# Athena SWAN Bronze department award application

**Name of university: University of Edinburgh**
**Department: Schools of Clinical Sciences and Molecular Genetic and Population Health Sciences (together representing the Clinical Medical School of the University)**
**Date of application:  November 2013**
**Date of university Bronze and/or Silver SWAN award: Bronze, 2006; renewed 2009 and 2012**

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**http://www.ed.ac.uk/schools-departments/molecular-clinical-medicine**
**http://www.ed.ac.uk/schools-departments/clinical-sciences**

Athena SWAN **Bronze Department** awards recognise that in addition to university-wide policies the department is working to promote gender equality and to address challenges particular to the discipline.

Not all institutions use the term 'department' and there are many equivalent academic groupings with different names, sizes and compositions. The definition of a 'department' for SWAN purposes can be found on the Athena SWAN website. If in doubt, contact the Athena SWAN Officer well in advance to check eligibility.

It is essential that the contact person for the application is based in the department.

## Sections to be included

At the end of each section state the number of words used. Click <u>here</u> for additional guidance on completing the template.

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| 1. | **Letter of endorsement from the head of department: maximum 500 words**<br>An accompanying letter of endorsement from the head of department should explain how the SWAN action plan and activities in the department contribute to the overall department strategy and academic mission.<br>The letter is an opportunity for the head of department to confirm their support for the application and to endorse and commend any women and STEMM activities that have made a significant contribution to the achievement of the departmental mission. |

We are delighted to write a joint letter of support for the Clinical Medical Schools' application for an Athena SWAN Bronze Award.

Our Schools face many challenges in pursuing their commitment to advancing women's careers. These include our size, variety in local cultures, geographical spread and a recent reorganisation but also, until recently, a lack of awareness of and self-reflection about barriers - structural, attitudinal and subconscious - to gender equality.   Financial and policy decisions mostly rest at School and College level which can make the implementation of change at the level of our smaller units difficult. We still have far to go and need to be able to influence policy and practice at <u>all</u> levels;  we can do this most effectively by joining the two Schools to accelerate progress.   We are now rising to the challenge, have a clearer understanding of where and what we need to improve and are beginning to make progress.

This application is the outcome of a rigorous, dynamic and engaged process that has created a groundswell of enthusiasm for change.  Two excellent chairs were appointed early in 2012, and the Self-Assessment Team (SAT) brought together our staff and students to work collaboratively to gather and analyse information, formulate plans, consult and agree actions.  These grass-roots processes are mirrored in our own obligations and actions: we have been active members, attending meetings and providing particular expertise regarding the survey. We have kept the College of Medicine and Veterinary Medicine's Strategy Group, on which we sit, regularly informed of progress.  This has raised awareness and led to a commitment of resources through a part-time support post for the SAT.  Other developments in the past 12 months include amendment to our annual review forms to ensure that promotion/flexible working is raised; mandatory gender balance on appointment committees for substantive externally and internally advertised posts; a statement on all recruitment advertisements reflecting a commitment to gender equality; and, most recently, a commitment that all decision-making committees are at least 25% female. Athena SWAN is also firmly on the agenda of our Schools' Planning and Resources Committees; and, we shall now work with our Heads of Centre/ Section Heads to promote our action plan and support them in its implementation.

We bring specific expertise to our commitment to gender equality. SCB is very active within E&D at UoE and HC has long been a champion for women's careers in medicine at UofE and across the UK. We are both involved in our upcoming 'Inspiring Women' conference (June 2014) where the key-note talk will be given by Professor Dame Sally Davies.

We work closely together on strategic and operational matters in our Schools:  we share the same values in relation to leadership that are focussed on equity, collaboration and creating a nurturing academic environment. We shall continue to be directly involved in the SAT moving forward and we both give our strongest endorsement to the Action Plan and our full commitment to its implementation.

Yours sincerely,

Professor Hilary Critchley
Head, School of Clinical Sciences

Professor Sarah Cunningham-Burley,
Head, School of Molecular, Genetic and Population Health Sciences          (**494 words**)

> **2.** **The self-assessment process: maximum 1000 words**
> Describe the self-assessment process. This should include:
> a) A description of the self assessment team: members' roles (both within the department and as part of the team) and their experiences of work-life balance.
> b) An account of the self assessment process: details of the self assessment team meetings, including any consultation with staff or individuals outside of the university, and how these have fed into the submission.
> c) Plans for the future of the self assessment team, such as how often the team will continue to meet, any reporting mechanisms and in particular how the self assessment team intends to monitor implementation of the action plan.

a) Initially, convenors were appointed for each School (prior to the Schools combining) and volunteers requested by open invitation to all staff and PhD students. Where no volunteers with particular experience (e.g. those with non-child dependents, or technical staff) were forthcoming, specific individuals were invited and in each case accepted. The resulting self-assessment teams merged after the early meetings and the convenors continued as joint Chairs, working closely together throughout. The joint self-assessment team (SAT), evenly balanced between the two Schools, is therefore a large group (see Table 1), reflecting the size and diversity of the combined Schools. The SAT includes 8 clinicians and representatives of all grades from PhD students to Heads of School, males and females, different working patterns and a variety of responsibilities inside/outside the workplace. Four panel members went on maternity leave during the self-assessment period.

b) Because of the significant movements of groupings and staff between SCS and SMGPHS midway through the self-assessment period (in August 2012 approximately one-third of staff and some of the postgraduate taught (PGT) courses moved from one School to the other, the latter resulting in different Schools sequentially administering PGT applications and the subsequent offers), and because the two Schools together comprise Edinburgh's clinical medical school and share a common undergraduate population, the SAT convenors obtained agreement from the ECU to form a single SAT and associated application. Clearly the above factors would have made it impossible to draw solid inferences about trends in student numbers in either School separately and data on staff gender and promotions could only be analysed adequately by combining the two Schools. Moreover, several policies put forward by our combined SAT (effectively half the College and the entire clinical medical school) have been implemented across the whole College, achieving real institutional change. Indeed, the intention is for the Schools formally to merge into a single School of Medicine within the next few years. It is clear that cultural differences operate much more at the level of Centres, which are predominantly based in a single building often with very strong leadership. We were very careful, therefore, to collect and analyse our survey data on a centre-by-centre basis and communicated directly with Section Heads (Heads of Centres, Divisions and Institutes) for data on committee representation and initiatives designed to support fellowship holders.

Meetings of the SAT took place every 8 weeks from February 2012, with the venue rotating between sites. There were also frequent email exchanges to share relevant information and resources. In addition four sub-group working parties of 4-5 SAT members (addressing promotions, organisational culture, work-life balance and support) met separately on 2/3 occasions each and reported back to the bimonthly SAT meetings.

Wider engagement within the Schools happened in several ways: School-wide meetings were held in November (SMGPHS) and December (SCS) 2012 to explain the Athena SWAN process; the convenors were included in and reported to their respective School planning and resources meetings; the convenors engaged all Section Heads who provided Centre-level data on committee representation/seminar programs/public engagement activities; and a website was established (http://athena-swan.igmm.ed.ac.uk/), linked from both School websites. This has a useful digest of relevant HR policies, suggestions for local childcare and a description of the SAT and our activities. Additionally, we surveyed all staff and postgraduate students across both Schools in December 2012-January 2013 (see below). SAT members also act as AS Ambassadors and use every opportunity to broadcast our activities, giving talks at retreats/seminars, putting up posters, having dedicated sections in newsletters, publicising the website and using Twitter. Subsequently, each Centre was asked to nominate an Athena SWAN champion to ensure that each area was fully represented and kept informed of our activities. In most cases these champions were already members of the SAT, but those who were not were briefed on their role and invited to meetings so that they could familiarise themselves with (AS related) initiatives. Champions are included in all SAT email correspondence.

Within the College of Medicine and Veterinary Medicine (CMVM), all the Chairs of self-assessment panels (5 in total) met regularly, both at work (including with the Head of HR) and over dinner. One of these meetings resulted in the appointment of a **CMVM Athena SWAN support officer** funded by CMVM, Dr Caroline Wallace. Additionally, as a result of one meeting with the Head of HR, the College introduced a policy of **mandatory female participation (≥25%) on all interview panels** for substantive positions at grade 7 and above, including internal appointments. We also recommended to College that a statement be added to all recruitment adverts to **specifically invite applications from women and under-represented groups**; this was approved by the College Strategy Group in September 2013 and has been implemented. Most recently a policy mandating >25% female on all decision-making committees, has been approved.  Across the wider University, the SAT Convenors and School Administrators are members of the Athena SWAN network, which regularly meets to share information and good practice.

Beyond the University, many of us have had discussions with representatives of other STEMM departments about their initiatives, for example at Royal Society of Edinburgh "Tapping all our Talents" events, or at other events to promote women in STEMM such as those run by the Scottish Resource Centre for Women in SET. Members of the SAT have networked at events that included speakers from Queens University Belfast and ECU. In May 2013 we had two very useful video conferences between representatives of the SAT and senior female academics in the US who have been very influential in promoting gender equality in STEMM, Professor April Hill of the University of Richmond and Dr Ann Brown, Vice-Dean for Faculty  at Duke University. The conferences were then summarised verbally (for the SAT) and in writing (on the website).

The main mechanism by which wider consultation fed into the self-assessment process was by analysis of data from our survey, completed by over 700 people (over a 50% response rate). The anonymised results were discussed at SAT meetings and are addressed in the action plan. Because of the need to maintain confidentiality through further careful anonymisation, full analysis of the free text comments will not be complete until January

2014. Meetings with Section Heads will then be held to provide specific feedback from the Survey. A summary of the survey results will be placed on our AS website (**AP1.3**).

c) The SAT will continue to meet regularly to discuss initiatives and data and monitor progress on the action plan, with 4-6 meetings per year depending on need. The composition of the team is evolving with time (as people move on) and we will seek to increase male representation. Commitment to the Athena SWAN objectives is a major part of the School strategic plans and will continue to be a standing agenda item at planning and resources meetings. The College has just reinstated its Equality and Diversity committee, including all 5 CMVM SAT convenors (and co-chaired by 2, including KC). This committee will report to College Strategy Group, the highest decision making body in CMVM and will have the authority to make recommendations and to implement appropriate measures (**AP1.2**).

An **"Inspiring Women" conference**, to publicise the aims of Athena SWAN more widely, will be held on June 4th 2014, funded by a £5000 award from the College and with **Dame Sally Davies confirmed as the keynote speaker**. This will be timed to attract female undergraduate medical students (**AP3.1**).

**(1234 words\*)**

*\*Please note that we have been granted an additional 1000 words for this application by ECU, because of the complexity of the structure of the medical school. As a result, some word counts for specific sections will appear to be above the stated limit.*

**TABLE 1: Self assessment team members**

| Name | Details |
| --- | --- |
| **Professor Cathy Abbott (co-convenor)** | Professor since 2010. Married to another academic with two grown up stepchildren and two teenage children, now working 80% FTE. |
| **Professor Karen Chapman (co-convenor)** | Joined the University in 1991; Professor since 2008. In a dual (academic) career marriage, with 3 children (one still at school) and since the birth of the first has worked flexibly with the agreement and support of her line manager. |
| **Dr Alex Adam** | PhD student (male) taking a career break from clinical medicine to undertake a PhD. |
| **Professor Hilary Critchley** | Head of School of Clinical Sciences from August 2012. Professor of Reproductive Medicine at the University of Edinburgh and Clinical Consultant in Obstetrics and Gynaecology at the Royal Infirmary, Edinburgh. Two daughters, one a recent vet graduate and the other in her final year at school. |
| **Professor Sarah Cunningham Burley** | Head of School of Molecular, Genetic and Population Health Sciences from August 2012 and Professor of Medical and Family Sociology. She has been active in the E&D field within the |

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| | University of Edinburgh over many years, previously convening the E&D committee, the Disability Committee and more recently the Equality and Diversity Monitoring and Research Committee. She has one daughter and two grandchildren. |
| **Mrs Faith Davies** | PhD student, mother to Matilda born in May 2013 |
| **Dr Julia Dorin** | Senior scientist with the University of Edinburgh MRC Human Genetics Unit. 4 children, the first born at the end of her first postdoc. When she had two more children with a new partner (her husband having died in 1994) she worked part-time but has very recently gone back to full time working. |
| **Dr Stuart Falconer** | Clinical Researcher taking time out of specialty clinical training to undertake research and postgraduate MD qualification within the transplant unit at Edinburgh. |
| **Dr Susan Farrington** | Senior Scientist, in a dual academic career marriage with two young daughters born in 2002 and 2009, with both partners commuting ~3hrs a day in different directions. Flexible and out of office working practices have been essential within this scenario. |
| **Dr Tamara Gilchrist** | Research Technician in the Rheumatic Diseases Unit. She recently had her first child and so will make use of flexible-working practices to return to work on a part-time basis. |
| **Dr Kirsteen Goodman** | Trials manager in the Edinburgh Clinical Trials Unit embedded in the UoE with one child and a baby. Works part time (24 hours in 3 days). She commutes from Glasgow so has had a positive experience of the University's flexible working policy. |
| **Professor Charlie Gourley** | Professor and Honorary Consultant in Medical Oncology. Volunteered for the SAT because all his recent clinical trainees have been very able females, but none felt able to pursue a career in academia. |
| **Dr Emily Gwyer Findlay** | Postdoctoral Research Fellow. In February 2012 Emily came to Edinburgh to begin a second postdoctoral fellowship. She works flexibly while juggling research, fellowship applications and dealing with a toddler and a baby. |
| **Dr Paddy Hadoke** | Senior Research Fellow in the Centre for Cardiovascular Research, having obtained a tenure-tracked position in 2006. He is married with two school-age children; his wife is a clinician with a busy hospital post. |
| **Dr Sharon Hannah** | Centre Manager, Centre for Inflammation Research. Outwith the work place Dr Hannah supports her father with the care of her disabled mother. |
| **Professor** | Personal Chair of Cell Biology and Genetics since 2007. Director |

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| **Margarete Heck** | of Postgraduate Studies for the School of Clinical Sciences. Married to an academic, with two children in university. |
| **Professor Sarah Howie** | Personal chair in Immunopathology since 2005. Married to another academic with two grown up daughters. |
| **Mrs Susan McNeill** | Senior HR Advisor to CMVM. In a dual career marriage and the main carer for her sister who has Downs Syndrome and lives with her and her husband. |
| **Miss Lorna Marson** | Senior Lecturer in Transplant Surgery (a traditionally male dominated profession) with two teenage children. Lorna chaired a Special Advisory Board at the Royal College of Surgeons of Edinburgh, working to promote surgery as a career for women and recently set up a mentoring programme for surgical trainees |
| **Professor Gillian Mead** | Professor of Stroke and Elderly Care Medicine. Gillian has three small children, and her husband is also pursuing a full-time career. |
| **Dr Carmel Moran** | Reader in Medical Physics, Centre for Cardiovascular Science. She worked full-time until the birth of her 3rd child in 2000 and then commenced part-time work. She comes from a dual-career family and has 3 high-school children. |
| **Mr Jim Nisbet** | School Administrator for the School of Molecular Genetic and Population Health Sciences until June 2013, now in CMVM Planning. |
| **Professor Stuart Ralston** | Professor of Bone Metabolism, Head of School of Molecular Genetic and Population Health Sciences until August 2012. Married in a dual career family with four children. |
| **Dr Martin Reijns** | Martin is a senior postdoctoral research scientist originally from the Netherlands. Both Martin and his wife work full time, and do not have children. |
| **Professor Adriano Rossi** | Chair of Respiratory and Inflammation Pharmacology. He has three children (two daughters and one son) and his partner is in full-time employment at the University of Edinburgh. |
| **Professor Philippa Saunders** | Director of Postgraduate Research for the College of Medicine and Veterinary Medicine and until recently Director of the MRC Centre for Reproductive Health. She has two children both of whom are undergraduate students. |
| **Dr Dahlia Doughty Shenton** | Post-doctoral fellow in the Edinburgh Cancer Research UK Centre, which she joined after earning her PhD in the USA. She has long been actively involved in the pursuit of gender and diversity equity. |

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| **Mrs Andrea Scott** | School Administrator for the School of Clinical Sciences. She worked full-time before and after the birth of her first child, but moved to 0.8 FTE in 2009 following her return from maternity leave after having her second child. |
| **Mrs Vivien Smith** | School Administrator for the School of Molecular Genetics and Population Health Sciences. In a dual-career family with two teenage daughters. She worked part-time when her children were young, and has gradually increased her hours to full time over several years. |
| **Dr Rachel Thomas** | Clinical researcher currently studying for a Doctorate in Medicine (MD). She divides her time between the clinical study commitments and laboratory analysis. She is in a dual career marriage with a 2-year-old son and now a baby. |
| **Dr Maria Valdez-Hernandez** | Research Fellow in Brain Imaging, married with one school age daughter. |
| **Mrs Elspeth Wedgwood** | Senior HR Advisor, College of Medicine and Veterinary Medicine with two children at High School, working 0.7 FTE |

As the organisation of the Clinical Medical School is complex, we have provided a hierarchical key to acronyms below.

