



## Athena SWAN Silver department award application

**Name of university:** University of Edinburgh

**Department:** School of Clinical Sciences and School of Molecular, Genetic and Populations Health Sciences (together representing the Clinical Medical School of the University)

**Date of application:** November 2015

**Date of university Bronze and/or Silver Athena SWAN award:** Silver, 2015

**Contact for application:** Professors Cathy Abbott and Karen Chapman

**Email:** [C.Abbott@ed.ac.uk](mailto:C.Abbott@ed.ac.uk); [Karen.Chapman@ed.ac.uk](mailto:Karen.Chapman@ed.ac.uk)

**Telephone:** 0131 651 1077 (Cathy Abbott) and 0131 242 6736 (Karen Chapman)

**Departmental website address:** <http://www.ed.ac.uk/schools-departments/molecular-clinical-medicine> and <http://www.ed.ac.uk/schools-departments/clinical-sciences>

Athena SWAN **Silver 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 [here](#) for additional guidance on completing the template.

### **Additional words**

*Please note that we have been granted an additional 1000 word allowance by ECU because we are a medical school; the email is copied below. The additional words are distributed as follows: section 2, 24 words; section 3, 598 words; section 4, 373 words; section 5, 5 words.*

Dear Cathy,

Thank you for contacting us. This is to confirm that the Schools of Clinical Sciences and Molecular Genetic and Population Health Sciences (together representing the Clinical Medical School of the University of Edinburgh) may have an extra 1,000 words for their silver application.

These additional words can be used throughout the application, but it should be made clear where they have been used in the word count at the end of each section. It is also helpful if you can state at the start of the application that these have been awarded by us.

Please note that the 1,000 words are counted for where the standard word limits of sections is exceeded; being under the word limit in any other section does not mean that further words are available.

Best wishes,

James

#### **James Lush**

Equality Charters Adviser

**Equality Challenge Unit**

**T:** 020 7269 6547

**M:** 07889 757 390

**E:** [james.lush@ecu.ac.uk](mailto:james.lush@ecu.ac.uk)

## 1. Letter of endorsement from the head of department: maximum 500 words

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.

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.



THE UNIVERSITY *of* EDINBURGH  
Edinburgh Medical School

**Clinical Sciences**  
**Molecular, Genetic and Population**  
**Health Sciences**

The Chancellor's Building  
49 Little France Crescent  
Edinburgh EH16 4SB

**Tel** 0131 242  
**Fax** 0131 242 6483

[www.ed.ac.uk/clinical-sciences](http://www.ed.ac.uk/clinical-sciences)

The last two years have been exciting, energising and in many respects transformative. In 2013 we wrote that one of the challenges we faced was 'a lack of awareness of and self-reflection about barriers – structural, attitudinal and subconscious – to gender equality'. We are confident a major **cultural shift** has occurred. Our senior staff is now demonstrating high levels of awareness of equality and diversity, evidenced in our survey and our daily interactions. This has brought about significant positive changes in practice. For example, we have seen a large improvement in the numbers of staff having annual appraisals and increased engagement in mentoring. Our high profile Athena SWAN event, 'Inspiring women in academic medicine and the medical sciences', engaged senior men as well as women and wide range of staff and students. The event was far reaching in its impact resulting in many more people becoming involved in Athena SWAN and equality and diversity including an Institute and Division head joining the refreshed Self Assessment Team (SAT). We have moved towards a real embedding of gender equality into our everyday practices. Many events, locally organised, keep awareness high while providing opportunities to reflect and inform, such as our sessions on flexible working and promotions. Responding to suggestions, we continue to influence policy and practice, both within our School and the University more widely: our 'caring for carers' policy is now leading University work in this area. Importantly, we have initiated mandatory PI training 'Managing Your Research Group' which signals a School wide commitment and ensures best practice regarding the principles of equality. This has been extremely well received and will be extended to all line managers.

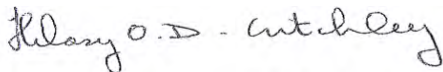
There has been considerable progress to **removing structural barriers**. Our SAT has spearheaded several changes, formalising specific questions on career progression/promotion and flexible working as part of annual appraisal. We have achieved excellent representation on almost all major decision making committees and have been very successful in removing gender inequality from the promotions process. We have had some outstanding female appointments both at senior and early career level (we now have gender balance at lecturer and clinical lecturer level). We accept that we still have some way to go to achieve parity across senior roles such as Heads of Centre but we have inspirational role models, excellent mentoring and further actions in our Silver Action Plan to nurture the next generation of female staff and students.

Our outstanding SAT chairs have continued to steer progress, supported by a very active team. We are actively involved, ensuring recommendations are fed upwards and enacted throughout our School. Of course, **many challenges remain**: we are bigger than before, continue to be geographically spread and have recently reorganised into a single Edinburgh Medical School. We are seizing the opportunity this brings to extend best practice and engage widely with all our staff and students to promote gender equality.

We give our strongest endorsement to the Action Plan and our deep commitment to its implementation.



Sarah Cunningham-Burley  
Professor of Medical and Family Sociology  
Dean of Molecular, Genetic and Population Health Sciences  
Edinburgh Medical School  
College of Medicine and Veterinary Medicine  
University of Edinburgh



Hilary OD Critchley  
Professor of Reproductive Medicine  
Dean of Clinical Sciences  
Edinburgh Medical School  
College of Medicine and Veterinary Medicine  
University of Edinburgh

## 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.

**Note that a list of acronyms can be found at the end of the Action Plan.**

a) We applied for our Bronze award as a single unit, the Edinburgh Clinical Medical School. This spans two Schools but has a single SAT (co-conveners: CA and KC). The Schools were recently renamed Deaneries, but we use the previous terminology as the same unit is now applying for Silver. The SAT was reinvigorated after our successful Bronze application- we approached people who had expressed an interest in joining (many as a result of attending one of our events), and others rotated off. To ensure good representation, individuals with specific experience (e.g. those with non-child dependants) were also invited to join. The SAT is, necessarily, a large group (Table 1), reflecting the size and diversity of the combined Schools. It includes 5 clinicians and representatives of all grades from PhD students to Heads of School (HoS), different working patterns and a variety of responsibilities. In School areas not represented on the SAT we now have Athena SWAN Champions (see below).

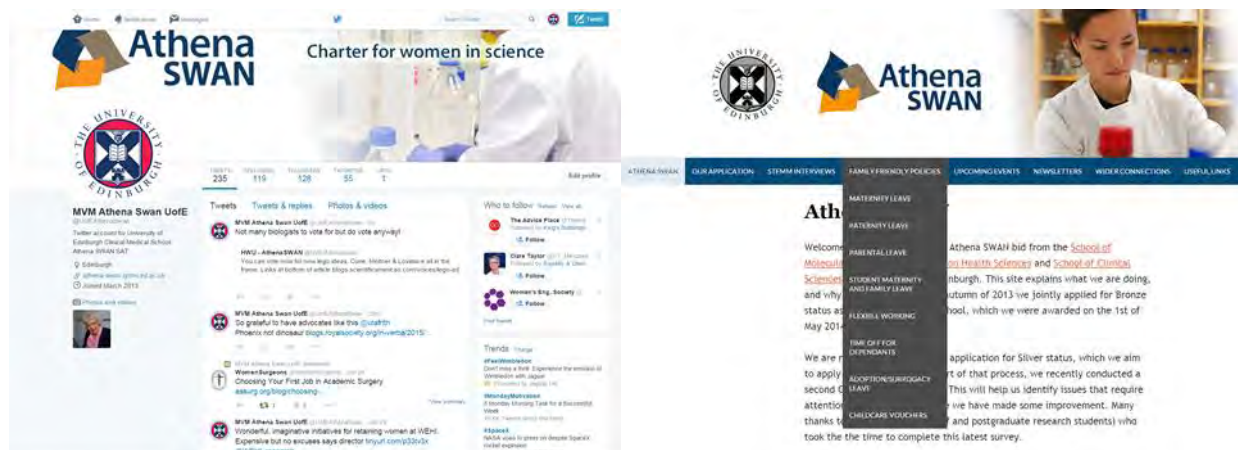
We also have 5 sub-groups chaired by SAT members that include non-SAT members. These are the Steering group, Promotions, Organisational culture, Work-life balance and Support. All subgroups performed greater in-depth analysis of relevant data, elicited new data, formulated policy and consulted more widely, often by organising local events (eg lunchtime fora; **BAP2.2**). The steering group (including both HoS, SAT co-convenors and School administrators) met for more detailed discussion of staff and survey data and to discuss the implementation of the action plan.

b) The SAT met every 12 weeks, with the venue rotating between sites. Subgroups met less regularly, but had frequent email contact and reported back to each SAT meeting. Staff and survey data, and progress in implementing the Bronze AP (BAP) was reviewed at each SAT meeting. Priorities for the Silver AP (SAP) based on staff and survey data, individual communications, and information solicited from Heads of Centre/Institute (HoC/I) were determined; **BAP1.3**. The presence of both HoS, two HoC/I and the PG Dean on the SAT greatly facilitated the ultimately successful implementation of these actions, since all sit on the highest decision-making body in College, the College Strategy Group (CSG).

Wider engagement was effected in several ways. We engaged HoC/I by feeding back survey data and non-identifiable free text comments via the HoS, through face to face meetings, and by requesting Centre-level data on committee representation/seminar programs/outreach activities (**BAP1.3**, continues in **SAP1.3**). This was remarkably successful and achieved real organisational culture change: all HoC have become engaged- insisting on attendance at PI training (**BAP1.1**), adding the Bronze Award logo to Centre websites, joining the SAT/attending as observers, and in

one case triggering a complete reform of Centre management structure to increase transparency and participation in decision-making by all academic staff. In addition, Athena SWAN was a standing item on the agenda for Schools management meetings (**BAP1.3**, continues in **SAP1.3**). Our website (<http://athena-swan.igmm.ed.ac.uk/>) was updated regularly and includes our Twitter feed.

## Our Twitter Feed and Website



Whilst 30% of staff have visited the website, our survey showed that we are reaching far more at higher grades (80%F and 46%M professors) than at lower; we will address this in future (**SAP1.5&1.6**). Our annual AS newsletters (biannual in future, **SAP1.5**) are distributed as print copies in communal areas, emailed to all staff and hosted on the website.

SAT members act as AS Ambassadors and use every opportunity to broadcast our activities, giving talks at retreats/seminars, putting up posters and publicising the website (**BAP1.3**). Each Centre has an Athena SWAN champion to ensure a dialogue with all areas (**BAP1.3**, extended in **SAP1.5**). Those champions not part of the SAT were briefed on their role and included in all SAT email correspondence. However, the recent survey has highlighted that we need to communicate even more effectively in some areas and we propose to engage Section Heads more pro-actively and hold roadshows to promote our activities more widely (**SAP1.5&1.6**).

We held AS lunchtime fora covering a variety of topics such as mentoring, flexible working and promotions (**BAP2.2** and see below); these were well attended, with excellent feedback. We initiated a “caring for carers” group (see AOC below; developed in **SAP5.7**). Finally, our mandatory day-long workshops for all PIs “Managing Your Research Group” (**BAP1.1**, extended in **SAP1.1**) embeds the principles of equality throughout, concluding with a talk on AS.

Within the College of Medicine and Veterinary Medicine (CMVM), all the SAT Chairs sit on the College E&D committee (**BAP1.2**). They and the School Administrators are members of the University AS network, regularly meeting to share information and good practice. Two of our SAT members sit on AS panels at ECU. Our “Inspiring Women” conference (**BAP3.1**) proved invaluable for networking with champions of women in STEM such as Dame Sally Davies (see AOC section, **SAP5.8**).

In our recent staff/postgraduate student survey (January 2015; **BAP1.1**, **SAP1.1&1.3**) we had nearly 700 responses (~50%). The data were broken down by gender and analysed by grade and by centre (but not by both, to preserve anonymity), compared with the results from 2013 and discussed at

SAT and sub-group meetings. Free text responses were examined by the steering group and used to inform specific actions in our SAP, and fed back to HoC (**BAP1.3**, **SAP1.3**). A summary of the survey results will be placed on our AS website as before (**SAP1.1**).

c) The SAT will continue to meet every 2-3 months to discuss initiatives/data and monitor AP progress. To encourage the dissemination of AS principles and ethos, we shall introduce staggered terms for SAT members, seeking replacements from areas that have proved hard to engage (**SAP1.5**) or for specific roles, eg Student Engagement Officer. Where the post is represented (eg HoS, School Administrators), then SAT membership will be co-incident with the post. Succession planning has been implemented for the co-convenors, who will finish their terms in April 2016 (**SAP2.2**). We will continue to ensure that everyone who has expressed an interest has a chance to be involved. Accountability and efficiency of the SAT will be improved by establishing remits for specific roles on the SAT and sub-groups (**SAP7.1**)

**1024 words**

## SAT members

**Professor Cathy Abbott** (Convenor, SMGPHS). Chair of Mammalian Molecular Genetics, Director of PG for SMGPHS, working 80% FTE. Married to another academic with two children, one at school and one at university. Based in IGMM.

**Professor Karen Chapman** (Convenor, SCS). Chair of Molecular Endocrinology. In a dual (academic) career marriage, with husband currently working in Australia. Now works in Australia for 4 months each year, with support from the College. Has 3 adult children and since the birth of the first has worked flexibly with the agreement and support of her line manager. Based in QMRI.

**Dr Martin Reijns** (Communications manager for the SAT, SMGPHS). Senior research scientist at the MRC HGU. He and his wife work full time, do not have children. Based in IGMM. Responsible for Athena SWAN newsletter, website and communications strategy.

**Professor Hilary Critchley** (SCS, Head of School). Professor of Reproductive Medicine, Head of SCS and Clinical Consultant in Obstetrics and Gynaecology at the Royal Infirmary, Edinburgh. Has two daughters. Based in QMRI.

**Professor Sarah Cunningham Burley** (SMGPHS, Head of School). Professor of Medical and Family Sociology and Head of SSMGPHS. Has one daughter and two grandchildren. Based in CPHS.

**Professor Mark Arends** (SMGPHS). Professor of Pathology, Head of the Division of Pathology. Married with three grown up-children. Based in IGMM.

**Dr Sarah Cox** (SMGPHS). Recent PhD graduate and now at the MRC HGU. Got married in 2015 to a non-academic in full-time employment. Based in IGMM

**Dr Donald Davidson** (SCS). MRC Senior Non-clinical Research Fellow in the MRC Centre for Inflammation Research. Medical graduate who chose to pursue an academic scientific research career, married with two primary school age children. Based in QMRI.

**Mrs Faith Davies** (SMGPHS). PhD Student. Now in the final year of her studies, having had a daughter in 2014. Had the flexibility to change her hours from full-time to 60% and now 80%. Based in IGMM.

**Professor Julia Dorin** (SCS). Professor of Genetics of Host Defence. Has 4 children and has variously worked 60%, 80% and FTE. Lives with her partner who works part-time. Based in QMRI.

**Dr Dahlia Doughty Shenton** (SMGPHS). Manages the Edinburgh Phenotypic Assay Development Centre after being a postdoc. Recently returned to full-time work after maternity leave, shares child care responsibilities with husband who also works full-time. Based in IGMM.

**Dr Susan Farrington** (SMGPHS). Reader in Colon Cancer Genetics. In a dual academic career marriage with 2 school aged daughters. Both partners commute ~3hrs a day in different directions to Edinburgh and Newcastle. Flexible and out of office working practices have been essential within this scenario.

**Dr Tamara Gilchrist** (SMGPHS). Research Technician. Has a young son and so is making use of flexible-working practices by currently working on a part-time basis. Based in IGMM.

**Ms Anna Girling** (College Office). Equality and People Data (EPD) Officer, supporting all of the Athena SWAN teams within College. Part-time, and is also half-way through a part-time PhD. Based in QMRI.



**Dr Paddy Hadoke** (SCS). Senior Research Fellow in the Centre for Cardiovascular Research. Married with two school-age children; his wife is a clinician. Direct personal experience of the challenges of balancing the demands of a career and family life. Based in QMRI.

**Professor Nick Hastie** (SMGPHS). Director of the MRC Human Genetics Unit and the IGMM. Married with 2 grown up children, both working in scientific areas, and two grandchildren. Based in IGMM.

**Professor Margarete Heck** (SCS). Chair of Cell Biology and Genetics and PG Director of SCS. Married (to an academic) with two adult children. Based in QMRI.

**Professor Sarah Howie** (SCS). Chair in Immunopathology since 2005. Married to another academic, has two grown up daughters. Based in QMRI.

**Mr. Robb Hollis** (SMGPHS). PhD student. Has led projects aimed at widening participation and diversity in STEM subjects with a focus on engaging young women in scientific careers.

**Miss Lorna Marson** (SCS). Senior Lecturer in Transplant Surgery, two teenage children and experience of training on a less than full time basis. Based in QMRI. Led the working group on clinical careers.

**Mrs Susan McNeill** (College HR). Head, College HR. In a dual career marriage and the main carer for her sister who has Downs Syndrome and lives with her and her husband. Also a member of CSG. Based in QMRI.

**Dr Carmel Moran** (SCS). Reader in Medical Physics. In a dual career marriage to a non-academic, with 3 children and since the birth of third child has worked flexibly and part-time. Based in QMRI.

**Dr Martyn Pickersgill** (SMGPHS). Reader. Alongside research and doctoral student supervision, participates as fully as possible in a range of public (and policy) engagement activities. Based in CPHS.

**Professor Adriano Rossi** (SCS). Chair of Respiratory and Inflammation Pharmacology. Has three children and partner who is in full-time employment. Based in QMRI.

**Professor Philippa Saunders** (SCS). Professor of Reproductive Steroid and Director of Postgraduate Research for the College, member of CSG. Has two children both of whom are recent graduates . Based in QMRI.

**Mrs Andrea Scott** (SCS). School Administrator. Working 0.8 FTE and with two children. Based in the Chancellor's Building.

**Mrs Vivien Smith** (SMGPHS). School Administrator. In a dual-career family with two teenage daughters. Worked part-time when her children were young, gradually increased her hours to full time over several years. Based in CPHS.

**Dr Sonja Vermeren** (SCS). Chancellor's Fellow. Married to another scientist with a full-time career and has two primary school age children. Based in QMRI.

**Mrs Elspeth Wedgwood** (College HR). Senior HR Advisor. Has worked flexibly, increasing her hours and amending start and finish times as her two children have got older, now 0.7 FTE. Based in QMRI.

### 3. A picture of the department: maximum 2000 words

- a) Provide a pen-picture of the department to set the context for the application, outlining in particular any significant and relevant features.

The University of Edinburgh comprises three Colleges. The College of Medicine and Veterinary Medicine (CMVM) was, until August 2015, divided into four Schools. The three Schools within Medicine have now been renamed Deaneries; we are applying as before, as a unit composed of the two Schools/Deaneries that make up the Clinical Medical School; the third (Preclinical) Deanery within the Medical School obtained an Athena SWAN Silver award in 2010, renewed last year. Key decision-making processes occur at both College and School/Deanery level. We use the term Schools throughout this document for consistency with our previous application. Our two Schools work very closely together across all domains. As we are complex units we provide a hierarchical key to acronyms below, together with an indication of staff numbers and budget (note: the term "Section Heads" includes Heads of Institutes, Centres or Divisions). The geographically dispersed nature of the Schools is shown on the map below.

School	Overarching Institute/Centre	Centre	Staff number	FTE	Research expenditure 2014/2015
<b>Clinical Sciences</b>	QMRI: Queen's Medical Research Institute	CCVS (Cardiovascular Science)	137	125	£8.9 million
		CIR: Centre for Inflammation Research	160	152	£12.8 million
		CRH: MRC Centre for Reproductive Health	153	140	£6.2 million
		CRM: Centre for Regenerative Medicine	73	70	£6.6 million
		CCBS: Centre for Clinical Brain Sciences	268	246	£11.5 million
		DHS: Division of Health Sciences	96	87	£1.8 million
		EDI: Edinburgh Dental Institute	22	14	£12K
<b>Molecular Genetic and Population Health Sciences</b>	IGMM: Institute of Genetics and Molecular Medicine		55	53	£560K
		CGEM: Centre for Genomic and Experimental Medicine	62	58	£3.2 million
		MRC HGU: MRC Human Genetics Unit	149	145	£24.4 million
		ECRC: Edinburgh Cancer Research Centre	116	111	£5.7 million
			CPHS: Centre for Population Health Sciences and CGHR: Centre for Global Health Research	182	149
		CMI: Centre for Medical Informatics	15	15	£266K

	ECTU: Edinburgh Clinical Trials Unit		36	24	£620K
	DP: Division of Pathology		25	23	£600K

### Location of the School sites within Edinburgh



Cultural differences are much more in evidence between Centres than between Schools- Centres coalesce around core research programmes, are usually on one site and HoC adopt different leadership styles. We therefore collected and analysed our survey data on a centre-by-centre basis, feeding back to and engaging Section Heads directly (**BAP1.3**, continuing in **SAP1.3**). We also reminded all heads to promote leadership training, PI training (developed under **BAP1.1**; see later) and mentoring.

The geographical split of the Schools creates a need for good channels of communication (challenges/short-comings are addressed in **SAP1.5**). Parking problems are ameliorated by a free shuttle bus service. We make good use of email, and a few events are live-streamed to different sites. Facilities for this are restricted so we shall lobby to increase live-streaming (**SAP2.10**). One very positive change since our Bronze award has been at the Western General site, with the opening of the new IGMM Systems Medicine building. This physically joins three centres, and provides not only a cafeteria, but also a wealth of small meeting areas. This has really encouraged a sense of community (**SAP1.6**).

There are over 1,300 students enrolled on the MBChB and intercalated courses and we also have a small UG Oral Health Scientist population. Staff from our Schools contribute to the MBChB, leading and delivering major components of the curriculum although overall management is at College level. To further engage UG staff and reach UG students, we propose to create a student engagement group led by a Student Engagement Officer (**SAP3.1**).

We have ~1500 postgraduate students on our programmes. Many of the taught postgraduate programs (on-line/distance and on-campus) can also be flexibly accessed as Continued Professional Development or diploma level courses initially. Most courses attract students with a professional background, often studying part-time whilst working. The Schools offer a variety of PhD studentships including clinical PhD studentships as part of the Edinburgh Clinical Academic Training (ECAT) Programme, which allows clinicians to develop an academic career. Each School has a Postgraduate Research (PGR) Director and a Postgraduate Taught (PGT) Director, all of whom sit on College level committees. Both PGR directors are fully engaged with AS (CA and MH).

Across our Schools, we have observed a real change in awareness of Athena SWAN and issues associated with gender equality since achieving our Bronze award, evidenced by engagement in our events and activities, through our survey results (see later) and through informal feedback. One compelling example is that many people have said anecdotally that they now feel completely confident in being open if they can't attend something because of childcare commitments. Old-style entrenched attitudes are no longer tolerated; the PI training (**BAP1.1**) has proved particularly useful in this respect. The engagement of HoC and the professoriate has been exceptionally constructive in furthering the AS ethos and embedding it in the organisational culture. We now need to ensure that all areas/more junior staff are actively involved in order to maintain this momentum (**SAP1.3, 1.5&1.6**), but overall the impact of our Schools' engagement with the Athena SWAN process has been profound.

- 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**

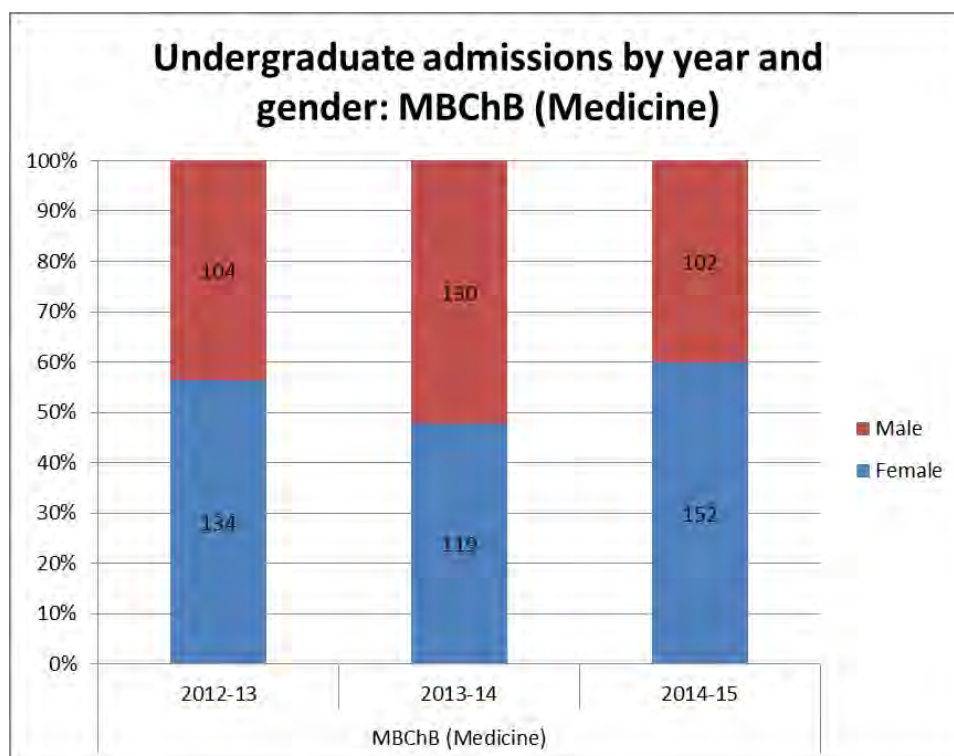
- (i) **Numbers of males and females on access or foundation courses** – comment on the data and describe any initiatives taken to attract women to the courses.

No access or foundation courses offered.

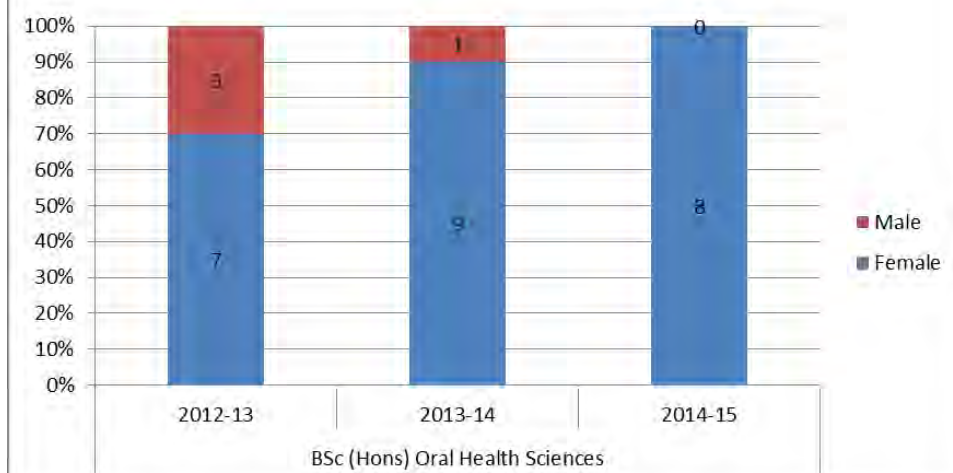
- (ii) **Undergraduate male and female numbers** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the impact to date. Comment upon any plans for the future.

