# Athena SWAN Silver department award application

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| Name of university: | **Queen Mary University of London** |
| Department: | **Barts and The London School of Medicine** |
| Date of application: | **28th November 2014** |
| Date of University Bronze Athena SWAN award: | **2007, renewed in 2010 and 2013** <br> **School of Medicine (Dept.) April 2013** |
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**Please note an extra 1000 words has been granted due to the size of the department**

**Acronyms**

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|---|---|
| QMUL | Queen Mary University of London |
| QMSE | Queen Mary Senior Executive |
| SMD | Barts and The London School of Medicine and Dentistry |
| SM | School of Medicine |
| SBCS | School of Biological and Chemical Sciences |
| AS | Athena SWAN |
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| BCI | Barts Cancer Institute |
| IHSE | Institute of Health Sciences Education |
| WHRI | William Harvey Research Institute |
| WIPM | Wolfson Institute of Preventive Medicine |
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| BMedSci | Bachelor of Medical Science |
| BSc | Bachelor of Science |
| GEP | Graduate Entry Programme |
| MBBS | Bachelor of Medicine, Bachelor of Surgery |

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|---|---|
| MDRes | Doctor of Medicine by Research |
| PGDip | Postgraduate Diploma |
| ECR | Early Career Researcher |
| | |
| BLSA | Barts and The London Student Association |
| BPS | British Pharmacology Society |
| CME | Centre for Medical Education |
| CoC | Centre of the Cell |
| FTC | Fixed Term Contract |
| GP | General Practitioner |
| MRC | Medical Research Council |
| NIHR | National Institute for Health Research |
| PDRA | Postdoctoral Research Assistant |
| PI | Principal Investigator |
| R&ESG | Research and Education Strategy Group |
| SAT | Self Assessment Team |
| SEG | Senior Executive Group |
| SMT | School Management Team |
| STEMM | Science, Technology, Engineering, Mathematics and Medicine |
| STEMNet | Science, Technology, Engineering and Mathematics Network |
| VP | Vice-Principal (Health) |
| WISE | Women in Science and Engineering |
| WiLP | Women into Leadership programme |

## 2. The self-assessment process

### (a) A description of the Self-Assessment Team (SAT): members' roles (both within the department and as part of the team) and their experiences of work-life balance

**Table 1:** the SM SAT

| Name | Tenure on SAT | SAT role | University role | Additional information |
|---|---|---|---|---|
| **Nick Lemoine** | April 2012 – present | Chair of SAT, mentor on School of Medicine (SM) scheme | Director, BCI | Champions equality and diversity by leading by example as the Chair of the SAT, with a portfolio career. Married, two grown-up children. |
| **Amrita Ahluwalia** | April 2012 – present | Deputy Chair of SAT. Designed/advised on SMD pilot mentoring scheme for female academics | Deputy Director, WHRI | Launched 1st National Learned Society (2006) Mentoring Scheme for Women. Organised leadership seminars and workshops, raised funding for a national 'Women in Pharmacology' Prize, Chaired Women in Pharmacology Committee of the British Pharmacological Society. Two teenage sons, husband also a Professor |
| **Rukasana Bhaijee** | Feb 2013 – present | Advises on initiatives and submission, sharing good practice | QMUL Diversity Coordinator | Extensive knowledge of gender equality issues and initiatives in higher education. |
| **Matthew Caley** | May 2014 – present | Postdoctoral representative | Post-Doctoral Researcher | Single, joined Blizard Institute in 2014 |
| **Angus Cameron** | Feb 2014- present | Early Career Researcher representative | Lecturer, BCI | Joined BCI in 2013 as part of the ECR cohort of young investigators. Married with a two year old daughter and thus experience of work /life balance. |
| **Melania Capasso** | April 2012 – | Barts Cancer Institute Representative (BCI) | Lecturer, BCI | Recent experience of setting up independent laboratory. Recently returned from maternity leave. Proposed and |

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|---|---|---|---|---|
| | present | | | provided rationale for post-doc mentoring in SM.  In a dual career marriage. |
| **Brian Colvin** | June 2012 – present | Sharing experience including from role as AS panel chair | Honorary Professor at QMUL | SMD Dean for Student Affairs, 1998–2008. Chair, QMUL AS committee 2009-12, Deputy Chair since 2012. Supported wife, former British Ambassador and commuted weekly to Rome to fulfil his clinical and academic duties and his role as a diplomatic spouse. |
| **Janet De Wilde** | July 2014 – present | Advisory role | Head of Research Development, QMUL | Long work experience in engineering manufacturing/departments at Imperial (first female academic in Bioengineering). Moved into academic and professional development, have taught work-life balance and other transferrable skills. Two children at university. |
| **Nick Fahy** | March 2014- present | PhD student  representative | Part-time PhD student, BCI | Previous policymaker experience with equal opportunities issues. |
| **Danë Goodsman** | April 2012 – present | IHSE representative.  Lead on student initiatives | Senior Lecturer, Medical Education. Interprofessional Education lead for QMUL. | Co-Convenor of first iBSc in Pre-hospital Medicine and currently working on developing a Leadership programme for Medical students.  Runs a Teacher Coaching consultancy. Widowed, two grown up children. |
| **Enid Hennessy** | April 2012 – present | Expert, responsible for data | Honorary retired Senior Lecturer, WIPM | Retired medical statistician.  Experienced strong encouragement to move from clerical to permanent academic post.  Has always worked part-time.  Two children, now adults. |
| **Aine McKnight** | Nov 2013 - present | Blizard Institute representative | Professor of Viral Pathology | Gender and Ethnic lead for the Blizard Institute.  Personal mentor for four early career researchers (two women/two men).  Married with one son aged 12. |
| **Mangala Patel** | March | Dentistry Champion | | Progressed at QMUL from a Research Assistant to Reader |

| | | | | |
|---|---|---|---|---|
| | 2013 – present | | | Three grown up children - born in early career and husband on shift work, so experienced work-life balance |
| **Nick Smith** | May 2014 – present | Offers coordinating support across SMD's executive bodies, liaison with VP (Health) and project support | Executive Officer to VP Health | Background of supporting diversity in National Union of Students governance and QMUL governing body. |
| **Jane Sosabowski** | April 2012 – present | Part-time/flexible workers' representative. | Lecturer, Heads the Cancer Imaging Laboratory, BCI | Experience of combining short-term post-doctoral contracts with starting a family and working full-time in academia. Worked part-time after birth of children. College flexitime policy essential to being able to work full-time. |
| **Richard Trembath** | April 2012 – present | Executive Dean for School of Medicine & Dentistry. | VP-Health | Married, grown-up daughter and son. |
| **Tim Warner** | June 2012 | Representative of postgraduate research student body | Dean for Postgraduate Research, SM, Professor, WHRI | Three sons one daughter, aged 12-17, one of whom has special needs<br><br>In a dual academic marriage. Needs to juggle work, care duties and family commitments. |
| **Marcia Williams** | Sept 2014 – present | QMUL Athena SWAN Project Coordinator | QMUL Diversity Manager | Extensive knowledge of diversity & equality issues and initiatives across a wide range of sectors. |

**(b)** *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

The School of Medicine (SM) was the first department within QMUL to establish an AS SAT to expand our gender equality programme. Our aim is to improve opportunity and experience for all staff and students but particularly women by assessing School process and policy and encouraging change. This mission aligns with the QMUL 2014 strategy to achieve gender equality college-wide. The SM SAT has met monthly since January 2012 and increased to fortnightly during periods of preparation for AS Awards i.e. in March-April 2013 and Sept-Nov 2014. The school achieved a Bronze Award in April 2013. The SAT reports to the QMUL's AS Committee and the SM Executive Group (SEG). Currently the SAT is composed of 7 women and men.



**L-R: Dr Melania Capasso (School of Medicine), Bertille Calinaud (Diversity Manager and Athena SWAN project coordinator), Dr Angelika Stollewerk (SBCS) and Dr Kitty Meeks (Mathematics)**

To ensure practices were consistent across the SM's five Institutes, and to enable areas of identified best practice to be shared, each SM Institute completed a questionnaire and Institute managers were invited on the SAT. The SAT reviewed the data for Institutes School-wide and set up a number of initiatives, including:

In 2012/13:

- A pilot mentoring scheme for women funded by SM (initiated Oct 2012)
- Analysis of the Staff Attitude survey by gender for SM, which informed our mentoring scheme
- An initiative to move executive and management meetings to within defined 'core hours' following two surveys of all staff (initiated Jan 2013)

- Workshops for women on work-life balance and leadership skills (initiated November 2013)
- An informal lunch for staff on, about to take or recently returned from maternity (and other family) leave (initiated April 2013).
- AS Observers on Academic Status and Promotions Committee (initiated Apr 2013)

Our continued commitment to the gender equality agenda has been reflected by the SM SAT our efforts to extend our good practice QMUL-wide.  An important and major concern for the SM SAT, raised also in the Bronze award feedback, has been improving the data quality regarding the staff and student body and identifying strategies that ensure systematic data capture. In addition, we have continued to explore approaches to improve equality, in part through feedback from the events organised above and in part driven by the feedback from our Bronze Award. Our activities in 2013/2014 included:

In 2013/14:
- Representation by SM SAT members to QMSE to extend and adopt all 2012/13 initiatives College-wide (July 2014)
- Influenced change of the University's annual appraisal format to include consideration of promotion opportunities (Sep 2013)
- AS Observers on Staff Bonus committee (Jan 2014)
- Introduced policy regarding gender representation on SM senior committees (Sep 2013)
- Established School-wide policy regarding gender balance in all seminar series/conferences (April 2014)
- Established AS as an agenda item on all committees related to SM School and Institute business (initiated Jan 2013)
- Established SM policy for extended leave returners (Mar 2014)
- Annual appraisal of SAT members to ensure broad representation (Jan 2013)
- Influenced new e-academic workload allocation model known as SWARM to include AS activities (Sep 2014)

Since the Bronze award VP-Health, Professor Richard Trembath, has increased his involvement with the SM SAT with both he and his Executive Officer becoming formal committee members and attending meetings. Professor Trembath has introduced AS as a standing item for discussion at the VP Open Meetings with all staff, and regularly reports AS initiatives in the termly newsletter to all SM staff.

Throughout this submission, we have highlighted embedded good practice, relevant achievements from the previous action plan, and their impact, as well as flagging actions for further development with the following box:

| KEY: | |
| --- | --- |
| ✓ | Current good practice identified and actions achieved since last submission |
| ➢ | Actions planned for the future – (ACTION NUMBER) |
| ⌘ | **Impact** |

**(c)** *Future of the Self-Assessment Team (SAT),* 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 SM AS SAT will continue to meet monthly to ensure that the SM 2015-2017 Action Plan is progressed, developed and delivered. In direct response to feedback from our Bronze award, we will review our Terms of Reference annually to ensure timely relevance, with any changes approved by VP Health.  We will also review membership and role rotation amongst current members. This will allow opportunities for all committee members to take a lead in initiatives and will ensure continued representation from ECRs, and particularly to replace any members who have left including those representing PhD students and the large PDRA workforce (where turnover is higher). Our aim is to continue to achieve good gender balance on this committee. Funding for AS-related activities will be included in future planning rounds and risks of failure to fund have now been identified on the SM Risk Register.

Importantly, the SM SAT will review and update the Action Plan on a quarterly basis. All student and staff data will be reviewed on an annual basis. In addition, QMUL staff surveys have been conducted. The most recent was between September-October 2014 and the data will be available in early 2015.  A specifically established School focus group will consider Faculty and Institute specific feedback. Systems have been put in place to ensure that the data emerging from these focus groups is fed back to each of the constituent components of QMUL. These data will inform any additional actions that we might wish to include in the 2015-2017 Action Plan. The establishment of AS as an agenda item on all School committees, with a member of the AS SM SAT to speak to the agenda item, will ensure sustained commitment and consideration.

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| ✓ Jan 2014 SAT reviewed and new members recruited |
| ✓ Review Terms of Reference and membership |
| ✓ Regular staff surveys to gauge broad views of staff |
| ➢ Business planning and risk register entries, including identifying staff resource required (Action 1.1) |
| ➢ Continue annual review of Terms of Reference (Action 1.2) |
| ➢ Continue annual appraisal of SAT membership (Action 1.2) |
| ➢ Analyse staff survey data and identify additional actions for 2015-2017(Action 1.3) |
| ➢ Quarterly assessment and appropriate updating of 2015-2017 Action Plan (Action 1.3) |
| ➢ Annual assessment of staffing and student data from HESA & HEIDI submissions (Action 1.3) |
| ⌘ **SM SAT diversity has enhanced widening reach of activities** |
| ⌘ **AS initiatives now a QMUL priority through Risk Register inclusion** |

**[1000 words]**

## 3.    A picture of the department   (2000 words max)

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

Barts and The London School of Medicine and Dentistry (SMD) was formed in 1995 by a merger of the St Bartholomew's and The London Hospital medical schools with QMUL.   In 2012 QMUL became a member of the Russell Group of Universities and the 2008 Research Assessment Exercise placed SM 3rd in England (behind Oxford and Cambridge). Particularly gratifying is that our Medical School was rated top in Medicine in London in the most recent National Student Survey and 4th in the UK in the Complete University Rankings.

**Figure 1:** The School of Medicine Structure
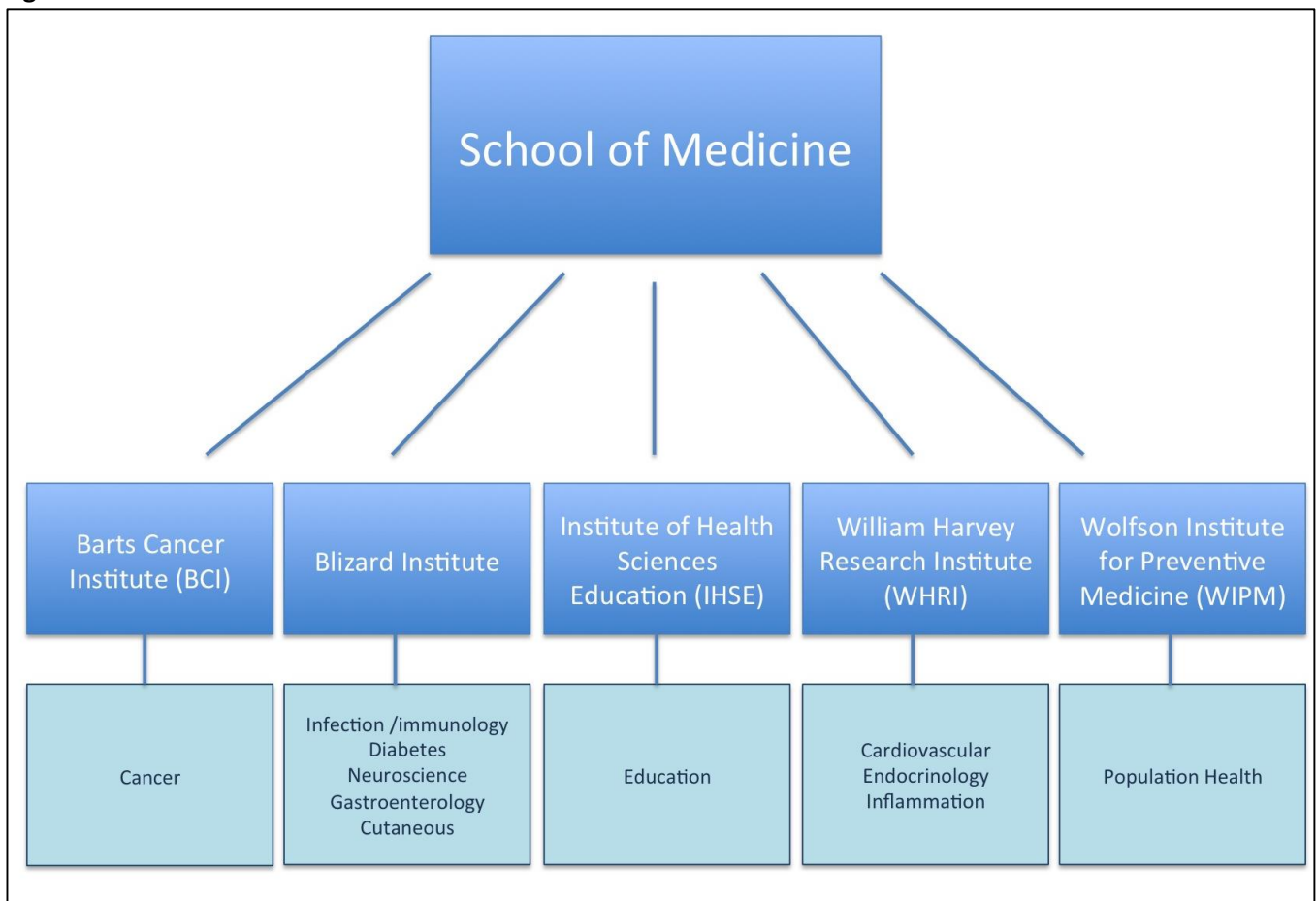


The SM offers programmes in MBBS[1], and 11 courses for intercalated degrees (BSc[2], BMedSci[3]). A very small number of clinical students are dentists converting to medicine to enable them to become Maxillo-Facial surgeons. As well as c1500 undergraduates, there are over 500 postgraduate students in taught (PGT) programmes leading to a Master's degree. There are over 300 postgraduate research (PGR) students registered for PhD, MPhil and MDRes[4] degrees. SM has over 780 members of academic and research staff.    SM is based across 3 campuses and comprised of 5 Medical Institutes: one responsible for commissioning/delivery of education (IHSE) and the other four teaching and research

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[1]  Bachelor of Medicine, Bachelor of Surgery
[2]  Bachelor of Science
[3]  Bachelor of Medical Sciences
[4]  Doctor of Medicine by Research

with specific areas of research focus (Figure 1). Each Institute has its own Director, Manager and small administrative team.

The School of Medicine (SM) is led by the VP-Health, supported by 3 main committees:

- The **Senior Executive Group** (SEG) meets monthly and is composed of the Institute Directors and the VP-Health;
- The **Research and Education Strategy Group** (R&ESG) meets monthly and comprises of the Director, Deputy Director and educational leads for each Institute together with the Dean for Research for SM and the VP-Health;
- The **Senior Management Team** (SMT) to which each of the Institute Managers report, also meets monthly.

On advice from the ECU, the Institute of Dentistry has its own SAT, as there is a distinct Dental student body. Best practice has been shared with Dentistry, who received a bronze award in April 2014.

