughout their education journey as part of the Lead Employer programme aimed at Improving the Working Lives of Junior Doctors. Since then, NES has become the Lead Employer for

⁸ <http://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-monitoring.aspx>

all national programme specialty trainees. The GP and national programme specialty trainees are listed in the tables as 'Doctors in 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.

4. Gender Pay Gap

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012⁹ specify that public authorities must report the gender pay gap in the form of 'information on the percentage difference among its employees between 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 Gap¹⁰. 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 7.28%. The average hourly pay for women is £20.75 and for men is £22.38. Our current gender pay gap is below the Scottish public sector average of 12.8%¹¹.

This represents a significant improvement from 2017, when our overall gender pay gap was 19%. In 2017, the average hourly pay for women was £19.28 and for men was £23.80. In 2019, the overall pay gap was 13.%.

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.

⁹ <http://www.legislation.gov.uk/ssi/2012/162/regulation/7/made>

¹⁰ <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.

¹¹ <https://www.closesthegap.org.uk/content/resources/Gender-Pay-Gap-Statistics---Working-Paper-20-.pdf>, p. 15.

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 Doctors in Training 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.

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

Payscale	Male	Female	Diff	% Gap*
Agenda for Change (excluding executive managers)	£21.76	£19.67	£2.09	9.62%
DiTs ¹² and Fellows	£19.79	£20.07	-£0.28	-1.39%
Executive Managers Cohort / Band 9	£53.63	£53.24	£0.39	0.72%
GP/GDP Educators, CRUMP and Consultants	£46.94	£44.72	£2.22	4.73%
Grand Total	£22.38	£20.75	£1.63	7.28%

**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.

¹² Doctors In Training

Table 2:

Mean Hourly Pay rate and gender pay gap by Agenda for Change pay band Executive cohort

Grade	Male	Female	Diff	% Gap
Band 2.	£9.51	£10.43	-£0.92	-9.64%
Band 3.	£11.21	£11.38	-£0.17	-1.49%
Band 4.	£12.22	£12.37	-£0.15	-1.24%
Band 5.	£14.98	£15.32	-£0.35	-2.31%
Band 6.	£17.46	£17.48	-£0.01	-0.08%
Band 7.	£22.34	£22.64	-£0.30	-1.32%
Band 8A.	£26.40	£26.27	£0.14	0.52%
Band 8B.	£31.81	£31.85	-£0.04	-0.12%
Band 8C.	£38.63	£37.81	£0.81	2.10%
Band 8D.	£43.89	£44.91	-£1.03	-2.34%
Executive Managers Cohort / Band 9	£53.63	£53.24	£0.39	0.72%

As Table 2 illustrates, differentials within pay bands are minimal other than at band 2. Differential pay rates between pay bands primarily result from the number of male and female staff distributed at different incremental points within the pay bands. In NES progression through these incremental pay points is a matter of tenure in post. NES has very few staff at Band 2, meaning that Band 2 in particular is highly subject to the impact of individual results ('skew' in statistical terms), ie, when one person is very new in post and another has worked for NES for a number of years.

If we calculate the overall gender pay gap for staff on Agenda for Change and Executive Managers Cohort/Band 9 terms, comparing the average overall male hourly salary of £22.20 to the average overall female hourly salary of 19.91, the gender pay gap within this cohort is 10.72%.

The pattern of our pay gap has shifted since we began analysis in 2017, and Table 1 demonstrates that differentials within the Agenda for Change cohort are the primary

contributing factor to our gender pay gap. The analysis of pay variation within Agenda for Change pay bands and within the Executive Managers/Band 9 cohort, aggregated into Table 2, reveals minimal variance within pay bands. The pay gap within the Agenda for Change cohort results from vertical occupational segregation, principally from the lower number of men working in lower pay bands. This is discussed in more detail in the next section.

5. 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 2020. The gender split expressed as a percentage of the total workforce, based on headcount. In this section we will discuss the profile of the Doctors in Training (DiTs) separately. In the following analysis, all statistics and tables refer to NES staffing *excluding* DiTs unless explicitly noted otherwise.

Excluding the Doctors in Training, the majority of NES's staff (71%) are female. The following table indicates, however, that women and men are unevenly distributed amongst the different professional groups.

Table 3 describes the relative numbers of women and men employed by NES under the various contractual arrangements.

Table 3: Distribution by gender and contract type (headcount)

Payscale	Male	Female	Total
Agenda for Change	173	533	706
Executive Managers Cohort / Band 9	*	*	7
GP/GDP Ed's, CRUMP and Consultants	56	44	100
Grand Total	232	581	813

*If the statistical value is less than 5, the number is suppressed and denoted by a * to eliminate the risk of identifying individuals.*

Table 4 describes the pattern of vertical gender occupational segregation.

