



## **Athena SWAN Bronze department award application**

**Name of university:** University of Brighton and University of Sussex

**Department:** Brighton and Sussex Medical School (BSMS)

**Date of application:** November 2014

**Date of university Bronze and/or Silver SWAN award:**

University of Brighton – Bronze – awarded April 2013

University of Sussex – Bronze – awarded April 2013

**Contact for application:**

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Athena SWAN **Bronze Department** awards recognise that in addition to university-wide policies the department is working to promote gender equality and to address challenges particular to the discipline.

Not all institutions use the term 'department' and there are many equivalent academic groupings with different names, sizes and compositions. The definition of a 'department' for SWAN purposes can be found on the Athena SWAN website. If in doubt, contact the Athena SWAN Officer well in advance to check eligibility.

It is essential that the contact person for the application is based in the department.



## Table of Contents

Glossary .....	4
1. Letter of endorsement from the head of department: maximum 500 words.....	5
2. The self-assessment process: maximum 1000 words.....	8
3. A picture of the department: maximum 2000 words .....	14
4. Supporting and advancing women's careers: maximum 5000 words .....	35
Key career transition points.....	35
Career development .....	44
Organisation and culture .....	53
Flexibility and managing career breaks .....	63
5. Any other comments: maximum 500 words .....	66
6. Action plan.....	67

## Glossary

ACF	Academic Clinical Fellow
AS	Athena SWAN
BBSRC	Biotechnology and Biological Sciences Research Council
BM BS	Bachelor of Medicine, Bachelor of Surgery
BSMS	Brighton and Sussex Medical School
BSUHT	Brighton and Sussex University Hospitals NHS Trust
CISC	Clinical Imaging Sciences Centre
DEG	Dean's Executive Group
ECU	Equality Challenge Unit
ERC	European Research Council
HESA	Higher Education Statistics Agency
HoD	Head of Division
HR	Human Resources
HTA	Human Tissue Authority
KSS	Kent, Surrey and Sussex [Deanery]
LETB	Local Education and Training Board
MD	Doctor of Medicine
MRC	Medical Research Council
MSc	Master of Science
NIHR	National Institute for Health Research
PGCert ME	Postgraduate Certificate in Medical Education
PGR	Postgraduate Research
PGT	Postgraduate Taught
PhD	Doctor of Philosophy
PI	Principal Investigator
Pulse	BSMS Internal staff newsletter
SAT	Self-Assessment Team
SDU	Staff Development Unit (UoS)
SET	Science, Engineering and Technology
Shore-C	Sussex Health Outcomes Research & Education in Cancer
SPT	Sussex Partnership NHS Foundation Trust
SSC	Student Selected Component
STEMM	Science, Technology, Engineering, Mathematics and Medicine
UoB	University of Brighton
UoS	University of Sussex

### Additional word allowance

1000 additional words were kindly granted to BSMS by Athena SWAN via email on 2 May 2014. They have been used in the following sections:

Section	Additional words
1. Letter of endorsement:	0
2. Self-assessment process:	0
3. Picture of the department:	469
4. Supporting and advancing women's careers:	375
<b>Total:</b>	<b>844</b>

### Note on tables

For ease of reading, zero values have been omitted from the more complex tables in this submission.

## Sections to be included

At the end of each section state the number of words used. Click [here](#) for additional guidance on completing the template.

### **1. Letter of endorsement from the head of department: maximum 500 words**

An accompanying letter of endorsement from the head of department should explain how the SWAN action plan and activities in the department contribute to the overall department strategy and academic mission.

The letter is an opportunity for the head of department to confirm their support for the application and to endorse and commend any women and STEMM activities that have made a significant contribution to the achievement of the departmental mission.

See next page.

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Professor Gordon Ferns  
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Dear Athena SWAN Manager,

I am delighted to write in support of our application for a Departmental Athena SWAN Bronze Award as Acting Dean and Chair of the BSMS Athena SWAN Steering Group since January 2014. BSMS has two parent universities: the Universities of Sussex and Brighton who have institutional Bronze awards. Progress with our departmental submission has been reviewed at the Joint Board, co-chaired by our Vice-Chancellors.

BSMS celebrated its 10<sup>th</sup> anniversary in 2013 and, as a young institution, we continue to develop processes for ensuring equality and diversity for our students and staff. Athena SWAN is one part of this broader initiative in equality and diversity. Our Equality and Diversity statement, which has been distributed to all teaching staff and students, emphasises all people involved with our school feeling welcome and respected, being helped to feel confident about themselves and valued for the positive contributions they can make.

Our Athena SWAN Steering Group is fully integrated into the school's structure and reports on progress and staff training opportunities at regular open meetings. The Steering Group works closely with the Self-Assessment Team whose members have a breadth of perspectives and experience. Our appointment of an Athena SWAN Project Officer has provided dedicated support to both groups. My intention is to provide on-going support for all activities as our efforts must clearly extend beyond a Bronze Award.

BSMS is committed to playing its part in addressing the under-representation of women in STEMM. Our academic staff profile is 56% female though this is not reflected at all grades. We have introduced a formal process of monitoring gender balance and are currently reviewing our

policy on fixed-term contracts. Following SAT's promotion workshop in September 2014, we anticipate an increased number of women coming forward in our next promotion round.

Feedback from focus groups and two staff surveys are informing our plans that include the introduction and evaluation of a mentoring scheme. In response to feedback from our first staff survey, we have already revised our induction and maternity processes.

I fully endorse our application for a Bronze Athena SWAN award and look forward to the positive changes that participating in this process will bring to the whole school community.

Kind regards

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Gordon Ferns', with a horizontal line underneath.

Professor Gordon Ferns DSc MD FRCP FRCPath EurClinChem FRSA SFHEA  
Acting Dean, Brighton and Sussex Medical School

BSMS has now appointed a permanent Dean, Professor Malcolm Reed, who will be joining us on 1 December 2014.

The SAT are delighted that he endorses the Athena SWAN process within the medical school as evidenced by the following statement provided in September 2014 and which reflects the understanding derived from his current institution, University of Sheffield Medical School, which achieved Athena SWAN Silver status in 2013. Professor Reed wrote:

“From my perspective, Athena SWAN is a very valuable and transformative process. We [in Sheffield] already had achieved gender balance in our senior posts but we now have a far greater awareness of the bigger picture and have adapted many aspects of the way we work as a consequence. I fully endorse the importance and impact of this for BSMS.”

Word count: 363 + 130 (491) – allowance 500

## **2. The self-assessment process: maximum 1000 words**

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

The BSMS Athena SWAN Self-Assessment Team (SAT) was established in November 2012. Our aim is to have members reflecting the diversity of the medical school's activities, including teaching, research and clinical work as well as having a gender balance, involving permanent and fixed-term staff and full-time and part-time working staff.

Table 1 summarises our Self-Assessment Team, their specific roles and experience.

In addition to SAT, BSMS has an Athena SWAN Steering Group, a sub-group of the Dean's Executive Group meeting termly to review SAT's progress and to make strategic decisions about the resources needed to implement recommendations from SAT. Its members are:

- Professor Gordon Ferns – Chair/Acting Dean
- Professor Helen Smith – Athena SWAN Lead
- Dr Inam Haq - Acting Head, Division of Medical Education
- Mr Peter Pimblett Dennis – Medical School Secretary

From 1 December 2014, the Steering Group's chair will be Professor Reed, our incoming Dean.



Table 1: Members of the BSMS Self-Assessment Team [Personal and Professional column removed for publication]

<b>Name</b>	<b>Job Title</b>	<b>Division</b>	<b>Role type</b>	<b>F/M</b>	<b>Athena SWAN role or perspective</b>
<b>Professor Helen Smith</b>	Chair of Primary Care, Head of Division of Primary Care & Public Health, GP & associate specialist	Primary Care & Public Health	Clinical Academic. Permanent. Full-time.	F	<ul style="list-style-type: none"> <li>• BSMS Diversity Champion</li> <li>• Chair of the SAT and member of the Steering Group</li> <li>• Member of UoS and UoB SATs</li> <li>• Chair of the Career Development sub-group</li> </ul>
<b>Dr Tim Chevassut</b>	Senior Lecturer & Honorary Consultant in Haematology	Clinical & Laboratory Investigation	Clinical Academic. Permanent. Full-time.	M	<ul style="list-style-type: none"> <li>• Development of 2013 staff survey</li> <li>• Instrumental in developing peer-to-peer mentoring for academic trainees</li> </ul>
<b>Dr Max Cooper</b>	Senior Lecturer in General Practice and a GP	Primary Care & Public Health	Clinical Academic. Permanent. Full-time.	M	<ul style="list-style-type: none"> <li>• Analysis of Clinical Practice lecturers and facilitators</li> <li>• Member of the Staff Survey sub-group</li> </ul>
<b>Prof Gail Davey</b>	Professor of Global Health Epidemiology	Clinical Medicine	Clinical Academic. Permanent. Full-time.	F	<ul style="list-style-type: none"> <li>• Member of Mentoring sub-group</li> <li>• Providing mentoring support &amp; presenter on 2014 promotions workshop</li> </ul>
<b>Dr Bethany Davies</b>	Clinical Teaching Fellow	Medical Education	Clinical Teaching Fellow. Fixed-term contract. Part-time.	F	<ul style="list-style-type: none"> <li>• Collecting and analysing the staff and student data</li> <li>• Lead on reviewing maternity support for BSMS staff</li> </ul>

<b>Ms Jenny Holmes</b>	Project Officer for Athena SWAN	BSMS Support Services	Professional Services staff. Fixed-term contract. Part-time.	F	<ul style="list-style-type: none"> <li>• Collecting &amp; analysing data</li> <li>• Managing the submission process &amp; admin of SAT meetings</li> <li>• Member of the Staff Survey and Mentoring sub-groups</li> </ul>
<b>Dr Martin Llewelyn</b>	Reader & Honorary Consultant in Infectious Diseases and Therapeutics	Clinical Medicine	Clinical Academic. Permanent. Full-time.	M	<ul style="list-style-type: none"> <li>• Involved in design of staff exit questionnaire</li> <li>• Member of the Staff Survey sub-group</li> </ul>
<b>Mr Alasdair Mackay</b>	Human Resources Adviser to BSMS	UoS HR	Professional Services staff. Permanent. Full-time.	M	<ul style="list-style-type: none"> <li>• Brings a UoS HR perspective and information on staffing matters, linking up initiatives with a broader UoS agenda</li> </ul>
<b>Ms Pippa Robinson</b>	Deputy Medical School Secretary	BSMS Support Services	Professional Services staff. Permanent. Full-time.	F	<ul style="list-style-type: none"> <li>• Coordinated BSMS' first AS application (April 2013)</li> <li>• Lead for BSMS induction activities</li> <li>• Collates maternity and leavers data</li> </ul>
<b>Dr Natasha Sigala</b>	Senior Lecturer in Neuroscience	Clinical Medicine	Faculty. Permanent. Full-time.	F	<ul style="list-style-type: none"> <li>• Development of mentoring support options</li> <li>• Member of the Career Development sub-group</li> </ul>

We are grateful for the contributions of previous members of the SAT: Sue Eckstein (Lecturer), Sandra Sacre (Senior Lecturer), Giselle Chamberlain (Research Fellow) and Lisa Mullen (Research Fellow).

**b) An account of the self-assessment process: details of the self-assessment team meetings, including any consultation with staff or individuals outside of the university, and how these have fed into the submission.**

Our Self-Assessment Team first met in January 2013, led by Professor Helen Smith who had been appointed as BSMS Diversity Champion. The team has been chosen to represent people with different experiences, seniority and expertise who are enthusiastic to promote women in academia. Our terms of reference require us to:

- Undertake a quantitative and qualitative self-assessment of the staff and student culture
- Identify challenges and opportunities to eliminating gender bias
- Develop an action plan to promote female academic careers covering a three-year period
- Inform our Steering Group on progress and to seek their approval of the action plan

To date, SAT has met 14 times at approximately six-weekly intervals to maintain progress with developing initiatives. To facilitate participation of as many members as possible, we rotate the meeting times and days of the week on which they are held. By always circulating data and documents in advance, everyone has the opportunity to contribute even if they are unable to attend.

Between meetings, SAT members have been collecting and interpreting data, drafting sections of the application, developing the BSMS pilot mentoring scheme and organising Athena-SWAN-led events.

SAT activities have been shared with BSMS staff through:

- Creation of internal and external BSMS Athena SWAN web pages (January 2013)
- Termly BSMS Open Meetings where staff have been updated on the School and the parent universities' progress with Athena SWAN initiatives. Following the presentations, there have been opportunities to address questions and concerns

- Inclusion of Athena SWAN as a standing item on the agenda for Dean's Executive Group. At this monthly meeting of Senior Managers, the SAT chair presents an update on Athena SWAN initiatives and progress with the application
- A section in the Dean's report to the Academic Board, the senior academic body of BSMS
- Regular articles in our internal monthly newsletter

In addition, we have consulted with staff and students using:

- Two focus groups with post-doctoral research fellows; these were facilitated by an external consultant
- Staff surveys in 2013 and 2014. The first (April 2013) was developed internally and distributed to academic and administrative staff. The second (May 2014), based on the HE STEM Staff Culture Survey by UKRC, surveyed academic staff only
- Introduction of two Equality and Diversity questions to the end-of-year student evaluations (2013/14)

We recognise the importance of involving students more in the future. An initial meeting with undergraduate Student Representatives took place at Student Affairs Committee in November 2014 and meetings with postgraduate taught and research students will follow. **[ACTION 1]**

The activity within BSMS SAT links closely with the Athena SWAN initiatives within our parent universities. Our SAT chair is a member of the UoS SAT and of the UoB SAT. We have benefited from expertise from UoS HR staff (particularly Jackie Rymell who supports Athena SWAN submissions in a number of STEMM schools) and from UoB (Helen Tatch, Equality and Diversity Manager). In addition, Dr Frances Pearl, Daphne Jackson Research Fellow in School of Life Sciences, UoS, has acted as a 'critical friend' and Professor Andrew Lloyd, Dean of Faculty of Science and Engineering and Chair of SAT, UoB, has guided our reapplication. We have also sought advice from other medical schools and have received comments from Professor Una Macleod, who led the Hull York Medical School's successful bronze submission.

Our Athena SWAN Bronze award application in April 2013 was unsuccessful. Although disappointing at the time, this has allowed for greater reflection about the issues raised by routine data and our two staff surveys. In the interim, BSMS has initiated improvements to the processes related to maternity leave and staff induction as well as the adoption of an Equality and Diversity statement.

**c) Plans for the future of the self-assessment team, such as how often the team will continue to meet, any reporting mechanisms and in particular how the self-assessment team intends to monitor implementation of the action plan.**

The SAT will continue to meet six-weekly and is intended to stay in place for the long term. SAT membership and attendance will be reviewed annually to ensure breadth of engagement is maintained. **[ACTION 1]** The action plan generated through the process of writing this submission, our staff surveys, and other data analyses will become the focus for SAT's future work. SAT will form sub-groups to focus on priority areas including mentoring (chair: Gail Davey), annual staff surveys (chair: Martin Llewelyn), and career development (chair: Helen Smith). **[ACTION 2]** SAT activity will continue to be reported regularly to the Steering Group and to our colleagues via the open meetings, newsletter and webpages. **[ACTION 3]** We also plan to involve undergraduate and postgraduate students more in SAT. **[ACTION 1]**

The Athena SWAN Steering Group will also continue to meet termly to prioritise, approve plans and monitor overall progress. **[ACTION 4]** Progress reports will also be presented to the Joint Board (UoS and UoB senior management group).

We will continue to refer university-level issues to our parent universities through their respective SATs.

Word count: 959 words – allowance 1000

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

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

#### History

Brighton and Sussex Medical School (BSMS) is one of four new medical schools established in the early 2000s. It is an equal partnership between its two parent universities (Sussex (UoS) and Brighton (UoB)) and also works closely with local NHS Trusts and GPs. Our first cohort of doctors and PhDs graduated in 2008 and we celebrated our 10th anniversary in 2013/14. BSMS is not a separate legal entity; our undergraduate and postgraduate students are full members of both universities and receive a joint degree. Student processes, such as enrolment, are led by UoB, while UoS takes the lead for human resources. Whilst most of our academic staff are employed by UoS, a small number (<1% by FTE) are employed by UoB. Both parent universities achieved Athena SWAN Bronze institutional awards in April 2013.

#### Students

Table 2: BSMS Student Gender Profile (Academic Year 2013/14)

Undergraduate					Postgraduate taught					Postgraduate research				
F		M		Total	F		M		Total	F		M		Total
No.	%	No.	%		No.	%	No.	%		No.	%	No.	%	
430	59%	301	41%	731	58	52%	53	48%	111	25	49%	26	51%	51

In 2013/14, we had 731 undergraduate medical students, 111 students on postgraduate taught programmes and 51 students studying for postgraduate research degrees (Table 2).

BSMS admits approximately 138 undergraduate students annually (including 10 international students) to its five-year Bachelor of Medicine, Bachelor of Surgery (BM BS) degree course. The course has an integrated curriculum with early patient contact. In their first two years, students work primarily on campus; thereafter in local teaching hospitals, community facilities and general practices. In their final year of study, students are based in five regional centres. Feedback from the National Student Survey has demonstrated an exceptionally high level of student satisfaction (consistently > 90%).

BSMS offers postgraduate research degrees (MPhil, PhD, MD) awarded jointly by the Universities of Brighton and Sussex. Doctoral studies range from basic science, through clinical projects, to ethics and social science.