**(b)** *Data for 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

**Figure 2:** Numbers of students - by gender and year. The darker bars represent the number of females and the lighter bars, the males. Undergraduate intercalated students are not included
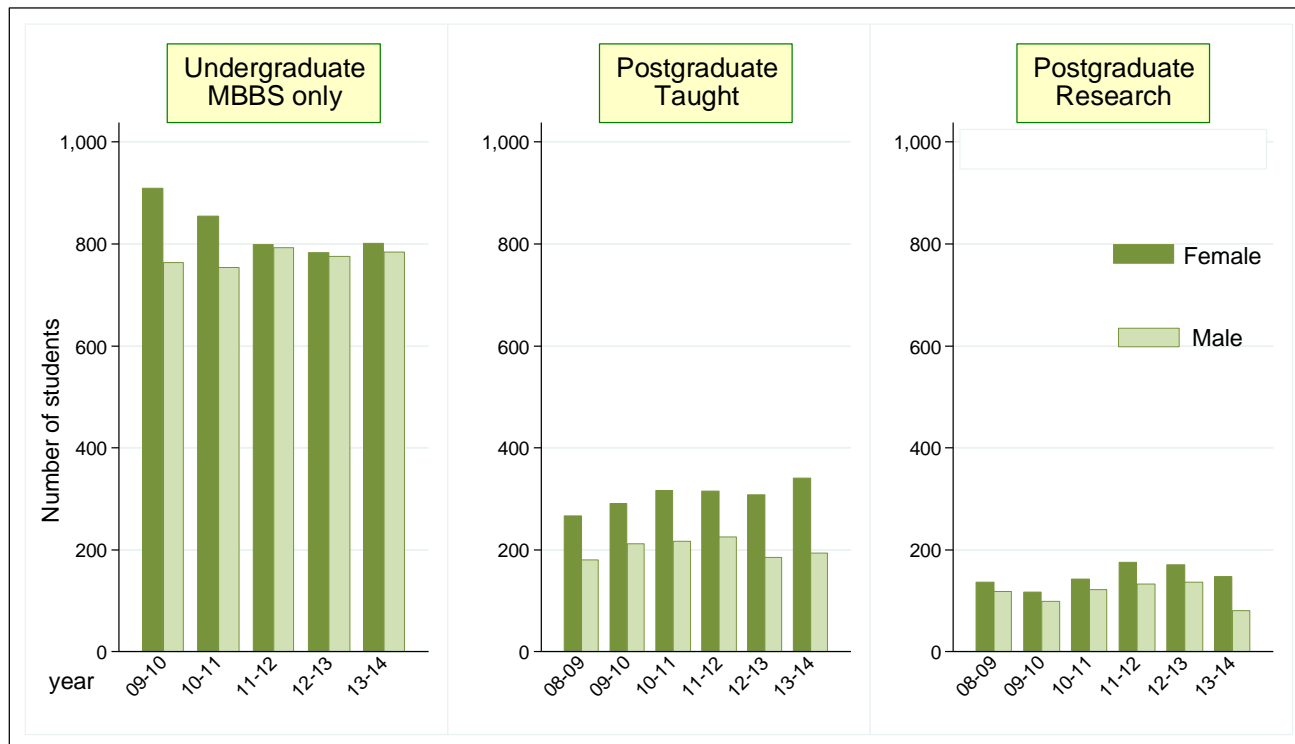


**Figure 3:** Student -percentage female, QMUL and National comparisons. Above the red dotted line, there are more men than women on the courses.
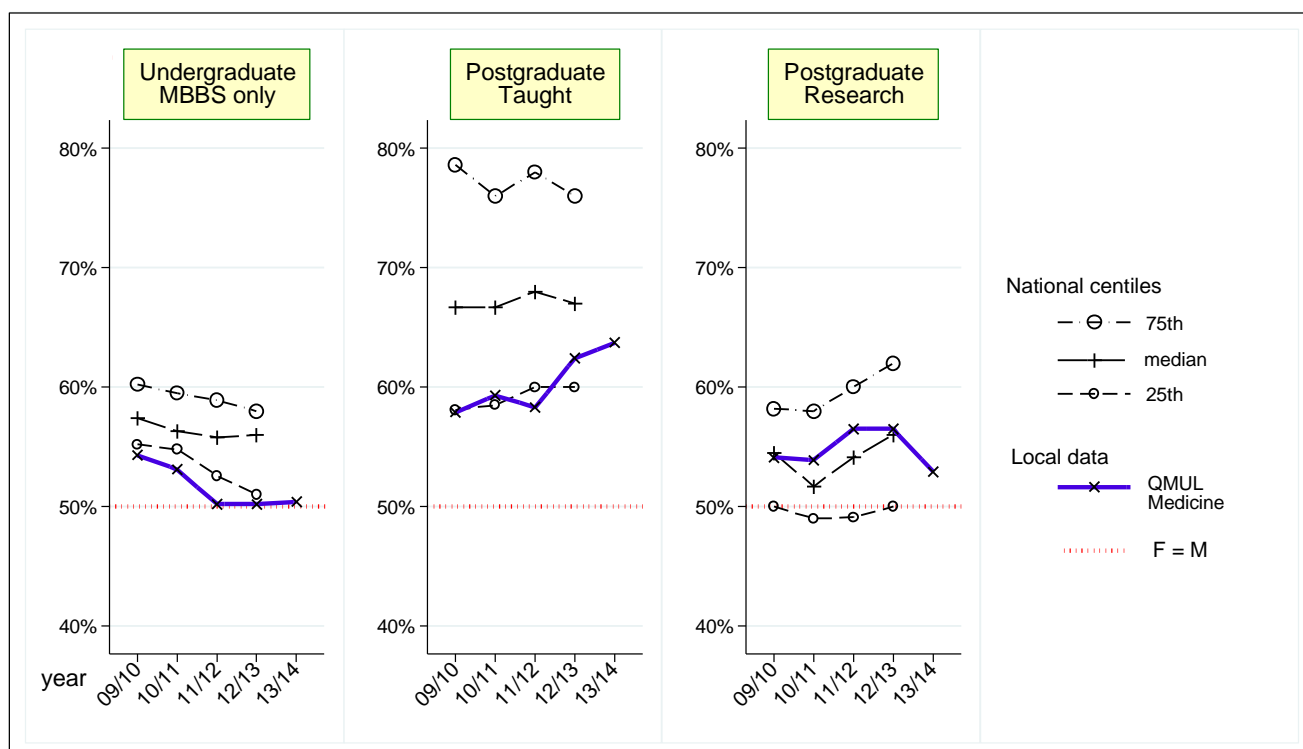
Figure 2 shows the numbers of students by gender, and Figure 3 the comparison with national data. Currently more women than men are enrolled for each of the 3 categories, reflecting national norms.

**(i)** ***Numbers of males and females on access or foundation courses***
The School does not offer foundation courses.

**(ii)** ***Undergraduate male and female numbers***[5] *– 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.*

Our MBBS students enter as full-time undergraduates (five year course) or as graduate students (four year course). The %female for MBBS students up to 2012-2013 has been declining slowly, although this decline appears to have been halted at 51%: an effect we believe due to improvements to the interview process to eliminate potential gender bias (see page 13, Recruitment). Our data also show a growing number of females entering the Graduate Entry Programme (GEP). This may indicate that women are acquiring further skills prior to entering medicine placing them in a more confident position to conduct a Medical course (Table 2). We view parity in the gender balance within our MBBS course as good and will continue to assess the numbers to ensure that a downward trend in female numbers does not recur. We will survey our GEP students to determine whether there are any overt gender specific reasons for entering medicine at the graduate level.

**Table 2**: - Students registered for MBBS, numbers and percentage female and numbers according to graduate entry or not.

| Year | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
|---|---|---|---|---|---|
| **National data % Female** | | | | | |
| *75th* | *57%* | *56%* | *56%* | *56%* | *not available* |
| *Median* | *60%* | *60%* | *59%* | *58%* | |
| *25th* | *54%* | *53%* | *50%* | *50%* | |
| **QMUL all MBBS** | | | | | |
| Total | 1673 | 1609 | 1591 | 1559 | 1585 |
| Female | 911 | 909 | 855 | 783 | 801 |
| Male | 720 | 764 | 754 | 776 | 784 |
| **% Female** | **55%** | **55%** | **53%** | **51%** | **51%** |
| **Undergraduate entry only** | | | | | |
| Total | | | 1401 | 1359 | 1389 |
| *% Female* | | | *49%* | *48%* | *49%* |
| **Graduate entry only** | | | | | |
| Total | | | 190 | 190 | 181 |
| *% Female* | | | *60%* | *63%* | *63%* |

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[5]  For questions 3ii-iv and 3vi the Higher Education Statistics Agency (HESA) standard registrations population has been used and has been derived from the HESA student Record. For the national benchmark data this has been sourced from the Higher Education Information Database (HEIDI) and for QMUL this has come from the HESA student return. For question 3v, information has been extracted from the Student Information System (SITS) at QMUL.

*Intercalated degrees for MBBS students*

Virtually all students who are eligible, i.e. without a first degree, are given the opportunity to undertake a one year full-time intercalated degree. On the 5 year MBBS more females than males are graduates and this may explain, in part, the decreasing proportions of females doing intercalated degrees since 2010-11 (Table 3).

**Table 3**: - Students registered for an intercalated degree: numbers and percentage female

| Year | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
|---|---|---|---|---|---|
| Number of Females | 75 | 86 | 71 | 54 | 50 |
| Number of Males | 72 | 77 | 68 | 62 | 64 |
| Total students | 147 | 163 | 139 | 116 | 114 |
| *% Female* | *51%* | *53%* | *51%* | *47%* | *44%* |

*Recruitment*

The decline in female numbers in the MBBS pre-2012 stimulated investigations regarding the recruitment process. Applications are first reviewed within the Admissions Office to check that minimum academic requirements are met. We aim to interview approximately 800 applicants in total for A100 (5 year MBBS).

Our interview panels consist of two members of senior academic or clinical staff, a lay selector and a current student. We aim for all panels to be gender balanced. It is mandatory for all selectors to receive training on interviewing and equal opportunities. We believe that the levelling of the percentage of women conducting the MBBS is directly due to this mandatory training.

> ✓ Panel members for UG admissions trained in equal opportunities, refresher every 3 years
> ✓ Objective recruitment criteria in place.
> ➢ Continue to monitor closely the numbers of women entering the MBBS course in case they drop below parity and take action (Action 1.5)
> ➢ Survey GEP students to investigate reasons for choosing course (Action. 1.5).
> ⌘ **Decline in numbers of females entering the MBBS halted and equivalence of genders in the course achieved**

**(iii)** ***Postgraduate male and female numbers completing taught courses (PGT)*** *– 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.*

The courses on offer are classified by JACS codes as Medicine (A1, A3 & A9), and "Subjects Allied to Medicine" (B1, B2 & B9). All the on-campus courses are MSc or MRes, while MScs, Postgraduate Diplomas and Certificates are offered to "Distance learners". Of the 1st year 2012/13 students 48% were studying "Medicine" on-campus, 18% "Subjects Allied to Medicine" on-campus, the remaining 34% were distance learners in "Medicine" only.

A majority of courses are now offered full or part-time, and only a few offered full-time only (Table 4).

**Table 4**: Descriptions of Postgraduate taught courses with 1st year students in 2013/14

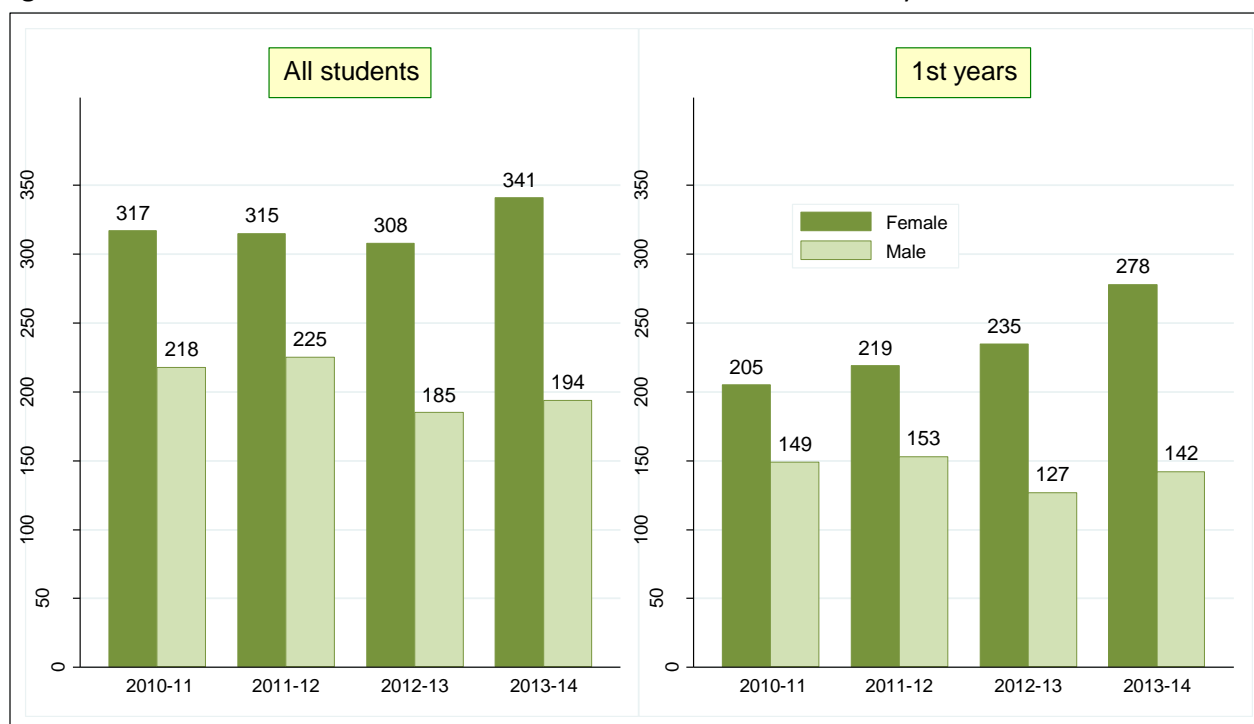|  | In house | Distance Learning | | |
|---|---|---|---|---|
|  | MSc or MRes | MSc | PG Diploma | PGCert |
| Full or part-time | 14 | 2 | 1 | 1 |
| Part-time only | 2 | 5 | 4 | 2 |
| Full time only | 4 | 0 | 0 | 0 |
| Total number of courses | 20 | 7 | 5 | 3 |
| **% Available part-time** | **80%** | **100%** | **100%** | **100%** |

**Figure 4:** Total numbers of men and women enrolled in PGT and in the first years of their PGT courses.



Figure 2 and 4 demonstrate that for both PGT and PGR we consistently have more women than men, although the %females conducting PGT is substantially lower (we are at the 25th centile) than the national average (Figure 3). Our analysis indicates that differences in JACs coding between universities likely underlies the wide range of %female with a quarter of universities having more than 74% women (Figure 2). We are not concerned with our proportion of females overall. The proportions taking courses part-time is similar for men and women, and the proportions of women taking the courses is above 50% and has been rising since 2011-12 (Table 5).

**Table 5**: Postgraduate taught course student numbers by gender and year.[6]

| Year | 2010-11 | | 2011-12 | | 2012-13 | | 2013-14 | |
|---|---|---|---|---|---|---|---|---|
| | F | M | F | M | F | M | F | M |
| **All students** | | | | | | | | |
| Total No. | 317 | 218 | 315 | 225 | 308 | 185 | 341 | 194 |
| Part-time | 151 | 107 | 185 | 138 | 168 | 117 | 179 | 147 |
| Full-time | 166 | 111 | 130 | 87 | 140 | 68 | 162 | 47 |
| *% Part-time* | *48%* | *49%* | *59%* | *61%* | *55%* | *63%* | *52%* | *76%* |
| ***% Female*** | **59%** | | **58%** | | **62%** | | **64%** | |
| *National median %F* | *67%* | | *68%* | | *67%* | | *not available* | |
| **1st year students** | | | | | | | | |
| Total No. | 205 | 149 | 219 | 153 | 235 | 127 | 278 | 142 |
| Part-time | 62 | 50 | 94 | 68 | 97 | 60 | 120 | 96 |
| Full-time | 143 | 99 | 125 | 85 | 138 | 67 | 158 | 46 |
| *% Part-time* | *30%* | *34%* | *43%* | *44%* | *41%* | *47%* | *43%* | *67%* |
| ***% Female*** | **58%** | | **59%** | | **65%** | | **66%** | |

Surprisingly, relative fewer women are taking MSc distance-learning versus in-house courses (Table 6). This is concurrent with high numbers of women conducting MSc and MRes courses through conventional in-house format. We speculate that this may reflect a preference for face-to-face instruction. We will investigate this with a survey in the first year and use the results to guide any future approaches that we might introduce.

**Table 6:** Postgraduate taught course numbers and % female by JACS code in 2013/14

| | In house | | Distance Learning | |
|---|---|---|---|---|
| | MSc or MRes | Other* | MSc | Other* |
| Medicine (A1,A3 & A9) | *74%* | *57%* | *42%* | *59%* |
| Allied to medicine (B1,B2 & B9) | *77%* | *100% (1F)* | *-* | *-* |

(* Post graduate diploma or postgraduate certificate)

Our previous 'Bronze' data analysis (pre-2012) suggested that there were fewer female students in PGT clinical courses (A3) than other universities. This pattern persists in more recent years.

Detailed analysis of the HESA data indicates that whilst most of our PGT courses are classified as 'other medicine' (A9), most other institutions have few in this category. We have only 2 (A3) clinical MSc courses "Sports Medicine" and "Surgical Skills", although the numbers of students engaged in these A3 PGT courses are small (~50 each year since 2011). We believe that our A1, A3 and A9 PGT courses are equivalent to most medical school's A3 courses.

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[6] For the purposes of comparison with postgraduate students the following JACS codes were used: A3 Clinical Medicine, A9- Others in Medicine and Dentistry, B1 Anatomy, Physiology and Pathology, B2 Pharmacology, Toxicology and Pharmacy, B9 Others in subjects allied to Medicine.

*PGT Recruitment*

PGT recruitment is conducted by each host Institute. Interviews are not normally conducted but if they are the expectation is to have a mixed (preferably 50:50) gender panel.

> ✓      Mixed gender selection panel
> ✓      Collected and analysed data for clinical PGT.
> ➢      Continue to monitor closely and review data annually (Action 1.3)
> ➢      Conduct survey to assess underlying reasons for choice of Masters Course undertaken (Action 1.6).
> ➢      Investigate why women are less successful at obtaining places on PGDips and clinical MScs (Action 1.6)
> ➢      Investigate whether we should reassess the HESA codes that we use (Action 1.7)

**(iv)**     ***Postgraduate male and female numbers on research degrees (PGR)*** *- 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.*

We currently recruit students with the intention that they will complete a PhD (A3 or A9) or MD(Res) (Doctor of Medicine (Research)-A3 Clinical Medicine). Overall about 90% start full-time (Table 7).

**Table 7:** PGR students by gender, year and full or part-time status

| Year | 2010-11 | | 2011-12 | | 2012-13 | | 2013-14 | |
|---|---|---|---|---|---|---|---|---|
| | F | M | F | M | F | M | F | M |
| **All students** | | | | | | | | |
| Total No. | 142 | 121 | 175 | 133 | 171 | 136 | 147 | 131 |
| Part-time | 13 | 16 | 31 | 23 | 26 | 19 | 26 | 21 |
| Full-time | 129 | 105 | 144 | 110 | 145 | 117 | 121 | 110 |
| *% Part-time* | *9%* | *13%* | *18%* | *17%* | *15%* | *14%* | *17%* | *16%* |
| ***% Female*** | **54%** | | **57%** | | **56%** | | **53%** | |
| National median %F | 52% | | 54% | | 56% | | not available | |
| **1ˢᵗ year students** | | | | | | | | |
| Total No. | 68 | 48 | 61 | 41 | 47 | 37 | 39 | 36 |
| Part-time | 4 | 4 | 6 | 3 | 4 | 3 | 3 | 3 |
| Full-time | 64 | 44 | 55 | 38 | 43 | 34 | 36 | 33 |
| *% Part-time* | *6%* | *8%* | *10%* | *7%* | *9%* | *8%* | *8%* | *8%* |
| ***% Female*** | **59%** | | **60%** | | **56%** | | **52%** | |

Over the past 3 years our PGR student numbers have been decreasing (Figure 5) due predominantly to fewer numbers of women entering PGR, although we are close to the national median. This decline may reflect a national trend. We will continue to monitor this.

