

# 2024 Gender and Ethnicity Pay Gap

This report sets out gender pay gap data and ethnicity pay gap data from The Institute of Cancer Research, London, for 2024.

All UK organisations with more than 250 employees must publish their gender pay gap annually. Although reporting the ethnicity pay gap is not mandatory, The Institute of Cancer Research (ICR) is dedicated to race equality and creating a fair environment for all employees and students so also report this annually.

Promoting gender and race equality are key strategic priorities for the ICR. We are committed to fostering an inclusive culture that values diversity. To reduce our pay gaps, we have standardised salary scales, recruitment processes, selection processes, reviewed our reward policy, updated recruitment training, and appointed most new roles at the market median.

In 2024, there was a slight increase in both gender and ethnicity pay gaps, a notable decrease in the gender bonus pay gap, and an increase in the ethnicity bonus pay gap. This report reflects the pay gap challenges, potential reasons, and responses.

The ICR's gender and ethnicity pay gaps are most prominent in the upper pay quartile. A key contributor to our gender and ethnicity pay gaps is the high number of white and male individuals in senior roles such as: research division heads, directors, and clinical academics.

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**Our challenge is clear, and we will focus on recruitment, selection, career development and pay consistency to meet this.**

Feeder roles have more diversity, hence developing and retaining these future leaders is a key priority. Recruiting more women and ethnic minority individuals into these senior roles is also a key priority.

The ICR runs world-leading clinical research, led by highly skilled and experienced clinical researchers. This group is another key contributor to our gender pay gap as this group are relatively highly paid and are predominantly male (12M, 2F). Removing clinical academics from our calculations would reduce our mean gender pay gap from 21.3 per cent to 16.6 per cent.

We are working with our NHS partners, The Royal Marsden NHS Foundation Trust, through our joint NIHR Biomedical Research Centre, to improve the gender and ethnicity balance of the pipeline of clinical researchers.



## 2024 Gender and ethnicity pay gaps, with pay quartile breakdown

Mean gender  
pay gap

**21.3%**

This is an increase from 19% in 2023  
(Q1: 16.2%, Q2: 0.2%, Q3: 0.3%, Q4: 1.5%\*)

Mean ethnicity  
pay gap

**19.8%**

This is an increase from 19% in 2023  
(Q1: 21%, Q2: 1.7%, Q3: -0.7%, Q4: 3.4%\*)

Median gender  
pay gap

**12.2%**

This is an increase from 10.4% in 2023  
(Q1: 11.3%, Q2: 1%, Q3: 0.5%, Q4: 1.7%\*)

Median ethnicity  
Pay Gap

**10.1%**

This is an increase from 10% in 2023  
(Q1: 14.1%, Q2: 5%, Q3: -0.5%, Q4: 1%\*)

\*Q1: Upper pay quartile pay gap, Q2: Upper middle pay quartile pay gap, Q3: Lower middle pay quartile pay gap, Q4: Lower quartile Pay gap



## What is the Gender Pay Gap?

**The gender pay gap is the difference in average pay between all men and all women across all jobs at an organisation. The gender pay gap is influenced by a range of factors, including the demographics of an organisation's workforce.**

The gender pay gap is not the same as equal pay: the ICR pays men and women (and White and Ethnic Minority staff) the same rate for work of equal value.

The mean pay gap is the difference between the average hourly pay rate of men and women while the median pay gap is the difference between the midpoints of hourly earnings when men and women are ranked separately.

Our figures are based on 1,192 members of staff (61 per cent female, 39 per cent male) who were paid their regular salary in April 2024 (excluding those paid maternity leave or statutory sick pay).

In the 2024 reporting year the ICR had:

- a mean gender pay gap of 21.3 per cent. This is an increase from 2023. (19 per cent in 2023, 21.5 per cent in 2022, 18.8 per cent in 2021) in favour of men
- and a median gender pay gap of 12.2 per cent. This is an increase from 2023. (10.4 per cent in 2023, 9.2 per cent in 2022, 7.9 per cent in 2021) in favour of men.

Since the ICR began reporting, our gender pay gap has fluctuated.

This disparity is particularly visible in the top earning roles within the top quartile of pay including Career Faculty (69 per cent male), and Clinical Consultants (77 per cent male).

We are committed to reducing our gender pay gap and have taken additional actions over the past year to achieve this – affecting recruitment, development, pay and promotions, including:

- Centralising Faculty recruitment
- Focusing on female development
- Attracting diverse applicants.

These actions will take time to impact our pay gap figures.



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## What is the Ethnicity Pay Gap?

**The ethnicity pay gap is the difference in average pay between White and Black, Asian and other ethnic minority staff (grouped together as “Ethnic Minority staff”).**

The ethnicity pay gap is reported using the same methodology as the gender pay gap, so also covers 1,192 members of staff (71 per cent White, 29 per cent Ethnic Minority) who were paid their regular salary in April 2024.

