



Department Application
Bronze and Silver Award



ATHENA SWAN BRONZE DEPARTMENT AWARDS

**Athena
SWAN**

Recognise that in addition to institution-wide policies, the department is working to promote gender equality and to identify and address challenges particular to the department and discipline.

DEPARTMENT AWARDS

In addition to the future planning required for Bronze department recognition, Silver department awards recognise that the department has taken action in response to previously identified challenges and can demonstrate the impact of the actions implemented.

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 Bronze and Silver department awards.

You should complete each section of the application applicable to the award level you are applying for.

Additional areas for Silver applications are highlighted throughout the form: 5.2, 5.4, 5.5(iv)

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.



Department application	Bronze	Silver
Word limit	10,500	12,000
<i>Recommended word count</i>		
1. Letter of endorsement	500	500
2. Description of the department	500	500
3. Self-assessment process	1,000	1,000
4. Picture of the department	2,000	2,000
5. Supporting and advancing women's careers	6,000	6,500
6. Case studies	n/a	1,000
7. Further information	500	500

Glossary of acronyms used in this Report and Action Plan

ACAD	Academic	NHS	National Health Service
AP	Associate Professor	OP&DL	Organisational Development & Professional Learning
AR	Academic Related	PGR	Postgraduate Research student
AUA	Association of University Administrators	PGRT	Postgraduate Research Tutor
BM	Benchmarking	PGT	Postgraduate Taught Student
BMAT	Bio Medical Admissions Test	PROF	Professor
BSO	Business Support Officer	PT	Part-time
CPD	Continuing Professional Development	R&I	Research & Innovation
CRM	Customer Relationship Management system	SAT	Self-Assessment Team
DHDT	Dental Hygiene and Dental Therapy	SESM	School Education Service Manager
DRI	Director of Research & Innovation	SL	Senior Lecturer
DS	Dental Surgery	SMT	Senior Management Team
DSE	Director of Student Education	SRDS	Staff Review and Development Scheme
DSC	Dental Schools' Council	SRIC	School Research & Innovation Committee
ECR	Early Career Researcher	STEM(M)	Science, Technology, Engineering, Mathematics (and Medicine)
FT	Full Time	STSEC	School Taught Student Education Committee
FTE	Full Time Equivalent	UG	Undergraduate
HR	Human Resources	WaLN	Women at Leeds Network
LDI	Leeds Dental Institute	WM	Workload Model
LTHT	Leeds Teaching Hospitals Trust	WP	Widening Participation
MMI	Multiple Mini Interviews		

Name of institution	University of Leeds
Department	School of Dentistry
Focus of department	STEMM
Date of application	April 2017
Award Level	Silver
Institution Athena SWAN award	Date: June 2009, Nov 2012 & April 2015 Level: Bronze
Contact for application Must be based in the department	Anthea Stanley
Email	a.j.stanley@leeds.ac.uk
Telephone	0113 3430284
Departmental website	https://medhealth.leeds.ac.uk/info/1200/school_of_dentistry

TOTAL WORD COUNT USED = 11975 WORDS

1. LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT

Recommended word count: Bronze: 500 words | Silver: 500 words

Dear Members of the Athena SWAN panel,

As one of two female Deans of UK Dental Schools, I am acutely aware of the lack of women in senior academic positions. The hard data on progression of 'women in academia' paints a clear picture of the current status quo of women in Universities and reflects the situation in the wider world. What is less well captured is the felt need for support by women at all stages of the career pipeline. I have repeatedly experienced this expression of need at networking events.

Over the last four years, I have witnessed the growing impact of the Athena Swan initiative on our workplace culture. Within our School, efforts to explore and address some of the less visible inequalities have now become mainstream. Since the Bronze Award our processes have allowed us to identify inequalities in pay and to deliver solutions for all staff. We believe we can attract the best students and staff through our commitment to equality. Our goal is to build a universally supportive culture that facilitates staff and students to manage competing priorities to reach their full potential. This culture of equality and inclusivity benefits all and it is with enthusiasm and commitment that I offer my wholehearted endorsement to this Athena Swan Silver Application.

We are very proud that almost 50% of our professorial staff are women: this is unusual in Academic Dentistry. Our efforts for achieving gender equality in academic recruitment resulted in females comprising 43% (9 out of 21) of appointees in 2016. This has translated into increased numbers of female lecturers which will feed the pipeline addressing the gender imbalance at Associate Professor level (23% female). Active support for staff progression includes the appointment and training of promotion advisors, systematic identification of candidates for promotion through our annual review process, support for PhDs including time buy-out, mentorship and promoting the visibility of our senior female academics as role models. Our proactive approach to staff progression has seen promotions applications from clinical academics increase from 0 (2011-2013) to 4 (17% of staff) since the Bronze award and two female staff gaining Fellowships in 2016.

Our Athena Swan Bronze Award provided a framework to help us to achieve our goals. Alongside career support we have an embedded commitment to staff welfare, in addition to extensive flexible working arrangements which support retention. Staff returning from absence can re-boot their career development by applying for protected time to pursue research. Our efforts also include initiatives to support student progression and foster their interest in research (e.g. INSPIRE).

As Dean, I will fully support our Silver Action Plan by leading our new Equality and Inclusivity Committee. I will ensure that resources are available to deliver the plan and that every effort is made to engage staff and student commitment at all levels. I confirm that the data provided in our application is honest, accurate and representative of the School.



Professor Helen Whelton, Dean of Dentistry

494 words

2. DESCRIPTION OF THE DEPARTMENT

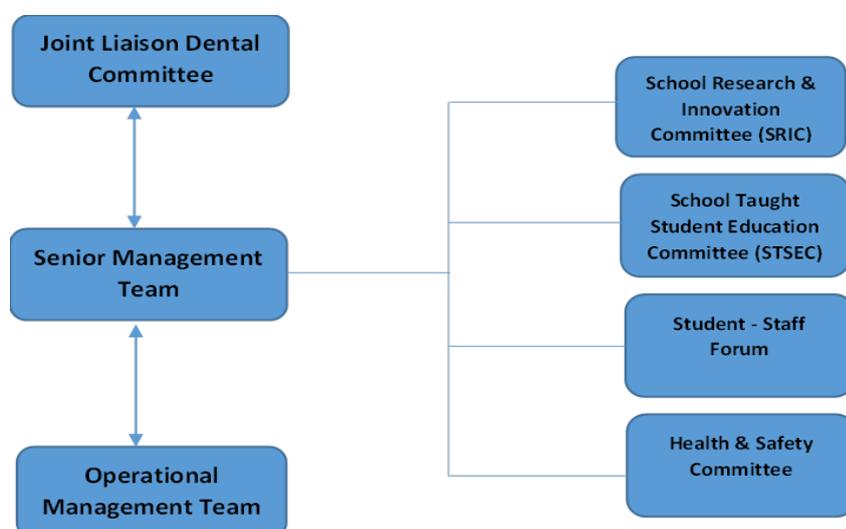
Recommended word count: Bronze: 500 words | Silver: 500 words

The School of Dentistry is part of the Faculty of Medicine and Health at Leeds University. We are one of 18 UK dental schools and a member of the Dental School's Council (DSC). We deliver undergraduate courses in Dental Surgery (DS) and Dental Hygiene and Dental Therapy (DHDT). Postgraduate (PG) programmes are offered in Paediatric Dentistry, Restorative Dentistry and Dental Public Health. New PG courses in Advanced General Dental Practice and in Translational Research in Oral Sciences commence in 2017.

The School works with its NHS partner Leeds Dental Institute (LDI), providing routine care for patients in support of dental education and oral health. This also facilitates translational research opportunities. In REF2014 the School was rated in the top quartile (23/94) in UOA3 (Allied Health Professions, Dentistry, Nursing and Pharmacy). Research is focused on Oral Health Services, basic sciences and digital dentistry/educational research.

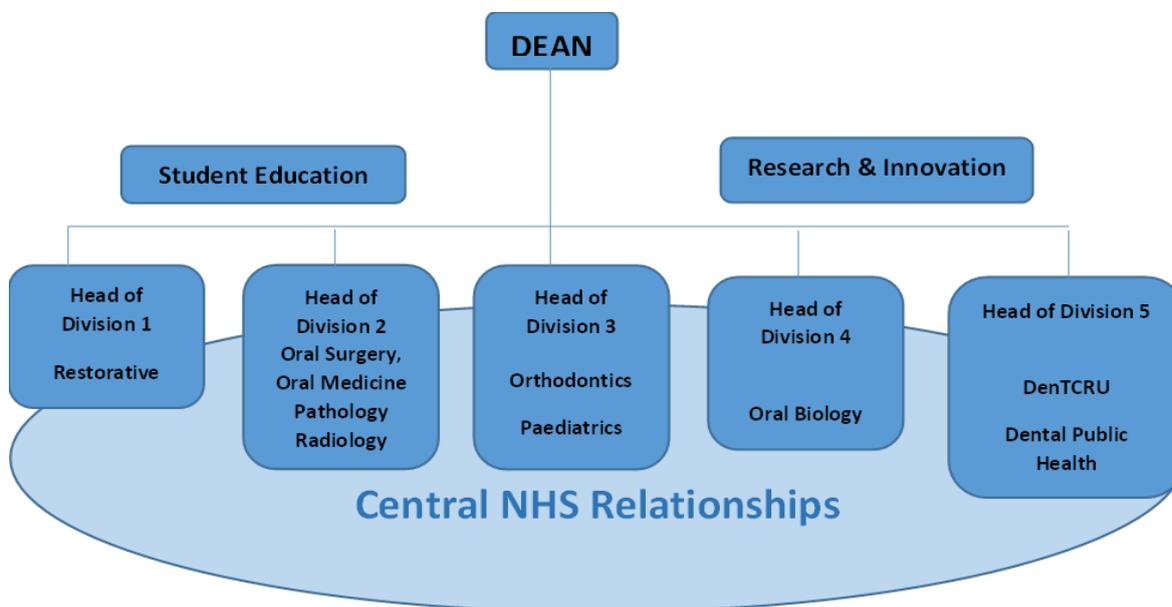
The School's current management structure was established in 2013 (Figure 1). The Senior Management Team and a Joint Liaison Committee with the LDI, both meet monthly. School Research and Innovation (SRIC) and Student Education committees (STSEC) have Early Career Researcher (ECR) and student representation, respectively. PG representatives also sit on the PGR/PGT committees, which report to SRIC and STSEC. The Operational Management Team is made up of Professional and Support staff who meet monthly and report to the SMT.

Figure 1: School Committee Structures



The School academic structure is shown in Figure 2. Line management and the Staff Review and Development Scheme (SRDS) operate through the Divisions. Using a census date of 1st November 2016 the school had 166 members of staff (55% female: 45% male), of which 107 were academic staff (46% female: 54% male) and 59 were professional and support staff (78% female: 22% male). We currently host 546 undergraduate (72% female: 28% male) and 62 postgraduate (taught and research) (63% female: 37% male) students.

Figure 2: School Academic Structure



Our Athena SWAN actions have impacted across all activities. Flexible working is routine and feedback highlighted this as a key benefit; *‘the flexibility given to me to be able to support my family with childcare arrangements has been exceptional; especially when supporting a child with additional needs’*. This initiative has fed improvements in other areas such as maternity return rates and supporting work-life balance has also reduced the perception that personal hurdles will impact career progression. This is of major importance in our aim to promote gender equality and opportunity. We have achieved gender equality at most academic grades including our Professoriate. Academic research has been facilitated by supporting staff studying for a PhD and is sustaining an increase in academic lecturers and a move away from an exclusive teaching workforce. Many staff and students take advantage of the financial support funds we provide for personal development. We are building participation in mentorship and have increased promotions applications. Our actions of providing visible local role models and encouraging career development are visibly nurturing ambition in our staff.

482 words

3. THE SELF-ASSESSMENT PROCESS

Recommended word count: Bronze: 1000 words | Silver: 1000 words

(i) A description of the self-assessment team

Our Self-Assessment Team (SAT) (Table 1) was assembled through invitation and from volunteers. Individuals have diverse backgrounds and experiences and there is representation from all staff categories, UG and PG students, those with and without caring responsibilities, full-time (FT) and part-time (PT), dual career families and recently promoted staff.

Table 1: Membership of the School's Athena SWAN Self-Assessment Team

Name	Title	Additional Information agreed by all members for publication
Dr Anita Blakeston [F, G7, AR]	Project Manager ADVOCATE	FT, experience of supporting Athena SWAN and staff culture change. Committed to women's agenda.
Ms Sophie Boyle [F, UG]	UG Student	FT, UG dental student. Undertaking final year project 'Women in Dentistry'.
Mr Jim Brierley [M, G8, AR ADMIN]	School Education Service Manager	FT, dual career family, two children. Benefits from informal flexible working to facilitate childcare arrangements.
Dr Nigel Bubb [M, G8, ACAD]	Lecturer in Dental Materials	FT, timings of 3h daily commute adjusted to avoid peak times. Uses University tablet to enable working whilst travelling.
Professor Deirdre Devine [F, PROF, ACAD]	Professor of Oral Microbiology	FT. Department was supportive of phased return after long-term illness. See Case Study.
Professor Gail Douglas [F, PROF, ACAD]	Professor of Dental Public Health	FT, appreciates opportunities around flexible working; personally to facilitate external commitments and on behalf of PT staff she manages.
Mrs Claire Godfrey [F, G8, AR ADMIN]	Business Manager	FT, dual career family, two children.
Ms Lizzie Kapasa [F, PGR]	Postgraduate Researcher & WaLN Group Leader.	FT, dual career family, informal flexible working supports PGR study alongside on-going chronic illness. Promotes Women in Engineering initiatives & STEM.
Mrs Ruth Kayman [F, G8, AR ADMIN]	Research and Innovation Manager	FT, dual career family, three children. Formal flexible working arrangement facilitates childcare. Took extended maternity leave.

Name	Title	Additional Information agreed by all members for publication
Mrs Julie McDermott [F, G5, CLER]	Research and Innovation Officer	PT, dual career family. Two school-age children. Values subsidised parking and discount at University gym. Promotion supported in 2012.
Professor Michael Manogue [M, CLIN PROF, ACAD]	Director of Student Education	FT, dual career family, two children, informal flexible working facilitates childcare. Completed P/T MSc and PhD supported by University.
Ms Sarah Myers [F, G6, TECH]	Research Technician	FT, Promotion supported in 2016/2017. Organises Women@Leeds and Technicians' Network. Values discounted Metro Card and University gym.
Mrs Colette Nicholas [F, G5, CLER]	Business Support Officer	FT, dual career family, recognises the importance of Athena Swan for non-academic staff and aspects such as flexible working.
Ms Sabiha Patel [F, AR]	Equality & Inclusion Manager	Equality Policy Unit representative.
Ms Lydia Sharples [F, UG]	UG student	FT, UG Dental student. Undertaking final year project 'Women in Dentistry'.
Mrs Anthea Stanley [F, G9, ADMIN]	General Manager	FT, dual career family. Two adult children. Flexible working arrangement to facilitate caring for elderly parents.
Dr Jinous Tahmassebi [F, CLIN AP, ACAD]	Associate Professor in Paediatric Dentistry	FT, flexible working hours around long daily travelling of 1.5 hours. Two school aged children. See Case Study.
Mrs Naomi Tickhill [F, G7, AR ADMIN]	Admissions & QA Manager	FT, dual career family. Completed BA & undertaking an MA. Leadership Foundation Role Model for Aurora Programme; mentor and mentee.
Dr Karen Vinall-Collier [F, G7, ACAD]	Lecturer in Dental Public Health	PT, dual career family. One pre-school aged child. Recently returned from maternity leave. Planning for promotion with encouragement from managers.
Ms Jane Wardman [F, CL, ACAD]	Clinical Lecturer	FT, School supports PhD studies by incorporating dedicated study/research time into job plan as a full time academic.
Professor Helen Whelton CHAIR [F, CLIN PROF, ACAD]	Dean of School Professor of Dental Public Health & Preventative	FT, dual career family, four adult children, weekly commute between Cork and Leeds, travel facilitated by flexible working.
Mr James Wilmoth [M, G6, AR ADMIN]	HR	FT, uses of the Cycle to Work scheme to down commuting time and facilitates work-life balance. Values flexible working.
Professor David Wood [M, PROF, ACAD]	Director of Research & Innovation	FT, dual-career family, one child; appreciates the opportunities around flexible working and occasional working from home.

Name	Title	Additional Information agreed by all members for publication
Dr Simon Wood [M, G9, ACAD]	Associate Director of Student Education- Admissions Associate Professor in Oral Biology	FT, wife also works at UoL; joint flexible working helps work-life balance. School supported 2 year sabbatical working in US.
Ms Chloe Woodcock [F, G5, ADMIN]	Communications & Marketing Assistant	FT, appreciates the opportunities around flexible working and occasional working from home.
Ms Victoria Yorke [F, CL, ACAD]	Clinical Lecturer Associate Director of Student Education - Clinical Programmes, NHS Consultant in Restorative Dentistry	Dual career family, two children. Returned PT after first child, completed Specialty Training as flexible trainee. Flexible working facilitates childcare.

Figure 3: Representatives of the School Athena SWAN SAT



(ii) An account of the self-assessment process

The SAT was established in June 2013 and meets on a monthly basis. It is chaired by the Dean, who also chairs the SMT and is a member of the Faculty Executive. It is supported by Faculty HR and the University's Equality Policy Unit (EPU). Athena SWAN is a standing item on the SMT agenda, which also meets monthly. The Directors of Research and Innovation (DRI) and Student Education (DSE) are also members of the SAT (Bronze Action 2) and Athena SWAN initiatives are embedded in the School's strategic objectives. Communication is by email, regular meetings and the use of a central 'Sharepoint' site.

Membership is also divided into working subgroups that cover: HR, Student Data, Communications, Focus Groups, WaLN, Outcome Measures, Case Studies and Critical Friends. Meetings have a standing agenda and each month two of the subgroups present an update to the SAT.

This Application is also informed by local input from a Staff Cultural Survey, 4 Focus Groups (6-8 attendees per meeting) and 2 staff consultation World Café events (25-40 attendees). Our communications strategy ensures an inclusive School website; dedicated School Athena SWAN

pages with information on the SAT and HR policies; shared information on 'Sharepoint'; a weekly newsletter 'Dencomms', and School e-bulletin. Further development of communications has filled information gaps (**Bronze Action 1a**). 'Dencomms' is now more visually appealing with regular 'Dean's Notes'. Promotional marketing on pop-up banners and plasma screens in high-traffic areas are used. We've hosted a Faculty Flexible Working Roadshow and suggestion boxes for anonymous contributions are across our sites. We've set up a School social media working group and expanded our scope via new Facebook and Twitter pages, to reach out to different audiences. We hold monthly lunchtime seminars covering a variety of topics, some particularly relevant to females and others that are of interest to all. The seminars attract 20-40 attendees each, are open to staff and students and lunch is provided.

The National STEM Staff Cultural Survey informed our Cultural Survey. Completed in 2014, the survey achieved a good response rate of 65.1% and the results shaped our Bronze Actions. Focus groups followed and then World Café 'Vision and Strategy' and 'Equality and Inclusivity' consultation events in May and December 16. These were used to gauge the impact of actions and also for identifying further actions (**Bronze Action 1b**). A revised Cultural Survey will be run every 2-3 years and World Café style events will be held every 6-12 months (Silver Actions S1a - c).

We have reviewed successful Athena SWAN Applications from within the University and other Universities and have attended Athena SWAN Information Events and local and national workshops. This has allowed us to learn from the best practice of others and has contributed to the self-assessment process. The Dean has delivered presentations on gender in academic career progression to Women in Science, Engineering and Technology (WiSET), to staff and Dental Postgraduate Students' Society, to Queens University of Belfast annual Athena SWAN lecture and to the American Dental Education Association 'Women in Leadership' conference in Barcelona. These build on her personal experiences of being a female dental academic and are powerful in promoting the work of the Athena SWAN initiative out-with the School and in generating information flow back to the School.

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

The SAT is a well-functioning and cohesive group and the subgroups have contributed positively to the outcomes and the drafting of this Application. It will continue to meet on a monthly basis and be chaired by the Dean to monitor and develop work for the full implementation of Silver Action Plan. Momentum will be maintained by regular staff and student consultation events and the Actions will evolve as directed by feedback. There will be full engagement with the wider School community to ensure that ideas are fed through to the working subgroups and full SAT. Formal reporting mechanisms will remain as described in 3ii) interacting with other committees via its varied and comprehensive membership. Staff and students will be kept informed of progress through the communications strategies introduced as part of the Bronze Action Plan. The scope of Athena SWAN has grown beyond equality for women in academia and our Silver Action Plan will ensure equality and inclusivity is fully embedded in the School. The SAT will become incorporated in the new **School Equality and Inclusion Committee** which will widen the remit of the group and explore other potential areas of inequality such as the intersection of ethnicity with gender, gender pay gaps and the provision of facilities for transgender staff and students (Silver Action S1d).

795 words

4. A PICTURE OF THE DEPARTMENT

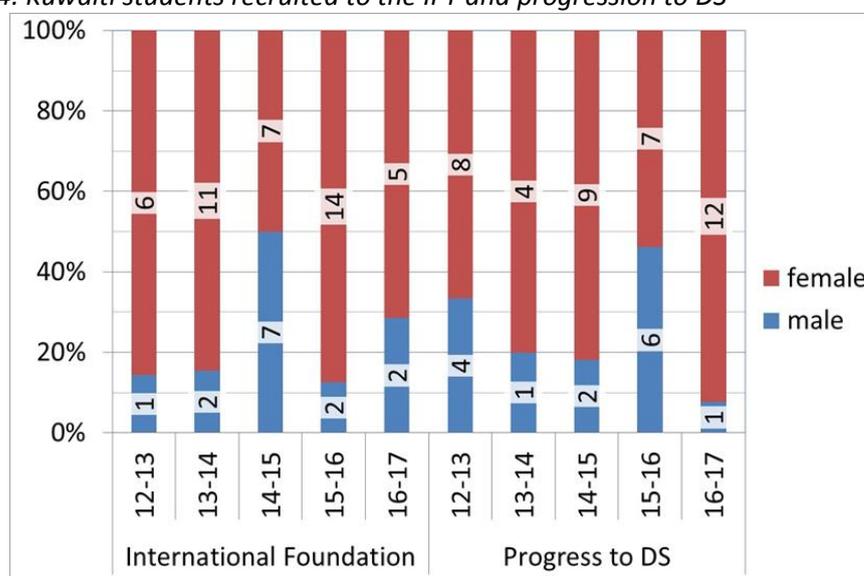
Recommended word count: Bronze: 2000 words | Silver: 2000 words

4.1. Student data

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

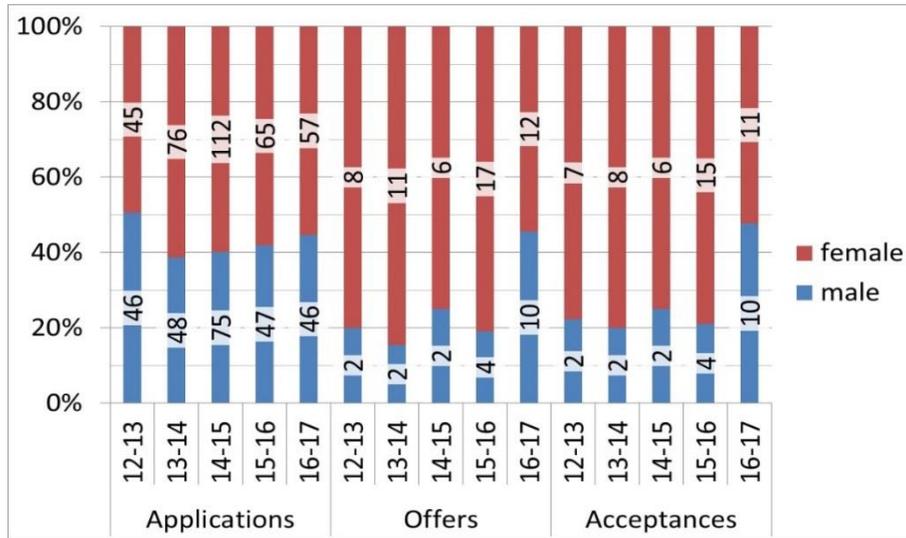
An agreement with the Kuwaiti government permits them to offer scholarships for the University's International Foundation Year (IFY) (mean 76% female entry over 4 years) (Figure 4). Following successful completion, students join the Dental Surgery (DS) programme (81-93% progression). We discussed the reasons behind the female predominance with the Kuwaiti Cultural Office (**Bronze Action 3a**) and were reassured that scholarships are awarded on merit and that the gender imbalance was most likely due to female personal preference for careers in Dentistry having a convenient work pattern for family life.

Figure 4: Kuwaiti students recruited to the IFY and progression to DS



We engage with Widening Participation (WP) and outreach, making offers to applicants through the 'Access to Leeds' (A2L) programme. The BMAT was introduced in 2014 as a selection tool and unexpectedly increased applications that year, but stabilised thereafter. We introduced 'MMI Familiarisation' in 2015 as a WP initiative to improve male performance at interview. Applications, offers and acceptances are now approaching gender equality, with 55% applications and offers and 52% acceptances from females in 2016-17 (Figure 5). Offer acceptance rates are higher from males (100%).

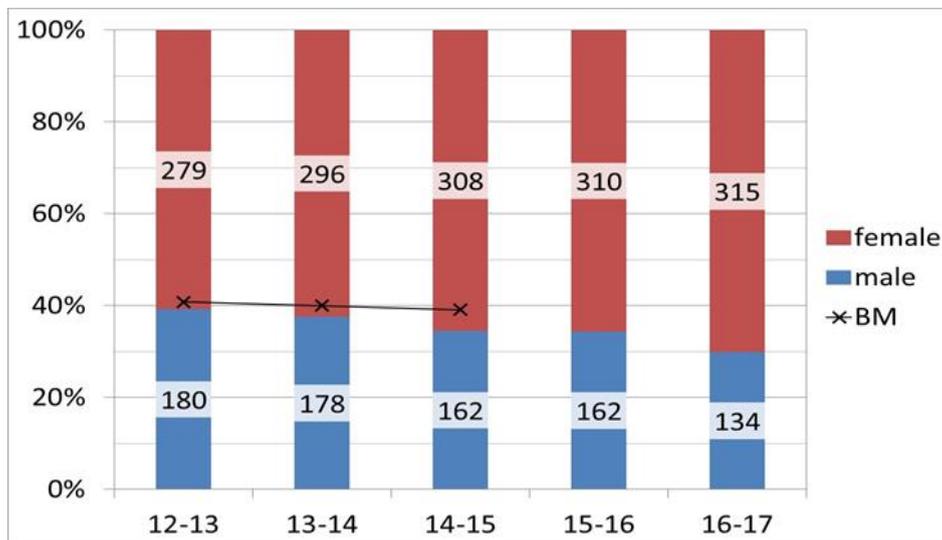
Figure 5: Dental Surgery recruitment via 'Access to Leeds'.