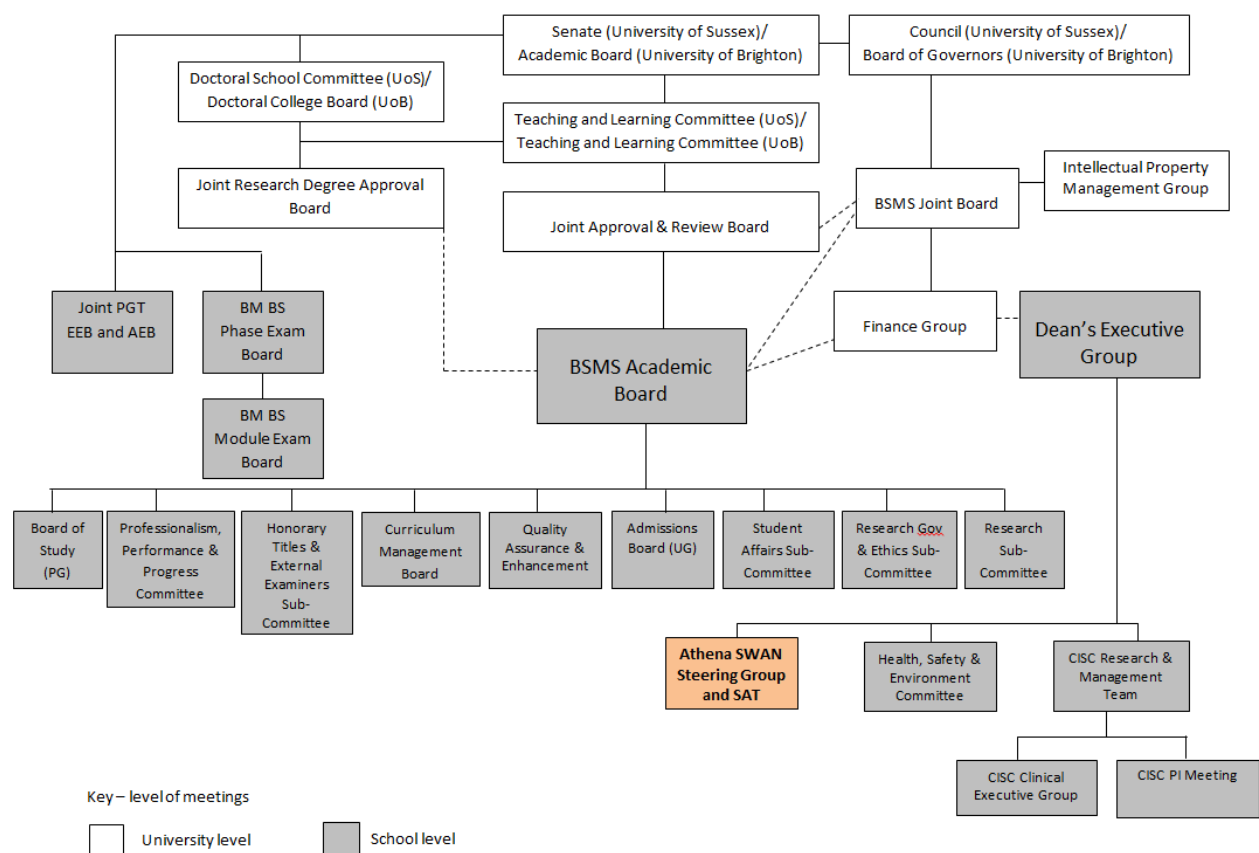
Our postgraduate taught courses cover a wide range of subjects relevant to medicine and health care. Many are for jointly validated formal postgraduate awards (PGCert, PGDip, MSc, MRes) and some are non-award bearing courses. Courses are relevant to the needs of doctors and other health professionals, including clinical specialties (eg anaesthesia and perioperative medicine, cardiology, dementia), leadership and commissioning, research methods, global health, public health and medical education.

### **Location**

BSMS facilities are dispersed; with teaching and research buildings on both university campuses at Falmer, together with accommodation at three local hospitals.

## Management structure

Figure 1: BSMS management and committee structure (with Athena SWAN Steering Group and SAT highlighted)



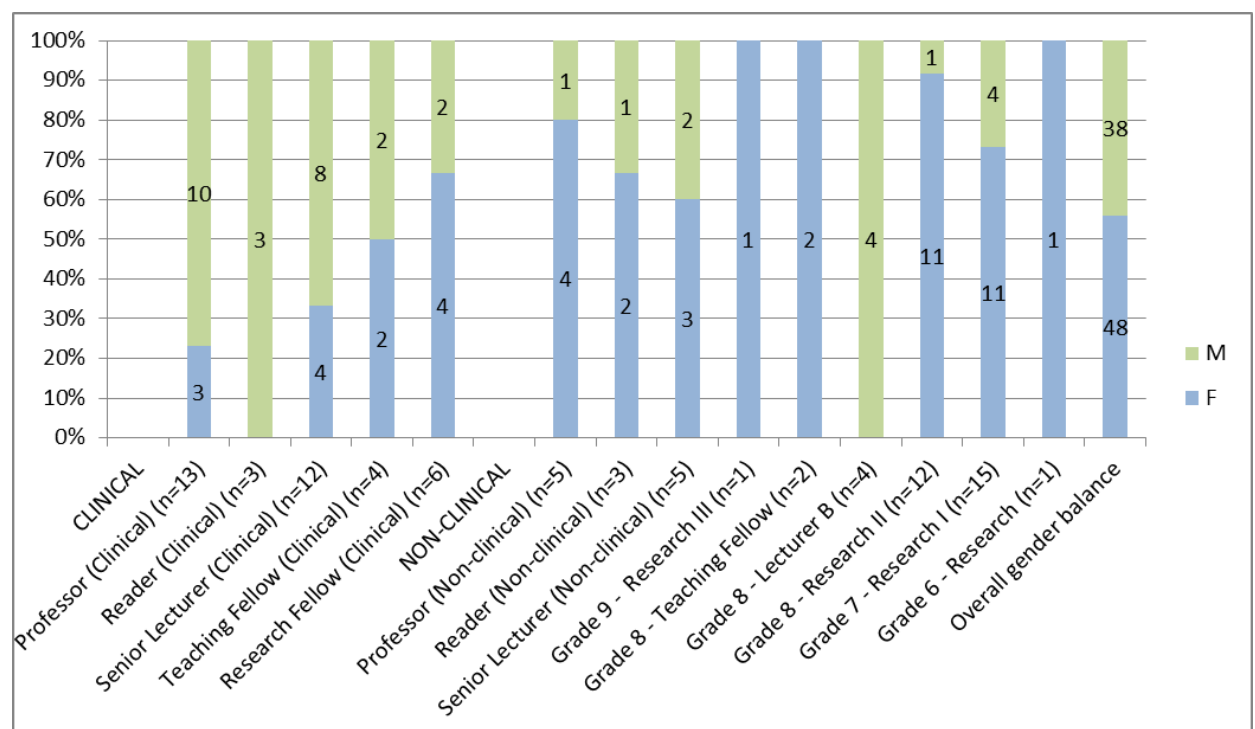
The committee structure of BSMS is informed by the governance and reporting structures of our parent universities (Figure 1). Each committee has its terms of reference and membership reviewed annually and published on the staff intranet.



## Staffing

As of the latest census date (31.3.2014), BSMS had a total of 157 staff (86 academic and research, 11 technical and 60 professional services) organised in a divisional structure. Of the 86 academic and research staff, 56% are female and 44% male (Figure 2). Senior academic roles within the medical school are predominantly occupied by men. 58% of our academic staff are on permanent contracts and 42% are on fixed-term contracts, a high number of those on fixed-term contracts are female (72%).

Figure 2: BSMS academic staff gender breakdown by job grade, as at census (31 March 2014)



## Research

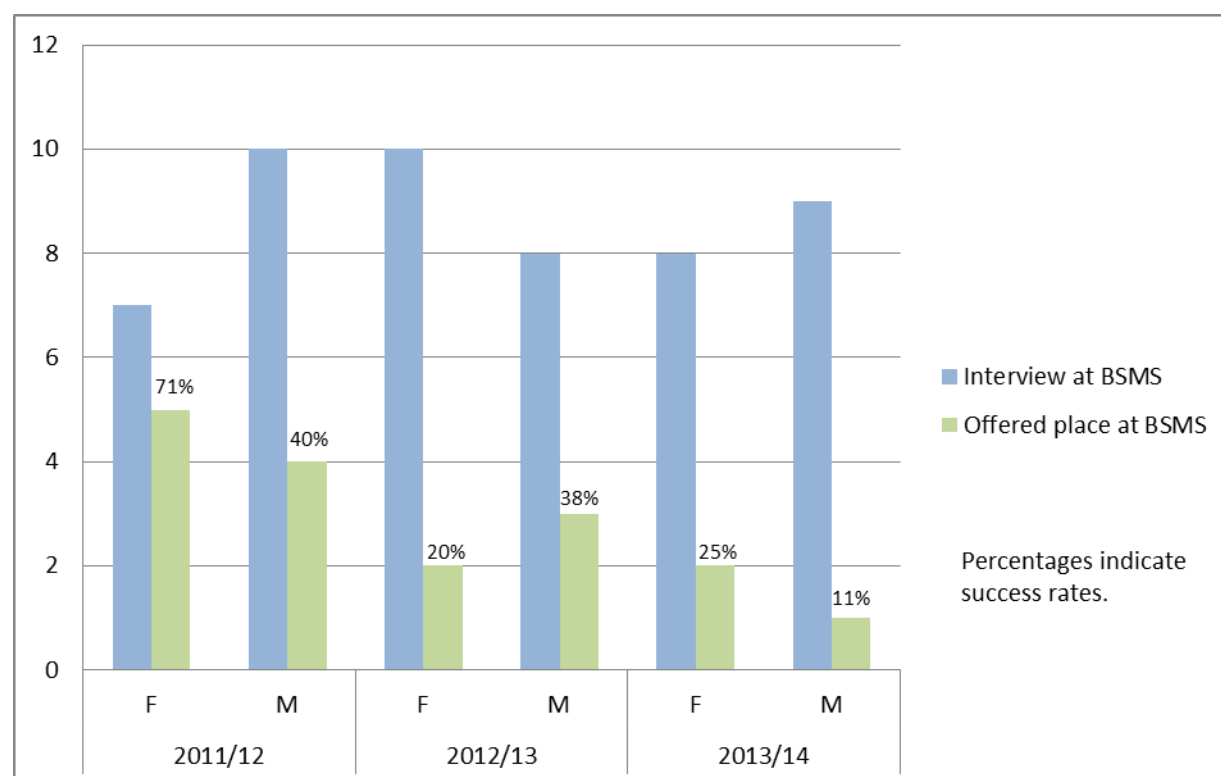
Our research strengths are in Neuroscience and Imaging, Infection and Inflammation, Biomedical Ethics and Humanities and Health Services Research. Annual research income is approximately £3M, with 250 peer-reviewed research outputs each year. Research funders include the Wellcome Trust (which recently funded a Centre for Global Health), NIHR, MRC, BBSRC, ERC and many charities. Interdisciplinary collaboration with other schools in our parent universities is strong and has particularly been enhanced by our Clinical Imaging Sciences Centre. Currently we are developing a Clinical Trials Unit to strengthen the methodological infrastructure for our applied health research.

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

### Student data

(i) **Numbers of males and females on access or foundation courses** – comment on the data and describe any initiatives taken to attract women to the courses.

Figure 3: Gender breakdown of students from Sussex Downs access course interviewed and offered



BSMS does not offer any in-house access or foundation courses, but we assisted Sussex Downs College to develop an 'Access to Higher Education Diploma: Medicine' course which is delivered entirely by Sussex Downs. It recruits approximately 18 students each year. The female intake since 2011 has been 55% (27/49). All students performing well and predicted to achieve distinction are offered an interview for medicine at BSMS. The percentage of these students who progress from interview to offer is variable and numbers are small but, in two of the last three years, the female success rate has exceeded that of male applicants. (

Figure 3)

BSMS also recognises the access courses provided by the Colleges of West Anglia, MANCAT, City & Islington, Lambeth and Stafford. The average total number of students coming from these other courses is <6 annually, with a female:male ratio of 50:50 in the last three years. The gender data relating to access course applicants will be monitored regularly in future. **[ACTION 5]**

BSMS has a widening access outreach programme, BrightMed, which aims to identify young people with the potential to become tomorrow's doctors and who can contribute towards increased diversity within medicine. BrightMed works with school years 8 to 13. 61% (93/152) students are female. We also have a road show based on the BrightMed programme for students in Kent and Hampshire.

(ii) **Undergraduate male and female numbers** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the impact to date. Comment upon any plans for the future.

**Table 3: Gender breakdown of total undergraduate students by academic year**

Academic Year	Female		Male		Total
	FT	%	FT	%	
2011/12	440	59.4%	301	40.6%	741
2012/13	404	57.1%	304	42.9%	708
2013/14	430	58.8%	301	41.2%	731

BSMS offers one undergraduate degree: Bachelor of Medicine, Bachelor of Science (BM BS). Over the last three years, the proportion of female undergraduate students has remained constant around 58% (Table 3). This is comparable with the national ratio of 56:44 for Medicine and Dentistry (*Source: Equality in higher education: statistical report 2013 Part 2: students, Equality Challenge Unit*). Student data is monitored annually using structured quality assurance processes and reported to Undergraduate Curriculum Management Board, Academic Board and Joint Approval and Review Board.

All our undergraduate students are full-time. We are not able to offer the course part-time, but special arrangements are made for students returning to study after serious illness or pregnancy, as illustrated:

[Details of student who has benefitted from special arrangements removed for publication]

Our involvement in Athena SWAN has heightened our awareness of the need to look beyond statistics to understand the experiences of females studying at BSMS. To this end, we plan to hold focus groups with female students in each year group. **[ACTION 5]**

(iii) **Postgraduate male and female numbers completing taught courses – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.**

**Table 4: PGT student enrolment by course and gender**

No. of postgraduate taught students enrolled			2011/12				2012/13				2013/14			
Course	Award	Mode of study	F		M		F		M		F		M	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Anaesthesia and Perioperative Medicine	PGDip, PGCert	Part-time									11	69%	5	31%
Cardiology*	MSc, PGDip, PGCert	Full-time & Part-time	2	33%	4	67%	12	75%	4	25%	5	33%	10	67%
Dementia Studies	MSc, PGDip, PGCert	Full-time & Part-time									12	71%	5	29%
Leadership and Commissioning	MSc, PGDip, PGCert	Full-time & Part-time					1	17%	5	83%	3	75%	1	25%
Medical Education	PGCert	Part-time	5	56%	4	44%	7	88%	1	13%	9	47%	10	53%
Medical Research	MRes, PGCert	Full-time & Part-time	1	25%	3	75%	3	75%	1	25%	1	50%	1	50%
Psychiatry	MSc PGDip, PGCert	Part-time	2	67%	1	33%	4	57%	3	43%	2	29%	5	71%
Public Health	MSc PGDip, PGCert	Full-time & Part-time	16	84%	3	16%	13	76%	4	24%	10	67%	5	33%
Trauma and Orthopaedics	MSc	Part-time	3	14%	18	86%			12	100%	1	8%	11	92%
Geriatric Medicine	MSc	Part-time					3	60%	2	40%	4	100%		
Managing Medical Careers	MA	Part-time	5	71%	2	29%	4	100%						
Medical Leadership in Clinical Settings	MA	Part-time					7	47%	8	53%				
Education in Clinical Settings	MA	Part-time	4	40%	6	60%	9	64%	5	36%				
Nephrology*	PGCert	Full-time & Part-time	1	33%	2	67%								
Leadership and Management in Health Care*	PGCert	Part-time	2	67%	1	33%								
Global Health	MSc	Full-time & Part-time	16	64%	9	36%	10	83%	2	17%	10	77%	3	23%
<b>Totals</b>			<b>57</b>	<b>52%</b>	<b>53</b>	<b>48%</b>	<b>73</b>	<b>61%</b>	<b>47</b>	<b>39%</b>	<b>68</b>	<b>55%</b>	<b>56</b>	<b>45%</b>

\* MSc/PGDip/PGCert Nephrology courses closed, but agreed to accept successful applicants who had already completed one of the mandatory modules

\* MSc Leadership and management in Health Care closed, but PGCert pathway remained open.

\*Cardiology numbers for 2011/12 and 2012/13 are actually 2009/10 and 2010/11 respectively. This course stopped running for 2 years.

Nationally, 58.2% of students on postgraduate taught courses in Medicine and Dentistry are female (Source: *Equality in higher education: statistical report 2013 Part 2: students, Equality Challenge Unit*). In two of the last three years, our figures have been below the national average with 52% and 55% females. There are marked differences between individual PGT courses: the proportion of females ranges from 0% to 100% (Table 4). Trauma and Orthopaedics has consistently very few females and Psychiatry (29%) and Cardiology (33%) had a lower proportion of females registering in 2013/14. Postgraduate students on taught courses come largely from the local clinical workforce

and preliminary investigations suggest the gender imbalance reflects the workforce. The potential to attract more women to taught masters will need to be explored further with our Local Education and Training Board (LETB) and local NHS trusts. **[ACTION 5, ACTION 23]**

(iv) **Postgraduate male and female numbers on research degrees** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

**Table 5: Recruitment to research degrees by year and gender**

	2011/12					2012/13				
	Female		Male		Total	Female		Male		Total
	No.	%	No.	%		No.	%	No.	%	
PT MPHIL/PHD										
FT MPHIL/PHD	4	80%	1	20%	5	3	43%	4	57%	7
PT MD						1	50%	1	50%	2
FT MD	1	33%	2	67%	3			2	100%	2
<b>Total students</b>	<b>5</b>	<b>63%</b>	<b>3</b>	<b>38%</b>	<b>8</b>	<b>4</b>	<b>36%</b>	<b>7</b>	<b>64%</b>	<b>11</b>

	2013/14					3-year period combined				
	Female		Male		Total	Female		Male		Total
	No.	%	No.	%		No.	%	No.	%	
PT MPHIL/PHD	1	100%			1	1	100%			1
FT MPHIL/PHD	5	33%	10	67%	15	12	44%	15	56%	27
PT MD			2	100%	2	1		3	75%	4
FT MD	2	100%			2	3	43%	4		7
<b>Total students</b>	<b>8</b>	<b>40%</b>	<b>12</b>	<b>60%</b>	<b>20</b>	<b>17</b>	<b>44%</b>	<b>22</b>	<b>56%</b>	<b>39</b>

Postgraduate research students at BSMS register for MPhil/PhD or MD. The proportion of females is 44% (Table 5) and falls below the national comparator of 56% female postgraduate research students in Medicine and Dentistry (*Source: Equality in higher education: statistical report 2013 Part 2: students, Equality Challenge Unit*). This requires ongoing monitoring and explanation to inform initiatives to attract more females.

**[ACTION 5]** 13% (5/39) students register part-time with a female:male ratio of 40:60 (Table 5). The number of PGR part-time students is small making it difficult to undertake separate analyses.

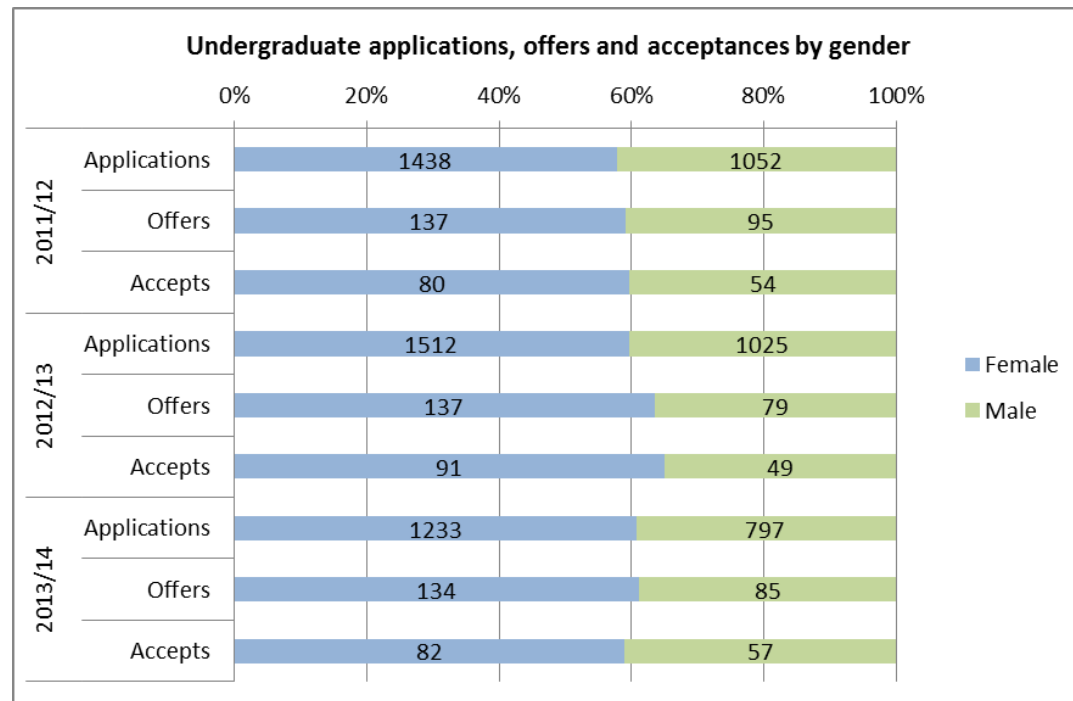
There are two pathways to PGR studies at BSMS: in one, PGR opportunities are advertised on the BSMS website and students apply through the UoB's online portal; the

other route is speculative application. For all applicants, there is a formal selection process and interview with a three-person panel (Lead supervisor, Director of Doctoral Studies (or nominee) and one other). To date, the interview panels have not always included representation of both genders and this improvement to the selection process is being introduced immediately. **[ACTION 22]**

(v) **Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees** – comment on the differences between male and female application and success rates and describe any initiatives taken to address any imbalance and their effect to date. Comment upon any plans for the future.