**CMVM: College of Medicine and Veterinary Medicine**
        **SCS: School of Clinical Sciences**
                QMRI: Queen's Medical Research Institute
                      CVS: Centre for Cardiovascular Science
                      CIR: Centre for Inflammation Research
                      CRH: MRC Centre for Reproductive Health
                CRM: Centre for Regenerative Medicine
                CCBS: Centre for Clinical Brain Sciences
                DHS: Division of Health Sciences
                EDI: Edinburgh Dental Institute
        **SMGPS: School of Molecular Genetic and Population Health Sciences**
                IGMM: Institute of Genetics and Molecular Medicine
                      CGEM: Centre for Genomic and Experimental Medicine
                      MRC HGU: MRC Human Genetics Unit
                      ECRC: Edinburgh Cancer Research Centre
                CPHS: Centre for Population Health Sciences
                ECTU: Edinburgh Clinical Trials Unit
                DP: Division of Pathology

                (note: the term "Section Heads" includes Heads of Institutes, Centres or Divisions)

The University of Edinburgh is divided into three Colleges, each further divided into Schools. Key decision making processes occur at both College and School level. The College has existed in some form for nearly 500 years and is currently divided into four Schools: Biomedical Sciences, Royal (Dick) School of Veterinary Studies, Molecular, Genetic and Population Health Sciences (SMGPHS) and Clinical Sciences (SCS). The latter two, SMGPHS/SCS form the clinical medical school, and the unit for which we are applying for a Bronze award. The relationship between the Schools is close and fluid: specific groupings have switched between the Schools as a result of restructuring in 2012 as well as smaller prior re-organisations. Together, SMGPHS and SCS employ over 700 members of academic staff (including over 250 clinical academics) with over 600 support staff.

The School of Clinical Sciences (SCS) comprises a Division of Health Sciences incorporating 7 clinical specialties, the Edinburgh Dental Institute and 5 interdisciplinary Research Centres: the University/BHF Centre for Cardiovascular Science, the MRC Centre for Inflammation Research, the MRC Centre for Regenerative Medicine, the Centre for Clinical Brain Sciences and the MRC Centre for Reproductive Health. The latter was established following the closure of the MRC Reproductive Sciences Unit in 2011. Around 50 academic and support staff were made redundant by the MRC at this time and a number left voluntarily prior to the closure; the remainder joined SCS. Three of the centres, CVS, CIR and CRH are housed in

the Queen's Medical Research Institute (QMRI), currently the largest single grouping of staff within one building.

The School of Molecular Genetic and Population Health Sciences (SMGPHS) comprises the Centre for Population Health Sciences (until 2012, part of SCS), the Division of Pathology, the Edinburgh Clinical Trials Unit and one Institute, the Institute of Genetics and Molecular Medicine (IGMM). The IGMM comprises three interdisciplinary Research Centres, the Centre for Genomic and Experimental Medicine, the Edinburgh Cancer Research Centre and the MRC Human Genetics Unit. The IGMM was formed in 2007 through a strategic alliance between the MRC, the University of Edinburgh and Cancer Research UK. In 2011 the MRC Human Genetics Unit, one of the biggest MRC units, became the second MRC University Unit in the UK. This merger involved a period of uncertainty for many staff, but in the end was achieved with very few redundancies. In the past, staffing in the Unit was governed via the MRC's quinquennial review process, which operates outside university decision-making, and the salary scales also differed from the university's, so this has complicated some of our analyses.

Our Schools are spread across several sites in Edinburgh. The Little France site on the southern outskirts of the city houses the Queen's Medical Research Institute, Chancellor's Building, Royal Infirmary of Edinburgh and the Scottish Centre for Regenerative Medicine. The centre of the city contains the Royal Hospital for Sick Children, The Dental Institute, the old Medical School (Centre for Population Health Sciences) and the Royal Edinburgh Hospital (all within a mile or so of each other). Finally, the Western General Hospital on the North-West of the city houses the three buildings of the Institute of Genetics and Molecular Medicine and most of the Division of Pathology. Staff from one School are sometimes physically based in a research centre hosted by another School and there is much informal movement across sites and Schools for research, teaching and other activities. One of the biggest challenges we face for implementation of best practice across both Schools is the geographical split of the Schools around the city, and the subsequent need for good channels of communication. There is a free shuttle bus service connecting the sites, and this is used extensively by staff attending meetings at different sites. Obviously we make good use of email, and some seminars are live-streamed to different sites, but there is no doubt that this is a challenging aspect of describing, and making changes to, organisational culture. We also have the additional problem of the lack of parking that goes hand-in-hand with being based on hospital sites.

The Schools are a major contributor to the undergraduate MBChB curriculum with over 1,300 students enrolled on the MBChB and Intercalated courses and have approximately 1500 post graduate students on PhD, MD, taught and research MSc and on-line distance learning programmes. These numbers, particularly of online MSc students, have increased significantly over the last 5 years in line with College/UoE strategy; for example, SCS hosts the extremely successful Edinburgh Surgical Sciences Qualification which offers surgical trainees the opportunity to gain educational credits through part-time distance learning. SMGPHS hosts a highly successful Master of Public Health which is on-campus but can be studied full- or part-time. Many of the taught postgraduate programs can also be accessed as CPD or diploma level courses initially, offering a high degree of flexibility.

The Schools offer a variety of PhD studentships, mainly based within our Research Centres. These include the Edinburgh British Heart Foundation Centre of Research Excellence 4-Year

programme, and the MRC-funded IGMM 4-Year programme as well as clinical PhD studentships as part of the Edinburgh Clinical Academic Training Programme (ECAT), which allows clinicians to explore research or to develop a career as a clinical academic or scientist. Each School has a Postgraduate Research (PGR) Director and a Postgraduate Taught (PGT) Director, all of whom sit on College Management, Researcher Experience and/or PGT committees in addition to the exam boards. Both PGR directors and the QA Director for postgraduate education are SAT members/co-convenors.

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| b) | Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning. |

**Student data**

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| (i) | **Numbers of males and females on access or foundation courses** – comment on the data and describe any initiatives taken to attract women to the courses. |

No access or foundation courses offered.

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| (ii) | **Undergraduate male and female numbers** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the impact to date. Comment upon any plans for the future. |

| | 2010/2011 | | 2011/2012 | | 2012/2013 | |
|---|---|---|---|---|---|---|
| | F | M | F | M | F | M |
| MBChB (Medicine) | 726 | 517 | 743 | 546 | 716 | 536 |
| BSc (Hons) Oral Health Sciences | 6 | 3 | 16 | 2 | 23 | 5 |
| **Total** | 732 | 520 | 759 | 548 | 739 | 541 |

| | 2010/11 | 2011/12 | 2012/13 | National |
|---|---|---|---|---|
| Percentage female | 58.5 | 58.1 | 55.9 | 55.4 |
| Total number of students | 1252 | 1307 | 1280 | |

All undergraduate students are full-time. The current representation of women is around 55%, in line with the national average of 55%. There are no plans to change current recruitment procedures but we will continue to monitor these figures (**AP3.3**).

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| (iii) | **Postgraduate male and female numbers completing taught courses** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future. |

Our Schools offer a wide range of taught MScs, many of which can also be taken as a PG Certificate. With the exception of the courses offered by the Dental Institute (MClinDent in each of Oral Surgery, Orthodontics, Paediatric dentistry and Prosthodontics) and the Master of Public Health (MPH), all the courses are online only. The programs from the Dental Institute take only ~20 students in total, and the MPH currently has 55 students (70% female), so it is clear that on-campus courses represent a minority of the students.

## Postgraduate taught students by gender
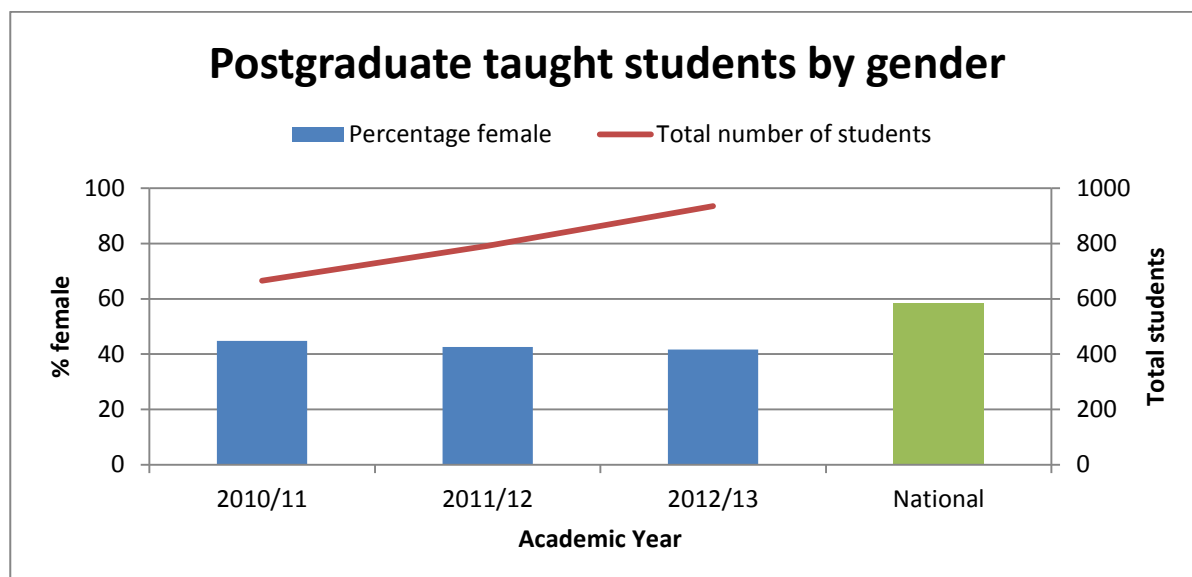


| | 2010/11 | 2011/12 | 2012/13 | National |
|---|---|---|---|---|
| Percentage female | 44.7 | 42.6 | 41.6 | 58.4 |
| Total number of students | 666 | 792 | 935 | |

It initially appears that we are lagging behind the national average for postgraduate taught female percentages. However, the vast majority of our PGT courses are online, with a big constituency from overseas, and with many students from specific professional backgrounds (e.g. surgeons). In such cases we have limited control over the target market or, in the short term, the gendered nature of clinical specialities. We therefore separated the data into online and on-campus programs. This showed a consistent picture across all three academic years, with online programs having on average 38% female students but on-campus programs averaging 73% female students. One of the most successful courses is the MSc in Surgical Sciences, which has nearly 250 students. Of these only 56 are female, but the proportion of women applying (21%) reflects the proportion of offers (20%) and acceptances (22%). It seems likely that the discrepancy relates to the composition of the target market, but it is also possible that the marketing of some or all of these courses needs to be adjusted. Overseas students are a high proportion of those enrolled on many online courses, and again there could be an imbalance in the opportunities for funded places from other countries, but this needs to be explored. The reasons for the gender discrepancy will be investigated with the PGT programme Directors as detailed below (**AP3.5**).

| Distribution of PGT student gender according to full or part-time status | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010/2011 | | | | 2011/2012 | | | | 2012/2013 | | | |
| | Full-time | | Part-time | | Full-time | | Part-time | | Full-time | | Part-time | |
| | F | M | F | M | F | M | F | M | F | M | F | M |

| Postgraduate Taught (numbers) | 58 | 17 | 240 | 351 | 59 | 20 | 278 | 435 | 61 | 29 | 328 | 517 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Postgraduate Taught (percentages) | 77 | 23 | 41 | 59 | 75 | 25 | 39 | 61 | 68 | 32 | 39 | 61 |

There are many more part-time PGT students than full-time. Again this is explained by most of the programs being online and mostly taken part-time. The male:female ratios therefore reflect this, as there are more males on the online programs and more females doing on-campus full-time courses.

| (iv) | **Postgraduate male and female numbers on research degrees** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future. |
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We have a number of very popular funded 4-Year PhD programs in the Schools and also host a many more 3-year students, funded by scholarships from the College of MVM directly or via an MRC DTG to the College. We make full use of centrally-funded scholarships. Individual supervisors attract money from charities or industry for other studentships, and we also host self-funded students, usually those with scholarships from overseas governments.



**Postgraduate research students by gender**
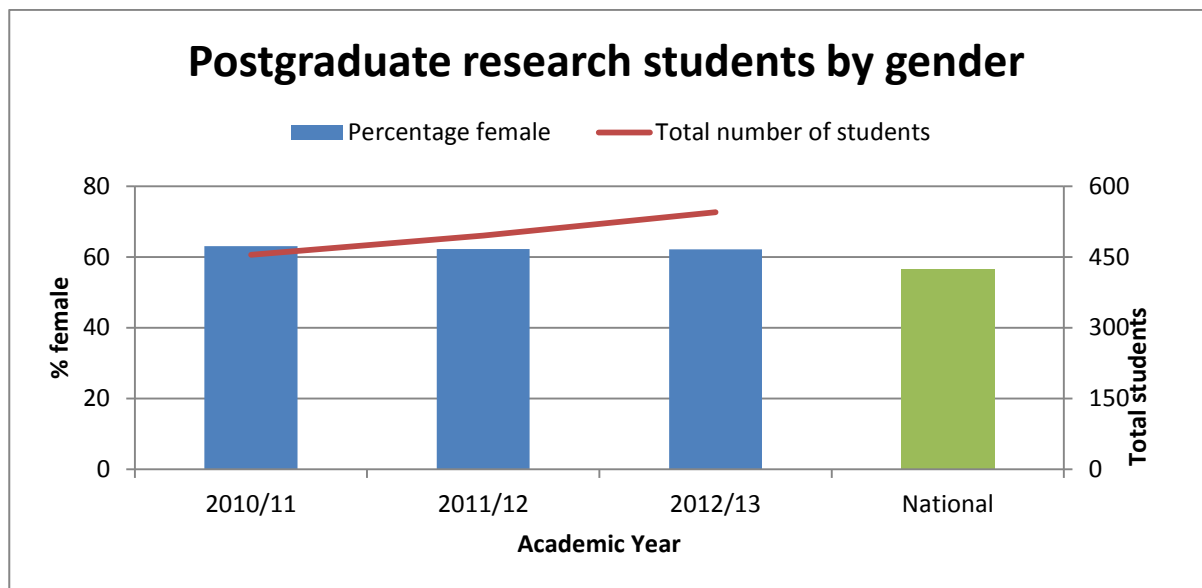
| | 2010/11 | 2011/12 | 2012/13 | National |
|---|---|---|---|---|
| Percentage female | 63.1 | 62.3 | 62.2 | 56.6 |
| Total number of students | 455 | 496 | 545 | |

These figures show that we have maintained our proportion of female PGR students, and are some way above the national average for similar programs. We don't currently distinguish between clinical and non-clinical PhD students. We will do this in future, so that we can determine at which stage we may be losing clinically qualified females from research careers (**AP3.4**). The staff data, though, suggest that fewer clinically qualified females do PhDs as it is reasonable to assume that following completion of a PhD, most would move onto at least

one research position and females are under-represented at all grades (see below). Initiatives to increase female medical student recruitment to research careers are detailed in **AP3.1, 3.2**.

| Distribution of PGR student gender according to full or part-time status | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2010/2011 | | | | 2011/2012 | | | | 2012/2013 | | | |
| | Full-time | | Part-time | | Full-time | | Part-time | | Full-time | | Part-time | |
| | F | M | F | M | F | M | F | M | F | M | F | M |
| Postgraduate Research (numbers) | 171 | 86 | 116 | 82 | 196 | 105 | 113 | 82 | 212 | 106 | 127 | 100 |
| Postgraduate Research (percentages) | 67 | 33 | 59 | 41 | 65 | 35 | 58 | 42 | 67 | 33 | 56 | 44 |

These figures show a consistent pattern over the 3 years. A lower percentage of females are studying part-time than full-time, but again we do not know how many are clinical and how many non-clinical. The majority of part-time students are clinical, and the increased male ratio in this category may reflect the proportion of clinical students. We shall monitor this in the future (**AP3.4**).

| (v) | **Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees** – comment on the differences between male and female application and success rates and describe any initiatives taken to address any imbalance and their effect to date. Comment upon any plans for the future. |
|---|---|

