

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 Silver Action Plan is organised under the main headings as set out in Section 4 of the Application document 'Supporting and Advancing Women's Careers'. These are:

- Key Transition Point
- Career Development
- Leadership, Organisation and Culture
- Flexibility and Career Breaks

Together these address the four areas prioritised by our staff as highlighted in Section 2b.

We recognise that this plan is necessarily ambitious. In order to ensure the successful delivery and sustainability of our strategy, we have also included action plans around resourcing, communication and ongoing staff engagement.

These themes are cross referenced in the Action Plan, detailed in Section 6. In the narrative of this application, we have indicated which action plan(s) are related to our reflections of the areas we need to address in order to achieve greater gender equality in the SoM.

The Actions often span more than one category, as the Plan is about cultural change. Therefore each action should not be seen in isolation.

Career Development

| Ref | Objective | Responsible Officer | Actions | Success Measures |
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| S1 | Enhance the career progression for our female clinical academics through partnership working with local NHS | Dean of SoM, Professor Paul Stewart | <ul style="list-style-type: none"> Establish a Joint Academic Career Committee with LTHT, reporting to the SoM Executive and the Research, Education and Training Committee of LTHT to oversee joint career development around mentorship, joint working, clinical training, job planning: May 2016 Establish priorities, assessment and reporting methodologies to guide work of the Committee: September 2016 Review impact of actions of committee quarterly: December 2016 onwards | <p>By December 2019: We will see an increase in percentage of female clinical academics at SL/AP to 40%</p> <p>By December 2019: We will have 10 female clinical professors</p> |
| S2 | Maintain gender parity for successful promotion applications through reviewing and developing SoM local benchmarking criteria to recognise different models of excellence, ensuring inclusive language and avoiding gender bias. | Head of HR, Ruth Buller | <ul style="list-style-type: none"> Review and rewrite local benchmarking criteria to broaden the range of activities reflecting a non-gendered understanding of academic excellence: September 2016 Publish the revised criteria and provide supporting guidance for staff, line managers and promotion panels Monitor use of and effectiveness of promotions advisors Continue to review promotions applications and outcomes annually | <p>By December 2019: Gender parity will be maintained for successful promotion for academic staff</p> <p>By December 2018: 80% of staff feel supported in applying for promotion (assessed through staff survey)</p> |
| S3 | Reduce the gender pay gap in the SoM | Head of HR, Ruth Buller Supported by AS Project Officer | <ul style="list-style-type: none"> A task and finish group to report on the underlying basis for the gender pay gap, recognising that clinical academic pay gap will be complex and may require a longer term strategy: April 2017 Implement the actions and recommendations outlined in the report above: July 2017. Once the outcome of all the medical staff contract negotiations is known we will set appropriate action plan and targets to reduce gender pay gap amongst our clinical academic staff | <p>By December 2018: We will have reduced the gender pay gap to 5% for non-clinical staff.</p> |
| S4 | Enhance the female leadership pipeline by improving female career progression opportunities and succession planning in the School. | ASSG (Chair Prof Paul Stewart) SAT leads with Institute | <ul style="list-style-type: none"> Assess gender inequality from baseline data, then annually: September 2016 onwards Heads of Institutes to meet annually with the Dean and Head of HR to discuss Institute's succession planning Develop Institute strategies (as part of their SATs) to increase female participation in leadership activities within and outside of their Institutes | <p>By July 2017: We will have 100% compliance with SRDS across the School</p> <p>By December 2018: There will be female staff in all committee</p> |

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| | | Directors Head of HR, Ruth Buller Business Managers Heads of Institutes | <ul style="list-style-type: none"> Encourage female staff through the SRDS to apply for external committee/panel roles (both external to School and University) | <p>leadership roles (either Chair or Deputy Chair of key committees)</p> <p>By December 2018: There will be significantly increased female representation on external decision making committees</p> <p>By December 2019: We will have gender parity for female SoM representation in leadership roles on internal committees</p> |
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Key Transition Points

| Ref | Objective | Responsible Officer | Actions | Success Measures |
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| S5 | Remove barriers constraining females who wish to undertake part-time post graduate research degrees. | Director of Post Graduate Research Degrees, Robert Ariens | <ul style="list-style-type: none"> Understand the profile of clinically qualified students who undertake an PT MD or PhD Undertake focus groups with potential, and existing full and part-time post graduate non-clinical students to explore issues and enablers, first focus group: by December 2016 Detailed report and recommendations to SoM Executive | <p>By 2018: We will understand the issues and ensure all staff who want to undertake a part time post graduate degree are able to do so.</p> <p>By 2018: All clinically qualified MD/PhD students will be part of the ACF/CRF training programme (ICAT)</p> |
| S6 | Reduce the gender difference in length of time taken to complete research degrees | Director of Post Graduate Research Degrees, Robert Ariens | <ul style="list-style-type: none"> Work with current and recently completed research students (part and full time) to explore issues as to why females students take longer than their male counterparts, first focus group: by Feb 2017 Detailed report and recommendations to SoM Executive so that strategies can be in place for next academic year. | By December 2019 (noting the length of time taken to complete research degrees): We will reduce the difference by 50% in the length of time taken by women and men to complete research degrees |
| S7 | Provide current information on career planning, clinical academic careers, recruitment, funding and mentoring opportunities | Joint Academic Career Committee (see s1) Jo Bentley | <ul style="list-style-type: none"> Working with NHS partners establish a Clinical Academic Training Hub as a central resource to support clinical academic researchers: December 2016 Publicise availability of resource and monitor take up: December 2017 then quarterly | By December 2019: We will have gender parity at Clinical Lecturer level by increasing the number of female Clinical Academics |

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| | targeting female clinical academics to relevant opportunities | | <ul style="list-style-type: none"> Development of the i-Decide tool to promote academic clinical careers for women in their undergraduate studies through the creation of 'day in the life of' videos to sit alongside the current i-Decide package particularly in the craft disciplines. Promote resource to students Provide resource and active support where needed to encourage interested female clinicians to pursue an academic career, including promotion of programmes such as Intercalation, Wellcome Trust/ Academy Medical Sciences Inspire programme, EXSEL @Leeds | |
| S8 | <i>Mitigate any local impact of Junior Doctor's contract on female clinical academic career pathways</i> | Head of HR, Ruth Buller, then eventually the Director of Clinical Academic Trainees Office (TBC) | <ul style="list-style-type: none"> Establish a Task and Finish Group to identify the impact of the Junior Doctors contract Report and make recommendations to SoM Executive | <p>Task and Finish Group established July 2016</p> <p>December 2016</p> <p>February 2017: Action plan for areas over which SoM has control developed</p> |
| S9 | <i>Understand any barriers for female clinical academics who complete their PhD in undertaking a clinical academic career.</i> | <p>Dean of SoM, Prof Paul Stewart</p> <p>Prof Anne-Maree Keenan</p> | <p>This action recognises that we are part of a national system and that some changes we have identified cannot be delivered the SoM. We therefore propose to use our influence and devote resources to work with others to help deliver change at the national level.</p> <p>We will work with the NIHR Dean of Faculty, the Trainees Co-ordinating Centre and the NIHR Infrastructure Training Forum to commission research to understand the barriers and enablers to support female clinical academics progressing from research degree to academic post</p> <ul style="list-style-type: none"> Adoption of action plan resulting from recommendations Monitoring of action plan and report to ASSG for future action planning | <p>Research commissioned December 2017; final report to be available by December 2018</p> <p>January 2019 and on-going review of progress against actions by SoM Executive</p> |
| S10 | <i>Provide enhanced mentoring arrangements for our female academics</i> | Head of HR, Ruth Buller | <ul style="list-style-type: none"> Identify and train a pool of trained mentors Create a system to match mentors and mentees | By January 2017: All female academics within the SoM will have a mentor |

