ATHENA SWAN GOLD DEPARTMENT AWARDS

A Gold department award recognises sustained progression and achievement, by the department, in promoting gender equality and addressing challenges particular to the discipline. A well-established record of activity and achievement in working towards gender equality should be complemented by data demonstrating continued impact. Gold departments should be beacons of achievement in gender equality, and should champion and promote good practice to the wider community.

Note: Not all institutions use the term 'department'. There are many equivalent academic groupings with different names, sizes and compositions. The definition of a 'department' can be found in the Athena SWAN awards handbook.

COMPLETING THE FORM

DO NOT ATTEMPT TO COMPLETE THIS APPLICATION FORM WITHOUT READING THE ATHENA SWAN AWARDS HANDBOOK.

This form should be used for applications for Gold department awards.

You should complete each section of the application.
If you need to insert a landscape page in your application, please copy and paste the template page at the end of the document, as per the instructions on that page. Please do not insert any section breaks as to do so will disrupt the page numbers.

WORD COUNT

The overall word limit for applications are shown in the following table.

There are no specific word limits for the individual sections and you may distribute words over each of the sections as appropriate. At the end of every section, please state how many words you have used in that section.

We have provided the following recommendations as a guide.

Gold Department application	
Word limit	**13,000**
Recommended word count	
1.Letter of endorsement	500
2.Description of the department	500
3. Self-assessment process	1,000
4. Picture of the department	2,000
5. Supporting and advancing women's careers	7,000
6. Case studies	1,500
7. Further information	500

Name of institution	University of Leeds
Department	School of Medicine
Focus of department	**STEMM**
Date of Gold application	30th April 2019
Date of current Silver award	September 2016
Institution Athena SWAN award	**Date: September 2016** **Level: Bronze**
Contact for application Must be based in the department	Dr Louise Bryant
Email	l.d.bryant@leeds.ac.uk
Telephone	0113 3431882
Departmental website	https://medicinehealth.leeds.ac.uk/

1. LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT

Recommended word count: 500 words

An accompanying letter of endorsement from the head of department should be included. If the head of department is soon to be succeeded, or has recently taken up the post, applicants should include an additional short statement from the incoming head.

Note: Please insert the endorsement letter **immediately after** this cover page.

Professor Mark Kearney

Dean of Medicine

School of Medicine

University of Leeds
Worsley Building
Clarendon Way
Leeds LS2 9NL
Tel: +44 (0)113 3438834
Email: M.T.Kearney@leeds.ac.uk

Athena SWAN Charter
Advance HE
First Floor, Westminster Tower
3 Albert Embankment
London, SE1 7SP

29th April 2019

Dear James Greenwood-Lush

Re: Support for the School of Medicine Athena SWAN Gold application

This letter confirms my total support and long-term commitment to deliver the plans laid out in this Athena SWAN Gold application. I will continue to invest both financially and with my own time to achieve this. The School leadership team is fully committed to this goal, strengthening our ability to reach the exacting standards we are setting ourselves.

Major challenges for our School are the sheer size and complexity of our workforce, with many staff working across the University and the NHS. In September 2018 I initiated Medicine Redefined, an extensive consultation with staff to identify the values the School should strive to work to. As a result we identified important issues (new and old) and developed a roadmap that dovetails with the Athena SWAN principles.

While we celebrated our successful Bronze and Silver awards, these are stepping stones towards where I want us to be. Since appointment as Dean in September 2018, I have changed the School leadership, appointing supremely talented female leaders to senior positions on the Executive and as Institute Directors. The leadership team now comprises myself and three Associate Deans (two women and one man). **In response to our consultation exercise I will appoint an Associate Dean for Equality and Inclusion who will sit at the heart of this team**.

The School has invested financially in our Athena SWAN programme and will continue to do so. We have funded unconscious bias training, invested in career development programmes for women and supported the growth of the Leeds Female Leaders Network with our NHS partners. We have made 23 Academic Development Fund Awards to female staff returning from maternity leave (up to £15K each) and have set aside £20,000 per year for additional activities.

This application demonstrates the hard work of many colleagues across our School and the major impact internally and across the sector. We are particularly proud of our leadership on a national initiative to ensure that eligibility for maternity/family leave is retained for clinical academic staff moving between NHS and University employment, a hugely important issue for our own staff.

We are committed to conduct excellent research to underpin our Athena SWAN activities. We provided academic leadership on the 2017 NIHR Review of Training, research that has had national impact on cross-funder work to address the lack of senior female clinical academics.

There are still significant challenges ahead: reducing the gender bonus pay gap for clinical academics; providing sustainable careers for researchers on fixed-term contracts, addressing the lack of senior women in clinical academia and tackling sexual harassment and sexism on clinical placement. We will continue to make a significant impact on these issues at Leeds, and working with others, on the national situation. We will continue to evaluate the impact of our activities and seek every opportunity to share good practice with others.

I confirm that information presented in the application (including qualitative and quantitative data) is an honest, accurate and true representation of our School.

Yours sincerely,

Professor Mark Kearney

Dean of Medicine, University of Leeds

(Word count 492)

Professor Paul Stewart, Faculty Dean and Dean of the School of Medicine 2014 – 2018

It is a pleasure to be able to present the significant and sustained progression and impact on gender equality at the School of Medicine as we "Go for Gold". Gender equality remains high priority in the Faculty and we continue to commit significant resources to this. I am particularly pleased to share our beacon activities and the range of staff involved in national and international activities. In leading by example, I have championed female clinical academic careers across the Medical Schools Council, helping to reverse the attrition post-PhD that is now a National priority. As Vice-President of the Academy of Medical Sciences, I have seen first-hand how our work in Leeds is having an impact upon other UK Medical Schools.

I cannot account for the actions of our predecessors and a culture of medical leadership represented by white men in grey suits, but I can continue to work tirelessly to effect change. I am extremely proud of our achievements in Leeds that are resonating nationally. We still have more to do, but today I am pleased to say we are a very different School than when we started our Athena SWAN journey in 2012.

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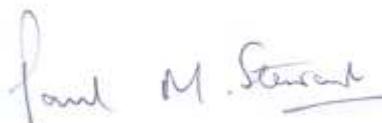
Paul M Stewart MD FRCP FMedSci
Professor of Medicine
Dean of Faculty of Medicine & Health

(Word count 194)

The extra 1,000 words allowed for Clinical/Non-Clinical have been used in Sections 4.2, 5.1 and 5.3

The extra 500 words for the merger of LICAP and LIBACs have been used in Sections 2 and 5.2

8

GLOSSARY OF ACRONYMS USED IN THIS REPORT

      Beacon activity

AAM	Annual Academic Meeting
ACF	Academic Clinical Fellow
ACL	Academic Clinical Lecturer
ADF	Academic Development Fund
AMS	Academy of Medical Sciences
AS	Athena SWAN
ASIG	Athena SWAN Implementation Group
ASSG	Athena SWAN Steering Group
CA	Clinical Academic
CEA	Clinical Excellence Award
CL	Clinical Lecturer
CRF	Clinical Research Fellow
CSL	Clinical Senior Lecturer
CUPs	Classified Undergraduate Programmes (Audiology, Cardiac Physiology & Radiology)
E&I	Equality & Inclusion
ECR	Early Career Researchers
EPU	Equality policy Unit
F	Female
FMH	Faculty of Medicine and Health
FRIC	Faculty Research and Innovation Committee
FT	Full-time
FTE	Full Time Equivalent
FTC	Fixed Term Contract
GPG	Gender Pay Gap
HE	Higher Education
HEI	Higher Education Institution
HR	Human Resources
ICA(T)	Integrated Clinical Academic (Training)
IWD	International Women's Day
KIT	Keeping in Touch days
LIBACS	Leeds Institute of Biomedical & Clinical Sciences
LICAMM	Leeds Institute of Cardiovascular and Metabolic Medicine
LICAP	Leeds Institute of Cancer Studies & Pathology
LICTR	Leeds Institute of Clinical Trials Research
LIHS	Leeds Institute of Health Sciences
LIME	Leeds Institute of Medical Education
LIMR	Leeds Institute of Medical Research
LIRMM	Leeds Institute of Rheumatic & Musculoskeletal Medicine
LTHT	Leeds Teaching Hospitals Trust

M	Male
MBChB	Bachelor of Medicine, Bachelor of Surgery
MMI	Multiple Mini Interviews
MSC	Medical School Council
MSRC	Medical Students Representative Council
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NIHR TCC	National Institute for Health Research Trainee Co-ordinating Centre
OD&PL	Organisational Development and Professional Learning
OEFF	Open Ended with Fixed Funding
PhD	Doctor of Philosophy
PG	Postgraduate
PGR	Post Graduate Research student
PI	Principal Investigator
PMTA	Professional, Managerial, Technical and Admin Staff
PT	Part-time
RG	Russel Group
SAT	Self- Assessment Team
SES	Student Education Support
SJUH	St James's University Hospital
SMP	Statutory Maternity Pay
SMT	Senior Management Team
SPL	Shared Parental Leave
SoM	School of Medicine
SRDS	Staff Review and Development Scheme
STEMM	Science, Technology, Engineering, Maths and Medicine
T&R	Teaching and Research
T&S	Teaching and Scholarship
TPG	Taught Postgraduate Programme
TSEC	Taught Student Education Committee
UAF	University Academic Fellow
UB	Unconscious Bias
UCEA	University Council for Educational Administration
UoL	University of Leeds
UG	Undergraduate
UoA	Unit of Assessment
WAMS	Widening Access to Medical School
WLM	Workload Model
WP	Widening Participation

2. DESCRIPTION OF THE DEPARTMENT
Recommended word count: 500 words

Please provide a brief description of the department, including any relevant contextual information. Present data on the total number of academic staff, professional and support staff and students by gender.

The School of Medicine (SoM) at the University of Leeds (UoL) is one of the largest UK medical schools, employing 1167 staff[1]. The School delivers teaching to 1644 undergraduates F(1072/65%); M(572/35%) and 1111 postgraduate students (F (747/67%); M (364/33). Around 17% of staff, 45% of undergraduates, and 42% of postgraduate students, do not identify as White British.

Until the end of 2018 the SoM comprised seven institutes LICAMM (Leeds Institute of Cardiovascular & Metabolic Medicine), LICAP (Leeds Institute of Cancer Studies & Pathology), LICTR (Leeds Institute of Clinical Trials Research), LIHS (Leeds Institute of Health Sciences) LIME (Leeds Institute of Medical Education) and LIRMM (Leeds Institute of Rheumatic & Musculoskeletal Medicine). At this point LIBACS and LICAP merged into the Leeds Institute of Medical Research (LIMR) (Figure 2.1). The SoM is split across main campus, St James' Hospital (LIMR) and Chapel Allerton Hospital (LIRMM). Each Institute has a Director, who sits on SoM Executive, and a Senior Management Team (SMT). **In 2019, 4/6 Institute Directors are women compared with 2/7 in 2016.** Senior roles across the School demonstrate good gender balance (Figure 2.2)

Figure 2.1 Faculty of Medicine/School of Medicine organisational overview
(Male/Female Staff Numbers in brackets)

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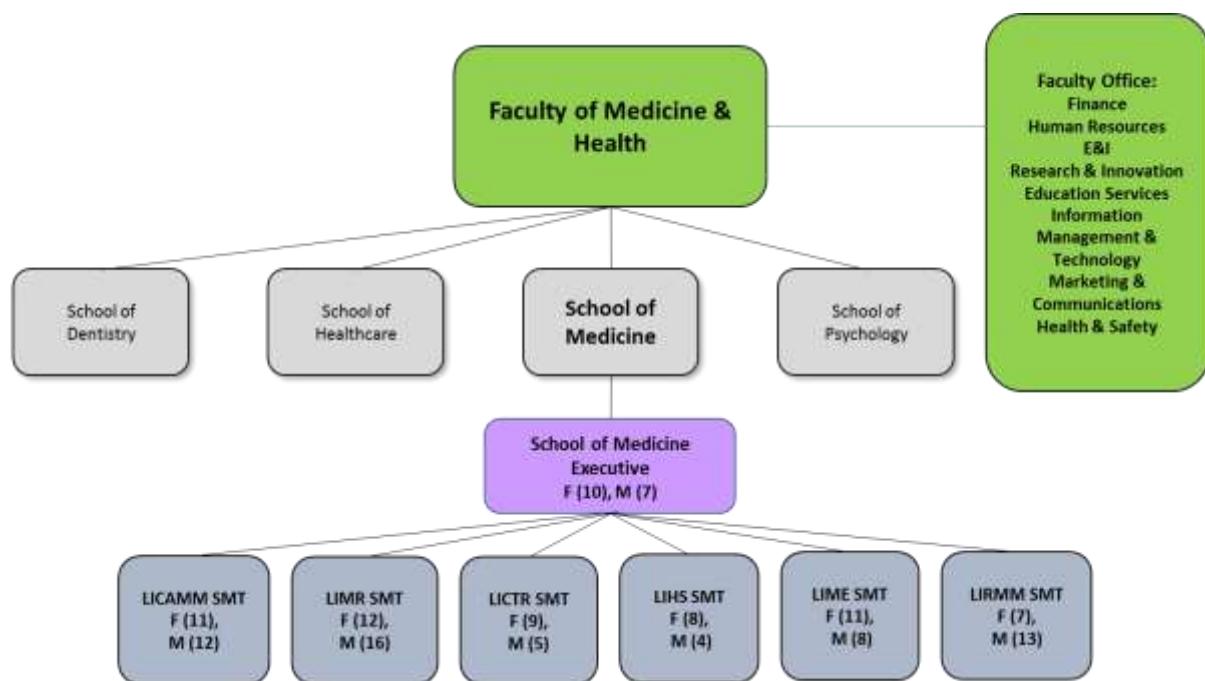
[1] Census date of 1st November 2018

Figure 2.2 School of Medicine Management Team
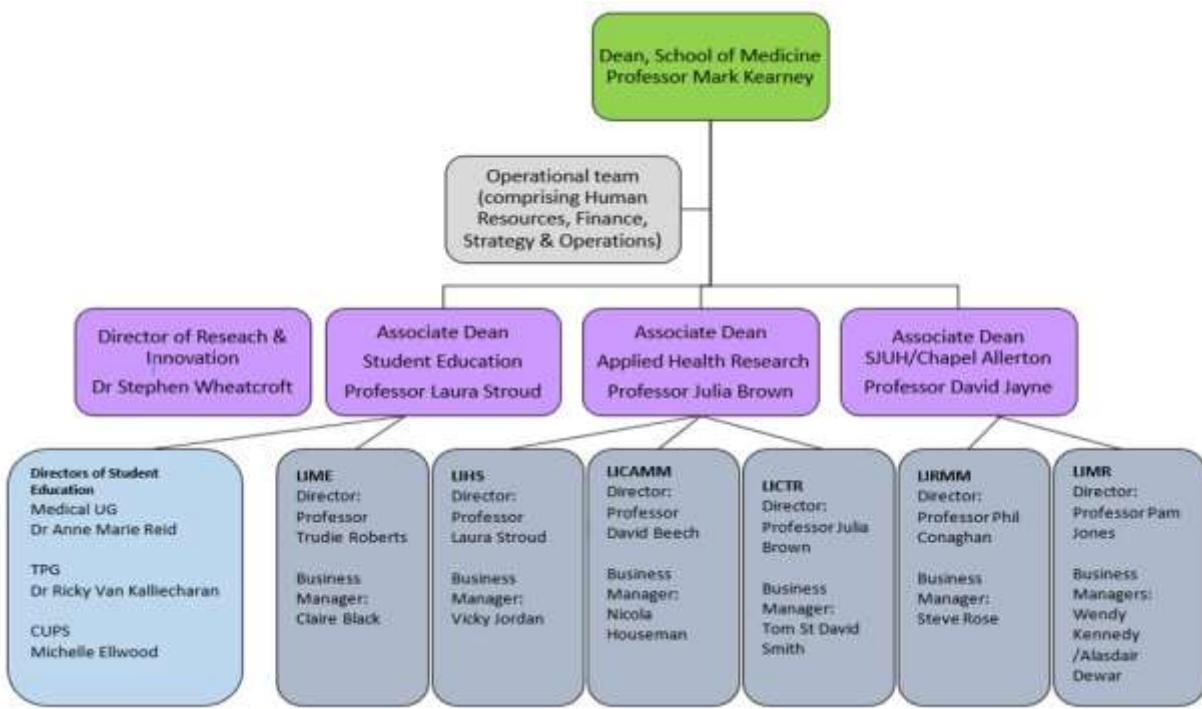
Sixty-five percent of our staff are female with a greater proportion represented in Professional, Managerial, Technical and Admin Staff (PMTA) (Table 2.1). Table 2.2 provides a breakdown of Institute staff by gender and role.

Table 2.1 Staff in the School of Medicine (census date November 2018)

	Female	Female %	Male	Male %	Total
Academic, Teaching & Research	410	59%	282	41%	692
Professional, Managerial and Admin Staff	272	74%	94	26%	366
Technicians	80	73%	29	27%	109
	762	65%	405	35%	1167

Table 2.2 Number of staff by Institute: gender and role (census date November 2018)

Institute	Academic & Research				Professional, Managerial, Technical and Admin				Total			
	F	F%	M	M%	F	F%	M	M%	F	F%	M	M%
LICAMM	75	51%	72	49%	41	73%	15	27%	116	57%	87	43%
LICTR	63	86%	10	14%	68	59%	47	41%	131	70%	57	30%
LIHS	70	56%	54	44%	55	86%	9	14%	125	66%	63	34%
LIME	56	77%	17	23%	56	80%	14	20%	112	78%	31	22%
LIMR	116	56%	93	44%	95	76%	30	24%	211	63%	123	37%
LIRMM	30	45%	36	55%	28	82%	6	18%	58	58%	42	42%
Other*	0	0	0	0	9	82%	2	18%	9	82%	2	18%
Totals	410	59%	282	41%	352	74%	123	26%	762	65%	405	35%

*Dean's office and Campus Infrastructure staff
218 Words

3. THE SELF-ASSESSMENT PROCESS
Recommended word count: 1000 words

i) Description of the self-assessment team

The description of the self-assessment team should include:
- *members' roles (both within the institution or department and as part of the team) including identifying the chair*
- *how people were nominated or volunteered to the role and how any time involved in being a member of the team is included in any workload allocation or equivalent*
- *how the team represents the staff working in the institution or department (e.g. a range of Grades and job roles, professional and support staff as well as academics and any consideration of gender balance, work-life balance arrangements or caring responsibilities)*

The Athena SWAN Steering Group (ASSG) functions as the School Self-Assessment Team (SAT) providing oversight across Institutes (Table 3.1). As a large School, each Institute also has its own SAT (Figure 3.1). ASSG members represent

- Academics and PMTA staff
- Undergraduate and Post-graduate students
- All Institutes
- Clinical and non-clinical academics
- Diverse experiences of flexible/part-time working
- Women and men
- Staff with caring responsibilities

The ASSG is large, reflecting the size of our School, and provides the capacity needed to drive our initiatives forward. We need to still increase male ASSG representation to better reflect the make-up of the School.

> **Action 1. Increase the number of men on the ASSG and leading Athena SWAN initiatives**

The ASSG has taken the lead in writing this application with input from HR and staff in teaching and student support. We have consulted with colleagues who have chaired Gold panels; an external consultant and the Institute of Health and Wellbeing, Glasgow University (Gold award holders) reviewed the application.

Table 3.1 Athena SWAN Steering Group (School Self-Assessment Team)

ASSG membership: roles and additional information	
Louise Bryant, Chair	**Helen Millott, Deputy Chair**
Associate Professor in Medical Psychology, School E&I Champion Maternity leave during PhD, 12 years PT returned to FT in 2012, now working flexibly to support caring.	Programme Lead, MSc Physician Associate Studies Two children, one with disabilities. Works flexibly to manage childcare with husband.
Mark Kearney	**Helen Coop[1]**
Dean of the School of Medicine, BHF Professor of Cardiovascular and Diabetes Research Parent of two adult children. I valued being able to work flexibly to share childcare when they were young.	Equality and Diversity Project Officer Previously worked in Primary Education, PT while family was young. Career change in 2018, works PT.
Pam Jones	**Anne-Maree Keenan**
Professor of Biomedical Research, and Director of LIMR Single parent to one child. I could not afford to work PT so flexibility in my working life was invaluable.	Professor of Applied Health Research, LIRMM & School of Healthcare Left senior academic role in Australia to support family and step-children. Restarted career in UK as research assistant in 2002.
Yasmin Hafiz[1]	**Kiran Khokhar**
PA to Dean of Medicine	Post-graduate Student Representative Member, Clinical Research Fellow, LIRMM, Full time NHS medical doctor. Came out of specialty training programme in 2017 to start a PhD at LIRMM.

Gillian Neild[1]		Moira Pitt	
	Head of Communications, Faculty of Medicine and Health		MBChB student representative, Vice-president of the MSRC.
	Head of Communications, Faculty of Medicine and Health.Co-Chair of the Women at Leeds Network		I am interested in gender equality issues, increasing diversity and improving student support
Naomi Quinton		Samantha Guy[1]	
	Lecturer in Medical Education, LIME SAT Co-Lead.		Head of HR, School of Medicine
	Two children, now working PT. Research in understanding gender issues in medicine.		Two children, has worked part-time since return from maternity leave and works flexibly to support childcare.
Ann Henry		Georgina Davis[1]	
	Associate Clinical Professor and Honorary Consultant in Clinical Oncology LIMR SAT co-lead.		Research Programme Manager, LIMR SAT co-lead.
	Worked as a FT NHS Consultant for 10 years with maternity leave during this time. Joined University FT in 2014.		Full time but works flexibly including one day per week from home.
Tom St David-Smith[1]		Gill Booth[1]	
	Business Manager, LICTR SAT Lead.		Operations Director, LICTR Deputy SAT Lead.
	Balances Business Manager role and family life with two young boys by working term-time since September 2013.		

Laura Hardie		Richard Cubbon	
	Professor of Nutrition, Metabolism and Health, LICAMM SAT lead. Joined the University in 1997 and has taken two periods of maternity leave in 2000 and 2003. I currently work part time		Associate professor and honorary consultant cardiologist. LICAMM deputy SAT Lead. Full time clinical academic since 2009. Actively involved in care of two young children throughout this time.
Carolyn Czoski-Murray		**Gurdeep Sagoo**	
	Senior Research Fellow in Applied Health Research, LIHS SAT Lead. Trained as a nurse, balanced various FT and PT roles in research and teaching. Has three adult children and works FT		Lecturer in Health Economics, LIHS Deputy SAT Lead. Always worked FT but has used both flexible and compressed hours to play an active part in raising two children.
Heidi Siddle		**Mike Horton**	
	Associate Professor and Honorary Consultant Podiatrist, NIHR Senior Clinical Lecturer, LIRMM SAT lead. Two periods of maternity leave, returning with flexibility to complete my PhD and combine clinical commitments, academic activity and childcare.		Postdoctoral Research fellow in Applied Health Research, LIRMM Deputy SAT lead. Completed PT PhD in 2018. Always worked FT and uses flexible hours to balance home life with two children.

[1] Professional, managerial, technical and support staff members

Figure 3.1 Institute SAT teams

LIMR SAT *Left to right, Jon Sandoe, Ann Henry (Co-lead), Jennifer Langridge, James Poulter, Georgina Davis (Co-lead), Caroline Chilton, Milene Volpato, Florien Boele*

LIME SAT *Left to right, Josie Mellor, Valerie Farnsworth, Matt Sewell , Helen Millott (Co-lead), Sarah Howarth, Naomi Quinton (Co-lead), Laura Dowling, Anne-Marie Reid*

LICAMM SAT *Left to right, Darren Greenwood, Laura Hardie (SAT Lead), Eulashini Chuntharpursat, Natalie North, Lara Morley, Katherine Paradine, Tatendashe, Bernadette Dondo; Irvin Teh*

LIHS SAT *Left to right, Geoff Humble, Hilary Bekker, Vicky Jordan, Sam Gravells, Kate Wharton, Panna Asher, Laura Stroud, Carolyn Czoski-Murray (SAT Lead), John O'Dwyer*

LICTR SAT *Left to right, Anna Hockaday (previous member), Gill Booth (Deputy Lead), Sharon Ruddock, Ian Wheeler, Steve Wilds, Catherine Fernandez (previous member), Emma Steer, Amanda Farrin (previous member), Tom St David Smith (Lead), Liam Bishop, Elizabeth Hodson, Amanda Langley, Holly Schofield.*

LIRMM SAT *Left to right, Angela Greenbank, Steve Rose, Naz Wakefield, Heidi Siddle (SAT Lead), Richard Wakefield, Ai Lyn Tan, Phil Conaghan, Colette Hartley, Abigail Henriques: absent Mike Horton.*

ASSG/SAT members are volunteers and roles are openly advertised every 2 years, providing leadership opportunities at all grade levels. We aim for a female and male as Lead/Deputy Lead of SATs to improve the ASSG gender balance.

Institute SAT leads are allocated 0.1FTE (equivalent to REF roles). In 2017 we appointed an E&I Project Officer at 0.8FTE **(Silver Action),** greatly enhancing our capacity to deliver against actions, beacon initiatives and evaluate impact.

In 2016 the School E&I Committee was convened to address broader E&I issues and support intersectionality, currently focusing on mental health, LGBTQ+, disability, and ethnicity. **(Silver Action).** The committee has 13 female and 3 male members (Figure 3.2). While the ASSG Chair chairs the E&I committee to ensure integration, we have no plans to integrate the two as keeping a focus on gender has been key to sustaining progression and delivering impact.

Figure 3.2 Members of the School E&I Committee

Left to right (back) Helen Coop, Samantha Guy, Eulashini Chuntharpursat, Josie Mellor, Valerie Farnsworth, Ricky Kalliecharan, Georgina Davies; (front) Mahua Das, Holly Schofield, Amanda Langley, Louise Bryant, Lis Hamilton, Ewan Morrison.

ii) An account of the self-assessment process

This section should include:

* *when the team was established, including how the team communicated, for example, face to face, email, etc, how often the team has met, the focus of the meetings*
* *How the team has consulted with members of the institution or department (and students)*
* *Consultation with individuals outside the institution: external consultation refers to consultation outside the institution or department, for example, a critical friend reviewing the application, consultation with other successful Athena SWAN departments/institutions*
* *How the self-assessment team fits in with other committees and structures of the institution. It is important to include information on the reporting structure. For example, is there a direct route for the team to report to, is Athena SWAN a standing item on the department/institution's key decision-making board?*

Convened in 2012, the ASSG meets every two months for 2 hours, meeting 22 times since 2016. Meetings focus on progress reports from Institutes, sharing good practice, and discussion of new issues. The ASSG Chair attends the SoM Executive bi-monthly to report progress and obtain ratification for initiatives if needed. Institute SATs meet every 2 months. SAT Leads attend their monthly Senior Management Team meeting (SMT) where AS is a standing agenda item. Figure 3.3 shows reporting structures and how the AS/E&I groups work together.

Figure 3.3. Athena SWAN and E&I reporting structure for the School
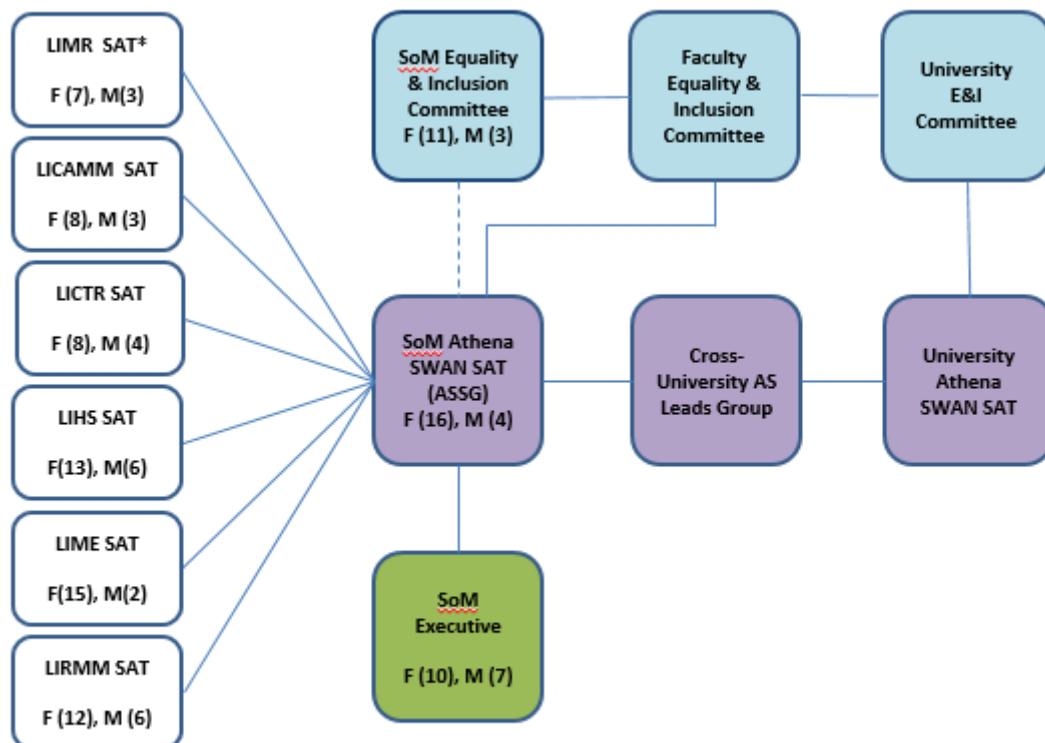
* Previously LICAP and LIBACS

We have School AS webpages highlighting AS initiatives, staff testimonials, impact features and Action Plans. All School webpages have prominent navigation to the AS webpages. Institutes have their own AS/E&I webpage/intranet site.