**Figure 5:** Total numbers of PGR students enrolled and those in the first year by gender and year of enrolment.
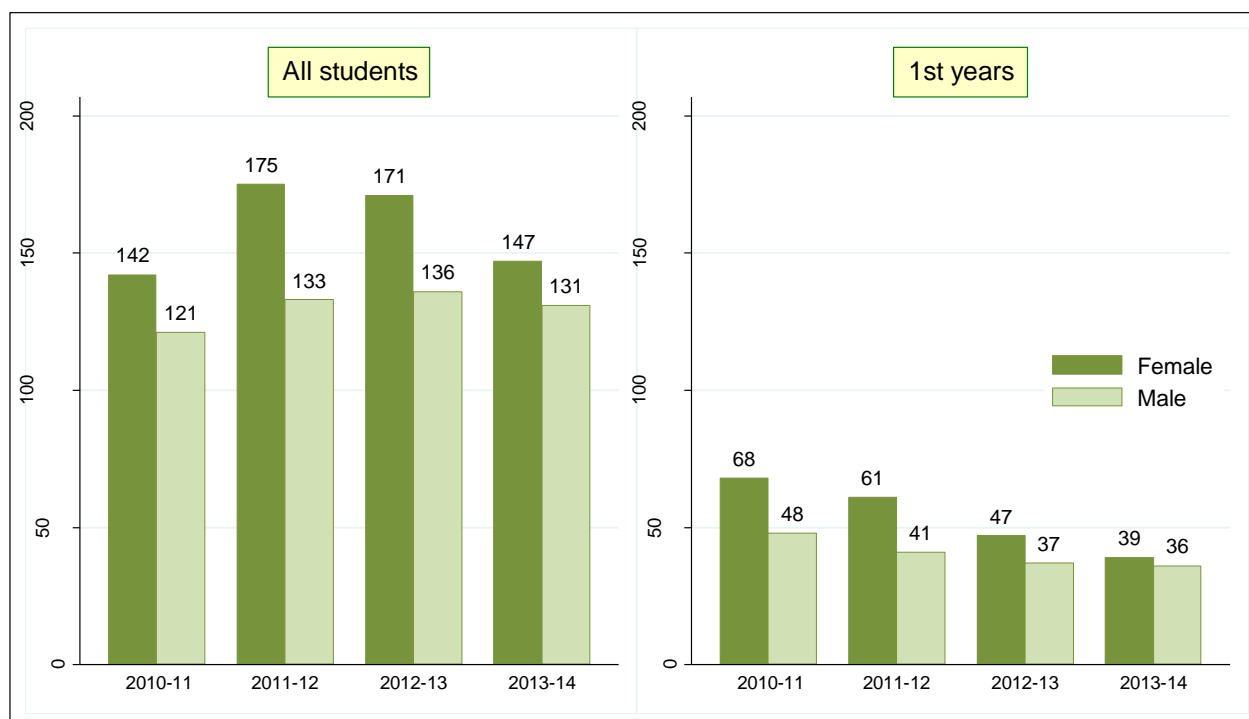


There has been an under-representation of women doing clinical PhDs or MD(Res), although in 2013/14 we have reached gender parity in admissions (Table 8).  This is interpreted as a positive development.

**Table 8:** PGR students, new entrants by type of doctorate - numbers and % female.

| | 2011-12 | | | 2012-13 | | | 2013-14 | | |
|---|---|---|---|---|---|---|---|---|---|
| 1st year students | | | | | | | | | |
| | F | M | *%F* | F | M | *%F* | F | M | *%F* |
| A3-MD | 4 | 8 | *33%* | 5 | 10 | *33%* | 5 | 5 | *50%* |
| A3-PhD | 4 | 5 | *44%* | 5 | 6 | *45%* | 8 | 6 | *57%* |
| All A3 | 8 | 13 | *38%* | 10 | 16 | *38%* | 13 | 11 | *54%* |
| A9-PhD | 53 | 28 | *65%* | 37 | 21 | *64%* | 26 | 25 | *51%* |
| Total | **61** | **41** | *60%* | **47** | **37** | *56%* | **39** | **36** | *52%* |

*PGR Recruitment*
PGR recruitment is mainly managed by the host research Institute, with interviews being conducted by the two supervisors for the project/research area, thus ensuring gender balance on each of these panels is difficult. For our School PhD schemes candidates are interviewed by a mixed gender (aiming for 50:50) interview panel all members of which must have equal opportunities training.

➢ Continue to monitor the numbers of women entering PGR (Action 1.7).

**(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.*

*MBBS*

Students applying for medicine can apply to four medical schools simultaneously and usually do so. A considerable number of those accepting do not in fact start at QMUL.

The numbers applying vary year on year and generally more women than men apply (Table 9).

**Table 9:** The total numbers of MBBS, undergraduate and graduate entry, applicants, offers and acceptances

| Year | 2011/12 | | 2012/13 | | 2013/14 | |
|---|---|---|---|---|---|---|
| | F | M | F | M | F | M |
| **Graduate entry MBBS (4y)** | | | | | | |
| Applicants | 521 | 370 | 624 | 376 | 712 | 483 |
| Offers | 53 | 33 | 42 | 19 | 27 | 28 |
| Acceptances | 40 | 29 | 38 | 17 | 25 | 22 |
| **Percentage accepted** | | | | | | |
| If applied | 8% | 8% | 6% | 5% | 4% | 5% |
| If offered | 75% | 88% | 90% | 89% | 93% | 79% |
| **MBBS (5y) course** | | | | | | |
| Applicants | 858 | 744 | 1057 | 956 | 1240 | 1090 |
| Offers | 261 | 265 | 264 | 267 | 300 | 266 |
| acceptances | 201 | 210 | 201 | 210 | 241 | 219 |
| **Percentage accepted** | | | | | | |
| If applied | 23% | 28% | 19% | 22% | 19% | 20% |
| If offered | 77% | 79% | 76% | 79% | 80% | 82% |

The proportion of men receiving offers has been higher for the undergraduate course, but has achieved equality in 2013/14 (Figure 6). The numbers accepting undergraduate offers was slightly greater in 2013/14 for females for the first time in the past 4 years, whilst equivalent numbers of offers and acceptances for the GEP was achieved in 2013/14 (Figure 6).

We will continue to monitor the numbers annually and plan to introduce unconscious bias training in 2015.

**Figure 6:** MBBS % offers and acceptances by year and gender
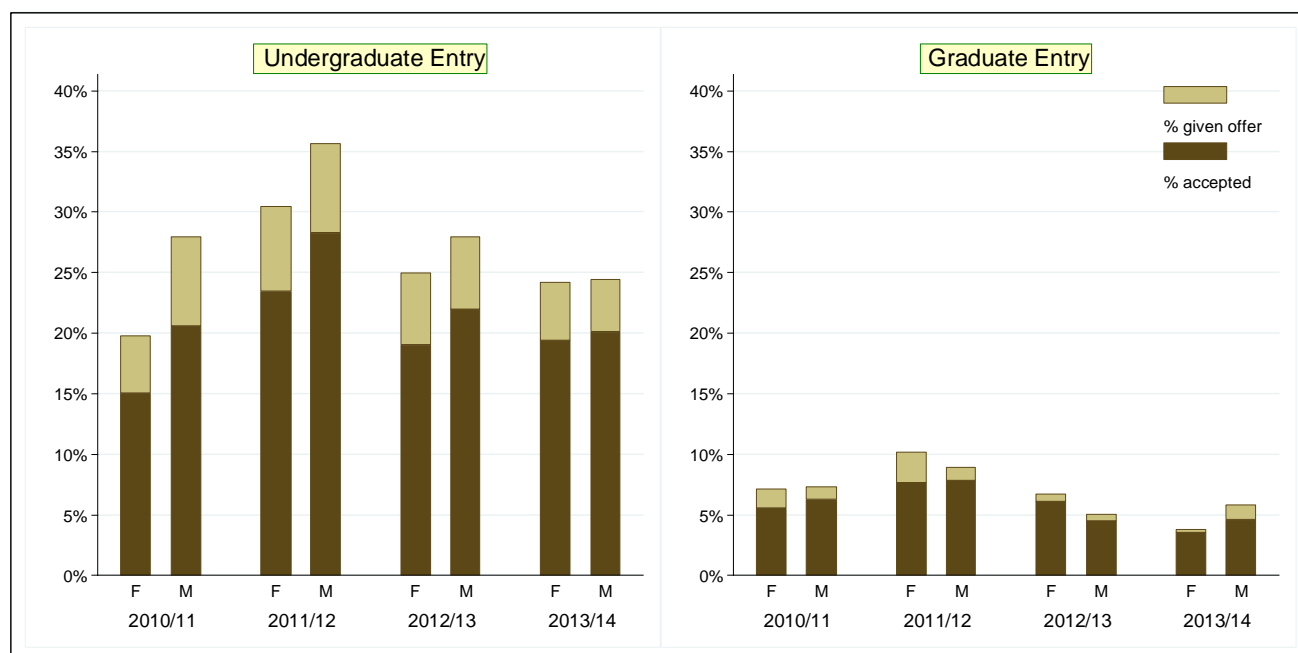


*Postgraduate Taught (PGT)*

There are substantial differences in the absolute numbers that apply for PGT, however the proportions of offers and acceptances, either in clinical or non-clinical courses, are similar between the genders (Table 10 and Figure 7).

**Table 10:** The total numbers of Postgraduate Taught Course applicants, offers and acceptances

| | 2011/12 | | 2012/13 | | 2013/14 | |
|---|---|---|---|---|---|---|
| | F | M | F | M | F | M |
| Postgraduate taught courses | | | | | | |
| Applicants | 703 | 553 | 923 | 602 | 1014 | 660 |
| Offers | 568 | 426 | 700 | 433 | 810 | 502 |
| Acceptances | 407 | 324 | 470 | 323 | 524 | 384 |
| Percentage accepted | | | | | | |
| If applied | 58% | 59% | 51% | 54% | 52% | 58% |
| If offered | 72% | 76% | 67% | 75% | 65% | 76% |

**Figure 7:** PGT course % offers and acceptances by year and gender
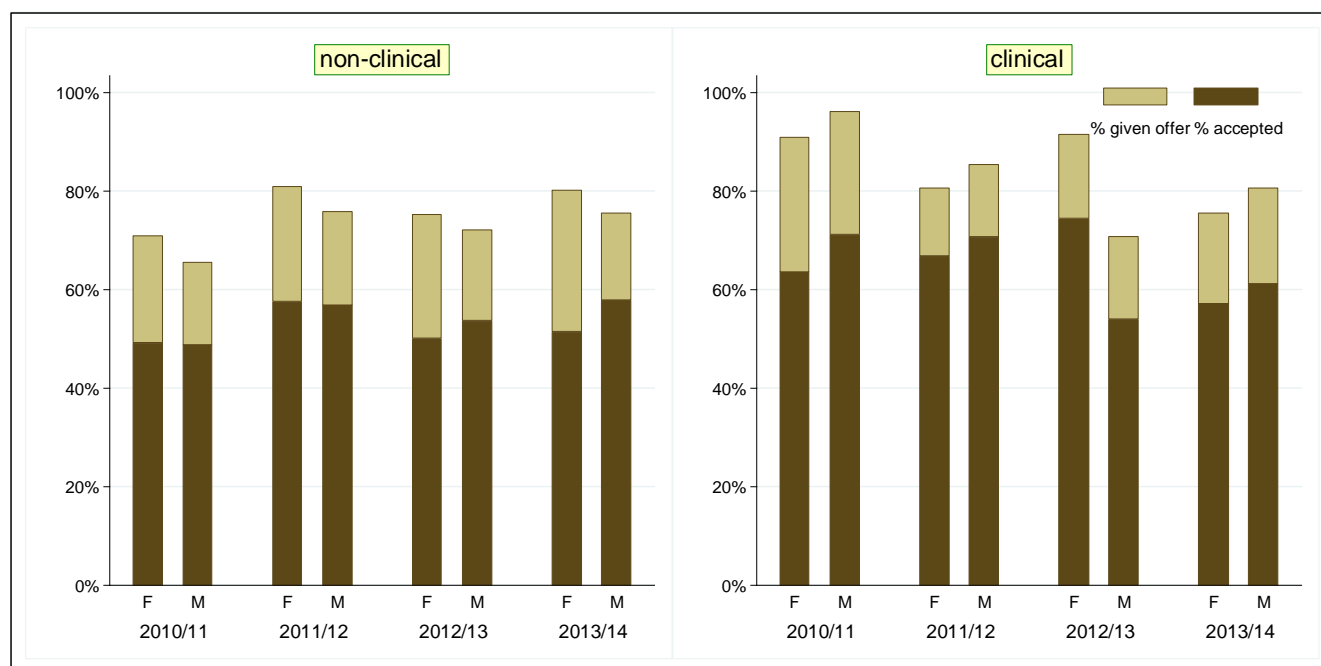


We classify few courses as clinical, whereas other medical schools with similar courses classify most PGT as clinical. Due to the small numbers of clinical PGT (Table 10) inferences regarding potential gender bias are not possible.

More women apply for non-clinical PGT than men, but the proportions offered places vary over the years (Figure 7). A much higher proportion of clinical applicants are successful (60-70%) as a proportion of applications. The fluctuations over the years are not consistent and show no clear pattern or evidence of gender bias. We will continue to monitor this situation.

*Postgraduate Research (PGR)*
Our data for PGR demonstrate parity of offers and acceptances between the sexes overall for PGR (Table 11) but a consistently higher proportion of both for our clinical PGR (A3, Figure 8).

**Table 11:** The total numbers of PGR applicants, offers and acceptances

|  | 2011/12 | | 2012/13 | | 2013/14 | |
|---|---|---|---|---|---|---|
|  | F | M | F | M | F | M |
| Postgraduate Research courses | | | | | | |
|    Applicants* | 167 | 101 | 284.5 | 210.5 | 92 | 97.5 |
|    Offers* | 71.5 | 48.5 | 51.5 | 50.5 | 36 | 37 |
|    Acceptances* | 66 | 46.5 | 50 | 47.5 | 32.5 | 35 |
| Percentage accepted | | | | | | |
|    if applied | 40% | 46% | 18% | 23% | 35% | 36% |
|    if offered | 92% | 96% | 97% | 94% | 90% | 95% |

(*we think that the applicants for non-clinical PhDs in 2013/14 an underestimate.)

**Figure 8:** Postgraduate research degrees: Percentage with offers and acceptances by year
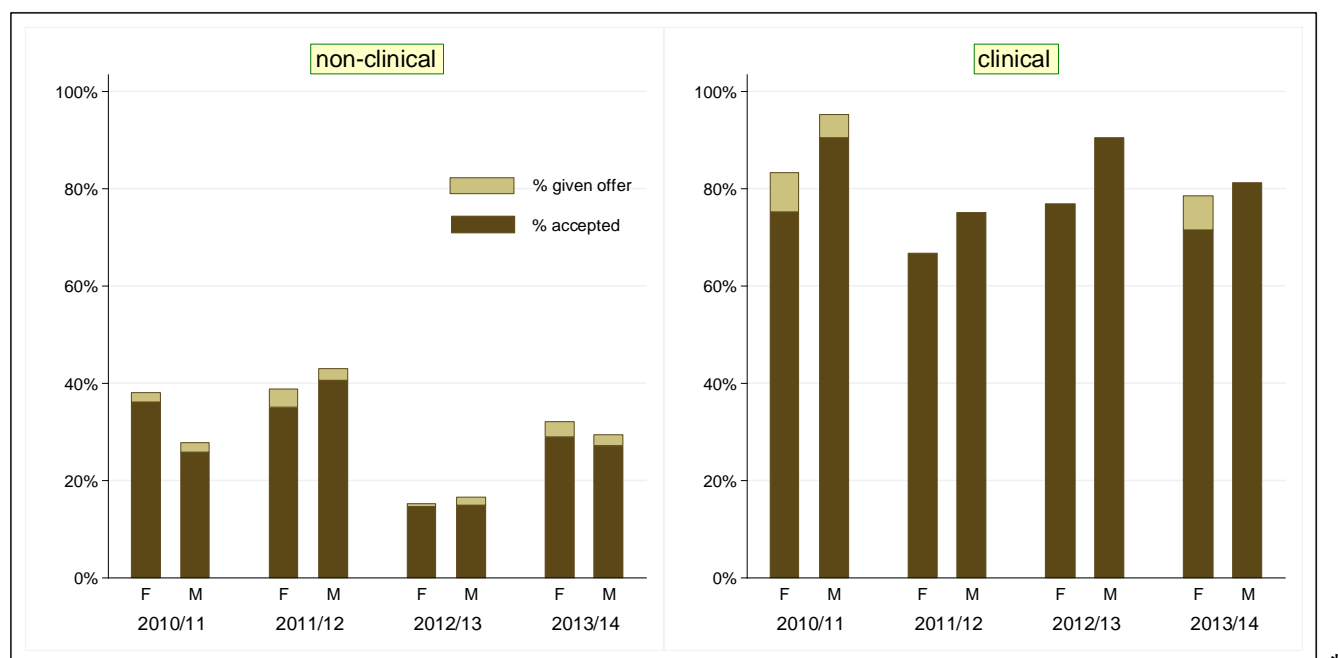


*This data is based on full time equivalents and not head counts

We have investigated the recruitment process for non-clinical and clinical PGR. We advertise non-clinical studentships, available as one-offs due to successful grant applications, on forums such as "findaphd.com", and typically receive a large number of applications all recorded through our formal student recruitment system 'MySiS'.

We also have PGR positions supported by PGR schemes existing within our Institutes. These schemes are funded by external organisations and typically run for 2-5 years (Table 12).

Table 11 suggests a drastic fall in numbers of applicants for PGR in 2013/2014. Our investigations have revealed that this is due to a change in the recruitment process specifically regarding our non-clinical PGR schemes, leading to an under-recording of total applicants as 3 of the 7 schemes (Table 12) do not have data on applicants within 'MySiS'. This change was due to an unforeseen major increase in workload in our PGR student office. To cope with this applicants were asked to apply directly to proposed supervisors, and only the recruited individual entered into our electronic system. We are now requesting additional part-time administrative support to enable electronic recording of all applications.

In contrast to the non-clinical, clinical trainees wishing to undertake PGR typically have a prior association with the medical school through the named fellowship route underlying the high association between offers and acceptances. Although the numbers of applicants for clinical PGR are small, the proportions of female applicants who were given offers has been lower than that of men in the last 2 years. We will investigate whether females within the clinical setting are being sufficiently encouraged to conduct PhDs.