| | | Supported by AS Project Officer Prof Allan House Prof Anne-Maree Keenan | Working with the Academy of Medical Science, we will undertake primary research investigating the gender impact of varying models and efficacy of mentorship programme (to include upward (or reverse) mentoring for example) <ul style="list-style-type: none"> Based on the output of this research we will formulate an appropriate local action for roll out of mentorship models in Leeds | January 2019 |
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| S11 | <i>Develop and deliver a suite of leadership learning and development opportunities to meet the needs of Female academics</i> | Prof Anne-Maree Keenan | <ul style="list-style-type: none"> Conduct qualitative interviews with females who have attended leadership courses including Pearls, Springboard and Aurora to assess their views of the value and effectiveness of such programmes: December 2016 Continue to fund additional (2) places on the Aurora Programme. Use training needs information from the annual SRDS round to assess leadership development needs across the School and deliver SoM specific training to support leadership needs of our female academics: December 2017 Identify current uptake of relevant career opportunities and professional development by female staff Assess effectiveness of programmes against baseline data | By December 2017 we will have increased participation in leadership and professional development programmes by 30% By December 2018: we will have achieved gender parity in leadership roles within the School. |
| <i>Leadership, Organisation and Culture</i> | | | | |
| Ref | Objective | Responsible Officer | Actions | Success Measures |
| S12 | <i>Improve the gender balance in staffing profile tackling Institute-specific priorities</i> By identifying the drivers for gender balance differences across Institutes, and develop and deliver Institute strategies to improve the gender balance | Head of Institutes Institute SAT Leads | <ul style="list-style-type: none"> Based on the Institute analysis of baseline staffing data Where appropriate Institutes will survey staff to understand barriers which may be faced by female academics within that area Institutes to develop an action plan/strategy to improve gender balance for presentation to ASSG and SoM Executive identifying key resources required to support the delivery of the plan Institutes to conduct annual review of staffing data and report to ASSG and SoM Executive | By December 2017: There will be a clear and SMART objective around gender profile dependant on the Institute baseline data By December 2019: All the above objectives will have been met ensuring an increase in the female gender profile where appropriate |
| S13 | <i>Identify any gender related issues influencing decisions by female staff to leave the School and ensure corrective actions are put into place</i> | Head of HR, Ruth Buller | <ul style="list-style-type: none"> Evaluate the new face to face exit interviews within the SoM to supplement the University on-line system Prepare a set of prompt questions for exit interviews to establish concerns around gender issues and awareness of AS strategies Quarterly reviews of Exit Interview data including reasons for leaving and any gender related issues to be presented to SoM Executive | By September 2017: 50% of staff participating in face to face exit interviews Gender issues reported to SoM with recommendations for mitigating action |

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| S14 | <p>Identify any gender differences impacting on length of service for SoM employees across all academic roles and grades, and develop mitigating solutions</p> | <p>Head of HR, Ruth Buller</p> <p>Lead from ASSG</p> | <ul style="list-style-type: none"> Identify and gather key data by December 2016 Prepare report on findings including recommendations to SoM Executive Review data and assess success of recommendations | <p>By March 2017 SMART objectives will be agreed to close gender differential in length of service</p> <p>Close the gender gap regarding length of service informed by the above by December 2019</p> |
| S15 | <p>All SoM staff are fully trained in relevant policies on equality and inclusivity</p> <p>Including dignity and mutual respect, equality legislation and where relevant, unconscious bias training.</p> | <p>Institute Directors, Head of HR Ruth Buller, SoM staff and the Equality Policy Unit</p> | <ul style="list-style-type: none"> Continue the programme of Unconscious Bias training being rolled out to all staff; March 2016 Monitor SoM staff who have not undertaken training, issues reminders and report take up to SoM Executive annually; June 2016 Details of staff who have not undertaken training to be reported to the Dean for action. | <p>By December 2017, 100% of leavers will have completed their online E&I training and all staff involved in HR panels and senior managers (Grade 8 and above) will have attended unconscious bias training</p> |
| S16 | <p>Support female and PT staff so that they are not disadvantaged by external drivers of research excellence</p> | <p>Pro-Dean for Research, Pam Jones</p> <p>Lead from ASSG</p> | <ul style="list-style-type: none"> Review data from REF2014 to highlight any gender differences in external indicators of research performance by December 2016 Undertake focus groups with Institute REF leads to help identify gender issues: April 2017 Report and make recommendations to SoM Executive and establish mechanism for quarterly review of agreed actions through the ASSG: July 2017 Review strategies to ensure relevance for next REF | <p>By July 2019: data collected in preparation for future REF to show no gender differences as a result of external drivers</p> |
| S17 | <p>Ensure a safe and supportive environment for students, staff and visitors</p> <p>Through instilling and maintaining a culture of zero tolerance for sexist language and behaviour</p> | <p>Dean of SoM, Prof Paul Stewart</p> <p>E&I Lead, Louise Bryant working with ASSG Student Representatives</p> | <ul style="list-style-type: none"> Improve signposting to existing support for students and staff experiencing bullying/harassment/sexual assault : achieved November 2015 Implement an improved system across the School and NHS partners for the reporting, monitoring and support of students and staff experiencing or witnessing inappropriate or sexist behaviour, sexual harassment or assault: July 2016 Develop interventions to address specific problems: September 2016 Create and promote guidance for staff and students on zero tolerance of the use of sexist language/images within the learning and working environment and School sponsored social activities. | <p>By July 2017; 100% of staff and students know how to report and access support for incidents (assessed by student/staff survey)</p> <p>Success may be demonstrated by increased reporting in the short term but by July 2019; Annual reports will show decrease in incidents reported</p> |

