Department Application
Bronze and Silver Award

ATHENA SWAN BRONZE DEPARTMENT AWARDS

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.

ATHENA SWAN SILVER 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**
Recommended word count		
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

Name of institution	Queen Mary, University of London
Department	School of Medicine
Focus of department	**STEMM**
Date of application	November 2017
Award Level	**Silver**
Institution Athena SWAN award	**Date: November 2016 Level: Silver**
Contact for application Must be based in the department	Professor Maralyn Druce
Email	m.r.druce@qmul.ac.uk
Telephone	020 7882 8284
Departmental website	www.smd.qmul.ac.uk

1.   LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT
Recommended word count: Bronze: 500 words | Silver: 500 words

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

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

Confirmation of additional word count limit agreed by ECU, because we are a medical school – please see screen shot of correspondence below:

J:\DeputyManager\Athena Swan\Submission\Docs\Word count email.htm

From: Athena Swan <AthenaSwan@ecu.ac.uk>
Sent: 06 September 2017 11:35
To: Maralyn Druce; Athena Swan
Cc: Laura Simpson
Subject: RE: plans for a medical school submission for November 2017

Dear Maralyn,

Thanks for your email. You may have an additional 1000 words for the School of Medicine for the November submission.

Kind Regards,

Kelsey

From: Maralyn Druce [mailto:m.r.druce@qmul.ac.uk]
Sent: 04 September 2017 16:55
To: Athena Swan <AthenaSwan@ecu.ac.uk>
Cc: Laura Simpson <l.simpson@qmul.ac.uk>

Professor Steve Thornton

**Vice Principal (Health), Executive Dean
& Professor of Obstetrics**

**Barts and The London
School of Medicine and Dentistry
Queen Mary University of London**
2nd Floor, Dean Rees House
Charterhouse Square
London EC1M 6BQ

Tel: +44 (0)20 7882 2258/2262
Email: steve.thornton@qmul.ac.uk
PA: p.bradbrook@qmul.ac.uk

28 November 2017

Equality Charters Manager
Equality Challenge Unit
7th Floor, Queens House
55/56 Lincoln's Inn Fields
London WC2A 3LJ

Dear Athena SWAN Panel Members,

I am delighted, personally and on behalf of our students and staff, to submit this application for an Athena SWAN Silver Departmental Award for the School of Medicine. Athena SWAN is embedded as a framework to ensure equality in our first strategic aim to 'recruit students and staff of the highest intrinsic talent and potential, and to nurture their careers'

My support and involvement with Athena SWAN spans many years and two institutions holding Silver awards. Learning from these experiences, I instituted a monthly meeting with our self-assessment team Chair to ensure direct support and I appointed a new post for Athena SWAN coordination. Athena SWAN is central to all of our major school decisions and representation from our SAT has been an integral part of our SMT since 2014 along with representation on our most senior boards including promotions, bonus and REF panels.

Since achieving a Silver Award in 2014, I am pleased at the positive impact we have made since our 2014 application including;

✓ Maintaining our undergraduate gender balance.

✓ Increasing our entry level clinical research staffing by 70% in the data period whilst maintaining near gender-equity (54%F: 46%M).

- ✓ Increasing our clinical teaching staff with increased numbers of males at entry and senior levels and females at mid-career stages (where previously these groups were under-represented).

- ✓ Improvements in female representation at each career stage, from Lecturer to Reader in our Teaching and Research career pathways (non-clinical staff). This provides a future talent pool of staff for promotion to Professor, whilst maintaining a higher percentage of female professors than the sector benchmark (28% female compared to 23%).

- ✓ Recruiting three new non-clinical Professorial posts in the data period, all female.

- ✓ Setting up Peer Support networks for different groups of staff including our Researcher Task and Finish Group, the PS Network (Professional and Support), Senior Academic Women's Network

Although we have seen these positive changes, from the result of our data analysis we acknowledge there is still more to do. Of particular concern to me is the reduced engagement of male students at postgraduate taught and research level (PGT and PGR) and the lack of progression opportunities for women at a senior level. For the latter we have invested in leadership programmes including Aurora and will continue to work with the Senior Women in Leadership Network to institute change. Other areas for improvement are outlined in our Action Plan for which I as Vice Principal (Health) & Executive Dean together with the School Management team take full responsibility. I will continue to meet monthly with the SAT Chair to oversee its implementation.

I confirm that the information presented in the application (including qualitative and quantitative data) is an honest, accurate and true representation of the department. I would like to take this opportunity to thank all those within the School and wider university who have been involved in our self-assessment, this application and related work. It is a collaborative effort and many people have contributed their time and enthusiasm.

Yours sincerely,

Steven Thornton, DM, FRCOG
Vice Principal (Health) & Executive Dean

Section 1: 606 Words

Glossary

ACF	Academic Clinical Fellow	Postdoc	Postdoctoral Researcher
BME	Black and Minority Ethnic	RAE	Research Assessment Exercise
BLSA	Barts and the London Students' Association	PRES	Postgraduate Research Experience Survey
CAPD	Centre for Academic and Professional Development	PTES	Postgraduate Taught Experience Survey
CL	Clinical Lecturer	PS Staff	Professional and Support Staff
CROS	Careers in Research Online Survey	QMUL	Queen Mary University of London
DL	Distance learning	RDO	Research Deanery Office
ECR	Early Career Researcher	REF	Research Excellence Framework
FTC	Fixed-term contract	SAWN	Senior Academic Women's Network
GEP	Graduate Entry Programme	SM	School of Medicine
GESAT	Gender Equality Self-Assessment Group (QMUL)	SMD	School of Medicine and Dentistry
HEaTED	The Higher Education and Technicians Educational Development	SWARM	QMUL workload allocation model
HESA	Higher Education Statistics Agency	TO	Teaching only
HEFCE	Higher Education Funding Council for England	TR	Teaching & Research
JACS	Joint Academic Coding System	UG	Undergraduate
MBBS	Bachelor of Medicine, Bachelor of Surgery (main medical degree)	WISE@QMUL	Women in Science and Engineering at QMUL
NIHR	National Institute for Health Research		
NSS	National Student Survey		
OSCE	Objective Structured Clinical Examination		
OE	Open-ended		
PG	Postgraduate		

Submission notes

- The tables in the submission provide an analysis of student data for 2011/12 2012/13, 2013/14, 2014/15, 2015/16 and for staff data (using full-time equivalents) for 2012/13, 2013/14, 2014/15, 2015/16, 2016/17 This data represents staff and students at the University throughout each academic year (August to July as defined by HESA).

- Where we refer to our previous impacts from previous action points e.g. (2014_Action_Plan_1.1), these refer to items in our Action Plan from our SM Silver Award 2014. Where we refer to QMUL Action Points e.g. (QMUL_2016_Action_Plan_1.1), these refer to University GESAT Actions from the QMUL 2016 Institutional Silver Award.

- Action points e.g. (Action_1.1) referenced in the body of the submission are set out in full in the detailed action plan (including success measures, timescales and responsibilities).

- Throughout this document, 'benchmark' for students refers to HESA and is based on the average of universities offering the same subject code. PGT benchmarking uses HESA data for UK medical schools by the course JACs codes.

- 'Benchmark' for staff refers to the Equality Challenge Unit benchmark: 'Equality in higher education: statistical report 2015' (Part 1: staff).

- Graphs and tables shown in green contain student data; blue denotes staff data.

- This submission is made under the post-May 2015 criteria.

- Text highlighted in bold demonstrates good practice and achievements.

  215 Words.

2.   DESCRIPTION OF THE DEPARTMENT

Please provide a brief description of the department including any relevant contextual information. Present data on the total number of academic staff, professional and support staff and students by gender.
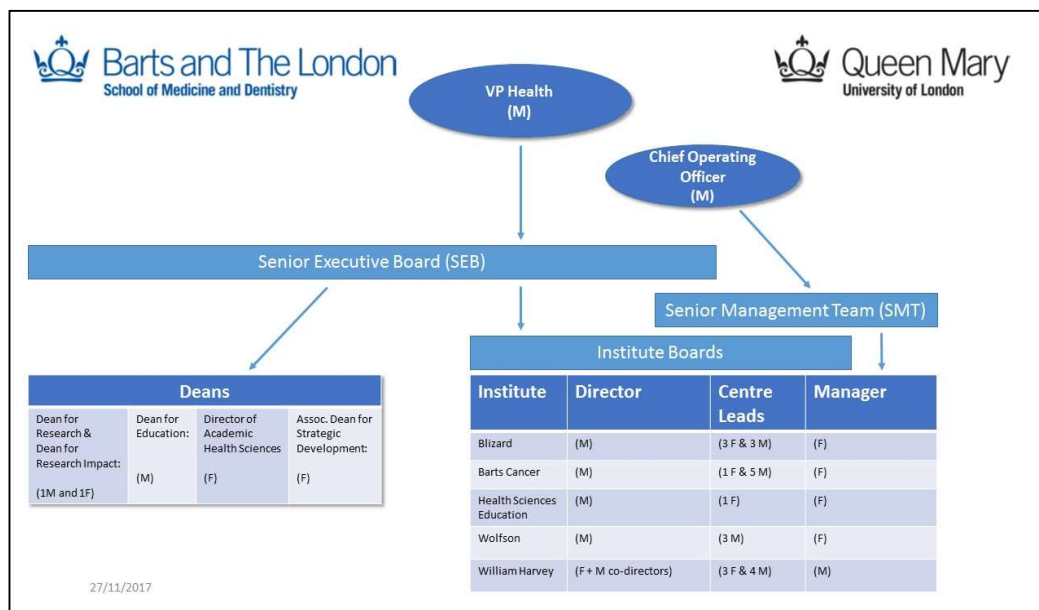
Barts and The London School of Medicine and Dentistry (SMD) is one of the UK's leading medical schools, bringing together two teaching institutions: St Bartholomew's Hospital (founded 1123) and The London Hospital Medical College (founded 1785). Due to their size and complexity, the Institute of Dentistry and the School of Medicine (SM) submit separate SWAN applications. The School is part of Queen Mary University of London (QMUL) which joined the Russell Group in 2016. A wealth of tradition is combined with some of the most modern and accessible medical facilities in the UK. The SM is located across three campuses and comprises five institutes as well as other medically-based research locations and teaching hospitals: the main sites are shown below (Figure 1).

Figure 1: Varied environments in the SM
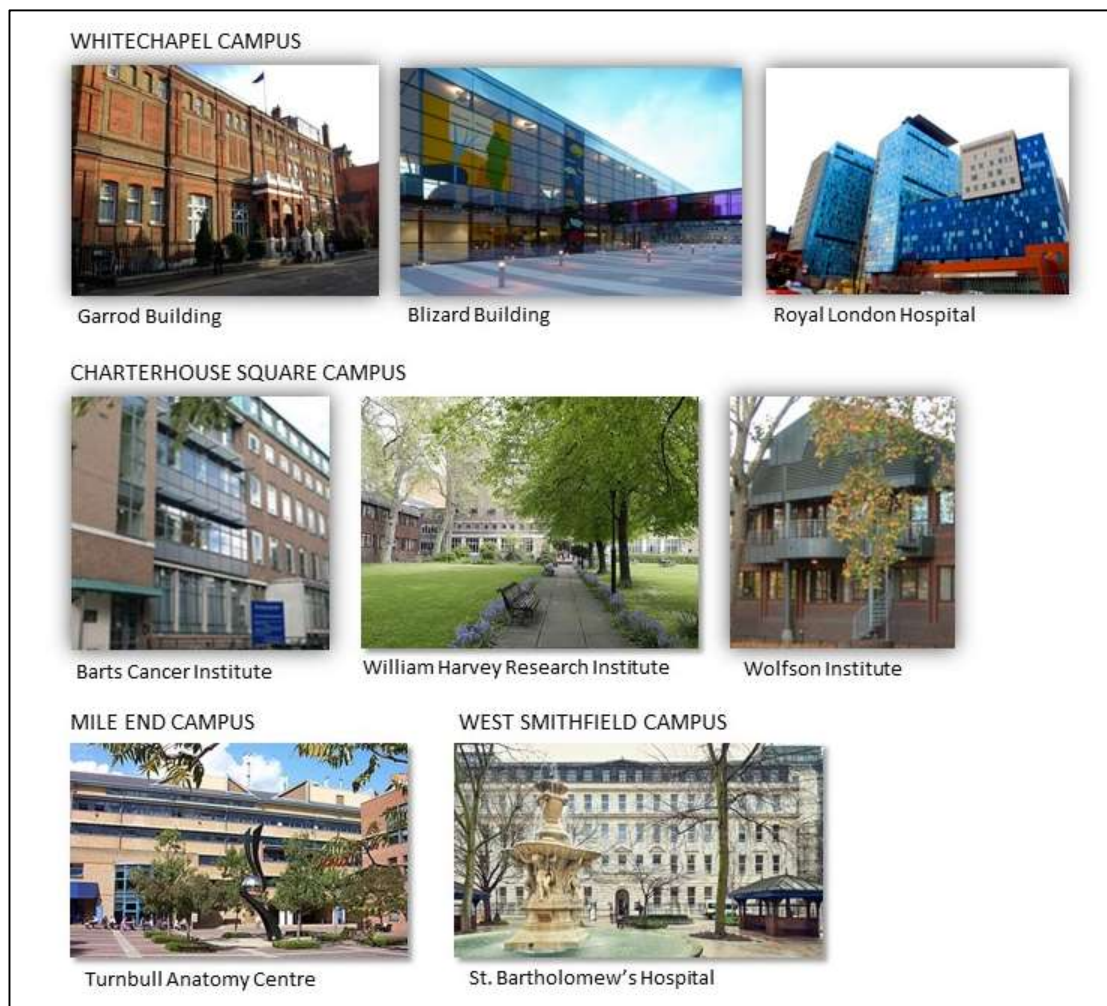
The SM is led by the Vice-Principal for Health, supported by three Committees – the Senior Executive Board (SEB) which comprises key individuals including Institute Directors, the Research Deanery, and the Senior Management Team (SMT) which includes Institute Managers. **Since the last submission the first female institute co-director has been appointed and a new female Associate Dean for Strategic Development** has joined the VP Executive Team, both after competitive application and interview (Figure 2).

Figure 2: SM management structure

Our main undergraduate (UG) programme is the MBBS, with a parallel 4-year graduate entry programme to Medicine, comprising over 1600 UG students in total. In 2017, we opened a new Barts and the London Medical School in Malta. The SM also contributes to other programmes in QMUL. In the National Student Survey (NSS) 2017, there was 92% overall student satisfaction (SM-specific gender split is not available but the QMUL-wide result was 85% F : 83%M).

Our research and teaching is exceptionally wide-ranging. A stimulating clinical environment is provided by our partner NHS Trusts. We were ranked 7th for Clinical Medicine in the Research Excellence Framework (REF) 2014 and now attract around £70million annual research income across the SMD.

We have over 1000 postgraduate (PG) students (onsite and distance learners) enrolled in over 37 Masters Degrees (31 on-campus, 6-distance learning (DL) most of which offer DL, part time and variable modes of study plus lower-credit options). Over 300 research students (PGR) are registered for PhD, MPhil and MD-Res degrees (Table 1).

We employ 825 Research and Academic Staff and 521 Professional Staff (Table 1). Both gender and racial equality are integral to our culture. The table below points to the significant proportion of Black and Minority Ethnic (BME) staff (Table 2) employed within the School.

Athena SWAN initiatives are embedded within the SM Strategy and inform our practice and policies. We were the first QMUL department to receive a SWAN Bronze Award (2008) and achieved Silver status in 2014, as well as making a significant contribution to QMUL institutional Silver in 2016.

Table 1: Students and staff in the SM (Headcounts) Snapshot 31st Dec 2016

School of Medicine 2016-2017	F	M	% F	% M	% BME*	% White*	Total
Students							
Undergraduate	902	739	55%	45%	55%	42%	1641
Post graduate taught	638	366	64%	36%	54%	41%	1005**
Post graduate research	168	100	63%	37%	29%	66%	268
Total Students	**1708**	**1205**	**59%**	**41%**	**52%**	**44%**	**2914****
Staff							
Non-clinical academics							
Teaching & Research	65	85	43%	57%	13%	86%	150
Teaching -only	26	16	62%	38%	7%	88%	42
Researchers	247	133	65%	35%	28%	68%	380
Clinical academics							
Teaching & Research	43	85	34%	66%	24%	72%	128
Teaching -only	14	15	48%	52%	34%	62%	29
Researchers	41	42	49%	51%	31%	63%	83
Nurses	12	1	92%	8%	23%	77%	13
Professional, technical & operational							
Professional	252	85	75%	25%	30%	67%	337
Technical & Operational	120	64	65%	35%	35%	63%	184
Total staff	**820**	**526**	**61%**	**39%**	**27%**	**69%**	**1346**

*Where figures do not add up to 100%, status is either ' not known' or 'Prefer not to say'
** 1 respondent with gender 'other'

Table 2: Percentage of staff in 2016/17 belonging to BME groups

SM 2016/17	% BME		%White	
	F	M	F	M
Researchers				
Non-clinical	27%	26%	73%	74%
Clinical	42%	35%	58%	65%
Academics				
Non-clinical	12%	14%	88%	86%
Clinical	22%	30%	78%	70%
Professional and Technical	34%	30%	66%	70%
Total	29%	27%	71%	73%

Section 2: 456 Words

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

Describe the self-assessment process. This should include:

(i)   a description of the self-assessment team

The SAT has been embedded in SM decision-making processes since 2014. SWAN SAT is represented at SEB, SMT and all Institute Boards (2014_Action_Plan_1.2a). New Co-Chairs were appointed in 2016 and worked with seven continuing SAT members to achieve representation from staff at all levels and job types (academic and professional) from across the institutes and campuses, as well as UG and PG students. We particularly sought participation from individuals from less well-represented groups, including men, professional staff and individuals from the LGBTQ+ community. This resulted in a committed SAT membership of diverse expertise in specific areas which will be maintained (Table 3) (Action_1.1a,b). While we increased male representation by 25%, we continue to aim for parity, seeking additional expressions of interest from men via a further call in October 2017 (Action_1.1a). We have ensured representation of a variety of members with flexible working, teaching and research roles, recent promotions and grant recipients.

A key change in our practice in 2016 was the development of four working groups comprising SAT and co-opted members for:
- Data Collection and Analysis;
- Interventions and Impact;
- Writing;
- Communications.

Within these smaller working groups, decision-making is simplified to enable focus on implementation and reporting.

Figure 3: SAT meeting 2017

Table 3: The Self-Assessment Team

Name	Title	FT/PT	SAT role	Additional information
Rachel Ashworth (F)	Senior Lecturer (GR7)	FT	IHSE SWAN rep.	
Emma Atakpa (F)	PhD student (PGR)	FT	Data group member.	
Helen Bintley (F)	Lecturer (GR5)	FT	Writing group member. Liaises with SAT on LGBTQ+ issues.	
Sandra Brown (F)	Equality and Diversity Manager (GR6)	FT	University SWAN Programme Manager.	
Matthew Caley (M)	Post-Doctoral Researcher (GR5)	FT	Data group member, created figures for application. PostDoc Rep.	
Angus Cameron (M)	Lecturer (GR6)	FT	ECR rep. Co-created Shared Parental Leave Survey.	
Amy Danson (F)	PhD student (PGR)	FT	Wise Chair. Liaises with SAT over WISE events and issues.	
Maralyn Druce (F)	Professor, Endocrinology (GR8)	PT	Co-Chair SAT. Writing group Chair. Coordinator of AS initiatives.	
Sandra Evans (F)	Professor, Psychiatry (GR8)	PT	Co-Chair SAT	
Danë Goodsman (F)	Reader Medical Education (GR8).	FT	Writing group member	
Enid Hennessy (F)	Senior Lecturer (GR7)	PT	Data group Chair. Graphed data for application.	
Lily Copping (F)	MB BS Student (UG)	FT	Women's Officer, Barts and The London Students' Association Sits on SAT *ex officio.*	
Natalie McCloskey (F)	Institute Manager (GR7)	FT	PS Working Group Chair. Data group member.	
Aine McKnight (F)	Professor, PI research (GR8)	FT	Communications group QMUL EDAG member	

Name	Title	FT/PT	SAT role	Additional information
Lou Metherell (F)	Professor, PI research (GR8)	FT	Data group member	
Chris Newby (M)	Lecturer (GR6)	FT	Data group member	
Temitayo Owoka (F)	Diversity & Inclusion Officer (GR5)	FT	Data group member, coordinator for submission.	
Mangala Patel (F)	Reader/Senior Tutor Dentistry (GR7)	FT	AS Chair for Dentistry.	
Laura Simpson (F)	Athena SWAN Coordinator (GR4)	PT	Communications group Chair. Worked on promoting AS to SMD staff.	
Tom Schindler (M)	Year 5 Administrator (GR4)	FT	Communications group member	
Jane Sosabowski (F)	Senior Lecturer (GR7)	FT	Interventions & Impact group Chair. Co-created Shared Parental leave survey.	
Vanessa Sousa (F)	Clinical Lecturer (GR6)	FT	Institute of Dentistry representative	
Orli Thau-Zuchman (F)	Post-Doctoral Researcher (GR5)	FT	Communications group member	
Steve Thornton (M)	Professor & Vice Principal of SMD	FT	SAT member *ex-officio*, monthly 1:1 with SAT Chair	

(ii)   An account of the self-assessment process

The SAT has met bimonthly – and monthly for the six months before submission. Terms of Reference are reviewed annually and the action plan every meeting (2014_Action_Plan_1.3c). The SAT communicate face-to-face, via email and using a university network shared drive for document-sharing. In order to facilitate communication across the Committee and between other staff groups, an e-learning space was developed, providing a location for SAT papers (agendas, minutes, online training) and a discussion platform. This gives the opportunity for: engagement with other staff groups, an area for institute managers to complete an annual data return, and for discussions among specific staff networking groups (Figure 4). In reviewing the efficacy of these communication platforms, **a survey of SAT members revealed 100% considered the e-learning space a useful resource.**

Figure 4: Online shared area for SAT and SM staff
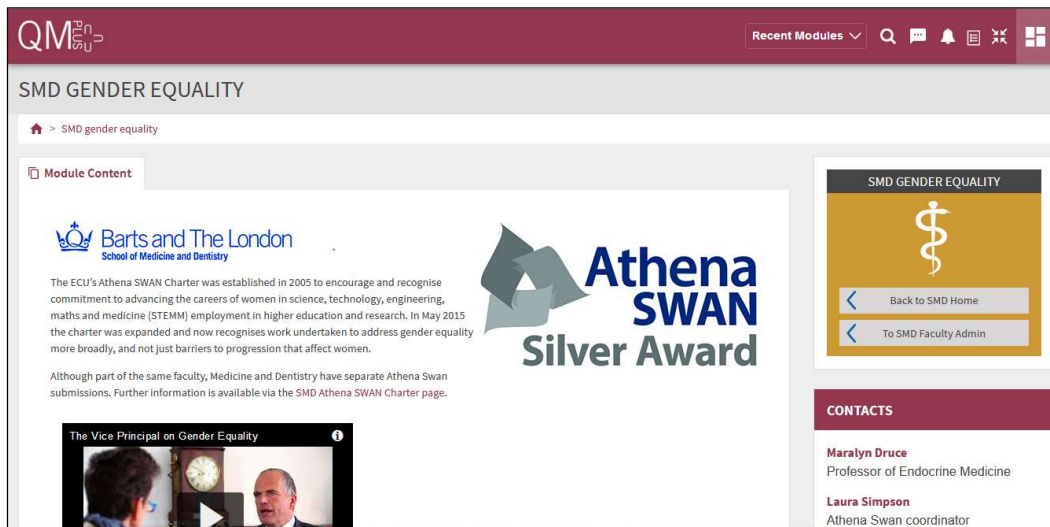
To raise awareness of gender and intersectionality we introduced discussion of recent publications at each meeting in order to contextualise the issues we have found in our self-assessment. Our SAT meets 6 times each year in addition to regular meetings held by each sub group. The SAT meeting format is:

- Presentation/discussion of literature
- Report from each sub-group
- Review and updates to action plan
- Discussion following a calendar of items for review at specific points of the year e.g. updated student data (February) or staff data (October).

SAT chairs have 2 hours per week protected time within their workload for SWAN work (2014_Action_Plan_1.1) and SAT members include the work in workload monitoring entries as 'committee and other work', recognised at performance review. We will review the appropriateness of the allocation in the context of the post-May 2015 framework workload (Action_1.1d).

Clear reporting structures are in place for senior decision-making boards to disseminate information on key activities, advice on best practice, and for accountability purposes (Figure 5). **Since our last submission, SWAN has become a standing item on the majority of these committees,** and from 2016 the SAT Chair has met monthly with the VP Health. Such mechanisms allow for the rapid escalation and resolution of SWAN-related issues, whilst enhancing the purview of this activity. SAT Chairs participate in the QMUL Gender Equality SAT (GESAT) and a rotating group of 3 SAT members participates in QMUL's AS Champions Network, which improves visibility of SWAN and promotes exchange of ideas. To this end, Chairs on the Dental and SM SATs attend each other's meetings to foster collaborations and joint initiatives.

Our relationship with students is consolidated via the BLSA Equalities Officer who has now joined the SAT *ex-officio*, and who in 2017 convened a self-identifying women's panel representing students at all levels. We also work closely with the WISE@QMUL group to collaborate on events such as International Women's Day (Section 5.6).

Figure 5: SAT reporting structures and relationships
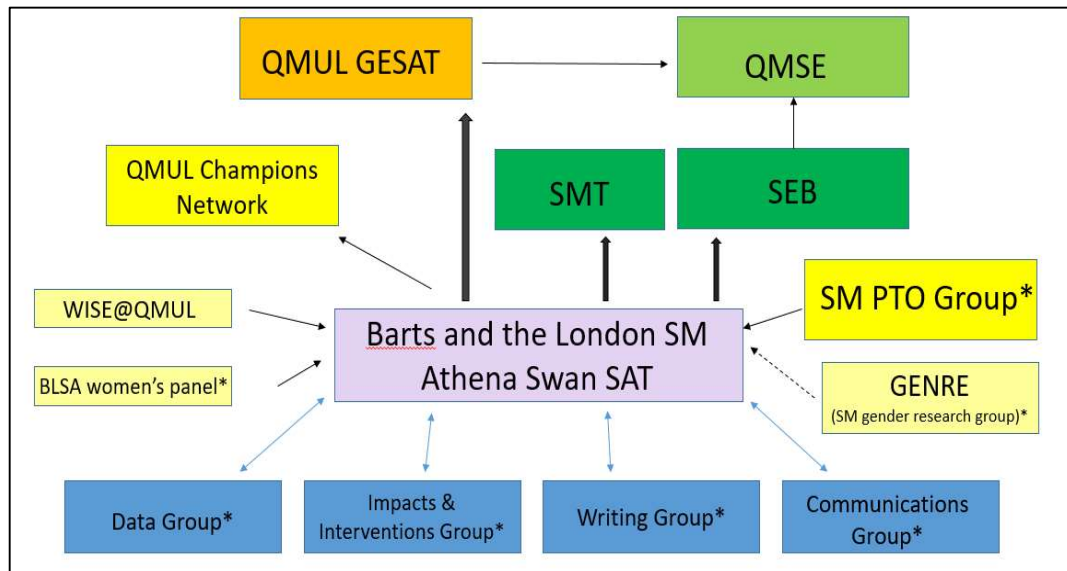
*Denotes new grouping since last award

Confidence in the value of SAT intervention is reflected in the fact that SAT members now participate as observers in many key processes, e.g. staff promotions, REF review, bonus schemes and Clinical Excellence Awards. Having been allocated both a part-time SWAN Coordinator (Action_3.2) and funding for statistical input (2014_Action_Plan_1.1), a key priority will be working towards greater data support for the expanded framework (Action_2.1a). The SAT also works closely with the QMUL Equality, Diversity and Inclusion team to interrogate data and enhance good practice. Our data comes from a variety of sources, both quantitative and qualitative, summarised in Table 4.

