



Athena SWAN Silver department award application

Name of university: University of Leeds

Department: School of Medicine

Date of application: 29th April 2016

Date of university Bronze Athena SWAN award: September 2013, renewed April 2015

Contact for application: Professor Paul Stewart

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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.

Due to the size and complexity of the School of Medicine, this application contains additional word allowance as approved by the Equality Challenge Unit. We have used [991] of the permitted additional 1000 words as highlighted in Sections 2 and 3.

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.

Glossary of acronyms used in this report

ACCEA	Advisory Committee on Clinical Excellence Awards
ACF	Academic Clinical Fellow
AMS	Academy of Medical Sciences
AP	Action Plan
AS	Athena Swan
ASSG	Athena SWAN Steering Group
BMAT	BioMedical Admissions Test
CL	Clinical Lecturer
CRF	Clinical Research Fellow
E&I	Equality & Inclusion
ECR	Early Career Researchers
FMH	Faculty of Medicine and Health
FT	Full-time
FTC	Fixed Term Contract
HE STEM	Higher Education Science Technology Engineering & Maths
HR	Human Resource
ICAT	Integrated Clinical Academic Training
LFLN	Leeds Female Leaders Network
LIBACS	Leeds Institute of Biomedical & Clinical Sciences
LICAMM	Leeds Institute of Cardiovascular and Metabolic Medicine
LICAP	Leeds Institute of Cancer Studies & Pathology
LICTR	Leeds Institute of Clinical Trials Research
LIHS	Leeds Institute of Health Sciences
LIME	Leeds Institute of Medical Education
LIRMM	Leeds Institute of Rheumatic & Musculoskeletal Medicine
LTHT	Leeds Teaching Hospitals Trust
MaPS	Faculty of Maths and Physical Sciences
MBChB	Bachelor of Medicine, Bachelor of Surgery (Medical degree)
NIHR	National Institute for Health Research
OEFF	Open Ended with Fixed Funding
PhD	Doctor of Philosophy
PI	Principal Investigator
PG	Postgraduate
PGR	Post Graduate Research student
PGT	Taught Postgraduate Programme
PT	Part-time
SAT	Self Assessment Team
SDDU	Staff and Departmental Development Unit
SJUH	St James's University Hospital
SL	Senior Lecturer
SMP	Statutory Maternity Pay
SMT	Senior Management Team
SoM	School of Medicine
SRDS	Staff Review and Development Scheme
STEM	Science, Technology, Engineering and Maths
TSEC	Taught Student Education Committee
UAF	University Academic Fellow
UG	Undergraduate
WiSET	UoL Women in Science, Engineering and Technology Network
WP	Widening Participation

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.

Professor Paul Stewart
Dean of Medicine
Dean of Faculty of Medicine & Health

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UNIVERSITY OF LEEDS

25th April 2016

Sarah Dickinson
Head of Equality Charters
7th floor, Queens House
55/56 Lincoln's Inn Fields
London
WC2A 3LJ

Dear Sarah,

It gives me great pleasure to fully endorse our Athena Swan Silver Application as Dean of the School of Medicine (SoM) and as Chair of the Athena SWAN Steering Group. Equality is one of our fundamental values, and supporting our female staff and students to achieve their full potential is a priority. This application charts our journey towards this goal: our AS strategy is fully embedded into the business of the SoM, facilitated by a series of actions to promote and accelerate sustainable culture change. We are seeing evidence of the impact of this approach with increased female leadership across the School particularly in decision making committees; a reversal of a historical gender imbalance at senior non-clinical grades and more women successfully applying for promotion. The personal impact of our approach has been identified through staff focus groups and is reported throughout this application.

I am delighted to confirm that we have completed all the items in our Bronze Action plan and adapted ongoing actions into our Silver plan. I would also like to highlight initiatives that are sector leading;

- An innovative reciprocal agreement with the Regional NHS to honour Terms and Conditions for clinical staff on the Integrated Training Pathway
- An Academic Development Fund (up to £15K/award) to support the maintenance of academic trajectory whilst on a period of leave (eg maternity/adoption leave), or to facilitate re-engagement at the end of the break (six awarded to date)
- Guarantee to staff who reduce their hours to be able to return to their original hours on request, taken up by two female staff
- Automatic extension of fixed term contract to cover statutory maternity leave

- Creation of the Leeds Female Leaders Network in partnership with our NHS partner (680 members)

Our Athena SWAN Silver strategy is underpinned by research, evaluation and reflection and culture change overseen by a robust governance structure. As part of our Bronze Action Plan, we commissioned research to identify staff priorities for achieving gender equality and balance. As a result, four strategic themes underpin our approach and this application: (a) career development, promotion and equal pay for women, (b) improving support for diverse and flexible working patterns, (c) education and training for all staff, and (d) evaluation, monitoring and demonstrating impact of our initiatives.

We are not complacent. We still have work to do, notably around supporting female clinical academics through to senior career appointments. At Leeds, the “pinch point” appears to be progression post clinical PhD. Mindful that these are not Leeds specific challenges we have initiated funded research in partnership with the NIHR Infrastructure Training Forum to investigate sustainable local and wider solutions to address this imbalance.

I am proud to lead the Athena SWAN programme and to be part of our excellent School Athena SWAN team. I believe that this Silver application demonstrates both our significant impact to date and our continued commitment to developing the careers of women within the Medical School at Leeds.

Yours sincerely



Paul M Stewart MD FRCP FMedSci
Professor of Medicine
Dean of Medicine
Dean of Faculty of Medicine & Health

Word count: 499

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

Summary: Over the past four years, the SoM has established a responsive, collegiate infrastructure to support and develop AS initiatives. As a result, there has been a cultural change, with staff more knowledgeable and engaged in the process leading to equality becoming embedded in the values and work of the School.

The School of Medicine (SoM) established the Athena SWAN Steering Group (ASSG) in 2012, to champion the advancement of women's careers in the School. The ASSG is also the Self Assessment Team (SAT) for the School. The ASSG has representatives from all constituent parts the School, covering the breadth of grades and roles (Table 2.1).

Table 2.1 Athena Swan Steering group membership

Name	Role in the School	Additional information
Jenny Barrett	Professor, Statistical Genetics, LICAP	Academic career began late, starting PGT studies at 33 when youngest child started school. As a mathematics graduate, keen to remove the barriers that prevent women and girls from engaging in areas of science where they are still under-represented. Led on the HE STEM survey
David Beech	Professor of Molecular & Cellular Physiology, (LICAMM)	Academic at Leeds since 1993 when first child was born; FMedSci, Head of Division of Cardiovascular and Diabetes Research. Chair of the LICAMM Athena SWAN Committee.
Judith Bell	Human Resources Manager, Faculty of Medicine & Health	Worked FT to raise her family but now PT for work/life balance. A national AS assessor. Has led on equality and diversity in a number of different organisations.
Julia Brown	Professor of Clinical Trials Research	Worked job share on return from maternity leave, then part-time for 5 years. Returned to full time in 2005, awarded Chair in 2006
Louise Bryant	Associate Professor, LIHS	Completed 1 st degree as mature student. Maternity leave during PhD. 12 years PT returned to FT in 2012. Active in the Athena SWAN initiative at Leeds since 2012 as SAT lead for LIHS. Led on the primary research of staff priorities for change and the Student Survey.
Ruth Buller	Faculty Head of Human Resources	Previously worked job share and part time whilst children were young now children older back to full time but uses additional annual leave to help during school holidays. Passionate about retaining skills in the workplace and making it 'normal' practice to successfully manage more than one aspect of their life. Responsible for all HR related issues on ASSG.

Carolyn Czoski Murray	Senior Research Fellow LIHS	Trained as a nurse in 1983, a predominately female profession, to applied health research where women are visible in the junior grades. Balanced various FT and PT roles with higher education. Undertook MSc whilst having 3 rd child. Has 3 children and works FT and is SAT lead for LIHS.
*Kerrie Davies	PG Student and Visiting Research fellow (clinical scientist)	Mother to two young children; has worked full time, both in normal work hours and flexibly as a 9 day fortnight. PG student representative and active member of the ASSG.
Sara Hayes	Project Lead School of Medicine	Works part time for a work life balance. Primary carer for elderly father. Is passionate about the equality agenda throughout.
Anna Hockaday	Head of Trial Management, LICTR	Utilises flexible working policy to benefit work/life balance. Manages multiple staff who have adopted flexible working, for a number of reasons. LICTR SAT lead since 2013.
Ann Henry	Associate Professor of Clinical Oncology, LICAP	Worked as a FT NHS Consultant for 10 years with mat leave during this time. Joined University FT in 2014. Keen to develop female researchers and address issues of female under-representation in clinical academia.
Adrian Iredale	Business Manager, SoM	Completed a PT MA whilst employed, supported locally through flexible working arrangements. Chairs the Workload Model Group. A member of the ASSG since its inception in 2012
Anne-Maree Keenan	Professor of Applied Health Science,	Left a senior academic role in Australia to support family in UK. Restarted academic career in UK as research assistant in 2002. Has 2 grown up step-children. Passionate about developing the next generation of researchers. Co-founder of the Leeds Female Leaders Network. LIRMM SAT Member.
Ewan Morrison	Senior Lecturer, LIBACS	Works FT, 2 pre-school age children and uses flexible working to help with childcare. Personal Tutoring has led to a deep interest in student welfare and equality issues, personal experience to a practical concern with work/family life balance
Jane Nixon	Professor of Clinical Trials Research and Deputy Director, LICTR	Single parent, uses flexible working policies to assist with school pick ups. Has experience of setting up systems to support maternity return to work and career development in large, mainly female workforce
Naomi Quinton	Lecturer, LIME	Two children, now working PT. Has a research interest in understanding gender issues in medicine. Passionate about women developing in the workplace.
Anthony Redmond	Professor of Clinical Biomechanics, LIRMM	Completed MSc and PhD part-time alongside clinical work. Was able to use periods of flexible working to write up. Has experience of shared caring for two children requiring school pick up etc. Champion for equality and inclusivity at Institute Senior Management Team.
Jim Robinson	Research Fellow, LIRMM	Uses flexible working to co-ordinate childcare responsibilities for 2 primary school aged daughters. Member of LIRMM SAT, keen to eliminate inequalities affecting women in scientific disciplines.

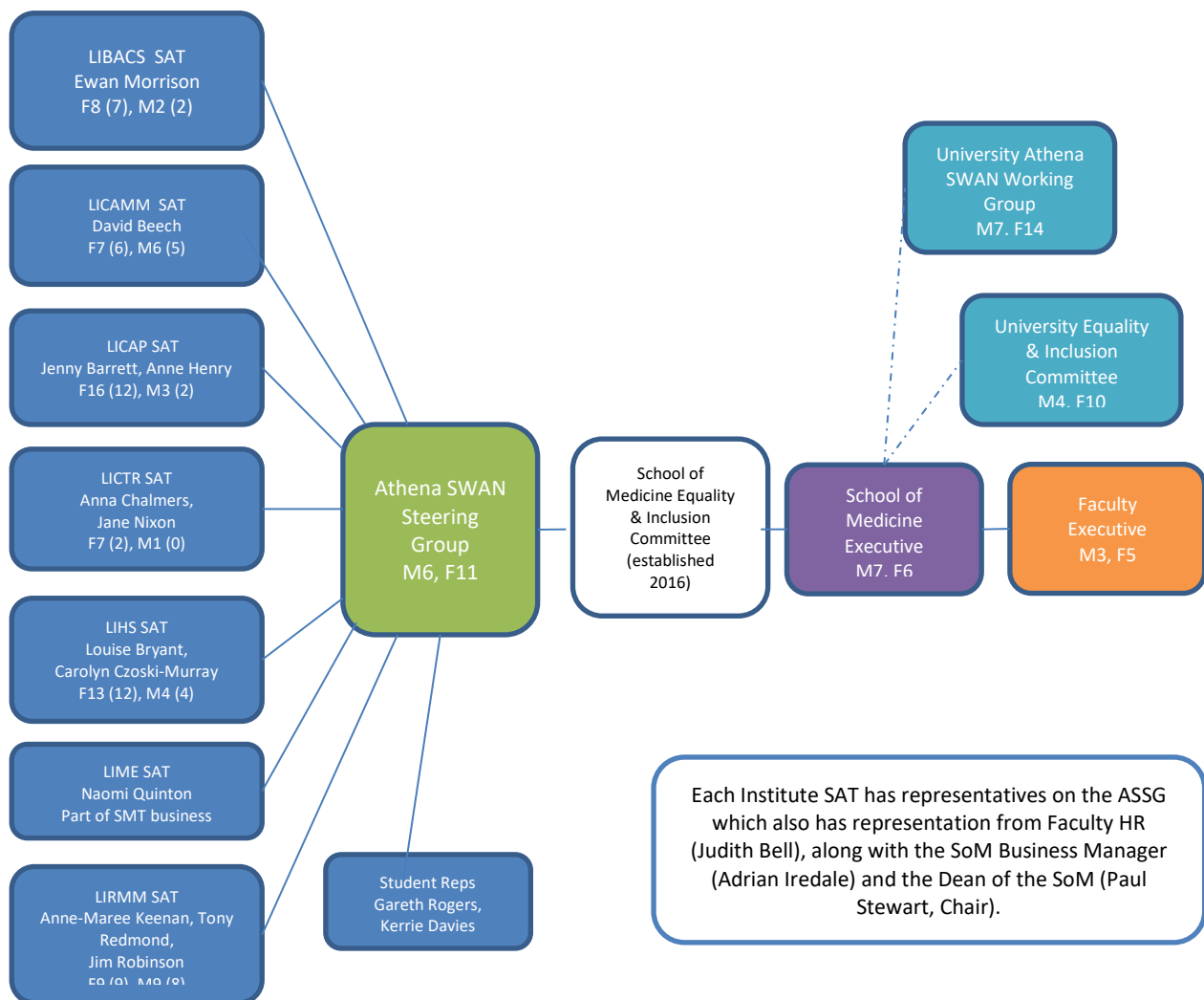
*Gareth Rogers	Medical Student Rep Council President	Undergraduate on the MBChB degree course. Member of the ASSG since 2014. Contributed to the development of the Student Survey in 2015.
Paul Stewart	Professor of Medicine, Dean of School of Medicine. Dean of Faculty of Med & Health,	With his wife, brought up 2 children (now adults) and worked flexibly to ensure spending quality time with them whilst growing up. As Dean of the School, understands the importance of a good work life balance and ensuring staff have good quality personal time. Chair of ASSG. As Chair of MRC Training Career Group, helped lead a 'Women in Science' equality and inclusivity agenda across trainees nationally.
Vicky Ward	Lecturer, Leeds Institute of Health Sciences (LIHS)	PT PhD now works FT balancing this with voluntary roles. Passionate about translating research into practical action. Led the development and implementation of gender equality interventions at the LIHS for the 3 years. Contributed to the primary research on staff priorities.

* *Student representatives*

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

To embed and ensure commitment of the AS principles across the School, in 2012, each Institute established its own SAT, reporting to their Institute Senior Management Teams (SMT) and the ASSG. Each SMT has AS progress as a standing agenda item (Bronze Action 1) and the ASSG provides quarterly progress reports to the SoM Executive (Bronze Action 3). The accountability/governance arrangements for these groups are outlined in Figure 2.2.

Figure 2.2: Athena Swan governance structure for the SoM. SAT membership is shown by gender, with numbers of academics shown in brackets. The SAT representatives on the School ASSG are named.



As an outcome of the Bronze Plan (Action 2) each Institute SAT developed an action plan (AP). These plans reflect the main themes of the School's AP, but also address issues and needs particular to their Institute. On-going dialogue within Institutes (generated from SMTs and local surveys) has indicated that the Institute plans have been essential in ensuring local 'buy-in' from all staff. This approach has accelerated change at a local level, offers greater opportunity for engagement with staff, and the further embedding of AS values in the day-to-day business of the School. This has proved highly effective in the development of a female friendly culture. For

example, initiatives in developing a breast-feeding room by staff in LIHS has now been rolled out across the School, and innovations in flexible working have become School policy.

Whilst developing our Silver application, the ASSG has met with other Schools at Leeds including MaPS, Healthcare and Engineering, to share best practice. ASSG members confirmed with the University's Vice-Chancellor that the School's AS strategy is informed by, and supports the University's on-going equality and inclusivity ambitions. ASSG members have also met with staff from other Universities with well-established AS strategies (School of Chemistry at the University of York, Queen's University, Belfast).

"Having an Institute SAT has been essential in giving local ownership and accountability: it has made our Institute review and reflect on local issues that we can affect, not just leaving it to the University"

LIRMM SAT member

As several of our challenges lie within the clinical context, effective joint working with our main NHS partner, the Leeds Teaching Hospitals NHS Trust (LTHT), is crucial in delivering our Silver AP. The LTHT are actively engaged in our strategy, with AS being a key agenda item on the University/LTHT Joint Partnership Board. Joint initiatives have been developed as a result, evidenced within this application.

As a School within a research-led University, we are committed to an evidence-based approach to the development of our AS strategy, and initiated a research programme to support this (Bronze Action 15). In 2013 we administered the HE STEM culture survey across the School, with an excellent response rate of 72% (229 female and 148 male; see Culture section, page 49).

In 2014 we funded a post-doctoral researcher to conduct a literature review of gender equality interventions within academic medicine, and primary research with SoM staff to identify their priorities. The findings shaped this Application and informed the AP priorities (see Sections 4 and 5). We also undertook a series of focus groups (in 2016) within each Institute, comprising a range of grade, role and gender representatives to understand of the impact of our initiatives and help shape our Silver AP.

Our Silver AP therefore, is strategic, evidence-based and pragmatic, focused on the four areas identified by our staff as being of the highest priority in achieving gender balance and equality and are clearly addressed throughout our Silver Action Plan:

- Career development, promotion and equal pay for women
- Improving support for diverse working patterns (flexible working, part-time, career breaks)
- Education and training for all staff to increase awareness of gender inequality and build knowledge and skills to address this
- Evaluation, monitoring and collation of impact.

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.

The ASSG will continue to meet every two months, to oversee the implementation and monitoring of the Silver AP, and support the Institutes embed culture change. The AP is a 'living document',

reviewed and updated regularly and used to monitor and report progress upward to the SoM Executive, and downwards to the Institute SATs (Figure 2.2). In turn, the Institute SATs will ensure their plans are relevant and progressive, and will provide regular written reports to the ASSG.

