Athena SWAN Bronze department award application

Name of university: University of Leeds
Department: School of Medicine
Date of application: 30th April 2013
Date of university Bronze SWAN award: 2009 November 2012 (initial award), renewed April 2013 following re-submission in November 2012
Contact for application: Professor David Cottrell, Dean of Medicine.
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Athena SWAN **Bronze Department** awards recognise that in addition to university-wide policies the department is working to promote gender equality and to address challenges particular to the discipline. At the end of each section state the number of words used.

Glossary of acronyms used in this Report

ASSG	Athena SWAN Steering Group
CRUK	Cancer Research UK
E&D	Equality & Diversity
FMH	Faculty of Medicine and Health
F/T and P/T	Full-time and Part-time
LIBACS	Leeds Institute of Biomedical & Clinical Sciences
LICSP	Leeds Institute of Cancer Studies & Pathology
LICTR	Leeds Institute of Clinical Trials Research
LIGHT	Leeds Institute of Genetics, Health & Therapeutics
LIHS	Leeds Institute of Health Sciences
LIME	Leeds Institute of Medical Education
LIMM	Leeds Institute of Molecular Medicine
LIRMM	Leeds Institute of Rheumatic & Musculoskeletal Medicine
P/T	Part-time
PGR (T)	Post Graduate Research (Tutor)
TPG	Taught Postgraduate Programme
SAT	Self-Assessment Team
SDDU	Staff and Departmental Development Unit
SMT	Senior Management Team
SoH	School of Healthcare
SoM	School of Medicine
SRDS	Staff Review and Development Scheme
STEM	Science, Technology, Engineering and Maths
WiSET	University of Leeds Women in Science, Engineering and Technology Network

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.

I am writing to provide my full support for this application and associated Action Plan for the SoM's Athena SWAN Bronze Award. I was appointed to a chair in the SoM in 1993, was Director of Learning & Teaching for 6 years and have been Head of Department since commencing as Dean of Medicine in 2008. I am therefore well aware of significant improvements made to address gender inequality in recent years, together with the challenges that remain to be addressed in relation to the discipline of medicine. Once a decision was taken to apply for a Bronze Award, I decided to personally chair the SoM's Athena SWAN Steering Group (ASSG) and to include two other members of the SoM's Executive, one male and one female, to highlight the importance of this work to the rest of the SoM.

The SoM has made major strides in increasing the number of women in senior academic management roles at SoM level. For example, recently advertised roles of Director of Intercalated Studies, Director of Postgraduate Studies and Director of Postgraduate Research have all been successfully filled by women. This will also help to strengthen the SoM's range of female role models available to the undergraduate and postgraduate student and staff populations. Critical to continuing this process of increasing the number of female leaders will be the on-going development of the SoM's leadership capacity within its low and middle-grade women academics, which our Action Plan seeks to address.

The Athena SWAN project has acted as a catalyst across the SoM's Institutes to review current employment practices and commitment to equality & diversity for all. In addition to the SoM's Self-Assessment Team, we have established Athena SWAN sub-groups for each Institute to ensure that our self-assessment process involves all components of the SoM, but also actively involves large numbers of staff across a range of academic backgrounds and levels of seniority. This approach, which has been very effective, will be retained on a permanent basis as a key part of the SoM's strategy to implement our Bronze Action Plan and prepare for a Silver Award application.

The development of the Athena SWAN Action Plan has coincided with the refreshment of the SoM's Strategic & Business Plan for the next 5 year planning cycle, through a SoM-wide consultation process, and therefore the opportunity has been taken to ensure that the two Plans are in harmony in respect of supporting the School's overall departmental strategy and academic mission with regard to promoting equality. The developments highlighted in the Action Plan are designed to directly address the findings of the SoM's self-assessment, be practical and measurable in nature and have been strongly endorsed by the Medicine Executive comprising all Institute Directors.

I hope this Application sufficiently demonstrates the total commitment of the SoM at a senior level to the Athena SWAN principles. Please let me know if you require any further information.

Professor David Cottrell, Dean of Medicine
(490 words)

2. The self-assessment process: maximum 1000 words

Describe the self-assessment process. This should include:

a) **A description of the self assessment team: members' roles (both within the department and as part of the team) and their experiences of work-life balance.**

School of Medicine Self-Assessment Team

Name	Title	Department	Additional Information
Kathy Aveyard	University Athena SWAN Co-ordinator	Central University	Became p/t due to caring responsibilities for her elderly father
Professor Jenny Barrett	Professor of Statistical Genetics	LICSP	Academic career began late, starting TPG studies at 33 when her youngest child started school
Judith Bell	Faculty Human Resources Manager	FMH	Worked f/t to raise her family but now p/t for work/life balance
Professor Julia Brown	Director, Institute of Clinical Trials Research	LICTR	Worked p/t for 7 years to raise her family
Dr Maya Buch	NIHR Clinical Scientist & Senior Lecturer-Honorary Consultant Rheumatologist	LIRMM	Lives in Manchester so accommodates lengthy daily travel to continue working f/t
Dr Louise Bryant	Lecturer	LIHS	Completed 1st degree as a mature student & took maternity leave during her PhD. After 12 years p/t she has just returned to f/t
Dr Jane Cahill	University Athena SWAN Project Manager (0.6FTE) & Senior Research Fellow, SoH (0.4FTE)	SoH/Central University	Has 1 child aged 8. SoH's flexible working arrangements made working f/t possible & contributed to a promotion to Senior Research Fellow
Dr Louise Coletta	Senior Lecturer	LIBACS	For 10 years balanced career with caring for her mother, with Alzheimer's Disease, and father, with Parkinson's Disease. Both died recently
Professor David Cottrell	Dean of Medicine	SoM	Head of Department since 2008, ASSG Chair and has 2 adult sons
Dr Fiona Errington-Mais	Senior Research Fellow	LICSP	Works f/t and has 2 young children

Shelley Fielden	Inter-Professional Education Co-ordinator	LIME	LIME New & Early Careers Research Group Convenor. MA (Lifelong Learning) over 3 years whilst working full-time
Professor Allan House	Director, Leeds Institute of Health Sciences	LIHS	For 16 years worked as NHS consultant with a p/t academic post. For past 7 years worked f/t for University in a non-clinical position. He & his wife worked f/t as medical practitioners while their children, who are now adult, were living at home
Adrian Iredale	School of Medicine Business Manager	SoM	Works with Dean on strategic/operational planning & chairs the Workload Model & Estates Groups
Angela O'Keefe	Business Manager, Healthcare & Faculty Equality Lead	SoH	Has 2 adult children & 1 grandchild. Work life balance important as has a long-term health condition & a child with complex health needs.
Amy Scott	Assistant Accountant	LICTR	Whilst working f/t she completed accountancy qualifications
Dr Eleanor Scott	Clinical Senior Lecturer & Consultant (Diabetes & Endocrinology)	LIGHT	Works f/t & married to Consultant Physician who works f/t, has 4 children. Experience of p/t & flexible working. Keen advocate of this as Training Programme Director for Post-graduate Diabetes & Endocrinology
Dr Vicky Ward	Lecturer	LIHS	Changed disciplines 8 years ago, having completed a PhD in music p/t whilst running her teaching business. Now works f/t, balancing this with a number of voluntary roles.

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.

Following a decision taken by the Medicine Executive that the School should work towards submitting a Bronze Award Application in April 2013, a School Athena SWAN Steering Group (ASSG - School Self-Assessment Team) was established to oversee the self-assessment process and preparations for this application, reporting to Medicine Executive. This ASSG, chaired by the Dean of Medicine, held its first meeting in July 2012 and has held monthly meetings since that time. The ASSG membership comprises representation from each of the School's seven Institutes (see [a] immediately above for details), as determined by the Institutes' SMTs, together with representation from the Faculty and the University Equality Service. In order to ensure that a broad cross-section of the School became actively involved in Athena SWAN discussions at a local level, each of the Institutes established their own local Self-Assessment Teams, which meet on a regular basis in between meetings of the Steering Group. These local Self-Assessment Teams (SATs) have helped to embed understanding of Athena SWAN across all sections of the School and ensured that the self-assessment process is informed by local intelligence. These local SATs have also consulted with staff to gather views to inform the Athena SWAN Bronze Application and Action Plan. In addition, the ASSG has reviewed successful Athena SWAN Applications from within the University of Leeds and other universities to ascertain best practice. Some ASSG members have attended BMA Women in Academic Medicine Workshops and regional Athena SWAN meetings.

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 on a monthly basis both to monitor the implementation of its Bronze Action Plan and to work towards a School Silver Award Application. This work will continue to be supported by the Institute-level Self-Assessment Teams, which will meet regularly to support the Bronze Application Action Plan's implementation. Each Institute SMT will have Athena SWAN progress as a standing item on their Agenda and at Institute staff meetings. The reporting mechanisms will remain the same as they are currently, with the ASSG reporting to the School of Medicine's Executive, through quarterly update reports and through the SMTs of each of the School's seven Institutes which are represented on the Medicine Executive by their Directors. The ASSG will continue to consult widely, both within and out with the University, to identify, embed and disseminate good practice.

ACTION 1: By the start of the academic session 2013/14 all Institute SMTs will include Athena SWAN progress as a standing item on their Agendas and at Institute staff meetings, and will ensure that progress is reported and minuted. SMTs will also have identified a SMT member with responsibility for Athena SWAN who will link with the Institute SAT.

ACTION 2: To embed the Athena SWAN Charter throughout the SoM through Institute SATs developing and implementing local action plans to support the School's Action Plan.

ACTION 3: Formal quarterly reports from the ASSG to Medicine Executive and Joint Partnership Board (with local NHS) outlining progress against the Action Plan.

(845 words)

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

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

   The SoM is large and complex, comprising 7 Institutes and employing 487 members of academic staff. Although the Institutes have separate management teams, Human Resources, E&D, Marketing and Finance are managed at School level and applied consistently to all staff.

   The School is responsible for the management and delivery of a broad-ranging research agenda, including basic discovery science through to applied health research which aims to make a significant difference to health, and a varied portfolio of undergraduate and postgraduate student education. The SoM is responsible for the undergraduate medical programme, a 5 year course leading to the degree of MBChB, the medical qualification permitting provisional registration with the General Medical Council. In addition, the SoM offers intercalated undergraduate degrees, a wide range of full and part-time taught postgraduate programmes and research-based qualifications. 6 of the 7 Institutes contribute to the MBChB programme and have differing portfolios and taught postgraduate provision. Until March 2013 there were 4 Institutes. However, following a review the Leeds Institute of Molecular Medicine (LIMM) has been sub-divided into 4 new Institutes. These Institutes, outlined below, form an integrated SoM and provide the organisational infrastructure to enable the SoM's student education and research & innovation portfolios to be delivered in an efficient manner:-

   - Leeds Institute for Genetics, Health & Therapeutics (LIGHT)
     LIGHT focuses on laboratory, clinical and applied biomedical research into common chronic disorders and non-communicable disease. This includes research into cardiovascular disease, diabetes, cancer, neurodegenerative diseases, reproduction and early development, child health and life-course epidemiology. LIGHT also delivers undergraduate and taught postgraduate teaching.

   - Leeds Institute of Health Sciences (LIHS)
     LIHS is a multi-disciplinary Institute that undertakes research into applied health research designs, health implementation sciences, social sciences, health economics, informatics and statistics, and delivers undergraduate and taught postgraduate programmes aimed at enhancing health and health care, nationally and internationally.

- Leeds Institute of Medical Education (LIME)
  LIME provides the co-ordination for the MBChB degree, together with technology-enhanced learning innovation and support for the School. LIME also has an active programme of research & innovation in medical education and uses its expertise to influence medical education policy and practice nationally & internationally.

Institutes formerly Leeds Institute of Molecular Medicine (LIMM):-

- Leeds Institute of Cancer Studies & Pathology (LICSP)
  LICSP is a diverse institute with staff spread across several buildings on the St James's University Hospital site. Mainly cancer-related research is undertaken, together with haematology, pathology and epidemiology and biostatistics. The institute forms the major components of the Leeds Cancer Research UK Centre and NIHR/Cancer Research UK Experimental Cancer Centre. LICSP also delivers undergraduate and postgraduate teaching.

- Leeds Institute of Biomedical and Clinical Sciences (LIBACS)
  LIBACS undertakes clinically-driven research from the level of the gene through cellular, tissue and organ to translational trials in the clinic. This is underpinned by genomic and genetic research essential for future research excellence across the School and the NHS. LIBACS also delivers undergraduate teaching.