Table 4: Sources of information gathered by and/or reviewed by the SAT

Area of data	Provider of Data	SAT instigated	Analysis by SAT	Qualitative	Quantitative	Gender	Ethnicity	Ethnicity & gender	see section
Students No.									
on courses	Planning office		√		√	√	√	√	4.1
recruitment	Planning office		√		√	√	√		4.1
attainment	Planning office+ course leads		√		√	√	√	√	4.1
Student Experience									
UG	NSS 2017 (SM response 85%); gender only for QM			√	√				4.1
PGT	PGT experience survey (PTES) annually; 2017 SM response 40%			√	√				4.1, 5.3 (iv)
PGR	PGT experience survey (PRES) annually ; 2017 SM response 53%			√	√				4.1, 5.4 (iv)
Staff numbers									
employed	QMUL HR systems		√		√	√	√	√	4.2
promotion	QMUL HR systems		√		√	√	√	√	5.1&5.2
appraisal	QMUL HR systems		√		√	√	√		5.1
training	QMUL CAPD records		√		√				5.3
recruitment	QMUL HR systems		√		√	√	√	√	5.1
research grants	Joint Research Management office (JRMO) records	√	√		√	√	√		5.3 (v)
parental leave	QMUL HR systems		√		√	√	√		5.5
Staff experience (all except otherwise stated)									
SAT only	SAT Member Survey 2017	√	√	√		√			3 (ii)
general	QMUL staff survey: biennial. 2014 (50% responded). 2016 (60%) Sub-analysis for SAT: gender, job			√	√	√	√		3(ii); 5.2 (ii); 5.4 (ii); 5.6 (i)
	SWAN forums- all institutes 2017	√			√				5.6 (i)
	Parental leave survey 2017: 134 responses	√	√	√	√	√			5.5
training	CAPD attendance records and feedback				√				5.1 (ii); 5.3 (i-iii, v)
	Women in Leadership course 2017 feedback. 68% response	√		√					5.3 (i), (iii)
promotion	e-questionnaire re "Pathways to Promotion" 2016 workshop	√	√	√		√			5.1 (iii)
	Interview project re promotions 2016: 67% response	√	√	√	√	√			5.1 (iii)
researchers	Post doc focus group; SAT convened Jun 2017	√	√	√					4.2 (iii)
	Careers in Research Online Survey (CROS) 2015: Response rate 21% 2017: response rate 14%			√	√	√			5.2, 5.4, 5.6 (i)
	Principal Investigators and Research Leaders (PIRLS) survey 2015: 40 responses, rate unknown. 2017: response 20%			√	√				5.2, 5.4, 5.6 (i)
Environment - reports to SAT									
Gender represent-ation	`Visual review of representation of gender for publicity materials and SM spaces' 2017	√	√	√	√	√	√		4.1; 5.6 (vii)
LGBT	`Transpeople in UG curriculum and as role models' 2016	√	√	√	√				5.6 (i)

The SAT has instigated and reviewed various forms of staff consultation. The staff survey from 2014 was compared to 2016, and was analysed by gender for academic and PS staff (2014_Action_Plan_1.3a). As a result of SAT intervention, SWAN-specific questions were introduced in 2016 to enable greater data gathering and visibility of SWAN-related areas. These have also been included in other staff surveys, including CROS, PIRLS, SAT-led Institute Forums (2014_Action_Plan_1.3b), Post-doctoral Researcher focus groups, and topic-specific surveys ((Table 4)(Sections 5.2, 5.4, 5.6.))

Reflecting on and interrogating SAT practices are essential in ensuring the efficacy of the work of the committee. Independent links have been developed with the Imperial School of Medicine SAT to act as a 'critical friend'. Furthermore, the Regional SWAN Network (2016), the SWAN day in Cambridge, and attendance at **ECU training sessions** on action plans and focus groups have been a central facet of continued professional development and wider engagement. We are grateful for constructive comments from several 'critical friends' including:

- QMUL SWAN SAT colleagues - Dr Angelika Stollewerk & Professor Brian Colvin
- Imperial SM SAT Chair – Dr Vicky Salem
- External reviewer – Harriet Jones, Macquarie University

The action plan was approved by SEB and it was made available to all staff for review and comments prior to this submission.

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

SAT will continue to meet bi-monthly to progress the 2017-2021 Action Plan, reporting to SEB on progress. The working groups will be maintained although the group composition may vary. Following the completion of this submission the Writing Group will be disbanded and replaced by the Action Plan Implementation and Monitoring Group. We will continue to review our TORs annually to ensure relevance within the institutional and discursive context, with changes approved by the VP Health.

Ensuring knowledge transfer and succession is essential to continued innovation in our practice. To this end, we intend to rotate key roles to enable all members to lead on initiatives and develop the breadth of experience across the Committee. Ensuring participation in SAT processes is rewarding is essential to the success and energy of the team, and indeed, a survey of SAT members revealed that 100% felt that they were proud of the work they were engaged in.

We will ensure continued representation from stakeholders (Action_1.1a,b) by ensuring that departing members are replaced by those of equivalent diversity in background and experience, and that clear succession planning is implemented(Action_1.1c). The committee continues to strive for improved gender balance on the SAT and this work is ongoing (Action_1.1a).

Funding for SWAN-related activities is guaranteed by the SM and is protected within the SM Risk Register. Raising the visibility of senior women, and promoting opportunities to emerging leaders, inform our plans for additional training for senior women and a portraits exhibition of female role models (2014_Action_Plan_1.1.). **Funding has also been secured funding for a Management Trainee to take forward gender and equalities projects** (Action_3.2).

Maintaining the visibility and accessibility of SWAN work will be facilitated through an annual SWAN forum in each Institute (Action_3.3a), whilst the communications channels for disseminating key information and for consultation - website, newsletters and notice boards – will be essential to delivering on the Action Plan. The SAT will continue to contribute to the GESAT and the wider University agenda (Figure 6) and link with relevant SM groups (Action_3.1).

A key aim is sustainability and reliability of data collection (Action_2.1-2.5). Much has already been achieved towards this at university level and in future, regular data packs will be provided (QMUL_2016_Action_Plan_1.2). The SAT has developed an annual data return for Institute Managers to ensure that information that is not collected centrally can be accessed and reviewed (Action_2.2,2.4). Evaluating our progress throughout the year underpins our intention to annually review student and staff data with benchmarking to ECU standards (Action_2.6a). Comparison to bespoke benchmarks (involving significant additional analysis and resource) will be carried out every four-years (Action_2.6b). We will continue to utilise data obtained from existing surveys, in particular requesting gender- and where available other protected characteristic- specific analysis, to maximize the value of the information gathered without 'survey fatigue.'

Figure 6: SM SAT members join celebrations of the QMUL Institute Silver

Section 3: 1389 words. (125 extra words used here).

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

4.1. Student data
If courses in the categories below do not exist, please enter n/a.

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

Our new SM Certificate in Clinical Foundation Studies commenced in 2016/17 for students who wish to progress to MBBS but lack the relevant entry qualifications. In its first year, the gender balance of the course was 4F:1M (2016/17). Following a review of the marketing materials that accompany the course, **this proportion improved to 7F:8M in 2017/18.**

(ii)   Numbers of undergraduate students by gender

Full- and part-time by programme. Provide data on course applications, offers, and acceptance rates, and degree attainment by gender.

Our principal UG programme is MBBS, with some new BSc courses (teaching shared with other schools) having recently commenced (Table 5).

Table 5: SM undergraduate courses.

	Length of course	Full-time / part-time	date started if later than 2011
MBBS Direct Entry **(DE)**	5 years	Full-time	
MBBS Graduate Entry (**GEP**)	4 years	Full-time	
Intercalated degrees (for MBBS students without prior degree)	1 year	Full-time	
MBBS in Malta*	5 years	Full-time	2017
Global Health BSc**	3 years	Full-time	2014
Neuroscience BSc**	3 years	Full-time	2015
Pharmacology & Innovative Therapeutics BSc**	3 years	Full-time	2015

Course started this year – data not yet available
**New Programmes, shared with other Schools. Early data included. Attainment data not yet available as no students have completed yet

MBBS numbers

We have continued to maintain gender equity (Figure 7) for DE students (Table 6). GEP approached equity in 2015/16 (Table 6).

Figure 7: MBBS total student population headcount (combined DE and GEP) 2011/12 to 2015/16

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
% Female	50.2%	50.2%	50.5%	50.4%	50.3%
%Male	49.8%	49.8%	49.5%	49.6%	49.7%
Benchmark Median (% F)	56.0%	56.0%	55.0%	55.0%	55.0%
Benchmark Median (% M)	44.0%	44.0%	45.0%	45.0%	45.0%
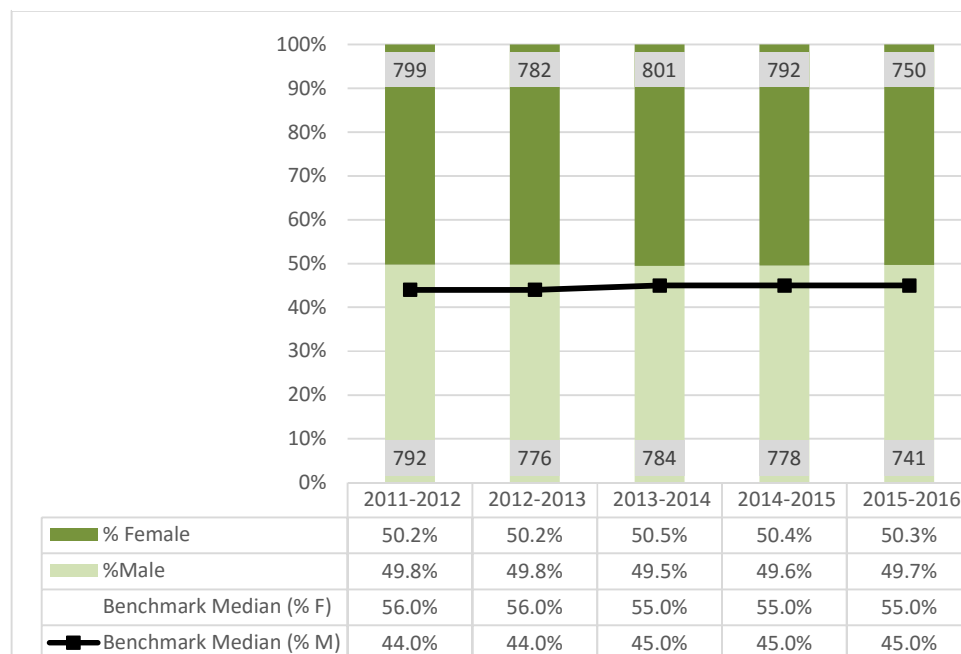
Table 6: MBBS student headcount (DE and GEP) 2011/12 to 2015/16

MBBS Student Population	2011/12	2012/13	2013/14	2014/15	2015/16
Total (Direct Entry and Graduate Entry)					
Total	1591	1558	1585	1570	1491
Female	799	782	801	792	750
Male	792	776	784	778	741
% Female	*50%*	*50%*	*51%*	*50%*	*50%*
% Male	*50%*	*50%*	*49%*	*50%*	*50%*
Benchmark* (% F)	*56%*	*56%*	*55%*	*55%*	*55%*
Benchmark (%M)	*44%*	*44%*	*45%*	*45%*	*45%*
Direct Entry Only (DE) (5 years)					
Total	1401	1358	1389	1365	1287
Female	685	657	678	666	640
Male	716	701	711	699	647
% Female	*49%*	*48%*	*49%*	*49%*	*50%*
% Male	*51%*	*52%*	*51%*	*51%*	*50%*
Graduate Entry Only (GEP) (4 years)					
Total	190	200	196	205	204
Female	114	125	123	126	110
Male	76	75	73	79	94
% Female	*60%*	*63%*	*63%*	*61%*	*54%*
% Male	*40%*	*37%*	*37%*	*39%*	*46%*

* Median of all UK medical schools

Intersectionality

We have begun reviewing student ethnicity (Figure 8 Table 7) although our data requires further expansion and analysis (Action_2.1b,3.1) Our MBBS student population is more ethnically diverse than the benchmark (Table 7), and from 2016/17 all student data will be analysed by ethnicity and gender to evaluate equality of opportunity. The proportion of students with unknown ethnicity has steadily increased which requires further investigation, and we are exploring possible incentives for students to disclose their ethnicity (Action_2.1b).

Figure 8: UG MBBS Student population (FPE) by ethnicity
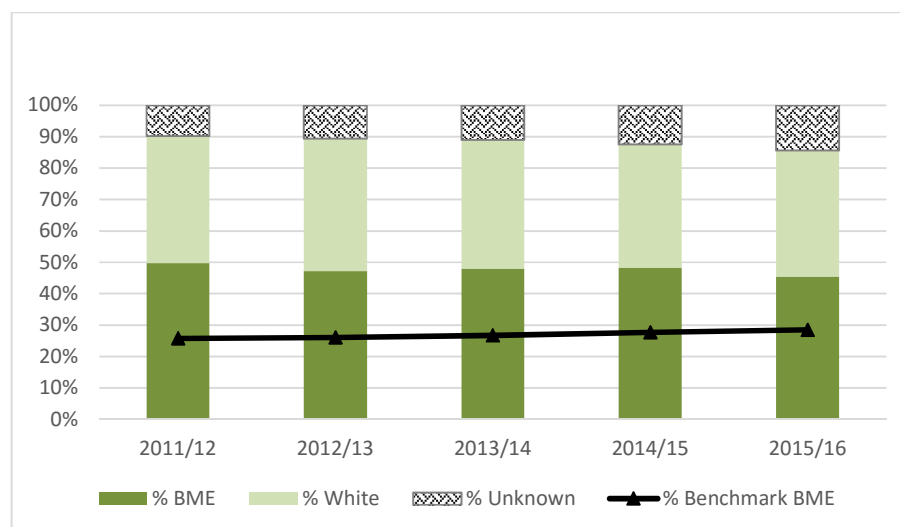
Table 7: Proportions of BME students by gender

year	School of Medicine			HESA all MBBS in UK (Benchmark)		
	% BME	% White	% Unknown	% BME	% White	% Unknown
2011/12	50%	41%	10%	26%	62%	13%
2012/13	47%	42%	11%	26%	62%	12%
2013/14	48%	41%	11%	27%	61%	12%
2014/15	48%	39%	12%	28%	60%	13%
2015/16	45%	40%	14%	29%	58%	13%

UG MBBS Recruitment

Slightly more women than men apply for DE (Figure 9 Table 8) and even more for GEP (Figure 10, Table 9). For DE the proportions are similar for offers and acceptances (2014_Action_Plan_1.5). The GEP picture is more variable, partly as there are far fewer places so small fluctuations impact disproportionately on gender percentages (Figure 10, Table 9). If trends persist we will evaluate influences on application and acceptance (Action 4.1b).

Figure 9: Direct Entry MBBS (5 years duration): Applications, offers and acceptances

		11/12	12/13	13/14	14/15	15/16		11/12	12/13	13/14	14/15	15/16		11/12	12/13	13/14	14/15	15/16
■ Female		850	1054	1229	1379	1186		251	261	289	250	279		201	201	241	205	221
■ Male		735	950	1084	1222	925		256	261	260	220	227		210	210	219	176	197
% Female		54%	53%	53%	53%	56%		50%	50%	53%	53%	55%		49%	49%	52%	54%	53%
% Male		46%	47%	47%	47%	44%		50%	50%	47%	47%	45%		51%	51%	48%	46%	47%
				Applications						Offers						Acceptances		
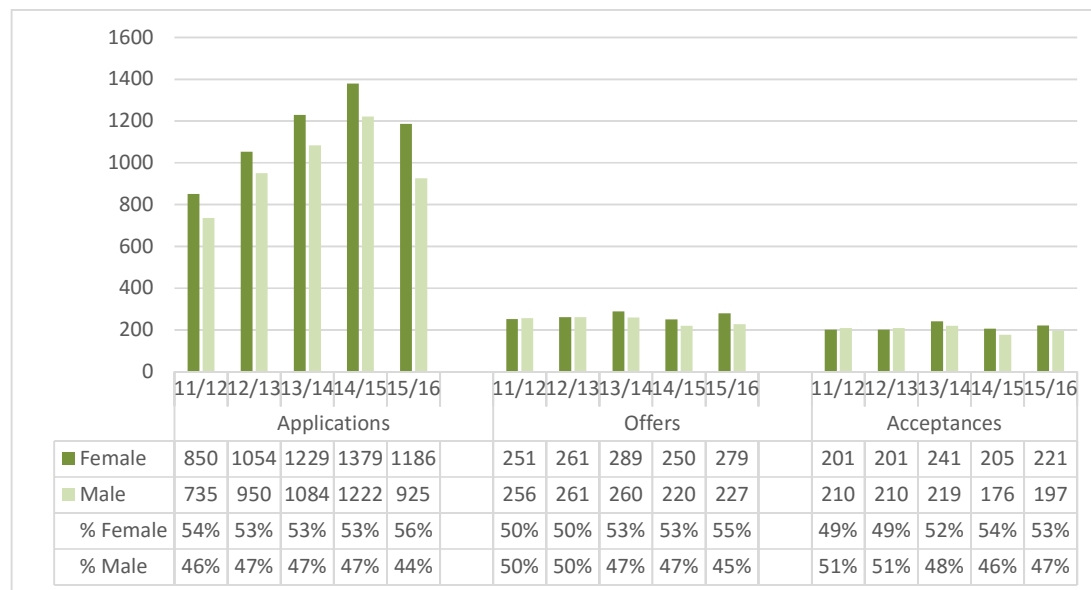
Table 8: Direct Entry MBBS (5 years duration): Applications, offers and acceptances

MBBS direct entry		Applicants	Offers	Acceptances	% offers	% offers who accepted	% applicants who accepted
2011 /12	F	850	251	201	30%	80%	24%
	M	735	256	210	35%	82%	29%
	%F	54%	50%	49%			
	% M	46%	50%	51%			
2012 /13	F	1054	261	201	25%	77%	19%
	M	950	261	210	27%	80%	22%
	%F	53%	50%	49%			
	% M	47%	50%	51%			
2013 /14	F	1229	289	241	24%	83%	20%
	M	1084	260	219	24%	84%	20%
	%F	53%	53%	52%			
	% M	47%	47%	48%			
2014 /15	F	1379	250	205	18%	82%	15%
	M	1222	220	176	18%	80%	14%
	%F	53%	53%	54%			
	% M	47%	47%	46%			
2015 /16	F	1186	279	221	24%	79%	19%
	M	925	227	197	25%	87%	21%
	%F	56%	55%	53%			
	% M	44%	45%	47%			

Figure 10: Graduate entry MBBS: Applications, offers and acceptances

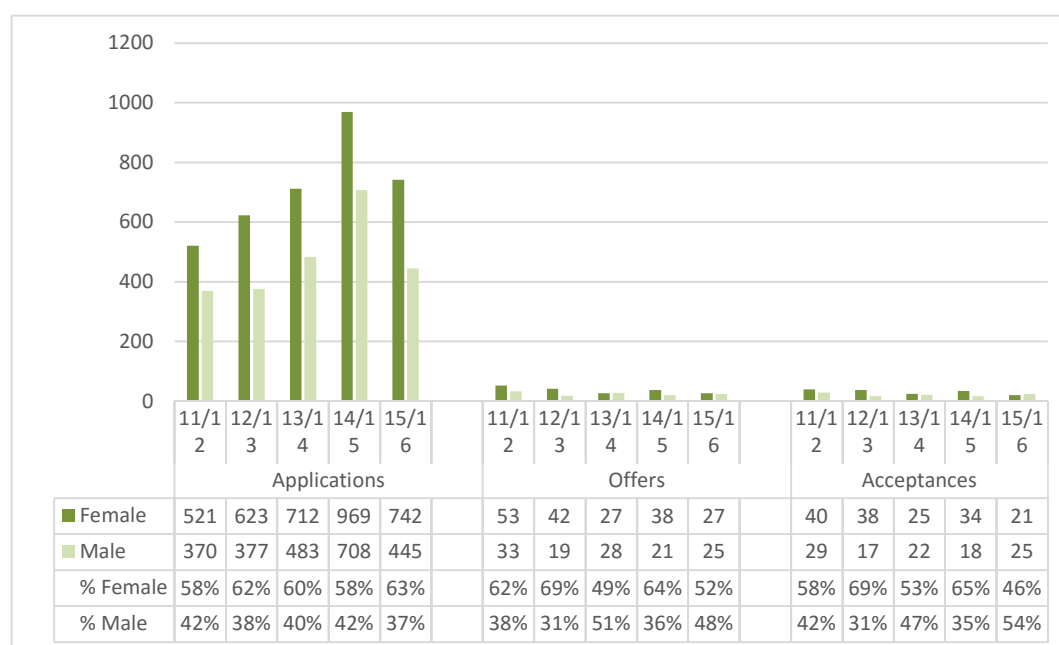|	Applications					Offers					Acceptances				
	11/12	12/13	13/14	14/15	15/16	11/12	12/13	13/14	14/15	15/16	11/12	12/13	13/14	14/15	15/16
Female	521	623	712	969	742	53	42	27	38	27	40	38	25	34	21
Male	370	377	483	708	445	33	19	28	21	25	29	17	22	18	25
% Female	58%	62%	60%	58%	63%	62%	69%	49%	64%	52%	58%	69%	53%	65%	46%
% Male	42%	38%	40%	42%	37%	38%	31%	51%	36%	48%	42%	31%	47%	35%	54%

Table 9: Gradute entry MBBS: Applications, offers and acceptances

MBBS Graduate Entry		Applicants	Offers	Acceptances	% offers	% offers who accepted	% applicants who accepted
2011/12	F	521	53	40	10%	75%	8%
	M	370	33	29	9%	88%	8%
	%F	58%	62%	58%			
	% M	42%	38%	42%			
2012/13	F	623	42	38	7%	90%	6%
	M	377	19	17	5%	89%	5%
	%F	62%	69%	69%			
	% M	38%	31%	31%			
2013/14	F	712	27	25	4%	93%	4%
	M	483	28	22	6%	79%	5%
	%F	60%	49%	53%			
	% M	40%	51%	47%			
2014/15	F	969	38	34	4%	89%	4%
	M	708	21	18	3%	86%	3%
	%F	58%	64%	65%			
	% M	42%	36%	35%			
2015/16	F	742	27	21	4%	78%	3%
	M	445	25	25	6%	100%	6%
	%F	63%	52%	46%			
	%M	37%	48%	54%			

Fair selection of MBBS students

Our interview panels have been gender balanced since 2013 and include lay members and students. All interviewers undergo training every 3 years (2014_Action_Plan_1.5) regarding principles of equality and diversity, unconscious bias and fair selection.

To encourage equity in applications, a student-led review of gender 'messaging' in prospectuses, leaflets and websites was undertaken, revealing that most promotional materials were fully inclusive of gender and ethnicity. Recommendations arising from the report are in the process of implementation, (Table 10) (Action_4.1c,13.2b) and plans are in place to investigate gender balance in outreach activities (Action_4.1a).

Table 10: Student recommendations for UG promotional materials

Recommendations	Action	Status
Increase awareness of Equality and Diversity (E&D) within departments	E&D statement added to all prospectuses and website	Completed
Increase awareness of SWAN	Add SWAN logo to printed materials and improve visibility on SM webpages. SWAN principles displayed on posters.	Completed
Improve representation of senior women in promotional material for new Malta MBBS programme	Update website and printed materials. Planned photoshoot 2018 for printed materials.	Website completed. In train

MBBS attainment

MBBS attainment is assessed by degree outcome, prizes and enrolment on intercalated degree programmes. Once registered on the MBBS, completion rates are high, with rates over the past 4 years of 99.0% F and 98.7% M. Detailed analysis of the small numbers of student withdrawals and de-registrations shows no gender trends. A raft of measures support students in difficulty, including extra supervision from Academic Year tutors and mentor meetings. **Following the introduction of additional assessment in 2015/16, the gender gap in attainment has narrowed** (Figure 11 and Table 11). More intensive tutor supervision was introduced in 2016 in response to a review of attainment in specific examinations (Table 12).

Figure 11: MBBS attainment (UG and GEP)
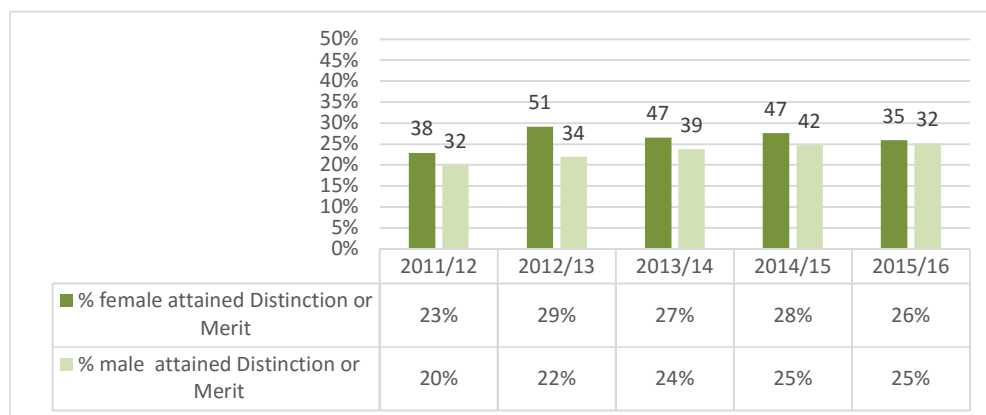

	2011/12	2012/13	2013/14	2014/15	2015/16
% female attained Distinction or Merit	23%	29%	27%	28%	26%
% male attained Distinction or Merit	20%	22%	24%	25%	25%

Table 11: MBBS attainment (UG and GEP)

Year	2011-12		2012-13		2013-14		2014-15		2015-16	
	F	M	F	M	F	M	F	M	F	M
Sitting the exam	**166**	**161**	**175**	**155**	**177**	**164**	**170**	**170**	**135**	**127**
Distinction	12	16	20	14	20	15	20	16	13	13
Merit	26	16	31	20	27	24	27	26	22	19
Pass*	128	125	123	120	127	123	122	127	98	94
Fail *	0	4	1	1	3	2	1	1	2	1
% Distinction	*7%*	*10%*	*11%*	*9%*	*11%*	*9%*	*12%*	*9%*	*10%*	*10%*
% Merit or Distinction	*23%*	*20%*	*29%*	*22%*	*27%*	*24%*	*28%*	*25%*	*26%*	*25%*
% Pass overall	*100%*	*98%*	*99%*	*99%*	*98%*	*99%*	*99%*	*99%*	*99%*	*99%*

Additional Exam Attainment Review

Analysis of an assessment method has shown that women performed significantly better than men in MBBS practical- and OSCE-based assessment but not in knowledge-based assessment. The analysis also showed Asian males performed less well than others across the assessment spectrum. To rectify these trends, we have increased support from tutors for students who fail early in-course assessments and will share and discuss the data implications of attainment data more widely (Table 12) (Action_1.2,4.2)

Table 12: MBBS finals papers: analysis by gender (5 years data amalgamated)

MBBS finals paper	No. & % Fail				p-value for comparison of F & M	
	F	M	%F	%M	failure rate	mean score
Paper B - Knowledge	18	17	2.3%	2.2%	ns	ns
Paper D - Practical	12	15	1.8%	2.4%	ns	<0.0001

ns – not statistically significant p>0.05

Prizes

Closed prizes are based on attainment in specific MBBS assessments. Open prizes are advertised by email to all but require an opt-in. Marking is gender-blind, and overall there is parity in prize attainment. However, recent data has shown a trend towards more males winning prizes, particularly open prizes (Figure 12, Table 13). In response, communications on prize opportunities will adopt more open and inclusive language to encourage greater female participation in the competition (Action_4.2).

Figure 12: Prizes and awards by gender 2013/14 to 2015/16
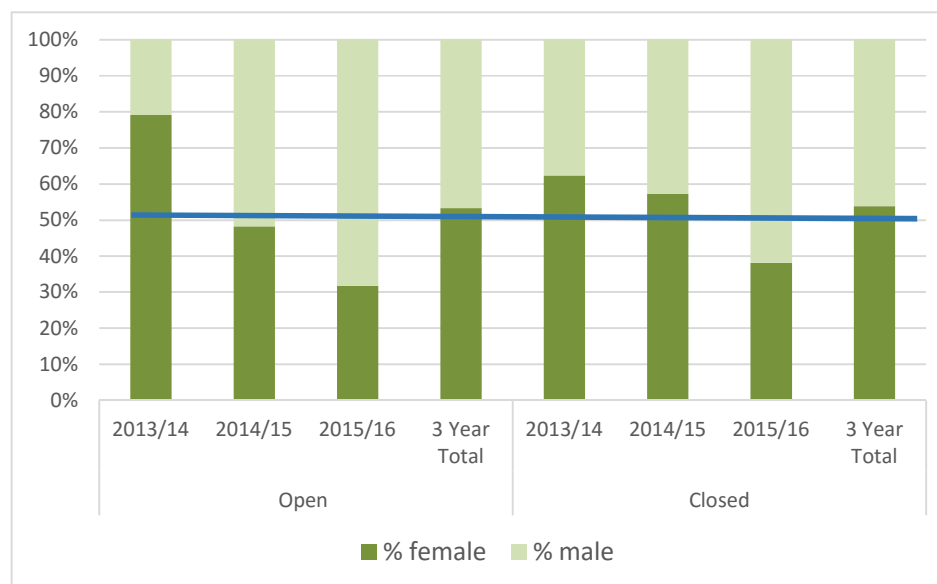
The gender that straddles the blue horizontal 50% line is in the majority

Table 13: UG Prize awards by gender (3 years' data available for analysis)

Award Type by gender		2013/14	2014/15	2015/16	Total (3 years)
Open (self-referred)	F	19	14	7	40
	M	5	15	15	35
	%F	79%	48%	32%	53%
	% M	21%	52%	78%	47%
Closed (all are entered)	F	53	47	24	124
	M	32	35	39	106
	%F	62%	57%	38%	54%
	% M	38%	43%	62%	46%

Intercalated BSc degrees

A subgroup of direct-entry MBBS students opt to take a year out to complete an Intercalated Degree in a subject related to medicine. Our data suggest that intercalating students reflect MBBS gender balance (Table 14). Attainment is similar to the MBBS programme although proportionally more male students fail to achieve a first or upper second class degree. We will investigate whether the attainment profile differs by course and survey students about their choices regarding intercalation (Action_4.3).