As a direct result of the Bronze AP, we identified flaws in our data capture and thus established significantly better data monitoring, improved mechanisms to identify and respond to issues. Accurate and responsive data are key to our activities and our Silver AP will continue this approach through key performance indicators (KPIs) to demonstrate progress towards equal pay, gender balance and equality.

The ASSG will also continue to consult widely, both within and outside the University, to identify, embed, and disseminate good practice. As our AS actions plans have matured, it is clear that a number of the activities (and therefore the successes) are not solely about female equality, they are about building a culture of inclusive practice. The SoM has established an Equality and Inclusion Committee, led by an ASSG member. The ASSG feeds good practice into this committee, to progress the equality and inclusion agenda across all protected characteristics.

Continuously engaging staff, and providing access to new initiatives is fundamental. An essential element of our AS strategy therefore is awareness and communication, and our Silver Plan includes specific targets around communication and staff engagement.

As a result of a refocused Communications Plan, we now have a virtual presence through our website, fortnightly news bulletin, the SoM Dean’s blog, and interactive links to other local and national networks. The School AS website will be continually updated, highlighting initiatives such as Career Break Development opportunities, flexible working and other gender equality news, especially arising from the ASSG and Institute SATs. Regular ‘Roadshows’ and poster campaigns throughout the School are being scheduled over the next 2 years, ensuring communication and dissemination of Athena Swan values and family friendly initiatives. We have recently appointed a Head of Communications, to underpin the successful delivery of this.

Figure 2.3: Athena Swan Roadshow with LIRMM staff at Chapel Allerton Hospital



“The roadshows have been effective at allowing discussion between staff and HR about not only what things are happening but also what is possible”.
LIRMM Academic

Silver Action Plan:
S21: Embed Athena SWAN principles and practice in all that we do

Word count: 993

3. A picture of the department: maximum 2000 words

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

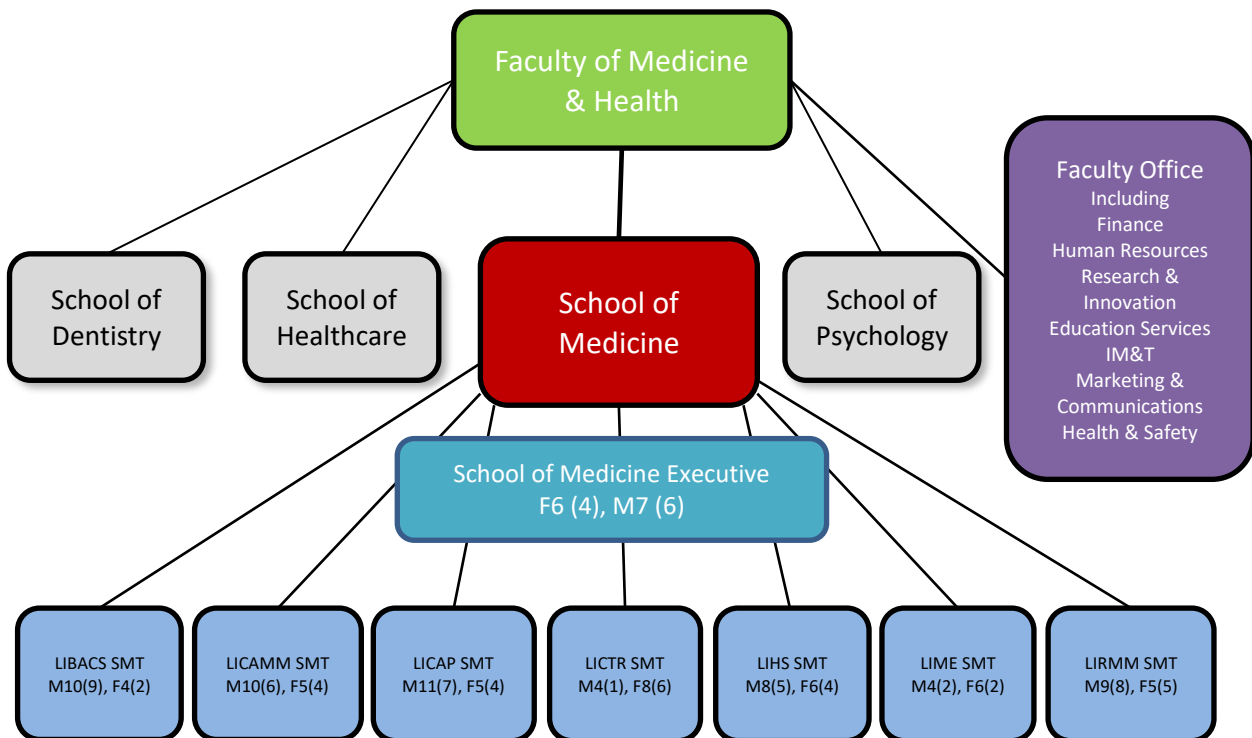
Established in 1831, the Medical School in Leeds is now one of the largest medical schools in the UK with an intake of about 280 MBChB and 750 postgraduate students per year. It is a dynamic teaching and research environment, with 519 members of academic and research staff. The School has an annual turnover of £80.9M, with a strong track record in discovery science, applied health research, supported by one of the largest Clinical Trials Units in the country.

The School of Medicine is part of the Faculty of Medicine & Health (Figure 3.1) and comprises five specialist research-focused and two cross cutting Institutes shown in Table 3.1. All Institutes contribute to student education through a strong focus on discipline specific research-led teaching.

Table 3.1: Institutes comprising the School of Medicine, showing gender split of academic and research staff numbers. Complete details of staff numbers are shown in Table 3.15

Institute	Acronym	Director	Number of staff				
			Female	%F	Male	%M	Total
Leeds Institute of Biomedical and Clinical Sciences	LIBACS	Professor Phil Hopkins	34	50%	34	50%	68
Leeds Institute of Cardiovascular & Metabolic Medicine	LICAMM	Professor Mark Kearney	55	48%	60	52%	115
Leeds Institute of Cancer and Pathology	LICAP	Professor Tim Bishop	77	57%	58	43%	135
Leeds Institute of Clinical Trials Research	LICTR	Professor Julia Brown	30	79%	8	21%	38
Leeds Institute of Health Sciences	LIHS	Professor Tim Ensor	58	59%	40	41%	98
Leeds Institute of Medical Education	LIME	Professor Trudie Roberts	5	38%	8	62%	13
Leeds Institute of Rheumatic and Musculoskeletal Medicine	LIRMM	Professor Paul Emery	26	49%	26	51%	52

Figure 3.1: Context for the School of Medicine. The gender balance of the Institute SMTs is shown with numbers of academics shown in brackets.



a) 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.

N/A - The SoM does not offer specific access or foundation courses.

(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.

Summary: More females than males are registered on all our UG programmes. The proportion of females registered on the MBChB is above HE sector average

The SoM offers four full time (FT) undergraduate (UG) programmes and no part time (PT) UG courses. Courses offered in SoM are:

- 5-year MBChB
- a range of 1 year intercalated BSc programmes
- 3-year BSc Health Sciences (Audiology and Cardiac Physiology)
- 3-year BSc Radiography

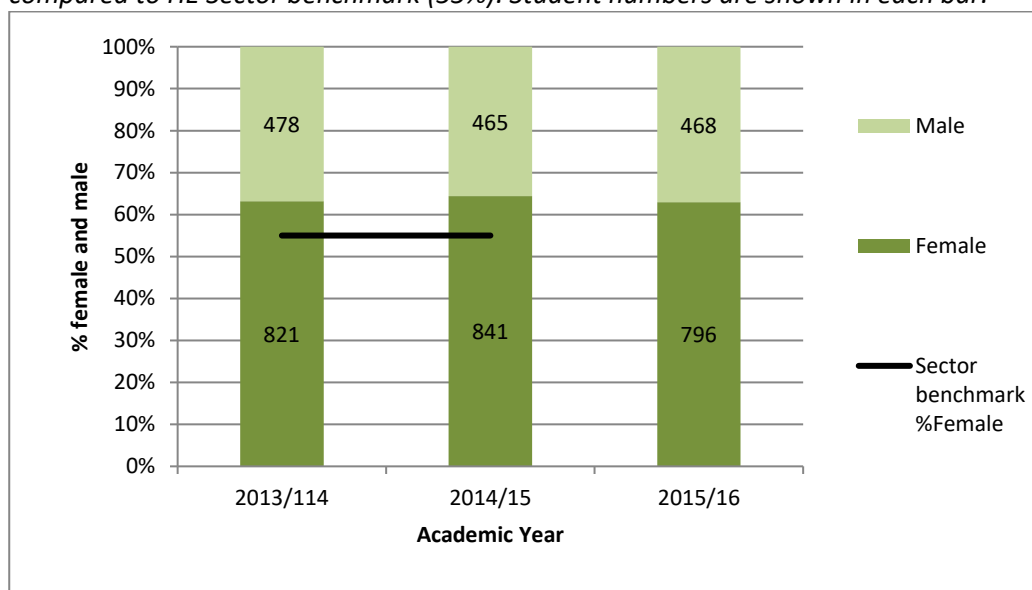
MBChB programme

The SoM consistently attracts more females than males (Table 3.2), with the female proportion of 63% exceeding the HE sector (55%) and Russell Group (54%) benchmarks. We have no concerns with the number of female MBChB students but will continue to monitor.

Table 3.2: numbers of UG students registered on the MBChB

Academic Year	Female	%F	Male	%M	Total
2013/14	821	63%	478	37%	1299
2014/15	841	64%	465	36%	1306
2015/16	796	63%	468	37%	1264

Figure 3.2 Percentage of female and male students currently enrolled on the MBChB compared to HE Sector benchmark (55%). Student numbers are shown in each bar.



Intercalation

The SoM offers intercalation providing medical students the opportunity to study a complementary subject at degree-level for one year, before returning to the MBChB. The ratio of females: males enrolled on these courses reflect the female predominance of the UG intake (Table 3.3); an apparent female reduction in 2014/15 has been reversed and will be monitored. National benchmarking is difficult as these programmes vary greatly.

Table 3.3: Students enrolled on intercalated programmes (including those intercalating from other Schools)

Academic Year	Female	%F	Male	%M	Total
2013/14	104	59%	72	41%	176
2014/15	74	50%	73	50%	147
2015/16	88	60%	59	40%	147

Other BSc Undergraduate Programmes

As 2015/16 is the first year of the BSc degrees running in the SoM in Audiology, Cardiac Physiology and Radiography, the figures below in Table 3.4 will act as a baseline.

Table 3.4: Students enrolled on other UG Programmes

Programme	Female	%F	Male	%M	Total
BSc Audiology	15	79%	4	21%	19
BSc Cardiac Physiology	12	71%	5	29%	17
BSc Radiography	37	67%	18	33%	55

(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.

Summary: There is good gender balance across our diverse and extensive portfolio.

The SoM offers over 50 part-time (PT) and full-time (FT) taught postgraduate courses aimed largely at health and social care professionals who wish to obtain an additional academic qualification. The SoM also offers FT programmes for students who have completed a first degree and who wish to enhance their employability, for example Medicine (MRes) or MSc Health Economics.

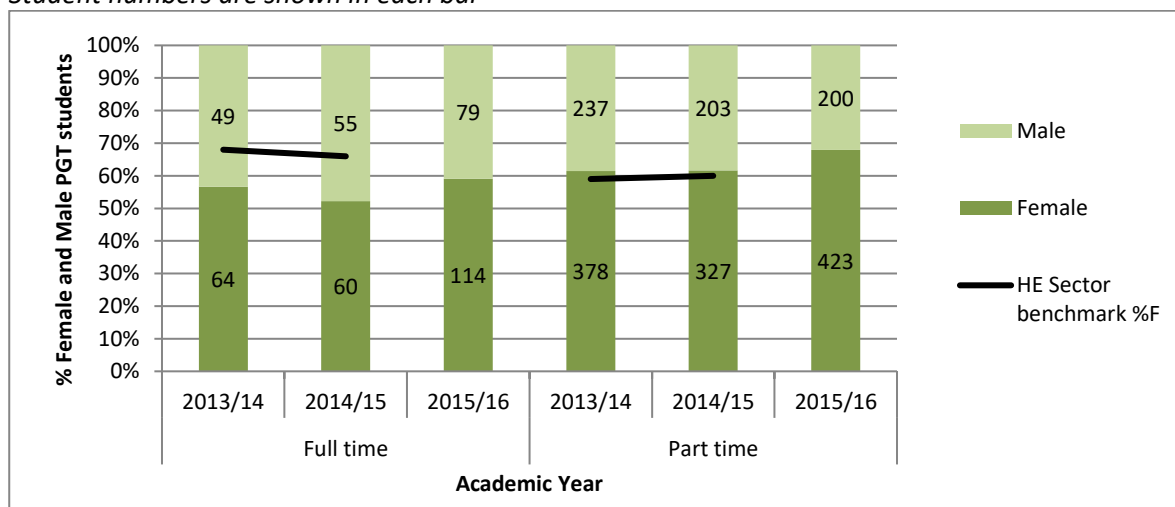
There are more females than males, across all years, undertaking FT and PT (59% and 68% respectively for the current cohort) taught PG programmes (Table 3.5, Figure 3.3). Leeds offers relatively few FT HEFCE funded programmes but more NHS funded PT programmes, aimed at supporting career development. This may explain why the proportion of female students at Leeds is slightly below for FT, but above for PT benchmarks. Comparisons are challenging as each medical school offers different portfolios.

Table 3.5: Total student numbers completing PGT programmes (both full time and part time) shown against national benchmarks for proportion of females (15/16 is currently registered cohort)

	Academic Year	Female	%F	Male	%M	Total	HE Sector benchmark
Full time	2013/14	64	57%	49	43%	113	68%
	2014/15	60	52%	55	48%	115	66%
	2015/16	114	59%	79	41%	193	n/a
Part time	2013/14	378	61%	237	39%	615	59%
	2014/15	327	62%	203	38%	530	60%
	2015/16	423	68%	200	32%	623	n/a

We have seen a large increase in applications for the academic year 2015/16; this is due to the introduction of novel programmes such as Physicians Associates and increased uptake to many other courses.

Figure 3.3 Total student numbers registered for PGT programmes (both full time and part time) shown as percentage of female and male, compared to Sector benchmark (shown on same scale). Student numbers are shown in each bar



(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.**

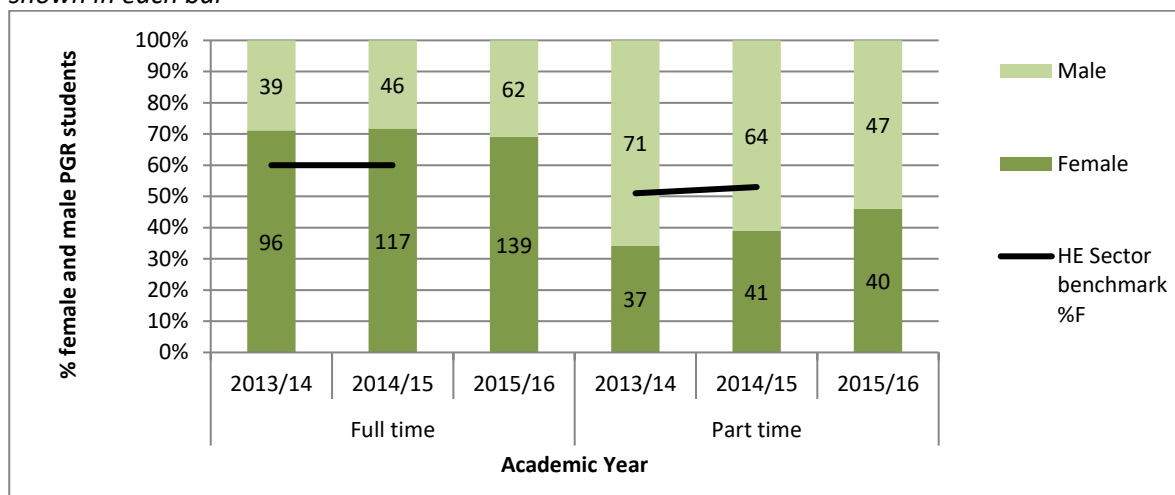
Summary: A consistently higher proportion of females undertake full time research degrees: a lower proportion of females undertake part time research degrees although this is showing an increase over the past 3 years.

The number of females registered for FT research degrees has stayed consistently high (at around 70%), (Table 3.6, Figure 3.4), substantially above the national average of 60%. The numbers of FT students are steadily increasing as a result of SoM investment in PGRs. A lower proportion of females are undertaking part time research degrees although this is increasing (34% in 2013/4, rising to 46%, 2014/5; national benchmark is 53% for 2014/15). A review of potential explanations of this (Bronze Action 6) indicated that the majority of our PT PGR students are UoL employees or NHS staff members (nearly all clinicians) and many of these are self-funded. Issues around gender approaches to risk have been suggested as one factor and these will be explored further (Silver Action S5).

Table 3.6: Currently registered PGR students; shown by gender and full time or part time registration, compared with HE Sector benchmark for %females

	Academic Year	Female	%F	Male	%M	Total
Full time	2013/14	96	71%	39	29%	135
	2014/15	117	72%	46	28%	163
	2015/16	139	69%	62	31%	201
Part time	2013/14	37	34%	71	66%	108
	2014/15	41	39%	64	61%	105
	2015/16	40	46%	47	54%	87

Figure 3.4: Currently registered PGR students (both full time and part time) shown as percentage of female and male, compared to HE sector benchmark for FT PGR (shown on same scale). Student numbers are shown in each bar



We have reviewed all advertising for gender bias (Bronze Action 5), introduced mandatory equal opportunity training for all PGR Tutors and Supervisors (Bronze Action 6) and believe this is contributing to the increase in proportion of females undertaking part time research degrees.

We discovered that our current data systems fail to capture a small group of clinical PhD and MD students. As part of the Silver Plan, we will investigate the profile of this group to enable better data capture, and undertake qualitative research of existing students to ascertain why women are less likely to undertake part-time PGR degrees.

Silver Action Plan:

S5: Remove barriers constraining females who wish to undertake part-time post graduate research degrees.

(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.

MBChB

Summary: Females continue to perform better in entry to the Medical School, with a higher proportion of applications, offers and acceptances.