## Undergraduate admissions

Undergraduate admissions by year and gender (MBChB (Medicine), BSc (Hons) Oral Health Sciences and national figures)		Female	% F	Male	% M
MBChB (Medicine)	2012-13	134	<b>56.3%</b>	104	<b>43.7%</b>
	2013-14	119	<b>47.8%</b>	130	<b>52.2%</b>
	2014-15	152	<b>59.8%</b>	102	<b>40.2%</b>
National (all UCAS accepted students, HESA code: A1, Pre-clinical medicine)	2012-13	4155	<b>53.3%</b>	3645	<b>46.7%</b>
	2013-14	4135	<b>55.0%</b>	3385	<b>45.0%</b>
	2014-15	not yet available			
BSc (Hons) Oral Health Sciences	2012-13	7	<b>70.0%</b>	3	<b>30.0%</b>
	2013-14	9	<b>90.0%</b>	1	<b>10.0%</b>
	2014-15	8	<b>100.0%</b>	0	<b>0.0%</b>
National (all UCAS accepted students, HESA code: A9, Others in medicine and dentistry)	2012-13	50	<b>66.7%</b>	25	<b>33.3%</b>
	2013-14	50	<b>71.4%</b>	20	<b>28.6%</b>
	2014-15	not yet available			



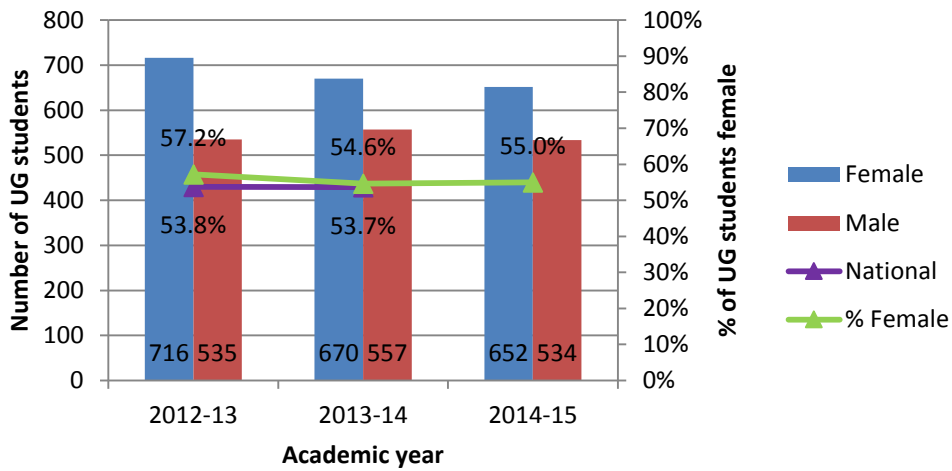
## Undergraduate admissions by year and gender: BSc (Hons) Oral Health Sciences



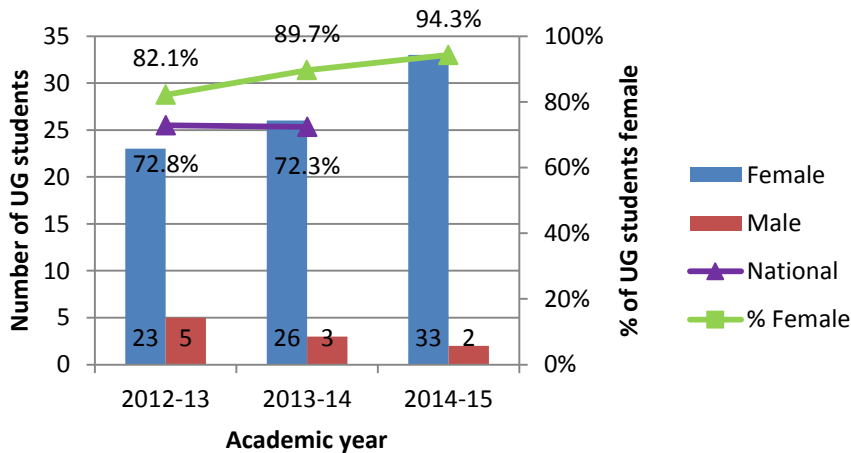
### Undergraduate student headcount

Undergraduate student headcount by year and gender (MBChB (Medicine), BSc (Hons) Oral Health Sciences and national figures)		Female	% F	Male	% M	Total students per year
<b>MBChB (Medicine)</b>	2012-13	716	<b>57.2%</b>	535	<b>42.8%</b>	1251
	2013-14	670	<b>54.6%</b>	557	<b>45.4%</b>	1227
	2014-15	652	<b>55.0%</b>	534	<b>45.0%</b>	1186
<b>National (HESA code: A1, Pre-clinical medicine)</b>	2012-13	7365	<b>53.8%</b>	6330	<b>46.2%</b>	13695
	2013-14	7325	<b>53.7%</b>	6320	<b>46.3%</b>	13645
	2014-15	not yet available				
<b>BSc (Hons) Oral Health Sciences</b>	2012-13	23	<b>82.1%</b>	5	<b>17.9%</b>	28
	2013-14	26	<b>89.7%</b>	3	<b>10.3%</b>	29
	2014-15	33	<b>94.3%</b>	2	<b>5.7%</b>	35
<b>National (HESA code: A9, Others in medicine and dentistry)</b>	2012-13	295	<b>72.8%</b>	110	<b>27.2%</b>	405
	2013-14	340	<b>72.3%</b>	130	<b>27.7%</b>	470
	2014-15	not yet available				

### Full-time undergraduate headcount by gender and year (MBChB)



### Full-time undergraduate headcount by gender (BSc (Hons) Oral Health Sciences)



All undergraduate students are full-time. The current representation of women on the MBChB course is 55%, marginally ahead of the national average. In 2016, the MBChB will become a 6 year course including an intercalated degree for all. This may influence student recruitment; we shall monitor this carefully for any adverse impact on gender balance (**SAP3.3** including via the student engagement group **SAP3.1a**).

The BSc in Oral Health Sciences continues to attract a majority of female applicants in line with comparator data. We have noted that this UG population is somewhat isolated from the rest of the

student community. We shall therefore hold discussions with the Programme Director to identify any gender-related issues (**SAP3.4**).

We plan to introduce E&D training (in the form of the Respect and Dignity policy) as part of induction procedures for all students (**SAP3.2&4.1**).

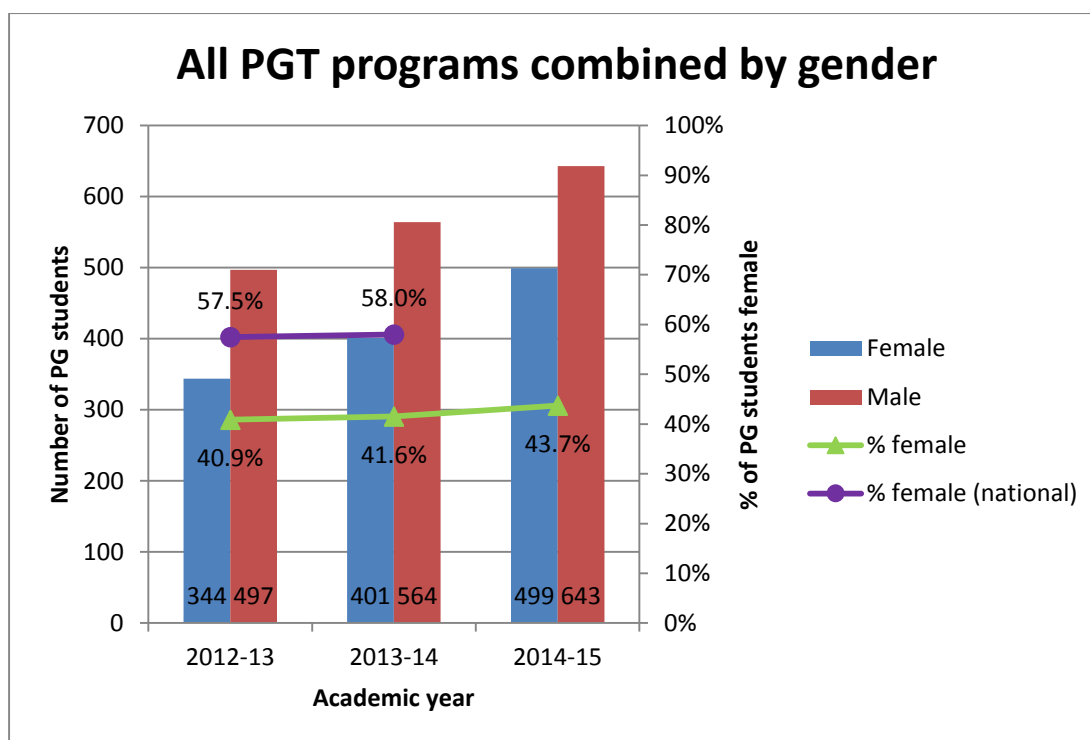


- (iii) **Postgraduate male and female numbers completing taught courses** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

Our portfolio of PGT programs is extensive. In order to treat the data with as much granularity as possible, but without providing over 50 different datasets, we have grouped the programs according to the professional speciality from which the applicants are drawn, and whether the course is online or on-campus.

**Table 2: Our Postgraduate Taught Programs**

<p><b>Group 1: MPH (on campus)</b></p> <p>MPH in Master of Public Health</p> <p><b>Group 2: Dental programs</b></p> <p>MClinDent in Oral Surgery, MCLinDent in Orthodontics, MCLinDent in Paediatric Dentistry, MCLinDent in Prosthodontics, MSc in Dental Primary Care, MSc in Primary Dental Care (Online Distance Learning), PgCert in Primary Dental Care (Online Distance Learning)</p> <p><b>Group 3: ChM (Masters in Surgery, all online)</b></p> <p>ChM (General Surgery) in General Surgery, ChM (Trauma &amp; Orthopaedics) in Trauma and Orthopaedics (Online Distance Learning), ChM (Urology) in Urology (Online Distance Learning), ChM (Vascular and Endovascular Surgery) in Vascular and Endovascular Surgery</p> <p><b>Group 4: PGCert and PGDip (all online apart from Anaesthesia Practice)</b></p> <p>PgCert in Clinical Education, PgCert in Clinical Management of Pain, PgCert in Clinical Trials, PgCert in Cognitive Ageing Research Methods for Medical Scientists, PgCert in Forensic Medicine and Science, PgCert in Global Health Challenges, PgCert in Global Health: Non Communicable Diseases, PgCert in Health Informatics, PgCert in Health Information Governance, PgCert in Imaging, PgCert in Internal Medicine, PgCert in Neuroimaging for Research, PgCert in Paediatric Emergency Medicine, PgCert in Pain Management, PgDip in Anaesthesia Practice, PgDip in Clinical Education, PgDip in Clinical Trials, PgDip in Forensic Medicine and Science, PgDip in Global Health: Non Communicable Diseases, PgDip in Health Informatics, PgDip in Health Information Governance, PgDip in Imaging, PgDip in Internal Medicine, PgDip in Neuroimaging for Research, PgDip in Paediatric Emergency Medicine, PgDip in Pain Management</p> <p><b>Group 5: all MSc (all online)</b></p> <p>MSc in Clinical Education, MSc in Clinical Management of Pain, MSc in Clinical Trials, MSc in Forensic Medicine and Science, MSc in General Practice, MSc in Global Health: Non Communicable Diseases, MSc in Health Informatics, MSc in Health Information Governance, MSc in Imaging, MSc in Internal Medicine, MSc in Neuroimaging for Research, MSc in Paediatric Emergency Medicine, MSc in Pain Management, MSc in Public Health Research, MSc in Regenerative Medicine: Clinical and Industrial Delivery, MSc in Surgical Sciences, MSc in Transfusion, Transplantation and Tissue Banking</p>
---



Distribution of PGT students by gender according to full or part-time status		Full-time		Part-time	
		F	M	F	M
2012-13	PGT (numbers)	44	15	300	482
	PGT (%)	<b>74.6%</b>	<b>25.4%</b>	<b>38.4%</b>	<b>61.6%</b>
	PGT - national (numbers)	2010	1065	4350	3645
	PGT-national (%)	<b>65.4%</b>	<b>34.6%</b>	<b>54.4%</b>	<b>45.6%</b>
2013-14	PGT (numbers)	53	24	348	540
	PGT (%)	<b>68.8%</b>	<b>31.2%</b>	<b>39.2%</b>	<b>60.8%</b>
	PGT - national (numbers)	2280	1155	4735	3925
	PGT-national (%)	<b>66.4%</b>	<b>33.6%</b>	<b>54.7%</b>	<b>45.3%</b>
2014-15	PGT (numbers)	39	25	460	618
	PGT (%)	<b>60.9%</b>	<b>39.1%</b>	<b>42.7%</b>	<b>57.3%</b>
	PGT - national (numbers)	not yet available			
	PGT-national (%)				
<b>HESA codes for national data: A1, Pre-clinical medicine; A3, Clinical Medicine; A4, Clinical Dentistry; A9, Others in medicine and dentistry</b>					

When we look at all courses combined, it appears that we have an excess of male PGT students compared with the national average. However, as the table shows, we actually have a greater proportion of women than the national average studying full-time. The discrepancy in the total numbers is explained by an excess of part-time males and can be understood in the context of the breakdown given below.

## 1. MPH (Master of Public Health)

	2012-13		2013-14		2014-15	
	F	M	F	M	F	M
MPH (numbers)	39	11	42	11	33	12
MPH (%)	78.0%	22.0%	79.2%	20.8%	73.3%	26.7%

This on-campus course is predominantly female.

## 2. Dental Programmes

All dental programmes	2012-13		2013-14		2014-15	
	F	M	F	M	F	M
PGT Dental Programmes (numbers)	14	18	24	33	19	42
PGT Dental Programmes (%)	43.8%	56.3%	42.1%	57.9%	31.1%	68.9%

Dental - breakdown by programme	2012-13		2013-14		2014-15	
	F	M	F	M	F	M
MClinDent Oral Surgery	4	2	3	4	2	4
MClinDent Orthodontics	4	1	3	3	0	4
MClinDent Paediatric Dentistry	2	1	5	1	2	0
MClinDent Prosthodontics	0	0	1	3	2	5
MSc Primary Dental Care	3	14	12	22	12	28
PgCert Primary Dental Care	1	0	0	0	1	1
Total	14	18	24	33	19	42

The dental programs have too few students to permit robust conclusions. The overall excess of males is due to the MSc in Primary Dental Care. National figures (2013-2014) for PGT Clinical Dentistry programs show 46% females, so we fall some way short of this. We will investigate the reasons with the Program Director, supporting her to improve these figures **SAP4.2**.

## 3. ChM

	2012-13		2013-14		2014-15	
	F	M	F	M	F	M
ChM (numbers)	10	84	10	121	9	99
ChM (%)	10.6%	89.4%	7.6%	92.4%	8.3%	91.7%

These programs show a majority of male students, accounting for the excess of PT males in the overall tables. This gender imbalance reflects that of the professional speciality from which the students are drawn (see below).

## 4. PGCert and PGDip

	2012-13		2013-14		2014-15	
	F	M	F	M	F	M
PGCert and PGDip (numbers)	35	30	52	36	58	46
PGCert and PGDip (%)	53.8%	46.2%	59.1%	40.9%	55.8%	44.2%

These programs show a slight excess of females, but numbers are relatively small.

## 5. MSc

Here we have broken down the courses into MSc Surgical Sciences, MSc Internal Medicine, and all others.

Distribution of postgraduate taught students by gender	2012-13		2013-14		2014-15	
	F	M	F	M	F	M
MSc - Surgical Sciences only (numbers)	49	173	74	168	94	190
MSc - Surgical Sciences only (%)	22.1%	77.9%	30.6%	69.4%	33.1%	66.9%

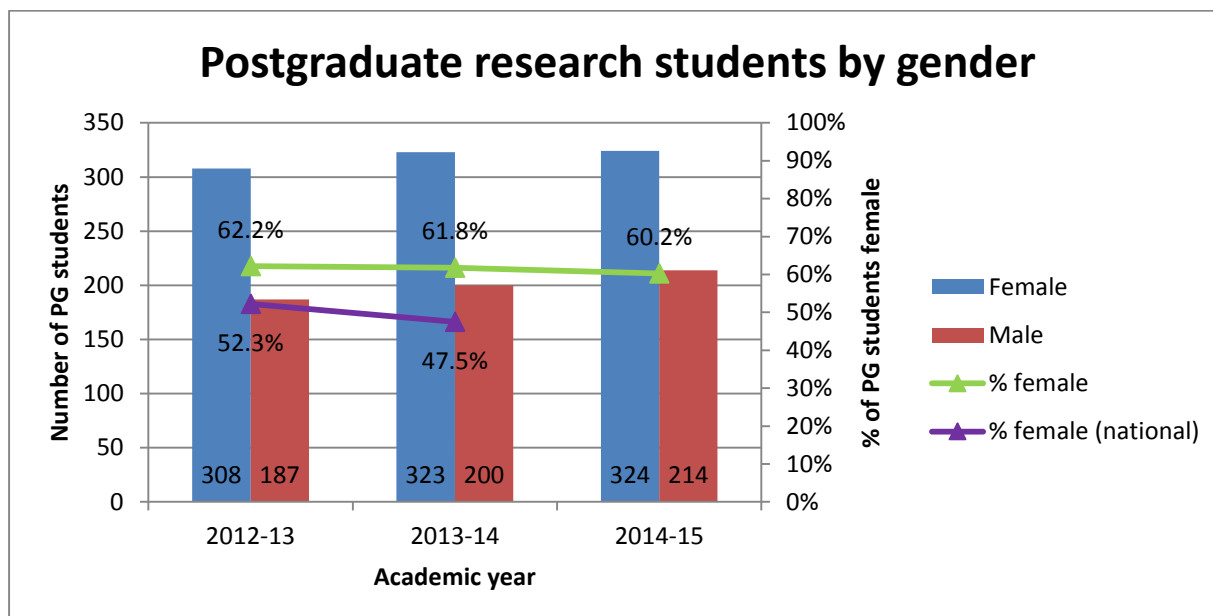
Distribution of postgraduate taught students by gender	2012-13		2013-14		2014-15	
	F	M	F	M	F	M
MSc - Internal Medicine only (numbers)	18	54	28	61	39	77
MSc - Internal Medicine only (%)	25.0%	75.0%	31.5%	68.5%	33.6%	66.4%

Distribution of postgraduate taught students by gender	2012-13		2013-14		2014-15	
	F	M	F	M	F	M
MSc (all others) (numbers)	179	127	171	134	236	161
MSc (all others) (%)	58.5%	41.5%	56.1%	43.9%	59.4%	40.6%

These programs (and the ChM, above) show a considerable male majority, accounting for the excess of PT males overall. Given the online, distance learning format, our Masters programmes can help to eliminate gender disparity: students gain a qualification in a flexible manner, without having to take time-out of clinical training posts or to leave their place of residence. We have seen a steady increase in the proportion of female students on our Surgical Sciences programme, despite this being a male dominated field (especially amongst overseas students). However, we cannot achieve gender parity when fewer than 20% of applications for surgical training posts are female, going as low as 7-8% in urology and cardiovascular surgery. The organisers of our courses are alert to the need to attract more female applicants and we will work with them to investigate any aspects of the programme that may be off-putting to, or which may disadvantage, women (**SAP4.2**).

All other MSc courses show an excess of females on program.

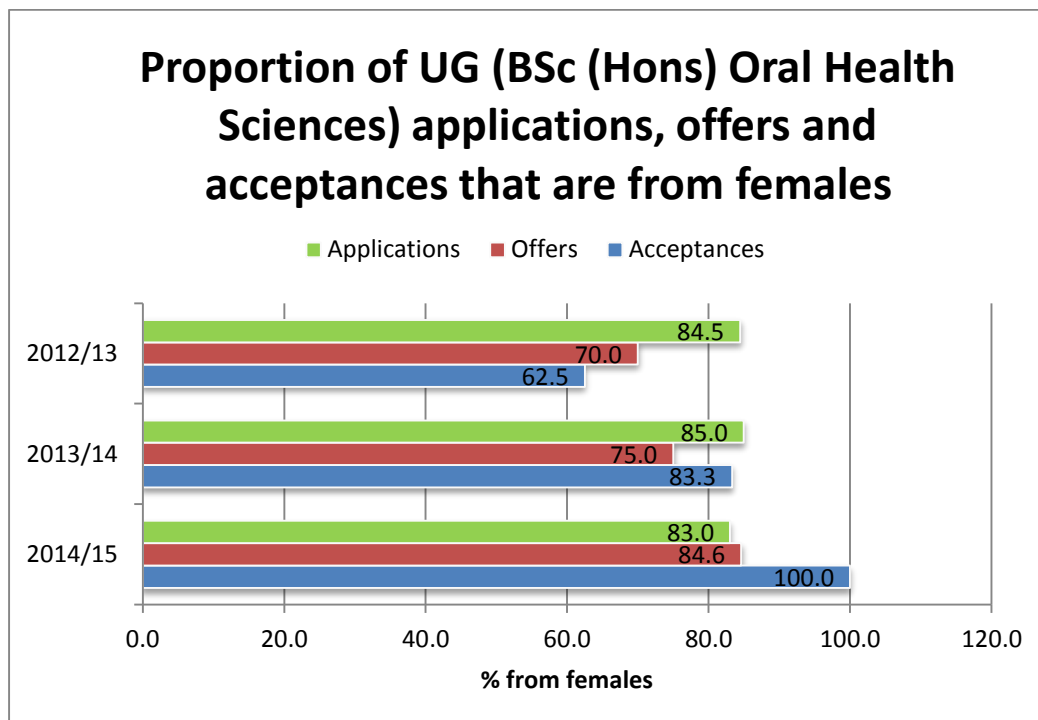
- (iv) **Postgraduate male and female numbers on research degrees – full and part-time –** comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.



Distribution of PGR students by gender according to full or part-time status		Full-time		Part-time	
		F	M	F	M
2012-13	PGR (numbers)	273	144	35	43
	PGR (%)	<b>65.5%</b>	<b>34.5%</b>	<b>44.9%</b>	<b>55.1%</b>
	PGR - national (numbers)	3495	2365	1355	1340
	PGR-national (%)	<b>59.6%</b>	<b>40.4%</b>	<b>50.3%</b>	<b>49.7%</b>
2013-14	PGR (numbers)	290	151	33	49
	PGR (%)	<b>65.8%</b>	<b>34.2%</b>	<b>40.2%</b>	<b>59.8%</b>
	PGR - national (numbers)	3640	2490	1355	1305
	PGR-national (%)	<b>59.4%</b>	<b>40.6%</b>	<b>50.9%</b>	<b>49.1%</b>
2014-15	PGR (numbers)	292	170	32	44
	PGR (%)	<b>63.2%</b>	<b>36.8%</b>	<b>42.1%</b>	<b>57.9%</b>
	PGR - national (numbers)	not yet available			
	PGR-national (%)				
<b>HESA codes for national data: A1, Pre-clinical medicine; A3, Clinical Medicine; A4, Clinical Dentistry; A9, Others in medicine and dentistry</b>					

We consistently have more female full-time PhD students. We have fewer part-time than the national average, but our overall numbers are small. In 2014-2015 the intake was more gender balanced. Nonetheless, we shall investigate this further (**SAP4.3, SAP4.4**) to inform future actions.

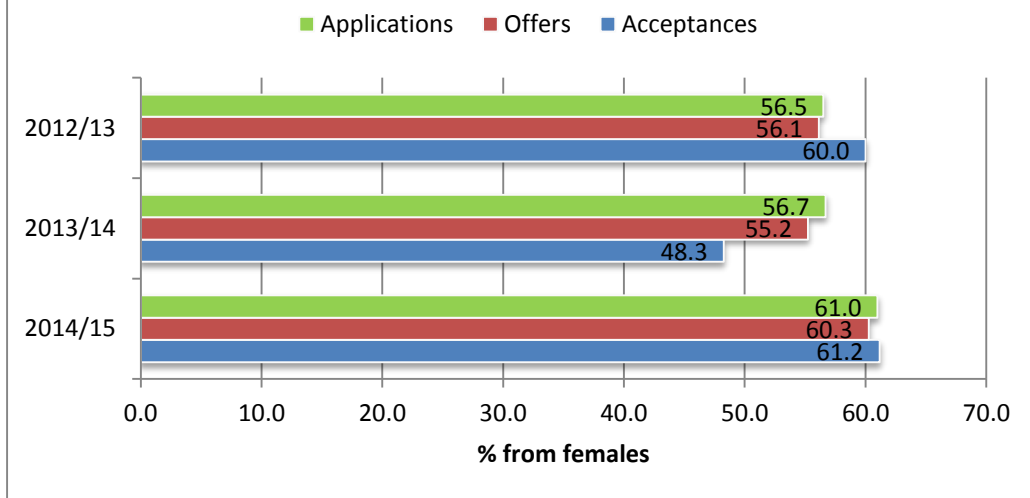
- (v) **Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees – comment on the differences between male and female application and success rates and describe any initiatives taken to address any imbalance and their effect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



	2012/13			2013/14			2014/15		
	F	M	% female	F	M	% female	F	M	% female
<b>Applications</b>	136	25	<b>84</b>	147	26	<b>85</b>	186	38	<b>83</b>
<b>Offers</b>	7	3	<b>70</b>	9	3	<b>75</b>	11	2	<b>85</b>
<b>Acceptances</b>	5	3	<b>63</b>	5	1	<b>83</b>	6	0	<b>100</b>

The absolute numbers of offers and acceptances for the BSc Oral Health Sciences are small, with a large female majority and no evidence that females are disadvantaged.