## Undergraduate

Figure 4: Undergraduate applications, offers and acceptances by gender

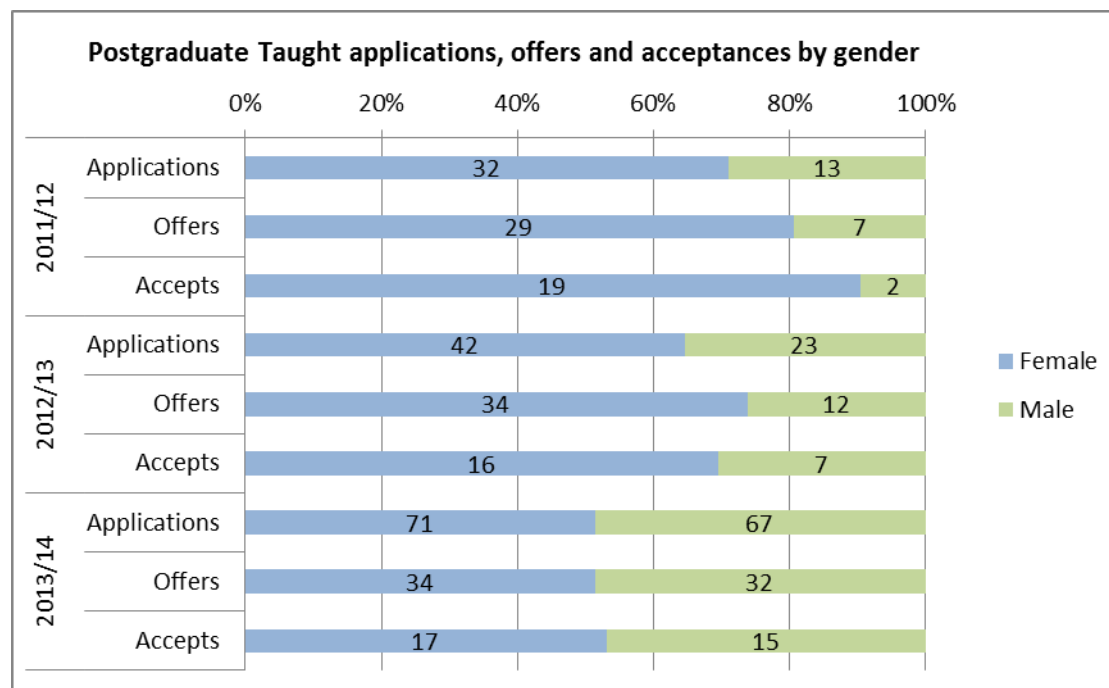


The proportion of females progressing from BM BS course application to offers to acceptances is consistent (Figure 4). Each year, approximately 320 applicants are interviewed by a panel of three (with at least one member of BSMS faculty, a clinician and one other). The ratio of female to male interviewers is 40:60. In past years, a third of undergraduate interviews have taken place on Saturdays making it more difficult for faculty with families to participate. At the suggestion of the Admissions Working Group, the Academic Board has agreed that, from 2014/15, all but one interview day will be a weekday.

Reviewing the panels for 2013/14, although the majority were mixed, there were ten all-male and two all-female panels. Admissions staff have been asked to form mixed panels whenever feasible and to routinely record and monitor the gender balance **[ACTION 22]**.

## Postgraduate taught courses

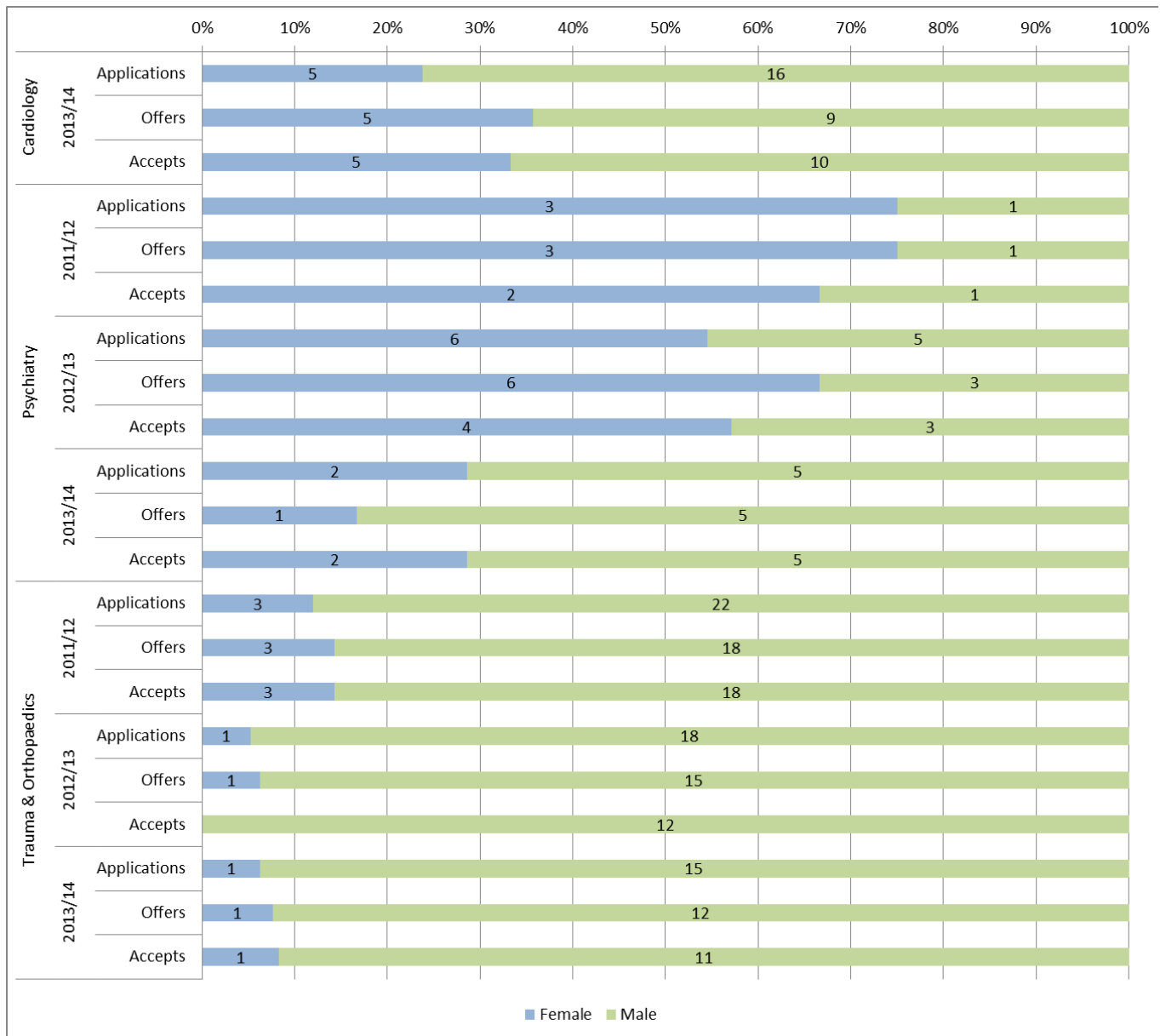
Figure 5: Postgraduate Taught applications, offers and acceptances by gender



Postgraduate taught student applications have increased in the last three years reflecting the availability of new courses. The proportion of female from application to acceptance has been consistent (Figure 5), even in subjects where there are fewer female students (Figure 6). This suggests most work is need at pre-application stage in promoting course to potential F students.



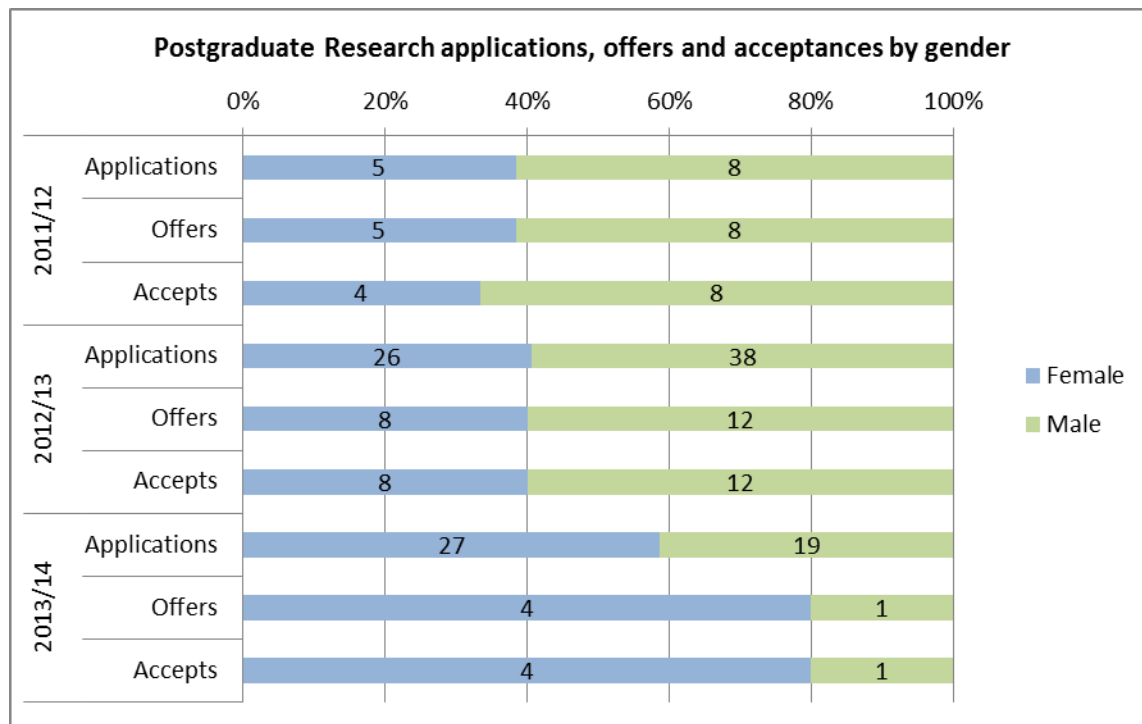
**Figure 6: Gender breakdown of pgt student applications, offers and enrolled numbers in Cardiology, Psychiatry and Trauma & Orthopaedics**



All course leaders will be asked to consider initiatives to attract more women and to understand why some students do not accept the offer made. **[ACTION 23]**

## Postgraduate research degrees

Figure 7: Postgraduate Research applications, offers and acceptances by gender



There is no attenuation in the proportion of females progressing from PGR degree applications to offers to acceptance (Figure 7). In the future, these data will be monitored annually by the Director of Doctoral Studies. **[ACTION 5]**

(vi) **Degree classification by gender** – comment on any differences in degree attainment between males and females and describe what actions are being taken to address any imbalance.

## Undergraduate students

Table 6: Undergraduate degree awards by gender

UG degree awards by gender	2011/12				2012/13				2013/14			
	F		M		F		M		F		M	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>BM BS degree</b>	78	99%	41	91%	92	98%	65	97%	75	96%	56	98%
<b>Other. Total of 4 below:</b>	1	1%	4	9%	2	2%	2	3%	3	4%	1	2%
Exit Award (BSc Medical Science)					1				1			
Repeat Yr 5			2		1		1		2		1	
Resitting Finals Part 2	1		2		no longer an option							
Deceased							1					

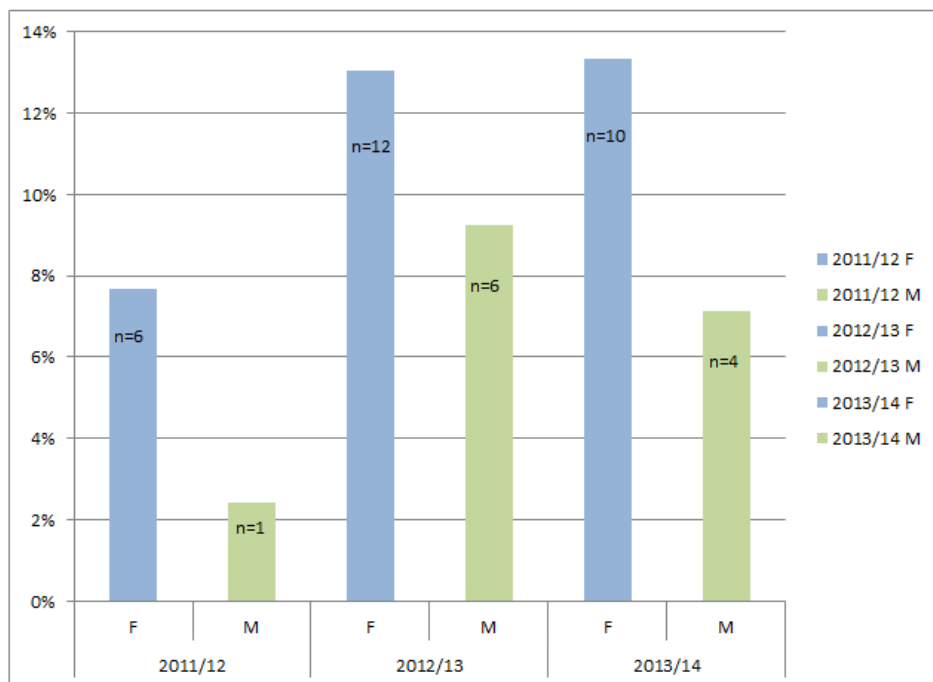
% only provided for Other (not 4 component sections) as numbers too small to be meaningful.

There is no difference in BM BS degree attainment between female and male students (Table 6). Each year, a small number (<1%) of students exit with a BSc in Medical Science. In the last three years, two female students have left with a BSc; but over a longer period, there has been no gender imbalance.

As the BM BS degree is unclassified, it is not possible to look at degree classification by gender. However academic attainment is evidenced by distinctions and the degree classification achieved by intercalating students.

a) **Course Distinctions**

Figure 8: BM BS graduates with distinction by year and gender



Course distinctions are awarded to the top 10% of students based on performance across Years 1-5. Proportionately more females than males have achieved distinction in the last three years (Figure 8).

## b) Intercalated degrees

Table 7: Classification of intercalated degree by gender

Grade achieved in intercalated year	2011/12					
	F		M		Total	
	Number	%	Number	%	Number	% of total
1st	8	42%	7	41%	15	42%
2:1	6	32%	10	59%	16	44%
2:2						
Distinction	2	11%			2	6%
Merit	2	11%			2	6%
Pass	1	5%			1	3%
Grand Total	19	53%	17	47%	36	100%

	2012/13					
	F		M		Total	
	Number	%	Number	%	Number	% of total
1st	14	47%	8	53%	22	49%
2:1	9	30%	5	33%	14	31%
2:2						
Distinction	1	3%	2	13%	3	7%
Merit	5	17%			5	11%
Pass	1	3%			1	2%
Grand Total	30	67%	15	33%	45	100%

	2013/14					
	F		M		Total	
	Number	%	Number	%	Number	% of total
1st	13	42%	11	48%	24	44%
2:1	13	42%	10	43%	23	43%
2:2						
Distinction	2	6%	1	4%	3	6%
Merit	3	10%	1	4%	4	7%
Pass						
Grand Total	31	57%	23	33%	54	100%

Between years 3 and 4, students have an opportunity to take an intercalated degree which is classified. The proportion of female students intercalating is broadly comparable to the overall student cohort (Table 7). Both female and male students perform well; over 40% achieve a 1st class degree. The proportion of females achieving a 1st is comparable to their male peers (42%, 47% and 42% in consecutive years).

## Postgraduate taught students

Table 8 a & b: Awards to Postgraduate Taught Students by gender

Awards by course and year	2011/12						2012/13						2013/14					
	PG Certificate		PG Diploma		MA/MSc		PG Certificate		PG Diploma		MA/MSc		PG Certificate		PG Diploma		MA/MSc	
Course	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Anaesthesia and Perioperative Medicine													1					
Cardiology + C & Education + C & Management	1		2	1	6	3	1		1	2	2	4					2	1
Child Health + CH & Education						1			2		2	4						
Commissioning for Health and Social Care	3	2	1		1				1		3	2					5	2
Diabetes + D & Education + D & Management			2	1	4	1			1		3	4						
Education in Clinical Settings	1	4	1		10	4	1	1	1	1	4	5	9	2	3		2	5
Geriatric Medicine													2	1				
Global Health					13	7					9	1					9	3
Leadership and Management in Health Care	1		1			1	2		2								3	1
Managing Medical Careers			1								3	3	2	3		1		
Medical Education	8	4					12	6					6	1				
Medical Leadership in Clinical Settings													1	4				
Medical Research (MRes)																	1	3
Nephrology + N & Education + N & Management	1			2	4	4	1				2	2		1	1			
Psychiatry		1						1			1		1					2
Public Health + PH & Education + PH & Mgmt			5	1	11	2	2		2		3	2	1		2	1	11	1
Resuscitation Practice			2	1	2	1				1	1							
Trauma and Orthopaedics				2		1				7		5				3		4
Women's Health + WH & Management	1		1	2	1		1				1		1				1	
<b>TOTALS</b>	<b>16</b>	<b>11</b>	<b>16</b>	<b>10</b>	<b>52</b>	<b>25</b>	<b>20</b>	<b>8</b>	<b>10</b>	<b>11</b>	<b>34</b>	<b>28</b>	<b>24</b>	<b>12</b>	<b>6</b>	<b>5</b>	<b>34</b>	<b>22</b>

Total PGT awards  
(all quals combined & by gender)

	2011/12			2012/13			2013/14		
	All awards			All awards			All awards		
	F	F%	M	F	F%	M	F	F%	M
<b>TOTALS</b>	<b>84</b>	<b>65%</b>	<b>46</b>	<b>64</b>	<b>58%</b>	<b>47</b>	<b>64</b>	<b>62%</b>	<b>39</b>

There are no apparent gender differences in degree attainment for postgraduate taught students (Table 8 a & b) but, with the multiplicity of courses and the small number of students, it is difficult to perform any course-specific analyses.

## Postgraduate research students

Table 9: Awards to Postgraduate Research Students by gender

PGR Student Achievements	2011/12			2012/13			2013/14		
	F	M	TOTAL	F	M	TOTAL	F	M	TOTAL
PT MPHIL/PHD	0	0	0	0	1	1	0	0	0
FT MPHIL/PHD	3	2	5	3	3	6	3	1	4
FT MD	0	0	0	1	0	1	0	1	1
<b>TOTAL STUDENTS</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>5</b>

There do not appear to be any differences in postgraduate research degree attainment between males and females. In the last three years, there were 16 PhDs awarded, 9 (56%) to females. Two MDs were awarded in the same time period (one to a female and one to a male student) (Table 9).