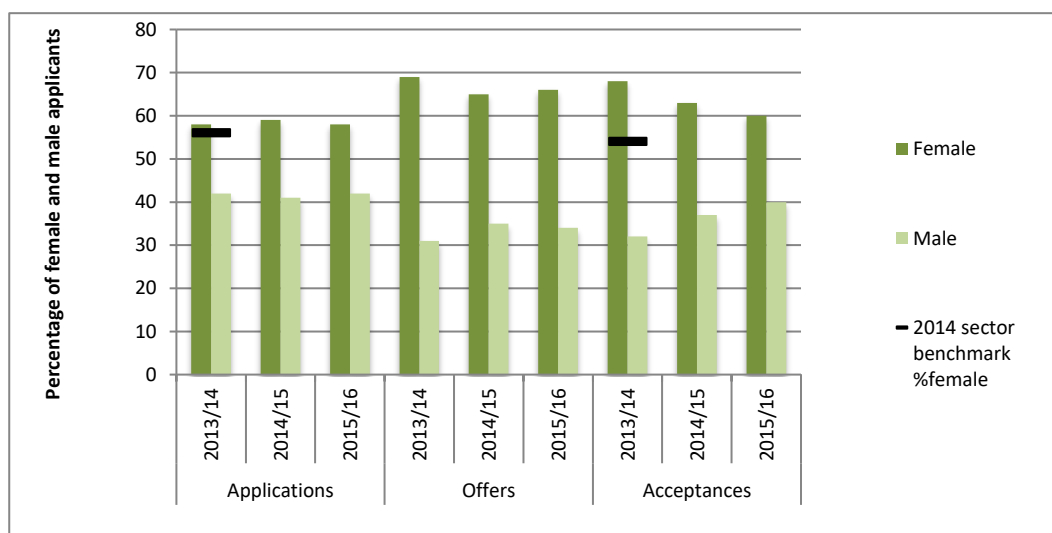
The School is committed to recognising applicants with the best potential regardless of background. We have implemented a Widening Participation (WP) Strategy to help the School address under representation of certain groups, including gender, socio-economic, ethnicity. We accept more female medical students than the sector benchmark (Table 3.7 and Figure 3.5). This shows a greater proportion of female applications, offers and acceptances than males. In 2014, the SoM introduced BMAT (Biomedical Admissions Test) for MBChB applicants, chosen as it delivers robust data with good positive predictive validity for later academic performance. This resulted in lower applicant numbers overall, but with no impact on the gender ratio. We also use value-based

mini multiple interviews (MMIs) and will continue the annual monitoring of applications and success rates by gender of MMIs and BMAT scores. All interviewers have undergone training in equality and inclusion.

Table 3.7: Numbers and % of female and male MBChB applicants, and those receiving and accepting offers for MBChB at Leeds

	Academic Year	Female	%F	Male	%M	Total
Applications	2013/14	2021	58%	1490	42%	3511
	2014/15	2164	59%	1498	41%	3662
	2015/16	1080	58%	775	42%	1855
Offers	2013/14	211	69%	96	31%	307
	2014/15	195	65%	107	35%	302
	2015/16	190	66%	100	34%	290
Acceptances	2013/14	178	68%	84	32%	262
	2014/15	160	63%	94	37%	254
	2015/16	152	60%	101	40%	253

Figure 3.5: Percentages of female and male MBChB applicants shown against 2014 HE sector benchmark data for applications (56% female) and acceptances (54% female).



Taught postgraduate and research degrees

Summary: There is a good gender balance of applications across the full-time taught and research postgraduate portfolio. The uptake for women undertaking PT courses is low but there is a significant increase in the percentage of female applications, offers and acceptances over the last 3 years.

There is a good gender balance across applications, offers and acceptances to full time PG taught programmes (see Table 3.8). We have no current concerns with the number of female applicants and acceptances to our taught PG programmes but will continue to monitor.

Table 3.8: Numbers and % of female and male applicants, and those receiving and accepting offers for full time and part time **postgraduate taught** courses in the SoM

		Academic Year	Female	%F	Male	%M	Total
Full time	Applications	2013/14	623	52%	579	48%	1202
		2014/15	591	54%	503	46%	1094
		2015/16	688	53%	611	47%	1299
	Offers	2013/14	368	50%	363	50%	731
		2014/15	377	57%	284	43%	661
		2015/16	418	54%	356	46%	774
	Acceptances	2013/14	159	50%	158	50%	317
		2014/15	86	52%	80	48%	166
		2015/16	127	64%	72	36%	199
Part time	Applications	2013/14	347	61%	224	39%	571
		2014/15	274	62%	170	38%	444
		2015/16	371	68%	176	32%	547
	Offers	2013/14	303	61%	197	39%	500
		2014/15	246	61%	155	39%	401
		2015/16	316	69%	139	31%	455
	Acceptances	2013/14	256	61%	167	39%	423
		2014/15	213	62%	132	38%	345
		2015/16	256	71%	107	29%	363

There are approximately 10% more applications from females for FT PGR than males (Table 3.9 and Figure 3.6). The proportion of FT female applicants receiving and accepting offers are also higher than male counterparts. All students are interviewed by academic staff prior to being made an offer. There is a marked increase in the number of studentships being offered (75% increase in FT positions available), resulting from investment in PGRs by the School. This will enhance the vibrancy of our research culture and offer a better student experience.

For PT PGR degrees however, there is a variable proportion of male/females across the three years (Table 3.9), with an increase in the number and percentage of female applications, offers and acceptances (Figure 3.7).

Fig 3.6: **Full time** PGR applications, offer and acceptances, split by gender

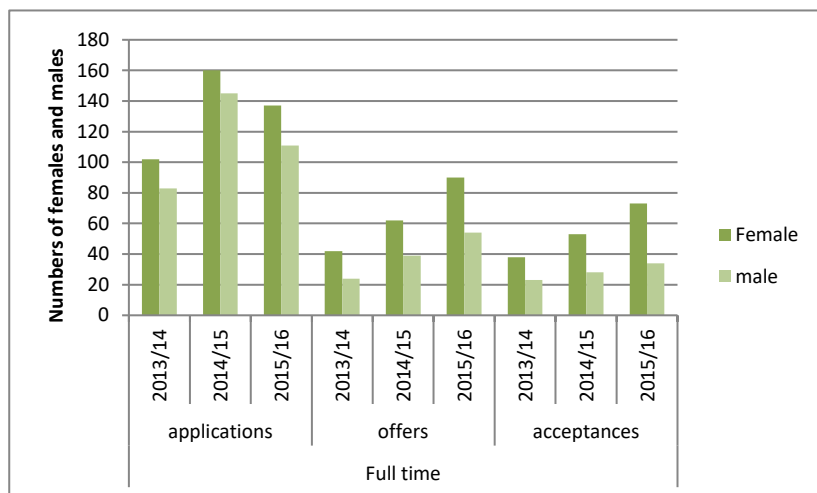
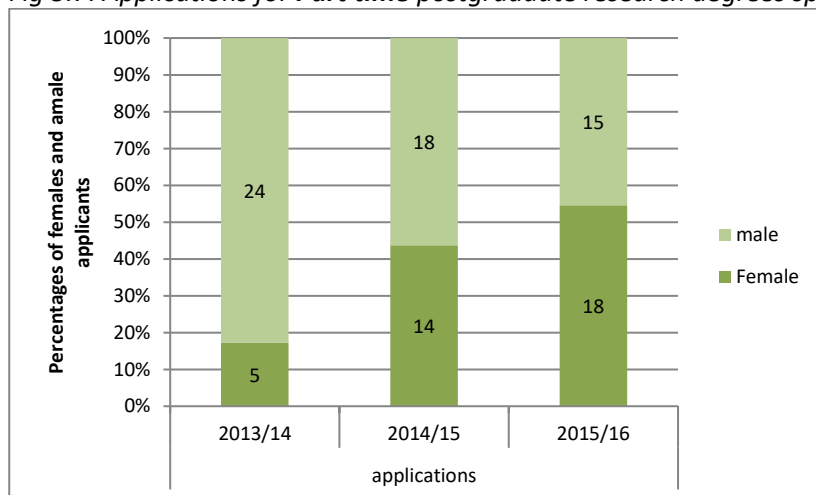


Table 3.9: Applications, offers and acceptances to PGR degrees programmes split by gender

		Academic year	Female	%F	Male	%M	Total
Full time	Applications	2013/14	102	55%	83	45%	185
		2014/15	160	52%	145	48%	305
		2015/16	137	55%	111	45%	248
	Offers	2013/14	42	64%	24	36%	66
		2014/15	62	61%	39	39%	101
		2015/16	90	62%	54	38%	144
	Acceptances	2013/14	38	62%	23	38%	61
		2014/15	53	65%	28	35%	81
		2015/16	73	68%	34	32%	107
Part time	Applications	2013/14	5	17%	24	83%	29
		2014/15	14	44%	18	56%	32
		2015/16	18	55%	15	45%	33
	Offers	2013/14	5	25%	15	75%	20
		2014/15	12	57%	9	43%	21
		2015/16	11	55%	9	45%	20
	Acceptances	2013/14	5	26%	14	74%	19
		2014/15	10	53%	9	47%	19
		2015/16	11	55%	9	45%	20

Fig 3.7: Applications for **Part time** postgraduate research degrees split by gender



In *an ad hoc* analysis we have noticed an interesting discrepancy in the length of time taken to complete part time research degrees, with females taking almost a year longer to complete (the time taken excludes any career break) than their male colleagues. We will survey our PGR cohort to assess the reasons for this discrepancy and take appropriate corrective action (Silver Action **S6**).

(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.

Taught programmes

The MBChB is not classified: students who achieve sustained excellence are awarded MBChB ‘with Honours’. Table 3.10 shows the gender breakdown of those achieving Honours, and demonstrates that female students achieve at a level that is consistently higher than their male counterparts.

Table 3.10: Female and male MBChB students achieving Honours

Year of qualification	2013/14		2014/15		2015/16	
	Female	Male	Female	Male	Female	Male
Pass	119	79	103	59	125	81
Pass with Honours	47	24	50	25	46	23
%Pass with Honours	28%	23%	33%	30%	27%	22%

Taught postgraduate programmes and research degrees

The PGT programmes offered in SoM are not classified; research degrees are not classified.

Silver Action Plan:

S6: Reduce the gender difference in length of time taken to complete research degrees.

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

Summary: The SoM employs more females than males and like most higher education Institutes, more are employed at lower grades. At senior levels, we have a higher proportion of non-clinical female professors compared to national benchmarking but a lower proportion in our female clinical academic professors. **We are pleased that our AS work has led to an increase in the number of clinical and non-clinical female senior academics over the past 3 years.**

Using a census date of 1st March, the last three years data has been analysed under three categories: Researcher, Academic (non-clinical) and Clinical Academic. Table 3.11 shows the categories and staff grades we have used.

Table 3.11: definition of the roles and grades used to categorise staff data

Roles	Grades	Description	Comments
Researcher	6/7	Postdoctoral Fellow Research Assistant	
	8	Senior Research Fellow	This grade is now used less often for senior postdoctoral fellows as it is preferable career-wise for them to be Academic
	9	Principal Research Fellow	Now obsolete, any staff new to this grade are now listed as Academic
Academic	7/8	Non clinical; Grades 7 and 8, Lecturers and Research Fellows	
	9	Non clinical; Associate Professor, Senior lecturer & Reader	Senior Lecturer and Reader are now both obsolete, any staff new to this grade are Associate Professors
	Professor	Non clinical Chairs	
Clinical Academic	CRF*	Clinical Research fellows	Out of Programme trainees normally undertaking research degrees
	CL	Clinical Lecturer	
	CSL	Clinical Senior lecturer (Consultant) Clinical Associate Professor	
	Professor	Clinical Professor (Consultant)	

*Census date 15th March was used for this cohort.

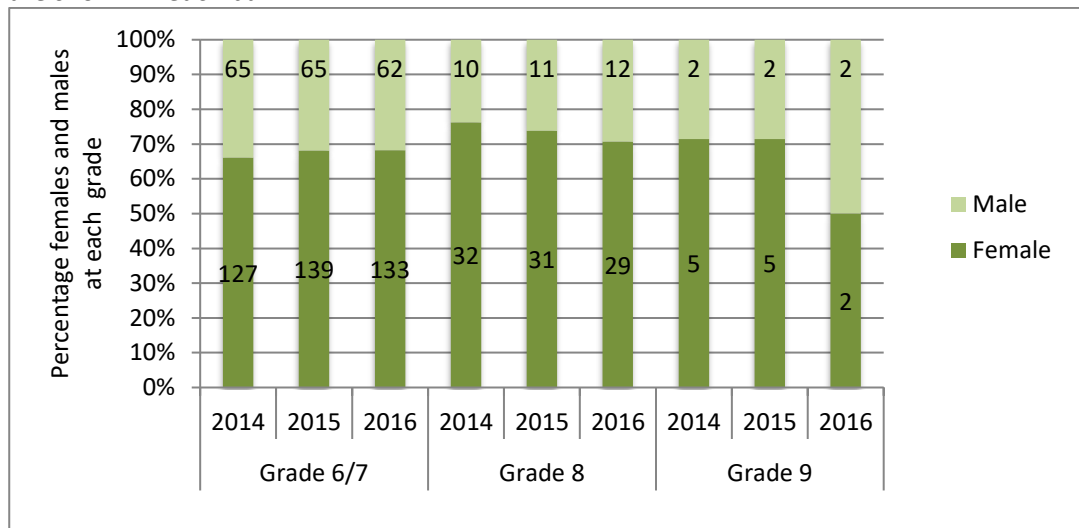
Research staff

Females comprise the majority of our research staff (Table 3.12). Whilst there is a drop in female numbers at research Grade 9, we achieve gender parity at this level. 1 female from this group was promoted to Chair and 2 transferred to Academic posts which offer better career opportunities.

Table 3.12: **Research** staff in SoM, shown by grade and gender

		Female	%F	Male	%M	Total
Grade 6/7	2014	127	66%	65	34%	192
	2015	139	68%	65	32%	204
	2016	133	68%	62	32%	195
Grade 8	2014	32	76%	10	24%	42
	2015	31	74%	11	26%	42
	2016	29	71%	12	29%	41
Grade 9	2014	5	71%	2	29%	7
	2015	5	71%	2	29%	7
	2016	2	50%	2	50%	4

Figure 3.8: **Research** staff in SoM, shown by grade and percentage gender. Numbers of staff are shown in each bar.



Academic staff

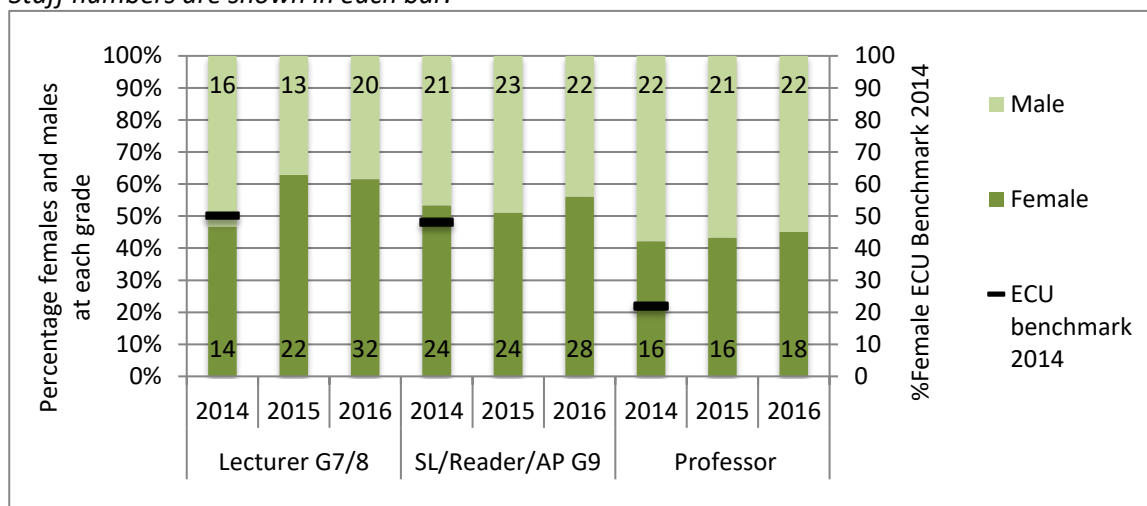
The non-clinical Academic grades show a good proportion of females with ongoing trajectory over a 3-year period (Table 3.13, Figure 3.9). There are increased numbers in our Lecturer grade staff (47% to 62% in the 3 year period); this is due in part to a flagship scheme to recruit tenure track academics (see page 34). At SL/Reader/AP grade (Grade 9) we are sustaining over 50% of female staff and will continue to maintain this. At Chair level, we are proud that 45% of SoM Professors are female, which significantly exceeds the national benchmark of 22%.

Note: Since the census date, two further females have been promoted to Professor, making a total of 20 in SoM (48%). This action is particularly pleasing since the School also had 3 female professors who left voluntarily in this time frame (see Table 3.16 below).

Table 3.13: Non-clinical academic staff in SoM

		Female	%F	Male	%M	Total
Lecturer Grade 7/8	2014	14	47%	16	53%	30
	2015	22	63%	13	37%	35
	2016	32	62%	20	38%	52
SL/Reader/AP Grade 9	2014	24	53%	21	47%	45
	2015	24	51%	23	49%	47
	2016	28	56%	22	44%	50
Professor	2014	16	42%	22	58%	38
	2015	16	43%	21	57%	37
	2016	18	45%	22	55%	40

Figure 3.9: Non clinical academic staff in SoM, shown by grade and gender. Staff numbers are shown in each bar.



Clinical academic staff

There is still much to do to redress the gender imbalance in senior clinical academics. Our review (Bronze Action 7) indicated that whilst the SoM gender balance was similar to the overall national picture, it was not evenly distributed across the School Institutes. These differences are linked to factors such as the clinical workforce profile. For instance, LICAMM is home to our cardiologists, LIBACS our surgeons, specialities which historically attract a greater proportion of men; and highlights the importance of Institute action plans in driving local gender parity.

This work also highlighted several NHS related issues, the key one being the impact of moving between NHS/University contracts and impact on maternity/paternity entitlements. As a direct result of this, we have developed a reciprocal agreement with the local NHS to honour Terms & Conditions for clinical staff on integrated training pathway. As far as we are aware, we are the first Medical School in the UK to implement such an agreement. We are delighted to report that this has now been adopted region wide by the Yorkshire and Humber Deanery.