Table 14: MBBS students obtaining intercalated degrees by gender

	2011/12	2012/13	2013/14	2014/15	2015/16
F	67	50	51	53	62
M	65	55	65	58	67
%F	51%	48%	44%	48%	48%
% M	49%	52%	56%	52%	52%

Figure 13: MBBS students obtaining good intercalated degrees by gender

	2011/12	2012/13	2013/14	2014/15	2015/16
% female attained 1st or 2:1 honours	96%	94%	100%	100%	94%
% male attained 1st or 2:1 honours	83%	93%	95%	97%	90%
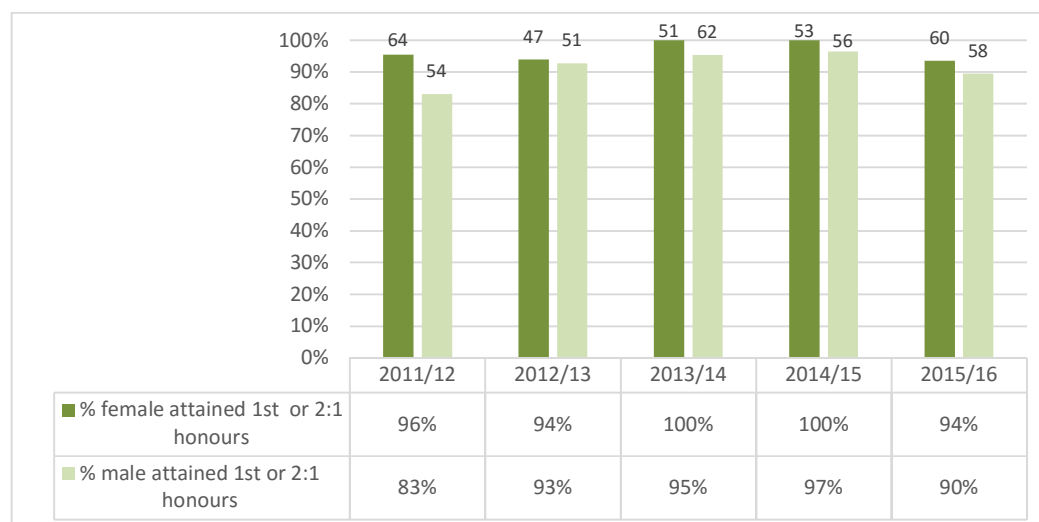
Table 15: Attainment in intercalated degree programmes during MBBS

Year	2011-12		2012-13		2013-14		2014-15		2015-16	
	F	M	F	M	F		F	M	F	M
Sitting the exam	67	65	50	55	51	65	53	58	62	67
1st	29	15	21	13	20	19	25	11	26	22
2(i)	35	39	26	38	31	43	28	45	32	38
2(ii)	2	10	2	4	0	2	0	2	4	6
3rd	1	1	1	0	0	1	0	0	0	1
% 1st	43%	23%	42%	24%	39%	29%	47%	19%	42%	33%
% 1st or 2(i)	96%	83%	94%	93%	100%	95%	100%	97%	94%	90%
% Pass	99%	98%	98%	100%	100%	98%	100%	100%	100%	99%

BSc courses

Our BSc courses have all recently initiated, and therefore completion and attainment data are not yet available. There is a preponderance of women enrolling (Table 16a) which appears to continue when we review ongoing enrolment. Enrolment reflects the balance of applicants (Table 16b). Our assessment confirms gender neutral and ethnically diverse publicity, and therefore the BSc Programme Directors will undertake qualitative analysis to investigate reasons why students apply (Action_4.5).

Table 16a: Enrolments on SM BSc courses (Full-time equivalent numbers)

Course	year	F*	M*	%F	%M
Global Health	2014/15	5.5	0	100%	0%
	2015/16	13.5	5	84%	16%
Neuroscience	2015/16	23	5	82%	18%
Pharmacology and Innovative Therapies	2015/16	15	7	68%	32%

non-whole numbers reflect shared nature of programmes with other Schools

Table 16b: BSc Programmes - Applications, Offers and Acceptances (Full time equivalent numbers)

BSc		Applied	Offered	Accepted	% offered	% accepted if offered	if applied
BSc Global Health							
14/15	F	17.5	13	5.5	**74%**	**42%**	**31%**
	M	1.5	1	0	**67%**	**0%**	**0%**
	%F	92%	93%	100%			
	%M	8%	7%	0%			
15/16	F	35.5	26.5	8	**75%**	**30%**	**23%**
	M	9.5	6	2.5	**63%**	**42%**	**26%**
	%F	79%	82%	79%			
	%M	21%	18%	21%			
BSc Neuroscience2015-16							
15/16	F	203	155	23	**76%**	**15%**	**11%**
	M	91	68	5	**75%**	**7%**	**5%**
	%F	69%	70%	73%			
	%M	31%	30%	27%			
BSc Pharmacology and Innovative Therapeutics							
15-16	F	79	64	15	**81%**	**23%**	**19%**
	M	39	30	7	**77%**	**23%**	**18%**
	%F	67%	68%	71%			
	%M	33%	32%	29%			

non-whole numbers reflect shared nature of programmes with other Schools

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

Full- and part-time. Provide data on course application, offers and acceptance
rates and degree completion rates by gender.

Courses

The SM has offered an increasing number of postgraduate taught (PGT) degrees during
the data period. More of these offer distance learning, part-time and variable modes of
study (Table 17)

Table 17: Growth in number of PGT degrees during the data period

Time period	2011/12 Start of student data period	2015/16 End of student data period
PGT	18 distinct degrees; full-time, part-time & variable length. On-campus and distance learning	35 distinct degrees. 2 Distance learning (DL) only. Large increase in degrees offering DL, Full–time, part-time & variable length.

Student numbers

Both full-time and part-time PGT degrees have more women, but full-time degrees are
closer to parity (Table 18). Our students are closer to gender parity than the national
benchmark for medical and non-medical courses (Figure 14).

Figure 14: Headcount of PGT student population by gender and with benchmarks
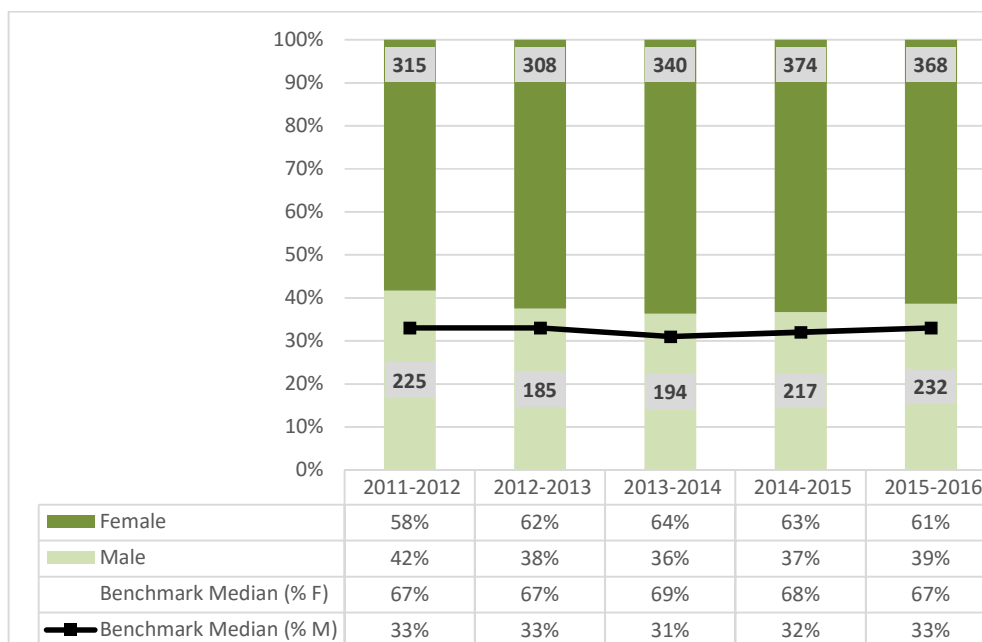

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Female	58%	62%	64%	63%	61%
Male	42%	38%	36%	37%	39%
Benchmark Median (% F)	67%	67%	69%	68%	67%
Benchmark Median (% M)	33%	33%	31%	32%	33%

Table 18: Headcount of PGT student population by gender and full- or part-time status

PGT Students	2011-12	2012-13	2013-14	2014-15	2015-16
Total PGT Student Population					
Total	540	493	534	591	600
Female	315	308	340	374	368
Male	225	185	194	217	232
% Female	*58%*	*62%*	*64%*	*63%*	*61%*
% Male	*42%*	*38%*	*36%*	*37%*	*39%*
Benchmark %F	***67%***	***67%***	***69%***	***68%***	***67%***
Benchmark %M	***33%***	***33%***	***31%***	***32%***	***33%***
Full Time					
Total	217	209	209	246	222
Female	130	141	162	180	150
Male	87	68	47	66	72
% Female	*60%*	*67%*	*78%*	*73%*	*68%*
% Male	*40%*	*33%*	*22%*	*27%*	*32%*
Part Time					
Total	323	284	325	345	378
Female	185	167	178	194	218
Male	138	117	147	151	160
% Female	*57%*	*59%*	*55%*	*56%*	*58%*
% Male	*43%*	*41%*	*45%*	*44%*	*42%*

The gender balance on our clinical courses is comparable to benchmarks. In our Biological Sciences courses, women are slightly overrepresented (Table 19).

We will review gender balance trends by individual course and make recommendations for publicity materials (Action_5.1a,b). As the balance of overseas vs home students is likely to differ for on-campus and off-campus courses, comparisons will be made to evaluate the underlying factors in gender trends, including ethnicity and local cultural norms (Action_5.1a,2.6a).

Table 19: PGT student population (headcount) by course type (JACS codes)

PGT students	2011/12	2012/13	2013/14	2014/15	2015/16
B1, B2, B8 & B9 * Biological Sciences (on campus only)					
Total	95	75	74	94	78
Female	58	57	58	71	55
Male	37	18	16	23	23
% Female	*61%*	*76%*	*78%*	*76%*	*71%*
% Male	*39%*	*34%*	*22%*	*24%*	*29%*
Benchmark %F	*69%*	*70%*	*71%*	*71%*	*67%*
Benchmark %M	*31%*	*30%*	*29%*	*29%*	*33%*
Total A1, A3, A9 Medicine (on campus and off campus)					
Total	465	418	459	500	525
Female	268	251	281	304	314
Male	197	167	178	196	211
% Female	*58%*	*60%*	*61%*	*61%*	*60%*
% Male	*42%*	*40%*	*39%*	*39%*	*40%*
Benchmark %F	*60%*	*60%*	*57%*	*57%*	*61%*
Benchmark %M	*40%*	*40%*	*43%*	*43%*	*39%*
On campus (A1, A3, A9)* Medicine					
Total	315	242	247	268	253
Female	196	159	177	182	164
Male	119	83	70	86	89
% Female	*62%*	*66%*	*72%*	*68%*	*65%*
% Male	*38%*	*34%*	*28%*	*32%*	*35%*
Off campus A1, A3, A9 Medicine					
Total	150	176	212	232	272
Female	72	92	104	122	150
Male	78	84	108	110	122
% Female	*48%*	*52%*	*49%*	*53%*	*55%*
% Male	*52%*	*48%*	*51%*	*47%*	*45%*

**A1-Preclinical medicine, A3- Clinical Medicine, A9- others in subjects allied to medicine B1 Anatomy, Physiology, Pathology; B2 Pharmacology, Toxicology and Pharmacy; B8 Medical Technology; B9 others in subjects allied to medicine *Benchmarked by JACs code*

PGT student recruitment

More women than men apply for our PGT courses and similar proportions are accepted (Figure 15, Table 20). The gender disparity may reflect the shifting spectrum of course types year-on-year as we expand. We will analyse our student recruitment in the same way as for student numbers above (Action_2.6a,b).

Figure 15: PGT Applications, offers and acceptances

	Applications					Offers					Acceptances				
	11/12	12/13	13/14	14/15	15/16	11/12	12/13	13/14	14/15	15/16	11/12	12/13	13/14	14/15	15/16
Female	703	914	1033	1054	1175	568	692	817	877	943	407	465	528	588	631
Male	555	594	669	643	720	407	465	528	588	631	324	321	382	364	400.5
% Female	56%	61%	61%	62%	62%	58%	60%	61%	60%	60%	56%	59%	58%	62%	61%
% Male	44%	39%	39%	38%	38%	42%	40%	39%	40%	40%	44%	41%	42%	38%	39%

Table 20: PGT Applications, offers and acceptances

PGT		Applied	Offered	Accepted	% offered	% accepted	
						if offered	if applied
2011-12	F	703	568	407	**81%**	**72%**	**58%**
	M	555	407	324	**73%**	**80%**	**58%**
	% F	*56%*	*58%*	*56%*			
	% M	*44%*	*42%*	*44%*			
2012-13	F	914	692	465	**76%**	**67%**	**51%**
	M	594	465	321	**78%**	**69%**	**54%**
	% F	*61%*	*60%*	*59%*			
	% M	*39%*	*40%*	*41%*			
2013-14	F	1033	817	528	**79%**	**65%**	**51%**
	M	669	528	382	**79%**	**72%**	**57%**
	% F	*61%*	*61%*	*58%*			
	% M	*39%*	*39%*	*42%*			
2014-15	F	1054	877	588	**83%**	**67%**	**56%**
	M	643	588	364	**91%**	**62%**	**57%**
	% F	*62%*	*60%*	*62%*			
	% M	*38%*	*40%*	*38%*			
2015-16	F	1175	943	631	**80%**	**67%**	**54%**
	M	720	631	400.5	**88%**	**63%**	**56%**
	% F	*62%*	*60%*	*61%*			
	% M	*38%*	*40%*	*39%*			

PGT student attainment

Attainment is similar overall for men and women (Figure 16, Table 21) although the overall change in proportion achieving merit/distinction reflects a change in assessment regulations during this period. We will review attainment by JACS codes as for recruitment (Action_2.6a) to assess differences between course types.

Figure 16: Attainment (merit or distinction) on PGT courses by gender
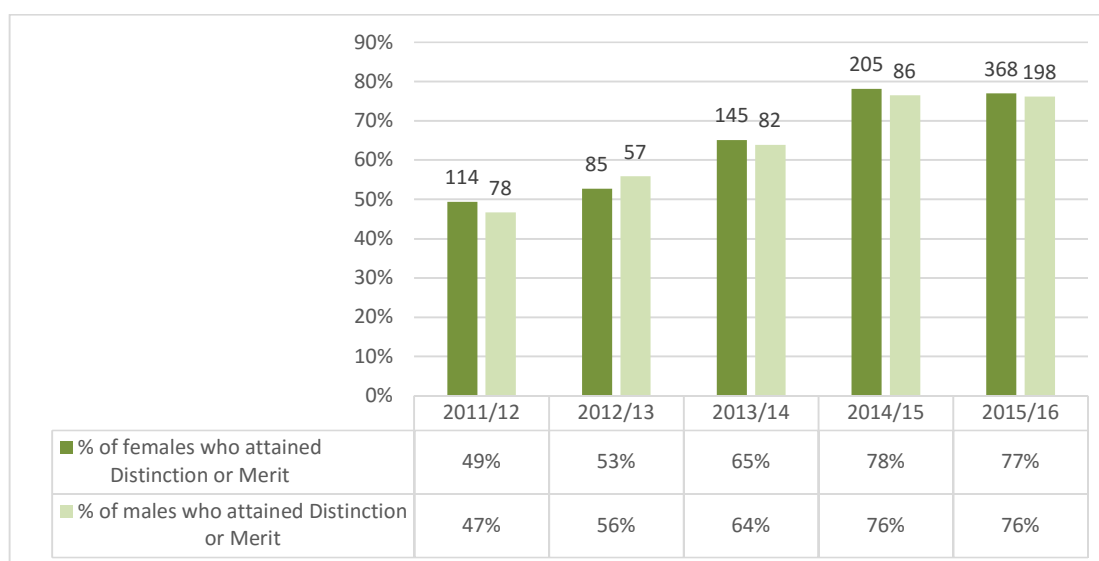

	2011/12	2012/13	2013/14	2014/15	2015/16
■ % of females who attained Distinction or Merit	49%	53%	65%	78%	77%
■ % of males who attained Distinction or Merit	47%	56%	64%	76%	76%

Table 21: Attainment on PGT courses by gender

PGT results	11-12		12-13		13-14		14-15		15-16	
Gender	F	M	F	M	F	M	F	M	F	M
Total	244	158	152	108	227	126	268	110	483	257
Distinction	64	33	26	21	62	47	104	42	199	109
Merit	50	45	59	36	83	35	101	44	169	89
Pass [1]	130	80	67	51	82	44	63	24	116	60
Fail [2]	0	0	0	0	0	0	0	0	1	1
% Distinction	26%	21%	17%	19%	27%	37%	39%	38%	41%	42%
% Merit or Distinction	**47%**	**49%**	**56%**	**53%**	**64%**	**65%**	**76%**	**78%**	**76%**	**77%**
% Success overall	100%	100%	100%	100%	100%	100%	100%	100%	<100%	<100%

1- *Pass at any attempt   2 -fail and not allowed a further resit*

PGT completion rates

Completion rates are not routinely available, so de-registration and withdrawal were used as a proxy and compared with the headcount. Using these measures, completion rates appear to have increased (Table 22). We will review possible differences in completion rates for on-campus and off-campus students into planned sub-analysis as we suspect mode of attendance rather than gender is the factor affecting completion rates. (Action_2.6a)

Table 22: Non-completion for PGT students

	Deregistration by QMUL		Withdrawal by student	
year left SM	F	M	F	M
2013	17	32	10	10
2014	14	17	8	9
2015	9	7	4	7
Percentage who left as percentage of PGT headcount for year				
12/13	5.5%	17.3%	3.2%	5.4%
13/14	4.1%	8.8%	2.4%	4.6%
14/15	2.4%	3.2%	1.1%	3.2%

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

Full- and part-time. Provide data on course application, offers, acceptance and degree completion rates by gender.

We offer PhDs and MD(Res) in clinical medicine subjects and PhDs in subjects 'allied to medicine', the range mirroring our academics' specialities. Over the past 5 years, there has been a small reduction in the total number of PGR students and a small increase in the proportion of women. This has continued this year consistent with benchmark data (Figure 17 & Table 23). The relative increase in women undertaking an MD(Res) reflects the changing gender balance of clinicians at Specialist Trainee level who undertake this degree.   Women are over-represented in 'allied to medicine' PhDs, particularly in 2015/16 (Table 24).

Figure 17: PGR student population by gender 2011/12 to 2015/16 (headcount)

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Female	56.6%	55.7%	52.9%	56.4%	61.4%
Male	43.4%	44.3%	47.1%	43.6%	38.6%
Benchmark Median (% F)	57%	56%	55%	56%	58%
Benchmark Median (% M)	43%	44%	45%	44%	42%

(Chart data labels: Female bars — 176, 171, 147, 146, 164; Male bars — 135, 136, 131, 113, 103)
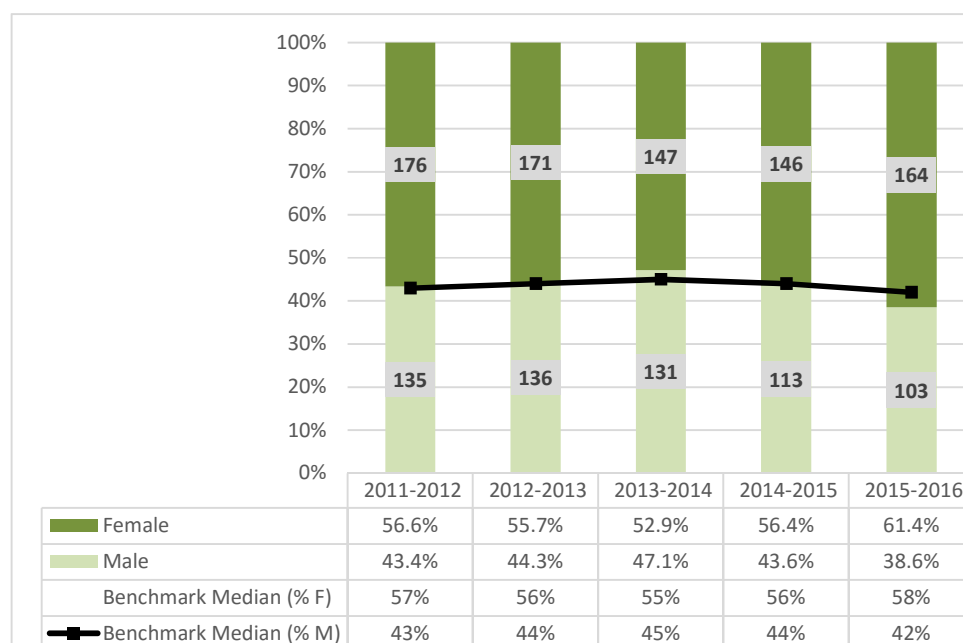
Table 23: PGR headcount by gender and part- and full-time status 2011/12 to 2015/16

PGR	2011/12	2012/13	2013/14	2014/15	2015/16
Total					
Total	311	307	278	259	267
Female	176	171	147	146	164
Male	135	136	131	113	103
% Female	*57%*	*56%*	*53%*	*56%*	*61%*
% Male	*43%*	*44%*	*47%*	*44%*	*39%*
Benchmark (% F)	57%	56%	55%	56%	58%
Benchmark (% M)	43%	44%	45%	44%	42%
Full-Timers					
Total	256	262	231	220	232
Female	145	145	121	121	141
Male	111	117	110	99	91
% Female	*57%*	*55%*	*52%*	*55%*	*61%*
% Male	*43%*	*45%*	*48%*	*45%*	*39%*
Part-Timers					
Total	55	45	47	39	35
Female	31	26	26	25	23
Male	24	19	21	14	12
% Female	*56%*	*58%*	*55%*	*64%*	*66%*
% Male	*44%*	*42%*	*45%*	*36%*	*34%*

* median of all similar courses (HESA data)

Table 24: PGR students by course type (headcount)

PGR	2011/12	2012/13	2013/14	2014/15	2015/16
Total A3: Clinical Medicine (MD and PhD)					
Total	99	95	92	103	101
Female	45	40	42	49	50
Male	54	55	50	54	51
% F	*45%*	*42%*	*46%*	*48%*	*50%*
% M	*55%*	*58%*	*54%*	*52%*	*50%*
Benchmark % F	*60%*	*57%*	*55%*	*55%*	*58%*
Benchmark %M	*40%*	*43%*	*45%*	*45%*	*42%*
MD (A3)					
Total	60	55	41	41	64
Female	24	21	18	22	35
Male	36	34	23	19	29
% F	*40%*	*38%*	*44%*	*54%*	*55%*
% M	*60%*	*62%*	*56%*	*46%*	*45%*
PhD (A3)					
Total	39	40	51	62	37
Female	21	19	24	27	15
Male	18	21	27	35	22
% F	*54%*	*48%*	*47%*	*44%*	*41%*
% M	*46%*	*52%*	*43%*	*46%*	*49%*
A9: Allied to Medicine- PhD					
Total	212	212	186	156	166
Female	131	131	105	97	114
Male	81	81	81	59	52
% F	*62%*	*62%*	*56%*	*62%*	*69%*
% M	*38%*	*38%*	*44%*	*38%*	*31%*
Benchmark % F	*60%*	*54%*	*57%*	*63%*	*57%*
Benchmark %M	*40%*	*46%*	*43%*	*37%*	*43%*

*A3- clinical medicine, A9 other in subjects allied to medicine

PGR recruitment

New electronic applications enabling better data capture were implemented in 2014 (2014_Action_Plan_1.7a). However, a small number of separately-advertised, grant-funded PhDs may not be included in the data below. Improvements will be made with better centralised annual returns from Directors of Graduate Studies (Action_2.5,5.2a).

The gender balance of supervisors is to be reviewed, (Action_5.2a) and all PhD supervisors will complete the recently introduced unconscious bias training in addition to supervisor training (Action_5.2b).

In general, more women than men apply for PGR study (Figure 18), but the proportions of applicants accepting offers have changed from being greater for men in 2011/12-2012/13 to being greater for women from 2014/15-2015/16 (Table 25).

Figure 18: PGR student recruitment: Applications, offers, acceptances

	11/12	12/13	13/14	14/15	15/16		11/12	12/13	13/14	14/15	15/16		11/12	12/13	13/14	14/15	15/16
			Applications						Offers						Acceptances		
■ Female	167	281	96	85	235		72	50	37	65	69		66	49	35	62	66
■ Male	102	211	95	59	156		49	48	37	36	32		47	45	35	34	32
% Female	62%	57%	50%	59%	60%		60%	51%	50%	64%	68%		58%	52%	50%	65%	67%
% Male	38%	43%	50%	41%	40%		40%	49%	50%	36%	32%		42%	48%	50%	35%	33%
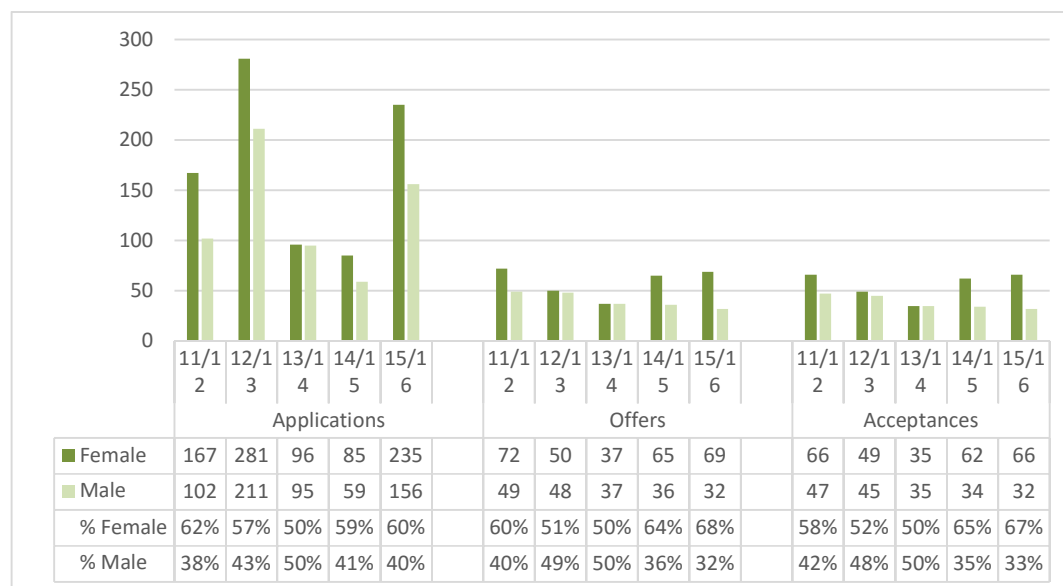
Table 25: PGR student recruitment: Applications, offers, acceptances by gender

PGR		Applied	Offered	Accepted	% offered	% accepted	
						if offered	if applied
2011/ 12	F	167	72	66	43%	92%	40%
	M	102	49	47	48%	96%	46%
	% F	*62%*	*60%*	*58%*			
	% M	*38%*	*40%*	*42%*			
2012/ 13	F	281	50	49	18%	98%	17%
	M	211	48	45	23%	94%	21%
	% F	*57%*	*51%*	*52%*			
	% M	*43%*	*49%*	*48%*			
2013/ 14	F	96	37	35	39%	95%	36%
	M	95	37	35	39%	95%	37%
	% F	*50%*	*50%*	*50%*			
	% M	*50%*	*50%*	*50%*			
2014/ 15	F	85	65	62	76%	95%	73%
	M	59	36	34	61%	94%	58%
	% F	*59%*	*64%*	*65%*			
	% M	*41%*	*36%*	*35%*			
2015/ 16	F	235	69	66	29%	96%	28%
	M	156	32	32	21%	100%	21%
	% F	*60%*	*68%*	*67%*			
	% M	*40%*	*32%*	*33%*			

PGR completion rates

Information on time from entry to submission is currently collected without a gender split. We therefore show 'time to award'. This may be a year longer as this is affected by external influences such as viva and exam board dates. We intend that gender data on PGR milestones will be held routinely by the RDO by gender (Action_2.5).

Overall, our current PGR attainment is shown below (Table 26). Student confidence in their supervision matches this: 89% of SM PGR students expressed confidence that they would complete in time (PRES survey 2017). This has been stable since 2013 and above the QMUL, Russell Group and sector benchmarks.

The results in Table 26 for 2011/12 intake are good and probably reflect the enforcing of an annual progression review since 2014. The 'submission on time' is better than the 4- or 5-year award data for 2010/11.

Table 26: PGR attainment: Proportions of full-time students completing by time

year started	F	M	Award within 4 years				Award within 5 years				% submitted on time*
			F	M	%F	%M	F	M	%F	%M	all
2006/07	34	20	28	11	**82%**	**55%**	30	13	**88%**	**65%**	No data
2007/08	36	28	20	17	**55%**	**61%**	23	19	**64%**	**68%**	No data
2008/09	40	33	29	22	**73%**	**66%**	34	26	**85%**	**79%**	No data
2009/10	38	22	25	16	**65%**	**73%**	27	18	**71%**	**82%**	No data
2010/11	72	52	29	25	**40%**	**48%**	42	36	**58%**	**69%**	**78%**
2011/12	44	37	39	32	**89%**	**86%**	42	34	**95%**	**92%**	**93%**

* from Research Dean's office (council stocktake) – this data not currently recorded by gender

(v)   Progression pipeline between undergraduate and postgraduate student levels

Identify and comment on any issues in the pipeline between undergraduate and postgraduate degrees.

There is no direct pipeline between our UGs and PGs. MBBS students are prepared for clinical practice. The majority proceed to provisional registration with the GMC and onto Foundation Programmes. The majority of PG students have obtained science BScs from elsewhere, and only the few MRes courses directly lead to PhDs. Hence very few students progress from PGT to PhDs each year.