| Flexibility and Managing Career Breaks | | | | |
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| Ref | Objective | Responsible Officer | Actions | Success Measures |
| S18 | Support females taking career breaks | Head of HR, Ruth Buller | <ul style="list-style-type: none"> Expand the funding for short term academic activity to support their return to the workplace (Academic Development Fund) Maintain Flexible working arrangements and process to purchase additional annual leave Maintain the automatic extension for staff on maternity leave whose FTC comes to an end during the period of maternity leave Regular reporting on the uptake and impact of above activities | <p>By 2018: 10 female staff per year will be successfully applying for the Academic Development Fund</p> <p>We will maintain excellent flexible working arrangements</p> |
| S19 | Empower women who want to take their full maternity leave to do so without any concerns about potential impact on career prospects | Head of HR, Ruth Buller | <ul style="list-style-type: none"> Conduct Semi-structured interviews with those returning from maternity leave prior to their full entitlement to investigate reasons why women choose to take less than their full maternity leave entitlement: April 2017 Implement and review recommendations as appropriate: July 2017 onwards To build on the Maternity leave guidance by developing and informal network such as "Bumps & Babies": June 2016 onwards | <p>April 2018; support measures in place leading to a reduction in the number of women taking less than their full maternity leave entitlement other than by personal choice</p> |
| S20 | Embed fit-for purpose Workload Model to ensure equity and parity, and to empower staff to be involved in alternative career enhancing activities | SoM Business Manager, Adrian Airdale Institute Business Managers | <ul style="list-style-type: none"> Fully functioning Workload model which informs the breakdown of individual academic activity within an Institute, implemented across all Institutes: December 2016 Review of data from workload model to identify any gender differences for leadership/ citizenship, research and teaching activity: April 2017 Where gender differences are identified appropriate measures put in place to address issues: December 2017 Business managers to review KPIs across the workload model for all staff and report back on trends to SMTs and SATs: December 2018 | <p>By April 2017: All recognised activities have an agreed tariff including Institute SAT lead, citizenship and outreach activities.</p> <p>By December 2017: gender parity in terms of key SoM activities including citizenship</p> |

Delivery and sustainability

| Ref | Objective | Responsible Officer | Actions | Success Measures |
|------------|--|--|---|---|
| S21 | <i>Embed Athena SWAN principles and practice in al that we do</i> | Dean of SoM Institute Directors ASSG Head of Communications (Gillian Nield) | <ul style="list-style-type: none"> • Appoint AS Project Officer: September 2016 • ASSG will report to SoM Executive on progress against the plan quarterly: September 2016 • Celebration of the completion of our Bronze Action Plan, including the publication of the SoM Athena Swan Brochure, which will be updated annually: October 2016 • Response service around ‘You Said, We Did’ in order to highlight achievements • HE STEM survey to be repeated in November 2016 and action plans updated as: December 2016 • Constantly updated portfolio of case studies (1 new case study per month) reflecting achievements of our female staff: July 2016 • Quarterly bulletin published featuring useful information, insights and activities for the Leeds Female Leaders Network • Promotion/publicity materials available for use by Institutes internally and at public events: September 2016 • Continuous horizon scanning to identify best practice from other organisations (HE and private sector) | <p>By December 2017: 100% of staff are fully aware of AS principles</p> <p>By December 2018: 50% staff will have contributed to AS activities</p> |

School of Medicine Athena SWAN Bronze Application Action Plan: 2013/14 – 2015/16

Summary of Outcome and Impact, April 2016

| | Action Plan | Progress and Outcomes | Evidence and Impact | Sustainability |
|----------------|--|---|--|---|
| General Issues | <p><u>Action 1</u> By the start of the academic session 2013/14 all Institute Senior Management Teams (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.</p> | <p><i>Completed October 2013.</i> All Institute SMTs have two Athena Swan Representatives, including an Athena SWAN Lead: the Athena SWAN Lead attends each SMT, where Athena SWAN is a standing agenda item.</p> | <p>100% Uptake by all Institute SMTs. All Institute SMT meetings have Athena SWAN progress and issues as a standing agenda item. Each SMT has a sitting member who is also a member of the Institute SAT</p> <p><i>“If I was to think about discussions that we have at senior management team and, you know three years ago perhaps and the discussions we have now, this is, it is an agenda item, these things, these equality issues, gender equality issues are considered and are discussed. Some of that is a consequence of Athena SWAN”.</i></p> <p>LIHS SAT Member</p> | <p>Athena SWAN is now embedded into the culture of the School of Medicine and its constituent Institutes Senior Management Teams.</p> |
| | <p><u>Action 2</u> Embed the Athena SWAN Charter throughout the School of Medicine through Institute SATs developing and implementing local action plans to support the School of Medicine’s Action Plan.</p> | <p><i>Completed December 2013</i> Each Institute have their own Athena SWAN Action Plan and, like the School of Medicine Action plan, these are living and documents that are continually reviewed and updated. Quarterly updates are received from the Institutes SATs by the School of Medicine ASSG.</p> | <p>100% Uptake by all Institute SMTs</p> <p><i>“Having an Institute [Athena SWAN action plan] has been essential in giving local ownership and accountability: it has made our Institute review and reflects on local issues that we can affect, not just leaving it to the University.”</i></p> | <p>The Institute Action plans are key to the long term sustainability of the School of Medicine’s activities around gender equality. The 2016 focus groups demonstrate that the plans have become embedded into Institute business and are highly valued by female staff.</p> |

| | Action Plan | Progress and Outcomes | Evidence and Impact | Sustainability |
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| General Issues | <p>Action 3 Establish formal quarterly reports from the ASSG to Medicine Executive and Joint Partnership Board (with local NHS) outlining progress against the Action Plan.</p> | <p><i>Completed December 2014</i> Quarterly reports of Athena SWAN progress are tabled at the School of Medicine Executive and the Joint Partnership Board for information and comment. This has resulted in a greater understanding of the local issues around gender imbalance, particularly associated with our clinical academic workforce.</p> | <p>Discussion of the Athena SWAN data and action plans between the LTHT and the University has led to</p> <ul style="list-style-type: none"> - Identification of the need of the Trust to develop regular reviews of outcomes of the Undergraduate Survey around clinical placement. Our 2015 student survey showed female medical students were more likely to experience sexism on placement than within the University. - Joint Mentorship Programmes being developed with an emphasis on ensuring women are engaged with the programme - Joint funding for 10 places on the PEARLS female leadership programme Pilot programme and ongoing support for the Leeds Female Leaders Network | <p>Resultant Silver Action Plan</p> <ul style="list-style-type: none"> ▪ S1: Establishment of Trust-University Joint AS Committee to support the engagement of NHS on gender issues and a reporting and monitoring system is in place. ▪ S8: Establishment of a joint Trust and University Clinical Academic Training Office to support clinical academic researchers with a focus on female staff |

