IRISH BLOOD TRANSFUSION SERVICE GENDER PAY GAP REPORT

2026

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Irish Blood Transfusion Service Gender Pay Gap Report 2026

1. Introduction:

The Irish Blood Transfusion Service (IBTS) is committed to being a fair, inclusive and equitable place to work for all employees. In line with this commitment and with the Gender Pay Gap Information Act 2021, IBTS publishes a Gender Pay Gap Report each year. This report sets out our gender pay gap figures for the reporting period, 2025, explains what lies behind them, and describes the actions we are taking to advance gender equality across the organisation.

The gender pay gap is the difference in average hourly pay between all men and all women in the workforce, whatever their role, grade or seniority. It is not the same as equal pay for equal work, which is a separate legal obligation.

The IBTS is the national body with statutory responsibility for collecting, processing, testing and distributing blood and blood products in Ireland. It depends entirely on voluntary, unpaid donors to maintain a steady supply of blood and blood components for patients. As an essential part of modern healthcare, the IBTS operates 24 hours a day, 365 days a year. It is funded by charging hospitals for its products and services, at prices agreed with the Department of Health, and the Health Service Executive (HSE) is its largest customer.

The IBTS has well-established policies and practices to promote diversity, equality and inclusion. These include practical support for managers and staff, especially those involved in recruitment; training and resources on equality and inclusion; access to expert advice; initiatives that give a stronger voice to employees from under-represented groups; and structured processes for reviewing HR policies and practices through an equality lens. Together, these provide a strong foundation for the IBTS to keep advancing gender pay equality and an inclusive workplace culture.

2. Workforce Profile:

IBTS employs a diverse workforce across clinical, scientific, nursing, administrative, and operational functions. The organisation's work is highly specialised, with roles ranging from medical and nursing to donor services and laboratory science to logistics and corporate governance support.

At the snapshot date, 30th June, the total IBTS nationwide workforce is comprised of 640 (headcount) staff and 553.44 (WTE).

Table 1: Employees by Division and Gender

Division	% of employee population (HC)	
	Female	Male
Donor Services and Collections	40%	9%

Medical and Scientific	20%	5%
Quality and Compliance	6%	1%
Production and Hospital Services	3%	7%
Human Resources	3%	0%
IT	2%	2%
Finance	1%	3%
CE Corporate Affairs	1%	0%
TOTAL	**75%**	**25%**

The workforce is predominantly female, reflecting broader trends in the health and social care sector.

Table 2: % of Employees by Gender

Gender	% of employee population
Female	75%
Male	25%

3. Gender Pay Gap Metrics (2026)

Pay rates and terms and conditions at the IBTS follow those set centrally for the wider public health sector by the Department of Health and the Department of Public Expenditure Infrastructure Public Service Reform and Digitalisation. Pay is based on nationally agreed grades and published consolidated salary scales. These apply equally to everyone in a grade and do not differ by gender.

i. Hourly Pay Gap

Table 3: Total % Pay Gap

Metric	Result
Mean Hourly Pay Gap	**6.9%**
Median Hourly Pay Gap	**2.5%**

Table 4: Mean Hourly Remuneration & % Pay Gap by Gender

Category	Mean Hourly Renumeration €		Mean Hourly Pay Gap
	Female	**Male**	
Fulltime	€38.65	€40.01	**3.4%**
Part-time	€29.91	€30.08	**0.6%**
Temporary	€33.52	€33.45	**-0.2%**

Table 5: Median Hourly Renumeration & % of pay gap by Gender

Category	Median Hourly Renumeration €		Median Hourly Pay Gap
	Female	**Male**	
Fulltime	€33.80	€34.53	**2.1%**
Part-time	€29.80	€30.94	**3.7%**
Temporary	€26.68	€32.14	**17.0%**

ii. Bonus Pay Gap

IBTS does not operate a bonus system; therefore, no bonus pay gap is reported.

iii. Benefit in Kind Gap

IBTS does not operate a benefit in kind system; therefore, no benefit in kind pay gap is reported.

iv. Pay Quartiles

The pay quartile distribution indicates the proportion of men and women in each pay band. While the detailed quartile breakdown is not provided in the public dataset, IBTS acknowledges that quartile distribution is a key driver of the overall pay gap and continues to monitor representation across all levels.

Table 6: Pay Quartile Distribution

	Lower (Q1)		Lower middle (Q2)		Upper middle (Q3)		Upper (Q4)	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
Fulltime	60%	40%	78%	22%	74%	26%	68%	**32%**
Part-time	87%	13%	81%	19%	82%	18%	85%	**15%**
Temporary	82%	18%	72%	28%	67%	33%	65%	**35%**

4. Understanding the 2025 Gender Pay Gap

The IBTS gender pay gap for 2025 shows a mean gap of **6.9%** (equivalent to previous reporting period) and a median gap of **2.5%** (1.8% increase on previous reporting period), both of which are significantly lower than the national average and significantly lower than the HSE's latest Gender Pay Gap Report, published in November 2025. HSE reported a mean pay gap of 15.9% (up from 14.5% the year before) and a median pay gap of 0.5%. The categories of staff that contribute to the higher gender pay gap in the HSE include Medical and Dental staff.

The results illustrate that, on average, females in fulltime employment and part time employees earn less per hour than their male counterparts. This trend is reversed slightly for those in temporary employment where women earn more on average per hour than men.