Section 4.1: 1469 Words

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

Look at the career pipeline and comment on and explain any differences between men and women. Identify any gender issues in the pipeline at particular grades/job type/academic contract type. Where relevant, comment on the transition of technical staff to academic roles.

Our research and academic staff are classified by grade and by non-clinical or clinical roles (Table 27).

Table 27: Classification of posts by grade

Grade	Researchers	Academics (Teaching and Research (TR) & Teaching only (TO))
Non clinical posts		
4	Research assistant, Postdoctoral researchers, Statisticians Teaching fellows, Trial managers.	Teaching fellows
5	Postdoctoral researchers, Research fellows, Early career researchers, Research assistants, Others[1]	Lecturers Teaching Fellows Early Career Fellows[2]
6	Research Fellows Senior Research Fellows Senior others[1]	Lecturers Early Career Researcher Early Career Fellows[2] Teaching fellows
7	Research Fellows Senior Research Fellows Senior Research Programme Managers Bioinformaticians	Senior Lecturers Readers
8		Professors
Clinical posts		
4/5/6	Nurses (but paid on technical scales) not included in main tables.	
6	Clinical fellows	Lecturers
7	NIHR in-practice fellows	Senior Lecturers Readers
8		Professors

1 'others' include bioinformaticians, data managers, statisticians, study managers, psychologists, health economists etc.
2 'Early Career Researchers: subgroup of postdoctoral researchers recruited in tranches for high potential and given specific support to develop research programmes. On academic contracts.

We have reviewed our overall headcounts to give a clear picture of our pipelines in each job family, which are:
- Research staff
- Academic staff, split into Teaching and Research (TR) and Teaching Only (TO) roles (Figure 19).

Figure 19: Headcount of staff by grade, job type and gender (columns not to scale}
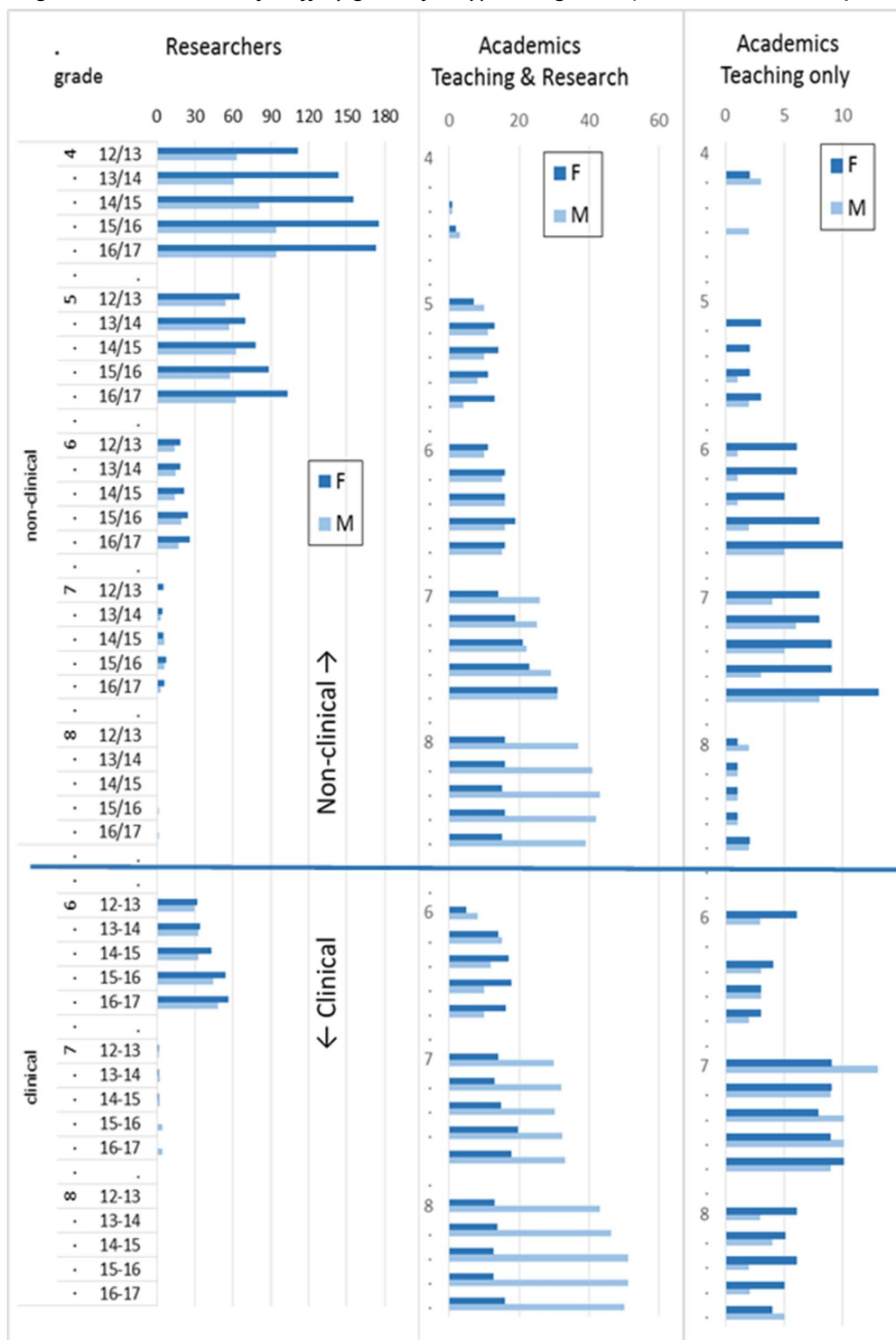
Above the blue line are the non-clinical staff and below it are the clinical staff

Research staff

Most non-clinical research positions are Grades 4 and 5, where women are over-represented (Table 28). We have non-clinical researchers carrying out responsible roles

such as Trial Managers and Trial Coordinators. These roles are highly competitive, requiring degrees in subjects allied to medicine with historically more female graduates. **The increase in the proportion of women in senior roles demonstrate that**, supported by our Postdoc Mentoring Scheme (2014_Action_Plan_2.13) and QMUL Researcher Mentoring Scheme (QMUL_2016_Action_Plan 3.1), female researchers are confident in applying for senior positions. CROS 2017 indicated that of those who attended researcher-specific training, 72% found them helpful/extremely helpful.

Most of our clinical research staff are at Grade 6. **This group increased 70%** during the data period, in part due to an increase in staff holding research fellowships, **while maintaining gender equity (exceeding benchmark)**. There are small numbers at Grade 7 (all male since 2015/16).

Security of career pathway and promotion prospects remain key concerns for this staff group. We are implementing Postdoctoral Networks in each Institute from which we will convene a task and finish group, which will share data, gain insights and report to SEB for actions (Action_9.1a).

Table 28: Researchers (non-academic) (clinical and non-clinical) by grade and gender

grade	year	Non-clinical Researchers						Clinical Researchers				
		F	M	Total	%F [1]	%M [1]		F	M	Total	%F [1]	%M [1]
4	12/13	111	63	174	64%	36%						
	13/14	143	61	204	70%	30%						
	14/15	155	81	236	66%	34%						
	15/16	175	94	269	65%	35%						
	16/17	173	94	267	65%	35%						
5	12/13	65	54	119	55%	45%						
	13/14	70	57	127	55%	45%						
	14/15	78	62	140	56%	44%						
	15/16	88	58	146	60%	40%						
	16/17	103	62	165	62%	38%						
6	12/13	18	14	32	56%	44%		32	29	61	52%	48%
	13/14	18	15	33	55%	45%		34	33	67	51%	49%
	14/15	21	14	35	60%	40%		43	32	75	57%	43%
	15/16	24	19	43	56%	44%		54	44	98	55%	45%
	16/17	26	17	43	60%	40%		56	48	104	54%	46%
7	12/13	5	0	5	100%	0%		1	1	2	50%	50%
	13/14	4	3	7	57%	43%		1	2	3	33%	67%
	14/15	5	6	11	45%	55%		1	2	3	33%	67%
	15/16	7	6	13	54%	46%		0	4	4	0%	100%
	16/17	6	3	9	67%	33%		0	4	4	0%	100%
8	12/13	0	0	0	n/a	n/a						
	13/14	0	0	0	n/a	n/a						
	14/15	0	0	0	n/a	n/a						
	15/16	0	1	1	0%	100%						
	16/17	0	1	1	0%	100%						
Average					62%	38%					53%	47%
Benchmark					*53%*	*47%*					*60%*	*40%*

n/a there are no staff employed for given gender and grade

Academic Staff: Teaching and research (TR) (non-clinical and clinical)

Staff numbers in bold (Table 29) show where women have ceased to be in the minority. **We have achieved parity at Grade 7** for non-clinical academic staff (previously M>F). This provides a talent pool for future promotion to professor. **Our percentage of female professors (28%) is higher than the benchmark (23%F)**. However, we note that this success is not reflected in our clinical academic staff category where the proportion of women at Grade 7 and 8 has remained static. Evaluation of our training (section 5.3) and development of targeted training will include investigation of differential value of this training to non-clinical vs clinical academics (Action_10.2a-d).

Table 29: Academic Staff – TR (non-clinical and clinical)

Grade	year	Non-clinical T&R Academics						Clinical T&R Academics				
		F	M	Total	%F	%M		F	M	Total	%F	%M
4	12/13	0	0	0	n/a	n/a						
	13/14	0	0	0	n/a	n/a						
	14/15	1	1	2	50%	50%						
	15/16	2	3	5	40%	60%						
	16/17	0	0	0	n/a	n/a						
5	12/13	7	10	17	**41%**	**59%**						
	13/14	13	11	24	**54%**	**46%**						
	14/15	14	10	24	**58%**	**42%**						
	15/16	11	8	19	**58%**	**42%**						
	16/17	13	4	17	**76%**	**24%**						
6	12/13	11	10	21	52%	48%		5	8	13	**38%**	**62%**
	13/14	16	15	31	52%	48%		14	15	29	**48%**	**52%**
	14/15	16	16	32	50%	50%		17	12	29	**59%**	**41%**
	15/16	19	16	35	54%	46%		18	10	28	**64%**	**36%**
	16/17	16	15	31	52%	48%		16	10	26	**62%**	**38%**
7	12/13	14	26	40	**35%**	**65%**		14	30	44	32%	68%
	13/14	19	25	44	**43%**	**57%**		13	32	45	29%	71%
	14/15	21	22	43	**49%**	**51%**		15	30	45	33%	67%
	15/16	23	29	52	**44%**	**56%**		20	32	52	38%	62%
	16/17	31	31	62	**50%**	**50%**		18	33	51	35%	65%
8	12/13	16	37	53	30%	70%		13	43	56	23%	77%
	13/14	16	41	57	28%	72%		14	46	60	23%	77%
	14/15	15	43	58	26%	74%		13	51	64	20%	80%
	15/16	16	42	58	28%	72%		13	51	64	20%	80%
	16/17	15	39	54	28%	72%		16	50	66	24%	76%
Average					42%	58%					33%	67%
Benchmark					*36%*	*64%*					*35%*	*65%*

n/a there are no staff employed for given gender and grade

Academic Staff: Teaching Only (TO) staff (non-clinical and clinical)

For TO staff, all grades are now closer to gender parity. There has been **a positive impact in clinical staff with increased numbers of males at entry and senior levels and females at mid-career stages (where previously these groups were under-represented)**. Clinical TO staff are closer to parity than their benchmark (Table 30).

TO staff access the promotions framework (and all supportive measures for this – see section 5.1) on the same basis as TR staff which is in line with best practice for this sector.

Table 30: Academic staff TO (non-clinical and clinical)

grade	year	Non-clinical TO Academics						Clinical TO Academics				
		F	M	Total	%F	%M		F	M	Total	%F	%M
4	12/13	0	0	0	n/a	n/a						
	13/14	2	3	5	40%	60%						
	14/15	0	0	0	n/a	n/a						
	15/16	0	2	2	0%	100%						
	16/17	0	0	0	n/a	n/a						
5	12/13	0	0	0	n/a	n/a						
	13/14	3	0	3	100%	0%						
	14/15	2	0	2	100%	0%						
	15/16	2	1	3	67%	33%						
	16/17	3	2	5	60%	40%						
6	12/13	6	1	7	86%	14%		6	3	9	67%	33%
	13/14	6	1	7	86%	14%		0	0	0	n/a	n/a
	14/15	5	1	6	83%	17%		4	3	7	57%	43%
	15/16	8	2	10	80%	20%		3	3	6	50%	50%
	16/17	10	5	15	67%	33%		3	2	5	60%	40%
7	12/13	8	4	12	67%	33%		9	13	22	41%	59%
	13/14	8	6	14	57%	43%		9	9	18	50%	50%
	14/15	9	5	14	64%	36%		8	10	18	44%	56%
	15/16	9	3	12	75%	25%		9	10	19	47%	53%
	16/17	13	8	21	62%	38%		10	9	19	53%	47%
8	12/13	1	2	3	33%	67%		6	3	9	67%	33%
	13/14	1	1	2	50%	50%		5	4	9	56%	44%
	14/15	1	1	2	50%	50%		6	2	8	75%	25%
	15/16	1	1	2	50%	50%		5	2	7	71%	29%
	16/17	2	2	4	50%	50%		4	5	9	44%	56%
Average					66%	34%					53%	47%
Benchmark					**57%**	**43%**					**56%**	**44%**

n/a there are no staff employed for given gender and grade

Intersectionality

We employ more BME staff (24%F, 27%M) than the national benchmark (11%F, 13%M) (Table 31). However, the proportions of BME staff are higher in the lower grades. To reverse this trend, we will continue to ensure our job adverts and promotional materials reflect a rich ethnic diversity in order to attract from the diverse London population, particularly in under-represented groups (Action_7.1).

Table 31: Intersectionality analysis for academic staff 2011/12 – 2016/17

Percentage of staff who are from BME groups										
year	2012/13		2013/14		2014/15		2015/16		2016/17	
grade	F	M	F	M	F	M	F	M	F	M
Non-clinical academic staff (Researchers, TR & TO)										
4	23%	20%	26%	27%	26%	24%	27%	27%	29%	23%
5	37%	39%	34%	33%	30%	35%	27%	33%	22%	38%
6	24%	16%	16%	10%	18%	6%	13%	5%	13%	9%
7	15%	17%	10%	21%	11%	22%	13%	14%	14%	15%
8	18%	8%	18%	7%	25%	7%	24%	9%	24%	10%
Clinical Academic Staff (Researchers, TR & TO)										
6	38%	38%	34%	30%	35%	29%	39%	29%	39%	36%
7	17%	26%	13%	32%	21%	37%	21%	34%	21%	33%
8	11%	24%	11%	24%	11%	24%	11%	22%	10%	25%

Highlighted cells :-Exceeding national overall benchmark 11%F 13%M

Staff by Institute

We have analysed our staff by grade and gender because the Institutes differ by specialism. Institutes carrying a significant teaching responsibility e.g. IHSE have better female representation in line with our overall staff data, reflecting positive promotion opportunities for teaching staff (Section 5.1). Future detailed analysis of recruitment and leavers data by Institute will elucidate differences (Action_2.4,2.6a-b).

Table 32: Areas of science covered by each of the Institutes

Institutes	Subjects covered
Barts Cancer Institute (BCI)	Cancer Research
Blizard Institute (BI)	Cell biology, Cutaneous Research, Genomics, Child Health, Immunobiology, Neuroscience, Trauma, Gastroenterology, Primary Care and Public Health
Institute of Health Sciences Education (IHSE)	Medical Education
William Harvey Research Institute (WHRI)	Cardiovascular, Inflammation, Endocrinology
Wolfson Institute of Preventive Medicine (WIPM)	Epidemiology, Preventative Medicine, Public Health, Psychological Medicine

Figure 20: Academic and research, clinical and non-clinical staff by Institute 2016/17
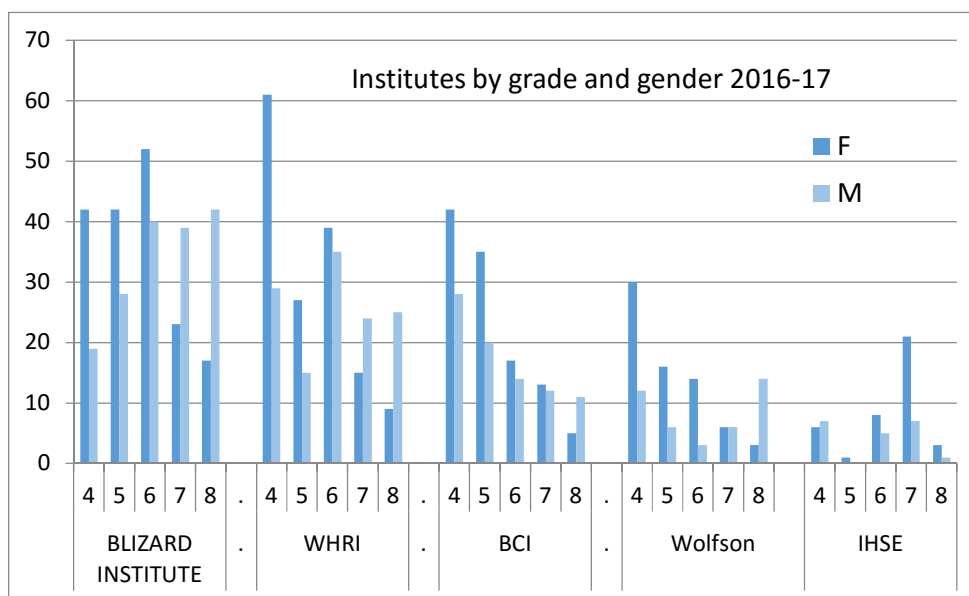
More detailed investigation of trends in the institutes are shown in Figures 21-25. Some Institutes have made more progress towards gender parity at higher grades than others. Institute-specific data will be shared with Institute Directors at SEB. Thus targeted strategies from the action plan around support for career development can be prioritised appropriately in each Institute.

Figure 21: BCI academic and research staff. % F & M by grade
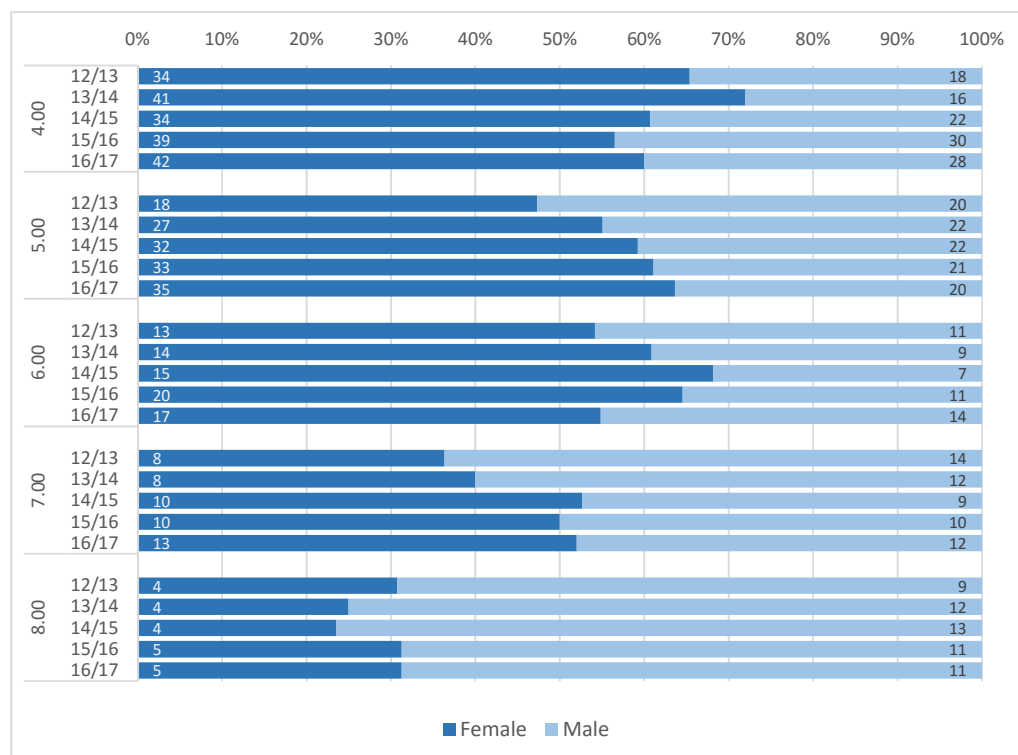
Figure 22: BI academic and research staff. % F & M by grade
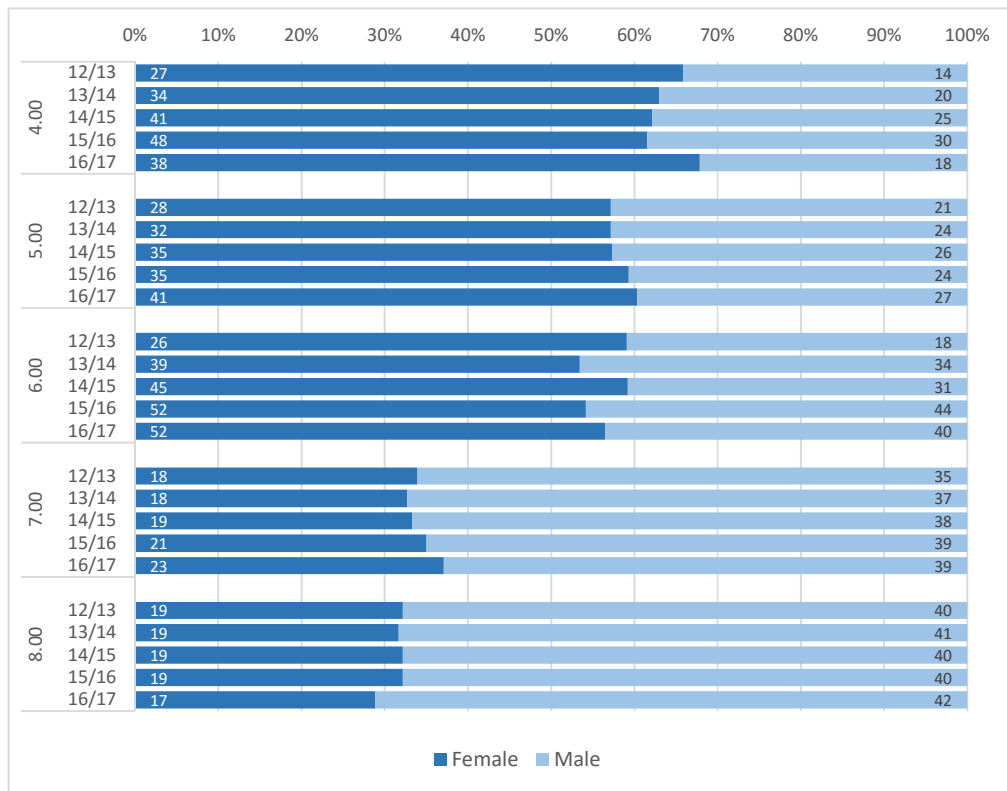
Figure 23: IHSE academic and research staff. % F & M by grad
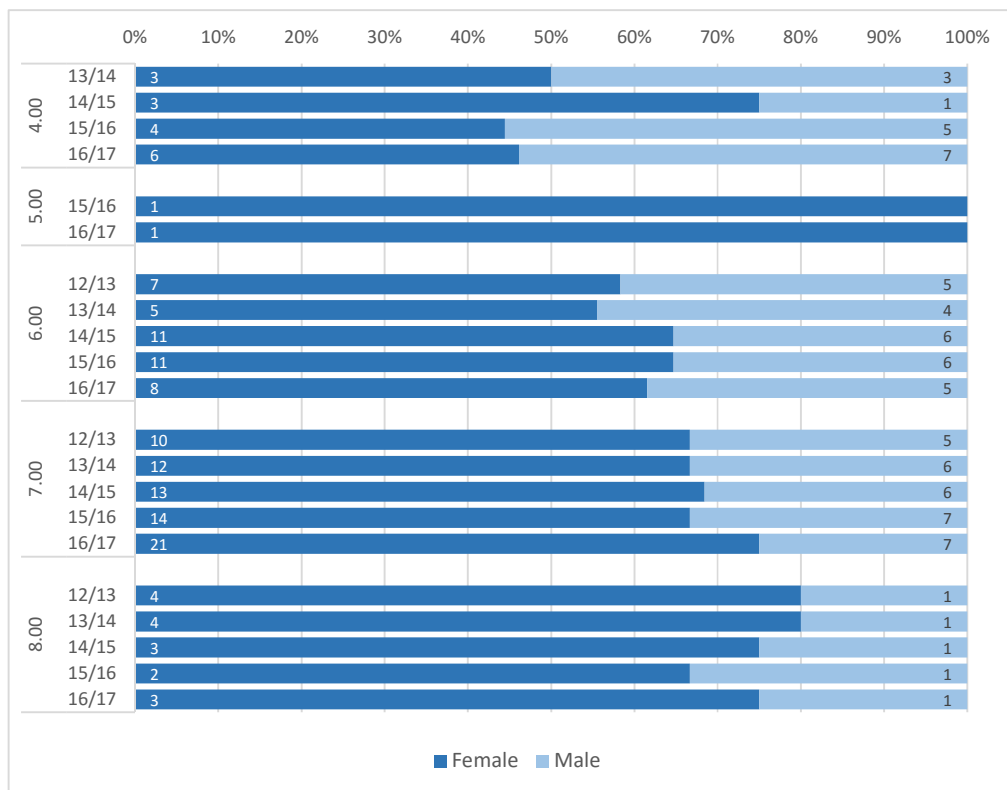
Figure 24: WHRI academic and research staff. % F & M by Grade
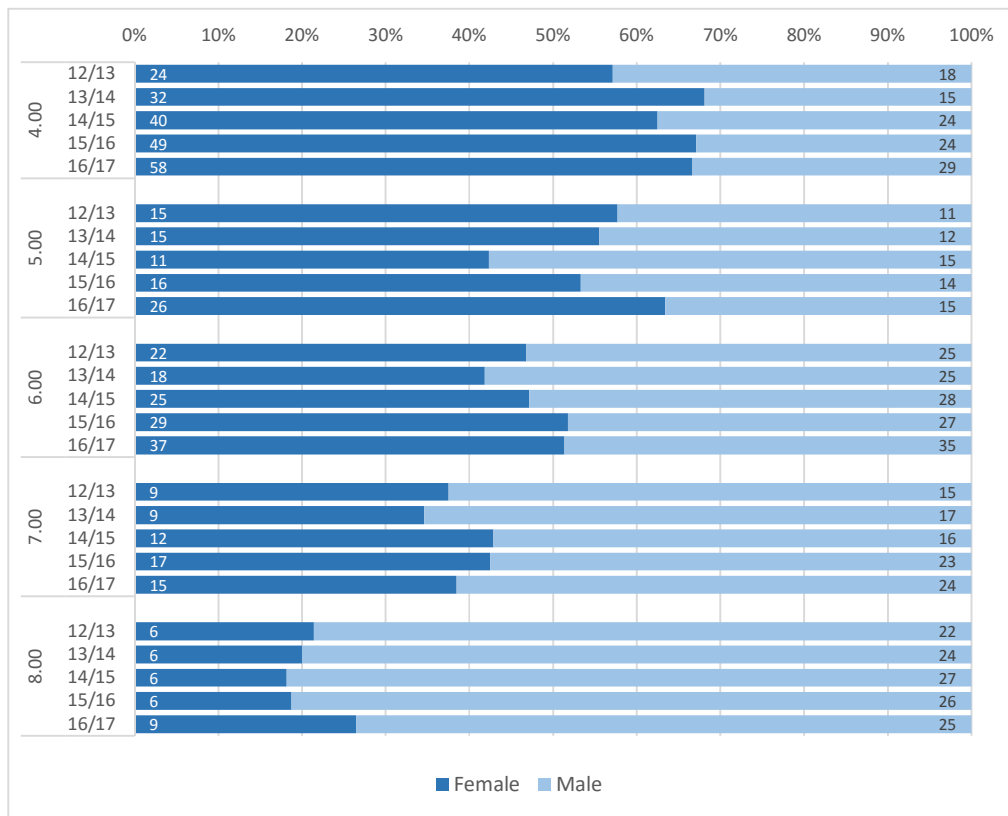
Figure 25: WIPM academic and research staff. % F & M by grade
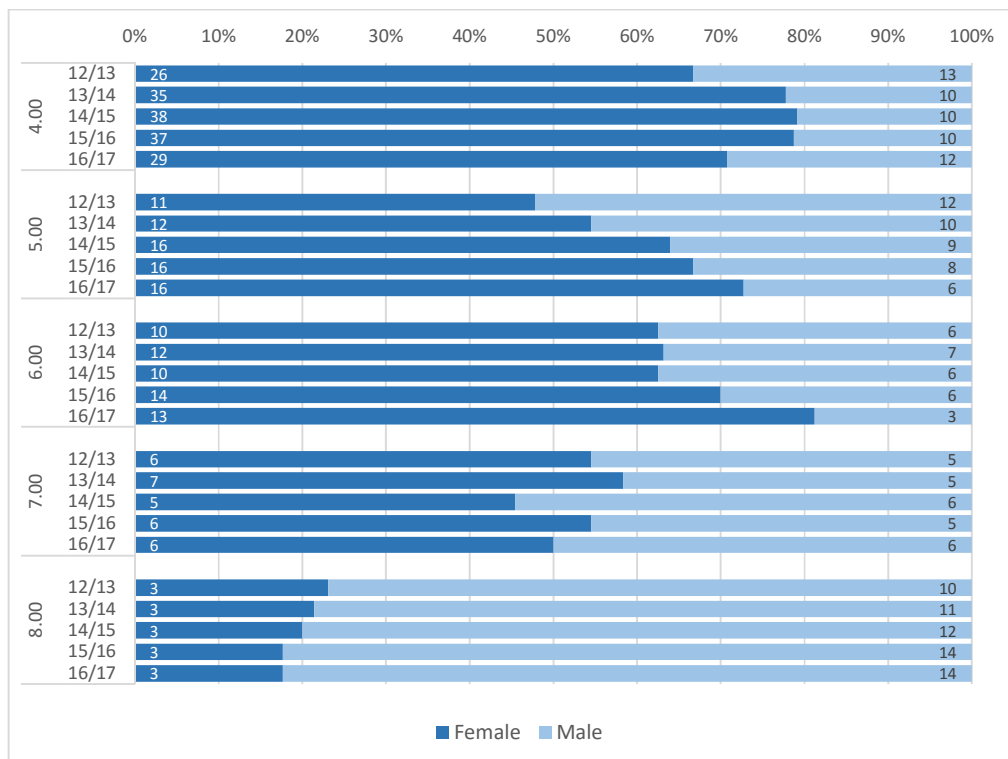
(ii)   Academic and research staff by grade on fixed-term, open-ended/permanent
and zero-hour contracts by gender

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

Most of our researchers are on fixed-term contracts (FTC), reflecting funding sources
(Table 33). About 30 % of our TR staff are on FTCs, while most Academic TO staff have
open-ended (OE) contracts.