Table 3.14: Numbers of clinical academic staff over 3 year period, shown by gender and benchmarked against Medical School Council 2014 data. *Census date for CRF is 15 March

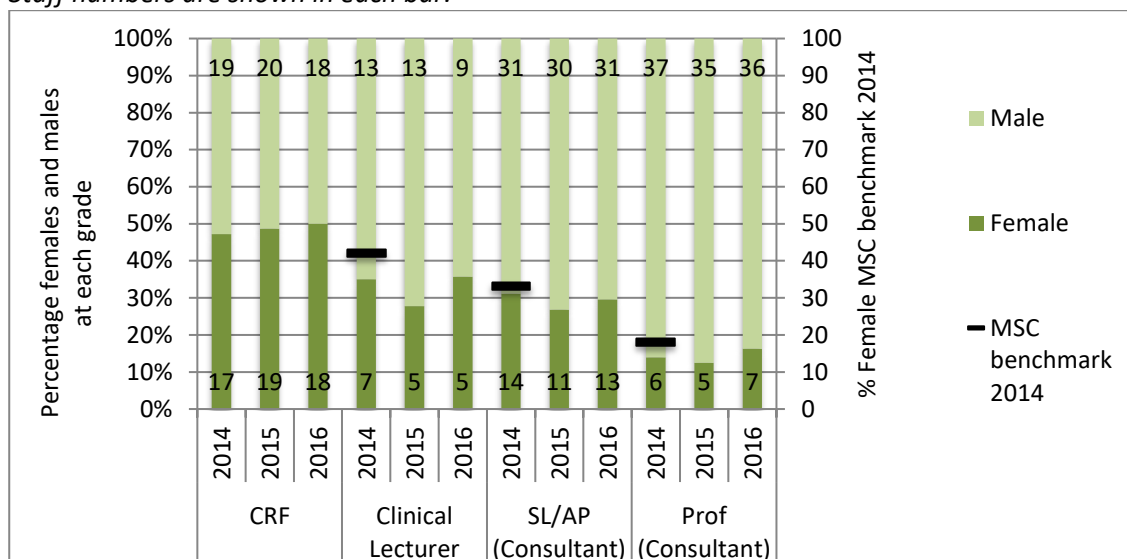
Grade		Female	%F	Male	%M	Total	Benchmark %F
CRF*	2014	17	47%	19	53%	36	
	2015	19	49%	20	51%	39	
	2016	18	50%	18	50%	36	
Clinical Lecturer*	2014	7	35%	13	65%	20	42%*
	2015	5	28%	13	72%	18	
	2016	5	36%	9	64%	14	
SL/AP (Consultant)	2014	14	31%	31	69%	45	33%
	2015	11	27%	30	73%	41	
	2016	13	30%	31	70%	44	
Prof (Consultant)	2014	6	14%	37‡	86%	43	18%
	2015	5	13%	35	88%	40	
	2016	7	16%	36	84%	43	

*The terms Clinical Research Fellow and Clinical Lecturer are used differently in different organisations; a guide benchmark for the CRF-Clinical lecturer grade is shown.

‡ The Dean of Medicine is included at School level, not affiliated with an Institute.

Since the census date we have appointed a female clinical professor and one male has achieved promotion to clinical professor, making a total of 8 female clinical professors in the SoM matching the 2014 benchmark (18%).

Figure 3.10: Clinical academic staff over last three years shown as percentage of female and males. Staff numbers are shown in each bar.



"At Leeds Teaching Hospitals NHS Trust we are fully committed to supporting and developing our academic staff, at all stages of their career, to reach their full potential. Working in close partnership with the University, we are delighted to support joint initiatives particularly around supporting female clinical academics."

Dr Yvette Oade, Chief Medical Officer
Leeds Teaching Hospitals

A 50% gender ratio within the clinical academic trainee level has been achieved this year. Our Integrated Clinical Academic Training programme continues to be pivotal in creating the pipeline for junior clinical academics: this is discussed in more detail in section 4b(i). There is strong commitment from the LTHT to vigorously support clinical academic careers; a joint academic career committee will be established across the University-LTHT with dual reporting through to LTHT board and SoM Executive, that will oversee joint career development, mentorship, and effective job planning (Silver Action **S1**). Based on trajectory to date, we believe this structure will be pivotal in improving and sustaining the female clinical academic pipeline post PhD (see section 4b).

Silver Action Plan:

S1: Enhance the career progression for our female clinical academics through partnership working with local NHS

The seven institutes that comprise the SoM have different types of academic activity. In response to feedback from ECU to provide data for all the Institutes, Table 3.15 shows SoM staff numbers, split by Institute, role, grade and gender; Figure 3.2 shows the staff profile for the larger SoM Institutes. This helps to present the differences in Institutes' staff profiles reflecting the focus of LIBACS, LICAMM and LIRMM on clinical research, LICAP on laboratory/ cancer research, LICTR and LIHS on applied health research and LIME, medical education (Silver Action **S12**). The Institutes each developed individual Action Plans to address their specific issues. These are all freely available on the School's AS website.

- LIBACS has good female representation at both research and non-clinical grades (50% non-clinical professors are female), but not at clinical grades. A female Clinical Professor has been appointed and will join LIBACS in June 2016. Working with the new joint academic career committee, 'craft' / surgical careers will be a priority.
- LICAMM has focused its efforts on supporting and developing its early career researchers, including a coaching scheme aimed at all female staff grade 7 and 8, reflected in an increased proportion of females at these grades (33% in 2014, 47% in 2016). With a similar staff profile to LIBACS, LICAMM also has a high proportion of male clinical academics.
- LICAP is our largest Institute with a good gender balance overall, but still below the female representation we would like to see, particularly across clinical academia.
- LICTR has a high proportion of female senior academics (80% at Chair level) which links to leadership, successful role models, a long standing flexible working policy, and a supportive maternity leave/return to work environment with options for flexible/PT working.
- LIHS shows outstanding pipeline for female academics. LIHS has supported all career development strands; a priority now is the support for females through the transition from grade 9 to Chair.
- With a focus on excellence in student education, LIME has few academic staff. Recent internal staff movements to support student education in Women and Children's Health have resulted in an increase in male Clinical Senior Lecturers in 2016, in what had previously been a predominantly female Institute. Leadership of LIME has played a pivotal role in the female leaders networks across the School.
- LIRMM has seen an increase in female senior academic staff of 30% over the last three years. Through targeted career development, the number of female professorial appointments has increased from 1 to 3, including two additional female clinical professors in the last 12 months.

Silver Action Plan:

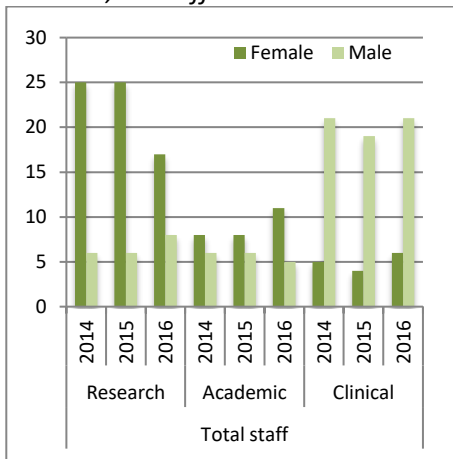
S12: Improve the gender balance in staffing profile tackling Institute-specific priorities.

Table 3.15: SoM female staff data by each Institute

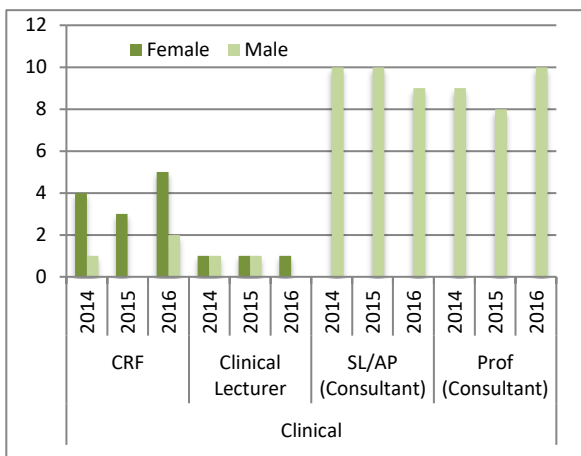
			LIBACS			LICAMM			LICAP			LICTR			LIHS			LIME			LIRMM		
			Tot	F	%F	Tot	F	%F	Tot	F	%F	Tot	F	%F	Tot	F	%F	Tot	F	%F	Tot	F	%F
Research	G6/7	2014	27	22	81%	36	22	61%	55	37	67%	15	11	73%	36	25	69%	1	0	0%	22	10	45%
		2015	27	22	81%	45	31	69%	61	42	69%	18	12	67%	30	21	70%	1	0	0%	22	11	50%
		2016	21	14	67%	44	32	73%	62	44	71%	21	15	71%	26	18	69%	1	0	0%	20	10	50%
	G8	2014	4	3	75%	2	2	100%	18	11	61%	7	6	86%	10	9	90%	0	0	n/a	1	1	100%
		2015	4	3	75%	2	2	100%	16	9	56%	8	7	88%	11	9	82%	0	0	n/a	1	1	100%
		2016	4	3	75%	3	3	100%	13	8	62%	6	5	83%	13	9	69%	0	0	n/a	2	1	50%
	G9	2014	0	0	n/a	1	0	0%	2	1	50%	1	1	100%	1	1	100%	1	1	100%	1	1	100%
		2015	0	0	n/a	1	0	0%	2	1	50%	1	1	100%	1	1	100%	1	1	100%	1	1	100%
		2016	0	0	n/a	1	0	0%	1	0	0%	1	1	100%	1	1	100%	0	0	n/a	0	0	n/a
Academic	G7/8	2014	2	1	50%	13	4	31%	3	2	67%	0	0	n/a	10	5	50%	2	2	100%	0	0	n/a
		2015	2	1	50%	14	6	43%	1	1	100%	0	0	n/a	13	9	69%	5	5	100%	0	0	n/a
		2016	5	4	80%	19	9	47%	8	4	50%	1	1	100%	15	11	73%	4	3	75%	0	0	n/a
	G9	2014	8	5	63%	16	5	31%	4	1	25%	0	0	n/a	13	10	77%	2	1	50%	2	2	100%
		2015	8	5	63%	15	4	27%	5	2	40%	0	0	n/a	13	9	69%	3	1	33%	3	3	100%
		2016	7	5	71%	16	5	31%	4	2	50%	1	1	100%	16	11	69%	3	1	33%	3	3	100%
	Prof	2014	4	2	50%	7	1	14%	8	6	75%	5	4	80%	11	3	27%	0	0	n/a	3	0	0%
		2015	4	2	50%	7	1	14%	8	6	75%	5	4	80%	11	3	27%	0	0	n/a	2	0	0%
		2016	4	2	50%	6	1	17%	10	7	70%	5	4	80%	12	3	25%	0	0	n/a	3	1	33%
CRF	2014	5	4	80%	15	3	20%	9	6	67%	0	0	n/a	1	1	100%	0	0	n/a	6	3	50%	
	2015	3	3	100%	14	4	29%	12	7	58%	0	0	n/a	1	1	100%	0	0	n/a	9	4	44%	
	2016	7	5	71%	12	3	25%	10	7	70%	0	0	n/a	0	0	n/a	0	0	n/a	7	3	43%	
Clinical	CL	2014	2	1	50%	1	0	0%	5	1	20%	0	0	n/a	7	4	57%	1	0	0%	4	1	25%
		2015	2	1	50%	1	0	0%	5	0	0%	0	0	n/a	5	2	40%	2	1	50%	3	1	33%
		2016	1	1	100%	2	0	0%	4	0	0%	1	1	100%	4	1	25%	0	0	n/a	2	2	100%
	CSL	2014	10	0	0%	6	2	33%	7	2	29%	1	1	100%	10	5	50%	3	0	0%	8	4	50%
		2015	10	0	0%	6	2	33%	7	2	29%	1	1	100%	4	2	50%	4	0	0%	9	4	44%
		2016	9	0	0%	7	2	29%	8	2	25%	2	2	100%	6	4	67%	4	0	0%	8	3	38%
	ClimProf	2014	9	0	0%	4	0	0%	15	4	27%	1	0	0%	7	0	0%	1	1	100%	5	1	20%
		2015	8	0	0%	5	0	0%	14	3	21%	0	0	n/a	7	0	0%	1	1	100%	5	1	20%
		2016	10	0	0%	5	0	0%	15	3	20%	0	0	n/a	5	0	0%	1	1	100%	7	3	43%

Figure 3.11: profile of all staff and clinical categories in the larger SoM institutes. All charts show the number of staff in each category, with the same colour coding throughout.

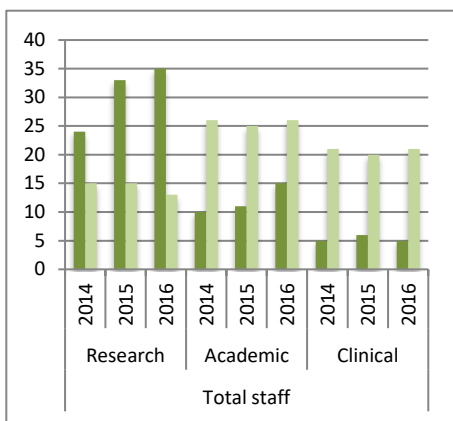
LIBACS, all staff



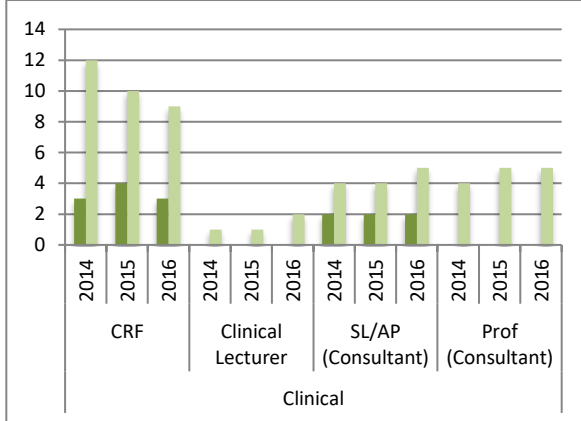
LIBACS, Clinical academic staff



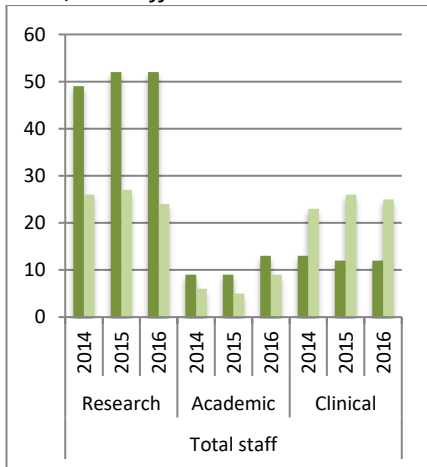
LICAMM, all staff



LICAMM, Clinical academic staff



LICAP, all staff



LICAP, Clinical academic staff

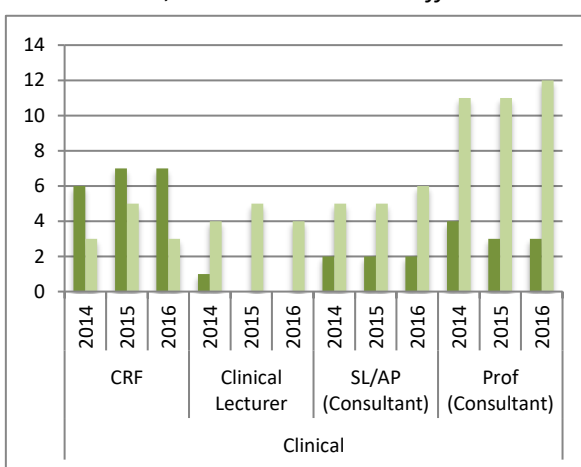
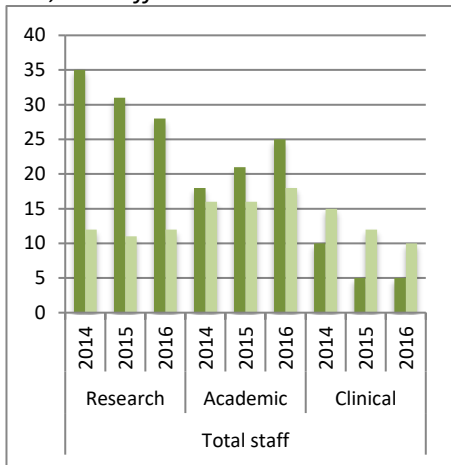
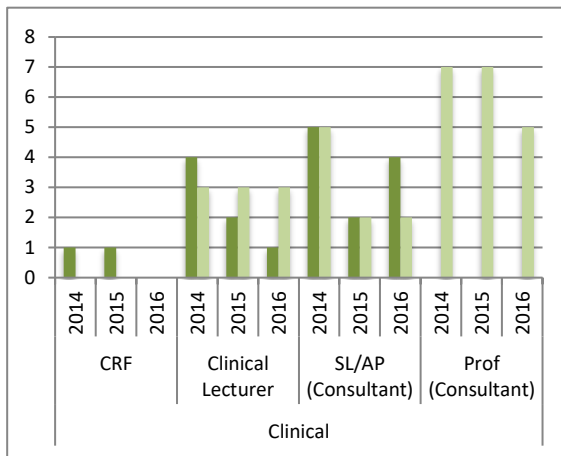


Figure 3.12 continued

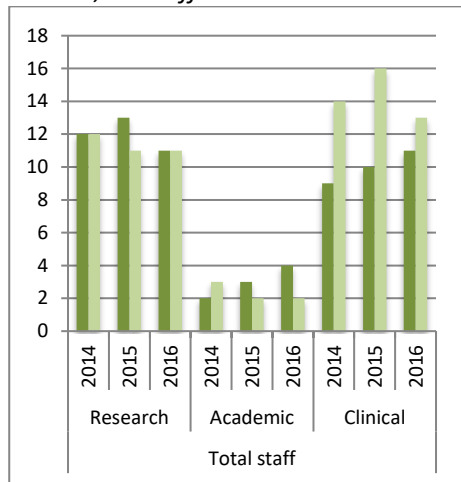
LIHS, all staff



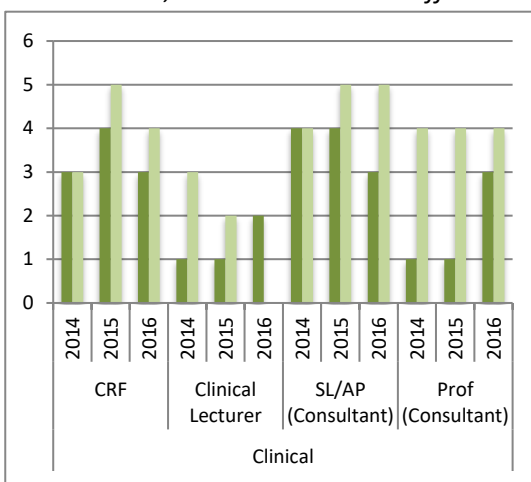
LIHS, Clinical academic staff



LIRMM, all staff



LIRMM, Clinical academic staff



With small numbers of academic staff, LIME and LICTR are not represented in this figure. Complete data for all institutes are given in Table 3.15.

