

2025 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 2025.



We are pleased to see continued progress in reducing our pay gaps, reflecting the actions we have taken over the past year to build a more equitable organisation.

All UK organisations with more than 250 employees are legally required to publish their gender pay gap each year. Whilst reporting on the ethnicity pay gap is not currently mandatory, The Institute of Cancer Research (ICR) is committed to advancing race equality and fostering a fair and inclusive environment for all staff and students. For this reason, we also choose to publish our ethnicity pay gap annually.

Advancing gender and race equality is a strategic priority for the ICR. We are dedicated to building an inclusive culture that recognises, respects, and celebrates diversity. Building on our work last year to standardise recruitment and reward, we have now further standardised bonus payments, the benefits of which we hope to see on next year's pay gap data.

In 2025, there was a decrease in both gender and ethnicity pay gaps and a decrease in the median gender bonus pay gap. However, there was an increase in the mean gender and ethnicity bonus pay gaps, and an increase in the median ethnicity bonus pay gap. This report reflects on the challenges with both the pay gap and bonus pay gap, potential reasons, and responses.

Good progress has been made in reducing the gender pay gap across the lower three pay quartiles, where the average pay for women is equal to, or higher, than the average pay for men. Our challenge remains in the top quartile of pay, which contains more White men on significantly higher salaries.

Clinicians working at the ICR are paid on the NHS Consultant pay scale, which has a significant impact on our pay gap data. We have therefore analysed our pay gap data both with and without this group to give a more accurate picture of progress. Removing this group from our calculations would reduce our mean gender pay gap from 18.5 per cent to 14.1 per cent, and our median gender pay gap from 11.4 per cent to 8.9 per cent.

Recruiting or promoting more women and ethnic minority individuals into senior roles in the top quartile, continues to be a key priority.

We continue to work 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 through our widening capacity programmes, including the Pathway to Independence programmes.

2025 Gender and ethnicity pay gaps, with pay quartile breakdown

18.5%

Mean gender pay gap

This is a decrease from 21.3% in 2024. Excluding Clinical consultants reduces this to 14.1%

Q1: 16.8%, Q2: -0.3%,
Q3: -0.9%, Q4: -4.6%*

11.4%

Median gender pay gap

This is a decrease from 12.2% in 2024. Excluding Clinical consultants reduces this to 8.9%

Q1: 10.1%, Q2: -0.1%,
Q3: 0.0%, Q4: 0.0%*

16.5%

Mean ethnicity pay gap

This is a decrease from 19.8% in 2024.

Q1: 15.1%, Q2: 6.8%,
Q3: -0.5%, Q4: 0.8%*

8.0%

Median ethnicity pay gap

This is a decrease from 10.1% in 2024.

Q1: 7.6%, Q2: 1.0%,
Q3: 0.0%, Q4: 1.0%*

*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 refers to the difference in average hourly earnings between men and women across all roles within an organisation. This gap can be affected by many factors, including the overall composition and structure of the workforce.

It is important to note that the gender pay gap is not the same as equal pay. At the ICR, men and women – as well as White and ethnic minority staff – receive equal pay for work of equal value.

The mean pay gap reflects the difference between the average hourly pay of men and women, whilst the median pay gap represents the difference between the middle value of hourly pay when men and women are listed separately from highest to lowest earners.

Our figures are based on 1,204 members of staff (61 per cent female, 39 per cent male) who were paid their regular salary in April 2025 (excluding those on paid maternity leave or statutory sick pay).

In the 2025 reporting year, the ICR had:

- a mean gender pay gap of 18.5 per cent in favour of men. This is a decrease from previous years. (21.3 per cent in 2024, 19.0 per cent in 2023, 21.5 per cent in 2022, 18.8 per cent in 2021).
- and a median gender pay gap of 11.4 per cent in favour of men. (12.2 per cent in 2024, 10.4 per cent in 2023, 9.2 per cent in 2022, 7.9 per cent in 2021).

Our overall mean gender pay gap has decreased by 2.8 per cent from 2024 to our lowest figure in more than four years. Whilst this is positive, we must maintain this momentum and continue to address the disparity that persists in the top earning roles where the gender pay gap has increased from 16.2 per cent to 16.8 per cent.

We are committed to further reducing our gender pay gap and have taken additional actions over the past year to achieve this – across recruitment, professional development, and pay.