- Leeds Institute of Clinical Trials Research (LICTR)
  LICTR focuses on trials in cancer studies, musculoskeletal diseases, cardiovascular diseases, stroke and complex mental health interventions together with methodology development, biomarkers & device research and a small teaching portfolio.

- Leeds Institute of Rheumatic & Musculoskeletal Medicine (LIRMM)
  LIRMM undertakes a broad-ranging clinical and translational research programme to improve efficient diagnosis, therapies, intervention and outcomes across the broad range spectrum of rheumatic and musculoskeletal medicine. It embraces a multi-disciplinary approach and provides major components of the NIHR Leeds Musculoskeletal Biomedical Research Unit and an ARUK Osteoarthritis Experimental Centre. LIRMD also delivers undergraduate teaching.

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 (2009/10 – 2011/12)

(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.

The School of Medicine does not offer any 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.

The SoM offers two forms of full-time undergraduate programme; the 5 year MBChB programme and a series of 1 year intercalated programmes only available to medical students. The SoM does not offer any part-time undergraduate programmes. This is because all UK medical degree programmes are funded on a full-time basis only. The SoM has chosen to focus its undergraduate student education activities on the MBChB and intercalated programmes.

(a) MBChB programme

Women have been the majority of MBChB entrants since the early 1990s, as recognised by UCAS nationally, but the rate of increase of women entering the profession has slowed in recent years, reflected in the 2.5% drop over the past 3 years. On current trends, women are likely to become the majority of doctors in the NHS in England between 2017 and 2022. It should also be noted that the impact of this increased intake of women on the workforce is moderated by substantial inflows of international medical graduates who, historically, have been more likely than UK medical graduates to be male. The recruitment and selection process is outlined below (see section [v][a] below). It is anticipated that the recently introduced (2013) change from traditional interview to multi-mini-interview may change the admission profile. However we need to monitor the impact of the changes on recruitment over time.

MBChB programme - student numbers

| Academic session	Male	Female (%)
2009/10	456	799 (64%)
2010/11	452	773 (63%)
2011/12	504	806 (62%)
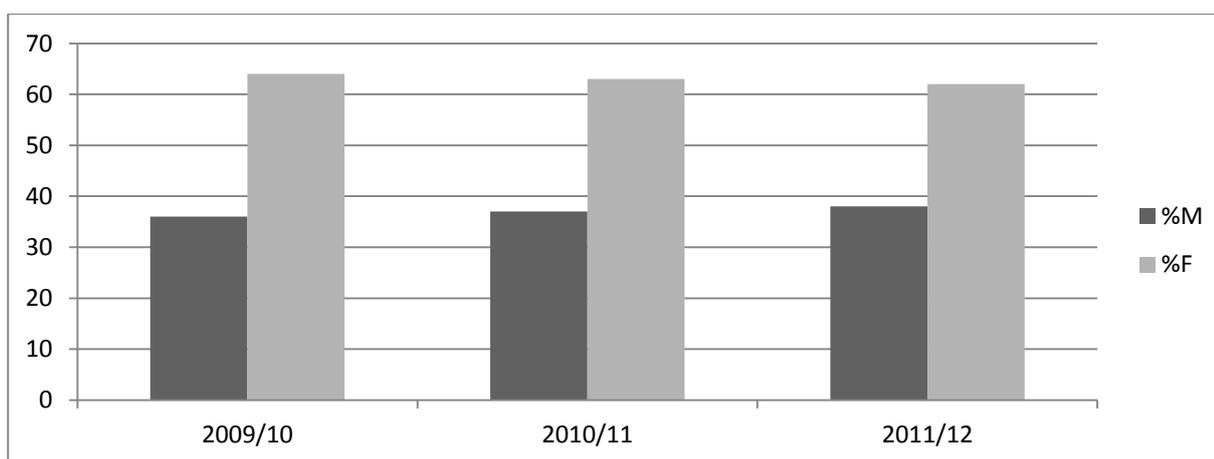
(b) Intercalated programmes

Intercalation offers medical students the opportunity to study a complementary subject at degree-level for one academic session before returning to the MBChB programme. The opportunity to intercalate is not offered to every medical student in the country and the intercalated programmes offered at each medical school vary from one University to the next and therefore it is difficult to describe the national picture. As indicated below, the

proportions of female medical students who opt to intercalate are broadly similar to the total proportion of female students on the MBChB programme.

Intercalated programmes - student numbers

| Academic session	Male	Female (%)
2009/10	72	97 (57%)
2010/11	74	101 (58%)
2011/12	52	88 (63%)
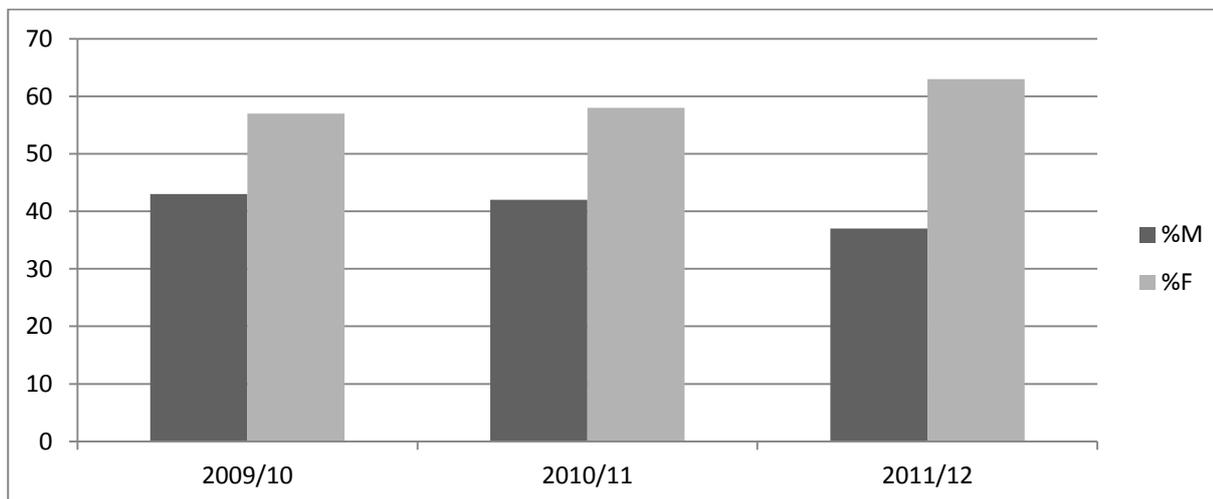
(iii) **Postgraduate male and female numbers completing taught courses – full and part-time – comment on the female/male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.**

The SoM offers a broad range of full and part-time taught postgraduate programmes that are aimed at health and social care professionals who have already commenced their careers and wish to obtain an additional academic qualification to enhance future job prospects. Due to the nature of both the taught postgraduate programmes and the fact that the MBChB programme produces qualified doctors who, on completion of this qualification, are then employed by the NHS, there is no direct linkage between this undergraduate programme and the School's taught postgraduate provision. The SoM also offers full-time programmes for students who have completed a first degree and who wish to enhance their employability, for example Biostatistics, Health Informatics & International Health. The tables below indicate that generally more female students than male students undertake a taught postgraduate programme at the SoM and this observation is true for both full-time and part-time (mainly NHS employees) students. It is difficult to compare with the national picture for the discipline because these students undertake programmes in 15 different subjects.

F/T TPG male & female numbers

Academic session	Male	Female (%)
2009/10	77	73 (49%)
2010/11	65	76 (54%)
2011/12	60	87 (59%)
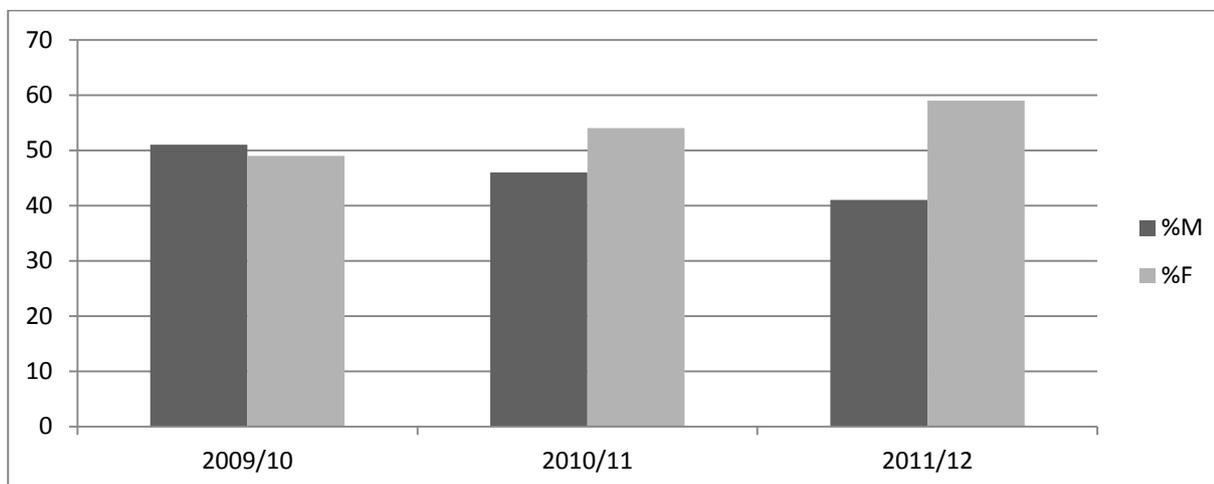
P/T TPG male & female numbers

| Academic session	Male	Female (%)
2009/10	116	152 (57%)
2010/11	80	159 (67%)
2011/12	112	196 (64%)
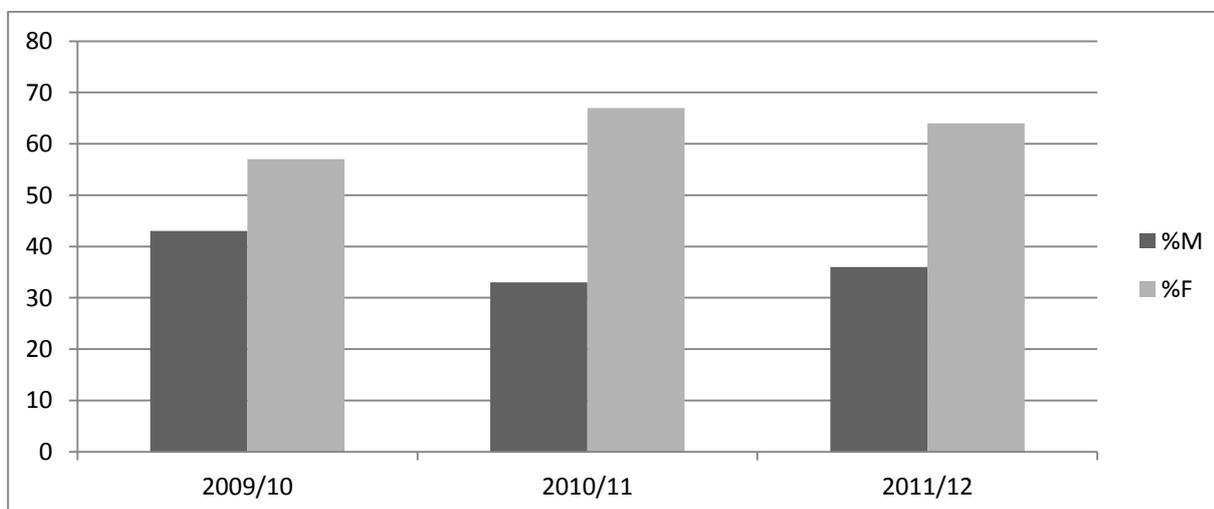
(iv)   Postgraduate male and female numbers on research degrees – full and part-time – comment on the female/male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

For the past 6 academic sessions (from 2006/07) the proportion of UK female PGR students (for all degrees) in the SoM averages 63%. This is above the national subject area benchmark of 59%. Data is not available for EU or International PGR students.