Table 33: Proportion of fixed-term and open-ended contracts in SM

Job Function	Year	Fixed Term (FTC)	% FTC contracts	Open Ended (OE)	% OE Contracts	Total
Research staff	12/13	56	89%	7	11%	63
	13/14	65	93%	5	7%	70
	14/15	71	91%	7	9%	78
	15/16	94	92%	8	8%	102
	16/17	102	94%	6	6%	108
Academic: Teaching and Research	12/13	26	23%	87	77%	113
	13/14	35	26%	99	74%	134
	14/15	41	30%	97	70%	138
	15/16	44	31%	100	69%	144
	16/17	42	29%	101	71%	143
Academic: Teaching Only	12/13	5	13%	35	88%	40
	13/14	3	11%	24	89%	27
	14/15	4	12%	29	88%	33
	15/16	4	13%	28	88%	32
	16/17	4	12%	29	88%	33

Research staff

There was no difference in the proportion of non-clinical research staff on FTC by Grades 4 and 5 by gender (Table 34). This was also the case for clinical research staff at Grade 6 (entry-level) (Table 35). At higher non-clinical grades, although more females were on FTCs, this has reduced by 21% in the reporting period. We have instituted training to support career progression (section 5.3) (Action_9.1a,b).

Figure 26: Research staff: proportions of staff on FTC vs OE contracts
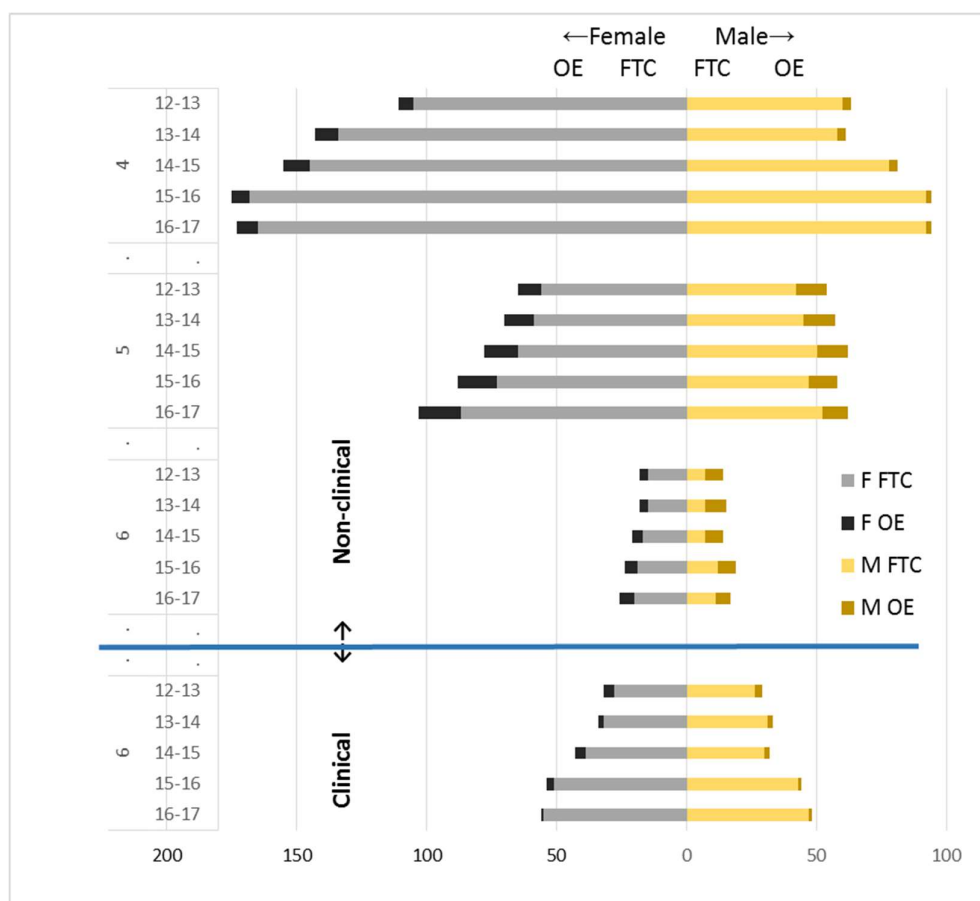
Table 34: Non-clinical research staff by grade, contract type and gender

Grade	Year	Fixed-term (FTC)				Open-ended (OE)				Percentage on FTC		
		F	M	F	M	F	M	F	M	F%	M%	F% - M% *
		No.	No.	%	%	No.	No.	%	%			
4	12/13	105	60	64%	36%	6	3	67%	33%	95%	95%	-1%
	13/14	134	58	70%	30%	9	3	75%	25%	94%	95%	-1%
	14/15	145	78	65%	35%	10	3	77%	23%	94%	96%	-3%
	15/16	168	92	65%	35%	7	2	78%	22%	96%	98%	-2%
	16/17	165	92	64%	36%	8	2	80%	20%	95%	98%	-2%
5	12/13	56	42	57%	43%	9	12	43%	57%	86%	78%	8%
	13/14	59	45	57%	43%	11	12	48%	52%	84%	79%	5%
	14/15	65	50	57%	43%	13	12	52%	48%	83%	81%	3%
	15/16	73	47	61%	39%	15	11	58%	42%	83%	81%	2%
	16/17	87	52	63%	37%	16	10	62%	38%	84%	84%	1%
6	12/13	15	7	68%	32%	3	7	30%	70%	83%	50%	33%
	13/14	15	7	68%	32%	3	8	27%	73%	83%	47%	37%
	14/15	17	7	71%	29%	4	7	36%	64%	81%	50%	31%
	15/16	19	12	61%	39%	5	7	42%	58%	79%	63%	16%
	16/17	20	11	65%	35%	6	6	50%	50%	77%	65%	12%
7	12/13	4	0	100%	0%	1	0	100%	0%	80%	n/a	n/a
	13/14	3	2	60%	40%	1	1	50%	50%	75%	67%	8%
	14/15	4	5	44%	56%	1	1	50%	50%	80%	83%	-3%
	15/16	5	5	50%	50%	2	1	67%	33%	71%	83%	-12%
	16/17	5	2	71%	29%	1	1	50%	50%	83%	67%	17%
8	15/16	0	1	0%	100%	0	0	n/a	n/a	n/a	100%	n/a
	16/17	0	1	0%	100%	0	0	n/a	n/a	n/a	100%	n/a
Av. (%)				63%	37%			55%	45%			
Benchmark				53%	47%			42%	58%			

* Female % on FTC minus male % on FTC. n/a there are no staff in that category. Positive differences indicate more females than men were on fixed term contracts while negative differences indicated more males than females were on fixed term contracts.

Table 35: Clinical research staff by grade, contract type and gender

Grade	Year	Fixed-term (FTC)				Open-ended (OE)				Percentage on fixed-term contracts		
		F	M	F	M	F	M	F	M	F%	M%	F% -M%*
		No.	No.	%	%	No.	No.	%	%			
6	12/13	28	26	52%	48%	4	3	57%	43%	88%	90%	-2%
	13/14	32	31	51%	49%	2	2	50%	50%	94%	94%	0%
	14/15	39	30	57%	43%	4	2	67%	33%	91%	94%	-3%
	15/16	51	43	54%	46%	3	1	75%	25%	94%	98%	-3%
	16/17	55	47	54%	46%	1	1	50%	50%	98%	98%	0%
7	12/13	1	1	50%	50%	0	0	0%	0%	100%	100%	0%
	13/14	1	1	50%	50%	0	1	0%	100%	100%	50%	50%
	14/15	1	1	50%	50%	0	1	0%	100%	100%	50%	50%
	15/16	0	0	n/a	n/a	0	4	0%	100%	n/a	0%	n/a
	16/17	0	0	n/a	n/a	0	4	0%	100%	n/a	0%	n/a
Av. (%)				54%	46%			42%	58%			
Benchmark				57%	43%			50%	50%			

* Female % on FTC minus male % on FTC. n/a there are no staff in that category. Positive differences indicate more females than men were on fixed term contracts while negative differences indicated more males than females were on fixed term contracts

The limitations of FTCs were thoroughly discussed at the SWAN Postdoc Focus Group (Figure 27) and raised at SWAN forum meetings. We are assessing initiatives in conjunction with the PostDoc Task and Finish Group (Action_9.1a). A pilot Research / Technical Career Pathway incorporating technical and senior open-ended research posts and career progression has been proposed to SEB from one Institute (BCI) and financial scoping is underway. If implemented, we will review outcomes and consider a case for rollout across SM (Action_11.1c). A number of support measures are available to staff on FTCs (section 5.3)

Figure 27: Whiteboard summary of key issues raised at postdoc focus group
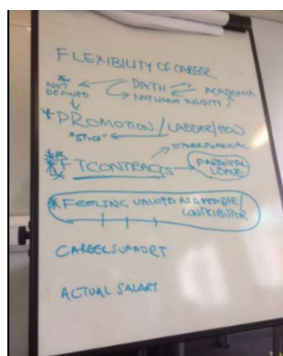
Academic staff (non-clinical and clinical)

For non-clinical academics there is a trend for an increase in the proportion of women on FTCs, although numbers are small, particularly at higher grades. This reflects in part an increase in staff to support expanded teaching in MBBS and PGT programmes. There is

likewise a trend towards FTCs for all levels of clinical academics, reflecting sources of research support as well as expanded teaching roles (Figure 28, Tables 36 and 37).

Figure 28: Academic staff on FTC and OE contracts (non-clinical and clinical)
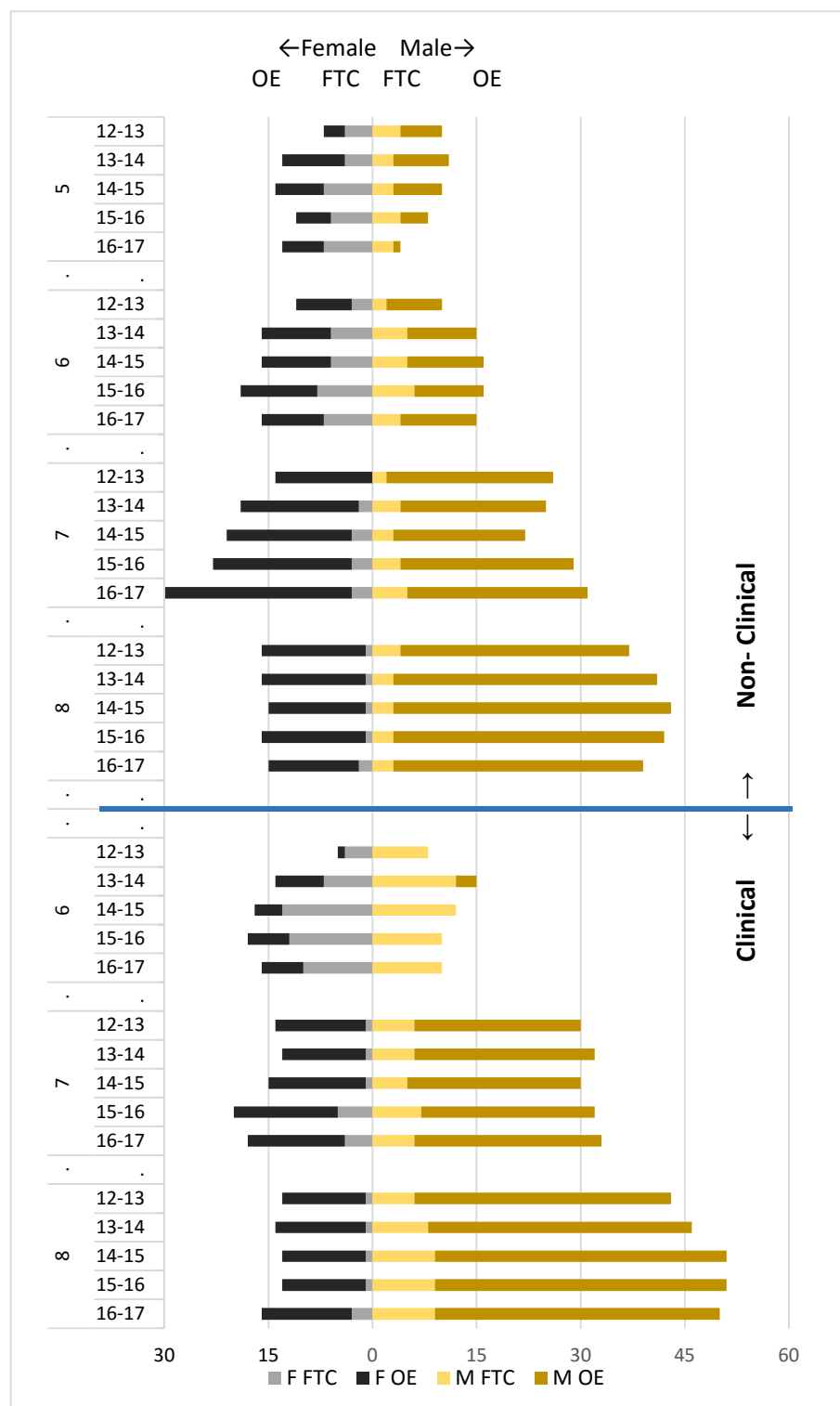
Table 36: Non-clinical academic staff by contract type, grade and gender

Grade	Year	Fixed-term (FTC)				Open-ended (OE)				Percentage on fixed-term contracts		
		F	*M*	*F*	*M*	*F*	*M*	*F*	*M*			
		No.	No.	%	%	No.	No.	%	%	F%	M%	F% - M%*
4	12/13	0	0	n/a	n/a	0	0	n/a	n/a	n/a	n/a	n/a
	13/14	2	3	40%	60%	0	0	n/a	n/a	100%	100%	0%
	14/15	1	1	50%	50%	0	0	n/a	n/a	100%	100%	0%
	15/16	2	4	33%	67%	0	1	0%	100%	100%	80%	20%
	16/17	0	0	n/a	n/a	0	0	n/a	n/a	n/a	n/a	n/a
5	12/13	4	4	50%	50%	3	6	33%	67%	57%	40%	17%
	13/14	7	3	70%	30%	9	8	53%	47%	44%	27%	16%
	14/15	9	3	75%	25%	7	7	50%	50%	56%	30%	26%
	15/16	8	4	67%	33%	5	5	50%	50%	62%	44%	17%
	16/17	9	4	69%	31%	7	2	78%	22%	56%	67%	-10%
6	12/13	3	2	60%	40%	14	9	61%	39%	18%	18%	-1%
	13/14	6	6	50%	50%	16	10	62%	38%	27%	38%	-10%
	14/15	7	6	54%	46%	14	11	56%	44%	33%	35%	-2%
	15/16	11	8	58%	42%	16	10	62%	38%	41%	44%	-4%
	16/17	14	6	70%	30%	12	14	46%	54%	54%	30%	24%
7	12/13	0	2	0%	100%	22	28	44%	56%	0%	7%	-7%
	13/14	2	4	33%	67%	25	27	48%	52%	7%	13%	-5%
	14/15	3	3	50%	50%	27	24	53%	47%	10%	11%	-1%
	15/16	4	4	50%	50%	28	28	50%	50%	13%	13%	0%
	16/17	5	6	45%	55%	39	33	54%	46%	11%	15%	-4%
8	12/13	1	5	17%	83%	16	34	32%	68%	6%	13%	-7%
	13/14	1	4	20%	80%	16	38	30%	70%	6%	10%	-4%
	14/15	1	4	20%	80%	15	40	27%	73%	6%	9%	-3%
	15/16	1	4	20%	80%	16	39	29%	71%	6%	9%	-3%
	16/17	2	5	29%	71%	15	36	29%	71%	12%	12%	0%
Average				*52%*	*48%*			*44%*	*56%*			
Benchmark				*53%*	*47%*			*42%*	*58%*			

* Female % on FTC minus male % on FTC. n/a there are no staff in that category. Positive differences indicate more females than men were on fixed term contracts while negative differences indicated more males than females were on fixed term contracts

Table 37: Clinical academic staff by contract type, grade and gender

Grade	Year	Fixed-term (FTC)				Open-ended (OE)				Percentage on fixed-term contracts		
		F	M	F	M	F	M	F	M	F%	M%	F% -M%*
		No.	No.	%	%	No.	No.	%	%			
6	12/13	6	8	43%	57%	5	3	63%	38%	55%	73%	-18%
	13/14	7	12	37%	63%	7	3	70%	30%	50%	80%	-30%
	14/15	14	12	54%	46%	7	3	70%	30%	67%	80%	-13%
	15/16	13	10	57%	43%	8	3	73%	27%	62%	77%	-15%
	16/17	11	10	52%	48%	8	2	80%	20%	58%	83%	-25%
7	12/13	3	6	33%	67%	20	37	35%	65%	13%	14%	-1%
	13/14	3	6	33%	67%	19	35	35%	65%	14%	15%	-1%
	14/15	3	5	38%	63%	20	35	36%	64%	13%	13%	1%
	15/16	7	7	50%	50%	22	35	39%	61%	24%	17%	7%
	16/17	6	6	50%	50%	22	36	38%	62%	21%	14%	7%
8	12/13	2	6	25%	75%	17	40	30%	70%	11%	13%	-3%
	13/14	2	8	20%	80%	17	42	29%	71%	11%	16%	-5%
	14/15	2	9	18%	82%	17	44	28%	72%	11%	17%	-6%
	15/16	2	9	18%	82%	16	44	27%	73%	11%	17%	-6%
	16/17	4	9	31%	69%	16	46	26%	74%	20%	16%	4%
Average				*41%*	*59%*			*35%*	*65%*			
Benchmark				*57%*	*43%*			*50%*	*50%*			

* Female % on FTC minus male % on FTC. N/a there are no staff in that category. Positive differences indicate more females than men were on fixed term contracts while negative differences indicated more males than females were on fixed term contracts

Continuity of FTC

FTC staff remain after the end of the contract if they have their contracts extended or obtain a new job within SM. We cannot currently collect details of contract extensions but will acquire some basic information while having discussions with central services on how to acquire the data Action_2.1a, 2.4). FTC researchers and academics are encouraged to obtain further funding, while research leads often retain staff for newly funded projects. Staff are contacted 3 months before the end of their contract and are invited to a review meeting with their manager. QMUL and SM provide training to expand employability (Section 5.3.) Regular conversations focused on Career and Development Planning are embedded in the QMUL appraisal system. In addition all staff with 2 years' service have the right to be considered for vacancies within QMUL.

Staff on zero-hours and short-term contracts

We have a number of staff on temporary short-term contracts, the majority for less than 6 months. In 2016/17 there were 143 staff on such contracts, including 32 that were teaching-related, usually with a specific specialty-focus. Gender differences reflect variation on the gender balance of specialised pools for recruitment. Such staff work less

than 5 hours per week or irregular hours. None hold zero-hours contracts as their hours are defined. The numbers have remained stable over the years (Table 38).

Table 38: Short-term contracts

School of Medicine 2016-2017	F	M	% F	% M	% BME	% White	Total
Staff on Short-term contracts							
Non-clinical	23	11	68%	32%	29%	71%	34
Clinical	6	7	46%	54%	33%	67%	13

4.2 (iii). Academic leavers by grade, gender, full and part time status.

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

For all staff, turnover was lower than the benchmark. The gender difference in turnover (higher in women) was less marked than the benchmark, particularly for non-clinical staff (Table 39).

Table 39: SM average turnover rate (% who leave) by gender over the reporting period

	Average Turnover in SM		Average Turnover **National Benchmark** (ECU staff statistical report 2015)	
	Female	Male	Female	Male
Clinical Staff	12.1%	9.8%	18.1%	14.9%
Academic Staff	14.5%	13.5%	18.4%	14.4%

Contract type influenced turnover, with more leavers on FTCs. This is more marked for researchers than for academics, because movement at this level is intrinsic to many research career pathways (Table 40).

Table 40: Turnover by contract type, job function and gender 2012/13 to 2016/17 (Percentage leavers per year)

Staff Category	Fixed-term				Open-ended			
	No. leavers		% leavers		No. leavers		% leavers	
	F	M	F	M	F	M	F	M
Non-clinical								
Researchers	207	132	18%	20%	14	10	11%	9%
Academics	14	12	14%	13%	15	20	5%	5%
Clinical								
Researchers	35	39	17%	22%	4	0	29%	0%
Academics	13	21	15%	17%	34	13	6%	2%
Total	269	204	17%	19%	46	40	7%	4%

Research staff leavers

In addition to the increased turnover of researchers on FTCs (Table 40), part-time researchers are more likely to leave than full-time ones. Turnover has increased recently in the lowest research grades. There is no consistent difference between women and men (Table 41).

Table 41: Research staff leavers by grade and gender (% turnover)

Staff category and grade		Full-time				Part-time			
		N leavers		% turnover		N leavers		% turnover	
		F	M	F	M	F	M	F	M
Non-clinical researchers									
4	12/13	16	11	16%	18%	1	0	13%	0%
	13/14	25	5	19%	9%	4	0	33%	0%
	14/15	29	13	21%	18%	3	1	18%	14%
	15/16	30	21	19%	24%	6	2	30%	40%
	16/17	32	23	20%	26%	6	1	46%	25%
5	12/13	6	6	11%	12%	2	1	18%	33%
	13/14	7	7	12%	13%	4	0	40%	0%
	14/15	10	9	14%	15%	0	1	0%	50%
	15/16	7	9	10%	16%	4	0	27%	0%
	16/17	12	13	14%	23%	4	3	25%	50%
6	12/13	1	0	7%	0%	0	1	0%	100%
	13/14	0	3	0%	20%	2	0	40%	0%
	14/15	0	0	0%	0%	1	0	33%	0%
	15/16	2	3	10%	17%	1	1	33%	100%
	16/17	3	2	13%	13%	1	0	33%	0%
7	14/15	0	0	0%	0%	1	1	33%	33%
	15/16	0	1	0%	33%	1	1	50%	33%
	16/17	0	2	0%	100%	0	1	0%	100%
Average turnover				*16%*	*17%*			*26%*	*26%*
Clinical researchers									
6	12/13	3	4	10%	16%	0	0	0%	0%
	13/14	6	8	21%	31%	1	0	20%	0%
	14/15	3	5	8%	20%	0	0	0%	0%
	15/16	9	9	19%	23%	2	3	33%	60%
	16/17	12	9	24%	20%	2	0	29%	0%
7	14/15	0	0	0%	0%	1	1	100%	100%
Average turnover				*16%*	*18%*			*25%*	*21%*

Support for research staff leavers

Staff are well-signposted to provision by CAPD for training to help develop skills for careers within and outside academia (Section 5.3), whilst staff approaching the end of their contract are supported by mechanisms outlined in Section 4.2(ii). PIRLS demonstrates that Principal Investigators consider advice to researchers about careers both within and outside of academia as an important part of their remit (Table 42).

Table 42: Importance of careers advice for research staff

I believe it is an important part of my role to provide career advice within HE % agree or strongly agree				
(PIRLS 2017)	Average	F	M	2017 UK benchmark
2015	88%	80%	92%	92%
2017	92%	100%	86%	
I believe it is an important part of my role to provide career advice outside HE %e agree or strongly agree				
(PIRLS)	Average	F	M	UK benchmark
2015	69%	40%	75%	70%
2017	77%	83%	75%	

Academic staff leavers (TR and TO)

There were few leavers in any category and no difference between women and men or between part-time and full-time non-clinicians (Table 43). For clinical staff there were proportionally more part-time than full-time leavers (Table 44), although for clinical leavers this is in part represented by those returning to full-time clinical duties in the NHS.

Table 43: Non-clinical academic staff leavers by grade and gender (% turnover)

Non Clinical Academics Grade		Full-time				Part-time			
		N leavers		% Turnover		N leavers		% Turnover	
		F	M	F	M	F	M	F	M
4	12/13	n/a	n/a	n/a	n/a				
	13/14	2	3	100%	100%				
	14/15	0	0	0%	0%	n/a	n/a		
	15/16	1	2	50%	40%				
	16/17	n/a	n/a	n/a	n/a				
5	12/13	0	2	0%	22%	0	0	0%	0%
	13/14	0	0	0%	0%	0	n/a	0%	n/a
	14/15	1	1	7%	10%	0	n/a	0%	n/a
	15/16	0	0	0%	0%	0	0	0%	0%
	16/17	2	0	17%	0%	0	0	0%	0%
6	12/13	1	1	6%	9%	0	n/a	0%	n/a
	13/14	1	2	5%	13%	0	n/a	0%	n/a
	14/15	1	1	6%	6%	0	n/a	0%	n/a
	15/16	2	1	9%	6%	0	0	0%	0%
	16/17	2	1	10%	5%	0	0	0%	0%
7	12/13	0	0	0%	0%	0	0	0%	0%
	13/14	1	1	5%	4%	0	1	0%	33%
	14/15	2	3	9%	12%	0	0	0%	0%
	15/16	0	1	0%	3%	3	0	38%	0%
	16/17	4	3	11%	9%	1	0	11%	0%
8	12/13	0	2	0%	7%	0	0	0%	0%
	13/14	1	2	7%	6%	1	0	33%	0%
	14/15	0	2	0%	6%	0	1	0%	9%
	15/16	1	1	7%	3%	0	1	0%	8%
	16/17	1	0	8%	0%	1	0	25%	0%
Average Turnover		23	29	**7%**	**7%**	6	3	**8%**	**4%**

n/a there are no staff employed.for given gender and grade

Table 44: Clinical academic staff leavers by grade and job type

Clinical Academic Staff by Grade		Full-time				Part-time			
		N Leavers		% Turnover		N Leavers		% Turnover	
		F	M	F	M	F	M	F	M
6	12/13	0	0	0%	0%	4	1	36%	9%
	13/14	0	0	0%	0%	1	1	11%	8%
	14/15	1	1	20%	50%	0	2	0%	15%
	15/16	1	1	13%	25%	5	5	38%	56%
	16/17	1	0	11%	0%	2	0	20%	0%
7	12/13	0	0	0%	0%	1	1	5%	3%
	13/14	1	1	50%	17%	1	0	5%	0%
	14/15	0	0	0%	0%	0	2	0%	6%
	15/16	0	0	0%	0%	1	1	5%	9%
	16/17	0	1	0%	3%	1	1	6%	8%
8.00	12/13	0	0	0%	0%	0	3	0%	8%
	13/14	0	0	0%	0%	0	0	0%	0%
	14/15	0	1	0%	9%	2	3	12%	7%
	15/16	0	0	0%	0%	2	2	25%	14%
	16/17	1	1	8%	2%	1	3	14%	21%
Average		5	6	6%	3%	21	25	9%	8%

Survey of leavers at Grades 7 and 8

Due to the relative lack of improvement in the proportion of women at Grade 8, in 2017 the SAT investigated the destinations of senior leavers from the past 3 years. Women were more likely than men to leave for promotion elsewhere (p-value=0.003) (Table 44). We interpret this as positive impact from our (2014_Action_Plan_2.8), discussed in Section 5.1(iii) and we have also seen increased internal female promotion rates due to our actions (Section 5.1, 5.3). We continue to create opportunities for supporting, promoting and retaining senior women (Actions 10.2-10.3). SM is participating in the rollout of a new QMUL leaver's questionnaire, whereby data will be collected by Institutes and analysed annually by the SAT (Action_2.4,7.5), and additional data will be evaluated for these grades (Action 10.4).

Table 44: Analysis of Grade 7 and 8 leavers (3 years between 2013 & 2016)

Leavers at Grades 7 and 8	F	M
Grade 7	10	10
Grade 8	7	10
(Retirement, ill health, death, redundancy)	6	12
In a position to leave or stay.	**11**	**8**
lifestyle (relocations, moves to NHS, etc)	2	3
promotion elsewhere	8	2
% of staff that are promotions elsewhere	1.6%	0.2%

Section 4: 2947 words [4.1 (1469) + 4.2 (1478)]. (875 extra words used).

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

Break down data by gender and grade for applications to academic posts including shortlisted candidates, offer and acceptance rates. Comment on how the department's recruitment processes ensure that women (and men where there is an underrepresentation in numbers) are encouraged to apply.