## Staff data

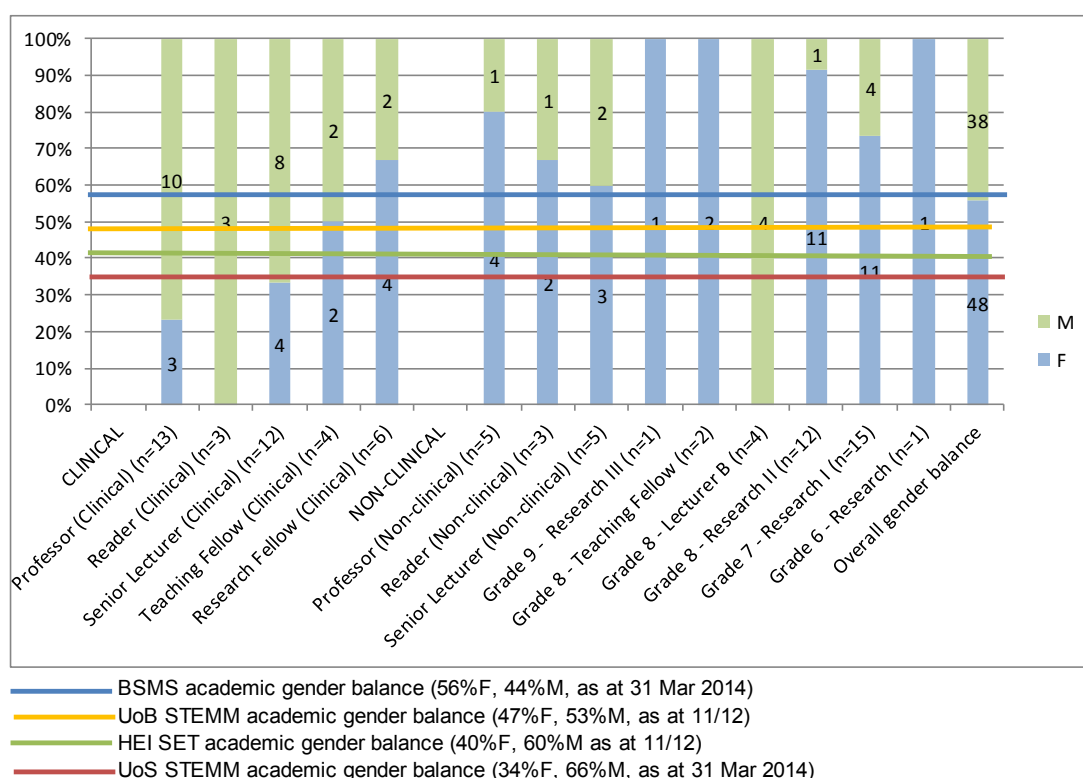
(vii) **Female:male ratio of academic staff and research staff** – researcher, lecturer, senior lecturer, reader, professor (or equivalent). comment on any differences in numbers between males and females and say what action is being taken to address any underrepresentation at particular grades/levels

Table 10: BSMS Academic and Research staff by gender

	As of 31 March 2012		As of 31 March 2013		As of 31 March 2014	
	F	M	F	M	F	M
<b>Clinical</b>						
Dean		1		1		
Professor (Clinical)	3 (27%)	8	3 (23%)	10	3 (23%)	10
Reader (Clinical)	1 (100%)		1 (33%)	2		3
Senior Lecturer (Clinical)	5 (33%)	10	5 (33%)	10	4 (33%)	8
Lecturer (Clinical)	1 (50%)	1	1 (100%)			
Teaching Fellow (Clinical)	2 (67%)	1	2 (67%)	1	2 (50%)	2
Research Fellow (Clinical)	1 (100%)		3 (100%)		4 (67%)	2
Clinical total	<b>13 (38%)</b>	<b>21</b>	<b>15 (38%)</b>	<b>24</b>	<b>13 (34%)</b>	<b>25</b>
<b>Non-clinical</b>						
Professor (Non-clinical)	3 (60%)	2	3 (75%)	1	4 (80%)	1
Reader (Non-clinical)	1 (100%)		1 (100%)		2 (67%)	1
Senior Lecturer (Non-clinical)	3 (50%)	3	4 (67%)	2	3 (60%)	2
Grade 9 - Research III	1 (100%)		1 (100%)		1 (100%)	
Grade 8 - Teaching Fellow	3 (75%)	1	1 (50%)	1	2 (100%)	
Grade 8 - Lecturer B	3 (43%)	4	1 (17%)	5		4
Grade 8 - Research II	6 (86%)	1	7 (78%)	2	11 (92%)	1
Grade 7 - Research I	13 (87%)	2	16 (89%)	2	11 (73%)	4
Grade 7 - Lecturer A			1 (100%)			
Grade 7 - Teaching Fellow			1 (100%)			
Grade 6 - Research	1 (100%)				1 (100%)	
Non-clinical total	<b>34 (72%)</b>	<b>13</b>	<b>36 (73%)</b>	<b>13</b>	<b>35 (73%)</b>	<b>13</b>
<b>Overall gender balance</b>	<b>47 (58%)</b>	<b>34</b>	<b>51 (58%)</b>	<b>37</b>	<b>48 (56%)</b>	<b>38</b>

Since 2012, BSMS has had at any one time between 80 and 90 academic staff and researchers (Table 10). The gender balance has been constant, currently 48 (56%) female to 38 (46%) male. We have a higher proportion of females than the HEI SET academic balance of 40:60 and our parent universities (UoS STEM 34:66, UoB STEM 47:53, Figure 9). **[ACTION 5]**

Figure 9: BSMS Gender Balance by grade as at 31 March 2014 with external comparators



The career pathways of clinical staff (n=38) and non-clinical (n=48) academic staff are very different and we have considered the data separately in order to identify any patterns of gender imbalance or 'leaky pipelines' (Figure 9).

### Clinical staff

Amongst the clinical academic staff, we have 34% females. At teaching or research fellow grades, the proportion of females is 60% but reduces with seniority. Of our 12 senior lecturers, only four (33%) are female and of the 13 clinical academic professors, only three (23%) are female. Currently we have no clinical lecturer posts.

To address under-representation of female clinical academics, we will be adopting a multi-faceted approach including ensuring appointment committees reflect diversity, introduction of mentoring, greater role model provision, promotion of flexibility in working life. **[ACTIONS 11, 13, 17 & 27]**



## Non-clinical staff

A higher proportion (73%) of non-clinical academic staff are female. 80% (4/5) of non-clinical professors are female, 67% of non-clinical senior lecturers (or equivalent) and 73% research or teaching fellows or lecturers are female. There is no decline in proportion with seniority.

**(viii) Turnover by grade and gender – comment on any differences between men and women in turnover and say what is being done to address this. Where the number of staff leaving is small, comment on the reasons why particular individuals left.**

**Table 11: Turnover by grade and gender for BSMS academic staff**

Turnover by grade and gender for BSMS academic staff	2012					
	F		M		Total	
	Leavers	Turnover	Leavers	Turnover	Leavers	Turnover
Grades 9 & 10 (Clinical and non-clinical) Combined	3	18%			3	7%
Grade 8 - Combined	2	17%			2	11%
Grade 7 - Combined	3	24%	2	80%	5	33%
Grade 6 - Research			1	100%	1	67%
Other	5	77%	2	67%	7	74%
Total	13	27%	5	14%	18	21%

	2013					
	F		M		Total	
	Leavers	Turnover	Leavers	Turnover	Leavers	Turnover
Grades 9 & 10 (Clinical and non-clinical) Combined			1	4%	1	2%
Grade 8 - Combined	3	29%	2	29%	5	29%
Grade 7 - Combined	1	6%			1	6%
Grade 6 - Research			1	100%	1	100%
Other			1	67%	1	13%
Total	4	8%	5	14%	9	11%

	2014					
	F		M		Total	
	Leavers	Turnover	Leavers	Turnover	Leavers	Turnover
Grades 9 & 10 (Clinical and non-clinical) Combined	2	12%	4	16%	6	14%
Grade 8 - Combined	1	9%	1	15%	2	11%
Grade 7 - Combined	6	41%	1	33%	7	40%
Grade 6 - Research						
Other	1	15%	1	40%	2	22%
Total	10	20%	7	19%	17	20%

**Table 12: Reasons for leaving**

Reasons for leaving	2011/12	
	F	M
End of fixed term contract	11	4
Reason unknown	2	
Return to clinical work		1
Career development (Post at another university)		
Other*		
Total	13	5

Reasons for leaving	2012/13	
	F	M
End of fixed term contract	2	2
Reason unknown	1	1
Return to clinical work	1	1
Career development (Post at another university)		1
Other*		
Total	4	5

Reasons for leaving	2013/14	
	F	M
End of fixed term contract	6	3
Reason unknown		
Return to clinical work		
Career development (Post at another university)	1	3
Other*	3	1
Total	10	7

\*Other = Deceased, Did not return from secondment, Moved with research team to another university and Retirement

Avg employed obtained by averaging totals at 31 Mar of each year (eg 31 Mar 11 and 31 Mar 12 avgd to give 2012 avg employed)

Some anomalies exist where the numbers are very small or where the post is a fixed term and entirely within the year.

The turnover of staff at professorial, reader and senior lecturer grades is <15% but there is considerably higher turnover at other grades (Table 11). The turnover rates between genders do not appear to show imbalance, but SAT wanted to better understand the reasons for leaving so we:

- devised an exit questionnaire for leavers. Unfortunately none of these have been returned suggesting, in its current format, this may not be an effective way to improve understanding. We plan to review and revise. **[ACTION 32]**
- collected reasons for leaving (initially retrospectively and now concurrently) from line managers.

Since 2011, the ending of research fellows' fixed-term contracts accounts for 64% (28/44) of leavers, despite BSMS using the UoS's redeployment policy (Table 11).

Nineteen of the 28 research fellows leaving between 2011-2014 were female. 10 (9F 1M) elected to go on the redeployment list and two (1F 1M) were redeployed.

Fixed-term contracts can be detrimental to career progression as they are often linked to fewer training opportunities and less access to appraisal and promotion. The UoS and UoB are currently reviewing staff in STEMM disciplines employed on fixed-term contracts and identifying those eligible for a permanent contract. BSMS has participated in this review and identified a number of female staff who will be offered a permanent contract during 2014/15. **[ACTION 31]**

Word count: 2469 words – allowance 2000 (+ 469 from 1000 additional words allocated)

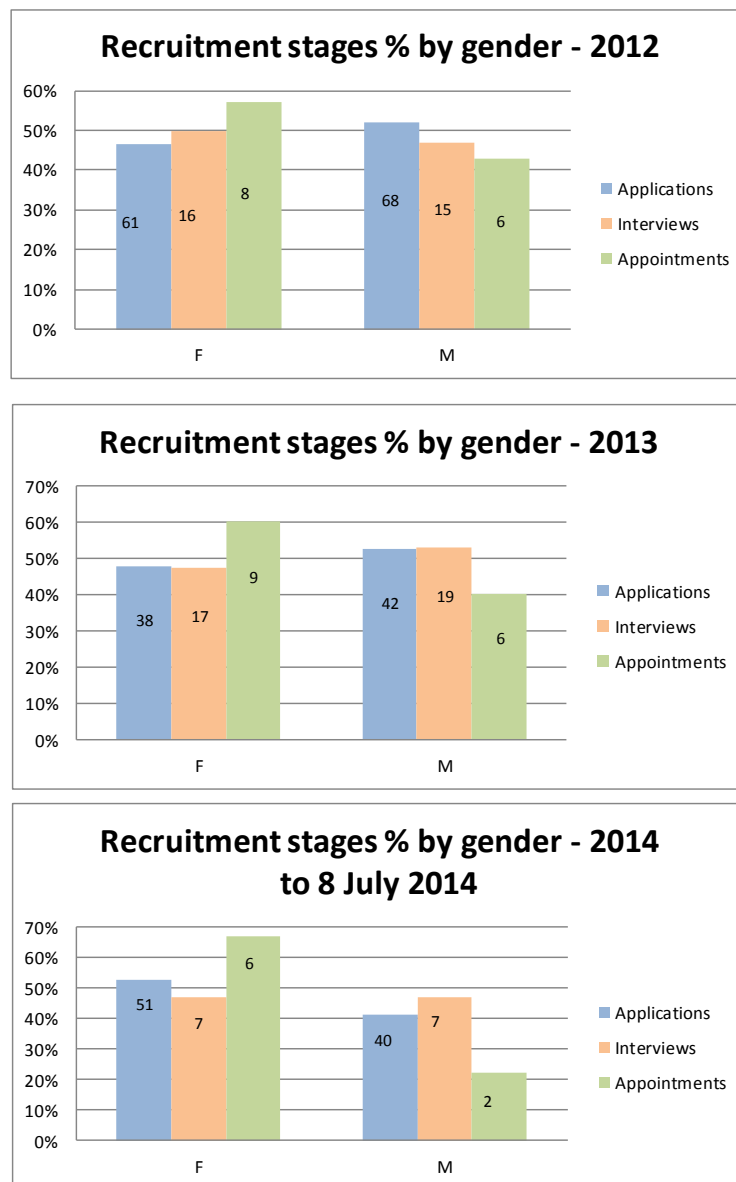
#### 4. Supporting and advancing women's careers: maximum 5000 words

##### Key career transition points

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

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

Figure 10: Recruitment stages by gender



In the last three years, there have been 37 (14, 15 and 8 respectively) academic or research appointments (

Figure 10). The female progression from applications to interview to job offer appears good, with the appointment percentage exceeding the application percentage. Our appointments appear gender-balanced but we are currently unable to present this data by grade. Grade variations will be monitored after the introduction of a new UoS HR system in 2015/16. **[ACTION 25]**

**ii) Applications for promotion and success rates by gender and grade** – comment on whether these differ for men and women and if they do explain what action may be taken. Where the number of women is small applicants may comment on specific examples of where women have been through the promotion process. Explain how potential candidates are identified.

**Table 13: Promotion success rates by gender and grade [Actual numbers removed for publication]**

Promotion to:	2011-12					
	Application		Promotion			
	F	M	F	F%	M	M%
Professor						
Reader				100%		
Senior Lecturer				100%		
Senior Teaching Fellow						
Lecturer B						
<b>Total (all roles)</b>				<b>100%</b>		
Promotion to:	2012-13					
	Application		Promotion			
	F	M	F	F%	M	M%
Professor				50%		
Reader						100%
Senior Lecturer						
Senior Teaching Fellow						
Lecturer B						
<b>Total (all roles)</b>				<b>50%</b>		<b>100%</b>
Promotion to:	2013-14					
	Application		Promotion			
	F	M	F	F%	M	M%
Professor						
Reader				33%		
Senior Lecturer						
Senior Teaching Fellow						100%
Lecturer B						
<b>Total (all roles)</b>				<b>25%</b>		<b>50%</b>

Our promotion success rate is 50% female (4/8) and 57% male (4/7) (Table 13).

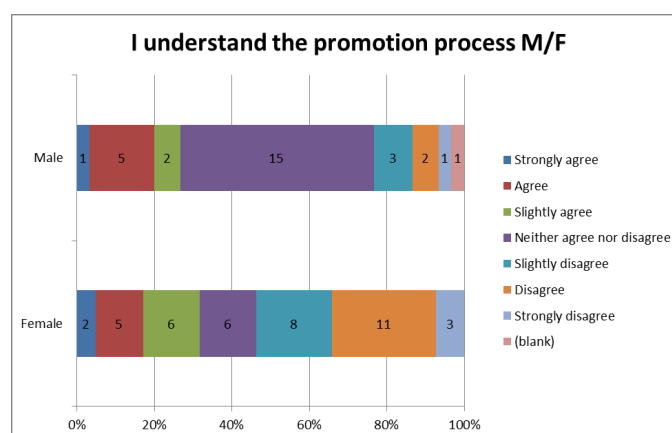
*Case Study: Senior Lecturer [female non-clinical]*

*“I was successful with my promotion after an unsuccessful attempt the previous year. I felt the time was right and approached my line manager for advice. S/he was supportive and recognised I was probably on the cusp. Both HoD and Dean supported my applications in both years. The key achievements recognised were being successfully awarded as PI a first substantial grant and as co-PI on a larger grant (over £1m). I was establishing a national and international reputation by being asked to speak internationally, writing a book chapter and serving on journal editorial boards. .... so personally I feel I have been well supported and given guidance on what I need to achieve to progress onwards.”*

## Promotion Process

BSMS has a well-established process for identifying candidates each annual promotion round; the Dean with the Heads of Division consider all staff eligible for promotion ensuring the process is not reliant on self-nomination. Recent revisions to UoS’s academic promotion process have resulted in clearer guidance to applicants on evidence required to support a submission and encouragement to applicants to make explicit any personal circumstances that may have impacted on their work achievements, for example, periods of maternity/paternity leave.

**Figure 11: Gender breakdown of responses to “I understand the promotion process” from Academic Staff Survey 2014**



Whilst staff are able to access promotion guidance, it became apparent from our 2014 staff survey that understanding of the process was poor with 41% (54% of F; 20% of M)

indicating they did not understand the promotion process (Figure 11). To counter this, SAT organised a promotions workshop in September 2014 with the UoS Pro-Vice Chancellor for Teaching and Learning (F). The event was targeted at women, in response to our finding from the staff survey, but was not exclusive (15 attendees (13F, 2M)). After the event, workshop materials were disseminated by email and on the intranet. The event attracted much positive feedback:

*“I thought the workshop provided invaluable information on the process of career development and promotions at the University. I have recommended the workshop to others in my mentoring and coaching sessions who are confused by the process.”*  
(Research Fellow, Grade 7, F)

*“The talk by Prof Davey about her academic journey was really inspiring.”* (Research Fellow, Grade 8, F)

Other UoS STEMM schools have adopted our workshop which we plan to repeat annually. We are also developing a CV-writing workshop to complement it. **[ACTION 30]**

## Officerships

Table 14: BSMS Officerships and Heads of Division

	2012/13	2013/14	2014/15
Director of Doctoral Studies*	F	M	M
Director of Research & Knowledge Exchange*	M	M (until 31 Dec 2013)	F
		F (from 1 Jan 2014)	
Director of Teaching & Learning	M	M (until 31 Dec 2013)	F (Acting)
		F (from 1 Jan 2014)	
Director of Student Experience*	F	M (until 31 Dec 2013)	F
		F (from 1 Jan 2014)	
Head of Clinical Medicine	M	M	M
Head of Clinical and Lab Investigations	M	M	M
Head of Division of Medical Education	M	M	M (Acting)
Head of Primary Care and Public Health	F	F	F
Total	3F 5M, F%=38%	1F 7M (until 31 Dec 2013), F%=13% 4F 4M (from 1 Jan 2014), F%=50%	4F 4M, F%=50%

\* rotating officerships

In addition to promotion processes, we reviewed other opportunities for career advancement. The process for appointment to rotating BSMS Officerships was made more transparent in 2013. Roles are now advertised internally and appointed to rather than “allocated” as was previously the case. The proportion of females increased from 38% (3/8) to 50% (4/8) in January 2014, now broadly matching our staff gender balance (Table 14).

