Athena SWAN Bronze department award application

Name of university:	**Imperial College**
Department:	**Surgery and Cancer**
Date of application:	**April 2014**

Date of university Bronze and/or Silver SWAN award: **Silver Nov 2012**

Contact for application:	**Professor Lesley Regan**
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List of Abbreviations

ADC	Academic Development Centre
AOC	Academic Opportunities Committee
AHSC	Academic Health Sciences Centre
BRC	Biomedical Research Centre
CCT	Certificate of Completion of Training
CSL	Clinical Senior Lecturer
CRUK	Cancer Research UK
CSM	Computational Systems Medicine
FAD	Female Academic Development Centre
FoM	Faculty of Medicine
FEO	Faculty Education Office
HoD	Head of Department
ICHNT	Imperial College Healthcare NHS Trust
IRDB	Institute of Reproductive and Developmental Biology
LDC	Learning and Development Centre
MBBS	Bachelor of Medicine
MRC-CSC	Medical Research Council Clinical Sciences Centre
NC	Non-Clinical
PG	Postgraduate
PGEC	Post Graduate Education Committee
PGRC	Post Graduate Research Committee
PGR	Post Graduate Research
PGT	Post Graduate Taught
PRDP	Personal Review and Development Plan
PWP	Personal Web Page
RCOG	Royal College of Obstetricians and Gynaecologists
RCP	Royal College of Physicians
RCS	Royal College of Surgeons
S&C	Surgery & Cancer
SMB	Senior Management Board
UG	Undergraduate

Campus sites

C&W	Chelsea & Westminster
CX	Charing Cross
HM	Hammersmith
SK	South Kensington
St M	St Mary's
St MK	St Mark's

1)   Letter of endorsement from the head of department

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Professor Jeremy K Nicholson
Head of Department of Surgery and Cancer
Chair in Biological Chemistry

30 April 2014

Sarah Dickinson
Athena SWAN Manager
Equality Challenge Unit
7th Floor, Queens House
5/56 Lincoln's Inn Fields
London WC2A 3LJ

Dear Sarah

I am pleased to enclose the Department of Surgery and Cancer's application for a Bronze Athena SWAN award.

I have a longstanding commitment towards achieving equality for women in academia and as a research scientist leading a clinical Department have been able to bring a different perspective to the clinical/non-clinical divide.

The process of applying for the Bronze Award has enabled us to reflect on our current environment and identify the impediments to fairness and equality within it. The focus groups held across the campuses and a detailed online survey have provided considerable insight into life within S&C from the perspective of students, post-docs, academics and clinicians. We have outlined five key areas for improvement:

1. Lack of senior female clinical academic staff in Surgery – we recognise this is a national problem but we hope to be able to demonstrate leadership in addressing key issues
2. Concern about the quality of PRDP (appraisal) process – improvement will feed through to other aspects of life in the Department
3. Need for Mentorship
4. External perception of a male orientated culture
5. Need for outreach to encourage young women to enter careers in academic surgery

Our structured 3 year plan should deliver the changes necessary to address these issues and their implementation, underpinned by an open and transparent approach to communication, will facilitate our vision of a Department in which male and female staff and students may develop to their maximum potential.

S&C is diverse in nature covering clinical specialties: Surgery, Cancer, Reproductive Medicine, Anaesthetics and Critical Care. It has an excellent non-clinical faculty across its four Divisions. Our staff work closely together to lead patient-centred clinical and translational research. The Department has a broad educational portfolio with commitments across the six years of the undergraduate curriculum, a wide-ranging postgraduate education programme including taught courses, MRes and a population of 309 PhD students. It is geographically diverse operating on

six campuses: South Kensington, St Mary's, Hammersmith, Charing Cross, Chelsea and Westminster and St Mark's, Northwick Park.

Since my appointment as Head of Department in September 2009 I have appointed four women to senior leadership roles: Professor Elaine Holmes – Head, Division of Computational and Systems Medicine; Professor Lesley Regan - Director of Academic Opportunities; Professor Alison McGregor – Director of Education Strategy and Quality and Professor Gerry Thomas - Director of Health, Safety and Compliance. These senior women, highly regarded in their own academic sphere, provide excellent leadership and management. They are members of our Senior Management Board. Professor Regan's leadership of the Academic Opportunities Committee is inspirational to women. I am grateful to her for creating such an enthusiastic, highly motivated team to develop our first application to Athena SWAN and for supporting our longer term aspiration to achieve a Gold award.

Although diverse in its nature, the Department is unified in its commitment to excellence in research, teaching and clinical delivery and I am determined that all of us work together to ensure the aims and objectives of Athena SWAN become second nature within Surgery and Cancer at Imperial.

Yours sincerely,

Professor Jeremy Nicholson
Head of Department of Surgery and Cancer

(510 words)

2) The self-assessment process

a. A description of the self-assessment team

In September 2013, S&C established an AOC, chaired by Prof Regan. It identified a Core Group to lead its application supported by an Advisory Group. Together these groups ensured representation of the four Divisions, research, clinical and non-clinical academic staff and campus locations (SK, St M, HM, CX, C&W, St MK).

There has been enthusiastic engagement from all members. Small working groups have dynamically formed to address various elements of preparation. These groups have mainly been geographically based, eg. at HM a Professor has led a team of clinicians, non-clinicians, a postdoc rep and Divisional Manager (Hardy, Azuara, Bevan, Blagden, Costa-Pereira, Cui, Flower, Line) focusing on student and staff data, key transition points and career development; at SK the representatives from CSM (Coen, Li, Want) have looked at organisation and culture including flexibility and managing career breaks. An ad hoc group of female surgeons from Clinical Lecturer to Professor, (one, Sue Clarke, from St Mark's) met to begin consideration of the issues facing women embarking on a career in academic surgery. (171)

Core Group
Lesley Regan (SM) Clinical Professor; chairs the AOC; was recently elected Vice President for Strategic Development to the RCOG. Has twin daughters at University
Julia Anderson (SK) Departmental Manager; responsible to Head of Department for overall management. Married with no children
Charlotte Bevan (HM) Reader - Molecular Oncology; longstanding member of the PGEC, has two young children
Sarah Blagden (HM) Clinical Senior Lecturer – Medical Oncology. Has two young children (aged 5 and 3) - balances demands of full-time work and parenting with the help of husband
Muireann Coen (SK) Lecturer in CSM, has two daughters (aged 3 and 1); has managed return to work through support offered by flexible, part-time working and 'hands-on' husband
Ana Costa-Pereira (HM) Senior Lecturer - Cancer Biology, member of the PGEC and Tutor, Graduate School. Has a 1.5 year old daughter, expects second child in July
Alun Davies (CX) Professor - Vascular Surgery, previously Training Programme Director for Surgery and advisor for part-time training
Kirsty Flower (HM) Postdoc rep for Division of Cancer, provides postdoc perspective
Tony Gordon (C&W) Clinical Senior Lecturer - Intensive Care Medicine; manages challenges of clinical and academic career - works flexibly sharing childcare for son so wife able to return to work
Kate Hardy (HM) Professor - Reproductive Biology. Achieves balance between academic responsibilities and solo parenting of a teenage son; has played key role in all aspects of preparation of application
Shirley Line (HM) Divisional Manager of Cancer & Reproductive Medicine. Married with grown-up family.

(245)

Advisory and Support Group		
Wendy Atkin	(SM)	Professor - Gastrointestinal Epidemiology
Veronique Azuara	(HM)	Senior Lecturer - Stem cells and Epigenetics
Rob Bell	(SK)	College Athena SWAN Coordinator

Hector Keun	(SK)	Senior Lecturer - Biological Chemistry
Jia Li	(SK)	Lecturer - Human Development and Microbial Signalling
Wei Cui	(HM)	Senior Lecturer - IRDB
Andrea Frilling	(HM)	Professor of Surgery
Daqing Ma	(C&W)	Reader - Anaesthetics
Justin Stebbing	(HM)	Clinical Professor - Oncology
Paul Strutton	(CX)	Senior Lecturer - Neurophysiology
Elizabeth Want	(SK)	Lecturer - Computational and Systems Medicine

(84)

b. *An account of the self-assessment process:*

Academic Opportunities Committee (AOC)

The self-assessment team's monthly meetings are well attended, enthusiastic and engaging. Key leadership roles are taken by Prof Regan as Chair, Prof Hardy leading work on statistical analysis and interpretation, Dr Blagden bringing a female clinical perspective, Dr Flower representing post-docs, Drs Costa-Pereira, Coen, Want, providing the non-clinical perspective including that of mothers returning to work after maternity leave; Prof Davies providing contextual setting for clinical and academic training in Surgery; Prof Atkin has been instrumental in bringing female surgeons together. The Head of Department, Professor Nicholson, attended the first meeting and strongly supports the application. His leadership has ensured that Athena SWAN issues are now a standing item on the Agenda of the Senior Management Board and that Prof Regan is fully supported as she moves to implement the Action Plan, engaging with Divisional Heads to embed the changes proposed. Her reports are achieving greater understanding of the importance of real "buy-in" as opposed to lip service. (159)

Online Staff Survey

The self-assessment process commenced in October 2013 with an online questionnaire for staff spanning a wide range of subjects that could be affected by gender. There was an excellent response - 49% of staff (231) completed the questionnaire (52% female, 38% male, 10% preferred not to disclose). The responses were categorised into job role: Academic (19%), Research (45%), Clinical Academic (5%), Clinical Research (2%) (NB – CRF's undertaking PhD studies), Admin (13%), and prefer not to say (15%). Responses were stratified by gender and by role, to facilitate identification of interesting differences between responses from these groups. (96)

Focus Groups

In order to achieve a broader view of the Department, seven focus groups were held in November 2013 at four of the six campuses, facilitated by Fiona Richmond from Imperial's Learning and Development Centre. 55 people (approximately 10% of the Department) took part. As the clinical commitments of members of the Division of Surgery prevented attendance at scheduled focus groups and AOC meetings, an extra group was convened to establish a clearer picture of their perspectives and views. Findings from these groups feed through the application and Action Plan. (89)

c. *Plans for the future of the self assessment team*

The SMB has established the AOC as a permanent sub-committee. Both meet monthly. Athena SWAN is a standing item on the agenda on the SMB. The AOC will manage the implementation of the Action Plan and, if the Department's Bronze application is successful, will develop a submission for a Silver Award in April 2015 with plans ultimately to apply for Gold once the cultural changes commenced this year are more firmly embedded. It is envisaged that

the Terms of Reference will remain broadly the same for the next year but these, together with membership, will be reviewed in October each year, as for all Departmental Committees.

The AOC has found it helpful to have small, focussed working groups addressing specific issues in preparing the Bronze application. These groupings are task focussed and dynamic in nature and may change depending on the requirements of implementing the Action Plan associated with this application. As the Department moves to develop a Silver application, it believes it will be helpful to rely on experienced members of the AOC but will invite "new blood" applications as well as facilitating existing members rotating off the Committee if they feel they have contributed as much as they are able. The Department looks forward to the outcome of the College's 2014 Staff Survey – this will inform on-going self- assessment. (221).

(Total words: 1065)

3) A picture of the department

a. Pen picture of the department

S&C is one of five Departments in FoM at Imperial College. It has three Clinical Divisions and one non-clinical (Fig 1). Each clinical Division - Surgery (including Anaesthetics), Cancer, and the Institute of Reproductive and Developmental Biology, has a strong faculty of non-clinical staff. All are engaged in the Departmental mission to deliver patient centred clinical and translation research, translational technology and innovative education. (64)

Fig. 1:   Divisional breakdown of S&C
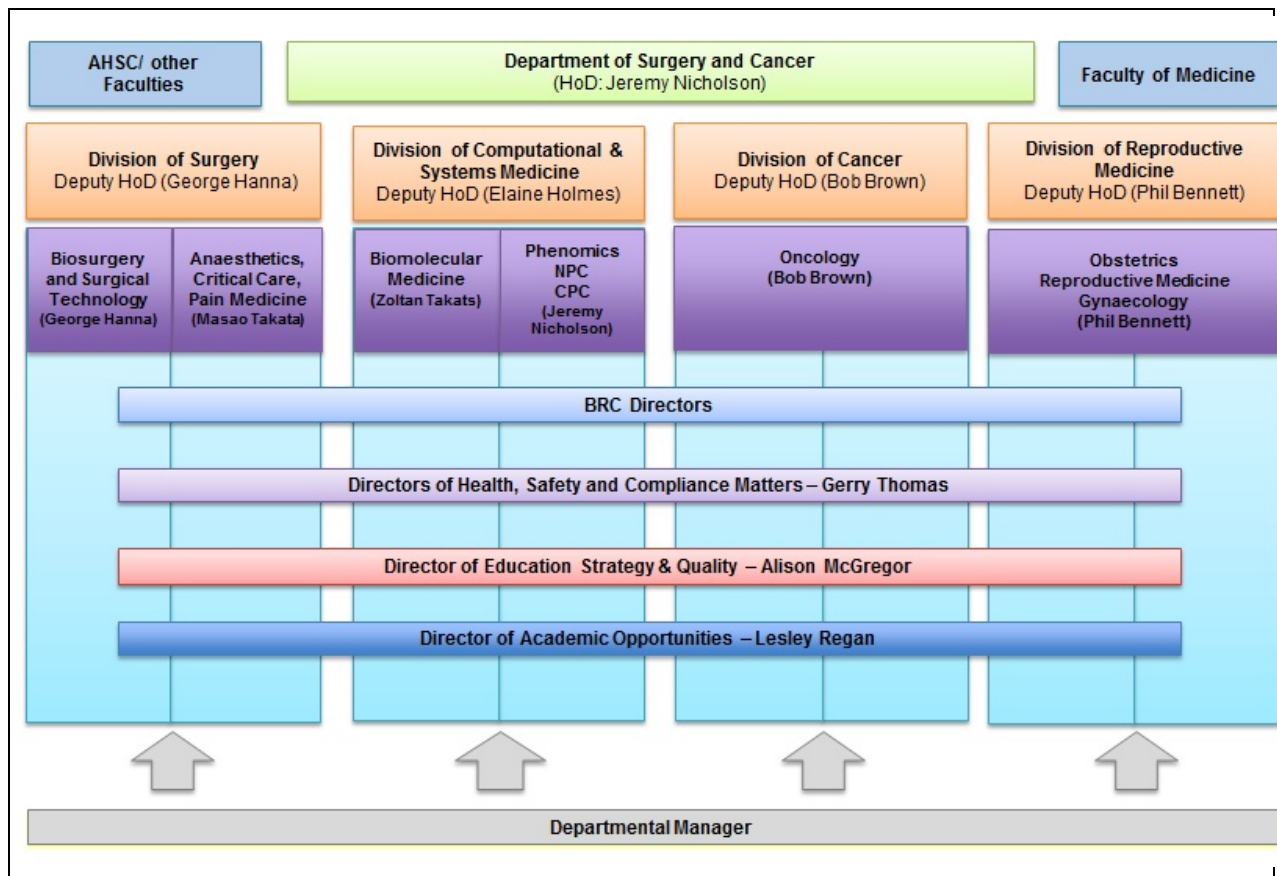
There are 51 clinical and 53 non-clinical academic staff, 147 research staff and 220 support staff with a vibrant student population – 240 PGT students on nine courses, 420 PGR students – 90 MD(Res) and 309 PhD. S&C is engaged across the 6 years of the Undergraduate Medical

(MBBS) curriculum, managing two intercalated BSc courses. It engages with the Graduate Entry Programme and a number of staff have key roles within the Faculty's Educational structure.

The Divisional breakdown of staff is illustrated in Table 1/1A. For our Bronze application, data has been analysed at Departmental level but included in the Action Plan is the proposal to analyse at Divisional level going forward. (110)

Table 1:   Divisional breakdown of S&C staff

	Clin Acad			Non Clin Acad			Research			Support			CRF			Nurses		
	M	F	% F	M	F	% F	M	F	% F	M	F	% F	M	F	% F	M	F	% F
Department	38	13	**25**	37	16	**30**	66	81	**55**	64	125	**66**	57	33	**37**	4	25	**86**
Cancer	5	3	**37**	9	3	**25**	20	29	**59**	14	43	**75**	4	7	**64**	0	5	**100**
Repro	3	3	**50**	5	4	**44**	6	9	**60**	4	16	**80**	5	7	**58**	0	14	**100**
Surgery	30	7	**19**	13	3	**19**	24	29	**55**	39	44	**53**	48	18	**27**	4	6	**60**
CSM	0	0	**0**	10	6	**37**	16	14	**47**	5	11	**69**	0	1	**100**	0	0	**0**
Central Admin	0	0	**0**	0	0	**0**	0	0	**0**	2	11	**85**	0	0	**0**	0	0	**0**

Table 1a: Breakdown of the Department

Role	% of Department
Clinical Academic	9%
Non-Clinical Academic	10%
Research	26%
Support	34%
CRF	16%
Nurse	5%

S&C operates on 6 campuses and is closely integrated with the Academic Health Sciences Centre formed by Imperial College and Imperial College Healthcare NHS Trust. Senior members are engaged in leading BRC themes, chairing Centres for Translational Medicine, and in management of clinical Divisions within ICHNT. These activities and responsibilities provide a broader, richer environment for research and education. However, the diverse nature of the specialties covered and the geographical spread are challenging in two senses, (1) creating cohesion and (2) ensuring clear and effective communications. (86)

b. Student Data

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 planning.

i. Numbers of males and females on access or foundation courses

Not applicable at Imperial College. (5)

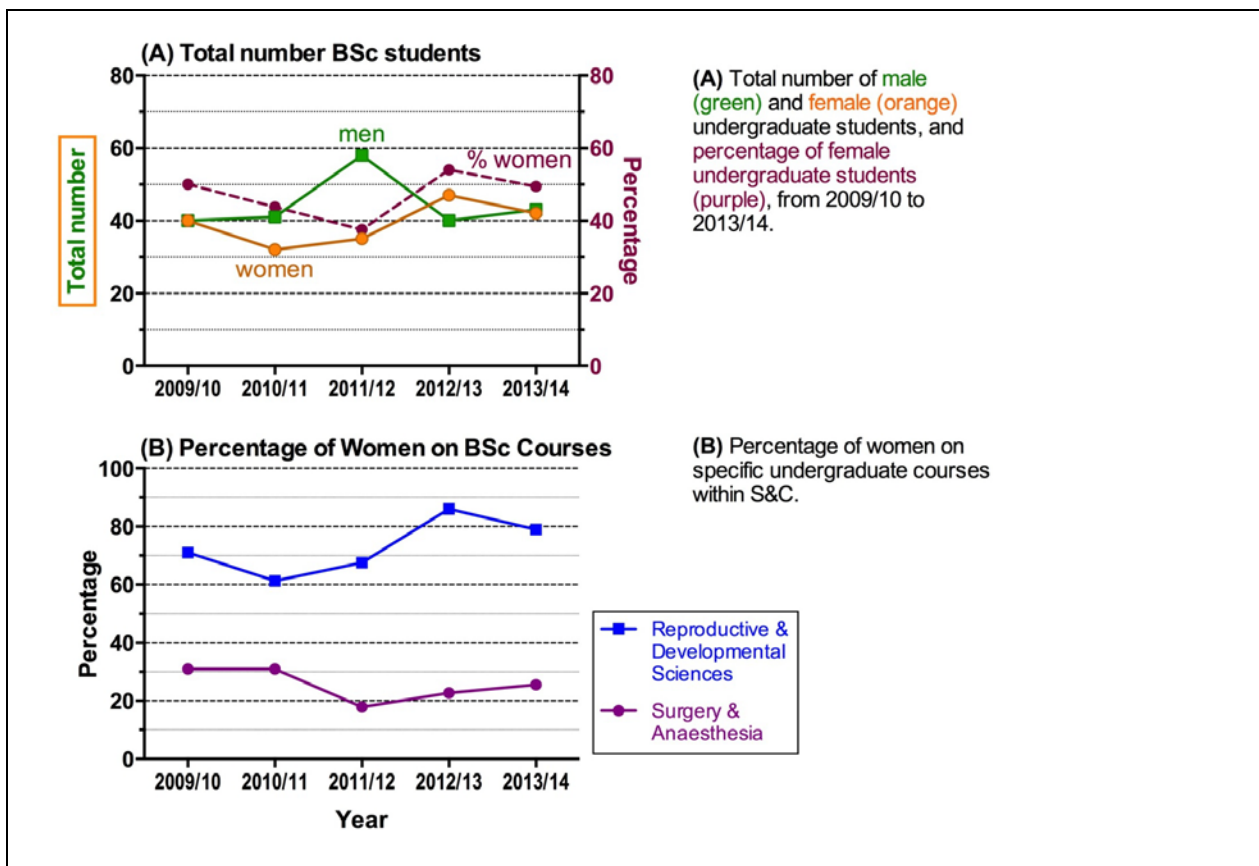### ii. Undergraduate male and female numbers

S&C manages two full-time one-year intercalated BSc Courses which students undertake in the 4th year of their MBBS degree course:

- Reproductive and Developmental Sciences
- Surgery and Anaesthesia.

Students intercalating from other universities and 3rd year students from the Imperial BSc Biomedical Sciences degree course, to which S&C contributes, are also accepted.

There is concern at the variance in percentage of female students on the Surgery and Anaesthesia course (20-30%) and the Reproductive and Developmental Sciences course (60-90%) shown in Fig 2(B). Students are free to choose their BSc course – the process of allocation is managed by the Faculty Education Office. We will explore whether the general issue of surgery being less attractive to women identified throughout preparation of our application, begins at this stage. We will benchmark against similar courses and continue efforts to promote courses equally to both genders through literature and presentations. (AP Ref 1.1) (147)

Fig. 2:   Total number of undergraduate students

(A) Total number of male (green) and female (orange) undergraduate students, and percentage of female undergraduate students (purple), from 2009/10 to 2013/14.

(B) Percentage of women on specific undergraduate courses within S&C.

iii. Postgraduate male and female numbers completing taught courses

Full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

S&C runs 6 MSc courses (larger taught component) and 3 MRes courses (more than 50% research). The courses are diverse, covering surgery, reproductive medicine, cancer biology, health policy, robotics and surgical education. Fig 3A illustrates the rise in the number of female students from 30 to 90 compared with fairly steady male numbers. The introduction of a new MRes in Cancer Biology in 2010 attracted a higher proportion of women (Fig 5B) with an increase female masters postgraduates, from <30% to over 50% illustrating that we are now approaching the national average for such courses. (Fig 3B). (95)

Fig. 3:   Total number of Postgraduate Taught Course Students

(A) Total number of Postgraduates Taught

(A) Total number of male (green) and female (orange) postgraduate students completing taught courses.