Each Institute has an additional Action Plan to address Institute priorities **(Section 8ii).** This has helped embed AS across the School and disseminated good practice, e.g. a breast-feeding room established in LIHS led to facilities being created across the School.

As LICAP and LIBACS were going through the merger, the ASSG Chair worked closely with SAT Leads to maintain progress. The LIMR SAT are now strongly supported by their new Director, who has allocated £5K annually to E&I activities, e.g. hiring a mini-bus so staff could attend the central campus International Women's Day event.

The School has a strong AS infrastructure with developed processes to deliver and assess impact. Regular consultation with staff and students is integral (Table 3.2).

Table 3.2 School consultation activities (RR = Response Rate where known)

		Academic/ Research			PMTA			Students			Total	RR
		F	F%	M	F	F%	M	F	F%	M		
2014	Qualitative study on SoM AS priorities	31	56%	24	n/a	n/a	n/a	n/a	n/a	n/a	55	n/a
2014	HE STEM culture survey[1]	229	61%	148	n/a	n/a	n/a	n/a	n/a	n/a	402	69%
2016	Student survey: Equality, Dignity and Respect[2]	n/a	n/a	n/a	n/a	n/a	n/a	369	71%	149	523	19%
2017	HE STEM culture survey	249	36%	166	185	27%	56	n/a	n/a	n/a	695	60%
2017	Survey of those buying additional leave	6	14%	1	34	81%	1	n/a	n/a	n/a	42	84%
2018	Maternity Leave survey of staff taking mat leave over 5 years	8	42%	n/a	11	58%	n/a	n/a	n/a	n/a	19	38%
2018	Promotion support survey	5	36%	2	7	50%	0	n/a	n/a	n/a	14	26%
2018	Survey on experience of mentoring	58	30%	46	75	38%	17	n/a	n/a	n/a	196	17%
2018	Student survey: Equality, Dignity and Respect[2]	n/a	n/a	n/a	n/a	n/a	n/a	295	72%	108	410	15%
2018	Medicine Redefined online workshops	179	28%	125	252	40%	81	n/a	n/a	n/a	637	55%

Note 1: Some respondents chose not to provide gender hence raw data/% by gender does not add up to total responses/100%

Note 2. Student surveys sent to all students; response rates were higher for UG students (75% 2016, 79% 2018) and very low for TPG students who are mostly part-time.

'The School of Medicine's AS activities have had a significant influence on university-wide work. The positive evaluation of interventions such as purchasing additional leave, FT-PT-FT contracts, and additional research support for returners from family leave have led to recommendations for university-wide adoption. I have also shared this good practice with other universities and through the Russell Group Equality Forum."

Head of Equality and Inclusion, University of Leeds

We have good evidence of culture change in the School with many staff, being engaged in AS initiatives.

In total, there are now **109 staff members** in AS/E&I roles within the School, nearly 10% of our staff, and many more in related activities. Since we began our AS journey, 231 (163F;68M) staff members have been actively involved in Institute SATS and the ASSG/E&I committees, **nearly 1 in 5 of all staff**.

Since 2014, the School has made a significant financial commitment of **£59,810** to AS/E&I activities**,** including unconscious bias training and career development programmes for women. The Faculty has allocated **£20,000 a year** for AS/E&I activities, which, as the largest School, we are the main beneficiary (Table 3.3).

We have made **23 Academic Development Fund (ADF) Awards (Bronze Action)**, a total of **£247,066 since 2015** to female staff returning from family leave.

Table 3.3 School E&I activities funded within the Faculty AS/E&I budget 2018/19 to date

Unconscious bias training*	£6000
Coaching CPD training	£3000
Trans awareness staff training*	£1500
International Women's Day (speaker costs, room hire, refreshments)	£1800
School Role Models brochure (see section 5.6)	£3133
TOTAL	**£15,433.00**

*Faculty wide

Some of our key challenges lie within the clinical context and working with NHS partners is essential. AS is a standing agenda item on the University/Leeds Teaching Hospital Trust (LTHT) Joint Partnership Board meetings. Our joint initiatives have had significant impact as evidenced within this application. The ASSG Chair works with the University Equality Policy Unit (EPU), and 2 ASSG members sit on the Cross-University AS Group, enabling us to learn from and share good practice.

(iii) Plans for the future of the self-assessment team

*   *how often the team will continue to meet*
*   *how the team intends to monitor implementation of the action plan, including how it will interact with other relevant committees and structures within the institution*
*   *how the team intends to keep staff (and students) updated on ongoing work*
*   *succession planning for where membership of the team will change, including any transfer of responsibility for the work, role rotation and how the workload of members of the team will be accounted for in workload allocation*

The ASSG and Institute SATs will meet every two months. Our **Gold Action Plan** will be reviewed and updated at every meeting. We are appointing an **Associate Dean for Equality and Inclusion** in 2019 to further embed E&I in day-to-day business. To accelerate impact in our five highest priority areas we will identify a Champion for each area responsible for delivering impact.

Action 2. HIGHEST PRIORITY

Identify a senior academic, who is passionate about change in this area to champion each of the following five key priorities and accelerate impact
1. Increase the proportion of female academics in senior roles, especially Clinical Academics
2. Improve career development and progression for non-academic staff (PMTA and technicians)
3. Create parity of career development for staff on Fixed-term contracts (FTCSs)
4. Tackle student experiences of sexual harassment on campus and placement
5. Act on intersectionality issues around career development and progression

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In a large School, initiatives and progress need to be communicated regularly via all our existing communication channels. In a recent edition of the fortnightly Communications Bulletin, **7/23 news items were related to E&I issues**, including flexible-working workshops for managers.

We will provide AS updates in the termly Student Engagement newsletter and find new approaches to work with students on gender equality issues of concern to them.

> *"Athena SWAN talk was great, loved hearing someone from the Executive talk so passionately about it"* Staff evaluation of 'Meet the Dean' event (2016)

Action 3. Continually review and develop our communication channels to increase impact of initiatives

Action 4. Increase engagement of students with Athena SWAN and E&I work

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Involvement in equality work takes commitment and time, and in the year leading to submission, demands on SATs are significant. We will improve recognition for all those doing equality work for the School.

Action 5. Provide greater recognition of Athena SWAN and E&I activities at School level

1052 Words

4. A PICTURE OF THE DEPARTMENT
Recommended word count: 2000 words

4.1. Student data

Throughout this section present data and provide analysis. Applications should try to identify key trends in the data, and put actions in place to address and improve the data. For Silver applications, demonstrate impact of any previous initiatives/actions where possible. In addition to the data requirements above, the following points should also be considered.

* *Reflect upon the key issues in the department, the steps have been taken and the support given to address any gender disparity.*
* *Comment and reflect on the proportions/percentages of women and men compared with the national picture for the discipline(s). If it is felt that benchmarking data may not be appropriate, a clear explanation must be provided.*
* *Comment and reflect on any differences in data for men and women.*
* *Comment and reflect on any differences in data for full- and part-time students.*
* *Describe any initiatives implemented to address any possible imbalance and bias*
* *Action any plans for the future, including how any gaps in the data will be addressed, linking these to the action plan.*
* *For questions (i), (ii), (iii) and (iv), the following guidance applies:*
  - *Where possible and relevant, provide data on the numbers of students by gender for the courses run by the department.*
  - *Data on the numbers of full- and part-time students should be provided.*
  - *Information on applications to the courses and data on number of offers, acceptance rates and degree attainment/completion rate should be presented..*
  - *Any trends in the data should be highlighted and actions put in place to try to address the issues identified.*

Note on benchmark data: 'RG' or 'RG%F' refer to Russell Group benchmark data for the % of females on courses. We provide HESA sector benchmark data where available. Where there is no reference to RG/Sector, benchmark data are not available.

i) Numbers of men and women on access or foundation courses

Not applicable.

ii) Numbers of undergraduate students by gender

The School offers four full-time Undergraduate (UG) programmes: Medicine (MBChB), Cardiac Physiology BSc, Radiography BSc and Audiology BSc. **The School offers no part-time undergraduate degrees.**

Medicine MBChB

The MBChB is a five year course. Table 4.1.1 and Figure 4.1.1 show data on student numbers by gender since 2013/14

Table 4.1.1. Total MBChB students 2013-14 to 2017-18 by gender with benchmarks

					%F benchmark	
year	Female	%F	Male	Total	RG	sector
14/15	841	64%	465	1306	54%	55%
15/16	796	63%	468	1264	55%	55%
16/17	795	63%	476	1271	55%	55%
17/18	821	63%	477	1298	n/a	n/a
18/19	837	65%	460	1297	n/a	n/a

The SoM has a higher proportion of Female:Male medical students than the RG/Sector benchmarks. In context, in 2017/18, 61% of University of Leeds undergraduates were female compared with 57% across the sector (HESA data). While we are acting to improve gender balance (Section 5.6.i) the gender split is close to that of our Institution.

Figure 4.1.1 Total MBChB students 2014/15 to 2017/18 by gender (RG benchmark)

Action 6. Improve undergraduate student gender balance

MBChB Applications, offers and acceptances

More females apply to the MBChB and have a better offer rate than males (Table 4.1.2 & Figure 4.1.2). Female success rates increased again in 2018/19 (Table 4.1.3). The School adopted the multiple-mini-interview (MMI) format seen as 'gold standard' in 2013. Our data demonstrates that females outperform males at MMI, in line with research.[2]

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[2] Ross et al. "Are female applicants rated higher than males on the multiple mini-interview?" *Academic Medicine* 92.6 (2017): 841-846.

Evaluation survey "What did you gain?"

"Confidence and communications skills"
"Communications and presentation skills"
"Communications/team work skills"
"Became more motivated"

(Male attendees at Summer School 2018)

Communication is the key attribute in MMIs where differences are demonstrated; pupils from disadvantaged backgrounds and males perform less well here. We have introduced communication skills training in our outreach to support these candidates prior to application.

Staff involved in recruitment are trained in unconscious bias, and we will extend this to include an unconscious bias checklist and unconscious bias observers on panels.

Table 4.1.2 MBChB applications, offers and acceptances 2014/15 – 2018/19

						%F benchmarks	
		Female	%F	Male	Total	RG	Sector
Applications	2014/15	2164	59%	1498	3662	56%	56%
	2015/16	1080*	58%	775	1855	58%	58%
	2016/17	1158	58%	848	2006	59%	59%
	2017/18	1317	61%	845	2162	60%	60%
	2018/19	1362	63%	805	2167	n/a	n/a
Offers	2014/15	195	65%	107	302	n/a	
	2015/16	190	66%	100	290	n/a	
	2016/17	198	66%	103	301	n/a	
	2017/18	210	65%	112	322	n/a	
	2018/19	270	73%	101	371	n/a	
Acceptances	2014/15	160	63%	94	254	54%	55%
	2015/16	152	60%	101	253	56%	56%
	2016/17	159	64%	90	249	57%	58%
	2017/18	164	62%	102	266	58%	59%
	2018/19	196	71%	82	278	n/a	n/a

* The BioMedical Admissions Test (BMAT) was introduced in 2015/16 reducing application numbers

Figure 4.1.2 MBChB applications, offers and acceptances 2014/15 – 2018/19
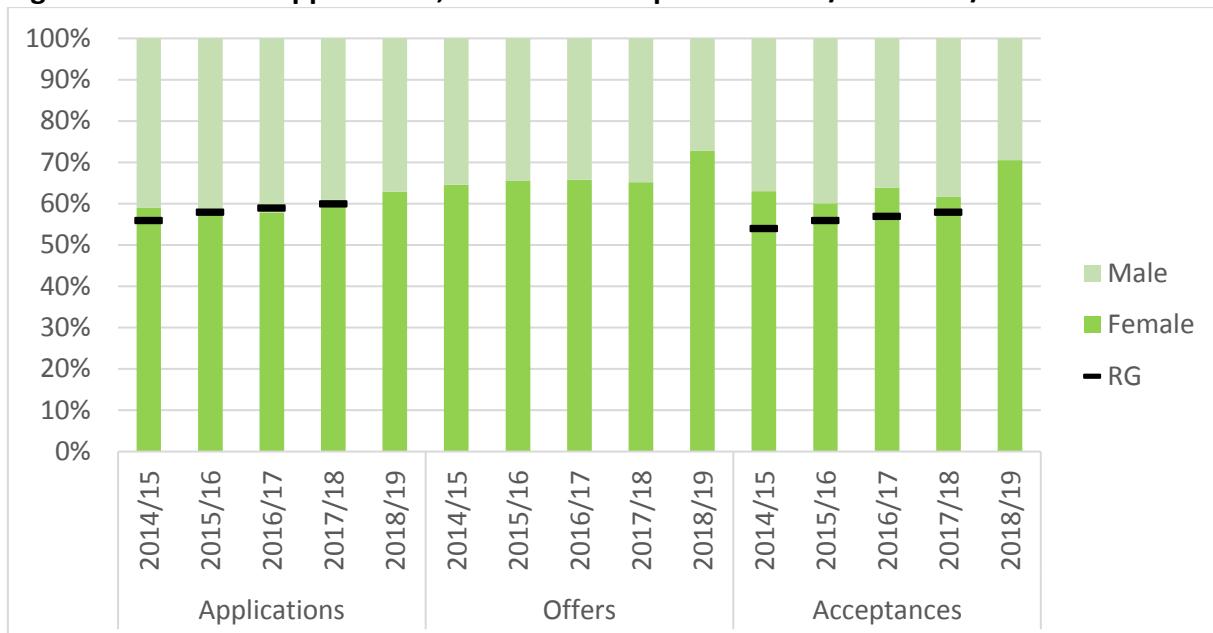
Table 4.1.3 Application success rate by gender

	Female			Male		
	Applications	acceptances	% F success	Applications	acceptances	%M success
2014/15	2164	160	7%	1498	94	6%
2015/16	1080*	152	14%	775	101	13%
2016/17	1158	159	14%	848	90	11%
2017/18	1317	164	12%	845	102	12%
2018/19	1362	196	14%	805	82	10%

* The BioMedical Admissions Test (BMAT) was introduced in 2015/16 reducing application

MBChB degree attainment

Table 4.1.4 shows the number of students by degree class. A decision in 2011 to cap the number of honours awarded becomes apparent from 2016. Females have generally been awarded more honours degrees than males with the exception of 2017.

Table 4.1.4 MBChB degree class by gender: Pass (P) or Pass with Honours (PH)

Graduation Year	Female			Male		
	P	PH	%PH	P	PH	%PH
2014	103	50	33%	59	25	30%
2015	125	46	27%	81	23	22%
2016	148	13	8%	87	6	6%
2017	127	18	12%	88	13	13%
2018	157	14	8%	88	4	4%

Intercalation with MBChB

The SoM offers intercalation providing students the opportunity to study a complementary subject (e.g. Psychology, International Health) at degree-level for one year before returning to the MBChB. Proportions by gender are similar to MBChB undergraduate level (Table 4.1.5).

Table 4.1.5 Students enrolled on intercalated programmes (including those intercalating from other Schools) by gender and % female

Academic Year	F	M	%F
2014/15	43	44	49%
2015/16	50	36	58%
2016/17	55	31	64%
2017/18	64	34	65%
2018/19	48	43	53%

Intercalated degree class

Table 4.1.6 shows that from 2016, while females were awarded proportionately more first class degrees than males, more students were awarded a first/upper 2nd class degree, than the national average of 76% (HESA data).

Table 4.1.6 Degree class of intercalated programmes (including those intercalating from other Schools) by gender and % female

		1	2i	2ii	3/pass
2014	F	23 (38%)	35 (57%)	3 (5%)	0
	M	15 (38%)	23 (59%)	1 (4%)	0
2015	F	15 (35%)	25 (58%)	3 (7%)	0
	M	23 (55%)	16 (38%)	3 (16%)	0
2016	F	20 (54%)	17 (46%)	0	0
	M	9 (39%)	14 (61%)	0	0
2017	F	32 (63%)	18 (35%)	1 (2%)	0
	M	17 (55%)	13 (42%)	0	1 (7%)
2018	F	43 (67%)	21 (33%)	0	0
	M	20 (59%)	14 (41%)	0	0

Other Undergraduate degrees

The Cardiac Physiology, Audiology and Radiography degrees collectively known as Classified Undergraduate Programmes (CUPs), transferred from the School of Healthcare in 2014. While we increasingly have more female than males on CUPs, gender balance is good related to the sector benchmark (Table 4.17). We will act to improve the gender balance of CUPs students.

Table 4.1.7 Total students on CUPs degrees by gender

				Female benchmark %	
	Female	%F	Male	RG	sector
2014/15	173	71%	72	78%	77%
2015/16	171	71%	69	78%	77%
2016/17	183	70%	77	77%	77%
2017/18	203	74%	73	-	-
2018/19	199	75%	66	-	-

CUPs applications, offer and acceptances

Females are more likely than males to apply and be offered a place on CUPs. As we use MMIs to recruit to CUPs, communications training in CUPs outreach activities may also improve male success at interview.

Table 4.1.8 CUPs Applications, offers and acceptances by gender & benchmark

		Female	%F	Male	Total	RG %F	sector %F
applications	2014/15	659	67%	329	988	75%	72%
	2015/16	643	67%	318	961	76%	71%
	2016/17	802	67%	396	1198	73%	71%
	2017/18	766	70%	334	1100	76%	74%
	2018/19	734	70%	317	1051		
offers	2014/15	157	70%	67	224		
	2015/16	185	74%	64	249		
	2016/17	172	76%	55	227		
	2017/18	179	79%	49	228		
	2018/19	172	80%	43	215		
acceptances	2014/15	56	65%	30	86	78%	76%
	2015/16	63	69%	28	91	82%	80%
	2016/17	72	71%	29	101	78%	77%
	2017/18	76	75%	26	102	75%	77%
	2018/19	77	79%	21	98		

Action 6. Improve undergraduate student gender balance

CUPs degree class

Since 2016 females were awarded proportionately more 1st/2.i class degrees than males (Table 4.1.9) and both genders perform less well than the benchmarks. However, student numbers are small, so percentage changes are accentuated. Programme Leeds are aware of challenges for male students and working to address this by focused support.

Table 4.1.9 CUPs degree classification since 2016, the first year CUPs students graduated from the School)

		Female				Male			
		no. awarded	% achieving this grade	RG %F	Sector %F	no. awarded	% achieving this grade	RG %M	Sector %F
2016	1	10	18%	32%	31%	1	7%	32%	27%
	2i	22	40%	55%	48%	4	27%	52%	48%
	2ii	17	31%	11%	18%	5	33%	12%	19%
	3	6	11%	2%	3%	5	33%	5%	6%
2017	1	13	26%	41%	34%	5	22%	39%	33%
	2i	18	36%	50%	48%	5	22%	52%	48%
	2ii	14	28%	8%	15%	6	26%	8%	14%
	3	5	10%	0%	3%	7	30%	1%	4%
2018	1	19	30%	-	-	5	22%	-	-
	2i	31	49%	-	-	6	26%	-	-
	2ii	11	17%	-	-	8	35%	-	-
	3	2	3%	-	-	4	17%	-	-

iii) **Numbers of men and women on Taught Postgraduate degrees**

The School offers over 20 taught postgraduate degrees (TPG), many aimed at health professionals. There are more females than males (Table 4.1.10), reflecting the overall demographics of the health profession. Our gender balance is comparable to benchmarks.

Table 4.1.10 Total number of students on taught postgraduate degrees (FT and PT)

						%F benchmark	
		Female	%F	Male	Total	%F RG	sector
Full time	2014/15	60	52%	55	115	70%	70%
	2015/16	114	59%	79	193	72%	71%
	2016/17	142	70%	61	203	73%	73%
	2017/18	137	65%	75	212	n/a	n/a
	2018/19	146	76%	46	192	n/a	n/a
Part time	2014/15	327	62%	203	530	62%	65%
	2015/16	423	68%	200	623	64%	67%
	2016/17	404	67%	199	603	64%	67%
	2017/18	401	69%	180	581	n/a	n/a
	2018/19	397	70%	174	571	n/a	n/a

Taught PG applications, offers, acceptances and success rates

Applications to TPG courses have increased (Table 4.1.11, 4.1.12); females are more likely to apply and have a slightly higher success rate than males for FT TPG degrees (Table 4.1.13). The new website advertising TPG degrees uses a gender balanced and diverse range of images in line with our new communications policies.

Table 4.1.11 Application, offers and acceptances rates for TPG degrees (Full time)

		Female	%F	Male	Total
applications	2014/15	591	54%	503	1094
	2015/16	687	53%	610	1297
	2016/17	953	56%	746	1699
	2017/18	1057	54%	888	1945
	2018/19	1230	56%	958	2188
offers	2014/15	377	57%	284	661
	2015/16	418	54%	356	774
	2016/17	517	56%	403	920
	2017/18	616	54%	516	1132
	2018/19	569	56%	453	1022
acceptances	2014/15	86	52%	80	166
	2015/16	127	64%	72	199
	2016/17	135	67%	66	201
	2017/18	133	65%	71	204
	2018/19	124	75%	42	166

Table 4.1.12 Application, offers and success rates for TPG degrees (Part-time)

		Female	%F	Male	Total
applications	2014/15	274	62%	170	444
	2015/16	371	68%	176	547
	2016/17	384	67%	189	573
	2017/18	395	71%	159	554
	2018/19	371	69%	167	538
offers	2014/15	246	61%	155	401
	2015/16	316	69%	139	455
	2016/17	339	67%	170	509
	2017/18	350	73%	131	481
	2018/19	298	68%	139	437
acceptances	2014/15	213	62%	132	345
	2015/16	256	71%	107	363
	2016/17	258	66%	134	392
	2017/18	291	72%	111	402
	2018/19	268	69%	122	390

Table 4.1.13 TPG application success rate by gender

		Female			Male		
		Applicants	Acceptances	% success	Applicants	Acceptances	% success
Full time	2014/15	591	86	15%	503	80	16%
	2015/16	687	127	18%	610	72	12%
	2016/17	953	135	14%	746	66	9%
	2017/18	1057	133	13%	888	71	8%
	2018/19	1230	124	10%	958	42	4%
Part time	2014/15	274	213	78%	170	132	78%
	2015/16	371	256	69%	176	107	61%
	2016/17	384	258	67%	189	134	71%
	2017/18	395	291	74%	159	111	70%
	2018/19	371	268	72%	167	122	73%

iv) Numbers of men and women on postgraduate research (PGR) degrees

The proportion of females applying and registering for FT research degrees is above the national average (Table 4.1.14 and 4.1.15, Figures 4.1.4 and 4.1.5). The proportion of females undertaking PT research degrees has increased as the number of males has decreased. One reason may be that a higher degree, often an MD (Doctorate of Medicine), often studied part-time, is no longer needed for a consultant post.

Table 4.1.14 Number of students on postgraduate research degrees

						Benchmarks	
		Female	%F	Male	Total	RG %F	sector %F
Full time	2014/15	117	72%	46	163	60%	60%
	2015/16	139	69%	62	201	60%	59%
	2016/17	167	68%	78	245	59%	59%
	2017/18	170	67%	82	252	n/a	n/a
	2018/19	151	72%	60	211	n/a	n/a
Part time	2014/15	41	39%	64	105	53%	53%
	2015/16	40	47%	45	85	54%	54%
	2016/17	38	57%	29	67	54%	55%
	2017/18	39	59%	27	66	n/a	n/a
	2018/19	42	58%	31	73	n/a	n/a

Figure 4.1.4 Number of students on postgraduate research degrees
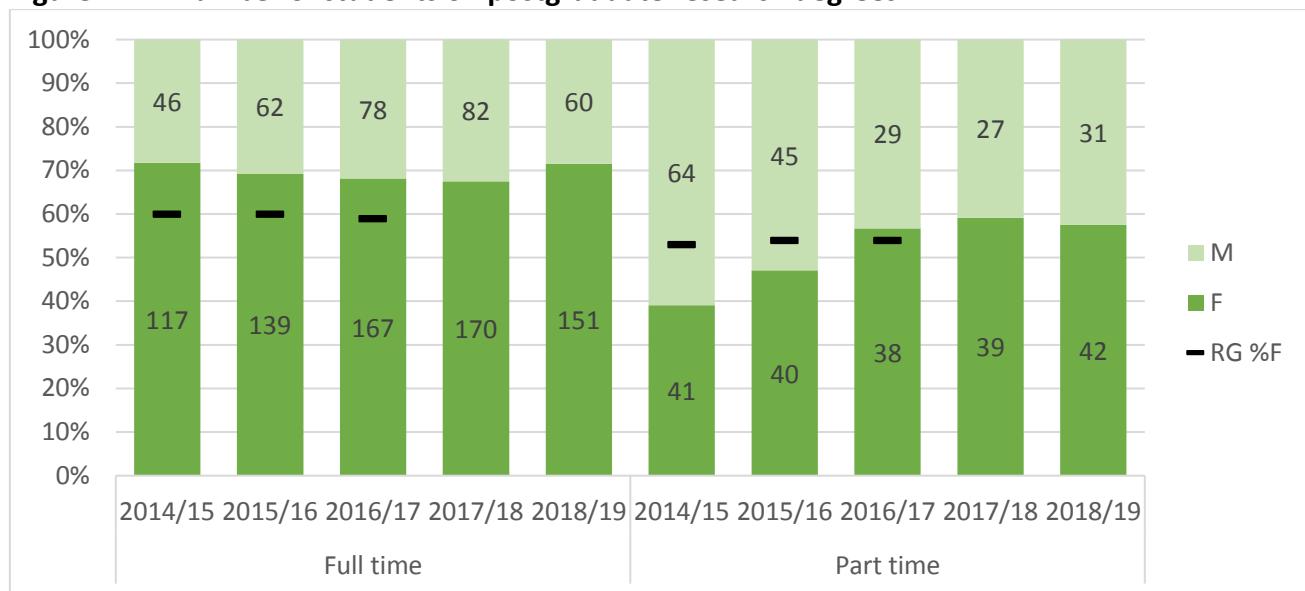
Table 4.1.15 Applications, offers and acceptances for PGR degrees

		Full time				Part time			
		F	%F	M	Total	F	%F	M	Total
applications	2014/15	160	52	145	305	14	44	18	32
	2015/16	137	55	111	248	18	55	15	33
	2016/17	132	57	99	231	15	60	10	25
	2017/18	96	56	76	172	15	47	17	32
	2018/19*	104	58	74	178	16	53	14	30
offers	2014/15	62	61	39	101	12	57	9	21
	2015/16	90	63	54	144	11	55	9	20
	2016/17	69	60	46	115	13	65	7	20
	2017/18	67	69	30	97	11	52	10	21
	2018/19*	56	58	40	96	7	39	11	18
acceptances	2014/15	53	65	28	81	10	53	9	19
	2015/16	73	68	34	107	11	55	9	20
	2016/17	55	63	33	88	13	65	7	20
	2017/18	54	69	24	78	11	55	9	20
	2018/19*	51	61	33	84	7	44	9	16

* Data for 2018/19 relates to this cohort of students at the December census

Figure 4.1.5 Applications, offers and acceptances for PGR degrees

Females are more successful in applications for research degrees (Table 4.1.16), with the exception of PT degrees in 2018/19. Many PGR places are recruited on an *ad hoc* basis in response to Institute opportunities, and we will take action to ensure our recruitment processes eliminate bias.

Table 4.1.16 Relative success for PGR applications by gender

		Female			Male		
		applications	acceptances	% F success	applications	acceptances	% M success
Full time	2014/15	160	53	33%	145	28	19%
	2015/16	137	73	53%	111	34	31%
	2016/17	132	55	42%	99	33	33%
	2017/18	96	54	56%	76	24	32%
	2018/19	104	51	49%	74	33	45%
Part time	2014/15	14	10	71%	18	9	50%
	2015/16	18	11	61%	15	9	60%
	2016/17	15	13	87%	10	7	70%
	2017/18	15	11	73%	17	9	53%
	2018/19	16	7	44%	14	9	64%

* Data for 2018/19 relates to this cohort of students at the December census

Action 7 identify and remove any gender bias in recruitment processes

PGRs time taken to successful completion

Women appear to take longer to complete their research degrees than men (Table 4.1.17). We found that the University does not 'stop the clock' for maternity leave when reporting completion times. Taking this in account women complete their degrees in comparable times to men. Going forward the University is changing the way it records completion times for women.

Table 4.1.17 Time taken to completion for PGR students

		Female		Male	
		number	F Avg. years	number	M Avg. years
Full time	13/14	26	3.8	8	4.1
	14/15	22	4.2	9	3.3
	15/16	29	3.8	10	3.6
	16/17	29	4	17	3.5
	17/18	36	4	12	3.3
Part time	13/14	9	6.2	18	4.6
	14/15	11	5.5	19	5
	15/16	8	5.6	19	5.4
	16/17	6	7.4	15	5.7
	17/18	7	6.3	13	5.2

v) Progression pipeline between undergraduate and postgraduate student levels

Identify and comment on any issues in the pipeline between undergraduate and postgraduate degrees. Actions should be put in place to address the issues identified.

