

GENDER *Pay Gap*



INTRODUCTION

From 2017, any organisation that has at least 250 employees who are based in England, Scotland or Wales must publish and report specific figures about their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings. The figures must be calculated using a specific reference date, called the 'Snapshot Date'. The snapshot date for businesses and charities is 5 April each year. As such, this report is for the period 5th April 2017 – 4th April 2018.

These gender pay gap measures are not a representation of equal pay.

THE REPORTING REQUIREMENTS

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay (Pay Quartiles).

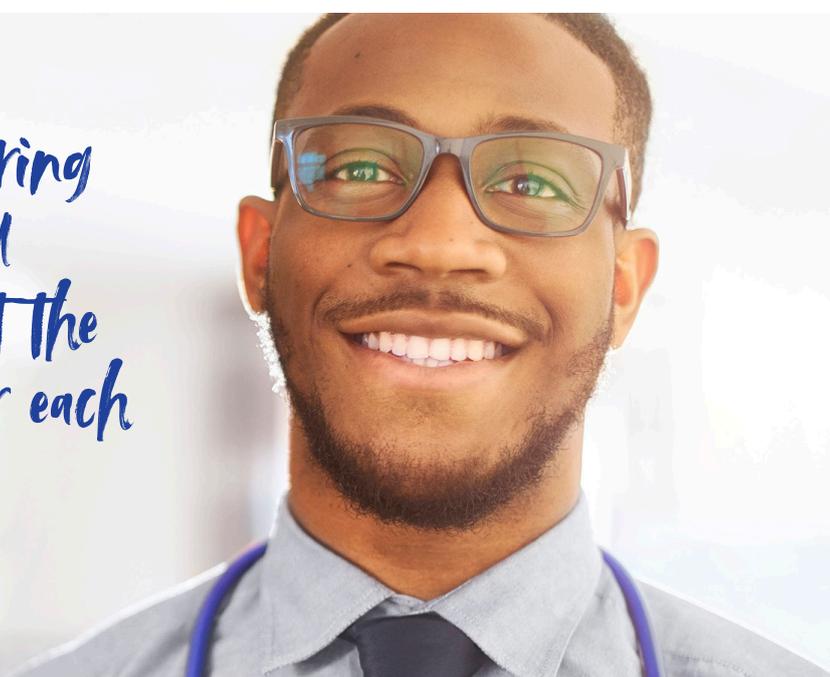
REPORTING REQUIREMENT	PERCENTAGE DIFFERENCE (%)
Mean Difference in Hourly Rate	33.05
Median Difference in Hourly Rate	40.21
Mean Difference in Bonus Payment	0
Median Difference in Bonus payment	0

BONUSES

As no bonuses are paid by Plus Us Medical Care Services Limited, the necessary data is recorded as 0.

	MEN %	WOMEN %	NO. OF MEN	NO. OF WOMEN
UPPER (75-100%)	81.67	18.33	147	33
UPPER MIDDLE (50-75%)	78.45	21.55	142	39
LOWER MIDDLE (25-50%)	59.44	40.56	107	73
LOWER (0-25%)	43.65	56.35	79	102
TOTAL			475	247

"We are committed to ensuring accessibility to all roles and recognise the need to attract the most talented individual for each role regardless of gender."



WRITTEN STATEMENT

Plus Us Medical Care Services Limited ('+Us') (formerly Brookson Medical Care Services Limited) employ members of the medical profession. Most of its workforce undertake work via +Us in addition to their substantive employment with NHS Trusts and Health Boards.

The work carried out by Locum employees is often during unsociable hours and in remote locations which requires them to travel long distances for the work. There appears to be more men choosing to travel further for work whereas women tend to limit the distance they are willing to travel in order to stay close to home. This appears to be a lifestyle choice and it explains why there are far more men than women employed with +Us.

The data shows that women are represented more in the 2 lower pay quartiles (0-25% and 25-50%), whilst men are generally spread across the top 3 pay quartiles (75-100%; 50-75% and 25-50%). These statistics reflect the fact that more men than women occupy the higher pay rates in the NHS. These higher pay quartiles illustrate roles of senior doctors and consultants who are required to travel greater distances for their temporary roles, whereas lower quartiles are occupied by nurses and allied healthcare professionals, which are roles traditionally held by female workers as evidenced by most NHS gender pay gap reports. Our report is therefore consistent with the overall picture of the NHS in the UK.

As identified above, a significant number of +Us employees undertake this work to supplement their substantive NHS employment and could therefore explain why women, who prioritise job security and regular income choose not to seek this additional locum work.

Generally, locums source their work on their own or via a recruitment agency, as such +Us has little involvement in negotiating the rates agreed for the services provided. +Us entrust that the locums and/or recruiters have the necessary understanding of current market relevant rates for the services provided by locums as well as the associated grade rate caps that are in place.

Since the last Gender Pay Gap Report in 2018, the pay gap has reduced to a mean average of 33.05% (40.21% median) from 36.9% (57.8% median) and the number of people captured by this 2019 report has significantly increased from 177 employees to 722. This demonstrates the growth in the number of professionals actively choosing to operate as a locum, to fill the resource gaps identified by the NHS Trusts and Health boards, has not negatively impacted on the Gender Pay Gap.

HOW WE WILL REDUCE THE GAP

We are committed to ensuring accessibility to all roles and recognise the need to attract the most talented individual for each role regardless of gender. +Us will continue to effectively work with NHS trusts, Health Boards and recruitment agencies to ensure adequate and equal pay rates are agreed for all locums.