(B) Comparison of S&C with National Levels

(B) Comparison of S&C with national data for the discipline. National data from HEIDI (Higher Education Information Database for Institutions), A3 (Clinical Medicine).
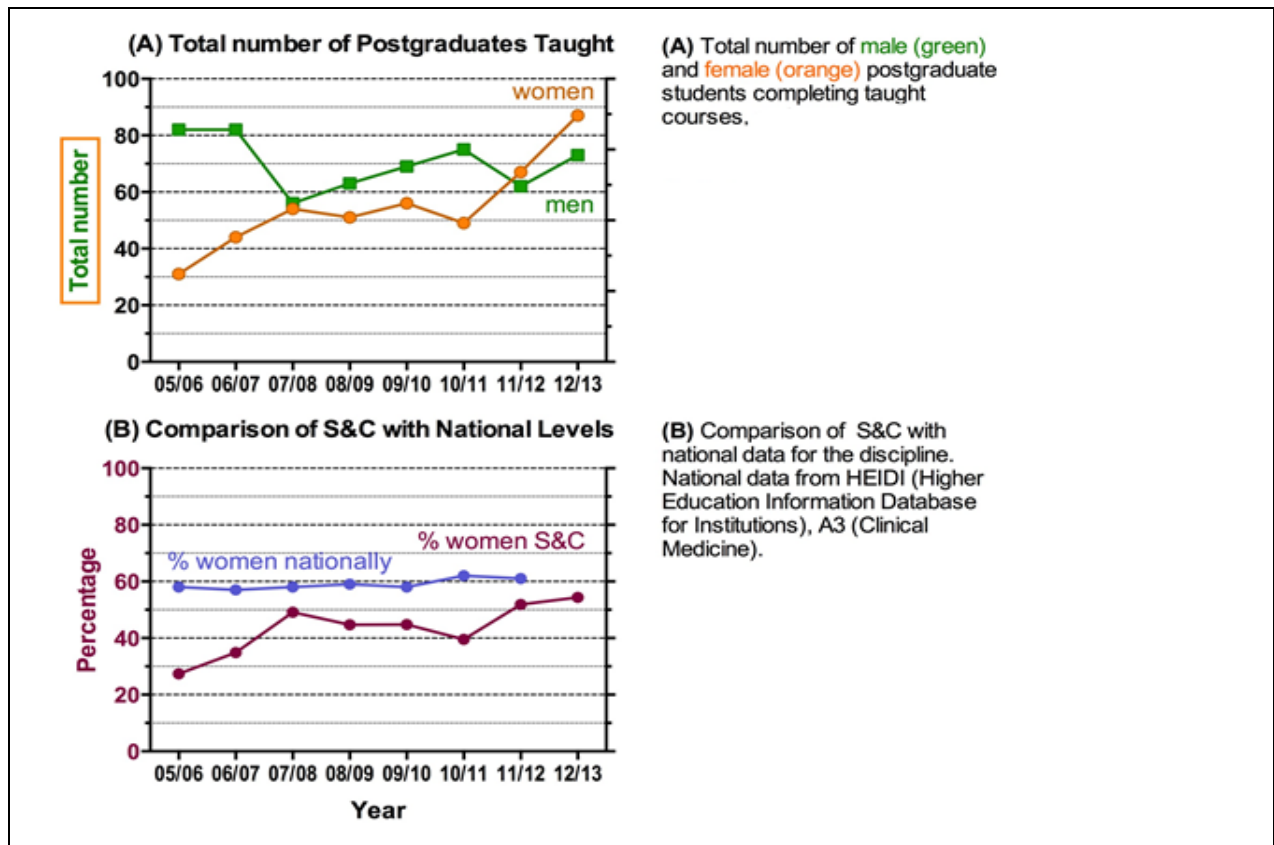
Full-time vs. Part-time courses: There has been an increase from ~40% to over 70% of women on full-time courses (Fig 4A) and from ~20% to 50% on part-time courses (Fig 4B). (23)

Examination of individual courses illustrates different courses attracting different proportions of women (Fig 5). The concern is that less than 50% of students undertaking surgical MSc courses and the Medical Robotics MRes are female. (34)

The disparities between courses will be examined further. As it is already clear that Surgery is less attractive to women, focus will be on steps to address this at varying levels. (AP REF 1.2) (31)

Fig. 4:   Total Number of Full-time and Part-time Postgraduates
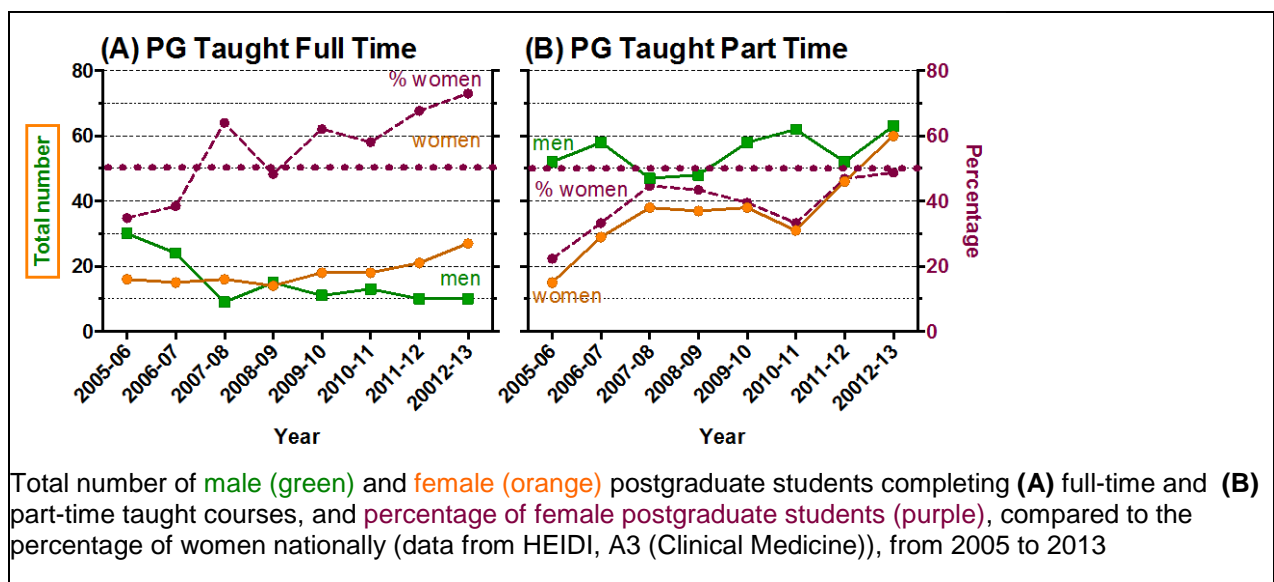
Total number of male (green) and female (orange) postgraduate students completing **(A)** full-time and **(B)** part-time taught courses, and percentage of female postgraduate students (purple), compared to the percentage of women nationally (data from HEIDI, A3 (Clinical Medicine)), from 2005 to 2013

Fig. 5:   Percentage of Women on Masters Courses

(A) Percentage of Women on MSc & MEd PGT Courses

Legend:
- Reproductive & Developmental Biology
- Quality and Safety in Healthcare
- Health Policy
- Surgical Education
- Surgical Science
- Surgical Technology

(B) Percentage of Women on MRes Courses

Legend:
- Cancer Biology
- Biomedical Research
- Medical Robotics & Image Guided Intervention

Percentage of women completing MSc, MEd and MRes postgraduate taught courses in S&C

iv. Postgraduate male and female numbers on research degrees

Full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

The total number of research postgraduates has increased since 2005 (Fig 6A) with female numbers plateauing after 2010-11 at 100 - 120, and male numbers increasing to around 160. Closer examination of the data indicates the reason is associated with numbers undertaking part-time studies (Fig 6B). There has been a quadrupling in male part-time students with a modest increase in female part-time students (Fig 7B). Contrastingly the numbers of male and female full-time students is approximately 50% each (Fig 7A). S&C will undertake deeper analysis of the gender of postgraduate students in full time and part-time study by specialty to understand the reasons for this gender difference. The Department provided support for women PGT student with babies by adjusting clinical and academic components of their roles and will consider other options for support in future.   (AP Ref 1.3) (135)

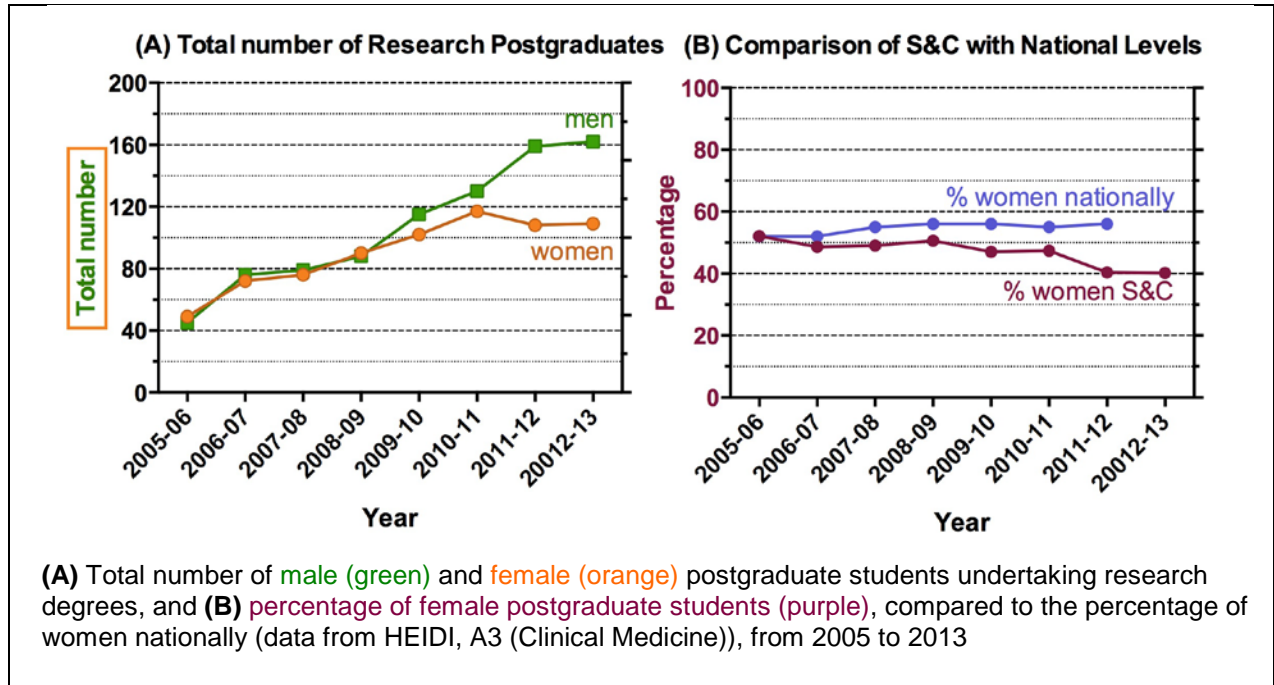**Fig. 6:   Total number of Postgraduate students on Research Degrees**

(A) Total number of male (green) and female (orange) postgraduate students undertaking research degrees, and **(B)** percentage of female postgraduate students (purple), compared to the percentage of women nationally (data from HEIDI, A3 (Clinical Medicine)), from 2005 to 2013

Fig. 7:   Total number of Full-time and Part-time students

Total number of male (green) and female (orange) postgraduate students undertaking **(A)** full-time and **(B)** part-time research degrees, and percentage of female postgraduate students (purple), from 2005 to 2013
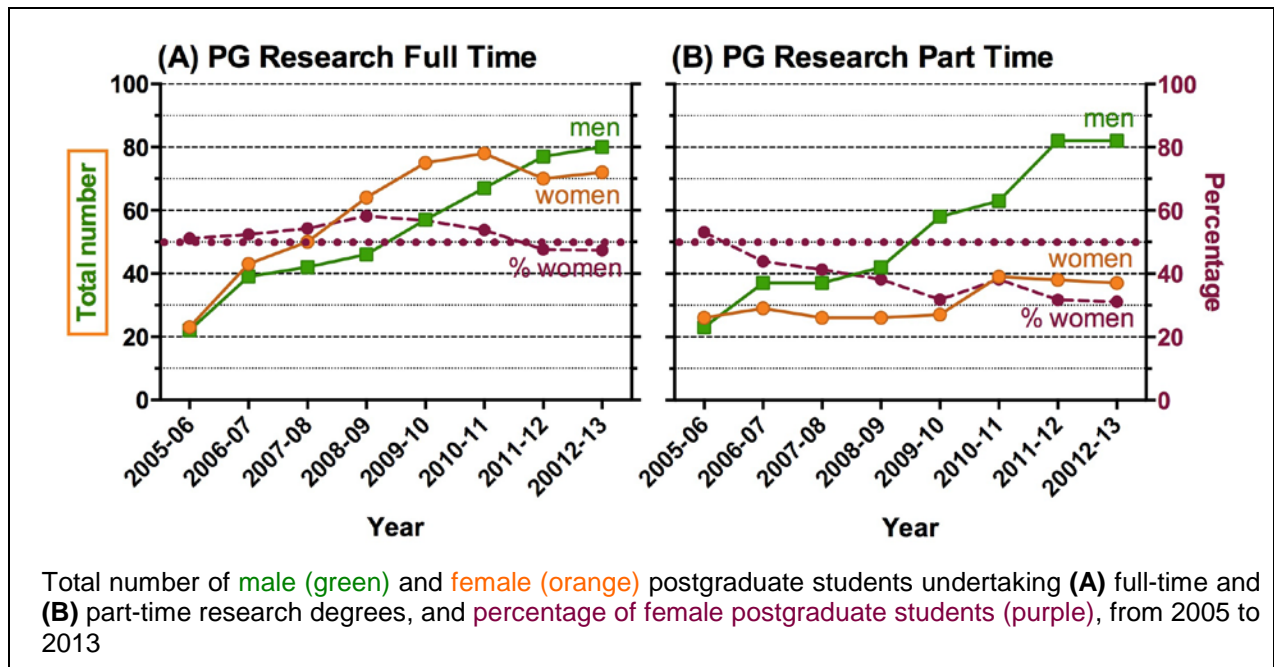
v. Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees

Comment on the differences between male and female application and success rates and describe any initiatives taken to address any imbalance and their effect to date. Comment upon any plans for the future.

Undergraduate Courses: Applications, Offers and Acceptances

Students accepted on our BSC courses are already undertaking an undergraduate MBBS degree and do not go through a conventional application process. The process is managed by the FEO and the Department has no influence over choices. Students choose the course that

they wish to study and the majority are given their first choice. The Department plans to encourage female students by developing targeted outreach programmes. (AP Ref 1.1) (66)
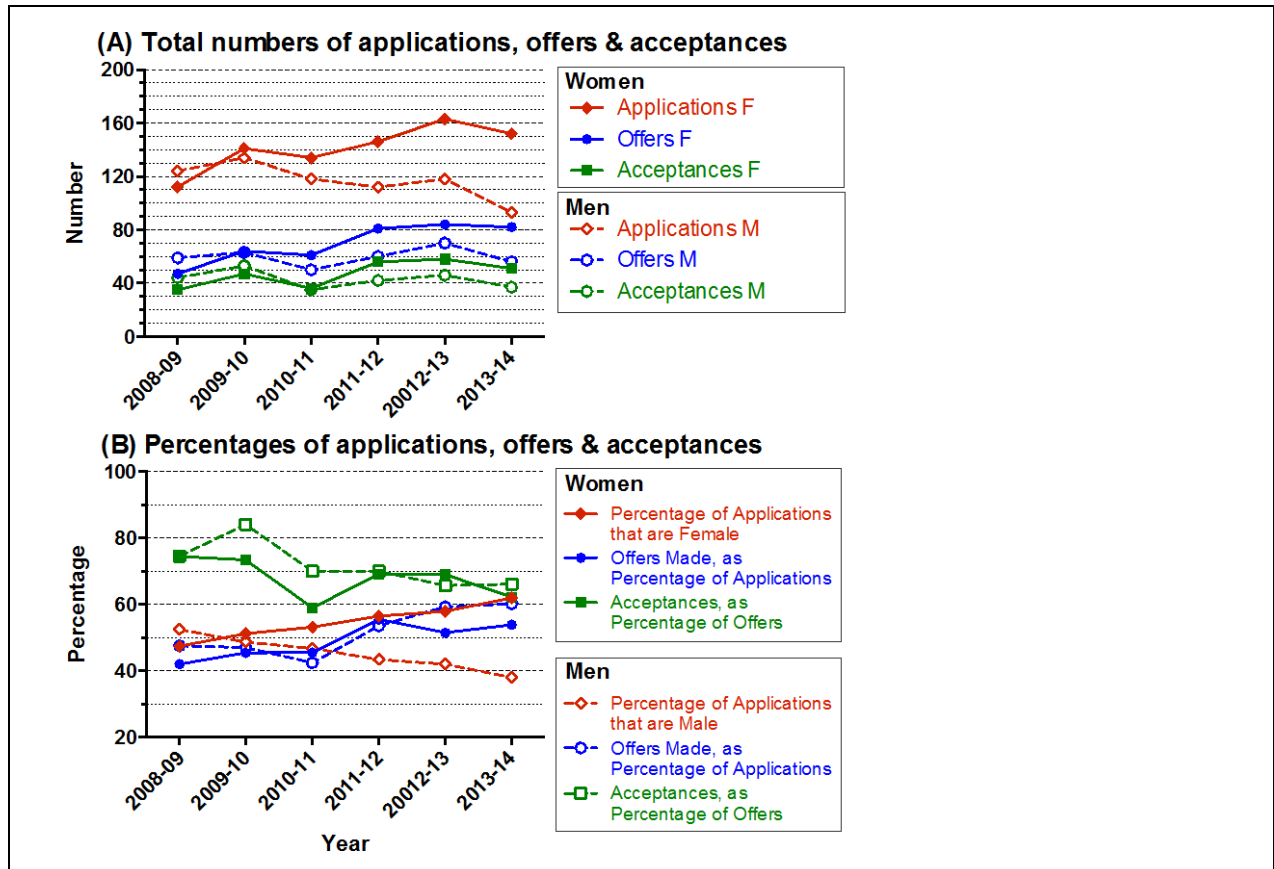
Postgraduate MSc Courses: Applications, Offers and Acceptances

Since 2008-9 there has been a comparable increase in applications from women (50% rising to 60%) and in offers made (40% to 54%) (Fig 8). A slightly higher percentage of offers were made to men in the current student cohort (60%) with a similar percentage of offers being accepted by men and women (66 and 62 % respectively). Deeper analysis will be undertaken to establish any discrepancy between subject areas. To note – a new modular Masters in Surgery is being developed for introduction in 2015 – a key element of preparation will be to embed approaches that are attractive to female applicants. (AP Ref 1.2 and 1.4) (101)

Fig. 8:   Applications, Offers and Acceptances for Postgraduate MSc Courses

Postgraduate MRes Courses: Applications, Offers and Acceptances

The number of applications from both women (~60%) and men (~40%) for MRes Courses has increased since 2008/9 (Fig 9). This period includes introduction of new courses eg. Cancer Biology 2010/11, Medical Robotics 2011/12, and new streams under the umbrella of Biomedical Research. The percentage of offers made has settled at between 40 and 50% for both genders with acceptances varying by year. Although there are no concerning trends, data will be examined in greater depth, course by course, to establish discrepancies between subject areas. Steps will be taken to identify why people accept or decline. (AP Ref 1.2) (96)

Postgraduate Research Degrees: Applications, Offers and Acceptances

The increase in applications from women since 2008/9 means these are now equal with applications from men. Offers made to women vary by year (60-80%) and has increased for men from 60% to nearly 80% (Fig 10). Acceptances from women have declined from nearly 100% to 70% which is of serious concern and will be explored further. Acceptances from men have remained steady at around 90%. (AP Ref 1.3). (66)

Fig. 9: Applications, Offers and Acceptances for Postgraduate MRes Courses

(A) Total numbers of applications, offers & acceptances

(B) Percentages of applications, offers & acceptances
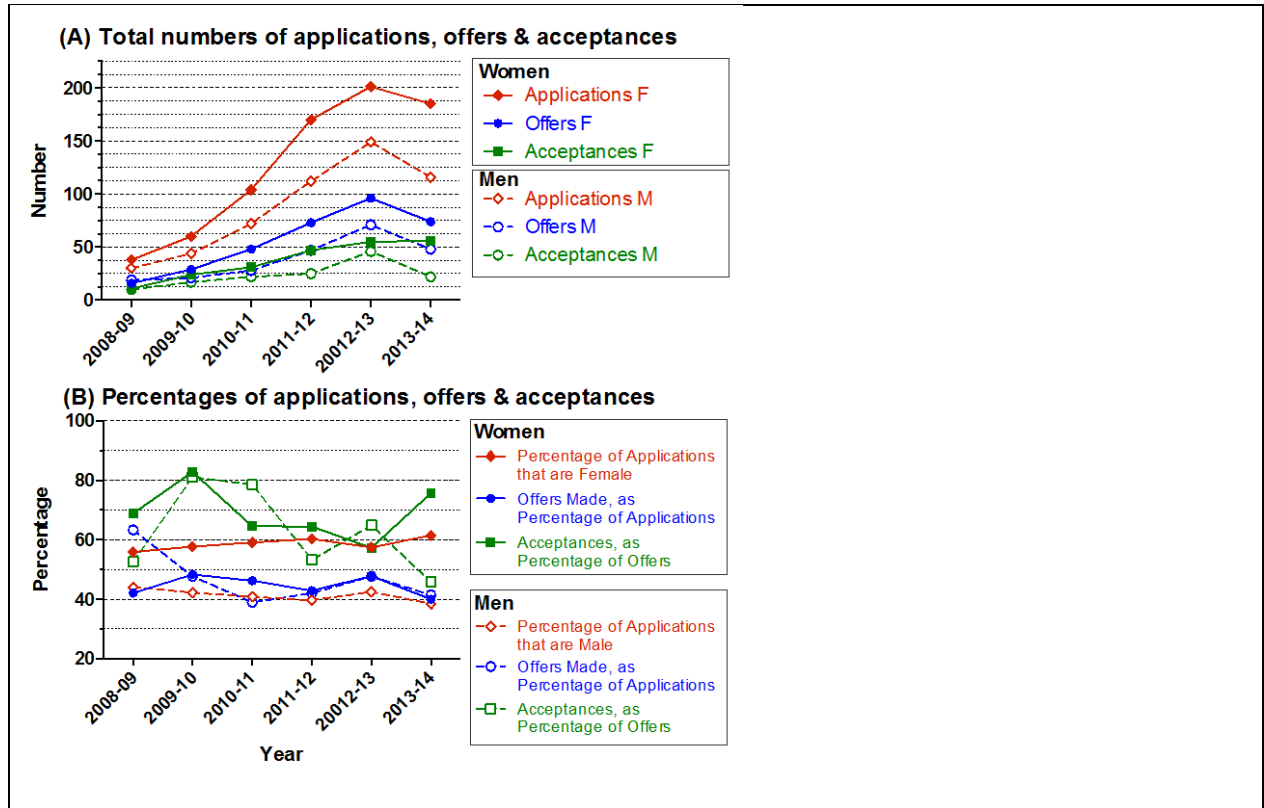
Fig. 10: Applications, Offers and Acceptances for Postgraduate Research (PhD)

