# Athena SWAN Silver department award application 

Name of university: University of York and University of Hull
Department: Hull York Medical School (HYMS)
Date of application: April 2016
Date of university Bronze and/or Silver Athena SWAN award:
University of York: Bronze - April 2014, extended September 2015
University of Hull: Bronze - September 2015

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

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

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

## Sections to be included

At the end of each section state the number of words used. Click here for additional guidance on completing the template.

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## Glossary

| ACF | Academic Clinical Fellow |
| :--- | :--- |
| AS | Athena SWAN |
| B-AP | Bronze Action Point |
| Co-I | Co-Investigator |
| ECR | Early Career Researcher |
| ECU | Equality Challenge Unit |
| HESA | Higher Education Statistics Agency |
| HR | Human Resources |
| HYMS | Hull York Medical School |
| MBBS | Bachelor of Medicine, Bachelor of Surgery |
| MB | Management Board |
| MD | Doctor of Medicine |
| MSC | Master of Science |
| NSS | National Student Survey |
| PCHPE | Postgraduate Certificate in Health Professional Education |
| PG | Postgraduate |
| PGCME | Postgraduate Certificate in Medical Education |
| PGR | Postgraduate Research |
| PGT | Postgraduate Taught |
| PhD | Doctor of Philosophy |
| PI | Principal Investigator |
| SAT | Self-assessment team |
| S-AP | Silver Action Point |
| TAP | Thesis Advisory Panel |
| WLM | Work Load Model |
| WP | Widening Participation |

Explanation about staff grades: in general our staff grades map to standard university grades. We do have a group of staff we have termed 'clinical tutors' who are clinicians employed by us on a sessional basis to teach our MBBS students e.g., as problem based learning tutors.

## 1. Letter of endorsement from the head of department

23rd April 2016

Sarah Dickinson
Head of Equality Charters
Athena SWAN Charter
Equality Challenge Unit
7th Floor, Queen's House
55-56 Lincoln's Inn Fields
London
WC2A 3LJ

## Dear Ms Dickinson

I strongly support Hull York Medical School's application for a Silver Athena SWAN award. We have, under the leadership of Prof Una Macleod (Deputy Dean) and due to the commitment of a wide range of staff, made significant progress in the three years since our Bronze award submission. Our experience was also helpful in supporting the University of Hull's successful Institutional Bronze award in 2015.

When I became Dean in 2013, I brought with me a strong commitment to Athena SWAN principles and practice at the University of York where I was Deputy Vice Chancellor. On arrival, I found a male dominated environment and leadership team. A key objective has been to ensure that the Athena SWAN principles are central to what we do. We have achieved almost all of our Bronze actions and this application demonstrates considerable improvement and an appetite for further changes. Highlights of impacts during our Bronze Award include

- A gender balanced Senior Management Board which has an AS standing agenda item;
- A leadership team, formally exclusively male, now including three women holding senior management roles: Deputy Dean (SAT lead), MBBS Programme Director and Head of Quality and Standards;
- Women chair half the key committees and female deputies ensure gender diversity is part of our succession planning;
- An equal proportion of women lecturers;
- At least equal numbers of women recruited to MBBS, post-graduate taught and PhD programmes;
- A group of predominantly female MBBS students have developed a leadership stream supported by a female NHS executive;
- A mentorship scheme to support women in their careers;
- An enhanced academic package to support return from maternity/adoption leave;
- I discuss all female staff at the start of promotion rounds with the SAT Chair. I am encouraged that all female applicants for promotion since 2013 have been successful, and in the recently closed round in Hull, $2 / 3$ rds of applicants were women;
- To raise the profile of women, HYMS now award an annual Prize for Women in Science.

Whilst there is much to celebrate from the impact of our successful Bronze actions, we still have much to do. We are committed to building on our supportive culture so that it runs through all aspects of HYMS activities, from the undergraduate degree, through taught and research postgraduate degrees and into all career stages for staff.

Most important is our ambition to increase the number of female academics, particularly in senior roles. Our expansion plan to recruit over 20 new academics provides an exciting opportunity to transform the diversity of our staff. An executive search firm has been briefed to ensure that the AS agenda is prominent; the application pack was checked by the AS committee chair and the lead searchers/contacts are women. Our first recruit is a female clinical senior lecturer in psychiatry. We anticipate that the award of Silver will send a strong signal helping to attract more women academic staff in future recruitment rounds.

I am personally completely committed to progressing this agenda for the benefit of students and staff.

Yours sincerely


Trevor Sheldon
Dean of HYMS

## 2. The self-assessment process:

## a) The self-assessment team

The Athena SWAN (AS) Self-Assessment Team (SAT) was established in November 2012 in preparation for our Bronze submission. Following the Bronze submission and as reflected in our action plan, the SAT underwent considerable change in order to include those responsible for actions and with sufficient authority and influence to deliver the objectives. The revised SAT (Table 1) was established in early 2014 and includes academics at different stages of their careers, professional support staff also at varying grades, and undergraduate and postgraduate students (Table 1). The feedback from our Bronze submission had recommended including postgraduate students, which we have done. Of the members of our SAT, eight were on our SAT prior to our Bronze award providing some continuity. It includes our Dean (indicating senior management commitment) and the AS project officer who was appointed following our Bronze submission [BAP1].