(ii) Numbers of undergraduate students by gender

Over the reporting period, female applications for DS rose from 59% to 66%, slightly above sector benchmark (BM) (Figure 6). Increasing numbers of female international applicants has contributed to higher levels of female students in DS.

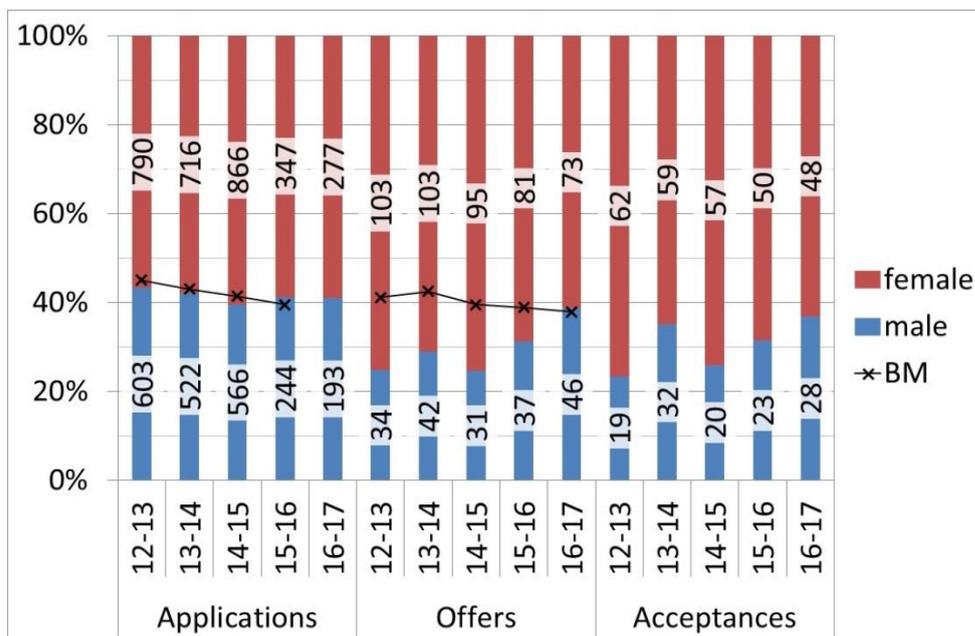
Figure 6: Total undergraduate student numbers on the DS programme.



Generally females have performed better at interview, creating uplift in offers compared to applications. A new interview process was introduced in 2013/14 with multiple components (MMIs) across a range of non-gender specific skills. Staff involved undertake Equality and Inclusion (E&I) training (**Bronze Action 6a**) and panels are gender-balanced (**Bronze Action 6b** and **Silver Action S2d**).

Other institutions have found the BMAT favoured males and we will continue to monitor (Silver Action S2c). Our selection methods resulted in the highest conversion rate (83%) from offers to acceptances in the University and by 2016-17. The gender ratio of offers and acceptances was broadly in line with applications (Figure 7).

Figure 7: DS applications, offers, and acceptance rates.



IMPACT: In 2017, 43% (3/7) of MMI panels were gender-balanced. Analysis of MMI station data showed no significant difference in candidate performance related to gender.

DHDT has a consistently high number (range 93-97%) of females, in line with BMs (Figure 8) (Bronze Action 3d). Applications come mainly from dental nurses, a predominantly female group. Offers and acceptance rates broadly mirror application rates (Table 2).

Figure 8: Total DHDT undergraduate student numbers.

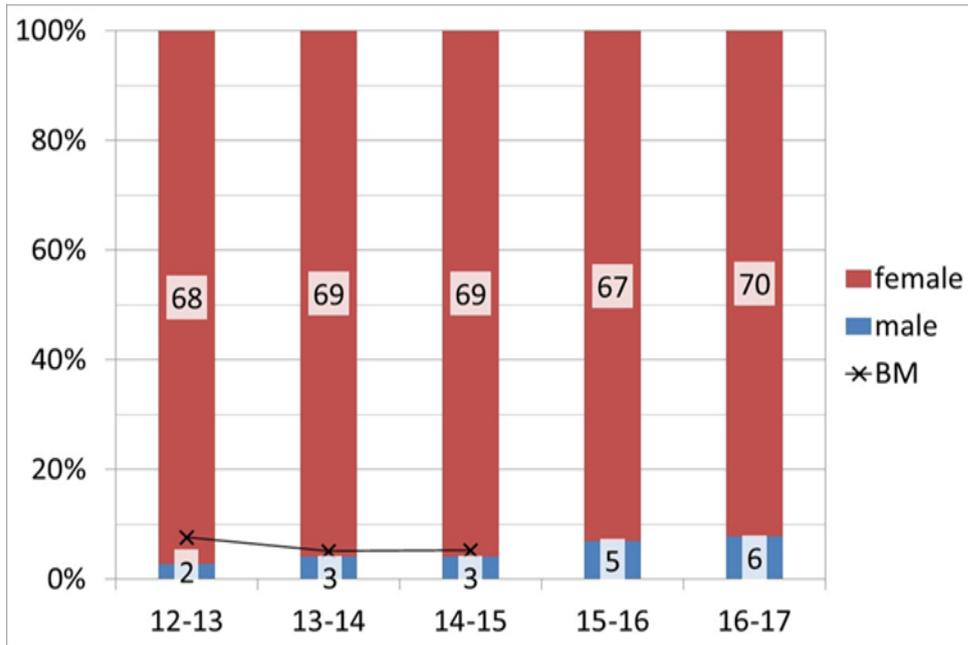


Table 2: DHDT applications, offers and acceptance rates. (DHDT is direct entry and this has hindered data collection. Data presented has been collected manually and for 2 years only).

	Academic Year	Female (n)	%F	Male (n)	%M	Total
Applications	16-17	152	88	20	12	172
	17-18	330	90	37	10	367
Interviews	16-17	86	85	15	15	101
	17-18	119	88	16	12	135
Offers	16-17	22	88	3	12	25
	17-18	38	93	3	7	41
Registrations	16-17	22	92	2	8	24
	17-18	N/A		N/A		N/A

We are promoting the course more to males in outreach (**Bronze Action 3b**), adjusting marketing to use more male images and tailoring the language used (Figure 9). The course becomes a BSc this autumn; entry requirements and student funding mechanisms have changed (**Silver Action S2a**), creating an uplift in applications for 2017/18 entry.

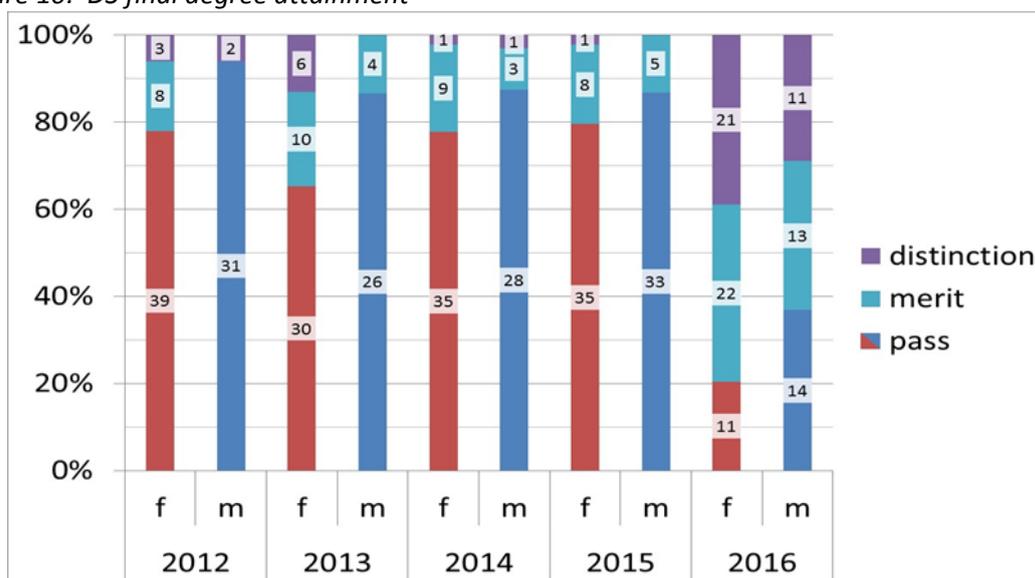
Figure 9: Example of male image used for marketing DHDT.



DS and DHDT are only offered as full-time (FT) options. DS students may intercalate between years 3 and 4 but uptake is low (1-2 students annually, no gender bias) (**Bronze Action 3c**). Final year student projects have explored the reasons behind this and we have appointed an Intercalation Lead. Proposed actions include waiving tuition fees for the intercalation year and earlier careers advice to students (**Silver action S2b**).

Historically in DS, more Distinctions/Merits were awarded to females. A student-led project investigated approaches to study (**Bronze Action 9**) 3rd, 4th and 5th year students (60% response; 47% female). Females were perceived as being more organised and working harder whereas males had other commitments/priorities. 'Denstudy' was launched in 2013 to provide confidential advice and guidance on academic skills to students. In 2016, Denstudy provided 217 student consultations (69% female and 31% male) in line with DS gender balance. Online resources have been improved, in-house pastoral care provided and an Associate Director of Student Support appointed. Further guidance on 'How to be a successful student' will be introduced soon (**Silver Action S2a**). The first cohort of the integrated masters and bachelor DS award graduated in 2016 and we changed to a University norm method of calculating Distinctions/Merits.

Figure 10: DS final degree attainment

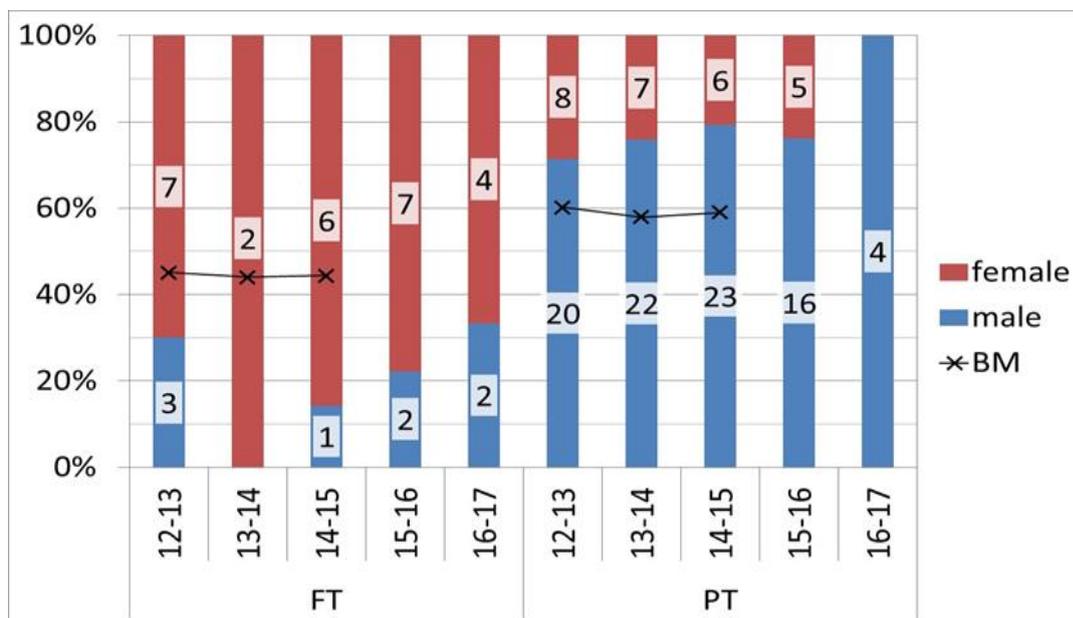


IMPACT: Better equality in Distinctions/Merits awarded was achieved, reducing from 80% female in 2012 to 54% female in 2016 (Figure 10).

(iii) Numbers of men and women on postgraduate taught (PGT) degrees

Female students are better represented in FT programmes (Figure 11) as the international female applicants to our PGT programmes prefer to study FT. There is under-representation of female students in part-time (PT) programmes above sector BMs.

Figure 11: Total students taking PGT degrees



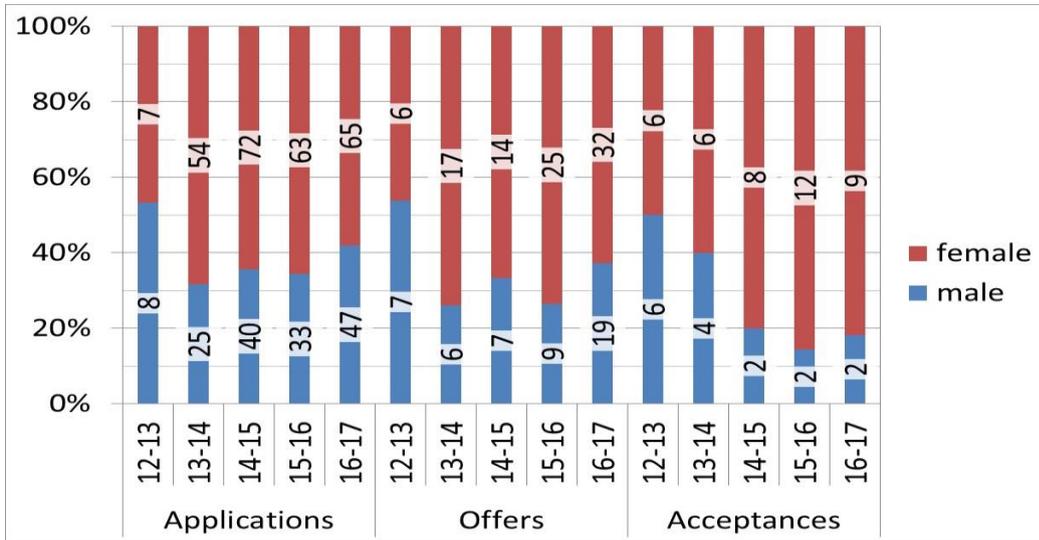
Most PG programmes were suspended in 2013/14 and the drop in PT intake in 16/17 related to top-up programmes completing. A streamlined portfolio including new courses has now commenced and implementing **Bronze Actions 4a and b** will roll over to Silver Action S3a.

A University Customer Relations Management (CRM) system was introduced in 2016. This facilitates the accurate collection of PGT data, from application to graduation (**Bronze Action 4c and d**) and Silver Action S3b). New PGT marketing was launched in 2017 (**Bronze Actions 7a, 7b and 7d**) including updated webpages, brochures, advertisements and digital marketing.

For international applicants, low conversion rates from offer to registration related to issues with visas and financial sponsorship (**Bronze Action 4a and 7c**). Programme leads now oversee the early identification and resolution of problems and more time to deal with issues has been generated by making offers in the year preceding entry.

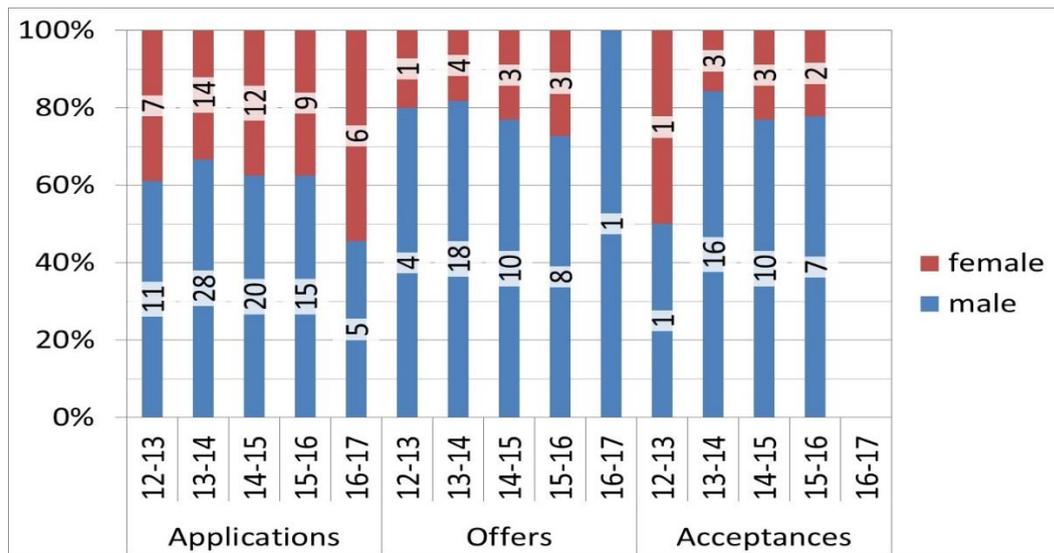
IMPACT: Conversion rates have risen from 12.7% in 2013/14 to 21.6% in 2016/17 (Figure 12).

Figure 12: Application, offer and acceptance rates for Full-Time PGT degrees.



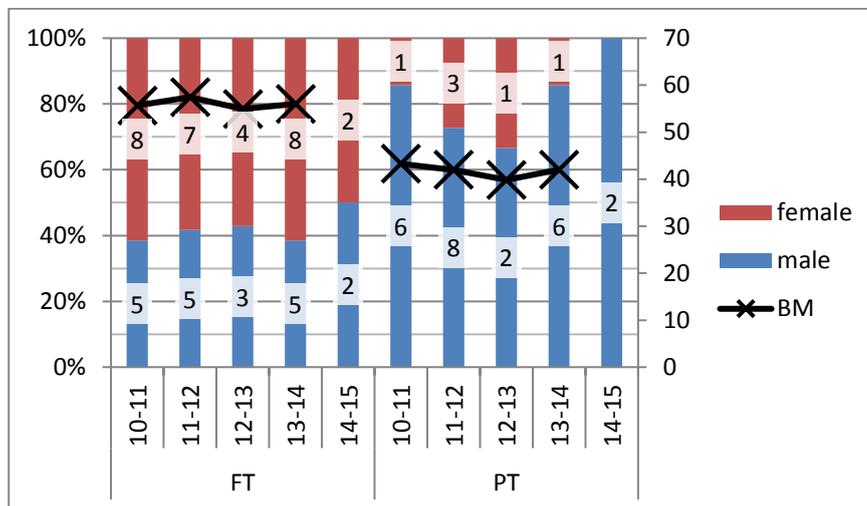
Conversion rates are higher for PT than FT study at around 40% for the reporting period. The ratio of male/female applications mirrors offers and subsequent acceptances providing evidence that the recruitment process is fair (Figure 13).

Figure 13: Application, offer and acceptance rates for Part-Time PGT degrees. (16-17 students are on extensions)



Completion rates are higher for FT study than PT study in line with BMs with no difference between genders (Figure 14). The fall in FT completion rates in 2014/15 relates to the suspension of PG programmes.

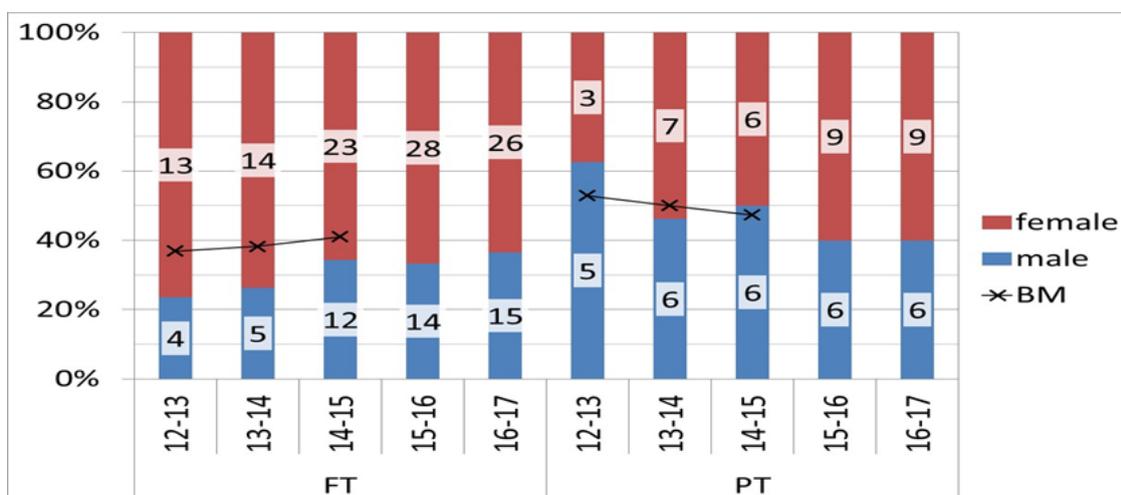
Figure 14: Completion rates for all PGT degrees.



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

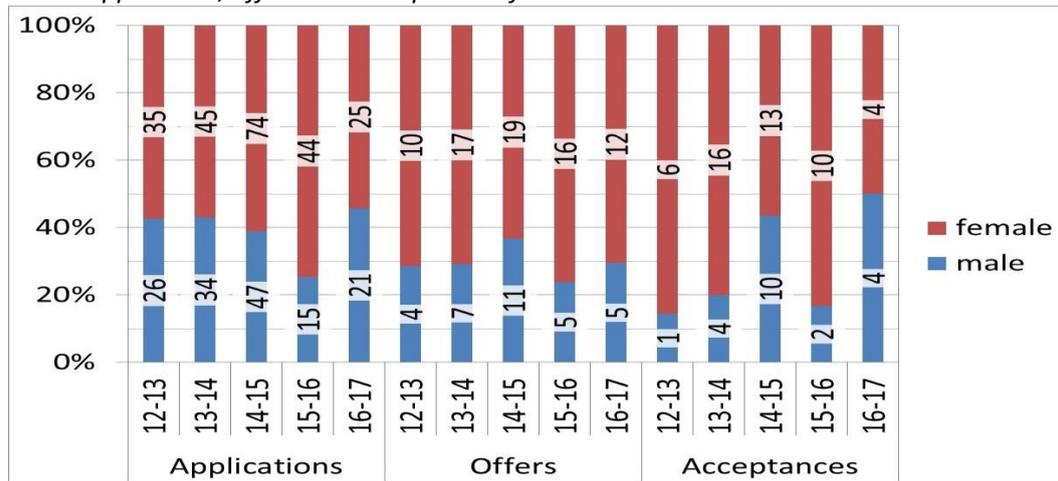
Postgraduate research (PGR) degrees are offered for clinical and non-clinical candidates (Figure 15). For FT, there is female bias, reducing from 76% (12/13) to 63% (16/17). This is higher than BMs (59%) as our Professional Doctorate is predominantly female international students. The female bias is mirrored for PT study (60% female in 2016). This is in line with female representation in Dentistry as a profession but other Dental Schools have found low female PT students due to lower female numbers in clinical academia. As female clinicians are encouraged into research, this national trend is likely to be reversed (Silver Action S4b).

Figure 15: - Total students taking PGR degrees.



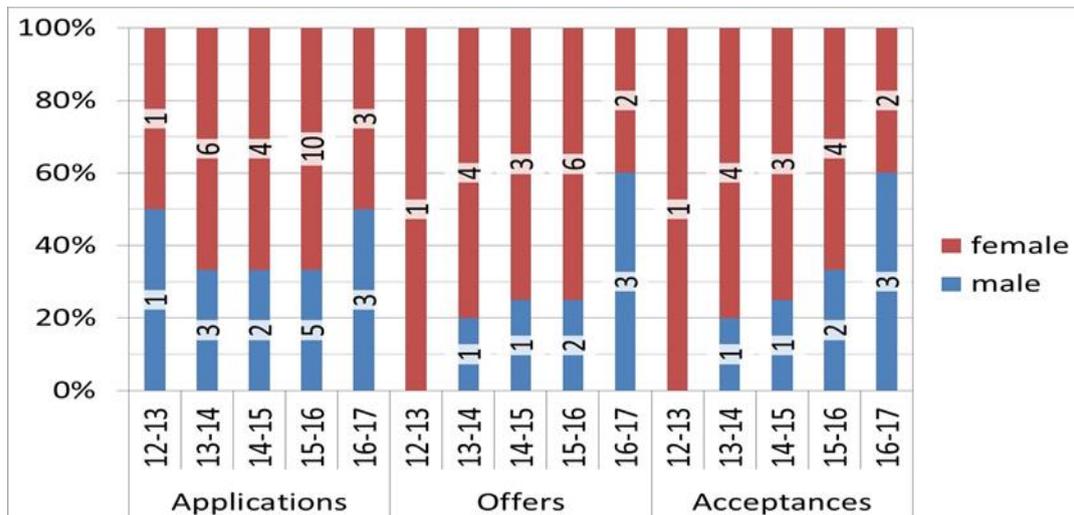
Marketing of PGR degrees and the applications process has been reviewed to ensure gender equality (**Bronze Actions 5 and 8**). PG student recruitment is subject to the same criteria as UG i.e. gender balanced panels trained in Equality and Inclusivity and the impact will inform future decision making (Silver Action S4a). Historically more applications for FT study were from females (international) leading to more female offers and acceptances. 2016/17 has seen a reversal of this trend with better gender equality in applications and acceptances (Figure16).

Figure 16: Application, offers and acceptances for FT PGR students.



Better gender equality in applications and acceptances was also seen for PT study in 2016/17 (Figure 17).

Figure 17: Applications, offers and acceptances for PT PGR students.



For both FT and PT PGR students, females consistently complete their PhD faster than males, taking 3.1-5 years compared to 3.6-5.4 years for males (FT). A similar trend is seen for PT study. Locally we provide support for PhD completion such as protected time for staff and we will explore further measures for non-staff PGRs (Silver Action S4d).

(v) Progression pipeline between undergraduate and postgraduate student levels

Most UG DS students complete the integrated Bachelor and Masters Degrees and continue into Foundation Year Training. DHDT students usually start work in general practice, or dental schools. Some PGT courses offered attract students with non-clinical degrees, which we do not deliver. Others are for the advanced dentist and not suitable for the newly qualified. Our new MClInDent provides a progression pipeline, enabling practitioners to build credits flexibly via online learning and short 'Masterclasses'. PGR opportunities are offered for clinical and non-clinical applicants from UG and PGT programmes.

4.2. Academic and research staff data

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

As of 1st November 2016, of 107 academic staff, 49 (46%) were female (48% clinical and 43% non-clinical) with gender equality at Professorial (7 male: 6 female) and Lecturer (48% male: 52% female) grades. 67% of Researcher grades were female but there was under-representation of females at Associate Professor (AP) level (23% female) (Figures 17 & 18), a trend more marked in non-clinical academics (14% female) than clinical academics (27% female). The reasons behind this were investigated by a focus group (**Bronze Action 10**) exploring low female uptake of promotion opportunities. Consequently awareness of promotion procedures in general were more widely developed (**Bronze Action 13**) and positive female role models in Dentistry were actively highlighted. Senior female staff gave talks on 'Maximising the academic and socioeconomic impact of your research', 'Challenges of primary care research', an NIHR Funding Workshop and a Mentorship Workshop. Marketing (pop up stands, plasma screens, website, posters) was used to reinforce the message (Figure 19). A programme of increasing awareness and uptake of mentorship was initiated in 2016.