(A) Total numbers of applications, offers & acceptances

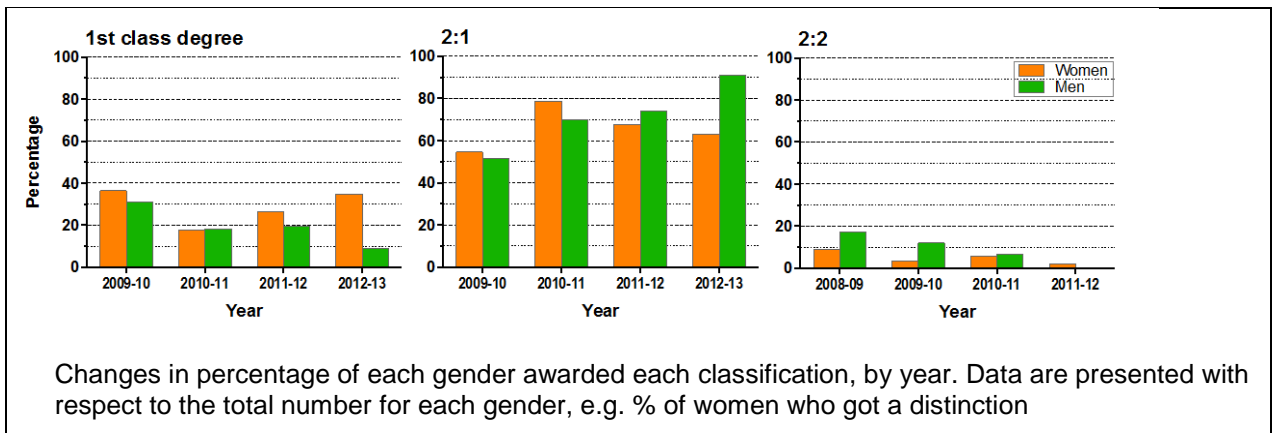(B) Percentages of applications, offers & acceptances
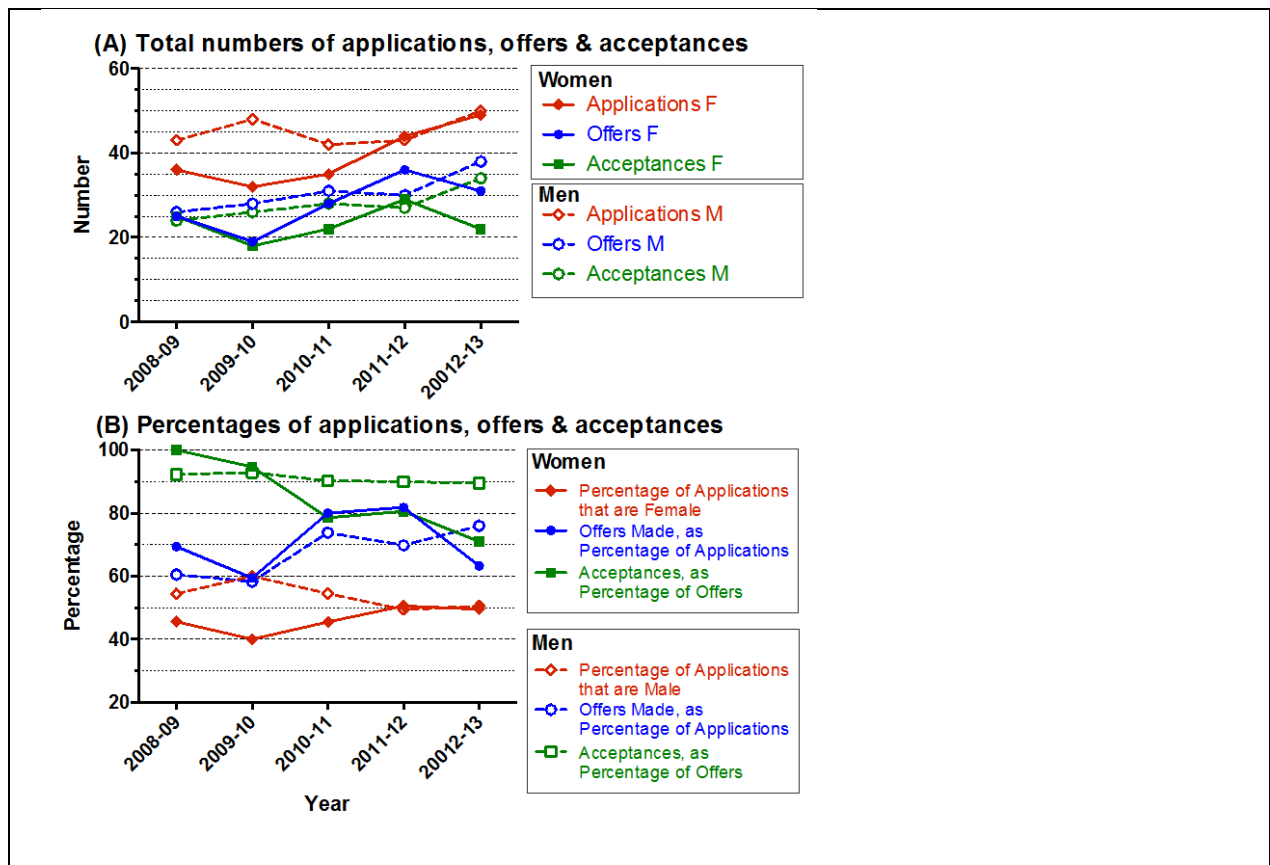
vi. Degree classification by gender

Comment on any differences in degree attainment between males and females and describe what actions are being taken to address any imbalance.

Undergraduate Courses: Degree Classification by Gender

The percentage of women being awarded firsts, 2:1 and 2:2 varies with year, with no apparent differences or trends (Fig 11). There were no fails or 3rd class degrees in this period. Data will continue to be reviewed annually, course by course, to identify discrepancies as they emerge. (AP Ref 1.5) (48)

Fig. 11: Undergraduate Degree Classification by Gender

Changes in percentage of each gender awarded each classification, by year. Data are presented with respect to the total number for each gender, e.g. % of women who got a distinction

Postgraduate Taught Courses: Degree Classification by Gender

The percentage of women being awarded distinctions, merit varies with year, with no apparent differences or trends (Fig 12). Examination of the data (Fig 13) indicates the percentage of women achieving distinction and merit grades was higher than for men. Data will continue to be reviewed annually, course by course, to identify discrepancies between subject areas. (AP Ref 1.5) (56)

Fig. 12: Postgraduate Taught Course Degree Classification by Gender

Changes in percentage of each gender awarded each classification, by year. Data are presented with respect to the total number for each gender, e.g. % of women who got a distinction

16
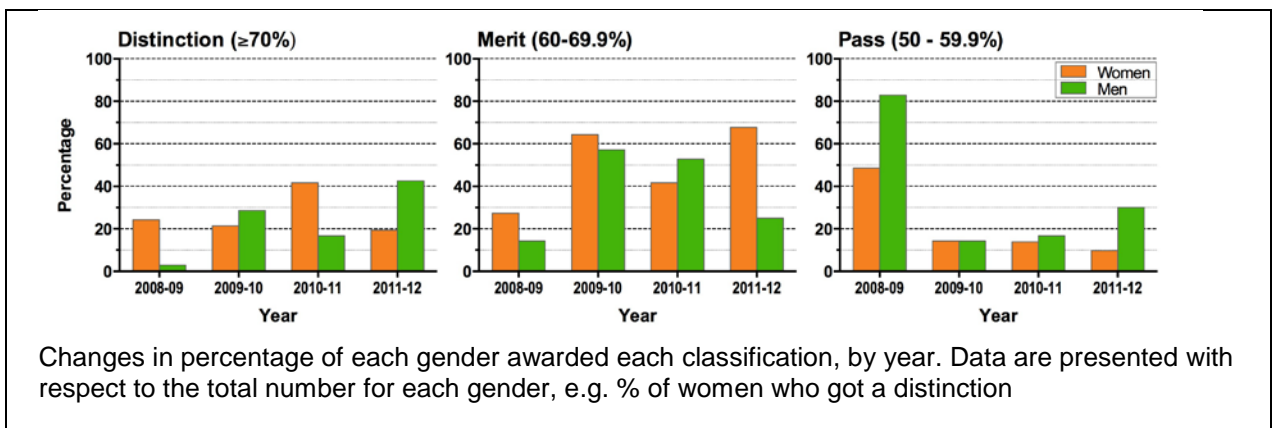
Fig. 13:   Postgraduate Taught MSc Courses: All years

Percentage of men and women awarded each classification. Data are presented with respect to the total number for each gender, e.g. % of women who got a distinction
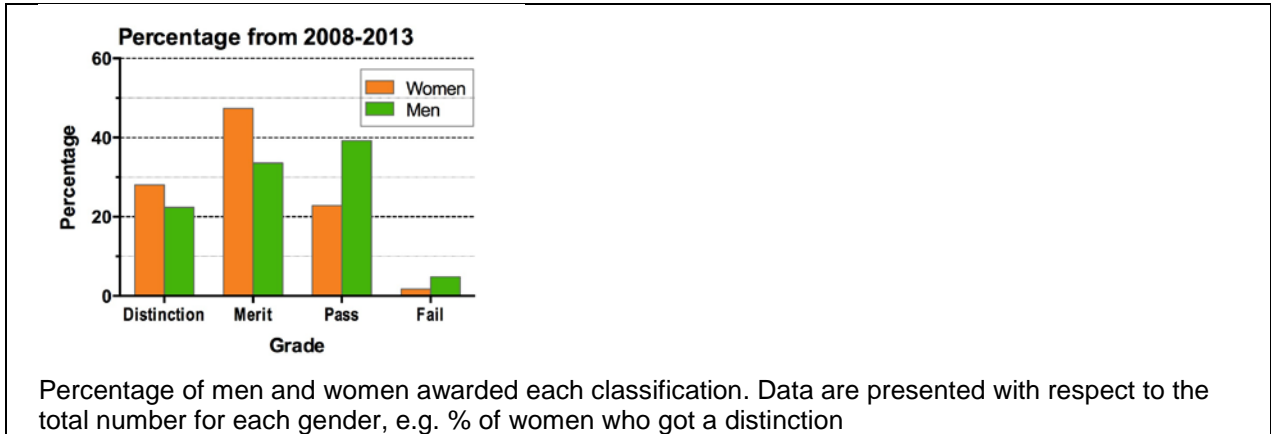
Postgraduate MRes Courses: Degree Classification by Gender

The majority of MRes students were awarded distinction or merit grades. The percentage of women achieving distinction level was consistently higher from 2008/9 to 20011/12, matched by a reciprocal decrease in the percentage of women achieving merit grades, compared to men (Figs 14 and 15). Data will be explored in greater depth, course by course, to discrepancies between subject areas. (AP Ref 1.5) (60)

Fig. 14:   Postgraduate MRes Course Degree Classification by Gender

Percentage of each gender awarded each classification, with respect to the total number for each gender, eg % of women who got a distinction
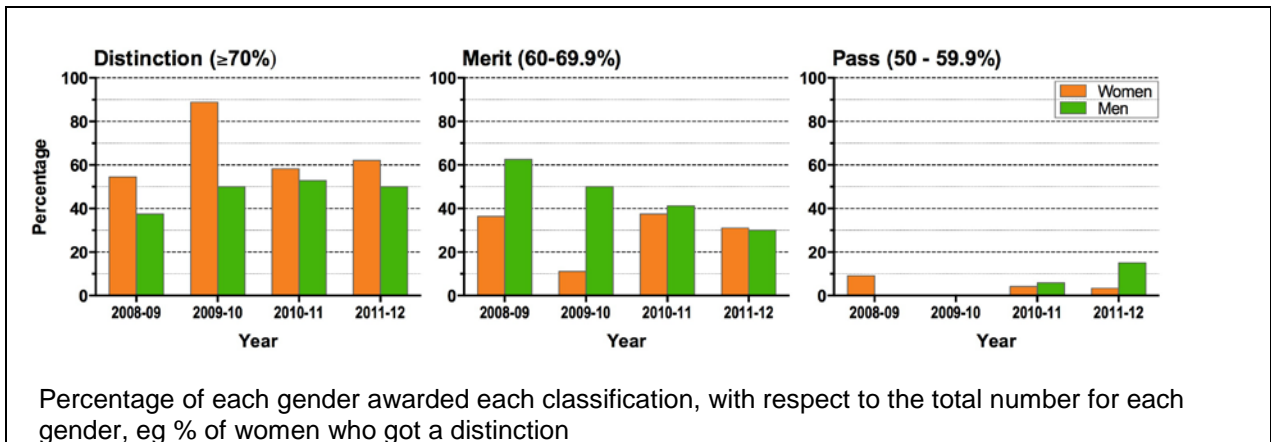
Fig. 15:   Postgraduate MRes Courses: All years

Percentage of men and women awarded each classification. Data are presented with respect to the total number for each gender, e.g. % of women who got a distinction
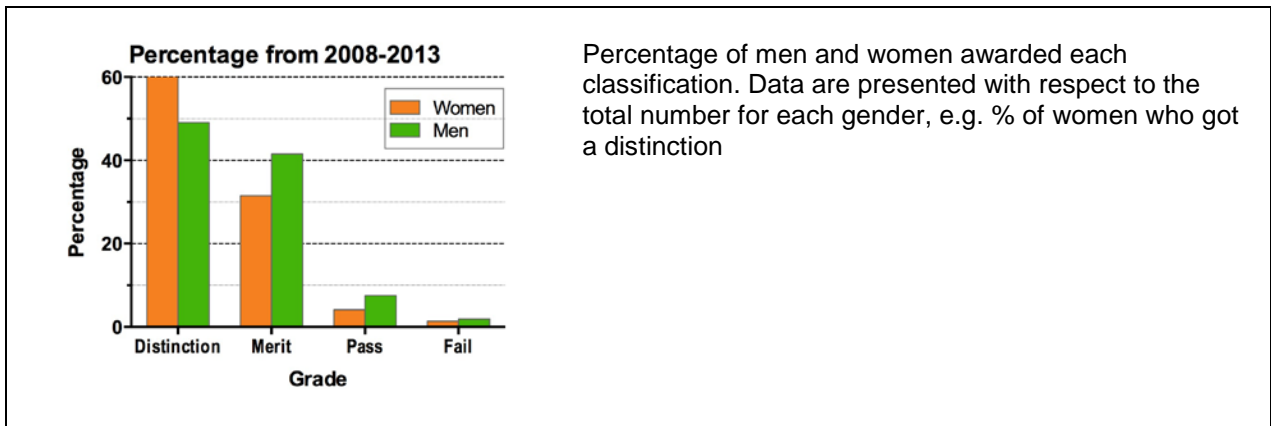
c. Staff data

i. 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
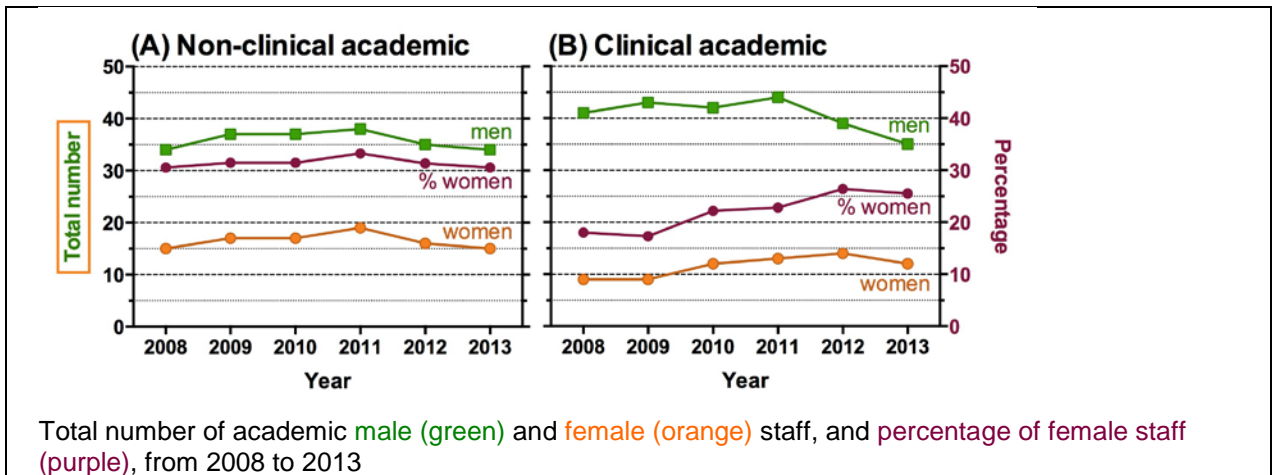
Staff in S&C, as across FoM) are appointed to Non-Clinical or Clinical academic scales and the data presented reflects this.   (20)

Academic Staff: Overall Ratio of Men and Women

Since 2008, the proportion of female non-clinical academics has remained relatively constant at around 30% (Fig 16A). For female clinical academics the percentage was lower in 2008, at 18%, but has increased to 26% in 2013 (Fig 16B) and these numbers will be explored further specialty by specialty.   Each Division will nominate an Athena SWAN lead to consider issues specific to their Division analysing data at specialty level and making recommendations to address issues identified. (AP Ref 2.1) (75)

Fig. 16:   Numbers of Academic staff: Overall Ratio of Men and Women

Total number of academic male (green) and female (orange) staff, and percentage of female staff (purple), from 2008 to 2013

Research Staff: Overall Ratio of Men and Women

In comparison to non-clinical academic staff in 2013 (30%), the proportion of female non-clinical research staff is higher (50%), having increased from 45% in 2008 (Fig 17A).

In S&C all clinical research staff are enrolled on MD or PhD degrees so are included within the student numbers. (47)

Fig. 17:   Numbers of Research Staff: Overall Ratio of Men and Women
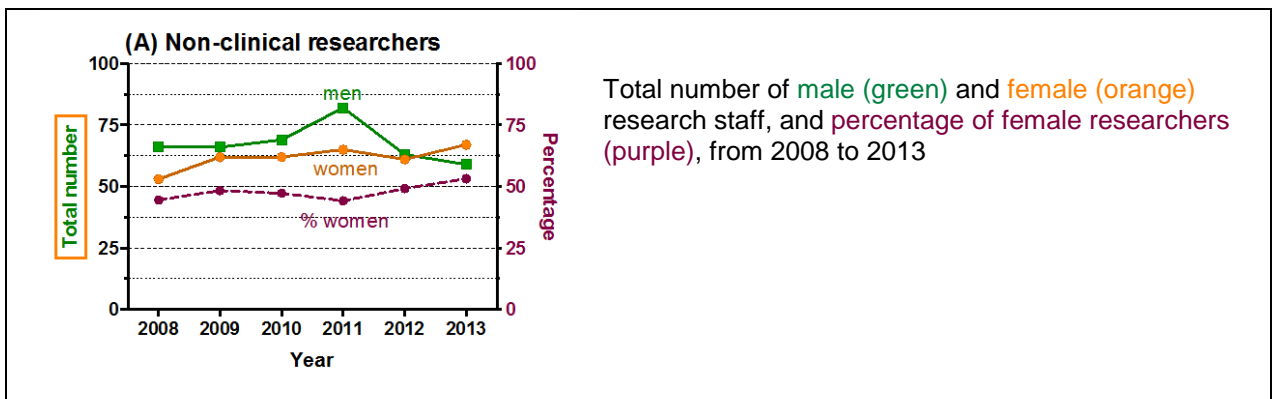
Total number of male (green) and female (orange) research staff, and percentage of female researchers (purple), from 2008 to 2013

Non-clinical Academic Staff: Changes of Gender Ratio with Career Progression

There have consistently been fewer female than male non-clinical academics over the last few years. There was an increase in female Professors (2) in 2008-9 following promotion. There have been no further applications for promotion to Professor since 2009 until 2014 (outcome awaited) but two successful from men. Figure 18C illustrates a rise in the number of male Readers – resulting from promotion and is accompanied by a corresponding fall in the number of Senior Lecturers. (75)

Fig. 18:   Non-clinical academic staff by grade

Total number of non-clinical academic male (green) and female (orange) staff, and percentage of female staff (purple), at each level from 2008 to 2013

Clinical Academic Staff: Changes of Gender Ratio with Career Progression

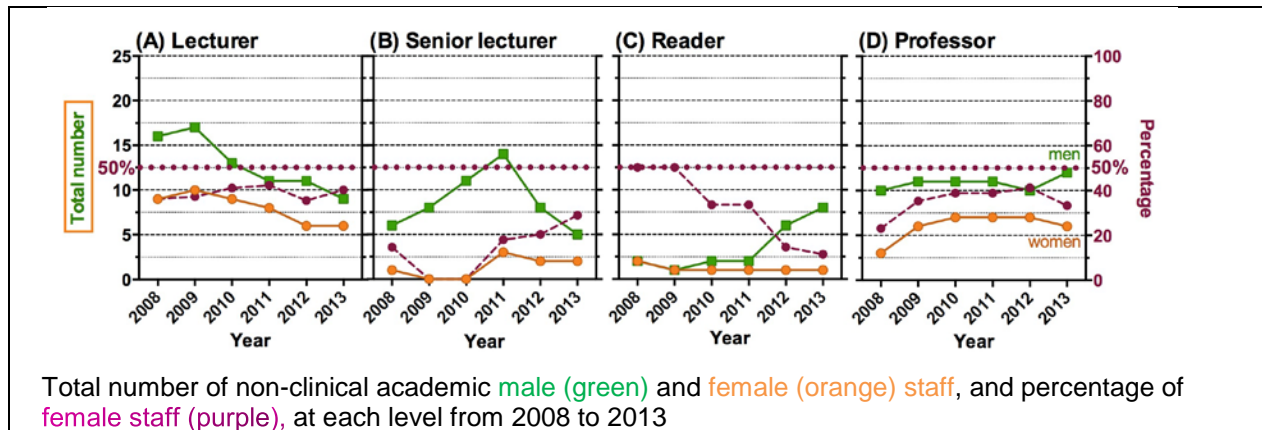There have consistently been fewer female than male clinical academic staff since 2008 except at Clinical Lecturer grade. (Fig 19). While there is parity between men and women at the Lecturer level (Fig 19A), the gap widens with increasing seniority, with less than 10% of clinical professors being female (Fig 19D).