MBChB students rarely progress to PGR degrees immediately as they join Foundation Year medical training. Due to the vocational nature of CUPs, 100% of graduates gain employment in the NHS or private healthcare.

The MBChB has a pathway for promising medical academics, from intercalation through to Academic Foundation Year posts, which lead onto specialist academic training. A fund for conference attendance is available to students and project supervisors encourage students to publish their work. EXSEL (Excellence in Scholarship, Enterprise and Leadership) is a School scholarship scheme for students who have ambitions to become clinical academics.

Figure 4.1.6 EXSEL Scholars 2017-2018

EXSEL scholars undertake research and then disseminate findings at conferences and submit articles for publications. Currently there are 10 male and 10 female EXSEL scholars.

4.2. Academic and research staff data

i) Academic staff by Grade, contract function and gender: research-only, teaching and research or teaching-only

Look at the career pipeline and comment on, and explain any gender differences. Identify any gender issues in the pipeline at particular grades/job type/academic contract type.

Our staff are presented in three categories, Researcher, Academic (non-clinical) and Clinical Academic (Table 4.2.1). Wherever available, we have benchmarked data against Clinical Medicine subject data; elsewhere we have used SET (Science, Engineering & Technology) subject data or all subject data as indicated. Clinical academics have been benchmarked against Medical Schools Council data where possible.

Table 4.2.1 Definition of the roles and grades used to categorise academic staff

Staff category	Grade(s)	Description	Comments
Researcher	6	Research Assistant	
	7	Research Fellow	
	8	Senior Research Fellow	
Academic	7/8	Lecturers	
	9	Associate Professor	Includes Senior Lecturer and Reader
	10	Professor	
Clinical Academic	CRF	Clinical Research Fellows	Junior Doctors
	CL	Clinical Lecturer	Includes ACLs (Junior Doctors in training)
	CSL	Clinical Senior Lecturer	Honorary Consultant. Includes Clinical Associate Professors
	Professor	Clinical Professor	Honorary Consultant

Research-only Staff

Females comprise the majority (71%) of our research-only staff (Table 4.2.2 & Figure 4.2.1). Numbers at Grade 7 have increased over time due to research funding. The decrease in female research-only Grade 8s reflects a move towards permanent academic roles.

Table 4.2.2 Research-only staff shown by grade and gender.

		F	% F	M	total	ECU %F*	ECU %M*
Grade 6	2014	43	70%	18	61	51.3%	48.7%
	2015	46	74%	16	62	51.3%	48.7%
	2016	46	85%	8	54	51.7%	48.3%
	2017	46	78%	13	59	n/a	n/a
	2018	47	80%	12	59	n/a	n/a
Grade 7	2014	104	68%	48	152	50.2%	49.8%
	2015	111	69%	50	161	50.1%	49.9%
	2016	113	66%	59	172	50.5%	49.5%
	2017	110	65%	58	168	n/a	n/a
	2018	121	68%	56	177	n/a	n/a
Grade 8	2014	38	83%	8	46	48.1%	51.9%
	2015	38	76%	12	50	48.5%	51.5%
	2016	39	76%	12	51	48.6%	51.4%
	2017	33	72%	13	46	n/a	n/a
	2018	33	70%	14	47	n/a	n/a

*Benchmarked against ECU Academic data (all subjects)

Figure 4.2.1 Research-only staff shown by grade and gender
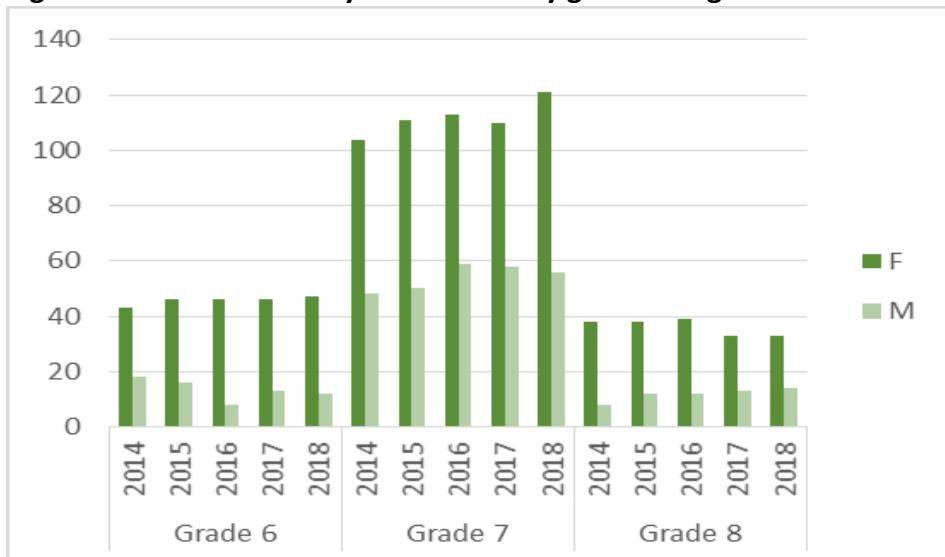
Academic (non-clinical) staff

We have good gender balance across academic grades (Table 4.2.3). Female Grade 8s have increased from 47% to 57% representing a sustained focus on the transition of research staff to academic roles **(Silver action)**. Although the proportion of female Professors remains around 45% (above national benchmarks), full gender balance remains our goal.

Table 4.2.3 Academic Staff (non-clinical) shown by grade and gender

		F	%F	M	total	ECU %F*
Academic Grade 7	2014	7	88%	1	8	50.2%
	2015	8	89%	1	9	50.1%
	2016	8	80%	2	10	50.5%
	2017	9	75%	3	12	n/a
	2018	6	60%	4	10	n/a
Academic Grade 8	2014	15	47%	17	32	48.1%
	2015	20	59%	14	34	48.5%
	2016	32	60%	21	53	48.6%
	2017	37	60%	25	62	n/a
	2018	35	57%	26	61	n/a
Academic Grade 9	2014	26	53%	23	49	38.9%
	2015	27	54%	23	50	39.2%
	2016	29	56%	23	52	40.0%
	2017	31	54%	26	57	n/a
	2018	31	53%	28	59	n/a
Professor	2014	16	44%	20	36	23.1%
	2015	16	43%	21	37	23.9%
	2016	20	48%	22	42	24.6%
	2017	23	45%	28	51	n/a
	2018	22	44%	28	50	n/a

*Benchmarked against ECU Academic data, all subjects

Action 8: PRIORITY Increase the proportion of female academics in senior roles

Our academics are split into two categories: Teaching and Research (T&R) or Teaching and Scholarship (T&S) (Table 4.2.4).

Table 4.2.4 Academic Staff shown by category (T&R or T&S), grade and gender.

		Teaching & Research (85%)				Teaching & Scholarship (15%)			
		F	%F	M	total	F	%F	M	total
Academic Grade 7	2014	5	83%	1	6	2	100%	0	2
	2015	6	86%	1	7	2	100%	0	2
	2016	5	71%	2	7	3	100%	0	3
	2017	5	71%	2	7	4	80%	1	5
	2018	3	60%	2	5	3	60%	2	5
Academic Grade 8	2014	15	50%	15	30	0	0%	1	1
	2015	19	59%	13	32	1	50%	1	2
	2016	30	61%	19	49	2	50%	2	4
	2017	34	62%	21	55	3	43%	4	7
	2018	32	59%	22	54	3	43%	4	7
Academic Grade 9	2014	21	51%	20	41	4	57%	3	7
	2015	22	54%	19	41	4	50%	4	8
	2016	24	56%	19	43	5	56%	4	9
	2017	24	53%	21	45	7	58%	5	12
	2018	25	56%	20	45	6	43%	8	14
Professor	2014	16	44%	20	35	0	n/a	0	0
	2015	16	43%	21	37	0	n/a	0	0
	2016	20	48%	22	43	1	100%	0	0
	2017	22	44%	28	50	1	100%	0	1
	2018	21	43%	28	49	1	100%	0	1
Total	2014	57	51%	55	112	6	60%	4	10
	2015	63	54%	54	117	7	58%	5	12
	2016	79	56%	63	142	10	63%	6	16
	2017	85	54%	72	157	15	60%	10	25
	2018	81	53%	72	153	13	48%	14	27

Proportions of female academics are above the benchmarks on both T&R and T&S categories (Figure 4.2.2).

Figure 4.2.2 Academic Staff (all grades) shown by category and benchmark
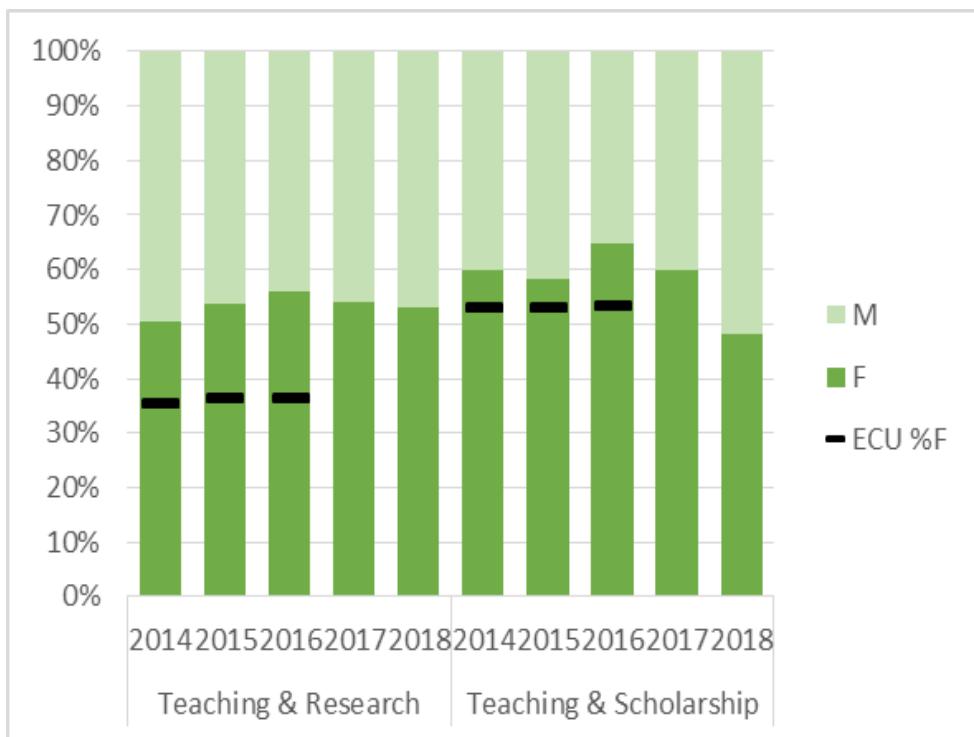
Clinical academic staff

The term 'clinical academic' (CA) here refers to staff who are medically qualified working in a dual clinical and academic roles. We need to increase the proportion of senior female CAs and this is one of our highest priorities. It takes approximately 15 years for a doctor to progress through joint medical and academic training (Figure 4.2.3), and it may be some time before we see the gender balance transformed.

Figure 4.2.3 Clinical Academic Integrated Academic Training Pathway
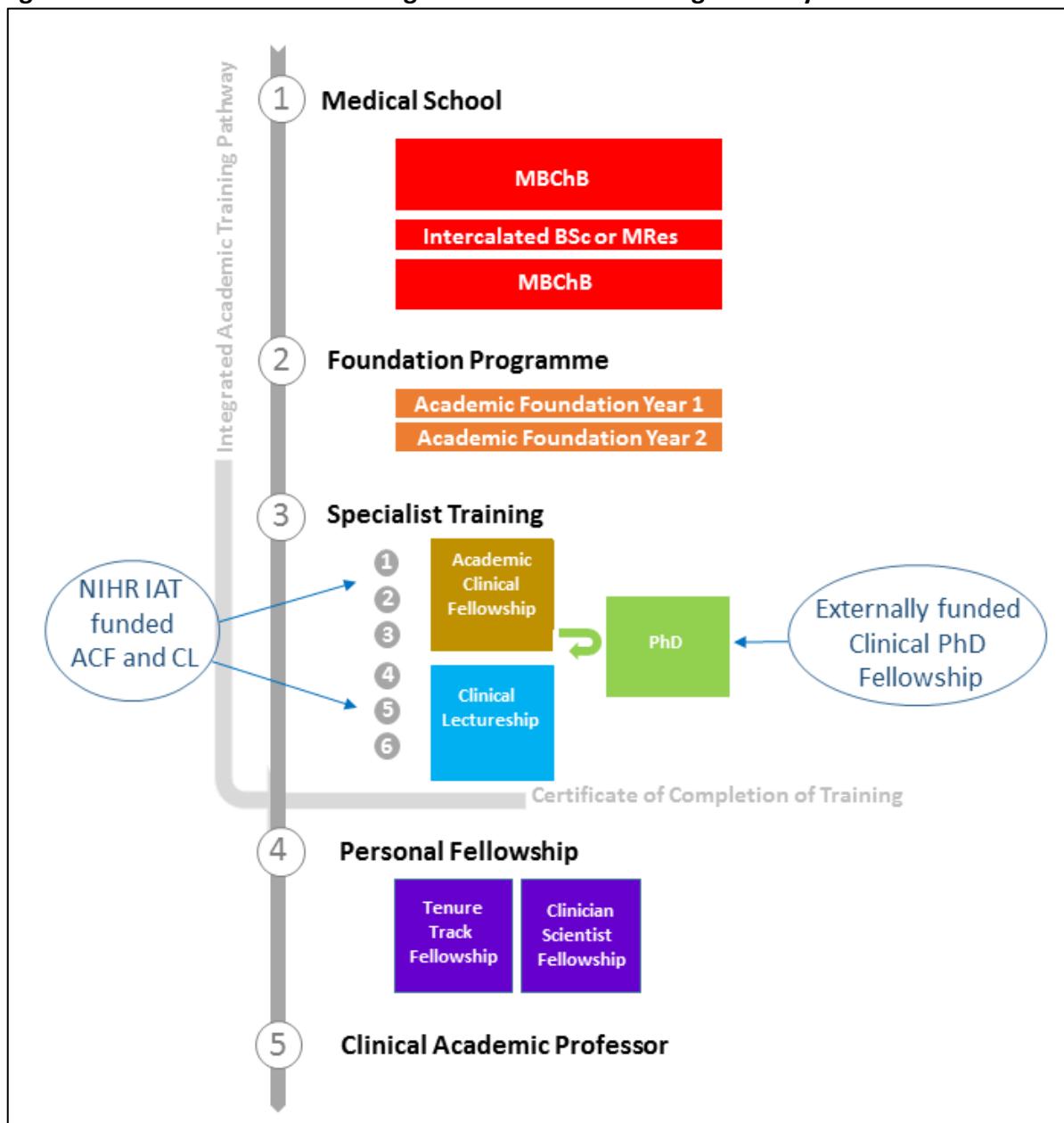
Despite national concerns about recruitment and retention of CAs we have seen stability in numbers and better gender balance in the lower grades when compared to benchmarks (Table 4.2.5, Figure 4.2.4). The increased proportion of female clinical professors since 2014, whilst small, closes the gap between us and benchmarks.

Action 8: PRIORITY Increase the proportion of female academics in senior roles

Table 4.2.5 Clinical Academic Staff by grade and gender

		F	%F	M	total	MSC %F ±
Clinical Research Fellow (CRF)	2014	18	49%	19	37	n/a
	2015	20	48%	22	42	n/a
	2016	17	47%	19	36	n/a
	2017	21	53%	19	40	n/a
	2018	19	49%	20	39	n/a
Clinical Lecturer (CL)	2014	9	43%	12	21	39%
	2015	9	45%	11	20	38%
	2016	10	48%	11	21	38%
	2017	10	53%	9	19	41%
	2018	8	47%	9	17	n/a
Clinical Senior Lecturer (CSL)	2014	21	40%	32	53	31%
	2015	22	41%	32	54	32%
	2016	18	36%	32	50	32%
	2017	18	41%	26	44	34%
	2018	19	40%	29	48	n/a
Clinical Professor	2014	6	14%	36	42	17%
	2015	5	12%	36	41	18%
	2016	6	14%	37	43	18%
	2017	7	16%	39	45	19%
	2018	8	17%	39	46	n/a

± Benchmarks taken from Medical Schools Council staff report

Figure 4.2.4 Clinical Academic staff by grade and gender with benchmarks*
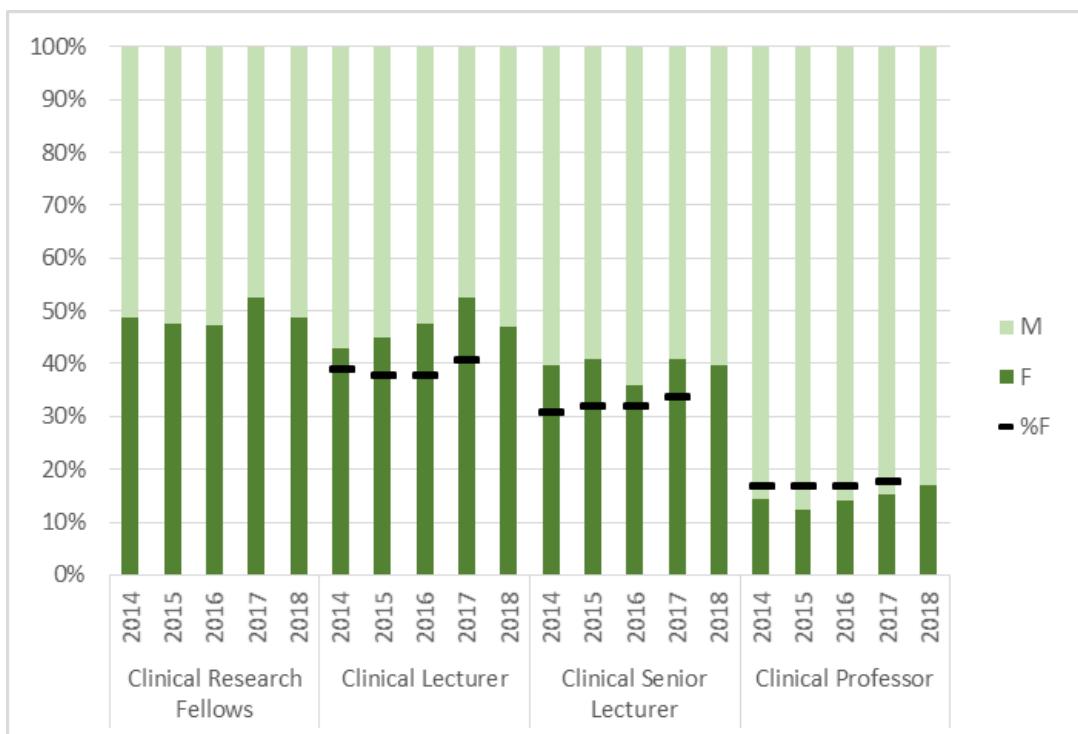
*from Medical School Council's staff report 2018

University Academic Fellows

In 2015 the University launched the University Academic Fellowship (UAF) scheme, recruiting academics at Grade 8 on permanent contracts who become Grade 9 upon completion of probation objectives. To date, the SoM has appointed 42 UAFs (Table 4.2.6). Unconscious bias training for shortlisting and interview panels helped ensure fair recruitment processes, resulting in good gender balance across the cohort.

Table 4.2.6 UAF cohort in School of Medicine

	F	%F	M	Total	Benchmark data %F
Clinical	3	30	7	10	34.2 %F ±
Non clinical	19	59	13	32	48.6 %F *
Total	22	52	20	42	

±MSC benchmark for clinical SLs; *ECU all subject data for academic grade 8

Several UAFs were previously employed on FTCs and this scheme is an excellent mechanism for transition onto tenured positions, including clinical academics. The first two UAFs to complete probation ahead of schedule were women **(see Case Study 1).** We recruited a female clinical UAF in a cardiology, a speciality that is male dominated (at UoL over 80% male).

Academic/Clinical Academic staff by Institute

The six (previously 7) institutes that comprise the School have differing academic activity and staff profiles (Figure 4.2.5 and Table 4.2.7).

Figure 4.2.5 Academic/Clinical Academic staff profile by Institute (data shown as stacked area)
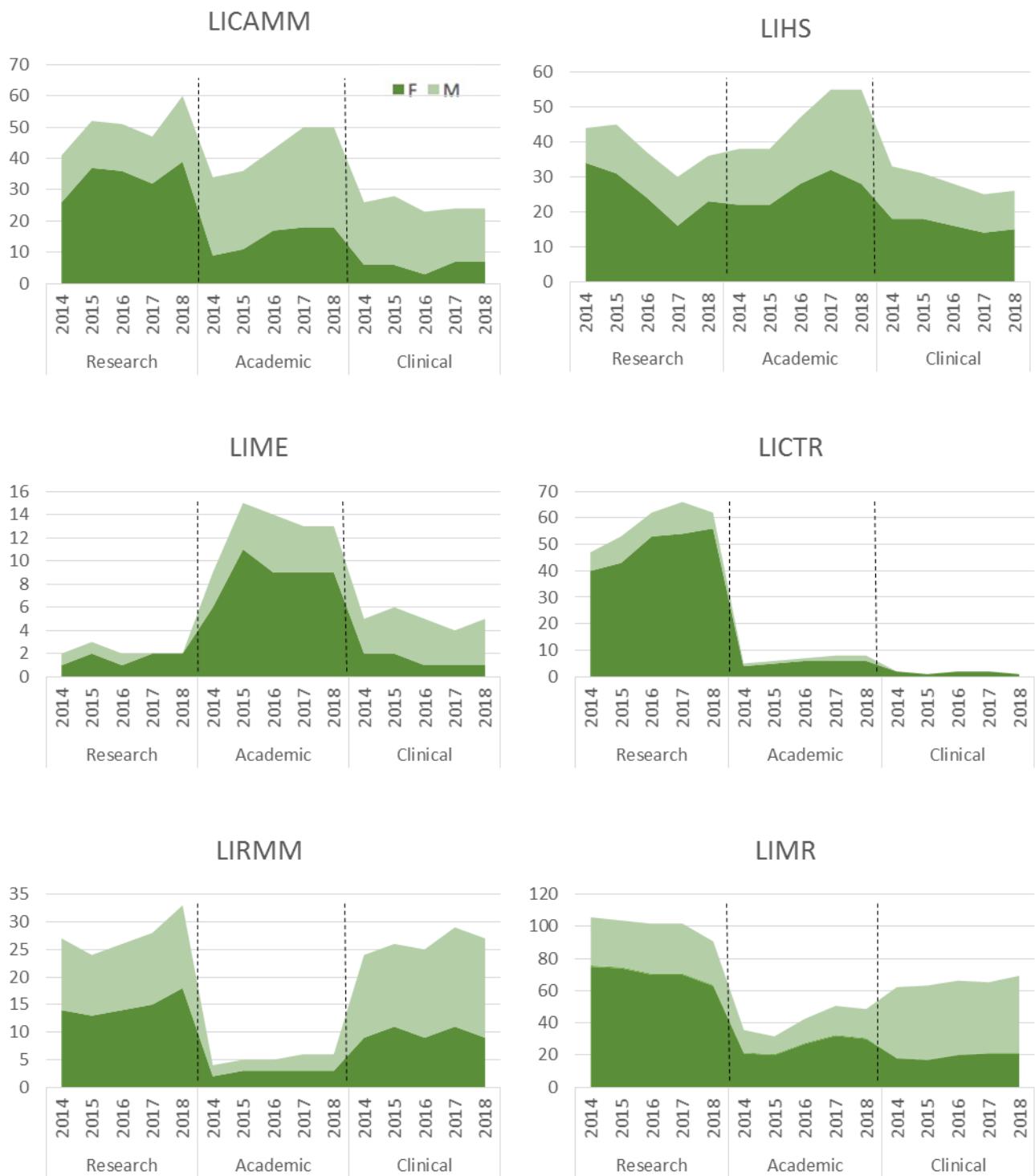
Table 4.2.7 Institute Key features

Institute	Comments
LICAMM	In a very male dominated clinical speciality (Cardiology), LICAMM have seen female Grade 8s increase from 20% to 43% since 2014, and in 2018, the first promotion of a female to Clinical Professor in Cardiology **(IMPACT).**
LIHS	Since 2014, Female Professors have increased from 27% to 41%. In LIHS appointed their first female Clinical Professor (Psychiatry) and a female Director **(IMPACT).**
LIME	Small academic staff with many centrally managed Student Education Support (SES) staff
LICTR	High proportion of female staff at senior grades, good female promotion rates and good use of female role models.
LIRMM	Focused around clinical specialities, strong early career pipeline for CAs; good Female CSL representation
LIMR	Recently merged from two institutes focused on clinical areas. First female Director (replacing two male directors), good female UAF recruitment. LIMR SAT includes surgical CAs to help address national shortage of Senior surgical CAs.

ii) Where relevant, comment on the transition of staff between technical and academic roles.

Transition between technical and academic roles does not occur but staff do move from technical to Research Assistant/Fellow roles, from which they can progress on to an academic contract. Not all staff wish to change roles to develop their career.

> **Action 9. PRIORITY Improve career development and progression for Professional, Managerial, Technical and Admin Staff**

iii) Academic and research staff on fixed-term, open-ended/permanent and zero-hour contracts by Grade and gender

* *Comment on the proportions of men and women on these contracts.*
* *Comment on what is being done to ensure continuity of employment, and to address any other issues, including redeployment schemes.*

Research-only Staff

The majority of research-only staff are female (Table 4.2.8) and on fixed-term contracts (FTCs), as grant-funded staff. Transition from a FTC to Open-Ended Fixed Funding (OEFF) is normally based on length of service. More women than men have PT research-only contracts. While FT males and females are equally likely to have a permanent contract, PT females are more likely to be on a permanent contract than PT males.

Table 4.2.8: Proportion of research staff by contract type, gender & working pattern

		Total staff		fixed term		OEFF		permanent	
		F	M	%F	%M	%F	%M	%F	%M
Full time	2014	132	64	55%	45%	35%	45%	10%	9%
	2015	136	72	42%	44%	47%	46%	11%	10%
	2016	128	73	41%	44%	47%	46%	9%	8%
	2017	127	73	36%	38%	55%	53%	9%	8%
	2018	137	77	39%	44%	52%	48%	9%	8%
part time	2014	58	12	47%	83%	48%	17%	5%	0%
	2015	64	8	31%	75%	52%	25%	17%	0%
	2016	70	6	27%	67%	59%	33%	14%	0%
	2017	62	12	23%	50%	63%	50%	15%	0%
	2018	63	7	25%	29%	65%	71%	10%	0%

Six-month before contract end date we provide FTC staff at least two face-to-face meetings with their manager, supported by HR to discuss potential opportunities within the School, career guidance and access to the Redeployment Register. The University's redeployment scheme ensues all jobs are ring-fenced to those on the Register for two weeks ahead of any other advertising. It is a priority that we move towards a more sustainable career for research staff.

> **Action 10. PRIORITY. Create parity of career development for staff on FTCs and a move towards a more sustainable career for research staff and permanent contracts where appropriate**

Academic Staff

Few academic staff have FTC/OEFF contracts, with numbers too low to identify any gender patterns (Figure 4.2.6). We have a higher proportion of academics on permanent contracts than the ECU benchmark.

Figure 4.2.6 Academic staff by grade, contract type and gender (FT & PT combined)
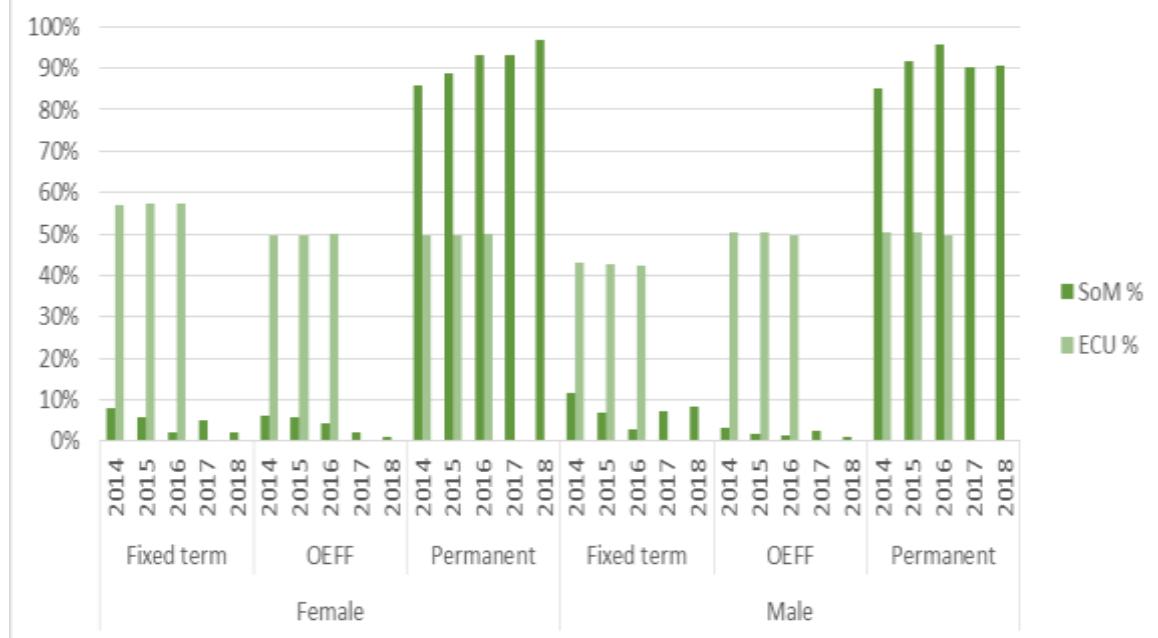
There are more females than males on PT academic contracts (Table 4.2.9), yet men report benefiting from PT hours.