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

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

Our staff recruitment is supported by UoS HR whose recruitment policy is to promote vacancies to a diverse pool of applicants. To attract female candidates, all advertisements include a statement of UoS’s commitment to equal opportunities, featuring their Athena SWAN bronze award logo and the BSMS membership logo. Applicant information describes “working at Sussex”, with a link to UoS’s family-friendly policies (maternity/adoption leave schemes and flexible working) and details of childcare facilities on campus. When search firms assist in recruitment, they are requested to take positive action to identify women. BSMS uses the UoS core academic job descriptions for each grade; these are free from bias and compliant with job evaluation and equal pay requirements. Recruiting managers are advised to base candidate short-listing and selection on the criteria defined in the person specification. At each stage of the process, selection decisions are documented and, to ensure a consistent approach, HR advises on salaries before they are offered. UoS provides recruitment and selection training with a strong equalities component. From next academic year, it will be mandatory for appointing panel members to be trained. Reviewing the current level of recruitment and selection training, SAT found very poor uptake (6 staff since 2009). It is recognised that clinical academics may receive training in recruitment from elsewhere (eg NHS, Deanery) but this will not account

entirely for the low uptake. To comply with the UoS equal opportunities policies, as a priority, divisional heads will ensure that their most frequent recruiters are trained. We will also explore the provision of bespoke training, introduce management skills review in appraisals, and documentation of panellists' training to enable monitoring of compliance. **[ACTION 24]**

**Table 15: Gender composition of appointing panels**

	No. panels	All M panels	All F panels	Not known	Mixed panels
2012	14	3	1	4	6
2013	14	1	0	6	7
2014 (ytd)	9	1	2	0	6
<b>Total</b>	<b>37</b>	<b>5</b>	<b>3</b>	<b>10</b>	<b>19</b>

ytd=to 8 July 2014

Appointing panels are advised to be gender-balanced and include an external panellist. SAT's review of our appointments process found under-representation of females on panels. Of 37 panels convened since 2012, less than a third of panellists have been women and only half of the panels (19/37) were mixed-gender (Table 15). Panel composition will be collated (facilitated by the UoS e-recruitment system (expected 2015/16)) and compliance monitored by DEG. **[ACTION 24]**

(ii) **Support for staff at key career transition points** – having identified key areas of attrition of female staff in the department, comment on any interventions, programmes and activities that support women at the crucial stages, such as personal development training, opportunities for networking, mentoring programmes and leadership training. Identify which have been found to work best at the different career stages.

SAT has identified two priority areas for BSMS to address:

- i) The provision of an environment in which female non-clinical research fellows can develop from post-doctoral fixed-term contract employees to a tenured scientific career track
- ii) Increasing the number of female clinical academics



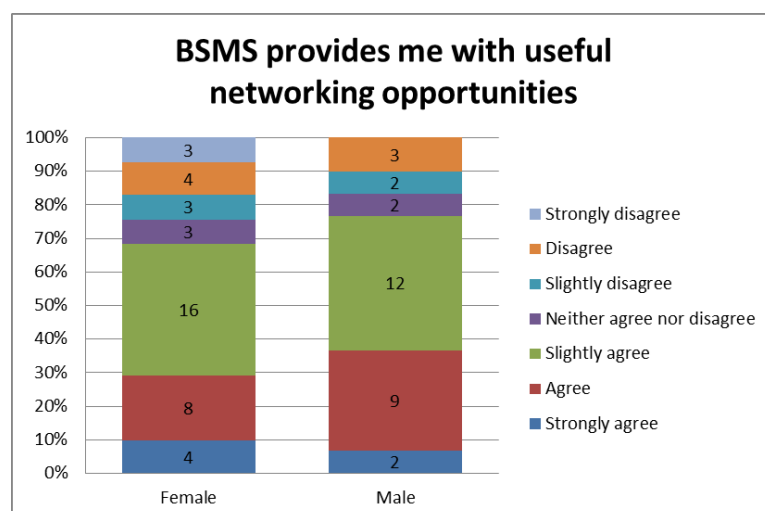
Both objectives will be progressed by:

**a) Promotion of personal development training**

Personal development training is available from the Staff Development Unit (SDU) (UoS) and the Centre for Learning (UoB), clinical academic staff also have access to NHS staff development training. Relevant courses include Springboard Women's Personal Development Programme, Developing Personal Effectiveness, Mastering the Art of Influence, and Ashridge Leadership Courses. Our review of staff attendance since 2009 shows these courses have been underused by BSMS academics. UoS staff development unit sends course details to each School and we have also started to promote training opportunities through our internal newsletter and our Athena SWAN webpage. Using this more proactive approach, a recent University-wide communications masterclass for senior women in STEMM generated significant interest from BSMS academics. We intend to use course feedback from BSMS attendees (*"I got an enormous amount out of this masterclass - led by a terrific role model and with good opportunities to rehearse summaries of the work I'm doing"* (Professor, Non-clinical, F)) to emphasise relevance and encourage greater take-up of training opportunities. **[ACTION 26]** As part of the appraisal process, line managers will be expected to always address development opportunities to staff.

**b) Opportunities for networking**

Figure 12: Gender breakdown of response to BSMS provides me with useful networking opportunities

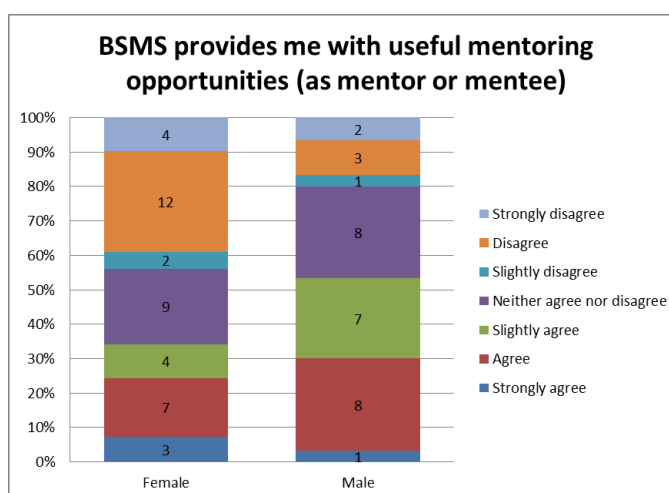


Networking opportunities include academic seminars held regularly by research groups, an annual BSMS away day, annual research conference, inaugural lectures and small group discussions with visiting professors.

The UoS Springboard Programme for female academics includes a networking component and UoB has recently launched some Equality Network Groups to provide peer support and improve networking. The 2014 staff survey indicated that 32% of female and 23% of male staff did not feel the school provided them with useful networking opportunities. We will explore through focus groups what initiatives will contribute to more productive networking. **[ACTION 16]**

### c) Mentoring

Figure 13: Gender breakdown of response to “BSMS provides me with useful mentoring opportunities (as mentor or mentee)”



Staff surveys and the researcher focus groups have evidenced the need for the development of mentoring schemes. In 2014, only 40% (36/90) agreed that BSMS provides useful mentoring opportunities (Figure 13), with fewer females than males agreeing (34% of F vs 53% of M).

In response, we have introduced two pilot mentoring initiatives for female staff:

- One-to-one mentoring for female academics at Grade 9 (Senior Lecturer, Senior Research Fellow or equivalent). In this first year, we have six mentee-mentor pairs.

- Participation in the UoS mentoring circles pilot (a group mentoring scheme with two senior academic mentors and seven mentees in each group) targeted at female early-career (grades 7 and 8) research staff in STEMM departments. Four mentoring circles were established in September 2014 (three mentors and five mentees are from BSMS). A further circle will start in Spring 2015.

Both schemes will be evaluated at the end of this academic year. BSMS SAT will lead on the evaluation of our 1:1 scheme and UoS SAT will monitor the success of the mentoring circles. **[ACTION 13]**

Additional support for female staff will be achieved through the introduction of other initiatives, e.g. recruitment of someone to oversee post-doctoral staff development. SAT will assess the feasibility of this and other possible initiatives. **[ACTION 14]**

## Career development

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

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

## Appraisal

Table 16: Staff appraisal completion rate by academic year and staff group

Staff appraisals	2011/12		
Staff Group	No. of staff in post	No. of staff appraisal interviews	Percentage of staff
Teaching Faculty	17	13	76%
Research Faculty	18	1	6%
Tutorial Fellows	3	0	0%
<b>TOTAL</b>	<b>38*</b>	<b>14</b>	<b>37%</b>

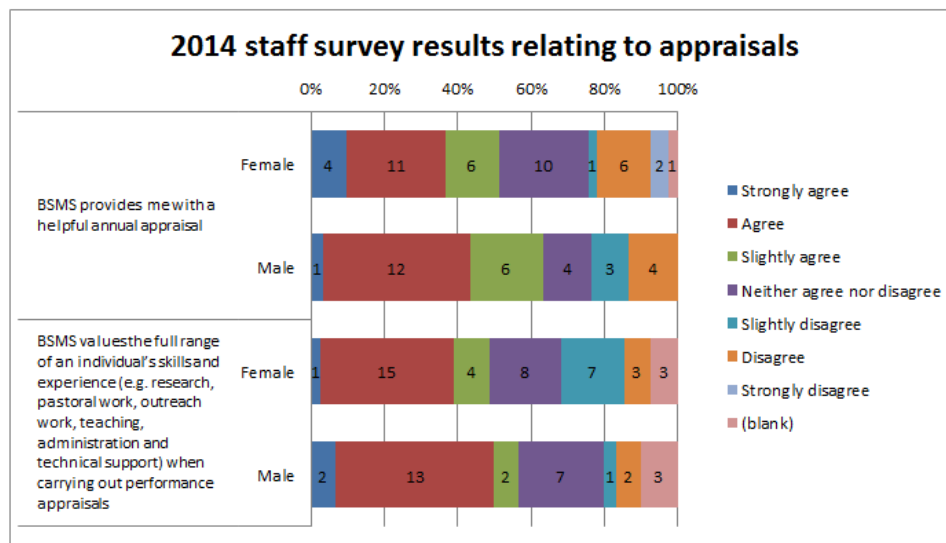
	2012/13		
Staff Group	No. of staff in post	No. of staff appraisal interviews	Percentage of staff
Teaching Faculty	15	12	80%
Research Faculty	23	20	87%
Tutorial Fellows			
<b>TOTAL</b>	<b>38*</b>	<b>32</b>	<b>84%</b>

	2013/14		
Staff Group	No. of staff in post	No. of staff appraisal interviews	Percentage of staff
Teaching Faculty	28	23	82%
Research Faculty	40	36	90%
Tutorial Fellows			
<b>TOTAL</b>	<b>68*</b>	<b>59</b>	<b>87%</b>

\*Not all staff were eligible for appraisal at the time of reporting.

It is our policy for all staff to have a formal annual meeting to review and plan progress, that discussion being summarised in an appraisal agreement. Clinical academics undergo Follett-style appraisals with the NHS. In the 2011/12 cycle, 37% staff were appraised increasing to >85% subsequently (Table 16). This pleasing improvement has been achieved by making Heads of Division responsible for ensuring all eligible staff are appraised. Compliance is monitored by an internal audit mechanism and reporting to UoS HR and UoS Council.

Figure 14: Gender breakdown of responses to questions relating to appraisal



Satisfaction with appraisal is moderate; in the 2013 staff survey, 56% staff were satisfied with the appraisal system and in 2014, 53% (47/90) agreed that they had a helpful appraisal (

Figure 14). Focus groups are to be used to identify how best to improve staff satisfaction with appraisal. **[ACTION 28]** In addition, we will collect data on whether those conducting appraisals have received appropriate training and ensure that everyone is trained before conducting further appraisals. **[ACTION 28]**

## Career Development

Figure 15: Gender, contract type and working pattern breakdown of responses to “I am actively encouraged to take up career development opportunities”

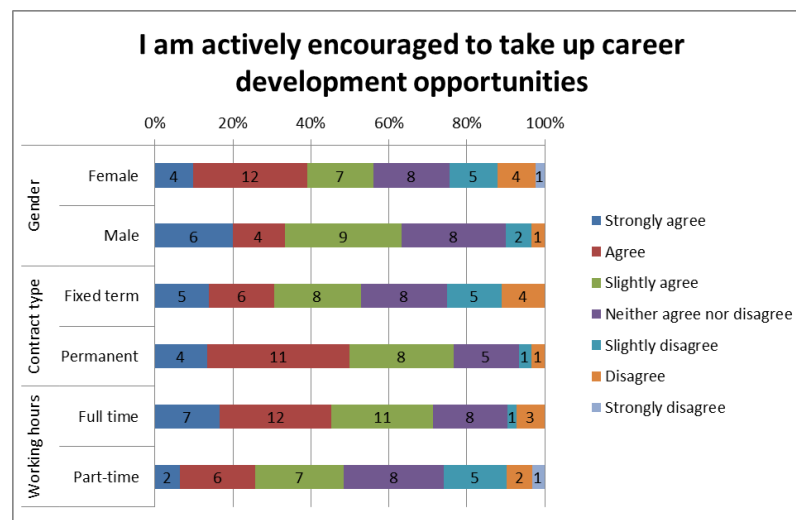
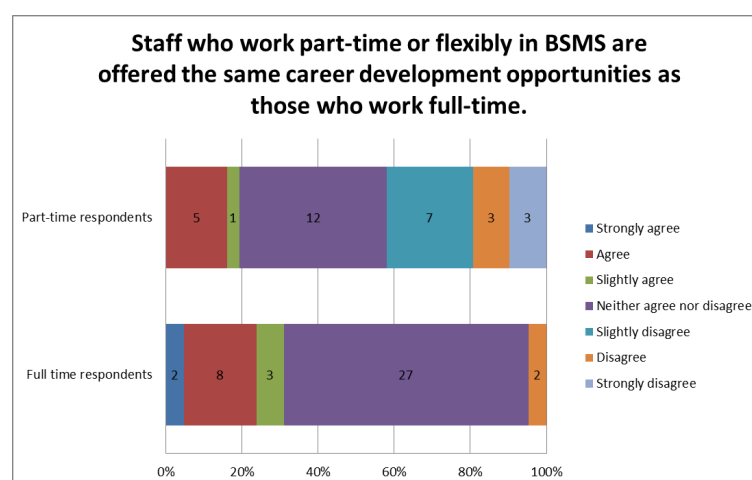


Figure 16: Working pattern breakdown of responses to “Staff who work part-time or flexibly in BSMS are offered the same career development opportunities as those who work full-time”



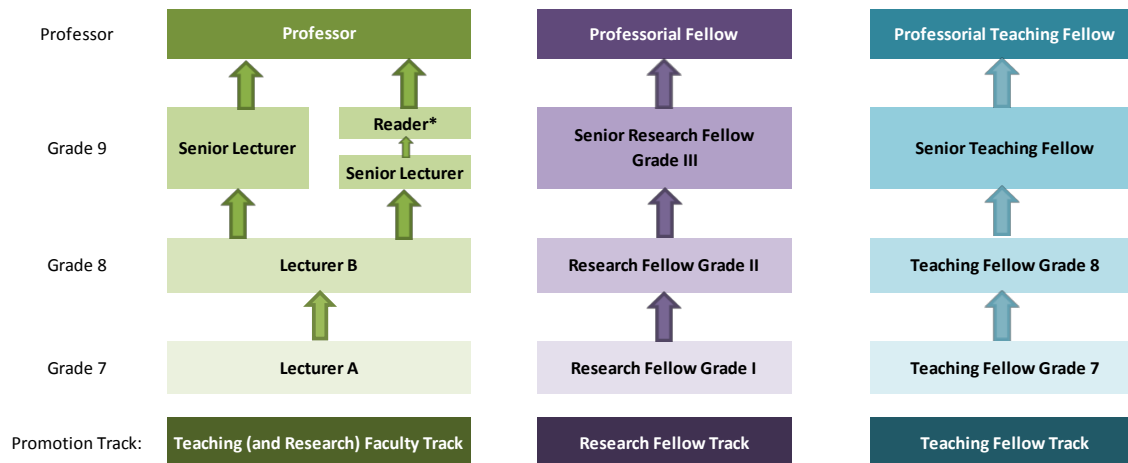
There was a gender difference in the response to the 2014 staff survey question on career development with 24% of F versus 10% of M (Figure 15) disagreeing they were

encouraged to take up opportunities. Differences between part-time and full-time staff were greater, more than 40% of part-time staff disagreeing that they had the same career opportunities as full-time staff (Figure 16). We need to ensure managers vigorously support career progression in their part-time staff and seek tailored and innovative methods to develop them. To help address this, the “Management Activity” section of senior academics’ appraisals will in future include a review of how they have developed the careers of staff they manage. **[ACTION 29]**

## **Promotion**

UoS has promotion criteria which recognise a combination of scholarly and professional activities, active engagement in teaching and learning, publications, funding, wider involvement in the subject area and contribution to duties in the department or school. The criteria reflect the career pathway and grade. In spring 2014, UoS introduced a progression pathway for teaching fellows so the promotion process now recognises the contribution of academics whose work focuses primarily on teaching and curriculum development (Figure 17).

Figure 17: UoS Promotion tracks



\*the title of Reader may be awarded to members of teaching faculty on any scale, but it is most usually used at Senior Lecturer level

A further revision to the promotion process encourages applicants to make explicit personal circumstances impacting on their achievements (e.g. periods of maternity leave). In these circumstances, the quality of work is emphasised over the quantity. We have raised awareness of this change to BSMS staff through our promotions workshop and Athena SWAN webpage. This change followed our 2014 staff survey in which only 38% overall (34% of F, 43% of M) felt that their full range of skills were considered for promotion. We will continue to promote and monitor awareness of promotion criteria.

#### [ACTION 30]

(ii) **Induction and training** – describe the support provided to new staff at all levels, as well as details of any gender equality training. To what extent are good employment practices in the institution, such as opportunities for networking, the flexible working policy, and professional and personal development opportunities promoted to staff from the outset?

#### Induction

Staff induction was identified in the 2013 staff survey as an area needing improvement, as only 49% staff reported adequate induction. In response, we improved our induction processes: an information pack is available on the intranet; the Deputy Medical School Secretary meets all starters within their first few weeks to check their induction has been adequate and a BSMS-specific induction morning has been organised to



complement the UoS Induction day. The first BSMS induction event was attended by 18 administrative and academic staff.