Figure 18: Clinical academic staff (Full Person Equivalents)

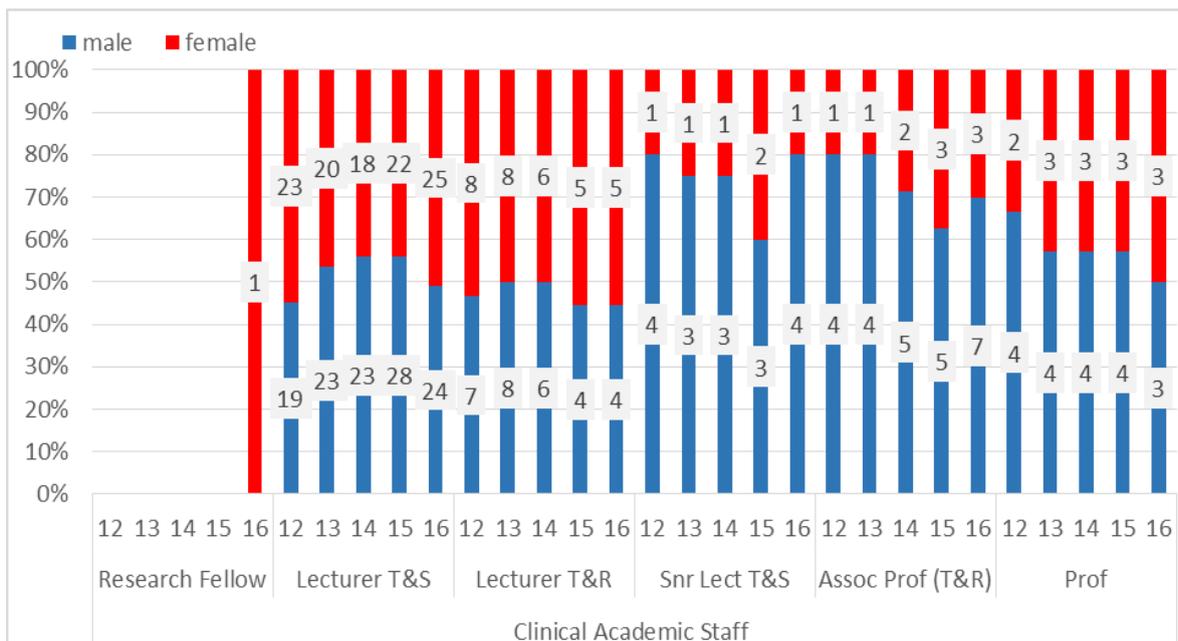


Figure 19: Non-clinical academic staff (Full Person Equivalents)

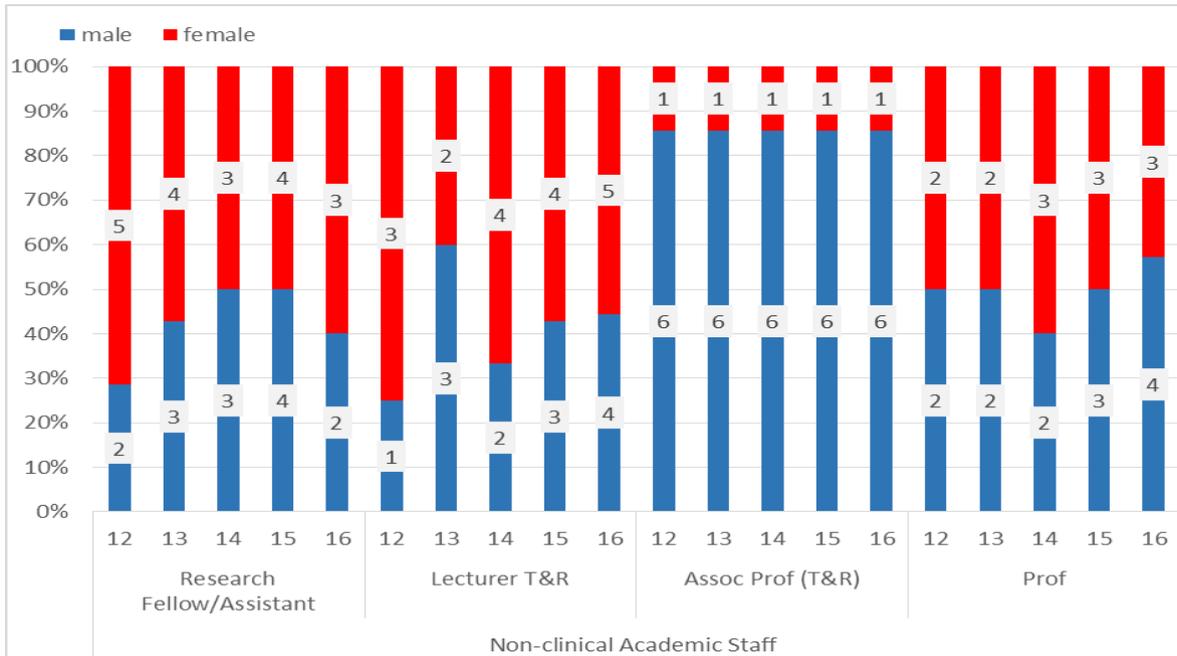


Figure 20: Examples of Athena SWAN marketing



IMPACT: We have seen increased numbers of female APs (clinical) rising from 20% in 2012 to 43% in 2016. We have also achieved gender equality at lecturer grades (both clinical and non-clinical) to feed the future pipeline to AP.

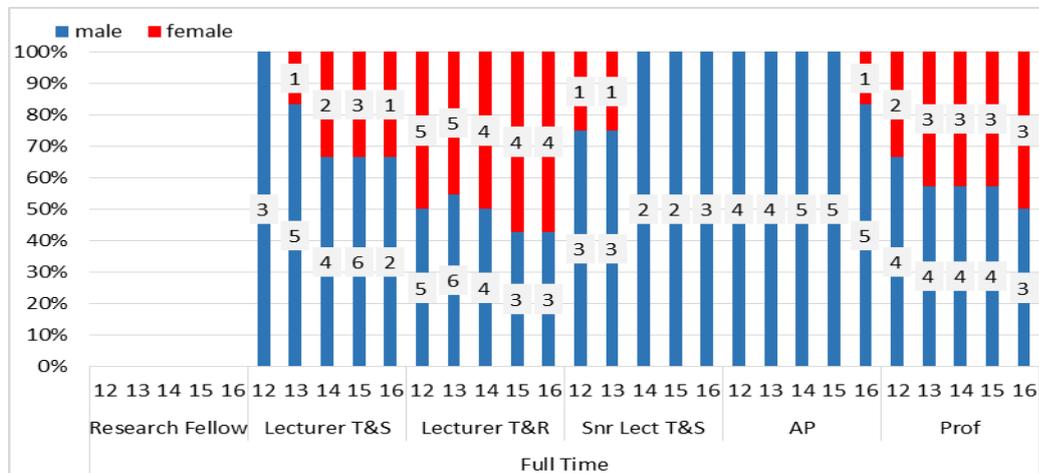
Slightly more female than male clinical academics work part-time (54%), taking advantage of flexible working (Figures 21). Fewer non-clinical academics work part-time than clinical reflecting common work practices of dentists to work in dental practice, alongside academic roles.

“I have been very well supported in my return to work following maternity leave with support from colleagues, line managers and through formal processes. I was able to do a staged return to help myself and son through a ‘settling in’ period whilst back at work and he started at nursery. Going forward I have returned with part-time hours as well as flexible working arrangements that make the balancing act between managing a young family and work much more achievable”

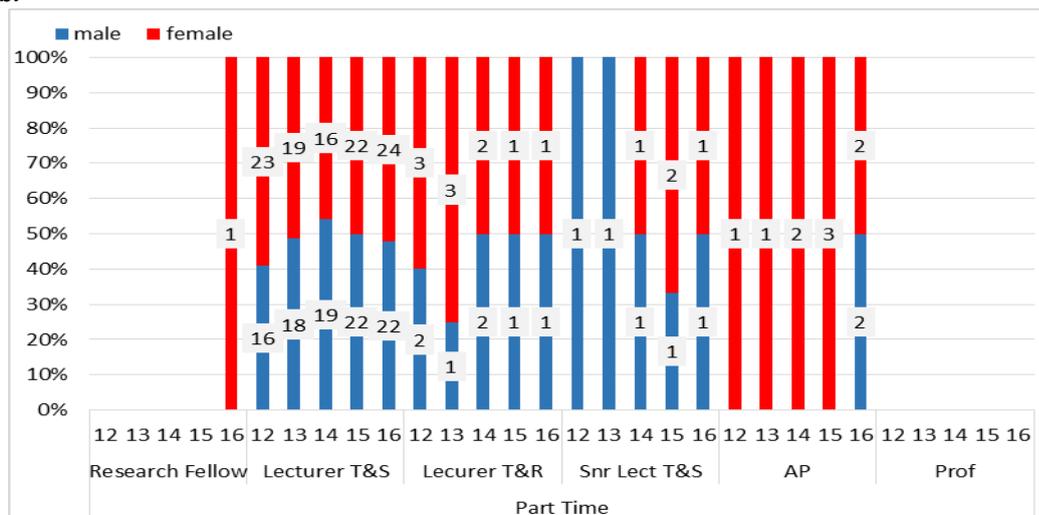
Dr Karen Vinall-Collier – Lecturer in Dental Public Health

Figure 21: Clinical academic staff working full-time (a) and part-time (b).

a.



b.



Part-time working for non-clinical academics is in line with gender balance of that group (Figure 22).

Figure 22: Non-clinical academic staff working full-time (FT) or part-time (PT).



SILVER APPLICATIONS ONLY

Where relevant, comment on the transition of technical staff to academic roles.

Technical staff may undertake a research degree (MPhil or PhD) whilst working. The School provides lead supervision and financial support by paying tuition and project costs. This occurs most often in the basic sciences and facilitates the transition from technical to both academic (via academic-related) and professional management roles in the School and wider university. Examples of current staff that have transitioned in this way include the DS Programme Lead, the General Manager and the Business Manager. Our International Tutor is about to embark upon a part-time PhD.

“I have been fully supported through my career at the dental school and developed into a management role.”

Claire Godfrey – Business Manager

(ii) Academic and research staff by grade on fixed-term, open-ended/permanent and zero-hour contracts by gender

We do not employ staff on zero-hour contracts. Gender balance of permanent contracts was broadly in line with the gender representation of clinical and non-clinical academic groups (47% and 41% female respectively) (Figures 23 & 25). Fixed-term contracts are restricted to secondments, absence cover and fixed-funded posts. After 3 years, individuals are moved to open-ended contracts. Very few academic researchers (2 clinical and 4 non-clinical) were on fixed-term contracts by 2016. A workforce analysis to re-assess clinical teaching requirements meant that for a time fixed-term contracts were offered to new clinical lecturers (T&S) (Figure 24). This concluded in early 2017 and all staff moved to permanent contracts.

Figure 23 – Clinical Academic staff on permanent (open-ended) contracts.

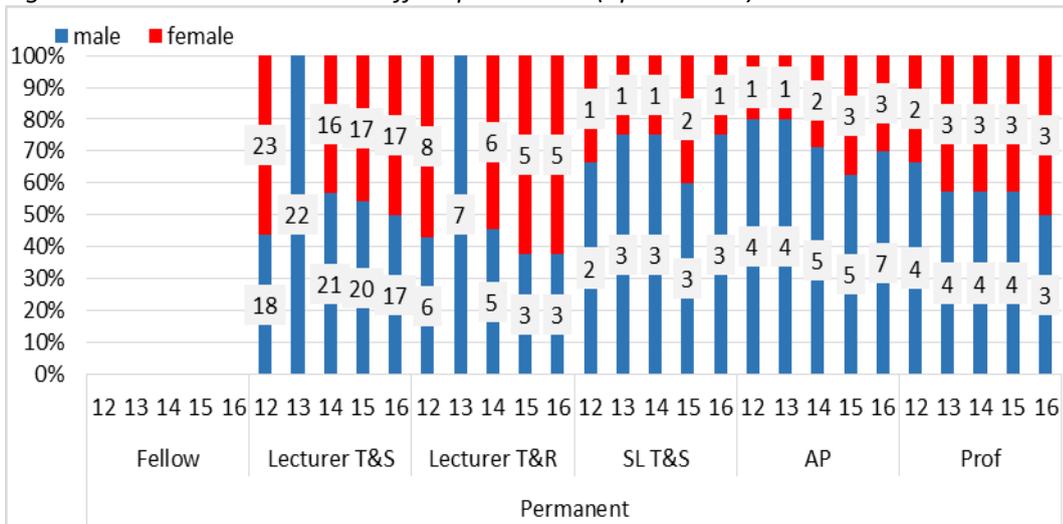


Figure 24 – Clinical Academic staff on fixed-term contracts.

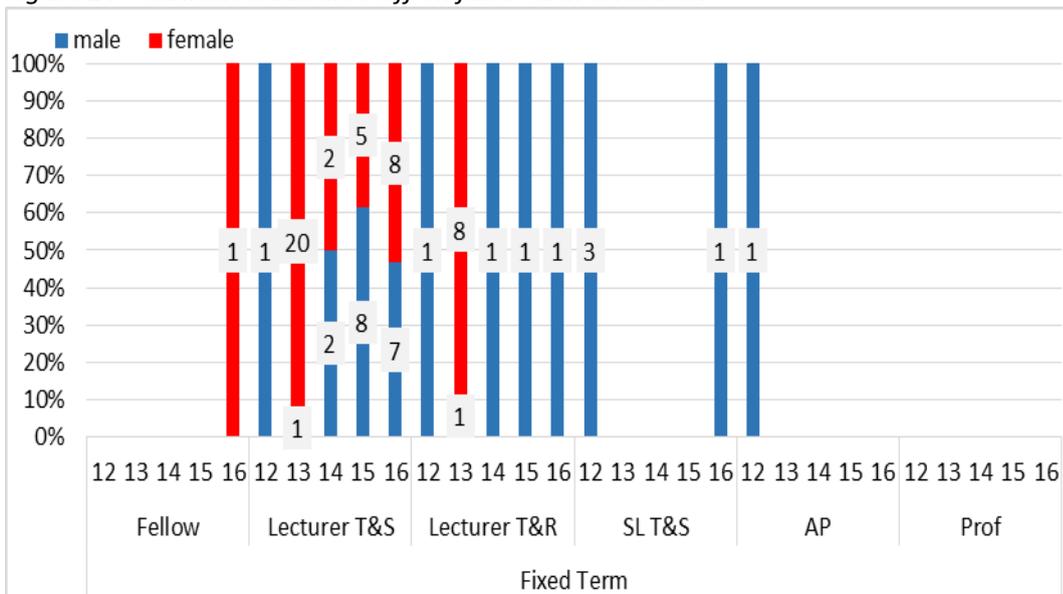
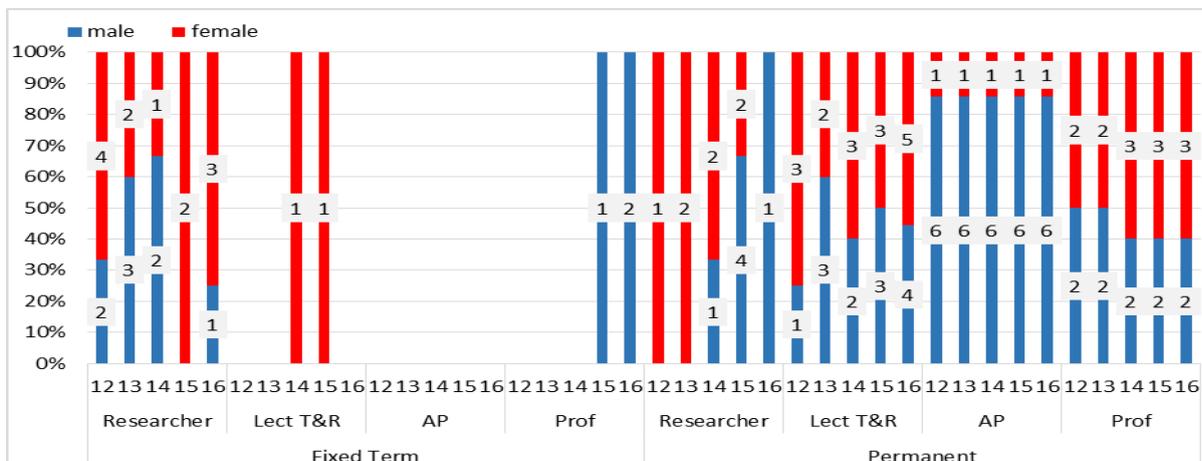


Figure 25 – Non-clinical academic staff on fixed-term & permanent (open-ended) contracts.



HR consultation and access to the University Redeployment Register is offered for at least 6 months prior to the end of fixed-term contracts. Line managers provide support, attend HR consultations and their input is invaluable. Locally we provide bridging funding to retain staff whilst waiting for future funding outcomes. The University extends fixed-term contracts for staff on maternity leave to the end of their SMP. However, as most Dentistry staff have permanent contracts, only one female has benefitted from this (**Bronze Action 21 and 21a**).

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

Turnover of academic staff is low. Most leavers were T&S clinical lecturers* (no gender bias) (Table 3). Focus groups found a perceived lack of promotional opportunities and feelings of insecurity produced by the workforce analysis (**Bronze Action 11b**). The move to permanent contracts is expected to improve this.

Table 3: Academic leavers

Year	Total Academic Leavers	PROF		AP/SL/Senior clinical teaching fellow [Clinical]		*Lecturer/Clinical teaching fellow [Clinical]		Researchers	
		Male	Female	Male	Female	Male	Female	Male	Female
2014	5	1	0	0	0	2 [2]	2 [2]	0	0
2015	9	0	0	2 [2]	1 [1]	2 [2]	2 [2]	0	2
2016	8	1	0	1 [1]	0	3 [3]	3 [3]	0	0
TOTAL	22	2	0	3	1	7	7	0	2

There was no marked difference in leaving rates between FT and PT staff, nor gender in these categories. Overall there was a slight bias towards males leaving (Table 4).

Table 4: Academic leavers by full/part-time status and contract.

Year	Full Time		Part Time		Permanent		Fixed-term	
	Male	Female	Male	Female	Male	Female	Male	Female
2014	40%	20%	20%	20%	60%	40%	0	0
2015	11%	22%	33%	34%	33%	22%	11%	33%
2016	38%	25%	25%	12%	25%	25%	38%	12%

Before 2016 only simple ‘categories’ were logged for staff leaving; from 2014-2016 most were categorised as ‘resignations’ (Table 5). In 2014, no staff left due to the expiry of fixed term contracts and only one in each of 2015 and 2016. There was no gender bias.

Table 5: Categorisation of academic leavers

Leavers category	2014		2015		2016	
	Male	Female	Male	Female	Male	Female
Resignation	3	1	3	2	3	3
Retirement				1		
End of contract				1	1	
Not recorded		1	1	1	1	

Exit interviews were introduced in 2016 (**Bronze Action 11a**). Leavers meet with HR (or senior manager) to explore the reasons for leaving and positive/negative aspects of working for us. Anonymous feedback is provided to the School. Uptake has been low; just 4 leavers (50%) chose to have an interview in 2016. Nationally there is a well-documented shortage of senior clinical academics in Dentistry (DSC Report June 2016 ‘A Survey of Staffing Levels of Clinical Academic Dentists in UK Dental Schools as at 31 July 2015’) stimulating significant competition amongst Dental Schools for staff, irrespective of gender. Additionally for clinical staff the external financial rewards are greater than in academia. However our turnover remains low indicating that actions (see 5.3) to retain clinical staff are being effective despite the prevailing external environment.

2093 words

5. SUPPORTING AND ADVANCING WOMEN'S CAREERS

Recommended word count: Bronze: 6000 words | Silver: 6500 words

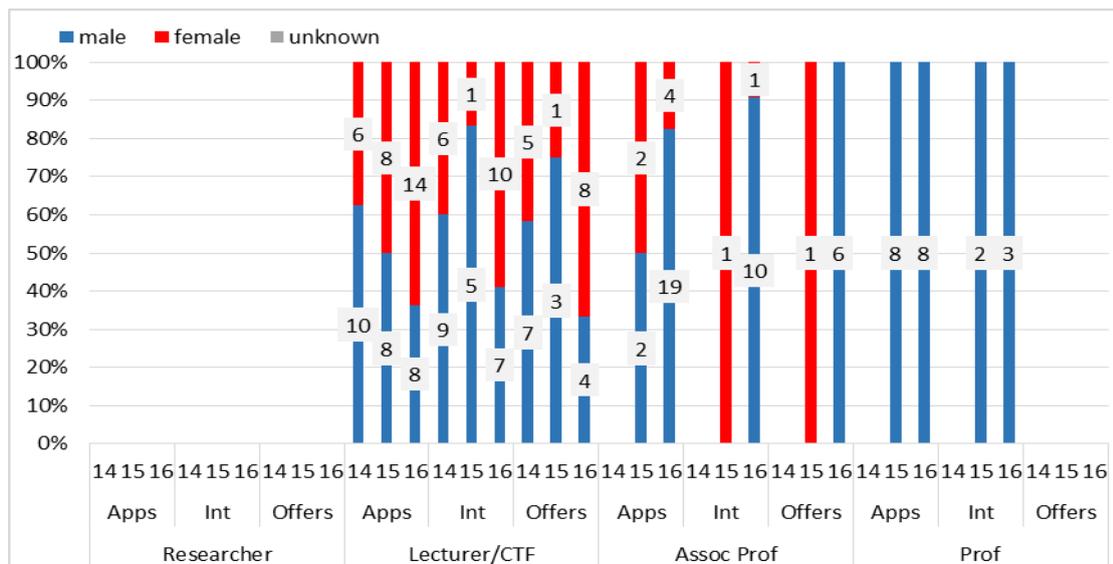
5.1. Key career transition points: academic staff

(i) Recruitment

For senior clinical academic positions (AP & Prof) most applications and subsequent appointments were to males (Figure 26). Limited non-clinical academic appointments occurred in the reporting period (n=5). However applications from females were attracted across all levels and appointments were broadly in line with applications. Females predominated at the researcher grades (Figure 27).

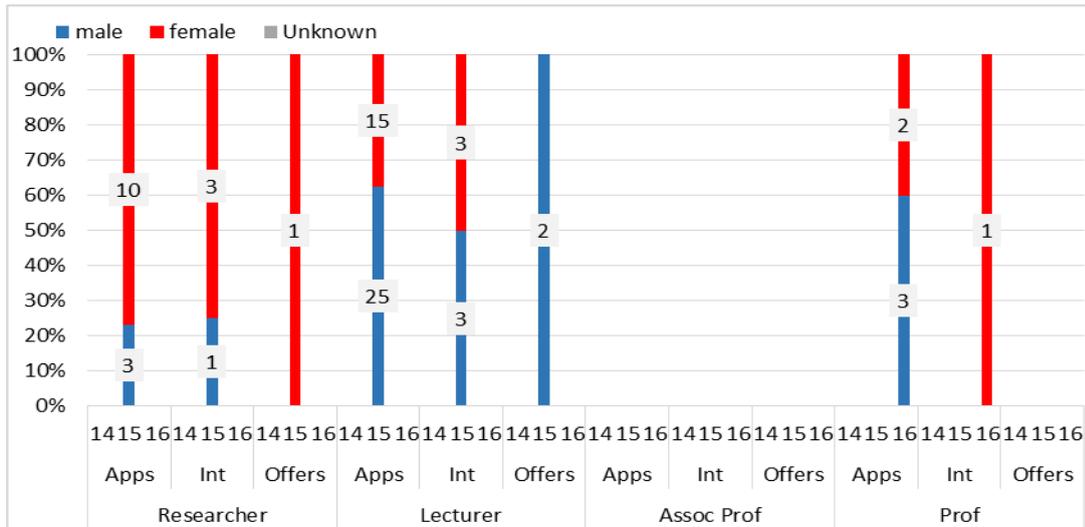
Figure 26 – Clinical academic recruitment showing application, interview and offer rates.

N.B. Data covers only 2014-2016 marking the start of new e-recruitment software producing more reliable data than previously.



The principles of equality and of promoting female progression have become embedded in the School. Of our 13 academic leadership positions, 6 are held by female staff. These include the Dean and Professors in Basic Sciences, Health Services Research, Dental Public Health and Restorative Dentistry. Three are Divisional leads and one is REF lead. They were appointed competitively, are visible in their engagement in research and education activities nationally and internationally (Section 5.6 iv) and provide role models for encouraging our female staff to achieve their full potential. Early career staff are supported through formal and informal mentoring and this has improved internal female appointments at lecturer level.

Figure 27 – Non-clinical academic recruitment including application, interview and offer rates.



“The School supported the write-up of my PhD thesis by both making sure time was available by reducing my commitment to clinics and by encouraging a structured timetable for completion”

IMPACT: In 2016 there was an increase in female applications and appointments at clinical lecturer level, some of which were to internal applicants we had supported to successfully complete PhDs by ensuring protected time (1 female and 1 male).

We are preparing the pipeline for senior appointments and increased female lecturers will ultimately address our AP deficiency. We have already reduced the perceived impact of personal barriers to applying for senior positions as evidenced by staff feedback (*World Café event (40 attendees) – responses to this question were 100% positive*). We are also placing emphasis on attracting external female applications (Silver Action S5b).

We believe these improvements to be a direct result of **Bronze Actions 12 a-c** ensuring all job advertisements are free from gender-bias. Advertisements are checked for impartiality and compliance with the University Equality and Inclusivity policy. They detail our commitment to equal opportunities, job sharing and flexible working and have been made more visually appealing ensuring equal gender representation in the images used. We have mandated that all shortlisting and interview panels have representation from both genders (**Bronze Action 14**). Interview panelists must undertake training in ‘Equality and Diversity Essentials’ (60% compliance) and senior staff must attend Unconscious Bias training (73.3% compliance) (Silver Action S5c).

IMPACT: For 2016, 95% of the 21 interview panels were gender-balanced. Resultant appointments were 12 males and 11 females.

Limited data exists showing the intersection of ethnicity with gender within the School. A Faculty census in 2016 generated data detailing the ethnicity and grades of staff (Table 6). The majority of School staff were 'White British' (55% of academics, 79% of non-academics) although a significant number preferred not to answer the question (18% academics). Clearly more work is needed in this area to ensure equality across different ethnicities (Silver Action 1f).

Table 6: Ethnicity and grade of School staff (1st August 2016).