1,204

Number of staff

61%

Female staff

39%

Male staff



These actions include:

- Amending our pay and reward scheme to introduce flat-rate recognition payments.
- Updating our flexible working policies to better support employees who work flexibly, or have primary parental or caring responsibilities, most of whom are women.
- Promotion of benefits such as the Conference and Training Care Support Fund, which helps support parents and carers to attend conferences and other career development opportunities.
- Introduced an ‘Aspiring Female Leaders in Science’ series to support the development of our junior female scientists.
- A new HR information system is being implemented to increase visibility of employee data including recruitment decisions, development pathways and disclosure of protected characteristics such as disability. Increased visibility will lead to an increased ability to support equitable attraction, recruitment and development.



Whilst these improvements are encouraging, we recognise that there is still more to do to close the gap and ensure equal opportunities for reward across the ICR. We remain committed to addressing the underlying factors that contribute to the pay gap, especially at the top quartile of pay, which we recognise will require sustained action given the low turnover in the relevant pay grades.

What is the Ethnicity Pay Gap?

The ethnicity pay gap is the difference in average pay between White staff and staff from different ethnic groups, such as Black, Asian and Mixed ethnic backgrounds.

The ethnicity pay gap is reported using the same methodology as the gender pay gap and covers 1,140 members of staff (70 per cent White, 30 per cent ethnic minority) who were paid their regular salary in April 2025. Those that did not disclose their ethnicity have been removed from calculations for accuracy.

In the 2025 reporting year, the ICR had:

- a mean ethnicity pay gap of 16.5 per cent (19.8 per cent in 2024, 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 8.0 per cent (10.1 per cent in 2024, 10.0 per cent in 2023, 7.4 per cent in 2022, 3.4 per cent 2021) in favour of White employees.

Our overall mean ethnicity pay gap has decreased by 3.3 per cent to our lowest figure in more than three years. Whilst positive, the mean ethnicity pay gap in the upper middle pay quartile (Q2) has increased from 1.7 per cent to 6.8 per cent and a mean gap of 15.1 per cent persists in the top quartile (Q1).

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

- Connecting with other higher education institutions to share learning.
- Repeating successful development programmes aimed at under-represented groups such as Accelerate and IMPACT.
- Focusing on growing our Race and Cultural Heritage (REACH) employee network to ensure we are aware of barriers facing our ethnically diverse colleagues and to ensure these colleagues are aware of support available.

47.5%

Proportion of female staff in top percentile of pay

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

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

As is consistent with previous years, our gender pay gap is impacted by the high number of women in the lowest quartile of pay and the high number of males in the highest quartile of pay.

On a positive note, the proportion of female staff in the top quartile of pay has increased from 45.3 per cent to 47.5 per cent.

The upper quartile has the largest spread of pay (less than £24 per hour to more than £155 per hour), and the largest within-quartile mean (16.8 per cent), and median (10.1 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 continue to have the highest within-role gender pay gap in favour of men (29.4 per cent) and this gap has grown by nearly 10 per cent (19.9 per cent in 2024). Clinical Consultants are predominantly male, particularly the most senior in this group. It will take time for women to progress into these roles – they require more than 10 years of experience, and the pipeline has traditionally been male dominated. Furthermore, turnover is low, meaning less opportunity to move into these roles.

For those whose salaries are governed by the ICR Remuneration Committee, the pay gap has reduced from 6.4 per cent to 4.6 per cent.

Progress has been made over the past year in recruiting more females into upper quartile roles. We have increased females in the Career Development Faculty by two (2025: 6 F, 9 M; 2024: 4 F, 10 M), in Career Faculty by two (2025: 7 F, 13 M; 2024: 5 F, 11 M) and in the upper quartile of Professional Services roles by nine (2025: 44 F, 44 M; 2024: 35 F, 50M).

The proportion of Black and ethnic minority employees reduces as pay quartile increases. The roles where ethnic diversity is low include Q1 Professional Services roles (75 per cent White), Clinical Consultants (88 per cent White) and Senior Scientific Officers (83 per cent White).

2. NHS pay scales for clinical academic staff

The ICR cannot control pay scales for clinical academic staff, whose pay is determined by the NHS. This group is the largest contributor to the gender and ethnicity pay gap. Excluding Clinical Consultants reduces the overall mean gender pay gap to 14.1 per cent.