In the 2024 reporting year, ICR had:

- a mean ethnicity pay gap of 19.8 per cent, (19 per cent in 2023, 17.4 per cent in 2022, 13.7 per cent in 2021) in favour of White employees
- and a median pay gap of 10.1 per cent (10 per cent in 2023, 7.4 per cent in 2022, 3.4 per cent in 2021) in favour of White employees.

Both measures of the hourly ethnicity pay gap have increased. This is partly due to reduced numbers of Ethnic Minority staff in senior roles – there is a 14-28 per cent reduction in Ethnic Minority staff numbers between the lowest and most senior grades.

This disparity is particularly visible at specific senior roles including: Career Development Faculty (80 per cent White), and Clinical Postdoc (87 per cent White).

We are committed to reducing our ethnicity pay gap and have taken a broad range of actions to help achieve this, including:

- A new leadership development programme supporting minority groups into upper quartile roles
- Mandatory inclusive recruitment training for all new hiring managers
- Increasing pay transparency to increase consistency.



## What are the causes of the gender and ethnicity pay gaps?

### 1. The distribution of men, women and Ethnic Minority staff across the ICR

Staff in the lower quartile of pay are 73.1 per cent women. These tend to be team-based roles that offer more flexibility. This is particularly pronounced at the ICR, with the average for comparable institutes such as The Crick, UCL and Imperial being 55 per cent, 57 per cent and 54 per cent respectively.

There is a greater proportion of men in higher paid roles. This can be seen when we split staff into four quartiles by pay. There are 298 people in each quartile. If these were proportionate to the gender split of the ICR, then each group would comprise of 61 per cent women and 39 per cent men. Instead, men comprise 39 per cent of ICR staff but 55 per cent of the upper quartile and 58 per cent of the highest paid within this quartile.

The upper quartile has the largest spread of pay (between <£25 to >£150 per hour), and the largest within-quartile mean (16.2 per cent) and median (11.3 per cent) gender

pay gaps. This spread is due to the variety of roles within this quartile.

The upper quartile comprises of all Heads of Division and Deputies, Faculty, Professional Services Directors, Senior Research Management, Senior Staff Scientists, and Clinical Consultants.

Clinical Consultants have the highest within role gender pay gap in favour of men (19.9 per cent). The majority of these roles are currently held by males.

Many of the lowest quartile roles within the ICR that are held by men, e.g. in Facilities and Site Management, are outsourced, so do not show in our figures.

For those whose salaries are governed by the Remuneration Committee, the pay gap is 6.4 per cent, showing the benefit of a centralised approach.

Recent hires have been more diverse. For example, the ICR has recruited more female Faculty than male in the past two years. However, solely relying on relatively small volume recruitment will not bring about change at sufficient pace.

Additionally, ethnic minority representation reduces in most roles as seniority increases, with 14-28 per cent reduction in ethnic minority numbers between the lowest and most senior grades. This disparity is also visible when looking at specific senior roles including: Career Development Faculty (80 per cent White), Clinical Postdoc (87 per cent White), Professor or Reader (89 per cent White), and Staff Scientist (86 per cent White).

Although these figures are reflective of the UK population, they are not reflective of the ICR's diverse junior population.

### 2. NHS pay scales for clinical academic staff

The ICR have clinical academic staff (Clinical Research Fellows and Faculty) whose pay is determined by the NHS. This group is the largest contributor to the gender and ethnicity pay gap. Whilst other HEIs have clinical academics, they are often not employed by them so do not impact their pay gap.

Women comprise 62 per cent (13/21) of Clinical Research Fellows (Junior Doctors) and 50 per cent (1/2) of the Clinical Consultants (Faculty). Ethnic Minority staff comprise 43 per cent (9/21) of Clinical Research Fellows but 0 per cent (0/2) of Clinical Consultants. Clinical Consultants have a mean gender pay gap of 19.9 per cent –

the largest within-grade pay gap.

**Excluding Clinical Consultants reduces the overall mean gender pay gap to 16.6 per cent, and reduces the upper quartile mean gender pay gap from 16.2 per cent to 10.7 per cent and the upper quartile median gender pay gap from 11.3 per cent to 8.9 per cent.**

### 3. Standardisation and transparency

Decentralised recruitment has been a contributor to hiring and pay decisions that have not had broader institute-wide alignment.

This may have contributed to limited visibility of trends, which meant potential issues were not identified and dealt with as quickly.

Action has been taken to centralise recruitment, progression and pay decision making, allowing for increased visibility and alignment of decisions across the ICR.



## What are we doing to address the gender and ethnicity pay gaps?

We have standardised our pay guidelines, reviewed recent senior hires in last two years and found no differences by gender. We have also standardised our selection processes to ensure transparency and consistency e.g. the Chief Executive is involved in the recruitment of all Faculty members and appointment decisions are discussed and agreed with the Dean of Academic and Research Affairs and Heads of Division. A new Tenure Assessment Panel has been established.

Gender and ethnicity equality actions have been submitted as part of the ICR's Athena Swan Silver renewal.