Grade	Arab	Bangladeshi	Black African	Black Caribbean	Chinese	Indian	Mixed	Other Asian	Other Black	Other Mixed	Pakistani	Any other ethnic group	White	Other White	White British	White Irish	Not known	Preferred not to answer	No data
Academic Staff																			
Non-Clinical Profs														1	4	1			1
Clinical Prof						1									2	1	1		1
Clinical SL/AP						1		2							4				1
Non clinical SL/AP					2										3				2
Clinical Lecturer	4					2				2			1	1	27	1	2		8
Non-clinical Lecturer					1							3			6				
Non-clinical researcher														1	12				4
Non-Standard salary																			2
TOTAL 106	4	0	0	0	3	4	0	2	0	2	0	3	1	3	58	3	3	19	1
Non-academic staff																			
2																			
3															2				
4														1	11				
5															7				2
6														2	7		1		
7															10				1
8															3	1			1
9																			
Non-standard salary															2				2
TOTAL 53	0	0	0	0	0	0	0	0	0	0	0	0	0	3	42	1	1	6	0

(ii) Induction

Comprehensive induction and support is provided for all staff. The School reviewed examples of good practise and a new induction package was introduced in 2016 (**Bronze Action 18**). It covers health and safety, research support, mentorship, working/leave arrangements, clinical responsibilities and signposting to University support and facilities. HR guidelines cover equality and inclusion, flexible working and support for female career progression ('Springboard' and WaLN) (**Bronze Actions 18a – c**). A checklist ensures completion of the process, with follow up at the end of the first month. New staff are inducted by their line managers and effort is taken to ensure sufficient time. When groups of staff start at the same time, a full day is allocated per person, under the mentorship of a senior academic. The Dean welcomes all new staff personally.

IMPACT: Staff induction is consistent and feedback has been excellent.

"I started as a new staff member in September 2016, and I felt welcomed into the team. I have been assigned a mentor who is supportive of my training and development needs"

The School's Research and Innovation (R&I) team provides a bespoke induction covering grant applications, administration of awards and management of the REF process. The University's New Lecturers' Network is an informal forum for new academics and the School's Early Career Researcher (ECR) network links into similar networks in the Faculty and University. The University's Organisational Development and Professional Learning (OD&PL) department offers comprehensive training opportunities.

(iii) Promotion

Historically promotions application numbers have been very low for both genders and the reasons were explored (**Bronze Actions 1 and 13**). The Cultural Survey revealed 25% of respondents disagreed/strongly disagreed that: "*I understand the promotion process and criteria in my School*", (27% females: 15% males). A focus group (**Bronze Action 16c**) uncovered a perception of 'mystery' over the process and reluctance of females to put themselves forward for promotion. Academic Dentistry is highly competitive and prompt promotion is of fundamental importance for staff retention. Senior managers now identify staff eligible for promotion at an early stage (**Bronze Actions 16, 17a and 13a**). Discussion of promotion-readiness at SRDS is mandatory for staff within 2 points of the top of their pay scale. In 2014, SRDS achieved only 77% completion so new administrative systems were implemented to improve its consistency, timing and uptake.

IMPACT: In 2015 and 2016 we achieved 100% SRDS completion.

Senior managers provide practical help with promotion applications, six local promotions advisors have been recruited and trained and two of our Professors are Aurora Role Models (**Bronze Action 16b**).

“Having only recently returned from maternity leave I was putting off a promotion application but was actively encouraged to by my line manager. I was supported and guided through the process and managed to prioritise the application alongside my other commitments. I was successful in my promotion and I have now signed up to be a promotions advisor for others within the School”

Karen Vinall-Collier – Lecturer in Dental Public Health

University promotions processes and criteria were revised in 2016. Local benchmarks of criteria were renewed to acknowledge pastoral care, mentoring, outreach and public engagement activities (**Bronze Action 16a**). Academic trajectory prior to a gap in output (e.g. maternity leave) is now considered. The School provides regular promotions awareness workshops (**Bronze Action 13b and c**), the most recent attended by 16 staff (69% female and 31% male). Promotions decisions are made by Faculty panels, gender balance is mandatory and a senior manager represents the applicant. Pay is not negotiable. Written feedback is provided to unsuccessful candidates and they are supported to gain skills and experience for future applications.

“Senior staff encouraged me to go for promotion and supported my application, providing useful feedback on completing the form and also representing me on the panel”

Andrew Keeling – Clinical Associate Professor

Table 7 – Promotions applications from clinical & non-clinical academic staff

* Mean non-clinical application rate 2014-2016 was 2.1% for males and 2.8% for females.

Mean clinical application rate 2014-2016 was 0.8% for males and 2.6% for females.

NON-CLINICAL ACADEMICS	Male [Grade, FT/PT]	Female [Grade, FT/PT]	CLINICAL ACADEMICS	Male [Grade, FT/PT]	Female [Grade, FT/PT]
2011			2011		
Applications	1 [8, FT]	1 [8, FT]	Applications	0	0
% Successful	0%	100%	% Successful	0%	0%
2012			2012		
Applications	1 [8, FT]	1 [7, FT]	Applications	0	0
% Successful	100%	100%	% Successful	0%	0%
2013			2013		
Applications	0	0	Applications	0	0
% Successful	0%	0%	% Successful	0%	0%
2014*			2014#		
Applications	0	0	Applications	0	2 [2xL, 1x FT, 1x PT]
% Successful	0%	0%	% Successful	0%	50% [PT]
2015*			2015#		
Applications	0	1 [7, FT]	Applications	0	1 [L, FT]
% Successful	0%	0%	% Successful	0%	100%
2016*			2016#		
Applications	1 [7, PT]	0	Applications	1 [L, FT]	0
% Successful	100%	0%	% Successful	100%	0%

IMPACT: It is encouraging that we have had 4 promotions applications from clinical academics in the last 3 years compared to none in the previous 3 years (Table 7) representing an improvement from 0% (2011-13) to 17% (2014 -2016). We received more applications from clinical academic females (3) than males (1).

For non-clinical academics, there was no gender bias in applications.

Success rates were almost 100%.

The University started a new ‘Rewards and Recognition’ scheme in 2016. Individuals are nominated by senior managers for salary increments, one-off payments or gift vouchers. Self-nomination was also possible in the previous scheme but we observed that fewer female academics than males applied. Focus Groups indicated females were not confident about self-nominating (**Bronze Action 16c**). The new scheme removes self-nomination and locally we prompted senior managers to consider the contributions of their team and nominate appropriately.

Table 8 - Reward and Recognition success rates.

	2011	2012	2013	2014	2015	2016
Applications n	15	7	21	24	36	16
Clinical Academic staff applications - Total [M/F]	1 [1/0]	1 [1/0]	5 [3/2]	1 [1/0]	4 [4/0]	6 [3/2]
Successful Female	N/A	N/A	100%	N/A	N/A	33.33%
Successful Male	0%	100%	100%	0%	100%	100%
Non-clinical Academic staff applications- Total [M/F]	2 [2/0]	4 [3/1]	4 [4/0]	3 [2/1]	6 [3/3]	2 [0/2]
Successful Female	N/A	25%	N/A	100%	100%	100%
Successful Male	100%	75%	75%	50%	100%	N/A
Professional and Support staff applications- Total [M/F]	13 [2/11]	2 [1/1]	12 [1/11]	20 [4/16]	26 [6/20]	8 [8/0]
Successful Female	55%	100%	91%	81%	100%	88%
Successful Male	50%	100%	100%	75%	100%	N/A

IMPACT: More nominations for female academics were received in the new scheme (2016); (50% of clinical academic and 100% of non-clinical academic applications) (Table 8).

Across all staff more 'Rewards and Recognition' applications were received from females and full-time workers. Awards were in line with applications and not influenced by gender nor FT/PT status (Table 9).

Table 9 – Reward and Recognition applications (all staff).

	2011	2012	2013	2014	2015	2016
Total Applications	15	7	21	24	36	16
Total Successful	8	7	19	18	36	13
Female Applications	11 (73%)	2 (29%)	14 (67%)	17 (71%)	23 (64%)	13 (81%)
Female Successful	6 (75%)	2 (29%)	13 (68%)	14 (77%)	23 (64%)	10 (77%)
Male Applications	4 (27%)	5 (71%)	7 (33%)	7 (29%)	13 (36%)	3 (19%)
Male Successful	2 (25%)	5 (71%)	6 (32%)	4 (23%)	13 (36%)	3 (23%)
Full Time Applications	13 (87%)	6 (86%)	16 (76%)	20 (83%)	28 (78%)	11 (69%)
Full Time Successful	7 (88%)	6 (86%)	14 (74%)	15 (83%)	28 (78%)	9 (69%)
Part Time Applications	2 (13%)	1 (14%)	5 (24%)	4 (17%)	8 (22%)	5 (31%)
Part Time Successful	1 (13%)	1 (14%)	5 (26%)	3 (17%)	8 (22%)	4 (31%)

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

In RAE2008, 24.2 fte of eligible staff were submitted (62.1% of eligible males and 38.1% of eligible females). In contrast in REF2014 the School submitted 20.2 fte of eligible staff (46.2% of eligible males and 42.1% of eligible females). Whilst a lower percentage of eligible staff were returned in 2014 due to University strategy to increase quality and impact, the relative proportion of School females returned increased whilst the proportion of males decreased. This demonstrated the impact of our sustained effort to support female academics in their research endeavours and ensure equality in this area (see Section 5.3). The criteria for eligibility will change for REF2021 and **all** research-active staff will be submitted. We will monitor to ensure gender equality (Silver Action S7e).

SILVER APPLICATIONS ONLY

5.2 Key career transition points: professional and support staff

(i) Induction

Professional and support staff receive the School's new Induction Package. This covers health and safety, security, university benefits and working/leave arrangements, signposting to School policies (e.g. flexible working)), university support and welfare, IT access, and training and development. The Induction also offers appointment of a mentor. A checklist must be returned within the first month to ensure successful completion.

A detailed job-specific training plan is provided as part of probation. Completion is under the guidance of the line manager and includes information about courses to be attended. OD&PL provide broad ranging courses for practical skills, process and policy, leadership and management techniques and professional development. Courses are free, uptake is widely encouraged and they are viewed as one of the perks of the job. Following completion of probation, staff enter the SRDS process.

A consistent approach is adopted to welcome new starters. The HR business support officer (BSO) is the main contact when people apply for jobs and come to interviews. The BSO liaises with successful candidates before they start work and makes arrangements for their first day. They are a familiar face to greet them on their first day. The Dean meets with every new starter personally.

"I found my induction to working at the University of Leeds structured well; I was provided with all the relevant information I required to feel at ease and have a successful introduction to the University and the expectations of my role within the School."

(ii) Promotion

A common approach to promotion is provided for all staff. The revised promotions processes/criteria from 2016 are also used for professional and support staff (see 5.1 ii). The criteria have undergone rigorous analysis to neutralise gender bias and expand recognition for a wider range of responsibilities traditionally covered by both genders. Consultation with professional and support staff (Focus group and World café event) indicated a perception that the process was 'unclear' and 'difficult'. To address this we've held School promotions awareness workshops since 2015 (see 5.1iii) and information is available on our webpages and disseminated via Dencomms. Promotion-readiness is discussed at SRDS (mandatory for all staff near the top of the scale).

"The SRDS process identifies strengths and weaknesses. Sets up objectives, helps identify further support to fill skills gaps for promotion"

School promotion advisers have been appointed, and together with line managers assist staff with their applications. The process for applications, decisions and support for unsuccessful candidates is the same as for academics (see 5.1iii). Staff are also eligible for 'Rewards and

Recognition' awards (Tables 8 & 9). Application and success rates are high and not influenced by gender or FT/PT status as shown below.

“During my recent application for promotion I was very well supported throughout the process by senior administrative and academic colleagues in the School who provided key guidance in ensuring I met all the criteria for a successful application” **Ruth Kayman – Research and Innovation Manager**

Table 10 – Professional and support staff applications for promotion 2011 – 2016.

	Male [Grade, FT/PT]	Female [Grade, FT/PT]
2011		
Applications	0	0
% Successful	0%	0%
2012		
Applications	0	1 [4, PT]
% Successful	0%	100%
2013		
Applications	0	1 [7, FT]
% Successful	0%	100%
2014		
Applications	0	0
% Successful	0%	0%
2015		
Applications	0	0
% Successful	0%	0%
2016*		
Applications	1 [6, FT]	2 [6,7, both FT]
% Successful	100%	100%
Overall		
Applications	1	4
% Successful	100%	100%

**For 2016, promotions applications were received from 7.7% of all male staff and 4.3% of all female staff*

IMPACT: We have received more promotion applications in 2016 (3) than in the five preceding years (2) indicating our actions to improve promotion awareness and uptake are having an effect (Table 10).

Applications are in line with gender representation of the group.

We have achieved 100% success rate irrespective of gender or FT/PT status.

5.3 Career development: academic staff

(i) Training

The School provides an annual budget of £90,000 to fund staff attendance at external courses and national/international conferences. This builds skills portfolios and collaborative networks and raises individual's international profiles. Approvals are made on a case by case basis. In 2016 there were more than 200 successful applications (42% male and 58% female).

OD&PL provide training opportunities to support staff development. Staff are encouraged to attend for CPD and in preparation for career progression. Widely promoting the courses by email, Dencomms, webpages, SRDS and mentorship has increased awareness, particularly in male staff. Uptake is now in line with academic staff gender balance (45.6% female and 54.4% male) (Table 11).

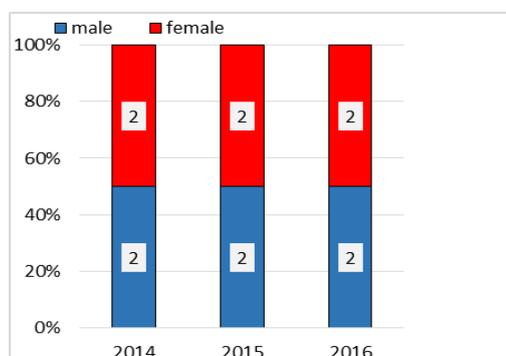
Table 11 – OD&PL courses attended by academic staff

	Total Staff	Male		Female	
		Numbers	% of total	Numbers	% of total
2014	40	14	35.0	26	65.0
2015	39	19	48.7	20	51.3
2016	41	22	53.7	19	46.3

IMPACT: Training has contributed to equipping staff for career progression as evidenced by promotion success rates of almost 100%.

Staff can undertake a part-time PhD whilst employed with us. This is vital for new clinical academic's sustained career development. PhDs equip our clinical academics to fit criteria for national academic clinical lecturer pathways and we have also appointed a School Director of Clinical Academic Training to support clinical academics progressing from research degrees to clinical academic lectureships and onwards. To facilitate study, usual work expectations are reduced by 40%. Numbers are small but gender-balanced (Figure 28).

Figure 28 – Uptake of PhDs by all staff (clinical and non-clinical)



IMPACT: Supporting staff to undertake PhDs has generated a pipeline to fill lecturer positions. It also attracts external applicants wishing to study for a PhD. We are close to achieving gender equality (43% female) at lecturer level providing a further pipeline for future equality at AP level.

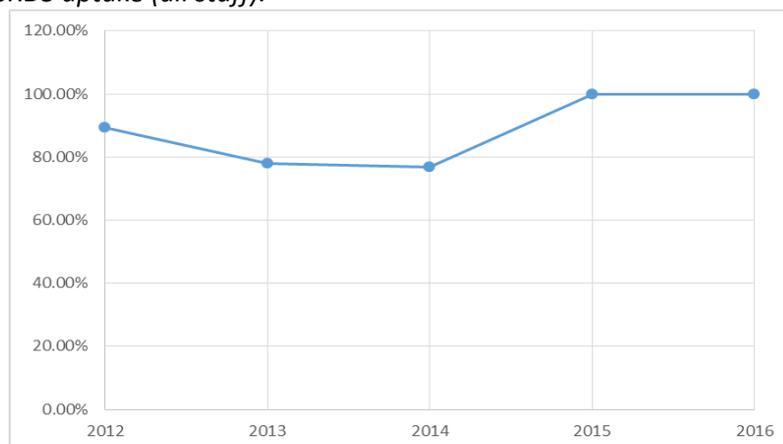
Academic staff are expected to apply for external income to support their research activities and generate quality outputs for REF submission. The School's R&I team supports this with bespoke assistance. In-house peer review of applications is provided and ECRs are supported by senior staff. Our REF reading panel grades all outputs and we are assembling a reading panel to pre-read outputs before submission and give advice on journal selection.

IMPACT: Research quality and impact has been enhanced. More impact case studies are being developed for REF2021 than for REF2014 (17 vs 6). The number of research papers of 3*/4* quality is 42% higher (17 vs 12) than at this point for REF2014.

(ii) Appraisal/development review

SRDS is the university's appraisal scheme for all staff except clinical consultants. Meetings occur annually, following completion of probation. Line managers are the reviewers and must undertake SRDS and Equality & Inclusivity training (60% compliance) (**Bronze Action 17b**). Senior managers also complete Unconscious Bias training (73% compliance). Individual's progress against their objectives, training and promotion (discussion mandatory at the top of scale) and leadership responsibilities is discussed. Job descriptions and personal ambitions provide the context and a checklist ensures all salient points are covered. Paperwork documents the discussion, which whilst confidential, is reviewed by the Dean, allowing her to proactively address problems and support career development.

Figure 29 – SRDS uptake (all staff).



IMPACT: In 2015 and 2016 we achieved 100% completion of SRDS (Figure 29).

Work-life balance and flexible working are also discussed at SRDS but are not currently on the checklist (Silver Action S7d). Staff feedback (Focus groups/World Café events) indicated variability in the SRDS experience and our next focus will be on improving quality. Local refresher sessions, peer support and encouraging reviewers to discuss their approaches will facilitate sharing of best practice and ensure consistency of reviews (Silver action S7b).

"The SRDS process can be very positive and an opportunity to be motivated"

"The SRDS process provides support for areas that may be outside of your role"

IMPACT: 100% SRDS completion, widespread visibility of female role models and improved promotion awareness and support has increased promotions applications and success rates are close to 100%.

Clinical consultants have annual joint clinical appraisals with senior managers from both the university and NHS. Workload, career aspirations and development, administrative and managerial responsibilities are discussed. Annual academic meetings (AAMs) were introduced for all academic staff in 2017. Staff meet with the Dean and Directors to discuss their academic profiles and ambitions. Personalised objectives are set and support mechanisms implemented, where needed.

(iii) Support given to academic staff for career progression

Our Cultural Survey showed a lack of clarity around development opportunities, where to access support and a lack of confidence about applying for opportunities. Barriers to female career progression were explored in Focus Groups and resulting proposals included: improved effectiveness of SRDS and mentorship; marketing of successful female role models; widespread accessibility of promotions information and active selection of individuals for promotion (**Bronze Actions 16, 17 and 18**).

The University's 'Tomorrow's Leaders' programme provided leadership training to senior leaders. Places were very limited yet despite this Dentistry staff were well represented (five male and seven females since 2003). The programme was successful and feedback was overwhelmingly good.

IMPACT: Attendees of 'Tomorrow's Leaders' went on to successfully undertake senior leadership positions in the School e.g. Professorial (4), Divisional leads (3), Associate Directors of Education (2) and REF lead (1).

New leadership training using online and traditional resources will enable more staff to participate. OP&PL also offers 'Springboard', the award-winning, personal development course for females. So far, fourteen of our staff have benefitted from it. Participants report that the all-female environment is supportive and that it was *"the most useful of courses provided"* (**Bronze Action 15a**).

Locally, academic staff are allocated a mentor during their induction/probation period. Post-probation, mentorship continues either formally or informally (**Bronze Action 15b**) but a more consistent approach is required. A School Mentorship Workshop was held in December 2016 (20 staff attended; 65% female and 35% male) and a School Mentorship Champion will be appointed shortly to be the central coordinator of mentorship (Silver Actions S6).

Support of ECRs is a strategic priority as it nurtures the next generation of academic leaders. Postdoctoral researcher level represents a key pinch point for gender equality in the academic pipeline and we recognise the importance of supporting our female PhD graduates. We do this by encouraging staff to take responsibility in School roles. Early and mid-career staff (often female) can be reticent and so we proactively support all staff to apply as part of their career development. We also facilitate and fund activities including monthly seminars, conference/external course attendance, peer review of research output/grant applications (see 5.3i) and departmental journal clubs. We provide local support for fellowship applications via line managers, mentorship and the R&I team.

IMPACT: In 2016, new appointments to four Associate Directors of Student Education roles included 3 females and 1 male. We supported two Fellowship applications (both female) with 100% success.

The School funds PhD scholarships aligned with strategic research objectives. Priority is given to ensuring these scholarships support the career progression of researchers in the internal academic pipeline.

IMPACT: PhD scholarships support academic careers by providing a 'free' pair of hands to work alongside ECRs and thereby double research activity. In 2016, a new University Academic Fellow benefitted from this policy. Two further scholarships commence in 2017.

Table 12: Summary of other support for academic career progression.

Early Careers Academics (*School specific support)
Local mentorship and University schemes* School R&I team support for Fellowship applications* School PG and ECR society* School fund for conference/course attendance* School funded PhD scholarships (for staff to undertake a PhD themselves or apply for a PGR student)* WaLN – Local School version and University network for women. Springboard Post-Doctoral Academy
Established Academics (*School specific support)
Local mentorship and University schemes* School fund for international and national conference/course attendance* School funded PhD scholarships* School support for R&I activities e.g. grant applications/management of awards* Support and encouragement for external engagement in national and international committees and organisations* OD&PL – Offers a number of leadership development programmes linked to the University’s Leadership Standard. New courses coming online in Summer 17. WaLN – Local School version and University network for women*. Aurora – National women only leadership development programme for HE. The university has a fixed number of places and the School has 2 Aurora Role Models* University Lecturer’s Network
Senior Female Leaders (*School specific support)
WaLN – Local School version and University network for women* School support for participation in internal and external leadership programmes* School fund for international and national conference/course attendance* Support and encouragement for external engagement in national and international committees and organisations* Senior Academic Development Network – informal network for peer mentorship of senior leaders across Faculty and LTHT. Women at Leeds First Wednesday Club – network for all women at Leeds University, meets first Wednesday each month. Women in Leadership Forum – for women in senior executive roles in the University. White Rose Women in Leadership Initiatives – collaborative programme across Leeds, Sheffield and York universities. Leeds Female Leaders Network – for workers in healthcare and academic sectors in Leeds.

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

All UG students are involved with ‘Leeds for Life’, an on-line system for supporting students personal and academic development, communication with personal tutors and co-curricular activities. Our involvement with ‘Leeds for Life’ is the highest for any School in the University (97%), demonstrating its value to our students. There is a thriving School Student/Staff Forum where students and staff work together to improve the student experience. Communication is through a School weekly student email which has items of news and interest to students.

Our Personal Tutor policy was updated in 2016. UG students can request a change of personal tutor (**Bronze Action 19a**) (of a different gender), if preferred. Personal tutors are also provided for PGT students and career development is facilitated by tutors, peer groups and informal alumni networks. PGR students have a minimum of two supervisors and the option of a mentor. School Pastoral Care and Dental Education Advisors, International Tutor and Denstudy provide individual academic and pastoral support for all UG and PG students. PG students have an allocated fund to support attendance at conferences/courses.

IMPACT: The introduction of Denstudy has contributed to improved academic achievement of male UG students to near gender equality with female students. In 2016, £83,000 was accessed by 55 PG students (53% male, 47% female) for conference/course attendance.

UG students are supported with career advice from established academics. We host an annual UG INSPIRE conference to encourage careers in oral health research. School researchers host stations on oral medicine, oral surgery, paediatric and dental public health research and intercalation opportunities. Each station provides a 'speed dating' type opportunity for groups of 3-4 students to quiz staff on their own personal experiences.

IMPACT: Students enthusiastic feedback indicated that INSPIRE was useful in taking them 'one step further' in developing their academic career options and aspirations.

We invite academics to discuss career opportunities and ensure a strong female representation. WaLN networks are open to all PGTs and PGRs as well as staff. Online PGR profiles provide relevant role models. A School PG Society was established (**Bronze Action 25a**) to facilitate social and academic events, improve interaction between students and encourage participation in School activities. Their committee is 50% female, they have representation on the SAT and we provide an annual budget of £2000 for their use. Their "World Food Evening" was an opportunity to explore the group's diverse cultures, whilst enjoying each other's culinary expertise! The group has recently joined with the ECRs to create a team with more critical mass and influence (**Silver Action S4c**). PGR students may also take advantage of Faculty hubs providing training in subject-specific and transferable skills. Electronic support for PGT students (**Bronze Action 19b**) is via 'Leeds for Life'.

We support pregnant students and those who are parents or carers under the School Carer Policy for students. We provide practical help with *pro rata* payment of fees, breastfeeding rooms and sourcing family accommodation and emergency childcare. For example, when a DS student had a baby, her continued learning was supported by reorganisation of outreach placements, additional personal tutor support and the provision of a fridge for storing breast milk. Agile administrative systems enable us to support individual needs, e.g. a female student (international) was helped with a bespoke arrangement for paying her fees in the last year.

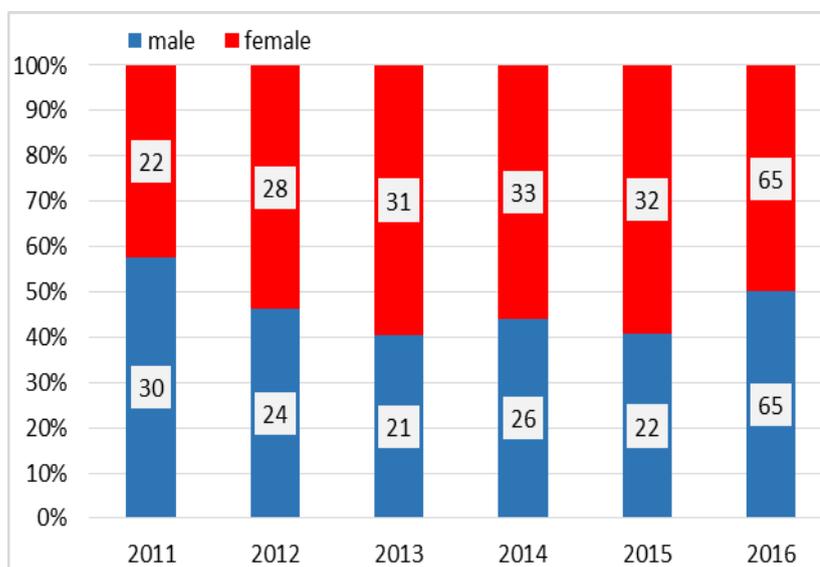
IMPACT: Our flexible approach facilitates continued learning.

(v) Support offered to those applying for research grant applications

Our focus is on improving research quality and impact and supporting individuals to achieve this. Our R&I team assists with grant applications. In-house peer review of applications is provided and ECRs are partnered with senior staff. Regular workshops are delivered on topics including 'Quality and Impact' and 'Grantsmanship'. Fellowship application seminars are ongoing. 'Surgeries' to discuss research/impact strategies and grant development are planned for 2017.