*Undergraduate degrees*
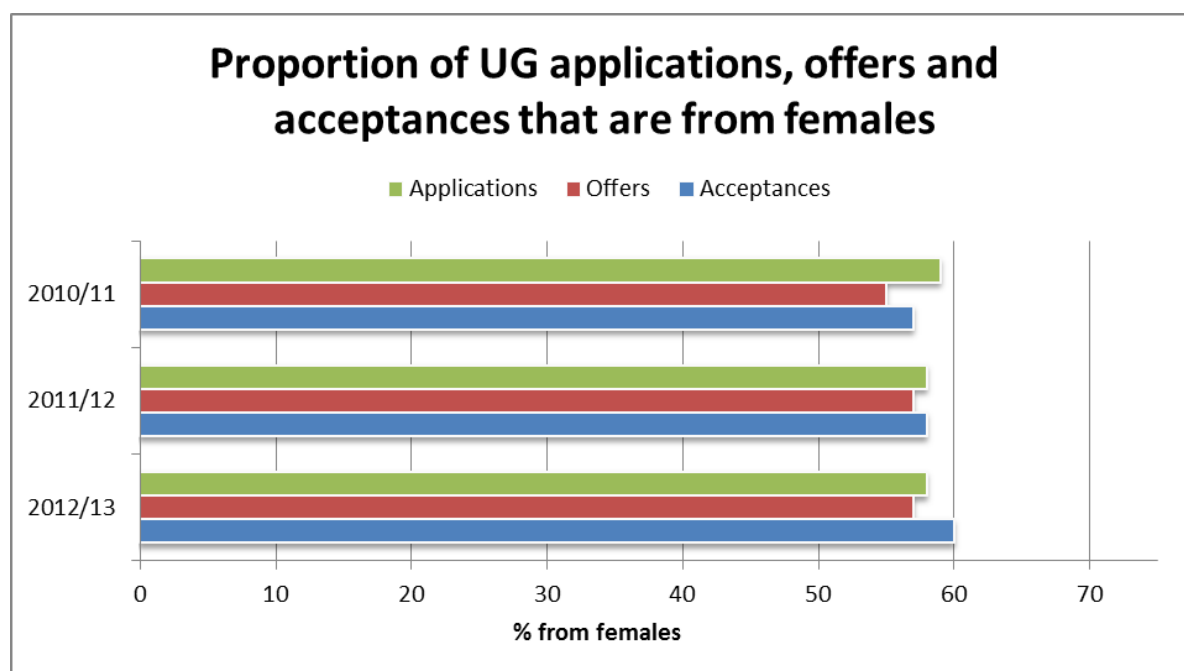


The proportion of female applicants has remained fairly static at around 58%, with only small differences in the proportions of applications, offers and acceptances. There is no real evidence that there are lower female success rates. There is a small gap between offers to

and applications from female students, and it is important that we monitor this to establish if it is real and/or growing. (**AP3.3**). All selectors are given E&D guidance and training (students are not interviewed).
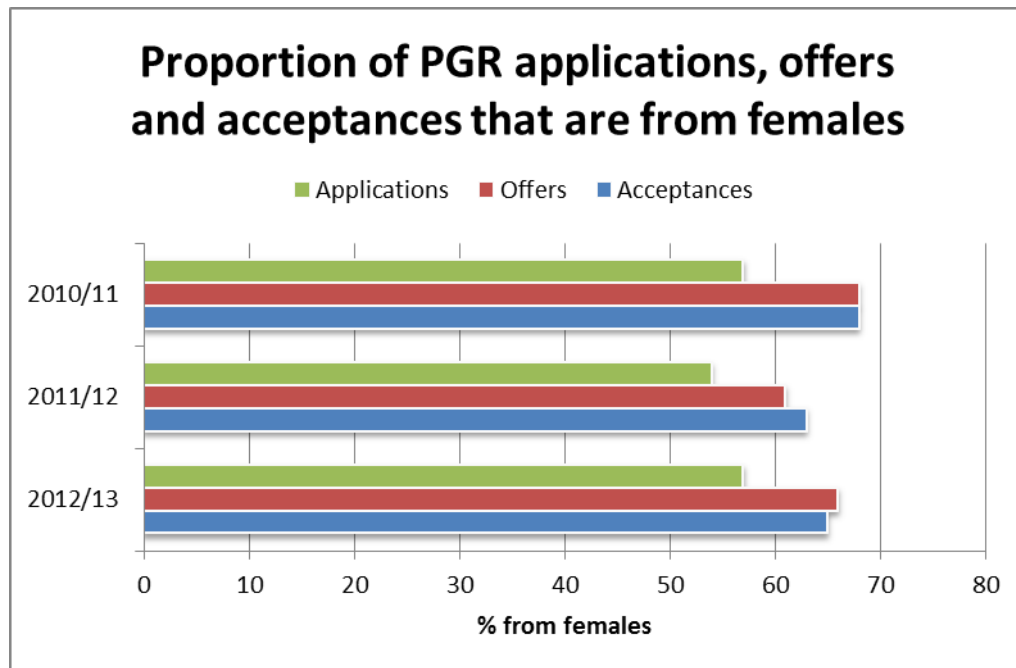
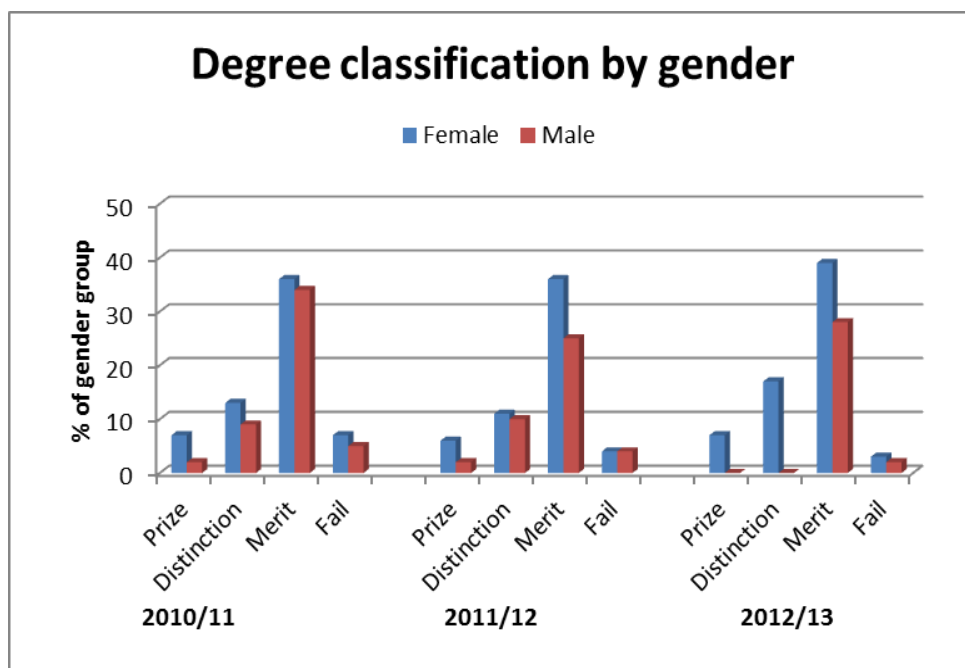## *Postgraduate taught degrees*

**Combined data**
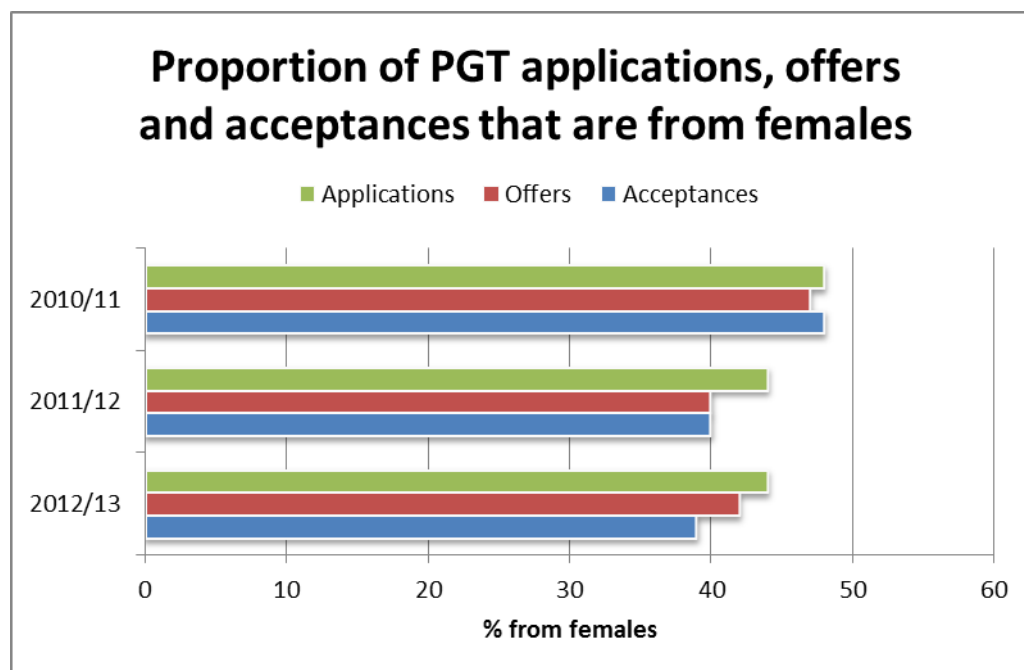


These data show a concerning trend towards lower rates of applications, offers and acceptances from female students over the last 3 years. Again, the proportion of online courses has markedly increased over this time and is almost certainly responsible for this trend. We will monitor this very carefully, course-by-course, and meet individual course organisers to try to understand why fewer females are applying and made offers. We will work with course organisers to adjust their promotional materials to ensure that these courses are attractive to women (**AP3.5**).

**Postgraduate research degrees**

## Proportion of PGR applications, offers and acceptances that are from females

Applications ▮ Offers ▮ Acceptances ▮

(Bar chart showing % from females by year: 2010/11, 2011/12, 2012/13, with x-axis "% from females" ranging 0 to 80)

In contrast to the PGT data, we offer more PGR places to females than the proportion that apply, and this is consistent across the years surveyed. We are confident that women are not being disadvantaged through our PGR application process.

<table>
<tr><td>(vi)</td><td><strong>Degree classification by gender</strong> – comment on any differences in degree attainment between males and females and describe what actions are being taken to address any imbalance.</td></tr>
</table>

## Degree classification by gender

Female ▮ Male ▮

(Bar chart showing "% of gender group" on y-axis from 0 to 50, for categories Prize, Distinction, Merit, Fail across years 2010/11, 2011/12, 2012/13)

(Note: these are not degree classifications as such, since MBChB is an unclassified degree, but we have provided data on distinctions and merits in year 5; distinctions are awarded to the top 10% across the whole year and merits to the top 10% for each subject. The percentages here are within

16

the gender group so 7% of females in 2010/11 received a prize, not 7% of the prizes were awarded to females).

These data show that there are no significant gender differences in the proportions of males and females who fail, but that a higher proportion of females obtain merits, distinctions and prizes. In 2012/2013 no males obtained a distinction or prize, whereas 17% and 7% of females respectively earned these awards. Similarly, if we look at the proportion of students graduating with Honours (the top 10% who have excelled across all 5 years) who are female, this varies from 72% in 2010/2011 to 60% in 2011/2012 and a remarkable 88% in 2012/2013.

In view of these results, and the fact that fewer females are represented at the lowest clinical academic staff grade (see section vii below), we need to find out why these very able female medical students are not choosing to follow a clinical academic career (**AP3.2**) and promote a PhD/research career to female UG medical students (**AP3.1**).

| (vii) | **Female:male ratio of academic staff and research staff** – researcher, lecturer, senior lecturer, reader, professor (or equivalent). comment on any differences in numbers between males and females and say what action is being taken to address any underrepresentation at particular grades/levels |
|---|---|

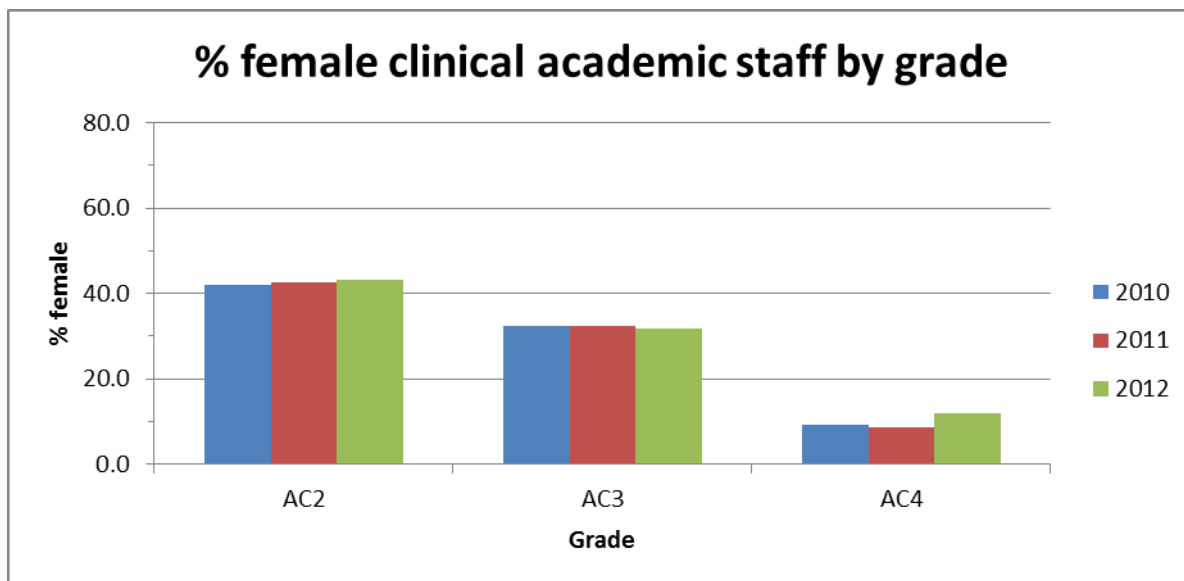| General staff information* | | | |
|---|---|---|---|
| **Non-clinical academic grades** | | **Clinical academic grades** | |
| UE06 | research assistant/associate | | |
| UE07 | postdoctoral research fellow | | |
| UE08 | lecturer/research fellow | AC2 | grade UE08 equivalent |
| UE09 | senior lecturer/reader/ senior research fellow | AC3 | grade UE09 equivalent |
| UE10 | professor/personal chair or equivalent | AC4 | professorial equivalent |
| * National data are taken from HESA Cost Centre 01 (Clinical Medicine) | | | |

# % Total female academic staff
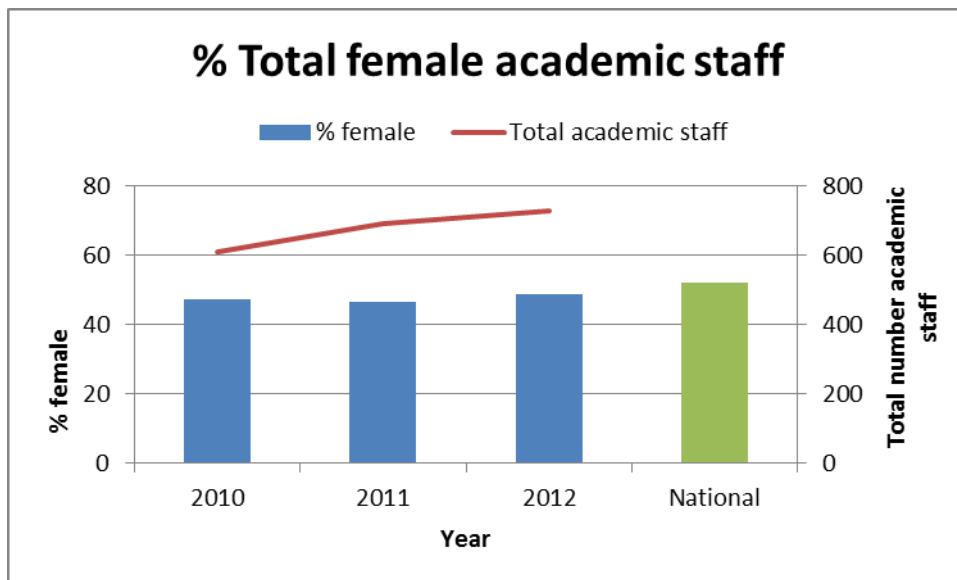


|  | **2010** | **2011** | **2012** | **National** |
|---|---|---|---|---|
| Percentage female | 47.2 | 46.5 | 48.7 | 52.1 |
| Total academic staff | 610 | 692 | 729 |  |
| No. female academic staff | 288 | 322 | 355 |  |

There has been a very modest increase in the proportion of female staff from 47% in 2010 to 49% in 2012. This remains slightly lower than the national average of 52% for reasons that are not yet clear (**AP6.1**).