| Action Plan | | Progress and Outcomes | Evidence and Impact | Sustainability |
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| Student Data | <p><u>Action 4</u> Monitor the impact of MBChB multi-mini-interviews (MMIs) on applications and success rates by gender.</p> | <p>Completed October 2014 The multiple 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.</p> | <p>Analysis of the first two years of the MMIs indicated that the introduction resulted in an overall decrease in the number of students applying as expected. Our analysis demonstrated that females still outperform males in this form of interview just as they did when the two groups are compared in traditional interviews.</p> | <p>The School Teaching and Education Committee discuss the figures annually, which forms part of the annual return for the school. We monitor MMIS producing a statistical report annually that goes to the Medical Education Committee and Admissions committee. Recommendations for any changes are incorporated within the next cycle. Ongoing monitoring and review of MMI and UG application and acceptance data is a key performance indicator of AS strategy.</p> |
| | <p><u>Action 5</u> Each Taught Post Graduate (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.</p> | <p>Completed October 2013 A team led by the Director of Postgraduate Taught Studies Dr Karen Lee reviewed all materials for PGT programmes.</p> | <p>No gender bias was identified in the marketing of the taught postgraduate programmes</p> | <p>Resultant Silver Action</p> <ul style="list-style-type: none"> ▪ S5: We will explore reasons why women are less likely to undertake part-time graduate courses |

| | Action Plan | Progress and Outcomes | Evidence and Impact | Sustainability |
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| Student Data | <p>Action 6 Review the profiles of part-time and full-time Post Graduate Research (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.</p> | <p>Completed June 2014 Using a similar methodology to Action 5, a team led by the Director of Postgraduate Research studies reviewed recruitment, application and appointment processes. Training for the PGR Supervisors and Tutors has been rolled out. All existing supervisors and staff have completed training and have initiated a process to ensure new staff receive training.</p> | <p>No gender bias was identified in the marketing of the postgraduate research programmes. Interestingly, the review of the profile of recent students indicated that the majority of our part-time PGR students are UoL employees or NHS staff members (nearly all are clinicians). Of note, substantially more male than female NHS employees undertake PT research degrees and many of these are self-funded: the issues around this will be explored as part of the Silver AP. It was noted that with part-time NHS students, there is less formal contact with the University in the early phases: there is a need to understand if this is a contributing factor.</p> | <p>Ongoing monitoring and review of data to inform progress with our Athena SWAN strategy. All PGR Tutors and Supervisors are required to undertake training in equal opportunities which is monitored through HR. We have instigated an email reminder system to ensure currency of training.</p> <p>Resultant Silver Action Plans</p> <ul style="list-style-type: none"> ▪ S5: We will explore reasons why women are less likely to undertake part-time graduate research degrees ▪ S1: Develop activity with the NHS locally to jointly enhance career progression of clinical academics ▪ S8: Establish a clinical academic training office |

| | Action Plan | Progress and Outcomes | Evidence and Impact | Sustainability |
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| Staff Data | <p><u>Action 7</u> 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.</p> | <p>Completed June 2014 The Institute Directors and Faculty HR reviewed the data and presented their report to the School of Medicine Executive and ASSG. It was agreed that this data needed to inform the Institute SATs and from March 2016, the SATs now receive this data.</p> | <p>The review of the institute data indicated that</p> <ol style="list-style-type: none"> i. SoM gender balance is very similar to the overall national picture. However, this is not evenly distributed across the School of Medicine's Institutes ii. The School of Medicine is recruiting more women than men at training grades, but given the higher recruitment of women overall to Clinical Medicine it is not unexpected that slightly more women than men are entering clinical academic training. iii. There are barriers in relation to moving between NHS/University contracts as different terms and conditions have a significant negative impact on maternity/paternity leave entitlement. iv. The start of the clinical academic career pathway is an Academic Clinical Fellow (ACF) post. These posts are in the NHS not the University and therefore if we wish to influence the early stages of the pathway in terms of gender equality we must work closely with NHS partners. v. For senior academic staff, the award (or not) of local and national Clinical Excellence Awards can be a disincentive for female staff to pursue an academic career. In Leeds there is a slight gender imbalance (in favour of men) in total awards but the picture is considerably better than the national figures. <p>As a result of this review we</p> <ul style="list-style-type: none"> ▪ Are developing a formal reciprocal agreement with the Regional Deanery (based on our agreement with LTHT) to honour Terms & Conditions for clinical staff on integrated training pathway. Thus clinical trainees moving between NHS and University employment during the course of training are not disadvantaged for example in relation to maternity leave entitlement. ▪ Have forged more formal links with the Leeds Teaching Hospitals Trust in supporting female clinical academics (including the Leeds Female Leaders Network, sharing of Athena SWAN data with the Trust, joint mentorship programmes). | <p>Ongoing monitoring and review as data to inform progress with our Athena SWAN strategy. The profile of staff data is now provided annually to the Institute SMT and SATs: individual action plans are aimed at addressing local gender equality related issues.</p> <p>Resultant Silver Action Plans</p> <ul style="list-style-type: none"> ▪ S9: Working with the Dean of Faculty (NIHR) and the NIHR Infrastructure Training Forum, we will commission a research project to understand the barriers for female clinical academics who complete their PhD in undertaking a clinical academic career ▪ S8: Establish a clinical academic training office with support for female academics as a priority ▪ S5: Building on best practice within the existing ICAT programme establish a joint University-NHS career planning group that all clinical research training fellows can engage with in planning career progression post PhD providing support to female students as a priority |

| | Action Plan | Progress and Outcomes | Evidence and Impact | Sustainability |
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| Staff Data | <u>Action 8</u> 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. | Completed December 2013 We monitored 300 leavers over the previous 12 month period. | Of 300 leavers, only 9 completed the exit questionnaire and interrogation of this data indicated no gender bias or cultural issues. The low response rate may be related to <ul style="list-style-type: none"> ▪ People leaving are less likely to complete a questionnaire unless they have had an extreme experience ▪ The questionnaire was inappropriate As a result we have offered Face to Face exit interviews and will monitor this on a quarterly basis. The Face to Face interviews will consist of an open interview phase, followed by a semi structured phase with questions around gender and Athena SWAN initiative awareness. | Resultant Silver Action Plan <ul style="list-style-type: none"> ▪ S13: Review uptake and outcomes of face to face exit interviews |
| | <u>Action 9</u> Examine the success rates of male and female School of Medicine re-deployees on the University's re-deployment register and take appropriate action to rectify this if gender biases are uncovered. | Completed July 2014 Data reviewed from previous 12 months | Of note, this data is held centrally within the University and is not comprehensive. We undertook a School wide analysis and our self-assessment indicated that <ul style="list-style-type: none"> ▪ Not all employees go through the central university system ▪ More females are in fixed term research posts and as a result are more likely to go on redeployment ▪ There appeared to be no gender bias in the success rate of those redeployed. | Annual monitoring and review as data to inform progress with our Athena SWAN strategy. |
| Staff Data | <u>Action 10</u> 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 | Completed October 2013 The Faculty HR reviewed the data provided by the I-grasp system | The I-grasp system was found to be inadequate in terms of generating data relating to any gender issues in recruitment. The University replaced the system with 'Stonefish' in September 2014, partially selected to deliver better recording and reporting on equalities data at all stages of the recruitment process. | Annual monitoring and review as data to inform progress with our Athena SWAN strategy. |