The reasons for this will be explored specialty by specialty and will be benchmarked against RCS, RCOG or RCP data. (AP Ref 2.4) (71)

Fig. 19:   Clinical academic staff by grade

Total number of clinical academic male (green) and female (orange) staff, and percentage of female staff (purple), at each level from 2008 to 2013
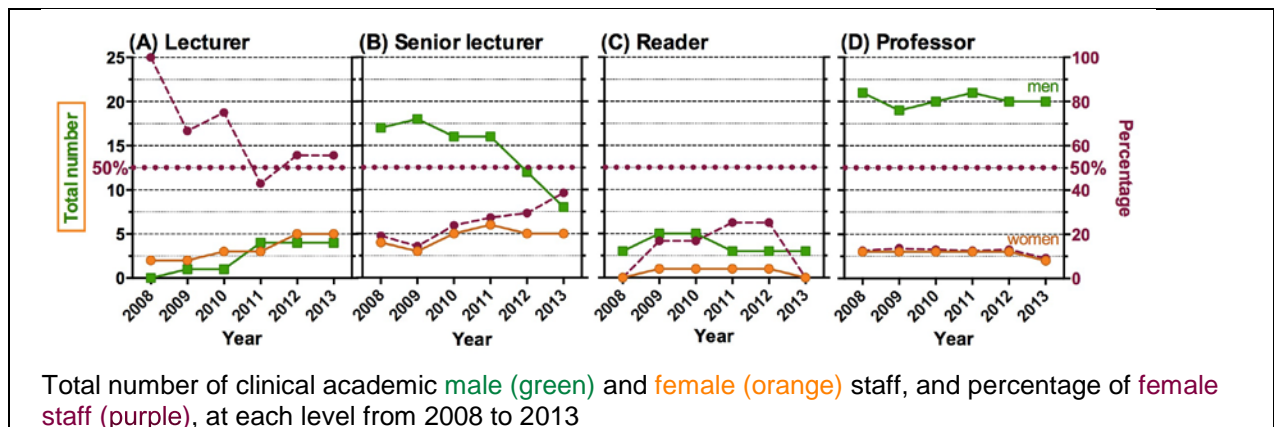
Non-clinical research staff: Changes of Gender Ratio with Career Progression

The data indicate that there have been more women than men at Level A (postgraduate level), although the percentage is now approaching 50% (Fig 20A). The percentage of female Level B (post-doc) researchers is now over 50% (Fig 20B). The percentage of female Level C (equivalent to lecturer) researchers is between 10 and 25% (Fig 20C) and the reasons for this decline will be explored more fully. There is one Level D researcher (female). At these levels the majority of posts are academic rather than research. The Department will analyse the use of Level C and D posts. (AP Ref 2.2) (98)

Fig. 20:   Non-clinical research staff by grade

Total number of non-clinical research male (green) and female (orange) staff, and percentage of female staff (purple), at each level from 2008 to 2013
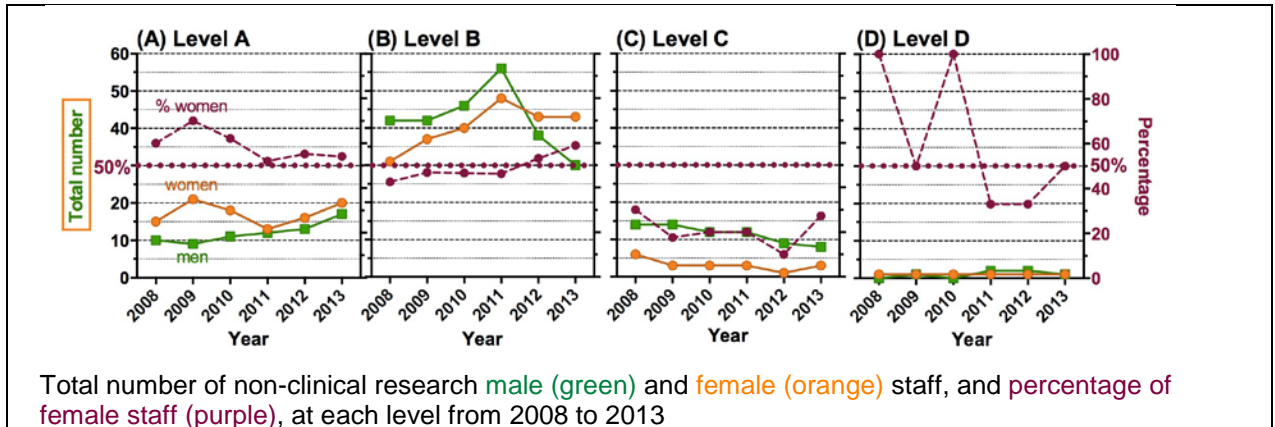
Clinical research staff by grade: Changes of Gender Ratio with Career Progression

There are no grades for clinical research staff – the vast majority are clinical research fellows registering for a higher degree. (20)

Non-clinical Academic Staff: Overall Career Progression

The percentage of women declines from over 44% at postgraduate research level to 14% at Reader level. The percentage of female Professors is 41%. (Fig 21).

Fig 21 illustrates that deviation from 50% commences with the transition from Researcher to Academic Lecturer.   This transition will be examined in more detail by surveys and questionnaires. In parallel, outreach programmes will be planned and championing and mentorship introduced to support female research staff wishing to progress on an academic career (to note all academic posts are competitive and advertised nationally). (AP Ref 2.3) (88)

Fig. 21:   Non-clinical Staff – Overall Career Progression 2012
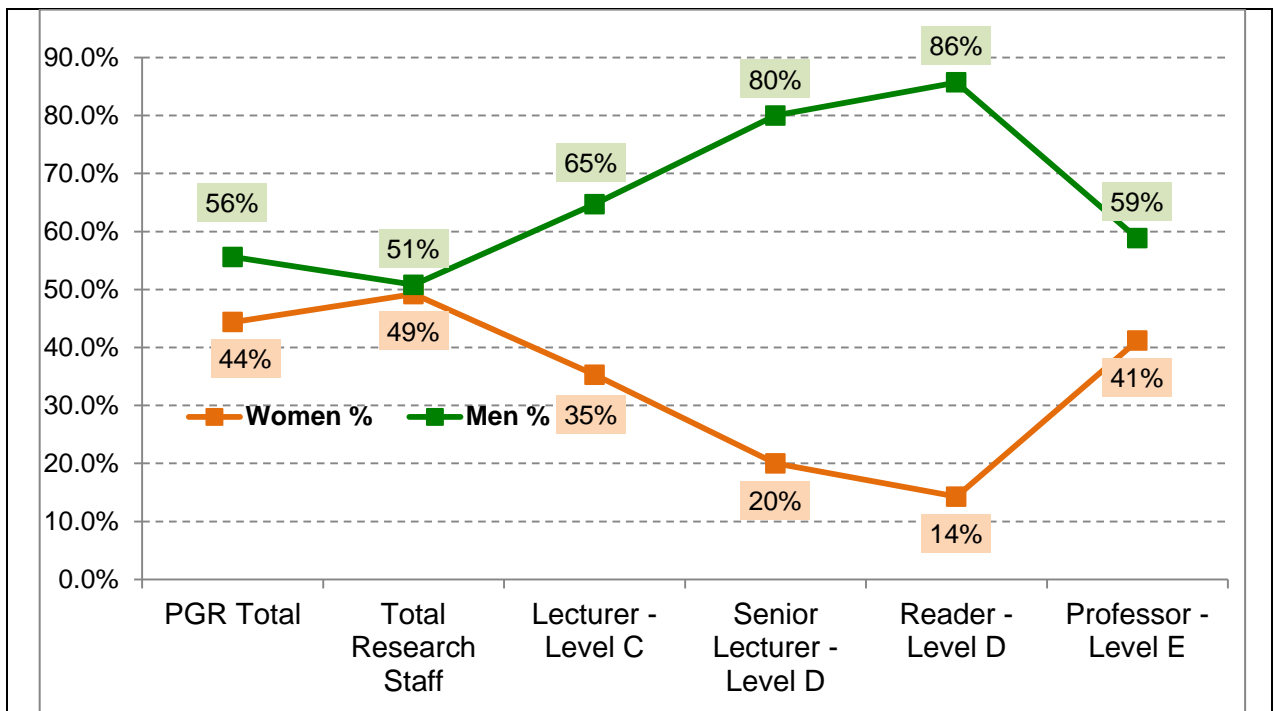
Clinical Academic Staff: Overall Career Progression

The percentage of women increases from Clinical Research Fellow to Clinical Lecturer, and then declines steadily from over 50% to 13% for Professor (Fig 22).   This is a matter of key concern.   As there is only one female senior clinical academic surgeon, the main focus for initiatives will be Surgery.   Professor Kneebone will provide overall leadership for development of a programme of engagement and scholarly interpretation of impact. Mr Purkayathsa, Clinical Senior Lecturer in Surgery, will join the AOC to lead on achieving greater understanding of issues affecting female surgeons and to specifically engage with the female Clinical Lecturers to understand how best to support their career development. (AP Ref 2.4) (108)
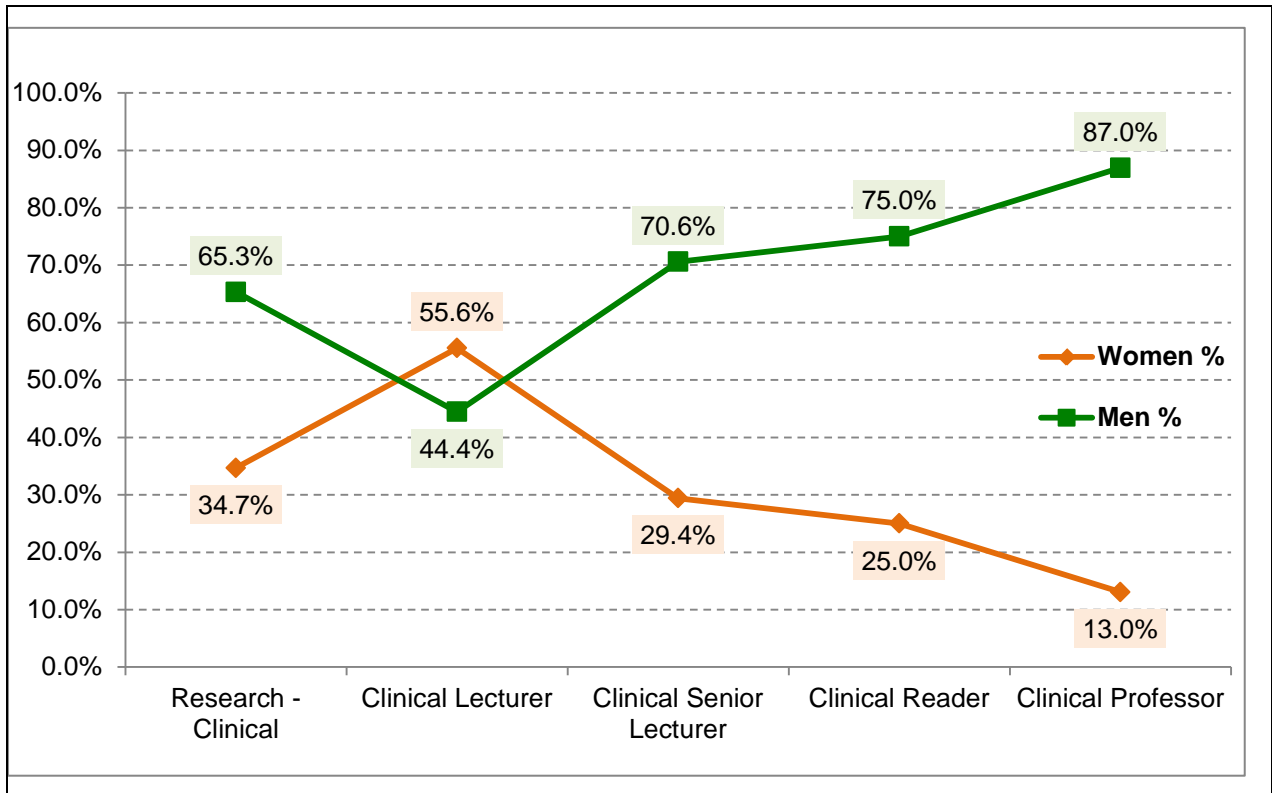
Fig. 22:   Clinical Staff – Overall Career Progression 2012

ii.   Turnover by grade and gender

Comment on any differences between men and women in turnover and say what is being done to address this. Where the number of staff leaving is small, comment on the reasons why particular indivi Non-clinical Academics and Researchers: Turnover

Non Clinical Academics and Researchers

Turnover was higher amongst researchers than academic staff (Table 2) as a result of employment of such staff mainly on fixed term project grants. Progression for research staff is either to the academic scale, or to a new postdoctoral project. Turnover was highest for Level A Researchers. In 2009/10 60% of Level A researchers were women and constituted 100% of those leaving – this dropped to below 50% in 2012/13. Turnover for female Level B and C researchers has been around or below 50% for the last 5 years.

Over the past five years, only 4 female non-clinical academic members of staff have left the Department compared with 16 men. (109)

Table 2:   Turnover of Non-Clinical Researchers

	2008-9			2009-10			2010-11			2011-12			2012-13		
	F	M	F%	F	M	F%	F	M	F%	F	M	F%	F	M	F%
Level D	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	1	0%
Level C	2	4	33%	0	5	0%	0	1	0%	1	3	25%	1	2	33%
Level B	7	10	41%	9	7	56%	11	14	44%	13	10	57%	8	18	31%
Level A	6	5	45%	8	0	100%	5	2	71%	6	2	75%	4	5	44%
TOTAL	**15**	**19**	**44%**	**17**	**12**	**59%**	**16**	**17**	**48%**	**20**	**15**	**57%**	**13**	**26**	**33%**

Table 3:   Turnover of Non-Clinical Academics

	2008-9			2009-10			2010-11			2011-12			2012-13		
	F	M	F%	F	M	F%	F	M	F%	F	M	F%	F	M	F%
Professor Level E										0	1	0%	1	0	100%
Reader Level D															
Senior Lecturer Level D										1	0	100%	0	2	0%
Lecturer Level C				1	2	33%				1	1	50%	1	2	33%
TOTAL	**0**	**0**	**0%**	**1**	**2**	**33%**	**0**	**0**	**0%**	**2**	**2**	**50%**	**2**	**4**	**33%**

Clinical Academics and Researchers

The turnover of clinical researchers (CRFs) is higher than for academics. This is related to all CRFs registering for a higher degree and subsequently leaving to complete clinical training. The percentage of female researchers leaving ranged from 22 to 50%. Overall 4 clinical academics (3 male, 1 female) left their posts in the last 5 years. (56)

Table 4:   Turnover of Clinical Academics

	2008-9			2009-10			2010-11			2011-12			2012-13		
	F	M	F%	F	M	F%	F	M	F%	F	M	F%	F	M	F%
Professor	0	2	0%	0	1	0%	0	1	0	0	3	0%	1	0	100%
Reader													1	0	100%
CSL				0	3	0%	1	0	100%	0	4	0%	0	2	0%
Lecturer													1	0	100%
TOTAL	**0**	**2**	**0%**	**0**	**4**	**0%**	**1**	**1**	**50%**	**0**	**7**	**0%**	**3**	**2**	**60%**

Table 5:   Turnover of Clinical Researchers

	2008-9			2009-10			2010-11			2011-12			2012-13		
	F	M	F%	F	M	F%	F	M	F%	F	M	F%	F	M	F%
Clinical Researcher	6	11	35%	2	7	22%	8	20	29%	15	15	50%	9	17	35%

Reasons for Leaving

Reasons for staff leaving include redundancy due to cessation of funding streams, resignation (usually moving to a new post elsewhere following promotion or provision of better facilities), move to the NHS or retirement. There do not appear to be significant differences between women and men (Fig 23) over the last 6 years, but an exit questionnaire will be introduced to collect destination data and supporting reasons. (AP Ref 2.5) (66)

Fig. 23:   Reasons for Leaving: Past Six Years
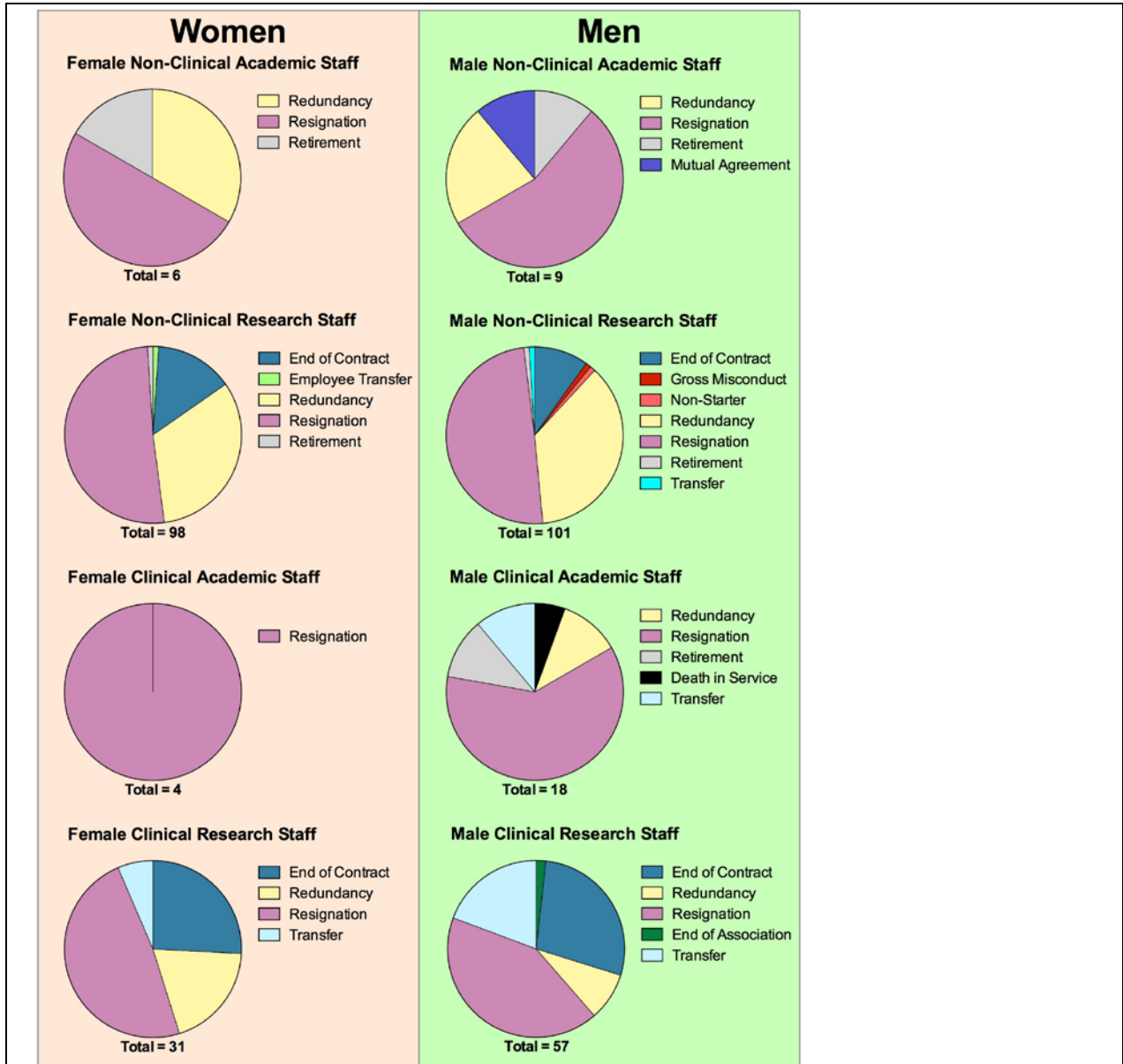
Supporting and advancing women's careers: maximum 5000 words

4) Key career transition points

a. Data

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.
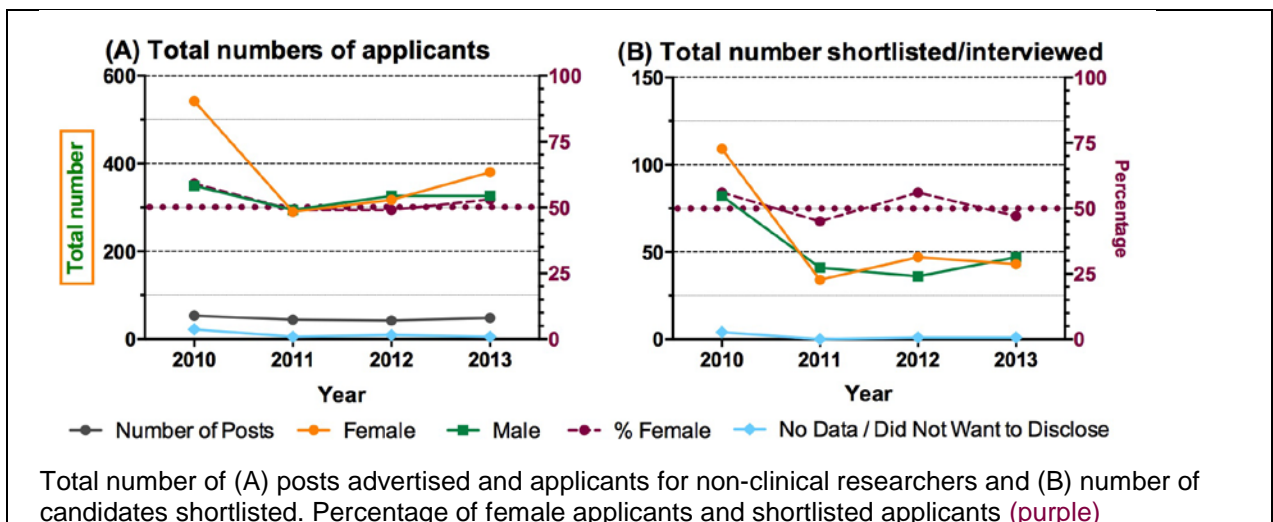
i. Job application and success rates by gender and grade

Comment on any differences in recruitment between men and women at any level and say what action is being taken to address this.