F/T PGR male & female numbers

Academic session	Male	Female (%)
2009/10	23	44 (66%)
2010/11	23	40 (63%)
2011/12	18	33 (65%)
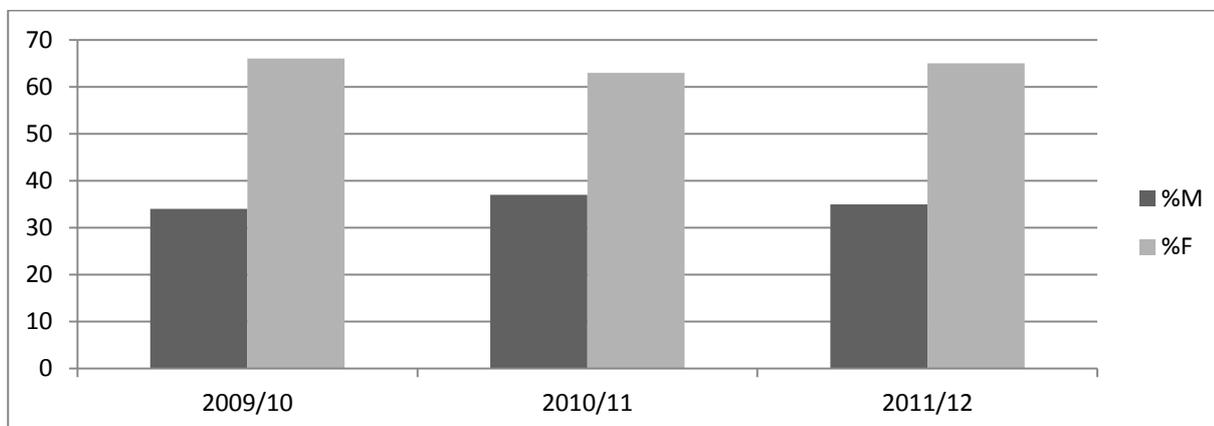
P/T PGR male & female numbers

Academic session	Male	Female (%)
2009/10	82	68 (45%)
2010/11	85	59 (41%)
2011/12	80	59 (42%)
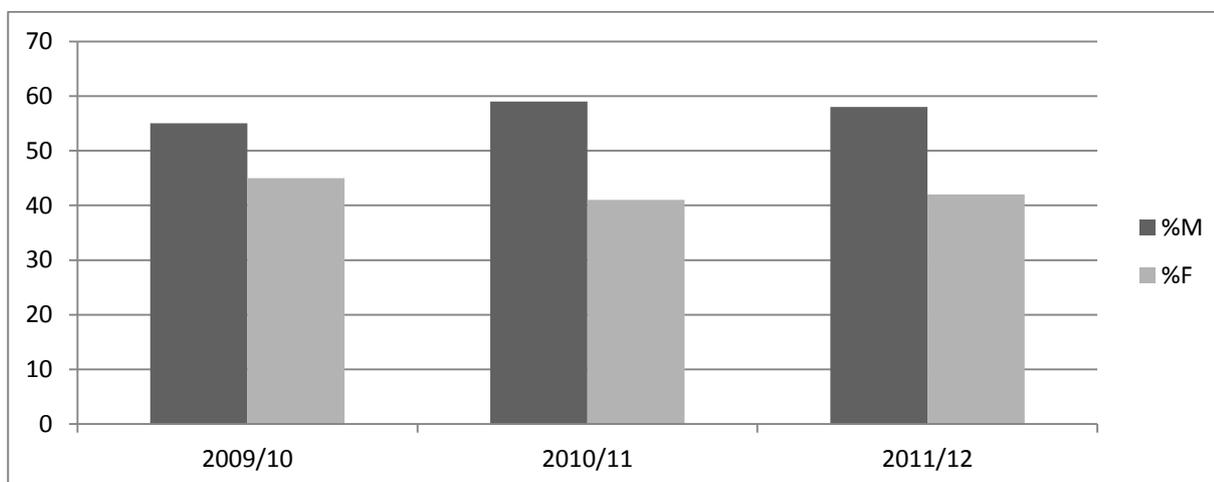
(v) **Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees – comment on the differences between male and female application and success rates and describe any initiatives taken to address any imbalance and their effect to date. Comment upon any plans for the future.**

**(a) Undergraduate degrees (MBChB programme)**
The number of women entering medicine nationally has increased by 20% in the last 40 years. The Leeds MBChB programme has, in recent years, attracted more female applicants than male and Leeds is not alone in this as it is recognised by UCAS nationally. In addition to the disproportionate applicant rate, female applicants have been a little more likely to

be offered a place than male applicants. The reasons for this are likely to be multi-factorial; possibilities include factors associated with differences in the way that the two groups perform academically at school/college, the differences in the way they write personal statements and different performances at interview. A new multi-mini-interview has been adopted in our selection process from 2013 entry as this process allows us to test for more attributes, has improved inter-rater reliability and improved predictive validity when compared with traditional interviews. We will monitor the impact of this change on application and success rates.

ACTION 4: To monitor the impact of MBChB multi-mini-interviews on applications and success rates by gender.

UCAS applications, offers & acceptances

Academic session	Applications (Male)	Applications (Female)(%)	Offers (Male)	Offers (Female)(%)	Acceptances (Male)	Acceptances (Female)(%)
2009/10	1369	1738 (56%)	179	290 (62%)	100	171 (63%)
2010/11	1640	1871 (53%)	161	266 (62%)	101	165 (62%)
2011/12	1589	1929 (55%)	168	266 (61%)	112	162 (59%)
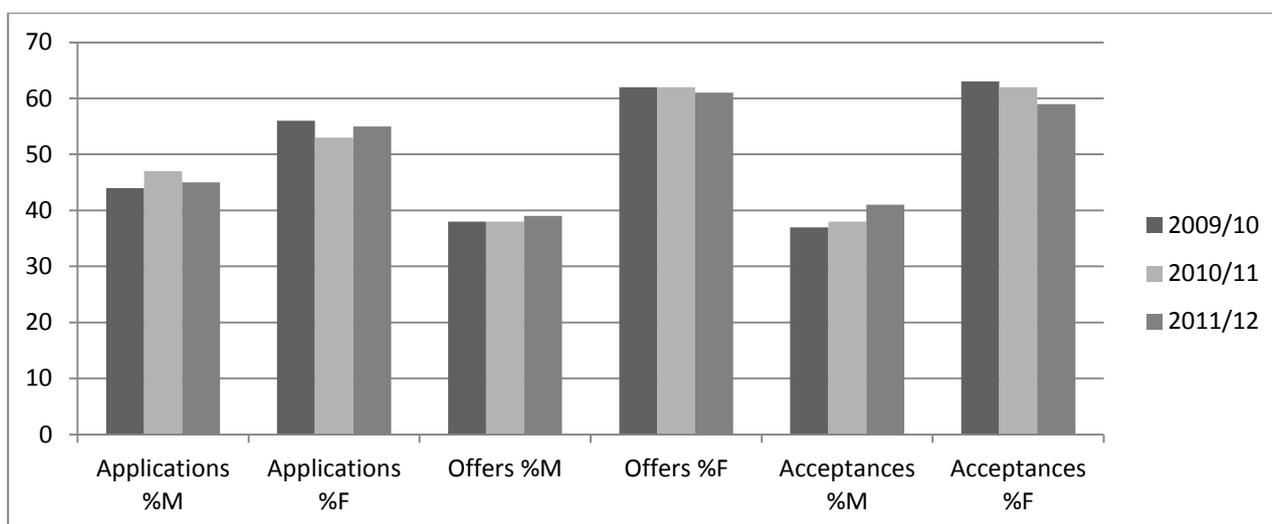
(b) Undergraduate degrees (Intercalated programmes)
The ratio of female to male students applying to intercalate is primarily influenced by the ratio of male and female students enrolled on the MBChB programme. For those MBChB students who apply, a place on one of the School's intercalated programmes will be offered. Many of these programmes also have capacity to admit medical students from other UK medical schools however this has not previously been tracked. Historically, all students who are offered a place on an intercalated programme choose to take up that place unless there are extenuating circumstances which prevent this. Therefore a ratio of course applications to offers and acceptances by gender will present a similar picture to the number of male and female students enrolled on the intercalated programme; more detail has not therefore been presented.

(c) Taught postgraduate degrees
We have reviewed data from all TPG programmes and there appears to be no evidence of positive or negative gender imbalance on the majority of programmes. The proportion of female students accepting a place broadly reflects the proportion of those applying and

those offered a place on each programme. When the data was disaggregated we identified some programmes, for example the MSc in International Health (mainly international students), where there are some gender differences and we intend to investigate these further.

ACTION 5: Each TPG management team will review their recruitment process, from marketing through to offer to identify any gender bias and develop plans as appropriate to rectify any imbalance.

Below is aggregated data for applications, offers and acceptances for 15 taught postgraduate programmes. Child Health programme data is presented separately because this programme is a requirement for all paediatric trainees, funded by the Yorkshire Deanery, and therefore the ratio of programme applications to offers and acceptances by gender is 100% for both.

SoM taught postgraduate programmes applications, offers & acceptances

Academic session	Applications (Male)	Applications (Female)(%)	Offers (Male)	Offers (Female)(%)	Acceptances (Male)	Acceptances (Female)(%)
2009/10	616	668 (52%)	340	373 (52%)	180	244 (58%)
2010/11	606	710 (54%)	207	391 (65%)	124	241 (66%)
2011/12	656	783 (54%)	341	453 (57%)	152	270 (64%)
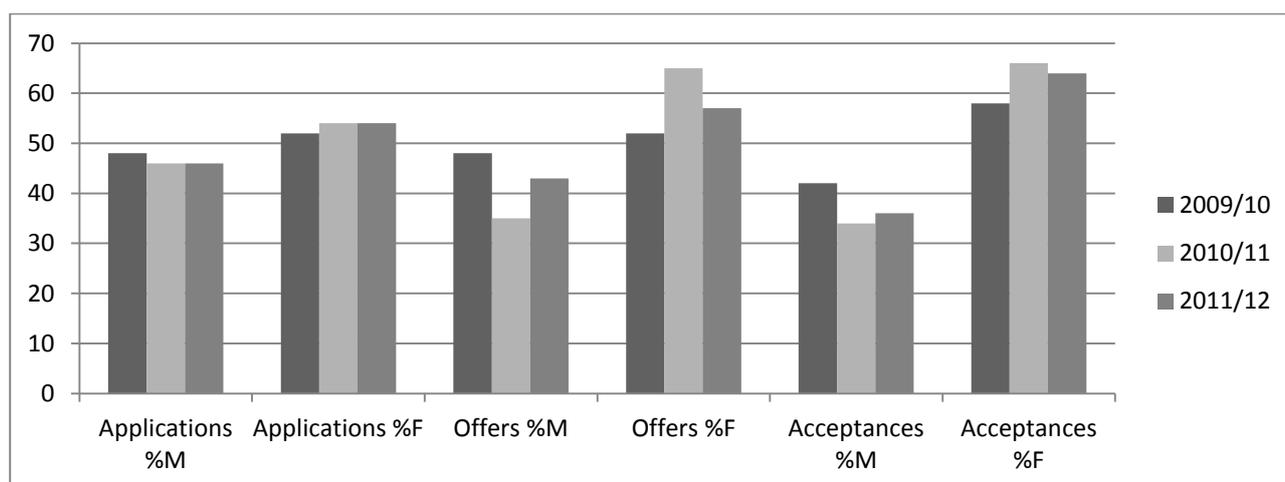
Child Health programme applications (offers & acceptances 100%)

Academic session	Male	Female (%)
2009/10	6	11 (65%)
2010/11	10	13 (57%)
2011/12	11	15 (58%)

(d) Postgraduate research degrees (full-time)

The data below shows that applications from females for full-time research degrees outnumber applications from males in each session. The trend is reversed for applications for part-time study. The number of applications rejected following application due to eligibility screening (i.e. offer not given, either due to applicants not fulfilling admission criteria or lack of supervisory capacity in the desired research field) is higher for male applicants (48%) compared with female applicants (33%)

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for full-time study, but very low for both genders in the case of part-time study (<5%). This is because prospective part-time students have generally contacted potential supervisors and held discussions about eligibility and suitable research projects before making applications.

Once an application is judged eligible for admission, it goes to the PG Research Tutor (PGRT) in the appropriate research area for consideration by potential supervisors. Supervisors who express an interest in supervising the student will normally interview the candidate with the PGRT and decide whether the applicant should receive a formal offer letter. The proportion of prospective full-time female students receiving formal offers is substantially higher than that for males. For part-time students, this is reversed with males being in the majority. Once the formal offer has been made it is up to the student to accept the place to study and register for the research degree with the University. The proportion of full-time female students given offers who then accept and register is also substantially higher than for males whereas for part-time students males remain in the majority.

ACTION 6: To review the profiles of part-time and full-time PGR applications, to review all marketing materials to ensure that they are gender neutral and to ensure that PGR Supervisors and Tutors involved in student selection receive training in equal opportunities and gender bias.