**Table 12:** Offers and acceptances of PGR programmes within SM Institutes

| Year of intake | 2010-2011 | | 2011-2012 | | 2012-2013 | | 2013-2014 | | 2014-2015 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | F | M | F | M | F | M | F | M | F | M |
| **BHF 4 year scheme** | | | | | | | | | | |
| Applicants | | | | | | | * | * | * | * |
| Interviewed | | | | | | | 9 | 3 | 10 | 6 |
| *%F* | | | | | | | *75* | | *63* | |
| Offers | | | | | | | 4 | 2 | 5 | 1 |
| Success rate | | | | | | | 45 | 67 | 50 | 17 |
| | | | | | | | | | | |
| **MRC/College** | | | | | | | | | | |
| Applicants | | | | | N/A | N/A | * | * | * | * |
| Interviewed | | | | | 9 | 5 | 7 | 5 | 8 | 5 |
| *%F* | | | | | *64* | | *58* | | *62* | |
| Offers | | | | | 7 | 3 | 4 | 2 | 5 | 5 |
| Success rate | | | | | 77.8 | 60 | 571 | 40 | 625 | 100 |
| | | | | | | | | | | |
| **CR-UK** | | | | | | | | | | |
| Applicants | 37 | 20 | 56 | 32 | 79 | 49 | 38 | 31 | 38 | 18 |
| Interviewed | 4 | 1 | 11 | 5 | 14 | 7 | 6 | 6 | 4 | 1 |
| *%F* | *80* | | *69* | | *67* | | *50* | | *80* | |
| Offers | 3 | 0 | 1 | 2 | 3 | 0 | 0 | 3 | 1 | 1 |
| Success rate | 75 | 0 | 9 | 40 | 21 | 0 | 0 | 50 | 25 | 100 |
| | | | | | | | | | | |
| **CR-UK CRF** | | | | | | | | | | |
| Applicants | 11 | 7 | 7 | 7 | 15 | 13 | | | 9 | 6 |
| Interviewed | 5 | 2 | 4 | 4 | 5 | 1 | | | 4 | 3 |
| *%F* | *71.* | | *50* | | *83* | | | | *57* | |
| Offers | 0 | 1 | 2 | 1 | 2 | 0 | | | 2 | 0 |
| Success rate | 0 | 50 | 50 | 25 | 40 | 0 | | | 50 | 0 |
| | | | | | | | | | | |
| **Barry Reed** | | | | | | | | | | |
| Applicants | | | | | | | | | 59 | 22 |
| Interviewed | | | | | | | | | 8 | 1 |
| *%F* | | | | | | | | | *89* | |
| Offers | | | | | | | | | 2 | 1 |
| Success rate | | | | | | | | | 25 | 100 |
| | | | | | | | | | | |
| **Oliver Bird** | | | | | | | | | | |
| Applicants | | | N/ | N/A | N/A | N/A | | | | |
| Interviewed | | | 8 | 5 | 4 | 3 | | | | |
| *%F* | | | *61* | | *57* | | | | | |
| Offers | | | 2 | 1 | | 1 | | | | |
| Success rate | | | 25 | 20 | 0 | 33.3 | | | | |
| | | | | | | | | | | |
| **Derek Willoughby** | | | | | | | | | | |
| Applicants | | | | | | | | | * | * |
| Interviewed | | | | | | | | | 2 | 2 |
| *%F* | | | | | | | | | *50* | |
| Offers | | | | | | | | | 1 | 1 |
| Success rate | | | | | | | | | 50 | 50 |

(* denotes data not collected, N/A represents data not available but collected through the MySiS system and included in Figure 8 and 9).

- ✓ MBBS percentage of female students above 50%
- ✓ Interview panels for MBBS trained in equality
- ✓ Objective assessment criteria in place
- ➢ Examine MBBS offers and whether there is bias at offer stage (Action 1.5)
- ➢ Investigate the process of application for clinical PGR and PGT degrees in case there is an institution bias (Action 1.7)
- ➢ Improve process for electronic PGR application capture (Action 1.7)
- ➢ Conduct unconscious bias training for all recruitment panels (Action 2.2)
- ➢ Identify financial resource to support a part-time administrator (Action 1.8)

**(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.*

*MBBS*
Figure 9 demonstrates that the %females obtaining a distinction or merit is slightly higher than for males. We are encouraged by the reduction in the past 3 years of the number of students who fail overall (Table 13) and believe that this may relate to provision of the transition loan scheme created in the summer of 2012.

Whilst processing elective funding applications it was noticed that many students were struggling to fund electives due to financial constraints. A decision was taken to support students through SM benevolence funding in 2012 by providing interest-free loans for the transition period between graduation and the student's first salary at the end of August. Feedback from the first set of recipients demonstrated that the loan scheme played a critical part in students being able to focus on finals providing a levelling of the field for both men and women. This scheme has now been embedded in SM provision.

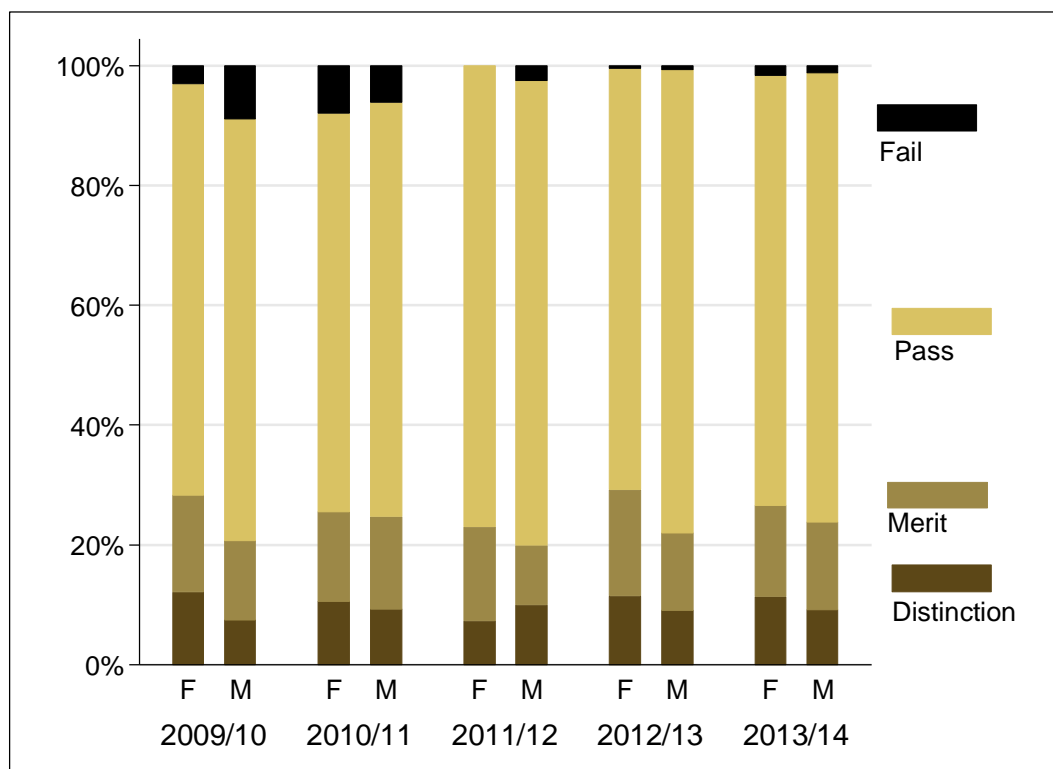**Figure 9:** Final MBBS Degree classification by gender and year

**Table 13:** Results of MBBS finals by year and gender

| Year | 2011/12 | | 2012/13 | | 2013/14 | |
|---|---|---|---|---|---|---|
| Gender | **F** | **M** | **F** | **M** | **F** | **M** |
| **Number in each grade category** | | | | | | |
| Sitting exam | 166 | 161 | 175 | 155 | 177 | 164 |
| Distinction | 12 | 16 | 20 | 14 | 20 | 15 |
| Merit | 26 | 16 | 31 | 20 | 27 | 24 |
| Pass | 128 | 125 | 123 | 120 | 127 | 123 |
| Fail | 0 | 4 | 1 | 1 | 3 | 2 |
| **Percentage by category** | | | | | | |
| *% Success overall* | *100%* | *98%* | *99%* | *99%* | *98%* | *99%* |
| *% Distinction* | *7%* | *10%* | *11%* | *9%* | *11%* | *9%* |
| *% Merit or distinction* | 23% | 20% | 29% | 22% | 27% | 24% |

Essentially there is very little difference between men and women in their classification from their final MBBS exams. We will review this annually to ensure that this pattern continues.

*Intercalated Degrees*
The proportions of females attaining a first class degree is consistently higher than their male counterparts (Figure 10). Although in 2013/14 this difference was reduced. Comparison of the absolute numbers and percentages (Table 14) show that the numbers of students failing is very small.
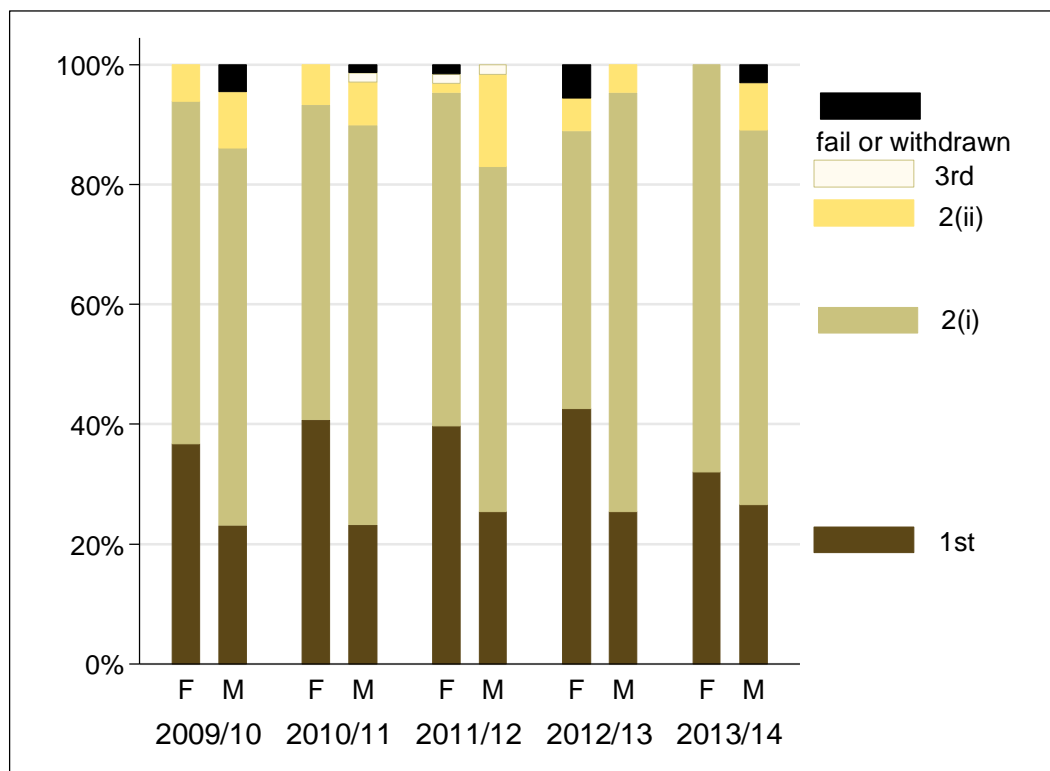
**Figure 10:** Intercalated degree classification by gender and year-percentages

**Table 14** Numbers and percentages of intercalated degree classification.

| Year | 2011/12 | | 2012/13 | | 2013/14 | |
|---|---|---|---|---|---|---|
| Gender | **F** | **M** | **F** | **M** | **F** | **M** |
| **Number in each class** | | | | | | |
| Total | 63 | 59 | 54 | 63 | 50 | 64 |
| 1st | 25 | 15 | 23 | 16 | 16 | 17 |
| 2(i) | 35 | 34 | 25 | 44 | 34 | 40 |
| 2(ii) | 1 | 9 | 3 | 3 | 0 | 5 |
| 3rd | 1 | 1 | 0 | 0 | 0 | 0 |
| Fail or withdrawn | 1 | 0 | 3 | 0 | 0 | 2 |
| **Percentage by class** | | | | | | |
| *% Pass overall* | *98%* | *100%* | *94%* | *100%* | *100%* | *97%* |
| *% 1st* | *40%* | *25%* | *43%* | *25%* | *32%* | *27%* |
| *% 1st or 2(i)* | *95%* | *83%* | *89%* | *95%* | *100%* | *89%* |

The SM has a strong record of student support in place, from both pastoral staff (individual mentors and Year Tutors) and student 'buddies', which consistently scores extremely highly on the annual National Student Survey. See section 3a (iii) in career development on student support.

- ✓ Little difference in achievement between male and female students
- ✓ More female students achieving a 1st intercalated degree
- ✓ Strong pastoral support in place
- ✓ Student buddy scheme available
- ✓ Financial support through 'Transition Loans'
- ➢ Continue to provide 'Transition Loans' (Action 1.9)
- ⌘ **Numbers of students of both genders failing MBBS has reduced.**

**Staff Data**

**Table 15**: Staff Grades at SM

| Grades | Job levels within grades |
|--------|--------------------------|
| Grade 4 | Research Assistants, PDRAs |
| Grade 5 | Research Assistants, PDRAs, Lecturer |
| Grade 6 | Research Fellows, Teaching Fellows, Lecturers, Clinical Lecturer |
| Grade 7 | Senior Research Fellow, Senior Teaching Fellow, Senior Lecturer, Reader |
| Grade 8 | Professor |

*Staff on clinical pay scales have been matched with the categories above, according to their salary band. There are no clinical posts at grade 5 and below

**(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*

Our data demonstrate substantial disparity between the genders at the lower grades (4 and 5) i.e. more females, and the higher grades of staff (grade 7 and 8, Figure 11 and 12) i.e. fewer females.

**Figure 11:** Female and Male staff number FTC and permanent combined by grade, and by year
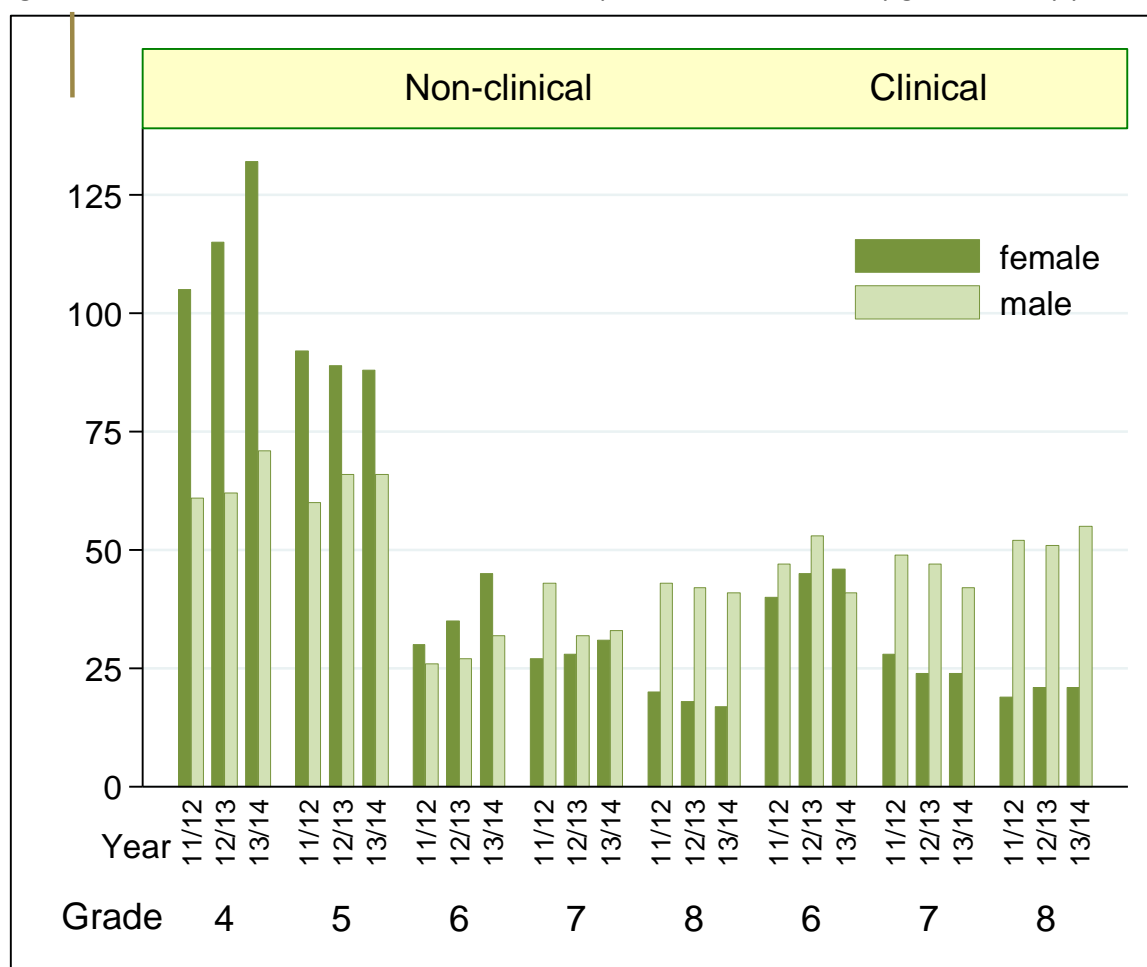


*   Grades 4-8 are shown for non-clinical and only 6-8 for clinical since grades below 6 for clinical posts do not exist

**Figure 12** Percentage female staff in post by grade and year.
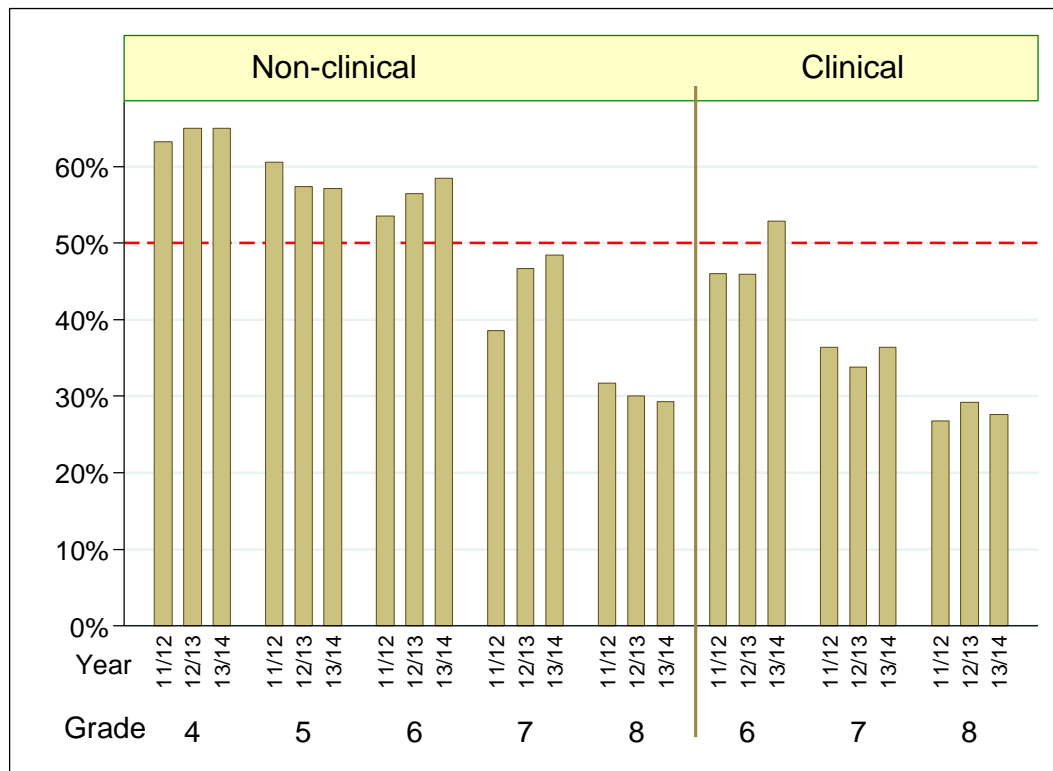


\* Grades 4-8 are shown for non-clinical and only 6-8 for clinical since grades below 6 for clinical posts do not exist

The SAT reviewed recent benchmark data, available from HEIDI for 2012/2013. Unchanged from 2010 the SM is at 50% for female representation for full person equivalents (Table 16) and thus below the median for medical schools in the Russell Group. However, we are fourth in proportions of female professors, up from 25.1 in 2010 to 30%, intimating a relative higher proportion of senior women per full person equivalents than most of our Russell Group counterparts (Table 17).