# % female non-clinical academic staff by grade
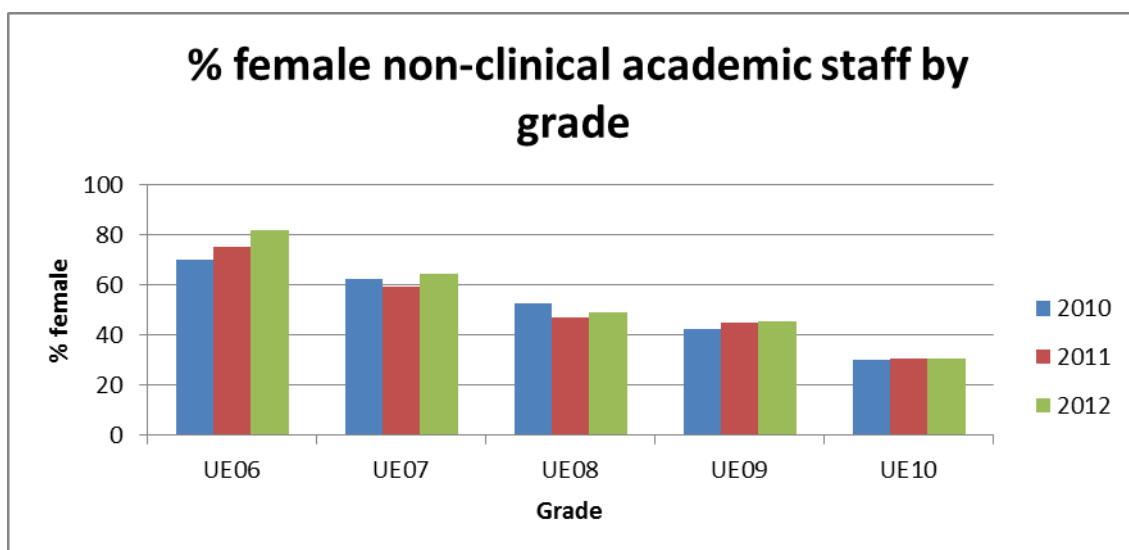


**Non-clinical staff**

| Grade | 2010 | | 2011 | | 2012 | |
|---|---|---|---|---|---|---|
|  | M | F | M | F | M | F |
| UE06 | 18 | 42 | 14 | 42 | 8 | 36 |
| UE07 | 65 | 108 | 82 | 119 | 79 | 143 |
| UE08 | 30 | 33 | 46 | 41 | 48 | 46 |
| UE09 | 31 | 23 | 34 | 28 | 30 | 25 |
| UE10 | 23 | 10 | 27 | 12 | 34 | 15 |

**% female clinical academic staff by grade**

**Clinical staff**

|       | 2010 | | 2011 | | 2012 | |
|-------|------|------|------|------|------|------|
| Grade | M | F | M | F | M | F |
| AC2 | 61 | 44 | 66 | 49 | 75 | 57 |
| AC3 | 44 | 21 | 48 | 23 | 45 | 21 |
| AC4 | 49 | 5 | 53 | 5 | 52 | 7 |

These figures show the attrition rate in the proportion of female staff as the grades increase. There is an improvement (20%) in the number of females at AC4 in 2012 though this appears to be at the expense of females at AC3 (i.e. women have been promoted to AC4 without a corresponding increase in the number promoted to/recruited at AC3). HESA data for professors in medicine (clinical and non-clinical combined) gives a national figure of 22.7% females. A Medical Schools Council survey in May 2013 reported 16% female clinical professors. Our figures show 30% non-clinical and 12% clinical female professors in 2012 giving a combined figure of 20% female professors. Thus, although we are roughly in line with national figures we have no room for complacency.

For clinically qualified staff, there seems to be attrition at key transitions in the clinical academic career pathway. First, in medical undergraduates progressing to a first academic appointment (we can't currently distinguish whether this happens at the UG to PG or the PG to AC2 progression points, but plan to investigate this; **AP3.2, AP3.4**) and second, at the AC2/AC3 and AC3/AC4 transitions. The latter are only partly accounted for by more women leaving than men, so must reflect a lack of promotion.  We shall investigate the reasons for the leakages at the academic grades (**AP2.6, AP5.1**) and put measures into place to promote a clinical academic career to medical UG (**AP3.1**).

For non-clinical staff, there is a steady decline in the proportion of women across all the grades though this seems to level out between UE08 and UE09. There is a particular bottleneck at UE07 to UE08, with a decline of about 3-fold in the number of women compared to a decline of less than 2-fold in the number of men. The data suggest this is partly accounted for by more UE07 women leaving, but this is not the case at the higher

grades, suggesting that lack of promotion is the major obstacle at UE08-UE10. We will provide support in the promotions process, investigate reasons for the decline and make mentoring available to all female academic staff (**AP2.2, 2.3, 2.5, 2.7**)

The data for both clinical and non-clinical staff will be monitored carefully over the next few years, along with the impact of initiatives described elsewhere (mentoring, events aimed at encouraging female medical students to consider an academic career, wider education on promotions processes and use of annual review to consider promotions in all cases). (**AP2.2, 2.5, 2.6, 2.7, 6.1**)

(viii)  **Turnover by grade and gender** – comment on any differences between men and women in turnover and say what is being done to address this. Where the number of staff leaving is small, comment on the reasons why particular individuals left.
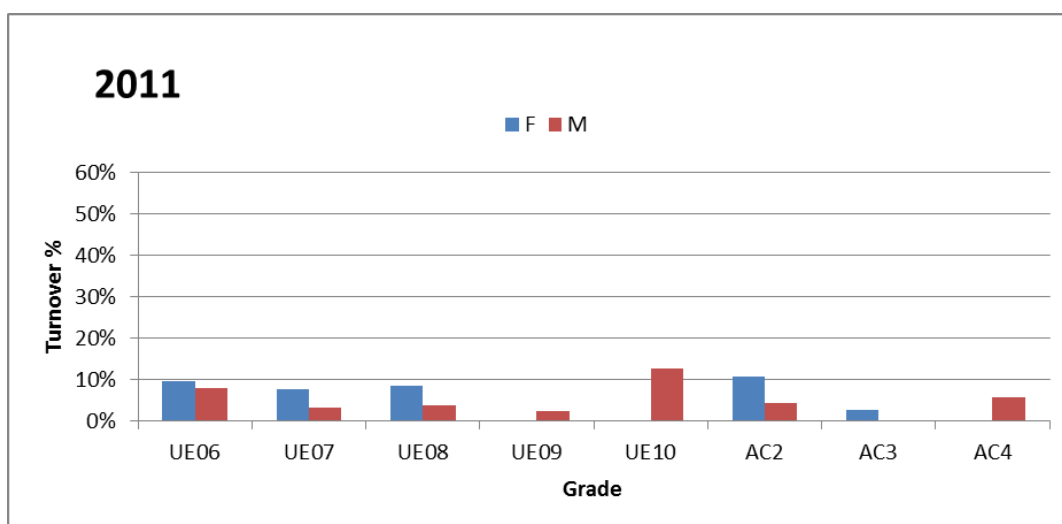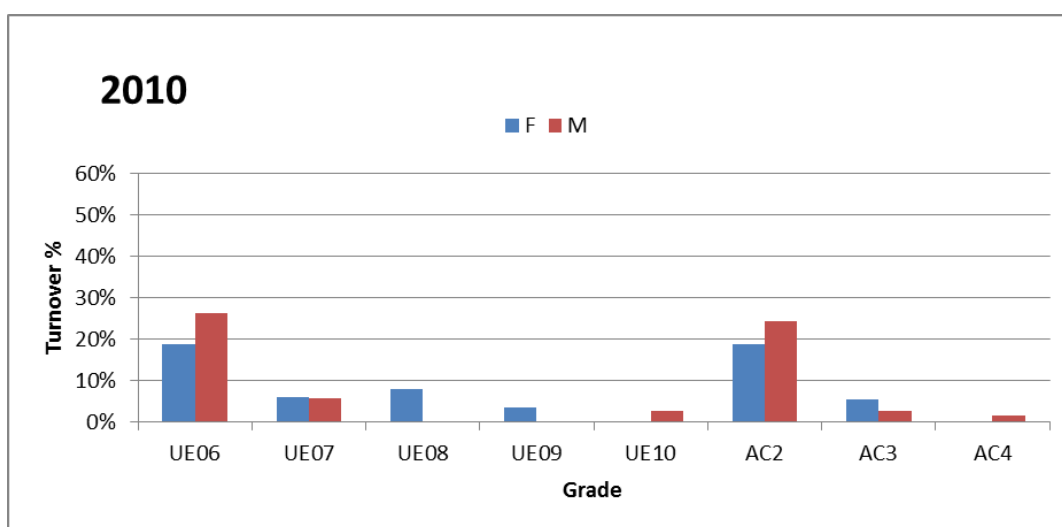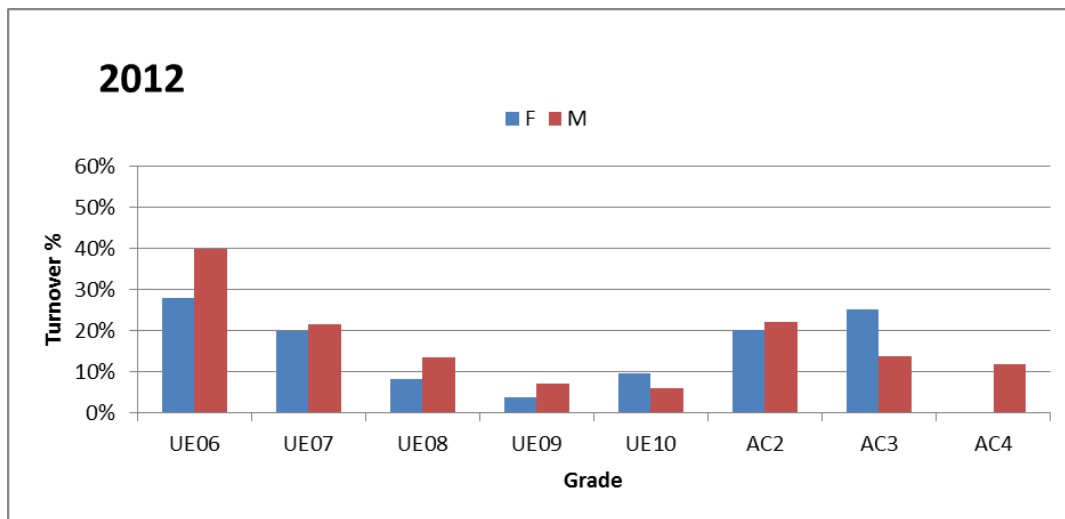
**Number of leavers**

| Grade | 2010 | | 2011 | | 2012 | |
|---|---|---|---|---|---|---|
| | F | M | F | M | F | M |
| UE06 | 9 | 5 | 4 | 1 | 11 | 4 |
| UE07 | 7 | 4 | 7 | 2 | 25 | 16 |
| UE08 | 3 | 0 | 3 | 1 | 3 | 5 |
| UE09 | 1 | 0 | 0 | 1 | 1 | 2 |
| UE10 | 0 | 1 | 0 | 1 | 1 | 2 |
| AC2 | 9 | 13 | 4 | 2 | 11 | 11 |
| AC3 | 1 | 2 | 1 | 0 | 6 | 6 |
| AC4 | 0 | 1 | 0 | 4 | 0 | 6 |

The absolute numbers of leavers appear to be quite small but this is because the data collected by HR systems do not include those coming to the end of a fixed term contract or who retire. There are far more leavers at the lower grades, reflecting the excess of short-term contracts at these grades; these staff are more likely to leave to take up a new post before their current grant expires than those with long term funding . There is no very clear pattern of gender difference in the leavers; more UE06 and 07 females than males leave, but as a proportion of total numbers there is no difference between males and females. This highlights the fact that the major leak in the pipeline is retention of women beyond UE07, particularly from short-term to open-ended contracts. We shall further investigate and address this using data from the Working Group, the survey and exit questionnaires and by making advertisements more attractive to women (**AP2.5, AP6.1**) in our Action Plan.

**(2751 words)**

4. **Supporting and advancing women's careers: maximum 5000 words**
   **Key career transition points**
a) Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning.

(i) **Job application and success rates by gender and** grade – comment on any differences in recruitment between men and women at any level and say what action is being taken to address this.

| 2010 | Number of Applications | | Number of New Starts | |
|---|---|---|---|---|
| | F | M | F | M |
| UE06 | 183 (**64%**) | 103 | 18 (**67%**) | 9 |
| UE07 | 234 (**48%**) | 251 | 24 (**55%**) | 20 |
| UE08 | 10 (**24%**) | 31 | 1 (**20%**) | 4 |
| UE09 | 3 (**43%**) | 4 | 1 (**33%**) | 2 |
| UE10 | 1 (**33%**) | 2 | 0 (**0%**) | 2 |
| AC2 | 63 (**36%**) | 112 | 19 (**53%**) | 17 |
| AC3 | 4 (**29%**) | 10 | 2 (**50%**) | 2 |
| AC4 | 2 (**25%**) | 6 | 0 | 0 |

| 2011 | Number of Applications | | Number of New Starts | |
|---|---|---|---|---|
| | F | M | F | M |
| UE06 | 247 (**74%**) | 85 | 11 (**85%**) | 2 |
| UE07 | 358 (**64%**) | 200 | 20 (**67%**) | 10 |
| UE08 | 0 | 0 | 3 (**50%**) | 3 |
| UE09 | 0 | 0 | 1 (**50%**) | 1 |
| UE10 | 0 | 0 | 0 | 0 |
| AC2 | 66 (**66%**) | 34 | 13 (**62%**) | 8 |
| AC3 | 0 (**0%**) | 1 | 2 (**67%**) | 1 |
| AC4 | 0 | 0 | 0 | 0 |

| 2012 | Number of Applications | | Number of New Starts | |
|---|---|---|---|---|
| | F | M | F | M |
| UE06 | 100 (**56%**) | 77 | 19 (**86%**) | 3 |
| UE07 | 313 (**47%**) | 359 | 48 (**74%**) | 17 |
| UE08 | 14 (**70%**) | 6 | 5 (**63%**) | 3 |
| UE09 | 6 (**35%**) | 11 | 0 | 0 |
| UE10 | 0 | 0 | 0 (**0%**) | 5 |
| AC2 | 47 (**46%**) | 56 | 20 (**43%**) | 26 |
| AC3 | 10 (**29%**) | 24 | 2 (**40%**) | 5 |
| AC4 | 0 (**0%**) | 3 | 0 (**0%**) | 3 |

In 2010 and 2011, the proportion of female starts reflects the proportion of females applying at almost every grade. The exception is at AC2 in 2010, where 36% of applicants but 53% of new starts were female, but there is certainly little to suggest that female applicants are being discriminated against. In 2012 the female proportions of applicants almost precisely map to the proportions of new starts at every grade. We will continue to monitor this carefully. A possible issue is the low number of female applicants at the higher grades; in 2012 no females applied for AC4 positions and far fewer females than males applied at AC3, so we will investigate the possible reasons for this and encourage female applicants in our advertising (**AP6.1**). A further concern is the number of appointments at UE10 in 2012 that were made via search committees. We recognise that such appointments can take several years to come through, but as all the appointments were to males, we will recommend to College Strategy Group that search committees include a specific agenda item to consider females for each post (**AP6.1**), and that compulsory training on unconscious bias is introduced for all committee members; eventually they will all have received this by default via the PI training program (**AP1.1**).

| (ii) | **Applications for promotion and success rates by gender and grade** – comment on whether these differ for men and women and if they do explain what action may be taken. Where the number of women is small applicants may comment on specific examples of where women have been through the promotion process. Explain how potential candidates are identified. |
|---|---|

| **2010** | Number of Applications for Promotion to this Grade | | Number of Successful Applications | |
|---|---|---|---|---|
| | F | M | F | M |
| UE07 | 1 | 0 | 1 | 0 |
| UE08 | 2 | 3 | 1 | 1 |
| UE09 Snr Lec | 0 | 1 | 0 | 1 |
| UE09 Reader | 1 (1) | 4 (3) | 1 (1) | 4 (3) |
| UE10 | 2 (1) | 2 (1) | 2 (1) | 1 (1) |

| **2011** | Number of Applications for Promotion to this Grade | | Number of Successful Applications | |
|---|---|---|---|---|
| | F | M | F | M |
| UE07 | 1 | 1 | 1 | 1 |
| UE08 | 1 | 2 | 1 | 2 |
| UE09 Snr Lec | 0 | 1 | 0 | 1 |
| UE09 Reader | 3 (2) | 4 (4) | 3 (2) | 4 (4) |
| UE10 | 0 | 5 (3) | 0 | 4 (3) |

| **2012** | Number of Applications for Promotion to this Grade | | Number of Successful Applications | |
|---|---|---|---|---|
| | F | M | F | M |
| UE07 | 3 | 3 | 3 | 3 |
| UE08 | 3 | 3 | 3 | 3 |

| | | | | |
|---|---|---|---|---|
| UE09 Snr Lec | 0 | 1 | 0 | 1 |
| UE09 Reader | 4 (1) | 3 | 4 (1) | 3 |
| UE10 | 3 (2) | 6 (4) | 3 (2) | 4 (3) |

(Numbers in brackets refer to the subset representing clinical staff)

Potential candidates for promotion can be identified through the annual review/Performance and Development Review (P&DR; appraisal) process, following discussion with relevant line-mangers/Section Heads /Heads of School, or via self-nomination; Schools inform all staff about promotions rounds and the ability to self-nominate. These data show no evidence of discrimination against women who have applied for promotion. In 2011 there was a striking lack of women applying for promotion to UE10, but this improved in 2012 and women were more likely to be successful in this year. The numbers are fairly small, and therefore subject to blips; this is something we will monitor carefully in future (**AP2.6, AP2.7**). We currently have no information on the average age of women at promotion to senior grades in comparison with their male counterparts. This is something we will examine in future and which will be used to inform future planning and strategies (**AP2.1**).