Non-clinical Research Posts: Applications and Short-listing

The numbers of male and female applicants for **non-clinical research posts** over the last four years were similar, and the percentage of shortlisted female applicants has consistently been around 50% (Fig 24). Data on the numbers of female and male candidates who accepted offers are currently incomplete and therefore have not been included. Our HR Manager will join the AOC to support us with enhancing data collection. (AP Ref 3.1) (67)

Fig. 24:   Non-clinical Researcher Posts – Applications and Shortlisting

Total number of (A) posts advertised and applicants for non-clinical researchers and (B) number of candidates shortlisted. Percentage of female applicants and shortlisted applicants (purple)

Non-clinical Academic Posts: Applications and Short-listing

Seven posts for non-clinical academics have been advertised over the past three years, and the proportion of female applicants has been 50% but 29% women were appointed. Shortlisting data is incomplete – data collection will be improved going forward. To note – positions advertised are highly specialized and to attract a small number of applicants. (Table 6). (AP Ref 3.1) (53)
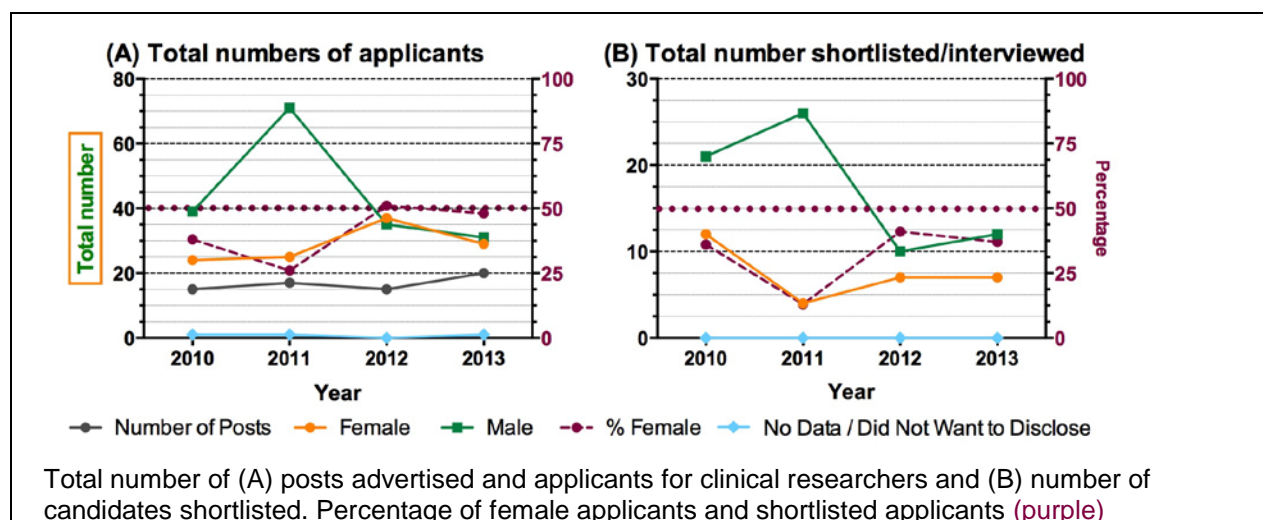
Table 6:   Non-Clinical Academics – Applications and Appointments

Year	Grade/Title	Total Applicants			Appointed
		Female	Male	% Female	
2011	Senior Lecturer	1	3	25%	1 male
2012	Lecturer	3	2	60%	1 female
2012	Lecturer	0	6	0%	1 male
2012	Reader	0	1	0%	1 male
2013	Reader	0	1	0%	1 male
2013	Lecturer	2	0	100%	1 female
2013	Lecturer	1	1	50%	1 male
TOTAL		**7**	**14**	**50%**	

Clinical Research Posts: Applications and Short-listing

50% of applicants for clinical researcher posts – registering for a higher degree, have been female (Fig 25). However, the percentage of female applicants shortlisted has generally been less than 50% and reasons will be explored further. (AP Ref 1.3, 3.2) (36)

Fig. 25:   Clinical Researcher Posts - – Applications and Shortlisting

Total number of (A) posts advertised and applicants for clinical researchers and (B) number of candidates shortlisted. Percentage of female applicants and shortlisted applicants (purple)

Clinical Academic Posts: Applications and Short-listing

Eleven clinical academic posts have been advertised in the last 3 years. Of these six were Clinical Lecturers where the application and appointment process is managed by the Deanery and the Department does not have statistics. Five of six appointees are female. Two CSL's were NIHR New Blood appointments, personal to the successful candidates. For the others - Shortlisting data is incomplete – data collection will be improved going forward. (AP Ref 3.1) (69)

Table 7:   Clinical Academics Applications and Appointments

Year	Grade/Title	Total Applicants		% Female	Appointed
		Female	Male		
2011	CSL		1	0%	1 male
2011	CSL		1	0%	1 male
2011	CSL	1		100%	1 female
2011	Clinical Lecturer	Deanery		100%	1 female
2011	Clinical Lecturer	Deanery		100%	1 female
2011	Clinical Lecturer	Deanery		0%	1 female
2012	Clinical Lecturer	Deanery		100%	1 female
2012	Clinical Lecturer	Deanery		100%	1 female
2013	CSL		2	0%	1 male
2013	CSL		2	0%	1 male
2013	Clinical Lecturer	Deanery		100%	1 female
TOTAL		**6**	**5**		

  * The Clinical Lecturer recruitment exercise is managed by the deanery; who hold all application information

The views of staff on recruitment have been ascertained through the online survey. Few disagreed that the Department takes positive action to encourage women and men to apply for posts where they are under-represented, but the majority of respondents ticked 'Neither agree nor disagree' (43%). This may be as only a minority of staff are involved with recruitment, but S&C believes that the data highlights a need to make posts more attractive to female applicants.

Recruitment documentation is non-gender specific, takes account of the institutional Athena SWAN status and is in accordance with policies and schemes including Two Ticks and Equal Opportunities. For new documentation the Department but will introduce a standard, open format highlighting benefits available including collaborative and flexible working, parental leave provision, child care facilities, tailored training and mentoring programmes. It will embed weblinks in its advertisements to Departmental and College websites which support these areas.

Uptake of equality and diversity training will be widely encouraged and is endorsed by the SMB which will engage in this training itself. Uptake will be monitored.

Particular steps will be taken to support the significant number of female Clinical Lecturers, the majority in Surgery to develop their careers to the point where they are able to apply for Clinical Senior Lectureships. (AP Ref 2.4) (211)

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.

In the 2013 Survey 53% of respondents indicated that they understood the promotion process and criteria but a significant proportion (24%) were undecided and the Department plans to improve this by increasing the information available, enhancing transparency about processes and developing support mechanisms. (AP Ref 3.5)

It is of concern that although the number of applicants is small overall, more women are unsuccessful at their first attempt for promotion. Actions planned including promotion planning at PRDP, mentoring and involvement of Athena SWAN divisional leads, will encourage women to take a more positive approach to going for promotion. (AP Ref 3.6) (97)

Non-clinical Academic Promotion Success Rates

Applications shown in Table 8 illustrate those approved by the Departmental Promotions Committee and subsequently endorsed by the FoM. These data show a high level (almost 100%) approval but deeper analysis reveals that female applicants are more frequently

unsuccessful at the first application.   We will work with HR (HR Manager joining AOC) to improve data – currently central HR is unsighted on academic promotions data at Departmental level. (AP Ref 3.7) (67)

Table 8:   Academic Promotions (Clinical and Non-Clinical) 2009-2013

Year	Applications to Department		Clinical approved by Department			Non-Clinical approved by Department			Approved by College		
	M	F	M	F	%F	M	F	%F	M	F	%F
2009	5	4	2	1	33%	2	3	60%	3	4	57%
2010	4	1	1		0%	3	0	0%	3		0%
2011	6	3	3		0%	3	3	50%	6	3	33%
2012	5	1		2	100%	2	1	33%	3	1	25%
2013	4	2				3	1	25%	3		0%

Clinical Academic Promotion Success Rates

The pool of senior female clinical academics in a position to apply for promotion is small, hence the success rate is correspondingly small but analysis suggests that as for non-clinical applicants, success at first application is less frequent for women. (AP Ref 3.6).

The data has clarified that steps must be taken to ensure that women are encouraged to prepare for, and seek, promotion in a timely manner. Improvements will be introduce to enhance the quality of the annual appraisal (PRDP) to cover planning for promotion and introducing a mentoring system to provide enhanced support for junior colleagues. (AP Ref 4.2) (98)

b. Key issues

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.

The Department adheres strictly to Imperial College's recruitment and selection policy. Recruitment documentation is non-gender specific and in line with College equal opportunities policies. The Department requires preparation of a robust person specification for each role and utilises the essential/desirable requirements throughout the shortlisting and interview documentation to fairly test experience, knowledge and capabilities.   All documentation is collated and retained on file.

Nonetheless, the Department recognises that steps should be taken to make posts more attractive to women, introducing a section to job descriptions highlighting flexible working, parental leave, tailored training and support for career development and mentoring. (AP Ref 3.3) (98)

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.

Survey on career development support

Overall men, in responding to the online survey, indicated agreement that the Department was helpful in regard to career development support (mentoring, networking and appraisal). The response from women was more mixed, requiring improvement in communication and implementation of these areas (Fig 30) A formal mentoring scheme will be developed preceded

by the early introduction of a buddy scheme; the quality of PRDP will be enhanced and networking opportunities developed.   (AP Ref 3.9, 4.2) (70)

Personal Development Training

Through the Learning Development Centre (LDC), Imperial College provides excellent talent development, coaching and mentoring schemes to both female and male academics. There are programmes tailored specifically for women academics - the Female Academic Development (FAD) centre created to address the under-representation of women academics at senior levels. The program involves coaching, mentorship, 360˚ analyses and provides leadership training that can be followed up in more depth by joining other management/leadership-focussed workshops/programs.

Several female members of S&C have taken part in FADs and all agree with its undisputed value for each individual's development at many different levels. Many have gone on to join the Academic Development Centre (ADC), also open to male colleagues.

The Department wishes to encourage more women to avail themselves of the opportunities offered by FADs. It will ensure that information about these courses is better advertised across Divisions, eg, by inclusion in the new staff induction information; by requesting line managers to discuss development opportunities at PRDP, through its buddy and mentoring schemes ensuring that female staff are directed to consider the opportunities offered and by encouraging Heads of Divisions to ensure that candidates are specifically targeted. We will monitor uptake of FADs to ensure these actions are achieving the desired impact. (AP Ref 3.8) (206)

Mentoring

The on-line survey and focus groups identified areas where mentoring support would be valuable for career planning, training opportunities, academic promotion process (Fig 26). There are many informal mentoring arrangements but a formal scheme will be developed. As it will take time to train staff for a formal mentoring scheme, it is proposed to introduce a buddy scheme immediately. (AP Ref 4.2.e) (59)

Fig. 26:   Results from online survey on mentoring, networking and appraisal
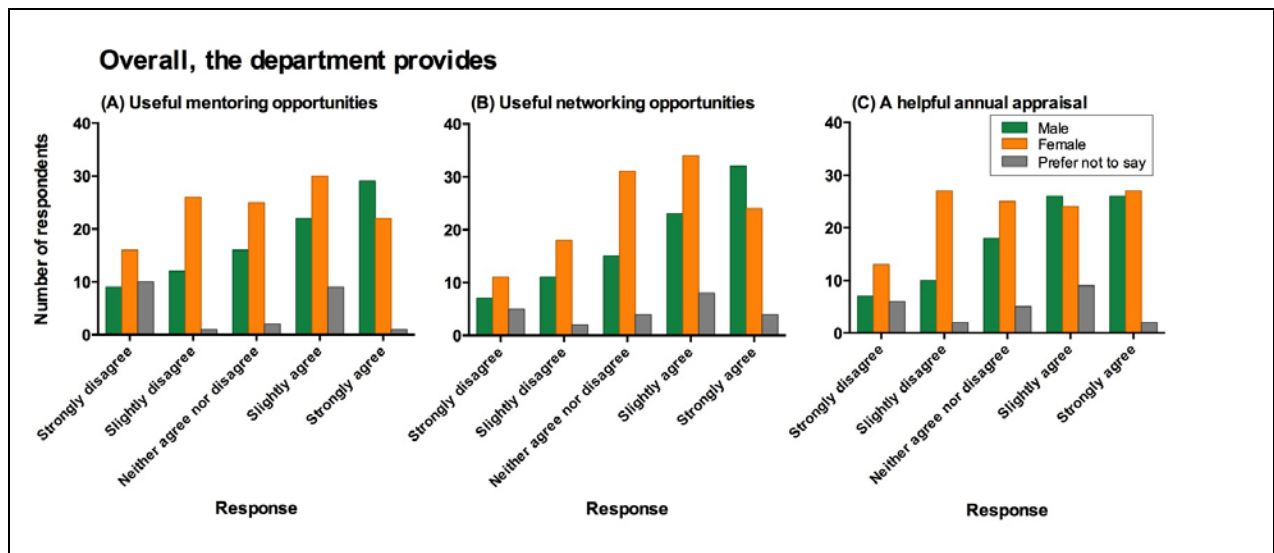
Networking

Networking is a vital tool to support academic staff (Fig 26).   Various informal arrangements exist in the Divisions, particularly for post-docs, and information will be more widely disseminated, including use of the webpage, to ensure that staff are more fully informed of opportunities. Additionally, steps will be taken to encourage a network for female academic staff on a bi/tri-monthly basis. A champion will be identified to drive these meetings and a financial contribution from the Department will aid implementation.   (AP Ref 3.9) (79)

5) Career development

a. Key issues

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?

Transition from Postdoctoral Researcher to Academic Scale

The transition from post-doctoral researcher to the academic scale is a key point (Fig 22) in career development. The College's Postdoc Development Centre provides training specific to postdoc career development, including workshops on CV writing, fellowship applications, provision of mock interviews and one-to-one coaching sessions to support career progression at any point in the research career. Workshops are now available across campuses. Residential courses are offered for new postdocs, those around the 4 year point, and for leading a first research group. Postdoctoral researchers have 10 days written into their contract to allow them to attend personal and professional development courses and S&C will ensure that its post-doc staff are aware and enabled to take advantage of these opportunities. (AP Ref 4.1) (119)

Career Development and Appraisal

The survey indicates that women are reasonably content that the Department gives equal opportunities in career development and we hope that actions taken to enhance PRDP and introduce mentoring will reinforce this. (AP 4.2, 4.4) identified an ambivalence about the annual appraisal (PRDP) exercise suggesting that there was insufficient recognition of areas where female academics frequently contribute and provide leadership (Fig 27B). However, the College has addressed this issue through a revised form and the Head of Department and Chair of the AOC have reinforced this through a letter (February 2014) to all appraisers and appraises requesting that they ensure equal attention is paid to: Teaching, Research, Pastoral care and Personal Tutoring, external visibility, internal contribution, equality and diversity. Additionally, in future promotion planning will be formally included as an area for discussion. The Department will use further surveys/focus groups to measure whether there is an increase in satisfaction and to address any areas which staff identify as lacking. (AP Ref 4.2.a) (159)

Fig. 27:   Survey Results: Career development, appraisal and appreciation of skills
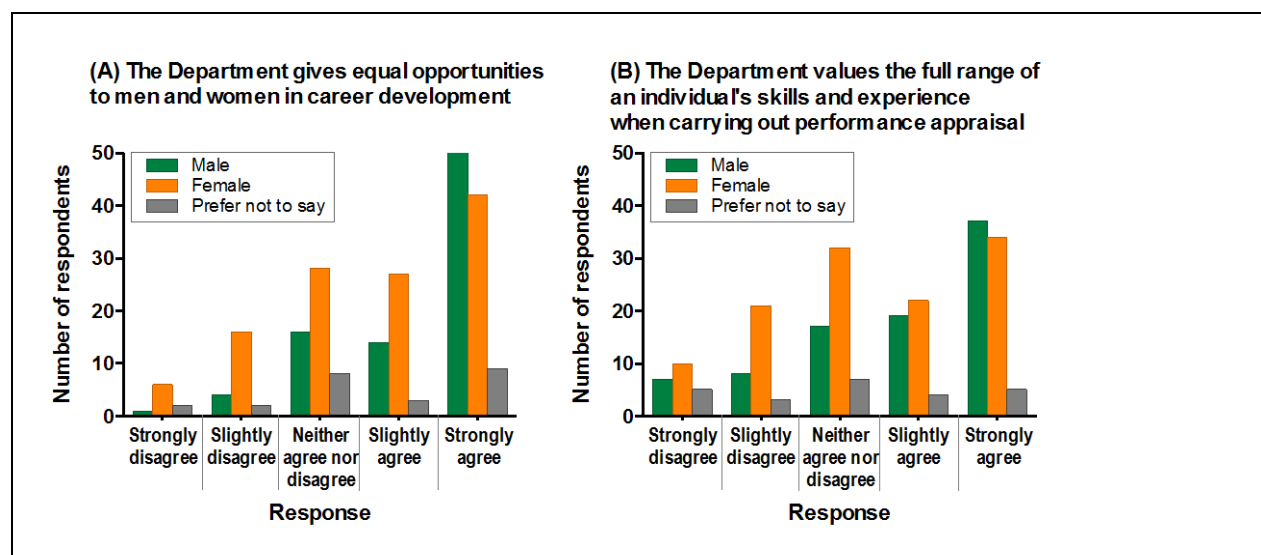
There is active encouragement for the PRDP process. In initiating the annual exercise, Line managers are requested to set PRDP meetings but staff are reminded that completion of PRDP is a personal responsibility too and they should make appropriate arrangements if this is overlooked by their line manager. Further support will be provided by requesting staff seek help from their Divisional Manager if they have difficulty in arranging a PRDP meeting. Completion has not yet reached 100% return (43% in 2011/12 and 39% in 2012/13). Targets to increase participation year on year are being set. (AP Ref 4.2.b and 4.2.c) (95)

The quality of the PRDP will be developed as success in this area would impact greatly on the environment within the Department. We will explore, with the Learning Development Centre, possibilities for Departmentally based training to encourage staff to undertake or refresh their training. (AP Ref 4.2.c). Uptake will be recorded and impact reviewed through a further survey and focus groups.

Additionally, work will be undertaken to ensure that cultural issues that inhibit women from putting themselves forward for promotion are addressed. (AP Ref 4.3) (82)

Funding for career development posts is being introduced at Faculty level. Departmental support will include a formal external review, including female representation, at mid-point through a research funded Fellowship. If it is deemed at that stage that the Research Fellow has potential for future academic career support, an academic case will be prepared in line with Departmental strategy; all academic posts must be advertised. (64)

Promotion

53.2% of survey respondents reflected they understood the promotion process and criteria within the Department but a significant proportion (24.1%) were undecided (Fig 28B). Although the success rate is equal for males and females, the proportion of females applying is lower than for males (Table 8). The Department will strive to enhance transparency in the process. (56)

Fig. 28:   Online Survey Results: Attitudes to promotion criteria
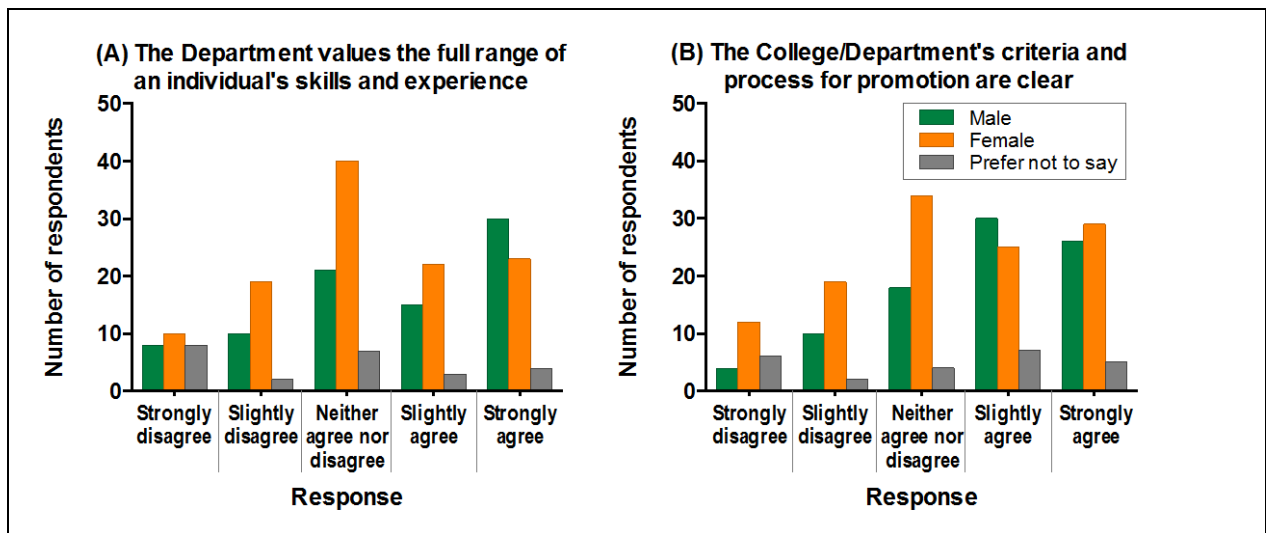
The Head of Department invites Divisional Heads to review their staff for promotion when the College initiates the annual exercise in October. At the same time, academic staff are invited to discuss with their Divisional Heads if they wish to be considered for promotion. College documentation clearly describing the criteria for promotion and the requirements of the application process are circulated to all relevant staff. The Head of Department reiterates and clarifies the criteria the Departmental Panels will consider. The promotions procedure is managed at Departmental level and is therefore identical across the 4 Divisions.

The survey and focus groups identified that female staff believed that not all aspects of work were taken into account with too great an emphasis on research income and publications (Fig 28A). However the updated College application form does indeed request information on all aspects of academic endeavour including teaching, innovation, mentoring and measures of esteem but efforts will be made in future years, by amending the Head of Department's letter to staff, to draw attention to these aspects. Each Panel will be reminded that all areas must be considered equally. Additionally, PRDP's will include specific discussion of promotion plans and the introduction of a mentoring scheme will support female academics. (AP Ref 4.2a and 4.3a).

The concern, identified by the AOC, that Departmental Panels are too male orientated will be addressed by inviting female professors of other Departments to join its Panel rather than reliance on our own Professoriate to achieve a more equal balance. Panels considering promotion to Senior Lecturer and Reader include Divisional representatives at more junior levels and the Department ensures this includes proportionate female representation.

