Appendix 2

List of relevant recommendations to reduce the gender pay gap MEND the Gap Report[1]

Theme	Actions
2. Make senior jobs more accessible to women	2.1 Employers should promote a flexible working culture when advertising jobs. They should make clear that reduced hours, flexible working and job-share opportunities are available (unless strong, justifiable reasons exist and are documented for not offering them). They should publish details of their flexible working and job-share policies on their website for all potential employees to access
	2.2 Talent management and training programmes should be used to develop staff and increase appointment of a more balanced senior workforce, such as Associate Specialist, GP Partners, Professors and Consultants
	2.3 Increase provision of NHS nurseries and other support for childcare, including access for doctors working in primary care, to accommodate out-of-hours and shift working
	2.5 Promote flexible working to appeal more to men to increase the percentage of men that work less than full time (LTFT), encouraging more equal sharing of caring responsibilities, reducing the stigma for men and, reducing the number of women obliged to choose LTFT working to accommodate caring responsibilities, particularly in primary care
	2.6 Implement better retention, re-entering and retraining policies to retain women. Begin with a review of the hurdles that exist and then work to eliminate them
3. Introduce increased transparency on gender pay gaps	3.2 Increase the use of national pay contracts in place of local pay arrangements for hospital doctors
	3.3 As far as possible to use standard rates for additional paid activity that are consistent and transparent (for example, waiting list initiatives, locum work)
4. Mandate change to policy on gender pay gaps	4.5 All candidates who meet the job description requirements will, wherever practicable, be shortlisted for senior medical jobs, clinical academic jobs and GP partnerships
	4.7 Develop and publish targets for the reduction of the gender pay gap in medicine, to be reported at board level with a

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[1] Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England - December 2020 (publishing.service.gov.uk)

	mandatory reflective narrative to justify short-term changes; and report on action planning
5. Promote behaviour and cultural change	5.1 Use current evidence on wellbeing to create an atmosphere where all doctors feel valued and welcome, especially in relation to caring responsibilities
	5.2 Enhance and enforce bullying, harassment and whistle-blowing policies in all NHS organisations. Particular attention should be paid to the bullying and undermining of those with caring responsibilities and those who work part-time
	5.3 A zero-tolerance approach to poor behaviour and multiple channels for reporting incidents, including the ability to do so anonymously. Ensure appropriate organisational action is taken in response
	5.4 Extend enhanced pay for shared parental leave to all doctors to overcome a cultural barrier to men playing more of a role in caring and to challenge stereotypical assumptions about gender roles
6. Review clinical excellence and performance payments	6.1 Monitor applications and encourage equal numbers of eligible men and women to apply for local and national awards, and to facilitate applications from specialties in receipt of fewer awards
	6.2 Numbers of men and women eligible for awards, as defined by the Advisory Committee on Clinical Excellence Awards (ACCEA), and in receipt of awards should be reported at medical school, trust board and national level
	6.3 Both nationally and locally, reward excellence in a gender-neutral way, including the need for LTFT doctors' contribution to be assessed against the proportionate hours they work; and by reviewing domain/ criteria, so additional activity undertaken more frequently by women, such as mentoring, is rewarded equally to that undertaken more frequently by men, such as additional clinical, managerial or research activity