(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.

Summary: Turnover of staff in the SoM is low. In the areas with the highest turnover (postdoctoral fellows and clinical research fellows), there is no difference between gender. We note that female staff are likely to leave sooner than their male counterparts, although we have seen no gender issues in the reasons given for leaving.

Staff turnover (resignation, retirement, and end of contract severance) (Table 3.16) shows that the highest turnover is seen in the lower grade, Research Grade 6/7, reflecting the shorter-term nature of postdoctoral positions. Although there is a higher number of females (due to the overall higher proportion of females at this grade) they are not disadvantaged disproportionately to their male counterparts.

Table 3.16: SoM leavers, split by gender, voluntary or non voluntary severance, and by %turnover for grade/category of staff. FTE denotes the number of female and male staff at that grade.

		Female						Male					
		2014		2015		2016		2014		2015		2016	
		No	%	No	%	No	%	No	%	No	%	No	%
Research	Grade 6/7	29	23%	27	19%	25	19%	12	18%	10	15%	15	24%
	Grade 8	0	0%	1	5%	1	3%	3	30%	1	9%	0	0%
	Grade 9	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Academic	Grade 7/8	1	7%	2	9%	3	9%	2	13%	0	0%	3	15%
	Grade 9	1	4%	1	4%	1	4%	3	14%	1	4%	0	0%
	Professor	2	13%	1	6%	0	0%	0	0%	2	10%	2	9%
Clinical	CRF	7	41%	2	11%	6	33%	3	16%	4	20%	10	56%
	CL	0	0%	2	40%	2	40%	1	8%	1	8%	5	56%
	CSL	2	15%	2	18%	0	0%	3	10%	0	0%	1	3%
	Professor	1	17%	1	20%	0	0%	1	3%	1	3%	1	3%

Analysis of the average length of service (Table 3.17) shows that females stay in post for less time than males although with small numbers in some categories, data may not be meaningful. As a result of Bronze Action 8, the exit questionnaire (a voluntary questionnaire we ask leavers to complete) indicated no gender bias or cultural issues. We appreciate that this is a complex issue and may be related to factors such as gender differences in age at appointment. In addition to the semi-structured Face-to-Face exit interviews, we will undertake a more sophisticated interrogation of our HR data to understand these factors more comprehensively (Silver AP **S13, S14**).

Table 3.17: Average length of service in years of leavers, using amalgamated data for 3 years, shown by gender

		Female	Male	Overall average
Research	Grade 6/7	3.9	5	4.4
	Grade 8	14.6	7.7	10
	Grade 9	n/a	n/a	n/a
Academic	Grade 7/8	5.7	6.5	6.1
	Grade 9	7.5	16	12.4
	Professor	5.1	9.8	7.8
Clinical	CRF	3.1	3.3	3.2
	CL	3.1	3.2	3.2
	SCL	10.6	13.7	12.1
	Professor	14.8	17.2	16.2
Overall average service:				5.3 years

Silver Action Plan:

S13: Identify any gender related issues influencing decisions by female staff to leave the School

S14: Identify any gender differences impacting on length of service

Word count: 2312 (additional word count used: 312)

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.

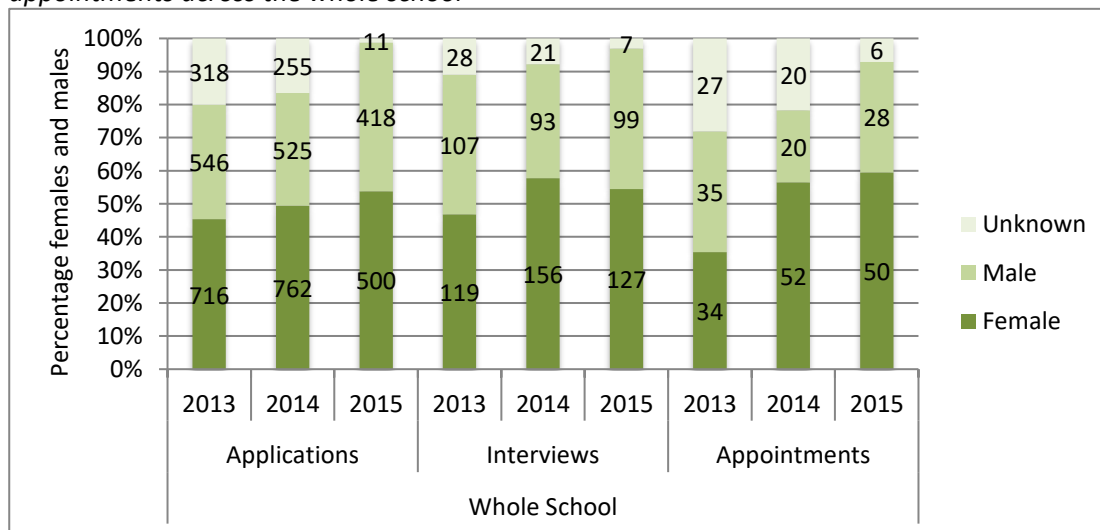
Summary: Appointments across all roles and all grades show an increase in the proportion of female applicants, interviewees and appointments. We are particularly pleased by the steady increase in female applications for clinical academic posts. We believe these increases to be as a result of our AS actions.

The percentage of Female applications, Interviews and appointments to the SoM (all posts) have increased over the last three years. (Table 4.1, Figure 4.1). In 2014 there was a change in the staff recruitment IT system; we cannot retrospectively interrogate this system for a breakdown of staff by grade prior to 2014. The large ‘unknown’ gender category prior to 2015 is a reflection of the limitation of this system.

Table 4.1: recruitment across the whole School shown by gender. Years shown end July 31

		Female	%F	Male	unknown	Total
Applications	2013	716	45%	546	318	1580
	2014	762	49%	525	255	1542
	2015	500	54%	418	11	929
Interviews	2013	119	47%	107	28	254
	2014	156	58%	93	21	270
	2015	127	55%	99	7	233
Appointments	2013	34	35%	35	27	96
	2014	52	57%	20	20	92
	2015	50	60%	28	6	84

Figure 4.1: Percentages of female and male applicants, interviewees and appointments across the whole school



Recruitment across all staff categories (Table 4.2) shows an impressive increase in the proportion of female applicants. This reflects the impact of several of our Bronze actions (12, 13, 14), particularly advertising, balanced representation on interview panels, equality training for interview panels, and the raised awareness of gender equality across the School. We will continue this progress through our Silver Actions (Silver Action **SP15**).

"I was hugely impressed by the quality of the equality and unconscious bias training session yesterday. The exemplars were insightful and thought provoking and made me reflect on my own practice, even in situations where I had considered myself to be unbiased. This course is mandatory for all our School Executive members for good reason".

Prof Paul Stewart, Dean of the School,
September 2015

Table 4.2: Recruitment across different roles shown by gender. Years shown end July 31.

F: Female, M: Male; U: unknown

	2013					2014					2015					
	F	%F	M	U	Total	F	%F	M	U	Total	F	%F	M	U	Total	
Research	Applications	621	48%	408	257	1286	659	51%	421	208	1288	409	57%	300	6	715
	Interviews	86	51%	61	22	169	117	58%	67	17	201	92	57%	66	4	162
	Appointments	23	38%	18	19	60	34	61%	8	14	56	36	67%	15	3	54
Academic	Applications	76	36%	104	31	211	70	41%	75	26	171	65	41%	90	2	157
	Interviews	23	40%	31	3	57	22	58%	14	2	38	19	48%	20	1	40
	Appointments	8	44%	10	0	18	10	91%	1	0	11	6	55%	4	1	11
Clinical	Applications	19	23%	34	30	83	33	40%	29	21	83	26	46%	28	3	57
	Interviews	10	36%	15	3	28	17	55%	12	2	31	16	52%	13	2	31
	Appointments	3	17%	7	8	18	8	32%	11	6	25	8	42%	9	2	19

Silver Action Plan:

S15: All SoM staff are fully trained in relevant policies on equality and inclusivity

(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.

Summary: Twice as many females are applying for promotion than males with an increase in applications for senior promotions. Line managers provide support to those applying for promotion. The Dean has actively supported female staff to apply for discretionary increments

Across all grades, twice as many females than males have applied for promotion (25F, 12M)(Table 4.3). Feedback from the focus groups suggests that this has resulted from our Bronze Action 19 to increase the role of line managers in supporting promotion applications. Unsuccessful applicants receive detailed feedback, further career progression support and development plan.

"I think the [positive] thing for me is because one of the focuses of Athena SWAN has been around promotion and career progression, it's made me much more open about where I'm heading, but also the things that I've done as well"
(Focus Group 5 April 2015)

"We discussed this within the Athena SWAN group about what we could do generally to change the culture, and that's one initiative that we came up with. So everyone in this group is acting as a coach towards somebody else to help them towards promotion. I really felt a very positive attitude towards that, not only within the group but across the institute"
(Focus Group 6, April 2016)

New University promotion criteria were launched in January 2016 with emphasis on gender fairness. LIHS SAT team member Dr Hilary Bekker led on the SoM input to the process. The SoM is benchmarking its own criteria for promotion with members of the ASSG and SATs and will evaluate the impact of this (Silver Action S2).

Table 4.3: Numbers of promotion applications and outcomes for SoM over the last three years, split by gender

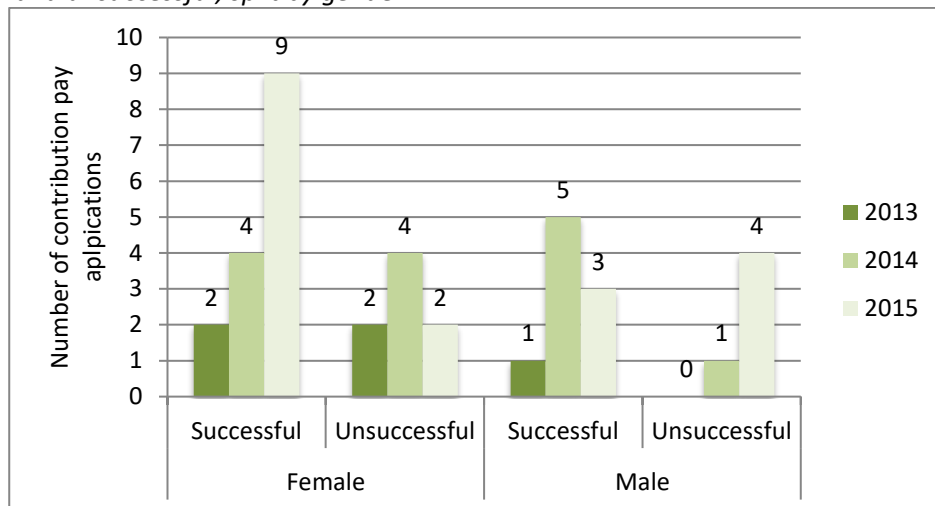
Application for promotion to:	Female			Male			Total applications across 3 years	
	2013	2014	2015	2013	2014	2015	F	M
Professor								
Applications	1	0	3	2	1	2	4	5
Successful	0	0	3	2	1	2		
%Success	0%	n/a	100%	100%	100%	100%		
Grade 9								
Applications	3	1	4	1	2	0	8	3
Successful	1	1	2	1	2	0		
%Success	33%	100%	50%	100%	100%	n/a		
Grade 8								
Applications	4	2	1	0	0	2	7	2
Successful	4	2	1	0	0	2		
%Success	100%	100%	100%	n/a	n/a	100%		
Grade 7								
Applications	3	0	3	0	0	2	6	2
Successful	3	0	3	0	0	2		
%Success	100%	n/a	100%	n/a	n/a	100%		

Since March 2016, two more females have been promoted to non-clinical Professors. This, together with the promotions awarded in 2015, are excellent examples of how the SRDS process identifies individuals ready for promotion and provides targeted support to prepare their applications. We also recognise that our staff are highly sought after. Last year, two staff on the Chair progression pathway were head hunted by other Universities. In both cases, with targeted intervention and support, we were able to retain staff.

The gender pay gap is still a concern. On 1 November 2015, the F/M gender pay gap was 18.1% in favour of males (driven mainly by clinical salaries and historical ACCEA). Excluding clinical staff from the calculations, the pay gap narrows, with women being paid approximately 10% less than men. The SoM will work to reduce this gender pay gap (Silver Action S3)

Individuals and line managers, on an individual's behalf, can apply for a pay award for exceptional service over normal expectations. Figure 4.2 shows an increase in the number of successful manager recommendations of females for contribution pay (Bronze Action 19)

Fig 4.2: Managers recommendations for contribution pay awards, shown as successful and unsuccessful, split by gender.



Silver Action Plan:

S2: Maintain gender parity for successful promotion applications

S3: Reduce the gender pay gap in the SoM

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

Summary: All recruitment advertisements highlight our family friendly policies and all staff involved in recruitment and appointment have mandatory equality and unconscious bias training. We continue to monitor to ensure we have gender balanced interview panels. We are particularly proud of how we integrated our AS principles into our approach to recruiting UAFs.

“I discussed flexible working arrangement as soon as the post was advertised. I discussed this again at interview. The Institute was surprisingly supportive of my required working arrangements and this has led me to feel inspired to work harder and more committed to the role”

The SoM offers a range of family friendly policies (i.e flexible working and job share, made clear in all adverts (Bronze Action 2): recently appointed staff indicated that for them, this was key to their applying.

Single gender interview panels are not permitted; we have achieved a 100% gender balance on interview panels (Bronze Action 13). All staff have to complete equality training before being an interview panel member (Bronze Action 14).

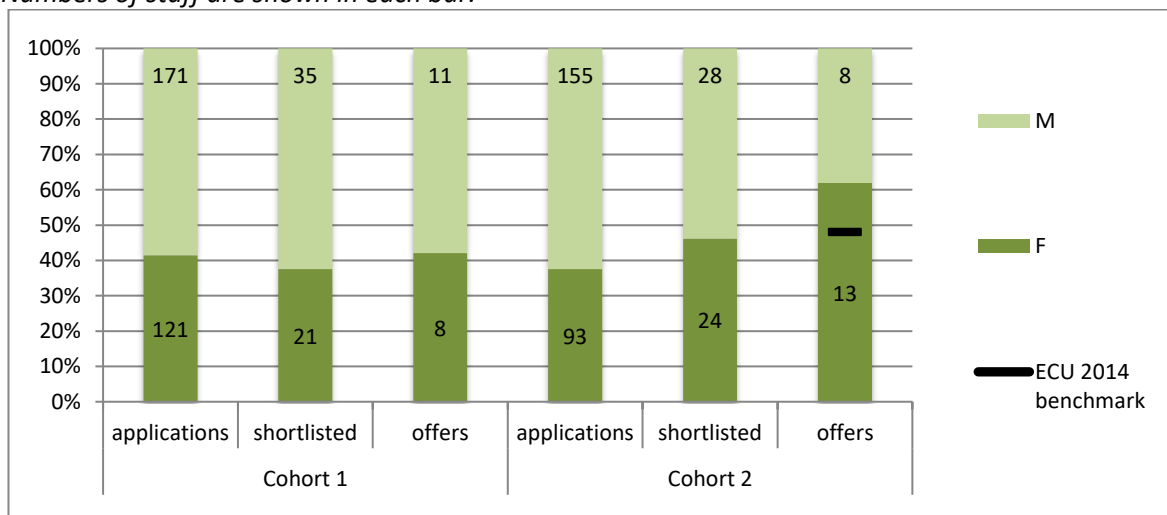
Over 40 academic staff have also self-registered for E&I refresher training indicating awareness of responsibility to gender equality. All senior managers (Grade 8 and above) and staff involved in recruitment, have completed face-to-face unconscious bias training (Silver Action **S15**); this is being rolled out to the rest of the School.

"We've definitely seen an improvement in gender balance on interview panels"
(Focus Group 1, April 2016)

Innovation in recruiting staff: The University is part way through a flagship scheme, '250 Great Minds'; a £100M investment, recruiting University Academic Fellows (UAF), who upon successful completion of 5 year probation objectives, will become Associate Professors. To date, the SoM has appointed 33 UAFs. To reinforce our commitment to gender equality, unconscious bias training has been introduced School wide with shortlisters undertaking training in time for the second cohort. This resulted in an increase in the proportion of females shortlisted in the School 's second cohort (46%), and even larger increase in the overall proportion appointed (62%), considerably above both the University level (32% and 43%, respectively) and the national benchmark.

The increase in the female % shortlisted (Figure 4.3) reflects the **conscious** decision by the shortlisting panel, to take into consideration the academic trajectory of applicants prior to a publication gap (often the result of maternity leave), rather than focusing only on recent outputs. The panel looked for gaps in male applicants' CVs to make similar adjustments. This resulted in shortlisting three individuals who in the previous year might not have been shortlisted; two were successful. This outcome resulted from the greater awareness of gender equality issues across the School. This success of this approach is driving its roll-out across the School.

Figure 4.3: The first 2 recruitment cohorts to the UAF scheme: Percentage of female and male applications, interviews and offers, shown against the 2014 ECU benchmark of 48% females in lecturer positions. Numbers of staff are shown in each bar.



Silver Action Plan:
S15: All SoM staff are fully trained in relevant policies on equality and inclusivity

(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.

Summary: SoM has developed a range of initiatives to support Female staff. We have identified key pinch points and developed initiatives to support staff, including targeted training, leadership programmes, and developing the use of role models.

The ASSG commissioned research project (Bronze Action 15) identified that different interventions are required to support women at different stages in their career. We identified specific pinch points in female career progression. For non-clinical academics, early career researchers, their progression to new academic group leader was testing. A further issue, highlighted specifically from the SATs in LIHS and LICAP, was the transition from Grade 9 to Chair. For clinical staff, accessing the clinical academic training pathway and supporting the transition from post-PhD to an academic post appear most challenging.

“Attending the Aurora leadership programme has given me time to reflect and talk about what I want from an academic career. I have moved on in my thinking about what is possible.”