Table 4.2.9 Academic staff by grade, contract type, gender & working pattern

			Total staff		Fixed term		OEFF		Permanent	
			F	M	%F	%M	%F	%M	%F	%M
Full time	Academic grade 7	2014	4	1	0%	0%	0%	0%	100%	100%
		2015	5	1	0%	0%	0%	0%	100%	100%
		2016	5	2	0%	0%	0%	0%	100%	100%
		2017	5	2	0%	50%	0%	0%	100%	50%
		2018	4	4	0%	50%	0%	25%	100%	25%
	Academic grade 8	2014	13	16	15%	13%	8%	13%	77%	75%
		2015	13	12	15%	17%	8%	8%	77%	75%
		2016	26	19	4%	0%	4%	5%	92%	95%
		2017	31	23	0%	0%	0%	4%	100%	96%
		2018	27	24	0%	0%	0%	0%	100%	100%
	Academic grade 9	2014	22	19	5%	5%	5%	0%	91%	95%
		2015	22	21	5%	0%	0%	0%	95%	100%
		2016	22	22	0%	0%	0%	0%	100%	100%
		2017	20	23	0%	0%	0%	0%	100%	100%
		2018	23	23	0%	0%	0%	0%	100%	100%
	Professor	2014	16	18	0%	6%	0%	0%	100%	94%
		2015	16	19	0%	0%	0%	0%	100%	100%
		2016	19	18	0%	0%	0%	0%	100%	100%
		2017	20	23	0%	4%	0%	0%	100%	96%
		2018	19	22	0%	0%	0%	0%	100%	100%
Part time	Academic grade 7	2014	3	0	0%	n/a	67%	n/a	33%	n/a
		2015	3	0	0%	n/a	33%	n/a	67%	n/a
		2016	3	0	0%	n/a	33%	n/a	67%	n/a
		2017	4	1	25%	n/a	25%	n/a	50%	0%
		2018	2	0	0%	n/a	0%	n/a	100%	n/a
	Academic grade 8	2014	2	1	0%	100%	0%	0%	100%	0%
		2015	7	2	14%	50%	0%	0%	86%	50%
		2016	6	2	0%	50%	17%	0%	83%	50%
		2017	6	2	17%	50%	0%	0%	83%	50%
		2018	8	2	13%	50%	0%	0%	88%	50%
	Academic grade 9	2014	4	3	50%	67%	0%	0%	50%	33%
		2015	5	2	0%	50%	40%	0%	60%	50%
		2016	7	1	0%	0%	14%	0%	86%	100%
		2017	11	3	9%	0%	9%	0%	82%	100%
		2018	8	5	0%	20%	13%	0%	88%	80%
	Professor	2014	0	2	n/a	50%	n/a	0%	n/a	50%
		2015	0	2	n/a	0%	n/a	0%	n/a	100%
		2016	2	4	50%	25%	0%	0%	50%	75%
		2017	4	5	67%	60%	0%	0%	33%	40%
		2018	3	5	33%	67%	0%	0%	67%	33%

ACTION 11. Remove barriers to PT/flexible working especially males

Clinical Academic Staff
- ∗ *Comment on the proportions of men and women on these contracts.*
- ∗ *Comment on what is being done to ensure continuity of employment, and to address any other issues, including redeployment schemes.*

Tables 4.2.10 and 4.2.11 shows the proportions of female and male CRFs and Academic Clinical Lecturers (ACLs)/Clinical Senior Lecturers (CSLs) by contract type. Generally, ACLs either leave to take up a NHS consultant post or CA post elsewhere, or they stay with us, usually via a personal award or fellowship. This is the point at which we lose many ACLs (see Leavers section) and whilst a national problem, it is our priority to maintain the female pipeline to a senior level. We have undertaken local work to address this including the creation of a Joint Clinical Academic Training Committee with the Trust **(Silver Action)**. This is a long training pipeline which will take a while to see impact; we will continue to address this via our **Gold Action Plan**.

Table 4.2.10 Clinical Research Fellows by gender, contract type & working pattern

		Fixed term				Permanent -Fixed Funding				Clinical Agreement (Fixed)			
		F	%F	M	total	F	%F	M	total	F	%F	M	total
Full time	2014	9	39%	14	23	1	100%	0	1	6	55%	5	11
	2015	8	44%	10	18	2	100%	0	2	8	40%	12	20
	2016	5	50%	5	10	0	n/a	0	0	8	36%	14	22
	2017	4	50%	4	8	0	n/a	0	0	13	48%	14	27
	2018	4	57%	3	7	0	0%	1	1	10	40%	15	25
Part time	2014	1	100%	0	1	0	n/a	0	0	1	100%	0	1
	2015	0	n/a	0	0	0	n/a	0	0	2	100%	0	2
	2016	1	100%	0	1	0	n/a	0	0	3	100%	0	3
	2017	2	67%	1	3	0	n/a	0	0	2	100%	0	2
	2018	3	75%	1	4	0	n/a	0	0	2	100%	0	2

Table 4.2.11 Clinical Lecturers/ Clinical Senior Lecturers by gender, contract type & working pattern

			Fixed term				Permanent - Fixed Funding				Permanent			
			F	%F	M	total	F	%F	M	total	F	%F	M	total
Clinical lecturers	Full time	2014	2	20%	8	10	0	0%	3	3	0	0%	1	1
		2015	2	20%	8	10	0	0%	2	2	0	0%	1	1
		2016	3	27%	8	11	0	n/a	0	0	0	0%	1	1
		2017	4	40%	6	10	0	n/a	0	0	0	0%	2	2
		2018	2	25%	6	8	0	n/a	0	0	0	0%	2	2
	part time	2014	4	100%	0	4	0	n/a	0	0	3	100%	0	3
		2015	3	100%	0	3	2	100%	0	2	2	100%	0	2
		2016	2	100%	0	2	1	100%	0	1	4	80%	1	5
		2017	2	100%	0	2	1	100%	0	1	3	75%	1	4
		2018	2	100%	0	2	1	100%	0	1	3	75%	1	4
Clinical senior lecturers	Full time	2014	3	60%	2	5	2	50%	2	4	5	19%	22	27
		2015	3	60%	2	5	1	50%	1	2	7	23%	24	31
		2016	2	67%	1	3	1	50%	1	2	5	17%	25	30
		2017	2	67%	1	3	1	50%	1	2	7	25%	21	28
		2018	0	n/a	0	0	0	0%	1	1	10	29%	24	34
	part time	2014	1	50%	1	2	6	86%	1	7	4	50%	4	8
		2015	1	100%	0	1	6	86%	1	7	4	50%	4	8
		2016	0	0%	1	1	6	100%	0	6	4	50%	4	8
		2017	0	n/a	0	0	6	100%	0	6	2	40%	3	5
		2018	1	50%	1	2	5	100%	0	5	3	50%	3	6

> **Action 8: PRIORITY Increase the proportion of female academics in senior roles, especially female clinical academics**

PT CRFs and ACLs are mostly female. Nationally, the new Junior Doctors Contract was considered detrimental to PT trainees and to those who took maternity leave. We anticipated there would be a reduction in PT CRFs and ACLs as a result. As a **Silver Action** we acted to mitigate local impact, and provided detailed, regular updates to trainees and are pleased we have not seen a reduction in PT CRF trainees **(IMPACT).**

We have some female PT CLs who are not ACLs, but are GPs undertaking teaching, where there is inconsistency in role expectations and salary. Work is underway to eliminate this inconsistency.

> **Action 12. Create role, salary and terms and conditions consistency for PT clinical (GP) lecturers on teaching only contracts**

All clinical professors are on permanent contracts.

Table 4.2.12 Clinical Professors by gender and working pattern

		F	%F	M	total
Full time	2014	6	14%	36	42
	2015	5	13%	35	40
	2016	6	15%	35	41
	2017	6	14%	38	44
	2018	7	16%	37	44
part time	2014	0	n/a	0	0
	2015	0	n/a	0	0
	2016	0	0%	1	1
	2017	1	50%	1	2
	2018	1	33%	2	3

Zero Hours Contracts Staff

We do not employ staff on zero-hours contracts.

iv) Academic leavers by grade and gender and full/part-time status

Comment on the reasons academic staff leave the department, any differences by gender and the mechanisms for collecting this data.

Numbers of leavers are relatively low across all grades and remain below those of our comparators. The proportion of leavers by gender mostly reflects our demographics. Retirement accounts for 33% of departures and academic professorial departures were equally split across gender. More male clinical professors left, all except 1 for retirement, reflecting the age demographic of this staff group.

Table 4.2.13 Leavers, by gender, clinical and non-clinical, grade and working pattern

			Full time				Part time			
			F	%F	M	Total	F	%F	M	Total
Clinical Academic	CL	13/14	1	100%	0	1	0	n/a	0	0
		14/15	0	0%	4	4	2	100%	0	2
		15/16	1	25%	3	4	0	n/a	0	0
		16/17	1	20%	4	5	2	100%	0	2
		17/18	2	67%	1	3	1	100%	0	1
	CSL	13/14	2	67%	1	3	2	100%	0	2
		14/15	0	n/a	0	0	0	n/a	0	0
		15/16	2	67%	1	3	1	100%	0	1
		16/17	0	0%	2	2	2	100%	0	2
		17/18	0	n/a	0	0	0	n/a	0	0
	Prof	13/14	1	33%	2	3	0	0%	1	1
		14/15	0	n/a	0	0	0	n/a	0	0
		15/16	0	0%	2	2	0	n/a	0	0
		16/17	0	0%	1	1	0	n/a	0	0
		17/18	0	n/a	0	0	0	n/a	0	0
Non-Clinical Academic	Grade 7	13/14	0	n/a	0	0	0	n/a	0	0
		14/15	0	n/a	0	0	0	n/a	0	0
		15/16	2	100%	0	2	0	n/a	0	0
		16/17	0	n/a	0	0	0	n/a	0	0
		17/18	1	100%	0	1	0	n/a	0	0
	Grade 8	13/14	0	0%	1	1	0	n/a	0	0
		14/15	0	n/a	0	0	0	n/a	0	0
		15/16	0	0%	2	2	0	n/a	0	0
		16/17	1	33%	2	3	0	n/a	0	0
		17/18	0	n/a	0	0	1	100%	0	1
	Grade 9	13/14	1	17%	5	6	0	n/a	0	0
		14/15	0	n/a	0	0	0	n/a	0	0
		15/16	1	50%	1	2	1	100%	0	1
		16/17	0	0%	1	1	0	n/a	0	0
		17/18	1	50%	1	2	2	100%	0	2
	Prof	13/14	0	0%	1	1	1	100%	0	1
		14/15	1	100%	0	1	0	n/a	0	0
		15/16	1	33%	2	3	0	n/a	0	0
		16/17	1	100%	0	1	0	n/a	0	0
		17/18	1	50%	1	2	0	n/a	0	0

We have higher rates of female CA attrition compared to male CAs and non-clinical academics (Table 4.2.14). Since 2014, 41% of ACLs have secured a senior fellowship or substantive academic post (all but two at Leeds) (Table 4.2.15). Of these, 56% were female. Supporting fellowship/clinician scientist funding applications for our ACLs, is high priority as is retaining more female CAs on permanent contracts.

> **Action 8: PRIORITY Increase the proportion of female academics in senior roles, especially female clinical academics**

Exit interviews were introduced in 2017; 40% now accept the invitation (60% females). Information reports are generated for the SoM Executive twice a year. Interviews have enhanced our understanding of why staff might leave and we are pleased that no gender inequality issues have been identified.

Table 4.2.14 Turnover split by gender compared with benchmarks

		no. in school	no. leaving	%F leaving	no. in school	no. leaving	%M leaving	Benchmark: ECU all subject areas %F leaving	Benchmark: ECU all subject areas %M leaving
clinical and non-clinical academic	2013/14	100	8	8%	141	11	8%	17.7%	16.0%
	2014/15	107	3	3%	138	4	3%	17.4%	15.6%
	2015/16	124	9	7%	148	11	7%	17.7%	16.1%
	2016/17	135	7	5%	156	10	6%	16.3%	14.4%
	2017/18	129	9	7%	163	3	2%	n/a	n/a
clinical academics*	2013/14	36	6	17%	80	4	5%		
	2014/15	36	2	6%	79	4	5%		
	2015/16	34	4	12%	80	6	8%		
	2016/17	35	5	14%	74	7	9%		
	2017/18	35	3	9%	77	1	1%		
non clinical academics	2013/14	64	2	3%	61	7	11%		
	2014/15	71	1	1%	59	0	0%		
	2015/16	90	5	6%	68	5	7%		
	2016/17	100	2	2%	82	3	4%		
	2017/18	94	6	6%	86	2	2%		

*exclusive of CRFs who are employed for a fixed period to undertake a PhD

Table 4.2.15 Destination of Academic Clinical Lecturers (2013-2018)

	% of all ACLs	%F	%M
Return to Clinical Training	17	43	57
Progressed to NHS Consultant Post	42	24	76
Secured Senior Fellowship or Academic Post	41	56	44

2330 Words

5. SUPPORTING AND ADVANCING WOMEN'S CAREERS
Recommended word count: 7000 words

5.1. Key career transition points: academic staff
i) Recruitment

Break down application data by gender and grade. The data should also include the long- and shortlisted candidates, and offer and acceptance rates.

* *Information on the department's recruitment processes should be provided, with particular emphasis on how women (and men where underrepresented) are encouraged to apply. For example, are there policies in place to ensure gender representation on recruitment panels, is there any training provided and <u>what is done to try to address unconscious bias</u>?*
* *Comment on how the department's processes and criteria for shortlisting and selection comply with, and build upon, the institution's policies for equality and diversity, and recruitment and selection.*
* *If the dataset is large, please break it down into the different disciplines or units.*

Applications, interviews and appointments

Academic staff

Table 5.1.1 data have been taken from the University recruitment system, which was introduced in 2014. The large 'unknown' gender category for 2013/14 is a reflection of the previous system's limitations and our confidence in earlier data is therefore limited. For this reason, all academic and research staff have been grouped together rather than by grade. There was steady improvement in recruiting women until 2017/2018 when recruitment was slowed following the UAF campaign (2015/16 and 2016/17).

Table 5.1.1 Recruitment of all non-clinical academics

		F	%F	M	unknown	total
Applications	2013/2014	70	41%	75	26	171
	2014/2015	65	41%	90	2	157
	2015/2016	101	36%	177	4	282
	2016/2017	40	44%	48	2	90
	2017/2018	5	56%	2	2	9
Interviews	2013/2014	22	58%	14	2	38
	2014/2015	19	48%	20	1	40
	2015/2016	34	49%	36	0	70
	2016/2017	20	61%	13	0	33
	2017/2018	1	33%	2	0	3
Appointment	2013/2014	10	91%	1	0	11
	2014/2015	6	55%	4	1	11
	2015/2016	16	57%	11	1	28
	2016/2017	8	53%	7	0	15
	2017/2018	0	0%	2	0	2

We continue to embed inclusive practice in recruitment and mandate gender-balanced panels and equality training for all interview panels **(Silver Action).** Since 2016, the majority of staff (821; 67% F) have completed the E&I on-line training and 310 (65%F) have attended Unconscious Bias training **(IMPACT);** in 2018, 96% of attendees rated the Unconscious Bias training course as excellent or outstanding (increase from 91% at May 2016).

> **Action 13. Increase completion of E&I training to 100% & Unconscious Bias training in line managers to 100%**

An overview of interviews and appointments for all Grades together (Figure 5.1.1) shows that since 2016 although more males apply for academic positions, a higher proportion of females are interviewed and subsequently appointed (2017/18 does not follow this trend due to the recruitment slowdown).   These data suggest we may have bias in our recruitment practice.

Figure 5.1.1 Recruitment of all female non-clinical academic grades
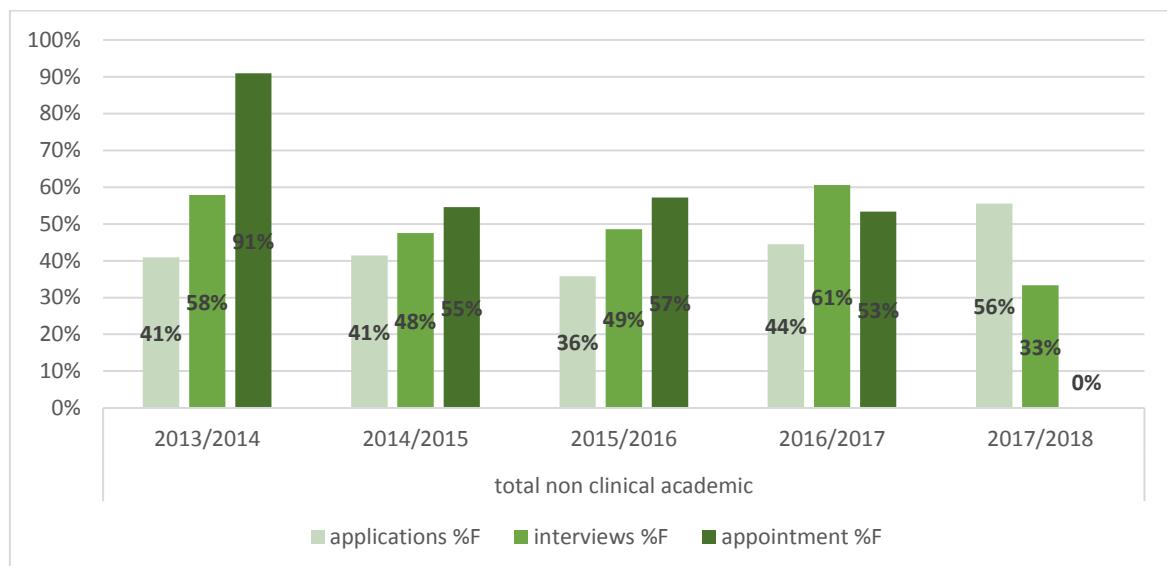
It is recognised that individuals find it difficult to see bias in themselves and training alone is insufficient to mitigate bias. We are creating an Unconscious Bias Checklist for shortlisting and interviews to help staff identify typical pitfalls, and piloting Unconscious Bias Observers, whose role is to identify and highlight anomalies at shortlisting and interview, listen to the decision making process and reflect back on good practice and possible bias.

> **Action 7. Identify and remove any gender bias in recruitment processes**

Teaching only

These data are available as separate category for the last three years only; they show that a higher proportion of females than males get to interview and are appointed.

Table 5.1.2 Recruitment of teaching only staff

Grade 7		F	%F	M	total
Applications	2015/2016	22	50%	22	44
	2016/2017	20	80%	5	25
	2017/2018	20	45%	24	44
Interviews	2015/2016	13	76%	4	17
	2016/2017	12	92%	1	13
	2017/2018	3	75%	1	4
Appointment	2015/2016	4	67%	2	6
	2016/2017	5	100%	0	5
	2017/2018	2	100%	0	2

Figure 5.1.2 Recruitment of all teaching academics
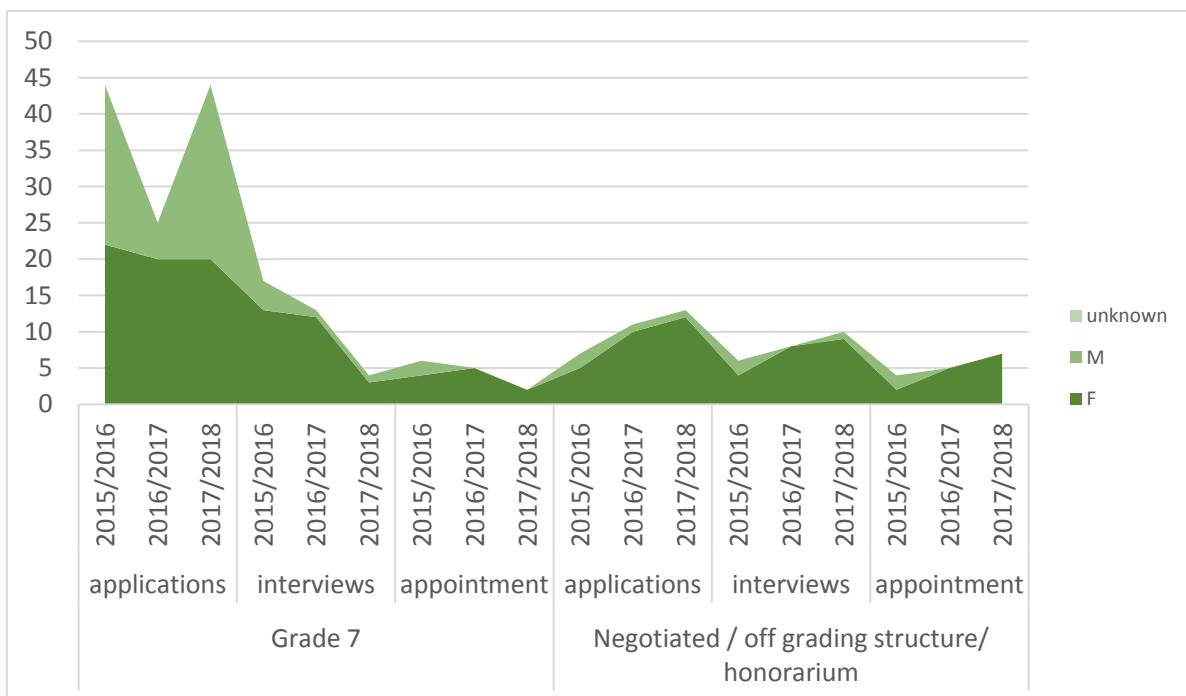
Research-only

The majority of research-only staff are Grades 6 and 7 (Table 5.1.3). We have fewer research-only posts at Grade 8. While broadly equal numbers of men and women apply, women are more successful at interview and appointment stage.

Table 5.1.3 Recruitment of Research only staff by Grade

		Grade 6				Grade 6/7*			
		F	%F	M	tot	F	%F	M	tot
Applications	2014/15	233	68%	110	343	31	46%	36	67
	2015/16	166	64%	93	259	46	55%	38	84
	2016/17	125	67%	62	187	31	54%	26	57
	2017/18	165	67%	82	247	54	46%	64	118
Interviews	2014/15	35	74%	12	47	11	50%	11	22
	2015/16	35	70%	15	50	18	69%	8	26
	2016/17	32	63%	19	51	13	62%	8	21
	2017/18	32	71%	13	45	11	48%	12	23
Appointment	2014/15	14	93%	1	**15**	5	63%	3	8
	2015/16	8	62%	5	**13**	9	100%	0	9
	2016/17	12	75%	4	**16**	5	56%	4	9
	2017/18	11	73%	4	**15**	2	50%	2	4

*Jobs advertised across two grades, grade of appointment dependent on experience and skills.

		Grade 7				Grade 7/8*			
		F	%F	M	total	F	%F	M	total
Applications	2014/15	137	50%	139	276	4	29%	10	14
	2015/16	196	53%	171	367	8	42%	11	19
	2016/17	174	46%	201	375	14	35%	26	40
	2017/18	175	47%	195	370	34	41%	49	83
Interviews	2014/15	42	55%	35	77	4	50%	4	8
	2015/16	84	66%	42	126	1	50%	1	2
	2016/17	65	48%	70	135	0	0%	7	7
	2017/18	74	55%	61	135	15	60%	10	25
Appointment	2014/15	16	66%	8	24	1	100%	0	1
	2015/16	28	60%	19	47	0	0%	1	1
	2016/17	22	56%	17	39	0	0%	3	3
	2017/18	26	60%	17	43	3	60%	2	5

*Jobs advertised across two grades, grade of appointment dependent on experience and skills.

		Grade 8			
		F	%F	M	total
Applications	2014/15	4	44%	4	8
	2015/16	9	64%	5	14
	2016/17	2	20%	8	10
	2017/18	15	71%	6	21
Interviews	2014/15	0	0%	3	3
	2015/16	4	29%	10	14
	2016/17	0	0%	1	1
	2017/18	6	75%	2	8
Appointment	2014/15	0	0%	2	2
	2015/16	3	100%	0	3
	2016/17	0	0%	1	1
	2017/18	3	60%	2	5

Table 5.1.4 Recruitment of research-only staff: all Grades combined

		F	%F	M	total
Applications	2014/15	409	58%	299	708
	2015/16	425	57%	318	743
	2016/17	346	52%	322	668
	2017/18	443	53%	396	839
Interviews	2014/15	92	58%	65	157
	2015/16	142	65%	76	218
	2016/17	110	51%	105	215
	2017/18	138	58%	98	236
Appointment	2014/15	36	72%	14	50
	2015/16	48	66%	25	73
	2016/17	39	57%	29	68
	2017/18	45	62%	27	72

In summary, the data for research-only and teaching-only roles show that women are more successful at interview and appointment stages than men.

Action 7. Identify and remove any gender bias in recruitment processes

Clinical academics

The overall data for clinical post recruitment is shown in Table 5.1.5.

Table 5.1.5 Recruitment of clinical academic staff, all grades combined

		F	%F	M	unknown	total
Applications	2013/2014	33	40%	29	21	83
	2014/2015	26	46%	28	3	57
	2015/2016	23	36%	32	9	64
	2016/2017	20	37%	31	3	54
	2017/2018	11	26%	17	15	43
Interviews	2013/2014	17	55%	12	2	31
	2014/2015	16	52%	13	2	31
	2015/2016	13	35%	18	6	37
	2016/2017	8	31%	15	3	26
	2017/2018	11	61%	4	3	18
Appointment	2013/2014	8	32%	11	6	25
	2014/2015	8	42%	9	2	19
	2015/2016	4	25%	9	3	16
	2016/2017	7	37%	10	2	19
	2017/2018	3	33%	6	0	9

In contrast to other academic staff, male applicants for clinical academic posts appear to be more successful at interview than females (though numbers are small); however, this apparent pattern seems to be focused in the CRF appointments (Table 5.1.6).

Action 7. Identify and remove gender bias in recruitment processes

Table 5.1.6 Recruitment of clinical academic staff by grade

Clinical Research Fellow						
		F	%F	M	Unknown	total
Applications	2014/2015	18	43%	22	2	42
	2015/2016	19	54%	11	5	35
	2016/2017	10	31%	19	3	32
	2017/2018	7	19%	15	15	37
Interviews	2014/2015	11	52%	9	1	21
	2015/2016	9	60%	3	3	15
	2016/2017	4	24%	10	3	17
	2017/2018	8	57%	3	3	14
Appointment	2014/2015	5	42%	6	1	12
	2015/2016	1	20%	3	1	5
	2016/2017	4	31%	7	2	13
	2017/2018	1	17%	5	0	6

Clinical Lecturer		F	%F	M	Unknown	total
Applications	2014/2015	3	43%	4	0	7
	2015/2016	2	17%	9	1	12
	2016/2017	10	56%	8	0	18
	2017/2018	4	67%	2	0	6
Interviews	2014/2015	1	25%	3	0	4
	2015/2016	2	20%	7	1	10
	2016/2017	4	57%	3	0	7
	2017/2018	3	75%	1	0	4
Appointment	2014/2015	1	25%	3	0	4
	2015/2016	1	20%	3	1	5
	2016/2017	3	75%	1	0	4
	2017/2018	2	67%	1	0	3

Clinical Senior Lecturer/Clinical Professor - Honorary Consultant		F	%F	M	Unknown	total
Applications	2014/2015	1	50	0	1	2
	2015/2016	2	14	10	2	14
	2016/2017	0	0	4	0	4
	2017/2018	0	n/a	0	0	0
Interviews	2014/2015	1	50	0	1	2
	2015/2016	2	22	6	1	9
	2016/2017	0	0	2	0	2
	2017/2018	0	n/a	0	0	0
Appointment	2014/2015	1	50	0	1	2
	2015/2016	0	0	3	1	4
	2016/2017	0	0	2	0	2
	2017/2018	0	n/a	0	0	0

Clinical Off Grading Structure*		F	%F	M	Unknown	total
Applications	2014/2015	4	67	2	0	6
	2015/2016	0	0	2	1	3
	2016/2017	0	n/a	0	0	0
	2017/2018	0	n/a	0	0	0
Interviews	2014/2015	3	75	1	0	4
	2015/2016	0	0	2	1	3
	2016/2017	0	n/a	0	0	0
	2017/2018	0	n/a	0	0	0
Appointment	2014/2015	1	100	0	0	1
	2015/2016	2	100	0	0	2
	2016/2017	0	n/a	0	0	0
	2017/2018	0	n/a	0	0	0

* A small number of Clinical Lecturers, who are GPs employed outside of the University and undertake teaching only. See Section 4.2

ii) Induction

Describe the induction and support provided to all new academic staff, at all levels. Comment on the uptake of this and how its effectiveness is reviewed.