Table 4: Gender by grade

Grade	Male		Female	
	N	%	N	%
Band 2.	*	10.0%	9	90.0%
Band 3.	14	19.2%	59	80.8%
Band 4.	21	17.8%	97	82.2%
Band 5.	19	15.8%	101	84.2%
Band 6.	24	28.9%	59	71.1%
Band 7.	36	28.3%	91	71.7%
Band 8A.	23	31.5%	50	68.5%
Band 8B.	24	34.8%	45	65.2%
Band 8C.	8	22.9%	27	77.1%
Band 8D.	*	36.4%	7	63.6%
DiTs and Fellows	591	36.4%	1032	63.6%
Executive Managers Cohort / Band 9	*	42.9%	*	57.1%
GP/GDP Ed's, CRUMP and Consultants	56	56.0%	44	44.0%
Grand Total	823	33.8%	1613	66.2%

*If the statistical value is less than 5, the number is suppressed and denoted by a * to eliminate the risk of identifying individuals.*

Table 4 provides the percentage 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. For example, 101 women are employed in A4C band 5 posts, which accounts for 12.4% 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. Women are particularly over-represented, and men particularly under-represented in administrative roles within bands 4-5.

In contrast, the highest percentage of men is at Consultant GP/GDP Educator level, and within the A4C staff the highest percentage of men occurs at band 7, which represents a greater number of specialist digital and data posts.

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

Table 5a: Occupational Segregation by Gender and Occupational Group

Occupational Group	Male		Female	
	N	%	N	%
Administrative Services	33	13.4%	213	86.6%
Communications	*	23.5%	13	76.5%
Corporate Services	5	17.2%	24	82.8%
Digital	76	67.3%	37	32.7%
Directors	*	50.0%	*	50.0%
DiTs and Fellows	591	36.4%	1032	63.6%
Education - Agenda for Change	23	13.2%	151	86.8%
Education - non Agenda for Change	58	49.2%	60	50.8%
Finance	12	30.8%	27	69.2%
Workforce	17	24.6%	52	75.4%
Grand Total	823	33.8%	1613	66.2%

*If the statistical value is less than 5, the number is suppressed and denoted by a * to eliminate the risk of identifying individuals.*

Table 5b: Working pattern by gender (excluding Doctors in Training)

	Fulltime		Parttime	
	N	%	N	%
Male	166	71.6%	66	28.4%
Female	341	58.7%	244	42.0%
Grand Total	507	62.4%	310	38.1%

The pattern of horizontal gender occupational segregation reflected in table 5a 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 Digital are men. NES does have a higher number of women in finance and director posts than typically found in the Scottish labour market¹³.

NES employs significant numbers of staff in educational roles. These include sessional clinical educational staff (Consultants, GP and General Dental Practice educators). The

¹³ 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>

gender composition of this cohort has shifted significantly over the four year period and has now essentially reached gender parity.

Our other educational posts comprise educational project managers, practice educators, trainers and educational programme directors on Agenda for Change terms. The majority of this latter group are mostly involved with multi-professional educational programmes or leading programmes in nursing, midwifery, allied health professions, psychology or pharmacy, and the majority of this cohort are women. Changes to the senior educator cohort in Medicine and Dentistry reflect wider changes to the gender balance of those professions, although the rate of increase in female medical educators has been higher than that of female consultants overall¹⁴.

6. Doctors in Training (DiTs) and Medical Fellows

Under the Lead Employer arrangements for medical trainees, NES is the Lead Employer for General Practice and national programme specialty trainees and a number of Fellowship Programmes¹⁵.

Table 6: DiTs and Fellows by gender

DiTs and Fellows	N	%
Male	591	36.4%
Female	1032	63.6%
Grand Total	1623	100.0%

Table 7: Working pattern of Doctors in Training by gender

DiTs and Fellows	Full-time		Part-time	
	N	%	N	%
Male	544	92.1%	47	7.9%
Female	718	69.6%	314	30.4%
Grand Total	1262	77.8%	361	22.2%

¹⁴ As at 31 March 2020, 41.5% of medical consultants were female, compared to 31.% at 31 March 2010. <https://turasdata.nes.nhs.scot/media/2prjxbg4/2020-06-02-workforce-report.pdf>

¹⁵ A Fellowship is a year-long, out of programme experience (OOPE) that provides doctors in training an opportunity to develop as potential health leaders of the future. It aims to provide NHS Scotland with doctors that have an enhanced capability to offer leadership in their workplace. Medical Fellows are employed on Medical terms and conditions.

