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Gender Pay Gap Consultation 2017
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Irish Medical Organisation Submission to the Department of Justice and Equality on the Gender Pay Gap Consultation 2017

The Irish Medical Organisation (IMO) has expressed concern at the level of restriction in career choice, exposure to inappropriate workplace behaviour, the unavailability of necessary workplace supports experienced by female medical practitioners in Ireland, and the lower value can be placed on domains of practice dominated by female practitioners. These issues can have a negative effect of the career attainment of female medical practitioners, and thus their career earning potential.

Research on Gender Issues Undertaken by the IMO and Position Paper

In late 2016 the Irish Medical Organisation conducted a large-scale survey of its members which asked respondents to provide their insights into the various gender issues within Irish medicine and aimed to assess career choices; experiences of gender discrimination; experiences of gender-based bullying, gender-based harassment, and sexual harassment; family commitments and planning; pregnancy and practising medicine, and career progression.

This research revealed a number of key facts:

- (i) gender-based bullying, gender-based harassment, and sexual harassment are common in Irish healthcare and exercise a disruptive and harmful influence on doctors' working lives;
- (ii) gender continues to play a role in specialty choice, leading to an inequality of gender representation in certain specialties;
- (iii) doctors in Ireland exhibit some difficulty in adequately striking a strong balance between their work and family commitments, in part due to an absence of workplace supports; and
- (iv) female medical practitioners are disproportionately affected by these aforementioned issues.

This survey work was then contextualised within existing academic literature in these areas, and has led to the development of a Position Paper on Women in Medicine, which you will find attached. This Position Paper goes some way to demonstrating the difficulties experienced by many female practitioners working within the Irish health services, and recommendations on how these issues can best be rectified. A summary of these recommendations for public policy setters and health services management are set out below. While these recommendations are not exhaustive, their adoption

would nevertheless significantly improve the quality of the working lives of doctors in Ireland and help to build a more equal and inclusive environment in which our doctors can work.

Summary of Recommendations

Gender-based Bullying, Gender-based Harassment, and Sexual Harassment

The IMO welcomes the establishment of a Joint Working Group under the Respect Charter, committed to taking all actions necessary to ensure a culture of respect and collaboration in medical practice and education. The outcomes of the working group should:

- identify the extent of gender-based bullying, gender-based harassment, and sexual harassment experienced by doctors;
- ensure that doctors in managerial roles, education roles, as well as those in clinical and training roles, understand and identify the nature and consequences of gender-based bullying, gender-based harassment, and sexual harassment;
- ensure that appropriate policies and procedures are in place to address all forms of bullying and harassment and that barriers to reporting are removed.

The diversity of the report sources of gender-based bullying, gender-based harassment, and sexual harassment indicate that a multi-faceted approach to addressing inappropriate behaviours is required.

- Actions identified by the working group, where possible, should be extended to hospital management and other healthcare professionals.
- Educational campaigns should also ensure that patients are aware of what constitutes gender-based bullying, gender-based harassment, and sexual harassment.

Addressing Gender issues in Specialty Choice and Career Progression

- A comprehensive analysis should be conducted by the HSE of the reasons for underlying the gender disparities within individual medical specialties, both at senior practitioners and trainee levels. This review should encompass an assessment of work-life balance within all medical specialties, and the role it may have in specialty choice.
- Recruitment efforts should be made to encourage equal gender representation within all medical specialties, targeting in particular those specialties in which the underrepresentation of one gender is clearly evident.
- Training on discriminatory management practices and their elimination from the workplace should form a central component of training, to help ensure that cultural barriers to practice in individual specialties are reduced.
- Concerted efforts should be made to encourage medical practitioners to report all instances of discriminatory behaviours, and these be appropriately handled through use of robust grievance procedures.

Supporting a Balance between Family Life and Medical Training and Practice

- Flexible family friendly options in medical training and consultant posts to include options for part-time work and job-sharing as well as the possibility to take parental breaks.
- Discussions should be held between management and doctors who are pregnant, in all instances, to ascertain whether health risks arising from the performance of workplace duties exist, and what other supports should be put in place during a doctor's pregnancy.
- The HSE should investigate the suitability of on-site crèche or child-minding provisions at its premises to better facilitate ease of access to childcare for doctors who are parents.



Pay Inequality and Feminisation in Public Health Medicine

71% of Public Health Medicine Specialists are female (Medical Council Workforce Intelligence Report 2016). As such it is one of the few specialties which actually has a majority of female doctors working within it. Despite the fact that Public Health Medicine Specialists are required to be on the specialist register and must undergo specialist training in order to take up these positions they are undervalued within the Irish Health System. In the past, under Section 16 of the Local Government Act 1955, women were generally restricted to being either unmarried or widowed. It is noteworthy that while these restrictions were in place, the Medical Officer of Health was paid more than the “county surgeon”.

At present the starting point on the salary scale for a new entrant consultant appointed post 2012 is €130,000 this then rises over a number of year to €179,500. A Specialist in Public Health Medicine earns €106,000 on a single point scale. There is no incremental progression. It reflects badly on our health system that the speciality which is most dominated by women has the lowest pay rate and no incremental scale. . In the UK Public Health Consultants ,who undergo equivalent training to Irish trained Specialists in Public Health Medicine are recognised and remunerated to the same level as other UK specialty consultants.

In addition, 80% of doctors working in Community Health Medicine (Medical Council, 2016) are women compared with 39% of Consultants working in the HSE (HSE, Consultants by Specialty December 2016). Again however we see that Community Health Medicine is undervalued in relation to other areas of the health service. Many of those doctors holding such posts have completed their General Practice training, have worked as GPs or have undergone training in paediatrics and therefore bring a high level of expertise to the roles they deliver within the HSE. They would be far better remunerated had they pursued careers in such specialties. Community Health doctors are often in fact paid less than doctors who are still only in training when you take into account overtime generated by Registrars and SPRs. The Senior Medical Officer pay scale begins at €74,917 and rises to €88,000 after 8 years.

The fact is that public and community health are the two areas of medicine which are the most female dominated yet they are also the lowest salary scales for doctors working in the Irish Health Service. The relative difference between doctors working in community and public health medicine and other areas of medicine leads further to the perception amongst female medics that they are not valued equally with other more male dominated areas of medicine.

The IMO is calling for

- A new contract for Consultants in Public Health Medicine should be drawn up and offered to new entrants and existing Specialists in Public Health Medicine, placing such physicians on par with their consultant colleagues in terms of remuneration, and with regard to out-of-hours arrangements.
- A review of salary scales and career pathways for all Community Health Doctors and for Senior Medical Officers in Public Health.



The IMO would be happy to meet representatives from the Department of Justice and Equality, or other relevant stakeholders, in relation to the issues raised in this submission. If you require any further information on this matter, please do not hesitate to contact me.

Yours sincerely,



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