

# Health Service Executive Gender Pay Gap Report

*November 2025*

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# Introduction and Context

## Introduction

The Gender Pay Gap (GPG) refers to the difference in the average hourly wage of men and women across a workforce. The Gender Pay Gap Information Act 2021 requires organisations with over 250 relevant employees, to report on their Gender Pay Gap (GPG) in 2022. The Act sets out a range of metrics to report on the GPG, to provide for consistent calculation as detailed in the Regulations.

## Context

The Health Service Executive is the largest employer in the state, with **166,104** employees (Headcount), equating to **150,078 WTE** (Whole Time Equivalents) as reported through our Health Service Personnel Census (HSPC) in October 2025. This is our total workforce across our HSE Statutory Services, and Section 38 Hospitals and Agencies. This report provides the gender pay gap report across our HSE Statutory services, equating to over 90,000 direct employees and for which all data refers to.

The HSE has well-developed policies and practices in place to strengthen diversity, equality and inclusion in its workforce. These include a wide range of supports in place for managers and staff, (including those involved in recruitment); training and resources on diversity matters; advice and guidance; measures to ensure a voice for employees from under-represented groups; and processes to equality-proof HR policy and practice. Taken together, these initiatives provide a robust framework with which to continue to enhance gender equality in pay within the organisation.

The health service delivers services on a 365 day, 24/7 basis. Across our workforce, we report in six staff categories as follows:

1. Medical & Dental
2. Nursing & Midwifery
3. Health & Social Care Professionals
4. Management & Administrative
5. General Support
6. Patient & Client Care

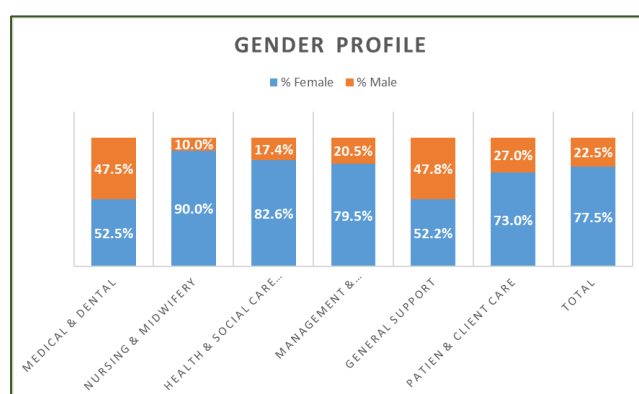
Across these six staff categories there are almost 800 different grades. Notably, the pay rates and terms and conditions for public health services, are determined and set centrally by the Department of Health and Department of Public Expenditure Infrastructure Public Service Reform and Digitalisation. Pay rates and terms and conditions are based on the grades, as per the published consolidated salary scales, undifferentiated by gender.

The HSE has no autonomy to make changes to pay, however as set out in this report has a GPG. This however, is as a result of a number of factors that are outlined in further detail in this report.

By way of context there are also key workforce characteristics that are relevant to the findings in this report.

Firstly, the gender profile of our current workforce is predominantly female at just **78%** of our workforce. There are however, some variances to this overall gender profile, across the six staff categories as noted earlier. Notwithstanding all staff categories reporting a majority of females, it ranges from just 52% in Medical and Dental to 90% in Nursing & Midwifery.

Figure 1



The HSE recognises the importance of attracting and retaining its health workforce, whereby flexibility is an important feature for both its current and future employees. Flexible working patterns, including *Part Time* working remain an important feature of our workforce as an important offering to attraction and retention.

Noting the above, again in this year's report the gender profile across the staff categories, has had a significant impact on our overall results.

This is, as reported in 2024 primarily owing to the change in the Medical and Dental staff category, owing to not only changes in the remuneration with the introduction of the new Public Only Consultant Contract, alongside the significant growth in this staff category at +4% across the whole health service.

Later in the report further detail is provided on this element as a key impact factor.

# Methodology

## Methodological Approach

### Data Source

The 2025 HSE Gender Pay Gap (GPG) Report, facilitated by the HSE SAP Centre of Excellence (SAP CoE), is based on the SAP-delivered Gender Pay Gap Report within the SAP HR and Payroll system.