No gender bias was seen in either the numbers or values of grant applications submitted and improved support measures resulted in a significant increase in activity in 2016 (Figure 31).

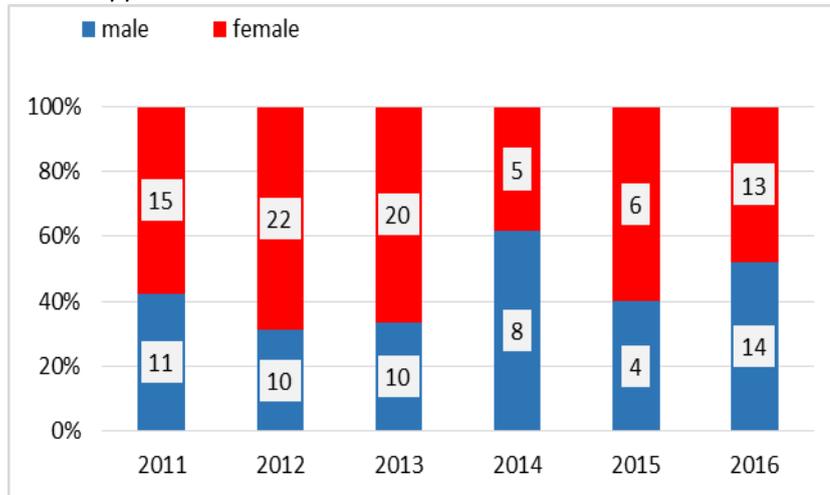
Figure 31: Staff as named investigators on grant applications



IMPACT: The number of staff as named investigators on research grant applications more than doubled in 2016.

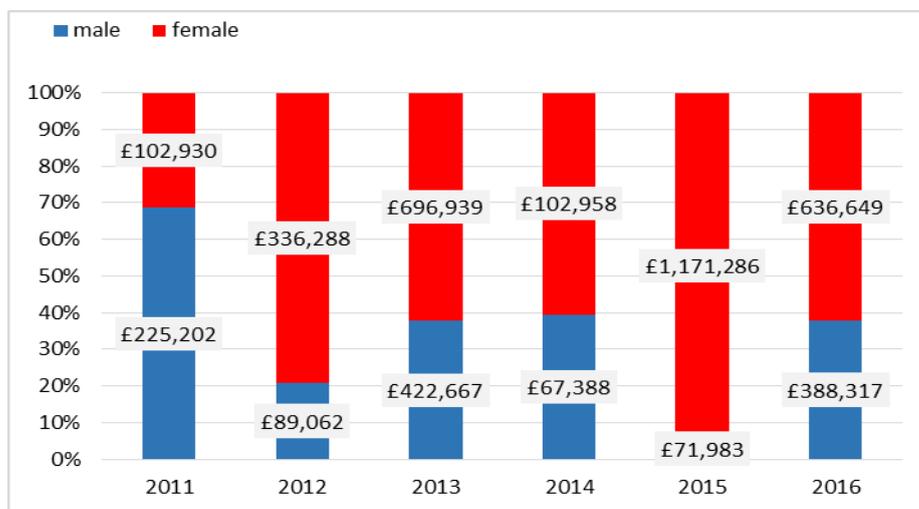
Female grant success rates were higher from 2011-2013 but more equal from 2014 (Figure 32).

Figure 32: Grant application success rates



There was large variability in the annual total research funding with females being more successful (Figure 33). However due to the low number of grant successes in the School, the award of a single high value application can completely skew the data e.g. in 2015.

Figure 33: Grant successes in value (£s).



IMPACT: The benefits of our approach are currently being evidenced by a grant application success rate of 95% from August 2016 to February 2017 (incomplete year).

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5.4 Career development: professional and support staff

(i) Training

New starters have a comprehensive probation plan and following completion enter the SRDS process. SRDS covers progress with training completed and encourages ongoing training for the next 12 months. University training courses are delivered by OP&PL and provide a range of opportunities to all staff (see 5.3i). Courses inform staff roles and also provide CPD opportunities. From 2014-16 female uptake improved by 38% (Table 13). We also provide local job specific training to equip staff with the skills for their roles. Externally organised courses such as those provided by the Association of University Administrators are also supported. Staff may take advantage of networks including 'Front Desk Network', 'Leeds 11 network', 'PA network', 'University Technicians network' and 'Women at Leeds'.

Table 13 – OD&PL course uptake by School professional and support staff

	Total Staff	Male		Female	
		Numbers	% of total	Numbers	% of total
2014	23	7	30.4	16	69.6
2015	26	1	3.8	25	96.2
2016	30	4	13.3	26	86.7

IMPACT: Readily available training, mentorship and networking equips staff for promotion leading to 100% success in promotions applications (2011-16).

(ii) Appraisal/development review

Professional and support staff are appraised via the University's SRDS scheme (see 5.3ii). As with other staff we achieved 100% completion in 2015 and 2016 (Figure 26). Reviewers are the line managers and occasionally also a professional line manager.

Focus group/Cultural Survey showed that staff felt generally supported by the SRDS process. Work is ongoing to improve the consistency (Silver Action S7b).

"The SRDS process is beneficial – it documents everything done in the last 12 months and identifies goals and support"

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

Support offered for career progression includes internal secondments, mentorship and work experience to diversify skills. Internal secondments occur most often when a short-term role needs to be filled quickly. Existing staff are ideal because they have existing knowledge of university processes. Secondments positions are up to 2 grades higher than substantive roles. They usually last up to 12 months, have the potential to become permanent and equip staff for career progression.

IMPACT: Staff have achieved career progression both through promotion and via the secondment (e.g. General Manager, Business Manager and R&I Manager). We are currently hosting secondments for a Business Support Officer and a Project Support administrator.

Mentorship is routine at all grades. The mentor provides one-to-one support, usually after recent progression to a new role. At SRDS staff can request work experience in a new area to enhance their skills portfolio. This can be provided internally or externally to the university.

“The School of Dentistry has supported me through a promotion application process to successful outcome. The range of input was fantastic from my manager, HR and colleagues. It was a difficult process as I work part-time but it was made a lot easier having a team to support me”.

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

Dissemination of information on Maternity/Paternity/Adoption leave was found to have some inadequacies in the Cultural Survey (20% disagreed that they were kept informed). We further promoted these policies and links are now included on our webpages (**Bronze Actions 27 and 28**). Staff are encouraged to select a mentor (if they haven't already) to provide one to one support.

Faculty HR discuss University Maternity and Adoption provision and a checklist is used to highlight key points. Time off for ante-natal appointments, flexible working and extension of probation are also discussed. The University extends fixed-term contracts to the end of the statutory maternity pay period. These benefits are available to all staff.

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

We provide cover for both academic and professional and support staff during maternity/adoption leave on a case by case basis; through fixed-term arrangements or reallocation of duties.

During leave, line managers touch base with staff (academic and professional and support), in a sensitive and non-intrusive manner. They encourage the use of ten paid 'Keeping in Touch' (KIT) and 'Shared Parental Leave in Touch' (SPLIT) days to attend meetings and events.

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

We are proactive to support everyone returning to work. Line managers meet with staff to work out how the School can make the transition back to work easier:

"I have worked in the School of Dentistry for 24 years and following the birth of my children I have had formal flexible working agreement in place. The School have been very supportive in providing the opportunity for flexible working which has enabled me to enjoy a healthy work-life balance"

Ruth Kayman – R&I Manager

"I work flexible hours which has helped me with child care arrangements and my work-life balance"

Phased return, flexible working, career breaks, paid carer days and purchasing leave are available to all staff. If childcare arrangements break down staff may bring children into work (where practicable) or access on-site emergency childcare. Breastfeeding rooms are provided locally for staff and students. A new Faculty scheme facilitates all staff to reduce their hours with a guaranteed return to their original hours (within 5 years). Academic staff can also apply to the Academic Development Fund (up to £15,000)

to support maintaining their research trajectory (**Bronze Action 29**). Locally we support returning academics by protecting research time via ‘buying in’ support for teaching duties (Silver Action S11b).

HR provide information on flexible working, on-site childcare provision, financial savings (KiddiVouchers) and redeployment (where applicable).

(iv) Maternity return rate

The School highlights flexible working opportunities through internal marketing and line managers at SRDS. Most staff are employed on permanent contracts so from 2012-16 only one fixed-term contract resulted in a termination of employment during maternity leave.

Table 14 – Maternity return rates including staff in post at 6, 12 and 18 months after returning.

Year	Staff Category	Contract Type	Returned after ML	Still in post after ML			Notes
				6 months	12 months	18 months	
2012	Professional and Support	Fixed term	No	No	No	No	Adoption leave, resigned before leave, extended contract to cover 39 weeks
	Professional and Support	Fixed term	No	No	No	No	Contract end date = 39 weeks after start of maternity leave
	Academic	Permanent	Yes	Yes	Yes	Yes	
2013	Professional and Support	Fixed term	Yes	Yes	Yes	Yes	
	Academic	Permanent	Yes	Yes	Yes	Yes	
2014	N/A	N/A	N/A	N/A	N/A	N/A	
2015	Professional and Support	Permanent	Yes	Yes	Yes	Yes	Flexible working agreed
	Academic	Permanent	Yes	Yes	Yes	Yes	Flexible working agreed
	Academic	Permanent	Yes	Yes	Yes	Yes	Flexible working agreed
	Academic	Permanent	Yes	Yes	Yes	Yes	
	Academic	Permanent	Yes	Yes	Yes	Yes	
	Academic	Permanent	Yes	No	No	No	Resigned after 5 months
2016	Academic	Permanent	N/A	On leave	On leave	On leave	
	Academic	Permanent	N/A	On leave	On leave	On leave	

IMPACT: Maternity leave return rates improved substantially from 33.3% (2012) to 100% (2015) (Table 14). This ran alongside increased uptake of flexible working from 0% (2012) to 50% (2015).

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Provide data and comment on the proportion of staff remaining in post six, 12 and 18 months after return from maternity leave.

Three staff taking maternity leave were on fixed-term contracts (2012 and 2013). Of these, one left when their statutory leave period ended. Interventions to address the loss of staff after maternity leave, including the contract extensions to the end of SMP and making flexible working practices accessible to all, have improved staff retention.

"I have been very well supported in my return to work following maternity leave with support from colleagues, line managers and through formal processes. I was able to do a staged return to help myself and son through a 'settling in' period whilst back at work and he started at nursery. Going forward I have returned with part-time hours as well as flexible working arrangements that make the balancing act between managing a young family and work much more achievable"

IMPACT: We are pleased that actions to extend fixed-term contracts and widely promote options for flexible working have led to a marked improvements in staff (83% in 2015) retention (Table 14).

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

We disseminate and promote policies for maternity/shared parental/adoption and paternity leave via our webpages (see 5.5i). From 2012-16, eight staff took paternity leave (Table 15) and one took adoption leave (Table 14).

Table 15 – Paternity leave uptake

	Paternity leave uptake (n)		Paternity leave uptake (% of total male staff)	
	Academic staff	Professional and Support staff	Academic staff	Professional and Support staff
2012	3	1	5.7	9.1
2013	1	1	1.8	5.9
2014	0	0	0	0
2015	1	0	1.7	0
2016	1	0	1.7	0

The Shared Parental Leave policy was introduced in 2014 and we had our first application in 2015. However uptake has been low and the reasons need further unravelling (Silver Action S11a).

(vi) Flexible working

The University has a comprehensive Flexible Working policy offering term-time or part-time working, job-share, career breaks, unpaid leave, additional leave and annualised hours. These are available to all staff, irrespective of caring responsibilities. However our Cultural Survey showed that more could be done to publicise flexible working. A link is now provided on our webpages (**Bronze Actions 27 and 28**) and awareness improved via local consultation events, positive marketing and a Flexible Working Roadshow. Line managers support staff wishing to work flexibly and the formal application process is light touch. To date 100% of 22 formal flexible working requests have been approved (**Bronze Action 26**).

“My childcare arrangements changed on a Friday, so I requested a new working pattern. My application was accepted within a week”

Rachel Mays – Student Education Support Officer

“The School of Dentistry has supported me when I’ve needed to provide episodes of care for my mum, this can be a particular challenge as I am a part-time worker. The ability to work flexibly and the support from my team has really helped...and reduced the stress that arises from unscheduled events and made it possible to juggle work and home life”

However we found NHS clinical commitments restricted the possibility of formal uptake. To facilitate all staff having access to flexible working, we offer local tailored informal flexible arrangements. Staff manage start and finish times and working from home, within their work commitments. They are given autonomy to meet employment obligations with the focus on output and service delivery. Feedback from our recent Equality and Inclusivity event showed overwhelming support for this approach. Informal flexible working is not recorded (**Bronze Action 26b**). It was considered to be a means of formalisation by staff and was extremely unpopular, thus undermining our objectives. However FTE changes instigated by staff are recorded centrally and we can document some of the arrangements (Table 16 a-c).

“Good to have flexibility to work late and then take the time back later”

“It’s nice to take time back when clinics are quiet”

“Flexible working benefits me. Work-life balance is good”

“The School has already helped. I have a laptop and an informal arrangement to work at home”

“The opportunity to be this flexible is a huge plus for the organisation”

An increase in flexible working was observed across all staff. Requests came from both males and females demonstrating understanding of the policy across genders. Flexible working arrangements were broadly in line with gender balance of the staff groups.

Tables 16 – New flexible working arrangements: Formal arrangements and documented informal arrangements

a. All staff

	Formal		Documented Informal		Total
	Female	Male	Female	Male	
2012	1	1	4	5	11
2013	3	0	8	4	15
2014	1	0	8	7	16
2015	7	0	21	9	37
2016	7	2	16	8	33

b. Academic staff

	Formal		Documented Informal		Total
	Female	Male	Female	Male	
2012	0	0	3	2	5
2013	1	0	4	3	8
2014	0	0	3	6	9
2015	4	0	14	9	27
2016	3	2	4	5	14

c. Professional and support staff

	Formal		Documented Informal		Total
	Female	Male	Female	Male	
2012	1	1	1	3	6
2013	2	0	4	1	7
2014	1	0	5	1	7
2015	3	0	7	0	10
2016	4	0	12	3	19

IMPACT: New flexible working requests (documented) increased by 300% from 2012 to 2016 (Tables 16a-c). This represents the ‘tip of the iceberg’ as numerous undocumented arrangements are also in place and most staff have taken advantage of this policy in one form or another. This is an outstanding success.

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

A Faculty policy allowing all staff to reduce their hours with a guaranteed return to their original hours was introduced in 2016. However School staff are already taking full advantage of existing arrangements and uptake has been low. Phased return and other flexible working options are routinely available and mentoring supports the transition. Visible widespread uptake has supported the acceptability of evolving working patterns throughout careers and has embedded this in School culture.

5.6 Organisation and culture

(i) Culture

Our activities promote gender equality and inclusivity both within and outside the School. Our website presents inclusive images in its external publicity; there is a direct link to the Athena SWAN pages and School positive female role models underline our intentions (Figure 34). We are committed to providing a supportive environment for all staff and students, free from harassment, bullying and victimisation. Local guidance is being produced emphasising our position on the unacceptability of such behaviours and improving signposting to support (Silver Action S1e).

Engagement in networking events is encouraged. The start time of research seminars was adjusted to facilitate clinical staff attendance. Turnout is 20-40 attendees from all sections of our community. Our weekly electronic newsletter ‘Dencomms’ maintains effective communication; and recent ventures into social media have further developed a culture of informal information sharing. Staff views on key actions e.g. flexible working, promotion awareness and career progression barriers have been sought via a Cultural Survey, 4x Focus groups, 2x World café consultation events, suggestion boxes and a crowd sourcing online survey. The feedback has informed the development of our bronze actions and new objectives in the Silver Action Plan.

Figure 34 – Examples of School positive female role models.



A dental satellite of WaLN was formed as female staff with NHS clinical commitments could not attend centrally-organised meetings. Initiated in 2014, 'WaLN for Dentistry' meets four times a year and has covered topics including 'Imposter Syndrome', 'Mindfulness', 'Self-Promotion' and overseas outreach. Approximately 30 staff/students attend each meeting and engagement is recognised as 'citizenship' in the WM. Events are advertised prominently with pop-up stands, posters and on plasma screens.

(ii) HR Policies

The University has strict guidelines for the application of HR policies for equality, dignity at work, bullying, harassment, grievance and disciplinary processes. These are operationalized via the School. Feedback from Cultural Survey/Focus Groups identified that promotion and flexible working policies were poorly communicated to staff. We addressed this by disseminating information by email, Dencomms, plasma screens and webpages (**Bronze Action 1a**). Changes in policy requiring staff training are advertised to staff and completion recorded e.g. 'Equality and Inclusivity Essentials', 'Unconscious Bias' and 'SRDS Reviewer' training are mandatory for SRDS and recruitment.

IMPACT: Our actions to improve staff awareness increased uptake of flexible working by 300% and increased promotion application numbers. In 2016 we achieved 95% compliance for gender-balanced recruitment panels resulting in gender-balanced staff appointments.

We have found differences between policy and practice in the SRDS process. The quality of review can be quite subjective and very dependent on reviewer, thus affecting the uniformity of the experience. Initially we concentrated our efforts on ensuring 100% engagement but our next focus is to improve the quality and consistency of SRDS (Silver Action S7b).

(iii) Representation of men and women on committees

Most committees have at least one elected member and are not affected by availability of either gender. Representation on School committees is approximately in line with the School gender split (45 % Male: 55% Female) (Table 17) with a trend towards higher female representation in some areas. We will monitor and maintain gender balance (Bronze Action 20, Silver Action S8a).

Table 17: Representation on School core committees 2016 - * most influential.

Committee	Females		Males	
	Numbers	%	Numbers	%
Athena SWAN SAT*	20	76.9	6	23.1
Dental Research Ethics committee (DREC)	17	60.7	11	39.3
Health and Safety Forum	10	50	10	50
Joint Liaison Committee*	4	50	4	50
Postgraduate Programme Management Committee	11	64.7	6	35.3
Postgraduate Research Degrees Committee	11	52.3	10	47.7
School Research and Innovation Committee (SRIC)*	16	69.6	7	30.4
School Taught Student Education Committee (STSEC)*	15	62.5	9	37.5
Senior Management Team (SMT)*	10	62.5	6	37.5
Staff:Student forum	13	56.5	8	44.5
Undergraduate Programme Management Committee	18	66.7	9	33.3

(iv) Participation on influential external committees

The Cultural Survey found that 54% of respondents were ‘encouraged and given opportunities to represent my School externally and/or internally’. Marginally more females (11%) than males (8%) disagreed/strongly disagreed with this statement. Focus Groups (Bronze Action 22b) found that work pressures, work-life balance prioritisation and lack of confidence in females, affected them applying for positions. We improved promotion of opportunities to staff by email and Dencomms and SRDS reviewers encourage staff to apply for senior committees (internal and external). Our senior female staff have successfully inspired others to take up opportunities (Bronze Action 17 and 22a) (Table 18).

Table 18: A selection of external committees with female representation from the School (2016).

Professor Helen Whelton	International Associate of Dental Research (ex-President) Dental Schools Council British Fluoridation Society West Yorkshire Academic Training committee Community Water Fluoridation Group RCSI Specialist Advisory Committee, DPH BDJ Editorial Board External advisory Board, School of Dentistry, Catholic University of Luvein
Professor Jennifer Kirkham	EPSRC Innovation Knowledge Centre in Medical Technologies: Executive Board EPSRC Centre for Doctoral Training in Tissue Engineering and Regenerative Medicine: Steering Group EPSRC Centre for Doctoral Training in Tissue Engineering and Regenerative Medicine: External Advisory Board
Professor Valerie Clerehugh	Chair of a Joint Trial Oversight Committee for a feasibility study of e-cigarettes in periodontitis
Professor Sue Pavitt	Elected to European Forum EUPATI –“European Patients’ Academy on Therapeutic Innovation" (EUPATI) National Platform Executive Deputy National Lead of the NIHR Clinical Research Network National Oral & Dental Specialty Group Public Health England – advisor Commissioning Better Oral Health for Vulnerable Older People MRC / NIHR EME Sub Board Panel for Remit UK Multiple Sclerosis Society honoured as a MSS Scientific and Clinical Trial Ambassador
Professor Gail Douglas	Member of the Italy WHO Collaborating Centre for Epidemiology and Community Dentistry, University of Milan ICDAS Foundation – one of 4 Directors International Caries Detection and Assessment System (ICDAS) Collaboration – member of co-ordinating committee and group co-ordinator Chair of UK Specialty Advisory Committee in Dental Public Health Advisory Board for Specialty Training in Dentistry (ABSTD), Royal College of Surgeons of England
Dr Jinous Tahmassebi	Committee Member EAPD (European Academy of Paediatric Dentistry) Education Board Committee member Member of Dental Sedation Teaching Group BSPD Riding Group committee member
Dr Kate Kenny	Outcome Standards Committee for the International Association of Dental Traumatology (IADT).
Ms Rhona Stevens	Chair - General Dental Council Fitness to Practise committees (Conduct, performance and health)
Dr Aradhna Tugnait	British Society of Periodontology
Dr Karen Vinall-Collier	External reviewer for NIHR Systematic Reviews Programme Grants
Ms Asmaa Al-Taie	Overseas Registration Examination (ORE) part 2-General Dental Council Editorial board of the European Journal of Prosthetic and Restorative Dentistry
Ms Paula Lancaster	Dental School’s Council Assessment Alliance
Dr Julia Csikar	Making Every Contact Count Advisory Group (Public Health England) Healthcare Professional: measuring impact toolkit steering group (Public Health England) Alcohol IBA Dental Strategy Group (Public Health England)

Table 19: Academic staff representation on influential committees (University and external).

	UNIVERSITY COMMITTEES (non-School)		EXTERNAL COMMITTEES	
	Female	Male	Female	Male
Number of staff	12	8	13	14
Number of committees	31	21	43	41

There is broadly equal School gender representation on influential external committees (Table 19). Interestingly we found fewer males on University committees and the reasons behind this are unclear.

We will continue to support and facilitate staff participation and to ensure gender-balanced representation (Silver Action S8b).

IMPACT: Our actions to encourage female academics to engage in external committee membership have resulted in gender balance in this area.

(v) Workload model

A pilot workload model (WM) was rolled out in 2014 (**Bronze Actions 23 a, b and c**) but proved to be unwieldy and inaccurate. A new WM used by other universities is currently being adapted for our needs and will commence in summer 2017. Following implementation, staff consultation will seek feedback on its value and usability (Silver Action S9a). Data will inform SRDS discussions (**Bronze Action 17**) allowing exploration of the balance and direction of work and identification of career opportunities and barriers. It will facilitate the evaluation of gender balance across activities and strategic level planning (Silver Action S9b).

(vi) Timing of departmental meetings and social gatherings

Core meetings are scheduled between 10am and 4pm. Core business hours are 9am-5pm, to fit with clinical dental services. The Cultural Survey showed over 50% of staff thought meetings were held at reasonable times but also suggested variable approaches across the School (**Bronze Action 24a**). Focus Groups found it would be challenging for **every** meeting to happen between 10am and 4pm, as staff cover patient services. However, the majority are now kept within these times. Up to 6 months' notice is given for all senior core meetings. 'All staff meetings' accommodate part-time workers' by being held on different days and 1 month+ notice given. When held at lunchtimes, to

facilitate clinical staff attendance, lunch is provided.

IMPACT: In 2016, 100% of core School meetings occurred between 10 am and 4pm. Reorganisation of the timing of 'All Staff' meetings was welcomed and attendance improved to 40-50 staff per meeting.

Social gatherings are held at lunchtimes and only occasionally in the evenings. The latter may exclude those with caring responsibilities, so special effort is made to rotate the timings and 2 months+ notice is given (**Bronze Action 24b**).

The Cultural Survey highlighted a culture of long working hours in the School. Focus Groups further explored this (**Bronze Action 24c**) and guidance is in preparation to clarify the School's expectations (**Silver Action S10b and c**). Our DS UG programme is one of the most arduous in the UK and generates an excessive teaching and assessment load. An ongoing review will reduce assessments and streamline content. Fundamentally over-teaching and over-assessment has resulted in very stretched students and staff and is being resolved with urgency (**Silver Action S10a**).

(vii) Visibility of role models

Overall gender balance in the School is good and we acknowledge the value of having visible gender role models. Care is taken to ensure gender equality of speakers/chairpersons in seminars and workshops (Figure 35). Equality and diversity is considered when generating marketing materials for our webpages, job descriptions and brochures (**Bronze Action 5**) (Figure 36).

Figure 35 - Gender balance of speakers and chairpersons in the School.

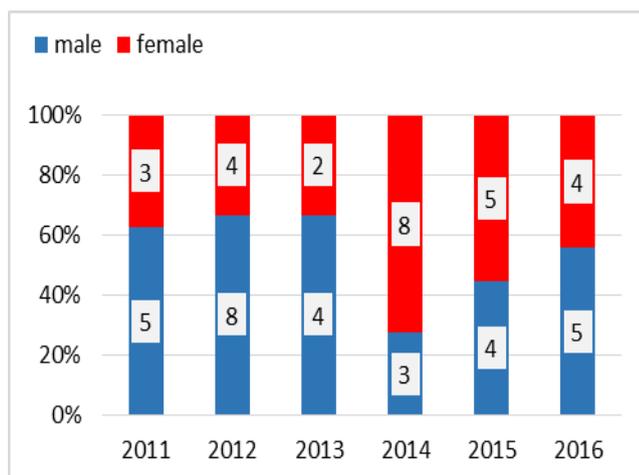


Figure 36 – Examples of images used for marketing materials



IMPACT: The use of visible role models addressed both male (OD&PL uptake) and female (speakers/committee membership) gender imbalances. Gender equality has been achieved in most academic grades. Other initiatives improved uptake of flexible working and promotions opportunities by both genders.

(viii) Outreach activities

Staff and students participate in outreach activities (Table 20). These are recorded in SRDS and recognised in promotions criteria and by the WM. Everyone may take part and underrepresented groups are not overburdened.

Table 20: Outreach opportunities currently offered.