Some of our SAT members based in York
While this SAT may seem large for a relatively small School, the joint nature of HYMS ${ }^{1}$ across the Universities of Hull and York requires appropriate representation and engagement from both campuses. In response to Bronze award feedback we have included more members from the University of Hull.

AS IMPACT EXAMPLE: we have improved the gender balance on the SAT increased the number of men from $29 \%-37 \%$ since the time of our Bronze submission.

[^0]Table 1: The Self-Assessment Team (SAT)

| Una Macleod (F)* Chair of SAT | Professor and Deputy Dean, works part-time as a GP; is AS Lead and chairs the SAT. |
| :---: | :---: |
| Trevor Sheldon (M)* | Dean of HYMS |
| Victoria Allgar (F) <br> Deputy Chair of SAT | Senior Lecturer, University of York. Following maternity leave in 2008, she returned to work part-time ( $80 \%$ ). She has three primary school aged children. |
| Peter Bazira (M) | Senior Lecturer, University of Hull and the HYMS E\&D champion on the University of Hull's Equality Committee. |
| Heidi Baseler (F) <br> Deputy Chair of SAT | Lecturer, University of York. Returning to full-time academia in 2008 after a career break, she balances work and family life as the sole carer of her two school-age children. |
| Laura Sadofsky (F) | Lecturer, University of Hull, Laura has a primary school aged daughter and is on maternity leave following the birth of her second child in October 2015. |
| Nathalie Signoret (F) | Lecturer, a member of the original University of York Biology department SAT receiving Silver Award in 2007 and Gold in 2014. |
| Louis Bailey (M) | Research Fellow, University of Hull. Co-founder of the Trans Resource Empowerment Centre and former advisor to the Department of Health on transgender health (to Feb 2016). |
| Ahmed Aburima (M) | Research Fellow, University of Hull (from March 2016) |
| Alison Bravington (F) | Part-time PhD student, University of Hull part-time researcher, single mother with two young children. |
| Casey Woodward (M) | PhD student, University of Hull (to Sept 2015) |
| Shamsuddeen Aliyu (M) | PhD student, University of Hull (from March 2016) |
| Jemma Cleminson (F) | Academic Clinical Fellow in Paediatrics, University of York (to Nov 2015) |
| Claire Gilbert (F) | Academic Clinical Fellow in General Practice. Training less than full time trainee since returning to work after maternity leave (from January 2016). |
| Charlotte Thompson (F) | MBBS undergraduate student. Charlotte is a current year 5 student. |
| Alison Pettigrew (F)* | Head of Quality and Standards |
| John Busby (M)* | Chief Operating Officer, HYMS. |
| Claire Ward (F)* | Athena SWAN project officer and Acting Executive Officer for HYMS, she is sole carer for her daughter. |
| Kit Fan (M)* | Academic Programmes Manager \& Secretary of HYMS Board of Studies, has worked full time in HYMS since October 2010. He previously worked at the Higher Education Academy. |
| Dan Parker (M)* | Business Systems Project Lead |
| Corrine Howie (F) | HR Partner for the Science Departments (York), has worked part-time since 2009. |
| Nicki Collinson (F) | HR Advisor, University of Hull |

* These individuals have posts involving responsibilities at both universities.


## b) The self-assessment process

The SAT met two monthly throughout 2014 to implement our Bronze action plan and increased to monthly meetings in 2015 to prepare for this submission. Meetings were themed around the Bronze actions to give time for discussion about implementing the action plan. The group focussed on the delivery of our Bronze actions, collection of data for this submission and addressing more widely issues relating to the AS agenda within the School. Smaller groups met to discuss aspects of the process, e.g., collection and interpretation of staff and student data. The SAT Chair is a member of the HYMS Management Board and, since November 2015 Deputy Dean of HYMS. AS is a standing agenda item on Management Board; written reports on progress are presented every quarter and verbal updates each month. In addition the Dean has a personal objective related to AS, as is standard practice in the York Science Faculty.

Collection of baseline staff data: HYMS, as a joint medical school across two Universities, faced particular challenges in collecting all the staff data required for this application. Different models of working exist in Hull and York with regard to academic staff appointments.

- In York, research active academic staff are embedded within departments that pre-existed the medical school (Archaeology, Biology, Psychology and Health Sciences). All these staff are embedded in departments with an AS award (or applying for one) and included in data presented for their submissions, so the research team members do not appear in the data presented here. It may therefore appear that there are fewer postdoc researchers than would be expected for the number of academic staff
- In Hull, HYMS operates like a traditional Faculty with several smaller units/departments/centres.