*“.....it gave me a fairly comprehensive picture of how the various departments within the Medical School work and their relationships to each other. For me, a very useful aspect of the meeting was actually putting faces to names.” (Research Assistant, F)*

Satisfaction with induction will be monitored in future staff surveys. **[ACTION 6]**

## Gender Equality training

Figure 18: Gender and contract type breakdown of responses to “BSMS has made it clear to me what its policies are in relation to gender equality)

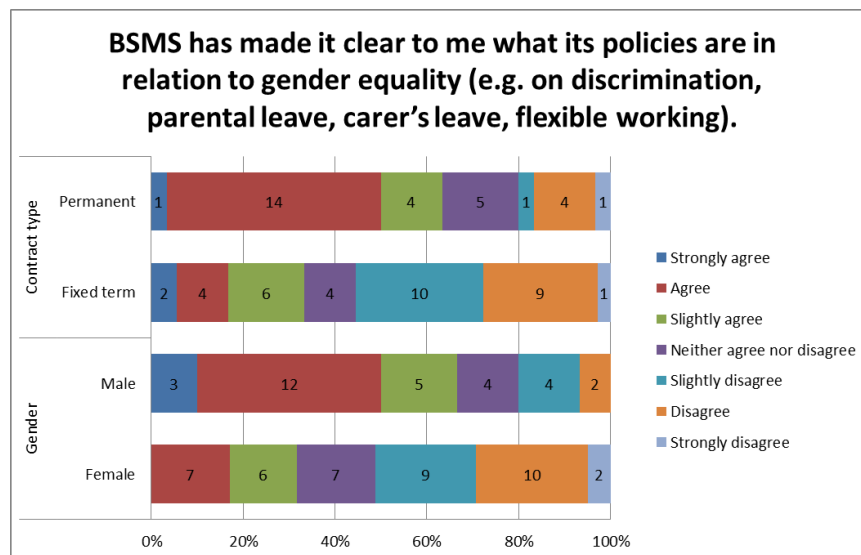
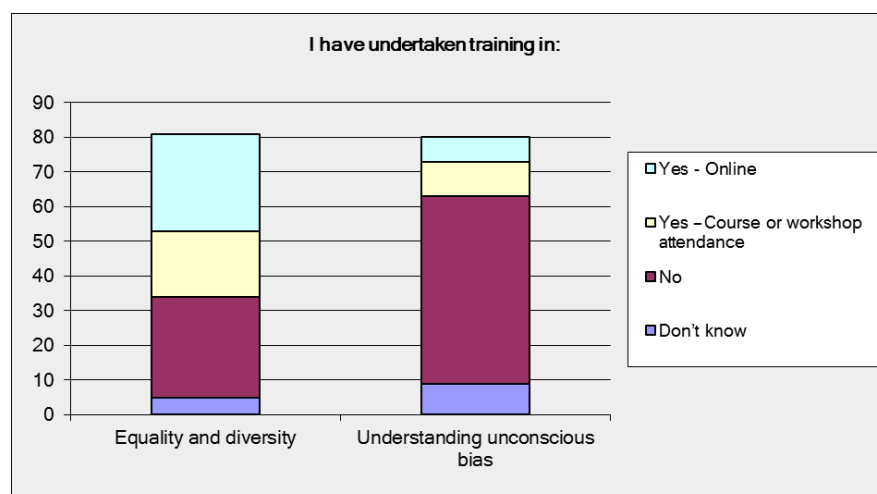


Figure 19: Response to “I have undertaken training in Equality and Diversity and Understanding Unconscious Bias



From Figure 18, we have identified actions to promote UoS' gender equality policies to staff (at induction and on-going). Our 2014 staff survey highlighted only 41% staff (32% of female and 67% of male) felt BSMS had made the policies on gender equality clear. This gender difference in responses requires further attention to understand whether it arises from better knowledge or a reduced 'need to know'. 52% of staff have received training in equality and diversity but far fewer (19%) in unconscious bias (Figure 19).

BSMS now requires all staff to complete Equality and Diversity training. To achieve this, line managers will need to ensure their staff have the flexibility and time to attend. SAT will monitor uptake of training and feedback to managers. **[ACTION 7]**

**iii) Support for female students** – describe the support (formal and informal) provided for female students to enable them to make the transition to a sustainable academic career, particularly from postgraduate to researcher, such as mentoring, seminars and pastoral support and the right to request a female personal tutor. Comment on whether these activities are run by female staff and how this work is formally recognised by the department.

### **Undergraduate students**

Pastoral and academic support is provided to undergraduate students by BSMS and by both parent universities. Each university has well-established welfare systems including male and female advisors and counsellors, disability services, medical facilities and occupational health. Support and information is also provided by the Students' Unions. To complement the university services, BSMS has three part-time (two female, one male) Student Support Coordinators providing pastoral support and advice. This additional resource is in recognition of the particular demands of medical training and is led by a Director of Student Support (currently a female clinical academic) supported by a Deputy (currently a female clinician). Undergraduate students can request a female Student Support Coordinator or female tutor.

There are two other support schemes: medical families (run by MedSoc) and the student ambassador scheme (run by BSMS Student Support). For the ambassador scheme, 1st or 2nd year students contact applicants who have been offered a place at BSMS to answer questions about living and studying in Brighton. In the last three years, 72% (13/18) ambassadors have been female.

Academically, each undergraduate student is supported by an academic tutor in Phase 1 (years 1 and 2) and a clinical academic tutor in Phases 2 and 3 (years 3, 4 and 5).

Academic tutors help with transition from school to university and acquisition of academic skills (such as essay writing, presentation, numeracy). Clinical academic tutors oversee two transitions; firstly, into full-time clinical rotations and, secondly, the application for Foundation Programme rotations and progression from medical student to doctor.

**Table 17: Number of undergraduate students intermitting by year of study and gender**

	<b>2011/12</b>								
	Female			Male			Total		
	Cohort	Intermitters	F%	Cohort	Intermitters	M%	Cohort	Intermitters	%
<b>Undergraduates</b>									
Year 1	82	2	2%	67			149	2	1%
Year 2	78	1	1%	52			130	1	1%
Year 3	88	5	6%	58	3	5%	146	8	5%
Year 4	92	1	1%	64	2	3%	156	3	2%
Year 5	78	1	1%	46	1	2%	124	2	2%
<b>Undergraduate total</b>	<b>418</b>	<b>10</b>	<b>2%</b>	<b>287</b>	<b>6</b>	<b>2%</b>	<b>705</b>	<b>16</b>	<b>2%</b>
PGR		5			3				
<b>UG &amp; PGR Total</b>		<b>15</b>			<b>9</b>				

	<b>2012/13</b>								
	Female			Male			Total		
	Cohort	Intermitters	F%	Cohort	Intermitters	M%	Cohort	Intermitters	%
<b>Undergraduates</b>									
Year 1	72	3	4%	59			131	3	2%
Year 2	84			68			152		
Year 3	83	1	1%	54	1	2%	137	2	1%
Year 4	77			58			135		
Year 5	93	1	1%	67			160	1	1%
<b>Undergraduate total</b>	<b>409</b>	<b>5</b>	<b>1%</b>	<b>306</b>	<b>1</b>	<b>0%</b>	<b>715</b>	<b>6</b>	<b>1%</b>
PGR		2							
<b>UG &amp; PGR Total</b>		<b>7</b>			<b>1</b>				

	<b>2013/14</b>								
	Female			Male			Total		
	Cohort	Intermitters	F%	Cohort	Intermitters	M%	Cohort	Intermitters	%
<b>Undergraduates</b>									
Year 1	89	1	1%	49			138	1	1%
Year 2	71			60			131		
Year 3	85	4	5%	71	5	7%	156	9	6%
Year 4	70	2	3%	40			110	2	2%
Year 5	78			59	2	3%	137	2	1%
<b>Undergraduate total</b>	<b>393</b>	<b>7</b>	<b>2%</b>	<b>279</b>	<b>7</b>	<b>3%</b>	<b>672</b>	<b>14</b>	<b>2%</b>
PGR		6			2				
<b>UG &amp; PGR Total</b>		<b>13</b>			<b>9</b>				

An indication of the robustness of our support mechanisms is the number of students intermitting and returning (Table 17). Given the demands of medical training, students

are expected to be very aware of their well-being and to seek appropriate support. Since 2011, 36 undergraduates have intermitted and 27 (75%) have returned to the course. More females (7) than males (2) have withdrawn from the course and the reasons for this need further review. **[ACTION 21]**

For pregnant undergraduate students, our Clinical Skills & Simulation Manager (female) does an extensive 'walk through' with the student in each trimester to identify ways to reduce the physical demands of the course and to ensure appropriate support.

Furthermore, since our previous submission, a private Facebook group has been established to support students during pregnancy or as parents. The network currently has 14 members and BSMS supports their activities, responding to concerns relating to the course.

We will ensure that the needs of pregnant students or those with parental responsibilities continue to be considered and supported by conducting an annual review of satisfaction. **[ACTION 20]**

In addition to providing significant pastoral and academic support, specific initiatives to encourage an academic career include:

- Innovation in Science Pursuit for Inspired Research (INSPIRE) programme. Now in its second year, its student lead is female. Funding for conference attendance has been awarded to five students (3F, 2M)
- Fourth-year students undertaking an eight-month research project with an experienced researcher
- Promoting female scientists as role models eg ensuring female academics are recognised with honorary awards, inviting female academics as visiting professors and to give named lectures **[ACTION 11]**
- Celebrating International Women's Day by displaying the achievements of our female academics **[ACTION 11]**

### **Postgraduate students**

As members of UoB, our postgraduate students can access the full range of support services available including pastoral, accommodation and financial support services, childcare advice including information about the on-site nurseries, counselling services,

support for students with disabilities and a careers team. Students also have access to all postgraduate development and training events at our parent universities.

Students are encouraged to seek guidance from university support services to help them to reach a satisfactory resolution of any difficulties they encounter. If a student is unable to continue with their studies, an application for intermission is considered by the Director of Research (female) and the Director of Doctoral Studies (male), as well as their own PhD Supervisors.

Postgraduate research students have regular meetings (every week or two) with their supervisors and log these meetings for quality assurance. Supportive annual Progress Reviews are conducted independently. For part-time students, expectations are proportionate to their hours of study. There is an annual PhD conference where final-year students give oral presentations and other students present posters.

Academic Clinical Fellows pursuing masters studies have a successful peer-mentoring scheme.

The support outlined above is for female and male students. We are aware that our proportion of female PGR students is below national levels. In upcoming focus groups with female postgraduate students, we will explore how we can attract more women to study at BSMS and how we might meet support needs not hitherto identified, for instance, establishing action-learning sets or mentoring circles. **[ACTION 14]**

## Organisation and culture

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

(i) **Male and female representation on committees** – provide a breakdown by committee and explain any differences between male and female representation. Explain how potential members are identified.

**Table 18: List of BSMS committees over past three years with gender split**

	Start of academic year 2012/13			Start of academic year 2013/14			Start of academic year 2014/15		
	Female		Male	Female		Male	Female		Male
	No.	%	No.	No.	%	No.	No.	%	No.
Academic Board	10	26%	28	12	27%	32	15	35%	28
Board of Study (PG)	13	52%	12	13	41%	19	10	40%	15
Professionalism, Performance & Progress Committee	5	50%	5	4	50%	4	9	69%	4
Honorary Titles & External Examiners	2	29%	5	2	40%	3	2	40%	3
Curriculum Management Board	10	53%	9	9	45%	11	15	63%	9
Admissions Board (UG)	5	42%	7	5	42%	7	6	40%	9
Student Affairs Sub-Committee	10	63%	6	7	54%	6	26	72%	10
Research Gov & Ethics Sub-Committee	10	56%	8	8	50%	8	10	56%	8
Research Sub-Committee	8	42%	11	4	27%	11	4	29%	10
Dean's Executive Group*	1	14%	6	1	8%	11	5	38%	8
Health, Safety & Environment	10	67%	5	9	60%	6	10	71%	4
CISC Research & Mgmt Team	5	45%	6	5	50%	5	4	44%	5
CISC Clinical Executive Group	4	50%	4	3	50%	3	2	67%	1
Intellectual Property Management Group				1	14%	6	1	14%	6
Total (all committees combined)	93	45%	112	83	39%	132	119	50%	120
School academic staff gender split	47	58%	34	51	58%	37	48	56%	38

\* in January 2014, a new Head of Research (F) was appointed so DEG F% increased to 16%.

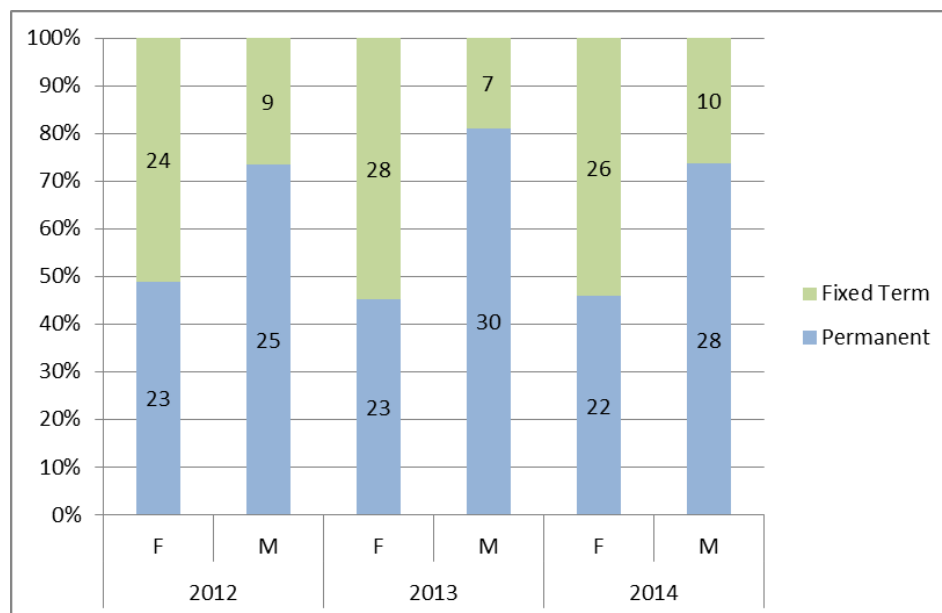
BSMS management structure includes 14 committees (Table 18), none without female members. The appointment of a female as Director of Research has increased the proportion of females on DEG. The membership of most committees is dictated by function and appropriate expertise. The BSMS Committees Handbook states that, in making decisions, all committees will pay due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations, in accordance with the public sector general duty of the Equality Act (2010).

Exam Board and committee memberships are reviewed annually and approved by Academic Board. In most cases, members are identified due to their role or seniority. Staff can request to be removed from or added to a committee.

We recognise that practices to date have resulted in under-representation of women in key decision-making committees and so, wherever possible, vacancies are now advertised internally and opportunities actively promoted. **[ACTION 27]**

**(ii) Female:male ratio of academic and research staff on fixed-term contracts and open-ended (permanent) contracts** – comment on any differences between male and female staff representation on fixed-term contracts and say what is being done to address them.

Figure 20: Gender breakdown of fixed-term and permanent staff

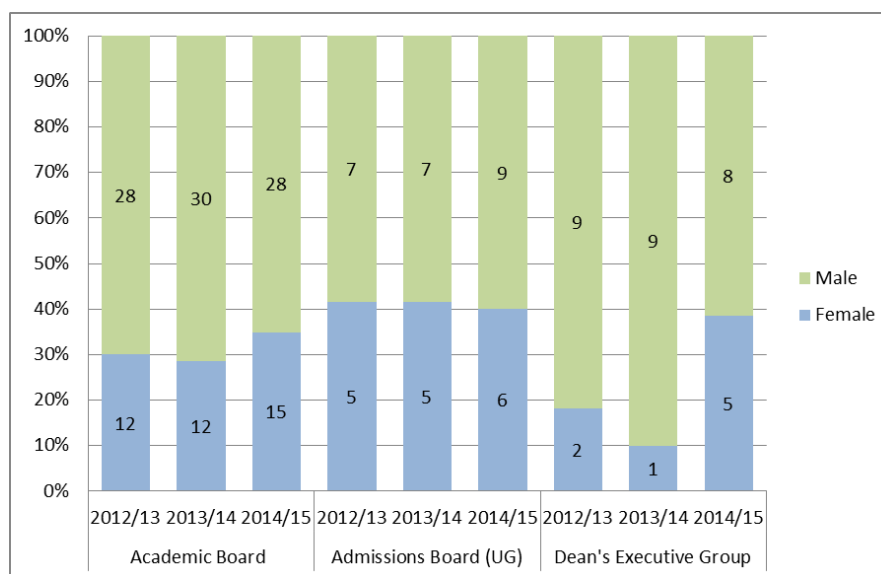


The data shows that in the last three years, the proportion of women on fixed-term contracts has consistently exceeded the proportion of men (Figure 20). In August 2014, UoS implemented an annual review of STEMM staff on fixed-term contracts to consider whether a permanent contract is appropriate based on the length of employment (>4 years and  $\geq 2$  consecutive fixed-term contracts) and sources of funding. Its impact on the gender imbalance of contract type will be monitored. **[ACTION 31]**

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

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

Figure 21: Membership of key decision-making committees by gender



The membership of most committees is drawn largely from the permanent academic and research staff. The key decision-making committees (Academic Board, Dean's Executive Group and Admissions Board) are male-dominated (Figure 21). Given the lower proportion of female academics, particularly at a senior level, the desire to achieve a representative gender balance needs to be balanced against the risk of overloading females. To prevent overload, women's contribution to more senior committees needs to be prioritised over achieving gender balance on all. **[ACTION 27]** Longer term, the imbalance should be addressed by increasing the number of senior female staff in the roles that make up the committee membership of the School, such as Head of Division.

All senior staff are encouraged to sit on influential external committees. It is encouraging that currently BSMS has one elected member of staff (female) on UoS Senate. Other examples of prominent roles held by female staff include Academy of Medical Sciences



Fellow (Prof Lesley Fallowfield), Trustee and Board Member of the Institute of Medical Ethics (Prof Bobbie Farsides) and Co-Chair of the Independent Scientific Advisory Committee for General Practice Research Database (Prof Jackie Cassell).

(ii) **Workload model** – describe the systems in place to ensure that workload allocations, including pastoral and administrative responsibilities (including the responsibility for work on women and science) are taken into account at appraisal and in promotion criteria. Comment on the rotation of responsibilities e.g. responsibilities with a heavy workload and those that are seen as good for an individual's career.

BSMS is developing a comprehensive workload allocation model. In our start-up phase, multiple roles were allocated to each individual. However, in 2012 a system was introduced to achieve some balance of workloads; the Medical School Secretary and Dean review the distribution of module leadership, examining, committee and other citizenship responsibilities quarterly. Contracted hours are considered when allocating tasks. Some roles (eg Phase Exam Board Chair, Committee Chair and some Director posts) rotate three-yearly.

The 2013 staff survey highlighted concern for lack of transparency for the allocation of teaching and administrative duties and key positions of responsibility. The workload review system is now being extended to include funded research time. To ensure individuals do not take on an inequitable share of tasks less valued in promotion, a comprehensive workload model that recognises teaching and administration is being developed. **[ACTION 9]**

(iii) **Timing of departmental meetings and social gatherings** – provide evidence of consideration for those with family responsibilities, for example what the department considers to be core hours and whether there is a more flexible system in place.