Postgraduate research degrees (full-time) applications, offers & acceptances

Academic session	Applications (Male)	Applications (Female)(%)	Offers (Male)	Offers (Female)(%)	Acceptances (Male)	Acceptances (Female)(%)
2009/10	81	86 (51%)	30	44 (59%)	22	35 (61%)
2010/11	73	105 (59%)	15	54 (78%)	10	35 (78%)
2011/12	77	94 (55%)	21	49 (70%)	17	39 (70%)
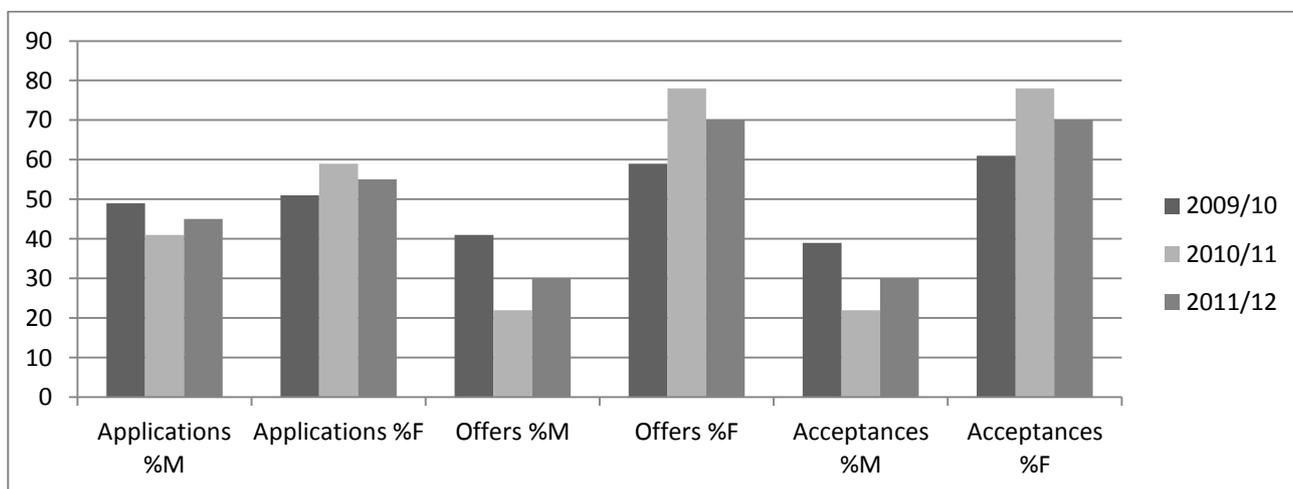
(e) Postgraduate research degrees (part-time)

Postgraduate research degrees (part-time) applications, offers & acceptances

Academic session	Applications (Male)	Applications (Female)(%)	Offers (Male)	Offers (Female)(%)	Acceptances (Male)	Acceptances (Female)(%)
2009/10	30	14 (32%)	22	11 (33%)	17	10 (37%)
2010/11	27	13 (32.5%)	24	12 (33%)	22	10 (31%)
2011/12	27	13 (32.5%)	23	11 (32%)	23	11 32%)
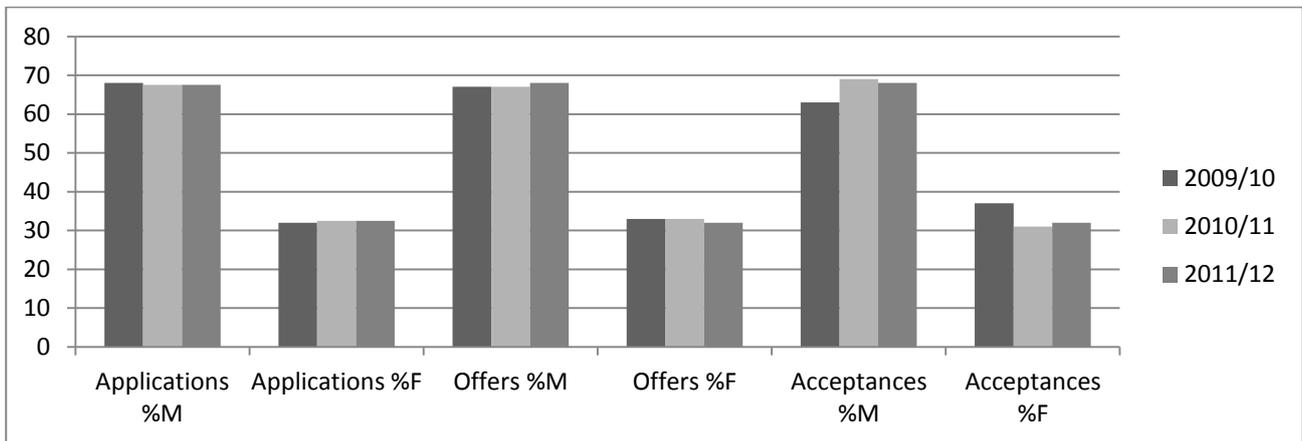
(vi) **Degree classification by gender – comment on any differences in degree attainment between males and females and describe what actions are being taken to address any imbalance.**

(a) MBChB programme – Award of MBChB with Honours

The SoM's MBChB degree programme is not classified in the traditional sense. However, students who achieve the required level of sustained excellence throughout their five years of study on the programme are awarded MBChB "with honours" at the end of their fifth and final year. The relevant statistics are given below, which show that, as a % of the Year 5 cohort, male and female students performed equally well academically except in the most recent year; overall there appears to be no reason for concern.

MBChB

Academic Session	Males in Year 5	Females in Year 5 (%)	MBChB with Honours Males (% of total males)	MBChB with Honours Females (% of total females)
2009/10	105	168 (62%)	22 (21%)	40 (24%)
2010/11	76	154 (67%)	21 (28%)	44 (29%)
2011/12	81	146 (64%)	15 (19%)	42 (29%)
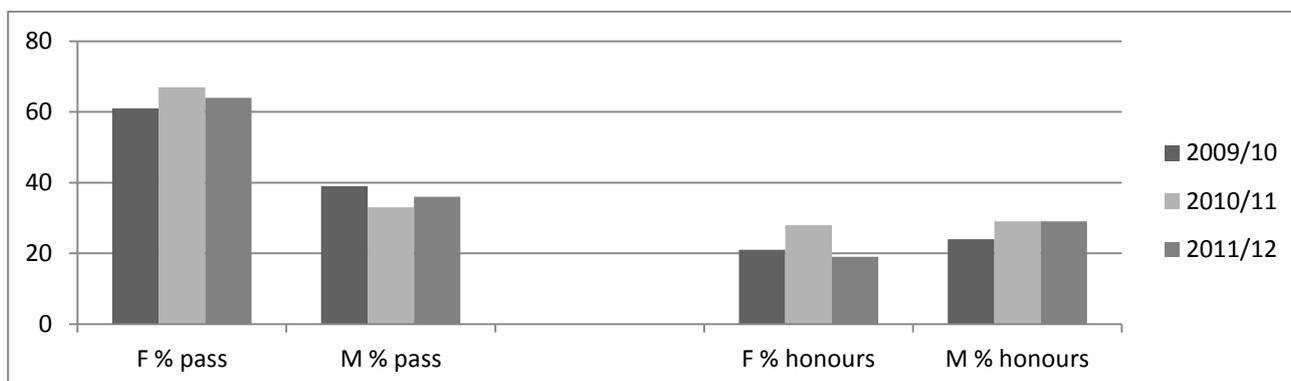
(b) Intercalated programmes

The SoM's intercalated programmes are classified as a traditional undergraduate degree. The data below suggests that a higher proportion of female students achieve first class honours than males, with the trend being reversed for the 2:1 classification.

Academic session	Degree classification	Male (% of total males intercalating)	Female (% of total females intercalating)
2009/10	1st	30 (42%)	52 (54%)
2009/10	2:1	40 (55%)	43 (44%)
2009/10	2:2	2 (3%)	2 (2%)
2010/11	1st	27 (36%)	48 (48%)
2010/11	2:1	46 (62%)	52 (51%)
2010/11	2:2	1 (1%)	1 (1%)
2011/12	1st	18 (35%)	45 (51%)
2011/12	2:1	31 (60%)	41 (47%)
2011/12	2:2	3 (5%)	2 (2%)
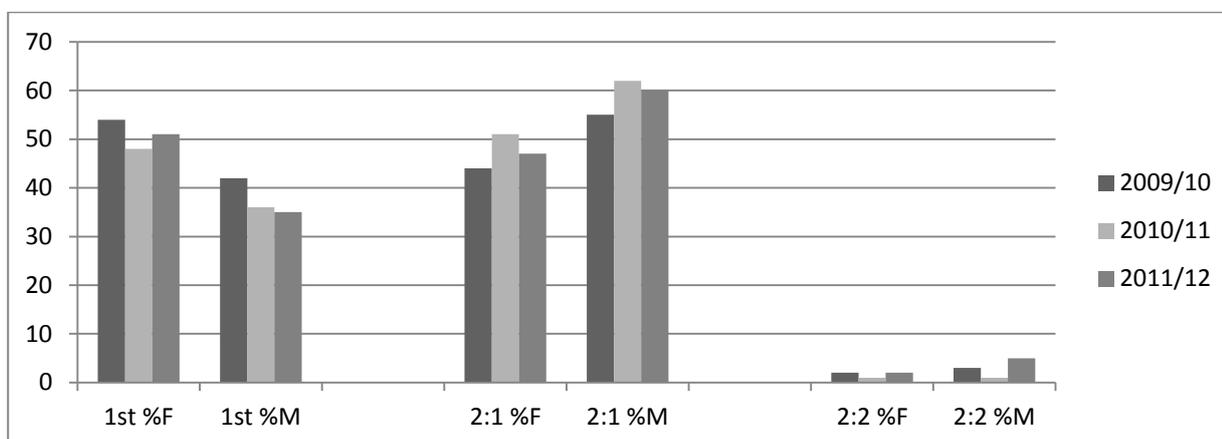
Staff data

(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**

(a) Academic staff (clinical & non-clinical) male/female ratios by category – 2010, 2011, 2012

Staff Category	Male (2010)	Female (2010) & (%)	Total (2010)	Male (2011)	Female (2011) % (%)	Total (2011)	Male (2012)	Female (2012) & (%)	Total (2012)
Researcher	78	132 (63%)	210	86	162 (65%)	248	98	197 (67%)	295
Lecturer	12	18 (60%)	30	12	17 (59%)	29	17	25 (59%)	42
Senior Lecturer	38	18 (32%)	56	41	19 (32%)	60	45	27 (38%)	72
Reader	4	6 (60%)	10	5	5 (50%)	10	5	5 (50%)	10
Professor	43	17 (28%)	60	46	19 (29%)	65	50	21 (30%)	71
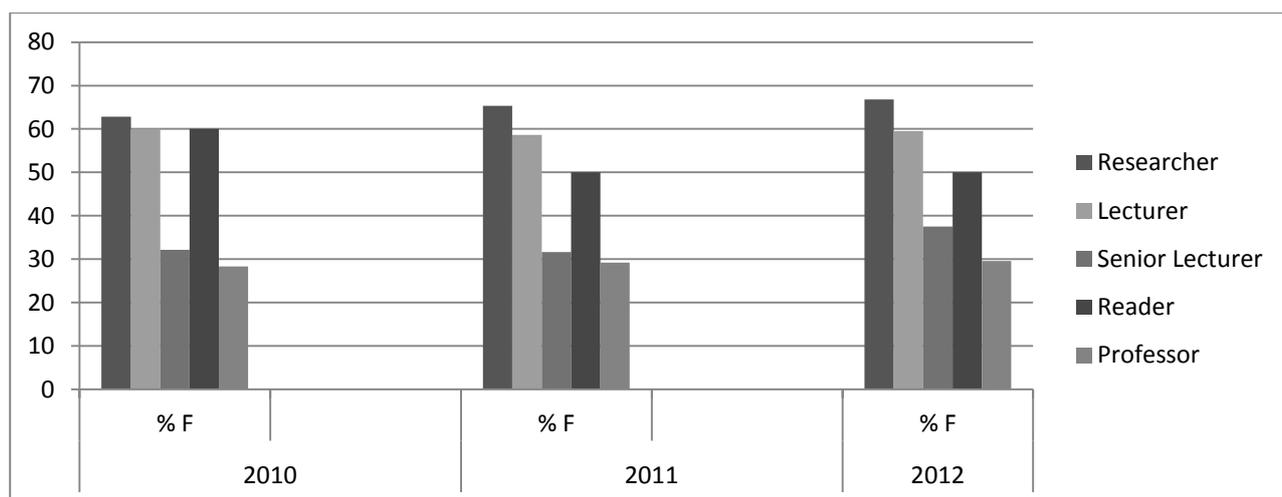
(b) Non-clinical academic staff male/female ratios by category – 2010, 2011, 2012