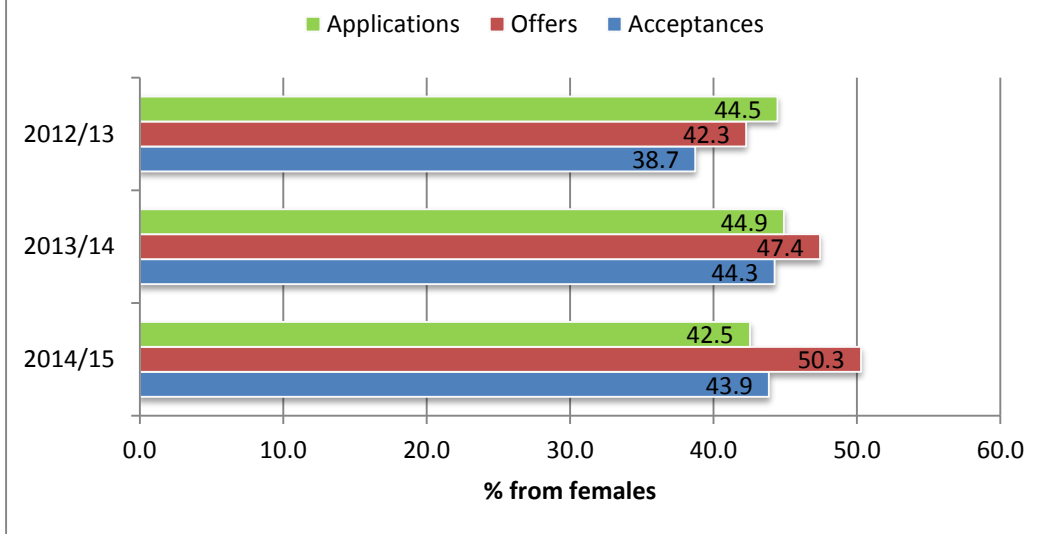
## Proportion of UG (MBChB) applications, offers and acceptances that are from females



	2012/13			2013/14			2014/15		
	F	M	% female	F	M	% female	F	M	% female
<b>Applications</b>	1514	1165	<b>56.5</b>	1390	1062	<b>56.7</b>	1942	1242	<b>61.0</b>
<b>Offers</b>	160	125	<b>56.1</b>	174	141	<b>55.2</b>	182	120	<b>60.3</b>
<b>Acceptances</b>	108	72	<b>60.0</b>	97	104	<b>48.3</b>	115	73	<b>61.2</b>

The proportion of female MBChB applicants remained at ~56% until this year's increase to 61%. There are only small differences between the numbers of applications/offers/acceptances and we are encouraged to note that the dip in female acceptances to below 50% in 2013 was for a single year and is now higher than ever at 61%. There is no evidence of lower female success rates. The selectors handbook provides E&D guidance/links to available training, and selectors are given a biennial presentation on E&D. From next year, for the first time all shortlisted applicants will be interviewed (at the same time as our 6 year programme begins) and it will be important to monitor any effects these changes have on gender balance (**SAP3.3**).

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



	2012/13			2013/14			2014/15		
	F	M	% female	F	M	% female	F	M	% female
Applications	543	678	44	658	807	44.9	638	862	42.5
Offers	263	359	42	324	359	47.4	363	359	50.3
Acceptances	177	280	39	224	282	44.3	261	334	43.9

These figures show that across all PGT degrees, applications from females lag behind those of males (although females now fare better with offers). As with the on-course figures above, it is impossible to understand these data without further breakdown according to the professional speciality the courses target. The tables below show the breakdown for courses where there is a gender imbalance.

### MPH, Masters in Public Health

MPH	2012/13			2013/14			2014/15		
	F	M	% female	F	M	% female	F	M	% female
Applications	196	144	58	236	163	59	189	141	57
Offers	93	54	63	128	56	70	90	43	68
Acceptances	41	23	64	44	14	76	32	16	67

For the on-campus MPH program females make up the majority of applicants and do better than males in terms of offers.



## ChM Surgical programs

ChM	2012/13			2013/14			2014/15		
	F	M	% female	F	M	% female	F	M	% female
<b>Applications</b>	8	90	<b>8.2</b>	6	136	<b>4.2</b>	10	111	<b>8.3</b>
<b>Offers</b>	7	70	<b>9.1</b>	3	80	<b>3.6</b>	6	62	<b>8.8</b>
<b>Acceptances</b>	6	68	<b>8.1</b>	3	70	<b>4.1</b>	4	55	<b>6.8</b>

For these surgical programs (where women are in the minority across the whole specialty), women apply much less often and may have a slight disadvantage in terms of offers, but the numbers are extremely low. A substantial piece of research was conducted in 2014 by the PG Marketing Manager on the demographics of CMVM PG applicants/students. This will be scrutinized for possible insights that could lead to actions to improve gender balance across male-dominated programmes (**SAP4.2**).

## MSc – Internal Medicine

MSc - Internal Medicine	2012/13			2013/14			2014/15		
	F	M	% female	F	M	% female	F	M	% female
<b>Applications</b>	21	67	<b>24</b>	33	70	<b>32</b>	36	111	<b>24</b>
<b>Offers</b>	16	36	<b>31</b>	19	28	<b>40</b>	33	75	<b>31</b>
<b>Acceptances</b>	13	30	<b>30</b>	19	25	<b>43</b>	27	50	<b>35</b>

## MSc Surgical Sciences

MSc - Surgical Sciences	2012/13			2013/14			2014/15		
	F	M	% female	F	M	% female	F	M	% female
Applications	25	95	<b>21</b>	44	97	<b>31</b>	66	140	<b>32</b>
Offers	20	78	<b>20</b>	43	74	<b>37</b>	59	119	<b>33</b>
Acceptances	19	69	<b>22</b>	42	70	<b>38</b>	53	106	<b>33</b>

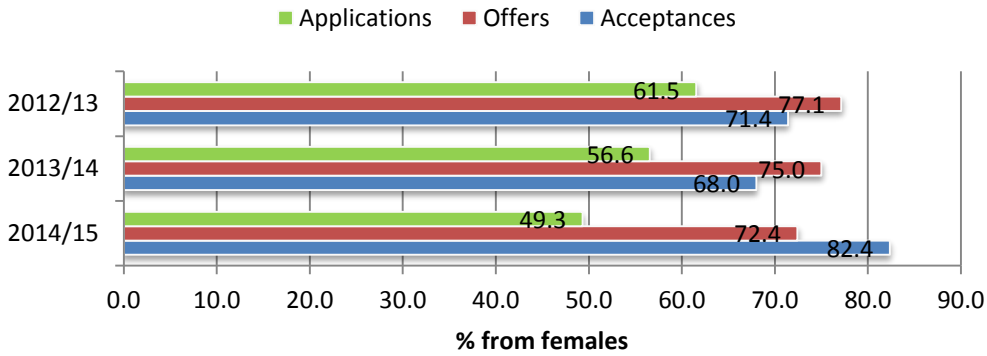
Here, females are not disadvantaged once they apply, but they apply in lower proportions than men, reflecting the gender imbalance in this profession (**SAP4.2**)

## MSc (without Dental, Internal Medicine, Surgical Sciences)

All other MSc	2012/13			2013/14			2014/15		
	F	M	% female	F	M	% female	F	M	% female
Applications	111	132	<b>46</b>	140	166	<b>46</b>	163	182	<b>47</b>
Offers	71	79	<b>47</b>	74	71	<b>51</b>	123	100	<b>55</b>
Acceptances	61	60	<b>50</b>	66	59	<b>53</b>	107	69	<b>61</b>

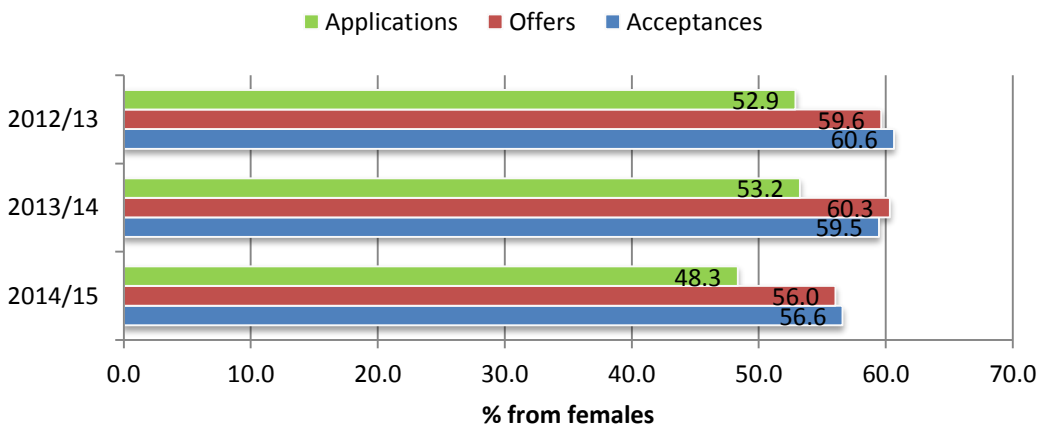
For all other MSc courses (excepting the surgical programs), females and males apply in similar proportions, with females at a slight advantage in terms of offers, and being more likely to accept. We are therefore confident that they are not being disadvantaged overall.

## Proportion of Masters by research (MMed Sci, MSc, MPhil) applications, offers and acceptances that are from females



Masters by Research applications, offers and acceptances									
	2012/13			2013/14			2014/15		
	F	M	% female	F	M	% female	F	M	% female
Applications	56	35	61.5	56	43	56.6	37	38	49.3
Offers	27	8	77.1	27	9	75.0	21	8	72.4
Acceptances	15	6	71.4	17	8	68.0	14	3	82.4

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



PhD applications, offers, acceptances									
	2012/13			2013/14			2014/15		
	F	M	% female	F	M	% female	F	M	% female
Applications	211	188	<b>53</b>	222	195	<b>53</b>	205	219	<b>48</b>
Offers	65	44	<b>60</b>	73	48	<b>60</b>	65	51	<b>56</b>
Acceptances	57	37	<b>61</b>	66	45	<b>59</b>	60	46	<b>57</b>

We consistently offer more PGR places to females than the proportion that apply, at both Masters and PhD level. The proportion of female acceptances also makes it clear that we are attractive to female PGR students. We are therefore confident that women are not being disadvantaged through our PGR application process.

- (vi) **Degree classification by gender** – comment on any differences in degree attainment between males and females and describe what actions are being taken to address any imbalance.

#### MBChB

		Female	As % of all females	As % of all students receiving award at that level	Male	As % of all males	As % of all students receiving award at that level
2012/13	Total number of Year 5 students	147			98		
	Prize	11	<b>7.5%</b>	<b>100%</b>	0	<b>0%</b>	<b>0%</b>
	Distinction	25	<b>17.0%</b>	<b>100%</b>	0	<b>0%</b>	<b>0%</b>
	Merit	58	<b>39.5%</b>	<b>68%</b>	27	<b>28%</b>	<b>32%</b>
	Fail	4	<b>2.7%</b>	<b>67%</b>	2	<b>2%</b>	<b>33%</b>
2013/14	Total number of Year 5 students	165			115		
	Prize	8	<b>4.8%</b>	<b>80%</b>	2	<b>2%</b>	<b>20%</b>
	Distinction	18	<b>10.9%</b>	<b>64%</b>	10	<b>9%</b>	<b>36%</b>
	Merit	59	<b>35.8%</b>	<b>66%</b>	31	<b>27%</b>	<b>34%</b>
	Fail	8	<b>4.8%</b>	<b>57%</b>	6	<b>5%</b>	<b>43%</b>
2014/15	Total number of Year 5 students	148			124		
	Prize	7	<b>4.7%</b>	<b>50%</b>	7	<b>6%</b>	<b>50%</b>
	Distinction	14	<b>9.5%</b>	<b>56%</b>	11	<b>9%</b>	<b>44%</b>
	Merit	76	<b>51.4%</b>	<b>56%</b>	59	<b>48%</b>	<b>44%</b>
	Fail	4	<b>2.7%</b>	<b>33%</b>	8	<b>6%</b>	<b>67%</b>

(Note: MBChB is an unclassified degree, but 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* the gender group so 9.5% of females in 2014/15 received a distinction, not 9.5% of the distinctions were awarded to females, e.g.

These data show little difference in the proportions of males and females who fail (numbers are very small), but a higher proportion of females obtain merits/distinctions/prizes in every year. In view of these results, and the fact that fewer females are represented at the lowest clinical academic staff grade, we need to find out how many of these very able female medical students go onto a PhD and thus potentially a clinical academic career (**SAP4.3**). Under **BAP3.4** we changed the (cumbersome) University-wide student system so that we can now record an MBChB qualification for PhD students. We also implemented actions to promote a research career to UG medical students (**BAP3.1**); in future, as part of the work of our student engagement group, we shall also examine the way career choices are presented to female UG medical students, and monitor any impact of the new six year programme (**SAP3.1&3.3**).

### BSc Oral Health Sciences

		Female	As % of all females	As % of all students receiving award at that level	Male	As % of all males	As % of all students receiving award at that level
2012/13	First	5	<b>83.3%</b>	<b>100.0%</b>	0	<b>0.0%</b>	<b>0.0%</b>
	2:1	1	<b>16.7%</b>	<b>50.0%</b>	1	<b>50.0%</b>	<b>50.0%</b>
	2:2	0	<b>0.0%</b>	<b>0.0%</b>	1	<b>50.0%</b>	<b>100.0%</b>
2014/15	First	3	<b>30.0%</b>	<b>100.0%</b>	0	<b>0.0%</b>	<b>0.0%</b>
	2:1	7	<b>70.0%</b>	<b>100.0%</b>	0	<b>0.0%</b>	<b>0.0%</b>
	2:2	0	<b>0.0%</b>	<b>0.0%</b>	0	<b>0.0%</b>	<b>0.0%</b>

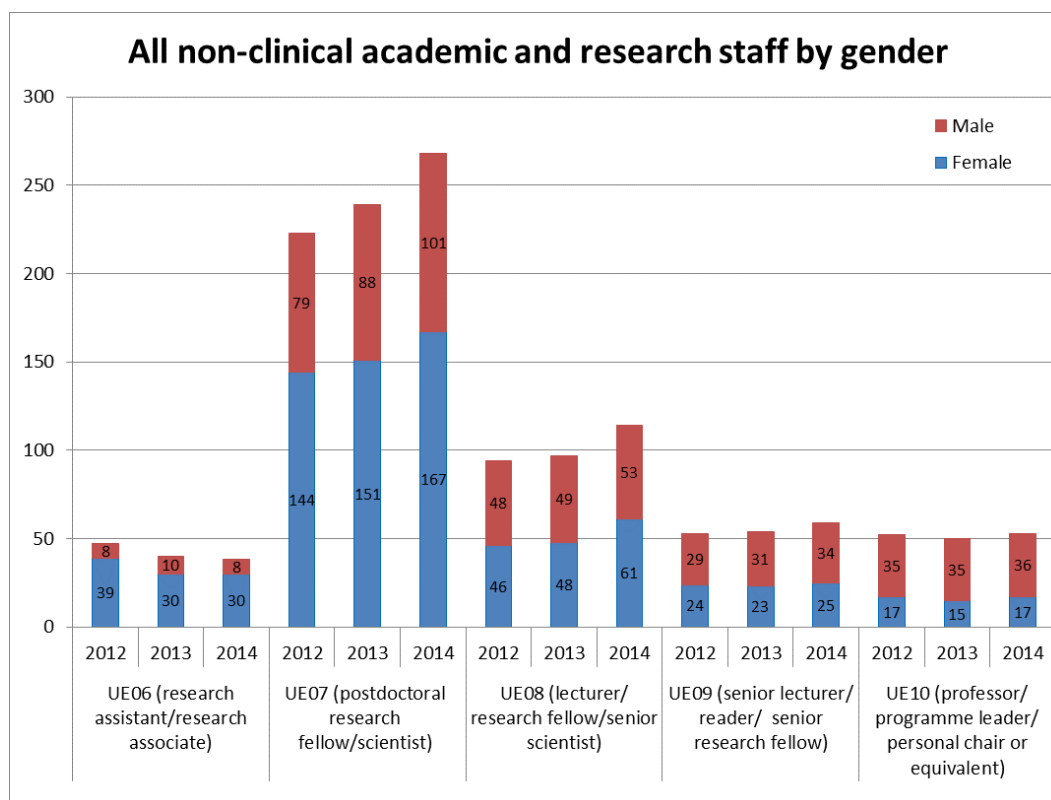
These are the only years with a graduating cohort in the period surveyed, although there will now be an annual intake. Numbers on this course are very small, but females do very well.

## Staff data

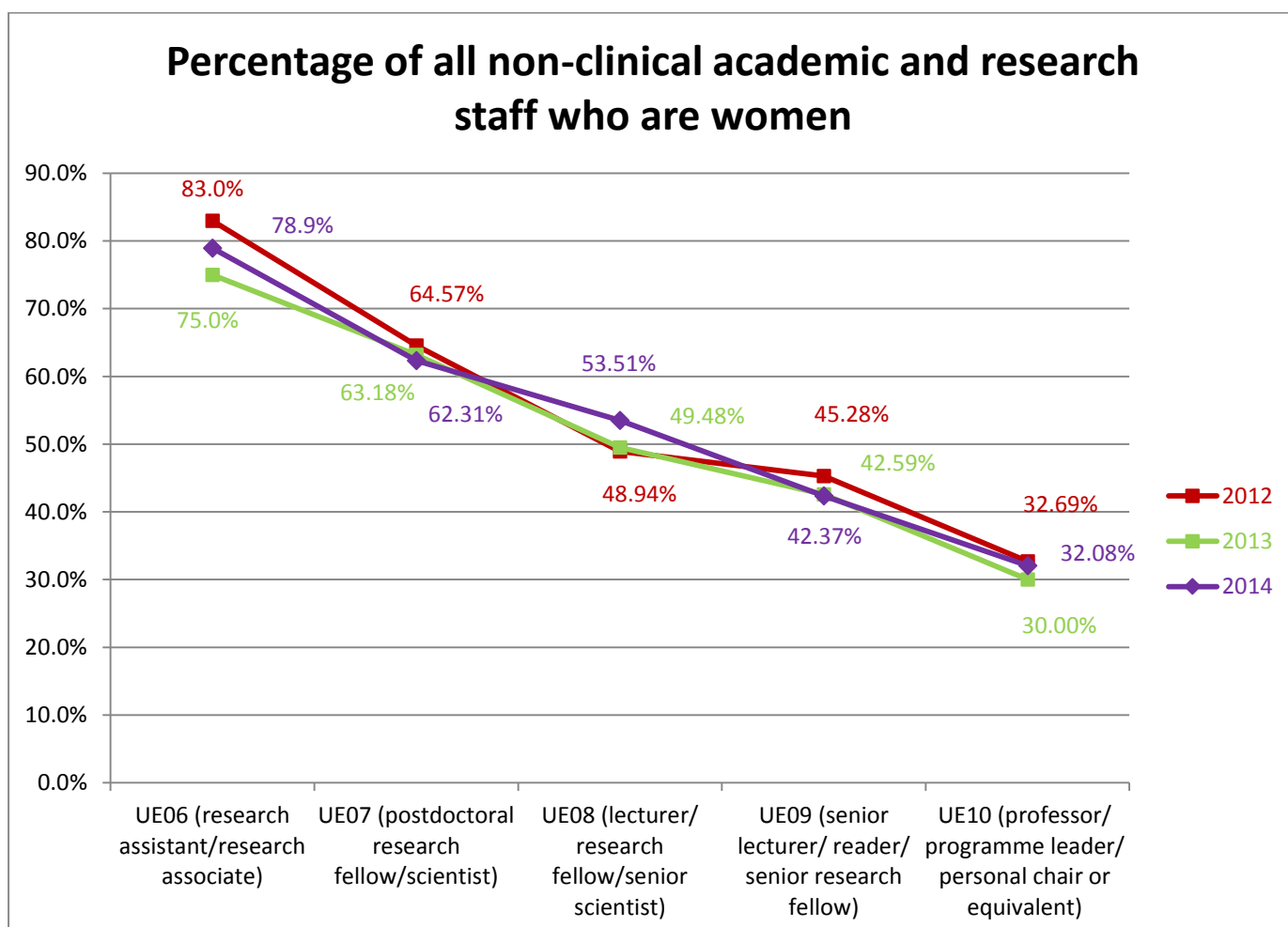
- (vii) **Female:male ratio of academic staff and research staff** – researcher, lecturer, senior lecturer, reader, professor (or equivalent). comment on any differences in numbers between males and females and say what action is being taken to address any underrepresentation at particular grades/levels

General staff information, explanation of grades*			
Non-clinical academic grades		Clinical academic grades	
UE06	Research Assistant Research Associate		
UE07	Postdoctoral Research Fellow/Scientist		
UE08	Lecturer Research Fellow Senior Scientist	AC2	Clinical Lecturer Clinical Research Fellow
UE09	Senior Lecturer Reader Senior Research Fellow	AC3	Senior Clinical Lecturer Senior Clinical Research Fellow Intermediate Clinician Fellow Clinician Scientist
UE10	Professor Programme Leader Personal Chair or equivalent	AC4	Professor Personal Chair or equivalent

\*National data are taken from HESA cost centre 01 (clinical medicine)

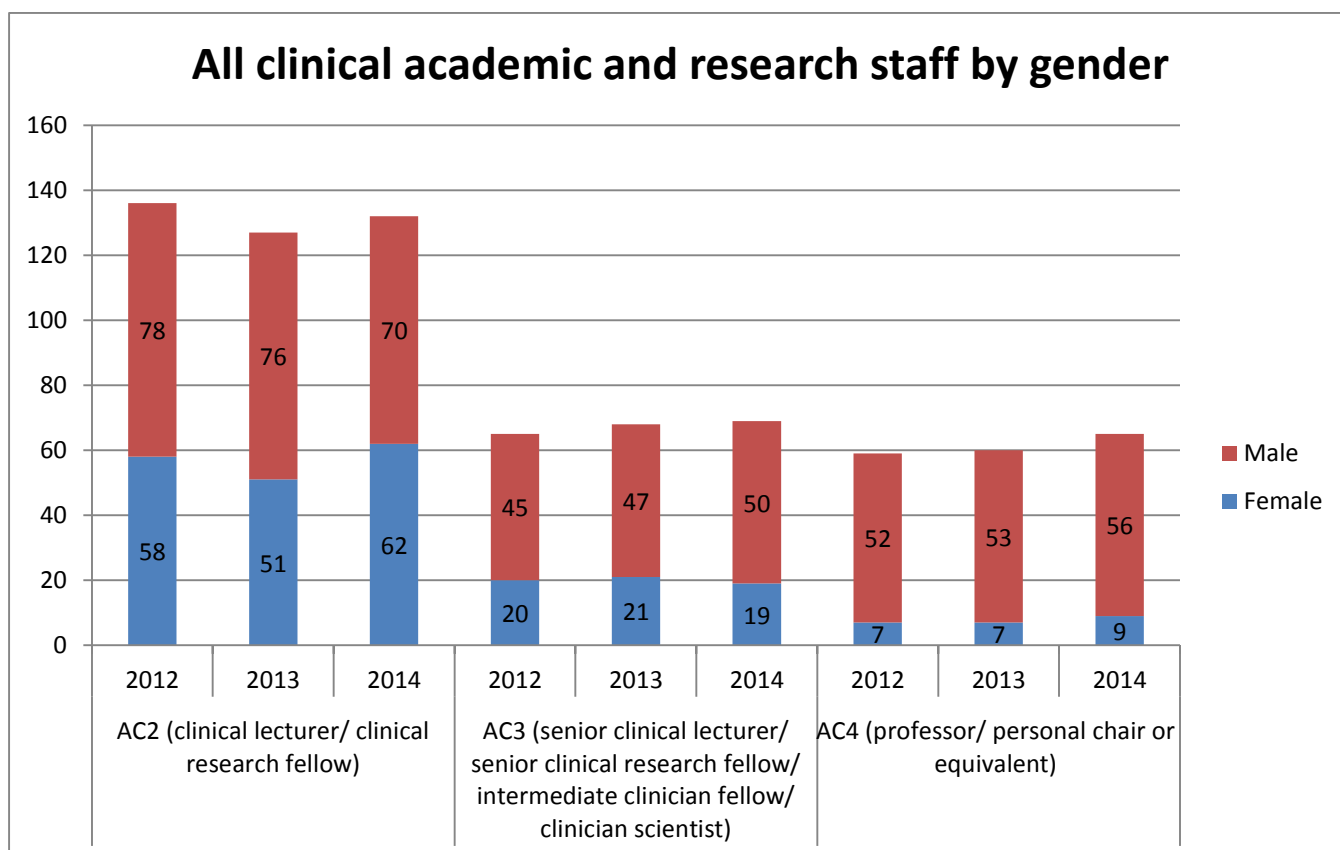


Percentage women among all non-clinical academic and research staff			
Grade	2012	2013	2014
UE06 (research assistant/ research associate)	83.0%	75.0%	78.9%
UE07 (postdoctoral research fellow/ scientist)	64.57%	63.18%	62.31%
UE08 (lecturer/ research fellow/ senior scientist)	48.94%	49.48%	53.51%
UE09 (senior lecturer/ reader/ senior research fellow)	45.28%	42.59%	42.37%
UE10 (professor/ programme leader/ personal chair or equivalent)	32.69%	30.00%	32.08%
Total	57.6%	55.6%	56.4%
National (all grades) (from HESA Cost Centre 01, Clinical Medicine/ 101 Clinical Medicine)	52.1%	52.1%	52.3%
National (professor and equivalent) (from HESA Cost Centre 01, Clinical Medicine/ 101 Clinical Medicine)	22.7%	24.4%	24.9%

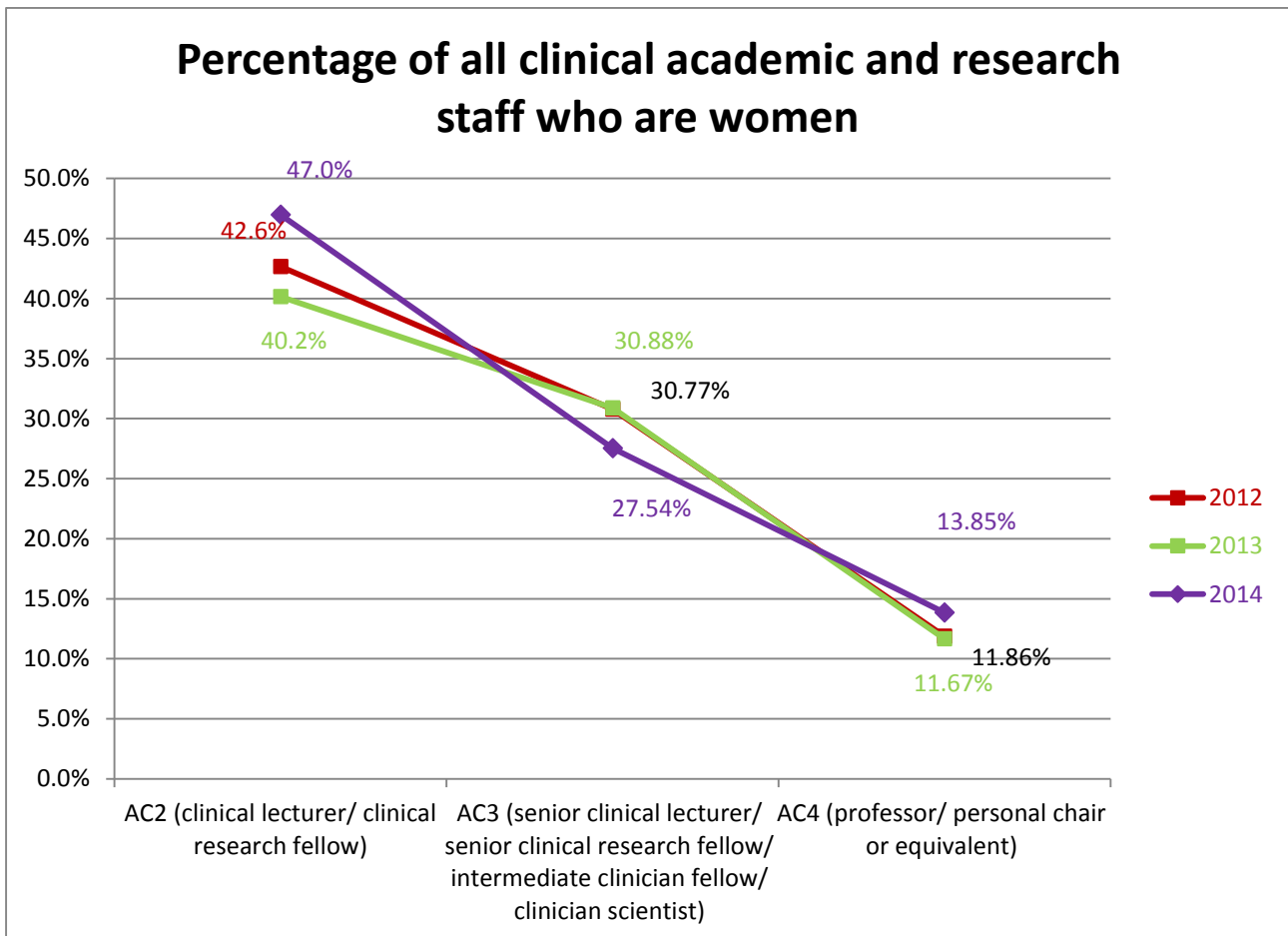


The total proportion of non-clinical female staff at UE06 or above has remained at around 56%, comparing favourably with the HESA national average of 52%. With an average of 31% female professors across the period we compare well with the national figure of 24% (although note that this figure represents combined clinical and non-clinical). However, across the grades there is a steady decline in the proportion of women showing that we have leaks in the pipeline at all stages. The most encouraging sign of impact of the changes we have put in place since our Bronze award is at UE08, equivalent to lecturer, where we have increased the proportion of females to over 50% for the first time, at 54.5%. The closest national comparative figure (Bioscience, to account for UE08 being entirely non-clinical) at this grade is 47%. The challenge now will be to nurture and retain these women (many of whom are new appointments from a UoE initiative, the Chancellor's Fellowship scheme), supporting them throughout their academic careers and the promotions process. We have been delighted that our suggestion that fellows who take a substantial period of parental leave during their fellowship should have their tenure review process delayed by a year (recognising the impact that this has following return to work), is now under review by College (**SAP5.2**).