Grade 9 academic LIHS

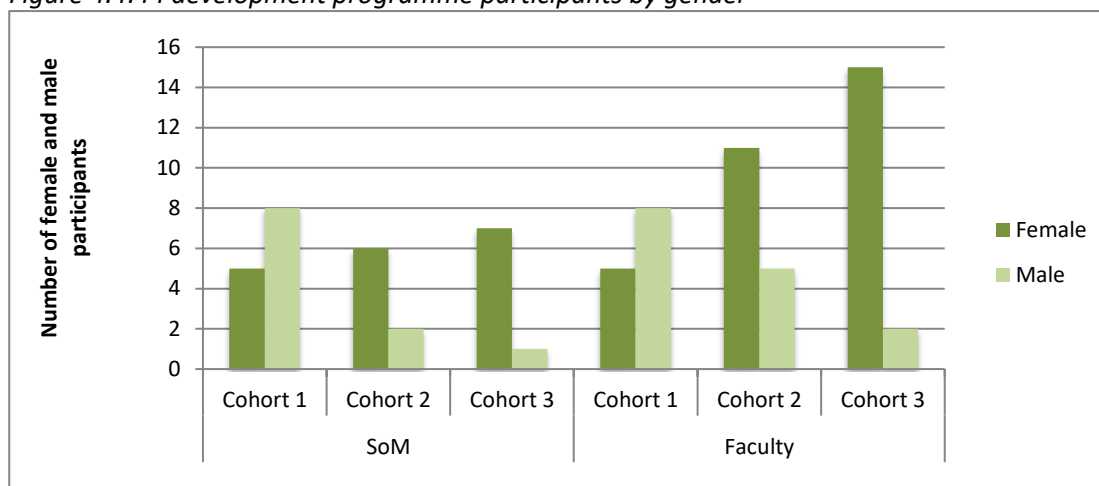
The SoM instigated a number of Institute Early Career Groups (ECGs), overseen by a School Steering Group (Bronze Action 21). All groups are led by postdoctoral staff, supported by senior staff providing career advice, ie. successfully applying for fellowships funding, offering industry days. Lobbying from the ECGs has led to further support through the establishment of a School Postdoctoral Academy, comprising web presence, meetings and networking.

“In my staff review my achievements were explicitly recognised in light of my family commitments and training identified to help manage this. This made me feel a valued member of staff and increased my confidence to ask for training and discuss progression.”

LIHS ECR, 2016

An ‘Early PI career development programme’, has been established (led by Professor Pam Jones and Ruth Buller), covering all aspects of the group leader role; leadership skills, HR support for recruitment, induction, staff support, and the forum for sharing good practice. Skills and knowledge are embedded at an early stage. Importantly, Managers have recognised the value of this programme in providing support to female colleagues at challenging transition points, and actively support attendance on the programme. The proportion of SoM females attending has increased over the three year cohorts rising from 38% to 87% (Figure 4.3). This demonstrates the significant impact from raising awareness where support is required at academic transition points.

Figure 4.4: PI development programme participants by gender



Key to the development of our clinical academics is supporting their transition from ‘early’ to ‘established’ researcher. At ‘Researcher’ and ‘Clinical Lecturer’ grade, our acclaimed Integrated Clinical Academic Training (ICAT) programme is essential, as the School’s pipeline for future clinical academics. Although external competition is promoted at all levels, ICAT links seamlessly to our MBChB academic trajectory programmes. Trainee selection, by the ICAT discipline lead, involves gender scrutiny through evaluating the individual’s academic potential at the onset of a career break, rather than a judgment based on time, post qualification, (crucial, as this period of training usually coincides with maternity leave).

Since our Bronze award, we have developed a number of programmes to help support these early clinical academics.

- ‘Inspiring the Next Generation’
Every trainee is invited (and funded) to the programme, (held quarterly), aimed at developing academic and career skills, (including writing research grant applications, supervising students, leadership and management and work-life balance). Accommodation is available to allow partners/carers/dependants to accompany attendees.
- Mentorship (Silver Action **S10**):
 - All CLs are encouraged to participate in the Academy of Medical Sciences mentoring scheme. Since the scheme started (2013), 17 Leeds Clinical Academics have joined; 41% are female
 - We have launched an in-house peer-to-peer mentoring scheme. We have 44 mentee/mentor partners (61% of the total NIHR clinical academic training cohort, of which 54% are female).
 - We have targeted trainees to join the University/LTHT Leeds Female Leaders Network through direct email: 35 have signed up as a result of our first mail shot and we will continue advertising through the trainees’ forum.

Our actions are making an impact. Since the Bronze award, we have seen an increase in the growth of female clinical academics. March 2016 data shows females comprise 53% of ACFs (20F, 18M, a rise from 45% in 2014/15) and 38% of CLs (5F, 8M; a rise from 29% in 2014/15) Of note, 71% of our CLs moving into externally funded fellowships are female.

Reflecting the national picture, the Schools gender imbalance in senior clinical careers cannot be corrected overnight. Our approach is very much to deliver the pipeline; responding to local and National feedback from female trainees, the SoM has initiated a joint venture with LTHT to establish a Clinical Academic Training 'Hub', to provide information on career planning, academic careers, recruitment, funding opportunities and mentoring opportunities (Silver Action **S1**). The joint academic careers committee will oversee this activity and in addition will identify the impact of the Junior Doctors' contract on our female trainees (Silver Action **S8**).

"I now also feel like I can't do research as part of a PhD which I was previously planning on doing. This is because of the new junior contract proposals."

(Female MBChB undergraduate, Student Survey 2015)

"It is essential that we work with our University partners to support the development of a research active workforce where our female staff are supported to deliver research that makes a difference to patients."

*(Prof Stephen Smye, OBE
Director of Research and Innovation, Leeds
Teaching Hospitals NHS Trust)*

The key pinch point for clinical academics is career progression post PhD. Continuing the evidence based approach to our strategy, we are working with the NIHR (Dean of Faculty, Infrastructure Forum and the Training Co-ordinator Centre) to undertake research to understand issues which will support female clinical academics progressing post PhD, locally and nationally. The new joint academic careers committee will individualise support to encourage female clinicians to undertake an academic career (Silver Action **S9**)

From feedback from our clinical academics (Bronze Action 7) we have introduced two exciting initiatives:

- the **first reciprocal agreement in the UK** between a SoM and local NHS (see p23).
- **career break flexible funding grant of up to £15K** (Academic Development Fund) which aims to enable staff to maintain their academic trajectory while on a period of leave (see page 52).

Since evaluating the impact of the Springboard leadership programme (Bronze Action 17), the SoM now accesses a broad range of programmes (Table 4.6). Programmes are tailored for specific levels of career progression, others are more generic. Delivering Silver Action **S11** enables our review, uptake and impact of the leadership programmes.

"I remember about three years ago when I was going through a bit of a career wobble, actually ringing HR and asking them for a mentor outside of my discipline and they couldn't help. And that's completely changed now"

(Focus Group 4, April 2016)

We appreciate the different approaches to mentoring, and seek evidence to support our mentoring/coaching delivery. Working with the AMS, we will undertake a structured review of models of mentorship and their gender effectiveness, with particular emphasis on clinical academics (Silver Action **S10**). We also offer alternative support where required; for example, LICAMM has a coaching scheme.

One key AS initiative, is the SoM/LTHT driven Leeds Female Leaders Network, launched in 2014 and co-founded by Dr Jacqueline Andrews (LTHT) and Professor Anne-Maree Keenan (SoM). This joint partnership brings together like-minded people with the long term aim to develop, build and maintain strong female leaders across the health care and academic sectors in Leeds. The network continues to grow: membership is now above 680.

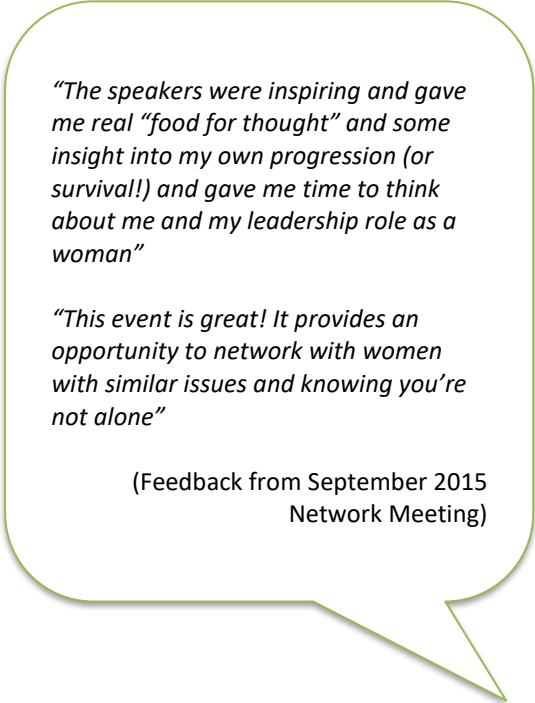


Table 4.4. Supporting development for women at Leeds across their careers: a strategic approach

Emerging Academics (Early Career)	<ul style="list-style-type: none"> ▪ WiSET (Women in Science, Engineering and Technology) Network <p>A UoL network for women in STEM disciplines. As it is targeted particularly at early career staff based in science, engineering and technology, it is particularly relevance to our early females on the non-clinical pathway (Bronze Action 23). WiSET and LFLN work closely together to publicise and support one another’s activities.</p>
	<ul style="list-style-type: none"> ▪ Springboard Programme <p>Three month development programme to enable women to achieve greater recognition and influence. As part of our Bronze Action Plan, the scheme was targeted to women identified by their line managers in their SRDS: 38 women have completed the programme since 2013 (see Bronze actions 16 and 17).</p>
	<ul style="list-style-type: none"> ▪ UoL Mentorship Programme <p>Launched in October 2015 and designed to provide staff with essential information on finding a mentor and getting the most out of the mentor-mentee relationship. Identified by the LFLN as a priority for supporting leaders, we are reviewing the impact of this scheme with the University (Silver Action S11).</p>
	<ul style="list-style-type: none"> ▪ Post Doc Academy <p>An initiative by the SoM and now rolled out to the Faculty of Medicine and Health to support the career development of our post-doctoral researchers (see Bronze Action 21).</p>
	<ul style="list-style-type: none"> ▪ Principal Investigator Development programme <p>This SoM initiative to support leadership development for early career researchers has been developed (Bronze Action 21) which covers the breadth of the group leader role, leadership skills, and HR support for recruitment, induction and support of staff – embedding these values at an early stage.</p>

Established Academics (mid-Career)	<ul style="list-style-type: none"> ▪ Professional and Organisational Development Programmes (SDDU) <p>The Staff Development Unit run a number of leadership programmes linked to the University’s Leadership Management Standard. It contains an interactive career development guide and guide to networking and with the arrival of a new Director, the SoM will be actively involved in developing and reviewing programmes (Silver Action S11).</p> <ul style="list-style-type: none"> ▪ Aurora Programme <p>Aurora is a national, women only leadership development programme for HE. It aims to encourage women in academic and professional roles to think of themselves as leaders. The UoL is offered a fixed number of places for Aurora, although this year the SoM has paid for four more in order to increase capacity to support these emerging leaders. We will monitor and review the long terms impact of the Aurora programme (Silver Action S11).</p> <ul style="list-style-type: none"> ▪ Pearls Pilot Programme <p>This business led development programme has been designed for women who have been identified as potential leaders. As the first academic/public sector members, the SoM is undertaking this as a 12 month pilot project with the LTHT. While a formal review of this is incorporated in our action plan in conjunction with other leadership programmes later this year (Silver Action x), we know that three of the five University staff have already received promotion to senior posts</p>
Women in Leadership Roles	<ul style="list-style-type: none"> ▪ Senior Academic Development Network <p>The Senior Academic Development Network has been designed as an informal network specifically to help with peer mentoring of women in senior leadership with decision making responsibilities. Initially a SoM initiative, it now includes Faculty of Medicine and Health and Leeds Teaching Hospitals members.</p> <ul style="list-style-type: none"> ▪ Women in Leadership Forum <p>A forum for women in senior executive roles across the University; for those who can influence change at a local level. It is a University wide extension of the Senior Academic Development Network.</p> <ul style="list-style-type: none"> ▪ White Rose Women in Leadership Initiatives <p>A collaboration between UoL, Sheffield and York, this programme aims to support women across the White Rose consortium.</p> <ul style="list-style-type: none"> ▪ Leeds Female Leaders Network <p>Established in 2014, this Faculty of Medicine and Health and LTHT initiative brings together like minded people with the long term aim to develop, build and maintain strong female leaders across the health care and academic sectors in Leeds.</p> <p>The aims of the network are to:</p> <ol style="list-style-type: none"> i. Hold regular events where inspirational positive role models will speak of their experience (or a specific brief that we identify as important to the Network) and for attendees will have a chance to informally network ii. Facilitate enhanced availability of mentoring/sponsorship and other career development tools such as coaching iii. Provide a platform for networking opportunities and shared resources through a variety of media, including a virtual network.

The fortnightly SoM bulletin highlights significant achievements, honours, grant awards and publications. The Athena Swan web page has regularly updated personal examples of females’ experiences. The Athena Swan Road Show banners display a range of females at all grades, with quotes from their personal journeys. Table 4.5 highlights some of the influential bodies outside the University with female SoM representatives.

Table 4.5: A selection of external committees with SoM female representation

Professor Julia Brown	Deputy Chair HTA Board
Professor Jane Nixon	Scientific Committee of the French Clinical Research Network
Dr Jenny Freeman	London Mathematical Society Women in Mathematics Board of Trustees, Royal Statistical Society Council
Professor Trudie Roberts	Association of Medical Education in Europe
Dr Helen Elsey	International Committee of the Faculty of Public Health
Professor Anne-Maree Keenan	Deputy Chair of the NIHR Infrastructure Training Forum
Professor Anne Morgan	National Scientific Steering Committees for UKRAGG, BRAGGSS, UKiVAS International GCA Genetics Consortium
Professor Jenny Hewison	Chair of Subpanel, Member of Main Panel and Member of Strategy Advisory Group, NIHR Programme Grants for Applied Research
Dr Gail Nicholls	Medical Schools Council Selection Alliance Board
Professor Claire Hulme	National Institute for Health Research HTA Commissioning Board
Professor Julia Newton-Bishop	Expert Advisor for NICE Centre for Clinical Practice
Professor Susan Short	NCRI Brain Tumour Studies Group (Chair 2006-2012),
Dr Carmel Toomes	The Royal Society Equality and Diversity Advisory Network panel,

Senior female role models are active in mentoring and coaching more junior staff. For example, Professor Julia Brown, Director of LICTR is proactive within her Institute, resulting in well-supported career progression for staff. One resounding success of this supportive approach is the recent NIHR Senior Investigator award to Prof Jane Nixon (LICTR), one of very few academic nurses to achieve this status.

We are active in ensuring SoM academics meet eminent visitors to the University when possible. For example, in a recent visit to the University, our UAFs had the opportunity to meet Dame Sally Davies.

Silver Action Plan:

S1: Enhance the career progression for our female clinical academics through partnership working with local NHS

S8: Mitigate any local impact of Junior Doctor’s contract on female clinical academic career pathways

S9: Understand any barriers for female clinical academics who complete their PhD in undertaking a clinical academic career.

S10: Provide enhanced mentoring arrangements for our female academics

S11: Develop and deliver a suite of leadership learning and development opportunities to meet the needs of Female academics

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.

Summary: SoM has provided additional guidance to managers facilitating effective discussions with staff around promotion and career development. SoM has been actively involved in new promotions criteria, using feedback from our female staff to influence changes at University level. We have a range of support measures in place for our female students.

(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?

We previously identified a lack of structured support by line managers to help promote and support promotion and career development. An analysis conducted as part of the Bronze Plan (Action 11) identified that more women than men were at the top of their grade. As part of Bronze Action 18, guidance and training for the annual Staff Review and Development Scheme (SRDS) were updated, which resulted in increased SRDS completion rates (shown in Table 4.7). Uptake has been good, for example in LIRMM, which historically held a low participation rate, SRDS compliance has increased from only 8% in 2013 to 87% in 2015. Feedback from the focus groups suggests that with greater structure and focus on personal development, the SRDS is now more highly valued.

“And a really good example of that comes from our own action plan within the institute where we had a specific action that related to zero tolerance for missed SRDSs for female members of staff”

(Focus Group 4, April 2016)

Table 4.6: SRDS compliance rates

	2013			2014			2015		
	eligible	done	%complete	eligible	done	%complete	eligible	done	%complete
LIBACS	53	49	92%	57	46	81%	55	53	96%
LICAMM	110	96	87%	97	93	96%	123	113	92%
LICAP	175	136	78%	146	140	96%	144	144	100%
LICTR	117	102	87%	104	104	100%	119	119	100%
LIHS	156	119	76%	142	142	100%	146	146	100%
LIME	73	67	92%	78	78	100%	91	91	100%
LIRMM	52	4	8%	48	21	44%	46	40	87%*
SoM	4	3	75%	4	4	100%	4	4	100%

*Since the census date for these data, LIRMM has achieved 100% compliance

“The School has supported me by allowing me to work flexibly throughout my academic career and gradually migrate from part time to full time. Living at a distance has not proved to be a barrier either, because I’ve been able to work remotely from home by arrangement. The new promotion criteria gave me confidence that my academic leadership and achievements in student education would be recognised, even though my career has not followed a traditional trajectory”

(Professor Laura Stroud, 2016)

The University has a revised its promotions process with a particular emphasis on gender fairness. Since the implementation of the new criteria (January 2016), two female staff in the School have been promoted to Chair. We will ensure the SoM local benchmarks are relevant and useful (Silver Action S2)

Silver Action Plan:

S2: Maintain gender parity for successful promotion applications

(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?

The SoM provides detailed Induction Guidelines for new staff containing information on the School’s flexible working, maternity leave, E&I policies, opportunities/expectations for training and career progression, coupled with the SoMs Athena SWAN activities (Bronze Action 20). Managers are encouraged to discuss personal, professional and promotion issues as a part of the probation process. Development plans for all new staff are recorded as part of the probation process. All line managers undergo E&I training.

“Following the School of Medicine’s induction, and introduction of a separate School of Medicine Flexible Working Policy, we’ve added that into the Staff Management Guideline as well and put an intranet announcement on, so people are much more aware really of flexible working. (Focus Group 1, April 2016)

(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.

The School Student Support systems are to enable students achieve their potential irrespective of gender or other protected characteristics.

All UG students have compulsory timetabled sessions with one of our 79 trained Personal Tutors (46% female, 54% male). Embedded within the MBChB curriculum are a variety of opportunities for students to engage with research including ‘Research, Evaluation and Special Studies’ and the opportunity to undertake a research-focused intercalated BSc degree, MRes or PhD. Students can request a female tutor if preferred.