These data suggest a relative increase in women at the higher echelons of the academic structure within our Medical School and a change we believe is a positive outcome of our changed practices with respect to recruitment and promotion.

**Table 16** Benchmark data from HEIDI for Clinical Academic Staff (excluding atypical), by gender, full person equivalents (FPE) in Medical Schools of Russell Group Universities (2012/13).

| Ranking of FPE | Institution | No. Female | No. Male | %Female |
|---:|---|---|---|---|
| 1 | The University of Bristol | 300 | 165 | 64.5 |
| 2 | The University of Southampton | 275 | 210 | 56.7 |
| 3 | The University of Birmingham | 495 | 395 | 55.6 |
| 4 | The University of Liverpool | 275 | 225 | 55.0 |
| 5 | The University of Cambridge | 690 | 590 | 53.9 |
| 6 | King's College London | 855 | 735 | 53.8 |
| 7 | The University of Oxford | 1170 | 1025 | 53.3 |
| 8 | The University of Exeter | 125 | 110 | 53.2 |
| 9 | The University of Newcastle-upon-Tyne | 445 | 395 | 52.9 |
| 10 | The University of Manchester | 380 | 345 | 52.4 |
| 11 | The University of Leeds | 225 | 205 | 52.3 |
| 12 | The University of Glasgow | 325 | 310 | 51.2 |
| 13 | The University of Nottingham | 355 | 340 | 51.1 |
| 14 | University College London | 1090 | 1065 | 50.6 |
| 15 | The University of Warwick | 50 | 50 | 50.0 |
| 16 | **Queen Mary University of London** | **375** | **385** | **49.3** |
| 17 | The Queen's University of Belfast | 125 | 135 | 48.1 |
| 18 | The University of Edinburgh | 360 | 400 | 47.4 |
| 19 | Imperial | 735 | 850 | 46.4 |
| 20 | Cardiff University | 265 | 310 | 46.1 |
| 21 | The University of Sheffield | 170 | 215 | 44.2 |
| 22 | The University of York | N/A | N/A | N/A |

**Table 17** Benchmark data from HEIDI for Clinical Academic Staff (excluding atypical), FPE, by Professorial status and gender in Medical Schools of Russell Group Universities (2012/13).

| Ranking of professors | Institution | Female | Male | %Female |
|---:|---|---|---|---|
| 1 | Cardiff University | 75 | 140 | 34.9 |
| 2 | The University of Leeds | 20 | 40 | 33.3 |
| 3 | The University of Bristol | 30 | 65 | 31.6 |
| 4 | **Queen Mary University of London** | **35** | **80** | **30.4** |
| 5 | The University of Newcastle-upon-Tyne | 35 | 80 | 29.2 |
| 6 | The Queen's University of Belfast | 10 | 25 | 28.6 |
| 7 | Imperial | 55 | 155 | 26.2 |
| 8 | King's College London | 50 | 145 | 25.64 |
| 9 | The University of Birmingham | 25 | 75 | 25 |
| 10 | The University of Glasgow | 20 | 60 | 25 |
| 11 | The University of Warwick | 5 | 15 | 25 |
| 12 | University College London | 65 | 200 | 24.5 |
| 13 | The University of Sheffield | 10 | 35 | 22.2 |
| 14 | The University of Manchester | 25 | 90 | 21.7 |
| 15 | The University of Nottingham | 15 | 65 | 18.7 |
| 16 | The University of Cambridge | 20 | 90 | 18.2 |
| 17 | The University of Edinburgh | 20 | 90 | 18.2 |
| 18 | The University of Exeter | 5 | 25 | 16.7 |
| 19 | The University of Liverpool | 10 | 55 | 15.4 |
| 20 | The University of Southampton | 10 | 55 | 15.4 |
| 21 | The University of Oxford | 20 | 115 | 14.8 |
| 22 | The University of York | 0 | 10 | 0 |

Our data also show a substantial difference between the clinical and non-clinical staff occurs at grade 6 (lecturer) where a high number of the clinical staff are on FTC (Figure 13).

**Figure 13:** Female and male staff number by grade and separated by FTC and permanent status.
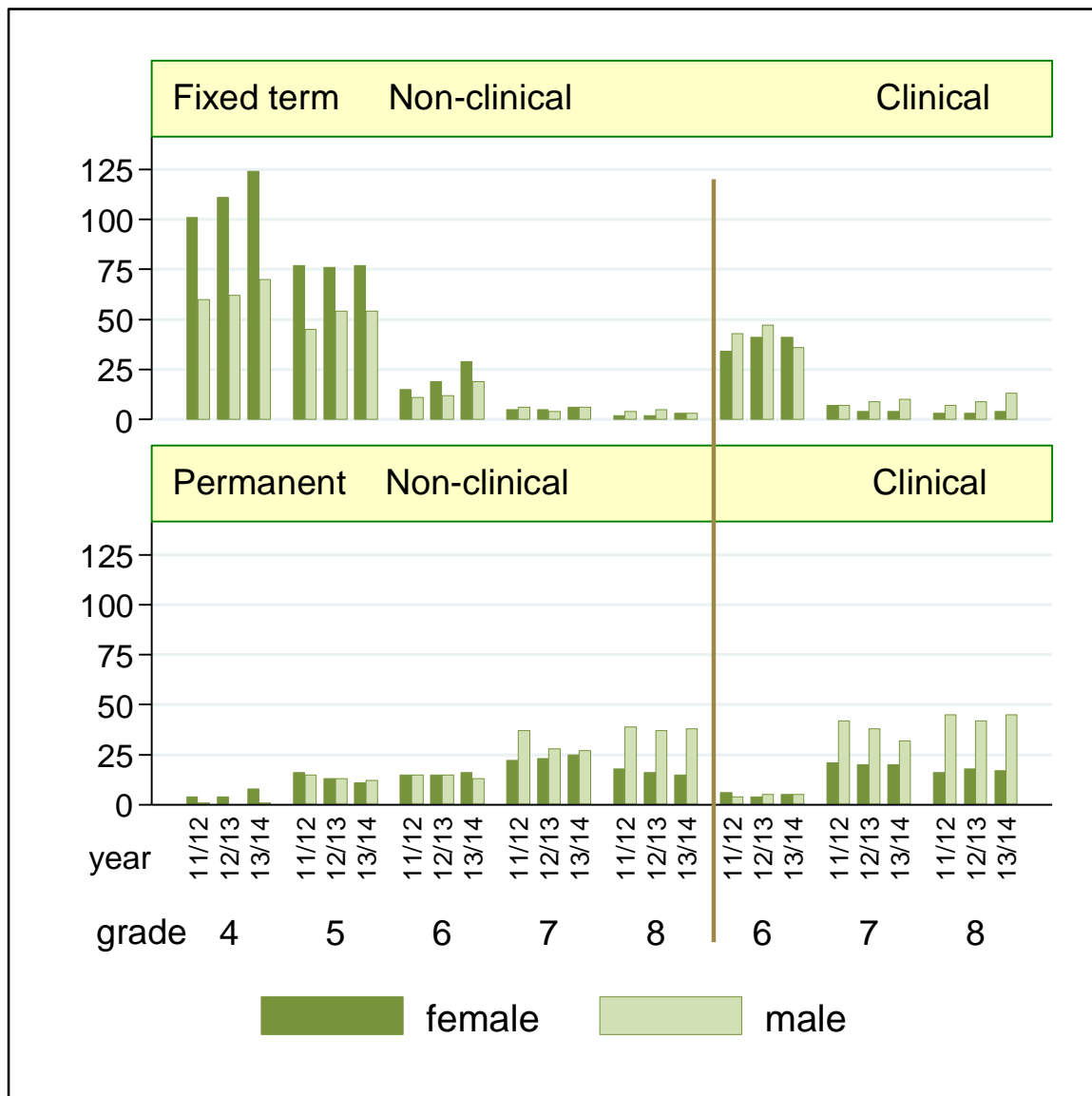


Encouragingly, our data also show an increasing percentage of women at grade 7 (permanent) over the past two years for clinical and non-clinical staff (Figure 14). We believe that this is a direct result of initiatives we introduced in 2012 as a result of our AS activities (see section 3.b. (ii) mentoring scheme and CV surgery). Our feedback suggests that these initiatives were directly responsible for increased numbers of women at the more senior levels making applications for promotions coupled with an increased success rate.

**Figure 14:** Percentage female by grade and separated by FTC and permanent status.
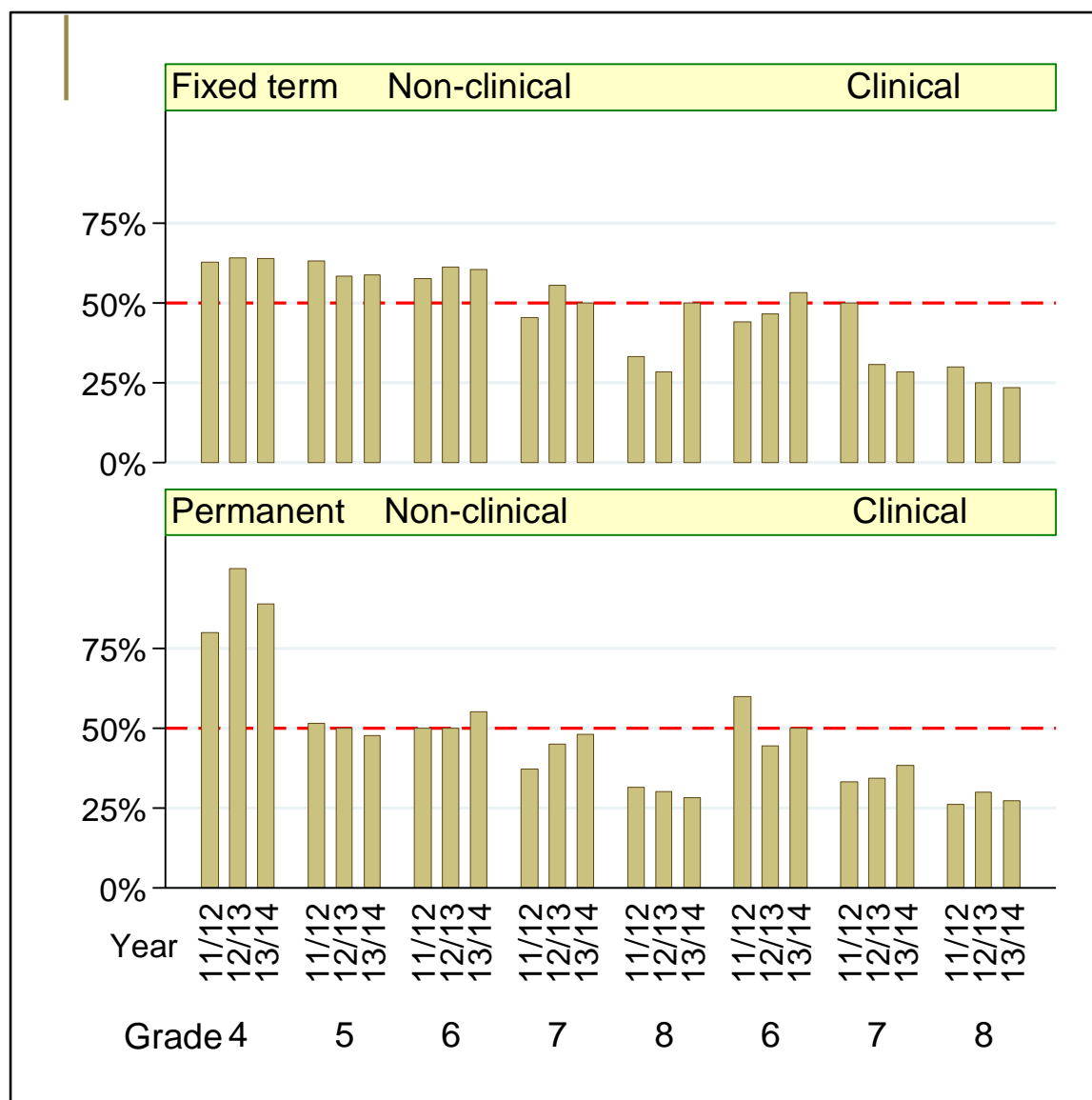


In 2012 an additional commitment was made to develop future leaders in Science and Medicine and a cohort of Early Career Researchers (ECRs) was recruited within the School. This cohort has improved the numbers of Lecturers (grade 6) and the gender balance.

Analysis by grade for FTC shows that since 2010-11 the position has improved considerably with similar percentages between the genders, except for grade 8 non-clinical where more women are on FTC (Table 18). We believe that the mandatory requirement for interview training and equal opportunities has resulted in better appreciation of the issues for recruitment (see section 4b (i)).

**Table 18**: Staff numbers and percentage female in the School of Medicine by grade and year

| Grade | 2010-11 | | 2011-12 | | 2012-13 | | 2013-14 | |
|---|---|---|---|---|---|---|---|---|
| | F | M | F | N | F | M | F | M |
| Non-Clinical staff numbers | | | | | | | | |
| 4 | 107 | 58 | 105 | 61 | 115 | 62 | 132 | 71 |
| 5 | 83 | 67 | 92 | 60 | 89 | 66 | 88 | 66 |
| 6 | 41 | 25 | 30 | 26 | 35 | 27 | 45 | 32 |
| 7 | 26 | 38 | 27 | 43 | 28 | 32 | 31 | 33 |
| 8 | 19 | 43 | 20 | 43 | 18 | 42 | 17 | 41 |
| Clinical staff numbers | | | | | | | | |
| 6 | 40 | 41 | 40 | 47 | 45 | 53 | 46 | 41 |
| 7 | 29 | 47 | 28 | 49 | 24 | 47 | 24 | 42 |
| 8 | 16 | 50 | 19 | 52 | 21 | 51 | 21 | 55 |
| Non-clinical  staff % female | | | | | | | | |
| 4 | 65% | | 63% | | 65% | | 65% | |
| 5 | 55% | | 61% | | 57% | | 57% | |
| 6 | 62% | | 54% | | 56% | | 58% | |
| 7 | 41% | | 39% | | 47% | | 48% | |
| 8 | 31% | | 32% | | 30% | | 29% | |
| Clinical staff % female | | | | | | | | |
| 6 | 49% | | 46% | | 46% | | 53% | |
| 7 | 38% | | 36% | | 34% | | 36% | |
| 8 | 24% | | 27% | | 29% | | 28% | |

We have also analysed our data by Institute (Bronze feedback request). Figure 15 below demonstrates that the overall SM patterns depicted are largely duplicated in each Institute. In all Institutes over the past 3 years there has been a general and steady increase in the proportions of non-clinical women at Grades 6 and 7. There is an increase at grade 8 in only one Institute and a decline in one Institute.

Over the same period there has been little positive change in the proportions of women within our higher clinical academic grades in almost all Institutes.  We believe this reflects the difficulties in managing a clinical academic career (clinical and research) together with caring responsibilities. However, our data suggest good practice in the Blizard that we wish to interrogate further.

We intend to survey, in 2015, all Grade 8 non-clinical and clinical academics to determine specifically what enables and inhibits their working activities with specific questions geared to understanding what good practice each Institute might provide.

**Figure 15:** Staff numbers split by institute within SM, gender and grade for the previous 3 years.
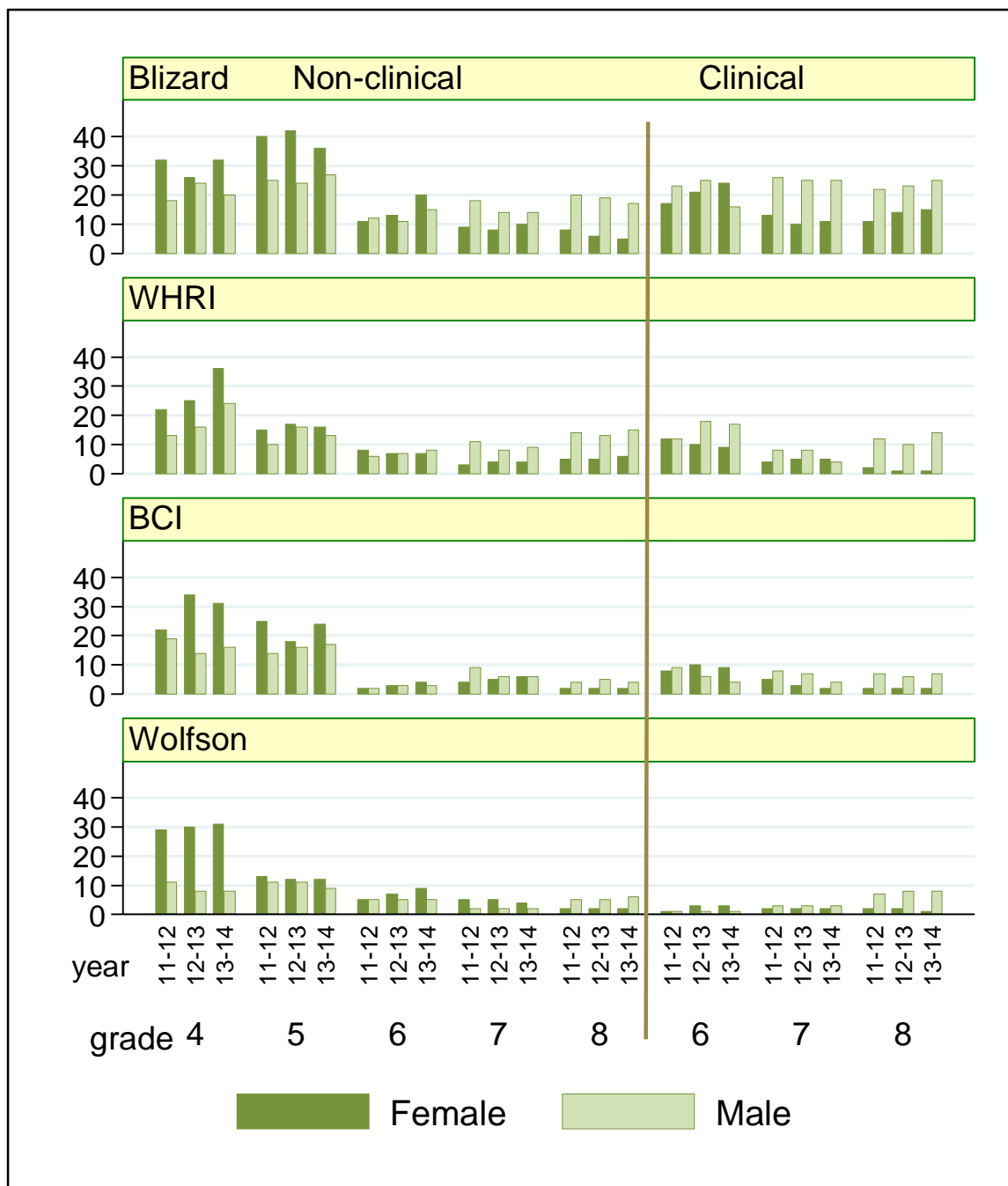


\* Grades 4-8 are shown for non-clinical and only 6-8 for clinical since grades below 6 for clinical posts do not exist. IHSE numbers are not presented due to the overall low numbers i.e. in 2013-14 the staff numbers totalled only 37 across all grades with an average of 33 per year for the previous 3 years.