We will continue to promote opportunities for leadership training, career development/promotion, mentoring, and networking to all female academic staff (**SAP2.3/2.4/2.5/2.8/5.1/5.2/5.5/5.6/5.8/5.9**).



Percentage women among all clinical academic and research staff			
Grade	2012	2013	2014
AC2 (clinical lecturer/ clinical research fellow)	42.6%	40.2%	47.0%
AC3 (senior clinical lecturer/ senior clinical research fellow/ intermediate clinician fellow/ clinician scientist)	30.77%	30.88%	27.54%
AC4 (professor/ personal chair or equivalent)	11.86%	11.67%	13.85%
Total	32.7%	31.0%	33.8%
<b>National (from HESA Cost Centre 01, Clinical Medicine/ 101 Clinical Medicine)</b>	<b>52.1%</b>	<b>52.1%</b>	<b>52.3%</b>
<b>National (professor and equivalent) (from HESA Cost Centre 01, Clinical Medicine/ 101 Clinical Medicine)</b>	<b>22.7%</b>	<b>24.4%</b>	<b>24.9%</b>



There is attrition in the proportion of female clinical staff as the grades increase. However, there is a year-on-year increase in the proportion of females at AC2, which increased in 2013/2014 to 47%. This is an encouraging sign that we are starting to impact upon the gender imbalance, as long as we can retain and promote a significant proportion of these females. At AC4 we have seen an increase from 11.67% to 13.85% since our Bronze (this only represents two additional females so we still have a long way to go). As HESA data doesn't distinguish between clinical and non-clinical staff, we



use a Medical Schools Council survey (May 2013), which reported 16% female clinical professors. Thus whilst we have no room for complacency, we are not substantially behind and are improving (and note that one more female AC4 has just been appointed, which will take us to ~15% females, comparable to the national figure of 16%).

As part of our BAP (**BAP2.6&5.1**) we investigated the main obstacles facing female clinical academics and the report and recommendations of our working group were presented to the College Strategy Group. The issues are complex, and some, like the 80% clinical:20% research split for training grades enforced by NHS Scotland (compared with 50:50 in England/Wales), beyond our immediate control. Nevertheless we are in a powerful position to influence NHS Education Scotland decision-making and aim to do so (**SAP2.6**).

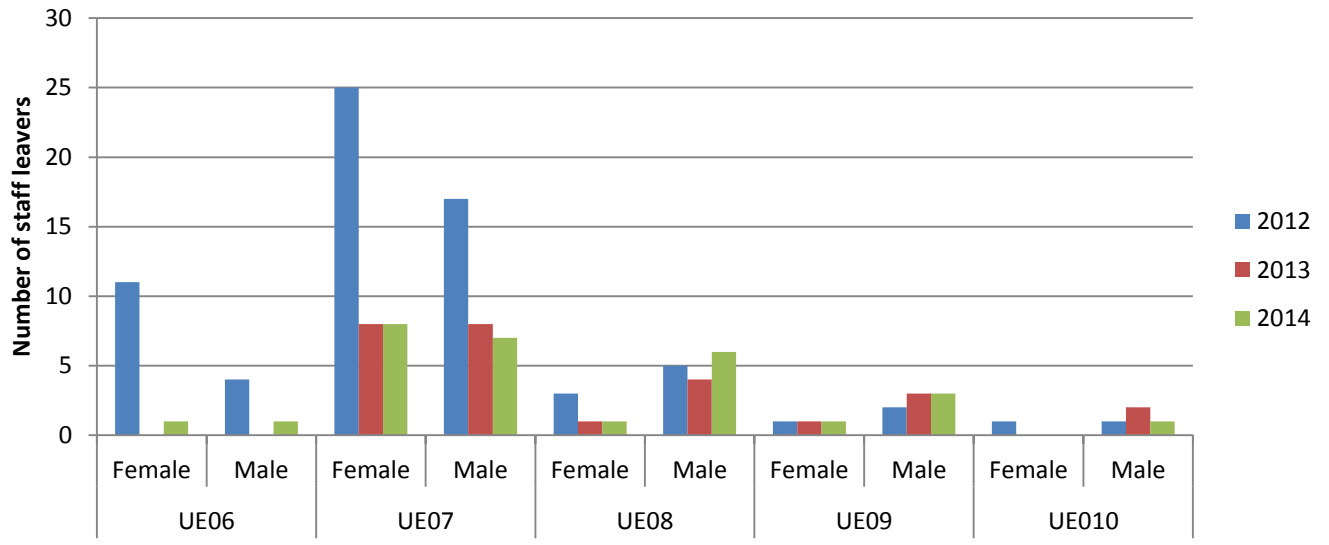
Almost all AC2 appointments are fixed-term. At AC3, women are more likely to hold open-ended contracts than men. This suggests women are more likely than men to leave an academic career at the end of their fixed-term AC2 appointment. We shall therefore concentrate our efforts on supporting female AC2 staff into AC3 positions, through mentoring, networking (**SAP5.1&5.5**) and the measures outlined above. The proposal for peer-mentoring in our **SAP5.1** has arisen directly from the recommendations of the working group. Other recommendations (bridging support prior to fellowships, provision of technical support or study leave for those working “less-than-full-time”, exemption from UG administration for less-than-full-time clinical academic staff who are active in research) are incorporated into **SAP2.4&2.6**.

- (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.

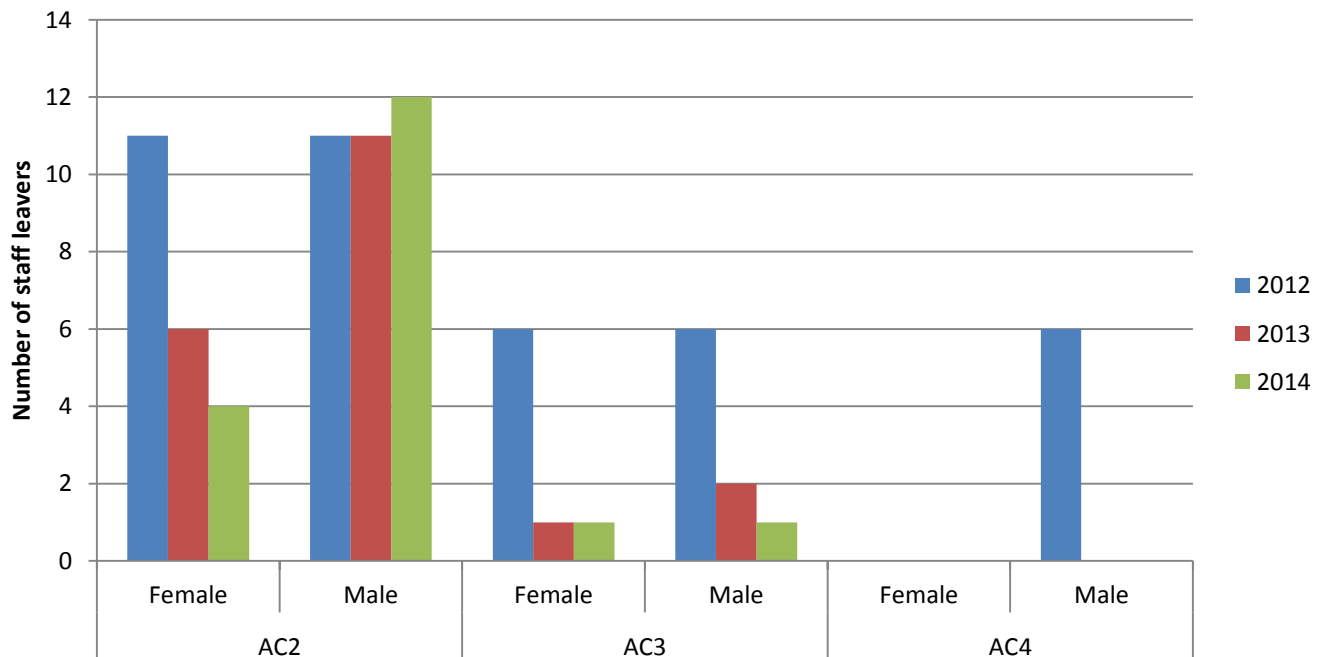
#### Academic and Research Staff Turnover

Number and percentage of academic and research staff turning over (% of annual average at grade and gender)		2012	% of F/M at grade	2013	% of F/M at grade	2013-14	% of F/M at grade
UE06	Female	11	27.7%	0	0.0%	1	3.1%
	Male	4	42.9%	0	0.0%	1	11.5%
UE07	Female	25	17.3%	8	14.9%	8	5.0%
	Male	17	17.6%	8	25.2%	7	7.4%
UE08	Female	3	7.9%	1	8.8%	1	1.8%
	Male	5	13.0%	4	19.5%	6	11.0%
UE09	Female	1	4.3%	1	26.5%	1	4.2%
	Male	2	6.7%	3	22.7%	3	8.9%
UE010	Female	1	8.4%	0	0.0%	0	0.0%
	Male	1	3.9%	2	17.6%	1	2.9%
AC2	Female	11	20.2%	6	21.7%	4	6.7%
	Male	11	15.2%	11	24.5%	12	16.5%
AC3	Female	6	22.1%	1	10.3%	1	4.0%
	Male	6	12.5%	2	7.1%	1	2.1%
AC4	Female	0	0.0%	0	0.0%	0	0.0%
	Male	6	11.8%	0	0.0%	0	0.0%

### Non-clinical academic and research staff turnover (by grade)



### Clinical academic and research staff turnover (by grade)



The absolute numbers of leavers appear to be quite small but this is because the data collected by HR systems do not include those at the end of a fixed-term contract. However, it is very encouraging that the % of both genders, but particularly of female, staff leaving is lower in the period after our Bronze award.

As part of our Bronze action plan (**BAP2.5**) we implemented an exit questionnaire for all staff. Of 33 completed surveys, just over half were from females. Most rated their experiences as good/fair, but a substantial minority felt that they could have benefited from more training opportunities. We will address this by promoting awareness of training opportunities during inductions, in our AS newsletter, with the local postdoctoral societies and through lunchtime fora (**SAP2.8**) and will continue to collect exit survey data to inform future actions (**SAP2.9**).

**(2598 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.

##### Explanation of grades in this section

UE06	Research Assistant, Research Associate
UE07	Postdoctoral Research Fellow, Scientist
UE08	Lecturer, Research Fellow, Senior Scientist
UE09	Senior Lecturer, Reader, Senior Research Fellow
UE10	Professor, Programme Leader, Personal Chair Or Equivalent
AC2	Clinical Lecturer, Clinical Research Fellow
AC3	Senior Clinical Lecturer, Senior Clinical Research Fellow, Intermediate Clinician Fellow, Clinician Scientist
AC4	Professor, Personal Chair, Or Equivalent

For 2012, only partial shortlisting data are available because the university systems changed towards the end of that year. Accordingly, we include only data for 2013/14. Data for 2015 are necessarily incomplete, but are included to identify any consistent changes since our Bronze Award, and because we don't have shortlisting data for 2012. Data for UE10 and AC4 are tabulated separately at the end, as recruitment includes specialist searches as well as advertising. We have also separated out advertised and non-advertised posts- the latter almost always involves a person named on a grant or a contract of less than six months.

Advertised posts - non-clinical (2015)									
	Applications Received			Shortlisted			Appointees		
	Female	Male	% female	Female	Male	% female	Female	Male	% female
UE06	654	290	<b>69.3%</b>	52	14	<b>78.8%</b>	13	1	<b>92.9%</b>
UE07	516	584	<b>46.9%</b>	141	131	<b>51.8%</b>	29	14	<b>67.4%</b>
UE08	26	26	<b>50.0%</b>	12	8	<b>60.0%</b>	3	1	<b>75.0%</b>
UE09	2	5	<b>28.6%</b>	2	1	<b>66.7%</b>	1	1	<b>50.0%</b>
Total	1198	905	<b>57.0%</b>	207	154	<b>57.3%</b>	46	17	<b>73.0%</b>

Non-advertised posts - non-clinical (2015)	Appointees		
	Female	Male	% female
UE06	7	2	<b>77.8%</b>
UE07	19	10	<b>65.5%</b>
UE08	6	3	<b>66.7%</b>
UE09	1	1	<b>50.0%</b>
Total	33	16	<b>67.3%</b>

Advertised posts - clinical (2015)									
	Applications Received			Shortlisted			Appointees		
	Female	Male	% female	Female	Male	% female	Female	Male	% female
AC2	30	34	<b>46.9%</b>	18	20	<b>47.4%</b>	7	6	<b>53.8%</b>
AC3	0	2	<b>0.0%</b>	0	0	<b>0%</b>	0	0	<b>0%</b>
Total	30	36	<b>45.5%</b>	18	20	<b>47.4%</b>	7	6	<b>53.8%</b>

Non-advertised posts - clinical (2015)	Appointees		
	Female	Male	% female
AC2	6	13	<b>31.6%</b>
AC3	0	2	<b>0.0%</b>
Total	6	15	<b>28.6%</b>

## 2014

Advertised posts (non-clinical, 2014)									
	Applications Received			Shortlisted			Appointees		
	Female	Male	% female	Female	Male	% female	Female	Male	% female
UE06	389	234	<b>62.4%</b>	135	68	<b>66.5%</b>	8	2	<b>80.0%</b>
UE07	501	664	<b>43.0%</b>	168	166	<b>50.3%</b>	33	20	<b>62.3%</b>
UE08	25	29	<b>46.3%</b>	18	20	<b>47.4%</b>	3	1	<b>75.0%</b>
UE09	1	5	<b>16.7%</b>	0	1	<b>0.0%</b>	0	1	<b>0.0%</b>
Total	916	932	<b>49.6%</b>	321	255	<b>55.7%</b>	44	24	<b>64.7%</b>

Non-advertised posts - non-clinical (2014)	Appointees		
	Female	Male	% female
UE06	5	4	<b>55.6%</b>
UE07	17	14	<b>54.8%</b>
UE08	8	6	<b>57.1%</b>
UE09	2	2	<b>50.0%</b>
Total	32	26	<b>55.2%</b>

Advertised posts (clinical, 2014)									
	Applications Received			Shortlisted			Appointees		
	Female	Male	% female	Female	Male	% female	Female	Male	% female
AC2	98	106	<b>48.0%</b>	32	31	<b>50.8%</b>	15	8	<b>65.2%</b>
AC3	10	23	<b>30.3%</b>	6	7	<b>46.2%</b>	3	4	<b>42.9%</b>
Total	108	129	<b>45.6%</b>	38	38	<b>50.0%</b>	18	12	<b>60.0%</b>

Non-advertised posts - clinical (2014)	Appointees		
	Female	Male	% female
AC2	14	13	<b>51.9%</b>
AC3	1	4	<b>20.0%</b>
Total	15	17	<b>46.9%</b>

## 2013

Advertised posts (non-clinical, 2013)									
	Applications Received			Shortlisted			Appointees		
	Female	Male	% female	Female	Male	% female	Female	Male	% female
UE06	385	263	<b>59.4%</b>	137	74	<b>64.9%</b>	10	2	<b>83.3%</b>
UE07	507	630	<b>44.6%</b>	180	191	<b>48.5%</b>	31	24	<b>56.4%</b>
UE08	43	28	<b>60.6%</b>	27	13	<b>67.5%</b>	6	1	<b>85.7%</b>
UE09	1	3	<b>25.0%</b>	1	3	<b>25.0%</b>	0	1	<b>0.0%</b>
Total	936	924	<b>50.3%</b>	345	281	<b>55.1%</b>	47	28	<b>62.7%</b>



Non-advertised posts (non-clinical, 2013)	Appointees		
	Female	Male	% female
UE06	8	5	<b>61.5%</b>
UE07	18	14	<b>56.3%</b>
UE08	8	11	<b>42.1%</b>
UE09	0	2	<b>0.0%</b>
Total	34	32	<b>51.5%</b>

Advertised posts (clinical, 2013)									
	Applications Received			Shortlisted			Appointees		
	Female	Male	% female	Female	Male	% female	Female	Male	% female
AC2	63	68	<b>48.1%</b>	32	32	<b>50.0%</b>	12	5	<b>70.6%</b>
AC3	1	4	<b>20.0%</b>	0	3	<b>0.0%</b>	0	1	<b>0.0%</b>
Total	64	72	<b>47.1%</b>	32	35	<b>47.8%</b>	12	6	<b>66.7%</b>

Non-advertised posts (clinical, 2013)	Appointees		
	Female	Male	% female
AC2	12	12	<b>50.0%</b>
AC3	1	5	<b>16.7%</b>
Total	<b>13</b>	<b>17</b>	<b>43.3%</b>

**2012 – (shortlisting data not available).**

Non-clinical, 2012						
	Applications Received			Appointees		
	Female	Male	% female	Female	Male	% female
UE06	250	122	<b>67.20%</b>	19	3	<b>86.4%</b>
UE07	392	481	<b>44.90%</b>	50	19	<b>72.5%</b>
UE08	22	17	<b>56.41%</b>	5	3	<b>62.5%</b>
UE09	6	11	<b>35.29%</b>	0	0	<b>0.0%</b>
Total	670	631	<b>51.50%</b>	74	25	<b>74.7%</b>

Clinical, 2012						
	Applications Received			Appointees		
	Female	Male	% female	Female	Male	% female
AC2	46	58	<b>44.23%</b>	20	26	<b>43.5%</b>
AC3	10	27	<b>27.03%</b>	2	5	<b>28.6%</b>
Total	56	85	<b>39.72%</b>	22	31	<b>41.5%</b>

## UE10/AC4 shortlisting

### Non-clinical

Non-clinical (UE10)	Applications Received			Shortlisted			Appointees		
	Female	Male	% female	Female	Male	% female	Female	Male	% female
2012	0	5	0.0%	0	5	0.0%	0	4	0.0%
2013	1	2	33.3%	1	2	33.3%	1	2	33.3%
2014	2	6	25.0%	1	2	33.3%	0	2	0.0%
2015	2	4	33.3%	1	1	50.0%	1	1	50.0%
Total	5	17	22.7%	3	10	23.0%	2	9	18.2%

### Clinical

Clinical (AC4)	Applications Received			Shortlisted			Appointees		
	Female	Male	% female	Female	Male	% female	Female	Male	% female
2012	0	2	0.0%	0	2	0.0%	0	2	0.0%
2013	0	12	0.0%	0	6	0.0%	0	2	0.0%
2014	1	0	100.0%	1	0	100.0%	1	0	100.0%
2015	1	0	100.0%	1	1	100.0%	1	0	100.0%
Total	2	14	12.5%	2	9	18.1%	2	4	33.3%

At grades UE06-UE08 and at AC2, women are applying at roughly the same rate as men, and are doing better at both shortlisting and appointment than men. Numbers are small for both UE09 and the clinical equivalent, AC3, but show there are fewer women applying and being appointed with a slight improvement at UE09 in 2015. We need both to attract and appoint a higher proportion of women at these grades. This prompted us to investigate the reasons for this and take action to mitigate against them in future (**SAP6.1**). There is some evidence that women do less well when posts are not advertised, although this only seems to happen consistently at AC2. The reasons for this are not clear, as posts are not advertised either because the individuals concerned are named on a grant or the post is for less than 6 months, and neither can easily be controlled at School level. Clearly there can be no recruitment bias in operation but it could be that fewer women are successful in fellowship applications, and at least some of the difference at AC2 is likely to reflect posts that have been created for clinical PhD students. We will investigate this further and take steps to correct any issues in **SAP6.3**.

At UE10 and AC4, shortlisting data are patchy, as these appointments are not generally made through the e-recruitment system. Numbers are very small, but at UE10 women are applying less, and less likely to be appointed. At AC4, numbers are again small, but show real signs of improvement over the last two years, with the only two appointments both being female.

Our **BAP2.1** action to include compulsory E&D training for senior appointment committee members will continue to help with the recruitment figures, and the PI training (**SAP1.1**) and UB training for recruitment/promotions panels (**SAP6.2&2.1**) will further disseminate good practice. We will also develop good practice guidelines for interviewing (**SAP6.2**) and have targeted actions for UE10/AC4 (**SAP6.1**).

- (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.

#### Explanation of grades

UE10	Professor, Programme Leader, Personal Chair, or equivalent
UE09	Senior Lecturer, Reader, Senior Research Fellow
UE08	Lecturer, Research Fellow, Senior Scientist
UE07	Postdoctoral Research Fellow, Scientist
UE06	Research Assistant, Research Associate
AC4	Professor, Personal Chair, or equivalent
AC3	Senior Clinical Lecturer, Senior Clinical Research Fellow, Intermediate Clinician Fellow, Clinician Scientist
AC2	Clinical Lecturer, Clinical Research Fellow

**Promotion success rates (non-clinical)**

Promotion to:		Female			Male		
		Applied	Successful	F success rate	Applied	Successful	M success rate
UE10	August 2012*	2	2	<b>100%</b>	5	4	<b>80%</b>
	August 2013	1	1	<b>100%</b>	0	0	
	August 2014	1	1	<b>100%</b>	1	1	<b>100%</b>
UE09	August 2012	3	3	<b>100%</b>	4	4	<b>100%</b>
	August 2013	3	3	<b>100%</b>	8	8	<b>100%</b>
	August 2014	7	5	<b>71%</b>	3	3	<b>100%</b>
UE08	August 2012*	2	2	<b>100%</b>	5	3	<b>60%</b>
	August 2013	2	2	<b>100%</b>	5	3	<b>60%</b>
	August 2014	5	4	<b>80%</b>	0	0	
UE07	August 2012	2	2	<b>100%</b>	2	2	<b>100%</b>
	August 2013	0	0		1	1	<b>100%</b>
	August 2014*	2	2	<b>100%</b>	0	0	

**Promotion success rates (clinical)**

Promotion to:		Female			Male		
		Applied	Successful	F success rate	Applied	Successful	M success rate
AC4	August 2012*	2	2	<b>100%</b>	4	3	<b>75%</b>
	August 2013	2	2	<b>100%</b>	3	3	<b>100%</b>
	August 2014	1	1	<b>100%</b>	3	3	<b>100%</b>
AC3	August 2012	1	1	<b>100%</b>	0	0	
	August 2013	1	1	<b>100%</b>	4	2	<b>50%</b>
	August 2014	2	2	<b>100%</b>	1	0	<b>0%</b>

Potential candidates for promotion can be identified through the annual performance and development review (PandDR) process (at which discussion of promotion is now mandatory),

discussion with relevant line-mangers/HoC or via self-nomination; Schools inform all staff about promotions rounds and the ability to self-nominate.

These data show a very high rate of successful application amongst women, with only 3/39 unsuccessful applications in the last three years compared with 9/49 men. Overall the number of applicants is gender balanced for promotion to all grades with the exception of AC4. However, even here the number of successes was 5 women (100%) to 9 men (90%).

Encouragingly, at lower non-clinical grades, there is no longer any evidence that females are not putting themselves forward/being put forward at the same rate as men, as we noted in our Bronze application. However, we will continue to monitor this carefully, to determine the effects of the measures we have put in place (**BAP2.3, BAP2.7/SAP2.5**). Other initiatives we are implementing include career coaching **SAP2.5**, our lunchtime fora, and the use of a WLM to improve transparency (**BAP2.4, SAP2.7**).

From the survey responses, it is clear we still have work to do in communicating promotions processes to all. Fewer female respondents agree that men and women are equally encouraged to apply for promotion (60% compared with 78% of male respondents). This was most marked at postdoc and senior lecturer grades, so we will target them specifically in future (**SAP2.3**). In response to comments from exit surveys we will also aim for increased awareness/take-up of training opportunities (**SAP2.8**). Our survey also showed considerably less engagement with AS amongst these grades suggesting lower awareness of AS policies/measures. We will therefore make a greater effort to engage this group (**SAP1.6**). The survey also showed lower agreement with the statement "I clearly understand the promotions process, including the criteria" amongst lower grades (27% research assistants agreed compared with 54% of senior lecturers and 95% of professors). We will target lower grades in **SAP2.3&2.11**.