Figure 22: Gender breakdown of response to “Meetings in BSMS are completed in core hours to enable those with caring responsibilities to attend”

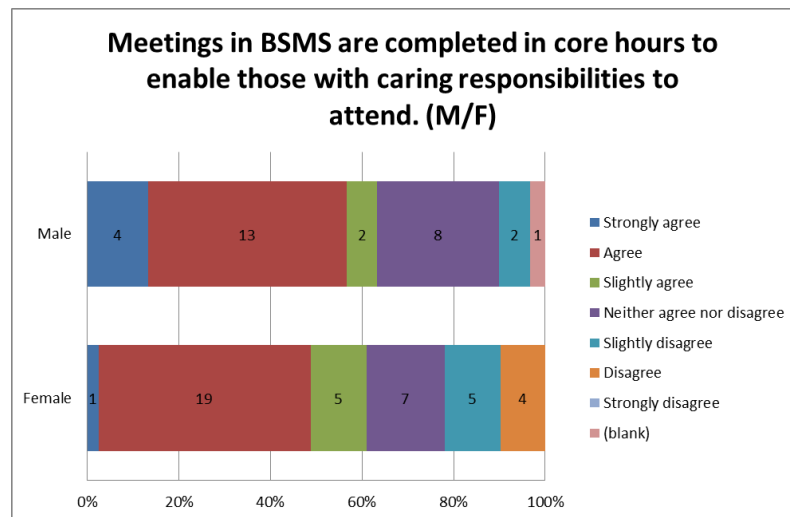
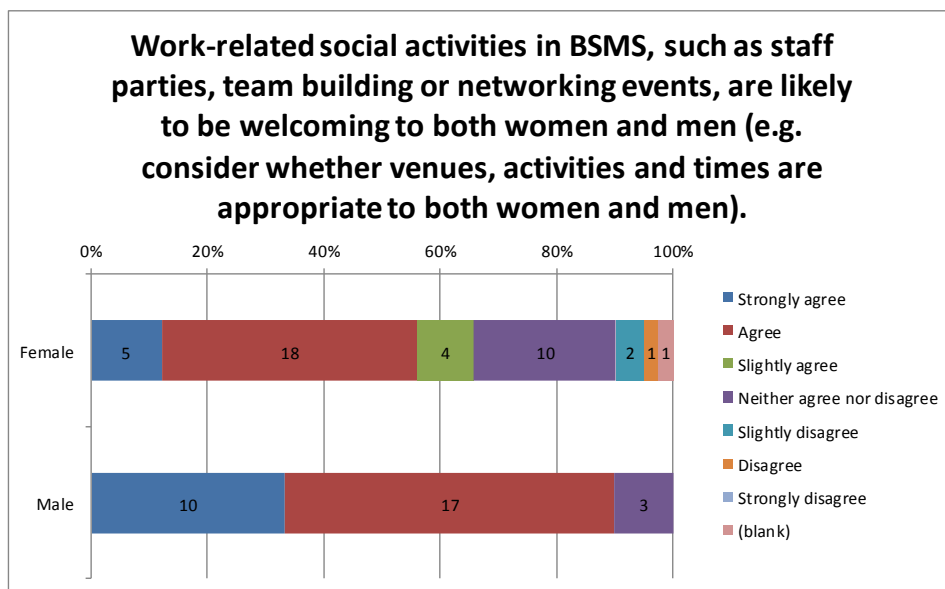


Figure 23: Gender breakdown of response to “Work-related social activities in BSMS, such as staff parties, team building or networking events, are likely to be welcoming to both women and men (e.g. consider whether venues, activities and times are appropriate to both women and men).”



The core hours for BSMS academic activities are 09.00-17.00. In 2012, BSMS reviewed its schedule of core meetings to facilitate participation of those with domestic or family

commitments. Formal committee meetings are no longer held outside of core hours, e.g. by moving BSMS Academic Board to the afternoon, the preceding Honorary Titles Sub-Committee could meet within core hours rather than at 08.00.

In 2013, only 45% of staff surveyed were satisfied with meeting times. In 2014, greater satisfaction was expressed (61%) but still 22% of females disagreed (Figure 22). Residual concerns include inaugural lectures at 6pm; it has been suggested that, if scheduled during the day or later in the evening, it would be easier for carers of small children to participate. In focus groups, staff have expressed concern that lack of participation may *'go against them'* in career progression.

In 2013, the SAT produced guidance on arranging meetings, which was reviewed and re-issued in 2014 to underline the school's commitment to managing work-life balance.

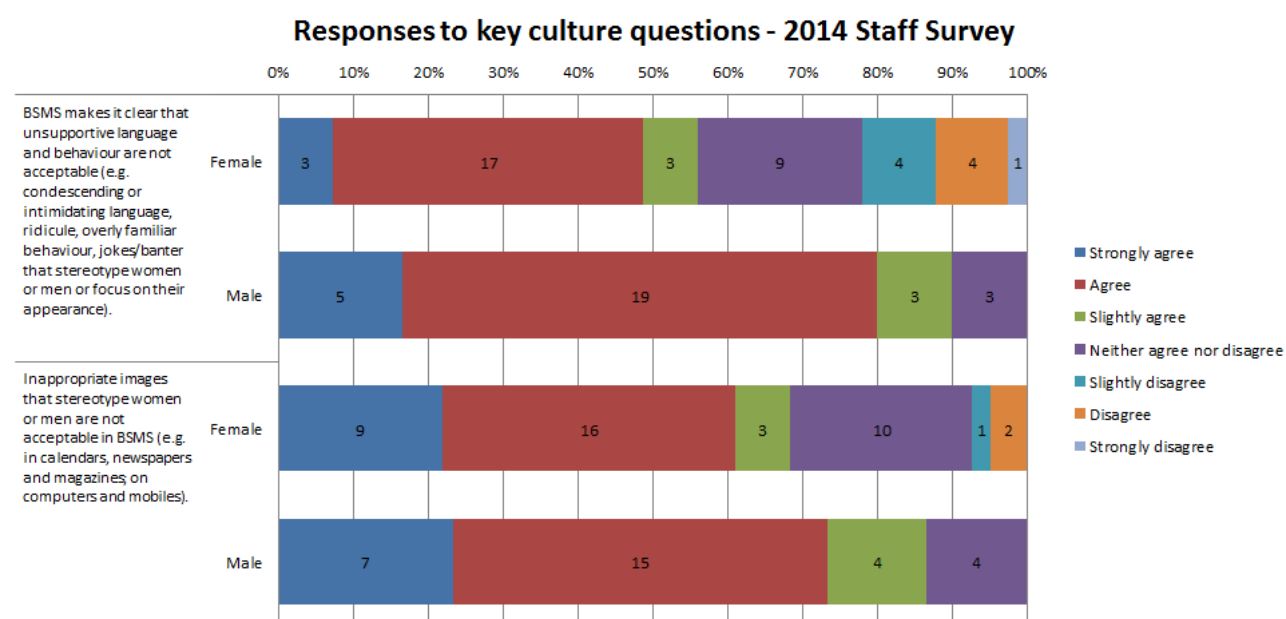
We will identify non-core events (social or academic) still scheduled outside core hours and identify ways to facilitate participation. **[ACTION 15]**

(iv) **Culture** – demonstrate how the department is female-friendly and inclusive. ‘Culture’ refers to the language, behaviours and other informal interactions that characterise the atmosphere of the department, and includes all staff and students.

## Staff

BSMS is often characterised as a small and friendly institution. In the 2014 staff survey, 91% of men felt that BSMS is a great place to work for men and 79% of women felt it is a great place to work for women.

Figure 24: Responses to key culture questions from 2014 Staff Survey



BSMS has a commitment to equality and diversity (gender, race, disability, religion, age and sexuality) and has an ethos statement that emphasises the importance of all people involved with our school feeling welcome and respected, being helped to feel confident about themselves and valued for the positive contributions they make. The ethos statement was introduced in 2013/14 and, in April 2014, the staff survey asked about the institution’s response to unsupportive language and behaviour (Figure 24). Overall agreement was 61%, but worryingly only 56% of females agreed compared with 90% of males. No males disagreed but 22% of females did. Similar responses were seen regarding inappropriate images and work-related social events. The experiences of females working within BSMS will be explored further with focus groups and the appropriate action to address their concerns **[ACTION 10]**.

## Students

Two years ago, some undergraduate students expressed concern about a “lad culture”, reporting to Student Support inappropriate gender attitudes and behaviour from their peers and teaching staff (both faculty and clinical), the perceived misogynistic tone of some student social events, and belittling comments from male peers about female contributions in taught sessions. These concerns were discussed by the Student Affairs Committee and the Curriculum Management Board; three changes resulted from this:

- Development and adoption of an ethos statement for staff and students
- Revision of the student complaints procedure and advice to students about how to raise concerns
- Incorporation of two equality and diversity questions to the annual end-of-year student evaluation.

The responses to the Equality and Diversity question in the 2014 student survey are encouraging with 92% of students describing BSMS as an ‘inclusive environment’. (Table 19)

Table 19: Responses to “Do you think BSMS is an inclusive environment?” Student Questionnaire 2013/14

2013/14 Student Questionnaire - Equality and Diversity Responses				
Do you think BSMS is an inclusive environment?				
	No of responses	Yes*	No*	Other*
Year 1	118	94%	5%	1%
Year 2	81	93%	2%	5%
Year 3	99	90%	7%	3%
Year 4	88	89%	1%	10%
Year 5	40	100%		

\*Based on textual analysis of responses

Of the 73 students responding to “Do you have comments about equality and diversity at BSMS?”, the majority focused on ethnicity, class and disability; there were seven comments concerning gender (Table 20). While it is positive that the number of concerns is small, these are important and must be taken seriously. The issue of a “lad culture” will continue to be monitored and appropriate action taken as necessary.

### [ACTION 10]

Table 20: Gender-related comments from Student End-of-Year Questionnaire, 2013/14

	Do you think BSMS is an inclusive environment?	Do you have any comments about equality and diversity at BSMS?
Year 1		One careers lecture listed stereotypes about what kind of doctors choose what speciality & especially indicated which speciality women went into. I feel the idea was to help us learn to ignore stereotypes but it didn't work & was very unhelpful, telling us what we should do based
Year 2		Big difference in no of boys Vs girls but may not be a BSMS issue, just a general gender of applicants issue
Year 3	What a strange question. Obviously. Although lower years with a high F:M may disagree	Some sexist comments from male doctors eg [Name and specialty removed]
	Occasionally lectures/doctors make slightly sexist remarks (especially in psychiatry)	
Year 4	The med school is fantastic about these issues- the med students are not	
Year 5		I think some 'old-school' consultants can be a bit sexist. I have been called a 'little girl' in a clinic but it's getting better

Phase administrators will continue to monitor responses to these questions and present them to Phase Review Boards to ensure appropriate actions are taken. **[ACTION 10]** In future, questionnaire completion will be promoted, particularly amongst fifth year students where the response rate was <50%.

SAT has been addressing the need for more women role models and has started to review the gender of role models systematically across the whole student experience. To date, we have looked at Induction Week, Clinical Practice Modules (Years 1 & 2), GP academic teaching (Years 3 & 5) and Clinical Academic Tutors (Years 3, 4 & 5).

## Student induction

Table 21: Gender of staff presenting at Induction Week by academic year

2011/12								2012/13								2013/14							
F		M		Not recorded		Total		F		M		Not recorded		Total		F		M		Not recorded		Total	
No.	%	No.	%	No.	%			No.	%	No.	%	No.	%			No.	%	No.	%	No.	%		
6	29%	12	57%	3	14%	21		12	55%	9	41%	1	5%	22		13	57%	9	39%	1	4%	23	

The preponderance of males presenting during student induction week was first noticed by SAT. We raised our concerns with the Phase 1 Leads and, in 2012/13 and 2013/14, the number of female presenters and lecturers welcoming new students increased now more closely reflecting both student and staff gender ratios (Table 21). We will continue to monitor this to ensure that female staff are appropriately represented during student induction. **[ACTION 12]**

## Module leaders, tutors and lecturers

Table 22: Gender balance of lecturers and facilitators on clinical practice modules

Clinical Practice modules Gender balance of lecturers and facilitators	2011/12						2012/13						2013/14					
	Lecturers			Facilitators			Lecturers			Facilitators			Lecturers			Facilitators		
	F	F%	M	F	F%	M	F	F%	M	F	F%	M	F	F%	M	F	F%	M
101	6	29%	15	7	58%	5	7	37%	12	5	42%	7	10	42%	14	7	58%	5
201	8	57%	6	8	80%	2	9	64%	5	9	75%	3	8	36%	14	9	75%	3
403	3	30%	7	5	71%	2	1	13%	7	5	83%	1	7	39%	11	5	83%	1
<b>Total (all 3 modules)</b>	<b>17</b>	<b>38%</b>	<b>28</b>	<b>20</b>	<b>69%</b>	<b>9</b>	<b>17</b>	<b>41%</b>	<b>24</b>	<b>19</b>	<b>63%</b>	<b>11</b>	<b>25</b>	<b>39%</b>	<b>39</b>	<b>21</b>	<b>70%</b>	<b>9</b>

SAT has already identified a paucity of female role models as:

- Module leaders (23% (5/22) female)
- Clinical academic tutors (32% (41/130) female)

The initial analysis of the Clinical Practice and General Practice modules shows that proportionately more lecturers are male and more small group facilitators are female (Table 22). Discussions with the Director of Undergraduate Studies and module leaders are planned to identify women who would like to lecture and enable them to attend relevant training (eg Certificate in Medical Education or UoS Starting to Teach seminars) and achieve Associate of HEA accreditation. **[ACTION 12]** The gender balance of teachers on the remaining undergraduate modules will be reviewed. **[ACTION 12]**

(v) **Outreach activities** – comment on the level of participation by female and male staff in outreach activities with schools and colleges and other centres. Describe who the programmes are aimed at, and how this activity is formally recognised as part of the workload model and in appraisal and promotion processes.

Since its foundation, BSMS has been committed to widening participation. The School organises three undergraduate open days each year where staff present to prospective students and their parents and answer their questions. Over the past three years, there has been a good gender balance of presenters (approximately 50:50 male/female). Senior staff of both genders visit local schools and colleges to advise on career choice, university selection, and interview techniques. Academic staff also offer work experience to prospective medical and science students, for instance there have been >5 work experience students at the CISC imaging centre in the last two years.

BSMS researchers engage actively with the public in a range of events including Brighton Science Festival and Brighton Festival events, as well as events on campus and in collaboration with our partner NHS Trusts.

Currently these activities are neither systematically collected in the workload allocation model nor universally in appraisal. This will be introduced to both. **[ACTION 9]**

#### **Flexibility and managing career breaks**

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

(i) **Maternity return rate** – comment on whether maternity return rate in the department has improved or deteriorated and any plans for further improvement. If the department is unable to provide a maternity return rate, please explain why.

The number of academic and research staff starting maternity leave each year is very small (4 in years to 31 Mar 2012, 2 in 2013 and 4 in 2014). When staff notify BSMS of their pregnancy, a health and safety risk assessment is conducted and duties modified to ensure no risk to the pregnancy. The UoS HR department offers advice on maternity leave and return to work procedures. There is a nursery on the UoS, UoB and NHS campuses. BSMS offers flexibility to staff returning from maternity leave. Of the five returning in the last three years, four have changed their hours (three full-time to part-time, one increased their part-time hours). A non-clinical senior lecturer (0.9 FTE) that has recently commenced maternity leave is planning to return after 6 months, initially at 0.5 FTE, increasing to 0.8 after 8 months.

As part of the UoS Bronze Athena SWAN Action Plan, a scheme is being developed to support staff returning from maternity/paternity/adoption leave. BSMS staff who have recently returned from maternity leave have contributed to the focus groups held to inform this scheme. We will ensure this scheme is promoted to managers and staff.

**[ACTION 18]**



(ii) **Paternity, adoption and parental leave uptake** – comment on the uptake of paternity leave by grade and parental and adoption leave by gender and grade. Has this improved or deteriorated and what plans are there to improve further.

In the last three years, there have been no requests for adoption leave. The requests for paternity leave have been few (5 for ordinary paternity leave and none for additional paternity leave). The UoS HR system planned for 2015/16 will enable us to better monitor these data. **[ACTION 19]**

(iii) **Numbers of applications and success rates for flexible working by gender and grade** – comment on any disparities. Where the number of women in the department is small applicants may wish to comment on specific examples.

Table 23: Flexible working requests

Flexible working requests	Gender, grade and contract type	Requests	Approval	Type of FWA
2012	F, Grade 8, Permanent	1	Yes	Reduction in hours
2013	F, Grade 7, Fixed-term contract	1	Yes	Reduction in hours
	F, Grade 10, Fixed-term contract	1	Yes	Reduction in hours
2014	0 requests from academic staff			

Numbers are for year ending 31 Mar of year indicated above

Three formal flexible working requests (all female staff) have been made in the last three years (

Table 23). All were approved. Anecdotally we understand that many more arrangements have been agreed informally (such as shifted hours to accommodate school runs or working from home on a set day to balance childcare). Managers need to understand the formal process by which staff can request flexible working and their duty to consider these requests. Informal adjustments will be formalised. **[ACTION 17]**

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

(i) **Flexible working** – comment on the numbers of staff working flexibly and their grades and gender, whether there is a formal or informal system, the support and training provided for managers in promoting and managing flexible working arrangements, and how the department raises awareness of the options available.

We are unable to comment accurately on the total number of staff working flexibly for the reasons explained above. In the interim, the Communications team will circulate the

procedures for flexible working to all staff and highlight the recent statutory changes to flexible working. The changes extend the right to request flexible working to all staff with 26 weeks' service from 30 June 2014.

Our staff surveys suggest that we could do more to help staff who work flexibly. The percentage agreeing that BSMS helps staff in managing flexible working arrangements was 52% in 2013 and 47% in 2014. We will continue to monitor the requests for flexible working and explore the reported reduced opportunities available to staff who do work flexibly and the facilities needed to support this through focus groups with female staff.

**[ACTION 17]**

(ii) <b>Cover for maternity and adoption leave and support on return</b> – explain what the department does, beyond the university maternity policy package, to support female staff before they go on maternity leave, arrangements for covering work during absence, and to help them achieve a suitable work-life balance on their return.
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We have developed checklists for staff and their managers outlining the factors to be considered before maternity leave commences including formal arrangements for staying in touch. Concerns have been raised in focus groups that, if a research fellow takes maternity leave, the lack of cover can jeopardise progress of the research. This is particularly pertinent if the research funding comes from a funder who does not cover maternity leave. **[ACTION 18]**

The Deputy Medical School Secretary has been surveying returners from maternity leave since 2013 by sending a questionnaire 3 months after their return to work. There have been four responses so far. All stated that they had been aware of UoS's maternity policy and felt that their relationship with their manager had not been affected since their return from maternity leave. Returners have requested that all the relevant information (payroll, HR, pension, research office, KIT days, flexible working) is made available in a single place with greater training for managers in support. Additional information has now been made available for individual staff and line managers through the BSMS intranet as well as clearer links to the UoS policies.

Word count: 5375 words – allowance 5000 (+ 375 from 1000 additional words allocated)

**5. Any other comments: maximum 500 words**

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

We have benefitted significantly from reflecting on the comments made in response to our first application and now have a much clearer picture of our challenges and priorities in relation to gender equality. In the last year, we have actively progressed several initiatives including appointing an Athena SWAN project officer, initiating a pilot mentoring scheme for senior female academics, group mentoring for researchers, updating the Athena SWAN webpage, and holding a promotion workshop. We believe that we have started to achieve change within BSMS in relation to gender equality and are excited about taking this further with the implementation of our action plan.

Staff throughout the school are interested in the Athena SWAN initiative so, in 2015, BSMS will survey all staff. **[ACTION 8]** There is also an awareness that diversity needs to be considered beyond gender and we will be considering applying for the Race Equality Charter Mark when it is launched in 2015.

Word count: 155 words – allowance 500

## 6. Action plan

Provide an action plan as an appendix. An action plan template is available on the Athena SWAN website.

The Action Plan should be a table or a spreadsheet comprising actions to address the priorities identified by the analysis of relevant data presented in this application, success/outcome measures, the post holder responsible for each action and a timeline for completion. The plan should cover current initiatives and your aspirations **for the next three years.**

**The action plan does not need to cover all areas at Bronze; however the expectation is that the department will have the organisational structure to move forward, including collecting the necessary data.**

See next page.

Actions have been grouped thematically and are in numerical order.