Event	Scope	Purpose	Staff/Student/ Gender/Grade
Teachers and Advisors Conference	Teachers & Advisors from local Schools & Colleges	To offer information and guidance to teachers and careers advisors on how to best inform their students when applying to study a Dentistry course at Leeds	School Staff, Grades 5+, 8 male, 8 female
Reach for Excellence Subject Taster Sessions	Annual cohort of 200 participants who meet the Access to Leeds WP criteria – subject taster sessions offered three times throughout Year 12 (February Half Term, Easter and Summer) to students who are interested in a career in Dentistry	To raise aspirations and provide information about courses available in the School of Dentistry at the University of Leeds.	Health Sciences Cluster Team & School staff, Grades 5+, 2 male, 5 female Reach for Excellence Team (2 male, 3 female)
Careers Marketplace Events	Schools & Colleges (Y7 – Y13) Nationwide	To provide information and guidance to students from a wide range of backgrounds thinking of applying to a course at the School of Dentistry at Leeds	Health Sciences Cluster Team & School staff, All Grades, 1 male, 2 female
Raising Aspirations to Health Sciences Pathway (from 17/18)	High Achieving Year 7 – 11 students studying in low achieving / hard to reach schools	To target students at a younger age in order to raise their aspirations and make them aware of the various healthcare professions, including those relating to Dentistry, so that they may one day consider studying them at University.	Health Sciences Cluster Team & Education Outreach Fellows Grades 5+, 2 male, 3 female
Dentistry Taster Days (from 17/18)	Y12 and Y9 students interested in a career in Dentistry. Priority given to students from a WP background who meet the Access to Leeds criteria.	To inform and raise aspirations of Y12 and Y9 students thinking of a career in Dentistry, giving them a flavour of what it is like to study the course and giving them the information needed to apply.	Health Sciences Cluster Team & School staff, All Grades, 1 male, 2 female
OpenWide - eMentoring	Y12 students interested in a career in Dentistry. Priority given to students from a WP background who meet the Access to Leeds criteria.	Through a planned programme of interaction, raise aspirations and offer advice to students thinking of applying to a Dentistry course.	OpenWide Student Group (35 females and 6 males)
OpenWide – Primary Activity	Local primary school children (Reception – Y6)	To raise awareness of oral hygiene, healthy eating & healthy lifestyles.	OpenWide Student Group (12 females and 4 males)
OpenWide – Secondary Activity	Local secondary / college students (Y7 – Y13)	To showcase the importance of academic achievement, options choices at both GCSE and A Level when applying to a Dentistry course and informing students about the career options available in this field. Widening participation in dentistry (HE) by inspiring, encouraging and guiding pupils.	OpenWide Student Group (34 females and 4 males)
'Access to Leeds'	WP Background Applicants	In order to make HE more accessible to none traditional applicants, students are allocated an academic tutor during application phase and given guidance during the preparation of a dental assignment. If successful, students on the access to leeds programme would then receive a reduced tariff offer for that course.	Access to Leeds Team, 2 male , 5 female staff & School academic tutors, 1 male, 1 female
Work experience placements	Y10 & 11 students – 3 times per year – 1 week for up to 5 students	In Oral Biology for those interested in a career in science. Lab manager led.	Staff, female, grade 7

Staff spread the oral health message and are exploring novel methods of outreach. For example, 'Be Curious' is an annual University event for local families to find out more about research and the 'Don't Smile' COHESION project won the 'Engaging Young People' 2016 award at the National Co-ordinating Centre for Public Engagement awards (Figure 37). A play was delivered to school-age children to increase awareness of the condition Amelogenesis Imperfecta and highlight pioneering treatments.

Figure 37 – Winning the "Engaging Young People' 2016 award



6644 words

[5.1 (1428) + 5.2(554) + 5.3(1893) + 5.4(418) + 5.5(1191) + 5.6 (1160)]

SILVER APPLICATIONS ONLY
CASE STUDIES: IMPACT ON INDIVIDUALS

Recommended word count: Silver 1000 words

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

The subject of one of these case studies should be a member of the self-assessment team.

The second case study should be related to someone else in the department. More information on case studies is available in the awards handbook.

Case Study 1/2: Professor Deirdre Devine, Professor of Oral Microbiology



A basic scientist, Professor Devine's progress has been enabled over her 21 years in the School by career support, informal and formal mentoring, flexible working and support to manage long term illness.

I was appointed as Lecturer in Microbiology in 1995, gained promotion to Senior Lecturer in 1997 and to Professor in 2009; I have been a member of the School Senior Management Team since 2009. I served as the School's Director of Research and Innovation from 2009 to 2015 and was the University REF2014 Unit of Assessment 3 Lead from 2009.

My academic career development in the School has been supported in a number of ways. An agreement to flexible working has allowed me to regularly work at home, which has been essential for managing my workload, particularly in times of high administrative load and potential stress. Since 2007 my Head of Division, Professor Jennifer Kirkham, has been my reviewer in the annual Staff Review and Development Scheme, which has been an important opportunity to reflect and review my progress, and re-set my priorities. The School nominated me in 2003 for inclusion in the University "Tomorrow's Leaders" programme, which provided leadership and management training, formal mentoring and membership of an "action learning set", which provided valuable ongoing peer support. When I became Director of Research & Innovation, the School also supported my participation in the "Leadership & Management for Pro-Deans and Heads of Schools", which provided vital higher level learning opportunities and networking, and formal mentoring.

In 2005 I experienced the beginning of a chronic long term illness, initially manifesting as a very painful condition that prevented any physical activity. I was unable to work at all for three months and required a further nine months of phased return to full-time work. I was closely supported throughout by my Head of Division and the Faculty Head of Human Resources. I was referred to Occupational Health, whose recommendations for the management of my health and my phased return to work were followed to the letter by the School. The formal and informal support I received through this period, and when I returned to work, was so important in helping me through a very difficult time and to my continued emotional and professional wellbeing. I suffered a recurrence in 2007 and have since been diagnosed with chronic autoimmune disease. I have continued to be supported by Jennifer, by the School by Faculty HR; with advice from Occupational Health we have established a formal flexible working agreement and guidance to help me manage my illness and my workload. In spite of these periods of illness I was promoted to Professor in 2009, and went on to undertake significant roles within the School and University. I am sure this would not have been the case without the compassionate and practical support I received within the School.

Case Study 2/2 Dr Jinous Tahmassebi, Associate Clinical Professor Paediatric Dentistry



Employed with us since 2005, Dr Tahmassebi has been supported via flexible working, mentorship and internal promotion to become a successful clinical academic in multiple leadership roles. In turn she now supports and mentors other staff along the same pathway.

Being a mother, a clinician and a researcher has been a considerable challenge. This has been made possible with working part-time and having an informal “flexible working” arrangement, allowing me to successfully juggle the challenges of research and teaching while developing my specialist referral practice. The flexibility of being able to work part-time allowed me not only to achieve my goals both clinically and academically but also provided the opportunity of doing “mum” things. My career pathway as Clinical Associate Professor has not been via the traditional route. After qualifying with a BDS, I worked as a NHS general dental practitioner for 2 years before undertaking a Master degree in Paediatric Dentistry at Leeds. Following this I worked full time in the Community Dental Service before commencing on my Doctorate. Having a visionary and supportive head of department, allowed me to carry out my PhD part-time while working in the community service. After completing my PhD in 2001, I took a few years away from academic life, to spend time with family and my children.

I returned to my academic career in 2005, working part-time at the School whilst continuing with my clinical practice. I had considerable involvement in teaching and research, have published over 40 peer reviewed publications and have successfully led 21 MSc and PhD projects. Currently I am involved in the supervision of 8 Professional Doctorates and two Integrated PhDs. During this time, I learned a great deal from senior academic colleagues including my line manager Professor Monty Duggal. In 2013 I was encouraged by my Head of Department to apply for a promotion to Clinical Associate Professor and my application was successful. I was also appointed as the Programme Lead for the Postgraduate Programme in Paediatric Dentistry in 2016. It is one of the largest paediatric dentistry postgraduate programmes in the UK; currently with 24 postgraduate students. I lead on the strategic direction of research that is carried out by the students and my experiences have shaped me as a leader and mentor for others. I also directly line manage four female staff members and have been involved in mentoring many postgraduate students as well as trainees and junior consultants over the last 10 years. I serve on number of committees at School level and as the Deputy Chair of Dental Research Ethic Committee. With School support, I directed a very successful European Academy of Paediatric Dentistry (EAPD) re-accreditation visit in 2016. The visiting committee stated "Paediatric Dentistry at Leeds remains the 'gold standard' for all EU and UK programmes".

I feel my academic career would not have been possible without having the ongoing support from the School and my line managers.

981 words

FURTHER INFORMATION

Recommended word count: Bronze: 500 words | Silver: 500 words

Moving forwards from our Bronze Action Plan, our priorities are to continue to advance our objectives towards enhancing career development, engaging further with mentorship (local and external) and encouraging more staff uptake of promotion opportunities. We will also investigate any remaining gender pay gaps and adopt new mechanisms to ensure equal pay across genders (Silver Action S12). We will continue to work on providing education and training for all our staff to increase awareness of gender inequality and build knowledge and skills to address this. Our SAT will become embedded in a new School Equality and Inclusivity Committee to underline our commitment. This will to widen the remit of our group and explore other potential areas of inequality such as the intersection of ethnicity with gender and the provision of facilities for transgender staff and students (Silver Action S1d and 1f).

Much work has been done to establish better recruitment, selection and appraisals practices in the School. However our clinical academic staff are so closely aligned with our NHS partners in the Leeds Dental Institute (LDI) that this work now has to continue to be reflected in our joint staff endeavours. We will work with LDI to ensure that our best practice is adopted for the recruitment of joint appointments and that gender balanced panels are appropriately trained in both organisations. Similarly where staff have joint appraisals and job planning, to maintain consistency, all staff involved must be subject to the same training criteria across both organisations (Silver Action S7f).

The current clinical academic career structure is very demanding. The usual pathway includes competitive application for a three year Academic Clinical Fellowship position (at least three years after graduation), a three year commitment to gaining a PhD and then a further 4 year appointment as a Clinical Lecturer. 13 years in total which takes a 23 year old graduate to 36, these are prime years for starting a family, precipitating difficult decisions and choices. We have made a step change in our efforts to provide customised solutions to support early career female academic progression and retention. We see this initiative as essential to the quality of our academic staff pipeline.

Feedback from staff has highlighted flexible working in our School a key area of positive impact. We will engage in further consultation with staff to continue improving support for diverse working patterns. Our educational programmes are also evolving to embed this ethos in our student education portfolio. One of our new taught programmes is offered as a flexible pathway enabling practitioners to dip in and out of postgraduate study and undertake modules on a 'pick and mix' basis at times that are convenient for them and fit with other work and life commitments.

To allow us to continue to develop new modes of working and practices and facilitate smooth transition through them, we will continue to evaluate, monitor and collate the impact of our actions to better understand how best to support all our staff and students.

486 Words

7. ACTION PLAN

Leeds School of Dentistry Athena SWAN Silver Action Plan 2017 – 2021

Ref	Objective	Person Responsible	Actions	Measures of Success
REVIEWING AND FURTHER EMBEDDING ATHENA SWAN INITIATIVES				
S1	<p>Focus on people-driven initiatives - we need to ask people what they want in order to be able to successfully deliver it.</p> <p><i>To maintain good pathways of staff/student feedback to ensure the focus on our actions are being driven by their needs, the information being supplied directly by them themselves.</i></p>	<p>Chair of SAT, Professor Helen Whelton.</p> <p>Staff consultation sub-group feeding into SAT, SMT & E&I group.</p>	<ol style="list-style-type: none"> Revise Cultural Survey and repeat every 2-3 years commencing in 2017. Maintain regular informal staff feedback approach by using tools such as World café consultation every 6-12 months. Seek new avenues of staff & student feedback using social media. Set up School Equality and Inclusivity group, the composition of which will be different to the SAT and will meet regularly and act in joint enterprise. Produce local guidance for staff and students underlining the School's position on the unacceptability of sexist language, images, bullying, and any form of harassment in the educational and work environment and associated activities. Improve signposting to support networks. Explore the intersection of ethnicity with gender and the effects of other protected characteristics on staff recruitment, development and retention in the School. 	<p>We will have an ongoing comprehensive picture of the effectiveness of current actions via frequent and objective feedback to inform our direction of travel. Cultural Surveys will receive 75% response rates.</p> <p>We will invest in modern methods of obtaining this feedback by the end of 2017.</p> <p>Consultation will produce positive feedback (80% +) that shows staff will feel they 'own' the actions.</p> <p>The scope of our work will be expanded to cover all areas concerned with fully embedded equality and inclusivity in the workplace. Our new School Equality and Inclusivity Committee will emphasize our zero tolerance position and will improve monitoring, reporting and support mechanisms for issues. Annual review will show decreasing incidence.</p>

Ref	Objective	Person Responsible	Actions	Measures of Success
STUDENTS				
S2	<p>Undergraduate programmes</p> <p><i>To nurture our UG students recognising their potential to be our staff of the future. To ensure equity of educational experience for all and to develop academic research potential at the earliest possible stage.</i></p>	<p>Director of Student Education, Prof Michael Manogue.</p> <p>Student data team feeding into SAT, SMT & STSEC.</p>	<p>a. Effectiveness of improved marketing of the DHDT programme to males and the instigation of the new BSc at changing the student demographic on this course will be reviewed annually.</p> <p>b. A task and finish group will be initiated by the Intercalation Lead actions to agree actions aimed at improving the uptake of intercalation. Actions will be implemented by early 2018.</p> <p>c. Raised levels of females on our UG programme will continue to be monitored by the SES team in order to facilitate a speedy response to further uplifts above national BMs.</p> <p>d. Monitoring and improving of actions to prevent bias in the MMI process will continue. Uptake of training and reporting of gender balance of panels will be reported annually. Any biases in MMI stations will be controlled. The effect of BMAT on UG student intakes will be measured annually.</p> <p>e. Guidance on 'How to be a successful student' will be presented to STSEC in June 2017 and introduced in the next academic year.</p>	<p>Numbers of males recruited to DH&DT will increase year on year to 25% intake by 2021.</p> <p>We will see an uplift in the number of students choosing to intercalate by 2019 from 2 to 5 per annum.</p> <p>We will see a stabilisation of female UG intake broadly in line with BMs.</p> <p>The MMI process will present clear and transparent data for annual review and reflection starting in 2017. Actions to eradicate any remaining bias will be effective from 2018.</p> <p>Performance of students will not exhibit any gender bias by 2019.</p>

Ref	Objective	Person Responsible	Actions	Measures of Success
S3	<p>Postgraduate taught programmes.</p> <p><i>To ensure we have accurate data to inform our actions to support and develop our PGT students. To ensure gender does not influence educational opportunity and to give a positive experience of academic research and harness their potential.</i></p>	<p>DSE (Prof Michael Manogue) & PGT lead (Dr Simon Wood).</p> <p>Student data sub group, SAT, SMT & STSEC.</p>	<p>a. Collect more robust data for PGT programmes to allow meaningful trends to be identified and use these to instigate actions to address any bias.</p> <p>b. A first report of the effectiveness of recording data via the CRM, including gender-related information will be generated for STSEC by December 2017 and thereafter annually. It will be used to inform the Schools PGT education strategy.</p> <p>c. The impact of new PGT marketing launched in 2017 to update images and narrative in line with our new PGT portfolio and eliminate any remaining gender bias will be measured to inform future decision making.</p> <p>d. Consistent methods for the recording of PGT supervision, working with central services in the University. A system for improving the electronic management of the supervision structure for PGT students is under development.</p>	<p>FT and PT courses will be approaching gender equality (50% female) by 2021.</p> <p>CRM data will be generated annually and used to inform the Schools marketing, admissions and student communication provision and will advise on the direction of travel of PGT education.</p> <p>Progress will be reported to STSEC, by June 2017. Full implementation will be by end of 2018.</p>
S4	<p>Postgraduate Research</p> <p><i>To harness PGR students and retain their energy and talent. To recognise they are our route to academic progression and fully integrate them into academic life and activities.</i></p>	<p>Director of Research & Innovation (Prof David Wood) & PGR lead (Dr Simon Wood).</p> <p>Student data sub group, SAT, SMT & SRIC.</p>	<p>a. The effectiveness of the revised marketing strategy and improved interview process will be reviewed and appropriate revision taken as necessary.</p> <p>b. The reduced number of female part-time PGR students is a reflection of a reduced pool of women in clinical academia. As female clinicians are encouraged into research this trend is likely to be reversed and we will continue to monitor.</p>	<p>There will be year on year improvements in intake approaching gender equality (50% female) by 2021.</p>

Ref	Objective	Person Responsible	Actions	Measures of Success
S4 contd	Postgraduate Research		<p>c. Further integrate and expand the scope the PG Society by joining with forces with the ECRs to create a team with more critical mass and influence.</p> <p>d. The reasons behind why a male takes longer to complete PhDs will be explored by consultation with PGR students and actions will be taken to remove the gender difference.</p>	<p>A more active and cohesive group fully integrated into School business by the end of 2017 measured by increased group activity and better representation at events and committees.</p> <p>There will be no gender difference in the time taken to complete PhDs by 2021.</p>
STAFF				
S5	<p>Staff gender balance and influencing factors.</p> <p><i>To continue to have robust processes in place to enable us to be fully informed of staff data and facilitate nimble reactions to any changes in staff demographics. We will work to remedy remaining gender imbalances.</i></p>	<p>Dean of Dentistry (Prof Helen Whelton), General Manager (Anthea Stanley) and School HR Manager (Bridget Millar).</p> <p>HR subgroup, SAT & SMT.</p>	<p>a. The usefulness of the exit interviews and the information that they collect and feedback will be closely monitored. Means of improving uptake will be explored.</p> <p>b. Applications and appointments at more senior clinical levels are still predominantly to males. To overcome the lack of female applicants we will place more emphasis on attracting female candidates into our senior clinical positions be that by external appointment or by growing our own pipeline from the existing staff.</p>	<p>Information recorded will be reported back to the SMT by October 2017 and remedial action taken as necessary. An effective method of collecting and interrogating this information should be in place by the end of 2018. Uptake will improve from 50% to 60% by 2021.</p> <p>To improve the gender balance at clinical professor level we will endeavour to develop and promote existing female staff at clinical AP level and where positions at this level go to external advert we will be mindful of the need to make our roles attractive to females. We aim for improved gender balance to 30% female by 2019 and close to 50% female by 2021.</p>

Ref	Objective	Person Responsible	Actions	Measures of Success
S5 contd	<p>Staff gender balance and influencing factors.</p> <p><i>To ensure that all staff are trained in policies related to equality and inclusivity, dignity and mutual respect and unconscious bias.</i></p>		<p>c. All staff will undertake training in Equality and Inclusivity Essentials and Unconscious Bias. We expect 100% compliance and will operate a 'zero tolerance' policy. Training will be incorporated into the Induction Pack to facilitate this. Reminders will be issued and non-compliance will be reported to the Dean for action.</p>	<p>By the end of 2017 100% of senior managers will have completed the training. By the end of 2018 100% of staff will have completed the training.</p>
S6	<p>Mentorship</p> <p><i>To maximise opportunity in mentorship. We have in place fantastic female role models, we offer mentorship from induction and many staff avail themselves of this. We could improve this with a better network of information and better local coordination of the activity as a whole.</i></p>	<p>Dean (Prof Helen Whelton) & Mentorship Champion (to be appointed).</p> <p>SAT & SMT.</p>	<p>Informal and formal mentorship is routine but we need better organisation and a bigger pool of mentors. We will:</p> <p>a. Appoint a Mentorship Champion to provide a local point of contact for staff and to be the central coordinator and facilitator of setting up mentorship partnerships.</p> <p>b. Establish a record of staff willing to act as mentors and ensure that they have received appropriate training.</p> <p>c. Have in place a more effective means of providing the link between mentors and mentees that facilitates the mentorship process for all and that is locally well publicised and links to the staff appraisal process.</p>	<p>A Mentorship Champion will be in place by summer 2017 and networks established and working effectively by 2018. By 2018, 100% of staff will have been offered a mentor.</p>

Ref	Objective	Person Responsible	Actions	Measures of Success
S7	<p>Career Development</p> <p><i>To underpin sustained career development mechanisms including increased promotions, improved quality of staff appraisal (SRDS).</i></p> <p><i>To enhance the progression of female clinical academics to senior positions through improved processes in collaboration with the NHS.</i></p>	Dean (Prof Helen Whelton) & SMT.	<p>a. We will continue to monitor the number of promotions applications and the effectiveness of local promotions advisors to improve local career development by this means.</p> <p>b. To sustain the usefulness of SRDS it is vital that we work on improving its quality of output. This will be by local refresher sessions for reviewers and by establishing examples of best practice that can be shared to ensure that reviewees are all treated fairly and consistently.</p> <p>c. Regular recording and reporting will sustain the School's commitment to SRDS as the tool for staff development. Although feedback is generally good, quality is anecdotally variable and this will be addressed by the monitoring of completed SRDS forms and by using staff consultation sessions to obtain frequent critical response.</p> <p>d. We will create a more joined up approach to ensure successful outcomes from SRDS. SRDS feeds into multiple staff support mechanisms but there is no overall co-ordination and it is very dependent on individuals engagement, which can be variable. Other means of triggering activity e.g. by a checklist registering interest for more information that is facilitated by administrative support.</p>	<p>Promotions applications and outcomes will be gender balanced and improved numbers of applications will be sustained over the reporting period rising to 5% staff applications per annum by 2021. Feedback from staff will show 80% feel supported in the promotions process.</p> <p>Refresher training will commence on 2017 and 100% reviewers will have attended by the end of 2018.</p> <p>Staff feedback on the SRDS process will be improved to 80% positive by 2018.</p> <p>Quality and outcomes will be improved by 2018 as measured by staff feedback (Cultural Survey and World café events).</p>

Ref	Objective	Person Responsible	Actions	Measures of Success
S7 contd	Career Development	Dean (Helen Whelton), DSE (Michael Manogue) & DRE (David Wood). REF Lead (Prof Deirdre Devine)	e. The School submitted slightly more males than females to REF 2014 but the total number of eligible male staff remained 25% higher than women in 2014 and this imbalance will be investigated via focus groups and addressed before 2021 using AAMs as the tool to understanding. f. Where staff have joint appraisals and job planning, to maintain consistency, all staff involved, including those from our NHS partners, must be subject to the same training criteria across both organisations.	Reasons behind reduced eligibility of females will be elucidated in the first tranche of meetings in 2017. Recommendations will be made to SMT and barriers to success will be addressed going forwards. We will see increased female eligibility and equality with males by 2021. We will work with NHS partners to develop understanding and processes to enable this to happen by 2019.
ORGANISATION AND CULTURE				
S8	Gender balance in influencing forums <i>To educate and encourage staff to expand the scope of their influence. In the School we have achieved gender equity in senior committees but work need to be done to expand this externally.</i>	Dean (Helen Whelton). Focus group subgroup, SAT & SMT	a. Gender balance of school committees will be maintained, recorded and reported annually. b. Support measures to facilitate women to participate in these activities will be established. c. More females will be encouraged to apply to be on external influential committees via SRDS and continued marketing of our successful female role models.	A report will be produced for SMT by the end of 2017 and measures instigated by the end of 2018. Improved uptake will be apparent by 2019 and there will be <u>no difference</u> between genders participating in external committees by 2021.

Ref	Objective	Person Responsible	Actions	Measures of Success
S9	<p>Workload Model</p> <p><i>A new WM is currently being adapted for our needs and will be implemented in 2017. Analysis of data from the new WM will facilitate the evaluation of gender balance across activities undertaken and inform strategic level planning.</i></p>	<p>Dean (Helen Whelton).</p> <p>WM working group, Faculty IT, SAT & SMT.</p>	<p>a. Staff consultation in late 2017 to gain feedback on the value and usability of the new WM.</p> <p>b. Establish a WM action group to undertake:</p> <ul style="list-style-type: none"> Data analysis in 2018 to inform SRDS discussions allowing exploration of balance and direction of work and enabling the identification of career progression opportunities and barriers. Identification of activities contributing to heavy workloads and subsequent appropriate action including monitoring and redistribution of work and responsibilities. A review of gender balance of staff activity and progression through roles. 	<p>Useable data to inform a report to SMT. This will include a review of gender balance of staff activity and a report on staff progression through roles, with recommendations, by September 2018.</p> <p>Outcomes of data collection will influence any remedial actions by the end of 2019.</p>
S10	<p>Perceived culture of long working hours</p> <p><i>Addressing the intrinsic culture of this and the reality of the extensive UG DS programme will allow us to establish acceptable benchmarks for staff hours and create enablers for other activities such as external committees, outreach, research etc.</i></p>	<p>DSE (Michael Manogue).</p> <p>Focus group subgroup, SAT & SMT.</p>	<p>a. Programme review will mean teaching load will be reduced by addressing over-teaching and high assessment levels.</p> <p>b. Guidance will be prepared to clarify the School's expectations in regard of working hours.</p> <p>c. AAMs will facilitate the correct message for the expectations of academic staff and will help us understand workload, personal perspectives and barriers to career success.</p>	<p>Reduced teaching load from September 2017, improving year on year. UG DS assessments will reduce by 50% by 2021. UG DS year length will be reduced to 40 weeks for all years by 2021.</p> <p>A report to SMT by end of 2017, and actions disseminated by early 2018.</p> <p>Staff feedback will demonstrate a substantial improvement in this area to 95% staff feeling they have a realistic workload and have time for career development opportunities.</p>

Ref	Objective	Person Responsible	Actions	Measures of Success
S11	<p>Underpinning and further developing staff support measures</p> <p><i>Some initiatives have been more successful than others. Locally flexible working has drastically improved work-life balance and has been a great enabler for easing the return from maternity leave. Conversely Shared Parental Leave uptake and use of the Academic Development Fund has been poor and we will explore the reasons behind this and adopt new strategies accordingly.</i></p>	<p>General Manager (Anthea Staney) and faculty HR Manager (Bridget Millar).</p> <p>HR subgroup, SAT & SMT</p>	<p>a. The reasons behind the low uptake of Shared Parental Leave will be investigated and will be addressed.</p> <p>b. Establish local contingency funding to support academic staff returners, so that their research time is protected, by 'buying in' support for teaching duties, to help their re-integration in research.</p>	<p>An understanding of the reasons will be by December 2017 and any resultant actions implemented in 2018. Uptake of Shared Parental Leave will increase by 100%+.</p> <p>SMT will receive a paper proposing a School scheme, specific to our staff requirements, by December 2017. Improved uptake will be achieved by the end of 2019 from 0% to 40% (of those eligible).</p>
S12	<p>Gender pay gap</p> <p><i>Our scope will expand to investigate the potential existence of any gender pay gap in the School.</i></p> <p><i>We will identify any gender differences in the length of service, for all staff categories, and develop actions accordingly.</i></p>	<p>Dean (Helen Whelton) & HR Manager (Bridget Millar)</p> <p>HR subgroup, SAT & SMT</p>	<p>a. The potential for gender bias in salary will be investigated to the following.</p> <p>b. Data will be gathered to explore any gender differences related to length of service. This will be used to inform focus groups and obtain staff feedback. Following consultation remedial actions will be agreed and implemented.</p>	<p>A report to SMT by the end of 2017 detailing salary across roles and genders. Actions instigated depending on the outcomes and will new mechanisms to ensure equal pay across genders by 2021.</p> <p>Findings will be presented to SMT by mid-2018. Actions will be agreed and in place by the end of 2018 with the expectation that any gender differences will be reduced by 15% by the end of the reporting period.</p>