One area of confusion seems to be the difference between academic and support staff careers and posts. The former can be promoted up through the grades, whereas the latter require the post to be regraded to meet new demands of the post. We will lobby for clarification of promotions criteria and guidelines (**SAP2.1**), in particular for the UE07/UE08 transition, where no criteria are available beyond the grade profiles. In terms of centres, the biggest discrepancy is in CCVS, where the proportion agreeing with the statement "my impression is that men and women are equally encouraged to apply for promotion" was 33% females and 97% males. Similarly, far fewer women in this centre report understanding promotions criteria. Where there are pockets of dissatisfaction or lack of understanding, HoS will feed this back directly to Section Heads (who will be offered support to rectify the position (**SAP2.11**)).

We shall continue to monitor trends and adjust/develop policies accordingly, including getting the good interview practice guidelines developed by the SAT Promotions subcommittee approved (**BAP2.1**, continued in **SAP2.1, SAP6.2**). The University introduced online unconscious bias training in September 2014. We urged our Schools to make use of this and have been very encouraged that the number of staff from our schools completing training increased from 4% females and 10% males in 2013 to 25% females and 33% males by early 2015 (**SAP1.2**). Our Schools are also funding their own face-to-face UB training; **SAP1.2**.

- 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 UE09/10, and at all clinical grades. In 2013 CMVM implemented our recommendation that a statement to specifically welcome female applicants be added to College recruitment advertisements (**BAP6.1**), and at our request implemented a policy of compulsory female presence on interview panels for any post that may lead to a permanent appointment. Furthermore, the introduction of mandated (by the end of 2015) training in managing research groups for PIs in our Schools, to include recruitment procedures, equality and diversity and unconscious bias training, (**BAP1.1**; we have trained 149 PIs) should ensure that all interviews are conducted following appropriate training.

That we have gone from an underrepresentation of women at UE08 in our Bronze application to over 50% in 2015 shows that we have made an impact. This increase at UE08 also suggests that we are improving our pipeline; this is particularly encouraging as this improvement is predominantly a result of recruitment. The appointment success rate for women rose from 56% to 67% over the two years since we introduced gender-balanced interview panels and statements welcoming female applicants. These and other BAP actions have now become embedded, though we will continue to monitor staff data and survey responses (**SAP1.1**). We are alert to the fact that we still need to increase the number of female applicants at higher grades (**SAP6.1**)

- (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.

Formal mentoring provision across the university was patchy until 2013, when we introduced a new mentoring program, run from UoE HR and piloted in our Schools. The co-chairs of the SAT (CA, KC) are members of the steering group and assist with matching. The program, actively promoted in both Schools, is now in its fifth round of recruitment; we have matched 44 mentees with 37 mentors, up from 27 mentees/23 mentors in 2013. Everyone who requested a mentor received one. Most mentees are female and/or early career researchers or new PIs. In our survey, 60% females and 71% males agree they have useful opportunities to be mentored. However, on close inspection of the results by grade, numbers were much lower amongst research assistants where the figures dropped to 43% of females and 33% of males (though >75% at UE09/10 and AC3/4; see **BAP5.5**). There was little difference between centres in awareness of mentoring, with the exception of CCVS and CRM, where awareness was particularly high. We will target research assistants in particular when advertising the next round of mentoring (**SAP5.5**). We have been very successful in attracting support staff and lower grades of academic staff to some of our lunchtime fora (eg flexible working) and will build on that to promote and embed awareness of the opportunities provided through mentoring (**SAP5.5**)

Below are some examples of the feedback following the most recent mentoring cycle.

**Feedback quotes from members of our Schools who we had matched in the Mentoring Connections program:**

**Mentee:** "I was feeling overwhelmed with the amount of work and supervision that I had to do for others. A suggestion of changing the style and frequency of meetings that I had with people that I am responsible for has hugely improved the situation."

**Mentee:** "Having a mentor in my first year as a PI made a huge difference in helping me cope with the tasks, stresses and challenges that otherwise would have made it so much more difficult to handle. It has made all the difference in allowing me to settle into my position very quickly and take on new responsibilities efficiently. This, and the mentoring workshop, have also helped me mentor my own team and improve performance. My mentor has also been an excellent source of information on the workings of the school."

**Mentor:** "I learned from this mentoring programme that it is important to provide a range of role models who are happy and willing to share their experiences with others. This is especially relevant to women in academia who are ambitious, but also want to prioritise their families. This is difficult enough for academics in general, but for clinical academics who also have to consider how they can provide good patient care, as well as have a fulfilling academic career, it can be particularly challenging. I hope that I have helped to give my mentee a wider perspective and allowed her time to reflect on her progress, career to date and the options available to her following maternity leave, and in the run up to future maternity leave. Unusually in Clinical Academia, I don't work full time, and I find that I am approached to informally mentor people considering flexible working as a result"

Recognising that there is a clear need for structured networking opportunities we instituted a system of AS lunchtime meetings, rotating between sites (**BAP2.2**). These focused on specific issues like promotion, or mentoring, but also enabled networking (**BAP5.4**). We aimed to increase the proportion of female staff who agree with the statement that "my workplace provides me with useful networking opportunities" (then 79%) to be equivalent to male staff (then 86%) by December 2014. We just achieved this with academic staff: 85%F and 90%M now agree, rising to 96%F, 91%M at higher grades. We will continue to build on these very successful lunchtime fora in **SAP5.4**, and will also introduce Professional Excellence Groups (PEGs; peer-mentoring groups that discuss and aid in career issues in a confidential and supportive environment (**SAP5.1**)).

A 4-day leadership training course is available through the university, but staff have to be nominated by their HoC/I to participate. One HoC already sends all PIs on the course. We recommended that all HoC/I made their senior academic staff (UE08 and above) aware of this opportunity through annual review (**BAP5.6**). We were delighted that this happened, with a substantial number of females having been put forward for internal leadership training or Aurora training for aspiring female leaders. Indeed, in the IGMM, a letter from the Director in advance of the annual PandDR round specifically suggested that all UE07 and UE08 be considered for these courses. This letter also reminded appraisers to discuss flexible/PT working, mentoring, workload models and the PI training session where appropriate. We will ask other Section Heads to implement a similar action in the future (**SAP1.3**).



In the responses to the survey questions about line managers, and whether they are supportive in terms of caring responsibilities and of requests for flexible working, 80-90% of both genders agreed. There was no difference between centres, with just one or two people disagreeing with the statements in each centre. We are encouraged that most people are appropriately supported. We shall maintain and build on this early momentum with new actions as well as maintenance/extension of current actions (detailed in **SAP5.1-5.8**).

### **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 joint University/NHS appraisal at which clinical and academic activities are discussed. Clinical trainees (AC2) are appraised by the Postgraduate Dean. 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 career goals.

For non-clinical staff, line managers undertake annual reviews (PandDR). Sometimes - usually for UE08 and above - the staff member can nominate their appraiser subject to approval by the HoC. Our PI training (**BAP1.1**) includes training in conducting PandDRs, managing probation, difficult conversations, and PI responsibilities for career development of early career researchers (**BAP1.1**). Under our **SAP1.1** this will apply to *all* PIs who are managing fixed-term contract staff; we shall also extend it to all academic and support staff who are line managers.

One section of the College-wide PandDR form was previously devoted to “career aspirations, future plans and personal/professional development needs for the forthcoming year”. This wording was revised (in response to our **BAP2.3**) to make the expectation of a promotion discussion more explicit. Section Heads now complete a pro-forma to report whether promotion was discussed during the PandDR of all UE08/UE09 staff (and clinical equivalents) and to provide reasons if this was not the case (**BAP2.7**; continued in **SAP2.5**). Furthermore the form has now been revised to include a text box to encourage discussion of flexible working (**BAP5.3**).

In our survey, we asked if respondents received an annual review and were pleased to see an increase in females from 57% in 2013 to 73% in 2015; of these 70% found the review helpful, demonstrating a likely impact of **BAP1.1**. Interestingly, the actual recorded figures for PandDR, based on submission of completed forms, show that >90% of eligible individuals across both Schools received a PandDR in 2014. It is possible that the wording (appraisal in the survey vs PandDR on forms) may have contributed to the lower survey figure; we will ensure consistent nomenclature is used next time. The biggest gender discrepancy was in CCVS where only 55% females but 93% of males found the review helpful. We shall explore this in more depth in focus groups (**SAP2.12**) and target those who didn't find it helpful through lunchtime fora (**SAP2.12**) and by involving Section Heads (**SAP1.3&2.12**).

- (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?

All staff are invited to university-wide induction events. In **BAP4.1**, we introduced School induction sessions for new staff, but found these extremely poorly attended. Accordingly we have put in place Centre/Institute-specific inductions which have been much more successful. Under **SAP1.5** we will include information about our Athena SWAN work and links to the website to encourage engagement (**SAP1.5**). The new Usher Institute, in SMGPHS, is adopting a training matrix approach for new staff to include our PI course as well as E&D and UB training. This simple but attractive model will be rolled out to all staff in our Schools in future (**SAP2.8**).

In **BAP4.1** we proposed that new contracts would have a red wrap-around sheet with explicit pointers to information on family-friendly policies. This is now done for all new staff. Furthermore, for new staff who are group leaders, the PI training addresses flexible working and parental leave. In **BAP1.1**, we aimed to train all new starts as well as >50% of our existing PIs over the next 3 years; this has been achieved and in fact exceeded (see **BAP1.1**). This training has attracted extremely positive feedback and is now mandatory in order for a PI to place a job advert. One typical comment was "This briefing session is great for new research leaders - exactly what is needed at the start. I wish I knew a lot of this when I started."

- (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 have a personal tutor, and female students can request a female tutor. There is a female Dean of Pastoral Care for medical students (**BAP3.6**). PhD and MD students all have two supervisors and a thesis committee comprising a chair and an external member. We have become aware (via **BAP3.6**) of a few pockets of poor practice resulting in a female student having an all-male committee. Although this represents a tiny minority of cases, we will now mandate that all thesis committees have both genders represented (**SAP4.5**).

There are strong female role models for students in most areas as the majority of the Centre and School PG directors are female; 81%F and 86%M PG students agreed that senior women are visible role models in our survey. We have prominent female Professors in all research centres. There is a clearly signposted system of postgraduate directors in each Centre who can provide further support.

Workshops are held throughout the College for PG students, many of which cover career choices. Local PhD student societies at the different sites hold career talks several times a year from people from a variety of backgrounds. At one meeting, organised by IGMM students, invited PIs spoke about their experience of combining families with research careers. In QMRI, seminar speakers also speak to PhD students about their career path/choices.

An important development following our Bronze application was the introduction of a new policy for maternity leave for PGR students. In response to our lobbying, CMVM now fund 6 months' stipend covering maternity leave for all students regardless of funding source (RCUK funded students were already covered by the College DTG). The policy on maternity leave for students has now been incorporated into the handbooks for both Schools.

Recognition of work in this area by staff, either male or female, is not uniform, but both School PG Directors have been awarded discretionary increments in recognition of their work. Such activities are certainly considered as part of promotion and in PandDRs, and the introduction of workload models will help with this (**BAP2.4/SAP2.7**)

### 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.
- (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 Management committees. The composition of these committees is determined by post-holders, as the membership comprises HoC/I, senior administrators and postgraduate directors. The other main decision-making committees are the Postgraduate Studies Committees and the Institute Executives at QMRI, UIPHSI and IGMM. The male:female composition of these committees is tabulated below.

School level committees	Female number (%)	Male number (%)	Chair
<b>SCS School Management:</b> budget holding, overall responsibility for School decision-making and direction	8 (27%)	22 (73%)	F
<b>SMGPHS Management:</b> budget holding, overall responsibility for School decision-making and direction	6 (43%)	8 (57%)	F
<b>SCS Postgraduate Studies:</b> overall responsibility for all postgraduate students within the School	6 (43%)	8 (57%)	F
<b>SMGPHS Postgraduate Studies:</b> overall responsibility for all postgraduate students within the School	6 (55%)	5 (45%)	F
<b>QMRI Executive:</b> budget holding, decision making for QMRI	8 (47%)	9 (53%)	M
<b>IGMM Executive:</b> budget holding, decision making for IGMM	3 (43%)	4 (57%)	M

<b>College level committees</b>			
<b>MBChB Programme:</b> oversees strategy, student support	22 (42%)	30 (58%)	M
<b>Researcher Experience:</b> oversees postgraduate and early career researcher training and support	18 (67%)	9 (33%)	F
<b>Postgraduate Studies Board:</b> includes SCS and SMGPHS directors	8 (80%)	2 (20%)	F
<b>College Strategy Group</b> Includes Heads of School, Institute Directors, Directors of teaching	15 (44%)	19 (56%)	M
<b>College Research Group</b> Includes Heads of School, Institute Directors, Centre Directors and co-opted members with specific remits (e.g grants office, Directors of Research from other Colleges)	11 (30%)	26 (70%)	F

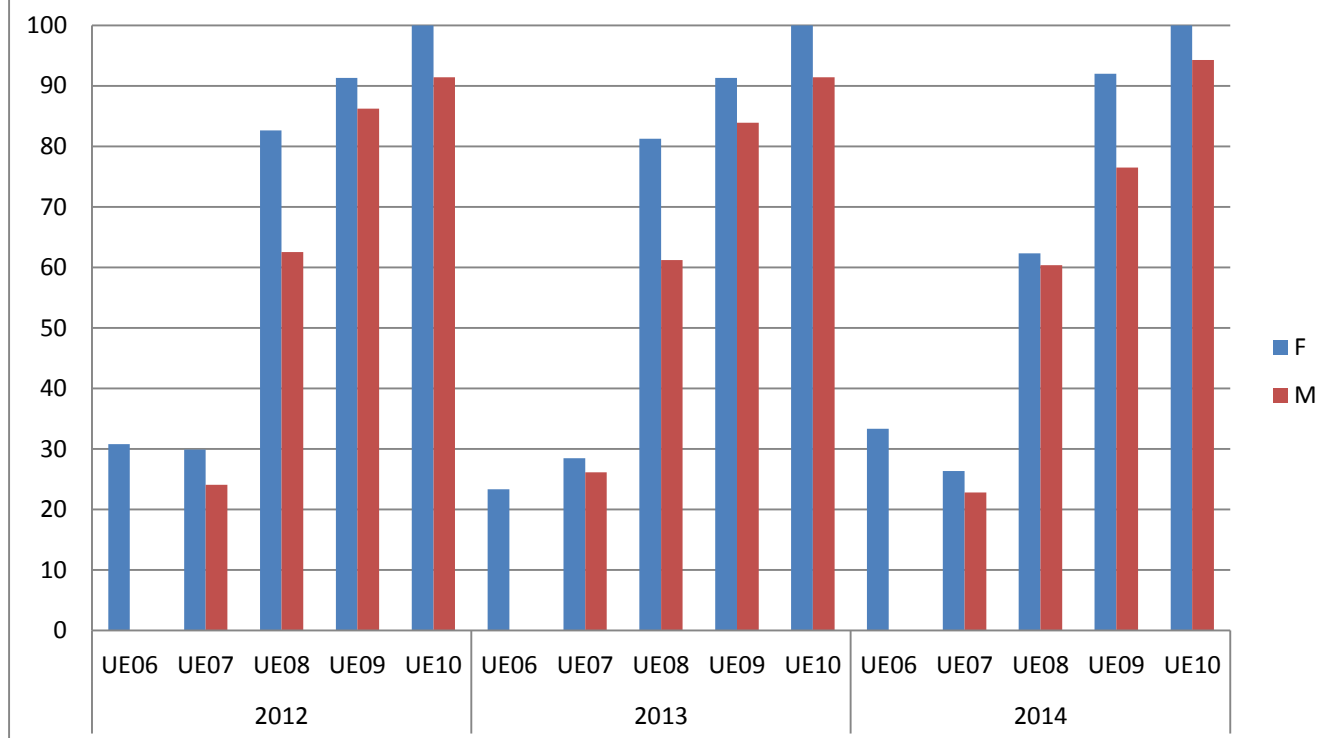
Overall, the gender balance of the major committees is very good, and exceeds expectations based on gender balance at relevant grades by some way. The exception to this is the SCS Management committee; most members are there because of their role as HoC. However, even here female representation has increased to 27% from 22% in 2013, and the chair is female. Outside the Schools, the key influential committee is the College Strategy Group where female membership is now 44% (only 28% in 2013).

- (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.

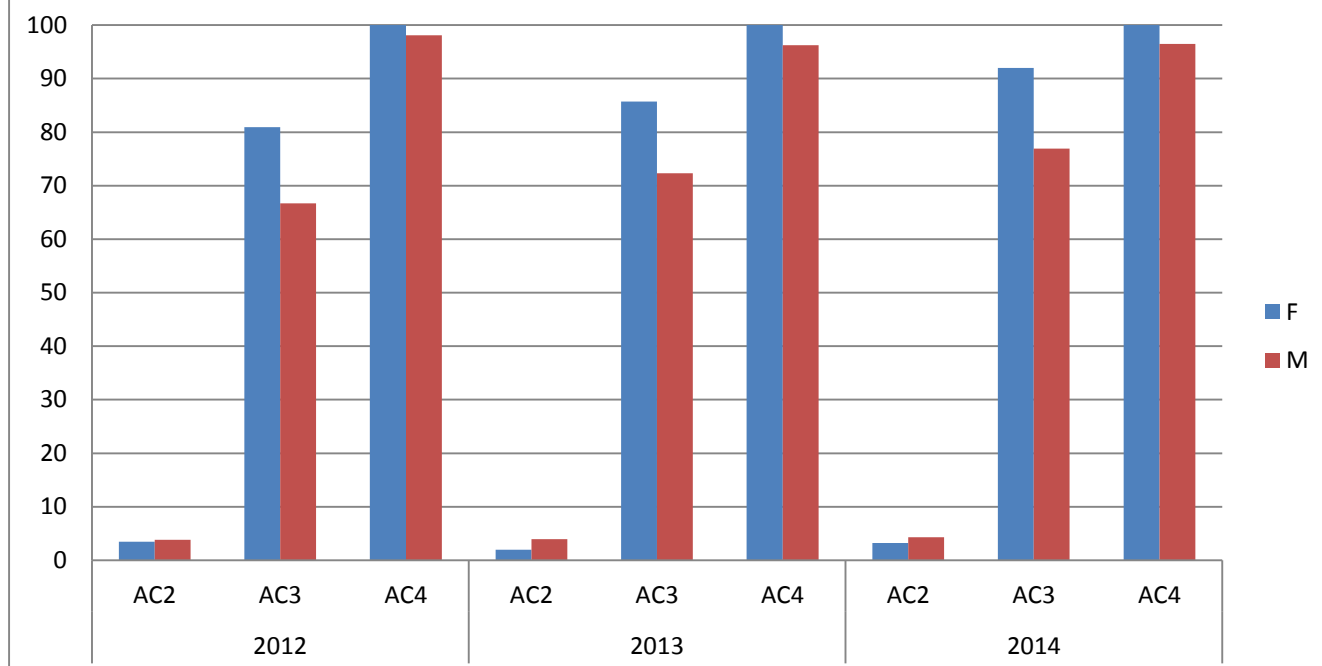
**Proportion of staff on permanent/fixed-term/guaranteed hours contracts by gender and year**

Year	Contract type	Female (percentage within gender group)	Male (percentage within gender group)
2012	Fixed-term	193 (55%)	181 (49%)
	Open-ended	157 (45%)	190 (51%)
2013	Fixed-term	191 (56%)	187 (48%)
	Open-ended	151 (44%)	199 (52%)
2014	Fixed-term	226 (58%)	195 (48%)
	Open-ended	166 (42%)	212 (52%)

**Permanent (open-ended) contracts - non-clinical (% of gender group at grade with permanent contract)**



## Permanent (open-ended) contracts - clinical (% of gender group at grade with permanent contract)



Across all staff, males are more likely to have an open-ended contract than females. However, analysis by grade shows that this reflects the higher proportion of females at lower grades, where fixed term contracts predominate. At each grade from UE06-UE10, females are in fact more likely than males to have an open-ended contract. The issue is therefore not one of disparity between women and men in contractual arrangements, but of female representation at higher grades.

The AC2 group stands out as having the lowest number of open-ended contracts. Issues faced by this group, and measures to address them, are discussed on page 29. We shall lobby hard for measures to increase the number of females reaching AC3 positions (92% of women at this grade are on open-ended contracts), in particular supporting AC2 females into fellowships to make them more competitive for AC3 positions, lobbying to change the 20:80 split between research/study:clinical work and for provision of technical support for early stage PIs who take extended leave (maternity/caring) ([SAP2.4/2.6/5.11](#)).

- 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 (**BAP2.4/SAP1.4**). Whilst we recognise that committee overload can be a very real issue, we have no evidence that this is the case currently. The SCS Management committee has the biggest skew, but it is very encouraging that three centres in our Schools now have female directors compared with one when we applied for Bronze, and the director-designate of one of the institutes, IGMM, is also female. Seven of the 11 key committees are chaired by women. To a large extent we believe this has come about through a change in organisational culture, especially engagement with senior management in CMVM, increasing awareness of gender equality (**BAP1.1/1.3/1.5**). Additionally, higher visibility of female role models (eg as HoC) (**BAP1.5**), increased female representation on committees, empowering events such as our Inspiring Women symposium (**BAP3.1**) and the mentoring scheme (**BAP5.5**) have contributed to a greater awareness and take-up of leadership/career development opportunities amongst female academics (**BAP5.6**).

When the data for all School level committees are combined, the proportion of female committee members is 40%, fairly representative of the proportion of females at grades 8-10. Whilst there are a few women who serve on several committees, in general the spread of responsibilities is good. One of the more time-consuming committees to chair is the SAT, since the activities extend well beyond the actual meetings. We have recognised this, and put in place clear succession planning so that the roles will rotate (after 6 months of shadowing) every 3/4 years, giving new people leadership opportunities (**SAP2.2**). The mentoring scheme has helped, as mentors often suggest to mentees that they put themselves forward for specific roles. Indeed, the current Vice-Principal People and Culture was a mentee in our pilot, and was encouraged to apply for the VP position by her mentor; she specifically says that this gave her the confidence to apply.

In our survey, we asked whether respondents felt that men and women were given equal opportunities to become involved in internal activities (committees/working groups, presenting seminars). Overall, these results were very encouraging, with 84%F and 92%M agreeing. However, there were some differences between centres: in CCVS, 100% of males but only 71% of females agreed with the statement, but in the IGMM 92% of males and 94% of females agreed. However, it is important to note that amongst females at higher grades the response has improved across all centres (81% now agree, versus 73% in 2013). We will continue to provide HoC with the face-to-face feedback from our biennial surveys which was so effective in our BAP, and will support the HoC to make improvements (**SAP1.1&1.3**).

- (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 (as detailed above). 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. We shall, in future, in our annual letter to Section Heads, request that they give particular consideration to academic workload of AC2 staff (now >50% female)- especially if LTFT (less-than-full-time)- and to implement measures to support them in becoming competitive for fellowships to enable the transition to AC3 (**SAP2.4&2.6**). We shall lobby CMVM and NHS contacts to implement changes to the balance between clinical/teaching/research responsibilities for this group (**SAP2.6**).

Historically, WLMs have not been used for non-clinical staff (many of whom are predominantly involved in research) within our Schools. Developing a suitable WLM has been a key activity in preparation for our Silver application but has been more problematic than first envisaged, in part because the many dimensions of research activity are hard to assess in a WLM and many staff have little engagement in teaching. Nevertheless we developed a WLM that was trialled first in the SAT and then in specific centres. We are now modifying the WLM following feedback from the pilot. We anticipate it will still meet with resistance, but shall plan its roll out consultatively and proactively to all centres over the next academic year. We will publicise and promote its use through the lunchtime fora, in emails from HoC, and by linking it formally to the PandDR process ([BAP2.2/SAP2.7](#)).

In our surveys overall, ~80% of men and women agreed their workload was fair compared to their peers with no real differences between centres. In 2013, there was a gender disparity in agreement at Senior Lecturer level of 81% male/60% female, but by 2015 agreement had changed to 75%M/100%F. At Bronze, we suggested that women at the higher grades had, or perceive themselves to have, a higher workload and investigated the causes of this ([BAP2.4](#)). We were therefore pleased to see that whilst 83% male and 76% female Professors agreed that their workload was fair in 2013, by 2015 this had improved to 88% of males and 80% of females. The introduction of mandatory PandDR has helped with this ([SAP2.12](#) aims to make this more helpful to appraisees), and our WLM ([SAP2.7](#)) should help further, together with increased uptake of mentoring/networking opportunities ([SAP5.4&5.5](#)) and awareness of career development ([SAP2.3&2.8](#)).

- (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 (10am-4pm). The few exceptions mainly apply to committees where meetings are timed by consensus (e.g. clinical meetings). Importantly, we now have an automated message on the room booking system as shown below ([BAP1.4](#)).

Decision-making committees usually meet at lunchtimes/early afternoon. We have to consider the issue of cross-College meetings being held at one campus to which some committee members have



to travel; in general, people prefer to have these meetings at one end of the day to avoid travelling back and forth. 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 judge how successful this has been so far; 77% agreed that meetings were in core hours, with no consistent gender split. However, some centres, notably CIR, showed a much lower response (only 55% agreed here). We were delighted to hear, therefore, that just after our 2015 survey, CIR have moved their centre-wide research meetings from 4-5pm to 3-4pm. We shall continue to monitor this through our survey and take actions if necessary (eg holding focus groups within problematic centres to identify where resistance lies) (**SAP1.7**).

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: 82%F and 89%M feel that people are treated on their merits irrespective of gender (with one low result of 61%F in CCBS). In 2013, 83% felt that unsupportive language and behaviour were considered unacceptable and this had increased by 5% amongst women and 3% amongst men by 2015. There was an increase from 76% to 84% in females agreeing that “Inappropriate images stereotyping men or women are considered unacceptable”, and over 90% felt that social activities were welcoming to both men and women. The only outlier here was CCVS, where only 70% of females agreed with this statement. We will investigate the reasons for the centre-specific issues and feedback to HoC, as no free-text comments shed light on these (**SAP1.3**).

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.

Outreach is taken very seriously by both Schools, forming part of promotion review. Many of our scientists are featured in one minute videos designed to reach to the public, on the UoE “Research in a Nutshell” website. Staff from all academic grades and both genders are active on Twitter (including participating in Twitter campaigns by e.g. the Guides). They likewise participate in a range of local Festivals, e.g. the Edinburgh International Science, Midlothian Science, and Fringe Festivals. We have excellent experience engaging primary/secondary school children; visits to labs are a regular feature, with male and female MSc students to professors all involved. A female UE10 regularly participates in the Saturday morning Dunbar Science Club for primary school children, and a male UE09 was a judge for the Scotland & Northern Ireland 2014–2015 Final of The Institute of Ideas ‘Debating Matters Competition’ for school students aged 16-19. A public lecture series (‘Let’s talk about...’) is run by a female UE10, who also hosts work experience students. There is also a recorded “Medical Detectives” public lecture series (mainly UE10/AC4). Colleagues travel widely to undertake outreach events across the UK, e.g. UE08 male spoke about his research at a Northumbrian country pub, and a female UE09 spoke at the Cheltenham Literary Festival. Broadcast and print media are also outlets: e.g. a male clinical lecturer featured in the BBC show, ‘Trust me I’m a doctor’, and a range of staff participated in a short film called ‘Ages of the Brain’. Promoting the importance of outreach is a key part of our work, e.g. a male UE08 spoke at the Houses of Parliament on the necessity to embed engagement across scientific careers, and for both genders. In October, a male senior lecturer spoke to Woman’s Hour on working 80% FTE to share childcare, mentioning

Athena SWAN as a driving force. The annual letter to HoS requests information on outreach (**SAP1.3**).