Currently, 22.2% of trainees are in less than full time training. The vast majority training less than full time are women, with nearly one third of all female trainees training on a less than full time basis.

7. Occupational Segregation by Disability

Only 1.8% of NES staff identify as disabled; 71.9% identify as not disabled and 26.8% declined to respond. With small overall numbers, it is not possible to present data on occupational segregation by disability status in tabular form.

Table 8: Disability profile

Disability	N	%
No	1794	72.4%
Prefer not to say	598	25.9%
Yes	45	1.7%
Grand Total	2436	100.0%

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, although the overall number of staff is too small to publish in tabular form by pay grade.

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 relatively even distribution of disabled staff across the pay grades results in a minimal pay gap of 0.6%.

The percentage of DiTs identifying as disabled is very small, at less than 1.3%. Work is currently underway to improve the equalities data collected from the GP trainee cohorts, which may impact on these numbers.

8. 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 9: Ethnic Group

Ethnic Group	N	%
African	30	1.4%
Asian	193	8.5%
Caribbean	39	1.8%
Don't Know	431	18.9%
Mixed or Multiple Ethnic Group	41	1.9%
Other Ethnic Group	22	0.9%
Prefer not to say	83	3.3%
White - Irish	66	2.8%
White - Other	105	4.7%
White - Polish	10	0.5%
White - Scottish or British	1417	55.4%
Grand Total	2436	100.0%

Table 10 summarises the overall distribution of staff by ethnic categories by pay band. We have followed the guidance of the Coalition for Racial Equality and Rights, aggregating White Other into a category distinct from White Scottish and British to account for the effects of migration. We have also aggregated some pay bands to ensure anonymity where the overall numbers of staff are small. Table 10 particularly highlights the over-representation of Black, Asian and other minority ethnic staff in the lowest pay grades relative to their white counterparts (bands 2-4) and the absence of Black, Asian and other minority ethnic representation in the Band 9 and executive management cohort. Black, Asian and other minority ethnic staff are represented in medicine at a higher rate than among the general Scottish population, particularly among Doctors in Training and Fellows, and have some representation in senior medical educator roles¹⁶.

¹⁶ We lack a national comparator as the national workforce statistics do not report on the ethnic composition of medical consultants.

Table 10: Vertical Occupational Segregation by Ethnic Group

Ethnic Group	White - Scottish and British		White Other		BAME		Prefer not to say / Don't know	
	N	%	N	%	N	%	N	%
	Band 2-4	174	86.6%	13	6.5%	14	7.0%	
Band 5-7	287	88.3%	23	6.9%	10	3.0%	6	1.8%
Band 8A-8D	161	87.4%	12	6.3%	6	3.1%	6	3.1%
Band 9 & Executive Cohort	6	87.5%	*	12.5%	-	0.0%		0.0%
GP/GDP Ed's, CRUMP and Consultants	85	85.0%	6	5.3%	*	4.4%	6	5.3%
DiTs & Fellows	710	43.8%	126	7.8%	291	17.9%	496	30.5%
Grand Total	1,417	58.7%	181	7.3%		13.2%		20.8%

*If the statistical value is less than 5, the number is suppressed and denoted by a * to eliminate the risk of identifying individuals.*

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, and that a substantial proportion of women working for NES work less than full time.

There is some evidence of gender occupational segregation within NES. Women are more numerous in most administrative roles; men occupy about two thirds of Digital roles and there is a high rate of gender occupational segregation in educational roles in Nursing, Midwifery, Allied Health, Psychology and Pharmacy, where most staff are women. Following implementation of values based recruitment for NES vacancies¹⁷, with an increased focus on values and ways of working, we will continue to analyse recruitment outcomes and seek feedback from our applicant pool to help identify ways in

¹⁷ Recruitment of Doctors in Training forms part of national medical recruitment processes and is separate from the standard NES recruitment.

which we can be more effective at reaching a diverse applicant pool and securing the best talent. We will also continue to monitor the impact of Jobtrain, the portal for NHS Scotland recruitment, along with the NHS Scotland Careers website on our applicant reach and recruitment activity.

The gender profile of senior Medical and Dental educators has significantly changed in the past four years. 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 NHS roles in fields such as estates and facilities which have traditionally employed men.

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 many of the senior pay grades and are at parity at Consultant/GP/GDP and in the executive cohort.

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.

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.

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

NHS Education for Scotland

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