Further to intercalation, in establishing the clinical academic pipeline, students can also compete for a place on the Excellence in Scholarship, Enterprise and Leadership (EXSEL@Leeds) programme (a scholarship scheme to nurture UG students aspiring to academic clinicians). Launched in 2005, there have been 46 EXSEL scholars (46% female).

All UG students have access to a professionally qualified careers specialist. MBChB students can also explore career options by accessing a West Yorkshire clinical careers mentoring network (female mentors 51%) and an on-line resource i-Decide developed by the SoM, which includes clinicians and clinical academics sharing their career experiences (Silver Action S7). We have been careful about the gender representation across the range of specialties, with particular emphasis on craft disciplines with poor gender balance. ‘A day in the life of’ videos have been developed to promote academic careers for women.

All PGT students are assigned a Personal Tutor, female students are encouraged to request a female tutor if preferred. Career development is facilitated by tutors, peer group and informal alumni networks. Most part-time PGT students are already in employment and the education delivered in the PGT programmes enhances their career opportunities. We have ensured all students have access to, and are aware of, appropriate level career development advice and resources (Bronze Action 24).

PGR students have a minimum of two supervisors and the option of 1-1 mentoring (with a female mentor if preferred). PGR students have access to ‘progression courses’ to help pursue either an academic career or a career outside academia. We invite academics to discuss careers and ensure a strong female representation. Alumni are invited to talk about careers that they have followed outside academia, again with strong female representation. We have developed and run a course called ‘Me Not We’ aimed at women doctoral researchers (males students welcomed), designed to encourage participants to be able to speak about themselves and their research in the first person.

“I have caring responsibilities for my father and found managing these along with my studies very stressful. For example, I had difficulty attending supervision meetings when I had to attend unexpected medical appointments with him. I was always able to rearrange hastily cancelled meetings and was supported by my supervisors in obtaining an extension to my thesis submission date. This support was invaluable in the successful completion of my PhD”

(LIHS Female post-doc, completed 2014)

The support needs for all students with caring responsibilities were reviewed (Bronze Action 25) and we are confident of having robust support mechanisms in place. We revised the student and tutor handbooks, clearly presenting information, processes and support for pregnant students. We also enable opportunity for open conversation in a safe environment with senior and influential members of the faculty.

Silver Action Plan:

S7: Provide current information on career planning, academic careers, recruitment, funding and mentoring opportunities

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.

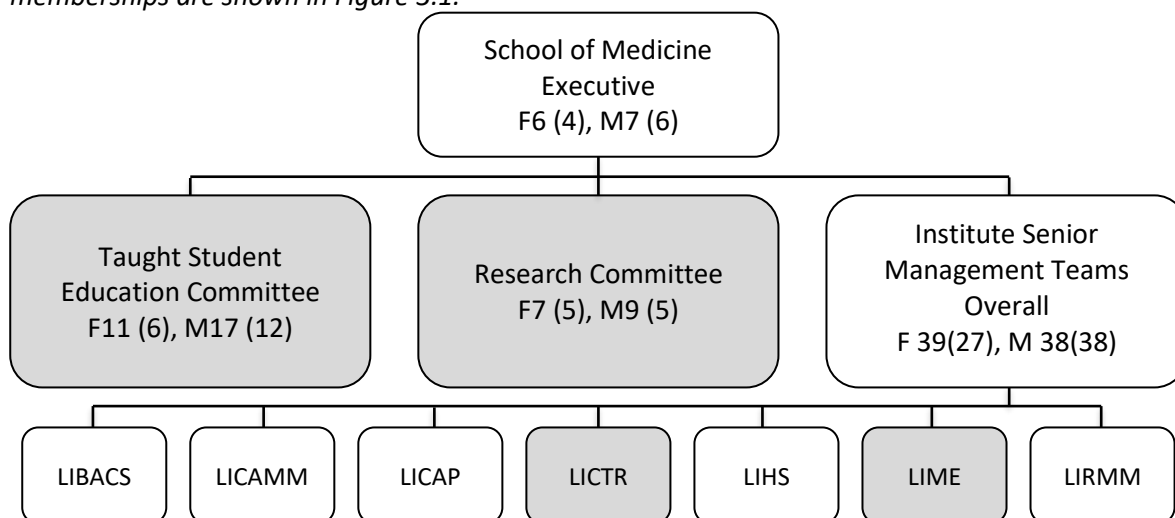
Summary: We advertise all School roles, and as part of our commitment to increasing the female leadership pipeline have increased the number of female committee chairs and female representation on decision-making committees

Figure 4.7 shows the F:M composition of the main senior committees in the SoM; the Medicine Executive (the most senior, strategic decision-making body in the School), the SoM's Taught Student Education Committee, and the Schools Research Committee (refocused in 2014, following the appointment of a new Dean). Of the 3 senior committee Chairs, 2 are female. The SoM Executive comprises Institute Directors in addition to finance, HR and E&I representatives. The breakdown and details of the SMTs for each Institute are highlighted in Figure 3.1 (where 2 of the Chairs are female). We have adopted a proactive approach to women in senior leadership roles with the gender balance steadily moving towards an equal split over the last three years (Table 4.9). The aim is to achieve gender parity imbalance on all committees.

"Leadership opportunities are certainly being given to all, because I receive emails saying there's a role for somebody to lead this and there's a role for somebody to lead that, and it's going out to everybody. Rather than, I got the impression, somebody bumped into somebody and said, 'How do you fancy being involved in so and so?' I think things seem to be more open for everybody".

(Focus Group 3)

Figure 4.7: Committee membership within SoM, showing the current total number of females and males (academic numbers shown in brackets). Shaded boxes indicate a female Chair. Details of the Institute SMT memberships are shown in Figure 3.1.



Females from the SoM also sit on Faculty and University Committees; for example, the Faculty of Medicine & Health Research & Innovation Committee is Chaired by a SoM female, and of the four other SoM representatives (again role based), three are female. Committee exposure to the School, University and wider environment is discussed at SRDS and female colleagues are encouraged to consider applying for roles on these type of committees, training in Chairing meetings is promoted to female staff (Bronze Action 29) and committee Terms of Reference are reviewed for gender bias (Bronze Action 26). This important development will be sustained via our Silver Action Plan **S4**).

Silver Action Plan:

S4: Enhance the female leadership pipeline by improving female career progression opportunities and succession planning in the School.

(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.

Summary; We are proud to have introduced a policy to extend the contracts of those on fixed term contracts until the end of their SMP period, the only Russell Group university to do this. This has improved the number of staff returning from maternity leave. We provide a high level of support for staff coming to the end of their fixed term contracts.

In 2012 the University changed the way staff were managed on fixed term contracts and introduced a new contract type – open ended with fixed funding (OEFF) and generous redundancy terms. The policy also laid out a clear mechanism of managing staff in good time ahead of their contract ending. The School has a pro-active mechanism for managing these arrangements ensuring each member of staff is offered at least two face-to-face meetings throughout this period. The redeployment register is actively managed to facilitate suitable alternative employment where possible. There are no apparent gender biases in redeployment (Bronze Action 9). For example in 2015, of the 54 staff registered (40 female), 30% females and 21% males were successfully redeployed.

The University of Leeds is the only Russell group Institution that extends fixed term contracts for staff who are on maternity leave until the end of their SMP – this has a huge impact on staff in the School being able to remain in a research post within the University. Over the last three years we have extended 18 female research fixed term contracts, which would have ended during a period of maternity leave. In each case a member of the School HR team has provided the individual support on the redeployment process with opportunity to secure a post for following their maternity leave (prior to their leave commencing).

“As a fixed term researcher, it was great to secure the WT Fellowship, but I was worried that being pregnant was going to complicate things. Due to the policy of extended fixed term contracts while on maternity leave, I am now able to take up the full opportunity that the Fellowship offers”.
Wellcome Trust Fellowship Holder

Table 4.7: Analysis of staff numbers on fixed term and permanent contract. The % of female or male staff in each category is shown by role and grade

		2014		2015		2016		
		Female	Male	Female	Male	Female	Male	
Research	Grade 6/7	Fixed term	70%	65%	54%	52%	59%	52%
		OEFF	25%	34%	43%	48%	38%	48%
		Permanent	6%	2%	3%	0%	3%	0%
	Grade 8	Fixed term	34%	30%	19%	36%	17%	33%
		OEFF	47%	40%	55%	27%	60%	33%
		Permanent	19%	30%	26%	36%	23%	33%
	Grade 9	Fixed term	20%	0%	0%	0%	0%	0%
		OEFF	20%	50%	0%	50%	0%	0%
		Permanent	60%	50%	100%	50%	100%	100%
Academic	Grade 7/8	Fixed term	13%	33%	0%	14%	0%	5%
		OEFF	7%	5%	5%	7%	6%	5%
		Permanent	80%	62%	95%	79%	94%	90%
	Grade 9	Fixed term	4%	14%	4%	8%	0%	0%
		OEFF	0%	0%	4%	0%	4%	0%
		Permanent	96%	86%	92%	92%	96%	100%
	Professor	Fixed term	0%	10%	0%	5%	0%	5%
		OEFF	0%	0%	0%	0%	0%	0%
		Permanent	100%	90%	100%	95%	100%	95%
Clinical	CRF	Fixed term	94%	100%	95%	100%	95%	100%
		OEFF	6%	0%	5%	0%	5%	0%
		Permanent	0%	0%	0%	0%	0%	0%
	CL	Fixed term	83%	69%	75%	62%	100%	75%
		OEFF	17%	15%	25%	23%	0%	0%
		Permanent	0%	15%	0%	15%	0%	25%
	CSL	Fixed term	33%	20%	17%	7%	21%	7%
		OEFF	20%	0%	17%	3%	29%	0%
		Permanent	47%	80%	67%	90%	50%	93%
	Professor	Fixed term	0%	0%	0%	3%	14%	3%
		OEFF	0%	0%	0%	0%	0%	0%
		Permanent	100%	100%	100%	97%	86%	97%

Note: because of rounding errors, percentages do not always add to 100%

Females form the greater proportion of our postdoctoral researchers on Grade 6/7 Research posts (page 21) on fixed term contracts, where we see a larger turnover of grant-funded staff. In the academic grades, we have achieved a steady increase in the proportion of staff with permanent contracts, particularly at Grades 7/8. The low percentage of Professors (clinical and non-clinical) on fixed term contracts is due to planned changes to contracts during phased retirements.

We have noted that in parts of the School, women on part time contracts were less likely to be returned in REF2014 exercise. This is of concern. We need to understand the circumstances in more detail so we can ensure external assessment of research excellence to not have a detrimental effect on our female or PT staff (Silver Action **S16**).

Silver Action Plan:

S16: Support female and PT staff so that they are not disadvantaged by external drivers of research excellence

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?

Table 4.8 shows the %F breakdown of the three key senior committees in the SoM; the Medicine Executive, the SoM’s Taught Student Education Committee, and the School’s Research Committee. Our progressive support for female leaders with positive action to encourage females into leadership participation programmes (see above) is driving an increasing ‘pool’ of females for these important roles. ‘Committee overload’ is not currently an issue but we do acknowledge the difficulty to balance gender representation in areas with small numbers of senior female academic staff.

Table 4.8: Male and female academic representation on decision making committees. TSEC: Taught Student Education Committee; RC: Research Committee

	2013				2014				2015			
	Female	%F	Male	%M	Female	%F	Male	%M	Female	%F	Male	%M
SoM Executive	5	38%	8	62%	7	47%	8	53%	6	46%	7	54%
TSEC	7	33%	14	67%	11	39%	17	61%	11	41%	16	59%
SoM RC	Not convened				4	44%	5	56%	7	44%	9	56%

Chairs of committees are also required to identify deputies for succession planning and career development in terms of gaining confidence and exposure at School management level. Building on Bronze Action 18, Silver Action **S4** formalises this succession planning by nurturing and encouraging female staff in their Institutes, capturing interests and workload issues through the SRDS process. The new promotions criteria will help with career progression with a greater emphasis on citizenship. New members of the TSEC are offered mentorship and shadowing as a matter of course by the Chair (Professor Laura Stroud).

(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.

The SoM piloted a Workload Model April–June 2015 (Bronze Action 27) for academic and academic-related staff with a teaching or research portfolio. The Model includes the full range of pastoral, administrative, outreach and citizenship responsibilities as well as academic activities, and was approved after widespread consultation with staff. Based on the pilot a new model is being developed which will include all of the above (Silver Action **S20**). Each Institute SAT lead has a 0.1 FTE tariff.

Workload allocation is carried out via SRDS (Staff review and development scheme) and clinical appraisal, with all staff, full and part time. All aspects of an individual's role are discussed including 'administrative' and citizenship duties with annual objectives being agreed. Personal development and promotion opportunities are agreed where appropriate. All clinical (medical) academic staff have a joint clinical appraisal and an agreed job plan ensuring appropriate workload allocation. An individuals' workload is discussed through the SRDS process and concerns about workload can be addressed at any time with line managers or senior management.

(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.

Many members of staff in the SoM work PT and/or flexibly. Many of those with FT contracts have external commitments that can make attendance at meetings difficult. Many PT staff with caring responsibilities spoke forcefully of valuing the opportunity to work flexibly, starting early or leaving late in order to accommodate caring responsibilities.

"I was involved on some interviews and it was going to be a long day as somebody couldn't make it. I wrote back and said I'm happy to stay late if we need to. Then the person who was leading said 'no, I think we'd rather rearrange' so that we were finished before four o'clock"

(Focus Group 3)

"What's really useful about Athena SWAN is that we can have these conversations, particularly with the core hours thing, and think about what the principles are underneath the initiatives"

(Focus Group 5)

The ASSG are mindful of competing demands, and following School wide consultation in 2014, established agreed Core Hours Guidance (Bronze Action 28). This made clear, individual staff could work flexibly and that regular and/or important meetings must not be held at times when members could not attend. It was recommended that meetings core to the business of the School/ Institute (i.e. School Executive, Student Education Committee and Research committee and Institute equivalents) should be scheduled during 'core hours' between 10.00 am and 4.00pm. This principle extends to School-led initiatives including inaugural and external lecturers and regular 'Meet the Dean' Roadshows (Silver Action **S21**).

Some Institutes have recently surveyed all staff to establish working patterns, to help with arranging meetings so that most staff can attend, for example, meeting days being varied to better accommodate part-time staff.

(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.

From the outset, the ASSG developed a strong focus on understanding the SoM ‘gendered culture’ in order to identify and address concerns. A number of evidence gathering activities over the last three years have been helpful in highlighting issues and informing our action planning. These activities (comprising 500 staff and over 500 students), have greatly increased engagement and discussion of gender equality issues in the School.

In November 2013 we administered the national HE STEM culture survey to all academic, research and research related staff. Over 400 staff completed the survey (an excellent response rate of 72% 229F and 148M). Many of the messages from the survey were positive, e.g high levels of agreement in both women and men that sexist language or behaviour were unacceptable in the School. However, there were also some significant differences in the views on men and women that informed our action planning (See section 5 for more detail). The high survey response rate was important in raising awareness of the importance of gender equality to the School. The survey signified an important shift in the way issues were discussed informally as well as formally. A version of the survey will be run again in November 2016 aimed at all staff to assess perceptions of School culture three years on. Focus groups are used in the interim to assess cultural issues. Six focus groups took place in 2016 (37 staff members, 23Female, across all grades).

Staff priorities for improving gender balance and equality were assessed in 2014 (see Section 5). Which highlighted possible cultural barriers to some changes. For example, a minority of staff viewed AS initiatives as positive discrimination or tokenism. Knowledge of these views has been important in informing actions to challenge and change attitudes, for example, through providing unconscious bias training (Silver Action **S15**).

Issues around student sexism and ‘Lad Culture’ within Universities have increasingly received media attention. The ASSG therefore conducted a confidential online survey (Oct 2015) to help us understand how our students experience the University culture from the gender perspective. This survey was adapted from the HE STEM Culture Survey and the NUS survey ‘Hidden Marks: Women students’ experiences of harassment, stalking, violence and sexual assault’. 523 students (70% female) responded to this survey (around one quarter of all our students). Most students agreed that the School treats male and female students equally, has visible female role models and is a great place to study for women and men (over 94% agreement in both genders). Over 90% of female and male students felt very safe in the University. However, only 28% of women and 45% of men said they knew how to complain, in the event of inappropriate behaviour or sexual harassment. Both male and female students reported discomfort and embarrassment with being used as ‘live models’ in anatomy & clinical skills classes. References were made to ‘lad culture’ within some University societies and the student social environment.

“I certainly think it feels like a different Institute where we’re happy to have the discussions around things like meeting times, people’s availability, around not doing things in holiday time, and I just think that that wouldn’t have happened before: your loss if you didn’t turn up.”

(Focus Group 4, April 2016)

“Seeing our Institute take Athena Swan seriously, for example, by the attendance of senior staff at AS meetings and those staff openly supporting initiatives that are suggested, as well as seeing Athena Swan consistently raised across the Institute, creates a sense of a culture in which staff, including women, are valued”

(LIHS SAT feedback, 2016)

“The support available [in the School of Medicine] is good and the fact that this survey exists, this makes me feel happier studying here as I feel you listen to student concerns”

(Female undergraduate, Student Survey 2015)

Actions taken in response to these findings include improvements for the reporting, monitoring and support of students experiencing or witnessing inappropriate or sexist behaviour, sexual harassment or assault, the cessation (with immediate effect) of the use of students as models in clinical skills and anatomy classes, employing patient volunteers or actors instead, and meetings between the Dean/School and Student representation groups to take place within the School (rather than in the University pub – inclusive to all students with female Muslim students unable to attend previously). Education on

expectations of appropriate language and behaviour (from staff and students) will be implemented in the Introduction weeks in September 2016 (Silver Action **S17**).

In addition, there have been a number of initiatives that reflect changes in the School in the past three years, and support a more cohesive but open culture

- Meet the Dean and SMT – refreshments and networking afterwards
- SoM inaugural lectures – times being shifted around the day in response to feedback - refreshments and networking afterwards
- Charity days happen frequently across the school and are encouraged and supported by Institute Directors.
- ECGs – have a social element and feel confident that this activity is supported by their SMTs – Institute budgets that cover this.
- Social event are organised locally within Institutes. For example LICTR have social get-togethers that rotate between lunchtime, evenings and Saturdays.

Silver Action Plan:

S4: Enhance the female leadership pipeline by improving female career progression opportunities and succession planning in the School.