SAT member Prof Sarah Howie (centre) takes to the stage at the Edinburgh Fringe 2015 at the Stand Comedy Club in a session entitled “Cabaret of Dangerous Ideas: Cervical Cancer-You’re History”

#### **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.

Maternity return rate - overview		Non-clinical staff	Clinical staff	All academic staff
2012	Left	4	1	5
	<b>Returned</b>	<b>10 (71%)</b>	<b>4 (80%)</b>	<b>14 (74%)</b>
	Total	14	5	19
2013	Left	1	1	2
	<b>Returned</b>	<b>13 (93%)</b>	<b>7 (88%)</b>	<b>20 (91%)</b>
	Total	14	8	22
2014	Left	3	0	3
	<b>Returned</b>	<b>10 (63%)</b>	<b>6 (86%)</b>	<b>16 (70%)</b>
	Still on leave	3	1	4
	Total	16	7	23
Total (all years)	Left	8	2	10
	<b>Returned</b>	<b>33 (75%)</b>	<b>17 (85%)</b>	<b>50 (78%)</b>
	Still on leave	3	1	4
	Total	44	20	64

## By grade

Maternity return rate – by grade		UE06	UE07	UE08	UE09	AC2
2012	Left	1	3	0	0	1
	<b>Returned</b>	<b>1 (50%)</b>	<b>7 (70%)</b>	<b>2 (100%)</b>	<b>0</b>	<b>4 (80%)</b>
	Total	2	10	2	0	5
2013	Left	0	1	0	0	1
	<b>Returned</b>	<b>0</b>	<b>11 (92%)</b>	<b>2 (100%)</b>	<b>0</b>	<b>7 (88%)</b>
	Total	0	12	2	0	8
2014	Left	0	3	0	0	0
	<b>Returned</b>	<b>1 (100%)</b>	<b>6 (50%)</b>	<b>2 (100%)</b>	<b>1 (100%)</b>	<b>6 (86%)</b>
	Still on leave	0	3	0	0	1
	Total	1	12	2	1	7
Total (all years)	Left	1	7	0	0	2
	<b>Returned</b>	<b>2 (67%)</b>	<b>24 (71%)</b>	<b>6 (100%)</b>	<b>1 (100%)</b>	<b>17 (85%)</b>
	Still on leave	0	3	0	0	1
	Total	3	34	6	1	20

The University operates a maternity policy with enhanced payment options available to all staff from the first day of employment. This enables staff, regardless of length of service, the opportunity to take up to 6 months leave with enhanced pay. The number of women in academic posts returning from maternity leave has remained at a similar high level of over 70% for the past 3 years. The number of clinical academics taking and returning from maternity leave has improved dramatically: there were no clinical academic staff in this category in 2010 or 2011. 85% of clinical academics have returned from maternity leave.

The two clinical academic staff who did not return from maternity leave were in training posts and, as planned, returned to NHS roles. The data indicate that staff at higher grades are more likely to return from maternity leave. Most leavers at UE06/UE07 held fixed-term contracts that ended during their maternity leave. The University operates a ‘talent register’ where staff at risk of redundancy are highlighted to recruiters to try and secure redeployment and limit the number of “at-risk” employees on maternity leave from being unable to return. Staff going on maternity leave are encouraged to make use of Keeping-in-Touch days so they can keep abreast of developments in their fields and forthcoming opportunities.

In **BAP5.2** we proposed a maternity leave agreement proforma and a buddy scheme. These are taken forward in **SAP5.3** together with other measures to help directly, for example extended probation for Chancellor’s Fellows (**SAP5.2**), technical support to generate key research data (**SAP5.11**) and childcare provision (**SAP5.10**).

### Staff returning from maternity leave to part-time working

Year	UE06	UE07	UE08	UE09	AC2	Total (all grades)
2012	1	7	0	0	4	12
2013	0	5	2	0	3	10
2014	1	2	1	0	1	5
<b>Total (all years)</b>	<b>1</b>	<b>15</b>	<b>3</b>	<b>0</b>	<b>8</b>	<b>27</b>

- (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.

Paternity leave	UE06	UE07	UE08	UE09	AC2	AC3	AC4	Total (all grades)
2012	0	1	0	1		0	0	2
2013	0	1	1	0	2	1	1	6
2014	0	2	2	0	3	0	0	7
<b>Total (all years)</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>15</b>

Only a small number of staff make formal requests for paternity leave as indicated above. We are aware that more instances of paternity leave have been taken, having been agreed locally and informally. All staff are eligible for paternity leave regardless of length of service with the first week of paternity leave at full pay.

There have been no requests for adoption leave over the last three years.

We have not had any applications for parental leave. We have a newly agreed shared parental leave policy that matches maternity leave pay for babies born from 2016, and we have several other options for paid leave that are typically taken by carers and parents needing time from work for caring responsibilities. The University provides up to ten days per year paid time off to care for dependents. Paid compassionate leave is also available to deal with personal issues. Compassionate leave and dependents leave is managed locally. Our Schools have also introduced “caring-for-carers” guidance, highlighting policies and support available ([SAP5.7](#)).

Information about family friendly policies is provided at our training workshops for PIs and in lunchtime fora, as well as under a link on our website. HR include a web link to all family policies with wrap around sheets on all new contracts and contract amendment letters.

- (iii) **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.

Few requests for flexible working are made formally through HR. Those that have been made are tabled below. All formal requests for flexible working were agreed.

We are aware that most flexible working arrangements are agreed informally at local level. 14% of staff on academic grades currently work part-time with 24% of female non-clinical and 20% female clinical academics being on part-time contracts.

Flexible working requests by grade, gender and year		UE06	UE07	UE08	UE09	AC2	Total (all grades)
2012	Female	1	0	1	1	1	4
	Male	0	0	0	0	1	1
	Total	1	0	1	1	2	5
2013	Female	1	1	0	0	1	3
	Male	0	0	0	1	0	1
	Total	1	1	0	1	1	4
2014	Female	0	4	2	0	2	8
	Male	0	0	0	1	0	1
	Total	0	4	2	1	2	9
Total (all years)	Female	2	5	3	1	4	15
	Male	0	0	0	2	1	3
	Total	2	5	3	3	5	18
<b>N.B. Of the above requests for flexible working three were informal (the rest were formal), and all were successful. There were no requests for flexible working at AC3 or AC4.</b>							

- 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) **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.

When asked in the survey if they had been given information about flexible working, there was a small but significant increase since 2013 for both genders, from 22% to 26% of females, and 32% to 35% of males. Almost everyone said they knew where to find the information. Virtually nobody at higher grades answered no, suggesting the PI training has had real impact, but this could relate to the profile of those who have visited the AS website (80% at UE10 but only 10% at UE06), as this contains much relevant information. We will now focus on disseminating this and other information to lower grades (**SAP1.5&1.6**) - the lunchtime fora and promotion of mentoring for support staff will help. Finally, the “caring-for-carers” initiative (**SAP5.7** and AOC below) is already making a real impact, and will help us to promote opportunities for flexible working amongst this group.

- (ii) **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.

All pregnant staff are invited to a meeting with an HR Adviser to talk through the maternity process and to raise awareness of keeping-in-touch days, childcare vouchers, flexible working options and now Shared Parental Leave. They are given a checklist highlighting where to find information and timelines for actions. A similar checklist is also provided for managers outlining their responsibilities. The University has a maternity toolkit enabling staff to work through each stage of the maternity process and includes a 'work planning' process so that maternity cover and reintegration after leave can be planned/agreed.

We have investigated options for a buddying scheme for new parents by reviewing activities in other organisations and plan to launch an informal buddying network late in 2015 (**SAP5.3**).

**(5373 words)**

## 5. Any other comments: maximum 500 words

Please comment here on any other elements which are relevant to the application, e.g. other STEMM-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.

We initiated “Caring-for-Carers” in response to a comment that people (usually women) with adult dependents are overlooked compared to those with children. This comprised regular informal meetings facilitated by SAT members, a dedicated email group (of over 50 people), and a “caring” section for the website with HR information/policies and other sources of support. We were particularly pleased that this initiative has reached out to so many support staff (male and female) who had not previously considered that AS concerned them. We will embed this network in **SAP5.7**.

An excellent event was organised by one of our SAT members (MP), funded by the Schools, entitled “Career Progression, Equality and the Role of Altmetrics”. Martyn pointed out that Altmetrics is way of demonstrating international attention to a scholar’s work (e.g. using geographically-specific metrics of how many times an article is tweeted, downloaded etc.), without them actually having to travel. International invitations are an important criterion for promotion to senior academic positions but international travel can be challenging for those with caring responsibilities. Increasing awareness of altmetrics by individuals and promotion committees could assist in evidencing international impact. (**SAP5.9**)

Our Inspiring Women conference in 2014 was a huge success; speakers included Dame Sally Davies and Professor Nancy Hopkins of MIT, one of the most high profile American advocates for women in science, who said “I loved the meeting and learned a lot. I am SO impressed by your efforts and the collegiality of the women faculty and administrators and men too who work on this issue”. Our large audience included Head of College and other male HoC/I (see photos below). One anonymous comment in our survey said “This was a truly inspirational occasion. I am a male in a senior position within the University. I learned a great deal from the experience and was engaged in the discussion”. We are now planning “Inspiring Women 2” (**SAP5.8**).



**Clockwise from top left:** Dame Sally Davies addresses the audience; Prof Sir John Savill, speaker Prof Moira Whyte and Prof Tim Aitman; SAT member JD talking to Prof Nancy Hopkins; delegates chatting



**Clockwise from top left:** SAT co-convenors CA (top left) and KC (top right) give talks on Athena SWAN activities, SAT member Prof Nick Hastie, Director of Research Prof Margaret Frame and Head of School Prof Sarah Cunningham Burley, and Prof Nancy Hopkins and the audience

Our analysis of free text responses to the survey has demonstrated our progress, and also identified areas for the SAP. Comments included:

“It is my belief/experience that often women who have children, or are of child-bearing age, are not considered for promotion or career development in academic research.” This is demonstrably



untrue, but we will include case studies on our website and in the newsletters (**SAP5.8**), and continue to promote our lunchtime fora.

“I have limited ability to go to conferences which involve protracted travel away from home”. We formulated the Atmetrics training and will propose funding for additional childcare (**SAP5.9, 5.10**)

“We need more peer-group mentoring opportunities.” Addressed by setting up PEGS (**SAP5.1, 5.4**).

Some positive free text comments:

“I have received a lot of support and encouragement with regards to getting involved with both internal and external committees and conferences to boost my CV”

“Your team did a good job in motivating me to think deeper about this topic and I intend to do so even further”

“I am surrounded by women who have reached the top of their professions, I do not feel held back or discriminated against”

**(505 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**.

## SILVER ACTION PLAN, NOVEMBER 2015

### 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)

	Objective	Action	Responsibility & resource	Timescale	Success Measure	Comments
<b>Organisational Culture</b>						
1.1	Further embed a culture of respect, awareness of equality and diversity through management responsibilities and training	<p><i>Continue</i> the one-day training for all Principal Investigators (PIs)/Group Leaders developed and introduced under <b>BAP1.1</b>. This became mandatory (in 2015) to place a job advert.</p> <p><i>Extend</i> training to anyone who will manage people. Training includes:</p> <ul style="list-style-type: none"> <li>- Equality and Diversity (E&amp;D)/unconscious bias (UB)</li> <li>- Recruitment and interviewing</li> <li>- Managing probation and PandDR</li> <li>- Managing early career researchers</li> <li>- Parental/carer leave and flexible working</li> </ul> <p><i>Plan</i> for development of refresher training (to be undertaken every 5y).</p>	<p>Delivery: IAD.</p> <p>To be strongly and regularly endorsed and promoted to staff by HoS and School Administrators.</p> <p>Resourced by the Schools and IAD</p>	<p>Ongoing (&gt;6 events/year)</p> <p>Develop- Dec 2018 Pilot- Mar 2019</p>	<p>&gt;90% PIs trained within 3y (100% of PIs who manage fixed-term contract staff) and &gt;50% other line managers (support staff).</p>	Continued from <b>BAP1.1</b>
		<p><i>Continue</i> to survey all staff in SCS and SMGPHS biennially (next at end of 2016) to monitor progress. A summary of the survey results will be placed on our AS website.</p>	SAT	Biennially, end of 2016 and 2018.	Increase responses in our next staff/student survey to at least 70% (currently ~50%) of staff/PGR students. An increase in staff agreement with the statement "In general, staff and PGR students are treated equally on their merits, irrespective of their gender" to >85%F, >90%M across all students/staff (currently 81%F, 89%M).	Continued from <b>BAP1.1</b>
1.2	Nurture an equal opportunities culture within the College and scrutinise progress in key E&D indicators (through equality outcomes data).	The College (CMVM) E&D committee (re-established under <b>BAP1.2</b> ) monitors equality data, receives reports on AS activities, shares best practice across the College and will continue to promote E&D and UB training. If E&D training numbers plateau at or below 70% (suggesting pockets of resistance), this will become mandatory. All PIs now receive E&D training and UB awareness as part of <b>SAP1.1</b>	CMVM E&D committee	Ongoing	<p>&gt;80% academic and support staff to have completed E&amp;D and UB training within 3y (monitored through attendance and survey data).</p> <p>We aim to improve awareness and perceptions of gender equality issues in our survey to &gt;90% and increase awareness and understanding of gender equality policies to &gt;80% by December 2018.</p>	Extension of <b>BAP1.2</b>

		We will fund face-to-face UB training in our Schools (online UB training exists) and will continue to lobby UoE to provide at least two UB trainings per campus per year.	HR Resourced by the Schools, ~£1.2k	With immediate effect (Nov 2015)		
1.3	Continue to engage CMVM management in the AS ethos.	<p>Athena SWAN activities to continue to be a standing item at School Planning and Resources Committee meetings.</p> <p>Communicate the main findings from our Survey to the College Strategy Group and provide a data summary from the survey on our AS website.</p> <p>Ask Section Heads<sup>[3]</sup> to promote opportunities for mentoring and leadership training in their annual PandDR reminders to group leaders.</p> <p>Continue to obtain an annual report (proforma supplied) 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 (<b>SAP2.6</b>) and timings of meetings/seminars.</p> <p>Detailed feedback on progress in staff and other data from their section will be compiled by a nominated AS representative from each Centre/Division, reviewed by the Steering group and fed-back to Section Heads by the HoS (including anonymised free text comments from the survey). In our BAP, we found this strategy to be extremely effective in eliciting local improvements in culture and practice.</p>	<p>HoS, SAT Chairs</p> <p>HoS, SAT</p> <p>School Administrators</p> <p>HoS via School Administrators</p> <p>HoS, SAT</p>	<p>Ongoing</p> <p>Dec 2015</p> <p>Ongoing. Letters will be sent Jan-Feb (with proforma) each year</p>	<p>We aim to increase agreement with the survey statement: "Overall, I think senior managers understand the need to engage with gender equality" across all grades, from the current 68%F and 81%M, to &gt;81% for both genders in our next survey. We will aim for agreement by &gt;85%F at higher grades<sup>[7]</sup> (currently 80%) and maintaining or increasing agreement by males at higher grades, currently 92%.</p> <p>We also aim to increase agreement with the statement "Overall, from the gender equality point of view, I think that this is a great place to work" from the current 76%F to &gt;85%F and to maintain or increase the current 87%M agreement in our next survey.</p>	Continued from <b>BAP1.3</b>
1.4	Maintain or increase female representation on	Representation is largely determined at CMVM level. We will monitor School committee representation annually and	HoS, School Administrators	With immediate effect (Nov 2015)	All School decision-making committees to be gender balanced (at least 40% each gender) with at least one additional female	Building on <b>BAP1.5</b>

	School and other high-level decision-making committees (improved since 2013, illustrating engagement of management with AS ethos)	<p>continue to lobby for increased female representation, especially at Section Head level, through the HoS and CMVM E&amp;D committee.</p> <p>Identify future female contenders for these roles, to put forward for external leadership training</p>	HoS, Head of HR	With immediate effect (Nov 2015)	in a senior management position	
1.5	Reach into all areas of the Schools to embed the knowledge and understanding of AS principles.	<p>For those areas with a low response rate in our 2015 survey (&lt;35%), we will invite the Section Head with their AS Champion, to attend at least one SAT meeting as an observer. Engagement with the SAT has been very effective at improving awareness of AS ethos amongst Section Heads.</p> <p>We will target specific Centres (those with low response rates in the survey or where the survey or our PI training rates indicate lower engagement with AS) for short talks on AS at local PI meetings and at a centre seminar; we will engage the Section Head to support attendance.</p> <p>Include information about our Athena SWAN work and links to our website in Centre induction packs.</p> <p>Membership of the SAT to be for a 3y term or to be co-incident with term of office (eg Head of School, School Administrators, EPD Officer) where the post is represented on the SAT. Replacement members will be sought from areas that have historically been "hard to reach". Members with specific roles will be allowed (or invited) to serve an additional term.</p>	<p>SAT Convenors, AS Champions</p> <p>SAT, AS Champions</p> <p>AS Champions</p>	<p>With immediate effect (Nov 2015)</p> <p>With immediate effect (Nov 2015)</p> <p>With immediate effect (Nov 2015)</p>	<p>More widespread understanding of AS principles and ethos is likely to be demonstrated through increased participation in our survey, particularly in the areas where survey responses were low previously. We aim to increase our survey response rate to &gt;60% across our Schools.</p> <p>We shall also include a question in our next survey to gauge awareness of AS and aim for this to be at least 90%.</p>	<b>New actions for SAP</b>
		We will continue to update our AS website to make sure it is topical and will issue regular tweets to maintain interest	SAT Communications Manager	With immediate effect (Nov 2015)	We aim to increase the number of staff and PGR students who say they have visited our website from the current 29% to >50% (monitored through our survey). We shall	<b>New actions for SAP</b>

		Develop and implement a communications strategy designed to target information to all members of our Schools and draw attention to our website.	SAT Communications Manager	With immediate effect (Nov 2015)	also measure visitors directly, aiming for at least 500 unique visitors by the time of our next survey	
		Compile and publish an AS newsletter to promote our activities, every 6 months	Communications manager, SAT	With immediate effect (Nov 2015)		
1.6	Engage lecturers, PGR students and support staff in the AS ethos and activities.	<p>Advertise our twitter feed in our AS newsletter and on advertising of all our events (eg lunchtime fora, Altmetrics, Inspiring Women-2)</p> <p>Engage the PGR and Postdoctoral Societies directly, with short talks on AS by SAT members at meetings of the Societies.</p> <p>Implement a series of lunchtime “roadshows” in public areas/cafeterias in all major buildings in our Schools, by the local AS Champion(s) to promote our AS activities, newsletters, website and twitter feed and answer any questions about AS. We will invite volunteers from the local PGR/Postdoctoral Societies to assist.</p> <p>Install feedback opportunities/ suggestions boxes in public areas/cafeterias of the major buildings (to make AS more relevant), next to copies of our AS newsletters.</p> <p>Promote inclusive policies through support/WLB lunchtime fora (<b>SAP5.4</b>, below), newsletters and short talks on AS at the Administrators Forum and other groups of support staff.</p>	<p>SAT communications officer, SAT sub-groups</p> <p>PGR and postdoc members of the SAT</p> <p>SAT (organisational culture subgroup), AS Champions</p> <p>SAT (organisational culture subgroup), AS Champions</p> <p>SAT and support/ WLB subgroup; catering for lunchtime fora (~£1k/year) to be paid by the Schools</p>	From December 2015	Amongst PGR students, non-academic staff and academic grades up to UE08 (lecturer), in our next survey we aim to increase agreement with the statement “Overall, from a gender equality point of view, I think this is a great place to work” from the current average of 75% (but only 58% of lecturers) to >75% at each and every grade. We aim for >80% agreement with “In general, staff and PGR students are treated equally on their merits, irrespective of gender” (currently only 78% in F postdocs, but >80% in all other groups).	<b>New actions for SAP</b>
1.7	Ensure that all meetings, seminars and other events	Monitor the timings of seminars and other events, using responses of HoC to annual request for data ( <b>SAP1.3</b> ) to	Support/work-life balance subgroup of SAT	Annually, with request for data (see <b>SAP1.3</b> ,	We aim to increase agreement with the statement “overall, meetings, seminars and other events are held within core hours” to	Building on and extending

	are held at a time that allows inclusion of all staff	<p>ensure all are within core hours (10-4). Continue to ask Section Heads annually 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.</p> <p>Our 2015 survey suggested the lowest level of agreement with the statement "overall, meetings, seminars and other events are held within core hours", at 70% was in higher grade<sup>[7]</sup> males, though agreement increased amongst higher grade females from 57% in 2013 to 76% now. We will analyse free text comments to discern any patterns (eg by Centre) to inform future actions.</p>	Support/work-life balance subgroup of SAT	above)  By Dec 2015	>85% of all staff by Dec 2016, from the current 77%.	<b>BAP1.4</b>
--	---	---	---	---------------------------	--	---------------

### Career development and Promotion

2.1	Support fairness in the promotions process	<p>Our <b>BAP</b> mandated E&amp;D training for all College promotions panel members. UoE has recently mandated UB training (available online from Sept 2014) for all on promotions and recruitment panels. We shall monitor training of all new members of the promotions panel.</p> <p>Under <b>BAP2.1</b>, we collected data on the age at which women and men achieve promotion to senior grades (UE09/10 and AC3/4). We also looked at the number of women/men at the top of their grade pay scale. The data are still relatively few but appear complex, particularly at the Senior Lecturer level. We shall continue to collect these data and investigate underlying trends (eg more men at the top of the Senior Lecturer grade).</p> <p>We will work with the College and UoE HR to develop criteria and guidelines for</p>	<p>Head of HR, CMVM</p> <p>HR, Promotions subgroup of SAT</p> <p>HR, Promotions subgroup of SAT</p>	With immediate effect	<p>All new members of College promotions and recruitment panels to have undertaken E&amp;D and unconscious bias training within 1 month of appointment.</p> <p>These data will be used to inform a future Action Plan.</p>	<p>Building on and extending <b>BAP2.1</b></p> <p><b>New action for SAP</b></p>
-----	--	---	---	-----------------------	--	---

		academic staff promotion from UE07 to UE08.				
2.2	Promote leadership opportunities, especially for women	The SAT Chair is an important leadership role, of strategic importance to the School and the College. This role will therefore be limited to 3y to refresh the leadership of the SAT, prevent over-burdening of existing Chairs and to provide a new development opportunity for either a male or female potential leader.	SAT	From April 2016, following a 6 month "shadowing" period by the new Chairs.	New Chairs to achieve recognition of successful leadership – eg. by promotion or by award of a pay increment.	<b>New action for SAP</b>
2.3	Promote awareness of and understanding of the promotion processes, particularly at lower academic grades and also amongst support staff	Build on the successful lunchtime fora at the Little France, <sup>[4]</sup> Western General Hospital <sup>[5]</sup> and Central area <sup>[6]</sup> campuses, introduced as part of our <b>BAP</b> . Career development topics targeted at postdoctoral fellows/research assistants/technicians and lecturers will include: Understanding the promotion process, Making the most of your Performance and Development reviews (PandDR; appraisals), Mentoring, Obtaining research funding, Workload models (and other topics in response to staff and SAT suggestions).  Follow up the lunchtime fora with "drop-in" clinics, 1 week later, for advice from HR and academics who are on promotions panels or have been through the promotions process.	HR, promotions and support/WLB subgroups of the SAT  Promotions and support/WLB subgroups of the SAT	From November 2015; 3-4 lunchtime fora per year, per campus  From December 2015	By the end of 2016, we aim to increase understanding of the promotions process and criteria by research assistants, postdocs, fellows and lecturers (monitored by survey) from the current 39%F, 46%M to above 50% for both genders and across all staff from the current 51%F, 61%M to >70% for both genders.  We also aim to increase agreement with the statement "My impression is that men and women are equally encouraged to apply for promotion" from the current 52%F (but 79%M) of all academic staff to >65%F overall and >60% at grades UE6-8 (currently only 49%F at these grades agree).  In our 2015 survey, only 40%F, 65%M academic staff agreed that "a full range of skills and experience (e.g. teaching, research, management/administration, pastoral work, knowledge exchange) is taken into account when considering promotion". We aim to improve this to >65% for both genders in our next survey.	Building on and extending <b>BAP2.2</b>
2.4	Support and encourage promising junior academics into fellowships	Two competitive fellowships (up to 12 months) will be available per year (one per School) to support post-doctoral fellows into fellowships.  Section Heads will be asked to provide mock interviews for UE07/AC2 staff who	HoS Funded by the Schools; ~£60k per year per School  HoS	From September 2016  With immediate effect	These actions should support the transition from UE07 to UE08 and from AC2 into AC3. We shall measure our success by reduced attrition of females at UE08 (aiming for >56%F at UE08 within 3y, up from the current 53.5%) and at AC3 (aiming to increase the number of women from the	

		will receive interviews for funding that includes their salary.			current 19 to at least 22).	
2.5	Improve the gender balance in academic staff at non-clinical grades UE09 and UE10 and clinical grades AC3 to AC4 through retention and promotion of existing female staff	<p>Monitor any changes in gender balance in staff at academic grades UE08 to UE10 and AC2 to AC4. Highlight any declines in gender balance to the College Strategy Group for action.</p> <p>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&amp;DR. If not, then establish why not.</p> <p>Introduce a career-coaching scheme in our Schools in collaboration with Equate Scotland (scheme piloted by the Roslin Institute at UoE). In the first 3y of the scheme, &gt;70% of the places will be limited to females (restricting the scheme to females was found to be divisive in the Roslin Institute).</p> <p>Provide mentoring/coaching support to academic staff going through the promotions process through a “buddy” of at least one grade above the staff member. We will advertise these schemes through our AS newsletters, in promotions lunchtime fora and via networking.</p> <p>We will work with HR, IAD and the Centres, to identify successful career development measures put in place for the Chancellor’s Fellow cohort (mainly UE08), such as formal review of career development/progress at regular intervals. We shall work with the Centres to make these support measures available for all staff at these grades.</p>	<p>HoS</p> <p>HoS, School Administrators</p> <p>HR. Funded by the Schools; ~£5k per year</p> <p>HR and Promotions Subgroup of SAT</p> <p>HR, IAD and Promotions Subgroup of SAT</p>	<p>Annually, continuing from BAP</p> <p>October 2016</p> <p>To be developed and piloted for the 2016/7 promotions round, and rolled out more widely the following year if successful.</p> <p>From December 2015</p>	We aim to increase the female proportion of staff at UE09/10 and AC3/4 by 10% or more in 3 years	Some actions continuing from <b>BAP2.7</b> with <b>new actions added for SAP</b>
2.6	Reduce the attrition	The issue at AC2 to AC3 is less one of			See action 2.4 for success measure	<b>New actions</b>