| | Action Plan | Progress and Outcomes | Evidence and Impact | Sustainability |
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| Staff Data | <p><u>Action 11</u> 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.</p> | <p>Completed April 2014 By School of Medicine HR</p> | <p>Our review established that 201 academic and research staff are currently at the top of their grades. 58% of this group are female. Individual reasons were explored through an on-line questionnaire to all staff but this had a low response rate of 22%, of whom two thirds were female. The following 4 key themes emerged:-</p> <ul style="list-style-type: none"> (a) A majority of staff wished to progress to a higher grade (b) Line management support was seen as critical for successful promotion (c) The tensions between work/life balance and career progression (d) Frustration with the University's promotions procedures, described as complicated and off-putting. <p>The university promotion criteria have been reviewed in consultations with the Unions, with a gender bias consultation being carried out within this. One outcome has been a greater emphasis on teaching achievements and recognition of collaborative working, which are more commonly undertaken by women.</p> <p>See also Bronze Actions 18 & 19.</p> | <p>Resultant Silver Action Plans</p> <ul style="list-style-type: none"> ▪ S2: Review of the impact of the School of Medicine local benchmarking criteria for promotions |

| | Action Plan | Progress and Outcomes | Evidence and Impact | Sustainability |
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| Recruitment of staff | <p><u>Action 12</u> Ensure all recruitment advertising includes statements on the availability for job share, where appropriate, and the School of Medicine's commitment to Athena SWAN.</p> | <p>Completed July 2013 By School of Medicine HR</p> | <p>From July 2013, all School of Medicine posts are now advertised as follows: "The University of Leeds is committed to providing equal opportunities for all and offers a range of family friendly policies. The University is a charter member of Athena SWAN and holds the Bronze Award. The School of Medicine gained the Bronze Award in 2013. We are committed to being an inclusive medical school that values all staff and we are happy to consider job share applications and requests for flexible working arrangements from our employees". Analysis of applications since implementation of this change show there has been a slight increase in applications for female candidates. The new Stonefish system will enable us to measure this more accurately.</p> <p><i>"I discussed flexible working arrangement as soon as the post was advertised. I discussed this again at interview with regards to working from home 2 days a week. I remember the Athena swan statement on the JD- re the University being supportive of flexible working. The Institute was surprisingly supportive of my required working arrangements and this has led me to feel inspired to work harder and more committed to the role"</i></p> | <p>HR wording now embedded for all job advertisements.</p> |

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| <p><u>Action 13</u> Monitor progress towards achieving equal gender balance on interview panels.</p> | <p>Completed July 2014 By School of Medicine HR</p> | <p>Quarterly reports provided by HR that indicate gender balance on interview panels is being achieved. This issue will continue to be monitored to ensure equal gender balance on interview panels is maintained.</p> <p><i>“We’ve definitely seen an improvement in gender balance on interview panels”</i></p> | <p>Ongoing monitoring and review as an indicator of progress with our Athena SWAN strategy.</p> |
| <p><u>Action 14</u> 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</p> | <p>Completed December 2013 By School of Medicine HR</p> | <p>A system has now been instigated to check that all interview panel members have completed the required equality training (which includes training on gender equality and unconscious bias training) before taking part in an interview panel. Where panel members have not undertaken training they are sent the link to the on-line equality and diversity training. The dissemination of this system has been supported by Institute SMTs, illustrating how Athena SWAN implementation is now embedded in School of Medicine governance. Over 40 academic staff have been prompted to register for refresher training indicating they are aware of their responsibilities towards gender equality.</p> <p>The Athena SWAN research commissioned by the ASSG (see Bronze Action 15) identified that most staff supported gender blinding when shortlisting for recruitment. After investigating the practicalities of this in an academic environment (such as blinding names on publications and grants etc), it was agreed that a more pragmatic approach was to mandate that all staff involved in HR panels would under unconscious bias training. This has now been implemented and our recent focus groups show that this has had an impact in day-to-day recruitment practice.</p> | <p>Embedded system monitored by HR. No person is allowed to sit on an interview panel without having completed equality and diversity training.</p> <p>Resultant Silver Actions We will now extend this to all staff within the School and introduce mandatory Unconscious bias training for senior staff and those on interview panels (S15)</p> |

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| Supporting staff at key transition points | <p><u>Action 15</u> Undertake a programme of qualitative and quantitative research to enable us to understand the barriers to female career progression 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 School of Medicine needs.</p> | <p>(a) STEM Survey Completed December 2013 The HE STEM Staff Culture Survey was made available on line to all academic staff in November/December 2013. With the support of Institute SATs and SMTs over 400 staff responded, an excellent response rate of 72%. A copy of the full report can be found at http://medhealth.leeds.ac.uk/download/1298/he_stemm_survey_report</p> | <p><i>STEM Survey</i> Many of the messages from the survey were positive, for example, high levels of agreement that sexist language or behaviour were unacceptable in the School. However, there were also some significant differences. Key findings included;</p> <ul style="list-style-type: none"> i. women were less likely than men to agree that women were paid an equal amount for doing the same work or work of equal value ii. women were more likely than men to disagree that staff who work part-time are offered the same career development opportunities as full-time staff, and iii. men were more likely than women to agree that their Institute uses men and women equally as visible role models. <p>The survey itself played an important role in further raising awareness of Athena SWAN and gender equality issues across the SoM, and have informed our Silver action plan The results were circulated to all staff and discussed at the School of Medicine Executive and Institute SMTs.</p> | <p>We have scheduled a revised version of the survey will be administered in November 2016 – three years after the original – to assess change in key areas. In order to reduce the burden on staff and to maintain our high response rate, the survey will be run in conjunction with assessment on other Athena Swan initiatives and engagement.</p> <p>In order to assess the impact of initiatives on these key themes from the survey, we have undertaken Institute based focus groups, which include questions specifically on the outcomes of the survey. Quotes from the focus groups are included in this update of the Bronze and the Silver application.</p> |

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| Supporting staff at key transition points | <p><u>Action 15 (cont)</u> [b] A systematic review of the relevant literature.</p> | <p>Review of the Literature and Primary research Completed July 2014 In January 2014 a part-time research fellow was appointed by the School of Medicine to work with a team of academic staff. A literature review of interventions to support gender equality in academic medicine was conducted along with a primary qualitative research study using Q methodology to identify the intervention priorities and preferences of staff members. The study was completed in July 2014. The full report can be found at our AS Webpage.</p> | <p><i>Review of Literature and research project</i> Our literature review of gender equality interventions within academic medicine, and primary research with SoM staff to identify their priorities indicated that four areas were key to success:</p> <ul style="list-style-type: none"> ▪ Career development, promotion and equal pay for women ▪ Improving support for diverse working patterns (flexible working, part-time, career breaks) ▪ Education and training for all staff to increase awareness of gender inequality and build knowledge and skills to address this ▪ Evaluation, monitoring and collation of impact. <p>As well as influencing our own self-appraisal and action planning our research is also influencing the national agenda, with this work being presented two national conferences.</p> | <p>Our Silver plan has been built around the four areas identified in our research. The success of this initiative has encouraged us to commit to funding further formal research as part of our Silver Action Plan (S9).</p> |
| | <p><u>Action 15 (cont)</u> [c] Individual & group interviews with a range of School of Medicine staff.</p> | <p>Completed April 2016 We have undertaken semi-structure focus groups with each of our Institutes to explore general issues around barriers to gender equality and specifically around the outcomes of the STEM survey.</p> | <p>In order to assess the impact of initiatives on these key themes from the survey, we have undertaken Institute based focus groups, which include questions specifically on the outcomes of the survey. Quotes from the focus groups are included in this update of the Bronze and the Silver application.</p> | <p>We will continue to conduct interviews and focus groups to supplement other evidence to ascertain the impact of our Athena Swan initiatives.</p> |