Staff Category	Male (2010)	Female (2010) & (%)	Total (2010)	Male (2011)	Female (2011) & (%)	Total (2011)	Male (2012)	Female (2012) & (%)	Total (2012)
Researcher	73	128 (64%)	201	76	155 (67%)	231	83	184 (69%)	267
Lecturer	6	12 (67%)	18	7	13 (65%)	20	8	13 (62%)	21
Senior Lecturer	11	11 (50%)	22	14	10 (42%)	24	16	14 (47%)	30
Reader	3	6 (67%)	9	4	5 (56%)	9	4	5 (56%)	9
Professor	15	11 (42%)	26	16	13 (45%)	29	18	14 (44%)	32
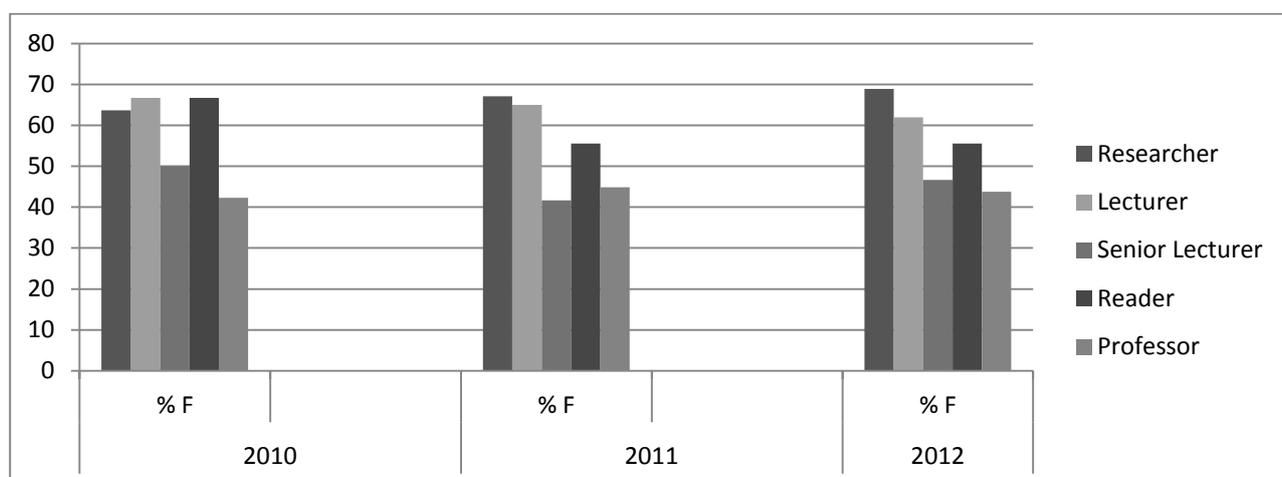
There are many more women than men at the lower career grades of Researcher and Lecturer and the number of women decrease at the higher grades of Senior Lecturer, Reader and Professor. However, the number of female Professors has increased by 3 over the past 3 years.

(c) Clinical academic staff male/female ratios by category – 2010, 2011, 2012

Staff Category	Male (2010)	Female (2010) & (%)	Total (2010)	Male (2011)	Female (2011) % (%)	Total (2011)	Male (2012)	Female (2012)	Total (2012)
Researcher	5	4 (44%)	9	10	7 (41%)	17	15	13 (46%)	28
Lecturer	6	6 (50%)	12	5	4 (44%)	9	9	12 (57%)	21
Senior Lecturer	27	7 (21%)	34	27	9 (25%)	36	29	13 (31%)	42
Reader	1	0 (0%)	1	1	0 (0%)	1	1	0 (0%)	1
Professor	28	6 (18%)	34	30	6 (17%)	36	32	7 (18%)	39
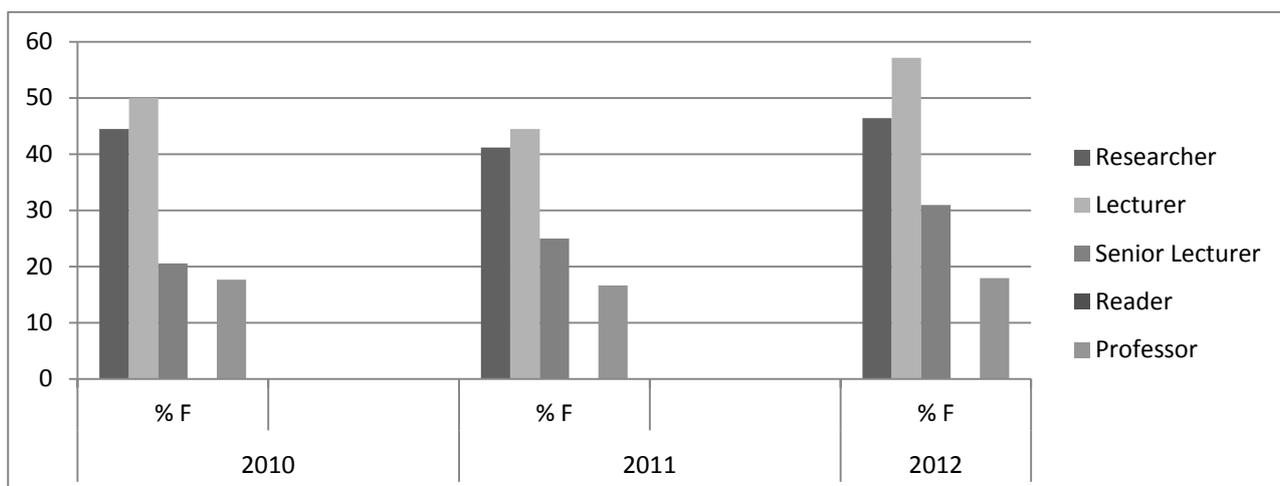
The above data for clinical academic staff indicates relative parity between male and female numbers at the lower grades but a much greater difference in favour of males at Senior Lecturer level and above. The significant difference in male and female staff numbers at higher grades is not exclusively a Leeds issue, as this pattern is replicated nationally. However, the ASSG is concerned with this data and views this as a serious issue. It has agreed to investigate locally the reasons why the number of clinical academic women at higher levels reduces so significantly. (Please also see Actions 16 – 19 below)

We have disaggregated the School of Medicine data into the four pre-2012/13 Institutes. The data shows very little difference between three of the Institutes. However, we have identified that the data for one Institute shows gender imbalance.

ACTION 7: To review Institute staff data, with specific reference to clinical academics, to identify potential reasons for gender imbalance and to develop a plan to address this where appropriate.

(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.**

The following tables present the total number of staff by staff category & gender, the total number of leavers by staff category & gender and the % turnover (number of leavers per total headcount) by staff category & gender.

2010

Staff Category	Male total	Female total	Combined total	Male leavers	Female leavers	Leavers total	Male % turnover	Female % turnover	Total % turnover
Research	78	132	210	17	40	57	22%	30%	27%
Lecturer	12	18	30	2	2	4	16%	11%	13%
Senior Lecturer	38	18	56	5	6	11	13%	33%	20%
Reader	4	6	10	0	0	0	0%	0%	0%
Prof	43	17	60	5	1	6	12%	6%	10%

2011

Staff Category	Male total	Female total	Combined total	Male leavers	Female leavers	Leavers total	Male % turnover	Female % turnover	Total % turnover
Research	86	162	248	24	21	45	28%	13%	18%
Lecturer	12	17	29	4	2	6	33%	12%	21%
Senior Lecturer	41	19	60	0	3	3	0%	16%	5%
Reader	5	5	10	0	0	0	0%	0%	0%
Prof	46	19	65	1	4	5	2%	21%	8%

2012

Staff Category	Male total	Female total	Combined total	Male leavers	Female leavers	Leavers total	Male % turnover	Female % turnover	Total % turnover
Research	98	197	295	18	43	61	18%	22%	21%
Lecturer	17	25	42	5	1	6	29%	4%	14%
Senior Lecturer	45	27	72	7	0	7	16%	0%	10%
Reader	5	5	10	1	0	1	20%	0%	10%
Prof	50	21	71	4	0	4	8%	0%	6%

The majority of leavers in the researcher category of staff are those staff on fixed-term appointments. In 2012 the University introduced a new policy to support the employment security of staff on fixed funding or fixed term contracts. Members of staff at risk of redundancy are entitled to join the redeployment register and can access support from Human Resources through their notice period. This includes the possibility of buying additional time on the re-deployment register. The above staff turnover data does not highlight any concerns. There is a greater proportion of the SoM's female staff at lower grades and therefore the turnover levels presented between males and females is not disproportionate to the total numbers of staff in post. The ASSG has noted that it was normal practice for all staff leaving the SoM's employment to be offered the opportunity to complete an on-line questionnaire to record their views of their employment. It was the view of the ASSG that this mechanism for obtaining the views of departing employees should be reviewed to determine its effectiveness and whether this should be supplemented with other methods, such as exit interviews, to determine why staff leave and whether there are any gender differences.

ACTION 8: To review the effectiveness of the existing University on-line exit questionnaire and determine whether this should be supplemented locally by other methods, such as face to face exit interviews, to establish the reasons why staff leave and whether there are any gender differences.

ACTION 9: To identify the success rates of male and female SoM re-deployees on the University's re-deployment register and take appropriate action to rectify this if gender biases are uncovered.

(2,378 words)

4. **Supporting and advancing women's careers: maximum 5000 words**

   Key career transition points

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

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

The University introduced a new recruitment system, "I-grasp", from February 2011 which provides only partial date reporting data for the 2010/12 session. Data from before this date is not available. The reporting function on the e-recruitment system is dependent on users consistently updating applications to correspond with the relevant stage of the recruitment process. Where this has not happened, the figures reported may not reliably reflect the actual numbers of applications, interviews and appointments. The application process allows applicants to choose not to complete the data field for gender, hence the number of "undeclared" respondents indicated below. The data indicates that the proportion of women shortlisted and appointed broadly matches the proportion applying for posts in the SoM, suggesting no evidence of gender bias in the selection process.

ACTION 10: To monitor and analyse recruitment data on gender through the University's "I-grasp" system, the findings from which will be reviewed by the Faculty HR Office and reported to the ASSG and Medicine Executive where actions plans will be developed if appropriate.

Applications

Staff category	Male (2010/11)	Female (2010/11)(%)	Undeclared	Male (2011/12)	Female (2011/12)(%)	Undeclared
Academic	65	93 (49%)	31	40	36 (34%)	30
Clinical	46	33 (36%)	12	50	36 (34%)	19
Research	315	655 (58%)	157	389	636 (52%)	203

Interviews

Staff category	Male (2010/11)	Female (2010/11)(%)	Undeclared	Male (2011/12)	Female (2011/12)(%)	Undeclared
Academic	18	38 (68%)	0	11	10 (36%)	7
Clinical	16	13 (43%)	1	24	14 (34%)	3
Research	33	64 (63%)	4	67	94 (54%)	14

Appointments

Staff category	Male (2010/11)	Female (2010/11)(%)	Undeclared	Male (2011/12)	Female (2011/12)(%)	Undeclared
Academic	6	9 (53%)	2	5	10 (45%)	7
Clinical	4	7 (58%)	1	13	11 (38%)	5
Research	2	12 (71%)	3	11	31 (58%)	11

(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.**

The tables below reflect the total number of staff applying, the number of males successful and the number and % of women successful. Whilst the numbers are low, the ASSG identified the need to review the length of time staff remain at the top of their grade and to take appropriate action if gender biases are uncovered.

ACTION 11: To review the length of time staff remain at the top of their grades and why, and to take appropriate action to rectify this if gender biases are uncovered.

2009/10

Grade to	Male applied	Female applied	Male successful	Female successful	Male unsuccessful	Female unsuccessful	Male % success rate	Female % success rate
8	1	2	1	1	0	1	100%	50%
9	0	3	0	2	0	1	66%	N/A
10	0	0	0	0	0	0	N/A	N/A
Total	1	5	1	3	0	2		

2010/11

Grade to	Male applied	Female applied	Male successful	Female successful	Male unsuccessful	Female unsuccessful	Male % Success rate	Female % success rate
8	0	3	0	2	0	1	N/A	66%
9	3	1	1	1	2	0	33%	100%
10	1	1	1	1	0	0	100%	100%
Total	4	5	2	4	2	1		

2011/12

Grade to	Male applied	Female applied	Male successful	Female successful	Male unsuccessful	Female unsuccessful	Male % success rate	Female % success rate
8	0	1	0	1	0	0	N/A	100%
9	5	6	4	5	1	1	80%	83%
10	3	0	2	0	1	0	66%	N/A
Total	8	7	6	6	2	1		

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

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

In accordance with University policy, the SoM normally advertises vacancies as available for job share and single gender interview panels are not permitted unless, by exception, this is approved by Faculty HR. It is the SoM's aspiration to move towards equal representation on interview panels by males and females, though there are practical considerations to be addressed before this can be achieved. The SoM has a policy that all members of interview panels are required to undertake University equality training. However, there is currently no process in place by which this is confirmed prior to an individual taking part in an interview and action will be taken to put in place appropriate monitoring arrangements.