	<p>of female clinical academics at the AC2 to AC3 transition</p>	<p>promotion and more one of retention. We will act on the recommendations of our working group that reported on obstacles facing women in clinical academic careers (<b>BAP5.1</b>) to provide better career development and support. Specifically, we will:</p> <p>(i) Support female AC2 staff into fellowships to make them more competitive for AC3 positions by writing to them at their appointment to inform them of our SAT initiatives (eg see below) and to encourage them to engage with an academic mentor at an early point in their contract.</p> <p>(ii) In the annual letter to Section Heads, request that they ask appraisers of clinical staff to give particular consideration to the academic workload of less-than-full-time (LTFT) AC2 staff and to implement measures designed to make them competitive for fellowship applications.</p> <p>(iii) Establish peer mentoring/networking groups (see <b>SAP5.1</b>, below), with priority given to AC2 females</p> <p>(iv) Document the likely impact of career breaks and LTFT working on the length of time it takes female clinical academics in Scotland to complete their training: to inform women, universities and funding bodies.</p> <p>(v) Lobby NHS Education Scotland (NES; Government-driven) via senior College/NHS staff to change the policy of a 20:80 (research:clinical) split of time in Scotland to be the same as that in England (50:50). Current policy</p>	<p>School Administrators/HR</p> <p>SAT Chairs, HoS, School Administrators</p> <p>SAT member, LM with external consultant</p> <p>Clinical SAT members and co-opted clinically qualified staff</p> <p>HoS, Senior colleagues in CMVM with NHS positions</p>	<p>From January 2016</p> <p>With immediate effect (November 2015)</p> <p>Workshop in Oct 2016, with PEGs established over the following year</p> <p>By mid-2017</p> <p>With immediate effect (November 2015)</p>		<p>for SAP</p>
--	--	--	---	--	--	----------------

		<p>disadvantages LTFT females particularly. Locally, we will try and support LTFT females through negotiation towards more favourable terms.</p> <p>(vi) Investigate whether it is possible (and if so, how) to standardize the university approach to maternity leave with NHS requirements for LTFT working</p> <p>(vii) We will propose through our student engagement group that teaching and research responsibilities be separated out for clinical academic staff and allow an exemption from UG organizational roles for LTFT staff with a research role, especially if they have a major clinical component to their workload.</p>	<p>HR</p> <p>Student engagement group</p>	<p>Initiate this project December 2015, for completion December 2016</p> <p>Discussions to start 2016, for implementation in 2017/8 teaching year</p>		
2.7	Introduce and embed the use of workload models for non-clinical academic staff	<p>WLM were developed and piloted under <b>BAP2.4</b> (from May 2015). We will incorporate feedback and amend the WLM, then implement it across the whole of our Schools.</p> <p>In their annual report, Section Heads will be asked to comment on the use of WLM and how work is distributed in their Centre/Division/Institute.</p>	<p>HoS</p> <p>HoS via School Administrators</p>	<p>The next annual PandDR round: 2016</p>	<p>In our survey, 82% of academic staff agreed their workload was fair compared to their peers, with little disparity between genders or grades (where numbers were sufficient to draw meaningful conclusions). We aim to achieve &gt;85% agreement in our next survey.</p>	Continuing from <b>BAP2.4</b>
2.8	Promote career development through increased awareness of personal responsibilities and take-up of induction and training opportunities	<p>We will introduce a training matrix for all new staff (based on that already in place in the Usher Institute) to include our PI course (<b>SAP1.1</b>) if relevant, as well as E&amp;D and UB training. We will roll this out to existing staff over 3y and will promote its use via our AS Newsletter, through the postdoc and PhD student societies and through our lunchtime career development fora.</p> <p>We will also continue to monitor this through exit questionnaires (<b>SAP2.9</b>) to alert us to a general problem with</p>	<p>Promotions subgroup of the SAT, School Administrators</p> <p>HR, SAT</p>	<p>Introduce for new staff from September 2016; roll out to existing staff by end of 2018</p> <p>Ongoing</p>	<p>We will measure progress against this action through our survey, aiming to increase agreement with the statement "I am encouraged to take up career development opportunities" from the current 75%F, 83%M to be &gt;85% of both genders and &gt;70% in every Centre (currently only 67%F or 67%M in some Centres).</p>	<b>New actions for SAP</b>

		training opportunities.				
2.9	Identify obstacles to women in making the transition between UE06/07 and UE08	Most UE06/07 academic staff that leave do so when they reach the end of a fixed-term contract. Under <b>BAP2.5</b> we implemented an exit questionnaire, with a summary reported to the SAT on a 6-monthly basis. Responses (33, to date) are too few to discern trends though we did identify a possible need for training opportunities. We shall continue to collect this information to inform future actions.	HR, SAT	Ongoing	Success will be measured qualitatively, if we are able to identify obstacles and put into place future actions to support this career transition.	Continuing from <b>BAP2.5</b>
2.10	Facilitate career development through “virtual” attendance at seminars and other events	Lobby the College to introduce live-streaming facilities in the major lecture theatres on all College sites, for viewing on the University network.	HoS, SAT, College E&D committee	With immediate effect (November 2015)	At least one lecture theatre per campus to have live-streaming facilities by September 2017	<b>New action for SAP</b>
2.11	Improve fairness of, and understanding of, the promotions criteria in Centres where this remains unclear	Survey data relevant to this topic will be discussed between the HoS and the Section Head. Section Heads will be offered support (eg a specific talk on promotions, a focus group opportunity for female staff from the Centre) to improve the position.	HoS	December 2015	We will aim for >50% of both genders in all Centres agreeing with the statements “My impression is that men and women are equally encouraged to apply for promotion” (currently as low as 33%F in one Centre) and “I clearly understand the promotions process, including the criteria” (currently 30-40%F in 2 Centres).	<b>New action for SAP</b>
2.12	Support career development through helpful PandDRs across all areas of the Schools	We will highlight to Section Heads where their Centre is not providing helpful appraisals (from our Survey findings) and will support them (eg by staff training or focus groups) to make improvements (our PI training, <b>SAP1.1</b> , includes training in conducting appraisals).  Our career development-themed lunchtime fora (see <b>SAP2.3</b> ) will include at least one on each Campus within a 3y cycle on “Making the most of your appraisal”, to improve awareness of how appraisals should support career development.	SAT, HoS  Promotions and Support/WLB subgroups of the SAT	December 2015  Ongoing	The university now mandates PandDR for all staff (since 2014). In one or 2 Centres only 55-66% staff (M or F) agreed that the PandDR was helpful. We aim to increase agreement to >70% across all Centres for both genders, by our next survey.	<b>New actions for SAP</b>

**UG students**

3.1	<p><i>Over-arching objective:</i> to increase the proportion of female medical UG students choosing a clinical academic career</p> <p><i>Specifically:</i></p>				<p>Ultimately, success will be measured by an increase in the proportion of women entering specialties such as cardiology and surgery, in which they are currently under-represented. This is not a realistic measure of success for our action, so we aim to have a reviewed (gender neutral) MBChB curriculum in place by Sept 2018.</p> <p>We aim to increase the proportion of clinically qualified women undertaking a PhD by &gt;10% by 2018.</p>	<p><b>New actions for SAP</b></p>
(a)	<p>Engage with the College staff responsible for the MBChB program to promote AS values and gender equality in all aspects of medical UG recruitment and education</p>	<p>Establish a new School post of Student Engagement Officer, who will oversee a new student engagement group and report to the SAT. The student engagement group will work with Medical School staff who administer and deliver UG teaching. They will review recruitment/selection procedures and review personal tutor and career guidance, to ensure these are gender neutral. The group will oversee the work of a researcher, to carry out a gender impact assessment of the MBChB curriculum (see below).</p>	<p>School to recruit a Student Engagement Officer to lead project and to work with SAT Chairs in establishing the Student Engagement Group.</p> <p>Student Engagement Officer to be resourced by the School, cost up to £15k/year</p>	<p>Student Engagement Officer to be in place by December 2015; group to be in place by mid-2016</p>		
(b)	<p>Ensure that the undergraduate MBChB curriculum promotes equal opportunities for both genders.</p>	<p>Employ a researcher to carry out a gender impact assessment on the MBChB curriculum, with oversight from the student engagement group, above, and input/advice from SMGPHS academic staff (several are specialists in this type of research).</p> <p>Implement the recommendations arising from the gender impact assessment of the MBChB curriculum.</p>	<p>Student Engagement Officer (working with the Student engagement group, Head of SMGPHS, MBChB L&amp;T Director)</p> <p>School to provide funding of £18k/year for research student</p>	<p>From Dec 2015, Report findings, May/Jun2016</p> <p>From Sept 2016</p>		
(c)	<p>Challenge accepted orthodoxies about gender within medical students and the profession</p>	<p>Encourage exploration of gender issues by increasing the information about Athena SWAN on the academic careers page of EEMeC (the Edinburgh Electronic Medical Curriculum, used by all medical students on a daily basis).</p> <p>Include testimonials on the EEMeC careers website from female role models working in specialties in which women are traditionally under-represented.</p> <p>Engage with gender-based campaigns such as “this is what a Surgeon looks like” through our twitter feed.</p>	<p>MBChB Personal Professional Development theme Head, SAT</p> <p>Student Engagement Group</p> <p>SAT Communications Manager</p>	<p>Nov 2015</p> <p>From Sept 2016</p> <p>From November 2015</p>		

3.2	Embed equality and diversity principles amongst UG students	<p>Add a statement of values (including Dignity and Respect) to front page of EEMeC (similar to the one on front page of School websites) with link to our AS website.</p> <p>Promote the Dignity and Respect policy (through our leaflet developed by the E&amp;D committee) in induction procedures for UG medical students</p>	<p>Student Engagement Officer/Group</p> <p>Student Engagement Group</p>	<p>With immediate effect (Nov 2015)</p> <p>From Sept 2017</p>	We aim to maintain agreement at >95% of both genders of UG students in our Schools that they are treated with dignity and respect, in the Edinburgh student experience survey.	<b>New actions for SAP</b>
3.3	Establish whether the change from an optional to a compulsory intercalated degree impacts gender balance in recruitment or admissions	Work with the UG admissions team to compare applications, offers and acceptances data from the 2015 (before) and 2016 (after) cohorts. In addition we will scrutinize data from the Decliners survey for evidence that the introduction of a compulsory intercalated degree year has differentially affected F vs M choices.	Student Engagement Officer/Group	Jun 2016	Data obtained will be invaluable for informing future actions.	<b>New action for SAP</b>
3.4	Identify any gender-related issues for BSc(Hons) Oral Health Sciences students	Hold discussions with the course Program Director and Head of the Dental Institute to promote awareness of Athena SWAN and explore how best to engage UG students in gender equality issues.	Student Engagement Officer	Feb 2016	Program Director actively engaged and informed about AS matters on a regular basis	<b>New action for SAP</b>

### PG students

4.1	Nurture an equal opportunities culture in the PG student body	Introduce PGR students to the Dignity and Respect policy as part of induction within our Schools and for PGT/UG students within CMVM	SAT with School PGR and PGT Directors	Dignity and Respect policy promoted to PGR students from Sept 2016, to PGT and UG students from Sept 2017.	>90% of PGR intake in Sept 2016 and subsequent years to receive a leaflet explaining the Dignity and Respect policy and all of MBChB and PGT intake in Sept 2017 and subsequent years, as part of induction.	<b>New action for SAP</b>
4.2	Improve the gender balance of PGT students on programs where they are under-represented	Work with the PGT Program Directors and their teams to review the promotional materials (including testimonials/case studies) for all PGT programs for which women are fewer than 40% of applicants. Amend if necessary, to ensure they present a positive image with female role models and are attractive to women, regardless	SAT Student Engagement Officer working with the College PG Manager and the College PG Marketing and Communications Manager	Sept 2017	<p>&gt;40% F students on MSc Primary Dental Care Program within 3y</p> <p>A doubling in the proportion of women applying for the ChM Surgical programs within 3y</p> <p>Actions to improve gender balance will be implemented by all our other PGT</p>	

		of nationality.  A substantial piece of research was conducted in 2014 by the PG Marketing Manager on the demographics of CMVM PG applicants and students. Information relevant to gender will be scrutinized for any possible insights that could lead to actions to improve gender balance across male-dominated programs		Jan 2016	Programs in which women are under-represented	
4.3	Investigate whether there is a gender imbalance in clinical PGR students amongst both full- and part-time students.	Identify and quantify clinically qualified PGR students (separately for MSc by research, MD, PhD); this has become possible in the last year with an amendment to the student systems to record an MBChB qualification ( <b>BAP3.4</b> ) and indicates that females outnumber males, as for non-clinical PGR students. We shall monitor this in the future to identify any trends that emerge.	SAT Student Engagement Officer	Immediate (Nov 2015)	Obtain data to inform future actions.	Continuing from <b>BAP3.4</b>
4.4	Ensure that females are not disadvantaged in seeking PT PGR positions	Investigate why we have more PT male PGR students than female. There is no excess in clinically qualified PGR students (the most obvious group) so this may represent staff scholarships (another group that generally register PT).	SAT Student Engagement Officer working with School PGR Directors	Sept 2016	If we confirm that staff scholarships are attracting more male students than female, then we shall put into place actions to improve awareness and recruitment to the staff scholarship scheme by females.	<b>New action for SAP</b>
4.5	Ensure that all PGR student thesis committees have both male and female representation.	Under BAP3.6, we identified some all male thesis committees for female students. We will mandate gender diversity on all thesis committees (monitored by the School and Centre PG Directors).	CMVM Director of PG research, School and Centre PG Directors.	From Nov 2015	All thesis committees for PGR students to include male and female members.	Continuing from <b>BAP3.6</b>
<b>Support and work/life balance</b>						
5.1	Support female clinical academic staff through problem-solving, networking and peer mentoring groups	We will establish Professional Excellence Groups (PEGs), using established leadership development methodology. Firstly, we will run a workshop, open to all, but primarily aimed at female clinical academics (this proposal arose from our BAP5.1 task group investigating measures to support this group). Secondly, we will run a	SAT member, LM with AMW (external coach and mentor) and Support/WLB subgroup of the SAT.  Funding of £2k/y allocated by Schools	Stage 1 workshop, in the first half of 2016, to be followed 1 month later by stage 2, training. Stage 3, establishment of PEGs to be complete within	If successful (assessed by feedback from participants), we will implement these more widely across our Schools.	<b>New action for SAP, arising from BAP5.1 research</b>

		training course, and thirdly, we shall establish the PEGs.		2016, with follow up after 6 months.		
5.2	Retain and support women on tenure-track appointments who take a substantial period of parental leave	Propose to College Strategy Group that Chancellor's Fellows who have 4 or more months parental leave during their fellowship should have a paid extension with their probationary review process extended by up to a year in recognition of the impact that an extended period of leave (and becoming a new parent) has on research.	HoS Resource for this will come from the College.	Jan 2016	We do not anticipate there will a great number that this will apply to, but we shall look for equivalence in the number of female and male UE08 (Chancellor's Fellows and their equivalents) who progress from fixed-term to open-ended contracts.	<b>New action for SAP</b>
5.3	Implement further support for maternity leave.	Implement a "maternity leave agreement" between pregnant staff member and line manager, developed under our <a href="#">BAP5.2</a> , to specify staff member's preferences regarding inclusion and involvement with work during maternity leave.  Launch an informal "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.	HR, Support/work-life balance subgroup  HR	To be implemented January 2016  December 2015	We shall monitor the success of both schemes by questionnaire, following return to work. We aim to maintain the current proportion of women returning from maternity leave.	Continuing from <a href="#">BAP5.2</a>
5.4	Increase networking opportunities and peer-support amongst female academics and support staff	Build on the lunchtime fora, incorporating suggestions from staff (eg one on post-award grant finance was developed following a suggestion at one of our PI training events), to include topics such as flexible working and 'caring-for-carers', managing parental leave, mentoring, PandDR – a practical guide, academic promotions.	Support/WLB subgroup of the SAT	Ongoing, aiming for at least 3 events per year per Campus	Maintain >85% of female academic staff agreeing with the statement that "my workplace provides me with useful networking opportunities" in future surveys.  Improve responses at lower grades to be >80% for all staff (currently 74%F postdocs agree, but levels are higher in all other groups, with no differences by Centre).	Continued and extended from <a href="#">BAP2.2&amp;5.4</a> .
5.5	Embed mentoring throughout our Schools, reaching to support staff and all grades of academic staff	We will advertise new rounds of entry to the Mentoring Connections scheme. We will ask the postdoc societies to promote the scheme to their members and ask Centre managers/senior technicians/senior administrators to promote amongst their networks. We will	School Mentoring Connections Champions, SAT communications manager, School Administrators	Ongoing (2 rounds per year, September and March/April)	An increase to >65 mentees matched in our Schools by 2018 (up from the current 44, and 27 in 2013).  We also aim to Increase the proportion of academic staff who agree with the statement that "my workplace provides me	Continued from <a href="#">BAP5.5</a>

		<p>ask our AS Champions to promote the scheme in their areas.</p> <p>We will hold lunchtime fora on Mentoring (which will be advertised to the same groups as above and timed to coincide with new rounds of entry to the scheme).</p> <p>We will also promote the benefits of mentoring through links on our website to videos featuring our own staff speaking about their experiences.</p> <p>We will continue to ask Centre heads to promote the scheme (above, <b>SAP1.3</b>) including to lower grades/support staff.</p>	<p>Support/WLB subgroup of the SAT</p> <p>SAT communications manager</p> <p>SAT Chairs, School Administrators</p>	<p>From November 2015</p> <p>December 2015 and as opportunities arise</p> <p>Annually, in the letter to Section Heads</p>	<p>with useful opportunities for mentoring” to be &gt;50% across all Centres (differences between Centres are greater than differences between gender) and to increase overall agreement across all PGR students and all grades of support/academic staff to &gt;65% for both genders (from the current 59%F, 71%M).</p>	
5.6	Increase leadership capabilities of female academic staff at UE08 and above	<p>Continue to recommend to Section Heads that they nominate their UE08 (and above) female staff for leadership training through the IAD or through Aurora training or the “First steps” management program. Section Heads to indicate on pro forma (<b>SAP1.3, 2.4</b>, above) how many of their staff have been offered leadership training during or following their annual appraisal.</p>	SAT Chairs, School Administrators	Annually, information requested February each year.	At least 10 female academic staff to have undertaken Aurora training and >70% female UE08/AC3 staff to have undertaken IAD leadership training by 2018; at least 2 to have undertaken “First Steps” management program.	Continued from <b>BAP5.6</b>
5.7	Support those caring for adult dependents and reach out to support and non-academic staff	<p>We recently developed and implemented new “Caring for carers” guidance across the College, drawing together relevant university policies and practical support advice/links, linked from our website. We shall develop and encourage this nascent support group, rotating meetings between venues and utilizing the email network support recently established.</p> <p>Encourage awareness of flexible working policies amongst managers and staff through PI training (<b>SAP1.1</b>) and lunchtime fora (<b>SAP5.4</b>).</p>	HR members of the SAT to assist in development, group to be maintained by volunteer/co-opted members of the support group.	<p>November 2015</p> <p>Email support network already established.</p>	<p>Success will be measured qualitatively, by continued existence and use of the support network.</p> <p>We shall also measure progress through responses to our next survey. We aim to increase agreement with the statements “My line manager (or supervisor) is supportive of my need to balance my work (or study) with my caring responsibilities, through ad hoc flexibility” and “My line manager (or supervisor) is supportive of requests for flexible working” to &gt;80% of all PGR students and staff (currently both stand at 79%, with no discernible differences by gender, grade or location).</p>	<b>New action for SAP</b>
5.8	Enhance visibility of	Hold an ‘Inspiring Wo/men-2’	Organisational	Jun 2016	We will assess feedback immediately	Building on



	female role models	<p>symposium, following the success of our first, in Jun 2014.</p> <p>Institute an Athena SWAN seminar series, with topics relevant to gender equality, to maintain and build on momentum from our 'Inspiring Women' symposia.</p> <p>We will add career case studies/testimonials to our website, including short filmed interviews, to illustrate the different career paths adopted by senior women as well as senior men</p>	<p>culture sub-group of SAT; Schools have allocated funding of £5k.</p> <p>HoS, SAT</p> <p>SAT, IAD, university careers service</p>	<p>From Nov 2015</p> <p>From November 2015, at least 3 to be in place by end of 2016</p>	<p>following the symposium as well as through our next survey. Success will be qualitatively assessed and quantitatively (&gt;75% agreeing it was 'inspiring').</p> <p>We are aiming to increase agreement in our next survey with the statement "Senior women as well as senior men are visible role models in my workplace" to &gt;80% for both genders and all grades/locations of academic staff and PGR students (currently agreement is 83% of academic staff, but this is as low as 67% in some groups, M as well as F).</p>	<b>BAP3.1 with new actions for SAP</b>
5.9	Support female academic staff to demonstrate the impact of their research, an important criterion for promotion	Increase awareness of alternative measures of impact by holding an "Altmetrics" awareness seminar and lunchtime fora on this topic, with subsequent guidance/links posted on our website.	SAT member MP, Support/WLB subgroup of the SAT, SAT communications manager	Scheduled event for 2015, additions to the website by the end of 2015	We shall measure success by the size of our audience (we are aiming for at least 100) and qualitatively, by feedback from our audience. If successful, we shall incorporate this topic into our lunchtime fora.	<b>New action for SAP</b>

5.10	Facilitate child-care for those with pre-school children	<p>We will continue to lobby the university and NHS to provide a crèche at the Little France campus (the largest campus within our Schools, due to expand when the Sick Kids Hospital relocates in 2017). Currently none is available and there is little local provision.</p> <p>We will propose to the Schools that a fund be introduced for grants of up to £300 to facilitate conference attendance for parents with young children who would not otherwise be able to attend (eg to allow a partner to travel to help with childcare, or to fund additional childcare required).</p>	<p>HoS, Senior colleagues in NHS/College, HR</p> <p>HoS, applications to be assessed by the Support/WLB subgroup of the SAT.</p> <p>To be funded by the Schools, up to £1.5k per year</p>	<p>With immediate effect</p> <p>December 2016</p>	<p>Success of the first action will be measured by a commitment to provide crèche/nursery facilities at the Little France campus.</p> <p>Success of the second action will be judged by take up of the grant scheme.</p>	
5.11	Support the research of early stage PIs during extended leave (eg. maternity/parental/ other caring role)	Provision of technical support to obtain key data to support research achievements such as a fellowship application or acceptance of a manuscript for publication. This will be advertised via email to our Schools and promoted in the AS newsletter.	<p>HoS, SAT (support subgroup)</p> <p>To be funded through 1 technical post, ~\$24k/year.</p>	September 2016	Success will be measured by (a) take-up of technical support and (b) measurable impact upon the beneficiaries (details of (publications, grants/fellowships, via a pro-forma report)	<b>New action for SAP</b>

### Recruitment

6.1	Increase the number of successful female applicants for substantial academic positions	<p>We will identify and mirror sector best practice for recruitment to UE09/10 and AC3/4 posts. Guidance will be issued and Schools will be required to demonstrate that they have made efforts to elicit an application from at least one suitably qualified female candidate.</p> <p>For all new appointments at UE10 and AC4, the SAT will receive anonymised data to monitor gender balance of applications and interviewees on a case-by-case basis. Any concerns will be highlighted to the HoS and discussed with the search committee.</p> <p>Monitor recruitment (and promotion) data annually for gender balance and alert the SAT if concerns arise, for</p>	<p>School Administrators, HR</p> <p>School Administrators</p> <p>SAT promotions subgroup</p>	<p>From Nov 2015</p> <p>From 2016</p> <p>From 2016 (when 2015 data become available)</p>	<p>Increase the proportion of female applicants for posts at grades UE9&amp;10 and AC3&amp;4 by ≥10% above current levels in 3 years.</p> <p>Increase the number of new female appointments for posts at grades UE9/10 and AC3/4 by ≥10% above current levels in 3 years.</p> <p>Maintain or increase the proportion of successful female applicants for new positions at UE08 and AC2, currently close to 50%.</p>	<b>New actions for SAP</b>
-----	--	---	--	--	---	----------------------------

		appropriate action.  The further particulars of all job adverts for UE08 or AC3 and higher grades will include a link to our AS website as well as specific information on AS-related policies.	SAT promotions sub-group, HR, School administrators	With immediate effect (November 2015)		
6.2	Support fairness in interviewing procedures	All members of recruitment panels for senior posts have now undertaken E&D training. Our PI training (SAP1.1) is ensuring that all line managers have training in interviewing as well as E&D. All members of recruitment panels for must now complete UB training (introduced in UoE in Sept 2014).  Develop best practice guidelines for interviewing (to include measures such as providing information about the interview panel to all interviewees).	Head of HR  SAT promotions sub-group	By end of 2015  Developed 2015/2016. Implemented September 2016.	All members of recruitment panels to have completed E&D and UB training by the end of 2016.	<b>New actions for SAP</b>
6.3	Ensure that the process of appointment of clinical trainees to non-advertised posts is fair.	We will investigate in detail the appointment of AC2 clinical trainees to non-advertised posts, particularly the nature of the post, and how the individual was appointed. If we identify any evidence that females are disadvantaged by the process, we will take steps to correct this.	School Administrators, Promotions subgroup of SAT	Early 2016	If we identify any deficiencies in the process, then further actions will be implemented to correct them. Success will ultimately be measured by clear evidence that there is no disadvantage for women in the process.	<b>New action for SAP</b>
<b>Athena SWAN activities</b>						
7.1	Increase the robustness and accountability of the SAT	Establish a remit for each specific role on the SAT (Chairs, School Administrators, Communications Officer, AS Champions) as well as each of the SAT sub-groups: Organisational culture, Promotions, Support & Work Balance (a single group), Student Engagement Group, Steering Group. Other specific task groups (eg the group that examined obstacles facing female clinical academics) operate to a specific remit agreed by the SAT.	Current and incoming SAT Chairs with SAT	To be in place by end of 2015	There are no quantitative measures of success here, but these actions will ensure greater clarity of specific roles on the SAT and improve engagement of individual SAT members and our AS Champions with the process. We are keen to ensure that specific individuals are not overburdened.	<b>New action for SAP</b>

**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 2016/January 2017) 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
- [7] Higher grades: Senior Lecturer, Reader, Professor