- These changes are mainly due to variations in group representations rather than adjustments in pay rates. Pay scales are set nationally and apply equally to men and women. The increase in pay rates over the reporting period for all staff was approximately **3%**.
- The largest mean pay gap is in full time work and can be described as the most meaningful data set as full time roles typically represent the core workforce and higher paid positions. The results indicate a **3.4%** decrease in the gender pay gap in this category against previous reporting period.
- The median hourly remuneration is less across all categories for females when compared with males, however the pay gap is small for full time **2.1%** and part time roles **3.7%.**
- There are more females across all quartiles in all categories which is representative of the demographics of the organisation (75%F,25%M)
- **68%** of females occupy the fulltime upper quartile while **82%** of females occupy the lower temporary quartile illustrating that more women occupy the lower paid roles.

Key Factors Influencing the Gap

Workforce Composition: IBTS has a high proportion of female employees, particularly in clinical frontline and administrative roles. Male employees are more represented in certain technical and operational roles that may attract different pay scales.

Full-time employment turnover; the men who left IBTS in the reporting period were paid an average of €35.69 an hour, while the men who joined are paid an average of €30.85, which narrowed the mean hourly gap from 6.8% in 2025 to 3.4% in 2026.

Temporary workforce changes: only 38 of the 79 temporary employees in 2026 were on temporary contracts in 2025. 13 women, with an average hourly pay rate of €31.50 in 2026, moved from temporary to permanent contracts, while seven women, averaging €46.01 hourly rate of pay in 2026, moved onto temporary contracts. Together, these changes raised the average rate for women on temporary contracts from €29.93 to €33.52, more than the rise for men (from €30.72 to €33.45).

Part Time Work Patterns: Women hold 83% of part time roles (206 of 247). The mean gap for part-time employees is 0.6%, and the median gap is 3.7%, so men and women working

part time earn similar amounts on average, with men slightly ahead compared to last year. This is mainly because 12 men left and 6 joined, and the joiners were on lower rates. €26.41 per hour against €31.13 in previous reporting period. Consequently, men's part time mean hourly rate increased very slightly by €0.16 per hour, compared with €0.43 for women.

Career Pathways and Progression: Women outnumber men at every level, but their share falls in the most senior scientific and medical grades. Women make up 94% of Medical Scientists and 87% of Senior Medical Scientists, and only 57% of Chief Medical Scientists and 57% of Medical Consultants. Men are 25% of the workforce but 30% of the upper pay quartile, against 21–27% of the other three quartiles. Supporting women's progression into the most senior grades is therefore the main lever for closing the gap over time.

5. Actions Taken to Promote Gender Equality

IBTS is committed to continuous improvement and has implemented a range of initiatives to support gender balance and equitable progression. The IBTS remains committed to promoting an inclusive and diverse culture. We know that diversity supports better decision making, problem solving, innovation and performance.

Key Measures Include:

I. Recruitment & Promotion Practices

- Ensuring gender-balanced interview panels where possible
- Sustaining a gender balanced Executive Management Team
- Reviewing job descriptions to remove gendered language
- Monitoring gender representation at each stage of recruitment

II. Flexible & Family-Friendly Working

- Enhanced flexible working arrangements
- Support for part-time and remote working where operationally feasible
- Policies supporting carers and parents

III. Leadership Development

- Targeted development programmes to support women in progressing to senior roles
- Mentoring and coaching initiatives

IV. Data Monitoring & Transparency

- Annual reporting under the Gender Pay Gap Information Act
- On-going analysis of pay, progression, and representation trends

6. Future Commitments:

I. Introduce Transparent Secondment Rotations

In Irish public sector organisations, temporary internal secondments can serve as the primary springboard for senior promotions and often skew toward full-time staff or specific operational areas.

Open Expression of Interest (EOI) processes: Mandate formal, transparent EOI processes for all project secondments.

II. Normalise Flexible Working at Senior & Operational Levels

Although women make up 75% of the overall IBTS workforce, their representation dips slightly in the upper full time quartile (68%). Often, part-time or blended arrangements are concentrated in middle or lower grades because senior operational or laboratory leadership roles are assumed to require rigid full-time hours.

Actively promote male and females at senior level, family and flexible leave policies: Encourage men to take paternity leave, parent's leave, and shorter working-year schemes. Normalising caring responsibilities across both genders reduces the career progression penalty disproportionately experienced by women.

III. Gender-Balanced Succession Planning

Identify Critical roles: Map senior scientific, medical and operational roles where vacancies are expected through retirement or turnover.

Balanced Successor Pools: Make sure successor pools for these roles reflect the gender balance of the grades below them, and record the gender mix of each pool.

Track the gender balance of appointments to senior roles each year and report on progress in future Gender pay Gap reports.

7. Conclusion:

In this reporting period, the IBTS mean gender pay gap is 6.9%, unchanged from 2025, and the median gap was 2.5%, up from 0.7%. Both remain below the national averages of 9.6% (mean) and 5.5% (median) reported by the CSO for 2022 and as cited earlier reported by the HSE for 2025.

Because pay scales are set nationally and apply equally to men and women in every grade, our gap doesn’t arise from unequal pay for the same work. It reflects differences in premium pay, such as overtime and on-call work, and the higher share of men in the most senior scientific and medical grades.

Our results show that we still have work to do on how men and women are spread across our pay bands. We will focus our actions there and track our progress against the sector each year.

Among staff employed across 2 reporting periods, the gap widened slightly, so we will focus on fair access to premium pay and on supporting women’s progression into senior roles. We will continue to monitor these trends each year, and to prepare for the additional reporting required under the EU Pay Transparency Directive.