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
<b>Athena SWAN infrastructure</b>							
ACTION 1	Improve representativeness of SAT	SAT formed in Nov 2012 and new members recruited as old members have left (eg to replace staff going on maternity leave)	Continue to monitor and ensure balance of group	Chair of SAT	On-going	Balanced and active group	H
		No student members at present. Presentation at Student Affairs Committee in November 2014	Recruit undergraduate, postgraduate teaching and postgraduate research students as members of SAT	Chair of SAT	by end of 2014/15	Greater undergraduate and postgraduate student awareness and involvement in SAT	M
ACTION 2	Maintain activity of SAT	Meets 6-weekly	Continue current frequency of meetings	Dean	On-going	SAT meetings continue with at least 60% engagement	H
			Develop SAT sub-groups to work on specific topics (eg staff survey, mentoring etc)	Chair of SAT	On-going	Progress reports from sub-groups to include in AS silver accreditation	H

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
ACTION 3	Communicate SAT activities widely	SAT currently disseminates activity at termly open meetings and in monthly school newsletter and on BSMS internal and external Athena SWAN webpages.	Continue these activities  Identify additional opportunities eg divisional meetings  Update webpage monthly	SAT	On-going	AS activities documented in the minutes of all open meetings and AS featured in each newsletter  Regular communication continued.  At least 80% awareness of Athena SWAN in staff survey by 2016	H
ACTION 4	Strengthen engagement of Athena SWAN steering group with SAT	Currently Steering Group meets termly	Continue current schedule to ensure senior awareness, involvement and contribution to AS initiatives	Dean	On-going	Steering Group meetings continue with at least 75% attendance	H

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
<b>Equal Opportunities and Diversity</b>							
<b>Gender data monitoring</b>							
ACTION 5	Monitor gender balance for:  - linked access course  - BM BS (undergraduate) students  - PGT students  - PGR students  - Academic and Research Staff	Gender balance of each group has been analysed for the last three years. Statistics good but we wish to understand better the experience of being a female staff member or student at BSMS. Few females apply for some PGT courses.	Repeat analysis annually and compare	SAT	Autumn 2015	Gender balance data collated in Summer 2015 and then annually thereafter	H
			Conduct focus group with female students from each year group to better understand their experiences of studying at BSMS (including those who completed an access course)	Director of Student Support	Summer 2015	Focus groups held. Feedback collated and appropriate actions scheduled	H
			Further investigation of PGT comparator data from KSS Deanery to understand the gender balance of applicants	Director of Postgraduate Studies	Summer 2016	Greater understanding of gender balance of potential PGT students  Action plan for attracting more female PGT students developed	M

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
<b>Staff Training in Equality and Diversity</b>							
<b>ACTION 6</b>	Improve staff induction processes	Since November 2012, more detailed induction information has been available to managers and new starters via the BSMS intranet. The Deputy School Secretary meets all new staff after one week and a formal induction morning is now organised termly	Survey new staff on the adequacy of the induction events and processes	Deputy Medical School Secretary	Autumn term 2014 and on-going	At least 80% satisfaction with induction amongst staff who started since 2014 †	H †
			Amend future induction mornings to reflect feedback	Deputy Medical School Secretary	Spring and Summer 2015 and on-going		
			Include a question in future staff surveys about adequacy of induction provided	SAT staff survey sub-group	Summer 2015		
<b>ACTION 7</b>	Increase staff awareness and knowledge of Gender Equality issues	Currently training is not undertaken by everyone (52% have self-declared training in staff survey). The Steering Group has agreed that Equality and Diversity training will be mandatory for all staff. The details of the UoB training have been promoted to all staff via the newsletter (July 2014). New UoS training schedule for 2014/15 available via the BSMS intranet.	Promote E&D training to all staff via internal newsletter and in BSMS Induction event and appraisal.	Line managers, SAT, Deputy Medical School Secretary	On-going	80% academic and research staff trained within 2 years †	H †
			Identifying equality courses equivalent to UoB or UoS courses	SAT and UoS HR	Spring 2015		
			Monitor % staff trained on UoS, UoB or other approved courses and provide to managers	SAT and UoS HR	Summer 2015 & annually thereafter		

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.



Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
<b>Institutional Culture</b>							
ACTION 8	To conduct annual survey on culture amongst academic staff and researchers	Surveys conducted in April 2013 (all staff) and May 2014 (academics and research staff)	<p>Further analysis of existing survey data by grade</p> <p>Conduct staff survey annually using tailored version of UKRC HE STEM Staff Culture Survey to monitor institutional cultural issues and impact of Athena SWAN initiatives</p> <p>Sub-group of Self-assessment team to analyse questions and responses further ahead of 2015 staff survey.</p> <p>Provide advice on all-staff survey</p>	SAT Staff Survey sub-group †	Next survey Summer 2015 and annually thereafter †	<p>2015 staff survey questions agreed and sent out in Summer 2015 †</p> <p>Documentation and wide dissemination of changes resulting from opinions expressed in staff survey †</p>	H †
ACTION 9	Extend workload allocation model	Workload allocation model improved and distributed to staff	Further refinements to include reference to teaching load	Deputy Medical School Secretary	By end 2015/16	Comprehensive workload allocation model in place	M

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
ACTION 10	Develop a culture in which unacceptable behaviour is not tolerated	Discussion at Student Affairs Committee and Curriculum Management Board about “lad culture” concerns expressed by students	Finalise action plan requested by AS Steering Group	SAT	Spring 2015	Agreed action plan in place	H
		Ethos statement issued to all students and staff	Monitor response to cultural questions in annual staff survey and responses to E&D questions in annual student survey	SAT staff survey sub-group & Deputy Medical School Secretary	Summer 2015 and annually thereafter	Reduced concern expressed in staff and student surveys about gender issues year-on-year	H
		Students complaints procedure revised	Conduct staff and student focus groups to better understand the experience of being female in BSMS	SAT & Director of Student Support	By end 2014/15	Focus groups held. Feedback collated and appropriate actions scheduled	H
		Questions about unacceptable behaviour included in staff surveys (2013, 2014). Responses of concern presented to DEG and Athena SWAN steering committee. Latter requested action plan.					

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
<b>Role models, mentoring and networking</b>							
<b>Role models</b>							
<b>ACTION 11</b>	Improving visibility of female academics by:						
	Inviting senior female academics to talk to staff and students	From 2011/12 to 2013/14, 2 out of 6 visiting professorial speakers were female.	Increase opportunities for visiting speakers and invite at least one senior female academic per term	SAT, DEG, Research Sub-Committee	From academic year 2015/16	Gender balance of visiting speakers	M
	Celebrating International Women's Day (IWD)	International Women's Day was celebrated in 2013 and 2014 with displays in the entrance hall to BSMS	Plan an annual event, including opportunities to network and design displays for other BSMS buildings	SAT	By March 2015	High awareness of IWD and positive feedback on events from staff and students	H

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
ACTION 12	Increase female role models for our students in all aspects of teaching:  - Induction - Phase and module leaders - AT and CAT gender balance - Clinical practice modules - Systems module in Phase 1 - Phase 2 teaching - Phase 3 teaching  Promote existing teacher training opportunities to current female facilitators to support their transition to lecturing	Preliminary analysis of gender balance of Induction presenters, Phase and Module leaders, academic and clinical academic tutors and modules 101, 201 & 403 lecturers and facilitators already completed. Facilitators are largely female and lecturers male.	Analysis of gender balance of BSMS teaching staff	SAT	Spring 2015 gender balance analysis completed	Year-on-year increase in proportion of lectures delivered by female staff	M
			Develop action plan to promote greater female involvement at all levels	SAT, Director of Undergraduate Studies & module leaders	Summer 2015 action plan formulated	Greater gender balance among facilitators	M

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
<b>Mentoring</b>							
ACTION 13	Evaluate and expand mentoring opportunities for staff	Two mentoring schemes recently designed for academic staff (one to one mentoring) and researchers (mentoring circles). Invitations sent to mentees in Autumn 2014.	Evaluation of these two pilot mentoring schemes	BSMS: Mentoring sub-group	By Autumn 2015, evaluation of current BSMS pilot scheme	Evaluation of mentoring schemes completed and shared with staff	H
			Introduction of a definitive mentoring programme for all female academics and researchers in BSMS	UoS: Research Office			
				SAT	January 2016 full scheme launched	Increasing satisfaction expressed in staff survey about with mentoring opportunities year on year	H
			Explore how to expand the pool of mentors for our academic staff.	SAT	2015/16	Action plan and new mentors identified	M

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
ACTION 14	Identify opportunities to provide additional support for female staff e.g. recruitment of a person to oversee the development of post-doctoral staff or to help facilitate females returning to work	None	Review data from staff surveys & focus groups to identify unmet needs and ideas. Prepare proposals and business case for Steering Group and DEG to consider	SAT Career Development sub-group	First initiative by November 2015	One initiative developed each academic year for the next three years	L
<b>Informal Networking</b>							
ACTION 15	Facilitating access to academic and networking meetings for all staff	Meeting policy written in 2013, updated and re-distributed in October 2014	Include question about meeting times in 2015 survey and on-going	SAT	Next survey Summer 2015 and annually thereafter	Monitor satisfaction in staff survey questions & compare to 2014 responses (and annually thereafter)	L
			Identify those meetings (academic and networking) still scheduled outside core hours and identify ways to facilitate participation	SAT	Spring 2015	More meetings held within core hours or other ways to facilitate participation identified	L

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
ACTION 16	Increase networking opportunities for BSMS students and staff	Responses to staff survey indicated 32% of F and 23% of M dissatisfied with the networking facilities provided.	Focus group with staff and students to better understand their networking needs  Informed by the above develop new networking opportunities for females in BSMS	SAT career development sub-group †	Commence Spring 2015 and complete Autumn 2015 †	Action plan generated  Sustained engagement in networking activities  Increasing satisfaction expressed in staff survey about networking opportunities year on year	M †
<b>Flexible working, maternity and paternity</b>							
ACTION 17	Increase awareness of flexible working arrangements	Formal flexible working arrangements (fwa) identified. Anecdotally there are many informal arrangements.	Monitor formal fwa by gender and grade  Encourage formalisation of informal fwa  Use 2015 staff survey to identify informal fwa by grade  Explore the barriers and facilities to flexible working by questionnaire to line managers	SAT  SAT & line managers  SAT  SAT Career Development Sub-group	Spring 2015 and annually thereafter  Summer 2015  Summer 2015  Autumn 2015	Increasing satisfaction with the four staff survey questions relating to flexible working in 2016 staff survey †	M †

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
ACTION 18	Improving maternity support	Conducted survey of maternity returners carried out in 2013/14 and updated maternity information available on staff intranet. In addition, UoS HR have conducted focus groups including BSMS staff. SAT is aware of Research Council statement on maternity and impact on grant funding.	Continue to monitor experience through questionnaire sent to maternity returners.	Deputy Medical School Secretary	On-going	Case histories of positive experiences	M
			Questionnaires will be reviewed on receipt and appropriate action taken.	SAT	On-going	Questionnaires reviewed	M
			Responses summarised annually and reviewed.	SAT	First review summer 2015 and annually thereafter	Increasing satisfaction expressed in maternity returners questionnaire	M
			Model impact of adapting Research Council statement within BSMS by considering potential number of individuals affected and possible costs.	Career development sub-group & Steering Group Finance Officer	Academic year 2015/16	Impact of Research Council statement quantified. Follow-on action identified	M
ACTION 19	Monitoring paternity, adoption and parental leave uptake	UoS HR data shows that very few requests are made	Continue to monitor requests and outcomes and develop appropriate actions if necessary	UoS HR & SAT	Re-run reports in summer 2015	Up-to-date information available for analysis	L

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.



Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
ACTION 20	Supporting pregnant female students so their pregnancy has minimal impact on their studies	Support processes are already in place for pregnant students  Facebook support group available to pregnant students and those with children since 2013	Review adequacy of support provided in the maternity returners questionnaire and make appropriate adjustments if necessary.  BSMS to continue to offer support to the Facebook group as required.	Director of Student Support	Annual review of satisfaction, commencing summer 2015	Sustained satisfaction with support provided	M
ACTION 21	Ensuring appropriate return rate for students intermitting from their studies.	Gender balance of students intermitting has been analysed and concern expressed about the number of females not returning.	Reasons for non-return of students to be reviewed and any deficits in our support identified.  Develop action plans to address unmet needs	Director of Student Support  Director of Student Support & SAT	Analysis by Summer 2015  Action plan completed Autumn 2015	Analysis completed  Female return rates remain stable or improve	L

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
<b>Female Career Progression</b>							
<b>Recruitment – students</b>							
ACTION 22	<p>Improve recruitment processes to minimise risk of gender bias for all students:</p> <ul style="list-style-type: none"> <li>- Undergraduate</li> <li>- Postgraduate taught</li> <li>- Postgraduate research</li> </ul>	Data relating to ug, pgt and pgr student applications have been analysed. In addition, for undergraduates, gender balance of interview panels has been analysed and found to be sub-optimal.	<p>Initiate process to collect interview panel gender balance data routinely and to analyse annually</p> <p>Introduce process to minimise use of single gender panels</p>	<p>Admissions Tutor</p> <p>Director of Postgraduate Studies</p> <p>Director of Undergraduate Studies</p>	Summer 2015	<p>Gender of panel members routinely collected from 2015/6 onwards</p> <p>&gt;95% mixed gender panels by 2016</p>	M
ACTION 23	To increase proportion of females on postgraduate taught courses	Proportion analysed and preliminary analysis suggests low % female reflects local cohort.	<p>Potential to attract more women to be explored further with our LETB (Local Education and Training Board) and local NHS trusts</p> <p>PGT course leaders will be asked to consider initiatives to attract more women and to understand why students do not always accept the offer made</p>	<p>Director of Postgraduate Studies</p> <p>PGT Course leaders</p> <p>Communications Officer</p>	By start of academic year 2015/16 †	Specific initiatives in place to attract women to pgt courses †	M †

\*Priority: H = High, M = Medium, L = Low

† This Responsibility, Timescale, Success Measure and Priority (as indicated) apply to all the further actions in this row.

Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
<b>Recruitment – academics and researchers</b>							
ACTION 24	Improving recruitment panel gender balance and training of panel members	BSMS is currently collecting recruitment panel data until a new HR system is in place (expected 2015/16).	Devise improved process for collecting panel gender balance & training status.	Athena SWAN project officer/Deputy Medical School Secretary	Spring 2015.	Process established	H
		The AS Steering Group has decided that recruitment panels must include a minimum of one trained person, increasing year-by-year.	Collect and analyse data on interview panels.	Dean's PA & SAT	Collection of data: On-going Analysis: July 15 and annually thereafter	Complete dataset of recruitment panel information collected	H
			Identification of pool of those most frequent recruiters in need of training by Spring 2015.	UoS HR and SAT	UoS training available in April 2015 – bespoke training available earlier being investigated.	End of year 1 - panels to contain one trained person, year 2 two people and year 3, minimum of three people	H
ACTION 25	Continue to collect and monitor recruitment data and understand gender balance at each grade and recruitment stage.	Gender balance through recruitment stages (from application to offer) collected and monitored.	Continue to collect and monitor gender balance  To analyse data by grade	UoS HR and SAT	Collection on-going. Re-analyse Summer 2015 (and annually thereafter)	Recruitment data collected and analysed	H

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Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
<b>Career Development</b>							
ACTION 26	Increase career development opportunities for women	Questions in staff survey 2014 showed that 24% of F and 10% of M disagreed they were encouraged to take up opportunities. 40% of part-time staff disagreed.  SAT has begun to promote training through BSMS Athena SWAN website and direct emails	Publicise training opportunities to all staff  Use staff feedback/case histories to emphasise the relevance and encourage greater take-up of future events	Communication Manager	To commence immediately and be ongoing	Better take-up of career development opportunities  Improving trend in staff survey responses to questions about opportunities for staff development	M
ACTION 27	Improve access to Officerships and committees for female staff	Officerships and committees are male-dominated. Process for appointment to these opportunities has been made more transparent.	Promote opportunities and process for accessing them to staff	SAT & Dean	Spring/Summer 2015 for committees; As arise for officerships	Higher proportion of female staff applying	M
			Monitor gender balance of Officerships and committees	SAT	Autumn 2015 (after new committees are set)	Improved gender balance on committees	M

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Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
<b>Appraisal</b>							
ACTION 28	Increase appraiser competence and training	Staff survey question in May 2014 in relation to usefulness of appraisal received indicated 53% satisfaction  Analysis of current appraisal training level	Promotion of appraisal training to all staff  Introduce policy that attendance at appraisal training is compulsory for all managers	Communications Manager  Dean & DEG	On-going  Spring 2015	Increased satisfaction with appraisal process in 2015 staff survey question (and increasing in future years) †	H †
ACTION 29	Using appraisal process to encourage senior staff's engagement with career development	Assessed satisfaction of staff with their career development support in staff survey question in May 2014	Adapt existing appraisal schemes to include a section on how the appraisee develops the careers of the staff they are responsible for.	Dean DEG	For appraisal round in 2015/16	Modification to appraisal process agreed and being used  Increased satisfaction with career development support process in 2017 staff survey question (and increasing in future years)	M †

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Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
<b>Promotion</b>							
ACTION 30	Improving awareness of the promotions process	Staff survey question in 2014	Arrange further promotions workshops	Dean's PA	Next promotions workshop Sept 2015 and annually thereafter	Promotions workshop becomes an annual event in BSMS training calendar.	H
		Promotions workshop organised in Sept 2014					
		Materials added to intranet so accessible to all staff and link distributed in the staff newsletter in Oct 2014	Organise CV-writing workshops for female staff	SAT	By end 2014/15 and regularly thereafter	Regular CV-writing workshops starting in 2015	H
		UoS promotion criteria now changed to include personal circumstances in relation to volume of work produced. UoS updating materials.				Staff survey 2015 shows better understanding of promotions process (and improving each subsequent year)	H

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Action number	Description of action	Action taken already and status at November 2014	Further action planned	Responsibility	Timescale	Success Measure	Priority *
<b>Contract</b>							
ACTION 31	Fixed-term staff	<p>Gender balance of fixed-term &amp; permanent staff has been analysed.</p> <p>Focus groups were held in 2013/14</p> <p>Proactive process for transition of fixed-term to permanent staff</p> <p>Better inclusion of fixed-term staff in appraisals</p>	Continue to monitor gender balance of fixed-term staff.	UoS HR and BSMS Dean	Repeat analysis of gender balance of fixed-term staff in Summer 2015 and annually thereafter	2015 and future appraisal submissions show better coverage for fixed-term staff	H
<b>Turnover</b>							
ACTION 32	Reduce number of female staff leaving because of fixed-term contracts	<p>Exit interview and reasons for leaving monitoring processes commenced in 2013</p> <p>UoS is currently introducing a process for transfer from fixed to indefinite contract for some staff</p>	<p>Continue to monitor reasons for leaving by gender</p> <p>Monitor impact of the process of conversion from fixed-term to permanent contract</p> <p>Develop initiatives to reduce number of female staff leaving due to fixed-term contracts</p>	<p>Deputy Medical School Secretary</p> <p>SAT</p> <p>SAT, UoB HR</p>	<p>On-going</p> <p>Summer 2015 and annually thereafter</p> <p>Summer 2015</p>	Year-on-year reduction in proportion of female staff leaving because of fixed-term contract †	M †

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