Flexible working policies have been reviewed, benchmarked and updated. We are now socialising this internally and upskilling managers.

A new senior leadership development programme (Accelerate) for underrepresented groups has been launched in partnership with The Royal Marsden (five ICR participants). Our existing programmes, Aurora (three participants), Future Leaders (15 participants) and Herschel's Technical Leadership programme (seven participants) continue. It is hoped this will increase the number of women in senior roles.

Our Women In Science programme was re-launched, bringing together more than 40 senior women from Imperial, the ICR, The Royal Marsden and The Crick to learn and network.

Inclusive hiring practices have improved (e.g. name-blind shortlisting for Professional Services roles and diverse interview panels) with training updated and now a

new performance appraisal process will be launched in 2025, decoupling pay and performance.

Desk research has suggested a focus on inclusive recruitment, pay audits, pay transparency and career development can reduce the gender pay gap significantly. All of these components are part of our action plan.

Identifying and removing barriers to women entering top quartile-paying roles such as Clinical Consultants continues to be a priority. Progress has already been made in many areas, such as improved support for flexible working, better support for parents, and improved inclusive recruitment.



## New actions to address the gender and ethnicity pay gaps

- 1 Improve recruitment governance and standardisation** – to ensure inclusive recruitment best practices are applied in a consistent and transparent way and to ensure a holistic institute wide perspective is taken when making appointments.
- 2 Improve pay governance and standardisation** – to ensure pay decisions are made in a consistent and transparent way and to ensure a holistic institute wide perspective is taken when making pay decisions.
- 3 Improve development of female and ethnic minority individuals into top quartile roles** – by identifying and removing barriers for ethnic minority and female staff progressing into top quartile paying roles.
- 4 Increase flexible working and broader parental support** – to better support female retention and development post maternity leave.
- 5 Share best practice with other HEIs** – utilise the fact that reducing the gender and ethnicity pay gap is an industry wide challenge by sharing best practice.



## The gender and ethnicity pay gaps in bonus pay

At the ICR, bonus payments are not our main reward mechanism. Our pay policy currently awards a bonus (non-consolidated) to staff who are awarded a 'Successful with bonus' appraisal rating as a standard percentage of salary payment.

If an employee was awarded a higher performance grade of 'Outstanding', this would give them a larger, consolidated salary increase but not a one-off bonus. This will be changing in 2025; decoupling pay and performance. It is hoped that this will reduce the opportunity for bias and eliminate the potential for bonus pay variance.

The ICR paid bonuses to 152 men (32.5 per cent of male staff) and 209 women (28.9 per cent of female staff). These calculations are on bonuses paid from 6 April 2023 to 5 April 2024.

Mean bonus pay gaps have reduced substantially. This is mainly due to the NHS no longer paying the merit payment which typically advantaged senior consultants who were likely to be male. The median gender bonus gap has increased, whilst the median ethnicity pay gap has significantly decreased.

The median gender bonus gap is caused by two major contributing factors:

- Individuals on higher salaries will receive a greater bonus amount than those on lower salaries, even when the bonus percentage is the same, as a fixed percentage of a larger salary results in a higher monetary value.
- 11 per cent of female staff work part-time (less than 35 hours per week) compared to 2 per cent of men. Part-time employees receive lower bonus payments as their bonuses are awarded on a pro rata basis.

The ICR recognises that part-time working can support a good work-life balance and does not want to discourage staff from taking this up. The contribution of part-time working to the bonus gap is due to the prescribed methodology of the UK gender pay gap reporting legislation and is not a priority for us to address at this time.

The ethnicity bonus gap is a result of more White staff than Ethnic Minority staff being in more senior, higher-paying roles and so receiving larger bonuses.



### Our bonus gap – 2024

The mean gender bonus gap:

**28.6%**

(53.2% in 2023, 50% in 2022, 49.4% in 2021, 52.9% in 2020)

The median gender bonus gap:

**37.3%**

(20.7% in 2023, 16.4% in 2022, 25.4% in 2021, 39.7% in 2020)

The mean ethnicity bonus gap:

**9.2%**

(26.6% in 2023, 32.8% in 2022, 41.7% in 2021)

The median ethnicity bonus gap:

**-8.7%**

(5.3% in 2023, 16.4% in 2022, 25.4% in 2021)



### Gender and ethnicity pay by quartiles:

This chart shows the **gender split** when we order hourly rate of pay from highest to lowest and group staff into four equal quartiles.

Band	Female	Male
Lower quartile	73.2%	26.8%
Lower middle quartile	63.1%	36.9%
Upper middle quartile	61.4%	38.6%
Upper quartile	45.3%	54.7%

This chart shows the **ethnicity split** when we order hourly rate of pay from highest to lowest and group staff into four equal quartiles.

Band	BAME	White
Lower quartile	37%	63%
Lower middle quartile	35%	65%
Upper middle quartile	26%	74%
Upper quartile	19%	81%