



ID Medical Gender Pay Gap Analysis 2024

Introduction

For all organisations that employ over 250 employees, it is now a legal requirement for them to publish annual calculations of pay gaps between their male and female staff members, regardless of their role or seniority. For the private sector, the data is a snapshot at the date of 5th April each year.

ID Medical has two types of employees: permanent staff and temporary workers. For permanent staff, our data is based on a snapshot date of 5th April 2024. For temporary workers, the hourly pay data relates to all timesheets processed for temporary workers employed in weeks 40-53 of the 2023-24 Tax Year (4th January 2024 to 5th April 2024), and their bonus data is based on the full tax year.

ID Medical has calculated the following for its permanent staff and temporary workers:

- The difference in the mean pay of full-pay men and women, expressed as a percentage
- The difference in the median pay of full-pay men and women, expressed as a percentage
- The difference in mean bonus pay of men and women, expressed as a percentage
- The difference in median bonus pay of men and women, expressed as a percentage
- The proportion of men and women who received bonus pay
- The proportion of full-pay men and women in each of four quartile pay bands

Pay Gap Analysis

The combined pay gap for both ID Medical's permanent staff and temporary workers.

[See Table](#)

To provide greater clarity, we have separately analysed the two distinct groups.

[See Table](#)

All Employees

[See Table](#)

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Permanent Staff

[See Table](#)

ID Medical has a mean hourly pay gap of 21.0% in favour of males, which is impacted particularly by the top quartile, reflecting the higher number of males (61%) in management and senior technical roles.

The median calculation reduces the pay gap to 11.6%, highlighting the wide-range of values impacting the mean. The pay gap does not mean that women are paid less than men for the same equal job. The gender pay gap is different to equal pay which focuses on comparable jobs.

The median pay gap for bonuses is 60.7%, which increases to 65.6% for the mean gap. Bonuses are predominantly awarded to employees in the sales environment, of which 61% are male. The percentage is further affected by the split of manager roles in this area, which are 64% male.

The quartiles calculation requires us to show the percentage of males and females in each of four quartiles, which are derived from a list of all the hourly pay rates divided into four equal sections. As noted above, the upper quartile has a high percentage of males because of the amount of men in our management roles (61%).

Temporary Workers

[See Table](#)

ID Medical's temporary workers included in the table are comprised of nurses (78%), allied health professionals (9%), clinical staff (4%), primary care staff (0.3%) and doctors (9%), supplied predominantly to the NHS. The majority of nurses (74%) are female, whereas women account for 33% of doctors. As nurses are generally paid less than doctors, the overall average pay rates for female temporary workers is 50.3% lower. This is also reflected in the median hourly pay gap, which is 41.6%, again reflecting the preponderance of female nurses who are paid less than doctors.

Bonuses are occasionally paid to temporary staff, more commonly to nurses, who are predominately female.

For temporary workers, the upper quartile is 73.0% male, reflecting the fact that the majority of doctors (67%) are male. The lower two quartiles are impacted by the predominantly female nursing workers.

Conclusion

ID Medical is committed to increasing its female representation in its permanent management and technical roles. However, the pool of available applicants and existing workforce tends to have a greater proportion of males to females, which limits the pool of available females to progress into these types of roles.

Over recent years, ID Medical has implemented leadership development training to strengthen the skills of its existing staff to support career progression within the organisation, which should assist with the career development of female staff into more senior and management roles within the organisation.

Likewise, ID Medical acknowledges that there could be greater male representation in less senior roles. However, there are some limitations due to the pool of available applicants and an example of this is male admin-related roles.

In relation to temporary workers, the trends we witness of males dominating senior positions and females dominating the lower quartile is matched by findings in NHS trusts Gender Pay Gap reports, which demonstrates a common theme within the industry.

ID Medical has a robust recruitment process that has equality and diversity embedded within it and will continue to recruit in a non-gender biased manner to ensure that applicants are recruited in a fair, open and transparent manner.

Statement

I confirm that ID Medical Group Ltd is committed to the principle of gender pay equality, has prepared its 2024 gender pay gap results in line with mandatory requirements and that the information provided within this report is accurate at the snapshot date.



Deenu Patel
Chief Executive Officer
ID Medical

All employees

Median / Mean hourly pay gap	12.5% / 41.5%
Median / Mean bonus pay gap	85.9% / 75.6%
% males / females receiving a bonus payment	33.4% / 29.4%
Upper quartile male / female %	67.9% / 32.1%
Upper middle quartile male / female %	28.2% / 71.8%
Lower middle quartile male / female %	31.8% / 68.2%
Lower quartile male / female %	43.3% / 56.7%

Permanent staff

Median / Mean hourly pay gap	11.6% / 21.0%
Median / Mean bonus pay gap	60.7% / 65.6%
% males / females receiving a bonus payment	83.1% / 94.4%
Upper quartile male / female %	75.5% / 24.5%
Upper middle quartile male / female %	49.1% / 50.9%
Lower middle quartile male / female %	52.8% / 47.2%
Lower quartile male / female %	54.5% / 45.5%

Temporary workers

Median / Mean hourly pay gap	41.6% / 50.3%
Median / Mean bonus pay gap	-50.0% / -28.9%
% males / females receiving a bonus payment	8.2% / 14.9%
Upper quartile male / female %	73.0% / 27.0%
Upper middle quartile male / female %	26.1% / 73.9%
Lower middle quartile male / female %	24.8% / 75.2%
Lower quartile male / female %	26.5% / 73.5%