Ethnicity pay gap at Wellcome

Published September 2019 - for April 2019 pay figures



Wellcome improves health by helping great ideas to thrive. As a global charity working with scientists, researchers and others across many different countries and cultures, we are committed to inclusion and equality. Our aspiration is to create a working culture that is open and where differences are respected, valued and celebrated.

Wellcome's ethnicity pay gap calculates average rates paid to all our employees from black, Asian and minority ethnic (BAME) backgrounds compared with average rates paid to all our employees from white (non-BAME) backgrounds. Comparing mean or median rates of pay reflects broad trends in employment and salaries. A fair and inclusive employer, operating in a fair and inclusive society, would have no pay gaps relating to characteristics such as ethnicity and gender, or to any particular combination of characteristics. At Wellcome, we see our ethnicity pay gap as one important measure of how much more we have to do to become an inclusive place to work.

Diversity and Inclusion is a priority area at Wellcome, and an action plan was introduced in January 2018. We are looking at attitudes, behaviour and knowledge within Wellcome, adapting our approach as we learn more. A number of internal practices and processes are being changed to broaden the diversity of people we fund, engage with and employ. Many of these changes will also help to reduce, and eventually eradicate, our ethnicity pay gap.

Our ethnicity pay gap

On 5 April 2019, Wellcome had an ethnicity gap in median pay of 0.4%. Our ethnicity gap in mean pay was wider at 14.3%. Median pay is the preferred measure used by the Office for National Statistics because it is less affected by extreme outliers. To avoid any possibility of identifying individuals, we have decided not to publish ethnicity gap data for bonus pay at Wellcome.

This is the first time we have reported our ethnicity pay gap data and although the headline figure of 0.4% is encouraging, we know it does not give us the full picture. Other data have shown that the experiences of BAME and non-BAME people at Wellcome tend to be markedly different. For example, there is evidence that BAME colleagues feel less able to negotiate their salary than non-BAME colleagues. The larger gaps in mean pay rates suggest that the highest paid roles at Wellcome still tend to be held by non-BAME

Median and mean ethnicity pay gaps 2019

Median ethnicity pay gap

0.4%

Mean ethnicity pay gap

14.3%

employees. And while the breadth of the BAME category can often be helpful, in this context it may mask important differences between specific ethnic groups within it.

Interpretation of this year's ethnicity gap data has to be tentative because we had not received ethnicity data from a third of Wellcome employees as of April 2019. In the lower pay quartile, it was 45% – a significant proportion of the workforce, whose data could potentially affect the pay gap calculations considerably. Everyone will have their own reasons for whether or not they provide this data and we can't make assumptions about the groups who didn't – however, those reasons may include feelings and experiences of exclusion, or not feeling represented by the available categories.

The quartiles show the proportion of BAME and non-BAME employees in each band. The bands have equal numbers of employees, ranked by their hourly rate of pay. Not having data from a relatively high proportion of employees again limits interpretation. Nevertheless, it is evident that BAME people are currently underrepresented in the upper quartile – the most highly-paid and usually most senior roles.

But BAME people also appear to be under-represented in the lower quartile. This suggests that rates of pay for Wellcome's BAME employees cluster around the middle of the wider range of rates of pay for non-BAME employees, which could explain how the median rate of pay for our BAME employees is similar to that for non-BAME employees despite disparities between the experiences of people in these groups.

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What Wellcome is doing now

Combined with other data we have collected, our ethnicity pay gaps confirm we have more to do to support the recruitment, retention and progress of BAME colleagues, especially at senior levels. For example, we need to understand why BAME applicants for jobs at Wellcome have lower hiring rates than non-BAME applicants, and then work to remove barriers to success.

This year, we have:

- made unconscious bias training available to all staff, following successful pilots last year
- reviewed performance ratings, which determine most employees' bonuses, to identify any anomalies relating to race and ethnicity
- included an indicative salary and our diversity and inclusion statement in all job ads, and stopped asking candidates to tell us their current salary
- prioritised diversity and inclusion data monitoring, analysis and reporting
- piloted a reverse diverse mentoring scheme for senior staff
- signed up to the Race at Work Charter, which will help identify and address barriers faced by BAME people at Wellcome.

In September 2019, Wellcome launched a campaign to reimagine research culture and make it more creative, inclusive and honest. Wellcome is part of that culture – indeed, Wellcome shapes that culture in many ways. And just as increasing diversity and inclusion will make science and research stronger, so a more diverse and inclusive Wellcome will only get better at achieving our mission of improving health for everyone.

Ethnicity pay gaps exist because there is racism in our society and, by extension, in Wellcome. I hope that our efforts to close Wellcome's ethnicity pay gap will encourage positive change for individuals and organisations across the research sector and across society as a whole. We will now publish this data each year, and I will be open and honest about our progress, challenges and failings. Our actions will be guided by evidence, what we learn along the way and the experiences of everyone at Wellcome.

Ethnicity balance per quartile 2019

Upper Quartile	Non-BAME	63.4%
	BAME	9.9%
	Undefined*	20.3%
	Unstated*	6.4%
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Upper Middle Quartile	Non-BAME	55%
	BAME	13.9%
	Undefined*	17.8%
	Unstated*	13.4%
Lower Middle Quartile	Non-BAME	56.4%
	BAME	12.9%
	Undefined*	23.3%
	Unstated*	7.4%
Lower Quartile	Non-BAME	45%
	BAME	9.9%
	Undefined*	21.8%
	Unstated*	23.3%

^{*}Undefined and Unstated categorises respondents who have chosen not to provide ethnic data or who haven't responded.

Jeremy Farrar
Director of Wellcome