This Report has been implemented for the HSE by customising the features of the Report to allow for the most accurate method of reporting the legislatively required gender pay gap metrics using pay, hours and other data for HSE employees with a full year of payroll results for HSE employees being paid through the SAP HR and Payroll system - HSE West (former northwest, midwest and west areas, the latter being added since 2024), HSE East (former Midlands and former east), These sites represent over 90,000 employees, over 85% of the total HSE headcount, a significantly large percentage, representative of the overall HSE employee population.

The 2025 SAP Gender Pay Gap Report for the HSE reports mean and median gender pay gap and other statistics for relevant active HSE employees on the chosen 2025 snapshot date - 30.06.2025 – based on the following functionality:

- Gathers and reports “ordinary” pay and hours: basic pay, overtime, allowances, on-call, and premia as well as hours worked (where available) corresponding to these pay elements for each employee in respect of ‘for-period’ pay results for pay dates within the reporting year: 01.07.2024 to 30.06.2025.

- Calculates an average hourly rate for each employee by dividing the total annual ‘ordinary pay’ by annual hours worked.

- Categorises employees according to gender (male/female) and employment type - all employees, part-time employees, and temporary employees

- Calculates and reports the mean and median gender pay gap statistics for each employment type

(**Note 1:** Bonus and Benefit-in-Kind payments are not applicable to the HSE; therefore no statistics are reported in these categories.)

- Sorts employees by hourly rate and assigns them in the relevant quartile (1 through 4), providing a gender profile by quartile (% male/female employees in each quartile)

- Provides other employee, employer and supporting data

### Data Protection

All data processing was carried out in accordance with Data Protection Regulations, and undertaken by authorised staff across HSE SAP COE and HSE National Human Resources, who ordinarily have authorised access to this data in the course of their daily duties. All data presented is aggregated with no data in this report identifiable to any individuals.

# Gender Pay Gap Metrics

## Gender Pay Gap Metrics

Table 2

Reporting Metric		Result		
Mean Hourly Remuneration				
Difference between mean hourly remuneration of male and female employees expressed as % of mean hourly remuneration of male employees		15.9%		
Difference between mean hourly remuneration of male and female part-time employees expressed as % of mean hourly remuneration of part time male employees		13.4%		
Difference between mean hourly remuneration of male and female employees on temporary contracts expressed as % of mean hourly remuneration of male employees on temporary contracts		25.3%		
Median Hourly Remuneration				
Difference between median hourly remuneration of male and female employees expressed as % of median hourly remuneration of male employees		0.5%		
Difference between median hourly remuneration of male and female part-time employees expressed as % of median hourly remuneration of part time male employees		-13.1%		
Difference between median hourly remuneration of male and female employees on temporary contracts expressed as % of median hourly remuneration of male employees on temporary contracts		26.0%		
Mean Bonus Remuneration*				
Difference between mean bonus remuneration of male and female employees expressed as % of mean bonus remuneration of male employees		N/A		
Median Bonus Remuneration*				
Difference between median bonus remuneration of male and female employees expressed as % of median bonus remuneration of male employees		N/A		
Bonus and Benefit In Kind (BIK)*				
Difference in the percentages of male/female employees who received Bonus and BIK remuneration		N/A		
Hourly Remuneration Quartiles				
	Quartile 1 Lower	Quartile 2 Lower Middle	Quartile 3 Upper Middle	Quartile 4 Upper
Male	23.3%	20.0%	17.1%	26.9%
Female	76.7%	80.0%	82.9%	73.1%

\* Refer to previous section on Methodological Approach

# Reasons

## Reasons attributing to the Gender Pay Gap

The GPG for the period covered in this report in Mean Hourly Remuneration for all employees is **15.9%** which is **1.4%** higher than the reported rate for last year. A comprehensive review of the potential reasons attributing to this change in the reported GPG has been undertaken and is set out herein.

As set out earlier, HSE pay is set under the provisions of public sector pay policy. Therefore the factors contributing to our gender pay gap, are considered in the context of not only our predominantly female workforce, but where there is variation in this workforce by staff category.

A deeper analysis by staff category was undertaken to identify any changes in the staff categories that may be attributing to the reported difference in 2025. Figure 2 below presents key findings in regard to the staff category of Medical and Dental, which similar to 2024, is contributing to the HSE gender pay gap result.