We instituted a system that records applications, shortlisting and recruitment to all posts (2014 Action plan 1.10) so we have uniform data from 2014/15. There remain some limitations in our recruitment data, particularly lack of differentiation of clinical researchers from clinical academic staff for which reason all have been analysed as clinical posts. These limitations are being addressed (QMUL_2016_Action_Plan). In the interim, the SAT has commissioned an online return from Institute Managers so that recruitment data can be reviewed annually (Action_2.4).

As appointments can occur in a different academic year to the vacancy, our data for 2016/17 is incomplete and has been excluded. For some grades, there were no vacancies.

SAT initiatives (2014_Action_Plan_2.1, 2.2) and the **adoption of best practice from the sector have had a positive impact on our recruitment procedures** and policies, including:
* Development of a SM-wide template job description and advert with improved equalities information including SWAN information
* HR guidance on gender-neutral language in adverts and job descriptions
* All panel members complete 'Recruitment and Interview Selection' training, including a three-year refresher. Attendance data shows SM engagement is maintained over time (some staff have been trained elsewhere e.g. the NHS)
* Gender-inclusive panels
* Unconscious bias training for all staff who recruit

Research staff (non-clinical)

The majority of research vacancies are at Grade 4. At this grade, we have over-representation of women. Improved equalities messaging in promotional material has attracted more male applicants (increase of 7% over the three years), although year-to-year variations make it unclear if this has translated into appointments. In 2 of the 3 years analysed there was greater male success at the appointments stage (Action_7.2). We are developing sample statements for advertisements around the wish to recruit from under-represented groups (Action_7.1).

Table 45: Non-clinical research staff Grade 4 – applications, shortlisting and appointments

Grade	Year	Gender	Applications	Shortlists	Appointments	% Shortlisted	% appointed if shortlisted	% success if applied
4	2013/14	Female	1677	153	32	9%	21%	1.9%
		Male	788	72	18	9%	25%	2.3%
		%F	68%	68%	64%			
		%M	32%	32%	36%			
	2014/15	Female	1276	148	31	12%	21%	2.4%
		Male	641	73	18	11%	25%	2.8%
		%F	67%	67%	63%			
		%M	33%	33%	37%			
	2015/16	Female	1024	149	31	15%	21%	3.0%
		Male	665	72	15	11%	21%	2.3%
		%F	61%	67%	67%			
		%M	39%	33%	33%			

There are only a few vacancies for research staff at Grade 5 and fewer at Grade 6. There has been an increase of male applicants at Grade 5 (10%), and a better gender balance in appointments. Previously there was over-representation of women at this grade. We have only had 5 vacancies at Grade 6 in two years. Although the trend in applications is difficult to identify because of year-to-year variation and small numbers, males were more likely to be shortlisted and appointed (Table 46).

Table 46: Non-clinical research staff Grades 5 and 6 – applications, shortlisting and appointments

Grade	Year	Gender	Applications	Shortlists	Appointments	% Shortlisted	% appointed if shortlisted	% success if applied
5	2013/14	Female	38	11	2	29%	18%	5.3%
		Male	26	5	0	19%	0%	0.0%
		%F	*59%*	*69%*	*100%*			
		%M	*41%*	*31%*	*0%*			
	2014/15	Female	102	18	4	18%	22%	3.9%
		Male	70	14	3	20%	21%	4.3%
		%F	*59%*	*56%*	*57%*			
		%M	*41%*	*44%*	*43%*			
	2015/16	Female	86	27	4	31%	15%	4.7%
		Male	95	26	5	27%	19%	5.3%
		%F	*48%*	*51%*	*44%*			
		%M	*52%*	*49%*	*56%*			
6	2014/15	Female	13	1	0	8%	0%	0.0%
		Male	34	8	2	24%	25%	5.9%
		%F	*28%*	*11%*	*0%*			
		%M	*72%*	*89%*	*100%*			
	2015/16	Female	11	4	1	36%	25%	9.1%
		Male	4	2	2	50%	100%	50.0%
		%F	*73%*	*67%*	*33%*			
		%M	*27%*	*33%*	*67%*			

Academic staff (non-clinical)

At Grade 5, we have been successful in increasing the proportion of males who apply and are shortlisted. However, this has not translated to appointments which has contributed to the increase in number of women at Grade 5 in 2016/17 and we are no longer gender balanced at this grade (section 4.2 (i)). At Grade 6, there was a year-on-year variation in applications by gender. Although women were more likely to be shortlisted and appointed, SM has maintained near parity at this grade (Table 47). Consistent trends are lacking and we will monitor this using improved data capture to determine the impact of re-worded adverts, gender-inclusive panels and Unconscious Bias training (Action_7.1,7.2).

Table 47: Non-clinical academic staff* Grade 4, 5 and 6 – applications, shortlisting and appointments

Grade	Year	Gender	Applications	Shortlists	Appointments	% Shortlisted	% appointed if shortlisted	% success if applied
4	2013/14	Female	29	6	2	21%	33%	7%
		Male	25	7	2	28%	29%	8 %
		%F	*54%*	*46%*	*50%*			
		%M	*46%*	*54%*	*50%*			
	2014/15	None advertised						
	2015/16							
5	2013/14	Female	39	7	1	18%	14%	2.6%
		Male	30	3	1	10%	33%	3.3%
		%F	*57%*	*70%*	*50%*			
		%M	*43%*	*30%*	*50%*			
	2014/15	Female	40	14	3	35%	21%	8%
		Male	36	7	2	19%	29%	6%
		%F	*53%*	*67%*	*60%*			
		%M	*47%*	*33%*	*40%*			
	2015/16	Female	12	5	2	42%	40%	17%
		Male	20	7	0	35%	0%	0%
		%F	*38%*	*42%*	*100%*			
		%M	*63%*	*58%*	*0%*			
6	2013/14	Female	36	3	1	8%	33%	2.8%
		Male	45	5	2	11%	40%	4.4%
		%F	*44%*	*38%*	*33%*			
		%M	*56%*	*63%*	*67%*			
	2014/15	Female	7	3	1	43%	33%	14%
		Male	3	2	0	67%	0%	0%
		%F	*70%*	*60%*	*100%*			
		%M	*30%*	*40%*	*0%*			
	2015/16	Female	39	11	3	28%	27%	8%
		Male	35	4	0	11%	0%	0%
		%F	*53%*	*73%*	*100%*			
		%M	*47%*	*27%*	*0%*			

There has been an increase in the proportion of female applicants and appointments at Grade 7, which has resulted in gender parity in 16/17 (section 4.2 (i)). There have also been a notable number of female professorial appointments (Grade 8). We aim to continue to attract female applicants at Grades 7 and 8, improving senior female representation (Table 48). We will devise an additional scrutiny process for all Grade 8 recruitment via the VP Executive Team to ensure the application of equality principles (Action_10.1).

Table 48: Non-clinical academic staff* Grade 7 and 8 – applications, shortlisting and appointments

Grade	Year	Gender	Applications	Shortlists	Appointments	% Shortlisted	% appointed if shortlisted	% success if applied
7	2013/ 14	Female	4	1	1	**25%**	**100%**	**25%**
		Male	17	7	1	**41%**	**14%**	**6%**
		%F	*19%*	*13%*	*50%*			
		%M	*81%*	*88%*	*50%*			
	2014/ 15	Female	1	1	0	**100%**	**0%**	**0%**
		Male	2	1	1	**50%**	**100%**	**50%**
		%F	*33%*	*50%*	*0%*			
		%M	*67%*	*50%*	*100%*			
	2015/ 16	Female	24	10	3	**42%**	**30%**	**13%**
		Male	33	7	1	**21%**	**14%**	**3%**
		%F	*42%*	*59%*	*75%*			
		%M	*58%*	*41%*	*25%*			
8	2013/ 14	Female	4	2	1	**50%**	**50%**	**25%**
		Male	4	1	0	**25%**	**0%**	**0%**
		%F	*50%*	*67%*	*100%*			
		%M	*50%*	*33%*	*0%*			
	2014/ 15	Female	4	2	1	**50%**	**50%**	**25%**
		Male	4	1	0	**25%**	**0%**	**0%**
		%F	*50%*	*67%*	*100%*			
		%M	*50%*	*33%*	*0%*			
	2015/ 16	Female	3	2	1	**67%**	**50%**	**33%**
		Male	1	1	0	**100%**	**0%**	**0%**
		%F	*86%*	*86%*	*100%*			
		%M	*25%*	*33%*	*0%*			

Clinical academic staff

We have had few appointments to senior clinical academic roles (Grade 7 and 8). However, we are concerned that men were more likely to apply than women for these roles (Table 49). This reflects the pool of potential applicants, although we aim to attract more women applicants through improved advertising statements (Action_7.1) and specific scrutiny (Action_10.1).

Table 49: Clinical academic staff recruitment

Grade	Year	Gender	Applications	Shortlists	Appointments	% Shortlisted	% appointed if shortlisted	% success if applied
6	2013/14	Female	15	7	2	**47%**	**29%**	**13%**
		Male	10	7	2	**70%**	**29%**	**20%**
		%F	*60%*	*50%*	*50%*			
		%M	*40%*	*50%*	*50%*			
	2014/15	Female	13	6	2	**46%**	**33%**	**15%**
		Male	12	3	0	**25%**	**0%**	**0%**
		%F	*52%*	*67%*	*100%*			
		%M	*48%*	*33%*	*0%*			
	2015/16	Female	47	16	3	**34%**	**19%**	**6.%**
		Male	43	20	6	**47%**	**30%**	**14%**
		%F	*52%*	*44%*	*33%*			
		%M	*48%*	*56%*	*67%*			
7	2014/15	Female	0	0	0	NA	NA	NA
		Male	4	3	1	**75%**	**33%**	**25%**
		%F	*0%*	*0%*	*0%*			
		%M	*100%*	*100%*	*100%*			
8	2015/16	Female	1	1	1	**100%**	**100%**	**100%**
		Male	6	3	1	**50%**	**33%**	**17%**
		%F	*14%*	*25%*	*50%*			
		%M	*86%*	*75%*	*50%*			

NA – No applications for given gender and year

In analysing the intersectionality of gender and ethnicity (Table 50), we found there to be fewer BME applicants at higher grades (data not shown). It was also noted that BME candidates do significantly less well than white candidates once they have applied, more so for men than women. Because of this and the result of our analysis in section 4.2 (i), we will monitor the impact of including new sample statements in our adverts which express the wish to recruit from under-represented groups (Action_7.1).

Table 50: Associations of gender and ethnicity on recruitment success rates

staff grouping	Ethnicity and Gender	interviewed if applied			appointed if interviewed			appointed if applied	
		OR[1]	ss[2]		OR	ss		OR	ss
Non-clinical research grades 4-6	White male	1			1			1	
	White female	0.95	ns		0.83	ns		0.96	ns
	BME male	**0.59**	*******		0.72	ns		**0.5**	******
	BME female	0.65	ns		1.13	ns		0.56	ns
Academic grades 4-8	White male	1			1			1	
	White female	1.34	ns		2.32	#		1.88	ns
	BME male	**0.38**	*******		n/a			**0.09**	*****
	BME female	0.58	ns		0.69	ns		0.69	ns
Clinical grades 6-8	White male	1			1			1	
	White female	0.5	ns		0.82	ns		0.618	ns
	BME male	0.54	ns		0.49	ns		**0.311**	*****
	BME female	0.57	ns		2.45	ns		0.468	ns

1- OR- Odds ratio, white male is the standard comparison
*2- statistical significance, * p-value <0.05, ** p<0.01, *** p<0.001*
*,** or *** implies that there is a difference between all BME and all white applicants.

Using the entire 3 years of data, Table 50 shows the odds ratio of success compared to white males. Odds ratios >1 imply that the group is more successful and < 1 less successful.

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

All new staff have various levels of general and job specific induction available to them
as outlined (Figure 29).

Figure 29: Different types of induction available for staff

New staff are issued with an Induction Checklist, confirmed by HR and are introduced to
their institute or departmental colleagues via email and a walk-round. Senior new staff
members who are cross-Institute are introduced via an all-staff email from the VP Health.

All staff are invited to a University induction. Attendance has increased year-on-year
(2013:25; 2014:47; 2015:48; 2016:51). Induction includes equality and diversity
information. Sessions are recorded and made available online, which may be more
convenient for staff working flexibly or part-time. Post-induction evaluations show
**induction met expectations for 82% of attendees and was deemed 'good' or 'very
useful'** (data from 84% of attendees; gender data not available).

Table 51: Attitudes to induction

CROS responses: 'Induction was useful' at level of :-	% agree or strongly agree				UK bench-mark
	2015		2017		2017
	F	M	F	M	All
Research Staff					
University	19%	27%	53%	53%	**38%**
Institute	38%	47%	70%	70%%	**45%**
Department	67%	67%	90%	80%	**63%**

Content specific induction is available to groups of staff such as the academic users of the online e-learning platform (QMplus) and research staff who work with dangerous materials. Evaluation is reviewed to refine and improve the training. The effectiveness of our work on developing tailored materials, increasingly accessible online and with better consistency of information provision (2014_Action_Plan_1.5), has been shown by our improved CROS results, all of which exceed the UK CROS benchmark (Table 51). These will be further refined (Action_7.3). As current all-staff and academic-staff surveys do not include specific questions on induction, we plan an evaluation at institute level to inform amendments to the current processes (Action_7.3).

Guidance has been developed to ensure consistent provision in all Institutes, especially information on flexible working, childcare facilities, provisions and entitlements (2014 action plan 1.5). We are moving towards monitoring of uptake of Institute induction via an annual return from Institute Managers (Action_2.4).

Figure 30: QMUL online induction and online induction handbook
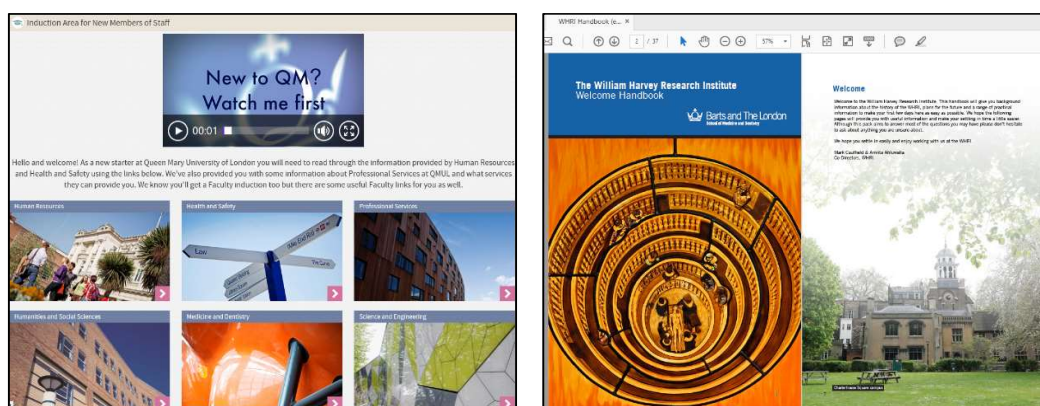
(iii)   Promotion

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

All lecturers, senior lecturers and readers are eligible to apply for annual promotion, inclusive of all contract type or job roles, as research staff at Grade 6 and above. Staff are encouraged to apply via an annual email call for self-nomination with or without line-manager support. Included in the email are links to the relevant university webpages which include information on the process and criteria. Pathway to Promotion and CV workshops (2014_Action_Plan_2.8) have increased the number of women applying (especially 2015/16) and those successfully attaining promotions.

All successful promotions apart from non-clinical professors result in a move to the next pay point. Non-clinical professors are invited to negotiate their pay. SAT members act as SWAN observers on the promotions panel, to confirm fair processes. Staff who are unsuccessful in the promotions round are offered one-to-one meetings with their Institute Director and with VP Health to gain constructive feedback.

We are seeing a sustained success rate of promotions for women, with the number of applications from women at higher grades (from non-clinical senior lecturer upwards, and from clinical reader level) remaining constant (Tables 52 & 53). The SAT undertook a number of further projects around promotions (Table 55) and recommended additional measures which may further improve applications (Action_10.2a-d,10.3a-b).

Promotions criteria are clear and available online year-round. Qualitative information (from interviews - Table 55) suggests that staff were readily able to access help with the review of their applications from peers and seniors. In 2017 the criteria were expanded from 3 to 6 domains including student experience and education, scholarship, research, engagement with society and impact, management and collegiality, and professional practice. This provides more criteria on which to apply. The impact of this will be monitored via promotions data. Feedback indicates that sharing of career stories (including failures) would be helpful. We will cover this together with peer mentoring and support for promotions and pay negotiation within our Senior Academic Women's Network programme and Senior Women's Development Programme (Action_10.2a,c).

T*able 52: Non-clinical academic staff - promotions by year and gender*

Non-clinical promotion	Female					Male				
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
Lecturer										
Applied	2	5	6	10	5	2	4	5	5	4
Successful	2	4	3	8	4	1	1	5	3[#]	4
% success	100%	80%	50%	80%	80%	50%	25%	100%	60%	100%
Senior Lecturer										
Applied	3	3	3	3	0	1	4	3	4	4
Successful	2	2	2	2	0	1	1	3[#]	4	3
% success	67%	67%	67%	67%	n/a	100%	25%	100%	100%	75%
Reader										
Applied	0	1	0	1	1	2	3	1	1	2
Successful	0	1	0	0	1	2	3	1	1	1
% success	n/a	100%	n/a	0%	100%	100%	100%	100%	100%	50%
Total non-clinical										
Applied	5	9	9	14	6	5	11	9	10	10
Successful	4	7	5	10	5	4	5	9	8	8
% success	80%	78%	56%	71%	83%	80%	45%	100%	80%	80%

 # One person from each cell was promoted to professor

Table 53: Clinical-academic staff - promotions by year and gender

Clinical Promotion	Female					Male				
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
Lecturer										
Applied	1	1	1	0	0	1	0	0	1	1
Successful	1	1	1	0	0	0	0	0	1	0
% success	100%	100%	100%	n/a	n/a	0%	n/a	n/a	100%	0%
Senior Lecturer										
Applied	0	3	0	6	0	1	2	2	5	2
Successful	0	2	0	6	0	1[#]	1	1	5[#]	2
% success	n/a	67%	n/a	100%	n/a	100%	50%	50%	100%	100%
Reader										
Applied	0	0	2	2	1	4	3	2	1	1
Successful	0	0	1	2	1	4	3	1	1	1
% success	n/a	n/a	50%	100%	100%	100%	100%	50%	100%	100%
Total clinical										
Applied	1	4	3	8	1	6	5	4	7	4
Successful	1	3	2	8	1	5	4	2	7	3
% success	100%	75%	67%	100%	100%	83%	80%	50%	100%	75%

n/a no one applied in year for gender.   # 1 in cell was promoted to professor

Another type of clinical academic promotion is success in obtaining local clinical excellence awards (CEA). **Our analysis showed no gender bias in the awards** in the single round during our data period. Of 78 female applicants, 36 were successful and of 114 male applicants, 51 were successful. Success rates were therefore 46%F and 45%M.

We found that there were fewer applications for promotion from part-time academic staff, reflecting staffing trends (data not shown), but the success rate of applications does not appear influenced by part-time vs full-time working (Table 54).   Analysis of promotions by ethnicity (data not shown) show that BME staff were less likely to apply for promotions. This disparity appeared greater for women than men and intersectionality will be further evaluated (Action_2.3).

Table 54: Percentage of staff who applied or were successful as a proportion of those eligible, by full- and part-time status

2012/13 to 2015/16 combined	Number who applied		Percentage of those eligible [#]				% successful if applied	
			applied		successful			
	F	M	F%	M%	F%	M%	F	M
Non-clinical academics								
from ECR & lecturer (grade 5)								
part-time staff	0	0	0%	0%	0%	0%	n/a	n/a
full time staff	4	3	1.0%	0.9%	0.8%	0.9%	75%	100%
all	4	3	0.8%	0.9%	0.6%	0.9%	75%	100%
from lecturer level (grade 6)								
part-time staff	1	1	3%	20%	3%	20%	100%	100%
full time staff	23	16	13%	10%	9%	6%	74%	63%
all	24	17	11%	11%	8%	7%	75%	65%
from SL & reader (grade 7)								
part-time staff	0	1	0%	5%	0%	5%	n/a	100%
full time staff	15	24	13%	11%	8%	9%	67%	97%
all	15	25	8%	14%	5%	11%	67%	80%
Clinical academics								
from lecturer level (grade 6)								
part-time staff	2	3	3%	4%	3%	1.5%	100%	33%
full time staff	1	0	0.6%	0.8%	0.6%	0%	100%	n/a
all	3	3	1.3%	1.6%	1.3%	0.5%	100%	33%
from SL & reader (grade 7)								
part-time staff	13	18	16%	13%	15%	10%	85%	89%
full time staff	1	5	7%	10%	7%	8%	100%	80%
all	15	23	14%	13%	12%	11%	86%	87%

 # - exact numbers of staff eligible is unknown so headcount of staff in that grade is used instead. .n/a – no one applied at this grade

Table 55: Additional specific SAT projects completed to evaluate academic promotions

Project	Findings	Conclusions
Gender balance of promotions panels	2013/14 5F, 10M 2014/15 2F, 8M 2015/16 3F, 8M 2016/17 4F, 8M	Promotions panel make-up monitored annually and have remained gender-inclusive
'Pathways to Promotion' workshop -gender balance review	2014 5F, 4M 2015 3F, 4M 2016 13F, 9M	Trend towards improved uptake of training (especially by women). Workshop now online
Pathways to Promotion workshop - survey	Response rate 24%; All positive about value of understanding promotions process.	No gender-related issues in the promotions process identified. Respondents answered a direct question about this.
All staff promoted in 2015/16 round Semi-structured interview	Response rate 67% (10F, 8M) – 8 to Senior Lecturer, 7 to Reader, 3 to Professor). Themes included: • Women described more circuitous career paths • Drivers to promotion matched criteria outlined in information to staff • Role for self or manager in initiating 'appraisal conversations' discussed • Need for greater clarity around criteria for promotions including a teaching component • Value of others 'sharing failures'	Additional areas for action identified and included in action plan (Actions_10.2a-d, 10.3a-b).

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

> Provide data on the staff, by gender, submitted to REF versus those that were eligible. Compare this to the data for the Research Assessment Exercise 2008. Comment on any gender imbalances identified.

In the 2008 RAE, 55% of eligible female scientists were submitted compared to 67% of eligible male scientists. To improve inclusion for REF 2014, QMUL designed a Code of Practice. All staff involved in REF attended Equality and Diversity training. A confidential staff disclosure process was moderated by a gender-balanced panel. This enabled the determination of circumstances (including part-time working and maternity leave) which allowed staff to reduce outputs submitted for eligible REF returns, supporting career progression.

In REF 2014, **70% of eligible female scientists were submitted reflecting a 15% increase** on 2008 compared to 9% increase in male scientists submitted.

Table 56: REF 2014 returns overall and by gender compared to previous RAE 2008

	RAE 2008			REF 2014		
	Eligible	Submitted	% submitted	Eligible	Submitted	% submitted
Female	97	53	55%	165	116	70%
Male	197	132	67%	216	164	76%
Total	294	185	63%	381	280	73%

The SAT will be represented on the Schools REF 2020 planning group to support gender inclusivity. Particular consideration will be given to the HEFCE published information on equality and diversity both with respect to gender and other protected characteristics (Action_8.1c).

1693 Words.

5.2.   Career development: academic staff

5.3.   Key career transition points: professional and support staff

(i)   Induction

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

All new PS staff have the opportunity to attend QMUL and their local/Institute induction (see section 5.1(i)). Questionnaire feedback is positive and staff consider the process effective.

Induction is carried out by the line manager to familiarise staff with job roles as well as the environment. Local induction has not been recorded to date but will be in future (Action_2.4,7.3).

Figure 31: Different types of induction available to PS staff
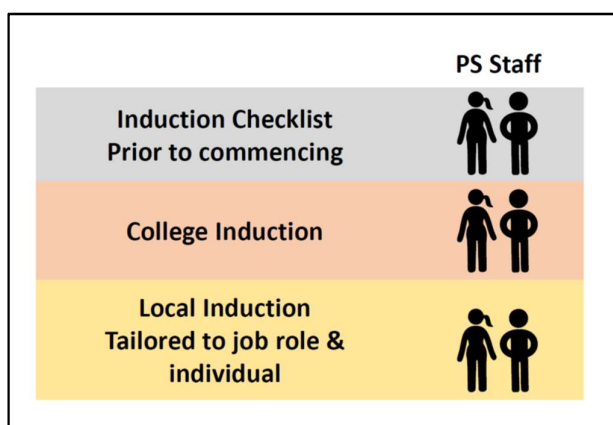
(ii)   Promotion

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

Opportunities for promotion by moving jobs within the SM and QMUL are advertised internally first. These provide routes for staff to move and gain skills outside SM but within QMUL. There are also opportunities to undertake secondments.

Appraisals provides a forum for discussion for career aspirations/development. Appraisals include training and developmental needs (see section 5.4).

Using data on PS staff moving up a grade as a marker of promotion, **the percentage of staff promoted (Table 57) showed an equal gender split**. Gender has little effect except for part time staff where men are more likely to obtain promotion. Overall, part-time staff were as likely to be promoted as full-time staff (Table 58).

Table 57: Total PS staff increasing their paygrade

change noted in August of	2013		2014		2015		2016	
	F	M	F	M	F	M	F	M
No of staff increased in grade	10	4	33	14	26	15	27	11
No of staff eligible (in post both years)*	239	117	278	132	318	148	337	141
% increasing grade	**4.2%**	**3.4%**	**12%**	**11%**	**8%**	**10%**	**7.4%**	**7.8%**

Grade 8 staff excluded as at top of scale

Table 58: PS staff increasing their paygrade, shown by grade and by full-time vs part-time (Average per year)

2013-2016	Total eligible *			Increased grade (N)			Increased grade (%)	
grade	F	M		F	M		% F	% M
1	3	3		1	1		31%	31%
2	25	12		5	1		18%	8%
3	98	30		10	4		10%	12%
4	72	33		5	3		7%	8%
5	49	21		2	2		4%	7%
6	22	20		2	1		7%	4%
7	12	10		0	0		0%	0%
8	4	6		0	0		0%	0%
Full-time	227	121		21	10		9%	8%
Part-time	56	10		3	2		6%	15%

Full- and part-time data aggregated over 4 years as numbers are small
* Numbers rounded to nearest whole number. Totals by grade and FT/PT status differ because of rounding

The SAT reviewed the 2016 Staff Survey by job role to assess staff views around PS promotion. This was also reviewed for each Institute individually to determine if there were specific differences that required further evaluation (Table 59). Unfortunately analysing by both job role and gender concurrently was impossible because of limitations with the survey platform.

Table 59: Staff survey: PS staff attitudes to promotion and career development

Institute	Blizard	BCI	IHSE	WHRI	Wolfson
Staff responses (N)	49	45	38	39	29
% PS staff responding positively to the question					
I am clear how I can develop in my career at QMUL	31%	33%	26%	33%	34%
I have a clear plan for my future development	35%	31%	37%	38%	43%
QMUL has an open and transparent mechanism for filling vacancies	69%	13%	45%	61%	69%

There is scope for work around signposting opportunities for training, personal development and promotion. There are some differences between institutes that require further exploration and will be addressed. (Action_11.1a,b).

255 Words.

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

Review of our available training resulted in increased provision of equalities training (2014_Action_Plan_2.2,2.3). We also increased education targeted to groups of staff at key career transitions (researchers) and where the pipeline is pressured (mid-career promotion for women) (Table 60). The SM communicates training opportunities to staff by emails, leaflets, CAPD website and adverts on plasma screens. We could not analyse the uptake of courses by gender and this will be addressed in future (Action_2.1b). The 2016 All-Staff Survey shows 72%F and 72%M feel they have had appropriate training (no comparable 2014 data). Analysis by Institute and by job role show no notable variations.

Table 60: Key areas of training by target academic groups

Key Audience	Researcher	Lecturer	Senior Lecturer	Reader	Professor

Mandatory	**All Staff**
	  • Bribery Act & Health and Safety & Equality and Diversity*
	Dependent on Role
	  • Unconscious Bias training- interview panel members ** 2017
	  • Recruitment and Selection - Interview panel members
	  • Appraisal training – appraisers				

Research needs	• Researcher Development
	• Presenting Research
	• Research careers in Industry
		Research specific courses including:
		  • Grant writing
		  • Leading a research group			

Teaching needs	PBL (Problem-based learning) training , OSCE training				
		• Certificate in Learning and Teaching (CILT) • Postgraduate Certificate in Academic Practice (HEA Accredited) • Adept Teaching recognition support **			
Career Support	• Fellowship Workshops** • Mentoring : Early Career Researchers and Postdocs	• Pathways to promotions workshop • Women's mentoring programme • Individualised coaching can be accessed on request			
Leadership development		• Aurora scheme**			
			• Senior Academic Women's Network** • Senior Women's Development Program**		
				• High Potential Leadership Programme*	
Personal Effectiveness	A wide range of courses including: IT skills, conflict resolution, managing staff, building resilience				

*substantially amended since previous submission. **New since previous submission*

Equalities training

Since our Recruitment and Fair Selection Policy was amended (section 5.1), unconscious bias training became mandatory and was prioritised in 2017 to all staff Grade 4 and above involved in recruitment. To date, 89 staff have completed the training. This training will be prioritised to staff involved in key process in 2018 (Action_5.2b-c, 6.2,7.2) and then rolled out to all SM staff.