The process at Departmental Panels will be explained more clearly – namely, the Divisional Head or another senior academic who knows the candidate puts forward the case as sponsor; the Director of Education Strategy and Quality is always invited to present her comments followed by panel discussion. Candidates are informed of the outcome in writing – if successful further feedback is provided by their sponsor who supports them in finalising their application; if not supported – feedback is provided and candidates are advised that they may make a personal application if they wish. (AP Ref 4.3a) (365)

ii. Induction and training

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

The Department piloted, from September 2013, an induction programme to welcome new staff and students to the Divisions of Cancer & IRDB with the aim of encouraging a sense of belonging from the outset and to provide key information including policies and procedures, Health and Safety and training opportunities.

There has been no formal canvassing for feedback from this pilot but the focus group at HM provided positive comment from recent new starters.

S&C will review the pilot induction programme, widen information provided to cover maternity provisions, paternity leave, flexible working, widen information about training opportunities and will extend across all 4 Divisions. (AP Ref 4.5)

The survey indicated a requirement to increase training in the three areas of equality and diversity, PRDP and understanding unconscious bias (Fig 29). We will encourage staff to attend and will work with LDC to develop Departmentally focussed courses where appropriate. (AP Ref 3.4) (145)

Fig. 29:   Training in equality and diversity, PRDP and unconscious bias
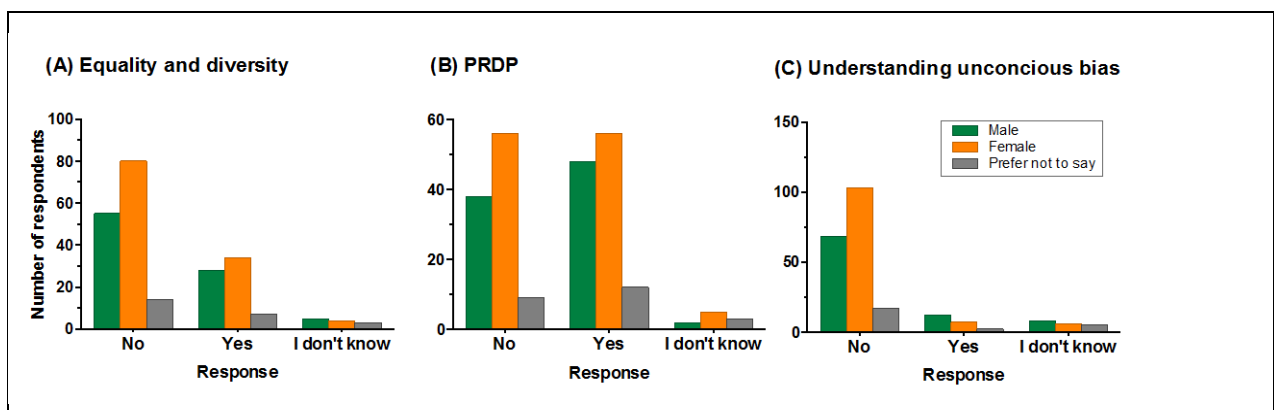
iii. Support for female students

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

Pastoral care and mentoring

The online survey generated very few responses from PGR students (12 male and 13 female from a population of 309) so in future surveys, efforts will be made to encourage participation. (AP Ref 4.6.a)

All postgraduate students (PhD and MDRes) are allocated a personal tutor (who may be male or female) from outside the student's own Section. Student progress is overseen by the Postgraduate Education Committee (PGEC: 50% female). Students may approach their Divisional PGEC representatives at any time or the (female) Postgraduate Education Manager.

It will be made clear to students that they may request a female tutor and may approach any member of PGEC, not just their Divisional representative, removing potential concerns about confidentiality. (AP Ref 4.6.b)

Serving as tutor or on the PGEC is recorded on the Teaching Load return form. All staff involved in student supervision are expected to serve as a tutor.

CSM has established a collegiate structure for PhD students through its Stratigrad programme. PhD students are members of the cohort for the year in which they join but are encouraged to work together across cohorts, there is a buddy system so that senior students mentor and support newer students, there are seminars (open to all CSM's PhD students) and a dedicated Stratigrad work club. The Stratigrad programme, supervised by the Division's Research Manager, has its own website and the students have established a blog. Consideration will be given as to whether this model can be extended other Divisions. (AP Ref 4.6.d) (245)

Career development

All students are required to attend at least four transferable skills courses run by the Graduate School. Additionally, the Department runs its own "Skills" day for all 3rd year students where they are able to meet and talk with representatives from different career paths (clinical, research, industry - at the last day: 2 women: 2 men). An induction programme for 1st year students runs in parallel providing networking opportunities between the year groups and across campuses.

Tutors will be encouraged to actively advise students on the most appropriate transferable skills courses for their situation and to encourage attendance at career development courses. (AP Ref 4.6.c) (102)

We plan to re-introduce annual "meet the researchers" events. The first was held in (September 2012 (under auspices of CRUK centre) for PGR students (126 attended – attendance was not recorded at M/F level) and provided opportunities to network informally with speakers, 6 male and 8 female. (AP Ref 4.4.e) (46)

The lack of female role models for future generations of scientists and academics is an important area to address in order to illustrate achievement of academic excellence in tandem with an appropriate work/life balance. The AOC will work to raise the profile of our own outstanding female academics through profiles/interviews for the proposed new S&C Lifestyle webpage focussing on the challenges and successes of managing an academic career alongside a family. Additionally, more networking events will be organised for female academic staff, post-docs and students. (AP Ref 4.6.f) (85)

6) Organisation and culture

a. Data

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

i. Male and female representation on committees

Provide a breakdown by committee and explain any differences between male and female representation. Explain how potential members are identified.

Representation on Management Committees

The survey and focus groups indicated a concern that female staff were not fairly represented on decision making committees. Of the total number of representatives on S&C management committees 2013 (Table 9), 38% are female. All committees have at least three female members and in the Academic Opportunities Committee 72% are female. Invitation to join a Committee is based on the member of staff's managerial role and/or their particular field of expertise. Committee membership needs to reflect each Division. To ensure transparency Membership of Committees is now included on the "For Staff" Web pages and staff are notified of updates. (AP Ref 5.1.a) (99)

Table 9: Female Representation on Committees in Department of Surgery and Cancer

	Male			Female			% Female 2013
	2011	2012	2013	2011	2012	2013	
Senior Management Board	13	8	13	3	3	4	24
H&S Committee	9	13	14	4	5	5	26
*Designated Rooms Governance Board			9			4	31
*Academic Opportunities			7			18	72
Cancer and Repro Medicine Divisional Exec		10	10		5	5	33
***Surgery Divisional Exec		5	6		2	3	33
PG Education Committee	8	10	10	4	4	6	37
**PG Taught Course Committee			9			8	47
Total Numbers			**84**			**59**	**38**

* New for Oct 2013   ** New March 2014   *** Re-constituted in Oct 2012

Representation on Appointments Committees

54% of respondents to the survey indicated strong agreement that Appointments Panels included appropriate male and female representation but a significant 29.5% were undecided and 16.3% held negative views (Fig 30).

S&C follows College guidance on the composition of Academic Appointments Committees and almost always includes female representation. However this information is not widely disseminated and the Department will consider preparation of an annual summary sheet on the "For Staff" web pages. (AP Ref 5.1.b) (72)

Fig. 30:   Survey Results: Composition of Appointments Panels
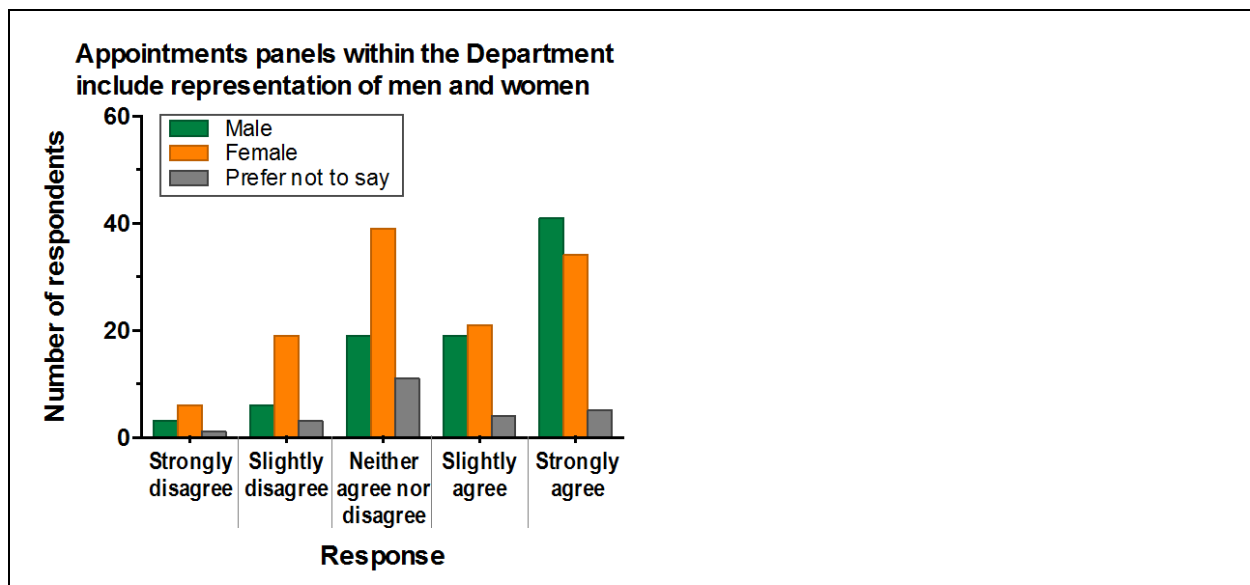
ii.   Female: male ratio of academic and research staff on fixed-term contracts and open-ended (permanent) contracts

Comment on any differences between male and female staff representation on fixed-term contracts and say what is being done to address them.

Academic staff are mainly employed on open-ended contracts; clinical academic staff at CSL level are usually employed for 5 years in the first instance related to NHS contribution to funding streams. Clinical Lecturer employment is time limited linked to training and achievement of CCT.

Research staff are usually employed on fixed-term contracts associated with research grant or contract funding. They move to open-ended contracts after 4 years continuous employment although their post remains constrained by funding.

For non-clinical academic staff (Table 10 (A)) from 2008 onwards all females are on open-ended contracts compared to ca. 90% of males. This relates to the fact that some academic posts are grant funded and hence, similarly to research posts, are constrained by the length of funding available.

For clinical academic staff (Table 10 (B)) there are a lower number of females on open-ended contracts which is most discrepant in 2013 where 50% were on open-ended contracts compared to 83% of men. This relates to Clinical Lecturer staff where contracts are time limited linked to training and achievement of CCT and the very low number of senior clinical academic staff.

For non-clinical research staff (Table 10 (C)) a lower proportion of females are on open-ended contracts from 2008 onwards and again, the largest difference is in 2013 (12% females versus 20% of males).

For clinical research staff (Table 10 (D)) the vast majority are on fixed term contracts associated with the time limited nature of their contracts which are linked to PhD registration. (249)

Table 10: Female and male ratio of academic and research staff on fixed term and open-ended contracts.

(A)

NON-CLINICAL ACADEMIC STAFF TOTAL	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open-ended Contracts
2008	4	11	73%	4	30	88%
2009	2	15	88%	4	33	89%
2010	0	17	100%	4	33	89%
2011	0	19	100%	3	35	92%
2012	0	16	100%	3	32	91%
2013	0	15	100%	4	30	88%

(B)

CLINICAL ACADEMIC STAFF TOTAL	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open-ended Contracts
2008	3	6	67%	8	33	80%
2009	3	6	67%	11	32	74%
2010	5	7	58%	9	33	79%
2011	4	9	69%	11	33	75%
2012	6	8	57%	9	30	77%
2013	6	6	50%	6	29	83%

(C)

NON-CLINICAL RESEARCH STAFF TOTAL	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open-ended Contracts
2008	50	4	7%	60	6	9%
2009	54	8	13%	53	13	20%
2010	52	10	16%	55	14	20%
2011	53	12	18%	59	23	28%
2012	50	11	18%	50	12	19%
2013	59	8	12%	45	11	20%

(D)

CLINICAL RESEARCH STAFF TOTAL	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open-ended Contracts
2008	18	0	0%	34	0	0%
2009	23	0	0%	44	0	0%
2010	24	0	0%	51	1	2%
2011	27	1	4%	57	1	2%
2012	25	1	4%	47	2	4%
2013	31	0	0%	42	2	5%

b. *Key Issues*

For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.
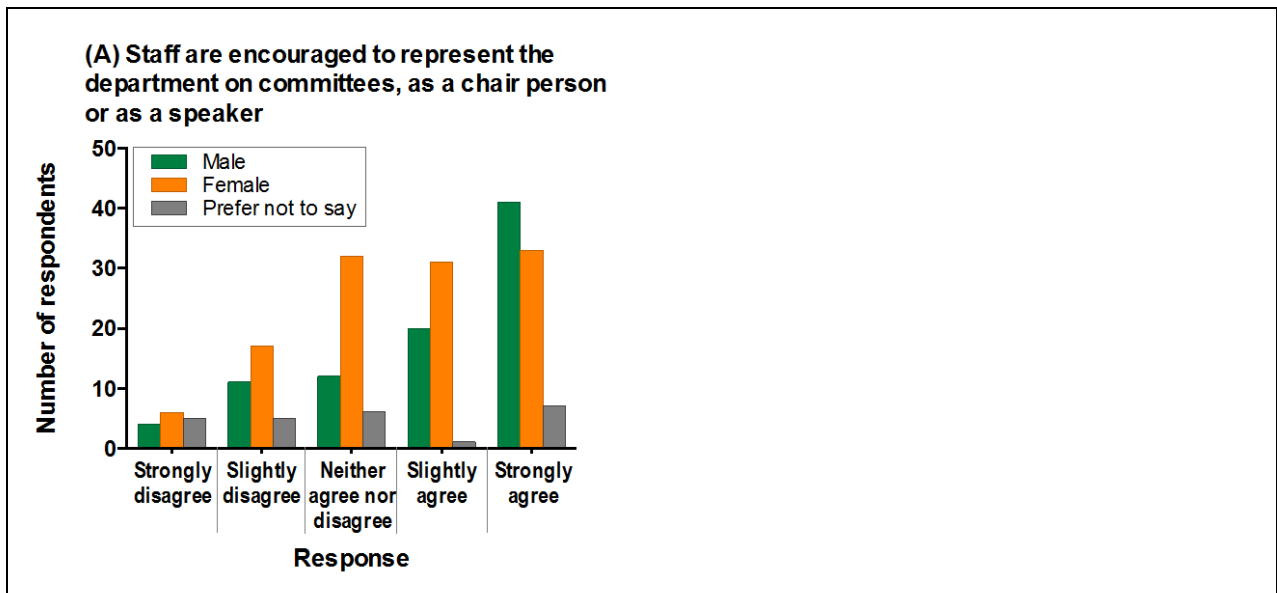
i. Representation on decision-making committees

Comment on evidence of gender equality in the mechanism for selecting representatives. What evidence is there that women are encouraged to sit on a range of influential committees inside and outside the department? How is the issue of 'committee overload' addressed, where there are small numbers of female staff?

Management Committees

The Head of Department actively reviews the expertise and areas of interest of academic staff to select the best possible representatives for the management of the Department. As Table 9 shows, a significant proportion of female staff fulfil the requirements for such roles. The Department does not at the present time rotate membership or Chairmanships of sub-committees of the SMB but membership is reviewed, with Terms of Reference on an annual basis. (AP Ref 5.1.a) (72)

Fig. 31: **Online Survey Results: Representation on committees**

The main decision-making committee is the SMB. The following females fulfil leadership roles related to the excellence of their skills and expertise:

- **Professor Elaine Holmes** - Head of the Division of Computational and Systems Medicine – providing strategic integration for the Department

- **Prof Lesley Regan** – Chair - AOC

- **Professor Gerry Thomas** – Chairs the Health and Safety Committee and Designated Rooms Governance Board – outstanding record in compliance management

- **Professor Alison McGregor** - Provides overall leadership for education –highly regarded in the Department and the Faculty for outstanding contribution to Education for both undergraduates (through Theme, Year and Course leadership roles) and postgraduates, outstanding pastoral leadership, and held in high regard by the student body.

- **Professor Kate Hardy** - Postgraduate Education Committee (Taught Courses) – significant experience of postgraduate taught course management.

To enhance transparency and to allay concerns raised in the survey (Figure 31), Minutes and Terms of Reference of all management committees are now available on the "For Staff" web page and staff will be informed as Minutes are uploaded. (AP 5.1.a) (167)

Appointments Committees

The Department follows College guidance on the membership of Appointments Committees and ensures that almost all committees include female representation. Very occasionally, there are times when a date must be selected because of limited availability of a key representative (eg., Royal College representation for clinical specialties). The Department will aim to ensure that all appointments committees always have female representation and to allay concerns raised in the survey (Figure 32) will collect and report female membership of Appointments Committees. (AP Ref 5.1.b) (79)

Fig. 32:   Attitudes to female representation on committees
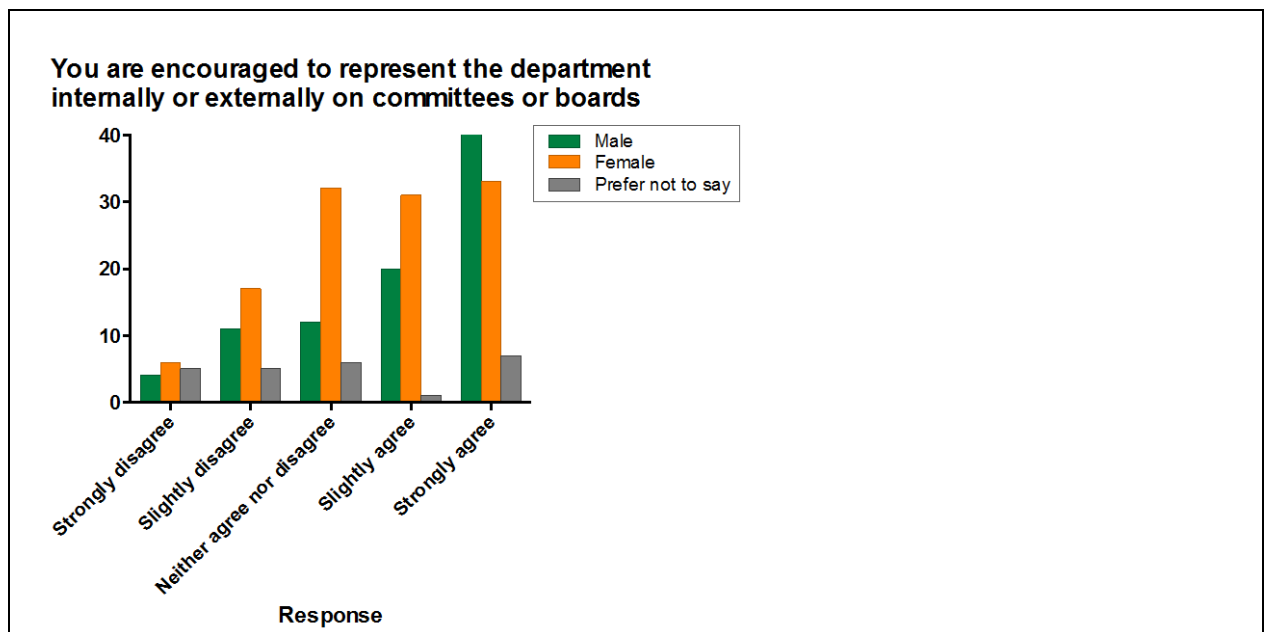
External Committees

The Department does not currently collate membership of external committees (Fig.32) centrally although all staff should include such information on their Personal Web Pages. Staff will be reminded of this requirement and the Department will prepare annual lists of external committee membership. (AP Ref 5.1.c) (41)

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.

The Staff Survey identified that 70.5% of the Department believe work is allocated on a clear and fair basis, irrespective of gender.

In clinical academic posts, the Programmed Activity format of job planning allows for identification of specific amounts of time for specific academic activity alongside clinical responsibilities.

The Department does not include such specific work planning in non-clinical academic posts but the SMB will be asked to consider whether there is a need for more formal workload planning. (AP Ref 5.2)

All academic staff are expected to contribute to research, teaching, pastoral activities, outreach and management responsibilities. Line Managers are responsible for ensuring that an appropriate balance is achieved and this is reviewed and discussed at PRDP and forms part of consideration for promotion. (122)

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.

62.7% of respondents in the on-line survey indicated that meetings in the Department were completed in core hours enabling those with caring responsibilities to attend. The Department is concerned that 37.3% of staff did not feel this was not the case and has reviewed all Committee timings and will keep these under review. (AP Ref 5.3):

- The SMB commences at 4.30 pm and concludes at 6.00 pm and other Departmental Committees (Health and Safety, AOC, Education Committees) meet between 9.00 (9.30 start for AOC) and 5.00 pm.

- The Divisions of Cancer and IRDB alternate the timings of their management meetings – between an 8.30 am start and a 3.30 pm start to facilitate differing representation and enabling key groups – female academics with child related activities and clinical academics with clinical commitments.

- The Division of Surgery has, from January 2014, moved its meetings to commence at 4.30 pm rather than 5.30 pm finishing an hour earlier at 6.00 pm – clinical commitments make it difficult for meetings to occur other than prior to 9.00 am or at the end of the day.

- The Division of CSM has not yet established a regular pattern but its meetings will be held between 9.00 am and 5.00 pm.

The Department is aware that nursery hours for the Imperial College nursery provision impact on female academic staff with young children – the Department will join others in raising this with the College.

The Divisions each organise social events on an *ad hoc* basis – there are annual Christmas parties which are usually organised for evenings, there are meetings such as the Junior Academic Lunch meetings in CSM.

In future staff surveys, satisfaction will be measured following the changes already made. (275)

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.

The focus groups identified issues with communication within the Department – indicating a lack of appreciation, a need for more precision in information and a more pro-active approach to communicating change. A need for greater horizontal communication and engagement was identified.

A multi-site Department covering diverse specialties faces challenges in creating a cohesive structure with the facility to communicate effectively to all.

S&C is addressing these issues at several levels: a new webpage – S&C Lifestyle – will be created to provide greater information about life in the Department – celebrating not only academic successes but also family life and reporting on local engagement activities; Changes in the approach to PRDP should lead to greater understanding and valuing of all types of contribution.