"I was very impressed with the online induction training I did concerning equality and diversity and am very pleased to have been appointed to such a welcoming organisation."
PMTA Female (LIHS, 2019)

Induction of new staff starts before their first day with a welcome letter and contract information, which signposts to University HR policies. We do not differentiate in induction of PMTA and academic staff and processes are the same for all new staff. The line manager contacts the starter with first day arrangements.

New starters are invited to a University Welcome Event and links to mandatory online inductions in E&I, Health and Safety and IT are provided. An Induction Checklist includes first day orientation and introduction to colleagues; this is signed off by starter and line manager ensuring 100% completion. Within 6 weeks, the line manager works with the new starter to create a probation plan identifying training needs. Positive feedback from staff consultation indicates that induction processes work well. We want to enhance induction so that starters are made aware of AS/E&I initiatives and support.

> **Action 14. Ensure new staff feel integrated into the School and are clear on the Medicine Redefined Values**

iii) Promotion

Provide data on staff applying for promotion and comment on applications and success rates by gender, Grade and full- and part-time status. Comment on how staff are encouraged and supported through the process.

Since 2014, promotions support has been proactive, including HR roadshows, workshops and individual meetings for staff preparing for promotion or at the top of their grade. More promotion applications were received from females than males (49 female, 67%; 25 male 33%). The success rates for female academics (88%) has continued to increase over this time to equal the overall success rate of male applications (88%) during this period. Parity of promotions was the success measure from Promotions in our **Silver Action Plan (IMPACT).**

Table 5.1.7 Applications and outcome for promotion by grade and gender

			2013/14	2014/15	2015/16	2016/17	2017/18	Total	% success
Professor	F	Application	1	1	4	1	1	8	
		Success	0	1	4	1	1	7	88%
	M	Application	0	2	2	2	2	8	
		Success	0	2	2	2	1	7	88%
Grade 9	F	Application	0	2	3	1	5	11	
		Success	0	1	2	1	4	8	73%
	M	Application	1	2	0	2	2	7	
		Success	1	2	0	1	2	6	86%
Grade 8	F	Application	5	3	3	1	5	17	
		Success	5	3	3	1	3	15	88%
	M	Application	0	0	2	1	2	5	
		Success	0	0	2	0	2	4	80%
Grade 7	F	Application	3	1	6	2	1	13	
		Success	3	1	6	2	1	13	100%
	M	Application	0	2	1	1	1	5	
		Success	0	2	1	1	1	5	100%
All Grades	F	% success	89%	86%	94%	100%	75%		88%
	M	% success	100%	100%	100%	67%	86%		88%

Overall, 88% of applications from both FT and PT staff are successful (Table 5.1.8); however, the number of applications from part-time staff is very low.

Table 5.1.8 Applications and outcome for promotion by FT, PT and gender (success rates in brackets)

			Female	%F	Male	Total
Full time	Applications (successful)	2013/14	5 (4)	83%	1 (1)	6
		2014/15	6 (5)	50%	6 (6)	12
		2015/16	13 (13)	72%	5 (5)	18
		2016/17	5 (5)	56%	4 (2)	9
		2017/18	7 (4)	58%	5 (4)	12
Part time	Applications (successful)	2013/14	3 (3)	100%	0	3
		2014/15	0	n/a	0	0
		2015/16	2 (1)	100%	0	2
		2016/17	0	n/a	0	0
		2017/18	2 (2)	67%	1 (1)	3

Promotion to Grade 10 (Professor)

Since 2013/14 there have been an equal number of female and male applications to Professor and an equal success rate. Importantly for us, a female **clinical professor** promotion was made during 2017/18. A further female promotion to Professor has been made since our census date. Within the Professorial scale there are three zones. Individuals progress through annual automatic increments for the first 8 points in Zone 1, after which progression within and between zones is via annual review. The Dean ensures those ready to progress are identified and supported. The proportion of females progressing up the

zones is consistent with the overall number of female professors. Since 2014 the same proportion of females and males moved from Zone 1 to 2 or Zone 2 to 3 (15% and 16% respectively).

Promotion to other grades

More female academics applied for promotion to Grade 8/9 than males over the reporting period; women had a higher success rate at Grade 8, and men were more successful at Grade 9, although the number of female applications for Grade 9 has increased. The only male PT staff application was successful and 6/7 female PT applications were successful.

"The new promotion criteria gave me confidence that my academic leadership and achievements in student education would be recognised, even though my career has not followed a traditional trajectory"

Our increase in female promotions coincides with the new University promotions process. The School, in conjunction with the ASSG, developed local benchmarks around the University's promotion criteria **(Silver Action).** There are two routes to progression: Research and Innovation, and Teaching & Scholarship, and a third route, Academic Leadership, is open to Chair applications only.

The process enables maternity leave and caring responsibilities to be taken into consideration, so that returning from long-term breaks or PT working is not a disadvantage. Progression is based on quality and level of achievement rather than quantity of outputs.

We have increased the number of trained promotions advisors to 10 female and 9 male academics; 4 of these are clinical academic professors (3M,1F) **(Silver Action).**

LICAMM's promotions coaching scheme (5.3.iii) has improved female promotions (Table 5.1.9). 26 LICAMM staff (77% F) have received or are being actively coached for promotion; 18 have volunteered as coaches (44% F); 35% of coached individuals have submitted a successful promotions application, with 100% success **(IMPACT).**

Table 5.1.9 LICAMM: successful promotion applications pre and post coaching scheme

	Total	Female	Male	%F	% Coached
Before coaching introduced					
2012	1	0	1	0%	-
2013	5	2	3	40%	-
2014	0	0	0	-	-
2015	0	0	0	-	-
Total	**6**	**2**	**4**	**33%**	
After Coaching Introduced					
2016	9	9	0	100%	11%
2017	3	2	1	67%	33%
2018	7	5	2	71%	62%
Total	**19**	**16**	**3**	**74%**	

iv) Department submissions to the Research Excellence Framework (REF)

Data on the number of staff submitted to REF should be presented. The data should include the numbers that were eligible and the numbers submitted and should be broken down by gender. A comparison of the REF data should be made with the data from the Research Assessment Exercise (RAE) 2008, with commentary on any gender imbalances.

Over time, our Institutes have restructured making direct comparisons across REF periods difficult; Table 5.1.10 provides an overview of these structural changes.

Table 5.1.10 Changes in Institute structure in relation to REF submission years

2008	2014	2021
LIGHT	LIGHT	LICAMM
LIMM	LIBACS	LIMR
	LICAP	
	LICTR	LICTR
	LIRMM	LIRMM
LIHS	LIHS	LIHS
LIME	LIME	LIME

In RAE2008, individuals were returned within one of the four Institutes in which they worked (Table 5.1.11). Data shows that in most institutes significantly fewer women than men were eligible for return, but with the exception of LIHS/LIME, similar proportions were returned. For REF2014, overall a similar proportion of eligible staff were returned by gender with the exception of LIBACS (now in LIMR). Both exercises suggest that the proportion of those returned by eligibility does not show an overall School gender bias).

Table 5.1.11 Number of eligible and returned staff by gender

		No. F eligible	%F returned	No. M eligible	%M returned
RAE 2008	LIGHT	20	80%	40	85%
	LIMM	39	87%	79	84%
	LIHS	17	18%	24	50%
	LIME	4	0%	2	100%
	School total	**80**	**66%**	**145**	**68%**
REF2014	LIGHT	14	57%	26	55%
	LIBACS	10	20%	26	65%
	LICAP	27	74%	32	84%
	LICTR	8	88%	2	50%
	LIRMM	14	86%	16	88%
	LIHS	22	32%	30	37%
	LIME	5	39%	3	0%
	School total	**100**	**59%**	**149**	**62%**

In REF2021, all eligible academic staff will be returned. Table 5.1.12 shows the number/proportions of female and male academics (excluding research only staff) currently eligible for return.

Table 5.1.12 Academic staff (including clinical academic staff) currently eligible for return in REF2021 by UoA & gender

	No Females included	% F	No Males included	%M
LICAMM	18	35%	33	65%
LIMR	38	40%	57	60%
LICTR	7	78%	2	22%
LIRMM	8	29%	19	71%
LIHS	23	50%	23	50%
LIME	1	100%	0	0%
TOTAL	95	41%	137	59%

Our preliminary (confidential) data suggests that fewer eligible females than males have 4 or more 3* or 4* papers, but this does not take into account, for example, seniority of role, FTE, or maternity leave. However, there are fewer females than males with no 3* or 4* rated publications to date. Post REF2021 we will interrogate our data to inform future action.

Action 15: Increase targeted support for staff in developing research papers and impact case studies for the research assessment exercise.

5.2. KEY CAREER TRANSITION POINTS: PROFESSIONAL AND SUPPORT STAFF

i) Induction

Describe the induction and support provided to all new professional and support staff, at all levels. Comment on the uptake of this and how its effectiveness is reviewed.

We do not differentiate in induction of PMTA and academic staff and processes are the same for all new staff.

ii) Promotion

* *Provide data on staff applying for promotion, and comment on applications and success rates by gender, Grade and full- and part-time status.*

* *Comment on how staff are encouraged and supported through the process.*

During the reporting period 75% of PMTA promotion applications were from female staff (Table 5.2.1) with the highest number of applications from Grade 7 to Grade 8 submitted by females during 2016/17.

The revision to the University's promotions criteria to ensure PT staff are not disadvantaged has resulted in an increase in applications, especially from PT female staff. There are no Grade 9/10 roles for PMTA at School level.

"We were supported really well by the Institute. It was an unusual [promotion] application because we are a job-share but it turned out that this was no barrier to success and my job-share partner received the news while she was on maternity leave"

Table 5.2.1. Promotions, all Professional, Managerial, Technical and Admin Staff

Promoted to grade			2013/14		2014/15		2015/16		2016/17		2017/18		Total	% success
			FT	PT	FT	PT	FT	PT	FT	PT	FT	PT		
Grade 8	F	Application	0	1	0	0	0	0	5	0	0	0	6	
		Success	0	1	0	0	0	0	5	0	0	0	6	100%
	M	Application	0	0	0	1	1	0	1	0	0	0	3	
		Success	0	0	0	1	1	0	1	0	0	0	3	100%
Grade 7	F	Application	1	0	1	0	2	0	0	0	2	0	6	
		Success	1	0	1	0	2	0	0	0	2	0	6	100%
	M	Application	0	0	1	0	0	0	0	0	0	0	1	
		Success	0	0	1	0	0	0	0	0	0	0	1	100%
Grade 6	F	Application	1	0	1	1	2	0	2	0	1	3	11	
		Success	1	0	1	1	2	0	1	0	1	3	10	91%
	M	Application	0	0	1	0	0	0	0	0	1	0	2	
		Success	0	0	1	0	0	0	0	0	1	0	2	100%
Grade 5	F	Application	1	1	1	1	1	0	3	1	0	2	11	
		Success	1	1	1	1	1	0	3	1	0	2	11	100%
	M	Application	1	0	1	0	2	0	0	0	0	0	4	
		Success	1	0	1	0	2	0	0	0	0	0	4	100%
Grade 4	F	Application	1	0	0	0	0	0	0	0	0	0	1	
		Success	1	0	0	0	0	0	0	0	0	0	1	100%
	M	Application	0	0	2	0	0	0	0	0	0	0	2	
		Success	0	0	2	0	0	0	0	0	0	0	2	100%
Grade 3	F	Application	0	0	0	0	0	0	1	0	0	0	1	
		Success	0	0	0	0	0	0	1	0	0	0	1	100%
	M	Application	0	0	0	0	0	0	0	0	0	0	0	
		Success	0	0	0	0	0	0	0	0	0	0	0	

As with academic staff, support for promotion includes identification of individuals at top of grade, discussion of promotion in annual appraisal, promotions workshops and individual meetings. In line with action to support academic progression, we have increased the number of promotions advisors to 10 (8 female and 2 male).

5.3. Career development: academic staff

i) Training

Describe the training available to staff at all levels in the department. Provide details of uptake by gender, and how existing staff are kept up to date with training. How is its effectiveness monitored and developed in response to levels of uptake and evaluation?

Identifying personal development and training opportunities are central to the annual appraisal (Section 5.3 ii). The University OD&PL, provides training to support professional development, such as Project Management, Chairing Meetings, and Working with Confidence. The School has also invested substantially in a number of external personal development programmes for women (Table 5.3.1).

"Attending the Aurora programme has given me time to reflect and talk about what I want from an academic career. I have moved on in my thinking about what is possible." Female academic, 2016

Table 5.3.1 Personal development training programmes for female academics

Programme	Numbers attending (from 2015)	Evaluation outcome
Springboard Programme		
A 3-month programme for women from Grade 5+ enable women to achieve greater recognition and influence. The scheme is promoted to all eligible women in their SRDS **(Bronze Action)**	21	Springboard receives consistently positive feedback. Participants find it helps increase self-confidence and clarify goals, improves effectiveness in current role and has led to successful promotions.
Aurora Programme		
Aurora is a national leadership development programme for HE for women at Grade 8/9. The University allocates 1 place to the SoM annually. As a **Silver Action** we have paid for an additional place every year from 2016.	7	Receives very positive feedback. Has led to promotion applications and role changes.
Pearls Pilot Programme		
This business-led programme in London was designed for women identified as potential leaders. The SoM undertook a 12-month joint pilot project with the Leeds Teaching Hospitals Trust with a **Silver Action** to evaluate.	5	Evaluation showed local delivery would facilitate better uptake and longer term networking opportunities across the sectors, as provided by our Leeds Females Leaders Network (LFLN)

> *"The Leadership in Practice course exceeded my expectations. I found the 360 degree feedback particularly helpful in my application for promotion to Chair."*
> (Female attendee 2018)

In 2016 the University developed the Leadership Excellence Behaviours Framework supported by an extensive training programme targeted at different levels (Figure 5.3.1). The programme involves taught sessions, reflection, and Action Sets for Peer Learning. Leadership training is a major focus for our academics and since the programme was launched 9 academic staff have accessed these courses (78% female). Places are by manager recommendation.

Table 5.3.2   Academic staff attending Leadership Excellence Programme (since 2016)

	Female	Male
Leadership Excellence	4	1
Leadership in Practice	1	0
Learning to Lead	2	1
Total	7	2

Figure 5.3.1 University of Leeds Leadership Excellence Behaviour Framework with Leadership behaviours represented on the right.

The School has driven the development of the Leeds Female Leaders Network, launched in 2014 and co-founded by Dr Jacqueline Andrews (LTHT) and Professor Anne-Maree Keenan (SoM). This joint partnership brings together women and men with the long term aim to develop, build and maintain strong female leaders across the health care and academic sectors in Leeds. Their regular events host inspirational, role models speakers, opportunities for learning and a chance to informally network. The network continues to grow: membership is now above 800.

Co-founders of the Leeds Female
Leaders Network at an event in the Great Hall

"The event is great! It provides an opportunity to network with women with similar issues, knowing you are not alone". Feedback from 2015 event

ii) Appraisal/development review

Describe current appraisal/development review schemes for staff at all levels, including postdoctoral researchers and provide data on uptake by gender. Provide details of any appraisal/development review training offered, and the uptake of this, as well as staff feedback about the appraisal/development review process.

All staff are required to have an annual Staff Review and Development Scheme (SRDS) appraisal meeting with their line manager commencing upon completion of probation. At the SRDS, an individual's progress against objectives are reviewed, training, development and progression are discussed. In 2017, the School introduced Annual Academic Meetings (AAM) for academic staff, to encourage development and support of academic plans

Line managers must undertake SRDS, E&I and Unconscious Bias Training, and AAM meeting training where appropriate. We regularly promote revised SRDS training for line managers **(Silver Action),** with only a modest increase in uptake since 2015 (Table 5.3.3). Training for AAM reviewers was undertaken by 27 senior academics (F=11; M=16). We will evaluate the AAM, with a particular focus on how they support female clinical academics.

Table 5.3.3 SRDS reviewer training

	2015/16	2016/17	2017/18
Female	15	16	18
Male	7	7	6
Total	22	23	24

Completion of SRDS increased as a result of a **Bronze action** (Table 5.3.4). However, since the introduction of AAMs, the number of appraisals has fallen in some institutes.

Table 5.3.4 Completion of annual appraisal by Institutes (all staff including PMTA)

Institute	2014	2015	2016	2017*	2018*
LIBACS[1]	81	96	95	57	51
LICAMM	96	92	100	85	65
LICAP[1]	96	100	93	57	55
LICTR	100	100	100	100	98
LIHS	100	100	99	100	100
LIME	100	100	100	99	98
LIRMM	44	100	98	94	98

*roll-out of AAM; [1] Now LIMR

Despite a focus on increasing reviewer training, overall satisfaction with SRDS has improved for males (Table 5.3.5) but decreased for females.

Table 5.3.5 SRDS: HE STEM Culture surveys 2014 and 2017 (Academic/Research Staff)

	2014			2017		
	Female	Male	Overall	Female	Male	Overall
Agreement that full range of skills & experiences valued in SRDS	72%	70%	71%	66%	75%	70%
Agreement that SRDS helpful	69%	58%	65%	67%	66%	66%

We are working to make AAMs and SRDS constructive and useful. For example, prior to the 2018 merger of LIBACS and LICAP, the morale at SJUH resulted in lower completion of SRDS for 2017/2018. The new Director has taken the approach that high quality, constructive AAMs and SRDS (for PMTA staff) are needed to raise morale. These are being rolled out carefully with the expectation that compliance rate will increase as the usefulness of these meetings becomes clear.

"Thank you, I thought the AAM was very useful and constructive….Like many things of late, it's good to feel that things are very much in hand and that we are moving forwards."

> **Action 16: Completion of annual appraisals at 100% for all applicable staff, and improve satisfaction with appraisal**

iii) Support given to academic staff for career progression

Comment and reflect on support given to academic staff, especially postdoctoral researchers, to assist in their career progression.

> *"I think women who are on fixed-term contracts and who take maternity leave suffer in career terms for many years."*
> HE STEM survey 2017

Two points where career development is critical for early career academics are transition from 'early' to 'established' researcher and following maternity leave, which tend to co-occur with developing an independent researcher career. We have developed a suite of activities (Table 5.3.6) and monitored the uptake and impact of each **(Silver Action).** We also support a carers fund and travel budget for conferences, and provide the Academic Development Fund scheme (5.5.iii).

Table 5.3.6 Initiatives implemented to assist in supporting early career academics

Activity	Description	Comments
Post-Doctoral Research Academy	An initiative by the School. Consists of a seminar series, fellowships support sessions and one-to-one career advice. Now been rolled out to the Faculty.	In 2017/18 five fellowship support sessions were attended by 17 post-docs with positive evaluation from participants: *"The senior academics' experience on these fellowship panels is invaluable and giving me very sound advice. I will certainly be following up on the additional offer of further support"*
NIHR@Leeds Early Career Research Network	A Joint School & LTHT initiative to develop clinical academic researchers and enhance female clinical academic careers.	Since its inception in 2017, 63% of attendees at ECR Seminars for clinical academics have been female.
Principal Investigator training	A SoM initiative supporting leadership development for early career researchers and academics Covers the breadth of the group leader role, leadership skills, HR support for recruitment, induction and support of staff	Training highly rated by attendees. FTC staff have secured a permanent position and tenure track fellows completing probation early: *"Hearing realistic but supportive advice from a senior academic…. the importance of teaching and citizenship as integral parts of the academic role, rather than as distractions or boxes to tick!"*
Early Careers Groups	Established in 2014, these institute groups focus on the needs of ECRs, arrange speakers, promote teaching and research opportunities and personal development	Since 2014, 45 events have been held and 206 staff (67% Female) have attended events.

Clinical Academic Career Development

Our NIHR Integrated Clinical Academic Training (ICAT) Programme for Academic Clinical Fellows (ACFs, clinicians who are in receipt of external NIHR funding), ACLs and those undertaking PGR degrees all attend our *'Inspiring the Next Generation'* Training Programme, to develop their academic skills in the context of clinical careers.

The Programme includes extensive coaching to enhance trainees' ability to develop competitive external fellowship applications. These events are held three times a year and promote networking between junior and senior colleagues across all specialties.

Evaluation of talk on personal resilience:
"It really has had a profound effect on me and I feel it has given me more accessible techniques to help manage a clinical academic career."
October 2018

Figure 5.3.2. Images from 'Inspiring the Next Generation' event October 2018

"Prof Whelton's talk was inspiring. Nice to hear regarding the family side and how to manage career/family commitments."
Feedback from ICAT event in May 2016

The training has been extended to our Integrated Clinical Academic (ICAT) researchers (allied health professionals), the first of any programme nationally to do this. The programme was revised **(Silver Action)** to showcase senior internal and external clinical academics, with an emphasis on female research leaders. As a result our CA staff have seen a strong cultural change in the visibility of female role models at these seminars.

Mentorship and Coaching

We provide both mentoring and coaching for our staff, defining coaching as a time-defined, goal-oriented activity and mentoring as a sustained relationship outside formal line management. The University provides a central mentoring scheme; since 2016, 152 members of FMH staff joined this scheme (80% F). CA staff are signposted to external schemes including the Academy of Medical Sciences (AMS); 5 male and 3 female CAs are on this scheme. We are working with Professor Gillian Leng, Deputy CEO of NICE to provide a mentorship programme for up to 4 ECRs (at least two female) a year in knowledge translation/health policy, starting in July 2019.

In 2016, LICAMM launched a Promotions Coaching Scheme to address lack of female promotion **(Silver Action).** The scheme involves an initial 'chemistry' conversation, a 'contract' to clarify roles and responsibilities, and four meetings over a 12-month period. The scheme was opened to all LICAMM staff in 2017. The scheme has been very successful (See section 5.2.ii) and similar schemes are now being rolled-out across the School and to other institutions externally (See 5.6.iii).

"Before the scheme, promotion seemed like an unachievable goal; After, I understand the criteria required and my coach helped identify some key requirements - I am on my way and progressing well".

In order to evaluate our mentoring provision, we have undertaken a systematic review of mentorship models with particular emphasis on female clinical academics **(Silver Action)** (Section 7).

iv) Support given to students (at any level) for academic career progression

Comment and reflect on support given to students (at any level) to enable them to make informed decisions about their career (including the transition to a sustainable academic career).

Our UG students have access to a professionally qualified careers specialist. MBChB students can explore career options by accessing a West Yorkshire clinical careers mentoring network (female mentors 51%).

"[i-decide] very helpful in giving me a realistic idea of what various specialities are like and especially enjoyed the non-traditional speciality resources".
 I-Decide Student Survey 2018

Our on-line resource i-Decide, includes clinicians and CAs sharing their career experiences and 'A day in the life of' videos **(Silver Action).** We have ensured gender balance across specialties, especially those where there are few senior females nationally. Over the last 3 years, the resource has been visited over 4000 times.

All our Post-graduate students shave access to personal tutors for career support and the University's career service, and career development is embedded in supervision.

v) Support offered to those applying for research grant applications

Comment and reflect on support given to staff applying for funding, and what support is offered to those who are unsuccessful, e.g. consider whether there are internal peer-review systems, or processes that enable early career researchers to be named on grants. Consider whether there are any gender gaps in application or success rates, and whether there are any patterns in the amount of research funding granted per award.

The School is very active in its support of staff applying for research funding:

* We promote OD&PL training such as 'Securing Research Funding' and 'Enabling your Research Impact'
* We invite Funders e.g. Medical Research Council and Wellcome Trust to promote their schemes to our staff.

* The School hosts the NIHR Research Design Service whose advisors signpost researchers to appropriate staff for specialist support.
* SoM led 'Principal Investigator Training' to support development of ECRs (Section 5.3).
* Senior academics who sit on funding committees provide one-on-one coaching for applications and discussion post unsuccessful bids.
* All institutes provide mentoring and peer review as standard policy throughout grant preparation.

On our ICAT programme, we have worked with the LTHT, running monthly seminars on preparing successful fellowship applications for CAs **(Silver Action)**. We include twice-yearly fellowship clinics, encouraging those who have not been successful to attend. We have seen a substantial improvement in numbers of ICA fellowships (Table 5.3.7), with more women securing senior fellowships, a key priority for us **(IMPACT).**

"[Helpful to understand] *what is expected of a Grade 8 Research Fellow/PI which allowed me to set goals, see clearly where I am right now and then figure out the missing steps.*"

PI training attendee

Table 5.3.7 Successful ICA Fellowships: comparison between 2014 and 2019

	2014		2019	
Fellowship	F	M	F	M
Pre-Doctoral Clinical Academic	n/a	N/A	0	2
Clinical Doctoral Academic	2	2	5	1
Clinical Lecturer	1	0	4	3
Senior Lecturer	0	0	1	0
NIHR Senior Investigators	0	0	3	1
Total	3	2	13	7

In 2018/19, we supported three female healthcare professionals (non-medics) to apply for the NIHR Integrated Clinical Academic fellowships, including mock interviews with panelists from SoM and LTHT. All three were successful **(See Case study 3).**

To consider whether there are gender differences in grant application, success rates, or amount of research funding per award we combined data since 2014 for applications over £500K as this highlights patterns more clearly. We also show the average of all grants over £50K by grade and gender (Table 5.3.8 and Figure 5.3.3). In this simple analysis no account is taken of FTE, long term absences, or co-applicant status. We are aware there will be biases here and are undertaking a full interrogation of these data.

With these caveats, application and success patterns by gender appear to align with academic role. For non-clinical academics, gender parity is good across applications and awards; women Professors submit fewer high-value applications than male counterparts, but have a better success rate. This pattern is reversed for Clinical Academics. Given their dominance across the senior clinical grades, males submit more grants and are more successful. Female Clinical Professors are PIs on 20% of these higher value applications,

which is proportionate, but have less success. Male Clinical Professors have a relatively high success rate and a much higher average grant value. Very few female CLs and CSLs submit applications compared to males, although numbers are small and many female CLs are on teaching contracts only.

Action 17. Improve targeted support for clinical researchers applying for grants

Table 5.3.8 Principal Investigators on grants over £500K by gender, grade and role

		Females				Males			
	Grade	No applications	No awards	Success Rate	Mean award value (£K)*	No applications	No awards	Success rate	Mean award value (£K)*
Non-Clinical Academics	7	14	0	0%	118	4	0	0%	158
	8	24	3	21%	309	8	2	25%	192
	9	12	2	16.5%	209	12	0	0%	168
	10	23	10	43.5%	270	35	9	26%	275
	All	73	15	20.5%	226.5	59	11	18.5%	198.3
		Females				Males			
	Grade	No applications	No awards	Success rate	Mean award value (£K)*	No applications	No awards	Success rate	Mean award value (£K)*
Clinical Academics	CLs	0	0	0%	n/a	3	0	0%	222
	CSLs	4	3	75%	360	19	5	26%	185
	Prof	13	0	0%	160	49	21	43%	275
	All	17	3	17.5%	260	71	26	36%	227.3

*   All awards

Figure 5.3.3 Principal Investigators on grants over £500K by gender, grade and role
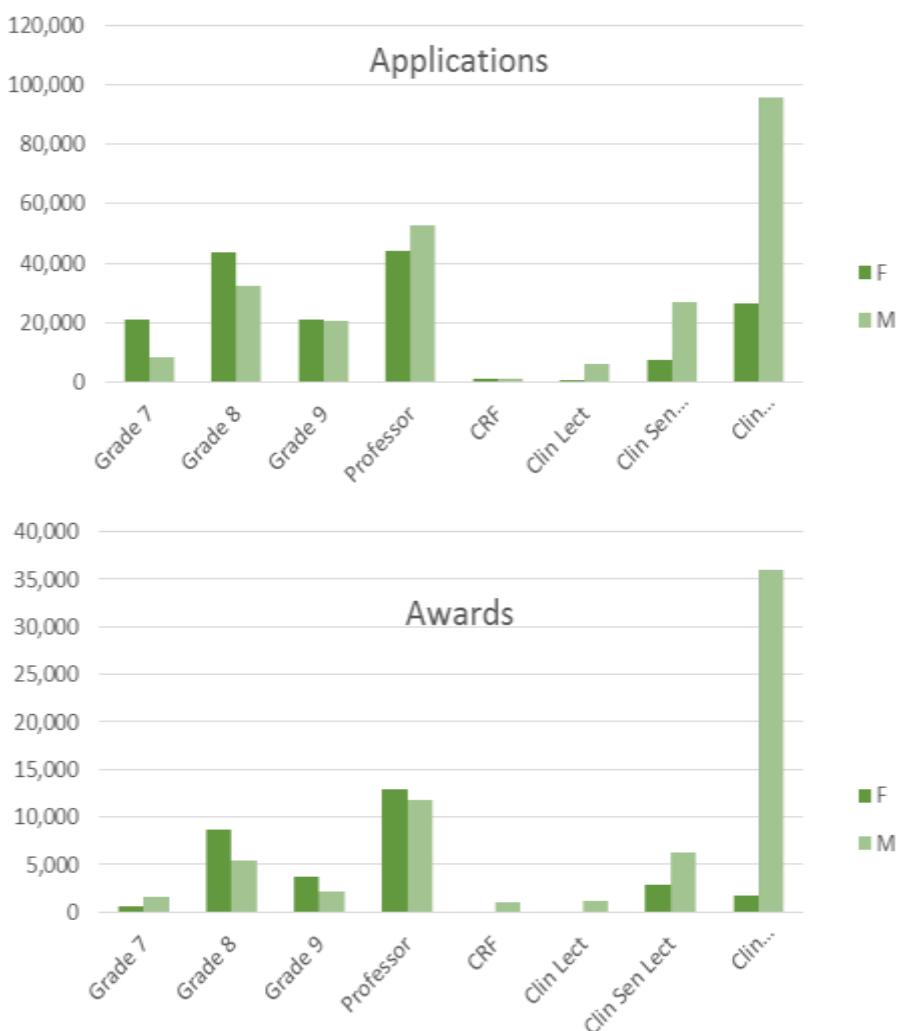
5.4. Career development: professional and support staff

i) Training

* *This section should outline the training available to professional and support staff at all levels of the institution or department. In particular, the application should present information on training that is related to equality and diversity, management, leadership, and/or other opportunities linked to career progression.*
* *Provide information on the uptake of these courses, and break down the information by gender if possible. Also explain how staff are kept informed of training opportunities.*

Identification and provision of training and development for PMTA staff mirrors academic staff provision. In addition to OD&PL training, internal courses (e.g. statistics and teaching). External courses and project management qualifications, are supported where there is operational need. The University offers 16 accredited courses free to PMTA staff including certificates in Team Leading, Equality & Diversity and Mental Health Awareness.