Gender and ethnicity distribution by pay 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 (Q4)	74.4%	25.6%
Lower middle quartile (Q3)	61.8%	38.2%
Upper middle quartile (Q2)	60.1%	39.9%
Upper quartile (Q1)	47.8%	52.2%

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 (Q4)	38%	63%
Lower middle quartile (Q3)	33%	67%
Upper middle quartile (Q2)	29%	72%
Upper quartile (Q1)	19%	79%

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

We have made significant changes to our recruitment, pay and reward policies over the past year. We are also putting substantial investment into our HR systems which will enable greater visibility of HR data, trends, and needs.

We have worked to understand our pay gap data in greater depth to enable targeted action.

We have streamlined our equity, diversity and inclusion work, including prioritising the growth of our employee networks, particularly those focused on gender, ethnic diversity and parenting; and we are improving governance to facilitate more action in those areas that will make a measurable difference to our pay gaps.

Our actions are aligned to our Athena Swan commitments, for which we have achieved a Silver Award renewal in acknowledgement of our work towards gender equality. We have brought these together into a new four-year EDI Strategy and will communicate this across the ICR throughout 2026. This strategy has reduction of the gender and ethnicity pay gaps at its core.

We are continuing our leadership development programmes, Accelerate, Aurora, Future Leaders and Herschel's Technical Leadership programme.

We continue to develop our future clinical leaders through the clinical academic's forum and Pathway to Independence programmes.

Our Women in Science programme, which brings together senior women from Imperial, the ICR, The Royal Marsden and The Crick has now been extended to include an Aspiring Female Leaders in Science programme.

New actions to address the gender and ethnicity pay gaps

The actions below are in line with our single equality action plan, which encompasses all actions from our Athena Swan Silver renewal.

Actions that have been prioritised for the next 12 months include:

- 1. Supporting parents and flexible workers** – women are more likely to be primary carers and flexible workers. Helping this group to access development and support will help the retention, development and progression of this population.
- 2. Improving EDI governance** – a more streamlined, action-focused Equality Steering Group (ESG) will lead to more accountability and progress. The new structure also enables better two-way communication between the ESG and the ICR's staff, enabling better decision making and faster information sharing.
- 3. Growth of our Employee Equality Networks** – a focus on growing our equality networks will improve visibility of the needs of all staff and better enable dissemination of information about the support that is already available to groups that require it.

The gender and ethnicity pay gaps in bonus pay

At the ICR, bonus payments are not our main reward mechanism.

As of December 2025, the ICR amended our bonus payments to have a flat-rate irrespective of salary (pro-rata for part-time staff) to be paid to the top performers across the Institute – selected through a best practice inclusive approach. The downstream impact of this will not show in our figures until 2026, however it is expected to substantially reduce the mean and median gender and ethnicity bonus pay gaps.

Current data is based on the previous mechanism which awarded a bonus (non-consolidated) to staff who were awarded a 'successful with bonus' appraisal rating. Payments were a standard percentage of salary payment.

The ICR paid bonuses to 108 men (23 per cent of male staff) and 147 women (20 per cent of female staff). These calculations are on bonuses paid from 6 April 2024 to 5 April 2025.

The mean gender bonus pay gap, and the mean ethnicity bonus pay gap increased substantially. This is mainly due to the bonuses paid to senior staff who were given recognition payments through the Remuneration Committee. Of those who received £1,000 or more in bonus payments, 17 were men and 9 were women. The highest 10 bonus payments were awarded to White men.

Changing the mechanism to a fixed bonus payment, rather than a percentage of salary should substantially remove this variance going forward.

The ethnicity bonus gap is a result of having more White than Black and ethnic minority staff in the more senior, higher-paying roles, who would therefore receive larger bonus payments.

2025 Gender bonus gap

62.8%

Mean gender bonus gap

28.6% in 2024, 53.2% in 2023,
50% in 2022, 49.4% in 2021,
52.9% in 2020

7.2%

Median gender bonus gap

37.3% in 2024, 20.7% in 2023,
16.4% in 2022, 25.4% in 2021,
39.7% in 2020

66.5%

Mean ethnicity bonus gap

9.2% in 2024, 26.6% in 2023,
32.8% in 2022, 41.7% in 2021

4.0%

Median ethnicity bonus gap

-8.7% in 2024, 5.3% in 2023,
16.4% in 2022, 25.4% in 2021

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Registered office: 123 Old Brompton Road, London SW7 3RP
A Charity. Not For Profit. Company Limited by Guarantee.
Registered in England No. 543147.
VAT Registration No. GB849 0581 02

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