### (viii) *Turnover by grade and gender*

In general turnover reduces as the grades increase probably reflecting increasing proportions of staff at the lower grades on FTC. The numbers leaving vary considerably by year with no clear trends according to gender.

**Table 19:** Staff turnover by grade and gender of non-clinical staff

| Grade | 2011-12 F | M | 2012-13 F | M | 2013-14 F | M |
|---|---|---|---|---|---|---|
| **Turnover\* as a percentage of average staff levels** | | | | | | |
| 4 | 34% | 12% | 28% | 31% | 34% | 27% |
| 5 | 24% | 19% | 15% | 19% | 24% | 15% |
| 6 | 11% | 4% | 9% | 11% | 10% | 24% |
| 7 | 8% | 10% | 0% | 8% | 3% | 9% |
| 8 | 5% | 0% | 0% | 5% | 11% | 14% |
| 6 clin | 27% | 29% | 28% | 26% | 20% | 32% |
| 7 clin | 20% | 7% | 4% | 2% | 0% | 13% |
| 8 clin | 0% | 6% | 5% | 6% | 5% | 5% |
| **Numbers of staff ceasing to be employed** | | | | | | |
| 4 | 36 | 7 | 31 | 19 | 42 | 18 |
| 5 | 21 | 12 | 14 | 12 | 21 | 10 |
| 6 | 4 | 1 | 3 | 3 | 4 | 7 |
| 7 | 2 | 4 | 0 | 3 | 1 | 3 |
| 8 | 1 | 0 | 0 | 2 | 2 | 6 |
| 6 clin | 10 | 10 | 11 | 10 | 10 | 13 |
| 7 clin | 4 | 3 | 1 | 1 | 0 | 5 |
| 8 clin | 0 | 3 | 1 | 3 | 1 | 3 |

\*    Turnover is the number of staff ceasing to be employed divided by the average of those in place on 1st August and the following 31st July.

✓      Analysis of institute numbers reveals fewer women at higher grades
✓      Increasing numbers of women applying and winning promotion at senior grades
➢      Continue to monitor staff numbers (Action 1.3)
➢      Survey of all Grade 8 academics to identify institute-specific good practice (Action 1.3)
⌘      **Numbers and percentage of women above grade 6 has increased.**

**[Words 2933 – extra 1000 words allowance used in this section]**

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

**Key career transition points**

**(a)** *Data for past three years*- *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.*

**Table 20**: Job application and recruitment by gender

| 2013/14 | Offers of appointment | | | | Shortlisted | | | Applicants* | |
|---|---|---|---|---|---|---|---|---|---|
| Grade | Total | F | M | **%F** | F | M | **%F** | F | M |
| Numbers of those offered post, shortlisted and applied | | | | | | | | | |
| **Non clinical** | | | | | | | | | |
| 4 | 52 | 32 | 17 | **65%** | 109 | 86 | **56%** | 2816 | 1382 |
| 5 | 9 | 6 | 3 | **67%** | 106 | 54 | **66%** | 281 | 194 |
| 6 | 4 | 2 | 2 | **50%** | 9 | 3 | **75%** | 61 | 66 |
| 7 | 5 | 2 | 3 | **40%** | 24 | 23 | **51%** | 45 | 64 |
| 8 | 1 | 0 | 1 | **0%** | 1 | 3 | **25%** | 6 | 6 |
| **Clinical** | | | | | | | | | |
| 6 | 22 | 13 | 9 | **59%** | 18 | 15 | **55%** | 63 | 53 |
| 7 | 3 | 1 | 2 | **33%** | 1 | 2 | **33%** | 3 | 6 |
| Off Scale & 8 | 0 | 0 | 0 | **NA** | 0 | 0 | **NA** | 2 | 2 |
| | | % offered if applied | | | % short listed if applied | | | % offered if shortlisted. | |
| **Non clinical** | Total | F | M | | F | M | | F | M |
| 4 | 52 | 1.1% | 1.2% | | 4% | 6% | | 29% | 20% |
| 5 | 9 | 2.1% | 1.5% | | 38% | 28% | | 6% | 6% |
| 6 | 4 | 3.3% | 3.0% | | 15% | 5% | | 22% | 67% |
| 7 | 5 | 4.4% | 4.7% | | 53% | 36% | | 8% | 13% |
| 8 | 1 | 0.0% | 16.7% | | 17% | 50% | | 0% | 33% |
| **Clinical** | | | | | | | | | |
| 6 | 22 | 20.6% | 17.0% | | 29% | 28% | | 72% | 60% |
| 7 | 3 | 33.3% | 33.3% | | 33% | 33% | | 100% | 100% |
| Off Scale & 8 | 0 | 0.0% | 0.0% | | 0% | 0% | | NA | NA |

(*6% of data gender unknown)

As noted in our previous application, our data capture for appointments prior to 2012 did not extract gender effectively, with the majority categorised as 'gender unknown'. More recently we have succeeded in altering college systems resulting in the 2013/14 data having sufficiently few 'gender unknowns' enabling meaningful analysis of the data (Table 20).

In general the data does not expose gender bias. However, at grades above 5 there does appear to be a greater percent of offers to men. Caution must be taken in interpreting these data since this is the first year of successful data capture. This will be monitored annually.

**(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.*

All those in post (FTC or permanent) at the lecturer level or above may apply during the annual promotion round, either on the basis of self-nomination or line-manager nomination. In early 2012 it was agreed that two members of the SM SAT should act as AS Observers at the SMD 'Academic Status and Promotions Committee' (ASPC). A number of their recommendations, subsequently implemented include: discussion of applications by grade rather than Institute, and no distinction made between self- or line-manager nomination. This observer role has been adopted by other Faculties within QMUL demonstrating transfer of good practice.

Our promotions data demonstrate several positive outcomes of initiatives introduced post-2012. Table 21 demonstrates a clear increase in the numbers of women applying for promotion and our most recent data indicates no gender differences between success rates.

**Table 21:** Promotion by gender

| Year | 2010-11 | | 2011-12 | | 2012-13 | | 2013-14 | |
|---|---|---|---|---|---|---|---|---|
| Gender | F | M | F | M | F | M | F | M |
| **From Lecturer to Senior lecturer** | | | | | | | | |
| Applied | **2** | **4** | **1** | **0** | **4** | **2** | **6** | **3** |
| Successful | **2** | **4** | **1** | **0** | **2** | **1** | **5** | **1** |
| % Successful | | | | | | | | |
| if applied | 100% | 100% | 100% | - | 50% | 50% | 83% | 33% |
| *if permanent staff eligible* | 7.7% | 19.0% | 4.8% | 0.0% | 10.5% | 5.0% | 23.8% | 5.6% |
| *if all eligible* | 2.5% | 6.1% | 1.4% | 0.0% | 2.5% | 1.3% | 5.5% | 1.4% |
| **From Senior Lecturer to Reader or Professor** | | | | | | | | |
| Applied | **1** | **7** | **3** | **5** | **2** | **3** | **7** | **9** |
| Successful | **1** | **6** | **3** | **4** | **2** | **2** | **4** | **5** |
| % successful | | | | | | | | |
| if applied | 100% | 86% | 100% | 80% | 100% | 67% | 57% | 56% |
| *of permanent staff eligible* | 2.3% | 7.7% | 7.0% | 5.1% | 4.7% | 3.0% | 8.9% | 8.5% |
| *of all eligible* | 1.8% | 7.1% | 5.5% | 4.3% | 3.8% | 2.5% | 7.3% | 6.7% |
| **From Reader to Professor** | | | | | | | | |
| Applied | **1** | **1** | **1** | **4** | **1** | **7** | **0** | **7** |
| Successful | **1** | **1** | **1** | **1** | **0** | **7** | **0** | **6** |
| % successful | 100% | 100% | 100% | 25% | 0% | 100% | 0% | 86% |
| | | | | | | | | |
| **Total** | | | | | | | | |
| Applied | **4** | **12** | **5** | **9** | **7** | **12** | **13** | **19** |
| Successful | **4** | **11** | **5** | **5** | **4** | **10** | **9** | **12** |
| % Successful | 100% | 92% | 100% | 56% | 57% | 83% | 69% | 64% |

Note:    Everyone on a specific grade is eligible to apply for promotion, but those on FTC may be less likely
        to do so. The data includes clinical and non-clinical staff.

In 2010/11 fewer females applied and were successful for promotion as a proportion. In 2013-14 more women than men applied, except at readership level. We believe that the improvements are a direct consequence of our initiatives targeted at staff at these levels (See 4bii).

> ✓ Successful data capture for gender of staff job applications/offers
> ✓ Increasing numbers of women applying and winning promotion at senior grades
> ➢ Continue to monitor staff applications by gender (Action 1.10)
> ➢ Investigate why female readers not applying for promotion (Action 2.12)
> ⌘ **Numbers and percentage of women applying and being successful in promotion to senior Lecturer and Reader has increased.**

**(b)** *Key issues, steps taken and additional actions- 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*

All staff who sit on interview panels must attend the Recruitment and Fair Selection course. QMUL centrally is currently seeking to identify 'unconscious bias' training which will also be compulsory.

QMUL's generous flexible working practices and childcare benefits are highlighted in our job adverts to attract candidates to SM. The Diversity Manager recently produced guidance on gender equality and recruitment, which has been disseminated to all recruiting managers within SM. QMSE is considering a policy on balanced gender representation for recruitment panels.

In 2012 SEG identified a paucity of individuals at the Early Career Researcher stage within our faculty leading to targeted recruitment at this level. A general advert went out which contained clear support for diversity in recruitment and details of the generous flexible working and childcare benefits.

> ✓ 'Fair selection' training required for all panel members.
> ✓ Additional guidance to recruiting managers, for example wording of adverts, consideration of flexible working issues in designing and advertising posts (e.g. job share, flexible working)
> ✓ Details of generous flexible and childcare benefits included in all SM job advertisements
> ➢ Improve recruitment reporting mechanisms to allow greater analysis by gender/grade (Action 1.10)
> ➢ Review recruitment data annually to consider and address any imbalance (Action 1.10)
> ➢ Introduce policy on gender balance panel and disseminate guidance (Action 2.1)
> ➢ Provide unconscious bias training for all relevant staff (Action 2.2)

**(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.*

Over the past two years a number of initiatives championed by the AS SAT have been introduced and our most recent data suggest that these initiatives are resulting in improvements.

*Promotions Process*
In the 2012 the SM SAT identified that there was not gender balance on the ASPC. AS observers were introduced and a number of amendments made to the process that we believe ensure no gender bias (see section 4a (ii)).

*Staff development*
The School nominates men and women to attend leadership training run by the QMUL Centre for Academic and Professional Development (CAPD). The 'High Potential Leaders' programme (HPLP) includes a residential workshop, coaching and action learning. The Directors of each Institute are asked annually to identify one individual, who they believe demonstrates leadership potential. Table 22 demonstrates no gender bias in this process. It is worth noting that two of the women nominated to attend in 2011 were appointed Deputy Directors of their respective Institutes in 2012 and 2013.

**Table 22** Participants from SM in High Potential Leaders Programme.

|        | **School of Medicine** | | All QMUL |
|--------|--------|------|-------|
| **Year** | Female | Male | Total |
| 2011 | 4 | 1 | *15* |
| 2012 | 2 | 2 | *18* |
| 2013 | 2 | 3 | *15* |
| 2014 | 3 | 2 | *20* |

QMUL was awarded the HR Excellence in Research Award for its implementation of the Concordat to support the Career Development of Researchers (2012, re-confirmed 2014). PDRAs have a dedicated Development Adviser and a dedicated Careers Adviser to ensure they are able to move onto fulfilling careers within academia or industry.

The CAPD and SM have established PDRA Networks on both medical campuses to provide a bespoke and partnership approach to developmental activities. A regular series of Masterclasses, led by both junior and senior SM academics, are delivered to address the development needs of this cohort. Equality and Diversity are embedded within this programme by the choice of topics and participation of female academics as speakers.

*Women's Mentoring Schemes*

The establishment of a mentoring scheme for women was driven by specialised expertise within our own ranks. Professor Ahluwalia established the first learned society mentoring scheme in the UK for female pharmacologists (2004). This scheme remains an active and successful scheme of the BPS[7].

The SM mentoring scheme was modelled on this i.e. targeting a specific cohort of women with the greatest need, providing highly focussed joint training for mentees and mentors, and matching individuals from different Institutes to enable free and frank interaction. Targeting at Grade 6 was based on data demonstrating attrition at this point, and the Staff Attitude Survey (2011) which showed that women in permanent academic posts in the SM reported feeling less supported on stress and work/life balance than men. The scheme was initiated in November 2012 and evaluated after 1 year.

The positive feedback from this scheme resulted its expansion to all Faculties and it's now managed by the Diversity Team. 20 female SM academics were matched in 2012/2013 and 15 in 2013/2014.

*ECR Mentoring*

To support SM ECRs recruited in 2012-2014 (Table 23), each is provided with a direct research mentor within their department. This supports the mentee in establishing their independent labs and in making grant applications. Several ECRs have also been provided with a mentor through the scheme described above.

**Table 23**: Total number and gender of Early Career Researchers recruited in 2012-2014

|  | Female | Male | *% Female* |
|---|---|---|---|
| BCI | 6 | 3 | *67* |
| BLIZARD | 6 | 5 | *55* |
| IHSE | 0 | 0 | *N/A* |
| WHRI | 5 | 7 | *42* |
| WIPM | 1 | 0 | *100* |
| **Total** | 18 | 15 | *55* |

To support our postdoctoral staff cohort a postdoctoral mentoring scheme has been initiated as a pilot within BCI. This scheme will be rolled out school-wide in 2016**.**

*CV Workshop*

SM organised a CV workshop (January 2013) for each mentee prior to the annual academic promotion round. During the workshop attendees were provided with detailed information on the requirements for promotion, had the opportunity to discuss career progression with two female Professors, and assess the strengths and weaknesses in each other's CVs. As an outcome, 4 of the 14 women who attended subsequently submitted applications for promotion and 3 SM women were successful.

The workshop was evaluated by attendees. The feedback was very positive and as a result has been extended to all female academics at QMUL (October 2014) in preparation for the 2015 promotions round.

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[7] BPS: British Pharmacology Society

*Women into Leadership Programme (WiLP)*
In February 2013, the CAPD established WiLP to develop the leadership potential of female academics (reader/professorial level). This scheme is open to all staff- through self-selection. 19 female academics including 6 from SM participated. Feedback was extremely positive so it was repeated (June 2014) and included 28 staff from SM. Of these women 2 went on to make successful applications for promotion in 2014.



*Maternity and Parental Returners lunch*
 As part of creating a more supportive work environment for working parents, we initiated an SM lunch event (April 2013) aimed at staff who had recently returned from, about to go, or currently on maternity or adoption leave. The invitees were identified through the HR system. The event was also advertised in the SM staff newsletter. The first lunch was very successful and has been rolled out across QMUL. To date three events have taken place with a total of 62 individuals attending. Representatives from HR also attend to provide information and answer queries as well as members of the Diversity Team and Dr Jane Sosabowski.



**Working parents lunch November 2013-On right Dr Jane Sosabowski (far-right) providing advice to a new mother.**

As a result of the dialogue with parents during these lunches, Dr Sosabowski led an initiative to advertise the childcare voucher scheme to all staff at QMUL to raise awareness resulting in an increased uptake (July 2014). An online network group has also since been created for parents and carers. The lunches are held biannually and organised centrally by the Diversity Team.

*Pathways to promotion*
The success of the CV Workshop led to SM recognising the importance of hosting QMUL's Pathways to Promotion workshops at each SM campus, open to all academic staff, aimed at ECRs and lecturers and answering FAQs on promotion. In the first round (2013), 53 attended from SMD - 31 of these were female.   The 2014 workshops were led by VP-Health, with an SM female professor contributing.

- ✓ AS observers at ASPC
- ✓ Promotions discussion incorporated formally as part of annual Appraisal process
- ✓ Women's Mentoring scheme for Lecturer and Senior Lecturer levels
- ✓ Recruitment of ECRs with good gender balance
- ✓ Assignment of all ECRs with mentor
- ✓ CV Workshops delivered by female staff
- ✓ Women into Leadership programme
- ✓ Maternity and parental leave informal lunches held
- ➢ QMUL Report feedback to QMUL Senior Executive on nursery opening hours (Action 2.5)
- ➢ Greater use of exit interviews to understand reasons for leaving (Action 2.6)
- ➢ Continue maternity/paternity lunches (Action 2.7)
- ➢ Monitor pathways to promotion scheme & CV Workshops (Action 2.8)
- ➢ Monitor HPLP and Women in Leadership (Action 2.9)
- ➢ Progression of mentoring scheme cohorts – mentees into mentors (Action 2.10)
- ➢ Introduction of post-doctoral mentoring scheme to support staff progression (Action 2.13)
- ⌘ **Recruitment of female ECRs improving overall staff gender balance statistics**
- ⌘ **Promotion of 3 women to grade 7 within SM following CV Workshop, improving gender balance statistics**
- ⌘ **Promotion of 2 women professors attending WiLP into senior leadership roles**

**Career development**

*a)* ***Key issues, steps taken and additional actions:*** *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?*

*Promotion*
QMUL has three bases for promotion: Knowledge Creation (research), Knowledge Dissemination (teaching, scholarship) or 'Enabling Activities' (including outreach, administrative and pastoral duties) or a combination. Applications are considered by a Faculty Preliminary Panel consisting of the Faculty Vice Principal and Deans and Heads of Schools. Up to two representatives for Athena Swan are also in attendance as observers only. Reports are then obtained from external consultees before the final stage meeting of the ASPC which consists of the Principal, and all Vice Principals. Applicants are sent a copy of the ASPC recommendation and can also obtain feedback from the university on the final decision, if unsuccessful. (See also 4b(ii) above).

Review of the annual appraisal scheme by the SAT identified a need for a career progression and planning discussion. QMUL has now incorporated a section specifically on discussion of promotion and advancement in appraisals.

The criteria for promotion were reviewed in 2012-13 for transparency. A workload model is being initiated in 2015 that considers and acknowledges all academic contributions particularly teaching, outreach and AS activities (see 4b(v)).

*Management Masterclasses*

The SAT noted that women were underrepresented in managerial and leadership roles. To address this issue, a series of management and leadership masterclasses, the first of which occurred on 9th October 2014, have been established. These sessions take the form of a presentation by women in established leadership positions from other fields (NHS Trust, other scientific backgrounds), followed by discussion and networking opportunities. The masterclasses are open to all women academics interested but will be directly targeted to more senior roles.

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✓      Greater transparency in promotions process
✓      Appraisal process altered to include consideration of promotion
➢      Introduction of Management masterclasses to support female staff progression (Action 2.11)

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**(ii)**      *Induction and training*

The College induction takes place three times a year, includes a session on equality and diversity. During induction, staff are informed about flexible working, child-care vouchers and the centrally organised staff development programmes that they can attend at the CAPD. The College induction also has a dedicated session for staff in SMD, where they can learn about the structure of the School, its history and opportunities to network with colleagues from different Institutes.