ACTION 12: To ensure all recruitment advertising includes statements on the availability for job share, where appropriate, and SoM commitment to Athena SWAN.

ACTION 13: To monitor progress towards achieving equal gender balance on interview panels.

ACTION 14: To establish a system to check that all interview panel members have completed the required equality training before being permitted to take part in an interview panel.

    (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.**

As part of the self-assessment process, the ASSG identified the need to understand the impact of a variety of personal transitions on key career transitions and stages, and the support needed for staff.

As part of the University's Equality Strategy, the University offers all female staff, from grade 5 and above, the opportunity to attend a personal development programme for women entitled "Springboard". This is designed to enable women to achieve greater recognition and influence and to fulfil their potential in both their work and personal lives by providing the tools to develop themselves and their careers. Between 2008 and 2012 a

total of 41 members of SoM academic/research staff attended a Springboard programme. Several Institutes within the School also have their own New and Early Career Network Groups that formally provide a supportive space where research staff can discuss their career development. These Groups invite speakers to talk about topics of interest, as identified by group members, within a collegiate, supportive environment. The initiatives were thought to be very helpful but not sufficient to meet all the needs of staff.

Whilst members of staff are entitled to a mentor, which is agreed between the line manager and the individual concerned, and the effectiveness of this relationship is monitored through the SRDS, the onus is currently placed on staff themselves to identify a suitable mentor and/or other support. Some staff are not aware that they can approach senior staff and others do not feel comfortable with making this initial approach. As a result, additional guidance is required in relation to providing appropriate support for staff.

Whilst available career development training opportunities are perceived as beneficial to female staff, the ASSG identified a lack of information about career structures for non-clinical academic staff. It was agreed that further work was required to understand and evaluate real and perceived barriers to female career progression and gender career parity together with determining the interventions that would best support women at crucial stages of their career. However, the ASSG recognised that development is not solely about progression to the next grade but should also cover opportunities within the SoM on the same grade or to move to jobs outside the SoM as appropriate. The ASSG identified a lack of knowledge by staff regarding developmental opportunities and a lack of confidence regarding applying for opportunities and where to go for support.

ACTION 15: To undertake a programme of qualitative and quantitative research to enable us to understand the barriers to female career progression and gender career parity and determine interventions that would best support female clinical and non-clinical academics at crucial stages of their careers, for example, for those staff returning to work following a period of leave, to have a period of re-orientation/re-training and an identified adviser to support them. The research programme will include:-
- Adapting and implementing the STEM culture survey to reflect SoM needs
- A systematic review of the relevant literature
- Individual and group interviews with a range of staff in the SoM.

ACTION 16: To ensure that information regarding the "Springboard" programme is promoted effectively and to monitor the numbers of staff attending from the SoM.

ACTION 17: To evaluate whether "Springboard" participants have developed action plans to progress their careers following completion of the programme.

The above actions will also support the actions below relating to career development.

Career development

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

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

The University's appraisal process, known as the Staff Review & Development Scheme (SRDS) provides staff with an annual structured conversation that aims to "look back at the contribution that has been made by an individual and to look forward and make plans for the coming twelve months". The process takes into account the whole role fulfilled by each member of academic staff, and staff are encouraged to seek feedback from colleagues on their work performance. However, whilst the issue of promotion is included within the SRDS agenda, it is the view of the ASSG that SRDS does not provide an effective mechanism for the discussion of promotion prospects due to the variation in the use of SRDS and focus on career development amongst line managers. Although work on this will involve a dialogue with the University, the SoM will provide additional local guidance and training on the SRDS process to facilitate more effective discussions on career development opportunities and promotion prospects.

ACTION 18: To develop additional SoM guidance and training for reviewers and reviewees within the SRDS process to facilitate more effective discussions on career development opportunities, promotion prospects and representation at meetings (see section on Organisation & Culture [b] [iv]).

The University's promotions' exercise and criteria were considered by the ASSG. Whilst there did not appear to be any gender issues, the key concern raised related to the lengthy and bureaucratic nature of the application process which required streamlining. The University has a system of promotion advisers to assist staff but this system is seen as insufficient, as the advisers are only permitted to comment on the procedural nature of the process rather than providing active encouragement and support at a personal level. These concerns will be raised with the University and the SoM will take the following action.

ACTION 19: To increase the awareness of the role of line managers, promotions advisors and principal investigators in supporting and advising staff on their promotion prospects and the promotion process through a circulation of the names

of promotion advisers with a description of the promotion adviser role in the induction pack and on the website.

(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 University of Leeds provides detailed Induction Guidelines for new members of staff together with a checklist for those with responsibility for new members of staff. These guidelines are provided on the University's Human Resources web site and are used to provide new staff with a comprehensive induction pack. However, these guidelines do not include any information on equality and diversity or flexible working. ASSG believes that such guidelines should also include clear information about what is expected in order to proceed up the career ladder together with referencing the support that exists for women to develop, such as "Springboard", Early Career Networks, the University's WiSET network etc. The ASSG is of the view that, despite this being readily accessible, there exists too great a degree of variability as to how the issue of induction is handled across the SoM's Institutes. In addition, examples of good practice, such as Institutes developing tailored Induction protocols, were not routinely shared across the SoM.

ACTION 20: To review Institute-level Induction Packs and processes to ensure the following improvements are implemented:-

(a) all relevant information, advice and guidance is incorporated, including the University's flexible working and equality & diversity policies, together with statements relating to the University's commitment to Athena SWAN and opportunities/expectations for career progression;

(b) a consistency of approach is achieved across the School's seven Institutes whereby induction is completed within the required time-frame for new staff.

In respect of training, the University's SDDU provides a comprehensive range of training and development opportunities for all levels of staff and these are regularly advertised by email. Encouragement from line managers through the annual SRDS process provides further opportunities for discussion of relevant training and development needs and the means to address them. Whilst such University-level training receives positive feedback from staff, connecting staff from differing academic activities across the SoM is viewed as equally valuable.

ACTION 21: To develop a portfolio of activities and resources within the SoM which can be used to support and encourage early career researchers and other members of staff to help them to consider their career development options and to provide support for the next stages of their career.

ACTION 22: Institute SATs will work together to plan and deliver developmental workshops for women academics.

(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.**

UG students: The SoM implemented a revised Personal Tutor Scheme for MBChB students 3 years ago. The emphasis of the new scheme is for Personal Tutors to act supportively and developmentally, providing both academic and pastoral support to students. Students have regular timetabled meetings with their Personal Tutor at least once per term and also have the opportunity to meet at other times if required. Female students have the opportunity to request a female tutor. Students are also made aware of the many central resources the University offers. In addition, there is a MBChB careers day event organised by students and supported by LIME, and a dedicated Careers Advisor.

TPG students: All students attending TPG programmes are assigned a Personal Tutor and, on request, a tutor of the same gender can be provided. Career development for female students occurs in discussion with Personal Tutors, their peer group and informal alumni networks. Most part-time TPG students are already in employment and the TPG programmes, in themselves, improve career prospects for those who undertake them

PGR students: A training programme is provided from induction to completion covering communication, career progression and engagement. Students are encouraged to publish their work, attend conferences and networking events. Support is available to build skills in writing research papers and preparing poster and seminar presentations. Workshops specifically aimed at women include "Me not we" to help women promote themselves as individuals rather than part of a research group. A lunchtime Q&A series runs twice a month where our influential academics as guest speakers offer their advice. Areas requested for women have included advice on taking a career break and balancing a family with an academic career. The "Next steps in your academic career" seminar, whilst not exclusively for women, comprises a panel of experts that includes female academics. The option of 1-1 mentoring with a female mentor is also offered. Female students are encouraged to attend the University's Women in Science, Engineering & Technology (WiSET) Network, available to both PGR students and research staff (Grade 6-8), which organises monthly workshops on career progression and provides networking opportunities. It is not however known what the support needs are for those PGR students who are parents so the SoM will work with this group to identify their particular needs.

All students: The University provides a central Careers Service though many students do not routinely access the facilities that are available and there is a need to improve the awareness of such facilities.

ACTION 23: To promote the WiSET Network to TPG and PGR students through encouragement to attend by their supervisors.

ACTION 24: To ensure information about the University of Leeds Careers Service is made available to UG, TPG and PGR students.

ACTION 25: To establish the support needs of students with caring responsibilities through focus groups and a student survey and then develop appropriate actions.

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.**

   Below is a breakdown of male and female representation on committees for session 2012/13. The committees included are the Medicine Executive (the most senior, strategic decision-making body in the School), the SoM's Taught Student Education Committee, and the SMTs for each of the SoM's seven Institutes. Prior to 2012/13, the SoM comprised 4 Institutes (LIGHT, LIHS, LIME and LIMM). The decision to re-structure LIMM into 4 separate Institutes has created 4 new SMTs (see below *). This has increased the level of academic representation on the SoM's decision-making committee structure, both at SMT-level and at the Medicine Executive and the Taught Student Education Committee. It is for this reason that equivalent data for sessions 2011/12 and 2010/12 is not provided, as comparisons with earlier sessions would not adequately present the current management structure representation of the SoM. The difference in representation between males and females reflects the lower numbers of senior female academics in some of the SoM's Institutes. Such academic leadership roles are now filled through an open and transparent application and interview process (see section b[i] below).

School of Medicine Committees	Male	Female (%)
Medicine Executive	8	5 (38%)
Taught Student Education	14	7 (33%)
LIGHT SMT	7	9 (56%)
LIHS SMT	8	6 (43%)
LIME SMT	7	7 (50%)
LICSP SMT (*)	8	5 (38%)
LIBACS SMT (*)	9	2 (18%)
LICTR SMT (*)	3	10 (77%)
LIRMM SMT (*)	7	3 (30%)

(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.**

Year	Total Males	Males on Fixed-term (%)	Total Females	Females on fixed-term (%)
2010	175	74 (42%)	191	107 (56%)
2011	190	81 (43%)	222	134 (60%)
2012	214	99 (46%)	273	176 (64%)
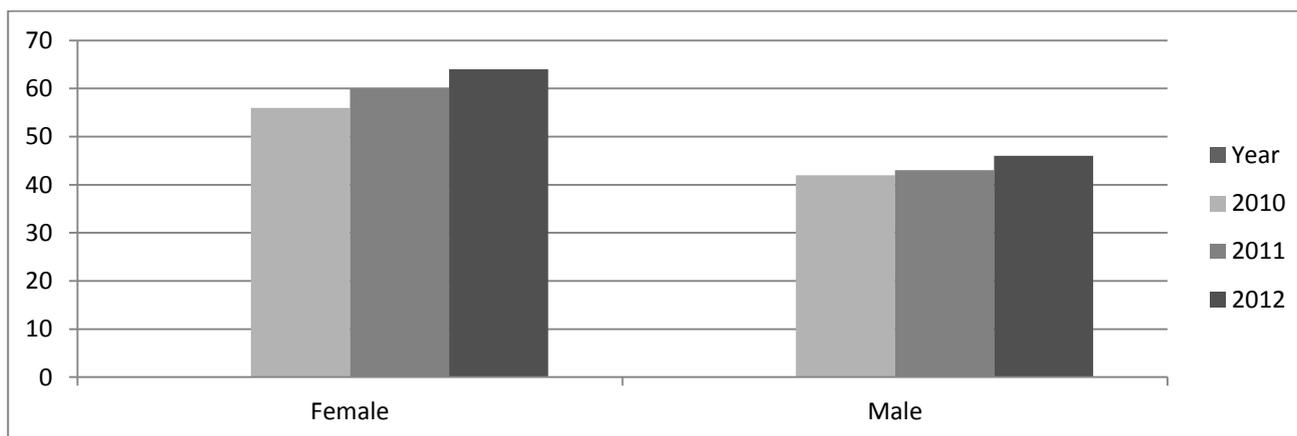
The table indicates that there are more women than men on fixed term contracts. However, the majority of staff on fixed-term contracts are at the researcher grade where female staff are also in a majority (see Section 3 vii c). Female staff on fixed-term contracts are not therefore over-represented when compared with all staff at researcher level.