The School supports the Science Council's Technician Commitment, to address challenges facing research technicians. Networking opportunities include the monthly Tech-a-Break coffee mornings and quarterly Technicians Network meetings. Since 2015, 15 female SoM PMTA staff have completed Springboard **(Silver Action), leading to successful promotions.** PMTA staff have attended the Leadership Excellence Programme (Table 5.4.1).

Table 5.4.1 School PMTA staff participation in Leadership Excellence Programme

2017 onwards	Professional & Managerial Staff		Support Staff	
	Female	Male	Female	Male
Leadership in Practice	1	-	-	-
Learning to Lead	2	1	6	3

ii) Appraisal/development review

* Use this section to describe the current appraisal/development review process for professional and support staff at all levels across the institution or department.

Appraisal for PMTA staff follows the University SRDS process (see Table 5.3.1 for uptake). Female PMTA staff are slightly more satisfied with appraisal than male counterparts (Table 5.4.2); overall, PMTA staff are slightly less satisfied than academics with their SRDS.

Table 5.4.2 SRDS satisfaction: STEM Culture survey 2017 PMTA Staff vs Academic staff

	PMTA staff			Academic Staff		
	Female	Male	Overall	Female	Male	Overall
Agreement that SRDS values full range of skills and experiences	65%	62%	63%	66%	75%	70%
Agreement that SRDS helpful	64%	60%	61%	67%	66%	66%

Action 16. Completion of annual appraisals to 100% for all staff, and improve satisfaction with the experience

iii) Support given to professional and support staff for career progression

* *Comment and reflect on support given to professional and support staff to assist in their career progression.*
* *This question is an opportunity to provide information about the support you offer to staff to assist in their career progression. The support currently provided should be commented and reflected upon. For example, mentoring, coaching or shadowing opportunities offered?*

In the 2017 HE STEM survey, 63% of PMTA staff (62%F;73%M) agreed that career development was actively supported. We currently offer internal secondments, shadowing and 'acting up' roles for PMTA staff (see Table 5.4.3). Opportunities often lead to promotion to the substantive post. Staff can request work experience in a new area to enhance their skills portfolio.

Table 5.4.3 School of Medicine PMTA staff Internal Secondment and 'Acting Up.'

	Secondments			'Acting Up'		
	Female	%F	Male	Female	%F	Male
2013/14	2	40%	3	20	69%	9
2014/15	9	75%	3	20	74%	7
2015/16	12	80%	3	15	75%	5
2016/17	13	93%	1	8	73%	3
2017/18	7	100%	0	13	87%	2

In the 2018 mentoring survey we identified that PMTA staff were less likely to have a mentor (24%) or be mentors than academics. We opened up all Institute mentoring and coaching schemes to PTMA staff and training PMTA staff as mentors and coaches.

In 2018, the LIRMM SAT led a consultation with technical staff, where support for flexible working and work-life balance was recognised but showed a lack of career development opportunities, e.g. no clear career pathway or framework of progression linked to external accreditation.

> *"I found being able to work term-time to be a turning point in my career".* Research Technician

We need to tailor actions to specific groups within PMTA staff, as it is clear their development needs and concerns vary between the differing career paths.

Action 9. Improve career development and progression for Professional, Managerial, Technical and Admin Staff

5.5. Flexible working and managing career breaks

Note: Present professional and support staff and academic staff data separately

i) Cover and support for maternity and adoption leave: before leave

Explain what support the department offers to staff before they go on maternity and adoption leave

The University has comprehensive maternity, paternity, Shared and adoption leave policies. The SoM has produced guidance for managers on supporting staff around family leave and long-term absence. A 'Parent Information Pack' provides information for staff around parental leave, including University policies, 'Keeping In Touch' (KIT) days, flexible working and child care options **(Silver Action).**

Our maternity survey (2018) demonstrated a positive evaluation of support provided by the School.

> *As my role involved frequent travel and overnight stays, my line manager was very supportive in limiting the duration and frequency of visits… especially important in the last trimester* (Maternity Survey 2018)

ii) Cover and support for maternity and adoption leave: during leave

Explain what support the department offers to staff during maternity and adoption leave.

The School provides appropriate cover when staff take maternity/adoption leave. Before starting leave, staff and managers agree how contact will be made during the period of leave and how/if KIT days will be used. Of those surveyed in 2018, 90% had used KIT days, 55% for staying in touch with work, and 61% for planning their return.

iii) Cover and support for maternity and adoption leave: returning to work

Explain what support the department offers to staff on return from maternity or adoption leave. Comment on any funding provided to support returning staff.

The SoM has created facilities across its sites for women who are breastfeeding and/or expressing milk or need a quiet place to rest during pregnancy.

Recognising that maternity/adoption leave can have a negative impact on career progression, we introduced the Academic Development Fund (ADF; **Bronze Action**) in 2016. The ADF offers up to £15K for staff to maintain their academic trajectory whilst on/or after a period of family leave. 23/24 staff have successfully applied; for 1 a more appropriate support route was signposted. Funded has been awarded for:

> *"Prior to maternity leave, it was useful to have use of the 'resting room' at lunchtimes. The use of expressing room allowed me to continue breastfeeding my baby for an additional 6 weeks on returning"* (Maternity Survey 2018)

* Protected time for research activity including fellowship applications
* Time to complete PhD thesis and publications
* Supporting phased return to clinical workload enabling focus on research
* Additional staffing to continue research activity during absence
* Funding for conference attendance and research visits to re-engage and network

'The ADF enabled me to employ others to continue my research during my maternity leave. This helped me secure promotion 18 months after my daughter's birth' Cancer Research Fellow (ADF review, 2018)

ADFs have had a positive impact on career development, e.g. contributing to securing a UAF role and submitting grants as PI and Co-I **(IMPACT).** Staff report that the ADF has also improved wellbeing enabling them to spend time with their baby knowing research would continue. We have now established a Buddy Scheme where colleagues considering an application are put in contact with a previous awardee.

Following a review of the initiative in 2018, the funding has been extended to cover long term sickness absence, which will apply equally to men.

LIHS SAT organised a high-chair in the main campus café in response to feedback from returners from maternity leave.

"I have seen the new highchair being used a lot …it has enabled mums to bring their babies in on KIT days.., and for breakfast before nursery." (LIHS staff member)

Staff can request to return from maternity/adoption leave on reduced hours; since 2014, 30% (25) of academic staff and 52% (34) PMTA staff have done this. Flexible arrangements are encouraged including phased return. Staff may also use accrued Annual Leave and KIT days to phase returns.

"I was given great (informal) flexibility as I returned to work and navigated the first few weeks of nursery - I did full time hours but was allowed to do these to suit me/my kids." Maternity Survey 2018

Despite many good experiences, some PMTA staff reported an unchanged workload and backlog of work on return from maternity leave in the Maternity Survey 2018.

ACTION 18. Improve workload planning guidance following return from extended leave/maternity leave

We have become concerned that the University parking policy disadvantages those with caring responsibilities due to reduced parking capacity caused by building projects and automatic renewal of existing permits. We are working with the head of our EPU and Estates to improve parking provision for parents and carers, such as dedicated non-bookable spaces for those arriving after 9.00am.

> **Action 19. Work with the University to create fairer car parking provision for those with caring responsibilities**

iv) Maternity return rate

* *Provide data and comment on the maternity return rate in the department. Data of staff whose contracts are not renewed while on maternity leave should be included in the section along with commentary.*
* *Provide data and comment on the proportion of staff remaining in post six, 12 and 18 months after return from maternity leave.*

The School is proud of a high maternity leave return rate (Table 5.5.1 and 5.5.2). A major contributory factor is a **School initiative** to grant an automatic extension to FTCs that end during the statutory maternity period (**Bronze Action**) and an option to remain on redeployment for an extended period. This has positive impacted on the length of maternity leave taken and 20 academic and 3 PMTA staff have so far benefitted **(IMPACT).** Our policy has been extended across the rest of the University.

Table 5.5.1 Maternity Return Rates - Academic Staff (includes Research and Teaching)

	2013/14	2014/15	2015/16	2016/17	2017/18
Number of maternity leavers	21	22	18	20	14
Returned	20	22	17	16	9
Yet to return					4
Did not return	1		1	4	1
Return rate	95%	100%	94%	80%	n/a
Employed 6 month post return	20	19	16	15	n/a
Employed 12 months post return	18	17	16	15	n/a
Employed 18 months post return	18	17	16	15	n/a
Contract extended to cover SMP	4	5	5	3	3
Returned with new flexible working arrangements	7	6	6	4	2 to date

Table 5.5.2 Maternity Return Rates – PMTA staff

	2013/14	2014/15	2015/16	2016/17	2017/18
Number of maternity leavers	14	17	12	15	13
Returned	13	15	11	14	12
Yet to return	0	0	0	0	0
Did not return	1	2	1	1	1
Return rate	92%	88%	91%	93%	92%
Employed 6 month post return	12	15	10	13	n/a
Employed 12 month post return	11	15	10	13	n/a
Employed 18 month post return	10	13	10	13	n/a
Contract extended to cover SMP	0	1	1	0	1
Returned with new flexible working arrangements	6	9	6	7	6

The number of academic staff taking the full 12 months has fluctuated slightly over time (Figure 5.5.1 and 5.5.2). However there has been a steady rise in the number of women taking 9-12 months maternity leave, up to 86% in 2017/18. We know that the vast majority of women who return before 12 months do so for financial reasons.

Figure 5.5.1 Length of time taken for maternity leave – Academic Staff (includes Research and Teaching)*
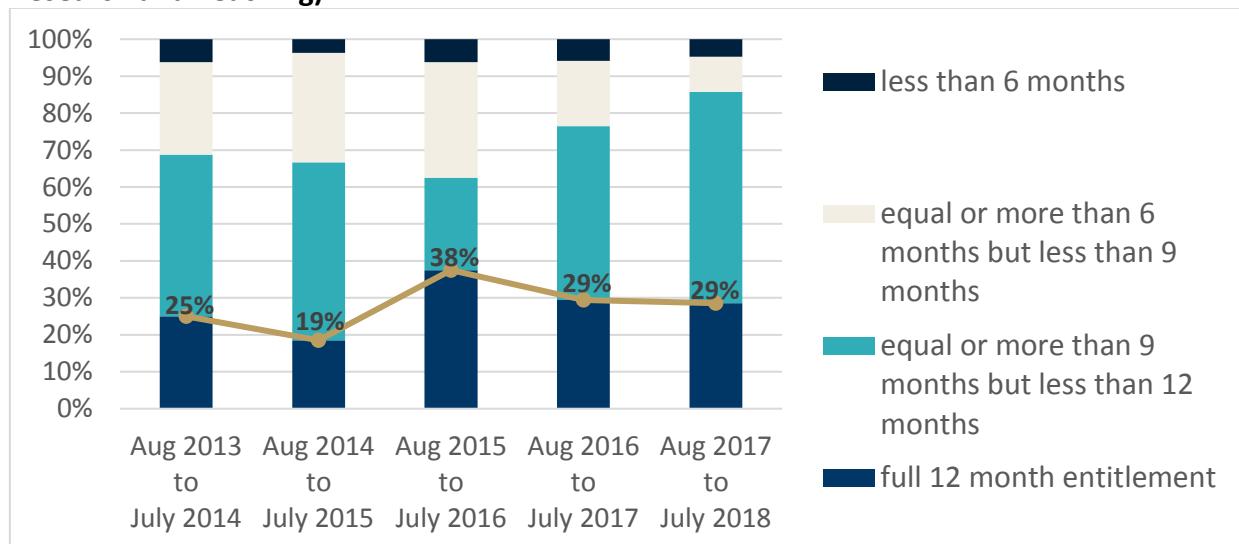
*Refers to staff returning in period, so does not match tables above which are based on date staff start maternity leave.

Figure 5.5.2 Length of time taken for maternity leave – PMTA
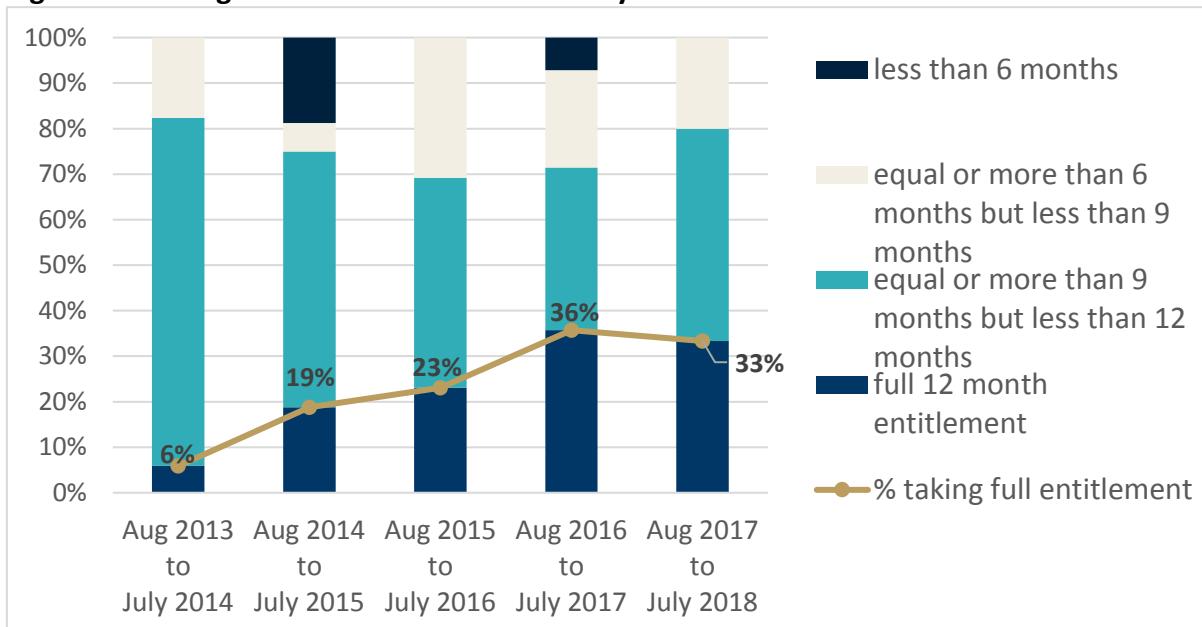
An increase in the number of women taking 9-12 months leave fluctuates but is lower than for academic staff. We want PMTA staff to enjoy the same flexibility as academics and will investigate this.

> **Action 20. Understand reasons and support PMTA staff to take full maternity leave where desired**

v)   Paternity, shared parental, adoption, and parental leave uptake

Provide data and comment on the uptake of these types of leave by gender and Grade. Comment on what the department does to promote and encourage take-up of paternity leave and shared parental leave.

"I took just over a week immediately post-birth. The remaining paternity leave in odd days in the few weeks that followed…. this is the time when it was most useful."

Policies for parenting leave are promoted via HR, Athena SWAN webpages and our Parent Information Packs. Our **flexible working culture** enables staff to agree leave on an informal basis with their line manager. While we value this flexibility, we ensure the formal process is well communicated so no-one is disadvantaged. Partner leave can be taken flexibly.

Staff report a supportive culture around managing workload and commitments. The data in Table 5.5.3 relate to staff who have applied formally for paternity/partner leave.

Table 5.5.3 Uptake of Paternity/Partner/Adoption Leave

		2013/14	2014/15	2015/16	2016/17	2017/18
Academic Staff	Paternity Leave	5	8	8	8	8
	Adoption Leave			1F then SPL		1M (4 months)
	Shared Parental Leave			2M 1F		1M (2 weeks)
PMTA	Paternity Leave	3	4	1	4	4
	Adoption Leave			1F		
	Shared Parental Leave					1M (2 months)

Uptake of shared parental leave (SPL) is low and while we recognise the complexity and financial implications we aim to improve uptake. Through staff consultation, we have identified that unlike pregnant women who are briefed by HR, men rarely find out about SPL in advance.

ACTION 21. Increase awareness and uptake of Shared Parental Leave

vi) Flexible working

Provide information on the flexible working arrangements available
* *Comment on whether there is a formal or informal system in place for flexible working.*
* *Provide data on application and success rates by gender and grade, commenting on any disparities. Give details of the support provided for managers in promoting and managing flexible working arrangements, and how the institution or department raises awareness of the options available.*
* *Provide information on how aware staff are of flexible working arrangements. Consider using results of staff consultation to evidence staff awareness.*

"It can be perceived that flexible working is for childcare only, but I was pleased to find that as a gay man with no children, my flexible working request was met." (Academic Secretary, Role-model brochure, 2018)

Flexible working is well embedded, including compressed hours, reduction in FTE and term time working **(See Case Study 2).** The majority of requests (89% academics, 87% PMTA) for flexible working (Table 5.5.4) are from females and we want to ensure males are not disadvantaged; all requests since 2014 have been agreed.

ACTION 11. Remove barriers to PT and flexible working especially males

Table 5.5.4: Formal requests for flexible working since October 2014

Grade	Academic Staff				Professional. Managerial, Technical and Support Staff			
	F	%F	M	Total	F	%F	M	Total
3					1	100%	0	1
4					18	95%	1	19
5					35	88%	5	40
6	5	100%	0	5	15	94%	1	16
7	25	93%	2	27	10	71%	4	14
8	11	92%	1	12	5	83%	1	6
9	3	50%	3	6	0	0%	1	1
10	1	100%	0	1				
Clinical	3	100%	0	3				
Total	48	89%	6	54	84	87%	13	97

Information on Flexible working is on the website and HR regularly publicise flexible working policies. Flexible working workshops are held for staff and managers to promote the benefits to the organisation of a flexible workforce.

I have personally benefitted from support on flexible working. Fantastic support and yet I still feel perceived as very serious about my career and progression.

"(Compressed hours) means that we only need to pay for nursery costs for 3 days a week instead of 4 …. As a working dad with equal child care responsibilities, the flexibility I am offered means that I can fully participate in bringing up my children and we don't struggle too much financially."

The HE STEM survey showed we need to ensure arrangements are transparent, fairly applied to all staff and that those not working flexibly or PT are not disadvantaged.

Action 22. Create guidance on flexible working for staff and managers so that staff and managers understand benefits, rights and responsibilities

In 2016, the School initiated the purchasing of additional leave. Since then 118 staff members have used this, with many purchasing additional leave annually (Table 5.5.5). 83% of these are women. Both academic (47%) and PMTA staff (53%) have bought leave.

Table 5.5.5 Additional Purchased Leave

	Female	Male	Total
Academic Staff	45 (81%)	10 (19%)	55
PMTA	53 (84%)	10 (16%)	63
	98 (83%)	20 (17%)	118

Feedback shows that the majority of purchasers bought additional leave to cover school holidays (40%) and 17% to support caring responsibilities **(IMPACT).**

"I am a single parent; if I didn't have the option to buy additional annual leave, I would struggle to manage holidays and emergencies so it's made a huge difference to me." (Buying Leave survey, 2017)

vii) Transition from part-time back to full-time work after career breaks

Outline what policy and practice exists to support and enable staff who work part-time after a career break to transition back to full-time roles.

"I hope to return to full-time work in the future as my children become independent - and the School's policy will allow me to do that."

The School Flexible Working policy includes a guarantee that staff who reduce their hours may return to their original hours within 5 years **(Bronze Action).** This policy is important to staff considering PT working for caring commitments. To date 14 staff (all female) have these arrangements in place and of these, three have returned to their original hours **(IMPACT).**

5.6 Organisation and culture

i)   Outreach activities

∗ *Provide data on staff from the department involved in outreach and engagement activities, by gender and Grade.*
∗ *Comment on how gender is considered in outreach. While it is important to have underrepresented groups involved in outreach, often people from these groups end up doing a lot of outreach which can impact on other parts of their job, for example, research.*
∗ *Comment on how outreach is formally recognised and whether it is included in workload modelling. Use staff consultation to evidence whether there is any gender imbalance around the participation in outreach.*
∗ *Comment on the participant uptake of outreach activities by school type (e.g. private, comprehensive, grammar, single sex) and gender.*

Our outreach activities take a variety of forms: widening access to Medical School WAMS), the MBChB's Widening Participation (WP) Programme, the CUPs Outreach (Classified Undergraduate Programmes) and more general engagement with public dissemination of science.

"(WAMS) allowed me to visit the medical school on various occasions, which made me feel more welcome, which confirmed my desire to study at Leeds." (Female MBChB student, 2016)

The WAMS scheme is 'run by students, for students', working with the MBChB admissions team (Table 5.6.1) and co-ordinated by a dedicated Grade 6 (0.5FTE) post. We are working with WAMs to increase the number of male role models on this group

Table 5.6.1 Current members of the WAMS student committee by gender

Role:	Female	Male
Chairs	1	1
Associate Chair	0	1
Presentation Team	4	2
Graduate Team	1	1
Primary Team	4	0
Ambassadors Team	4	0
Mentoring Team	4	0
Website	2	1
Totals	20 (77%)	6 (23%)

Action 6. Improve undergraduate student gender balance e.g. by improving gender balance in Outreach

The MBChB WP programme is designed to raise aspiration and build transferrable skills for males and females. Outreach activities include workshops, work experience, mentoring aimed and a summer school. Tables 5.6.2 and 5.6.3 provide examples of outreach activities and staff involvement.

Table 5.6.2. Staff/students involved in Outreach at Summer School 2018

	Female	Male
Staff	7	6
Medical Students	15	10
Total WAMs involvement	22 (58%)	16 (42%)
Attendees	53 (71%)	22 (29%)

Table 5.6.3 Outreach events for Feb 2018-Feb 19 indicated by number of attendees, gender and widening participation (WP) attendees by gender.

Event	All Female	All Male	Female WP	Male WP
Year 10 Mentees	70	38	-	-
February 2018 Taster Day	63	26	45	20
March 2018 Taster Day	50	27	18	9
April 2018 Ethics workshop	48	25	31	16
May 2018 Situational judgement w/shop	63	21	42	16
June 2018 Communications workshop	51	25	33	19
June 2018 Personal statement w/shop	42	12	33	9
November 2018 Mock Interview	49	35	42	25
November 2018 Taster Day	62	21	40	9
December 2018 Taster Day	52	25	38	11
January 2019 LEADERS event	14	10	7	4
Totals	564 (68%)	265 (32%)	329 (70%)	138 (30%)

Since 2014 we have increased the proportion of students admitted from low socio-economic backgrounds and BAME backgrounds. Table 5.6.4 shows the impact of initiatives on diversity performance indicators.

Table 5.6.4 Proportion of MBChB student intake by gender and diversity indicator *

	2014/15		2015/16		2016/17		2017/18		2018/19	
Percentage	F%	M%	F%	M%	F%	M%	F%	M%	F%	M%
LSEN	15	17	13	20	19	15	21	21	25	20
State school	70	76	72	76	77	63	68	75	75	82
BAME	28	27	31	36	34	44	47	47	44	52

*LSEN - Low Socio-economic NSEC

CUPs schools outreach programme is for Year 12 students (Table 5.6.5); nearly 80% of pupils attending are female. For 2018/19 outreach, 2 males & 2 females represented Audiology, 2 females represented Cardiac Physiology, 3 females and 2 males (represented Radiology. All outreach activities are included in the WLM tariff.

Table 5.6.5 CUPs outreach activities by pupil gender and school type since 2017

Event	Male	Female	Grammar	Non-Grammar
Taster Day March 2017	21	70	39	52
Taster Day July 2017	17	71	24	67
Taster Day March 2018	18	65	15	68
Taster Day July 2018	12	50	8	54
Totals	68 (21%)	256 (79%)	86 (26%)	241 (74%)

The School conducts public engagement activities including Science Cafes and the annual University 'Be Curious' event to engage the public with research. At the 2019 event, School activities involved 6 male staff, 6 male students, 8 female staff and 2 female students.

Figure 5.6.1 LICAP staff and students at Be Curious 2017

* *Is diversity considered in publicity materials, including the departments' website and images used?*
* *Comment on how the department builds gender equality into its organisation of events.*
* *Provide data and comment on the gender balance of speakers and chairs in seminars, workshops and other relevant activities.*
* *If the data reveals that there is a gender imbalance of speakers, comment on what is being done to combat this. Where one gender is in a minority, applicants should aim for a gender balance that supports the agenda to redress this, while remaining realistic.*

Publicity materials and webpages

The new Faculty website was launched in 2019 (Figure 5.6.2). The photography and language used throughout represents diverse staff, international and home students.

Figure 5.6.2 Example of the new Faculty website

We use pull-up banners in our entrance lobbies and for events such as guest lectures **(Silver Action)** (Figure 5.6.3).

Figure 5.6.3 sample of Athena SWAN stand-up banners used throughout the School

> *"[In the brochure] it was good to see the career timelines with maternity leave. I have been wondering about how that works with a research career."*
>
> (PhD student, 2019)

Staff value a range of role models (STEM Culture surveys in 2014 and 2017), not just those in very senior positions who can seem 'out of reach'. In 2019 we published an Athena Swan brochure (Fig 5.6.4) to role-model the work of 8 women and 4 men across a range of academic, technical and PMTA roles in the School (**Silver Action)**. Copies were sent across the School, University and to AS leads at Medical Schools in the UK and distributed via the Athena SWAN JISCMAIL to share good practice.

Figure 5.6.4 Front cover of brochure 'Athena SWAN in the School of Medicine'
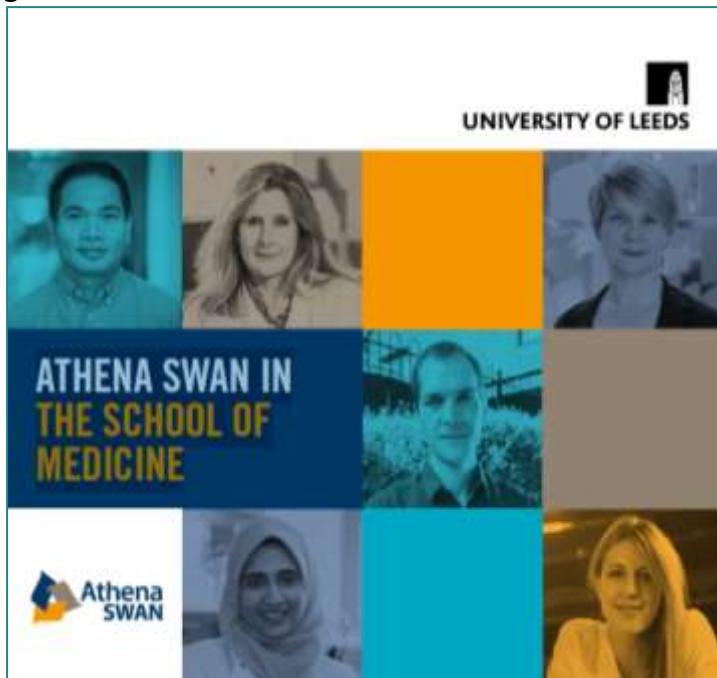
> *"What a fantastic booklet this is, and such a great idea! I hope you don't mind if we save this in our files for future reference".* Feedback from distribution to medical schools, 2019

We ensure males are seen as active in their support of AS and communicate the benefits of gender equality for everyone. As well as improving male representation on our SATs, we promote this activity through our Communication channels (Figure 5.6.5).
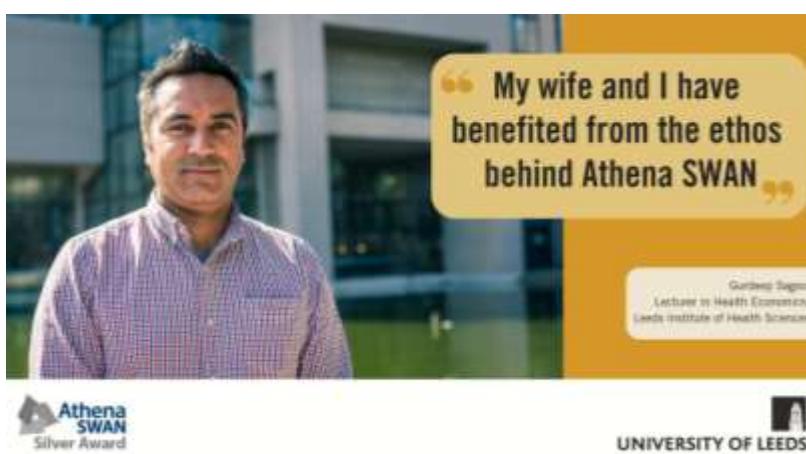
Figure 5.6.5. Image from a series used to promote AS via Role Model brochure, School plasma screens and Twitter.