We then tabulated the total number of **non-clinical** staff successfully applying for promotion relative to the number of staff at each grade for 2012, a typical year, (below). Although the absolute numbers of individuals considered for promotion are similar for males and females, there are 4.5 times more females at UE06 and nearly twice as many females than males at UE07. This clearly illustrates one of the reasons there are fewer females at higher grades.

**Promotions relative to numbers of staff at each grade in 2012 (non-clinical); successful applications for promotion from each grade are shown in brackets next to total number of staff at this grade.**

| Grade | Female | Male |
|---|---|---|
| | Total number (successful applications for promotion in bold) | Total number (successful applications for promotion in bold) |
| **UE06** | 36 (**3**) | 8 (**3**) |
| **UE07** | 143 (**3**) | 79 (**3**) |
| **UE08** | 46 (**3**) | 48 (**4**) |
| **UE09** | 25 (**1**) | 30 (**1**) |
| **UE10** | 15 | 34 |

In support of this view, our survey data show large differences between males and females in terms of their perceptions of the promotion process with far fewer women than men agreeing "that men and women are equally encouraged to apply for promotion" at the postdoc (83% males, 54% females), Senior Lecturer (91% males, 40% females), Reader (83% males, 40% females) and Professorial levels (95% males, 53% females). Oddly, there was no gender difference at the Lecturer level with over 90% of both sexes agreeing. There were some clear centre-specific differences in agreement with this statement by gender, most

notably in Centre for Cardiovascular Science where 71% of men but only 48% of women agreed, Centre for Inflammation Research (94% of men but only 45% of women) Centre for Genomic and Experimental Medicine (92% of men and 59% of women), and Edinburgh Cancer Research Centre (100% of men but 61% of women). Similarly, fewer women reported that they understood the promotions process (48% compared to 68% of males), but there was also widespread lack of understanding at lower grades amongst both men and women. There were fewer Centre-specific differences here, but in the Centre for Genomic and Experimental Medicine only 41% of females agreed that they understood the process compared with 75% of men, and in Centre for Population Health Sciences only 49% of females agreed compared with 91% of men. We are taking steps to increase awareness and transparency of the promotion process, with a series of lunchtime workshops and clearer information on the CMVM HR website planned (**AP2.2**). A working group on support for non-clinical researchers established by the HoS may also make recommendations that are relevant to promotion (**AP2.2**). We shall continue to monitor trends and adjust/develop policies accordingly in the next few years, including mandating relevant training for promotions panel members (**AP2.1, AP2.7**).

For **clinical** staff, we tabulated the equivalent data across all 3 years, as the numbers applying for promotion in any one year are so small.

**Promotions relative to numbers of staff at each grade in 2010-2012 (clinical); successful applications for promotion at each grade are shown in brackets next to total number of staff at this grade.**

| | 2010 | | 2011 | | 2012 | |
|---|---|---|---|---|---|---|
| **Grade** | M | F | M | F | M | F |
| **AC2** | 61 | 44 | 66 | 49 | 75 | 57 |
| | **(3)** | **(1)** | **(4)** | **(2)** | **(0)** | **(1)** |
| **AC3** | 44 | 21 | 48 | 23 | 45 | 21 |
| | **(1)** | **(1)** | **(3)** | **(0)** | **(3)** | **(1)** |
| **AC4** | 49 | 5 | 53 | 5 | 52 | 7 |

It is not clear from these data why the male:female ratio changes so markedly between AC3 and AC4. There are few applications for promotion, and whilst there are more from males, over these three years promotion has made little difference. It seems likely that there has been more direct recruitment of males to AC4 posts and that this, coupled with a historical lack of women at AC4, has led to the disparity. It may also relate to the different nature of clinical jobs within any particular grade. We will be investigating the reasons further and implementing actions accordingly (**AP2.6, AP2.7, AP5.1, AP6.1**)

| (b) | For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed |
|---|---|

| (i) | **Recruitment of staff** – comment on how the department's recruitment processes ensure that female candidates are attracted to apply, and how the department ensures its short listing, selection processes and criteria comply with the university's equal opportunities policies |
|---|---|

Women are under-represented at UE08 and above and at all clinical grades (AC2-4). To date, there have been no positive actions to encourage female applicants. However, CMVM has recently (October 2013) implemented our recommendation that **a statement to specifically welcome female applicants** be added to College recruitment advertisements and we shall further recommend that search committees identify and target suitable female applicants (**AP6.1**). Additionally, in response to a recommendation from the five Athena SWAN SATs, in 2013, CMVM implemented a policy of **compulsory female presence on interview panels** for substantive posts (i.e. at UE08 and above and any other posts that may lead to a permanent appointment). In the future, the introduction of compulsory PI training (to include recruitment procedures, equality and diversity and unconscious bias training) will ensure that all interviews are conducted following appropriate training of interviewers (**AP1.1**).

| (ii) | **Support for staff at key career transition points** – having identified key areas of attrition of female staff in the department, comment on any interventions, programmes and activities that support women at the crucial stages, such as personal development training, opportunities for networking, mentoring programmes and leadership training. Identify which have been found to work best at the different career stages. |
|---|---|

Our survey results showed that 76% of males and 72% of females felt that their workplace provided them with useful opportunities for mentoring. However, formal mentoring provision across the university has been patchy in the past, and there were a few centres where substantially fewer females agreed with this statement than men (58% of women in Division of Health Sciences compared with 100% of men, 64% of women in Centre for Population Health Sciences compared with 92% of men). The Institute of Academic Development run a light touch mentoring program for early career researchers, but in the past, this relied on mentees identifying suitable mentors themselves. We were therefore delighted to learn in early 2012 of plans by the university HR to set up a new mentoring program aimed at key groups of staff (female academic staff, new and aspiring leaders, new international staff, and those who had identified a need for mentoring via annual review). We were invited to pilot this scheme through our Schools. The co-chairs of the SAT (CA, KC) are members of the steering group of the "Mentoring Connections" program, which was actively promoted in both Schools and is now in its second round of recruitment. So far this year (October 2013) we have over 20 potential mentors (70% female) and over 60 potential mentees (84% female). As we had a surplus of potential mentors in 2012 we are confident that matches will be found for most people, but will have to exercise caution in case of overload for potential female mentors. Feedback will be collected at the end of this cycle by HR and reviewed by the SAT, with any recommendations taken to the steering group by the SAT co-chairs (**AP5.5**). We will continue to promote awareness of mentoring, and uptake by females, across the Schools (**AP5.5**)**.**

Networking opportunities for female academic staff have all been informal and ad hoc to date. Recognising that there is a clear need for structured opportunities we will institute a system of Athena SWAN themed pot-luck lunches, rotating between sites, with alternate lunches specifically targeted toward female academic staff (**AP5.4**).

A 4-day leadership training course open to UE08 and above (or equivalent clinical grades) is available through the Institute of Academic Development, but staff have to be nominated by

their Head of School to take part; within CMVM, this depends on recommendation by the Head of Centre. One centre head (SCRM) already sends all senior academic staff on the course. We will recommend that all Section Heads make their senior academic staff (UE08 and above) aware of this opportunity through annual review/P&DR, and will monitor uptake via annual feedback from Section Heads (**AP5.6, 1.3**)

**Career development**

| a) | For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed. |
|---|---|

| (i) | **Promotion and career development** – comment on the appraisal and career development process, and promotion criteria and whether these take into consideration responsibilities for teaching, research, administration, pastoral work and outreach work; is quality of work emphasised over quantity of work? |
|---|---|

Clinicians (AC3 and above) have a mandatory joint appraisal between the University and the NHS at which clinical and academic activities are discussed, while clinical trainees (AC2) are appraised by the Postgraduate Dean. The appraisal forms include a workload model. The quantity and quality of clinical work is appraised using data from several sources e.g. clinical activity, 360 degree feedback from colleagues, complaints, compliments, critical incidents. Academic activity (e.g. papers, grants) is discussed, and opportunities for career development highlighted (including promotion). For staff at professorial level, other opportunities for career development are noted e.g. membership of learned societies. A personal development plan is completed at the end of the appraisal, which guides clinical and academic work for the subsequent year, and longer-term (e.g. five year) career goals. The appraisal informs the job planning process.

For non-clinical staff, annual reviews (Performance and Development Review; P&DR) are carried out by line managers. Sometimes (usually for UE08 and above), the staff member can nominate their appraiser subject to approval by the Head of Centre. Following recognition across the University that P&DR rates were low, they became mandatory for all UE09/UE10 staff in CMVM in 2011/12 (achieving 82% compliance across the whole College, with 55% across ALL grades). This policy was extended to all staff in 2012/13 (with 74% compliance across all grades within our two Schools). The College Strategy Group already has an action plan to increase take-up across the College to 100% of those without a valid reason (e.g. maternity leave, long-term sick leave). Because our Schools are research-intensive, quality of research is generally prioritised over quantity (and is measured through publications and grants), though this may not apply in other areas such as teaching, and currently we have no data on this. In our survey, across both Schools, there was a gender difference in satisfaction with the process, with 57% of women and 74% of men agreeing they had a helpful annual review. This varied between Centres and between grades; for example, in Centre for Inflammation Research only 34% of females but 68% of males agreed with this statement, and similarly in Centre for Genomic and Experimental Medicine only 38% of females but 75% of males agreed that they had a helpful annual review. We plan to further investigate the experience (and quality) of annual reviews through analysis of the free-text responses to our Survey (**AP2.3**) to discover good practice and identify poor practice that needs to be addressed. Face-to-face and online training for appraisers is currently available but is not

promoted. In the future, appraisers who are PIs will receive training in conducting P&DRs as part of the PI training, as well as training in their responsibilities for career development of the early career researchers working with them (**AP1.1**).

Although the standard CMVM P&DR form has a "tick-box" on the front to confirm inclusion of a work-load model, historically (as stated below, 4bii), workload models have not been used for non-clinical staff within our Schools. Because there is no other provision on the form for description of responsibilities (just objectives), it is likely that any consideration of responsibilities (teaching, administration etc) will have been non-uniformly applied. To address this, a work-load model, taking into account all responsibilities, including outreach activities, will be introduced for all non-clinical academic staff as part of our action plan, ensuring that in the future, all responsibilities are considered as part of the annual review (**AP2.4**).

One section of the College-wide P&DR form is devoted to "career aspirations, future plans and personal/professional development needs for the forthcoming year" and is designed to prompt a discussion of career development and promotion; this is currently under revision (in response to our input) to make the expectation of a promotion discussion more explicit. Section Heads will complete **a pro forma to report whether promotion was discussed** during the P&DR of all UE08 and UE09 staff (and clinical equivalents) and to provide reasons if this was not the case (**AP2.7**).

Following our recommendations, CMVM HR will also include a text box in the P&DR form to encourage discussion of flexible working requirements. (**AP5.3**).

| (ii) | **Induction and training** – describe the support provided to new staff at all levels, as well as details of any gender equality training. To what extent are good employment practices in the institution, such as opportunities for networking, the flexible working policy, and professional and personal development opportunities promoted to staff from the outset? |
| --- | --- |

Induction processes are largely handled at a centre/institute level, but all staff are invited to university-wide staff induction events. There are no formal staff inductions at School level because people start at different times of the year and in relatively small numbers (in contrast, all new PG students get School level inductions in September). Heads of Centre introduce new staff members to the Centre and administrative staff help with administrative procedures, but other than this, induction procedures can vary. Within the IGMM, for example, each new member of staff is given an induction handbook and has an individual induction, but this is predominantly based around health and safety and general HR issues. Similar systems are in place in other centres, but we feel that there is a real need for tailored induction events that would allow us to communicate good employment practices to all new staff. We therefore propose to hold College-wide inductions for all new staff each month with a **specific emphasis on highlighting family-friendly policies** (**AP4.1**). Furthermore, all new contracts will be sent out with **a red wrap-around sheet with explicit pointers to information on family friendly policies** (**AP4.1**). For new academic staff who are group leaders, the PI training we are going to introduce will address this. In our action plan we aim to train all new starts as well as >50% of our existing PIs over the next 3 years. This will be strongly endorsed by the Heads of Schools, with reminder emails of forthcoming training events. Following the pilot scheme and a run-in period during 2014, training will become

mandatory, enforced through ability to employ staff on grants. In the future (phased), the training will evolve into an induction, with refresher training provided for existing staff **(AP1.1)**.

| | |
|---|---|
| (iii) | **Support for female students** – describe the support (formal and informal) provided for female students to enable them to make the transition to a sustainable academic career, particularly from postgraduate to researcher, such as mentoring, seminars and pastoral support and the right to request a female personal tutor. Comment on whether these activities are run by female staff and how this work is formally recognised by the department. |

All undergraduate and PGT students now have a personal tutor. There is no specific provision for female students, but female students can request a female tutor if they wish, and also have identified female tutors within their "house" who can be approached. (**AP3.6**). PhD and MD students all have two supervisors and a thesis committee consisting of a chair and an external committee member; gender balance on these committees is not currently mandated, but in those very rare cases where a female student might have an all-male committee (typically in computational biology for example), the student must be consulted and a female committee member invited where the student would prefer this. We will be monitoring this via a survey and through the School staff-PG student liaison committees, and aim to mandate a female presence on thesis committees in future (**AP3.6**). There are strong female role models for students in most areas as the majority of the Centre PG directors are female (as are both School PG directors). Members of the supervisory team and thesis committee provide a degree of mentoring for each student, and there is a clearly signposted system of postgraduate directors in each Centre who can provide further support. Workshops are held throughout the College for postgraduate students, many of which cover career choices. Local PhD student societies also exist in IGMM and QMRI, for example; the society in IGMM has career talks several times a year from people from a variety of backgrounds; the majority of both attendees and speakers at these events are female. A recent IGMM postdoc society event on balancing children with a career in science attracted a record 50+ attendees including students; all but one of these were female.

One of the most important recent developments has been the introduction of a new policy for maternity leave for PGR students. Provision (a paid stipend) is made for 6 months maternity leave for RCUK students. **In response to our lobbying, CMVM has now applied a similar policy to all students regardless of funding source, with the College funding the bill for non-RCUK funded students**. The policy on maternity leave for students has now been incorporated into the handbooks for both Schools.