Table 61: Staff trained by CAPD in Equalities and Unconscious bias

Year	Recruitment and Selection	Unconscious bias
2014	83	n/a
2015	70	n/a
2016	82	n/a
2017 to date	27 to date	89 to date

Training for research staff

We implemented a number of training and peer support initiatives including:
- Redevelopment of the researcher development programme across 4 key learning domains
- An annual event on how to obtain fellowships
- The roll-out of a SM postdoctoral mentoring scheme based on the successful scheme developed in the William Harvey Research Institute.

Training for staff with teaching responsibilities

The SM has encouraged staff to undertake specific training to support their teaching activities. A proportion of staff hold existing teaching qualifications and there is some gender variation in this with more eligible women (64%) than men (47%) holding a qualification. The new ADEPT programme may redress this by enabling applicants to apply for teaching recognition without an existing qualification. This programme has a greater female uptake (Table 62) and targeted encouragement of male participants will be undertaken (Action_8.2).

Table 62: Staff with teaching qualifications / engaged with ADEPT programme 2017

Institute		Blizard	WHRI	BCI	IHSE	Wolfson	total
Eligible	F	84	46	47	35	14	226
	M	116	59	43	16	19	253
Staff holding formal teaching qualification	F	23	17	7	7	9	63
	M	23	17	9	7	9	65
	%F	27%	37%	15%	20%	64%	64%
	%M	20%	29%	21%	44%	47%	47%
Engaged with or completed ADEPT if no qualification	F	17	17	18	20	11	83
	M	19	29	19	11	11	89
	%F	20%	37%	38%	57%	79%	79%
	%M	16%	49%	44%	69%	58%	58%

Training for women for career advancement

Data in our previous application suggested a need for leadership and personal development training for women to increase professorial appointments. **We developed a Women in Leadership Programme. The scheme was so successful that it was adopted and run across the University**. We continue to participate in the scheme (66% SM representation in 2017 cohort). Feedback continues to be positive. In 2017, 27% of attendees felt their knowledge was good prior to the programme and this increased to 100% afterwards. All attendees felt they would use the information they had learned: *'I found all the areas very useful. e.g. building resilience, assertiveness, influencing' (2017 attendee feedback)*. **We have also invested in 6 Aurora places** in 2017/18 for senior women and are creating a bespoke development programme (Figure 32) (Action_10.2c).

Figure 32: Potential participants working on co-creation of the curriculum for the Senior Women's Development Programme

(iv)   Appraisal/development review

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

Staff are required to undergo annual appraisal. Appraisers are usually their direct line managers/supervisors and training is available via the CAPD. QMUL introduced a computerised e-appraisal system in 2014/15 for non-clinical academics. Appraiser and appraisee meet for discussions on objectives, mentoring, training, career development and work-life balance. Clinical academics have a joint NHS and University appraisal (data not available by gender, but completion rate is 100%). Clinical staff below grade 6 (researchers and lecturers) have an NHS appraisal process for junior doctors – completion is linked to training progression (data not held by NHS Trust).

These appraisal completion rates are likely to be an underestimate, as finalising the e-appraisal record is not always done (an institute manager's observation), however rates demonstrate room for improvement (Table 63) (Action_7.4a-c). Staff on fixed-term contracts appear less likely to complete an appraisal. Uptake is lower for non-clinical than clinical academics (Table 64), where appraisal is linked to specialist certification and revalidation. Neither grade nor ethnicity appears to affect completion (data not shown).

Table 63: Academic staff appraisal (includes non-clinical research staff and academic staff) completion by group, contract type, gender, and year

Non-clinical	eligible staff numbers				% completed appraisal					
	Fixed-term		Open-ended		Fixed-term		Open-ended		total	
	F	M	F	M	F	M	F	M	F	M
Research Staff										
14/15	84	52	15	17	52%	41%	63%	37%	53%	40%
15/16	114	56	19	16	61%	**52%**	79%	83%	64%	58%
16/17	123	60	23	16	61%	40%	61%	59%	61%	43%
Academic- T&R and TO										
14/15	3	9	40	58	67%	56%	70%	64%	70%	63%
15/16	6	9	44	63	33%	44%	77%	68%	74%	65%
16/17	7	11	44	66	29%	27%	59%	56%	55%	52%

Table 64: Clinical academic staff appraisals

Clinical academic staff (Honorary Consultant Contract: QM Grades 6-8)*		
	Number	%
Eligible for appraisal	133	
Appraisals complete	97	73%
Appraisals in progress	14	11%
Appraisals completed but signed after deadline	22	17%
Total	133	100%
Clinical staff below level of consultant		
Usually go through trust appraisal processes for junior doctors.	Data not available from trust.	

data from the NHS trust available for 2017 only; gender split not available

Value of appraisal

Due to a change in survey provider we are unable to compare questions over time and cannot analyse data by gender within job roles. However, staff are positive about the behaviours of their appraisers/appraisal process (Figure 33). They are less positive about processes for objective-setting, training opportunities and personal development (Action_7.4a-c). This reflects the importance of appraisal training. We will continue to encourage this (Action_7.4c).

Figure 33: Staff views about appraisal (staff survey 2016 – all SMD)
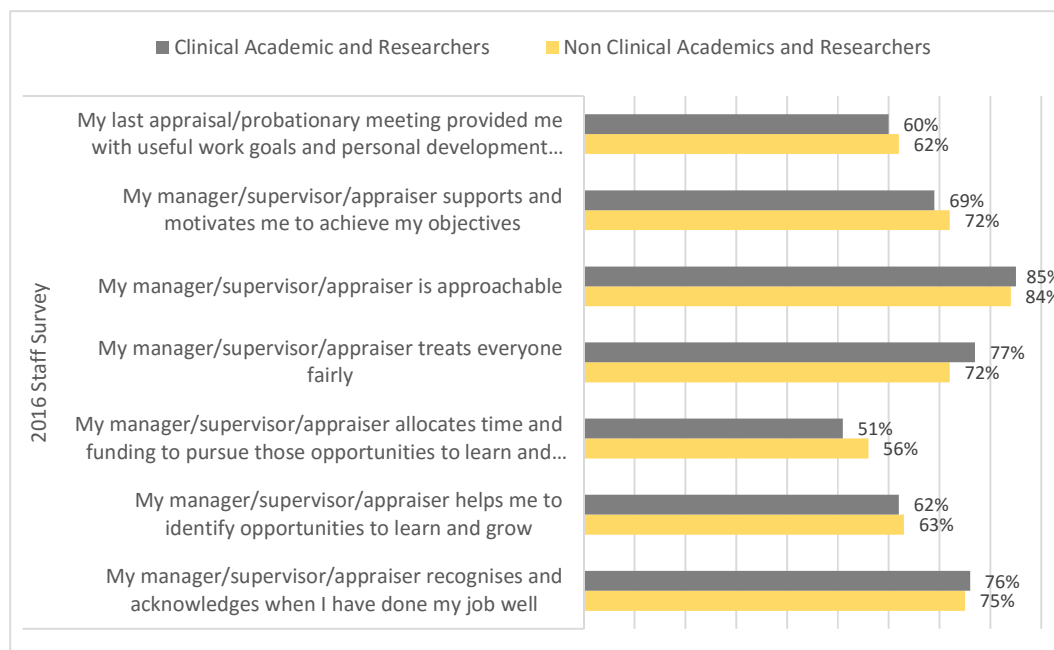
PIRLS 2017 showed 95% of respondents (100%F:95%M) consider provision of appraisal an important part of their role. This has increased from 85% (80%F:92%M) in 2015. Likewise, 92% of respondents (83%F:96%M) felt confident in appraising, increased from 77% (F=M), exceeding the UK benchmark of 70%.

(v)   Support given to academic staff for career progression

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

Support for career progression comes from a variety of sources including formal training (Section 5.3(i)) and mentoring. PIRLS 2017 showed that 100% of respondents considered developing research staff to be an important part of their role, exceeding UK Benchmarks (Table 65).

Table 65: Importance of supporting research staff

Percentage agreeing or strongly agreeing with the statements:				
I believe it is an important part of my role to develop research staff				
(PIRLS)	**Average**	**F**	**M**	**2017 UK benchmark**
2015	100%	100%	100%	96%
2017	100%	100%	100%	
I believe it is an important part of my role to nurture research careers				
(PIRLS)	**Average**	**F**	**M**	**UK benchmark**
2015	90%	93%	86%	92%
2017	95%	100%	96%	
I believe it is an important part of my role to advise researchers about career opportunities				
(PIRLS)	**Average**	**F**	**M**	**UK benchmark**
2015	74%	79%	75%	70%
2017	83%	84%	86%	

There are also formal opportunities for mentoring and networking through career-level schemes (Table 66).

Table 66: Activities to support academic career development

Support type	Researcher	Lecturer	Senior Lecturer	Reader	Professor
Training	Outlined in section 5.3(i).				

Mentoring	• ECRs all allocated mentors.
	• Postdoc pairing scheme under trial. Uptake:
	Mentors 7F:4M
	Mentees 17F:6M
		• Women's mentoring scheme[1]
		  uptake 2017:
		  Mentors 17F:6M
		  Mentees 16F
		• External schemes for specific subgroups[2]
				• Peer mentoring scheme June 2018
				• Peer mentoring scheme: proposed to Academy of Medical Sciences SM to lead	

Networking	• Institute postdoc networks **(new)** • SM task and finish group		• Senior Academic Women's Network **(new)** Attendees at inaugural meeting: 12F • Variety of NIHR and subject-specific networks across institutes and schools [3]		
Cross-faculty networks	• QRSA (university post doc network) • WISE@QMUL for all grades across STEMM subjects. (for women)				

1- mentors- any gender and any grade above the mentee
2- eg. discipline specific schemes or the Academy of Medical sciences 'Springboard' programme
3- eg. primary care research network East London, global health network, women's health research network, GENRE – gender research group

Increased networking opportunities are being developed:
• Formal - developing research collaborations with Barts Health and other NHS Trusts
• Informal - building relationships and sharing experiences with peers
Early indications are positive. An example is the Senior Academic Women's Network whose inaugural meeting was held in September 2017 and addressed by the CEO of the Equality and Human Rights commission (Figure 34).

'What a fantastic morning it was. I absolutely loved being there…. I would have loved to have stayed and listened to her chat afterwards. I also liked the time of day it was held! Good for those with family' (feedback from participant).

Figure 34: Advertising for and women attending the Senior Academic Women's Network

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

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

The SM Student Support Team provide UG pastoral support which is enhanced by mentors who encourage professional development by undertaking an annual review of progress using a student-collated portfolio. The Mentor Scheme for MBBS students has 105 mentors (40F:65M), for which we are actively recruiting more women (Action_4.4). Academic tutors advise and support students on career options. The Head of Student Progression supports and encourages academic excellence. Interview practice is offered to MBBS students applying for academic clinical foundation jobs (medical training combined with research); attendance and success rates show no evidence of gender bias.

Mock interviews are really useful practice' (candidate feedback).

Table 67: Mock interview and ACF appointment success

Year	% Success	Attended Mock interview	successful application	
			if had mock interview	all candidates whether or not attended
2014/14	M	18	9 (50%)	13
	F	18	9 (50%)	12
	Total	36	18 (50%)	25
2015/16	M	11	2 (18%)	10
	F	11	4 (36%)	6
	Total	22	6 (27%)	16

Additional loans are available to MBBS students in financial difficulties to support their education. Over the past three years, there has been an equal gender split (Table 68).

Table 68: Distribution of student loans to support academic and professional development over 3 years

Loan Type	Recipients	
	%F	%M
Transition Loan	44%	56%
Dean's benevolence funding	47%	53%
Other funding (aggregated)	53%	47%

For PGT students, Programme Directors provide mentorship. In addition, the SM PGT Lead oversees Leads in each Institute who provide additional guidance and advice to students. Our success is shown in PTES results with increasing satisfaction rates (Table 69).

Table 69: PTES results demonstrating support for career progression for PGT students (SMD combined, no gender breakdown available)

PTES	Percentage agreeing with the statements.	
	I have been encouraged to think about what skills I need to develop for my career	As a result of the course I feel better prepared for my future career
2014	71%	71%
2015	70%	74%
2016	70%	77%
2017	74%	79%
Current Benchmarks		
QM	71%	76%
Sector	75%	77%
Russell group	74%	76%

PGR students have a similar support scheme to PGT students (Table 71). They also have access to funding for research support, travel, researcher development funds (e.g. courses on writing, making the most of conference attendance, presentation skills), and a week-long 'GradFest', which includes seminars and workshops for career development. The 2017 PRES survey was positive for career development (Table 70):

Table 70: PRES survey of impact of PGR programme on aspects of career development

PRES 2017	Percentage agreeing with the statements (gender not available)			
	My ability to manage projects has developed during my programme	**My ability to communicate information effectively to diverse audiences has developed during my programme**	**I have developed contacts or professional networks during my programme**	**I have increasingly managed my own professional development during my programme**
SMD	91%	89%	79%	87%
Current benchmarks				
QMUL	83%	81%	72%	81%
Sector	80%	79%	70%	81%
Russell group	83%	81%	70%	81%

Table 71: Summary of activities to support student career development

	Training	Mentoring & Advice	Networks	Other
UG	• Student peer teaching groups • Careers evening • Summer research project opportunities • Mock interview training for ACF posts	• MBBS Mentor Scheme • UG buddy system of 'mums and dads'	• Annual staff student conference	• QM model: Course credits incorporating skills or cross-discipline learning • Transition loans • Deans benevolent fund
PGT	• Specific Careers events: Course level: • Specific career development eg MSc Clinical Drug Development – day of talks about careers from employers • Institute level: PGT careers events	• PGT lead in each institute	• WISE @QMUL • Doctoral college cohort training days with network-ing element	
PGR	• Institute-level specific research training • Institute seminar series • Research Training courses as part of doctoral partnerships • CAPD researcher development courses. • QMUL Doctoral College training and development events for PhDs, all with inbuilt equality principles.	• Supervisor and PGT lead in each institute		• Following feedback from various department SATs (including SM) the Doctoral College has piloted student parent and caring networking events this year.

Support offered to those applying for research grant applications

Comment and reflect on support given to staff who apply for funding and what support is offered to those who are unsuccessful.

Our Research Deanery Officer (2014_Action_Plan_1.7) coordinates grant applications and supports staff. CAPD offer research funding workshops (Table 72). SM staff engagement could be improved, particularly for men (Action_8.1b).

Table 72: SM Attendance across CAPD funding support workshops

Year	Course Offered	Female	Male	Total
2014	'Research Independence'	2	3	5
2015	'Funding landscape'	1	3	4
	Two-part programme on research funding • writing a case (part 1) • finance, impact and leadership (part 2)	12*	2	14
2016	'Funding landscape'	4	3	7
	Two-part programme on research funding • writing a case (part 1) • finance, impact and leadership (part 2)	5	2	7

*increased 2015 uptake may reflect the recruitment of a cohort of early career researchers in 2014.

In 2017, CAPD developed a month-long series of workshops to support researchers considering applying for fellowships. The SAT used this opportunity to signpost research staff to relevant work-life balance information such as maternity leave (section 5.5.)

The need for mobility for Postdocs considering fellowships has concerned the SAT as it may disproportionately affect those with caring responsibilities (predominately female). In order to evaluate this potential impact, we analysed a fund in one of the institutes. The Co-funding of Regional, National & International Programmes (COFUND) aims to increase the transnational mobility of Postdocs. Despite concerns that it may exclude women, applications and awards were more successful in women (Table 73).

Table 73: Grant applications and fellowships awarded by gender for COFUND

Calls	Applications Received						Fellowships Awarded			% applications successful	
	F	M	Total	%F	%M		F	M	Total	F	M
Apr 14	22	18	40	55%	45%		12	5	17	55%	28%
Oct 14	19	14	33	58%	42%		6	4	10	32%	29%
Apr 15	10	12	22	45%	55%		3	7	10	30%	58%
Nov 15	19	13	32	59%	41%		7	4	11	37%	31%
Jul 16	6	6	12	50%	50%		3	4	7	50%	67%
Total	**76**	**63**	**139**	**55%**	**45%**		**31**	**24**	**55**	**41%**	**38%**

We analysed grant application and success by gender (complete data are only available for 13/14). Fewer women than men apply which reflects the senior gender balance as there are currently more male principal investigators. However, **women were as likely to be as successful as men in their applications**. There is a trend towards equalisation of the size of grants applied for, although this will be reviewed over time.

Table 74: Summary of successful research grants overall

Grants		number		successful		% successful	
		F	M	F	M	F	M
Applications	13-14	231	517	41	96	19%	18%
	15-16	235	453	na	na	na	na
Funding total		applied for		obtained		% obtained *	
	13-14	£71m	£191m	£13m	£52m	18%	27%
	15-16	£85m	£160m	na	na		
Funding per person	13-14	£0.31m	£0.37m	£0.31m	£0.54m		
	15-16	£0.36m	£0.35m	na	na		

* Value of grants obtained divided by value of grants applied for.

As well as improved training, we instituted peer review support panels in each institute, which:

- review grant applications and the quality of projects
- provide suggestions for improving grant applications
- provide robust coaching and interview practice sessions prior to fellowship applications

For unsuccessful candidates, we provide institute-level feedback and a monthly 'grant clinic' run by senior academics. In addition, The Research Design Service (RDS) offers support for new grant applications and reviews unsuccessful applications, providing feedback on methodology and alternative funding streams (Action_8.1a,b).

1395 Words.

5.4. Career development: professional and support staff

(i) Training

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

PS staff undertake mandatory training (Table 60 section 5.3), with many additional training courses available. **In 2017, 7 female PS staff undertook the Women into Leadership training programme and 2 of the 6 SM places on the Aurora Programme were awarded to PS staff**.

Technical and skills training has been enhanced by access to HEaTED, a national training and career development framework. Management staff are encouraged to undertake leadership and management training through the Institute of Leadership and Management programme (Table 75).

Table 75: Management training awards since start of programme October 2016

Level of award	Number of awards				
	Total	Female	Male	% Female	% Male
External award					
ILM L2	1	1	0	100%	0%
ILM L3	4	2	2	50%	50%
ILM L5	14	13	1	93%	7%
Internal award					
First line manager	18	15	3	83%	17%
Middle manager	7	5	2	71%	29%
Senior manager	3	2	1	67%	33%

Staff are updated via email bulletins, website and booking database.

In the 2016 staff survey, 61% of PS staff responded positively to the statement 'I have received training to do my job well.' We will use the newly formed PS Working Group to address further training needs (Action_11.1a,b).

(vi)   Appraisal/development review

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

The PS appraisal system is the same as the QMUL appraisal described in 5.3(ii).

Table 76: Appraisal completion rates for PS staff

| | eligible staff | | | | % completed appraisal | | | | | |
| | Fixed-term | | Open-ended | | Fixed-term | | Open-ended | | total | |
	F	M	F	M	F	M	F	M	F	M
Senior Professional staff (grades 5-8)										
14/15	11	7	42	24	46%	71%	71%	73%	64%	73%
15/16	18	12	42	23	72%	25%	75%	78%	74%	57%
16/17	31	8	43	25	47%	12%	55%	49%	51%	39%
Professional staff (grades 1-4)										
14/15	32	16	56	10	32%	56%	69%	60%	55%	57%
15/16	36	16	51	8	48%	56%	84%	50%	69%	54%
16/17	34	10	48	17	44%	50%	70%	41%	59%	45%
Technical staff										
14/15	21	6	21	26	54%	83%	67%	45%	60%	53%
15/16	30	10	23	29	61%	80%	77%	44%	68%	53%
16/17	40	15	21	28	52%	60%	72%	52%	59%	55%

The completion rates have varied widely over the 3 years. When reviewing the data by institute and role type there is some work to do on improving the perception of the value and uptake of appraisal including institute variations (Action_7.4).

Table 77: PS staff responses to appraisal question (All-Staff Survey 2016)

Responses	My last appraisal/probationary meeting provided me with useful work goals and useful personal development goals				
	Blizard	BCI	IHSE	WHRI	Wolfson
Number	49	45	38	39	29
% positive	54%	11%	65%	56%	75%

*gender breakdown not available

Comment and reflect on support given to professional and support staff to assist in their career progression.

The percentage of PS staff who indicated that they felt they had a clear plan for personal development was lower than for academics at 29-43% (all Institutes). This may reflect a lack of a clearly defined promotion structure for PS staff. Staff use appraisal to develop a Professional Development Plan with their Line Manager.

Table 78: Summary of support for career progression for PS staff

	Support Type		
	Training	Mentoring	Networking
PS staff	outlined in section 5.4 (i)	Informal mentoring occurs. Formal mentor scheme launches in 2018. 'work-shadow' opportunities under consideration	PS Staff Working Group Networking lunches arranged for 2018

The staff bonus scheme rewards excellent additional work and has a high proportion of applicants from PS staff. The 2016 data (Table 79) suggests that there is a good outcome for women in this process as the split reflects the overall gender balance of PS staff.

Table 79: Staff bonus scheme 2016

2017	Number		gender split		% success if applied	
	F	M	%F	%M	F	M
SM gender split (all staff)	1009	619	62%	38%		
Applicants	51	16	76%	24%		
Awarded bonus	41	22	74%	26%	61%	69%
Amount awarded						
Total	£33,587	£15,738				
Average bonus (excluding nil awards)	£974	£1151	70%[#]	30%[#]		

 # Percentage of total bonuses given to F & M

We will explore how to develop additional support for PS with the PS Working Group (Action_11.1a).

A pilot scheme with clear and defined promotion milestones for technical staff has been designed (outline in Figure 35), and methods of assessing its efficacy are being devised in conjunction with HR (Action_11.1c).

Figure 35: Proposed scheme of promotion for technical staff
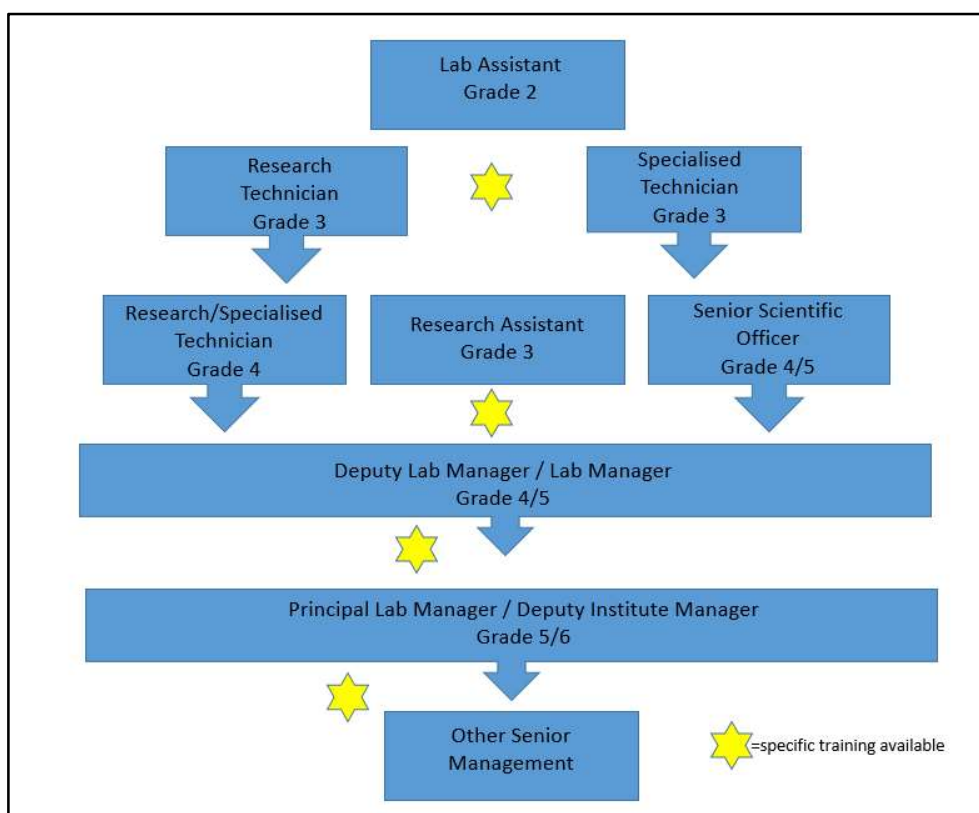
343 Words.

5.5. Flexible working and managing career breaks

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

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

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

Staff receive support from their Institute HR Representative who signposts the relevant policy. These may include parental leave, health and safety risk assessment and/or requests for changes to their working pattern. They will also assist with completing the paperwork.

Feedback from staff in our parental leave survey included the comment *'it is important that the institution provides more information on the process'*. In response, the SM Parents' Network situated on the intranet (Figure 36) now includes information and HR policy in clearly designated categories: Before the Baby/During Leave/Returning to Work/Childcare Options (Action_12.2a-d).

Figure 36: Screenshot of SM Parents' Network online
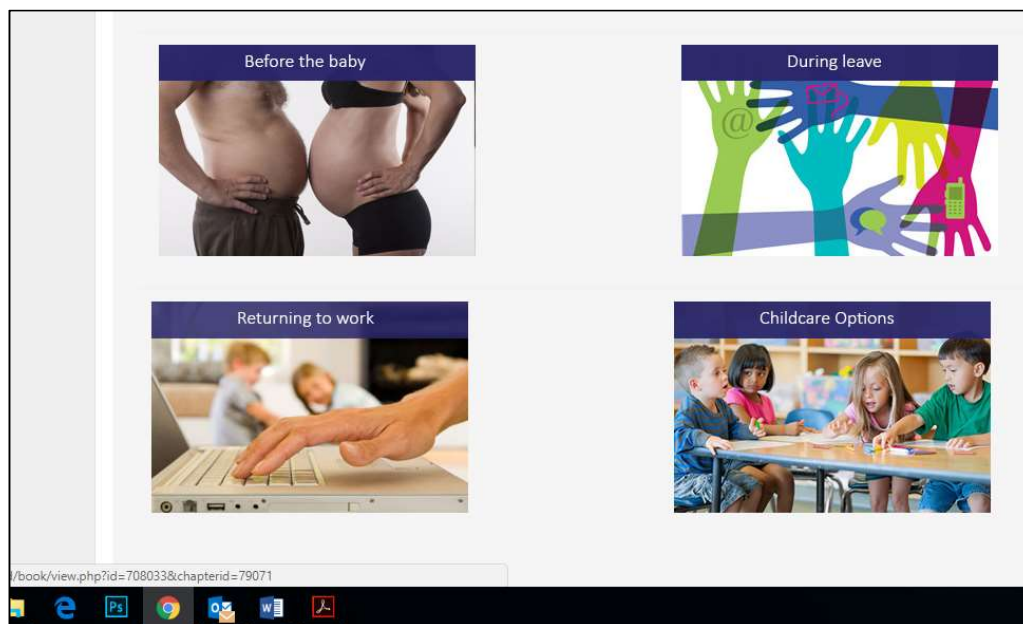
Within the women's mentoring scheme, applicants are invited to select aspects that they wish to be discussed, including career development during breaks. **Our new 'Returning to Work as a Parent' workshop** enables staff to learn about life as a working parent and we will develop this as an online module (Action_12.2c).

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

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

The SM offers a generous leave and pay scheme. Maternity cover is provided for PS staff, whilst workloads are shared between colleagues for academic staff. There is specific guidance for research-funded staff however SWAN forum meetings highlighted the anxiety that remains regarding progress of projects during absence. We will seek ways to support this (Action_12.2b12.3,12.4).　 The take-up of Keeping in Touch (KIT) days is variable (Table 80) and we are addressing this by increasing awareness (ACTION_12.2b.)

Table 80: Uptake of Keeping in Touch days (Parental Leave Survey 2017)

Number of KIT days taken by survey responders	N	% uptake
9-10.days >80%	8	12%
5-8 days 50-80%	9	14%
1-5 days <50%	11	17%
0 days	19	29%
Unaware of KIT days	18	28%
Any KIT days taken	**28**	**43%**

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

Our Parent Returners Network has been so successful it has been adopted by the University. These are regular lunch events where staff can meet other parents and access information. Invitations are sent to work and home addresses so that recent returners and employees currently on maternity/adoption leave (and their children) can attend (Action_12.2d).

Figure 37: Parent Returners' lunch

There are 3 clearly-signposted breastfeeding facilities in the SM – one on each campus (Figure 38).

Figure 38: Breastfeeding room in the Wolfson institute and information campaign

Following our survey, we enhanced our Parents Network pages on the intranet, including a section around returning to work. **These include interviews with staff who have recently returned from parental leave and there is a discussion forum**. (Action_12.2a-c).

SM staff access the university onsite nursery at the Mile End Campus. Collaboration with local nurseries close to the other two campuses has resulted in an offer of a 5% discount to staff. In addition, we have worked with our Estates team to include nursery provision at Whitechapel and Charterhouse Square in their strategic plan (Action_12.5). The development of a new life sciences faculty offers potential opportunities for development in the coming years.

The SAT is piloting a scheme to provide funding for childcare costs to parental leave returners to enable conference attendance (Action_12.3).

(iv) Maternity return rate

Provide data and comment on the maternity return rate in the department. Data of staff whose contracts are not renewed while on maternity leave should be included in the section along with commentary.

Overall, return rates after maternity leave were high. Non-clinical researchers were the group least likely to return and non-clinical and clinical researchers were less often in post after 6 months than academic staff. As a result, the SAT developed a proposal to create grants supporting research work during or on return from parental leave. A funding decision is awaited (Action_12.4).