At our International Women's Day events (IWD) we include male speakers to demonstrate their support for Athena SWAN. At the 2018 IWD 16 male staff created a video making a commitment to gender equality (Figure 5.6.6). This was shared on YouTube and Twitter as well as School communication channels and viewed over 500 times.

"The HeforShe video was especially powerful." (IWD attendee 2018)

Figure 5.6.6 Still from the School of Medicine International Women's Day HeforShe video (2018)

The 2017 HE STEM survey showed an increase in agreement to "My Institute uses women and men equally as visible role models (e.g. speakers at Institute events)": 91% of staff (both female and male) compared to 86% of women and 97% of men in 2014 **(IMPACT).**

"Very inspirational and informative for someone on Grade 4" (IWD 2018, PMTA attendee)

The 2018 Student Survey showed that students valued exposure to women role models. We are planning activities with our student committee to improve the visibility of our own senior women to students and a role-model 'photo gallery' of female and males student alumni and staff to be installed in the student café.

Invited external speakers

Each Institute organises external speakers separately. Although there is a gender imbalance in our invited speakers (Table 5.6.6), this is a reflection of the demographics in many research areas. An equal representation of Females/Males may be currently unrealistic but we will improve the planning of our external lectures to ensure a better representation of senior female role models.

Table 5.6.6 Invited external speakers by Institute

	2016*		2017*		2018	
	F	M	F	M	F	M
LICAMM	2	7	2	9	7	7
LICTR	6	2	1	5	7	0
LIHS	0	1	4	2	11	8
LIME	1	1	1	1	1	1
LIMR	4	3	7	7	3	20
LIRMM	-	-	3	2	0	6
Total (%)	13 (48%)	14 (52%)	18 (41%)	26 (59%)	29 (41%)	42 (59%)

∗   Full dataset not available

Action 23: Improve availability of diverse role models for staff and students e.g. by improving gender balance of external speakers

iii) Beacon activity

* *Demonstrate how the department is a beacon of achievement, including how the department promotes good practice internally and externally to the wider community*
* *How do staff and people associated with the department champion and promote Athena SWAN activities and principles?*
* *How does the department lead others in the institution toward embedding and promoting the Athena SWAN principles?*
* *For beacon activities consider the impact of initiatives externally and how initiatives have been embedded.*

The School was the second University department to achieve AS Silver. Since then we have played a central role in the successful Silver applications of the Schools of Dentistry, Psychology and Healthcare. We take our role as champions of Athena SWAN seriously and seek opportunities to be beacons of good practice. See Table 5.6.7 for examples.

Table 5.6.7 School of Medicine Beacon Activities

	National: Extension of Memorandum of Understanding with NHS The School, working with the local NHS Trust, introduced an initiative to ensure staff transferring employment between the University and the NHS did not suffer detriment with regard to benefits including maternity leave. Previously considered a break in service, affecting eligibility. **(Bronze Action).** Now best practice for clinical academic training and embedded nationally (**Silver Action). (IMPACT)** *"The Memorandum of Understanding, first developed in Leeds, is an example of where a smart, local initiative can be mandated nationally."* Prof David Jones, Dean for the NIHR Academy
	National: Equality work for the NIHR Trainee Co-ordinating Centre (TCC) Review School staff led research underpinning the 2017 NIHR Review (Section 7). Findings led to the convening of a national working group to address the loss of female clinical academics at post-doctoral level and commissioning of multi-funder research **(IMPACT)**
	University: 'Professional Behaviour and Relationships' code of conduct. In response to Student Surveys (5.6.iv) we developed a code on appropriate behaviour in staff/student relationships **(Silver Action).** Taken up by the whole University with mandatory training in 2019 **(IMPACT)**
	International: Promotions coaching scheme LICAMM's coaching for promotions scheme **(Silver Action)**, has been shared with Umm Al-Qura University, Saudi Arabia and the Rowatt Institute in Scotland. **(IMPACT)**

	International: research Our research (**Bronze & Silver Actions)** supports the principles of Athena SWAN and underpins our activities, making a wider contribution to gender equality in HE and medicine. Section 7 gives details (**IMPACT**).
	National: improving gender equality for students Our student surveys have been run by the Faculty of Engineering and School of Dentistry at Leeds. The Chemistry Department at the University of York (Gold award holders) are using our survey following meetings to share good practice.
	University: Automatic extension of FTCs to the end of maternity leave (Bronze Action). This policy has had a significant positive impact on our maternity return rates and will be extended across the University in 2019 (**IMPACT**)
	International: Leading on international gender work in podiatry Professor Anne-Maree Keenan (ASSG member) leads an international working group addressing gender inequality in podiatrists and has spoken on this at the Australasian Podiatry Conference in Adelaide, sharing our good practice.
	International: Global perspectives from Women in Cardiothoracic Surgery Dr Cecilia Pompili, Clinical Academic in LIMR spoke at the European Society of Thoracic Surgeons conference, June 2019, on career challenges for female surgeons and our AS work at Leeds.
	National: Lobbying research funders for 'family friendly' deadlines Yorkshire Cancer Research (YCR) Full Grant Submission deadlines are immediately after school summer holidays, disadvantaging PIs with school-age children. LICTR lobbied YCR to review their timelines and they changed the 2019 submission deadline to October. (**IMPACT**)
	University: Menopause guidelines and training. LIME led on the development of a Faculty wide policy for supporting menopause in the workplace, which is being shared across the University and to other Universities including Durham.

Further work to extend the impact of some of these beacons activities is planned.

Action 24: Build body of excellent internationally recognised research to inform gender equality work in HE and academic medicine.
Action 25: Lobby national research funders to consider impact of school holidays when setting submission deadlines
Action 26: PRIORITY Tackle student experiences of sexual harassment and sexism on campus and placement

iv) Culture

Culture refers to the language, behaviours and other informal interactions that characterise the atmosphere of the department and includes all staff and (if applicable) students.

* *Demonstrate how the department actively considers gender equality and inclusivity. Provide detail of staff and student consultation relating to the culture of the department. Analyse any data and evidence gathered around the culture, highlight any gender differences and link actions to address any issues the data highlights.*

* *Provide details of how the Athena SWAN May 2015 principles have been, and will continue to be, embedded into the culture and working of the department.*

Consultation with staff

In our 2017 STEM Culture survey we included PMTA staff as well as academics for the first time. While overall response rate went down from 69% in 2014 to 59% in 2017, response rates increased for academic staff from 2014. The results of the survey (Table 5.6.8) show that perceptions of workplace culture have become more positive since 2014. **(IMPACT)** The survey will be run every three years to assess impact and identify areas for action.

Table 5.6.8 Comparison of data from 2014 and 2017 STEM Culture survey

Question	2017 result	Comparison with 2014
University policy makes it clear that unsupportive language and behaviour are not acceptable	97% of all staff agree	Now no difference by gender: in 2014 survey 92% F and 98% M agreed
Staff in my Institute make it clear through their own attitude and behaviour that offensive language and behaviour are not acceptable	89% F, 97% M agree	The percentage agreeing has increased in both groups: in 2014 survey 84% F and 87% M agreed
During my time in this Institute, I have experienced a situation where I have felt uncomfortable because of my gender	20% F, 11% M agree	Figures slightly lower than 2014 survey (24% F and 13% M) but did not ask specifically about the period since 2014 so this is not a fair reflection of culture change

In 2018 the School underwent a significant whole-staff consultation exercise "*Medicine Redefined*" to identify the directions in which the staff wanted the School to move; 60% of our staff responded (68% F). This consultation has informed the School's 'Vision Statement and Principles' document, a key component of which was a behaviour framework to uphold mutual respects across all staff and grades (Figure 5.6.7).

Figure 5.6.7 'Vision Statement and Principles' document (2019)

Consultation with students

Sexism and sexual harassment within Universities have received increasing media attention. We conducted two confidential online surveys (2015 & 2018) to help us understand our student experience **(Bronze and Silver actions).** Most students across both surveys agreed that the School treats male and female students equally, has visible female role models and is a great place to study for women and men (over 90% agreement in both genders, both surveys). Some (male and female) students reported experiencing sexual harassment and assault yet were very unlikely to report experiences to police or the School. Students also reported experiencing harassment and sexism on clinical placement. In an immediate response, the Dean and Director of Student Education spoke to each year group to endorse support for students and emphasise zero tolerance of harassment and sexism. In addition, the following have been put in place:

"The talk to first years went down well and I got a round of applause. I think they really appreciate the message we are delivering." SES Lead, 2018

* Presentations of survey findings to Year leads, tutors and students
* Sessions in Induction Week highlighting where to access support.
* How to access support provided in each course handbook, student webpages and all-student emails **(Silver Action)**
* Behaviour and Relationships' code of conduct created **(Silver Action).**
* Training for staff in Receiving and Responding to a Disclosures of Sexual Violence, Harassment and Abuse (attended by 22 women and four men to date (15 academics and 11 PMTA).

The survey will be repeated in 2020 and every two years. We do not necessarily expect to see a reduction in the number of the most serious off-campus events, but do expect to see improvements in student and placement culture, reporting of incidents and an increased awareness of where to access support. In 2015 only 28% of female students reported knowing how to complain to the School in the event of or sexual harassment, increasing to 33% in 2018, demonstrating we must continue to communicate effectively.

Action 26 PRIORITY Tackle student experiences of sexual harassment on campus and placement

Embedding of Athena SWAN Principles
This application demonstrates that the School has the strongest commitment to AS principles in our behaviours and values. Many of these are described elsewhere, but the table below outlines examples, with three areas explained in more detail below.

	Athena SWAN Principle	School Actions
1	Benefit from the talents of all	Fair and unbiased recruitment, reward and recognition scheme, career support and promotion advisors for all staff
2	Advance gender equality	Flexible working, transparent promotion process, that recognises reduced output, for PT staff, gender and grade balance of role models.
3	Recognise equality challenges differ by discipline	Recognise team roles in multidisciplinary research, recognise value in subject specialist leadership, e.g. in social science gender research
4	Tackle the gender pay gap	Equitable starting pay offers, transparent promotion and reward processes, managers recommendation for pay awards, support of CEA applications for women
5	Remove obstacles faced by women	Flexible working, meetings in core hours, ADF support for maternity leave, contract extension during maternity/adoption leave, breast feeding rooms, carers support fund for conference travel, recruitment process taking career breaks into consideration, PT working taken into consideration for promotion
6	Address negative consequences of short term contracts	Access to ADF scheme and UAFs and all training programmes including Springboard and Aurora, bespoke support for fellowship applications, 10 days for career development; inclusion in grant proposals/supervision
7	Tackle discriminatory treatment often experienced by Trans people	Trans Awareness training, LGBTQ+ working group runs LGBT STEM events, promotes LGBTQ+ role models, create peer support networks. Ensuring at least one gender neutral toilet installed on each floor of School buildings.

8	Commitment and action from all levels of the organisation	Dean sits on the ASSG. Institute Directors committed to improving gender equality and delivering Institute action plans. School and Institute budgets for AS activity
9	Make sustainable structural and cultural changes to advance gender equality	We developed a *Gender Equality Interventions Framework* to differentiate interventions by Cultural, Organisation and Individual levels which has informed our actions, e.g. mandated E&I and unconscious bias training for recruitment panels, core-hours, transparent promotion criteria and processes, fairer reward schemes, open advertisement of leadership roles.
10	Consider intersectionality	Creation of Associate Dean for E&I, consultation with black female staff about career development. Extend HE STEM surveys to address all protected characteristics.

Gender Pay Gap

Our School has been at the forefront of work to **reduce the gender pay gap** setting up a task group in 2017 to work with the University **(Silver Action).** Changing practice in recruitment and progression has had a small but measurable impact on University level GPG (Table 5.6.9).

Table 5.6.9 University of Leeds Gender pay gap data 2017/18

	2017	2018
Gender Pay Gap		
Mean	22.5%	20.1%
Median	15.8%	14.3%
Bonus Pay Gap – all Awards		
Mean	81.9%	79.2%
Median	50%	25%
Bonus Pay Gap – excluding Clinical Excellence Awards		
Mean	8.9%	10.7%
Median	33%	1.9%

Male CAs in the School make up the majority of staff receiving large Clinical Excellence Awards (CEAs), leading to the very large gender bonus pay gap. We support female clinicians to apply for CEAs but are aware that some do not wish to apply.

In 2016, the University bonus scheme moved from annual self-application to a two-part system (i) the Recognition Scheme for small, one-off bonuses and (ii) the Reward Scheme for accelerated or discretionary salary scale increments. Applications are now by manager recommendation. Although we now see fewer applications with higher success rates (Table 5.6.10), women appear to be well supported by the change.

"Achieving clinical excellence relies not only on the clinical lead but the wider team. I feel uncomfortable with the self-promotion when applying for CEA stating 'I' when it should be 'we'.

Table 5.6.10 Reward Scheme – Accelerated Incremental or Discretionary Points

	Applications		Successful		% Successful	
	Female	Male	Female	Male	Female	Male
2014	43	21	19	14	44%	67%
2015	49	20	23	12	47%	60%
2016	32	10	28	7	88%	70%
2017	25	9	24	8	96%	89%
2018	19	7	16	4	84%	57%

Action 27. Understand school level gender pay gap data and work towards reducing via promotion and career development

Fixed term contracts

Around 90% of our research only staff are on short-term contracts. Our consultation with FTC/OEFF staff identified that key career development concerns were not being included on grant applications or being 'allowed' to supervise students. Guidance for line managers was developed to clarify rules on supervision and co-applicant status. FTC/OEFF colleagues now have 10 days annually for career development (twice that committed in the Concordat).

> *"The consultation really brought home the day to day impact and stress of being on a fixed term contract."*

Action 10 PRIORITY. Create parity of career development for staff on FTCs and a move towards a more sustainable career for research staff

Intersectionality

We have established a new Associate Dean for E&I role within the School to improve our understanding across all protected characteristics, with an emphasis on intersectionality with gender. Two black female colleagues are holding a consultation in June 2019 with other black female staff about career development and progression in the first of these specific initiatives. We explicitly consider intersectionality in events, for example, when considering speakers at International Women's Day events (Figure 5.6.8).

Figure 5.6.8 Medical student Funmi Abari presenting on identity and empowerment at International Women's Day 2019

Action 28. PRIORITY Understand and act on intersectionality issues around career development and progression

v)   Timing of departmental meetings and social gatherings

* *Describe the consideration given to those with caring responsibilities and part-time staff around the timing of departmental meetings and social gatherings.*
* *Does the department have formal core hours and if so what are they? Use staff consultation to comment on whether staff feel core hours are adhered to. Is there a difference in opinion between staff who work part-time versus those who work full-time? Are key staff meetings and staff away days planned far enough in advance for those with caring responsibilities to attend?*

In 2014, we established a Core Hours Policy, requiring regular meetings, including those of School decision making committees, to be between 10.00am and 4.00pm. Meeting times are disseminated well in advance and minutes made available through the School's SharePoint' system. Staff are encouraged to negotiate appropriate timings for other meetings, and/or to rotate meetings by days of the week.

> *"What's really useful about Athena SWAN is that we can have these conversations, particularly with the core hours thing"*
> (Focus group, 2016)

In the 2017 STEM Culture survey, 75% of staff (86% F, 82% M) and 87% PT staff agreed that key recurring meetings were held in core hours, an increase from 69% in 2014 (79% F, 78% M) and 78% PT staff **(IMPACT)** but we will continue to improve this.

Action 29. Ensure all staff able to attend key meetings and events

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In the 2017 HE STEM survey most agreed that social gatherings were inclusive to all staff (80%F, 88% M agreed). The Institute with the lowest agreement has a young demographic, and they acknowledged that most social events took place after working hours 'in the pub'. They immediately responded, holding an on-campus Institute afternoon picnic (Figure 5.6.9), which will now be held annually.

> *"We had loads of feedback saying what a lovely change it was to be able to get out of the office, enjoy the sunshine and to mingle with other staff that they don't normally see"*

Figure 5.6.9 The LICTR summer picnic 2018

Provide an honest assessment of how the department monitors the consistency of HR policies on equality, dignity at work, bullying, harassment, grievance and disciplinary processes.

∗   *Describe actions taken to address any identified differences between policy and practice. Applicants will not be penalised for identifying issues.*

∗   *Comment on any issues that have been identified and what the department has done or is planning on doing to address them.*

∗   *What is being done to ensure that staff with management responsibilities are up to date in their HR knowledge, for example, through training or workshops? How frequently are these updated, how does the department monitor the uptake, what is the uptake and is there any gender discrepancy?*

The University has well publicised guidelines for the application of HR policies for equality, dignity at work, bullying, harassment, grievance and disciplinary processes. The 2017 STEM culture survey showed improvement in staff feeling informed about HR policies (Table 5.6.11) **IMPACT)** although we will improve this further.

Table 5.6.11 Comparison of policy awareness in 2014 and 2017 STEM Culture survey

Question	2014		2017	
	Female	Male	Female	Male
I am kept informed by my Institute about equality matters that affect me (e.g. changes to maternity/ paternity entitlements, flexible working, gender equality legislation)	55%	65%	69%	77%

We ensure consistency in the application of policies through close working between HR managers and Institute business managers. Each Institute has a named HR manager who meets regularly with the Director to provide advice. Policies are supported by training e.g. online E&I training and, Unconscious Bias training **(Silver Action).**

"It made me feel quite proud to be part of the institution that's leading the way with talking about and helping to manage the 'pause at work". Quote from workshop evaluation, 2018

Around 75-80% of menopausal women are in work. LIME led an initiative to raise awareness of the impact of menopause running 3 staff workshops (one for managers). 79 people (male and female) attended and feedback was very positive. This work had led to a Faculty wide HR policy for supporting menopause in the workplace.

vii) Workload model

* *Describe any workload allocation model in place and what it includes, for example teaching, pastoral, administrative and outreach responsibilities.*
* *Who is responsible for setting the workload model? Is there consideration for role rotation, for example, those with a particularly heavy workload (such as leading on an Athena SWAN submission, or undergraduate admissions tutor)?*
* *Is it fair and transparent?*
* *Is the model linked to the promotion criteria and discussed at appraisals? How often is the model reviewed and who reviews it?*
* *Use any staff consultation to evidence this and comment on any gender discrepancies.*

The School piloted a Workload Model (WLM) in 2015 (**Bronze Action)**, which included research, teaching, academic, pastoral, leadership, outreach and citizenship responsibilities. The WLM was approved after widespread consultation with staff. Based on the pilot, a new model was developed (**Silver Action**) and is administered annually by Institute Business managers. We will consult with staff to evaluate how the WLMs can more effectively be used to support career development and address excessive workload or gender differences.

Action 30. Expand WLM to assess gender differences in workload patterns

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viii) Representation of men and women on committees

* *Provide data for all department committees broken down by gender and staff type. Identify the most influential committees.*
* *Explain how potential committee members are identified and comment on any consideration given to gender equality in the selection of representatives and what the department is doing to address any gender imbalances.*
* *Comment on how the issue of 'committee overload' is addressed where there are small numbers of women or men.*

There are three main decision making committees: the SoM Executive (compromising the Dean, Associate Deans, Institute Directors, Finance, HR and E&I representatives), the School Taught Student Education Committee (STSEC), and the Faculty Research and Innovation Committee (FRIC) see Tables 5.6.12, 5.6.13 & 5.6.14.

Table 5.6.12 School of Medicine Executive membership by gender 2014-2019 (PMTA in brackets)

SoM Exec membership	2014-15		2015-16		2016-17		2017-18		2018-19	
Female	4(4)	50%	4(6)	59%	4(6)	55%	4(6)	56%	4(6)	59%
Male	7(1)	50%	6(1)	41%	8(1)	45%	7(1)	44%	6(1)	41%

Table 5.6.13 Taught Student Education Committees (STSEC, TSEC PG, TSEC CUPS*

STSEC	2014-15		2015-16		2016-17		2017-18		2018-19		Total	
Female	13	48%	10	38%	11	48%	12	43%	11	65%	57	47%
Male	14	52%	16	62%	12	52%	16	57%	6	35%	64	53%
TSEC PG												
Female	-	-	-	-	-	-	-	-	25	57%	-	-
Male	-	-	-	-	-	-	-	-	19	43%	-	-
TSEC CUPs												
Female	-	-	-	-	-	-	-	-	9	60%	-	-
Male	-	-	-	-	-	-	-	-	6	40%	-	-

* The STSEC committees separated in 2018/19 when a new governance structure was implemented

Table 5.6.14 Faculty Research and Innovation Committee (FRIC) School Staff only

	2014-15		2015-16		2016-17		2017-18		2018-19		Total	
Female	4	44%	3	60%	5	50%	3	33%	4	44%	19	45%
Male	5	56%	2	40%	5	50%	6	67%	5	56%	23	55%

Chairs of committees are encouraged to identify deputies (female if Chair is a male and vice-versa) to enhance staff skills and confidence and provide exposure at senior level and most committee roles are advertised. Committee membership is discussed at appraisal and colleagues are encouraged to apply. **(Bronze Action)**.

ix) Participation on influential external committees

How are staff encouraged to participate in external committees? How are staff encouraged to participate in other influential external committees and what procedures are in place to encourage women (or men if they are underrepresented) to participate in these committees?

"I receive emails saying there's a role for somebody to lead this and that, and it's going out to everybody… things seem to be more open for everybody".

(Focus Group, 2016)

Our female staff are well represented on influential external committees (Table 5.6.15) including national research funders e.g. NIHR, Cancer Research UK and policy making bodies, e.g. UK National Screening Committee. Female PMTA staff sit on the influential UCEA CASAG (Clinical Academic Staff Advisory Group) enabling our innovative policies such as the memorandum of understanding to have national traction. Staff also sit on University committees including the Senate and E&I Committee. The School encourages staff to apply for high profile committees by distributing vacancy announcements. In 2017 the Pro-Dean for Research emailed four women and five men to encourage them to apply to the Medical Research Council (MRC). As a result, 1 female successfully applied. In 2019, SoM staff were encouraged to apply for University Senate, 1 male and 1 female successfully applied.

Table 5.6.15 Membership of influential committees external to the School

Institute	Committees external to the University		UoL committees external to the School	
	F (%)	M(%)	F(%)	M(%)
LICAMM	7	7	4	1
LICTR	6	2	1	0
LIHS	12	6	9	5
LIME	13	4	6	1
LIMR	13	6	7	4
LIRMM	13	11	3	3
Total	64 (64%)	36 (36%)	30 (68%)	14 (32%)

8500 Words

6. Case studies: impact on individuals
Recommended word count: 1500 words

Three individuals working in the department should describe how the department's activities have benefitted them.

The subjects of the case studies should include a member of the self-assessment team and a member of professional or support staff. The case studies should include both men and women.

More information on case studies is available in the awards handbook.

Dr Lucy Ziegler – Associate Professor in Palliative Care, LIHS

I joined the School of Medicine as a post-doctoral researcher in 2008. As I had three young children I chose to work part time and although this balance worked well, being a part time employee with many family commitments my expectation was that establishing a career as an independent researcher would be a fairly unrealistic prospect. Senior colleagues were quick to recognise this misconception and have been very proactive in supporting my development, helping me raise my expectations.

When our youngest child started school I continued to work part time, changing my working pattern from 3 days a week to 'term time working'. This meant I could be there for my children in the school holidays. Our eldest daughter has learning disabilities so conventional holiday childcare was not an option, the term time working policy was absolutely critical at this point and enabled me to continue to develop my research career.

Throughout the last ten years I have seen the culture within the School of Medicine evolve to one where there is there is a widespread commitment among senior managers to proactively identify and support employees whose circumstances may previously have been thought to present a barrier to progression. Senior staff recognise that mentoring and supporting more junior colleagues' development is a key part of their role and having benefitted enormously from mentorship myself, I am committed to mentoring others and encouraging their development.

The excellent support, advice and mentorship I have received has enabled me to develop a programme of high-quality externally funded research in palliative care; crucially this support has also increased my confidence and self-belief to deliver it. I was appointed as a University Academic Fellow in May 2016 and promoted to Associate Professor in June 2018. I would not have applied for either the Academic Fellowship or promotion without the encouragement of colleagues within LIHS and Faculty HR. I am by no means alone in benefitting from the culture and support within the School and it is great to see other colleagues with caring responsibilities thriving and progressing their careers.

 The culture within the School of Medicine and the support I have received has led me to adjust my preconceptions about what is possible and has helped me to build an academic career which is enjoyable, fulfilling and enables me to make a valuable contribution to my research field without detriment to family life.

The School recognises there is always more to be done and policies and initiatives to help ensure equal opportunity for development and progression are being implemented all the time. All internal leadership roles are now advertised across the School of Medicine along with detailed role descriptors. This ensures staff are aware of development

opportunities and formalises the role and time allocation in a way that is important for promotion.

One example which I think accurately depicts the positive culture within the School of Medicine was the response recently from a senior colleague when I informed them that I would be taking a period of parental leave. My colleague's response was 'what wonderful news' and 'have you considered applying for the Academic Development Fund? There might be something that might help keep your research on track while you are away or help you when you come back? '

Tom St. David-Smith – Business Manager, LICTR, Self-Assessment Team member

I joined the School Clinical Trials Research Unit as a Grade 5 Business Management Assistant in 2007. I had a varied employment background including pub management and telecommunications obtaining a Business Management degree in 2002 as a mature student. At the time of my appointment the Unit had around 70 staff – we now have over 200.

I adapted to the Business Management role quickly and was given freedom and support to develop my role, taking on challenges, such as organising the first Unit Away Day. I was encouraged to apply for promotion to Grade 6 in 2008 in recognition of these additional responsibilities. Following the departure of the Business Manager in March 2010 I acted up into the vacant role. I was encouraged to submit a promotion application to recognise the additional responsibilities and workload I had taken on. I successfully moved to the Grade 7 Business Manager post in August 2011. Since then I have continued to develop the role of Business Manager in the newly formed Institute of Clinical Trials Research implementing a Business Management team consisting of PA support, HR and recruitment, estates management, finance, and research grant management.

In 2013, I requested a move to term-time working so I could be with my children during school holidays. LICTR were immediately supportive and again provided the support I needed to make the transition but importantly were unquestioning in their belief we could make it work, both for me and the Institute.

I was promoted to a Grade 8 Business Manager role in 2014 and in 2017 applied for a Grade 9 Strategic Projects Manager role in the School. I wasn't successful in the substantive post but was asked if I could provide support on a part-time basis. Since then I have been working 20% at Grade 9 whilst delivering my Business Manager role. I have been well supported through each of my three promotion applications and have always found the process fair and transparent. I have since supported six of my team through their own promotions allowing me to pass on the valuable experience and support that was given to me. In January 2018 I took on the role of LICTR SAT Lead, having been a SAT member for number of years. I am committed to delivering the benefits of Athena SWAN and related E&I actions within LICTR.

Throughout my time in the School I have been supported to pursue professional development and have undertaken numerous training courses over the years. However, I believe the underlying reason behind my success has been the positive culture that exists within the School. I have been given the backing to develop and implement my ideas, opportunities to be involved in strategic projects, and I have been trusted to develop my own team and make strategic decisions that's right for them and the Institute.

Dr Heidi Siddle PhD, Associate Clinical Professor and Honorary Consultant Podiatrist, LIRMM

In 2007 I left my full time clinical job as a podiatrist in Leeds Teaching Hospital's Trust and embarked on a journey to becoming a clinical academic. I was awarded an Allied Health Professional Training Fellowship from Versus Arthritis to combine a part-time PhD with being a clinician two days a week.

In 2010, right in the middle of my PhD with studies ongoing, I became pregnant and started maternity leave in July 2010. I made a decision to return to work just eight weeks after having my son with the support of both my husband and my PhD supervisors at the University. The support I was received was both practical and pastoral, important at this stage with a new-born baby. From a practical aspect I was given a room within LIRMM to express milk and I was able to organise my working day to suit both family life and my PhD study. This support enabled me to have a phased and flexible return to complete my PhD studies, ultimately returning to 0.8FTE working.

Shortly after being awarded my PhD in 2013 I took a second period of maternity leave. With my academic supervisors I had made a decision to apply for a post-doctoral NIHR Clinical Lectureship, which would need to be submitted during my maternity leave. I was supported at all stages to ensure that I had a competitive application. Meetings were arranged to suit my child care availability, including having meetings in my home during sleep times! I returned from maternity leave in April 2014 and in November 2014 I found out that my NIHR Clinical Lectureship application was successful. As well as flexible working enabling me to combine my clinical commitments, academic development and childcare, I have been supported financially during the year between my PhD Fellowship funding ending and the start of my NIHR Clinical Lectureship via bridging funding.

The School-led extension to the current Memorandum of Understanding by the University, to protect NHS employment rights, will support future non-medical clinical academics like me. Recognition of the impact of this initiative was demonstrated in feedback to my successful NIHR application, which highlighted the School's "infrastructure commitment to supporting the applicant's clinical academic career to NIHR professorship".