In overall terms the **Medical & Dental** GPG is the highest across the six staff categories, at **14.5%**. Since the last report, this has increased by **+1%**. Conversely, **Health & Social Care Professionals** has seen the greatest decrease, showing at **5.5%** in 2024 against a current rate in 2025 of **1.3%**, while all other staff categories, with the exception of Medical and Dental, either decreased or only marginally increased.

Figure 2

Staff Category	2025	2024	Change
Medical & Dental	14.5%	13.5%	1.0%
Nursing & Midwifery	6.9%	6.6%	0.3%
Health & Social Care Professionals	1.3%	5.5%	-4.2%
Management & Administrative	11.1%	11.3%	-0.1%
General Support	5.3%	5.0%	0.2%
Patient & Client Care	9.3%	9.6%	-0.3%
Total	15.9%	14.5%	1.4%

As the M:F ratio narrows, the GPG tends to increase. However, notably when the staff category of Medical & Dental is excluded, the GPG is in **favour of females at -1.2%** i.e. the overall HSE GPG and GPG increase is **attributable to Medical & Dental**.

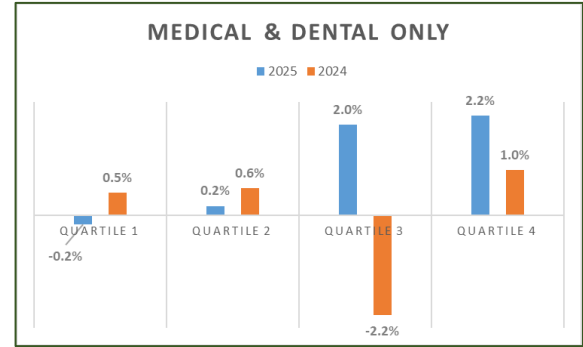
This is evident as shown in Figure 3.

Figure 3 Non Medical & Dental GPG 2025

Year	Mean GPG (All Employees)	Median GPG (All Employees)	Part Time GPG Mean	Part Time GPG Median	Temporary GPG Mean	Temporary GPG Median
2025	-1.2%	-7.3%	-8.9%	-15.3%	-1.2%	0.1%
2024	-0.8%	-6.7%	-7.6%	-14.0%	-2.1%	-0.5%
Change	-0.4%	-0.6%	-1.3%	-1.3%	0.9%	0.6%

When reviewing the data by Quartiles, the 2025 GPG is most notable in Quartile 4. Again, analysing the **Medical & Dental** staff category only, there was an increase in 2025 in both Quartile 3 (4.1%) and Quartile 4 (1.2%) which are also the quartiles **most likely to impact the overall HSE GPG** due to the high levels of earnings.

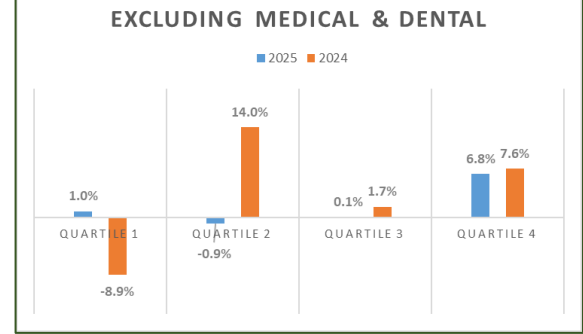
Figure 4 Medical & Dental by Quartiles



*\*Note: the 2024 drill down analysis of quartile data has been revised for analysis/ comparison with the 2025 data after an issue with the analysis method was found.*

While comparing this against the Non-Medical & Dental data, there is no GPG.

Figure 5 Non Medical & Dental by Quartiles



The significance of the variance in this category is important as these roles attract one of the highest levels of remuneration with the proportion of males/ females in this staff category contributing to the overall GPG change in this years' report. The Medical/ Dental GPG does not mean that males are being paid at higher rates, but rather that males are possibly earning more by doing more hours paid at premium rates. This pushes up the average male hourly rate and thus the GPG. Premium rates of pay (e.g. on call rate) are standardised as per public pay policy, and are remunerated to both male and females alike, on the basis of the hours worked.

Potentially a further influencing factor may be the proportion of employees on maternity leave. Against the national average of 4.9%, Medical and Dental is reporting at the upper end 4.4%, with a further 4.1% availing of Parental Leave compared with 0.7% of males.

**In overall terms** – the primary drivers of the increase in the HSE GPG rate this year is owing again to the staff category of medical and dental.