Table 81: Research staff maternity leave returners by year

Maternity leave started in year			Returned after leave period	in post:-months after return			
Year	total	did not return		6m	12m	18m	nk*
Non-clinical researchers							
12-13	**9**	0	**100%**	**78%**	**56%**	**44%**	0%
13-14	**9**	4	**56%**	**56%**	**56%**	**44%**	0%
14-15	**17**	1	**94%**	**59%**	**53%**	≤53%#	18%
15-16	**13**	2	**85%**	nk	nk	nk	62%
16-17	**15**	nk	nk	nk	nk	nk	100%
Clinical Researchers							
12-13	**2**	0	**100%**	**100%**	**100%**	**100%**	0%
13-14	**6**	2	**67%**	**67%**	**50%**	**33%**	0%
14-15	**3**	0	**100%**	**67%**	**33%**	**33%**	0%
15-16	**4**	0	**100%**	≤67%	≤67%	nk	50%
16-17	**14**	nk	nk	nk	nk	nk	100%

*Highlighted cells have complete data.   *nk- not known. # data still being gathered for year*

data is shown for the year that the leave started hence there is missing data in later years

Table 82: Academic staff maternity leave by year

Maternity leave started in year		did not return	Returned after leave period	In post:-months after return			
Year	total			6m	12m	18m	nk*
Non-clinical academics							
12-13	**0**						
13-14	**6**	0	**100%**	**83%**	**83%**	**67%**	0%
14-15	**6**	0	**100%**	**100%**	**100%**	**83%**	0%
15-16	**3**	0	**100%**	nk	nk	nk	100%
16-17	**3**	nk	nk	nk	nk	nk	100%
Clinical academics							
12-13	**4**	0	**100%**	**100%**	**100%**	**100%**	0%
13-14	**2**	0	**100%**	**100%**	**100%**	**100%**	0%
14-15	**0**						
15-16	**3**	0	**100%**	nk	nk	nk	100%
16-17	**2**	nk	nk	nk	nk	nk	100%

Highlighted cells have complete data.   *NK - not known*

Data is shown for the year that the leave started hence there is missing data in later years

Table 83: Professional and technical staff returners by maternity leave by year

Maternity leave started in year		did not return	Returned after leave period	in post:-months after return			
Year	total			6m	12m	18m	NK*
Professional & Technical staff							
12-13	**8**	1	**88%**	75%	75%	75%	0%
13-14	**8**	0	**100%**	100%	100%	88%	0%
14-15	**13**	0	**100%**	**85%**	**77%**	69%*	15%
15-16	15%	1	**90%**	≤80%#	nk	nk	80%
16-17	**14**	nk	nk	nk	nk	nk	100%

Highlighted cells have complete data.   *NK - not known. # data still being gathered for year.*

Data is shown for the year that the leave started hence there is missing data in later years

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

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

45 (44M, 1F) members of staff formally requested paternity leave. Staff are likely taking leave by arranging informal flexible working arrangements with their Line Managers. The 2017 SM Staff Parental Leave Survey (134 responses, 89F:44M) highlighted that only 76% (22/29 responders) who took leave did so formally through HR. Improved recording will be encouraged (Action_12.1).

Table 84: Formal paternity leave request: no. of men by grade & job family (all 5 years)

Grade	Academic	Clinical	Professional	Total
1				0
2				0
3			4	4
4	5		1	6
5	19		5	24
6	5	2	1	8
7		2		2
8				0
Total	**29**	**4**	**11**	**44**
% taking paternity leave (M)	**2.2%**	**0.5%**	**1.4%**	**1.6%**

There have been 2 instances of shared parental leave. In the survey, of parents who had children before April 2015, 70% would have considered taking shared leave had it been available. Of parents eligible for future leave 70% desired shared leave. Of those who previously took shared leave, 100% would do so again.

We will repeat the parental leave survey in 2019 to assess the impact of our initiatives on staff experience of parental leave (Action_12.1 and 12.2a-b).

'Taking discontinuous shared parental leave has been a positive experience for both of us and allows a mother to work in chunks over what would be her maternity' (Senior Lecturer)

(vi)   Flexible working

Provide information on the flexible working arrangements available

Flexible working is promoted in job adverts and during induction for all posts. We are creating information resources and online case studies (Action_12.6b). The majority of flexible working practices (e.g. condensed hours, working from home, annualised hours, longer hours during school terms) are agreed at institute level. Formal requests to HR are only made for a change in number of days (where pay is affected).

Our 2016 survey showed a drop in satisfaction regarding flexible working (Table 85 & 86). Initial discussions in our SWAN forum found academic staff were particularly positive about flexibility, but those staff involved with specific experiments or teaching were less positive. Efforts had been made to support flexible working such as keeping data on servers so staff could work anywhere, however this also risks encouraging working outside main working hours. We are exploring staff attitudes to options further (Action_12.6a).

Table 85: Staff responses to work-life balance questions

I am able to strike the right balance between my work and home life. % agree. (60% overall response rate)		2014	2016
Gender	Female	68%	62%
	Male		54%
Job Role	Clinical Academic and Researcher		47%
	Non Clinical Academic and Researchers	68%	54%
	Professional and Technical Staff		71%

Table 86: Staff responses in consultation to work-life balance questions: Staff survey (CROS and PIRLS)

I am happy with my work life balance. % agree.		2015	2017	current benchmark
Research Staff (CROS)	F	68%	79%	**67%**
	M	71%	80%	
Academic Staff (PIRLS)	F	40%	33%	**45%**
	M	50%	56%	

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

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

Transition from part-time to full-time is an individual and personal decision. Using our parents and carers network, we are creating a toolkit for those considering this option. This will derive from the experiences of those who have made such a transition (Action12.2a), and will include a link to budgets and business planning. In addition, the team is working with the COO and VP (Health) to identify how to link requests for full-time working to this process.

We are working on improved clarity of policies around parenting and flexible working as well as better and more accessible information resources and role models (Action_12.2b, 12.6).

872 Words.

5.6. Organisation and culture

(i) Culture

Gender equality is embedded in our institutional culture:
- SWAN is an integral part of the SMD Strategic Plan 2014-19 (Strategic Aim 1)
- SWAN is a standing item on senior meeting agendas (where relevant)
- One SAT co-Chair is on the SEB membership and SAT members are participants or observers in all key decision-making processes
- Two SAT members are part of the University E&D Advisory Group
- SAT members include 5 students and LGTBQ+ staff
- Gender equality has been added to the UG curriculum review framework
- Review of the UG curriculum regarding transgender and LGBTQ+ inclusion has been done
- SWAN activities are formally acknowledged in the SM workload model

The above contribute to improving recognition for SWAN principles in CROS results (2015:85%; 2017: 91% which exceeds the UK benchmark of 90%).

Students

BLSA are represented *ex officio* on SAT, leading to events to support women e.g. towards surgical careers (Figure 39). These are widely advertised (Action_6.3).

Figure 39: BLSA Women in Surgery event

The SM undertook reviews of the undergraduate curriculum in 2016 in which important learning outcomes relating to gender equality and LGBTQ+ were added. A positive student culture will be maintained by including equality and diversity at induction, including **extending a pilot of Unconscious Bias training for PGR students** in one institute to include all of SM (Action_13.1,5.2c)

Staff

Research staff

The impact from several areas (2014 Action plan 2.8-2.12, 3.4, 3.5) have not always translated into improved perception of fairness among research staff even where the UK benchmark is met or exceeded (Table 87). This may be due to a low response rate, although we know from the Postdoc Network that a number of issues affect these staff. The reasons will be explored by a task and finish group (Section 5.3, Action_9.1**). In 2017, 90% (92%F:91%M) staff believed that the SM is committed to equality and diversity and SWAN recognition has increased from 85% to 91%.**

Table 87: Research staff perceptions of fair treatment

CROS responses: Treated fairly with regard to :-	Researchers % agree or strongly agree				UK bench-mark
	2015		2017		2017
	F	M	F	M	All
Gender	76%	83%	79%	79%	63%
Gender Identity	68%	77%	62%	62%	62%
Pregnancy	57%	68%	73%	73%	60%

Academic staff

The perception of fair treatment has improved among Principal Investigators (Table 88). There remain marked gender differences around promotion and reward (further explored section 5.1(iii)) and decision-making (5.6(iii)), but a dramatic improvement in (and greater F:M parity for) perception of fair treatment with respect to gender. The data exceeding UK benchmark**. In 2017, 83% (75%F:86%M) believe the SM is committed to equality and diversity, an increase from 75% in 2015 which now approaches UK benchmark (86%).**

Table 88: Academic staff perceptions of fair treatment

PIRLS responses: Treated fairly, regardless of ethnicity, gender, gender identity, religion or belief, sexual orientation, disability or age with regard to :-	Academics (not researchers) Clinical and non-clinical. % agree or strongly agree				UK bench-mark
	2015		2017		2017
	F	M	F	M	All
Recruitment	67%	88%	92%	90%	88%
Promotion	33%	75%	33%	82%	75%
Reward	40%	63%	42%	76%	71%
Day to day treatment	60%	71%	83%	77%	85%
Access to training	67%	88%	100%	82%	89%
Decision making	20%	63%	50%	73%	68%
Gender	34%	75%	84&	86%	81%
Gender Identity	40%	75%	67%	82%	70%

All staff

Survey questions differed in 2014 and 2016, so direct comparison is not possible, however in 2016 both SM male and females agreed that 'the University respects different cultures, sexual orientation and race'. This indicates that we have embedded SWAN principles. There were no marked differences between Institutes (Table 89).

Table 89: All staff fairness question QM survey 2016 by Institute

QM 2016		Percentage of positive responses to statement					
I think the University respects individual differences (e.g. cultures, working styles, backgrounds, ideas, race, gender, disability, religion/belief, sexual orientation).							
		Total	BCI	Blizard	IHSE	WHRI	Wolfson
agree	%F	84%	85%	87%	84%	90%	88%
	%M	77%	85%	85%	77%	88%	100%
I am treated with fairness and respect.							
agree	%F	67%	81%	80%	67%	85%	82%
	%M	70%	76%	75%	71%	79%	76%

SWAN forum meetings were held in all Institutes in 2017 (Table 90). All staff groups attended, however there was a lower attendance of male staff which highlighted the need for better male engagement. Meetings are now scheduled annually and publicity via several channels will include the new framework addressing equality for men and women (Action_3.3a-c).

Table 90: Attendances at SWAN 2017 Institute Forums

Total	F	M	Academics*	PTO staff	students
>70	55	15	37	17	9

* include researchers. not all staff were identified by role

(ii) HR policies

HR has an up-to-date web resource with policies and procedures on Council and governing body expectations. Staff with management responsibilities make use of templates, letters and flowcharts. The webpages are linked to the main staff intranet page and are visible to all staff. Managers are updated about policies by email and via monthly meetings of the SMT.

We performed an Institute Managers qualitative survey in 2016. This gathered information about the monitoring and application of these policies, in particular dignity, bullying, harassment, grievance and disciplinary procedures; responsibility for which rests at Institute level (Figure 40).

Figure 40: Institute Managers free text from survey on monitoring of HR policies

'…all of these policies are applied on an individually-considered basis and we are supported by HR to ensure that all staff are properly advised'

'Informal feedback would indicate that the staff [with management responsibility] who have used the policies have had a positive experience'

Institute Managers' Feedback in survey

(iii) Representation of men and women on committees

Two SM senior committee (SEG and SMT) have ex offico membership and their composition reflect the gender profile of the job holders (Table 91). Composition of senior SM committees (Table 91) has been stable (by role) over time. Attention to improving gender balance (2014_Action_Plan_3.4) has improved representation on other committees. This has been possible due to the increased senior female staff numbers and the impact of core hours on meetings (Table 92). We will examine ways to balance female representation between duties and career-enhancing roles (Action_13.3).

Table 91: representation by gender on senior SM Committees 2012/13 – 2016/17

Committees		2012/13 F	2012/13 M	2013/14 F	2013/14 M	2014/15 F	2014/15 M	2015/16 F	2015/16 M	2016/17 F	2016/17 M
School of Medicine committees											
Executive Board (SEG)	n	3	9	2	9	2	9	1	13	5	11
	%	25%	75%	18%	82%	18%	82%	7%	93%	31%	69%
Management Team (SMT)	n	10	3	15	4	14	3	13	3	10	3
	%	77%	23%	79%	21%	82%	18%	81%	19%	77%	23%
Education Committee (SEC)	n	3	3	4	6	10	12	14	10	13	7
	%	50%	50%	40%	60%	45%	55%	58%	42%	65%	35%
Institute Executive committees											
BCI	n	6	11	10	8	9	13	8	11	8	11
	%	35%	65%	56%	44%	41%	59%	42%	58%	42%	58%
Blizard	n	6	16	9	12	10	9	10	9	9	11
	%	27%	73%	43%	57%	53%	47%	53%	47%	45%	55%
IHSE	n	6	4	6	4	7	2	7	2	8	4
	%	60%	40%	60%	40%	78%	22%	78%	22%	67%	33%
WHRI	n	5	11	8	14	7	14	6	10	6	10
	%	31%	69%	36%	64%	33%	67%	38%	63%	38%	63%
Wolfson (WIPM)	n	1	4	1	4	2	5	2	5	2	5
	%	20%	80%	20%	80%	29%	71%	29%	71%	29%	71%
Others											
Academic Status & Promotions Committee	n	6	8	5	10	2	8	3	8	4	5
	%	43%	57%	33%	67%	20%	80%	27%	73%	44%	56%
Staff Bonus / Contributions Panel	n	1	8	2	6	2	6	3	7	2	8
	%	11%	89%	25%	75%	25%	75%	30%	70%	20%	80%
Clinical Excellence Awards Internal Rankings Panel	n	6	9	6	9	3	8	4	8	4	8
	%	40%	60%	40%	60%	27%	73%	33%	67%	33%	67%

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Table 92: Features of SM Committees 2012/13 – 2016/17 including SWAN impacts

2017	participants			Athena SWAN		
	Academic	PTO	Student Rep	Core Hours	represent-ative	standing item on agenda
School of Medicine committees						
Executive Board	✓	✓	✓	✓	✓	✓
Management Team		✓		✓	✓	✓
Education Committee	✓		✓	✓	✓	
Institute boards / executive committees						
BCI	✓	✓	✓	✓		✓
Blizard	✓	✓		✓	✓	✓
IHSE	✓	✓		✓		✓
WHRI	✓	✓		✓	✓	✓
Wolfson (WIPM)	✓	✓		✓	✓	✓
Others						
Academic Status & Promotions Committee	✓	✓	n/a	✓	2 observers	n/a
Staff Bonus / Contributions Panel	✓	✓	n/a	✓	2 observers	n/a
Clinical Excellence Awards Internal Rankings Panel	✓	✓	n/a	✓	2 observers	n/a

Senior committees have had an increasing proportion of female representation over time (Section 6(iii)) and in 2016 the first female Institute Co-Director was appointed. Other leadership roles are shown (Table 93) and again show an improvement in gender balance.

Table 93: Institute Leadership Roles – change from 2012/13 to 2016/17

	2012/13		2016/17		2012/13		2016/17	
Institute Role	F	M	F	M	%F	%M	%F	%M
Research Centre Leads	6	22	8	16	21%	79%	33%	67%
Education Leads	1	4	8	9	20%	80%	44%	53%

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

Roles on QM committees external to SM are advertised widely by email. Many senior SM women have prominent roles external to QM (our survey Table 94). In 2016, SM amended criteria for promotion to encourage staff to participate in such activities. In addition, the workload allocation model (section 5.5 (v)) recognises time spent on external committees.

Table 94: Examples of SM women in positions of influence and acting as role models

Awarding body	Awards
UK Honours System	DBE (Prof Parveen Kumar) CBE (Professor Jane Anderson 2015, services to HIV medicine and sexual health research OBE (Prof Frances Balkwill)
Royal College of Physicians	Faculty of Physician Associates Research Committee (Prof Justine Strand de Oliveira)
Royal College of Pathologists	Chair (Prof Jo Martin) Registrar (Prof Paola Domizio)
British Medical Association	Former president (Prof Parveen Kumar)
National Clinical Directorships	Pathology (Prof Jo Martin)
British Neuro-Oncology Society	President (Prof Silvia Marino)
Medical Women's Federation	President (Prof Parveen Kumar)
Academy of Medical Sciences	Fellowships (Prof Sussan Nourshargh, Prof Fran Balkwill, Prof Kairbaan Hodivala-Dilke)
NIHR	Senior Investigator (Prof Sandra Eldridge)
Trustees	British Heart Foundation (Professor Sussan Nourshargh)
Journal Editorships (Editor in Chief only listed)	British Journal of Pharmacology (Prof Amrita Ahluwalia)
Notable Prizes	WISE campaign research prize (Prof Amrita Ahluwalia); Gabor Kaley Prize American Societies of Physiology and Microcirculation (Professor Sussan Nourshargh); Endocrine Society Delbert Fischer award (Prof Marta Korbonits) Inspiring Leadership in Research Engagement Prize in recognition CRUK 2017 (Prof Fran Balkwill) Personal Chair in Cardiovascular Immunology, British Heart Foundation (Prof Federica Marelli-Berg)
HEA Awards	Principal Fellowships HEA (Dr Jo Brown, Dr Clare Morris) National Teaching Fellowships (Dr Jo Brown, Prof Ania Korzum)

Two of these women have recently been features in the Royal College of Physicians exhibition on women in Medicine (Figure 41)

Figure 41: Influential SM women in the Royal College of Physicians 2017 Exhibition

(v)   Workload model

Describe any workload allocation model in place and what it includes. Comment on ways in which the model is monitored for gender bias and whether it is taken into account at appraisal/development review and in promotion criteria. Comment on the rotation of responsibilities and if staff consider the model to be transparent and fair.

QMUL introduced SWARM, an online workload recording system, in 2016. This records teaching, supervision and administration workload and aims to provide transparency and fairness. The data from the initial pilot phase (2015/16) is under review by staff. Commitments recorded on SWARM are discussed in appraisal and inform for example whether and individual is overworked.

Outreach administration and duties are included in SWARM and our promotion criteria. Workload is pro-rata for part-time staff and we are developing criteria to account for clinical practice. The next version of the scheme will look at reporting by gender (Action_13.3).

(vi)   Timing of departmental meetings and social gatherings

Describe the consideration given to those with caring responsibilities and part-time staff around the timing of departmental meetings and social gatherings.

We have reviewed our core hours taking account of feedback from male and female clinical staff. This resulted in revised core hours of 9.00am to 4.30pm for management meetings and for most other University meetings between 10.00am and 4.00pm. Inaugural lectures are held in the evening and are social events. These are now recorded and available online (Action_13.2a). Often social events occur during the lunchtime or late afternoon and evening social events are arranged with at least 6 weeks' notice, with some open to families.

(vii)   Visibility of role models

SM publicly celebrates the successes of women in prominent external roles (examples in section 6(iv)) via the weekly email bulletin and on our main SMD webpages.

In 2016/17 we embarked on a large publicity campaign which included:

- Athena SWAN core principles were displayed throughout the School of Medicine
- All staff are encouraged to include the Athena SWAN silver logo in their email signatures
- Athena SWAN noticeboards are present on the two main campuses (Figure 42)
- Re-launch of the website (supported by video interviews from senior management)
- Publicity of fellowships that are attractive to women or parents
- Twitter feed (@QMMedAthenaSWAN)
- Poster campaign around gender equality facts
- Launch of Athena SWAN area on intranet, signposting staff to relevant policies
- Launch of Parents Network on intranet

Figure 42: Equalities and SWAN display in main atrium of SM student building

In 2017 the SAT worked with UG students' representative to **review student perceptions of role models** within public domains, both within the physical environment such as on walls in teaching buildings and online or in publicity materials. This has informed our **'Visible Role Models'** campaign, leading to increased number and visibility of inspirational female staff, who were previously under-represented in public and virtual domains which will be extended (Action_13.2a-b).(Figure 43)

Figure 43: Posters celebrating female staff

Figure 44: Increased visibility of women on our SWAN website
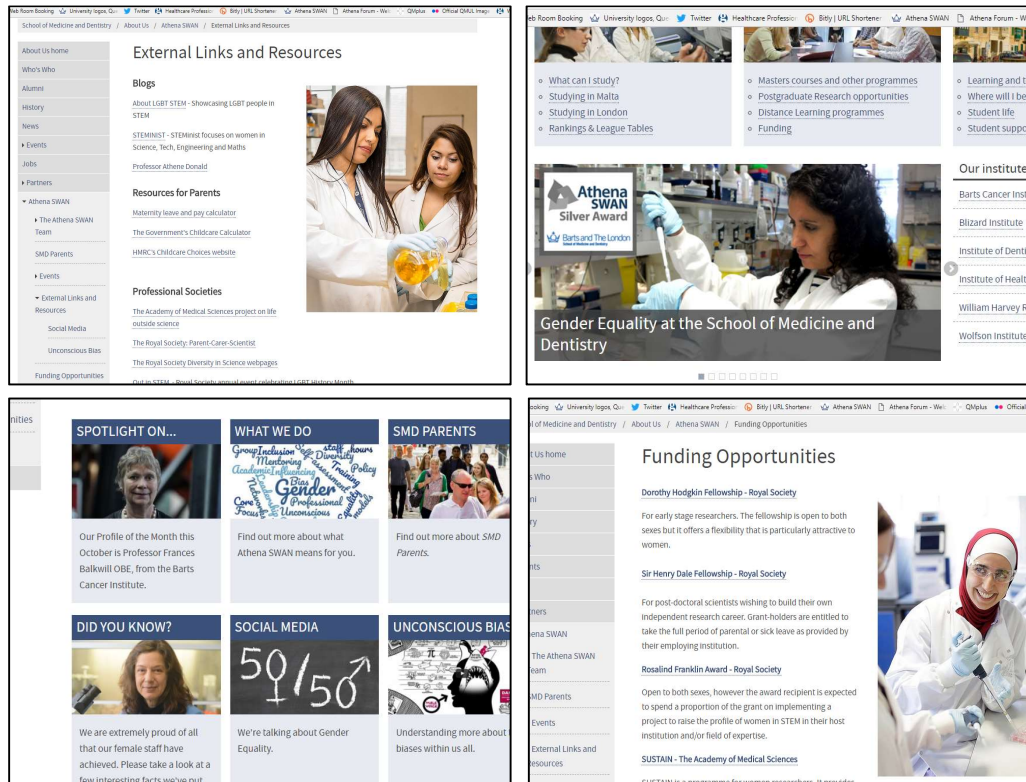
For International Women's Day 2017 we held a publicity campaign on our website and in social media featuring inspirational academic and PS staff (Figure 44).

Figure 45: (a) Images from Twitter Campaign for International Women's Day and (b) SM SWAN SAT Co-Chair addresses a WISE@QMUL event

Invitations to external speakers also provide role models. The four research institutes run regular seminar including invited external speakers. The best or most appropriate speaker for the topic is invited but attention is paid to gender balance of the invited speakers.

Table 95: Gender balance of speakers for each research institute annual speaker programme

Year	2013/14		2014/15		2015/16		2016/17	
Institute	F	M	F	M	F	M	F	M
BCI	18	24	14	17	8	21	7	14
WHRI	12	32	15	14	10	21	10	16
IHSE	0	0	0	0	0	0	0	0
Wolfson	n/a	n/a	1	3	3	2	1	6
Blizard	n/a	n/a	n/a	n/a	6	18	14	19
Total	**30**	**56**	**30**	**34**	**27**	**62**	**32**	**55**
Total %	**34%**	**66%**	**46%**	**54%**	**30%**	**70%**	**36%**	**64%**
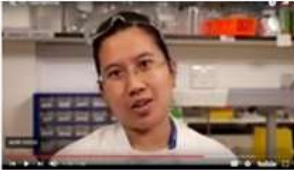
*n/a denotes no data or no programme at that time

(viii) Outreach activities

Provide data on the staff and students from the department involved in outreach and engagement activities by gender and grade. How is staff and student contribution to outreach and engagement activities formally recognised? Comment on the participant uptake of these activities by gender.

QMUL is the first university to hold an Engage Watermark Gold Award and holds annual awards celebrating the impact QMUL staff, students and external partners have on the social well-being of its communities and wider society. In 2017 female staff from the SM made up the largest group of winners, reflecting our view of the importance of significant female visible role models. Outreach is recognised at an individual level by inclusion in revised academic promotion criteria ('engagement with engagement with society and impact') and we will review the extent to which this activity contributes to successful promotions via promotions data (Action_2.6a). PIRLS 2017 data show that 92% of respondents agree that public engagement is an important part of their role (92%F:91%M), exceeding UK benchmark (89%). Examples of outreach summarized (Figure 45). We will review gender and ethnicity of students and staff engaged in outreach as well as the participants (Action_13.2e) and utilize 'Higher Education Access Tracker' to monitor and evaluate the impact of outreach projects (Action_6.1).

Figure 46: Examples of outreach activities

Engaging with school students

Widening participation programme

Year	Programme Name	Head count
2015-16	Bridge the Gap Years 8-13	331 (28%M/69%F)
	SMD Summer School Year 12	81 (25%M/74%F)
	Experience Health Sciences Year 11	29 (38%M/62%F)
	UoL Taster Days Year 12	135 (25%M/75%F)
2016-17	Bridge the Gap Years 8-13	563 26%M/72%F)
	SMD Summer School Year 12	24 (29%M/71%F)
	Experience Health Sciences Year 11	17 29%M/71%F)
	UoL Taster Days Year 12	103 (20%M/80%F)

SMD Summer School

Science outreach programmes

Centre of the Cell	Core team	
Award winning outreach programme, a science education centre based at the Whitechapel Campus. Participant uptake roughly 50%F/50%M (mostly from co-educational schools). Outreach scheme for 14-19 years olds (78% female).	5 F	2 M

Centre of the Cell

WISE@QMUL Video Series	Core team	
A video project promoting STEMM subjects to girls who may not have considered them before.	1 F	

WISE@QMUL science career videos

Engaging with the public

Taxidermy classes

BCI Stars

Barts Pathology Museum	Core Team	
Museum housing over 5,000 medical specimens. They use the collection to explore issues across medicine and medical humanities to the public through a programme of events and guided tours.	2 F	1 M
Barts Cancer Institute	Core Team	
BCI Stars (Science Training for Aspiring Research Scientists) Also: Lab tours, walking tours, Pint of Science events in local pubs to engage local individuals; Science in a box.	5 M	4 M

Student social action

Griffin Trust Buddy Scheme

The Griffin Community Trust	Core Team	
Award winning project bringing together 23 medical students and older local residents through a buddy scheme.	13 F	10 M
Teddy Bear Hospital	Core Team	
Scheme to help young children lose their fears of doctors and hospitals and provide an opportunity for medical students to know more about paediatrics.	9 F	3 M

Work experience

Laboratory work

William Harvey Research Institute (WHRI) Work Experience Programme	Attendees	
5-day work experience programme for 6th Form students, including sessions in a laboratory, researcher shadowing and talks from SM research staff.	19 F	12 M

'I found the lab days extremely insightful and eye opening and also very helpful in deciding between a medical or science degree' 6th form student

Section 5: 6126 words

[5.1 (1701) + 5.2(255) + 5.3(1395) + 5.4(343) + 5.5(872) + 5.6 (1560)]

6. CASE STUDIES: IMPACT ON INDIVIDUALS
Recommended word count: Silver 1000 words

Case Study 1:

Laura Simpson

Laura Simpson works as the SWAN Coordinator for the SM and is a member of the SAT. The flexible working policy has allowed her to combine a demanding part-time post with caring for three young children. Through supportive measures such as working from home when possible, Laura felt inspired to apply to work in equalities in a new position with the SM.

"I have always found the SM to be really supportive of its staff and their individual needs. I have worked here for 6 years in total, however it has been a very turbulent time in my life as I have had three children during this time (one 4-year-old girl and 20 month-old twin girls). I joined the SM in 2011 on a temporary contract, and I was made permanent in my role as Centre Administrator in 2012, just two weeks before I took a year's maternity leave. Before returning I was encouraged by my line manager to use the flexible working policy to ask for reduced working hours, and my request for this was accepted. After a second maternity leave in 2016, I returned to my role, however it was not long afterwards that I was again encouraged by management to consider the recently advertised role of SWAN Coordinator. The SM were demonstrating a genuine commitment to their gender equality charter by making this role salaried and I was keen to get involved. The role seemed ideal for me and really touched on issues that were relevant to my own life. I have now been in this role for 6 months and it has been such an eye-opener. I have met so many new people and I am really proud of the work we are doing.

I have found management staff to be supportive and encouraging of myself and other parents at a challenging time of trying to juggle work commitments with childcare and family life; I feel lucky to work in such an environment as many of my local friends have not been so well supported in their own work. There are policies in place within the SM that make the day somewhat easier, such as flexible hours, core hours meetings, and breastfeeding/expressing rooms available for women on 'keeping in touch' ('KIT') days or in those early stages of return from maternity leave. In addition to this, the IT department recently upgraded all professional staff PCs and this has made working from home easier, which is occasionally necessary when you have small children.

In addition to this I have been encouraged to undertake training courses. I recently attended a training course on setting up mentoring schemes and now plan to start one for PS staff in 2018.

It is owing to the flexibility that I have described above that I see having a young family as no real barrier to success at the SM, and in 2018 I aim to apply for the Aurora Women in Leadership Programme, which is open to all PS management staff in the institution and which I hope will enable me to take the next step in my career."

Total word count for all sections: 12644

7.   FURTHER INFORMATION
Recommended word count: Bronze: 500 words | Silver: 500 words

Please comment here on any other elements that are relevant to the application.

8.   ACTION PLAN

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

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

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

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