In addition to the College induction, staff (including PDRAs) receives induction materials for their own Institutes and/or Research Centre. A survey conducted amongst Institutes showed variations in quality of provision and a need was identified to provide template guidance to Institutes to ensure greater parity.

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✓      Equality and Diversity and work-life balance information provided at induction
✓      Opportunities for Networking
➢      Produce SMD guidance for new starters for all Institutes to ensure all staff received the appropriate information, including on all leave policies and flexible working (Action 3.1)

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**(iii)**      *Support for female students*

*Undergraduates*

The **Dean for Students** provides pastoral support and guidance to medical students. Personal Mentors provide support for the UG students and act as first point of contact for academic or personal concerns. Mentors are able to guide students to the correct source of support if required. Mentors also set the scene for the students' continuing professional development by undertaking an annual review of progress and supporting the use of a professional development portfolio containing reflections, achievements and learning needs as required by the GMC.

In Years 1 and 2, mentors are academic researchers and teachers within the School, and then in Years 3 and beyond students are assigned a clinical mentor. There are a total of 114 mentors, of whom 48 are women (42%) and 66 are men (58%). For first year UGs, a 'buddy' system ('**Mums and Dads**') is

operated by the Students' Union. If, after their first exam, they need additional support, they are assigned a third year student 'mum' and 'dad', as well as their Academic Year Tutor.

The **Student Staff conference** has been held annually for the last 5 years. It is an opportunity for students to feedback on the quality of the student experience (including curriculum) and for staff to respond, in the format of a *'You said. We did.'* As well as reviewing the previous year, discussion of current issues leads to formulation of an educational action plan for the coming year.

*Postgraduates*

The Dean for Postgraduate and Postdoctoral Studies manages a network of PG Tutors at Institute level who provide pastoral support for PGT students.  Students are made aware they are free to speak with any tutor or member of staff, and can request a female tutor if they wish.

A representative from QMUL's WISE[8] network speaks at the QMUL PhD induction. The SAT has actively promoted WISE to increase its visibility, activity, and membership within SM to positive effect.

QMUL Careers also hold regular Doctoral Transitions Events for SM PhD students at which (gender balanced) panels of former researchers speak about their transition into roles beyond academic research.



LUNCHTIME PANEL DISCUSSION: LOST IN TRANSLATION? THE CHALLENGES OF CROSSING BORDERS

WISE@QMUL

What are the challenges facing female academics who choose to come to UK universities?

Are these hurdles the same for all researchers when travelling abroad?

Geographical movement to another country for academic pursuits inevitably presents some hurdles. This forum is intended to highlight some of the challenges faced by women in coming to the UK, such as language, cultural, domestic, social and financial issues. The speakers will present some of these challenges drawn from their personal experiences and give an insight into how they have coped.

Our speakers: (full bios available on our website)

Professor Adina Michael-Titus- Lead of the Neurotrauma & Neurodegeneration Group in the Centre for Neuroscience and Trauma.

Professor Federica Marelli-Berg of Cardiovascular Immunology/Deputy Centre Lead of Biochemical Pharmacology

Dr Nathalie Lebrasseur, Lecturer in Organic Chemistry in the School of Biological and Chemical Sciences.

Dr. Noha Seoudi, Clinical Lecturer and Honorary Specialist Registrar in Clinical Oral Microbiology, Centre for Clinical and Diagnostic Oral Sciences

WHEN: Mon 20th Oct 2014, 12:45–2:15 pm
WHERE: The Old Library, Whitechapel Campus
BOOKING: Register on Eventbrite.co.uk by searching "Lost in translation"
PhD students book here: https://www.esdcourses.org.uk using code RW212 to gain skills points!

| |
|---|
| ✓ Mentors and buddies in place |
| ✓ Female PhD/Postdoc available and advertise at induction (WISE) |
| ✓ Career event focusing on gender issues |
| ✓ WISE extended into SM |
| ➢ WISE to finalise establishing the network in SM with an increase in SM Membership (Action 3.2) |

**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: - 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.*

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[8] WISE: Women in Science and Engineering

The SAT in 2012/2013 assessed committee structure and identified key promotion and bonus committees with low female representation (Table 25).

The majority of SM committee memberships are drawn from specific roles held limiting introduction of individuals outside of these roles on to these committees.

The SM SEG have now agreed to consider this issue concurrently with the 3 yearly review of Institute Directorships (see 3bi below).

**(ii)** *Female:male ratio of academic and research staff on fixed-term contracts (FTCs) and open-ended (permanent) contracts*

**Table 24:** Percentage female staff on FTC

| Grade | 2010-11 F | 2010-11 M | 2011-12 F | 2011-12 M | 2012-13 F | 2012-13 M | 2013-14 F | 2013-14 M |
|---|---|---|---|---|---|---|---|---|
| **Non clinical** | | | | | | | | |
| 4 | 98% | 100% | 96% | 98% | 97% | 100% | 94% | 99% |
| 5 | 86% | 75% | 83% | 75% | 85% | 81% | 88% | 82% |
| 6 | 54% | 36% | 50% | 42% | 56% | 44% | 64% | 59% |
| 7 | 19% | 5% | 19% | 14% | 18% | 13% | 19% | 18% |
| 8 | 5% | 9% | 10% | 9% | 11% | 12% | 17% | 7% |
| **Total** | **74%** | **53%** | **73%** | **54%** | **75%** | **60%** | **76%** | **63%** |
| **Clinical** | | | | | | | | |
| 6 | 83% | 88% | 85% | 91% | 91% | 90% | 89% | 88% |
| 7 | 24% | 11% | 25% | 14% | 17% | 19% | 17% | 24% |
| 8 | 6% | 6% | 16% | 13% | 14% | 18% | 19% | 22% |
| **Total** | **49%** | **32%** | **51%** | **39%** | **53%** | **43%** | **54%** | **42%** |

Further information has been provided under **Section 3: Staff Data**. More women than men are on FTCs (grades 4-6). However, it is noteworthy that almost all staff on grades 4 and 5 are on FTC regardless of gender (Table 24). These posts tend to be PDRA posts most often funded through external time-limited sources. QMUL redeployment policies support staff to remain at QMUL at the end of their FTC.  We aim to ensure any job adverts are advertised internally first, especially for PDRA. Analysis by grade (Table 24) shows that since 2010-11 the position has improved considerably and the percentages are much more similar between genders, except for grade 8 non-clinical where more women are on FTC.

> ➢ Examine existing and new fellowship opportunities especially those targeted at ECRs, and examine ways in which those reaching the end of the FTC could be additionally supported. (Action 3.3)
> ➢ Consider ways in which those on FTCs can be offered greater flexibility and support to assist with caring responsibilities (Action 3.3)
> ⌘ **Gender balance of numbers and percentage of individuals on FTC at all grades**

**Table 25:** SMD/SM and Institute main committees

| Group | 2010-11 F | M | 2011-12 F | M | 2012-13 F | M | 2013-14 F | M | Membership | Meeting Times | SAT initiative impact |
|---|---|---|---|---|---|---|---|---|---|---|---|
| School Executive Group | 10 | 14 | 10 | 14 | 3 | 9 | 2 | 9 | VP Health, Deputy VP, COO, 6 IDs, Deans for Research & Research Impact, Partnerships Associate Director, EO, VPBLSA, DAHS | Monthly 9-11 Thursday | |
| Research Education Strategy Group | Created in 212/13 | | | | 6 | 15 | 9 | 16 | VP Health, Deputy VP, COO, 6 IDs, 6 Deputy IDs, Institute leads for Education & Research, Deans for Research & Research Impact, Partnerships Associate Director, EO, VPBLSA, DAHS | Monthly am & pm alternating | Start time changed due to AS |
| School Management Team | 10 | 4 | 10 | 4 | 10 | 3 | 15 | 4 | COO, IMs, Deputy IMs, Finance, IT, HR & research and development representatives | Monthly 14:00-16:30 Thursdays | |
| School Education Committee | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 6 | Deans Education, Taught Programmes, Dentistry, PGT, Postdoctoral studies, deputy dean education, VP BLSA | 3 times annually in core hours | |
| Institute Executive - BCI | 6 | 11 | 6 | 11 | 6 | 11 | 10 | 8 | ID, Deputy ID, Centre leads, UG Teaching lead, Core services director, ECR rep. PGT rep, IM, Deputy IM, Cancer Nurse, CRUK outreach lead | Every 2 months in core hours | Start time changed due to AS |
| Institute Executive - Blizard | 5 | 13 | 6 | 13 | 6 | 16 | 9 | 12 | ID, Deputy IDs (Teaching and Learning), IM, Assistant IM, Centre leads, PGR and PGT leads, Research theme leads, COO | Monthly 09:00-11:00 Mondays | Start time changed due to AS |
| Institute Executive - IHSE | 6 | 4 | 6 | 4 | 6 | 4 | 6 | 4 | ID, Asst Dean Education, Centre &Unit leads, IM and Deputy IM | Monthly 16:00-17:00 | |
| Institute Executive - WHRI | 5 | 11 | 5 | 11 | 5 | 11 | 8 | 14 | ID, Deputy ID, IM, Centre leads, CVBRU manager, Clinical Pharmacology Rep | Monthly 14:00-16:00 Weds | |
| Institute Executive - WIPM | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 | ID, IM head of centres | Every 2 months in core hours | |
| SMD Academic Status & Promotions Committee | 3 | 10 | 6 | 8 | 6 | 8 | 5 | 10 | VP Health, Deputy VP, COO, IDs, Dean Research & Research Impact, DAHS, HR Rep, A Swan Observers | Once annually in core hours | |
| SMD Staff Bonus / Contributions Panel | 1 | 8 | 1 | 8 | 1 | 8 | 2 | 6 | VP Health, Deputy VP, COO, IDs, Dean Research & Research Impact, A Swan Observers | Once annually in core hours | From 12/13 includes 2 AS observers |
| Clinical Excellence Awards Internal Rankings Panel | 3 | 10 | 4 | 9 | 6 | 9 | 6 | 9 | VP Health, Deputy VP, COO, IDs, Dean Research & Research Impact, Joint Director R&D, Lay members, Consultant not holding national award, A Swan Observers | Once annually in core hours | From 12/13 includes 2 AS observers |

COO - Chief Operating Officer  
DAHS - Director Academic Health Sciences  
EO - Executive Officer  

IM - Institute Manager  
VPBLSA - Vice President Barts & the London Students Association  
VP - Vice-Principal  

ID - Institute Director

**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 the issue of 'committee overload' is addressed where there are small numbers of female staff?*

The majority of SM committee memberships are by virtue of specific roles held.  Where there scope for the use of discretion to add members, we have actively sought to address underrepresentation.

We also examined the nominations and appointments to senior roles centrally and within Institutes. It was agreed that potential appointees would be identified from HPLP participants among Institute senior faculty. This has led to recruitment of 2 women as Deputy Directors: 1 into BCI and 1 to WHRI (2013). This change directly resulted in improved gender diversity on R&ESG, a committee upon which Deputy Directors sit (Table 25).

*Meetings within Core Hours*
In 2012, Professor Nick Lemoine Chair of the SM SAT championed the concept of holding senior management and decision-making meetings within core hours, to be inclusive of all staff. This was trialled from Oct-Dec 2012 and it became clear that timings needed to accommodate NHS clinical staff working part-time. Respondents reported Institute and SM core meeting times to be more "family friendly" and enabling participation.  As a direct result, the SMD has defined its core hours to be 9.00 am to 4.30pm for its management meetings.

| |
|---|
| ✓ AS now a standing agenda item at SEG and SMT meetings |
| ✓ AS observers on Promotions Committee, Clinical Excellence Awards panels and Bonus Scheme panel |
| ✓ Core hours surveys and pilot leading to SM 'core hours' of 9.00am-4.30pm |
| ✓ The appointment of Institute Deputy Directors broadening the profile of certain committees/panels |
| ✓ SAT has challenged main governing body (Council) on the timing of its meetings |
| ➢ Address imbalances on School and Institute committees (e.g. inviting more junior/external staff) (Action 3.4) |
| ➢ Examine ways to introduce rotation of non-role-specific memberships, to allow fair balance between duties ('committee overload') and career enhancing roles (Action 3.4) |
| ➢ Encourage nominations of women to external committees (Action 3.5) |
| ⌘ **Gender balance across several senior committees improved** |
| ⌘ **Women promoted into senior Institute roles** |

**(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.*

SM is currently introducing a new workload recording system (SWARM) allowing for greater granularity in recording work, including pastoral and administrative responsibilities. The SAT clarified that AS activities are recognised and formally acknowledged within this system.

Since 2003 SM has had in place a set of **Academic Performance Standards**, which have been refined and reviewed periodically, most recently in 2009. These provide a framework for target and objective setting, based on pro rata indicators for teaching, research and other activities – including 'third stream' and administrative and managerial duties. The scheme is explicit in stating that the SMD's three types of academic posts[9] are of equal status and standing.

> ✓ Performance standard in place, includes administrative, outreach, etc.
> ➢ Implement QMUL workload model (Action 4.1)

**(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.*

See above regarding core hours.  Most Institutes adopt a regular timeslot and day most accessible for the majority of staff for regular seminars. In some cases it has been possible to establish a rotation of the day for meetings such as the BCI SM-wide Whiteboard weekly meeting. This meeting is an opportunity for post-docs and ECRs to discuss research projects with senior academics informally over lunch. This meeting rotates between the days of the week to enable part-time researchers an opportunity to take part/attend.

SM Inaugural Lectures were typically held in the evening, as they culminate with a social function for attendees and the speaker's friends and family. We have considered whether some inaugurals may be held during core hours in future by offering those scheduled to speak varied time slots

Information gathered from Institutes shows that due consideration is given to the timing of meetings and social events.  It is often the case that social events occur outside core hours. Where this is the case, Institutes give at least six weeks advance notice (often longer) of dates and times, in order to allow staff to make care arrangements. Some social events take place during the working day, e.g. lunchtime, or the late afternoon (e.g. 3/4pm) to allow staff to attend for at least part, and some Institutes' social events encourage staff to bring children and partners.

SM has introduced a new annual 'Women of Distinction in Science and Medicine Lecture', the first of which takes place December 5th 2014.

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[9] PI – where the majority of time is spent on research, TR – a more even time split between teaching and research, and TS – where teaching and educational duties (including pastoral student support

| | |
|---|---|
| ✓ | Advance notice of social events and lectures, seminars, etc. outside of core hours |
| ✓ | Family friendly events |
| ✓ | Introduction of annual 'Women of Distinction in Science and Medicine Lecture' |
| ➢ | Recording and dissemination of inaugural lectures, consider varying times held (Action 4.2) |
| ⌘ | **AS contributions included in new workload allocation model** |
| ⌘ | **Core working hours established** |

**(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.*

*Recognition of Women Leaders in SM*

To increase the visibility of female role models, we have liaised with the owners of portraits of senior women to relocate them to the central staircase of the main Medical School teaching building. This large staircase contains portraits of alumni, which are predominantly men. A portrait of **Professor Parveen Kumar** CBE has now been added to this group. Parveen Kumar is Professor of Medicine and Education, Honorary Consultant Physician and Gastroenterologist at Barts & The London NHS Trust, and Homerton University Hospital Foundation Trust. As well as a successful research career Professor Kumar is an internationally renowned medical educationalist. She was a founding Non-Executive Director of the National Institute of Clinical Excellence, Chairman of the Medicines Commission UK, and President of the British Medical Association. Most recently, she was President of the Royal Society of Medicine 2010-12. Every year Professor Kumar sponsors a student prize awarded to the best student overall.

**Dame Lesley Rees** is emeritus Professor of Chemical Endocrinology and Consultant Physician. She was elected as the first female Dean of the Medical College of St Bartholomew's Hospital in 1989 and led the College to a successful merger as part of Queen Mary in 1995. She was the first female to serve as Chairman of the UK Endocrine Society and was awarded its Jubilee Medal. In 1980 she was the youngest Fellow to be admitted to the Royal College of Physicians and in 1997 was

appointed as the first Director of Education. She was made a Dame of the British Empire in 2001. In recognition of the contributions that Dame Rees has made to SM, the building containing the Vice Principal's office and several meeting rooms are named after her.

In early 2014 following a School wide poll for suggestions, the main meeting rooms will be named after Professor Kumar and also Eva Alberman, an emeritus Professor and amongst the first cohorts of women medical students admitted to The London.

*SM Seminar/Conferences policy*
Each Institute runs its own internal seminar series delivered by internal and external speakers. We analysed the numbers of speakers according to gender for the past 2.5 years from 2013. Table 26 demonstrates that during this period there were fewer women speaking than men. Whilst this difference is concerning, this distribution perhaps reflects the relative proportions of men and women that currently exist in the upper levels of biomedicine.

**Table 26** Gender split of institute seminars/conferences for the 2012/2013 and 2013/2014 academic year. The most recent data shows the impact since April 2014 when speaker policy disseminated.

| Institute | 2012/13* (from Jan 13) | | | 2013/14 | | | 2014/5 *(to Nov 2014) | | |
|---|---|---|---|---|---|---|---|---|---|
| | No. Speakers | Female Speakers | % F | No. Speakers | Female Speakers | % F | No. Speakers | Female Speakers | % F |
| BCI | 10 | 5 | 50 | 26 | 9 | 35 | 7 | 5 | 71 |
| Blizard | 13 | 5 | 38 | 26 | 10 | 38 | 14 | 7 | 50 |
| IHSE | 3 | 3 | 100 | 16 | 12 | 75 | 4 | 2 | 50 |
| WHRI | 12 | 3 | 25 | 31 | 8 | 26 | 7 | 5 | 71 |
| Wolfson | 2 | 0 | 0 | 7 | 3 | 16 | 3 | 2 | 67 |
| **Total** | **40** | **16** | **40** | **106** | **42** | **40** | **35** | **21** | **60** |

To ensure all SM seminar and conference activities duly consider the diversity of invited speakers the SAT made recommendations for a diversity policy approved by SEG (April 2014). The guidance, suggesting at least 35% female speakers, was disseminated across all Institutes shortly afterwards. Our data show that this policy has already had an impact, with our Institutes achieving near parity in gender representation (April - November 2014).

*Inaugural Lectures*
The inaugural lectures are drawn from both our own staff body, and external organisations. In our inaugural lecture, over the past three years roughly equal numbers of men and women have presented. Importantly, we believe that this is a good example of how SM has been promoting women to Professor in the most recent years.

*Student activities*
In the coming academic year, the BLSA proposes changing its "Campaigns Officer" remit to solely concentrate on Women's Issues. Events organised include a talk by alumnus, Dr Beryl De Souza, Consultant Plastic Surgeon, on women within medicine today.

SAT Chair has liaised with BLSA President regarding the 'tone' and nature of student organised events, social media content etc., to ensure gender awareness.

**(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.*

Outreach activities are recognised at appraisal and promotions as part of "enabling" activities, as well as "Knowledge Dissemination". SM has a strong ethos of encouraging outreach activities. Generally, a good representation of both male and female academics are involved in outreach activities across the five institutes. These include visits to schools, school visits to laboratories and the Centre of the Cell, lab tours for fundraisers/donors, GP engagement seminars.

It was noted that data for outreach was not collated by SM, and this will be addressed in the future. Where it is gathered women, were slightly better represented.