A Committee for Engagement and Communication will be established from October 2014. Its Terms of Reference will cover provision of leadership for and recognition of engagement and outreach and will lead development of engagement as a scholarly subject.

Greater social inter-action will be supported – for instance, some financial support for networking events, inviting staff for a glass of wine prior to Departmental involvement in one of the "Lates" at the Science Museum; encouraging local lunch groups (Junior academics within CSM) and other local initiatives. (AP Ref 5.4.a and 5.4.b)

The survey and focus groups identified some concerns about unacceptable behaviours – concerns more prevalent among female respondents (Fig 33). The Department will ensure that its approach to bullying and harassment is well-advertised - such behaviour is not tolerated and staff will be advised of how to progress matters if they feel they are subjected to such behaviour. (AP Ref 5.5) (260)

Fig. 33: Online Survey Results: Attitude to unacceptable behaviour
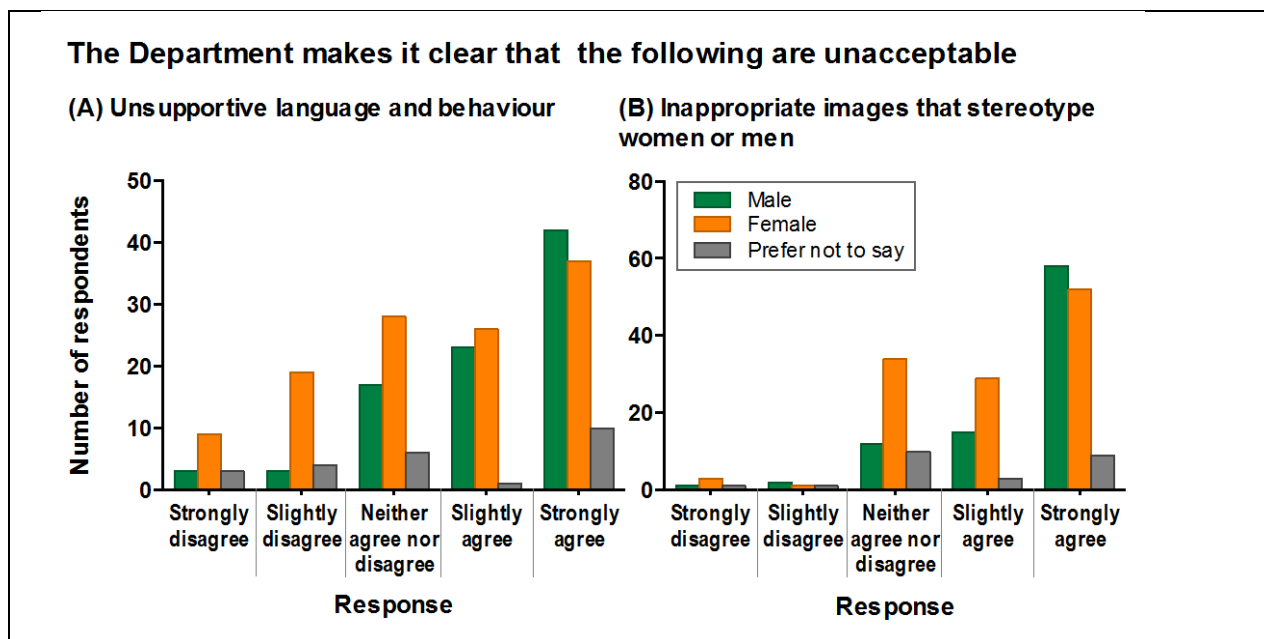
v. Outreach activities

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.

The Department engages in a range of outreach activities to schools and to various publics. Professor Roger Kneebone is a Wellcome Trust Public Engagement Fellow and will be establishing a Centre for Engagement and Simulation Science and will Chair the new Committee for Engagement and Communication which will encourage wider outreach at all levels – schools, our own students and post-docs in order to support female career progression.

He has assembled mixed gender teams to take simulations of various medical events (heart attack, operations including trauma resulting from knife wounds, etc) to many fora including events at the Science Museum, the Cheltenham Festival, the Green Man Festival and to schools. There are many other examples of outreach and staff are encouraged to report on them so that they can be included in the monthly Departmental report (available on the web page) and in future on the Lifestyle page and to include them for discussion and recognition at PRDP. (AP Ref 5.6) (157)

7) Flexibility and Managing Career Breaks.

a. *Data*

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

i. Maternity return rate

Comment on whether maternity return rate in the department has improved or deteriorated and any plans for further improvement. If the department is unable to provide a maternity return rate, please explain why.

Over the past seven years, 49 women have taken maternity leave; 16 academics and 33 researchers (Table 11). The maternity return rate is very high; all but 4 researchers returned to work. One academic took adoption leave, and returned afterwards. Despite the high return rate focus groups identified that there is a lack of focussed specific support to returnees and this is a key area in the action plan, as detailed below.

Focus groups raised concerns with regard to career breaks including the perception of long term negative impact on one's career, as well as differing experiences of pre, during and post maternity leave. S&C plans to improve the information provided about maternity leave and to introduce programmes to provide enhanced support including a requirement for formal meetings to plan for maternity leave, actively managing staying in touch days and a return to work "road-map" planning meeting. It will introduce a post-maternity PRDP meeting at 6 months after return to work. Each Division will be asked to identify a maternity liaison person. In addition, a new staff database will collect and inform on maternity return rates (and paternity leave), and this data will be reviewed and reported on annually – include as references AP 6g specifically (AP Ref 6.1g) (205)

Table 11:   Maternity leave - Aggregate for 2007-2013

Grade	Number	Number of returns	Number of leavers	Return rates %
Non-clinical Academic	9	9	0	100
Non-clinical Research	21	17	4	81
Clinical Academic	7	7	0	100
Clinical Research	12	12	0	100
Total	**49**	**45**	**4**	**95**

ii. Paternity, adoption and parental leave uptake

Comment on the uptake of paternity leave by grade and parental and adoption leave by gender and grade. Has this improved or deteriorated and what plans are there to improve further.

Over the past seven years, 23 men have taken paternity leave; 4 academics and 19 researchers. (Table 12).

There is concern that this officially recorded number may be low and information on paternity leave will be improved on the website with encouragement to formally report such leave. (AP Ref 6.2) (45)

**Table 12:   Paternity leave - Aggregate for 2007-2013**

Grade	Number
Non-clinical Academic	4
Non-clinical Research	6
Clinical Academic	0
Clinical Research	13
Total	**23**

iii.   Numbers of applications and success rates for flexible working by gender and grade

Comment on any disparities. Where the number of women in the department is small applicants may wish to comment on specific examples.

The Department supports flexible working for staff but it does not have a formal system of application. This has worked well - 68% of survey participants (Fig 34) agree/strongly agree that their line manager/supervisor is supportive of such requests. It will be made clear on the web page that staff may seek to work flexibly but there are no plans to formalise the application process although data will be collected about agreements reached.   (AP Ref 6.3) (73)

Fig. 34:   Survey Results: Attitudes to flexible working
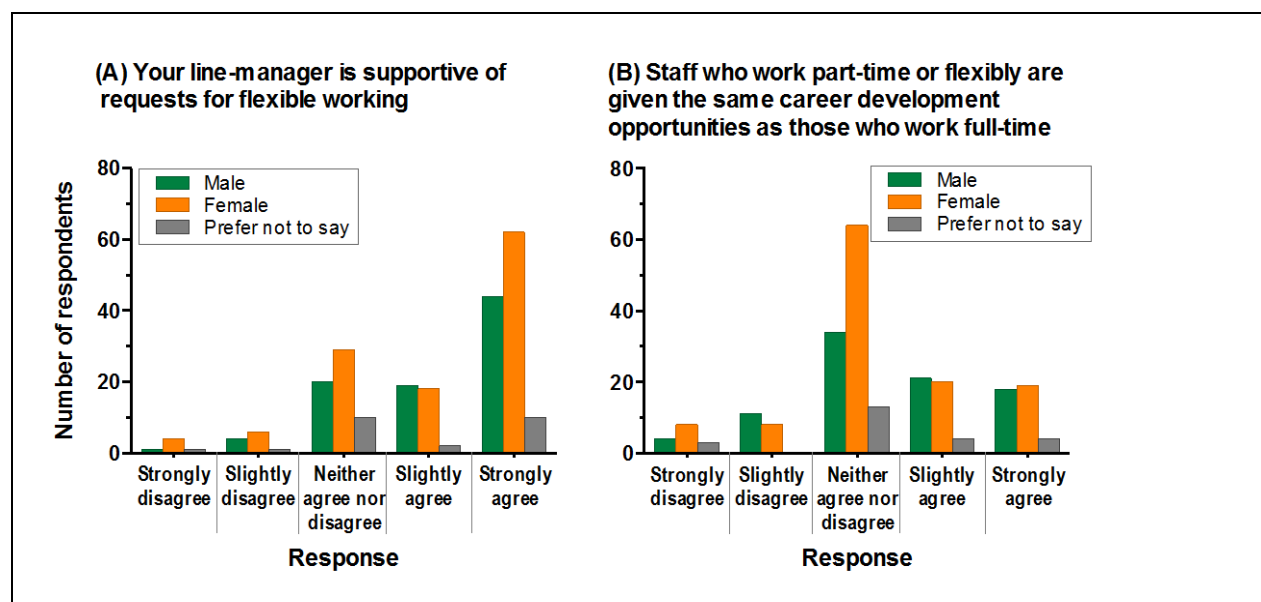
b.   Key Issues

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

i.   Flexible working

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

All arrangements are informal and arranged and managed through line managers and Section Heads and survey respondents indicate overall satisfaction with this approach (Fig 34A). Both women and men are supported in flexible working – for instance in CSM, the Head of Division actively supports staff members with young children working one day per week at home; across the Department flexible hours are supported – some staff leave earlier and then make up time at home.

41

The Department will raise awareness of options through its enhanced maternity leave information, through its enhanced PRDP process – where line managers will be encouraged to consider work-life balance not only for those with young children but for those with other caring responsibilities. It will measure whether these steps allay concerns raised that taking such opportunities inhibits career development. (AP Ref 6.3) (Fig 34B). (132)

ii. Cover for maternity and adoption leave and support on return

Explain what the department does, beyond the university maternity policy package, to support female staff before they go on maternity leave, arrangements for covering work during absence, and to help them achieve a suitable work-life balance on their return.

Female Academic Staff who return from maternity leave are eligible to apply for the College run Elsie Widdowson Fellowship. These fellowships provide funding for academic women to focus on their research and enable them to be free from administrative and teaching duties. Over the past 6 years, there have been 6 Fellowships awarded in the Department.

The Department is concerned to raise this number and is encouraged that 2 members of staff have applied in 2014 but it will enhance the Information provided about these Fellowships as part of the new maternity pack. (AP Ref 6 1). (93)

Total words: 4914

8)   Any other comments: maximum 500 words

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

The majority of non-clinical academic and research staff responded to the online survey, however the response from clinical and support staff was low (Fig 35). In future surveys these groups will be encouraged to respond, with emphasis that their views are important. The proportion of female respondents was higher, probably as the survey was deemed more relevant to them than to men (Fig 28B). By category, the greatest response was from non-clinical research staff (Fig 28C).

The Action Plan outlines our approach to improving communication and training in many areas. There is concern that there may be levels of unconscious bias amongst staff and the Department will, as the College develops appropriate courses, encourage staff to undertake training in this area. (AP Ref 3.4)

The AOC facilitated lively discussion of the issues raised through review of the data, the on-line survey and the focus groups. (142)

Fig. 35: Online Survey Results: Response Population

Description of staff population who responded to the online survey
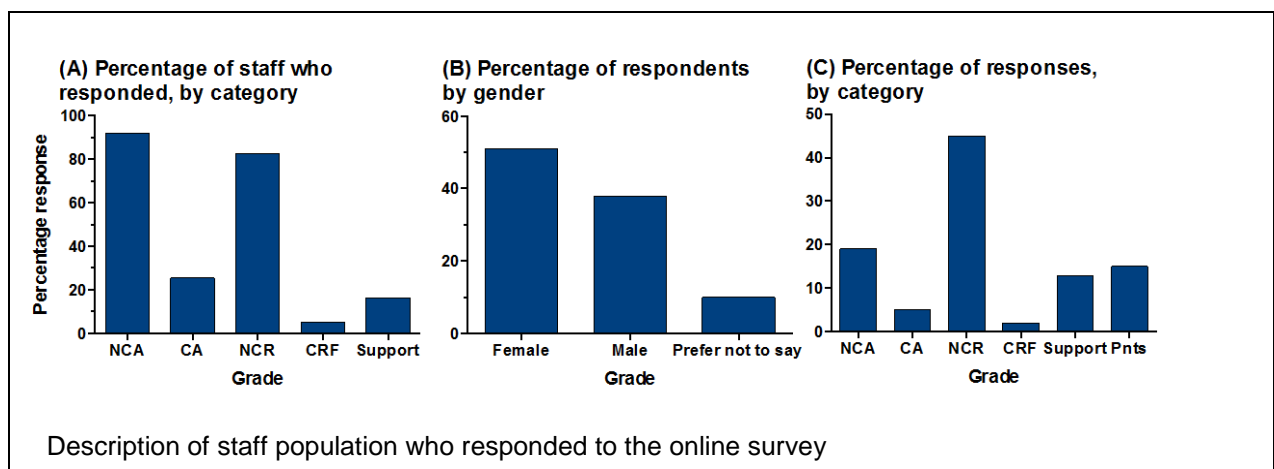
It became clear that Surgery needed greater encouragement to engage fully with the application and need for subsequent action. The AOC is delighted that this is already being addressed by with the nomination of a senior academic (Prof Kneebone) with a particular interest in engagement and a Clinical Senior Lecturer (Mr Purkayastha) who has a commitment to challenge the culture in the speciality. Steps will be taken to ensure that junior clinical staff are given every opportunity to engage recognising the challenges to their time availability as they combine both clinical training and academic work.

We have basic baseline information from the Royal College of Surgeons about Consultant and Trainee numbers in the NHS – these data indicate there were 11.76% female consultants in general surgery in 2012 and 31.40% senior trainees in general surgery at that time. The data will be further explored to provide appropriate benchmarks going forward. (AP Ref 7)

We will ensure that our excellent role models are given greater visibility – for instance, Prof McGregor, Director of Education and Strategy, is highly regarded by the students for her support in achieving their aspirations; she helped two female students set up the Society for Research and Academia (SORA) and to deliver their first national conference. She supports the Surgical Society which attracts both men and women. Prof Averill Mansfield, retired Professor of Surgery, leads an annual event on Women in Surgery. (AP Ref 4.4.e)

The need to develop communication and outreach programmes at varying levels to address gender disparities – schools, our own undergraduates and junior staff, has become evident and the Department will work with the Faculty of Medicine at Imperial to address these needs. (AP Ref 5.6.) (276)

Total words: 418

Imperial College, Department of Surgery and Cancer Bronze Action Plan – April 2014

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
1	**Student Data**					
1.1	Undergraduate – BSc Courses – achieve better understanding of student choices and increase percentage of female students on Surgery and Anaesthesia course	Survey current UG students via discussion groups and on-line surveys to understand reasons for student choices – develop initiatives to address imbalances Develop targeted outreach programmes Enhance promotional material	3.b.ii 3.b.v	Prof Alison McGregor Prof Andrea Frilling Julia Cork, UG Education Manager	Engage with 3rd yr students as they make their choices in each of the next 3 years; Enhance promotional material for 14/15 intake – including enhanced web pages Outreach programmes – 15/16	Increase in female percentage on Surgery and Anaesthetics BSc over the 3 years to 40%
1.2	PG Taught courses and MRes courses – redress the decline in female students relative to national average	Undertake deeper analysis course by course– clarify proportion of students in FT and PT study; identify discrepancies related to subject areas; develop plans to address these areas	3.b.iii 3.b.v	Prof Kate Hardy and Susan Farrell, PG Education Manager Involving Course Directors and Course organisers	PGT Sub-Committee to review 13-14 data by Dec 2014; Develop plans to address issues identified – June 2015 Implement plan for 15/16 and 16/17 entries	Increase numbers each year – aim to achieve national average within 3 years
1.3	PGR students – understand broad reasons for alterations in female numbers	Survey current PGR students to understand why they selected S&C and in particular to understand quadrupling of male students undertaking part-time studies; Survey supervisors to explore variations in offers to male and female students; Review Deanery data to establish baseline figures for recruitment pool, particularly for Surgery - and then develop plan to attract more female students Ask supervisors to request reasons for an offer being declined Develop plans to address issues identified	3.b.iv 3.b.v	Prof Seckl, Director of PG Studies Dr Charlotte Bevan Dr Hector Keun Prof Wendy Atkin Mr Sanjay Purkayastha Susan Farrell PG Education Manager	Surveys (students and supervisors) to be concluded by Oct 14 Ask supervisors to request reasons for decline of an offer - immediately Plans developed to address issues by March 15 Implemented from summer 15 onwards Impact expected from 16-17	Increase in female PGR students from 16-17 closer to national levels in line with Deanery recruitment pool

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
1.4	Ensure appropriate balance of male/female students on new surgical modular surgical courses – to be introduced 2015/16	Survey existing surgical courses to understand why fewer women choose surgical disciplines for PG study; As new PGT courses/streams are introduced in Surgery – 2015/16 – ensure that approaches to attract female students are embedded from the start – including development of promotional material and outreach programmes	3.b.v	Divisional Head, Prof George Hanna, Mr Sanjay Purkayastha and Susan Farrell, PG Education Manager	Complete discussions with existing students – Sept 14 Develop and embed proposals to attract female students in promotional material by Dec 14 Review Sept 15 Survey students – 15-16 Amend Dec 16	35% female applicants in 1st year of new modular surgical course – commencing 2015/16 Rising to 40% in 2016/17 and 45% in 2017/18
1.5	Maintenance of high level of 1st and 2.1 among women degree classifications for UG , PGT and MRes courses	Review results annually course by course in order to identify discrepancies as they arise in order to consider whether changes necessary for the following year	3.b.vi	Julia Cork – UG Education Manager Susan Farrell – PG Education Manager	Annual review of results to be reported to Education Board, PGEC and reported on to AOC	Maintenance of high level of 1st and 2.1 degree classifications among female candidates

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
2	**Staff data**					
2.1	Achieve better understanding of overall ratio of male and female staff (academic and research staff) by Division	Carry out deeper analysis of staff data – specialty by speciality; compare with relevant national benchmarks (eg – UK HEDI's and Royal Colleges); request Divisional Heads to nominate an Athena SWAN lead for each Division to lead this work and make recommendations to Divisions/AOC for further consideration by Senior Management Board	3.b.vii	Chair of AOC – Prof Lesley Regan Divisional Heads: Prof George Hanna Prof Bob Brown Prof Phil Bennett Prof Elaine Holmes	Data to be analysed speciality by specialty by January 2015 Data to be compared with national benchmark data – by March 2015 Proposals drafted for consideration summer 2015 Implementation from October 2015	Deeper understanding of comparisons between Departmental data and national benchmark data; Have Divisional Athena leads tasked with gender equality monitoring, in situ Increase in number of female academic staff at end of 3 years – 2016-17
2.2	Better understanding of use of Level C and Level D research posts	Review all Level C and Level D posts to understand why they are used; consider gender issues	3.b.vii	Chair – AOC – Prof Lesley Regan Julia Anderson – Departmental Manager	Review to be completed December 2014	Understand whether such grades should be more effectively used
2.3	Achieve greater understanding of transition from Researcher to Lecturer (non-clin)	Survey research staff to understand their aspirations and request their input into proposals to address the decline in female numbers from 50% at Researcher grade to 14% at Reader level AOC then to consider development of plans to implement agreed recommendations	3.b.vii	Chair – AOC – Prof Lesley Regan Divisional Heads: Prof George Hanna Prof Bob Brown Prof Phil Bennett Prof Elaine Holmes Departmental Manager – Julia Anderson	Survey to be completed December 2014 Recommendations formulated – March 2015 Implementation 2015-16 and kept under review in 2016-17	Achieve increase in female academic staff at end of 3 years – 2016-17 The Department plans 14 non-clin new posts over 2014-17 – will aim for 35% female appointments

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
2.4	Address issue of decline in female appointees from clinical lecturer to more senior clinical academic appointments – particularly in Surgery	Detailed analysis of numbers, specialty by specialty, to be undertaken; Programme of engagement and outreach to be developed; particular focus on Surgery to be led by a CSL engaging with female Clinical Lecturers to develop proposals to support their aspirations for career progression	3.b.vii	Divisional Heads – Prof Bob Brown Prof Phil Bennett Prof Elaine Holmes For Surgery: Divisional Head – Prof George Hanna Prof Roger Kneebone – Chair proposed Engagement and Communication Committee Mr Sanjay Purkayastha – CSL nominated Athena SWAN surgical lead	Detailed analysis of numbers – specialty by specialty to be completed December 2014 Engagement and Communications Committee to be established October 2014 Recommendations to be formulated – March 2015 for implementation 2015-16 and kept under review in 201-16-7	Achieve greater understanding of issues affecting, in particular surgical Clinical Lecturers – and have in place measures to support their career progression
2.5	Achieve better understanding of reasons staff leave	Develop and introduce an exit questionnaire to collect destination data and supporting reasons	3.b.viii	Departmental Manager – Julia Anderson Divisional Managers – Shirley Line Tony Tarragona HR Manager – Maria Lynch	Exit questionnaire to be developed by Sept 2014 Introduce Oct 2014 Data analysed on an annual basis thereafter	More complete data on reasons for leaving FoM returns in 2011 were 15%; S&C will aim for 25% in year one and increase 10% each year thereafter

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
3	**Key Career Transition points**					
3.1	Improve collection of data - Job application//short-listing/offer/ acceptance data	Collect more complete data on short-listing, job acceptances, and continue to monitor applications	4.a.i	Departmental Manager – Julia Anderson with Divisional Managers and admin teams: Tony Tarragona Shirley Line Katia Nery Karen Pontifex	More complete data collected from April 2014	Facilitate better analysis of information for Silver and subsequent Gold applications Information to feed into development of outreach programmes