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| Supporting staff at key transition points | <u>Action 16</u> Ensure information about the “Springboard” Women’s Development Programme is promoted effectively and monitor the numbers of School of Medicine staff attending. | Completed December 2013 The “Springboard” programme is now promoted across all School of Medicine Institutes via line managers and supervisors, for example as part of the Staff Review and Development process | Since our bronze award 38 women from the School have completed the Springboard Programme. | Ongoing promotion, and annual/monitoring and review of participation by females in all development programmes as a key performance indicator of Athena SWAN strategy. |
| | <u>Action 17</u> Evaluate whether “Springboard” participants have developed personal action plans to progress their careers following completion of the programme. | Completed December 2013 The “Springboard” participants are monitored centrally so that the School of Medicine is aware of take-up rates and those individuals who have benefitted from this training opportunity. As part of the new SRDS training, staff are encouraged to discuss their action plans. | Over the past three years, a total of 38 SoM staff have attended this programme. Feedback from this programme is generally positive and includes comments such as <i>“This is an amazing programme that has increased my confidence – I now like ‘me’ and want to take every day with positive and confident steps”</i> ...and... <i>“I feel enthused, motivated and now know that if I want to, I can”.</i> | We will continue to sign post our female staff to development opportunities that are appropriate through the SRDS, mentorship and our communication activities. |

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| Promotion and career development | <p><u>Action 18</u> Develop additional School of Medicine guidance and training for reviewers and reviewees within the Staff Review & Development System (SRDS) process to facilitate more effective discussions on career development opportunities for women, promotion prospects and equal representation at meetings</p> | <p>Completed April 2014 Additional School of Medicine written guidance was circulated to staff in March 2013 to facilitate more effective discussions on career development opportunities within the SRDS process. Following feedback, additional School of Medicine guidance was developed in April 2014 (in the form of Frequently Asked Questions) specifically aimed at PIs and line managers in their role of supporting and advising staff on their promotion prospects and the process. This has been circulated to all managers, PIs and promotion advisors, and is available online. Feedback from women to date has been positive. The aim of this guidance has been to bring together the probation, SRDS and promotion processes into the context of more effective career development and support for staff and to prevent these processes from being viewed in isolation. Furthermore, SRDS training has been incorporated into the PI Development training</p> | <p>With the new SRDS guidance, we have had an increase uptake in SRDS completion rates. Feedback from our 2016 focus groups suggest that with greater structure and focus on personal development, the SRDS is now valued more.</p> <p><i>“So I think that’s, to me, been one of the largest changes, is that there has been a cultural change of the importance of SRDS”</i></p> <p>The School of Medicine is currently working with Faculty HR to consider how the SRDS process can also be used to help managers identify that providing career support for female staff is an important area of their own development.</p> | <p>SRDS guidance notes now embedded into the annual review process and updated annually.</p> |

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| <p><u>Action 19</u> Increase the awareness of the role of line managers, promotions advisors and principal investigators in supporting and advising female 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.</p> | <p>Completed December 2013 The HE STEM survey and our Research showed that staff found the promotion processes confusing and difficult. Following review it was concluded that the central list of School of Medicine Promotion Advisers was adequate in terms of total numbers and out of date. We have reviewed their local list of Promotion Advisers and identify new ones. The list of Promotion Advisers available on-line has also been realigned to be divided by role type (Academic, Professional & Managerial, Support & Technical) rather than by Institute. The purpose of this is to ensure that, regardless of the nature of an individual's role, there should be a Promotion Adviser who they can approach from a similar working/career background to them. In addition to the advice provided by the University, we have tailored additional guidance for School of Medicine managers. This guidance specifically refers to the requirement on managers to identify staff who might be ready for promotion but who are uncertain about putting themselves forward.</p> | <p>We have increased the total number of Promotion Advisers covering a broad spectrum of role types. Over the past three years, twice as many females have applied for promotion as males (25F, 12M). Importantly, we have noted an increase in female applying for Grade 9 and 10 posts, which is where there is the greatest gender imbalance.</p> | <p>We will monitor and review annually the role of the Promotion Advisers at the same time of advertising of the posts.</p> |

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| Induction and training | <p>Action 20 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 School of Medicine's 7 Institutes whereby induction is completed within the required time-frame for new staff.</p> | <p>Completed September 2015 Institute-level Induction Packs have been reviewed to ensure that they contain information relating to 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.</p> | <p>The introduction of Institute induction packs is essential in order to provide local knowledge: this is particularly important in terms of School of Medicine Athena SWAN initiatives, such as flexible working practices but also initiatives led by Institute SATs such as the location of private rooms for women who are breast feeding to feed their babies or express.</p> | <p>The induction packs for each Institute will be regularly monitored by the institute SATs to ensure that they remain current and relevant</p> |
| | <p>Action 21 Develop a portfolio of activities and resources within the School of Medicine 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.</p> | <p>Completed July 2015 Supporting early career female researchers in a key element of our Athena SWAN strategy. In 2015, the SoM, working with the Faculty of Medicine and Health, established a Post-Doctoral Academy to support early career researchers</p> | <p>The Post-Doctoral Academy comprises a number of elements, including a web-site (sign posting for fellowship application, potential resources), meetings and networking. The School of Medicine has a number of Institute-based Early Career Groups, which are overseen by a central School of Medicine Steering Group. These groups are all led by postdoctoral staff and supported by senior staff who provide career advice, such as how to successfully apply for fellowships and offer industry days. Groups meet monthly with attendances of between 30-40 people, with a high representation of women. The Faculty Pro-Dean for research has also organised a series of workshops, supported by academic staff and HR.</p> | <p>Ongoing resource and support for the Postdoctoral Academy will be supported by the School of Medicine.</p> |