Support for female students by staff, either male or female, is not uniform. Such activities are certainly considered as part of promotion and in annual reviews, but the introduction of workload models will help with this. (**AP2.4**)

**Organisation and culture**

| | |
|---|---|
| a) | Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning. |

<table>
<tr><td></td></tr>
</table>

| (i) | **Male and female representation on committees** – provide a breakdown by committee and explain any differences between male and female representation. Explain how potential members are identified. |
|---|---|

The major decision-making committees in each School are the Planning and Resources committees. The composition of these committees is determined by post-holders, as the membership comprises Heads of Centre/Division, senior administrators and postgraduate directors. The other main decision-making committees are the Postgraduate Studies Committees and the Institute Executives at QMRI and IGMM. The male:female composition of these committees is tabulated below.
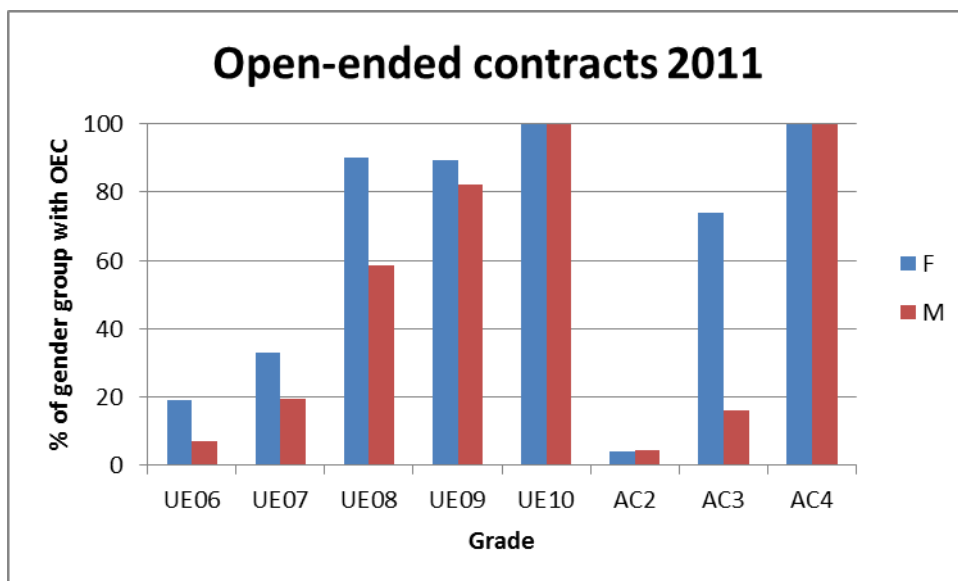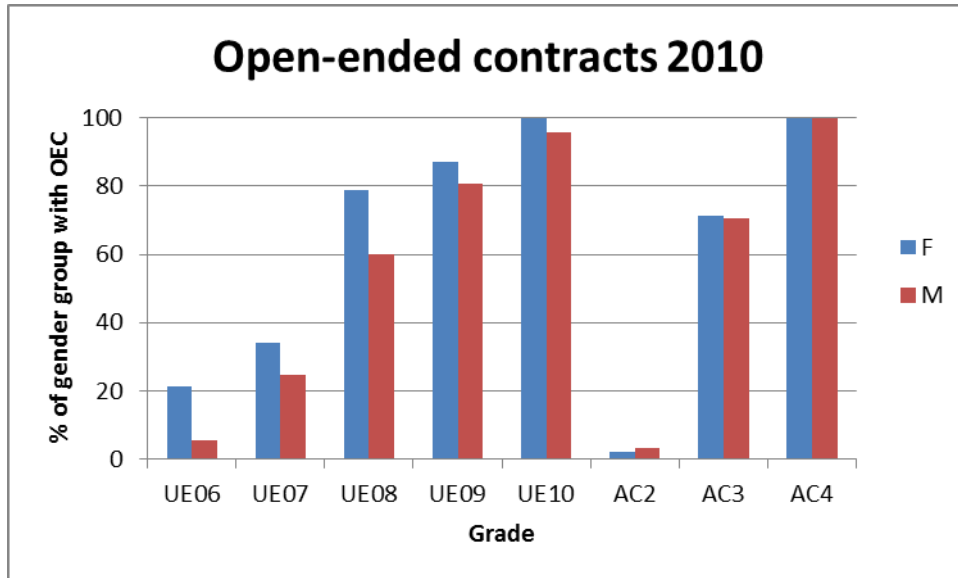
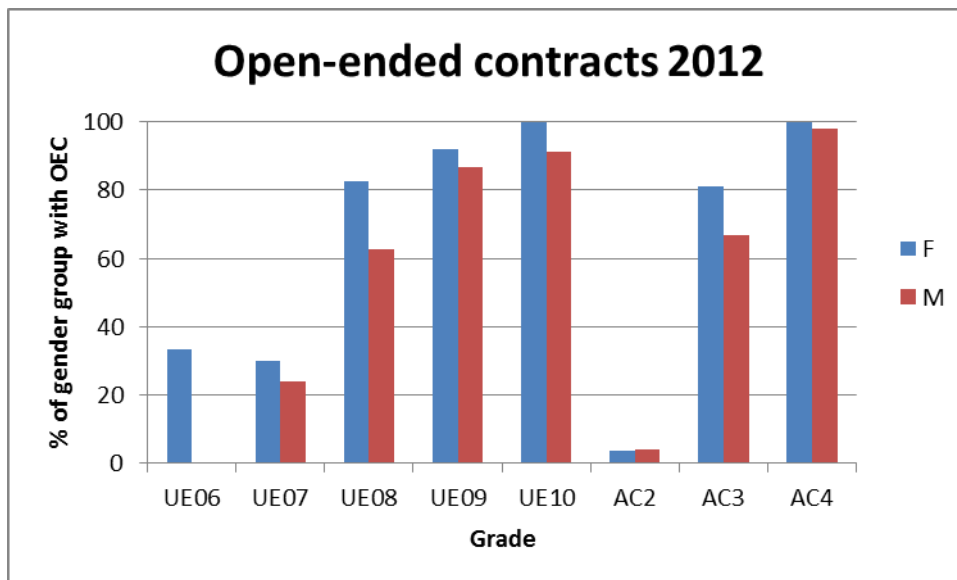| Committee | Female number (%) | Male number (%) | Chair |
|---|---|---|---|
| SCS Planning & Resources | 6 (22%) | 21 (78%) | F |
| SMGPHS Planning & Resources | 5 (45%) | 6 (55%) | F |
| SCS Postgraduate Studies | 6 (50%) | 6 (50%) | F |
| SMGPHS Postgraduate Studies | 10 (62%) | 6 (38%) | F |
| QMRI Executive | 4 (29%) | 10 (71%) | M |
| IGMM Executive | 5 (38%) | 8 (62%) | F |

Outside the departments, the key influential committee is the College Strategy Group. This is predominantly composed of Heads of School, Institute Directors and Directors of UG and PG teaching; there are currently 5 female and 13 male members of this committee. There is also a College Postgraduate Studies Board made up of the School PG Directors plus other post holders (QA director for postgraduate education, academic misconduct officer for example). This committee comprises 6 females and 3 males. As a result of our lobbying, College have specified that in future **all decision-making committees must have at least 25% female membership**, and have agreed that all committee chairs may co-opt members in order to achieve the correct balance.

| (ii) | **Female:male ratio of academic and research staff on fixed-term contracts and open-ended (permanent) contracts** – comment on any differences between male and female staff representation on fixed-term contracts and say what is being done to address them. |
|---|---|



Open-ended contracts, all staff
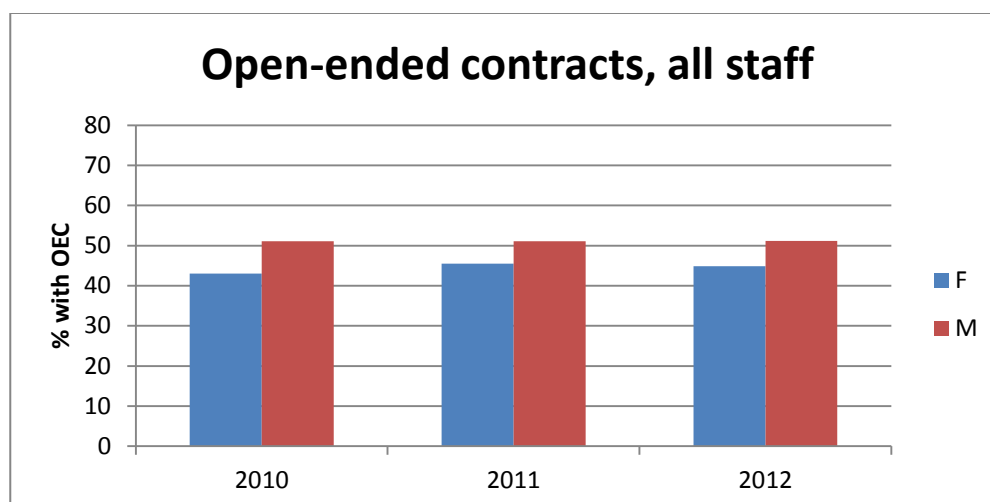
| Year | Female | | | | | Male | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Open-ended | | Fixed-Term | | Total | Open-ended | | Fixed-Term | | Total |
| | N | % | N | % | N | N | % | N | % | N |
| **2010** | 123 | 43.0 | 163 | 57.0 | 286 | 164 | 51.1 | 157 | 48.9 | 321 |
| **2011** | 145 | 45.5 | 174 | 54.5 | 319 | 189 | 51.1 | 181 | 48.9 | 370 |
| **2012** | 157 | 44.9 | 193 | 55.1 | 350 | 190 | 51.2 | 181 | 48.8 | 371 |

## Open-ended contracts 2012

A bar chart titled "Open-ended contracts 2012" showing the percentage of gender group with OEC (y-axis, 0 to 100) across grades UE06, UE07, UE08, UE09, UE10, AC2, AC3, AC4 (x-axis). Blue bars represent F (Female) and red bars represent M (Male).

When looking at all staff, males are more likely to have an open-ended contract than females. However, analysis by grade shows that this is a simple reflection of the higher proportion of females at lower grades. At all grades from UE07-UE10, females are in fact more likely than males to have an open-ended contract. This apparent discrepancy is therefore due to the relatively higher numbers of women at UE06 and UE07, where fixed term contracts predominate. The issue, therefore, is not one of disparity between women and men in contractual arrangements, but of female representation at higher grades.

| | |
|---|---|
| b) | For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed. |

| | |
|---|---|
| (i) | **Representation on decision-making committees** – comment on evidence of gender equality in the mechanism for selecting representatives. What evidence is there that women are encouraged to sit on a range of influential committees inside and outside the department? How is the issue of 'committee overload' addressed where there are small numbers of female staff? |

The Schools keep a record of gender balance on all committees; however, we shall continue to monitor this, especially through workload modelling (**AP2.4**). Whilst we recognise that committee overload can be a very real issue, we have no evidence that this is the case currently. On the other hand, some of the committees have relatively few female members because there are fewer female than male Heads of Centre. However, it is reassuring to note that the majority of these committees have female chairs.

We will continue to monitor the situation closely over the next 3 years and ensure that females are being co-opted onto decision making committees. (**AP1.5**)

> **(ii)** **Workload model** – describe the systems in place to ensure that workload allocations, including pastoral and administrative responsibilities (including the responsibility for work on women and science) are taken into account at appraisal and in promotion criteria. Comment on the rotation of responsibilities e.g. responsibilities with a heavy workload and those that are seen as good for an individual's career.

Clinical academics have job plans negotiated with the University and NHS. These job plans include a detailed timetable of activities each day, and a detailed description of academic and clinical duties. These are reviewed annually, and workload can be adjusted if necessary. The content of the job plans are informed by appraisals and personal development plans. The timetabling of academic and clinical duties can be adjusted to take into account the need for flexible working hours e.g. for child care responsibilities.

Neither School has implemented workload models for non-clinically qualified staff, though the P&DR (appraisal) form shows a clear expectation that one is included in the P&DR documentation. This partly reflects the low undergraduate teaching/high research commitments of most non-clinical staff. Both Schools will trial a workload model form, as part of the annual review process for non-clinical staff, from the start of 2014 (**AP2.4**), publicising and promoting its use through the lunchtime career development forums (**AP2.2**).

In our survey, 83% of men and 86% of women agreed their workload was fair compared to their peers; there were no centre-specific differences in responses. However, there was a gender disparity in agreement at Senior Lecturer (81% male, 60% female) and Professorial level (83% male and 76% female), suggesting women at the higher grades have, or perceive themselves to have, a higher workload. The introduction of WLM will make this more transparent and we will investigate this further via our annual survey of section heads and address it in our feedback to them. (**AP1.3**, **AP2.4**)

> **(iii)** **Timing of departmental meetings and social gatherings** – provide evidence of consideration for those with family responsibilities, for example what the department considers to be core hours and whether there is a more flexible system in place.

The majority of meetings are now within core hours, with the few exceptions mainly applying to committees where meetings are timed by consensus (e.g. some clinical meetings). Large meetings are generally held between 10am and 4pm. Meetings of decision-making committees are usually held at lunchtimes or early afternoon and are frequently timed to accommodate clinical commitments. We also have to consider that cross-College meetings inevitably require some or many committee members to travel (given the widespread geographical locations of the Schools); in general, people prefer to have these meetings at one end of the day to avoid travelling back and forth. The timing of most meetings is determined by Doodle polls, so that they can fit around caring responsibilities and the timing of the shuttle bus and locations are rotated. Social gatherings are sometimes in the evenings, but there is a good mixture across all centres and a general attempt to be inclusive. We used the staff survey to collect data on how successful this has been so far. With 465 responses, 81% of males and 79% of females felt that meetings, seminars and other events are held within core hours. However, female post-doctoral research fellows

were less likely than the men to 'agree/strongly agree' with this (18/79 women said no vs. 0/18 men). The only centre-specific difference was in Centre for Reproductive Health where 91% of males but only 68% of females agreed with this. To promote awareness of the core hours policy, when we write to all Section Heads to communicate our Survey findings, we shall remind them (and Centre administrators) of the policy. We shall also introduce an automated email response to all requests for repeat room bookings (same time of day and week) to remind users of the policy (**AP1.4**).

| | |
|---|---|
| (iv) | **Culture** –demonstrate how the department is female-friendly and inclusive. 'Culture' refers to the language, behaviours and other informal interactions that characterise the atmosphere of the department, and includes all staff and students. |

We used the survey to collate information on this. Overall, 362/462 (78%) felt that "Inappropriate images stereotyping men or women are considered unacceptable", with no clear gender- or centre-specific differences.  386/464 (83%) felt that unsupportive language and behaviour are considered unacceptable with no clear gender split across the board, but within the IGMM there was an excess of women (13%) disagreeing with this statement compared with 5% of men. Across both Schools a gender split was evident at senior lecturer level- 30% of female senior lecturers replied 'disagree/strongly disagree' compared with no men. Overall, 444/464 (96%) felt that social activities were welcoming to both men and women with no gender/centre-specific differences, though again amongst senior lecturers there was a small gender split with 20% of women feeling that activities weren't welcoming, compared with 0% of men. However, the numbers are quite small at this level. We will be following these figures up in a survey and/or focus groups in December 2014 in order to establish whether our efforts to improve culture as detailed in the action plan have been successful across the board (**AP1.1**). We will also analyse the existing data via the free text comments once these have been anonymised, to try to establish the locations where unsupportive behaviour is most common, and will follow this up with meetings with the appropriate section heads. (**AP1.3**). We will also develop and implement a policy on safe access of children to the workplace that will address the needs of working parents (**AP4.2**).

| | |
|---|---|
| (v) | **Outreach activities** – comment on the level of participation by female and male staff in outreach activities with schools and colleges and other centres. Describe who the programmes are aimed at, and how this activity is formally recognised as part of the workload model and in appraisal and promotion processes. |

Both Schools are very active in outreach activities, with participation by PhD students and all grades of staff including very senior males and females. We will collate detailed data on this in future (**AP1.3**). Many of our scientists/clinician scientists are featured in one minute videos designed to reach to the public, on the "Research in a Nutshell" University of Edinburgh website. Other activities are too numerous to detail but range from multiple features in the national and local media (TV, newspapers, radio) and the recorded "Medical Detectives" public lecture series (mainly UE10/AC4) to running workshops at the Dunbar science festival to school visits (e.g. experiments or talks on science careers in primary schools or PhD student STEM ambassadors in secondary schools). Individual staff (UE08-10) have engaged with local community groups (e.g. Brownies, Cubs, University of the 3rd Age) and local school groups (for example, helping school pupils prepare for a debate on the ethics of DNA sequencing). The IGMM has a partnership with a local high school led by a

male UE07 which has resulted in a significantly increased uptake of biology at Higher level. Within SCS, a public lecture series "Let's talk about…" is part of the widening-participation "Pathways to the Professions" outreach programme, designed to attract less privileged pupils into medicine or veterinary medicine (and 40% of the speakers over the last 3y have been women). Students and staff from both Schools participate in the long-running Edinburgh Science Festival, organising activities and presenting lectures, all aimed at the general public (all ages are covered). As explained above, workload models have not been used in our Schools to date. However, this will form part of our Action Plan and will include outreach activities (**AP2.4**)

**Flexibility and managing career breaks**

| a) | Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning. |
|---|---|

| (i) | **Maternity return rate** – comment on whether maternity return rate in the department has improved or deteriorated and any plans for further improvement. If the department is unable to provide a maternity return rate, please explain why. |
|---|---|

**Table 1: Academic Staff taking Maternity Leave**

|  | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|
| **All MVM** | 23 | 22 | 37 | 38 |
| **MGPHS & SCS** | 14 | 14 | 24 | 20 |

**Table 1** shows the total number of women within MGPHS and SCS holding an academic appointment who have taken maternity leave since 2010.  The figures also show how the School figures compare to those for the same category of staff on a College-wide basis.

**Table 2: Academic (Non-Clinical) taking Maternity Leave**

|  | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|
| **MGPHS** | 5 | 6 | 4 | 10 |
| **SCS** | 7 | 6 | 9 | 1 |

**Table 2** gives a detailed breakdown of the number of women with academic appointments taking maternity leave since 2012.  The figures in this chart exclude women holding clinical academic appointments

**Table 3: Academic Clinical Staff taking Maternity Leave**

|  | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|
| **MGPHS** | 0 | 0 | 2 | 1 |
| **SCS** | 0 | 0 | 5 | 8 |

**Table 3** shows the number of women holding clinical academic appointments who have taken maternity leave since 2010

**Table 4: Maternity Returners**

|  | 2010 - 2012 |
|---|---|
| Total returners | 48 |
| Return to PT hours | 25 |

**Table 4** shows the total number of women holding academic appointments, both clinical and non-clinical, who have returned from maternity leave and of those returning the number of who have chosen to return on a part-time basis.

Both Schools have a positive approach to supporting maternity leave and where grant funding does not cover the costs associated with maternity leave, the School(s) pick these up. As noted above, there is now a policy of 6 months' funding provision for all PhD students who go on maternity leave.