S15: All SoM staff are fully trained in relevant policies on equality and inclusivity.

S17: Ensure a safe and supportive environment for students, staff and visitors.

S21: Embed Athena SWAN principles and practice in all that we do.

(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.

Summary: SoM is actively involved in outreach activities. Working with colleagues in other STEM areas we host a range of events and a regular exhibitors at external events

The SoM Admissions Team is involved in MBChB Widening Participation Schemes (WP) to improve representation of students from diverse social backgrounds through a number of initiatives (WP, Access to Medicine and Interdisciplinary Science Foundation). Overall, WP numbers increased from 20 in 2014 to 32 in 2015. Dr Gail Nicholls, the School WP lead, was recognised by the Medical

Schools Council for her work 'Selecting for Excellence. Outreach activities include lectures, summer schools, workshops, and mentoring aimed at Year 10 students. The SoM also has a 'Talent Spotting Team' which includes Reach for Excellence, Realising Opportunities and The Thomas Transition project which helps target and track identified WP students. All activities are delivered by an equal mix of male and female SoM academics and NHS consultants.

We host regular school events aimed at encouraging women into medical science. These include sixth form career talks, visits to the laboratories and hospitals. The University holds a Leeds Festival of Science, which SoM members are actively involved. We are regular exhibitors at the Otley Science Fair, Cheltenham Science Fair and the Big Bang Fair held at the NEC in Birmingham. These programmes are purposefully delivered by more women than men and is included in the workload model tariff (Bronze Action 30, Silver Action **S20**).

There are also several Institute initiatives, for example LIRMM host Patient and Public Involvement 'Meet the Researcher' seminars every six weeks. While the aim of the group is to increase the public's awareness of our research, a key aim of LIRMM is to profile successful and emerging female academics in engagement activities.

Widening Access to Medical School is a Leeds based scheme 'run by students, for students' that works with the MBChB admissions team.

"The scheme also allowed me to visit the medical school on various occasions, which made me feel more welcome, which confirmed my desire to study at Leeds."
(Female Year 3 MBChB student)

Nationally Paul Stewart and Anne-Maree Keenan lead on Academic Career development for the MRC and NIHR respectively, providing both important feedback to the Leeds ASSG and also a vehicle for dissemination of best practice.

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.

Summary: We have provided additional information to staff about flexible working opportunities which we believe has had an impact on the number of staff requesting part time work after maternity leave. We have introduced an Academic Development Fund of up to £15000 to help staff maintain their academic trajectory after a period of absence.

We have a high rate of return from maternity leave (Table 4.9). Whilst many have returned on FT hours, there has been increased interest in returning PT since 2013. We believe this is due to the additional information available to staff on flexible working arrangements (provided via workshops across the SoM) and in the Guidance to Support the Return to Work Following Long Term Absence.

Table 4.9: Maternity leave and return rates

	2013	2014	2015	total over 3 year period
No. starting maternity leave	17	22	25	64
No. returning from maternity leave	14	21	16	51
No. still on maternity leave	0	0	9	
No. given contract extension to cover SMP	6	6	6	18
Percentage return rate	82%	95%	n/a*	

*Not all women who have taken maternity leave in 2015 have reached the end of their maternity period yet.

During 2012, 65% staff took less than 9 months maternity leave despite the 12 month entitlement. HR interviewed a sample of returning staff who cited a variety of reasons; financial pressures, uncertainty about contract length (for fixed term staff) and concerns that taking the full twelve months leave may negatively affect their career. As a result, we introduced the Academic Development Fund of up to £15K for academic staff to maintain their academic trajectory whilst on a period of leave. Since October 2015, the 6 approved applications provided:

- Protected time to complete PhD thesis and publications
- Funding to attend conferences to re-engage and network
- Laboratory consumables
- Managing research across clinical training demands

We will continue to encourage women to advantage of this opportunity (Silver Action **S19**).

A major contributory factor to our high maternity return rate (95% for 2014) is the introduction of an automatic extension to cover fixed term contracts that end during the statutory maternity period. 28% of women (18 over 3 years) on maternity leave were given contact extensions (35% of returnees had extensions; 3 women had contract extensions to cover SMP but did not then return to work).

The contract extension has also had an impact in the length of time taken for maternity leave, with the pleasing outcome of more than doubling the number (6 in 2013 to 15 in 2015) of women taking the full 12-month entitlement. We will continue working with women to ensure career breaks have as little impact on career progression as possible (Silver Action **S18**).

"I am delighted. I really do think this will make a significant difference to my career so I can't tell you how pleased I am."

(Female ECR, Academic Development Fund 2016)

"A colleague was recently awarded the full funding amount [Academic Development Fund] following maternity leave] which I know made a huge difference to her career development but also again created for me a sense that the Faculty recognises the difficulties some staff face in developing their careers and is willing to support those staff, including financially"

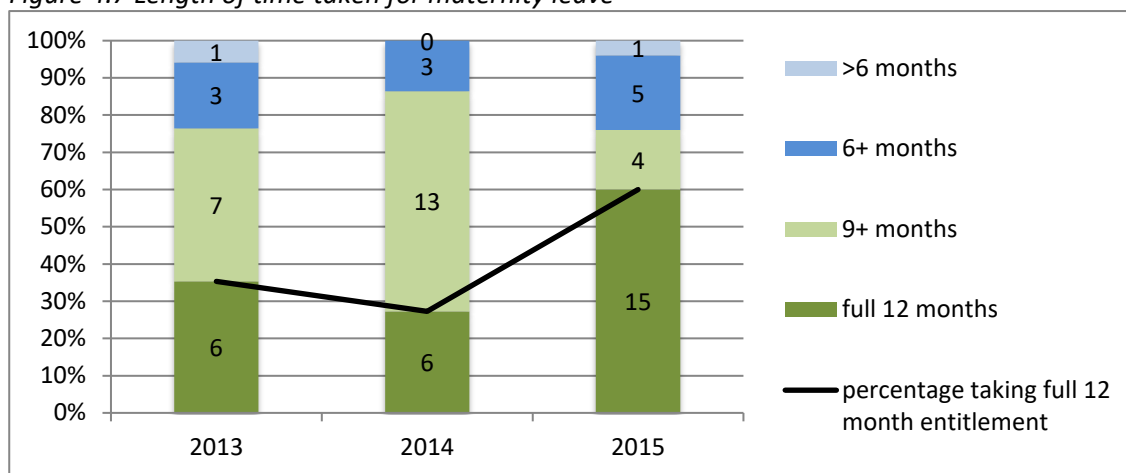
(LIHS ECR, 2016)

Silver Action Plan:

S18: Support females taking career breaks

S19: Empower women who want to take their full maternity leave to do so without any concerns about potential impact on career prospects

Figure 4.7 Length of time taken for maternity leave



(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.

Summary: We actively promote flexible working across the SoM. We know that many flexible working arrangements are agreed informally which is positive, although we are aware of the need to ensure consistency in the way requests for flexible working are considered.

Table 4.10: Uptake of Paternity Leave

Role	2012/13	2013/14	2014/15
Lecturer	3	1	0
Researcher	8	2	7
Senior Lecturer	1	0	0
Grand Total	12	3	7

Table 4.10 outlines the uptake of paternity leave. No staff applied for parental, adoption or additional paternity leave during the three years therefore the data refers to ordinary paternity leave. These data

only relates to staff who have applied formally for paternity leave; many staff agree paternity leave on an informal basis with their line manager. While we value the culture that allows a flexible approach, the formal process is well communicated to ensure no-one is disadvantaged.

(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.

In October 2014, the School started to record (successful and unsuccessful) flexible working requests (Bronze Action 33; Table 4.11), showing the majority (89%) of requests for flexible arrangements are from females. No request for flexible working has been refused, although we have had to work carefully in some instances to broker a solution that worked for both parties. The number of formal requests does not however reflect the actual number of staff working flexibly, as many people

“I do four days now, (five compressed into four), I’d probably never considered it and then I raised it here and being part of the Athena SWAN group made me a lot more confident and I just realised that I could do it. So Friday I’m home with the children.”

(Male ECR, Focus Group 5, April 2016)

have informal arrangements. Indeed, an outcome of our Institute focus groups indicated that there has been a culture change since the Bronze award, with many reporting a change in accepting flexible informal working patterns.

Table 4.11: Formal requests (all with positive outcomes) for flexible working within SOM since October 2014

Grade	Female	%F	Male	%M	Total
4	6	100%	0	0%	6
5	15	94%	1	6%	16
6	9	100%	0	0%	9
7	11	79%	3	21%	14
8	5	83%	1	17%	6
9	0	0%	1	100%	1
Clinical	2	100%	0	0%	2
Total	48	89%	6	11%	54

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.

Institute Directors (Bronze Action 34) regularly promote the University’s Flexible Working Policy and inform staff with line management responsibilities of their duties in this respect. SATs ensure their Institutes regularly publicise flexible working policies.

For example, staff in one LICAMM research group all work on a flexible basis, either part time, compressed hours or flexible start and finish times. The Group Leader, Professor Kearney encourages this and the arrangements are agreed locally with him.

“This policy [flexible working] has helped our group go from strength to strength. In 2006 we had 3 group members now we have 26 and are supported by major BHF funding. Moreover we still have the 2 of the three original group working with us – both of whom are female”

(Professor Mark Kearney)

We actively promote information regarding the University’s family-friendly policies to all staff (Bronze Action 32) through our recruitment advertising, through the SoM and Institute Induction packs for new staff and on the SoM’s Athena SWAN web site, where there is a dedicated page on flexible working. In addition, the AS Roadshows and HR ‘drop in’ surgeries across the two main SoM sites fallow staff to discuss individual queries or questions about their own circumstances.

(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.

The School provides cover when staff take maternity leave with arrangements depending on the post, e.g. cover for teaching may be by a teaching fellow, research assistants may be appointed to cover some research elements, or a funding body may be asked to pause research funding for the period of leave. The University has clear maternity and adoption leave policies. New supplementary SoM information has been prepared (Bronze Action 35) and circulated to all managers providing guidance on their approach to managing staff returning to work after a long term absence including maternity and adoption leave.

"Thanks for your time and effort put into this. I have used the facilities and it really does make a difference. I am not usually bothered by breastfeeding in public but expressing milk is another story."

(LIHS staff member, feedback to SAT 2015)

As part of the interviews undertaken with recent returners there were a number of suggestions of how information could be improved for staff going on maternity such as more information about child-minders/child-care options, the full remit of childcare vouchers and flexible working. A 'Maternity Information pack' was developed in LIHS providing support and information for staff prior to, during and on return from maternity leave. In 2015 School has launched a facility on its main site to support women who are breastfeeding or expressing milk, after their return to work/studies or during 'Keeping in Touch Days'. LIHS SAT members, Rachael Kelley and Gemma Travis-Turner who created the facilities have received very positive feedback from staff. Via the ASSG this practice has been adopted in LIBACS and LICAP on the SJUH campus.

Word count: 5679 (additional word count used: 679)

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.

This section provides some more detail on two initiatives that informed our AS action planning.

HE STEM Survey (2013)

The full HE STEMM Survey report can be found at http://medhealth.leeds.ac.uk/info/302/athena_swan/2024/evidence_and_research

Although the majority of the findings indicated similar perceptions and experiences in men and women overall, there were some statistically significant differences between the responses of men and women to some survey questions, including:

- (1) Women were less likely than men to agree that women were paid an equal amount for doing the same work or work of equal value,
- (2) Women were more likely than men to disagree that staff who work part-time are offered the same career development opportunities as full-time staff, and
- (3) Men were more likely than women to agree that their Institute uses men and women equally as visible role models.

These findings led to action to address the gender pay gap (Silver Action **S3**), equal access to career development for PT staff in SRDS guidance for managers (Silver Actions **S4, S16**), actively increasing visibility of female role models via the AS website, displays, communications events (Silver Action **S20**), and greater representation of women on senior committees (Silver Action **S4**).

Research on staff priorities

In 2014 a literature review and qualitative research project identified the range of viewpoints held by staff on initiatives to improve gender balance and equality in the SoM. The full report is available at http://medhealth.leeds.ac.uk/info/302/athena_swan/2024/evidence_and_research.

Staff at different points on the career trajectory or life stage prioritised some types of interventions over others, e.g. those with young children prioritised changes that would support family work/life balance; those with line-management responsibilities prioritised policy and procedural improvements, senior staff emphasised the need for high level interaction with the University and setting targets. However, some shared priorities emerged, which were:

1. Eliminating the gender pay gap,
2. Reviewing promotions criteria to make them less gendered by broadening the range of valued activities
3. Improving career development and practical support for those with caring responsibilities.

It was also clear that the SoM needed to consider a wider range of interventions to support women across different career stages, which we have done (See Table 4.6) and provide specific support to clinical academics (Silver Action **S1**).

The findings strongly influenced our AS strategy and have enabled us to target our efforts to maximize impact. We have begun to address the pay gap (Silver Action **S3**) and committed to reduce this further. We have broadened the definitions of excellence included in SoM promotions criteria, e.g. to recognize models of collaborative working and citizenship. We have improved support for staff returning from a maternity/career break and improved access to and awareness of flexible working at SoM and Institute level (Silver Actions **S3, S19, S20**).

The research has been presented at two national conferences (BMA Women in Academic Medicine and the Society for Research). An academic paper is currently in preparation. Therefore, in addition to influencing our own activities, we are influencing the national HE agenda.

[word count: 496]

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**.*

7. Case study: impacting on individuals: maximum 1000 words

Describe how the department's SWAN activities have benefitted **two** individuals working in the department. One of these case studies should be a member of the self assessment team, the other someone else in the department. More information on case studies is available in the guidance.

Professor Jane Nixon

Professor Nixon's case study illustrates how the implementation of flexible working policies enabled her to balance work and caring responsibilities, coupled with the role of a senior manager, and still continue to develop her career, (in this case by ensuring that promotional requirements were incorporated into her role).

I am Professor of Tissue Viability and Clinical Trials Research, and Deputy Director of the Leeds Institute Clinical Trials Research (LICTR). My early research career developed alongside a demanding full-time NHS-based Senior Nurse role, at a time where there was no clear career structure for clinical academic nursing. In my early research career I was supported by the visionary LHS Management and was fortunate that Professor Julia Brown, the Director of LICTR had agreed to broaden the remit of the Clinical Trials Unit. I was the first Chief Investigator to work with Julia and LICTR to secure funding for a non-cancer multi-centre clinical trial. This was pivotal in my ongoing research career in terms of understanding the need for team science in the design and delivery of high quality and innovative clinical research.

When appointed as Deputy Director of LICTR, much of my 20-year NHS experience was not necessarily relevant to the progression requirements of the University. Whilst I had a strong research CV there were a number of gaps which needed addressing. I was supported informally through mentorship from senior academic colleagues across the School. Critical, however, was the formal and targeted career support by Julia as my line manager. A particular challenge was balancing my development and role as a clinical trials and the development of a programme of applied health research in my own topic area of pressure ulcer prevention. There had been a clear understanding of the value of all aspects of my role and its contribution to my personal goals, which I achieved within a relatively rapid time period. My job planning was complex, as I had family commitments as a single parent to accommodate. Throughout my time at the School, I have felt completely supported in increasing and decreasing my hours flexibly to reflect these working demands and family commitments, with a combination of office/home/long day/short day working. It was the culture of the School which allowed some of the flexibilities enabling me to develop and progress in my role.

Against this background I gained a promotional Chair in just 8 years post-doc, and made significant contributions to clinical trials research nationally through the development of LICTR portfolios which makes it one of the largest of its type in the UK. Finally, in recognition of these managerial and national roles, I have been supported by the Dean to secure an additional Professorial zoning band and have recently won national acclaim by being selected as an NIHR Senior Investigator. I have felt valued and supported in my career development here at the School of Medicine.

Professor Maya Buch

Professor Buch is one of the School's dynamic young leaders: this case study illustrates her ability to deliver a successful personal research programme while demonstrating a collaborative approach that supports wider Institute needs.

I am Professor of Rheumatology and Honorary Consultant Rheumatologist, Deputy Director of the Leeds Institute of Rheumatic & Musculoskeletal Medicine (LIRMM) and Section Head, Clinical & Translational Rheumatology.

Having undertaken undergraduate studies and postgraduate training in Birmingham, I moved to Leeds to undertake specialist clinical rheumatology training. I had no research track record but was invigorated by the dynamic academic environment of LIRMM where I was immediately supported to take four years 'Out Of Programme' to complete a combined clinical and laboratory based doctoral thesis focussing on the very novel area of biologic therapies in the treatment of rheumatoid arthritis. This was an exciting time to become involved in biologic therapies, which have transformed our treatment of people who live with rheumatoid arthritis. Biologics are, however, very expensive and do not work on everyone: much of my work has focussed on understanding which biologic works best for whom. Using a combination of laboratory science, underpinned by clinical questions, this provided an exceptional foundation for me to develop my current translational research programme.

I also have a keen interest in another complex autoimmune disease called systemic sclerosis (scleroderma), a rare and potentially fatal connective tissue disease. Following completion of my PhD, I was supported to take another year 'out of programme' to undertake a clinical lecturer post at the University of Michigan Hospitals Scleroderma Program. For the Institute, this was a considerable risk: the short-term benefit was not obvious and often such placements become permanent. However with LIRMM's support, we attracted a dedicated, lead scleroderma researcher to Leeds, and ten years later, together we have developed a vibrant and dynamic, multi-disciplinary team for systemic sclerosis research, supported by over £1.5 million in competitive funding.

Throughout my time at Leeds I have had excellent mentorship, particularly from outside my Institute. Upon my return from the States, colleagues across the School supported me to apply for a highly competitive NIHR Clinician Scientist award. I was the first rheumatologist to receive this award in the UK. Championed by the Head of Institute, I became Deputy Director and Section Head, Clinical Musculoskeletal Medicine. Recently, I have received targeted career promotions support that was developed as part of the Athena Swan strategy and was made Chair last year. The altruistic support from a diverse team across the School strengthened my view of the importance of team development. I have always invested effort and time in nurturing a harmonious and effective team and in particular, I spend time developing and motivating our junior research group. While this may not be important in terms of traditional metrics of academic achievement, it is fundamental to my personal philosophy.

Working at this level is not without its challenges: for the past nine years I have, for family reasons, lived in Manchester. I am able to achieve what I have with the support of my colleagues and, importantly, institutional initiatives, particularly flexible working, where I work from Manchester every Friday. This allows me to achieve my professional ambitions, while enabling me to commit to my personal goals.

Word count: 936