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

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

The SoM's decision-making committees comprise members whose presence is determined by the senior academic management roles they are appointed to. For example, the Medicine Executive comprises the Directors of each Institute and the SoM Director of Student Education. Likewise, the SoM's Student Education Committee comprises those senior academic management roles responsible for the various aspects of the SoM's undergraduate and taught postgraduate portfolio. The SoM has adopted an approach of increased transparency to the appointment of all senior academic management roles through an open application process of advert and interview, and roles are open to all staff who meet the required person specification for the role in question. Such appointments are time-limited, usually

for a period of three years in the first instance, ensuring a reasonable degree of turnover. Interview panels for these appointments are always mixed gender in nature. The three most recent appointments to such SoM roles since this new approach was agreed have all been women, thereby increasing further the number of women in senior academic management roles at SoM level and therefore those that are available to sit on senior committees outside of the department, for example at University level, by virtue of their role.

ACTION 26: To examine the terms of reference and membership criteria of SoM and Institute committees to identify and address any barriers to achieving gender balance in their membership.

(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 is developing a Workload Model for implementation in 2013. The planning for this Workload Model has been undertaken by a mixed gender group of senior academics chaired by the School of Medicine Business Manager. It includes pastoral, administrative and citizenship responsibilities as well as academic activities. Once a detailed framework document describing the Workload Model was endorsed by Medicine Executive, this was circulated as a draft for comment to all SoM academic staff. The numerous responses received helped finalise the proposals and ensured that the Workload Model is understood and transparent to all academic staff. The SoM is currently piloting the Workload Model with a broad cross-section of academic staff from each Institute in order to ensure that workload allocations, including academic management & administrative responsibilities, are accurate. Once the Workload Model has been implemented, individual workloads will be required to be formally signed-off by respective line managers who will ensure that those with heavy workloads are monitored and responsibilities, where appropriate, are rotated to provide career enhancement opportunities for others. The Workload Model will provide information to assist with the preparations for and discussions at annual SRDS/Joint Appraisal (for academic staff with honorary NHS contracts) meetings to provide agreed baselines between reviewees and reviewers. It will also enable monitoring of gender balance for different categories of activity.

ACTION 27: To implement the SoM's Workload Model and to use the outputs from the Model to monitor gender balance across the various types of activity included within the Model.

(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.

As part of the self-assessment process, the ASSG reviewed the SoM's existing guidance regarding the organisation of formal meetings. The guidance requested that formal meetings should be held between 9am and 5pm where possible. The ASSG proposed a change in policy, whereby all formal meetings are required to be held between 10am and 4pm, in recognition of those with family responsibilities. This proposal was endorsed by Medicine Executive and will be implemented as soon as is practicable, recognising that the majority of SoM and Institute meetings are planned an academic session in advance.

ACTION 28: All Institutes will be informed that, with effect from the academic session 2013/14, all SoM and Institute meetings will be required to be scheduled between the core hours of 10am and 4pm.

(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.**

The School strongly supports the University's statement of its values, which are:-
- "Community" comprising citizenship, collegiality, teamwork & mutual respect;
- "Integrity" comprising openness, transparency & honesty;
- "Inclusiveness" comprising diversity, equal opportunity & access;
- "Professionalism" comprising the provision of effective & efficient customer-focused services in all aspects of work (internal & external)

The School is currently reviewing its staff management processes against the University's "People Management Framework" (PMF). The PMF is designed to help departments improve their performance through best practice in HR management and staff development. It is outcomes-based to ensure a more consistent and effective approach to the leadership, management and development of all staff and covers planning & objectives, values & engagement, leadership & performance and training & development.

The SoM across its Institutes provides an encouraging and supportive culture to foster the development of its academic staff. In addition to reinforcing cultural characteristics at a University level, as outlined above, there are a number of actions being taken around the cultural aspects of working to further improve the SoM's inclusiveness, as highlighted in this Application. These include:-

- Flexible/part-time working: The importance of supporting and recognising flexible working for all staff. For example, electronic devices support flexible working in a variety of different ways. The ASSG believe that staff may require more transparency over working patterns and a constructive approach to the planning of flexible working from line managers to optimise time spent (see section on Flexibility and managing career breaks [b] [i]).

- Maternity leave: A greater awareness of the University's maternity and paternity leave policies, particularly for staff on fixed-term contracts and

training fellowships, coupled with having nominated HR staff who can discuss leave policies in confidence with those members of staff who wish to (see section on Flexibility and managing career breaks [b] [ii]).

- Representation at meetings: Whilst women are represented at SoM & Institute formal meetings (see section on Organisation & Culture [a][i]), based on roles held, there is a need to provide women with additional opportunities to participate in and lead activities that involve strategic decision-making, an objective to be facilitated through SRDS and SDDU.

- Female academics' experiences and expertise: The ASSG are of the view that further effort should be made to highlight the experiences and expertise of female academics, with a particular focus on balancing commitments in order to support and advise other academics on various aspects of their career, for example adopting flexible working patterns, managing career transitions and following non-linear career progressions.

- Timing of formal meetings: All SoM & Institute meetings will be scheduled between the core working hours of 10am and 4pm (see section on Organisation & Culture [a][iii]), and this principle will also apply to all in-house SoM & Institute training events. This will be complemented by rotating the timing of such events across the working week to account for flexible working and part-time staff.

Whilst it is anticipated that all the above will help to further improve the SoM's inclusiveness, the ASSG, in its discussion of cultural issues, recognised the large and complex nature of the SoM and its Institutes and agreed that further work was required to understand and evaluate the SoM culture and sub-cultures at Institute-level. The School believes that the effort and rigour with which the Athena SWAN self-assessment and action plan have been developed, and the involvement of more than 50 staff from across the SoM in local Institute self-assessment teams has in itself made a positive contribution to changing culture. Action 15 will also address a number of these issues and is repeated here for convenience:

ACTION 15: To undertake a funded programme of qualitative and quantitative research to enable us to understand the barriers to female career progression and gender career parity and determine interventions that would best support female clinical and non-clinical academics at crucial stages of their careers, for example, for those staff returning to work following a period of leave, to have a period of re-orientation/re-training and an identified adviser to support them. The research programme will include:-
- Adapting and implementing the STEM culture survey to reflect SoM needs
- A systematic review of the relevant literature
- Individual and group interviews with a range of staff in the SoM.

ACTION 29: To promote a supportive culture within meetings and to work with SDDU to provide specific training on chairing and being effective at meetings.

(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.

The SoM is involved in outreach activities that take the form of MBChB Widening Participation Schemes that aim to recognise applicants with the best potential regardless of background and attracting such individuals to Leeds in order to generate an undergraduate student pool that reflects the wider community. These include a series of lectures and workshops, some of which are by invitation only to those who meet strict WP criteria with others aimed at Year 10 student groups to help them make their A level choices. In terms of staff participation, the lectures and workshops are delivered by a mix of male and female SoM academics and NHS consultants but we have not hitherto maintained detailed records of who engages in this work.

ACTION 30: To review the gender balance of staff involved in outreach activities, and ensure that such activities are recognised in the Workload Model.

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.**

   The data below relating to maternity return rate indicates that, for the majority of staff who take maternity leave, on completion of their maternity leave they opt to return to their employment with the SoM. The ASSG has identified the need to review the periods of time staff opt to take as maternity leave and to determine, once the data is available, whether any action is required.

   ACTION 31: To examine the length of time taken for maternity leave. If less than the full entitlement, to carry out further research to ascertain the reasons for early return and any support mechanisms required to ensure that staff are satisfied with the length of their maternity leave.

Maternity return rates

Staff Category	Staff on maternity leave 2009/10	Leavers 2009/10	Return rate % 2009/2010	Staff on maternity leave 2010/11	Leavers 2010/11	Return rate % 2010/2011	Staff on maternity leave 2011/12	Leavers 2011/12	Return rate % 2011/2012
Research	22	0	100%	20	2	90%	18	1	94%
Lecturer	2	1	50%	3	0	100%	2	0	100%
Senior Lecturer	0	0	N/A	2	0	100%	2	0	100%
Reader	0	0	N/A	0	0	N/A	0	0	N/A
Prof	0	0	N/A	0	0	N/A	0	0	N/A
TOTAL	24	1		25	2		22	1	

(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.**

It should be noted that no staff, male or female, applied for parental, adoption or additional paternity leave during the three academic sessions below and therefore the data below only refers to ordinary paternity leave. Given that no staff applied for such leave during the period concerned, the ASSG are of the view that action should be taken to ensure that staff are informed that parental, adoption and additional paternity leave is available.

<u>ACTION 32</u>: To inform staff of the University's policies with regard to parental, adoption and additional paternity leave.

Paternity leave uptake

Staff Category	Staff on paternity leave 2009/10	% of total staff on paternity leave 2009/10	Staff on paternity leave 2010/11	% of total staff on paternity leave 2010/11	Staff on paternity leave 2011/12	% of total staff on paternity leave 2011/12
Researcher	5	6%	6	7%	1	1%
Lecturer	1	8%	0	N/A	2	12%
Senior Lecturer	1	3%	2	5%	1	2%
Reader	0	N/A	0	N/A	0	N/A
Professor	0	N/A	0	N/A	1	2%
Total	7		8		5	

(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.**

The majority of applications for flexible working are from women though applications received from men indicate an understanding of the University's policy on flexible working. The table below provides the success rates for flexible working requests by gender. Currently, records of unsuccessful applications for flexible

working are not kept, as these decisions are managed locally (at Institute-level), and therefore it is not possible to provide relative success rates.

ACTION 33: To improve central record-keeping in order to be able to monitor success rates and undertake a regular review to determine the reasons why applications for flexible working are turned down.

Flexible Working Requests

Staff Category	Male 2009/10	Female 2009/10	Male 2010/11	Female 2010/11	Male 2011/12	Female 2011/12
Researcher	4	24 (86%)	3	8 (73%)	3	17 (85%)
Lecturer	1	3 (75%)	0	8 (100%)	0	10 (100%)
Senior Lecturer	0	1 (100%)	0	6 (100%)	2	7 (78%)
Reader	0	0 (N/A)	0	0 (N/A)	0	1 (100%)
Professor	0	0 (N/A)	1	0	2	2 (50%)
Total	5	28 (85%)	4	22 (85%)	7	37 (84%)

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.**

The University of Leeds has a formal policy in place to support all members of staff who wish to request flexible working. This comprises clear application and appeals procedures together with guidelines to provide staff with information relating to a range of flexible working arrangements such as part-time working/reduced hours, compressed working hours, term time only, working from home, job share and career breaks. The implementation of this University policy is the responsibility of each Head of Department in consultation with line managers of those staff concerned. However, the ASSG is of the view that, whilst this University policy is readily available on the University's Human Resources web-site, it had not been promulgated as effectively as it might amongst line managers. In addition, it is recognised that there is a "long hours" culture within medical academia, though this is not confined to Leeds. Such a culture will be challenged through appropriate SoM academic leadership and through the provision of opportunities for staff to work more flexibly than has historically been the pattern of behaviour. There also needs to be a greater recognition of the use of electronic devices to support flexible working, balanced against the impact of such devices permitting a 24/7 culture.

ACTION 34: All Institute Senior Management Teams will highlight to their staff the University's Flexible Working Policy, emphasizing the process staff should follow, ensuring that all line managers are cognisant of both this policy and their responsibility in terms of implementation, and reinforcing the SoM's commitment

to supporting the work life balance of staff and positive approach to flexible working arrangements.

(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.**

Whilst the University has maternity and adoption leave policies in place, the ASSG is of the view that there needs to be a greater awareness of such policies, particularly for staff on fixed-term contracts and training fellowships. This should include not waiting until women and men approach managers before they find out about their entitlement but rather having this included within the Institutes' Induction Packs and on the website. In addition, we will ensure that staff are made aware that they can approach HR in confidence to discuss leave policies privately if they choose to do so.

ACTION 35: To develop and embed SoM-wide guidance to support all staff back to work after long-term absence and evaluate its effectiveness.

(3,603 words)

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

To date the SoM has not undertaken qualitative research to investigate gender imbalances and/or barriers to development. It is planned to explore such issues through a combination of the STEM Culture Survey and focus groups and to develop further actions to address any issues so raised.