# Measures

## Measures to Eliminate and Reduce the Gender Pay Gap

The **HSE People Strategy 2025-2027** specifically references the need for the HSE to continue to attract and retain a diverse workforce, and to ensure the prioritisation of staff development, recognition, engagement and training for all staff. The Strategy emphasises that the HSE is an equal opportunities employer, and that we treat our employees equally in recruitment, pay, conditions, training, work experience, and career progression.

Theme 3 of the People Strategy sets out the main priorities and supporting actions for the HSE to enhance the way in which Ireland's largest public sector employer addresses diversity, equality and inclusion (DEI) for its workforce, including gender equality.

Published in July 2025, the People Strategy specifies that a DEI Strategy will be put in place to support these commitments. This document, currently under development, will set out the rationale, strategic context and guiding principles for commitments to strengthen diversity, equality and inclusion in the way the HSE employs its staff.

The new DEI Strategy will detail a wide range of enhancements to be made to infrastructure, policy and practice in order to provide a basis for the HSE to address the challenges which contribute to the gender pay gap.

In line with the five core themes of the People Strategy it supports, the new DEI Strategy will be based upon the following thematic priorities:

### 1. Evidence and Data

We will improve the data available about the HSE workforce relating to gender and other diversity characteristics, to support equitable and effective workforce planning and improve statutory compliance (including with the Gender Pay Gap Act). Activities will include:

- Using diversity data, including insights from DEI activities such as employee networks and enquiries from staff and managers, to inform proactive interventions and development of targeted resources.

- Identifying and supporting research projects carried out within the HSE related to DEI in the workplace and developing research partnerships with academic institutions.

- Using data as part of DEI benchmarking activities against national and international standards.

### 2. Knowledge and Culture

We will improve knowledge and inclusive behaviours relating to diversity issues to enhance the workplace culture of the HSE and enable teams to perform at their best. This includes:

- Training relating to gender equality in recruitment and selection aimed at staff who co-ordinate and support recruitment campaigns.
- Leadership training for senior medical consultants on equality.
- Awareness-raising activities to promote gender equality in the workplace (such as our annual International Women's Day campaign).
- Additional resources such as guidelines and advisory notes to support leaders and employees to build a more inclusive workplace culture relating to gender and other diversity grounds.

### 3. Opportunity

We will improve equality of opportunity for under-represented staff and people seeking employment in the HSE, to foster an inclusive workplace culture at all levels of the organisation. Given the evidence of pay disparities in the medical workforce as set out in this report, this work will include:

- Equality-proofing of policies and processes relating to recruitment, selection and career progression.
- Improved documentation in recruitment campaigns, to emphasise the HSE's inclusive recruitment practices.
- Strengthening of supports for women and staff from other diversity groups as they seek to develop in their careers.



# Measures

## Measures cont'd

### 4. Support

We will strengthen the guidance, resources and supports available for staff and managers on gender and other diversity issues, to enable a safer, healthier and more compassionate workplace for all. Measures under this theme include:

- Promotion of existing supports in the HSE that can support staff on workplace matters.
- Continued expansion and promotion of the HSE's employee diversity networks.

As part of this work we will also continue to promote availability of our DEI enquiry service for staff and line managers with any type of query about diversity matters, including those relating to gender equality.

### 5. Employee Voice

We will strengthen the voice of employees from under-represented backgrounds to support participation, innovation and collaboration, including the voice of women in different disciplines. This commitment will be implemented through activities such as:

- Our communications and awareness-raising work, including internal and external communications campaigns and resources posted on the DEI web pages.
- The three HSE employee diversity networks and their associated local and national campaigning work.
- Our participative approach to equality-proofing HR policies and practices using the HSE Equality Impact Assessment tool, whereby staff with lived experience of diversity issues are trained to contribute their perspectives to the review of HSE policy and procedures.

### A Quality Approach

Underpinning these priorities is an approach to diversity, equality and inclusion based on learning, continuous quality improvement, and benchmarking against the best performers in equity both within Ireland and internationally.

The forthcoming DEI Strategy will be a key enabler to enhancing the way we recruit, plan and develop our current and future workforce. The Strategy implementation timeframe will run to the end of 2027 during which time the DEI team will monitor implementation of all actions, and set targets together with appropriate indicators, against which the outputs and impact of the Strategy's actions will be measured.