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| Supporting female staff | <p><u>Action 22</u> Institute SATs will work together to plan and deliver developmental workshops for women academics.</p> | <p>Completed January 2015 It was decided that a better use of resources would be better sign posting and support for women academics to attend existing internal and external development programmes (e.g. Aurora, PEARLS and Springboard).</p> <p>However, following discussion at ASSG and School of Medicine Exec it was agreed that training for Principle Investigators (PI) would be established. This was agreed however, not solely for female staff.</p> | <p>Three programmes for PIs have been delivered: 41 PIs relatively new to leadership were selected for this course (23 females) and have received positive feedback from a female attendee:</p> <p><i>“All in all a very useful course which sets out the expectations of PIs/Fellows. Much of the content covered issues I have wondered about in the past and not known where to go to get the information. I think there has been the expectation that people have an innate sense of these issues and it is reassuring to know that we now have them written down”.</i></p> | <p>PI Training is now part of the School of Medicine calendar to ensure that all early career researchers have access to this course.</p> |
| | <p><u>Action 23</u> Promote the WiSET (Women In Science Engineering and Technology) Network, a University wide initiative, to TPG & PGR students through encouragement to attend by their supervisors.</p> | <p>Completed December 2013 The benefits of attending the WiSET network are now promoted to TPG students and PGR students by tutors, with additional sign-posting through the School of Medicine website.</p> | <p>Promotion and support of WiSET to early career researchers has resulted in an increased presence at WiSET events. Feedback from attendees has indicated that this group is particularly useful for non-clinical early career researchers. The Leeds Female Leaders Network was developed in 2014 to promote and support clinical academics and NHS workers and has been highly successful.</p> <p>Membership of the Network is now over 680.</p> | <p>Resultant Silver Actions</p> <ul style="list-style-type: none"> ▪ S1 Develop activity with the NHS locally to jointly enhance career progression of clinical academics |

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| <p><u>Action 24</u> Ensure information about the University of Leeds Careers Service is made available to Undergraduate, Taught and Research Post-Graduate students.</p> | <p>Completed We have reviewed the availability of information about the University of Leeds Careers Service for Undergraduate, TPG and PGR. The Careers Centre provides advice for all students and is a source of information for opportunities across numerous career pathways. A web page has been designed on the School of Medicine web site that describes how PGR and TPG students can access the Career Centre facilities.</p> | <p>For MBChB students employability teaching is now an integral part of the MBChB curriculum.</p> <p>(a) MBChB students can access 1:1 sessions with a specialist careers advisor. There is also a network of career mentors across the West Yorkshire Region to which the School of Medicine is currently adding more female senior clinical academics.</p> <p>(b) For TPG students a discussion was held with Programme Leaders to ensure effective signposting of the Careers Centre facilities, together with including a presentation by Careers staff at induction or at the end of the programme.</p> <p>(c) For PGR students the University Graduate Training and Support Centre provides advice on internal and external career training provisions together with career specific courses. These include 2 careers days (one organised by the Faculty of Biological Sciences and one by FMH), Working in Industry, Being a postdoc abroad, From postdoc to academic and Becoming an independent researcher</p> | <p>Continue to promote and annual monitor and review of Career Service usage</p> |

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| <p><u>Action 25</u> Establish the support needs of students with caring responsibilities through focus groups and a student survey and then develop appropriate actions.</p> | <p>Completed October 2013 A formal review of the support needs for students with caring responsibilities, most usually women with small children or elderly relatives was conducted through a specially convened focus group in mid-2013. Feedback indicated that the School of Medicine has robust, sympathetic support mechanisms in place for all students. Each case is considered on an individual basis; possible actions include extensions to assessment deadlines, permitting students to take periods of temporary leave and the careful discussion of personal circumstances when a student presents a case for mitigation in an assessment. All these processes operate for all students, whether they are carers or not.</p> | <p>The focus group identified the following mechanisms to support students with caring responsibilities: extensions to assessment deadlines, permitting students to take periods of temporary leave and the careful discussion of personal circumstances when a student presents a case for mitigation in an assessment. Clearly, these processes operate for all students, whether or not they are carers, but it may be that carers utilise these approaches more often than non-caring students. At the School Student Academic Experience Review in March 2013 the review team noted that PGT programmes made greater use of extensions and temporary leave to support students during their studies. Some programmes have been deliberately designed for participants who work and care for children or elderly relatives so that attendance is in a block and course work timetabled into the study time.</p> | <p>Availability of support for students with caring needs is specifically included in our communication strategy.</p> |

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| Organisation and culture | <p><u>Action 26</u> Examine the Terms of Reference and membership criteria of School of Medicine & Institute committees to identify and address any barriers to achieving gender balance in their membership</p> | <p>Completed October 2013 The Terms of Reference and membership criteria of School of Medicine and Institute committees were reviewed by Business Managers and HR first in October 2013 and no specific barriers were identified to achieving gender balance in their membership.</p> | <p>Gender balance on School and Institute committees has been poor. Along with the review of the Terms of References, several other initiatives (SRDS review of committee membership, publishing of gender balance) has made staff within the School more aware of this. We are delighted to report that greater gender balance has been reported in all School of Medicine and Institute committees as a result of several Athena SWAN initiatives</p> | <p>Ongoing monitoring and review as a key indicator of the success of our Athena SWAN strategy.</p> |
| | <p><u>Action 27</u> Implement the School of Medicine'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.</p> | <p>Ongoing , now part of Silver AP The School of Medicine is piloting the Workload Model. Once outputs from the pilot have been reviewed and workload allocations approved, a full implementation across all academic staff will take place. The importance of including pastoral, administrative leadership and citizenship responsibilities in the model (including contribution to the Athena SWAN initiative, e.g. as a SAT member) was confirmed by our research findings that suggest female academics may disproportionately take on such roles and not be appropriately recognised for this commitment to vital School functions.</p> | <p>The importance of these citizenship activities is also being recognised more broadly across the School. For example 2 female staff members have been awarded additional payments for their work on Athena SWAN as part of the recent Reward and Recognition scheme.</p> <p>The greater recognition of teaching and administrative leadership in the new promotion criteria is a further demonstration of this, evidenced by the recent promotion to Chair of the School's Director of Student Education, Professor Laura Stroud</p> | <p>Resultant Silver Action</p> <ul style="list-style-type: none"> ▪ S19: To fully embed the Workload Model as a tool to support managers and Institute Directors on the resources and level of activity deployed within their Institute to help ensure equity and parity, and opportunities for staff to be involved in alternative career enhancing activities |

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| <p><u>Action 28</u> All Institutes will be informed that, with effect from the academic session 2013/14, all School of Medicine and Institute meetings will be required to be scheduled between the core hours of 10am and 4pm.</p> | <p>Completed October 2013 The School of Medicine agreed a core hours policy that makes it clear that individual staff can work flexibly as they choose but that regular and/or important meetings must not be held at times when members cannot attend.</p> | <p>Some Institutes have recently surveyed all staff to establish working patterns, to help with arranging meetings so that most staff, including those working part-time, can attend. There is clear evidence of a culture change within the SoM: feedback from staff has indicated that while it is not a universally agreed policy that is compatible with flexible working, it is the default state. Furthermore, staff now feel they are able to ask for a change of meeting times:</p> <p><i>“What’s really useful about Athena SWAN is that we can have these conversations, particularly with the core hours thing, and think about what the principles are underneath the initiatives, rather than rules for this and rules for that”</i> ..and... <i>“Historically we have a nine o’clock meeting on a Tuesday morning, and that hasn’t changed, although we did discuss changing it but it actually that was the best time for most people to attend”.</i></p> | <p>Embedded practice within the SoM culture.</p> |