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
3.2	Understand reasons for lower number of female applicants for CRF's being shortlisted	Review and analyse short-listing returns from all applicants Develop recommendations for recruiting line managers	4.a.i	Mr Sanjay Purkayastha Departmental Manager – Julia Anderson with Divisional Managers and admin teams: Tony Tarragona Shirley Line Karen Pontifex	Review of shortlisting data to commence from May 2014 Recommendations to be developed by March 2015	Increase in number of female applicants for CRF posts
3.3	Make advertised posts more attractive to women to ensure equality of opportunity at application point	Introduce a standard open format of advertisement highlighting the benefits available within the Department namely collaborative and flexible working, parental leave provision, child care facilities, tailored training and mentoring programmes. Embed appropriate weblinks in advertisements.	4.a.i	Dr Charlotte Bevan Dr Sarah Blagden Departmental Manager – Julia Anderson with Divisional Managers: Tony Tarragona Shirley Line Karen Pontifex Departmental Web Manager: Kathryn Johnson	Develop new advertisement – by September 2014; Develop new web pages by December 2014	Increase in female applicants for academic – clinical and non-clinical posts
3.4	Embed cultural change in terms of recognition of equality and diversity	Require as mandatory equality and diversity training to enhance and expand upon the successful recruitment of women. Consider introduction of unconscious bias training – work with College to identify appropriate course Approach endorsed by Senior Management Board – March 2014 to cover all members of Board and senior academic staff across the Department	4.a.i	Head of Department – Prof Nicholson Chair of AOC – Prof Regan Supported by Divisional Heads: Prof Hanna Prof Brown Prof Bennett Prof Holmes	Work with LDC to develop Departmentally based courses for introduction Sept 14 – 50% uptake within 12 months; 75% uptake in 24 months 90 - 100% uptake in 36 months Work with College re: unconscious bias training – aim to introduce 2015-16	90 - 100% academic staff trained in equality and diversity by end of 3 years 90 – 100% of all interview panel members to have received unconscious bias training by end of 3 years

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
3.5	Enhance transparency about academic promotions processes and develop support mechanisms *See 4. Career Development*	Develop a suite of actions – listed below to support objective: 4.2	4.a.ii 5	Head of Department – Prof Nicholson Chair of AOC – Prof Regan Departmental Manager – Julia Anderson	Listed against individual actions below 4.2	Increase the percentage of staff that understand the promotion process – 53% in 2013 survey – to 90% by end of 3 years
3.6	Consider length of time for promotion for female academic staff	Department to review whether there is a longer period between appointment and first promotion and further promotions for female members of staff. Departmental review of past 5 years academic promotions applications and provide brief case histories		Member of AOC – Sarah Blagden and Charlotte Bevan and Departmental Manager – Julia Anderson	Report and recommendations to SMB – Sept 14 Introduction of changes for 2014-15 Academic Promotions Exercise – Oct 14 SMB to review data on annual basis and as appropriate raise with Faculty Board for further discussion	Over 3 year period less disparity between length of time to promotion for female and male staff Effectiveness to be assessed by AOC and regular review by Senior Management Board
3.7	Facilitate reporting of Departmental data at Faculty and College level	Currently HR does not hold information about academic promotion until College process is completed; consider ways of ensuring that applications are formally recorded by HR when first submitted at Departmental level	4.a.ii	Departmental Manager – Julia Anderson HR Manager – Maria Lynch	Introduce system for reporting Departmental applications from Oct 2014 (start of next process); Consider possibility of recording past data; Improved analysis possible in 2015 and subsequently	Improvement in data available, enabling analysis in greater depth to identify more clearly issues affecting women in regard to academic promotions

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
3.8	Increase awareness of Personal Development Training	Information about LDC programmes will be included in the new staff welcome packs (Ref 4.2); line managers will be requested to discuss these development opportunities at each PRDP. New staff mentors will also be given guidance and asked to encourage their mentees to explore all development training opportunities and advise them accordingly.	4.b.ii	Chair of AOC – Prof Regan Dr Jia Li Dr Kirsty Flower	Information in New staff Induction packs – Jan 2015 Included on website –Jan 2015 Collate data on current uptake – by Jan 2015 Measure uptake each Jan thereafter	Increased uptake of LDC courses 1st – collate data of current uptake Develop 20% year on year increase to ensure that all female academic have participated in at least one LDC course/year within 3 years
3.9	Develop networking opportunities for women	Establish a network for academic and administrative women bi/tri-monthly within the Department. Identify a champion to drive this initiative Department to provide financial contribution to facilitate	4.b.ii	Dr Kirsty Flower Dr Jia Lia Prof Roger Kneebone Divisional Managers - Shirley Line Tony Tarragona	Identify champion – by August 2014 Plans developed – Autumn 2014 Network meetings planned from Spring 2015	Measured by attendance at networking meetings and feedback usefulness through surveys and focus groups

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
4	**Career Development**					
4.1	Improve transition from Postdoc to Career Academic	Ensure Group Leaders are aware of the Courses run by the Post-doc Development Centre, and emphasise their duty to encourage Post-docs to attend these courses. Remind Group Leaders that Post-docs are allocated 10 days in their contract to attend such courses. Remind Post-docs of the courses available and the time allocated to them	5.a.i	Divisional Heads Prof Hanna Prof Brown Prof Bennett Prof Holmes	Discussions with Group leaders to take place summer of 2014	Increased uptake of Postdoc Development Centre courses Increased satisfaction levels amongst post docs as measured by surveys and feedback

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
4.2.a	Support women in planning for and achieving promotion: *Improved PRDP*	College has adapted the annual PRDP form to cover Imperial Expectations – Department to ensure that all aspects of academic endeavour including teaching, research, pastoral care, personal tutoring, external visibility, internal contribution, equality and diversity are covered. Additionally promotion planning and work/life balance should be covered	5.a.ii	Head of Department – Prof Nicholson Supported by Divisional Heads: Prof Hanna Prof Brown Prof Bennett Prof Holmes	Requirement to cover all aspects of academic endeavour and promotion planning reinforced in letter from Head of Department and Chair of AOC to all academic staff in Feb 2014

Improved quality anticipated in 2014/15 exercise but to be reinforced annually and quality checks to be undertaken | Improve satisfaction with PRDP exercise to 90% - from approx 70% in 2013 |
4.2.b	Support for women in planning for and achieving promotion: *Increased completion of PRDP*	Increase completion of PRDP Advise staff having difficulty setting a PRDP meeting to seek help from Divisional Managers	5.a.ii	Head of Department – Prof Nicholson Supported by Divisional Heads: Prof Hanna Prof Brown Prof Bennett Prof Holmes	Improved completion rates – increase from 40% in 12/13 50% % in 13/14; 60% in 14/15 70% in 15/16	Improved completion rates accompanied by improved satisfaction with PRDP exercise as measured by survey and focus groups
4.2.c	Support for women in planning for and achieving promotion: *Training for PRDP*	Ensure that all staff recognise the importance of a full and supportive PRDP; work with the LDC to introduce Departmentally based training and encourage all staff to undertake – record and report on attendance to Divisional Heads	5.a.ii	Departmental Manager – Julia Anderson HR Manager – Maria Lynch Divisional Managers – Shirley Line Tony Tarragona	Plan Departmentally based courses for the autumn 2014 Plan refresher courses for 2015 Report attendance to Divisional Heads on annual basis	50% staff trained in 2014 75% staff trained in 2015 90-100% staff trained in 2016
4.3	Review cultural issues that may inhibit women from putting themselves forward for promotion	Identify issues – eg. Volume of publications – reasons for gaps or lack of volume (eg. Maternity leave); ensure that whole portfolio including education, outreach, public engagement, mentoring is reviewed	5.a.i	Member of AOC – Sarah Blagden and Charlotte Bevan	Report to Senior Management Board – July 2015	Report accepted by Senior Management Board and measures introduced to address issues raised

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
4.3.a	Support for women in planning for and achieving promotion: *Transparency of process*	Provide enhanced information about work of the Departmental Panel	5.a.i	Head of Department – Prof Nicholson Departmental Manager – Julia Anderson	Will be explained in Head of Department's letter initiating academic promotions exercise in October 2014	Staff clearer about Panel process – measured by surveys and focus groups
4.3b	Increase female participation in Departmental Academic Promotion Panels	Department has raised, through Faculty, a proposal to include female Professors from other Departments on its Academic Promotion Panels Proposal was supported by HR To be implemented in S&C for 2014-15 Academic Promotions exercise	5.a.i	Head of Department – Prof Nicholson Departmental Manager – Julia Anderson	Female professors from other Departments to be invited to join S&C Panel – Nov 14 and annually thereafter	Greater equality of Male/Female membership of Panels to ensure more even playing field for female applicants
4.4	Introduce a Buddy Scheme followed by a Mentoring Scheme	Establish a mentoring scheme to support career development issues, family support and advice, management of PRDP, consideration of gender specific issues; preparing for interviews; preparing for promotion etc; Commence with immediate introduction of a buddy scheme as training for full mentoring scheme will take time. Discuss with Department of Medicine and LDC to learn from best practice	5.a.i	Chair of AOC – Prof Regan Dr Charlotte Bevan Dr Sarah Blagden Divisional Manager – Shirley Line	Invite volunteers for buddy scheme – June 2014 - introduce formally by September 2014 Plan mentoring scheme and develop training programme – by May 2015; invite first volunteers for training to commence in time for completion by by Dec 2015 Continue training programme in 2016 Review success of programme – end 2016	Take up of buddy scheme – to be measured January 2015 Detailed plan for mentoring scheme promulgated by June 2015 Volunteers attracted to programme – Sept 2015

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
4.5	Enhance induction training	Review pilot induction course developed in Divisions of Cancer and IRDB Increase information provided Extend across all 4 Divisions Include relevant information on website	5.a.ii	Departmental Manager – Julia Anderson Divisional Managers and Admin Team Shirley Line Tony Tarragona Katia Nery Karen Pontifex	Compile additional information – summer 2014 Roll out across all 4 Divisions from October 2014 Ensure relevant information on website – October 2014 Review annually	New staff feel welcomed and have a clearer understanding of the Department, with ready access to helpful information and opportunities from start of employment Measure through surveys and focus groups
4.6.a	Collect data with regard to view of Postgraduate students	Encourage postgraduate students to take part in future surveys and focus groups – by active encouragement from supervisors, through committee and networking opportunities	5.a.iii	Chair PGEC – Prof Michael Seckl Chair PGT Sub-Committee – Prof Kate Hardy PG Education Manager – Susan Farrell	Actions to be taken when next on-line survey launched – autumn 2014 and invitations to focus groups launched – autumn 2014	Sufficient data available to provide deeper analysis of student views of Department – measured by significant increase from 15 students completing the survey – aim for 40% at year 3 survey
4.6.b	Availability of female tutors	Make clear to student that they may request a female tutor and may approach any member of PGEC	5.a.iii	Chair PGEC – Prof Michael Seckl Dr Charlotte Bevan PG Education Manager – Susan Farrell	PG Handbook to be amended for October 2014 intake	Students feel less constrained in who they may approach for help Measured through outcome from survey and focus groups
4.6.c	Enhanced career development opportunities: *Transferrable skills*	Supervisors to actively advise students on transferrable skills courses	5.a.iii	Chair PGEC – Prof Michael Seckl Dr Hector Keun PG Education Manager – Susan Farrell	PG Handbook to be updated for October 2014 intake and Supervisors reminded	Enhanced take up of transferrable skills

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
4.6.d	Creation of PGR student cohorts	Examine whether the Stratigrad model in CSM can be exported to other Divisions	5.a.iii	Chair PGEC – Prof Michael Seckl Dr Hector Keun PG Education Manager – Susan Farrell	If approach agreed, develop promotional literature to support for 15/16 academic year	More than 1 "MDT" style student cohorts established across Divisions
4.6.e	Enhanced career development opportunities: *"Meet the researchers"*	Re-introduce "Meet the researchers" and hold on an annual basis	5.a.iii	Chair PGEC – Prof Michael Seckl Dr Hector Keun PG Education Manager – Susan Farrell	First meeting – Spring 2015	Measured by ensuring event is held annually, by attendance records and by feedback evaluation
4.6.f	Enhanced career development - Improve visibility of female role models	Create interviews/webcasts with female academic, post-docs and PhD students to increase the visibility of female role models and provide realistic examples of work-life balance	5.a.iii	Member of AOC – TBC Departmental Manager – Julia Anderson Departmental Web Manager – Kathryn Johnson	Webcasts with female academics – by Dec 14 With Post-docs by June 15 PhD students December 16 Rolling programme of updates	Enhanced website with greater number of visits to PG pages

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
5	**Organisation and Culture**					
5.1.a	Appropriate female representation on management committees	Review membership – and terms of reference - of every Departmental Committee in October of each year. Improve transparency by including information on website Senior Management Board to take action to redress imbalances following review in autumn term	6.a.i 6.b.i	Head of Department – Prof Nicholson Departmental Manager - Julia Anderson	Membership and Terms of Reference for all Departmental committees on web – March 2014 Update website autumn term Report all committee memberships formally to SMB – autumn term each year	Reassurance that women are fully engaged in the management of the Department Appreciation of transparency – measured through survey and focus groups

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
5.1.b	Appropriate female representation on appointments committees	Ensure, as far as possible, there is always female representation Compile annual report summarising appointments committees and representation for the website	6.a.i 6.b.i	Departmental Manager - Julia Anderson	On-going for each appointments committee First report to be on website – March 2015	Reassurance women are appropriately included in all appointments committees Appreciation of transparency – measured through survey and focus groups
5.1.c	Information on representation on Committees external to Department	Encourage staff to update personal web pages to reflect external committee membership Collate data – report by gender – on website and to Senior Management Board	6.b.i	Departmental Manager - Julia Anderson Departmental Web Manager – Kathryn Johnson	Staff to be reminded that this information should be on their PWP ahead of website upgrade – July 2014 and annual reminder thereafter Data report – March 2015	Collated information available on website Appreciation of transparency – measured through survey and focus groups
5.2	Information on workload model	Workload models to be discussed at PRDP SMB to consider whether there is a need for formal workload models for non-clinical appointments	6.b.ii	Divisional Heads Prof George Hanna Prof Bob Brown Prof Phil Bennett Prof Elaine Holmes	Staff to be reminded at start of PRDP exercise annually SMB to consider – autumn 2015 Plan to be developed depending on their view	Greater transparency about workload models Appreciation of transparency – measured through survey - increase to 80% - from 70.5% - satisfaction that work is allocated on a clear and fair basis) - within 2 years
5.3	Ensure appropriate timing for meetings	Keep timings of Committees under review	6.b.iii	Departmental Manager- Julia Anderson	Changes made to Division of Surgery from Jan 2014 Other committees to be reviewed annually – autumn term	Reduction in staff concerns (currently 37.3%) about timings of meetings

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
5.4.a	Enhance communication	Introduce new Lifestyle web page to celebrate family life – including weddings, family news, local engagement and demonstrate appreciation Establish a Committee for Engagement and Communication Support greater social inter-action – eg focus around "Lates" at the Museums, Imperial Festival events	6.b.iv	Chair of AOC – Prof Lesley Regan Prof Roger Kneebone Departmental Manager – Julia Anderson Divisional Managers – Shirley Line, Tony Tarragona Departmental Web Manager – Kathryn Johnson	New Web page introduced – August 2014 Committee for Engagement and Communication to be established October 2014 Support for social inter-action – event dependent	Staff feel more appreciated Greater visibility and awareness of family life Measured through survey and focus groups
5.4.b	Introduce regular Departmental meetings	Provide opportunity to ensure communication of initiatives, issues and potential solutions on a regular – at least annual – basis Provide opportunity to review successes	6.b.iv	Head of Department – Prof Jeremy Nicholson Departmental Manager – Julia Anderson	June/July 2014 And annually thereafter	Report of proceedings on website; feedback to understand whether staff feel more fully informed; have opportunities to participate Effectiveness to be assessed by surveys and focus groups
5.5	Address concerns about unacceptable behaviours	Department to encourage open dialogue about unacceptable behaviour Ensure its approach to bullying and harassment is well-advertised and that staff are clear where to seek advice and support should they be subjected to unacceptable behaviour – information to be included in induction packs and to be available on the website	6.b.iv	Head of Department – Prof Nicholson Chair – AOC – Prof Lesley Regan Divisional Heads: Prof George Hanna Prof Bob Brown Prof Phil Bennett Prof Elaine Holmes Departmental Manager – Julia Anderson Departmental Web Manager – Kathryn Johnson	Inclusion in Induction Pack – Autumn 2014 Mentors to be trained Staff Web pages to be updated – August 2014 (after introduction of new College web management system)	Any concerns allayed and staff able to report satisfaction with Departmental approach in surveys and focus groups

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
5.6	Develop and implement a wide-ranging outreach programme	Collate information on the various outreach activities which members of the Department are currently engaged in – record on the web page Establish Engagement and Communications Committee to take forward development of wide-ranging programme to support female school children, students, post-docs and staff in choices and career progression; identify gaps in outreach and develop plan to address Encourage staff to support programmes Particular focus on Surgery – interaction with Surgical lead – Mr Purkayastha	6.b.v	Chair – Engagement and Communications Committee – Prof Roger Kneebone Surgery Athena SWAN lead – Mr Sanjay Purkayastha AOC members – Dr Tony Gordon Dr Jia Li Dr Liz Want	Information to be on website – Dec 15 Engagement and Communications Committee to be established Oct 14 – Minutes will be considered by SMB Programme to be developed during 2015 – on-going programme Evidence to begin to be apparent 2015-16 academic year	Updated website providing greater information to both staff and external visitors to the site Evidence of staff appreciation of enhanced support through outreach programmes

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
6	**Flexibility and Managing Career Breaks**					
6.1.a	Provision of wide-ranging clear information on maternity leave	Collate information in a "pack" available on the website – to cover all aspects of maternity leave: HR processes prior to taking maternity leave, forms, management of leave, meeting with line manager prior to maternity leave, Elsie Widdowson Fellowships, "stay-in-touch" days, planning for return to work, links to nursery provision and any other facilities available for parents returning with babies/small children. All to be referenced in Induction packs	7.a.i	Dr Paul Strutton Dr Muireann Coen Departmental Manager – Julia Anderson with Divisional Manager – Shirley Line Departmental Web Manager – Kathryn Johnson	Basic maternity info to be on website by August 2014 – project to be completed including referencing in Induction Pack by December on 2014 Subject to annual review	Feedback that information related to maternity leave arrangements is easily found Effectiveness to be assessed through surveys and focus groups
6.1.b	Maternity Liaison	Identify maternity liaison person for each Division – advertise in maternity "pack" – on the website Ensure identified staff are fully trained	7.a.i	Dr Paul Strutton Dr Muireann Coen With Divisional Heads Prof George Hanna Prof Bob Brown Prof Phil Bennett Prof Elaine Holmes	Identify nominees by June 2014 – Ensure training by Oct 2014 and add to website	Feedback that having a single person / Division makes the management of maternity leave and return to work easier Effectiveness to be assessed through surveys and focus groups
6.1.c	Preparation for maternity leave	Encourage staff going on maternity leave and their line managers to discuss plans in terms of expected date member of staff will go on maternity leave; aspects of work to be covered and arrangements to stay in touch	7.a.i	Dr Paul Strutton Dr Muireann Coen with Divisional Liaison nominees Divisional Managers Shirley Line Tony Tarragona Katia Nery	Commence June 2014	Feedback that staff going on maternity leave appreciate increased engagement with Department Effectiveness to be assessed through surveys and focus groups

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
6.1.d	Preparation for return to work	Encourage line managers to stay in touch on an agreed basis; encourage staff to take advantage of "stay in touch" days	7.a.i	Dr Paul Strutton Dr Liz Want with Divisional Liaison nominees Divisional Managers and admin teams Shirley Line Tony Tarragona Katia Nery	Commence June 2014	Feedback that staff returning from maternity leave appreciate increased engagement with Department Effectiveness to be assessed through surveys and focus groups
6.1.e	Review structure for returning to work	Preparation of "road map" for return to work to include requirements of returnee and line manager; introduce requirement for formal return to work meeting; introduce post-maternity PRDP for review of situation at 6 months after return to work	7.a.i	Dr Paul Strutton Dr Muireann Coen with Divisional Liaison nominees Managers and admin teams Shirley Line Tony Tarragona Katia Nery	Commence June 2014 – to be on website by Oct 2014	Positive feedback that return to work was well managed Effectiveness to be assessed through surveys and focus groups
6.1.f	Availability of family related information	Ensure that links to nursery provision and any other facilities available for parents returning with babies/small children is available on website	7.a.i	Departmental Web Manager – Kathryn Johnson	To be on website by August 2014	Positive feedback that people could readily find information in one place Effectiveness to be assessed through surveys and focus groups

Ref	Objective	Description and Implementation	App Ref	Responsibility	Milestones Years 1,2,3	Success Measure
6.1.g	Collection of data on return rates from maternity leave	Ensure that information on maternity leave is specifically recorded on Departmental staff database; reviewed and reported on annually First stage – included in new staff database	7.a.i	Divisional Managers Shirley Line Tony Tarragona Departmental Administrative Assistant – Karen Pontifex	New staff database being introduced May 2014 Collection to data to commence May 2014 Commence early 2014 – initial 6 mth report Oct 2014; full annual reporting to commence Sept 2015	Data available on return rates from maternity leave Statistics available on Departmental Website For review by AOC on annual basis – autumn term meeting
6.1.h	Overall review of impact of changes	Changes made to be reported in detail to Senior Management Board – and kept under annual review	7.a.i	Chair of AOC Prof Regan Dr Paul Strutton Dr Muireann Coen	First report- Nov 2014	All aspects of 6.1a-g implemented and case study reported to Senior Management Board
6.2	Ensure full reporting of paternity leave	Collate information about paternity leave and include on website and in induction pack	7.a.ii	Departmental Web Manager – Kathryn Johnson	To be on website by August 2014	Positive feedback that staff could readily find information in one place Effectiveness to be assessed through surveys and focus groups
6.3	Raise awareness about options for flexible working	Include reference to opportunity to seek flexible working on the website and in induction pack Collection of information re: staff who have permission to work flexibly Collate reports for Divisional Heads	7.a.iii	Dr Paul Strutton Divisional Managers and admin teams Shirley Line Tony Tarragona Katia Nery Karen Pontifex	To be on website by August 2014 initial 6 mth report December 2014; full annual reporting to commence September 2015	Data available re: extent of flexible working Increase in percentage of staff indicating their line manager was supportive of flexible working from 68% to 80% in 2 years Reported to AOC on annual basis and included on website

Ref	Objective	Description and Implementation	Ref	Responsibility	Milestones Years 1,2,3	Success Measure
7	**Any other comments**					
7	Establish comparisons with national data for clinical specialties	Benchmark Departmental data against RCS, RCOG and RCP data with particular focus on Surgery	8	Prof Lesley Regan Prof Alun Davies Mr Sanjay Purkayastha	First analysis to be completed Dec 2014	Greater understanding of position of specialities within S&C compared with national position