School of Dentistry Athena SWAN Bronze Award Action Plan: 2015 – 2017

Summary of Outcome and Impact April 2017

Description of action	Progress and Outcomes	Evidence and Impact	Sustainability
THE SELF-ASSESSMENT PROCESS			
ACTION 1: Further implement the School communications strategy in relation to Athena SWAN			
<p>Action 1a: Revitalise Athena SWAN communications</p> <p>Link to ACTION 1: Ensure all School communications are gender-friendly</p>	<p>Completed</p> <p>Our communications strategy includes a gender-friendly School website; Athena SWAN pages with information on the SAT and HR policies; shared information on 'Sharepoint'; regular updates via our weekly electronic newsletter 'Dencomms' and our weekly School e-bulletin.</p> <p>New Athena SWAN posters, pop-up stands and regular 'Dean's notes' in Dencomms. We have held a Cultural Survey, 4x Focus groups and 2x Equality & Inclusivity world café consultation events. We have rolling messages on our plasma screens and have hosted a Flexible Working Roadshow.</p>	<p>Awareness has been raised in these ways, all by the end of academic session 2016. Impact has been evidenced by feedback from our world cafe consultation event and staff: student forums and data showing improved uptake of flexible working and promotions and career progression opportunities.</p> <p><i>"The School of Dentistry has supported me when I've needed to provide episodes of care for my mum, this can be a particular challenge as I am a part-time worker. The ability to work flexibly and the support from my team has really helped. The team has helped greatly in these times and reduced the stress that arises from unscheduled events and made it possible to juggle work and home life"</i></p> <p>Gender equality has been achieved at all academic grades except Associate Professor and a pipeline has been established to correct the remaining gender imbalance.</p>	<p>Continuation and expansion via other methods of communication, particularly social media commenced in summer 2016.</p> <p>Our Social Media presence group includes all categories of staff and students. We meet monthly to explore and maintain lines of communication via Facebook, Twitter and YouTube. This reflects the changing face of communication in today's society and it is important that we adapt accordingly.</p>

<p>Action 1b: Repeat the STEM Cultural Survey on an annual basis</p>	<p>Revised December 2016 – Ongoing It was planned that the Cultural Survey would be repeated annually. The first survey was held in January 2014 with a 65% response rate and we aim to repeat in 2017.</p> <p>Focus groups and world café/other surveys have proved more useful. The Cultural Survey was by nature quite generic and probably too long. A simpler more direct approach has yielded better results and a revised more succinct survey is being devised.</p>	<p>Our first feedback on our actions came from a World Café consultation on the School’s vision and strategy in spring 2016 and a later similar style event in December 2016, where perceptible changes were noted.</p> <p>These indicated a more sustained understanding of Athena SWAN actions and better knowledge of new and existing opportunities to support staff. It is of note that the more frequent these events happened, the more ‘buy in’ was witnessed from staff. Attendance has increased (from 25 to 40) and feedback on the actual style of the event and its usefulness is excellent.</p> <p><i>“Staff consultation events such as the World Café’s have been great...to find out more about the Athena SWAN initiatives and also to have an equal voice and feel part of the process”.</i></p>	<p>The revised Cultural Survey will be repeated every 2-3 years with 75% response rate (Silver Action S1a).</p> <p>Impact will be maintained with more frequent informal events such as World Café consultations every 6-12 months (Silver Action S1b&c).</p>
<p>ACTION 2: Report Athena SWAN progress to the SMT, STSEC / SRIC regularly and receive feedback on Progress Log and completion of Actions</p> <p>Forward link to ACTION 6a – MMI (E&I)</p>	<p>Completed The SAT chair reports through committee chairs and in person to SMT, STSEC & SRIC. Athena SWAN is a standing item on the SMT agenda.</p>	<p>Minutes of committees document reporting of Athena SWAN progress. Feedback to the SAT ensures clear accountability for resulting actions. Feedback shows that the actions are viewed as positive to school business. They are integral to supporting female academic success and also to building the cultural ethos of good practice and fairness for all staff.</p>	<p>Will continue on an ongoing basis. The Athena SWAN SAT will be embedded in a new School Equality and Inclusivity Committee to further embed and promote our Silver actions into practice in consultation with staff, students and School managerial forums (Silver Action S1d).</p>

		"The support from the School has been amazing and means I can work flexibly to deliver teaching whilst also completing a Master's degree and PhD – this is a huge boost for my future career opportunities"	
STUDENT DATA			
<u>ACTION 3:</u> Improve understanding of gender issues in undergraduate programme recruitment			
<u>Action 3a:</u> Work with the Kuwaiti Government to better understand the reasons behind the apparent gender imbalance in recruitment to the IFY	<i>Completed</i> Renegotiation of UG contract with the Kuwaiti government and subsequent conversations enabled us to provide general information about the Athena SWAN charter and our work as a School to address issues of gender equality.	Discussions with the Kuwaiti Cultural Office evidenced that scholarships are awarded based on the results of high school examinations, irrespective of gender. We had noted that for this group of students bias towards females was more marked. Notional reasons for the female bias included the convenience of the work environment for family life made it a preferential career for women, indicating that the selection of Dentistry for study was a life-style choice. This was positive news for the school but we have limited influence over the Kuwaiti work environment as these students are not eligible to practice in the UK.	Dialogue will be maintained with the Kuwaiti Cultural Office now we have raised awareness. They are reviewing their student data and we will support them in this work.
<u>Action 3b:</u> Improve understanding of the reasons for the DHDT programme being overwhelmingly female, particularly so in Leeds and promote the	<i>Completed</i> Dialogue was undertaken with the NHS funding body in relation to DHDT and gender-related recruitment. This population of students is drawn from the pool of dental nurses, a predominantly female population. We have promoted careers in DHDT to men in	Improved appreciation of recruitment and workforce implications in DHDT has been achieved. Improved promotion of DHDT as career for men has been established in marketing materials and in an outreach setting.	Long term we expect the demographic of males in DHDT to change. Fundamental changes in Dentistry provision in the UK will mean that there will be more DHDT practitioners in the workforce and less dentists. This will increase its attractiveness to males as a profession. In the meantime we will continue our efforts

career to men in outreach settings	outreach settings and have amended our marketing material to include more male role models. Style of marketing material has also been adapted and from September 2017 the course becomes a BSc with altered entry requirements. We anticipate this will alter the application and entry cohort.		in outreach and marketing (Silver action S2a).
Action 3c: Investigate the reasons for the low uptake of intercalated programmes by dental students to ensure there is no gender bias and to promote their uptake	Completed Existing data was scrutinised and the reasons behind low uptake were explored. Final year student projects provided useful feedback from students. Reasons included additional costs incurred by another year of study, relevance to career intentions and lack of promotion of the idea of intercalation at an early stage of study.	Although uptake was low, no gender bias was evidenced. An Intercalation Lead has been appointed to continue the work.	Our action moves forwards to increase the numbers choosing to intercalate and we will continue to monitor gender balance to ensure no bias. We are now exploring what financial support the school can provide and opportunities for intercalation will be promoted with careers advice in years 1 & 2 and better advertising. (Silver action S2b).
Action 3d: Monitor the national picture of recruitment to UG programmes, through BM data	Completed BM data was reviewed for trends in gender-related issues to UG programmes. School recruitment was broadly in line with BM data for DS and DHDT programmes. However some positive bias towards females for DS was noted.	Changes in our MMI process, better training of interviewers and the introduction of BMAT as a selection tool, have addressed this trend. For 2016 DS recruitment was aligned with BM data.	We will continue to monitor data annually (Silver action S2c)
ACTION 4: Identify and manage gender imbalance in PGT programmes			
Action 4a: Determine why there is a male bias in recruitment to the PT top-up MSc programme and communicate with the FGDP Diploma provider in relation to measures they have taken	Ongoing PT top-up MSc programmes were suspended in 2014/15. A streamlined portfolio has commenced but has hindered data collection and implementing Bronze Actions 4a & b. If top-up programmes are re-introduced these roll over onto the Silver Action plan.	PT top-up programmes are suspended. Currently under review, we are moving to a new portfolio of PGT programmes. Recent data shows females are better represented in FT than in PT study and are in line with BMs.	New PGT courses commence in 2017 and we expect PGT student numbers to increase significantly thus enabling us to collect more data and identify more meaningful trends (Silver action S3a)

<p>to improve the gender balance.</p>			
<p>Action 4b: Use a student focus group to better understand application drivers and why women studying PGT programmes are under-represented in Leeds.</p>	<p>Completed PT MSc top-up conversion rates were found to be higher due to the distance-learning approach offered. Top-ups are currently suspended.</p>	<p>Females studying PGT programmes are now above average for FT and slightly below average for PT.</p>	<p>See 4a.</p>
<p>Action 4c: Review administrative processes for PGT data collection</p>	<p>Completed A review of administrative processes for PGT data has resulted in reporting via 'functional themes' (e.g. admissions, student support) by the School's Student Education Office. This is done post registration and links into University annual student forecasting exercises. A new Customer Relations Management (CRM) system commenced September 2016.</p>	<p>Gender-related PGT data is now collected by the re-organised Office and an annual report prepared for STSEC. This has facilitated an improved School response to fluctuations in student admissions and also allows more accurate reporting for financial forecasting.</p>	<p>This will continue on an ongoing basis to enable School monitoring of PGT student numbers and gender balance.</p>
<p>Action 4d: Monitor CRM functionality</p>	<p>Ongoing CRM software has been implemented by the University but was delayed by 1 year after the writing of our Bronze Action plan. CRM only started in September 2016 and no data will be available for monitoring until Autumn 2017.</p>	<p>A report of effectiveness of recording data, including gender-related information for STSEC, had been planned by December 2016 but is now pushed back to December 2017. Early indications are that the CRM has taken significant effort to set up but its data collection potential is likely to provide very useful and important evidence to inform the Schools PGT education strategy. The consistency of approach for all PGT applicants has been welcomed by all.</p>	<p>CRM functionality is looking like it will be extensive. It is already providing a more effect and efficient mode of PGT recruitment even in its early stages. Data will be monitored and reported as part of the silver action plan (Silver action S3b).</p>

<p>ACTION 5: Review PGR marketing and applications to encourage gender equivalence</p>	<p>Completed Analysis of marketing information for PGR programmes was undertaken and a checklist of good practice in relation to gender equality prepared. New marketing brochures have been produced and are being used for 2017 intake. Webpages have been reviewed to eliminate gender bias in images and style of information presentation. Training of those involved in interviewing now includes courses in 'Equality and Inclusivity Essentials' and 'Unconscious Bias'.</p>	<p>Processes and marketing have been confirmed as being gender-friendly by SRIC, central marketing team and Athena SWAN SAT. New marketing material was introduced in 2017 and impact will be measured as part of the Silver Action plan.</p>	<p>The effectiveness of the revised marketing strategy and improved interview process will be monitored (Silver action S4a) and appropriate revision taken as necessary.</p>
<p>ACTION 6: Enhance gender-related processes in assessment of applications to UG programmes</p>			
<p>Action 6a: Ensure that MMI material includes Equality and Inclusion guidance/training for assessors and audit uptake</p>	<p>Completed Equality and Inclusion online training is a requirement for all MMI interviewers (staff). Panels must also demonstrate good gender balance. Senior staff also attended unconscious bias training.</p>	<p>The GDC requires all staff to have undertaken Equality and Diversity training. Staff involved in MMIs have completed online Equality and Inclusion guidance/training (60% compliance). 43% of the MMI panels (3/7) in 2017 were gender balanced.</p>	<p>Our first attempt at recording MMI panel composition showed some panels were gender balanced, but 4/7 were not. This will be improved in subsequent MMIs. Uptake of training and reporting of gender balance of panels will happen annually. Effect of BMAT on UG student intakes will be measured annually (Silver action S3d)</p>
<p>Action 6b: Analyse individual MMI stations for any gender bias</p>	<p>Completed MMI-generated data was tracked to follow application and recruitment by gender. Stations were reviewed to ensure tasks completed were as gender-neutral as possible.</p>	<p>Results from 2017 interviews were reported to STSEC in February 2017. For the 2017 intake there was no significant difference in performance between males and females at MMIs resulting in the gender balance of offers made being in line with applications.</p>	<p>We have made significant progress with removing gender bias from the MMI process. Data will be collected and presented to STSEC annually to ensure continued success.</p>
<p>ACTION 7: Review PGT marketing, recruitment and conversion processes to identify any gender bias and to develop plans to rectify them, so the process becomes more effective</p>			
<p>Action 7a: Give offers early in the year preceding entry</p>	<p>Completed The majority of offers are now given by December in the year preceding entry to give</p>	<p>CRM software introduction was delayed so this was monitored manually. For 2016 entry female</p>	<p>We will continue with our one to one support of applicants. CRM will improve our ability to respond to students in a</p>

	<p>candidates more time to obtain financial sponsorship and visa entry in time for the commencement of study the following autumn.</p>	<p>student recruitment numbers remained high. Just 2 students failed to register for our main PGT programme in paediatric dentistry. Both of these related to females, one due to lack of sponsorship and another due to an inability of a 'chaperone' to obtain a visa. The influence of these issues was not within the School's power. We provide assistance with visa applications for students and this has been welcomed.</p>	<p>timely and consistent manner Functionality will be monitored via (Silver action S3b)</p>
<p>Action 7b: Maintain regular contact with successful applicants to ensure that issues are identified early, offering support as necessary</p>	<p>Completed The Student Education Office maintains regular, documented contact with successful applicants. Programme Leads also support successful applicants to enable the early identification and resolution of issues.</p>	<p>The Student Education Office documents contact with successful applicants and produces regular e-newsletters for successful applicants, which are monitored for gender friendliness.</p>	<p>We will continue to provide this support via our evolving Student Education support team and via programme leads.</p>
<p>Action 7c: Explore reasons for the low conversion rate from offer to acceptance for international students</p>	<p>Completed PGT Programme Leads via the Student Education Office and Marketing Officer invited existing PGT students to give their views, on 'why Leeds?' and the challenges faced in making that choice. For international applicants, the challenges mostly related to issues with visas and financial sponsorship. International students predominantly undertake FT study resulting in worse conversion rates for FT than PT PGT study.</p>	<p>Conversions from offer to FT registration have improved from 12.7% in 2013/14 to 21.6% in 2016/17. The ratio of male/female applications is in line with offers and subsequent acceptances providing evidence that the recruitment process is fair.</p>	<p>Actions 7a and 7b are now well established and we hope the trend in rising conversion rates will continue.</p>
<p>Action 7d: Review PGT marketing and recruitment processes to identify any</p>	<p>Ongoing via CRM PGT Programme Leads via the Student Education Office and Communications and Marketing assistant have explored gender</p>	<p>New PGT marketing was launched in 2017 to update images and narrative in line with our new PGT portfolio. This gave us an opportunity to ensure</p>	<p>New PGT application data will be available from September 2017 and will enable us to monitor the effectiveness of new marketing.</p>

<p>gender bias and develop plans to rectify, as necessary</p>	<p>bias in PGT marketing and recruitment processes.</p>	<p>strict adherence to guidelines for educational marketing and eliminate any remaining gender bias. The impact of this will be measured to inform future decision making (Silver action S3c).</p>	
<p>ACTION 8: Investigate the reasons for gender imbalance (favouring females) in the conversion of offer to acceptance and take action in PGR recruitment if there is bias, as necessary</p>	<p>Completed The Education Office and PGRT, reporting to Postgraduate Research Degrees Committee (as its chair) and SRIC have examined the bias in favour of female PGRs to elicit any reasons gender-related. Support mechanisms for PGR applicants have been documented. Improved and regular contact with PGR applicants has been established primarily via Schools supervisors but also the Faculty Graduate school. New PGR marketing was launched in 2017.</p>	<p>Female bias, for FT study, has been reduced from 74% (2012/13) to 63% (2016/17). This is higher than BMs (59%) as our Professional Doctorate attracts a large international female intake. In 2016, 60% of PT students were female in line with female representation in UK Dentistry as a profession.</p> <p>Gender quality has been achieved in the selection process in 2016/17, reversing the previous trend towards female bias. The impact of the new PGR marketing brochure will be measured to inform future decision making (Silver action S4a).</p>	<p>Other Dental Schools have investigated the reasons behind lower females in PT study and found that the majority of part-time students were clinically trained and worked for the NHS or in private practice the rest of the week. The reduced number of female part-time students was therefore a reflection of the reduced pool of women in clinical academia. As female clinicians are encouraged into research this trend is likely to be reversed and we will continue to monitor (Silver action S4b).</p>
<p>ACTION 9: Examine the reasons behind poorer performance of male DS students and determine what support mechanisms should be put in place</p>	<p>Completed A student-led project surveyed DS students to ascertain the differences in approach to study between males and females. Reasons included females being better motivated and males having other commitments and priorities. 'Denstudy' was launched in 2013 for all UG and PG students and in 2016 provided 217 student appointments. Online resources have</p>	<p>In 2016 we achieved near gender-equality in the Distinctions/Merits awarded to DS students.</p>	<p>Guidance will be prepared on 'how to be a successful student', for review and approval by STSEC, by June 2017 (Silver action S2e).</p>

	been improved and in-house pastoral care provided. We have appointed a new Associate Director of Student Support.		
STAFF DATA			
<p>ACTION 10: Investigate the reasons for the low proportion of female staff in middle seniority positions, in particular</p> <p>Link to ACTION 13: on promotional opportunities for women.</p>	<p>Completed</p> <p>A focus group was held with female staff in middle seniority positions to investigate reasons why they felt there is gender imbalance at Associate Professor level. Reasons were associated with unfamiliarity with the promotions process and reluctance to apply for promotion or higher positions. See action 13.</p>	<p>Happily we are now seeing increasing numbers of female Associate Professors and have achieved gender equality at lecturer grades (both clinical and non-clinical) to feed the future pipeline to AP.</p> <p><i>“The School of Dentistry has supported me through a promotion application process to successful outcome. The range of input was fantastic from my manager, HR and colleagues. It was a difficult process as I work part-time but it was made a lot easier having a team to support me”</i></p>	<p>To sustain the increasing in female AP numbers we will continue with our actions to enhanced promotional opportunities for females and awareness of promotion procedures in general. Positive role models of women in Dentistry will continue to be promoted and a programme of increasing awareness and uptake of mentoring and mentorship will be ongoing.</p>
ACTION 11: Improve information collection around exit interviews			
<p>Action 11a: Revisit opportunities for a suite of exit interviews to record meaningful data on the reasons for leaving/changing employment</p>	<p>Ongoing</p> <p>Prior to 2016 the reasons for staff leaving was not collected and only simple ‘categories were logged. However no gender bias was apparent. Exit interviews were introduced in 2016. Leavers meet with HR or a senior manager to discuss pre-set questions. Decisions around reasons for leaving and opinion on the positive and negative aspects of working for us are explored. Anonymised feedback is provided to the School.</p>	<p>Uptake has been mixed and just 4 staff (50%) have chosen to have an interview so far and this initiative has yet to provide useful feedback.</p> <p>For clinical staff the financial rewards externally are greater than in academia, and this is definitely an influencing factor. Where possible we pay a ‘market uplift’ in order to secure key clinical staff. This enabled us to make successful appointments in the last 2 years at Professorial and Associate Professor level.</p>	<p>This activity has only recently commenced and we will continue to collect data, monitor the information recorded and report back to the SMT by October 2017 (Silver action S5a).</p>

<p>Action 11b: Explore reasons for staff turnover, especially by those at the clinical lecturer grade, holding permanent contracts</p>	<p><i>Ongoing</i> Focus groups have explored specific reasons for staff leaving at the clinical lecturer grade. There was no gender bias or any relation to FT or PT working and feedback revealed this was related predominantly to a perceived lack of promotional opportunities. They also highlighted the need to address organisational barriers such as lack of mentorship and an unwieldy promotions process.</p>	<p>See Actions 13 & 15. These actions have improved the clinical lecturer grade gender balance to equality. Turnover was already low but the temporary use fixed term contracts the clinical lecturer (T&S) grade has been addressed and all contracts were converted to permanent in early 2017.</p>	<p>See Actions 10, 13 & 15.</p>
<p>SUPPORTING AND ADVANCING WOMEN'S CAREERS</p>			
<p>ACTION 12: Ensure there is no gender bias in recruitment</p>			
<p>Action 12a: Collect and monitor robust and efficient recruitment data, by grade of appointment and gender</p>	<p><i>Completed</i> Recruitment data has been recorded more effectively, feeding into the University's new e-recruitment system Stonefish. Accurate recruitment data is now available from 2014.</p>	<p>Areas for action concerning grade of appointment in relation to gender were identified and reported to SMT, by April 2016. New data is now facilitating accurate analysis of recruitment trends across staff categories. Gender equality has been achieved at Professorial and Lecturer levels. More researchers are female and we have seen increased numbers of female Associate Professors (clinical) rising from 20% in 2012 to 27% in 2016. The achievement of gender equality at lecturer grades (both clinical and non-clinical) will feed the future pipeline to AP.</p>	<p>Data collection is going well and will continue.</p>
<p>Action 12b: Monitor job applications by women and their success rates</p>	<p><i>Completed</i> 50% of our Professoriate are female and were appointed via a competitive process.</p>	<p>Clinical appointments mirror BMs. National data now shows female representation at the associate</p>	<p>Given the lack of female applicants it is crucial that we place more emphasis on attracting female candidates into our</p>

	<p>Applications and appointments for clinical posts are broadly consistent with an increase in the proportion of female applicants and appointments at lecturer level, whilst applications and appointments at more senior clinical levels are still predominantly to males.</p> <p>Few non-clinical academic appointments in the reporting period make data analysis difficult.</p>	<p>clinical professor grade to be increasing female this will feed the pipeline to clinical professor. Applications from females have been attracted all levels across non-clinical academic appointments and appointments are broadly in line with applications. Females predominate at the researcher grades.</p>	<p>senior clinical positions via both external appointment and growing our own pipeline from the junior ranks (Silver Action S5b).</p>
<p>Action 12c: Confirm that advertisements for all posts are designed to ensure that there is no gender bias in the wording and that there is full compliance with the University's Equal Opportunities policy</p>	<p>Completed Advertisements are confirmed by HR as being gender-neutral, impartial and compliant with the Equal Opportunities policy. They are checked for impartiality in the wording and compliance with policy on Equality and Inclusivity. Job descriptions include a statement detailing our commitment to equal opportunities, job sharing and flexible working. Job descriptions have been made more visually appealing and easier to interpret. There is equal gender representation in the images used.</p>	<p>We believe the improvements seen in female application and success rates to be a direct result of our Bronze Action 12 ensuring all job advertisements are free from gender bias.</p>	<p>Compliance will be kept under annual review. Work will continue to address the bias still visible at clinical AP level.</p>
<p>ACTION 13: Ensure that women's promotional opportunities are enhanced</p>			
<p>Action 13a: Provide additional guidance for SRDS reviewers and female reviewees about the importance of discussing promotional opportunities</p>	<p>Completed Guidance on promotional opportunities will be prepared, for used by SRDS reviewers and reviewees. Promotions awareness workshops have been provided.</p>	<p>Already we are seeing the impact of this action with improved promotion application rates in clinical academics from 0% (2011-13) to 17% (2014 -2016). We expect the trend to continue and even more increased number of applications for promotion from women, by March 2018.</p>	<p>We will sustain our actions via regular promotion awareness workshops, local promotions advisors and mentors and SRDS.</p>

		<p><i>"The SRDS process identifies strengths and weaknesses. Sets up objectives, helps identify further support to fill skills gaps for promotion"</i></p>	
<p>Action 13b: Use a focus group to elicit views on why applications for promotion are lacking and put in place appropriate support mechanisms</p>	<p>Completed A focus group has improved our understanding of the reasons for few applications for promotion from women. Historically the number of applications for promotion has been very low for both genders. Enhanced promotional opportunities for females were explored and awareness of promotion procedures in general were more widely developed. Discussion of promotion-readiness is on the SRDS guidance check-list and is mandatory for staff near the top of their pay scale. Senior managers provide practical help with promotions applications and pre-screen and strengthen written submissions.</p>	<p>The results have contributed to the production of revised University promotions processes and criteria that were introduced in 2016.</p> <p>The system for collection of data in relation to application by grade or gender had also not been transparent and has been improved.</p> <p>Application rates are improving significantly especially for females and success rates are close to 100%.</p> <p><i>"During my recent application for promotion I was very well supported throughout the process by senior administrative and academic colleagues in the School who provided key guidance in ensuring I met all the criteria for a successful application"</i></p>	<p>Sustained action is required to continue to ensure equality in the numbers of promotions applications across genders. Rewards and Recognition applications also illustrate that this phenomenon is particularly to female academics as higher numbers of applications are observed from females in Professional and Support roles.</p>
<p>Action 13c: Give a Promotions Workshop to colleagues at the top of grade</p>	<p>Completed Workshops on promotional opportunities and how to apply for them are provided annually.</p>	<p>Local promotions awareness workshops have been provided annually by our HR manager. They have attracted small groups of attendees that are benefitting from the opportunity to participate in the informal interactive learning environment. In 2016, 16 staff from all staff categories attended (69% female & 31% male), and not just</p>	<p>This activity will continue annually. New webpages dedicated to promotions information and promotions advice are being developed.</p>

		those at the top of the grade, as originally intended.	
ACTION 14: Ensure gender balance of interview panels and commit to E&I training for all panel members; review uptake	Completed We have monitored gender balance of interview panels and uptake of E&I training, to ensure that policy is followed. We have also mandated for all shortlisting and interview panels to have representation from both genders.	In 2016 we achieved 95% compliance for the 21 interview panels. Resultant appointments were 12 males and 11 females. Interview panel members also undertake internal training for the role including 'Equality and Inclusivity Essentials' (60% compliance). All senior staff must attend Unconscious Bias training, irrespective of their involvement in recruitment (73.3% compliance as of end of December 2016).	We are pleased with the progress made with this action and will sustain our efforts to reach 100% compliance.
ACTION 15: Ensure that support for women at key career transition points is effective			
Action 15a: Promote the University's courses on career transitions	Completed We have identified and publicised links to support mechanisms on career transitions. This includes the provision of information regarding mentorship via staff induction, annual seminars, webpages, promotions advisors and SRDS. OD&PL provides numerous courses and the Post Doc academy supports the career development of our post-doctoral researchers. The University's Lecturers' Network provides an informal forum for newly appointed academics across the campus. A School Early Career Researcher (ECR) group links into other such groups. Other initiatives promoted include WaLN, the Senior Academic Development network, and Leeds Female Leaders network.	Information on the courses, networks and groups that support career transitions is now available on the School's webpages. New courses are promoted via Dencomms, posters and on plasma screens. This also addressed via SRDS. Uptake of OD&PL staff training courses has been very good for all categories of staff, with attendance in line with gender representation in those groups. The School also provided support and mentorship for 2 Fellowship applications in 2016 both from females and with success in both.	Our methods of dissemination are currently working effectively and we will continue to take advantage of new opportunities to disseminate this information widely.