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| Flexible working | <p><u>Action 29</u> Promote a supportive culture within meetings and to work with SDDU to provide specific training on chairing and being effective at meetings.</p> | <p>Completed July 2015 The SDDU has developed a course “Leading & Managing in the New Academic Environment: Chairing Meetings”. To date, the course has always been oversubscribed.</p> | <p>No change in uptake of SDDU courses. From 2013-2015, 31 members of the SoM attended this course: 19 of whom were women. This was very similar to the number of females who attended over the previous three years (18 out of 30). We have met with the SDDU who are currently updating all their leadership courses in alignment with changes to leadership competencies across the University. We will continue to work with the SDDU to develop and monitor such initiatives.</p> | <p>Resultant Silver Action - S13: Undertake a review of leadership programmes available at the SoM</p> |
| | <p><u>Action 30</u> Review the gender balance of those staff involved in outreach activities and ensure that such activities are recognised in the Workload Model.</p> | <p>Completed October 2013 The gender balance of academic staff involved in outreach activities has been reviewed by the ASSG. This demonstrated that there is an approximately equal mix of male and female staff involved at each event.</p> | <p>In 2012/13 there were four MBChB targeted outreach events attracting a total of 182 participants, including 113 females (62%). These workshops include Discovering Health Research, Mentor/Mentee, Personal Statement Workshop and Mock MMIs (Multiple Mini Interviews). These events were delivered by 75 staff including student support staff, including 45 females (60%). In addition, the SoM delivers 2 outreach sessions annually for prospective MBChB students. These are delivered through a combination of SoM & external staff and existing medical students. In 2013, 5 staff (2F, 3M) delivered these sessions to 261 participants (174 female).</p> | <p>Ongoing monitoring and review as a key performance indicator of success of Athena SWAN strategy.</p> |

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| <p><u>Action 31</u> 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.</p> | <p>Completed December 2013 We analysed data relating to staff taking maternity and adoption leave during the period reported in the table above.</p> | <p>Twenty seven women (34%) took the full twelve months maternity leave allowed, with the remainder taking 9 months or more. Further information was sought via electronic questionnaire, (26 (33% respondents). Whilst finance and uncertainty about contract length (for fixed term staff) was a factor in reaching decisions, there was also a clear perception from respondents that taking the full twelve months leave might negatively affect their career. The academic development fund was introduced to help address the issue around the negative impact on careers</p> | <p>-S20: Empower women who want to take their full maternity leave to do so without any concerns about potential impact on career prospects</p> |
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| <p><u>Action 32</u> Inform staff of the University's policies with regard to parental, adoption and additional paternity leave.</p> | <p>Completed December 2013 We actively promote information regarding the University's family-friendly policies to all staff on a regular basis via a number of channels. Information is now included within the School of Medicine and Institute Induction packs for new members of staff, and on the School of Medicine's new Athena SWAN web site where there is a dedicated page for flexible working policies. In addition, due to the School of Medicine having a large number of staff based off the University campus, a range of posters positioned in the key staff areas are also being used to promote and inform staff of the University's family-friendly benefits.</p> | <p>As a result of feedback, we have developed information to be delivered through 'drop in' surgeries being held around the Leeds campus and St James' University Hospital for both staff and managers to create awareness of all flexible working policies that the University has and for people to raise individual queries or questions about their own circumstances as a manager or member of staff. We intend to raise awareness of flexible options available to staff, but to also enable staff and managers to see the benefits and how flexible working may work for them and their activities. In February 2016 we commenced a series of Athena Swan Roadshows at each campus which have proved highly successful.</p> <p><i>"The roadshows have been effective at allowing discussion between staff and HR about not only what things are happening but also what is possible".</i></p> | <p>Resultant Silver Action</p> <ul style="list-style-type: none"> ▪ S21: Staff are kept up to date with Athena Swan developments, events and policies. |

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| <p>Action 33 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.</p> | <p>Completed June 2014 Previously there were no formal mechanisms for recording successful & unsuccessful flexible working requests. There are a number of different types of flexible working requests to capture. Some (ie. maternity/paternity/adoption leave) are easier to report on than others. We are aware of much good practice and locally agreed flexible arrangements. However, feedback from staff suggests that we should not seek to unnecessarily formalise these arrangements. From September 2014, we have implemented a local recording system which records flexible working requests and which is monitored by the HR team quarterly</p> | <p>Since July 2014 all of the formal flexible working applications have been agreed. In total we have had 54 applications from staff within the School of medicine of which 13 were from academic members of staff.</p> | <p>Resultant Silver Action S27: Staff are kept up to date with Athena Swan developments, events and policies.</p> |
| <p>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 School of Medicine's commitment to supporting the work life balance of staff and positive approach to flexible working arrangements, which especially supports our female staff</p> | <p>Completed December 2013 The Chair of the ASSG wrote to all Institute Directors to explain the importance of regularly promoting to their members of staff the flexible working policy of the University together with informing those members of staff with line management responsibilities of their duties in respect of this issue. Subsequently, ASSG members confirmed that their Institutes had raised the profile of flexible working locally. All staff are now encouraged to discuss with their line manager possibilities for flexible working. Since the Bronze Application, the School of Medicine has promoted the University's family friendly policies.</p> | <p>The 2016 focus groups provided a great deal of evidence on how flexible working was valued by our staff but also on how perceptions of flexible working have changed as part of the Athens SWAN actions.</p> <p><i>We've seen quite a few men start to work flexibly over the past couple of years as well and I think that sends quite a positive message to the whole unit that Athena SWAN, or the whole process is about gender equality and not just about benefitting women</i></p> | <p>Ongoing monitoring and review as a key indicator of the success of our Athena SWAN strategy.</p> |

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| <p><u>Action 35</u> Develop and embed SoM-wide guidance to support all staff back to work after long-term absence and evaluate its effectiveness.</p> | <p>Completed November 2014 New written guidance was circulated to all managers to provide guidance on their approach to managing staff returning to work after long-term absence and reminding them of the support available. This information is also available on the School's web site.</p> | <p>The need to support those taking career breaks (predominantly women taking maternity leave) was a key priority emerging from our research. As a result significant funding has been set aside to support academic staff taking career breaks for any reason. Staff may now apply for up to 15K following or during a career break or period of maternity/adoption/parental/carers leave to support and develop their career. Since this was implemented in 2015, 6 female research staff have applied for and been awarded this grant. The money is being used for example, provide designated time for writing first author articles, finishing write up of a PhD thesis, funding support for lab research.</p> <p><i>“No, clear and has been a real positive both to that individual and the Institute, both have benefitted from, from the way that we’ve planned that individual’s return from, from maternity, from their maternity break”.</i></p> | <p>Resultant Silver Action</p> <ul style="list-style-type: none"> ▪ S23: Monitoring uptake of funding of up to £15k per person for support, following or during a period of leave for maternity, shared parental and career break, in order to maintain the academic career trajectory |
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