The number of women in academic posts taking maternity leave has increased significantly across both Schools. The figures show that the number of women taking maternity leave increased by 58% from 14 in 2011 to 24 in 2012. The upward trend continues with figures for 2013 showing a sustained increase. The most notable development has been the increase in women holding clinical academic appointments that take maternity leave. In 2010 and 2011, there were no recorded cases of clinical academics taking maternity leave but in 2012, this jumped to 7 and the figures show a continuing trend for 2013, with a further 9 clinical academics requesting maternity leave to date.

All staff who qualified for Occupational Maternity Pay opted to take one of the two options available, either full pay for 16 weeks or full pay for 8 weeks followed by half pay plus SMP for a further 16 weeks. The majority of women (61.5%) taking maternity leave between 2010 and 2012 opted for the second option. This indicates that the majority of women have the confidence and resources to take at least 6 months maternity leave.

Almost all women taking maternity leave return to their posts. Of the 4 women who did not return to their posts, 3 were prevented from doing so due to their contracts ending during the period of maternity leave. One woman chose to resign citing 'family responsibilities' as the reason. More than half (52%) of those returning to their posts following maternity leave did so on a part-time basis. We will be implementing further support for women going on, and returning from, maternity leave, including a template for a "maternity leave agreement" and offering a buddy scheme for women on maternity leave and for 6 months on their return (see below; **AP5.2**).

| (ii) | **Paternity, adoption and parental leave uptake** – comment on the uptake of paternity leave by grade and parental and adoption leave by gender and grade. Has this improved or deteriorated and what plans are there to improve further. |
|---|---|

Ten academic and research staff took paternity leave in the period. One male senior clinical lecturer took paternity leave following adoption. He was also able to take an additional 6 days provided for in the adoption leave policy. There are no recorded instances of parental leave during the period. We will actively promote awareness of family friendly policies in order to ensure that anyone who wants to take up parental leave is aware of their rights (**AP 4.1**).

<table>
<tr><td>(iii)</td><td>**Numbers of applications and success rates for flexible working by gender and grade** – comment on any disparities. Where the number of women in the department is small applicants may wish to comment on specific examples.</td></tr>
</table>

Very few requests for flexible working are recorded centrally through HR systems. All those that are recorded have been granted and we are aware of many more informal arrangements made locally within centres. Furthermore academic contracts do not specify particular hours, so flexible working is ingrained in the culture. However, to collect more concrete information, we included questions in our survey on flexible working. No gender differences were apparent in the responses, and roughly 80% of respondents agreed that their line manager was supportive of requests for flexible working. The figure across both Schools was slightly lower at Reader level, with 25% of males and 13% of females disagreeing with this statement. Interestingly, amongst Professors, 93% of females but 68% of males agreed that their line managers were supportive of both formal and ad hoc flexible working in response to caring responsibilities. The only centre showing a gender difference was the Centre for Regenerative Medicine, where 11% of males and 26% of females disagreed with this statement. We will promote awareness of the availability of flexible working via lunchtime seminar sessions. Additionally, the P&DR forms are being revised to ensure that flexible working opportunities have been discussed (**AP5.3**).

<table>
<tr><td>b)</td><td>For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.</td></tr>
</table>

<table>
<tr><td>(i)</td><td>**Flexible working** – comment on the numbers of staff working flexibly and their grades and gender, whether there is a formal or informal system, the support and training provided for managers in promoting and managing flexible working arrangements, and how the department raises awareness of the options available.</td></tr>
</table>

Proportions of staff responding to the survey on flexible working are discussed above. We don't have access to firm numbers as most flexible work arrangements for academics are informal and not recorded. In the last year, 10 formal flexible working requests were made by academic staff and all were approved. We will raise awareness of these issues via the measure described above (**AP5.3**) and via the PI training program we are developing (**AP 1.1**). Anecdotally it appears that men feel more uncomfortable asking for flexible and/or part-time working, so we will hold a peer support networking lunch on this topic specifically targeted to males (**AP5.4**).

<table>
<tr><td>(ii)</td><td>**Cover for maternity and adoption leave and support on return** – explain what the department does, beyond the university maternity policy package, to support female staff before they go on maternity leave, arrangements for covering work during absence, and to help them achieve a suitable work-life balance on their return.</td></tr>
</table>

All women advising HR of their intention to take maternity leave are invited to meet with an HR Advisor to ensure they have a clear understanding of their entitlements before, during and after their maternity leave and to discuss any concerns around these.

It is felt that the increase in numbers taking maternity leave, particularly within the clinical academic disciplines, shows a positive approach to women taking maternity leave and confidence in requesting reduced hours on return. It is important to note that teaching load is generally extremely light in our Schools so this has not been a concern.

We plan to develop and trial a template for a "maternity leave agreement" between women going on maternity leave and their line managers, to ensure that the woman's wishes about how much work contact she has during her leave are respected. We will also institute a buddy system for women going on and returning from maternity leave. We will monitor the success of these schemes by a questionnaire when women return to work (**AP 5.2**).

**4800 words**

| |
|---|
| **5.**　　　**Any other comments: maximum 500 words**<br>Please comment here on any other elements which are relevant to the application, e.g. other SET-specific initiatives of special interest that have not been covered in the previous sections. Include any other relevant data (e.g. results from staff surveys), provide a commentary on it and indicate how it is planned to address any gender disparities identified. |

**Clinical**:
A particular area of concern is the drop off between the high proportion of female UG and the low proportion of women at AC3/4. We shall address how and when clinical students/staff are encouraged to consider a career in research, so that we can think of ways to target females at relevant events; some of these are detailed in our action plan and summarised below.

The most obvious opportunity for senior clinical academics to engage with and encourage undergraduates is in their 4th year, during the Special Study Component 4 module. This takes place over 16 weeks, and provides students with the opportunity to undertake a research project with a senior clinician/academic. Additionally, students engage with clinical academics through vacation projects because the scoring system for entry into foundation or specialty training favours students who have sought out research opportunities and translated these into presentations and publications.

Within the University of Edinburgh, there is an annual student-run ATRIUM conference, where undergraduates can present their research work and network with senior clinical academics. There is also an undergraduate research symposium held annually at the Royal College of Surgeons of Edinburgh in collaboration with UoE, providing another opportunity for undergraduates to meet and talk to senior surgical scientists. We will engage the student president and vice-president of Atrium to discuss ways to promote a clinical academic career to females (**AP3.1**).

Students already interested in a clinical academic career may apply to the Academic Foundation programme. This offers opportunities for young doctors to be mentored during the first two years following graduation, and to undertake clinical or lab based research during that period. Successful applicants, supported by clinical academics, select an area of research that interests them. This year (2013-14) 137 applications were received in Scotland

for these posts. Encouragingly, 74 of these (54%) were from females; appointments have not yet been made but we will collect this information when available.

We are fortunate to have Lorna Marson, a Senior Lecturer and Honorary Consultant Transplant Surgeon, on our SAT. Lorna formerly chaired the Board for Women in Surgery (disbanded by the College of Surgeons in 2010) which, amongst other activities, explored mentoring and flexible working in surgery across Scotland, and also formed part of a national group that wrote Return to Practice guidance for individuals returning to work after a period of absence (Published in 2012, by the Academy of Royal Colleges). Lorna is leading our intervention initiatives to encourage female clinicians into an academic career.

**Non-Clinical**:
A task group was established by the HoS in 2013 to investigate non-clinical career development and support, chaired by Dr Gillian Gray. This task group will report at the end of 2013 and its findings and recommendations will be used to inform the actions of the SAT over the next few years.

**466 words**

| 6. | **Action plan** |
|---|---|
| | Provide an action plan as an appendix. An action plan template is available on the Athena SWAN website. |
| | The Action Plan should be a table or a spreadsheet comprising actions to address the priorities identified by the analysis of relevant data presented in this application, success/outcome measures, the post holder responsible for each action and a timeline for completion. The plan should cover current initiatives and your aspirations **for the next three years**. |
| | **The action plan does not need to cover all areas at Bronze; however the expectation is that the department will have the organisational structure to move forward, including collecting the necessary data.** |

**ACTION PLAN**

**Edinburgh Clinical Medical School (Schools of Clinical Sciences and Molecular, Genetic, and Population Health Sciences**

([1]-[6], See notes at the end. A list of acronyms is also provided at the end)

| Item | Objective | Action | Responsibility | Timescale | Success Measure | Form |
|---|---|---|---|---|---|---|
| **Organisational Culture** | | | | | | |
| 1.1 | Embed a culture of respect, awareness of equality and diversity through management responsibilities and training | Introduce training for anyone who will manage people, to include:<br>- Equality and Diversity (E&D)/unconscious bias<br>- Recruitment procedures and interviewing<br>- Conducting appraisals<br>- Career development for early career researchers<br>- Managing parental/carer leave of staff<br>- Flexible working; rights and opportunities<br>(with refresher training every 5y).<br><br>Add a statement of core values to the School websites to emphasise dignity and respect, equality and diversity.<br><br>Resurvey all staff in SCS and SMGPHS on a biennial basis (next in December 2014) to monitor progress on this and other objectives. | Development by IAD, in close collaboration with SAT, co-opted PIs from Schools and HoS<br><br>Delivery by IAD, HR,[1] ERI, senior academics<br><br>To be strongly and regularly endorsed and promoted to staff by HoS<br><br><br><br>SCS and SMGPHS Administrators<br><br><br>SAT, Head of SMGPHS | Development complete by February 2014. Pilot in March 2014, phase in from June 2014. Mandatory from 2015.<br><br><br><br><br>By April 2014<br><br><br>December 2014 | We aim to train all newly appointed PIs and 50% existing PIs within 3y. This training will be mandatory for all PIs who will manage people and must be completed before researchers can be employed on newly awarded grants. Evidence of comparable training elsewhere will be accepted following scrutiny and approval by the College E&D committee.<br><br>Increase participation in our next staff/student survey by 10% (currently ~50% of staff and research students). An increase in staff satisfaction and understanding of E&D monitored through our survey (and see AP below); reduction in gender disparity of responses to survey questions.[2] | 4a i<br>4b i<br>4a'i<br>4a'ii<br>4b''iv<br>4b'''i |
| 1.2 | Foster an equal opportunities culture within the College and scrutinise | Reinstate the College (CMVM) E&D committee. The committee will monitor equality data, receive reports | Head of HR and AS leads from SCS, Roslin Institute to establish | With immediate effect | The committee will report to the College Strategy Group. This will ensure that | 2c |

| | | on AS activities, assess and approve cross-disciplinary comparability of relevant training (eg NHS/ University/ other institutions) and share best practice across all regions of the College. | and lead Committee.<br><br>Four local E&D groups (corresponding to geographical areas within the College) will feed into the CMVM E&D committee with all members of the groups acting as E&D ambassadors in their area, to disseminate information, promote good practice and feed-forward ideas to the committee. | (November 2013) | AS/E&D agenda is considered in strategic, financial and administrative decisions at College level.<br><br>We aim to improve awareness and perceptions of gender equality issues in our survey to >90% and increase awareness and understanding of gender equality policies to >50% by December 2014. | |
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| progress in key E&D indicators (through equality outcomes data). | | | | | | |
| 1.3 | Engage CMVM management in AS ethos. | Athena SWAN activities to continue to be a standing item at School Planning and Resources Committee meetings.<br><br>Complete analysis of anonymised free text comments collected from the Survey (~700 respondents), to inform future plans and provide detailed feedback to Section Heads[3] (where appropriate and without compromising confidentiality).<br><br>Communicate detailed feedback from the Survey to the College Strategy Group and Section Heads (including analysis of free-text comments) and provide a data summary from the survey on our AS website.<br><br>Request that Sections Heads provide details of how each Centre/Institute/Division will support the action plan locally and provide advice and support for them to make | HoS, SAT Chairs<br><br><br>AS Support Officer, Head of SMGPHS<br><br><br><br>HoS, SAT Chairs<br><br><br><br>HoS, SAT Chairs, SAT | Ongoing<br><br><br><br>Ongoing, to be completed by the end of March 2014<br><br><br>By February 2014<br><br><br><br>February 2014, with responses due March 2014 | We aim to increase agreement with the survey question: "Overall, I think senior managers understand the need to engage with gender equality" from the current 71% female and 82% male, to >85% for both genders in our survey in December 2014.<br><br>We also aim to increase agreement to the question "Overall, from the gender equality point of view, I think that this is a great place to work" from the current 81% female and 87% male, to 90% or more for both genders by December 2014. | 2b<br>4b ii<br>4b"ii<br>4b"iv<br>4b"v |

| | | changes. | | | | |
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| | | Request an annual report (a template will be provided) from Section Heads with data on female representation on committees, in Centre seminars and outreach activities as well as a comment on workload models/ workload distribution in their section (see also 2.4). Feedback on progress in staff and other data from their section will be provided to Section Heads. | HoS via School Administrators, SAT Chairs, SAT | Annually, for consideration by SAT in February/ March | | |
| | | Athena SWAN champions to promote College/School/Centre wide-agendas within their Sections | HoS, SAT, AS champions | Ongoing | | |
| 1.4 | Ensure large meetings within Schools are held within core hours (10-4) and are inclusive to all and that small meetings, wherever possible, are timed to accommodate staff with particular caring responsibilities | Communicate policy to Section Heads and Section Administrators. | HoS, Section Heads | With feedback above (1.3) | This largely happens, but we aim to increase agreement to >90% in our survey by December 2014. | 4b''iii |
| | | Lobby CMVM to add text to all repeat room bookings (ie same time of day and week) to state: "The University encourages meetings to be held during core hours (10am-4pm) and on varied days to accommodate part-time staff and those with commitments on fixed days per week. Please consider holding meetings on different days and during core hours". | School Administrators with room booking administrator and IS | By March 2014 | | |
| | | Ask Section Heads if they have reviewed the day and time of week at which seminars and other regular meetings are held, in consultation with staff, to establish whether this accommodates staff needs and wishes. | School Administrators, SAT Chairs | Annually, with request for data (see 1.4, above) | | |

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| 1.5 | Maintain or increase female representation on School and other high-level decision-making committees | Representation is, to a large extent, determined at CMVM level. We shall monitor School committee representation and lobby for increased female representation, especially at Section Head level, through the HoS and/or CMVM E&D committee. | HoS, CMVM E&D committee, SAT | From November 2013 | An increase in the proportion of women on School and other high-level decision-making committees with at least one additional female in a senior management position | 4b''i |
| | | Propose to CSG that a statement be included in adverts for internal CMVM senior management positions to invite suitably qualified female applicants. | Head of HR, CMVM | Early in 2014 | | |
| **Career development and Promotion** | | | | | | |
| 2.1 | Ensure fairness in the promotions process | Propose to College Strategy Group that all College promotions panel members complete E&D and unconscious bias training. | Head of HR, CMVM | A paper will be presented to the CSG in November 2013 | Implement a policy College-wide so that all College promotions panel members have completed E&D and unconscious bias training by November 2015 | 4a ii |
| | | Collect data on the age at which women and men achieve promotion to senior grades (UE09/10 and AC3/4). | HR, SAT | From 2014 | These data will be used to inform a future Action Plan. | |
| 2.2 | Promote awareness of career development responsibilities/ opportunities and promotion processes | Add a flow diagram to CMVM HR website to clearly explain promotion processes | HR | To be complete by mid-2014 | Increase understanding of and satisfaction with the promotions process (monitored by survey) by December 2014 | 3b vii 4a ii 4b''ii |
| | | Implement/extend a series of lunchtime fora at the Little France,[4] Western General Hospital[5] and Central area[6] campuses, to cover topics including: Understanding the promotion process, Managing maternity/paternity and parental leave, Performance and Development reviews (P&DR; appraisals), Obtaining research funding, | HR, ERI, senior academics, as appropriate | Ongoing | Increase the proportion of females applying for promotion to grades 8-10 and clinical grades 3/4 by 10% above current levels in 3 years. | |

| | | Commercialising research, Mentoring, Workload models, Flexible working, Data management, etc. | | | | |
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| | | Act on the recommendations of the working group report on support for non-clinical researchers (report due December 2013; and see 2.5, below). | HoS | From January 2014 | | |
| 2.3 | Ensure management of performance and development needs of staff | Promote understanding and value of the annual P&DR to staff, through training of line managers (PIs) and increasing participation. | See 1.1, above; HoS, Section Heads | See 1.1, above | Increase survey results from 78% males and 62% females finding the annual P&DR helpful to >80% for both sexes within 3 years. | 3b vii 4a'i |
| | | Investigate the experience (and quality) of annual reviews through analysis of the free text responses to our survey. | AS Support Officer, SAT | From November 2013 | | |
| | | Modify the standard P&DR form and accompanying guidelines to prompt the discussion of promotion prospects and/or career development of academic staff. | HR | | | |
| | | Collect data on the female/male uptake of Continuing Professional Development undertaken through IAD. | IAD, AS Support Officer, SAT | From 2014 | These data will inform a future Action Plan. | |
| 2.4 | Introduce and embed the use of workload models | Introduce a workload model form for non-clinical academic staff, to be reviewed as part of the annual P&DR. Workload models have not been used previously, so we shall monitor the usage of workload models in P&DRs. We will also monitor the number of applications for promotion to see if we can detect an impact on this, as well as monitoring satisfaction with workload (via our survey). In the future, if a gender disparity in | HoS and School Administrators, Section Heads, HR | From January 2014 | In our survey, overall, 83% of men and women agreed their workload was fair compared to their peers but there was a gender disparity in agreement at Sen Lect (81%M, 60%F) and Prof (83%M, 76%F). We aim to get agreement to >80% for both genders at these grades within 4y (this will take time to embed, but | 4a'i 4a'iii 4b''ii 4b''v |