	Enhanced support for Fellowship applications is provided both centrally University locally in the School.		
Action 15b: Consider how to enhance mentoring, post-probation	<p>Completed The University's mentoring website offers guidance on process and good practice. In the School, academic staff are allocated a mentor during their induction/probation period. Post-probation, staff are still entitled to a mentor, a process which is usually agreed between the line manager and the individual. The effectiveness is monitored through SRDS.</p> <p>Annual Academic Meetings (AAMs) were introduced in February 2017 as a means of providing closer links for academic staff to meet with the Dean and DRI and DSE. These meetings will contribute towards mentorship, providing support for academic activities and addressing barriers to success.</p>	<p>A report is being compiled for SMT on how mentoring may be enhanced, formally and informally. The current process works well, is not restricted to academic staff and is available to all grades. It is common practice for new staff specifically to be allocated a mentor and for career progression. Mentorship is addressed through SRDS and AAMs. A professional line manager is provided for Professional and Support staff to ensure appropriate guidance.</p> <p><i>"I started as a new staff member in September 2016, and I felt welcomed into the team. I have been assigned a mentor who is supportive of my training and development needs in my new role"</i></p>	Additional guidance is required for mentorship to effect a more consistent provision and uptake of support opportunities and the School is currently exploring implementing its local mentorship scheme more widely in addition to the University's more formal version. The process was kicked off with a mentorship seminar in December 2016 and we will appoint a Mentorship Champion in 2017. We will monitor uptake and feedback and report to SMT (Silver Action S6a, b & c).

CAREER DEVELOPMENT

ACTION 16: Review the promotions process and encourage female staff to use it

Action 16a: Re-consider local benchmarks for University promotional criteria	<p>Completed Revised University promotions processes and criteria were introduced in 2016 which placed more emphasis on gender fairness, e.g. considering the academic trajectory of applicants prior to a gap in output (e.g. maternity leave). Local benchmarks of</p>	Promotional criteria are now clear, helpful and achievable, rewarding quality over quantity of contribution. They acknowledge responsibilities for teaching, research, administration but also pastoral work and outreach work	Awareness of the need for regular revision will remain on our agenda.
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	promotions criteria were renewed to make them clear, fair and appropriate.	outreach and public engagement activities.	
Action 16b: Identify School-level promotions advisers, benefitting from the good practice employed by our Aurora Champions and monitor their activity	<p>Completed School level promotions advisers have been appointed following local adverts. Bespoke training and advice for advisers was provided by the HR team. Advisers are drawn from all categories of staff.</p> <p>In addition, two of our Professors are Aurora National Champions, coaches and mentors for academic women, and we benefit greatly from their expertise.</p>	<p>Six School promotions advisers have been appointed.</p> <p>The numbers of promotions applications have improved for clinical academics from 0% (2011-13) to 17% (2014 -2016).</p> <p>Discussion of promotion-readiness is on the SRDS guidance check-list and is mandatory for staff near the top of their pay scale. New administrative support systems have improved the consistency, timing and uptake of SRDS. In 2015 and 2016 we achieved a 100% completion rate and we hope to see sustained increase in promotions applications this year.</p>	We will continue to monitor the number of promotions applications and the effectiveness of local promotions advisers (Silver Action S7a)
Action 16c: Use a focus group to evaluate why women may not feel encouraged to apply for promotion or use the Contribution Pay (Reward and Recognition) exercise and produce plans for improvement	<p>Completed A focus group explored the reasons why women did not feel able to apply for promotion or use the Contribution Pay/Reward and Recognition exercise. A number of reasons were highlighted including a lack of knowledge regarding the process and a lack of confidence about applying for opportunities such as promotion or Reward & Recognition pay.</p>	Interventions identified that would best support women at crucial stages of their career include improved effectiveness of SRDS (Bronze Action 17) and mentorship (Bronze Action 15 & 21a); marketing of successful female role models; widespread accessibility of information about the promotions process) and active identification and encouragement of individuals for promotion; and accurate and dynamic	To sustain this we are aware that development is not solely about progression to the next grade but also covers opportunities to move within the School, diversifying expertise and moving to positions outside of the School, as appropriate. See Bronze Actions 18.

		<p>identification of activities required to build skills portfolios (Bronze Action 16).</p> <p>Feedback from our most recent staff consultation event in December 2016 indicated that the majority of females felt encouraged to apply for opportunities and the perceived barriers to success were reduced. From 2014- 2016 at least twice as many promotions applications (6:3) and Reward & Recognition applications (53:23) were received from females compared to males.</p> <p><i>"I have been fully supported through my career at the dental school and developed into a management role."</i></p> <p><i>"The SRDS process identifies strengths and weaknesses. Sets up objectives, helps identify further support to fill skills gaps for promotion"</i></p>	
<u>ACTION 17: Improve the appraisal process for career development</u>			
Action 17a: Enhance dissemination of information about SRDS and monitor its uptake	<p>Completed</p> <p>Improved notification and follow up has underlined the importance and value of SRDS in personal and professional development. Administrative support for the process now provides timely reminders; follow up of completion, assistance in signposting for actions and records satisfactory completion of training by reviewers. The Dean personally reviews every completed SRDS form.</p>	<p>The uptake of SRDS improved to 100% in 2015 and 2016.</p> <p><i>"The SRDS process can be very positive and an opportunity to be motivated"</i></p> <p><i>"The SRDS process is beneficial – it documents everything done in the last 12 months and identifies goals and support"</i></p>	<p>To sustain the usefulness of SRDS it is vital that we work on improving its quality of output. This will be by local refresher sessions for reviewers and by establishing examples of best practice that can be shared to ensure that reviewees are all treated fairly and consistently (Silver action S7b).</p>

<p>Action 17b: Improve uptake of training by SRDS reviewers and reviewees</p>	<p>Completed It is compulsory for all SRDS reviewers to attend SRDS training events. This has been extended to Equality & Inclusivity (60% compliance) and Unconscious Bias training for senior managers (compliance 73.3%).</p>	<p>Attendance is reported to SMT, and action taken by Heads of Department, where necessary. Compliance is good and has improved the staff SRDS experience as evidenced by staff feedback.</p> <p><i>“The SRDS process is very valuable, it gives structure to my role and guidance”</i></p>	<p>Regular recording and reporting will sustain the School’s commitment to SRDS as the tool for staff development. Although feedback is generally good, quality is anecdotally variable and this is being addressed (Silver action S7c & d).</p>
<p>ACTION 18: Improve Induction processes and training on gender equality</p>			
<p>Action 18a: Disseminate information about initiatives that support and encourage progression of women (such as the New Lecturers’ Network and ‘Springboard’)</p>	<p>Completed Information on initiatives available for female members of staff have been collated and disseminated. Enhanced information is available on the Athena SWAN pages of our website, and SRDS reviewers and line-managers are prompted to discuss with staff. News about courses and networks is also communicated via Dencomms and on the School’s plasma screens. For new female staff, this information is also included in the Induction Pack.</p>	<p>Twelve staff (5 male and 7 female) from the School have attended ‘Tomorrow’s Leaders’ since its inception and comments from participants were overwhelmingly good. Three staff have benefitted from ‘Springboard’ reporting the all-female environment supportive and that it was <i>“the most useful of courses provided”</i>.</p> <p>We provide an annual budget (£90,000) to support conference and external course attendance. Annually more than 200 staff take advantage of this (58% female and 42% male in 2016). We support strategic fully funded PhD scholarships and priority is given to ensuring these opportunities support the internal academic career pipeline.</p>	<p>This will be sustained via our actions for SRDS (Silver action S7) and communications (Bonze Action 1).</p>

<p>Action 18b: Improve consistency of Induction processes</p>	<p>Completed Information has been gathered from areas in the School where Induction happened successfully and a 'checklist' of good practice was prepared. Consistent Induction Packs are now in use and include information on the University's flexible working policy, its suite of family friendly policies, guidance on equality and inclusiveness and statements relating to the University's commitment to Athena SWAN/opportunities to support women's career progression. Induction packs also provide information on SDDU training opportunities and mentorship. The Induction process now follows a standard format for consistency.</p>	<p>New Induction packs for use throughout the School were implemented in September 2016. They provide a consistent approach of welcoming new staff, providing accurate and helpful information and ensuring everything is set up in advance for new starters in the workplace. This is followed up with staff 1 month after starting to ensure all is going well and the 'checklist' has been completed.</p> <p><i>"I started as a new staff member in September 2016, and I felt welcomed into the team. I have been assigned a mentor who is supportive of my training and development needs in my new role"</i></p>	<p>It is early days for our new induction process but early indications are that it has been welcomed by all and is working extremely well. We will continue to embed within the School with the expectation that better informing staff will have widespread knock on effect of ensuring other Athena SWAN actions to disseminate information will merely be reinforcing actions rather than starting from scratch.</p>
<p>Action 18c: Enhance visibility of policy on gender equality</p>	<p>Completed The University's policy on gender equality will be made more visible.</p>	<p>Athena SWAN pages of the website have publicised this policy, from November 2015.</p>	<p>Update policy as necessary.</p>
<p><u>ACTION 19: Improve support for female students</u></p>			
<p>Action 19a: Ensure that female UGs may request a female personal tutor</p>	<p>Completed Our Personal Tutor policy was updated and re-issued in September 2016. All UG students have the right to request a change of personal tutor and may chose a different gender if preferred. The new policy has been extended to also make provision for personal tutors for PGT students. In addition PG students' academic and pastoral welfare is monitored through the regular supervision and by respective programme leads.</p>	<p>The introduction of the revised policy has clarified the position for all students irrespective of gender. In addition to our actions for personal tutoring, we have in post a Pastoral Care Advisor, Dental Education Advisor and an International Tutor. For PGT students career development is facilitated by tutors, peer groups and informal alumni networks. PGR students have a minimum of two</p>	<p>This action has already expanded beyond the scope of the action point to cover male and female students and also PGT students as well as UGs. The policy will be sustainable and will be subject to regular review.</p>

		supervisors and the option of a mentor.	
<p>Action 19b: Continue investigation of improved electronic support measures for PGT students</p> <p>Forward link to ACTION 23: recognise support given to female students by staff in WM evaluation</p>	<p>Part-completed by September 2016 - ongoing (original timescale was by June 2017)</p> <p>We are developing consistent methods for the recording of PGT supervision, working with central services in the University. Improved electronic support measures were still required for PGT students and additional functionality was added to 'Leeds for Life' to accommodate this. A system for improving the electronic management of the supervision structure for PGT students is being developed.</p>	<p>Additional functionality was added to 'Leeds for Life' to accommodate this but further work is ongoing.</p>	<p>This action is ongoing (Silver action S3d). Target for completion is the end of 2018.</p>
ORGANISATION AND CULTURE			
<p>ACTION 20: Monitor the gender balance of School committees</p>	<p>Completed</p> <p>Membership of School committees is determined by the group's terms of reference. Terms of reference and the constitutions of School committees were reviewed in terms of gender balance. The recent process for appointment to all leadership roles, such as the four new roles of Associate Director of Student Education, appointed to recently (July 2016), is transparent, through open internal advertisement and is subject to published eligibility criteria. Most committees have at least one elected member.</p>	<p>No inequality was found. The balance between male and female representation on committees remains broadly equal.</p>	<p>Current data continue to suggest a good balance, we propose to monitor the information annually in order to assure this balance is maintained Silver Action S8a).</p>

<p>ACTION 21: Increase career guidance for staff, particularly those on fixed-term contracts</p>	<p>Completed Discussions with staff on fixed term contracts, regarding potential for their future work in the University now occur early in their appointment. Supportive consultation is offered to staff for at least the 6 months prior to the end of fixed-term contracts. Line managers and mentors provide one to one guidance.</p>	<p>The number of fixed term contracts terminated has been reduced to only 2 over the last 3 years. Locally the School mitigates the effect of fixed term contracts by providing bridging funding and a local network to facilitate staff moves to alternative sources of funding. The detrimental effects of fixed-term contracts during pregnancy have been offset by extending all contracts to the end of the Statutory Maternity Pay period instigating redeployment discussions during the maternity leave period.</p>	<p>We are happy to report effective mechanisms are in place to reduce the negative impact of fixed-term contracts. We will continue with these on an ongoing basis.</p>
<p>Action 21a: Improve mentorship and information available for line managers in relation to fixed-term contracts</p>	<p>Completed The university provides comprehensive guidance for managing fixed-term contracts. Line managers may discuss this further with HR managers if they need additional information to assist colleagues.</p>	<p>Guidelines and policy are signposted on webpages for use by line managers and staff affected.</p>	<p>This will be sustained and updated as necessary.</p>
<p>ACTION 22: Support women in their representation of the School</p>			
<p>Action 22a: Encourage women to apply to be on influential committees</p> <p>Link to ACTION 17: Ensure reviewers' SRDS checklist includes information on representation on committees by women</p>	<p>Completed External and internal opportunities are communicated to staff by email and Dencomms. Academic staff can be elected for fixed terms of office to committees such as the University's Senate. SRDS reviewers and mentors encourage eligible staff to apply for senior committee positions, both internally and externally. We provide positive role models.</p>	<p>The reviewers' SRDS checklist includes information on representation on committees by women. SRDS reviewers now implement this discussion point into staff review meetings.</p> <p>Equal numbers of female and male staff now take part in School, University and external influential committees.</p>	<p>We will monitor uptake annually (Silver action S8b). We also have several influential senior female staff members who are visibly active at promoting, informing and encourage others to take up opportunities on external committees and we hope to see this stimulate increased numbers of women taking on these roles.</p>

<p>Action 22b: Use a focus group to ask women why they feel they might not be encouraged to represent the school internally or externally</p>	<p>Completed A focus group investigated the reasons why women felt unable to volunteer to represent the School. Reasons given were centred on the pressures and volume of work and giving priority to work-life balance and a lack of confidence in females to apply for such positions.</p>	<p>In the School opportunities are now communicated to staff by email and Dencomms and SRDS reviewers encourage eligible staff to apply for senior committee positions, both internally and externally. Senior female staff members have also actively promoted, informed and encouraged others to take up opportunities. Current staff participation on external committees is gender balanced.</p>	<p>We are now exploring support measures to facilitate women to participate in these activities (Silver action S8c).</p>
<p>ACTION 23: Improve the application of the Workload Model</p>			
<p>Action 23a: Continue to improve utilisation of WM, particularly in relation to perception of clinical staff overload</p>	<p>Commenced 2014, implementation due summer 2017. The School had previously developed an activity-based model that accounted for three broad groupings of duties; Teaching, Research and Management. It was intended only for academic (and related) staff and it was rolled out in 2014. Unfortunately the WM proved to be unwieldy and inaccurate. A new WM used by other universities is currently being adapted for our needs and will be implemented in 2017.</p>	<p>Unfortunately the new WM was not a success and this action is still ongoing.</p>	<p>Staff consultation is planned for late 2017 to gain feedback on the value and usability of the new WM. Data analysis in 2018 will be used to inform SRDS discussions allowing exploration of balance and direction of work and enabling the identification of career progression opportunities and barriers. Anecdotal evidence and subsequent Focus Groups had indicated that clinical staff specifically, felt under time-pressure. The new WM will help to identify activities contributing to heavy workloads and allow us to take appropriate action including monitoring and redistribution of work and responsibilities. (Silver action S9).</p>

<p>Action 23b: Evaluate gender balance of staff involved in all activities using the WM Link to ACTION 23: Review the gender balance of those involved in outreach activities to ensure that these are reflected in the WM</p>	<p>Commenced 2014, implementation due summer 2017. As with 12a, this action has been delayed. Issues of gender imbalance, including outreach activity, will be reviewed through the new WM when it comes online in 2017.</p>	<p>SMT will receive a review of gender balance of staff activity from analysis of the WM, with recommendations, by September 2018. Manual monitoring has shown that outreach activities are free from gender bias.</p>	<p>Analysis of data from the new WM will facilitate the evaluation of gender balance across activities undertaken and inform strategic level planning (Silver action S9b).</p>
<p>Action 23c: Use the WM to assess progression of staff through roles, including gender balance Link to ACTION 17: SRDS guidance (for reviewers to give information on up and coming roles)</p>	<p>Commenced 2014, starts summer 2017, action ongoing to 2018. As with 12a and b, this action has been delayed. Staff progression through roles will be analysed according to gender using WM data.</p>	<p>A report on staff progression through roles will be prepared for SMT, by September 2018.</p>	<p>Analysis of data from the new WM will facilitate us using the WM to assess progression of staff through roles, including gender balance (Silver action S9b).</p>
<p>ACTION 24: Address core working hours and timing of meetings</p>			
<p>Action 24a: Undertake consultation with staff in relation to core working hours / the timings of social gatherings and prepare guidance on the approach to be taken</p>	<p>Completed Focus Groups determined that it would a challenge to ensure that all School meetings occur between 10am and 4pm because there is a requirement to cover patient services. However, there has been a gradual transition and the majority are now kept within these times. Up to 6 months' notice is given for all senior core meetings. 'All staff meetings' are held on different days of the week and at least 1 months' notice is given (often more).</p>	<p>Results of the focus group were analysed and reported to SMT. In 2014 20% of staff disagreed that meetings were held at reasonable times and there was a variable approach across departments. Most meetings now happen in core working hours and 'All staff meetings' have been rearranged to accommodate part-time and clinical staff attendance. When held at lunchtimes (to facilitate clinical staff attendance), lunch is always provided. 100% of core School meetings were scheduled between 10am</p>	<p>We will continue to monitor. Local School guidance was not prepared as our expectations were in line with existing Faculty guidance.</p>

		and 4pm in 2016. Feedback has been positive for the rearranged 'All Staff Meetings' and attendance has improved (40-50 attendees per meeting).	
Action 24b: Provide as much notice as possible for social gatherings to facilitate the attendance of those with caring responsibilities	Completed Improved notice for social gatherings is given. Social gatherings are usually held at lunchtimes and only occasionally in the evenings. The latter may exclude those with caring responsibilities, so special effort is made to rotate the timings of events and longer periods of notice are given (2 months+)	Actioned by SMT in October 2015. Special effort has been made to rotate the timings of events and give longer periods of notice (2 months+). There has been a gradual move of all social gatherings taking place in core hours.	Our new refurbishment provides enhanced social spaces for staff to enable small social gatherings to occur on site further facilitating the attendance of those with caring responsibilities. A School Almanac is being set up for autumn 2017.
Action 24c: Explore perceptions of a potential culture of long working hours and gather feedback from an audit, taking action as necessary Link to ACTION 1: Reiterate the need for effective and ongoing communication in relation to Athena SWAN	Ongoing The Cultural Survey results highlighted that there was a culture of long working hours in the School. Focus Groups further explored this and found this was mostly related to clinical workload, insecurity generated by fixed term contracts and peer pressure.	The review of the UG programme will reduce over-assessment of students, streamline content and reduce the length of years 4 and 5. Following implementation of some of the first amendments to the UG programme further recommendations will be proposed, by October 2017, as part of the ongoing review.	The School's DS UG programme is one of the most arduous in the UK and generates an excessive teaching load for staff. Fundamentally over-teaching and over-assessment in the DS programme has resulted in very stretched students and very busy staff and is being resolved with urgency (Silver action S10a) Further guidance will be prepared to clarify the School's expectations in this regard of working hours (Silver action S10b & c).
ACTION 25: Analyse the culture of the School			
Action 25a: Monitor uptake by PG students of network events and their inclusion in School-wide activities	Completed Student involvement in the School's PG Society and networking events, was monitored. A cultural challenge was identified that, although not female-specific, indicated that PGs had not integrated well into the School. The group was diverse and lacked a	The group has started to integrate better with School activities and also runs its own activities. A challenge has been the split-site location of the Schools PGs, with the PGRs predominantly based at St James's hospital whilst the PGTs are	To further integrate and expand their scope the group are now joining with force with the ECRs to create a team with more critical mass and influence. (Silver Action S4c).

	<p>shared identity. The 'PG student Network' was established to facilitate social and academic activities, improve interaction between students on different programmes and to encourage participation in School activities. Their committee is 50% female and their Chair is on the SAT. An annual budget of £2000 is provided for their use.</p>	<p>predominantly based on main campus. The large international female cohort has also added to the cultural differences that the group needs to be mindful of when organising activities. Some of the activities, for example "World Food Evening" provided a social opportunity to explore the diverse cultures among the group, whilst enjoying each other's culinary expertise.</p> <p>The integration of PG students and ECR supported a seamless transition from PG student to academic employment by providing immediate relevant role models. The society has creates a more supportive culture for research and scholarship amongst this cohort as evidenced by feedback from the students.</p>	
<p><u>ACTION 26: Improve arrangements around maternity/paternity/ adoption leave and flexible working processes</u></p>			
<p>Action 26a: Record unsuccessful applications for formal flexible working</p>	<p>Completed Unsuccessful applications for <u>formal</u> flexible working are recorded. To date 100% of applications have been approved. Line managers support staff wishing to work flexibly and business support staff manage the process of a formal application, which is light touch.</p>	<p>A mechanism is in place to record the number of unsuccessful formal flexible working applications. This shows that 100% of formal flexible working applications (22) have been approved so far.</p>	<p>The School works hard to accommodate staff requests for flexible working and will continue to do so.</p>

<p>Action 26b: Develop a mechanism around informal flexible working arrangements, which is transparent but 'light touch'</p>	<p>Revised December 2017 - Completed Originally we had intended that applications made for <u>informal</u> flexible working would be recorded using a light-touch process. However feedback from Focus groups and our World café event showed widespread unpopularity for this action as it would formalise an informal arrangement. It is now on hold.</p>	<p>Formal flexible work patterns are difficult to integrate in a clinical dental setting where we have no control of patient timings. Consequently we have accommodated staff flexible working requests by informal arrangements that fit around patient appointments whilst still being of some benefit. Staff are given autonomy to meet their employment obligations with the key focus being on output and service delivery. Feedback from our recent World Café Equality and Inclusivity event showed overwhelming staff support for the School's informal approach. Noting this success has led to its rollout across all staff categories.</p> <p><i>"The School has already helped. I have a laptop and an informal arrangement to work at home"</i></p> <p><i>"It's nice to take time back when clinics are quiet"</i></p> <p>Overall recorded flexible working has shown a 300% increase in uptake over the reporting period 2012-16.</p>	<p>We do not anticipate any dramatic change in NHS Dental provision and will need to continue to accommodate the service delivery commitments to patients. Informal flexible working enables us to do that and will be sustained. Roll out across all staff groups ensures fairness and consistency.</p>
<p>ACTION 27: Enhance the process of 'return to work', to further enable supportive discussions with returning staff members</p>	<p>Completed The 'Maternity Leave Checklist' is used to highlight key points and enable early consideration of things such as returning to work so flexible working and extension of probation are also discussed. Academic</p>	<p>The numbers of staff returning to work following maternity leave improved substantially from 33.3% in 2011/12 to 100% in 2014/15. This runs alongside increased uptake of flexible working in those returning</p>	<p>We wish to sustain the positive improvement in staff returning from maternity leave. The School will continue to disseminate and promote policies regarding maternity/shared parental/adoption and paternity leave via</p>

	<p>colleagues are encouraged to select a mentor (if they haven't already prior to departure) to provide one to one support and advice. Phased return, flexible working, changes in contracted hours and career breaks are offered to all staff.</p> <p>Line managers support staff returning to work after an extended absence.</p>	<p>form maternity leave from 0% in 2011/12 to 50% in 2014/15. We are also starting to see staff opting to use shared parental leave in 2015/16. We believe this to be the direct result of our policy to highlight flexible working opportunities in the School. Fixed term contracts due to end mid maternity leave are also now extended to the end of the SMP period. Only one fixed term contracted ended during maternity leave in the reporting period and predated this initiative.</p> <p><i>"I am happy that my flexible working application was dealt with so quickly and efficiently and I am due to start my new hours at the start of April"</i></p>	<p>its webpages. A Faculty policy is now available to support staff returning from an extended absence to provide guidance to line managers. This recognises that individual's circumstances are different and returning to work after a lengthy period of absence may be daunting. It helps managers consider the potential impact on colleagues and emphasizes the importance of on-going communication, mentorship support, phased return or alterations in working pattern.</p>
<p>ACTION 28: Improve access to relevant gender-related policies</p>	<p>Completed</p> <p>Dissemination of information on Maternity/Paternity/Adoption leave was found to have some inadequacies. We further promoted University policies on maternity/paternity/adoption leave entitlements, flexible working, arrangements for return to work and relevant legislation to make them more visible and links are now included on the School's webpages. We have hosted Athena SWAN Flexible Working Roadshows to further promote staff awareness. Flexible working options are available to all staff, irrespective of caring responsibilities.</p>	<p>Improved links from the School's Athena SWAN pages of the website have been in use since December 2015.</p> <p>Our actions have improved staff knowledge of these policies as evidenced by increased staff uptake of flexible working (300%), improved return rates following maternity leave (from 33% to 100%) and uptake of paternity, adoption and shared parental leave. The number of staff returning to work following maternity leave improved substantially (see action 27) at the same time as increased uptake of flexible working. This has been quite</p>	<p>Our actions have proven extremely successful and we will continue to update and improve our modes of information dissemination as described in Bronze Action 1. The university's policy of Shared Parental Leave was introduced in 2014 but uptake of this option has not been large and the reasons for this need to be further unravelled (Silver action S11a).</p>

		<p>marked and achieved within a 2 year period.</p> <p><i>"I work flexible hours which has helped me with child care arrangements and my work life balance"</i></p>	
<p>ACTION 29: Explore the possibilities of contingency funding being made available to support returners</p>	<p>Completed</p> <p>New initiatives include a Faculty scheme allowing staff to reduce their working hours with a guaranteed return to their original contracted hours, within a 5 year period. This is in addition to standard university benefits and is available to all staff categories. Academic staff can also apply to the Academic Development Fund for financial support (up to £15,000 per person) to assist with maintaining their research trajectory whilst on a period of extended leave or to enable them to re-engage with it at the end of the leave. Typically these monies are used to fund additional staff (technician or research assistant) or to fund additional childcare to facilitate attendance at conferences or courses.</p>	<p>The Faculty initiative looks promising and has been well publicised, but uptake has proven to be low in the School. We will expand the scope to see if a local approach will have more impact. SMT will receive a paper proposing a School scheme, specific to our staff requirements, by December 2017.</p>	<p>Local contingency funding is being made available to support academic staff returners, so that their research time is protected, by 'buying in' support for teaching duties, to help their re-integration in research (Silver action S11c).</p>

Summary Overview

	<i>Complete</i>	<i>Incomplete</i>	<i>Ongoing</i>
<i>Number</i>	49	0	10
<i>Percentage of Total</i>	83%	0	17%