(446 words)

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

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
General issues						
Action 1 (page 5) By the start of the academic session 2013/14 all Institute SMTs will include Athena SWAN progress as a standing item on their Agendas and at Institute staff meetings, and will ensure that progress is reported and minuted. SMTs will also have identified a member with responsibility for Athena SWAN who will link with the Institute SAT.	Institute Directors & Institute SMTs & ASSG Members	Institute arrangements in place by October 2013				All Institutes will have delivered as evidenced by Minutes and identification of named members
Action 2 (page 6) Embed the Athena SWAN Charter throughout the SoM through Institute	Institute SATs & Institute SMTs &	To develop local action plans by	Implement action plan	Implement action plan		Development and implementation of local action plans by

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
SATs developing and implementing local action plans to support the SoM's Action Plan.	Institute Directors	December 2013				each Institute
Action 3 (page 6) Establish formal quarterly reports from the ASSG to Medicine Executive and Joint Partnership Board (with local NHS) outlining progress against the Action Plan.	Dean of Medicine	To commence by October 2013	Ongoing	Ongoing		Quarterly reports of AS progress to be received by Medicine Executive and Joint Partnership Board (with local NHS) for information & comment
Student data						
Action 4 (page 12) Monitor the impact of MBChB multi-mini-interviews (MMIs) on applications and success rates by gender	Director of MBChB Admissions	First report to be received by October 2013	Ongoing	Ongoing		Annual Report to ASSG from the MBChB Admissions Team analysing the impact of MMIs and proposing any actions.
Action 5 (page 13) Each TPG management	Director of	Initial review	Review of	Ongoing		TPG student

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
team will review their recruitment process, from marketing through to offer to identify any gender bias and develop plans as appropriate to rectify any imbalance.	TPG Studies & TPG Leaders & ASSG members	of 2012/13 admissions by October 013. Adjustments made to reflect concerns by April 2014	revised processes for 2013/14 admissions by October 2014 with further adjustments if necessary	monitoring for 2014/15 admissions		recruitment process reviewed. An action plan developed to address any gender balance issues identified.
Action 6 (page 14) Review the profiles of part-time and full-time PGR applications, to review all marketing materials to ensure that they are gender neutral and to ensure that PGR Supervisors and Tutors involved in student selection receive training in equal opportunities and gender bias.	Director of PGR Studies & PGR Tutors & Supervisors & Faculty HR	To be completed by June 2014				P/T & F/T PGR student recruitment process reviewed and an action plan developed to address any gender balance issues identified. PGR Tutors/Supervisors trained in equal opportunities
Staff data						

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
Action 7 (page 19) Review Institute staff data, with specific reference to clinical academics, to identify potential reasons for gender imbalance and to develop a plan to address this.	Institute Directors & Faculty HR	In depth analysis to commence by October 2013	To complete action plan by July 2015			Staff data reviewed in detail. Findings fed into outputs from Action 15 to assist in developing action plan.
Action 8 (page 21) Review the effectiveness of the existing on-line exit questionnaire and determine whether this should be supplemented locally by other methods, such as face to face exit interviews, to establish why staff leave and whether there are any gender differences.	Faculty HR	To complete by December 2013				Review undertaken. Feedback from the review analysed to determine future actions regarding the collection of exit data. Increased understanding as to why staff leave the SoM.
Action 9 (page 21)						

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
Examine the success rates of male and female SoM re-deployees on the University's re-deployment register and take appropriate action to rectify this if gender biases are uncovered.	Faculty HR + Institute Directors	To complete by July 2014				Success rates of re-deployees analysed & appropriate action is determined if gender biases are uncovered and the Action Plan updated.
Action 10 (page 21) Monitor and analyse recruitment data on gender through the University's "I-grasp" system, the findings from which will be reviewed by the Faculty HR Office and reported to the ASSG and Medicine Executive where action plans will be developed if appropriate	Faculty HR	To commence in October 2013	Ongoing	Ongoing		The findings of this analysis are reviewed & reported to Medicine Executive and Faculty HR for action as appropriate
Action 11 (page 22)						

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
Review the length of time staff remain at the top of their grades and why, and to take appropriate action to rectify this if gender biases are uncovered.	Faculty HR	Review complete and individual personal development plans by April 2014				Length of time staff have been at the top of grade reviewed. Action is taken and action plan updated if gender biases are uncovered.
Recruitment of staff						
Action 12 (page 23) Ensure all recruitment advertising includes statements on the availability for job share, where appropriate, and the SoM's commitment to Athena SWAN.	Faculty HR	To complete by October 2013				All posts advertised as job shares with standard wording and inclusive of a statement regarding AS commitment
Action 13 (page 23) Monitor progress towards achieving equal gender balance on interview panels.	Faculty HR	To commence by October 2013	Ongoing	Ongoing		Mixed gender interview panels the norm unless approved by the Head of Faculty HR. The majority of panels demonstrate

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
						equal gender balance. A register of the composition of interview panels maintained and reported annually to Medicine Executive.
Action 14 (page 23) Establish a system to check that all interview panel members have completed the required equality training before being permitted to take part in an interview panel	Faculty HR & Line Managers	To complete by December 2013				All interview panel members to have completed equality training before being permitted to take part in an interview panel, and an annual report to Medicine Executive of training delivered.
Support for staff at key career transition points						
Action 15 (page 24) Undertake a programme of qualitative and quantative research to enable us to understand the barriers to female career progression	ASSG Chair & ASSG members	STEM culture survey	Formulation of action plan	Action plan implemented		Barriers to career progression for women are better understood and an Action Plan

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
and gender parity and determine interventions that would best support female clinical and non-clinical academics at crucial stages of their careers, for example, for those staff returning to work following a period of leave, to have a period of re-orientation/re-training and an identified adviser to support them. The research programme will include:- [a] Adapting and implementing the STEM culture survey to reflect SoM needs. [b] A systematic review of the relevant literature. [c] Individual & group interviews with a range of SoM staff.		Literature review Interviews				developed to address the issues highlighted by this research, as follows:- Year 1: STEM culture survey undertaken, literature review and interviews with staff completed. Year 2: Formulation of action plan. Year 3: Implementation of action plan.

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
Action 16 (page 24) Ensure information about the "Springboard" programme is promoted effectively and monitor the numbers of SoM staff attending.	Institute Directors & Faculty HR	To commence by October 2013	Ongoing	Ongoing		Springboard advertised across all Institutes and the number attending annually reported to Medicine Executive.
Action 17 (page 25) Evaluate whether "Springboard" participants have developed action plans to progress their careers following completion of the programme.	Institute Directors & Line Managers	To complete for all past participants by April 2014	Ongoing	Ongoing		Feedback from "Springboard" participants gathered & analysed to evaluate the career progress benefits of the training.
Promotion & career development						
Action 18 (page 25) Develop additional SoM guidance and training for reviewers and reviewees within the SRDS process to	Faculty HR in consultation with SDDU	Guidance developed	Evaluation of quality of SRDS discussions			Guidance developed.

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
facilitate more effective discussions on career development opportunities, promotion prospects and representation at meetings		Training delivered	regarding career development			Training delivered. Staff report more effective discussions on career prospects and career development
Action 19 (page 25) Increase the awareness of the role of line managers, promotions advisors and principal investigators in supporting and advising staff on their promotion prospects & the promotion process through circulation of the names of promotion advisers with a description of the promotion adviser role in the induction pack and on the website.	ASSG Chair & Institute Directors & Line Managers	To complete by December 2013				Line managers, promotion advisers & principal investigators receive written guidance regarding their role in supporting and advising staff on their promotion prospects. Increased effectiveness of promotions advice given to staff.
Induction & training						

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
Action 20 (page 26) Review Institute-level Induction Packs and processes to ensure the following improvements are implemented:- [a] all relevant information, advice and guidance is incorporated, including the University's flexible working and quality & diversity policies, together with a statement relating to the University's commitment to Athena SWAN and opportunities/expectations for career progression; [b] a consistency of approach is achieved across the SoM's 7 Institutes whereby induction is completed within the required time-frame for new staff.	ASSG members & Institute Directors	To complete by June 2014				Institute Induction Packs reviewed, all relevant information included and examples of best practice adopted with a greater degree of consistency throughout the SoM

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
Action 21 (page 26) Develop a portfolio of activities and resources within the SoM which can be used to support and encourage early career researchers and other members of staff to help them to consider their career development options and to provide support for the next stages of their career.	Faculty HR & Institute Directors & Institute SMTs	To commence by January 2014	To complete by July 2015			Staff surveyed to identify support needs regarding career development. Action plan to meet needs developed and implemented. A portfolio of activities & resources available to early career staff to assist in their career development
Action 22 (page 26) Institute SATs will work together to plan and deliver developmental workshops for women academics.	Institute SATs & Institute Directors	To commence by January 2014	Ongoing	Ongoing		A programme of workshops to support career development is delivered by Institute SATs
Support for female students						

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
Action 23 (page 28) Promote the WiSET Network to TPG & PGR students through encouragement to attend by their supervisors.	Directors of TPG & PGR Studies	To commence by October 2013	Ongoing	Ongoing		TPG & PGR students encouraged by their supervisors to attend the WiSET Network. Evidence of increased levels of attendance.
Action 24 (page 28) Ensure information about the University of Leeds Careers Service is made available to UG, TPG & PGR students.	Directors of MBChB, Student Support, TPG & PGR Studies	To commence in October 2013	Ongoing	Ongoing		Usage of the Careers Service by UG, TPG & PGR students increases compared with the current usage
Action 25 (page 28) Establish the support needs of students with caring responsibilities through focus groups and a student survey and then develop appropriate actions.	Directors of Student Support, TPG Studies & PGR Studies	Interviews held with students Action plan developed	Action plan implemented			Interviews with students held. Action plan developed and implemented. PGR students with caring responsibilities receive appropriate support

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
Organisation/Culture						
Action 26 (page 30) Examine the Terms of Reference and membership criteria of SoM & Institute committees to identify and address any barriers to achieving gender balance in their membership	ASSG Chair & Institute Directors	To commence by October 2013	Action plan developed if issues raised by investigation			Gender representation on committees recorded. Action taken to ensure gender balance
Action 27 (page 30) Implement the SoM's Workload Model and to use the outputs from the Model to monitor gender balance across the various types of activity included within the Model.	Dean & Institute Directors	To implement Workload Model	Ongoing	Ongoing		Workload Model implemented. Outputs used to monitor gender balance
Action 28 (page 31)						

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
All Institutes will be informed that, with effect from the academic session 2013/14, all SoM and Institute meetings will be required to be scheduled between the core hours of 10am and 4pm.	Dean & Institute Directors & Institute SMTs	To complete by October 2013				All SoM and Institute meetings held between 10m & 4pm
Flexible working						
Action 29 (page 32) Promote a supportive culture within meetings and to work with SDDU to provide specific training on chairing and being effective at meetings.	Dean & Institute Directors & Institute SMTs	To plan & deliver training	Effectiveness of training assessed through staff survey			SDDU training on chairing and being effective at meetings provided. A supportive culture at meetings promulgated by Institute Directors.
Action 30 (page 33) Review the gender balance of those staff involved in	Director of MBChB	To commence by	Ongoing	Ongoing		Staff involved in outreach activities

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
outreach activities and ensure that such activities are recognised in the Workload Model.	Admissions	October 2013				monitored and gender equality delivered. A representative proportion of males and females involved in outreach work.
Action 31 (page 33) Examine the length of time taken for maternity leave. If less than the full entitlement, carry out further research to ascertain the reasons for early return and any support mechanisms required to ensure staff are satisfied with the length of maternity leave.	Faculty HR	To complete by December 2013	Ongoing	Ongoing		Maternity leave data reviewed and action plan developed if any actions are required. Induction pack & web site include maternity leave entitlement.
Action 32 (page 34) Inform staff of the University's policies with regard to parental, adoption and additional paternity leave.	Faculty HR	To complete by December 2013				Staff informed of University's family friendly policies through direct communication, web site & induction pack.

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
Action 33 (page 35) Improve central record-keeping on flexible working requests in order to be able to monitor success rates & undertake a regular review to determine reasons why applications for flexible working are turned down.	Faculty HR	To complete initial review by June 2014	Ongoing	Ongoing		Central record-keeping improved to enable monitoring of success rates of flexible working applications. Review of unsuccessful applications.
Action 34 (page 35) All Institute Senior Management Teams will highlight to their staff the University's Flexible Working Policy, emphasizing the process staff should follow, ensuring that all line managers are cognisant of both this policy and their responsibility in terms of implementation, and reinforcing the SoM's commitment to supporting	Institute Directors & Institute SMTs & Line managers	To complete by December 2013				Staff familiar with the flexible working policy of the University. Line managers are informed of their responsibility in terms of implementation of the flexible-working policy.

Description of action	Responsibility	Timescale [session 2013/14]	Timescale [session 2014/15]	Timescale [session 2015/16]	Progress log [to be maintained during the Action Plan]	Success measure
the work life balance of staff and positive approach to flexible working arrangements.						
Action 35 (page 36) Develop and embed SoM-wide guidance to support all staff back to work after long-term absence and evaluate its effectiveness.	Faculty HR & Institute Directors	Guidance prepare & circulated	Guidance reviewed for effectiveness & adapted based on feedback received.			Written guidance provided to female staff regarding support available. Guidance reviewed to determine effectiveness.