**Acronyms used throughout the application and the action plan**

**AP**, Action Plan

**AS**, Athena SWAN

**BAP**, Bronze Action Plan

**CCBS**, Centre for Clinical Brain Sciences

**CCVS**, Centre for Cardiovascular Science

**CGEM**, Centre for Genomic and Experimental Medicine

**CGHR**, Centre for Global Health Research

**CIR**, Centre for Inflammation Research

**CMI**, Centre for Medical Informatics

**CMVM**, College of Medicine and Veterinary Medicine

**CPHS**, Centre for Population Health Sciences

**CRH**, MRC Centre for Reproductive Health

**CRM**, Centre for Regenerative Medicine

**CSG**, College Strategy Group, the highest decision making body in

CMVM

**DHS**, Division of Health Sciences

**DP**, Division of Pathology

**ECRC**, Edinburgh Cancer Research Centre

**ECTU**, Edinburgh Clinical Trials Unit

**ECU**, Equality Challenge Unit

**E&D**, Equality and Diversity

**EDI**, Edinburgh Dental Institute

**ESAT**, Edinburgh Scientific Academic Track

**HR**, Human Resources

**HoC**, Head of Centre

**HoD**, Head of Division

**HoI**, Head of Institute

**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

**LTFT**, Less-than-full-time

**MRC HGU**, MRC Human Genetics Unit

**PandDR**, performance and development review (appraisal)

**PG**, post-graduate

**PGR**, post-graduate research student

**PGT**, post-graduate taught student

**PI**, Principal Investigator

**PT**, part-time

**QMRI**, Queen's Medical Research Institute

**SAP**, Silver Action Plan

**SAT**, Athena SWAN self-assessment team

**SCS**, School of Clinical Sciences

**SMGPHS**, School of Molecular, Genetic and Population Health Sciences

**UB**, unconscious bias

**UG**, undergraduate

**UIPHSI**, Usher Institute of Population Health Sciences and Informatics

**WGH**, Western General Hospital

**WLB**, work-life balance

## BRONZE ACTION PLAN, NOVEMBER 2013

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

([1]-[7], See notes at the end. A list of acronyms is also provided at the end)

*\*updated from bronze action plan in November 2015 (shaded columns)*

	Objective	Action	Responsibility	Timescale/ Progress*	Success Measure	Progress against success measure*
<b>Organisational Culture</b>						
1.1	Embed a culture of respect, awareness of equality and diversity through management responsibilities and training	<p>Introduce training for anyone who will manage people, to include:</p> <ul style="list-style-type: none"> <li>- Equality and Diversity (E&amp;D)/unconscious bias</li> <li>- Recruitment procedures and interviewing</li> <li>- Conducting appraisals</li> <li>- Career development for early career researchers</li> <li>- Managing parental/carer leave of staff</li> <li>- Flexible working; rights and opportunities</li> </ul> <p>(with refresher training every 5y).</p> <p>Add a statement of core values to the School websites to emphasise dignity and respect, equality and diversity.</p> <p>Resurvey all staff in SCS and SMGPHS on a biennial basis (next in December 2014) to monitor progress on this and other objectives.</p>	<p>Development by IAD, in close collaboration with SAT, co-opted PIs from Schools and HoS</p> <p>Delivery by IAD, HR,<sup>[1]</sup> ERI, senior academics</p> <p>To be strongly and regularly endorsed and promoted to staff by HoS</p> <p>SCS and SMGPHS Administrators</p> <p>SAT, Head of SMGPHS</p>	<p><i>Development complete by Feb2014. Pilot, Mar2014, phased in from Jun2014. Mandatory from 2015.</i></p> <p><i>Complete April 2014</i></p> <p><i>Survey carried out Dec2014/ Jan2015</i></p>	<p>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&amp;D committee.</p> <p>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&amp;D monitored through our survey (and see AP below); reduction in gender disparity of responses to survey questions.<sup>[2]</sup></p>	<p><b>ACHIEVED (to date)</b> PI training fully established; 13 events Mar2014-Nov2015 with 178 attendees. This training is now mandatory for all PIs who manage people and must be completed before researchers can be employed on newly awarded grants. Attendance is monitored by IAD, in close collaboration with the School Administrators and HR. Continuing with <b>SAP1.1</b></p> <p><b>ACHIEVED</b> An <b>increase of 16% in participation</b> by academic staff (349 participants in 2014/5). <b>E&amp;D training up from 13% in 2013 to 33% in 2015; UB up from 8% to 36%.</b> Continuing with <b>SAP1.1</b></p>
1.2	Foster an equal opportunities culture within the College and scrutinise progress in key E&D	Reinstate the College (CMVM) E&D committee. The committee will monitor equality data, receive reports on AS activities, assess and approve cross-disciplinary comparability of relevant training (eg NHS/ University/ other	Head of HR and AS leads from SCS, Roslin Institute to establish and lead Committee.	<i>Achieved, Nov2013</i>	The committee will report to the College Strategy Group. This will ensure that AS/E&D agenda is considered in strategic, financial and administrative decisions at	<b>ACHIEVED</b> Additionally, online E&D and UB training now promoted across all areas of the College. Continuing with <b>SAP1.2</b>

	indicators (through equality outcomes data).	institutions) and share best practice across all regions of the College.	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.		College level.  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.	<b>ACHIEVED</b> Awareness and understanding of gender equality policies now <b>78%</b> of survey respondents. Continuing with <b>SAP1.2</b>
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.  Complete analysis of anonymised free text comments collected from the Survey (~700 respondents), to inform future plans and provide detailed feedback to Section Heads <sup>[3]</sup> (where appropriate and without compromising confidentiality).  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.  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 changes.  Request an annual report (a template will be provided) from Section Heads	HoS, SAT Chairs  AS Support Officer, Head of SMGPHS  HoS, SAT Chairs  HoS, SAT Chairs, SAT  HoS via School Administrators, SAT	<i>Continuing</i>  <i>Complete, Aug2014.</i> Survey results & free text comments were fed back to Section Heads by Heads of School and main findings to CSG. Summary of survey findings posted on website.  <i>Complete, Dec2014</i>  <i>Continuing.</i> Letter sent	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.  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.	<b>PARTLY ACHIEVED</b> This now stands at 68%F and 81%M agreeing (80%F, 92%M at higher grades <sup>7</sup> ), but the number of females disagreeing has decreased from 19% in 2013 to 11% in 2015. This suggests greater awareness across all grades.  81% (76%F, 87%M) of academic staff agreed that "from a gender equality point of view, this is a "great place to work". Disagreement was highest in CVS (only 57%F agreed; 26%F disagreed). In all other centres, agreement was >80%F.  Where the survey highlights issues, we need to explore the underlying

		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.  Athena SWAN champions to promote College/School/Centre wide-agendas within their Sections	Chairs, SAT  HoS, SAT, AS champions	Feb2015 (with proforma), replies received Mar/Apr2015  <i>Continuing</i>		issues and work with the Section Head to improve the situation. We also need to do more to communicate to lower grades and pockets of our Schools that remain hard to reach. <b>SAP1.3, 1.5 &amp; 1.6</b>
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.  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".  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.	HoS, Section Heads  School Administrators with room booking administrator and IS  School Administrators, SAT Chairs	<i>Complete,</i> As part of 1.3, above.  <i>Complete,</i> Mar2015  <i>Annually,</i> with request for data (see 1.4, above)	This largely happens, but we aim to increase agreement to >90% in our survey by December 2014.	<b>MORE TO DO</b> Agreement with the statement "overall, meetings, seminars and other events are held within core hours" remains unchanged at 77%. However, we did achieve the addition of text to repeat room bookings in 2014, and this may have additional impact from now on. Addressed in <b>SAP1.7</b>
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.  Propose to CSG that a statement be included in adverts for internal CMVM senior management positions to invite	HoS, CMVM E&D committee, SAT  Head of HR, CMVM	<i>Continuing,</i> From Nov2013  Implemented, early 2014	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	<b>ACHIEVED</b> 3 female Section Heads appointed since bronze award. Now CSG, the highest decision making committee in the College is 44%F. Continuing with <b>SAP1.4</b>

		suitably qualified female applicants.				
<b>Career development and Promotion</b>						
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.  Collect data on the age at which women and men achieve promotion to senior grades (UE09/10 and AC3/4).	Head of HR, CMVM  HR, SAT	<i>Complete.</i> Proposed, Nov2013. Implemented 2014  <i>Implemented.</i> We also analysed the number of men and women at the top of their pay grade scale.	Implement a policy College-wide so that all College promotions panel members have completed E&D and unconscious bias training by November 2015  These data will be used to inform a future Action Plan.	<b>ACHIEVED.</b> All have completed E&D and UB (UoE introduced on-line UB training in Sept2014). Continuing with <b>SAP2.1</b>  <b>ACHIEVED</b> , but data too few to allow meaningful conclusions as yet and/or require further investigation. Continuing in <b>SAP2.1</b>
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  Implement/extend a series of lunchtime fora at the Little France, <sup>[4]</sup> Western General Hospital <sup>[5]</sup> and Central area <sup>[6]</sup> 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, Commercialising research, Mentoring, Workload models, Flexible working, Data management, etc.  Act on the recommendations of the working group on support for non-clinical researchers (which reported in 2014; and see 2.5, below).	HR  HR, ERI, senior academics, as appropriate  HoS	<i>Complete.</i> The presentation from our lunchtime briefing is now on the CMVM HR website and can be reached from our AS website.  <i>Implemented.</i> Regular fora held: promotions, flexible working, PandDR, pre-award finances, etc, on all campuses.  <i>Continuing.</i> From Jan2014 (recommendations incorporated into <b>SAP2.4-2.6</b>	Increase understanding of and satisfaction with the promotions process (monitored by survey) by December 2014          Increase the proportion of females applying for promotion	<b>PARTLY ACHIEVED</b> At higher grades <sup>7</sup> , understanding increased from 77% to 83%, both M+F. No change in understanding for lower grades: <b>SAP2.3</b>  <b>MORE TO DO</b> The proportion of academic staff agreeing that “a full range of skills and experience ... is taken into account...” in promotions decreased from 56% to 51% (“don’t knows” increased from 25 to 30%): Addressed in <b>SAP2.7, 2.8</b> . However, at higher grades <sup>7</sup> , 67% agreed (up from 60% in the previous survey), with an increase from 41%F to 57%F in agreement (46 respondents).  <b>ACHIEVED.</b> Applications for promotion increased



					to grades 8-10 and clinical grades 3/4 by 10% above current levels in 3 years.	from 10F in 2012 to 16F in 2014. Continued/extended in <b>SAP2.2, 2.5, 2.7, 2.11</b>
2.3	Ensure management of performance and development needs of staff	<p>Promote understanding and value of the annual P&amp;DR to staff, through training of line managers (PIs) and increasing participation.</p> <p>Investigate the experience (and quality) of annual reviews through analysis of the free text responses to our survey.</p> <p>Modify the standard P&amp;DR form and accompanying guidelines to prompt the discussion of promotion prospects and/or career development of academic staff.</p> <p>Collect data on the female/male uptake of Continuing Professional Development undertaken through IAD.</p>	<p>See 1.1, above; HoS, Section Heads</p> <p>AS Support Officer, SAT</p> <p>HR</p> <p>IAD, AS Support Officer, SAT</p>	<p><i>Continuing.</i> See 1.1, above</p> <p><i>Complete,</i> Nov2013</p> <p><i>Complete,</i> Jan2014</p> <p><i>Implemented.</i> These data allow us to feed information back to Section Heads</p>	<p>Increase survey results from 78% males and 62% females finding the annual P&amp;DR helpful to &gt;80% for both sexes within 3 years.</p> <p>These data will inform a future Action Plan.</p>	<p><b>PARTLY ACHIEVED, BUT MORE TO DO.</b> In the 2015 survey, 83% academic staff replied they had a PandDR (92% at higher grades<sup>7</sup>) of whom 75% found it helpful (71%F, 81%M, but 80%F, 88%M at higher grades). NB. School data indicate &gt;90% staff had a PandDR and we shall adjust the term "appraisal" in our survey to "PandDR" to avoid confusion in the future. Actions continuing in <b>SAP1.1, 1.3, 2.12</b></p>
2.4	Introduce and embed the use of workload models	<p>Introduce a workload model form for non-clinical academic staff, to be reviewed as part of the annual P&amp;DR. Workload models have not been used previously, so we shall monitor the usage of workload models in P&amp;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 satisfaction with workload persists, we shall investigate whether there are qualitative and quantitative differences in the workload of female and male academic staff.</p> <p>Section Heads will be asked to comment in their annual report (on the use of workload models in their Section and</p>	<p>HoS and School Administrators, Section Heads, HR</p> <p>HoS via School Administrators</p>	<p><i>Introduced,</i> Mar2015 though has met with some resistance in some areas. Will be effectively a pilot in those areas where it has been implemented.</p> <p><i>From end of 2015 then annually</i></p>	<p>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 &gt;80% for both genders at these grades within 4y (this will take time to embed, but we expect to see some progress by the time of our next survey in December 2014 and more by end of 2016).</p>	<p><b>WORKLOAD MODEL DEVELOPED</b> We also achieved our aim of improving agreement that workload is fair compared to peers: across the higher grades<sup>7</sup>, agreement now stands at 84%F, 83%M (49F, 75M respondents).  The overall figure remains the same.  WLM will be taken forward under <b>SAP2.7</b></p>

		how work is distributed in their Centre/Division/Institute.				
2.5	Investigate the reasons for the major "leak" in the non-clinical "pipeline" between UE06/07 and UE08	<p>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.</p> <p>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.</p> <p>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.</p>	<p>Chair of the working group; HoS.</p> <p>HR, SAT</p> <p>AS Support Officer, SAT. Policies to be implemented by HoS.</p>	<p><i>Continuing</i>, Following report in early 2014</p> <p><i>Complete</i>, Jan2014</p> <p><i>Continuing</i> Survey data and verbal feedback used to formulate new (eg "caring for carers") and promote existing policies.</p>	Decrease the attrition rate of females between UE07 and UE08 from the current 3-fold to 2.5-fold in 3 years.	<p><b>MORE TO DO.</b> This has come down from 3.1-fold in 2012, to 2.7-fold in 2014, but we still need to improve.</p> <p>Measures to address the UE07 to UE08 transition are outlined in <b>SAP2.1</b></p> <p>In <b>SAP2.9</b> we shall identify the obstacles to women in the transition from UE06/07 to UE08.</p> <p>Other measures to reach and support UE06/07 and UE08 staff in promotion and career development are outlined in <b>SAP2.3, 2.8, 2.11, 2.12</b></p>
2.6	Investigate the reasons for the leak in the pipeline of female clinical academics at AC2 to AC3 and poor promotion to AC4.	<p>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 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.</p> <p>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</p>	<p>To preserve confidentiality, free text data will be analysed by the AS Support Officer. Using information gained from exit surveys, HR will develop specific follow-up research to explore the various reasons why female clinical academics leave.</p> <p>HoS, SAT</p>	<p><i>Continuing</i>. Exit surveys implemented by HR early 2014.</p> <p><i>Complete</i>. The task group led by Lorna Marson was set up in Apr2014 and</p>	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 develop our future Action Plan.	<p><b>ACHIEVED</b></p> <p>Taken forward in <b>SAP2.6, 5.1</b></p>

		<p>that are specific to Edinburgh clinical academics that we can address in the future.</p> <p>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.</p>	<p>SAT (especially clinically qualified); AS Support Officer; Head of College; HoS.</p>	<p>reported in Oct2014. Report also taken to CSG.</p> <p><i>Continuing.</i> Eg. Clinical SAT members spoke at Mentoring event in Edinburgh co-organised with the Academy of Medical Sciences.</p>		
2.7	<p>Reduce the decline in the proportion of women between UE07 and UE10 and between AC2 and AC4</p>	<p>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.</p> <p>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&amp;DR. If not, then establish why not.</p>	<p>SAT, with HoS to lead investigation into any failure to maintain equal or greater promotion rates for females.</p> <p>HoS, School Administrators, Section Heads</p>	<p><i>Continuing.</i> On an annual basis following the promotions round, capturing any out-of cycle promotions.</p> <p><i>Continuing.</i> Replies received, Mar/Apr2015.</p>	<p>Increase the female proportion of staff at UE08-10 and AC3/4 by 10% or more in 3 years</p> <p>Increase the proportion of females applying for promotion to UE08-10 and clinical grades 3/4 by 10% above current levels in 3 years.</p>	<p><b>MORE TO DO</b> In 2y, UE08 increased by 9%. However, UE10 declined by 2% and UE09 by 2.4%; AC3 declined by 10% but AC4 increased by 17%. Actions to specifically address this in <b>SAP2.5 and 6.1</b></p> <p><b>PROMOTION RATES ACHIEVED.</b> See 2.2, above</p>
<b>UG and PG students</b>						
3.1	<p>Increase the proportion of female medical UG choosing a clinical academic career.</p>	<p>Engage the student-led UG Atrium group in discussions to explore ways of promoting an academic career to UG students.</p> <p>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.</p>	<p>SAT, President/vice-president of Atrium</p> <p>AS Officer/SAT</p>	<p><i>Proposed from</i> Feb2014 but dropped in favour of more inclusive actions (Atrium is an elite group).</p> <p><i>Complete.</i> June 2014</p>	<p>We are aiming for a year-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).</p>	<p><b>ONGOING</b> Some actions achieved. Data on clinically qualified women entering PG are now being collected (to 2017).</p> <p>Other actions modified or dropped in favour of a more holistic and engaged approach. <b>SAP3.1</b></p>

		<p>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.</p> <p>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).</p>	<p>AS Officer, SAT, President/vice-president of Atrium, CMVM Dean of Students</p> <p>MBChB Personal Professional Development theme Head, SAT</p>	<p><i>Proposed</i> annually. <i>Instead</i>, research career promoted at annual careers day and Personal Tutors informed about AS in annual training day by SAT members.</p> <p><i>Complete</i>, Feb2014 Our AS website is linked from the Academic Careers section of EEMeC</p>		
3.2	Investigate the career choices of female medical UG students	<p>Obtain data on the career destinations of medical UG from the Deanery.</p> <p>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.</p> <p>Obtain funding (we are currently investigating possible sources, including the Academy of Medical Science) to carry out a research study to investigate the <u>reasons</u> for the career choices of UG medical students.</p>	<p>AS Officer, SAT</p> <p>AS Officer, Clinical members of the SAT</p> <p>SAT Chairs</p>	<p><i>Proposed</i>, annually, in September</p> <p><i>Proposed</i>, annually, in September</p> <p><i>Proposed</i> to submit application in Autumn 2014 to research the cohort graduating in 2015</p>	<p>These data and data generated by the research study will be used to inform a future application for an AS silver award.</p> <p>We shall also provide our data and research in response to national calls for evidence relating to female clinical academic careers.</p>	<p><b>OBJECTIVE MODIFIED AND EXPANDED</b> It became clear in the course of our work that a more holistic approach was needed, with a gender impact assessment of the entire MBChB curriculum. A paper will be proposed to CSG for a part-time researcher to carry out this work as part of a Student Engagement Group, under the guidance of a Student Engagement Officer (a new SAT role). <b>SAP3.1</b></p>
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	SAT	<i>Continuing</i> Yearly, in the analysis of data	Maintenance of female UG applications, offers and acceptances at current or greater levels.	<b>ACHIEVED</b> Currently all at >60%F (all >56% 2y ago).

		and unconscious bias training of selectors.				
3.4	Investigate whether there is a gender imbalance in clinical PGR students.	Identify and quantify clinically qualified PGR students.	PG Manager, CMVM	<i>Complete</i> Jul2015	Obtain data to inform a future plan.	<b>ACHIEVED</b> Tab now added to EUCLID to allow input and reporting of clinical qualifications
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	<i>Complete</i> As part of the Annual QA review cycle (from Dec2013)	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.	<b>ONGOING</b> Our extremely successful surgical ChM and MSc programs (accounting for a large proportion of our online students) remain heavily male dominated, reflecting the gender balance of the specialty from which applicants are drawn. Continued in <b>SAP4.2</b>
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 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.	CMVM Director of PG research, School and Centre PG Directors.	<i>Continuing</i> Implemented from Sep2014 (start of academic session).	Satisfaction with the gender composition of thesis committees will be monitored through the School staff-PG student liaison committees.	<b>PARTLY ACHIEVED</b> Whilst there has been no dissatisfaction voiced (including through SSLCs), we have identified some all male thesis committees for female students. We shall therefore mandate that both genders be represented on committees for all PhD students. <b>SAP4.5</b>
<b>Work-life balance</b>						
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	HR members of SAT	<i>Implemented</i> From Nov2013. However, poor attendance has led us to modify induction	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	<b>ACHIEVED</b> Amongst academic staff, 74%F and 83%M agree that they have been given clear information (or know where to find it) about

		<p>CMVM contracts to be sent out with red wrap around sheet highlighting where to find information about family friendly policies and College HR contacts.</p> <p>Regular sessions on flexible working and other family friendly policies will be held across the College, including in our lunchtime career development fora.</p>	<p>HR</p> <p>HR</p>	<p>procedures (see <b>SAP2.8, 1.5</b>)</p> <p><i>Implemented</i> From Nov2013</p> <p><i>Implemented.</i> ?? events held to Jun2015, ?? attendees</p>	<p>our survey) by December 2014.</p>	<p>policies relevant to gender equality, including flexible working; this rises to 100%F at higher grades<sup>7</sup> (49 respondents) and 95%M.</p> <p>45%F &amp; 58%M academics agree they are kept up to date with changes in legislation/policy relevant to gender equality, rising to &gt;70% both genders at higher grades<sup>7</sup>. When non-academic staff are included, agreement is lower at 69%F/M and 39%F/M for both questions, respectively. Continued/new actions in <b>SAP1.1, 5.4, 5.7.</b></p>
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	<i>Complete</i> Policy developed, agreed with Buildings managers and Health & Safety and implemented May2015	Implementation of a consistent policy on children in the workplace across the College.	<b>ACHIEVED</b> Policy implemented May2015, communicated in our AS newsletter July2015.
<b>Support</b>						
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	<i>Complete</i> Group established, Apr2014	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.	<b>ACHIEVED</b> Task group led by SAT member Lorna Marson reported in Oct2014. Report also presented to CSG. Recommendations taken forward in <b>SAP2.5, 5.1</b>
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	HR, SAT Chairs, HoS	<i>Developed</i> June 2014	Maintain the current proportion of women returning from maternity leave.	<b>PARTLY ACHIEVED</b> A template was drafted, but implementation was

		<p>preferences regarding inclusion and involvement with work during maternity leave.</p> <p>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.</p> <p>We shall evaluate both schemes by questionnaire, following return to work.</p>	HR to investigate options for developing and instituting a formal "buddy system"	<i>Currently being rolled out</i>	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.	<p>delayed as UoE was revising maternity provision. This will now be implemented under <b>SAP5.3</b></p> <p>It is too early to assess the impact of these measures, so they will be taken forward as part of future work in <b>SAP5.3</b></p>
5.3	Increase awareness and acceptance of flexible working	<p>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).</p> <p>The P&amp;DR form and guidelines will be amended to encourage managers and staff to discuss options for flexible working where this is appropriate.</p>	HR  HR	<i>Implemented</i> From Mar2014  <i>Implemented</i> Mar2014	Promote greater awareness and acceptance of flexible working opportunities by December 2014 (assessed by several questions on our survey).	<b>PARTLY ACHIEVED.</b> See 4.1, above. Also, 79% academic staff agreed their line manager is supportive of requests for flexible working, but at higher grades <sup>7</sup> , this was 81% (up from 71% in 2013, with M&F similar %). 90%F at higher grades (42 respondents) agreed their line manager was supportive of <i>ad hoc</i> flexible working. This was 82% across all academic grades (79% across all staff and PGR students). More to do: <b>SAP1.1, 5.2, 5.4, 5.7</b>
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-	SAT, organisational culture sub-committee	<i>Action changed.</i> Early in 2014 we decided to combine “brown bag” lunches with the lunchtime fora, a move which has promoted networking after the	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.	<b>ACHIEVED</b> Amongst academic staff, 85%F and 90%M now agree (96%F, 91%M at higher grades <sup>7</sup> ). Amongst all staff and PGR students, this now stands at 81%F, 85%. Continuing with <b>SAP2.3, 5.1, 5.4, 5.5</b>

		working.		sessions.		
5.5	Embed mentoring throughout Schools	<p>Champion mentoring through the central HR Mentoring Connections scheme by raising awareness through the Schools (emails, posters, lunchtime fora) and IAD.</p> <p>Review feedback of the Mentoring Connections scheme collected by central HR at the end of the current cycle. Forward recommendations to the steering group.</p> <p>Monitor the uptake of mentoring by females across the Schools.</p>	<p>SAT Chairs, Heads of School, IAD</p> <p>SAT, SAT Chairs, Mentoring Connections steering group</p> <p>Mentoring Connections steering group</p>	<p><i>Implemented</i> From Nov2013</p> <p><i>Complete</i> Recommendations made.</p> <p><i>Continuing</i> A total of 44 mentees now matched in our Schools (up from 27 in 2013)</p>	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	<p><b>PARTLY ACHIEVED</b> Disappointingly, across all staff and PGR students, the % is exactly the same as in 2013, despite widespread advertising of Mentoring Connections. However, amongst academic staff, there is a 4% increase in F and 3% in M agreeing. <b>At higher grades<sup>7</sup>, 76%F, 85%M now agree (up from 47%F, 75%M in 2013).</b></p> <p>More to do at lower grades. <b>SAP5.5</b></p>
5.6	Increase leadership capabilities of female academic staff at UE08 and above	<p>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.</p> <p>Monitor through IAD</p>	SAT Chairs, HoS	<p><i>Continuing</i> Replies from Section Heads received, Mar/Apr2015.</p>	An increase in the take-up of leadership training by 20% or more within 3 years.	<p><b>ACHIEVED</b> One clinical academic (AC3) and one non-clinical (Reader) undertaken Aurora training, as well as the SCS School Administrator - a key member of our AS SAT steering group (no-one had undertaken this training prior to 2013). Nine undertaken IAD training (none previous to Bronze award). Taken forward in <b>SAP1.3, 2.2, 5.6</b></p>
<b>Recruitment</b>						
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	HR	<p><i>Implemented</i> From Nov2013</p>	Increase the proportion of female applicants for posts at grades 8-10 and all clinical grades by ≥10% above current levels in 3 years.	<p><b>ONGOING</b> In 2y, the proportion of female applicants for clinical grades has increased from 40% to 46%, but for UE08-UE10 has decreased from 50%</p>



	material.				to 45%. We shall make further efforts under <b>SAP6.1</b>
	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		Search committees no longer exist, so this action has been replaced by actions in <b>SAP6.1</b>	
	Investigate the reasons for the low number of applicants for AC3 and AC4 positions	HoS, School Administrators		Carried out	The reasons are complex and varied. Steps to provide greater clarity and transparency outlined in <b>SAP6.1</b>

### 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
- [7] Higher grades: Senior Lecturer, Reader, Professor

### 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