No clear progression route existed previously for Allied Health Professionals like myself who wished to have a clinical academic career. As a result of my own experiences, I have received support from the Faculty and the NHS to formally support non-medical colleagues in undertaking research. This has included establishing a Clinical Research Career Pathway for non-medical professions and the development of non-medical joint clinical academic appointments. As such, I am the first Podiatrist to be appointed as an Associate Professor and Honorary Consultant Podiatrist in any UK medical school.

Word count 1388

7. FURTHER INFORMATION
Recommended word count: 500 words

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

From the beginning, we have used research evidence to underpin our Athena SWAN work.

* In 2013, the SoM funded research to identify staff priorities to improve gender equality **(Bronze Action).** All subsequent Action Plans address these priorities.

   Bryant Louise, Burkinshaw Paula, House Allan, West Roberts and Vicky Ward. "Good practice or positive action? Using Q-methodology to identify competing views on improving gender equality in academic medicine." BMJ Open 7, no. 8 (2017) e015973.

* Work to understand barriers to research activity in paediatricians found that males were more likely to have presented a conference paper than females, and females felt less confident than males about using research in their practice.

   Mustafa Khurram, Czoski-Murray C, et al. Understanding barriers for research involvement among paediatric trainees: a mixed methods study. BMC Medical Education. 2018 Dec;18(1):165.

* Our research for the review of the NIHR TCC found that while women were as likely as men to be awarded senior fellowships once they had applied, fewer females applied, and non-medical clinical academics (mostly female) were least likely to apply. Findings led to the convening of a National working group and the commissioning of multi-funder research **(IMPACT).**

   Ten Years On; Adapting and evolving to the new challenges in developing tomorrow's health research leaders, NIHR, 2017.

* A systematic review of mentoring in academic medicine found no definitive evidence that mentoring reduces gender-inequalities, although there are weaknesses in the evaluation literature.
   House, A, Dracup N, Bryant L. Mentoring as a complex intervention in academic medicine: a systematic literature review (2019) Submitted, BMJ Open (submitted)

* Research on male perspectives on medicine as a gendered profession will complete in April 2020. A six-year study on how medical students make career decisions will complete in 2025. The findings will be published and fed back into the curriculum.

   300 words

8. ACTION PLAN

The action plan should present prioritised actions to address the issues identified in this application.

Please present the action plan in the form of a table. For each action define an appropriate success/outcome measure, identify the person/position(s) responsible for the action, and timescales for completion.

The plan should cover current initiatives and your aspirations for the next four years. Actions, and their measures of success, should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART).

See the awards handbook for an example template for an action plan.

To insert a landscape page, please copy from here down to the next red marker and paste into the document where the landscape page is required.

8.i School of Medicine Athena SWAN Gold Action Plan May 2019 to April 2023 and Gantt chart

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
1	3.i	Increase the number of men on the ASSG and leading Athena SWAN initiatives	Male representation on the ASSG does not reflect the gender balance of staff or students. More women than men lead on Athena SWAN initiatives, men report also benefiting from initiatives	* Consultation to understand why men less involved in Athena SWAN initiatives * Appoint male student ASSG representatives * Work with male students and staff to identify priority actions on which they will lead	ASSG reflects female/male gender balance of the School At least one initiative led by male staff or students each year from 2019.	ASSG committee membership Reports on initiatives led by male students and staff with evaluation to assess impact	ASSG, Institute SAT leads, Student Support Leads	Consultation November 2019 Annual review from November 2020
2	3iii	HIGHEST PRIORITY Identify a senior academic to champion each Key Priority area to accelerate impact	Evidence identified in relevant linked action for priority area (Priority Actions 8, 9,10, 26 & 28). All are complex issues requiring Senior level leadership and delivery responsibility	Identify a senior academic (Professor) to champion each priority area. They will convene Task and Finish groups that will be focused on delivery of actions and assessment of impact	See linked Priority Actions 8,9,10,26 & 28 for success criteria	Champions report to Dean and School Executive every six months.	Dean & School Executive &	Champions identified by October 2019 Six monthly report to School Executive from April 2020
3	3.iii	Develop comms channels to ensure all are aware of existing and new Athena SWAN initiatives to increase impact	In a large, multi-site school, initiatives need to be communicated regularly to staff and students. At different life-stages the relevance of Athena SWAN initiatives also change.	* Survey and focus groups how do staff/students hear/want to hear about initiatives? * Monitoring hits to map channels with most impact	Increased Comms activity; online case studies for students & staff to demonstrate AS initiatives and impact	Survey & focus groups analysis ASSG reports on Comms activity	Head of Communications with E&I Project Officer	Focus groups Oct- Dec 2019 Comms survey February 2020 2019 Annual Reviews from July 2019

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
4	3iii	Increase engagement of students with Athena SWAN and E&I work	Sustaining ASSG engagement with undergraduate students has proven difficult. Important that student issues embedded in out Action Plans	* Consult with students – how they can benefit? * Appoint student rep roles for ASSG & invite email report from Student reps prior to each ASSG meeting	More student reps on ASSG. Athena SWAN initiatives led by students	ASSG minutes incorporate student feedback Report on student engagement activity	ASSG Chair + Student Programme Leads	Student rep roles advertised October 2019 then annually
5	3iii	Provide greater recognition of Athena SWAN & E&I activities	Value of gender equality work and other E&I citizenship is not always explicitly recognised. Building capacity in equality work is essential for sustained and increased impact.	* ASSG workshop: how do/might staff benefit from E&I work? * Create case studies of staff involved in E&I work and promote via Communications & on website * Stories in Faculty newsletter	Feedback from staff that AS activity is recognised in annual appraisal Increased number of staff involved in AS/E&I work	Evaluations of the activities. Survey of staff on benefits gained and any concerns (e.g. workload). Data on AS/E&I active staff from Institutes	Chair of ASSG and SAT leads	Workshop in February 2020. Implement actions by May 2020. Survey in May 2021
6	4.1ii	Improve Undergraduate student gender balance	There is a marked gender imbalance in our Undergraduate population. The number of male pupils involved in CUPS outreach has declined. More female students than males are involved in Widening Participation and outreach for MBChB	* Develop Unconscious Bias (UB) checklist for shortlisting & MMIs; pilot UB observers * Ask male students to join outreach activities * CUPs web images to represent men and women equally. * Include communication training in CUPs Outreach activities	Clear trajectory towards improved gender balance from 2019/20 – with an aim of 5% more males each year across courses	Data on male pupils involvement by gender Data on male student involvement in outreach Admissions data across UG degrees	Directors of Student Educations (DoSE) with admissions teams	Work already started. Start Activities in October 2019 for Academic Year 2020/21 Review Annually in September from 2019

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
7	4.1.i v 5.1.i	Identify and remove gender bias in recruitment processes	Women are more successful at interview and appointment stage for PGR, teaching and research roles. Males are more successful at CRFs, suggesting a possible bias in recruitment practice. It is recognised that individuals are more likely to see bias in others than in themselves	∗ Develop Unconscious Bias (UB) checklists for shortlisting/interviews ∗ Trial and evaluate UB observers on interview panels ∗ Review job/PGR descriptions to make gender neutral – 'user test' job descriptions before dissemination ∗ Continue Unconscious Bias training	Improved parity by gender proportions of those applying for roles Parity by gender proportions of those being interviewed and appointed	Evaluation by HR of success of project (panel members & HR data) via Stonefish data and OGR student data Annual data on application to success rates by gender from HR	E&I Project Officer, HR Managers with Director of Research & Innovation	Pilot UB observers September 2019 to February 2020 HR Report to ASSG May 2020. Review of job/PGR descriptions ongoing Annual review from June 2020
8	4.2	PRIORITY Increase the number and proportion of female academics in senior roles, especially Clinical Academic	52% of our academic staff are female, this is not represented at senior levels. Gender balance in senior CAs is low (CSLs 34% F, Clinical Professors 17% F). Attrition of female CAs is relatively high.	∗ Senior academic to champion this priority area & work with JCATC and NIHR Academy ∗ Conduct focus groups with CAs to understand barriers and facilitators to men and women ∗ Appointing CAs awarded senior clinician scientist awards permanent contracts	Number and proportion of senior female academics represent gender balance Attrition of female CAs especially CLS decreases	Champion reports to Dean and School Executive every six months. HR data and leavers data	Dean with Champion and Joint Clinical Academic Training (JCACT) Chair	Champion identified by October 2019 Focus Groups November 2019 Six monthly report to School Executive Starting April 2020

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
9	4.2.ii 5.4.i 5.4. iii	PRIORITY Improve career development and progression for non-academic staff (PMTA and technicians)	Consultation with technical staff identified that some did not feel valued due to lack of career development opportunities. 2017 HE STEM survey & 2018 mentoring survey showed PMTA staff feel they have fewer career development and progression opportunities in relation to academics	Identify senior academic to champion this priority ∗ Identification and communication of career pathways for PMTA/technical staff. ∗ Promotions/career development advisors specifically for PMTA/technical staff ∗ Support technician accreditation ∗ Appoint SoM technicians champion ∗ Open coaching schemes to all staff ∗ Develop shadowing/job swap opportunities ∗ Create more PMTA/technical case studies & communicate	PMTA & tech staff report support for career development and progression at parity (at least) with academic staff Proportion of PMTA/technicians having a mentor significantly improves Increase in PMTA staff report appraisal helpful for career development % of technical staff achieving accreditation shows increasing trajectory	Champion reports to Dean and School Executive every six months. HE STEM surveys All staff mentoring surveys HR data on promotion activity of PMTA & technicians and technician accreditation	Dean of School with Champion & Institute Directors and JCATC Chair	Champion identified by October 2019 Six-monthly report to School Executive starting April 2020 HE STEM surveys February 2020 & 2023. PMTA/technical staff survey January 2021 All staff mentoring survey September 2020 and 2022.

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
10	4.2.i 5.6. iv	PRIORITY Create parity of career development for staff on FTCs and a move towards a more sustainable career for research staff. Greater use of permanent contracts where appropriate.	Staff consultations have identified career development and progression concerns as well as stress for staff on serial FTCs in research. Around 80% of our research only staff are on FTCs and 70% of these staff are female	Identify senior academic to champion this priority * Implement revised career development guidance for FTC staff * Investigate scale of short-term contracts & obtain granular data, e.g. average length of extension of contract, number of extensions per staff member * Identify those who have serial short-term extensions to actively develop a more sustainable career * Explore different models of contracting research staff,* consult with other Universities * Review financial impact of making more posts permanent. * Advertise new posts with longer/permanent contracts where possible	Staff on FTC having parity of career development opportunities as academic staff e.g. named on bids and as co-supervisors for PGRs Increased trajectory towards permanent academic posts for research staff Improvement in scores for FTC staff in HE STEM surveys and FTC surveys in terms of satisfaction with career development and progression	HE STEM surveys HR data. Career development and progression survey of FTC staff (run twice to compare)	Dean, Director of Research & Innovation with Working Group Lead (Action 2)	Champion identified by October 2019; Six-monthly report to School Executive FTC staff survey November 2020 and November 2022

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
11	4.2.iii 5.5.v	Remove barriers to PT and flexible working especially men	Very few male academics work PT compared to female. The majority of formal requests for flexible working are from females. Men report benefits of flexible working	∗ Staff consultation with male staff on perceived barriers & create actions to address issues ∗ Improve visibility of PT/flexible working male academics via comms case studies	Gender balance of PT & flexible working becoming more equal	HR data Comms activity in terms of case studies and stories of male staff working flexibly/part-time	E&I Project Officer with HR and Comms Lead	Staff consultation December 2019 Action plan implemented June 2020 Annual review of staff data from June 2021
12	4.2.iii	Create role and salary consistency for PT CLs	Some PT CLs in teaching roles are on a varied salary system.	LIHS Director working with HR to complete the review of this role.	PT CL roles moved onto consistent T&Cs	HR data Consultation with affected staff	LIHS Institute Director	Due to complete by December 2019
13	5.1.i	Increase completion of E&I training to 100% & UB training in line managers to 100%	Online E&I training is now mandatory. To date 67% of staff have completed this. Unconscious bias training is viewed positively by those attending; increasing numbers of staff attend	∗ Individual notifications delivered to non-completers of E&I ∗ Unconscious Bias training dates published in Faculty bulletin with feedback from attendees	100% E&I training completion Unconscious Bias training attended by 100% of line managers	Training completion data by Institute given to Directors	Institute Business Managers and Directors	By May 2020 100% achieved and then at every annual review point in May from 2021 this is maintained
14	5.1.ii	Ensure new staff integrated into the School and are aware of our Values	We want to enhance aspects of induction and enable closer alignment with the new Medicine Redefined framework	∗ Offer 'onboarding' prior to start date ∗ Monthly School induction events ∗ Athena SWAN/E&I induction pack	Positive evaluation of induction 100% satisfied or very satisfied for each cohort	Brief standardised questionnaire sent to all new starters one month post start date to assess induction	E&I Project Officer with Dean and Institute managers	SoM induction begins October 2019 annual review starting Oct 2020

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
15	5.1.iv	Increase targeted support for staff in developing REF outputs (papers and impact case studies)	Fewer females than males have four 3* or 4* papers eligible for REF2021 75% of REF2021 Impact case study authors are male	Interrogation of data to understand patterns in terms of stage of career, discipline/working pattern/career breaks and outputs. REF guidance for Annual Academic Meeting reviews created	Parity between male and female academics in terms of high quality outputs relevant to discipline	Parity in number of 3* or 4* papers, taking into account FTE, stage of career, academic discipline etc.	Director of Research and Innovation & School REF leads	Annual Review of AAMs starting August 2020
16	5.3.ii & 5.4.ii	Completion of annual appraisals increases to 100% for all staff and improve satisfaction with appraisals	Completion rates of appraisals have fallen in some institutes. Male academics were more likely to agree than females that they had a helpful appraisal. 61% of PMTA staff (64%F; 60%M) agreed that they had a helpful appraisal. The AAM has not yet been evaluated	∗ Business Managers track completion rates ∗ Ensure all reviewers have attended training in past 3 years ∗ Staff consultation on SRDS/AAM ∗ Evaluate reviewer training for SRDS/AAM/probation ∗ Evaluate satisfaction with AAM	Significant increase in satisfaction with SRDS. Parity between academic & PMTA groups, males and females	HE STEM survey 2020 and 2023	HR managers and Institute Directors	Training updates begin 01/2020, then annual review after appraisal cycle complete in July
17	5.3.v	Improve targeted support for researchers applying for grants, especially female clinical academics	Female clinical academics submit far fewer grants than male CAs, for lower values overall and are less successful	∗ Interrogation of data to understand patterns and identify actions and resources required. ∗ Provide seminars and one-to-one coaching for CA PI staff	Trajectory towards parity in terms of gender by grant application success rate and grant value for clinical academics	Data on grant income by staff member from University grant tracker database KRISTAL	Director of Research and Innovation & working group	Data report to School Exec Sept 2019 Seminars & coaching start October 2019. Annual reports from July 2020

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
18	5.5. iii	Improve workload planning following return from extended leave/maternity leave	In the Maternity Survey 2018, some staff reported an unchanged workload or backlog of work on return from maternity leave.	∗ Review & update guidance to managers on managing workload for returning staff. ∗ Improve awareness of KIT days & phased return options by including in Parent Information pack	No staff reporting workload issues after extended period of leave Evidence of phased return where chosen.	Maternity survey with questions about phased return experience	School HR Manager working ASSG maternity sub-group	Maternity surveys May 2020 & 2022
19	5.5.i	Work with University to create fairer car parking provision	Feedback from staff members with caring responsibilities or pregnancy health issues about the impact of not being able to obtain a permit to park on campus.	∗ Survey School staff on car parking: are carers/pregnant staff disadvantaged? ∗ Work with EPU to collate data across the wider University ∗ Discussion document for UoL E&I Committee	A flexible parking permit scheme that prioritises caring responsibilities and health problems	A change in the operationalisation of the UoL policy to give carers priority over parking permits. Flexible policy for and those with short-term needs	E&I Project Officer and committee with Equality Policy Unit	Survey October 2019 Discussion Document for UoL March 2020 Aim for success March 2021
20	5.5. iv	Understand reasons why PMTA staff less likely to take full maternity leave	The number of women taking 9 to 12+ months leave fluctuates but is lower than for academic staff	∗ Consult with PMTA what factors impact on return date? ∗ Work with Trade Union to promote full uptake	PMTA report satisfaction with date of maternity leave return	Consultations with staff HR data on maternity return in PMTA/academic	E&I Project Officer with ASSG maternity sub-group	First consultation December 2019, follow up December 2021
21	5.5.v	Increase awareness of Shared Parental Leave (SPL)	Uptake of shared parental leave is low, but those who take it report benefits.	∗ Complete research on uptake of SPL ∗ Publish SPL case studies in Parent Information Pack	HR data show increased uptake of SPL	HR data reviewed on an annual basis HR staff report more discussions of enquiries about SPL	James Wilmoth & HR with E&I Project Officer	Case studies May 2020 Annual review from May 2021

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
22	5.5. vi	Clear guidance on flexible working 'rights and responsibilities' for staff and managers.	Staff survey & focus groups show flexible working arrangements must be fair & transparent & do not disadvantage some staff members who work FT or do not work flexibly	Using data from surveys and focus groups create communications and guidelines on flexible working around School support, expectations and business requirements & disseminate to all staff	HE STEM surveys show greater satisfaction with fairness of flexible working across all staff	HE STEM survey\n\nStaff consultation on key Institutes where disparities most reported (LIME & LICTR)	Faculty & School HR manager working with Faculty Executive	Staff comms November 2019 HE STEM survey February 2020 and 2023 LICTR/LIME consultations June 2020
23	5.6.ii	Improve availability of diverse role models	A gender imbalance in the overall number of invited speakers across the School as a whole (not all Institutes). Student Survey January 2018 shows female students would like to see more senior female clinician role models. Fewer males seen to be taking parental leave or working part-time	∗ Create guidelines for event organisers to improve gender balance of speakers\n∗ Invite students to IWD\n∗ Events to showcase female role models.\n∗ Create alumni & staff photo gallery in student spaces\n∗ Promote diversity of role models not just 'successful' staff	Gender balance of external speakers across Institutes by 2021 Improvement in Student Survey & HE STEM survey of perceptions of male and female role models	Records of external speakers\n\nStudent Surveys\n\nHE STEM Surveys\n\nFeedback from staff on awareness of role model communications in consultation exercises	E&I Project Officer with Institute Directors & Head of Communications	Guidelines December 2019\n\nStudent Surveys January 2020, 2022, 2024\n\nCafé Gallery in place April 2020\n\nHE STEM survey Feb 2020/2023

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
24	5.6.iii	Build body of excellent internationally recognised research to inform gender equality work	Need for high quality evidence to underpin AS initiatives, e.g. mentoring schemes	∗ Set up Faculty Gender Equality Research Group ∗ Submit bids for externally funded research ∗ Publish from research and disseminate	Body of published peer-reviewed research externally recognised as excellent	At least one publication per research study Regular attendance of SoM staff at relevant research conferences	LIME SAT lead with Associate Dean for E&I	NIHR research published July 2019; Mentor review published Sept 2019. Annual reviews from September 2020
25	5.6.iii	Lobby funders to consider impact of school holidays when setting grant submission deadlines	Grant submission deadlines often coincide with school holidays making it harder for those with child-care responsibilities to be PIs or adding stress to the process	∗ Set up working group to progress actions ∗ Collect evidence from staff on the impact of deadlines and identify funder to target ∗ Bring in other medical schools to increase lobbying power	Funders respond to argument for making key research submission family friendly for researchers.	Evidence of changes to submission deadlines in lobbied organisations Staff survey	SAT leads with E&I Project Officer	Group set up in July 2019 Staff survey September 2019 Annual review September from 2020

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
26	5.6. iii and iv	PRIORITY Tackle student experiences of sexual harassment on campus and placement	Student Survey data in 2015 and 2018 and student reports to staff, reveal students' experience sexual harassment and sexism on clinical placement and on campus. Surveys show students do not always know how to report incidents or feel confident they will be dealt with confidentially.	* Work with NHS to adopt UoL code of conduct * Encourage disclosure by ensuring transparency of reporting procedures * Create placement guidance for students on zero tolerance and reporting mechanisms * Work with other medical schools and BMA to increase impact of initiatives and change culture	Students report increased awareness of how to report incidents of harassment & access support from the SoM Incidents reported dealt with promptly Decline in reports and improvement in culture reported by 2023	Monitoring of complaints about sexual harassment and process Student Surveys Feedback from students to Student Support Staff	Dean with Champion, and NHS partners (Chief Execs of local Trusts)	Champion identified by 10/2019; Quarterly report to School Executive Student Surveys January 2020, 2022, 2024
27	5.6. iv	Understand school level gender pay gap data and work towards reducing via promotion and career development	We cannot yet access School level GPG data. The largest GPG is in clinical excellence awards and between male and female clinical professor – almost all staff receiving CEAs are in the School of Medicine	Investigate SoM GPG data, identify underlying factors * Analyse the stages when the GPG emerges for clinical academics. * Identify mentors/ coaches to support women in negotiating salary and CEA awards.	Clear evidence of reducing GPG especially at Chair level and in bonus pay for clinical academics in 3 years. Reduction in staff reporting perceptions of	GPG data for the School, particularly bonus pay data HE STEM surveys	Dean, SoM Exec, HR Manager	Annual review from 2019 of SoM GPG data HE STEM survey February 2020 and 2023

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
				∗ Annual reminder to recommend staff for additional increments	GPG in HE STEM surveys			
28	5.6.iv	PRIORITY Understand and act on intersectionality issues around career development and progression	We need to consider the intersection of gender and other factors and act on inequalities. We will start with intersectionality between gender and ethnicity but use our learnings to inform intersectionality with other protected groups	Identify senior academic to champion this priority ∗ Consultation with black female staff: what are issues around career development & promotion? ∗ Work across the UoL with BAME networks ∗ Drive to improve self-report data on protected characteristics	Changes in BAME staff perceptions of career development, progression and inclusion Initiatives identified and led by BAME staff with ASSG	Staff consultation including HE STEM survey 2020 and 2023 - extended to include other protected characteristics	Champion with Associate Dean in E&I	June 2019 workshop. Report to SoM ASSG September 2019 Champion identified by October 2019 Six monthly report to School Executive HE STEM surveys Feb 2020 & 2023.
29	5.6.v	Ensure all staff able to attend key meetings and events	The 2017 HE STEM survey showed 75% of staff agreed that key recurring meetings were held in core hours (10.00 to 16.00) compared with 69% in 2014. We aim to increase this percentage further.	∗ Dean and Institute Directors communicate annually to all staff about the core hour's policy. ∗ Staff encouraged to discuss with managers if meeting times disadvantage them.	90% agreement that core meeting times adhered to in next HE STEM survey (100% is not achievable due to need for agreed flexibility)	HE STEM surveys	School Dean and School Exec	Annual reminder from May 2019 HE STEM surveys February 2020 & 2023.

Action	Section	Planned action and objective	Rationale (evidence that prompted the action)	Activities to meet objective	Success criteria (what impact will look like)	Measures (how we will evidence success/impact)	Responsible officer and team	Timeframe – See Gantt chart
30	5.6. vii	Use Workload Model to assess gender differences in workload patterns.	Gender data is not used to interrogate Workload model data.	* Trial analysis of Workload Model by gender 2019 for patterns of workload balances across genders in two Institutes * Follow up staff consultation to understand how WLM may be used to support career development and address workload issues	A School Workload Model that enables all activities to be assessed by gender, and used for career development and workload balance.	Annual analyses of Workload model data by gender	Institute Business Managers and School Exec	WLM run in August 2019. Analysis of data by gender by December 2019. Staff consultation March 2020 Report to School Exec & ASSG. Decision about annual roll-out June 2020

Please see Action Plan Gantt chart overleaf

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School of Medicine Gold Action Plan Gantt Chart

Action	Planned action and objective	May 2019	Aug 2019	Nov 2019	Feb 2020	May 2020	Aug 2020	Nov 2020	Feb 2021	May 2021	Aug 2021	Nov 2021	Feb 2022	May 2022	Aug 2022	Nov 2022	Feb 2023	May 2023
1	Increase men on ASSG & leading initiatives		X															
2	Accelerate impact in key priority areas																	
3	Develop comms channels to increase impact		X		X													
4	Increase engagement of students with AS																	
5	Greater recognition of AS & E&I activities				X					X								
6	Improve undergraduate gender balance																	
7	Remove any gender bias in recruitment			X	X													
8	Increase number of senior female academics			X														
9	Improve career development of PMTA & tech				X		X								X		X	
10	Create parity of career development for FTC				X			X				X				X		
11	Remove barriers to PT/flexible working			X														
12	Role/salary consistency for PT Clin Lecturers																	
13	Increase completion of E&I and UB training																	
14	Improve induction & staff integration																	
15	Increase academic support for REF outputs																	
16	Improve appraisal completion & satisfaction				X												X	
17	Increase support for research funding																	
18	Workload planning guidance after mat leave					X								X				
19	Work with University for fairer car parking		X															
20	Understand PMTA mat leave early return			X								X						
21	Increase awareness of Shared Parental Leave																	
22	Clear guidance on flexible working			X	X	X											X	
23	Improve availability of diverse role models			X	X							X					X	
24	Build research to inform AS strategy																	
25	Lobby funders for family friendly deadlines		X															

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26	Tackle sexual harassment of students			X													X		
27	Work towards Reducing Gender Pay Gap				X													X	
28	Understand and act on intersectionality	X			X													X	
29	Ensure all staff able to attend key meetings				X													X	
30	Use WLM to assess gender differences			X															

KEY:

Review point   Priority Action   X Survey/consultation point

8.ii Institute Athena SWAN Action Plan summary: May 2019 to April 2023

Due to the size of the school and differing composition and focus, each Institute has its own SAT. Institute SATs identify, through staff consultation, local issues and areas for action. Surveys and informal feedback demonstrate that these local plans are essential for staff 'buy-in'. Local action plans also operate as a 'test-bed' for actions and initiatives identified and trialled locally which are then rolled out across the school. A summary is given here, showing how it will support the objectives in the School Level Plan where appropriate.

Institute	Planned action	Rationale	Linked School Level Action
LICAMM	Enhance support for staff working in lab environments during pre-conception and early pregnancy.	Staff feedback to the LICAMM SAT suggests this is an area of concern for colleagues working in lab environments.	
	Explore the viability of an Institute scheme to support International opportunities as part of career development for academic staff.	International links have been pivotal in furthering academic careers for individuals within the school and are necessary for promotion to Professor. Women with family responsibilities are less likely to be able to make international connections thought travel for work.	Action 8 Increase number of senior female academics
	Enhance the 'Coaching for Promotions' scheme established in 2016.	Feedback has identified a need for more targeted expertise in some instances.	Action 9 Improve career development of all staff including PMTA &
LICTR	Enhance the programme of inclusive and accessible LICTR staff events.	Following the success of the Staff Picnic in 2018 the Institute wants to create more regular inclusive opportunities for staff events	Action 29 Ensure all staff able to attend key meetings/events
	Review wellbeing at work objectives through a gender lens and assess any gender bias.	The Institute aims to improve wellbeing at work through provision and signposting to University services and recognise the need to assess gender issues in needs and uptake	
LIHS	Career Coaching for all staff	LIHS recognises a need for coaching scheme which is more broadly focussed beyond promotion goals.	Action 9 Improve career development of all staff
	Explore the needs of staff impacted by the raising of retirement age, which has had greater on women.	Staff feedback to the LIHS SAT suggests this is an area of concern for colleagues.	Action 9 Improve career development of all staff
	Support and mentor staff to enable them to gain teaching recognition from the Higher Education Academy.	Feedback from a successful pilot run with The Health Economics Division was very positive with a number of additional successful applications. A higher proportion of teaching staff are female	Action 8 Increase number of senior female academics

Institute	Planned action	Rationale	Linked School Level Action
LIME	Raise awareness and support of period poverty and menstruation needs of students	International Women's Day raised awareness of Period Poverty in the wider community and this may impact on some students. There is also a current lack of provision within the Worsley building to buy sanitary products.	
	Create local career development opportunities for Staff and students.	Clinical Education Network Symposium: Opportunities for staff who find travel difficult for personal/family reasons can attend and present their work in a peer reviewed competitive process. Writing Retreats: Opportunity to have time set aside for writing papers, developing grants.	Action 9 Improve career development of all staff
LIMR	Promote cohesive and inclusive culture within LIMR and wider university.	Staff are mostly based on the St James' Hospital Site, remote from main campus, which has led to perception of being isolated and can make access to main campus events more difficult	
	Establish a career development coaching scheme available for all LIMR staff.	Building on the coaching scheme in LICAMM, LIMR recognises a need for coaching scheme which is more broadly focussed to career progression and development, to include all staff groups	Action 9 Improve career development of all staff
LIRMM	Consider all protected characteristics when monitoring the membership of the SMT.	Gender balance on the SMT has been improved, however there is under representation of other protected characteristics.	Action 28 Understand and act on intersectionality
	To increase the support for career development for all staff within the Institute and ensure opportunities are highlighted and signposted	The LIRMM Citizenship Survey identified lack of mentorship for research, technical, support, professional and managerial staff and lack awareness of University career development initiatives	Action 9 Improve career development of all staff
	Identify and promote citizenship roles within the Institute, School and Faculty.	2018 LIRMM Citizenship Survey findings revealed that staff were not familiar with what 'citizenship' activity means and the roles available.	Action 5 Greater recognition of AS & E&I activities