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| | | satisfaction with workload persists, we shall investigate whether there are qualitative and quantitative differences in the workload of female and male academic staff. | | | we expect to see some progress by the time of our next survey in December 2014 and more by 2016). |
| | | Section Heads will be asked to comment in their annual report (on the use of workload models in their Section and how work is distributed in their Centre/Division/Institute. | HoS via School Administrators | Annually, for consideration by SAT in February/ March | |
| 2.5 | Investigate the reasons for the major "leak" in the non-clinical "pipeline" between UE06/07 and UE08 | The report from the working group established by the HoS to report into non-clinical career development and support should provide vital information on this and will make recommendations to the HoS at the end of 2013. | Chair of the working group; HoS. | Recommend ations to be acted on from Spring 2014 | Decrease the attrition rate of females between UE07 and UE08 from the current 3-fold to 2.5-fold in 3 years. | 3b vii 3b viii |
| | | Devise and implement an exit questionnaire with option for interview for all staff that leave, with findings presented to the HoS and relevant themes reported to the SAT on a 6-monthly basis. | HR, SAT | | | |
| | | We shall utilise our Survey data (especially free text comments) to provide further insight. These data will be assessed by the SAT and used (with both of the above) to formulate and/or modify School and CMVM policies to further help support and progress female postdoctoral staff. | AS Support Officer, SAT. Policies to be implemented by HoS. | | | |
| 2.6 | Investigate the reasons for the leak in the pipeline of female clinical academics at AC2 to AC3 and poor promotion to AC4. | We shall monitor this closely. We shall use data from our Survey, especially free text data, to gain insight and will carry out an exit survey with all females leaving AC2/AC3 posts to discover their | To preserve confidentiality, free text data will be analysed by the AS Support Officer. Using information gained from exit | Data analysis is ongoing. Exit surveys will be implemented by HR from | Collection of data to use to identify specific measures that can be put in place to promote the transition of females from AC2 to AC3. We shall use these data to | 3b vii 4a ii |

| | | career destination (if they are not continuing in academia, then we need to discover why) and whether more could have been done to support them. | surveys, HR will develop specific follow-up research to explore the various reasons why female clinical academics leave. | Spring/early summer 2014 (this may require a new appointment) | develop our future Action Plan. | |
| | | We shall carry out focus group work with AC2 and AC3 staff (facilitated by the Scottish Resource Centre for Women in SET) to investigate the underlying reasons and identify issues that are specific to Edinburgh clinical academics that we can address in the future. | HoS, SAT | | | |
| | | We shall lobby through relevant organisations (Academy of Medical Sciences, Society of Endocrinology, Society of Biology, Biochemical Society, Pharmacological Society etc) to investigate the national (eg clinical training) issues that hinder the recruitment, retention and promotion of female clinical academics. | SAT (especially clinically qualified); AS Support Officer; Head of College; HoS. | | | |
| 2.7 | Reduce the decline in the proportion of women between UE07 and UE10 and between AC2 and AC4 | Monitor promotion rates to establish that these retain parity or improve against male rates of promotion. If parity rates fall, we shall investigate the reasons why.<br><br>During the annual promotion round, HoS to ask Section Heads (via a pro forma report) whether promotion has been discussed for all UE08/09 and clinical academic staff at equivalent grades during their annual P&DR. If not, then establish why not. | SAT, with HoS to lead investigation into any failure to maintain equal or greater promotion rates for females.<br><br>HoS, School Administrators, Section Heads | On an annual basis following the promotions round, capturing any out-of cycle promotions | Increase the female proportion of staff at UE08-10 and AC3/4 by 10% or more in 3 years<br><br>Increase the proportion of females applying for promotion to UE08-10 and clinical grades 3/4 by 10% above current levels in 3 years. | 3b vii<br>4a ii<br>4a'i |
| **UG and PG students** | | | | | | |
| 3.1 | Increase the proportion of | Engage the student-led UG Atrium | SAT, President/vice- | February | We are aiming for a year- | 2c |

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| | female medical UG choosing a clinical academic career. | group in discussions to explore ways of promoting an academic career to UG students. | president of Atrium | 2014 and ongoing | on-year increase of 10% in the proportion of clinically qualified women entering PG by 2017 (data on clinically qualified women will be obtained retrospectively by informal mechanisms and will be formally captured in the future; 3.4, below). | 3b iv 3b vi 3b vii 5 |
| | | Hold an "Inspiring women conference" timed to coincide with UG graduations as well as the end of the intercalated honours year for UG medical students. | AS Officer/SAT | June 2014 | | |
| | | Promote a research career to female UG students by leafleting at the inspiring women conference, the annual Atrium conference held for medical UG in February each year and the annual careers fair. | AS Officer, SAT, President/vice-president of Atrium, CMVM Dean of Students | Annually | | |
| | | Include a link to our Athena SWAN website on the careers page of EEMeC (the Edinburgh Electronic Medical Curriculum, used by all medical students on a daily basis). | MBChB Personal Professional Development theme Head, SAT | February 2014 | | |
| 3.2 | Investigate the career choices of female medical UG students | Obtain data on the career destinations of medical UG from the Deanery. | AS Officer, SAT | Annually, in September | These data and data generated by the research study will be used to inform a future application for an AS silver award. | 3b iv 3b vi 3b vii |
| | | Request data from the Scotland PG Deanery (a regional academic foundation programme for all clinical trainees interested in an academic career) to discover the proportion of males and females from Edinburgh and elsewhere registered on the programme. | AS Officer, Clinical members of the SAT | Annually, in September | We shall also provide our data and research in response to national calls for evidence relating to female clinical academic careers. | |
| | | Obtain funding (we are currently investigating possible sources, including the Academy of Medical Science) to carry out a research study to investigate the reasons for the career choices of UG medical | SAT Chairs | Application submission Autumn 2014 to research the cohort graduating in | | |

| | | | | | 2015 | | |
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| 3.3 | Maintain the high level of applications from and offers made to females for UG medicine. | We will closely monitor the numbers of applications from females to UG medicine and the proportion made offers. E&D guidance is provided to UG selectors and most will have undergone training, though it is not mandatory. If we discover a gap opening up between applications and offers, we shall assess measures that can be put in place to address this, including mandatory E&D and unconscious bias training of selectors. | SAT | Yearly, in the analysis of data | Maintenance of female UG applications, offers and acceptances at current or greater levels. | 3b ii 3b v |
| 3.4 | Investigate whether there is a gender imbalance in clinical PGR students. | Identify and quantify clinically qualified PGR students. | PG Manager, CMVM | With immediate effect (November 2013) | Obtain data to inform a future plan. | 3b iv 3b vii |
| 3.5 | Investigate the reason for the low F:M ratio of PGT students on on-line courses and establish whether this underlies the low female proportion of applications, offers and acceptances on PGT programmes. | We shall engage with the CMVM PG Manager, the CMVM marketing Officer, the CMVM PGT Director (a clinical academic) and Deputy Director (a specialist in on-line courses in R(D)VS) and with Programme Directors to discover their insights into the gender disparity in students enrolled on online PGT courses. If attractiveness of promotional materials is a factor, we will work with course organisers to adjust these to ensure online PGT courses present a positive image of women and are attractive to women, regardless of nationality. | CMVM PG Manager, SAT Chairs, CMVM PG Marketing Officer, CMVM Director and Deputy Director PGT, School PGT Directors, Programme Directors | As part of the Annual QA review cycle (from December 2013) | An increase in the proportion of female students enrolled on online PGT courses by 2015. The overall figure will depend on the nature of the specific PGT programme. | 3b iii 3b v |
| 3.6 | Ensure there is provision for a female member of thesis committees for PG research students. | Almost all PG thesis committees for female students already have at least one female member. Where this is not the case, the reason will be investigated with the Supervisor, the wishes of the student sought and a | CMVM Director of PG research, School and Centre PG Directors. | Implement from the start of the next academic session, September | Satisfaction with the gender composition of thesis committees will be monitored through the School staff-PG student liaison committees. | 4a'iii |

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| | | female committee member invited if the student would prefer this. Female UE08-UE10 staff in the area may already be heavily committed. Fixed-contract UE07 staff can act as assistant supervisors and, if appropriate, a female UE07 staff member will be invited to sit on a thesis committee to ensure a female presence. | | 2014 | |
| **Work-life balance** | | | | | |
| 4.1 | Raise awareness of flexible working and other family friendly policies. | College inductions to be held for new staff which will specifically highlight a range of policies including family friendly policies<br><br>CMVM contracts to be sent out with red wrap around sheet highlighting where to find information about family friendly policies and College HR contacts.<br><br>Regular sessions on flexible working and other family friendly policies will be held across the College, including in our lunchtime career development fora. | HR members of SAT<br><br><br><br>HR<br><br><br><br><br>HR | With immediate effect (November 2013) | Increase awareness of flexible working and other family friendly policies from the current 47% of males and 35% of females to >70% both genders (monitored through our survey) by December 2014. | 4a'ii<br>4a'''ii |
| 4.2 | Develop and implement a policy on children in the workplace across the College | To address the high variability in local policies across CMVM regarding access of children to the workplace on an occasional basis (eg at weekends to allow their parent to attend to a piece of work), we shall develop a CMVM policy on children regarding safe access to the workplace that covers both Schools and all sites and addresses the needs of working parents. | SAT, CMVM Health and Safety Manager, Buildings Manager | To start in January 2014 | Implementation of a consistent policy on children in the workplace across the College. | 4b''iv |
| **Support** | | | | | |

| 5.1 | Carry out qualitative research to investigate the problems that face women in a clinical academic career, in particular from PG to tenure track position. | Establish a task group of current clinical academics and those who are now in full-time clinical work to identify the reasons for women declining to choose clinical academic careers. The task group will also be informed by work under 2.6 and 2.7, above. | SAT Chairs, SAT members, co-opted clinically qualified staff | Group to be established and start work by Spring 2014 | Group to report with recommendations in September 2015. The recommendations will be used to inform future actions, including a future application for an Athena SWAN silver award. | 3b vii 4a ii |
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| 5.2 | Implement further support for maternity leave. | Develop and trial a template for a "maternity leave agreement" with line manager, to specify staff members preferences regarding inclusion and involvement with work during maternity leave.<br><br>Develop and institute a "buddy scheme" for women on maternity leave and 6 months following return to work. This will be offered on first notification to HR of intention to take maternity leave. Buddies will normally be volunteer female staff at the same or higher grade, who have taken maternity leave within the last 5 years.<br><br>We shall evaluate both schemes by questionnaire, following return to work. | HR, SAT Chairs, HoS<br><br><br>HR to investigate options for developing and instituting a formal "buddy system" | By June 2014<br><br><br><br><br>Spring 2014 | Maintain the current proportion of women returning from maternity leave.<br><br>We shall evaluate the agreement and buddy schemes with a qualitative analysis (aiming to find out what has worked/not worked with the schemes) rather than a quantitative analysis, as numbers will be quite small and % may therefore be misleading. | 4a'''i 4b'''ii |
| 5.3 | Increase awareness and acceptance of flexible working | Regular sessions on flexible working and other family friendly policies will be held across the College, including in our lunchtime career development fora (see 2.2, above for details).<br><br>The P&DR form and guidelines will be amended to encourage managers and staff to discuss options for flexible working where this is appropriate. | HR<br><br><br><br><br>HR | From early 2014<br><br><br><br>This will be implemented early in 2014 | Promote greater awareness and acceptance of flexible working opportunities by December 2014 (assessed by several questions on our survey). | 4a'i 4a'''iii 4b'''i |

| 5.4 | Increase networking opportunities and peer-support amongst female academics | Hold Athena SWAN networking "pot-luck" lunches for staff every 3 months, rotating between sites. Networking lunches aimed at women will alternate with themed lunches (carers; part-timers) for all staff, to encourage peer support more generally. We shall also include a themed lunch aimed at the issues men encounter around flexible-working. | SAT, organisational culture sub-committee | With immediate effect (November 2013) | Increase the proportion of female staff who agree with the statement that "my workplace provides me with useful networking opportunities" (currently 79%) to be equivalent to male staff (currently 86%) by December 2014. | 4b ii 4b'''ii |
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| 5.5 | Embed mentoring throughout Schools | Champion mentoring through the central HR Mentoring Connections scheme by raising awareness through the Schools (emails, posters, lunchtime fora) and IAD.<br><br>Review feedback of the Mentoring Connections scheme collected by central HR at the end of the current cycle. Forward recommendations to the steering group.<br><br>Monitor the uptake of mentoring by females across the Schools. | SAT Chairs, Heads of School, IAD<br><br>SAT, SAT Chairs, Mentoring Connections steering group<br><br>Mentoring Connections steering group | With immediate effect (November 2013)<br><br>Summer 2014<br><br>From November 2013 | Increase the proportion of staff who agree with the statement that "my workplace provides me with useful opportunities for mentoring" from 76% male and 72% females to at least 90% of both genders by November 2015 | 4b ii |
| 5.6 | Increase leadership capabilities of female academic staff at UE08 and above | Recommendation to Section Heads that they nominate their UE08 (and above) female staff for Leadership training through the IAD. Section Heads to indicate on pro forma (see 2.7, above) whether the staff member has been offered leadership training during or following their annual appraisal.<br><br>Monitor through IAD | SAT Chairs, HoS | With immediate effect (November 2013) | An increase in the take-up of leadership training by 20% or more within 3 years. | 4b(ii) |

| Recruitment | | | | | | |
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| 6.1 | Increase the number of female applicants for substantial academic positions | Inclusion of a statement in advertisements for all senior clinical and non-clinical substantive academic posts welcoming applications from women and other under-represented groups. If awarded, we shall include the Athena SWAN bronze logo in recruitment material. | HR | With immediate effect (November 2013) | Increase the proportion of female applicants for posts at grades 8-10 and all clinical grades by ≥10% above current levels in 3 years. | 3b vii 3b viii 4a i 4a ii 4b i |
| | | Add a question to the agenda for search committees to ask if they have identified suitably qualified female candidates and sought advice on how to increase female applications, e.g., through the use of networks). | School Administrators | | | |
| | | Investigate the reasons for the low number of applicants for AC3 and AC4 positions | HoS, School Administrators | | | |

**Notes:**

[1]  HR in this Action plan refers to HR in the College of Medicine and Veterinary Medicine. University of Edinburgh HR is referred to as "Central HR".

[2]  Progress against objectives will be measured by analysis of annual staff and student data as well as by biennial survey (next, December 2014) and collection of *ad hoc* data. Annual data will be collated by HR staff and reviewed by the SAT at their Feb/March meeting.

[3]  Section Heads include Heads of Centres, Heads of Divisions and Heads of Institutes.

[4]  The Little France campus houses most of the School of Clinical Sciences, including the QMRI, Chancellor's Building, the Royal Infirmary of Edinburgh and the Scottish Centre for Regenerative Medicine

[5]  The Western General Hospital is a major site of the School of Molecular, Genetic and Population Health Sciences, and includes the IGMM and most of the Division of Pathology

[6]  The Central area includes parts of the School of Clinical Sciences, including the Dental Institute as well as the Centre for Population Health Sciences, part of the School of Molecular, Genetic and Population Health Sciences

**References to application form**:
4a, key transition points
4a' career development
4a'', 4b'' organization and culture

4a''', 4b''' flexibility and managing career breaks

**Acronyms**
**AS**, Athena SWAN
**CMVM**, College of Medicine and Veterinary Medicine
**CSG**, College Strategy Group, the highest decision making body in CMVM
**E&D**, Equality and Diversity
**ERI**, Edinburgh Research and Innovation (College management of grant applications, sign-off)
**HR**, Human Resources
**HoS**, Heads of the Schools of Clinical Sciences and Molecular, Genetic and Population Health Sciences
**IAD**, Institute for Academic Development
**IGMM**, Institute of Genetics and Molecular Medicine
**IS**, information services
**P&DR**, performance and development review (appraisal)
**PG**, post-graduate
**PI**, Principal Investigator
**PTES**, Postgraduate taught students experience survey (national)
**QMRI**, Queen's Medical Research Institute
**SAT**, Athena SWAN self-assessment team
**SCS**, School of Clinical Sciences
**SMGPHS**, School of Molecular, Genetic and Population Health Sciences
**SRC**, Scottish Resource Centre (for Women in SET)
**UG**, undergraduate