*Centre of the Cell (CoC)*
The presence of the CoC in the heart of the SM is a huge incentive for SM staff and students to participate in public engagement activities. It was founded by one of SM's most prominent senior female academics, Fran Balkwill, who currently directs it and also leads the Centre for Cancer and Inflammation (BCI). It's in its fourth year of operation as a successful interactive science centre and is the flagship widening participation initiative of the SMD. It's the first science education centre in the world to be located within biomedical research laboratories. To date there have been over 60,000 participants, and the project has won 6 national and international awards. Last year of 19,656 participants, 50% were female; 52% were students. The majority of women visiting from our local borough (Tower Hamlets) are from BME backgrounds, especially from the Bangladeshi community. CoC, in collaboration with STEMNet, trains postgraduate and academic staff to be volunteer Science Ambassadors that work alongside the Learning Team. Of the 137 fully trained Science Ambassadors, 72% are female scientists. CoC also has 19 part-time Assistant Explainers recruited from the undergraduate medical and dental students. 15 of these are female. CoC trains Youth Members (local young people aged 14-19) of which 60% are women.

*External Funders*
Our SAT was concerned by evidence of Royal Society University Research Fellowships awarded to women plummeting from 1 in 3 (in 2010) to 1 in 20 (in 2014) and was motivated to act. A significant proportion of research funding within our organisation comes from charitable Research funders, who do not publish their diversity statistics. The governance of these research charities is facilitated through

membership of the Association for Medical Research Charities (AMRC). Thus in early June 2014 the SAT made contact with the CEO of the AMRC and followed up with a meeting between the Chair and Deputy Chair of the SAT and the Head of Member Engagement and Communications of the AMRC. This meeting resulted in a decision by the AMRC to request data from their 10 largest members analyzing all applications and awards for the past 3 years by gender. This data was submitted to the AMRC in early autumn 2014 and we await outcome.

> ✓ Number of outreach events targeted at female students, especially in the local community (East End of London).
> ✓ Major role played by CoC in promoting science education to girls
> ✓ Almost equal participation of men and women academics
> ➢ Better recording and communication of outreach activities both internally and externally (Action 3.7)
> ⌘ **Extended activities of SM SAT beyond SM and QMUL to AMRC resulting in external consideration of gender equality with substantial grant award stakeholder**

**Flexibility and managing career breaks**

**(a)** *Data for past three years*

**(i)** **Maternity return rate**

A substantial proportion of the females in post have taken maternity leave over the past 4 years (Table 27) suggesting that there is no systematic discouragement. The proportion still in post at 6 months is high and increases with grade. This could reflect the greater number of staff on fixed term contracts which cannot be extended beyond the period of maternity leave for the lower grades, and/or the relative job security of the higher grades. The precise reasons are uncertain and we will investigate through surveying maternity takers over an annual period.

**Table 27:** Maternity leave by grade and year

| Grade | Average F staff in post | Numbers taking maternity leave | | | | | % returned to work | % in post at 6 months | Mean leave rate per year |
|---|---|---|---|---|---|---|---|---|---|
| | | **10/11** | **11/12** | **12/13** | **13/14** | **total** | | | |
| Non-clinical staff | | | | | | | | | |
| 4 | 115 | 3 | 4 | 6 | 6 | 19 | 84% | 68% | 4% |
| 5 | 88 | 7 | 9 | 5 | 6 | 27 | 74% | 70% | 8% |
| 6 | 38 | 3 | 2 | 3 | 5 | 13 | 100% | 92% | 9% |
| 7 | 28 | 0 | 1 | 1 | 2 | 4 | 100% | 100% | 4% |
| Clinical staff | | | | | | | | | |
| 6 | 43 | 3 | 2 | 4 | 5 | 14 | 93% | na | 8% |
| 7 | 26 | 1 | 2 | 2 | 1 | 6 | 100% | na | 6% |
| 8 | 19 | | | 1 | | 1 | 100% | na | 1% |
| Total | 88 | | | | | 21 | 95% | 81% | |

### (ii) *Paternity, adoption and parental leave uptake*

The numbers shown in Table 28 are for formal requests received by HR.  The numbers taking paternity leave are fewer than one might expect at grades 5-7, however, our data shows more men in grade 5 have requested it since 2011/12.

Our formally recorded data is not representative of the full picture, as staff often record paternity leave at a local level with individual line-managers and/or within Institutes. Thus, guidance will be issued to ensure managers encourage staff to formally record their leave. This will coincide with the planned announcement and wide dissemination of the new Shared Parental Leave Policy (ShPL) in 2015.

**Table 28:** Paternity and Adoption leave. Numbers by grade and year

| Paternity leave | | | | | | | |
|---|---|---|---|---|---|---|---|
| Grade | Average male staff in post | 10/11 | 11/12 | 12/13 | 13/14 | total | Mean leave rate per year |
| Non-clinical staff | | | | | | | |
| 4 | 63 | 4 | 0 | 0 | 3 | 7 | 3% |
| 5 | 65 | 2 | 1 | 3 | 6 | 12 | 4% |
| 6 | 27.5 | 0 | 0 | 2 | 1 | 3 | 3% |
| Clinical staff | | | | | | | |
| 6 | 45.5 | 0 | 2 | 1 | 0 | 3 | 2% |
| 7 | 46.3 | 0 | 1 | 0 | 1 | 2 | 1% |
| **Adoption Leave\*** | | | | | | | |
| 5 | | 0 | 0 | 1 | 0 | 1 | |

\* We have no information on the gender of this member of staff.

### iii) *Numbers of applications and success rates for flexible working by gender and grade*

More women than men are part-time at all grades except 8, where a sizeable number of both sexes now work part-time. In each of the past 4 years between 31% and 35% of clinical female staff and between 20% and 25% of male clinical staff have been part-time (Table 29). Many of these part-time staff will also be employed for some or all of the week as clinicians in the NHS.

**Table 29:** Number and percentage of staff in post classified as working part-time by grade and gender

| Grade | 2010-11 F | 2010-11 M | 2011-12 F | 2011-12 M | 2012-13 F | 2012-13 M | 2013-14 F | 2013-14 M |
|---|---|---|---|---|---|---|---|---|
| **Non-clinical staff** | | | | | | | | |
| Percentage working part-time | | | | | | | | |
| 4 | 6% | 3% | 8% | 2% | 6% | 3% | 8% | 7% |
| 5 | 16% | 4% | 19% | 10% | 24% | 6% | 16% | 3% |
| 6 | 20% | 4% | 27% | 4% | 14% | 0% | 18% | 3% |
| 7 | 19% | 13% | 15% | 14% | 21% | 13% | 35% | 15% |
| 8 | 11% | 12% | 10% | 16% | 17% | 19% | 24% | 29% |
| Numbers working full-time | | | | | | | | |
| 4 | 101 | 56 | 97 | 60 | 108 | 60 | 122 | 66 |
| 5 | 70 | 64 | 75 | 54 | 68 | 63 | 74 | 64 |
| 6 | 33 | 24 | 22 | 25 | 30 | 27 | 37 | 31 |
| 7 | 21 | 33 | 23 | 37 | 22 | 28 | 20 | 28 |
| 8 | 17 | 38 | 18 | 36 | 15 | 34 | 13 | 30 |
| **Total** | **242** | **215** | **235** | **212** | **243** | **212** | **266** | **219** |
| Numbers working part-time | | | | | | | | |
| 4 | 7 | 2 | 8 | 1 | 7 | 2 | 10 | 5 |
| 5 | 13 | 3 | 18 | 6 | 21 | 4 | 14 | 2 |
| 6 | 8 | 1 | 8 | 1 | 5 | 0 | 8 | 1 |
| 7 | 5 | 5 | 4 | 6 | 6 | 4 | 11 | 5 |
| 8 | 2 | 5 | 2 | 7 | 3 | 8 | 4 | 12 |
| **Total** | **35** | **16** | **40** | **21** | **42** | **18** | **47** | **25** |

\* Clinical staff have been excluded from these numbers as many of those classified by our systems as part-time will also work in the NHS.

## (b)     *Key issues, steps taken and additional actions*

## (i)     *Flexible working*
Flexible working is mentioned on all of our job adverts and in the staff induction.  We are currently in the process of creating a formal starter pack to ensure all staff have this information. A key action of our previous submission was to investigate core hours which have now been introduced.

We found a broad and extensive use of flexible working across our Institutes. The majority of staff working flexibly do so on arrangements agreed and recorded locally.  These flexible practices (e.g. condensed hours, working from home, annualised hours - e.g. longer during school terms and shorter hours during school holidays) are to facilitate childcare arrangements for staff, the majority of whom are women. Apart from those working part-time hours (see Table 18), only a small proportion of these are recorded formally within our HR systems.

## (ii)     **Cover for maternity, adoption and care of the elderly leave and support on return**
QMUL provides an enhanced maternity package for staff who have been working at QMUL for 1 year. On top of this, we have aimed to collect feedback from staff about what support they would need, through the core hours survey and the maternity (and other leave) returners' lunch.

We have been reviewing our baby care facilities and facilities have been available for parents, nursing mothers and babies at all sites of SM since 2013.

We are currently working with the university to improve nursery opening hours to facilitate use by SM parents who are based on other campuses and to maintain a subsidy for staff users.

The SAT drafted a policy statement regarding staff returning to work after extended leave that was approved by SEG in June 2014.  This policy advises meetings with the line-manager prior to and post return to work, discussing the options for support during the period of absence and a plan, where required, to address any issues raised. This can be (but not limited to) a reduced teaching load, a reduced administrative load, a fast-track sabbatical.

| | |
|---|---|
| ✓ | Core hours |
| ✓ | Flexible working on job adverts |
| ➢ | Issue guidance for Institutes on recording flexible working (Action 4.3) |
| ➢ | Investigate reasons for not remaining in post following return to work (Action 4.7) |
| ➢ | Issue further formal guidance for recording of paternity leave (Action 4.6) |
| ➢ | Work with nursery to support longer opening hours (Action 2.5) |
| ➢ | Refresh and disseminate information for breastfeeding/expressing facilities on campus (Action 4.5) |
| ➢ | Communicate details of new ShPL policy to all SM staff (Action 4.6) |
| ➢ | Formalise starter pack information regarding flexible working (Action 3.1) |
| ⌘ | **Culture supports strong uptake of flexible working options** |

**[5379 words – extra words 379]**

## 5. Any other comments: maximum 500 words

As part of our planning and review processes, we have conducted evaluations of the Transition loan scheme, the Women's Mentoring Scheme, CV Workshop and SM Core Hours Pilot. Here is a sample of that feedback:

Comments from Transition Loans Scheme included:

*'The transition loan was an absolute life saver. You have to pay for unexpected things in that period, such as GMC membership, electives are expensive, people often have to move house for their new jobs and it's a full month before you get any income. It's impossible to live on no income, and the transition loan was so important, I don't know what I would have done without it.'*

Comments from Mentees included:

*"Being part of the scheme has made me think more strategically about what I need to do in order to progress in my career."*

*"It has definitely had an effect on my confidence, though maybe not in a positive way as it has made me realise how much work I need to do!"*

Comments from Mentors included:

*"I think our discussions helped my mentee to better appreciate her worth. In addition I personally gained some understanding about the institute that my mentee works in which has proven informative in better understanding strategic issues being dealt with by the college at a higher level."*

Comments from CV Workshop attendees included:

*"The CV Surgery encouraged me to ask my institute director what requirements I needed to go for promotion. Based on this discussion, I am now preparing to go for promotion to Senior Lecturer in the next round."*

Feedback from Maternity and Parental Lunches:

*Meetings within Core Hours Survey*

We considered whether one factor preventing women from putting themselves forward for management roles was the timing of meetings, which – owing to the clinical commitments of many of our staff – have often been held prior to 9am or after 5pm.

From October to December 2012 the SMD ran a pilot scheme to move key management meetings at School and Institute level to within core hours, defined as 9.30am to 4.30pm. Surveys were conducted before and after the pilot to gauge the impact. The results showed that women would be disproportionately deterred from attending meetings if outside core hours (35% female,  11% men) and slightly more women would be prepared to attend if during core hours. Analysis of those who attended meetings during the pilot scheme showed that core hours were more important for non-clinical women than non-clinical men.

However there is a problem for both male and female clinical staff for whom similar proportions (a third each) found core-hours and outside core hours equally difficult. This is because many clinical staff will have problems rearranging their hospital clinics. The majority of respondents reported that meetings had subsequently changed their hours to be more family friendly.  As a direct result of this, the SMD has now defined its core hours to be 9.00am to 4.30pm for management meetings requiring attendance by those in senior or managerial roles.

*Core Hours 1st Questionnaire to all SM staff.*

**Table A:** Main responses to 1st Core Hours Questionnaire to all SM staff

| | Number and % of respondents. | | p-value F v M |
|---|---|---|---|
| Total responders. | F: 55 | M: 85 | |
| Would be deterred from attending meetings if outside of core hrs | 19 (35%) | 9(11%) | **0.001** |
| *Reason for being deterred (more than one allowed)* | | | |
| by child or family commitments | 14 (25%) | 6 (7%) | **0.002** |
| work | 2 (4%) | 0 (0%) | ns |
| commuting problems | 6 (11%) | 2 (2%) | ns |
| other or not given | 3 (5%) | 1 (1%) | ns |
| | | | |

**Table B**: Main responses to 2nd core hours questionnaire to staff who attended regular meetings.

| | non-clinical staff | | clinical staff | | *p-value for difference in* | |
|---|---|---|---|---|---|---|
| | F | M | F | M | gender | *clinical status* |
| Responders | 19 | 24 | 15 | 22 | | |
| *If in future, executive or management positions within the SMD carried an expectation of regular meeting attendance either before 9.30am or after 4.30pm, would this deter you from putting yourself forward for such a position.* | | | | | | |
| Yes | 10 (53%) | 5 (21%) | 5 (33%) | 6 (27%) | *.62* | *.056* |
| for family reasons | 6 (32%) | 1 (4%) | 2 (13%) | 4 (18%) | *.99* | ***.016*** |
| not stated/other | 4 (21%) | 4 (17%) | 3 (20%) | 2 (9%) | *.53* | *.22* |
| | | | | | | |
| *If scheduled meetings were ONLY to be held between the hours of 9.30-4.30pm, would you consider putting yourself forward for such a position?* | | | | | | |
| Yes | 3 (16%) | 2 (8%) | 5 (33%) | 8 (36%) | *.012* | *.85* |
| | | | | | | |
| Responders attending meetings that changed to core hours | | | | | | |
| total % responders | 14 (73%) | 19 (79%) | 11 (73%) | 13 (59%) | | |
| made it easier to attend | 6 (42%) | 7 (37%) | 2 (18%) | 3 (23% | | |
| made it harder to attend. | 1 (7%) | 0 | 3 (27%) | 4 (32%) | ***0.015*** | *0.92* |
| | | | | | | |

**[492 words]**

## 6. Action plan

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

# 7.    Case studies: impacting on individuals:

## *Melania Capasso*

I completed my undergraduate studies in Italy and moved to the UK during my PhD. I then remained in the country for two postdocs before joining BCI as a Lecturer in 2010. During my interview I met some very successful senior female academics, one of whom was pregnant at the time, and I think that gave me a taste of the family-friendly and supportive environment I found myself in. I had many examples of colleagues (both female and male) at all levels with very successful careers and raising young children. I knew many of them were benefiting from flexible or part-time work, which is seen as the norm.

From the start I received a great deal of support, from my line manager and other senior academics, on grant writing and practicing for interviews. This collaborative environment allowed me to generate preliminary data and obtain funding to set up my own lab.

During this time I also became a part of the SM AS SAT.  I feel that my personal experience proves how some of the initiatives the SAT have championed have had an impact. The mentoring scheme and career workshops that started in 2012 have had a great impact on how I see and plan my academic career. I participated in the scheme during my pregnancy last year at a crucial time. I had the opportunity to talk with my mentor about many new issues relevant to my situation including how to balance work and family commitments and how to plan things for my maternity leave. My line manager was extremely helpful and supportive throughout, providing very useful, practical advice as well as supervision for staff that I manage in my team when necessary. I meet with my line manager at least once a month but during the past year and a half our meetings have become more frequent to help me with planning for my maternity leave. We also met during my 7-month maternity leave on my keep-in-touch days and I knew I could rely on her help if I had any problems with my team.

On my return in July 2014, I had a very smooth transition back to work. I am working a 4-day week (initially suggested by my line manager) but I plan to return to full-time soon. Not because I feel pressured to do so, and with the knowledge that I could continue working part-time or flexibly from home if I wanted to. Since my pregnancy, my interactions with colleagues have strengthened, if anything I feel more part of the institution that ever before. I visited the workplace with my son on several occasions during my maternity leave, including social events.

My commitment and successes have been recognised by the award of a bonus from the College staff bonus scheme and more recently in my promotion to Senior Lecturer. In both instances, the support from my Institute director has been instrumental.

As well as benefiting from the supportive environment myself, I have enjoyed participating in events to provide career advice to junior staff such as PhD students and postdocs. e.g. The post-doctoral forums established within QMUL and initiated following suggestions from the AS SAT. From the feedback I receive from junior staff that stop me in corridors, these initiatives are helping others in their career decisions. These events offer a great opportunity for senior staff to share ideas on academic life, which in my experience has been as rewarding as my personal achievements.  In sum, I feel that I am a perfect example of someone who has benefitted enormously from working within an organisation that supports women to reach their potential.

## Federica Marelli-Berg

I moved to London in the nineties to do my PhD under the supervision of Prof R. Lechler. In 2000 I was awarded a Governors' Lectureship by Imperial College London, where I progressed in my academic career becoming Professor of Immunology in 2011. Soon after, I joined the WHRI as Professor of Cardiovascular Immunology. My new environment was very different from my previous one and – besides the exciting scientific environment - I especially appreciated the supportive and inclusive culture that truly helps academics fulfil their potential, regardless of gender or background. Indeed, in the first few months I was offered a place on the annual High Potential Leaders' Programme. The course, which consists of a residential workshop, coaching and action learning, is offered to both female and male academics that have the potential to take up leadership roles and provide the appropriate training and support. In the year I attended, at least half of the participants were female colleagues. I found the course extremely effective and it prepared me well for my progression to Deputy Lead and then Lead of the Centre of Biochemical Pharmacology in January 2014.

I am really happy to take part in AS initiatives such as the mentoring scheme. I take pride in helping the development of junior academics and I have thoroughly enjoyed interacting with my mentee.

Personally I think the main obstacle to women progressing in academic careers is their decision to "opt out", worrying that they will not be able to balance work and family commitments. I believe our institution is really tackling this issue, both by boosting staff confidence and by creating a number of initiatives through the AS project. In practical terms, there is a well-established practice of working flexibly or part-time, that men and women benefit from, whether this is formally or informally arranged. This happens at all levels of seniority and indeed I do work from home one day a week. Similarly, I was recently invited to talk at a workshop on the challenges encountered by female students coming from abroad, part of the QMUL-WISE initiative, a group run by- and for- female postgraduate students and postdoctoral fellows. The discussion and interaction was really lively and we all agreed that sharing experiences and advice was very helpful both in terms of support and at a practical level.

It is really energizing to see how the AS initiative has generated so many discussions and a real can-do feeling for the junior female staff I supervise. Based on my previous experience, I can see tangible proof that QMUL and the SM in particular is committed to value and fully develop the potential of both female staff and students in a harmonious and stimulating environment. I am confident that we will be able to see further tangible changes in the number of females progressing to senior positions soon.

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