Staff experience data from surveys and workshops: Our universities conducted staff surveys in 2014. In order to get a comprehensive picture across the School we convinced the two universities that our staff in both Universities should be invited to complete the Hull Staff survey. Following these results, and to follow up actions in our Bronze action plan, we commissioned an external company to undertake in-depth interviews with staff. We present findings from that work in Section 4. Following the survey and interviews, we thought it important to obtain even richer and more detailed information from staff regarding their experiences, to better understand some of the results and put them in context and to engage with them regarding ways to further improve staff experience. We held three workshops in 2015. [B-AP 21]

Student experience data: We were keen to obtain information from our student body and so we sent separate questionnaires to our undergraduate and postgraduate students in an exercise led by the students on the SAT.

Critical friends: We developed a group of critical friends, all of whom had been part of AS Silver applications. They included Professor Una Martin, University of Birmingham, Professor Annie Young, Warwick Medical School and Dr Louise Bryant, University of Leeds. The University of York established an advisory group of staff experienced in promoting the aims of AS in their departments to provide support and feedback to departments developing applications and we took advantage of their expertise. Two, both in Gold Award departments, provided input into our application as critical friends: Dr Helen Coombs (Chemistry) and Professor Jane Hill (Biology), and a third inputted as a member of our SAT: Corrine Howie (HR). We worked closely with colleagues in Health Sciences (especially Dr Kate Flemming) who are preparing for a Silver Award and with
which we share staff. We also benefit from Fiona Mansfield, our HR Adviser at the University of Hull, being a member of an AS Assessment Panel.

Approval by Management Board: The Action Plan was discussed and approved by the HYMS Management Board, which will continue to receive quarterly reports on delivery of actions.

## c) Plans for the future of the self-assessment team

The SAT will continue to meet two monthly post-submission and will continue to report to Management Board as it works through the implementation of the Silver Action Plan, and will meet in sub-groups to deliver aspects of the Action Plan. We will continue to access the expertise in both our universities (e.g., staff development, student support, HR) as we monitor implementation via the SAT.

## Silver Actions

## AP 1:

Our SAT has a significant majority of women (12:7) so we will proactively invite more men to become members of the SAT as appropriate to represent different work-life challenges and career stages, maintaining existing balance of roles across HYMS.

## 3. A picture of the department:

The Hull York Medical School (HYMS) is a high performing organisation founded in 2003. We use innovative teaching techniques and programmes to lead nationally in medical education - our most recent results in the NSS reflect our commitment with satisfaction currently high - $95 \%$ for overall satisfaction, tenth highest in the rankings. We are developing excellent and sustainable research areas, generating findings of benefit both nationally and to our region.

Our parent universities, the University of York and University of Hull work in collaboration to provide the best experience for all our students and staff. At the University of York, HYMS academic staff are embedded within various departments to enable greater research potentialities. These include staff in the Departments of Biology (Gold Award), Psychology (Silver Award) and Health Sciences (Bronze Award). The University as a whole first obtained a Bronze award in 2006, most recently renewed in 2015.


HYMS building at University of York
Currently a Faculty within the University of Hull, HYMS will soon become a School within a new Faculty of Health Sciences. The University is investing in a $£ 28$ million Health Campus which will include HYMS administration and teaching space. The newly established Institute for Clinical and Applied Health Research will include HYMS research groups and will receive major investment in academic staff that will establish even stronger infrastructures for our research teams. The University of Hull obtained its Bronze award in 2015.


Aerial image of planned Health Campus development at University of Hull, due to open in June 2017.
HYMS is managed at executive level through the HYMS Management Board. Our AS-related plans are closely tied into the HYMS decision-making structures. Academic staff belong to academic centres (in Hull) or are embedded into other departments (in York). The heads of these centres are accountable to the Dean and the HYMS Management Board (Figure 1). Current holders of these senior academic roles are predominately men; over the next few years this must change. Actions to support this are discussed in Section 4 and in the Action plan. Our Strategy specifically aims to encourage and support the development of all staff in their careers, linking with the aims of Athena SWAN to support women in science.

AS IMPACT EXAMPLE: Appointment of female Deputy Dean and female Director of MBBS since Bronze award have changed composition of leadership team.


Academic make up of staff as at 2015

Undergraduate Teaching Programme: The MBBS (Bachelor of Medicine, Bachelor of Surgery) is our flagship degree programme. We offer an innovative undergraduate medical curriculum, shaped by problem-based learning and integrating learning with clinical practice (in hospitals and general practices) from year 1. An illustration of our ethos is shown in a recent programme produced by ITN Productions in association with the Royal Society of Medicine in April 2016 [https://itnproductions.wistia.com/medias/w5ydysbi9m]. We are committed to promoting access to the MBBS throughout our region and offer Widening Participation (WP) programmes to encourage applicants from less advantageous backgrounds. HYMS admits 140 undergraduate MBBS medical students each year (including 11 overseas students), split between the two Universities for the first two years. From year 3, the students rotate around the region to a variety of healthcare settings across three acute NHS trusts and many general practices. We offer a very visible and accessible student support team to help students through their education and fully recognise the importance of all students receiving an equal experience throughout their time with us.

AS IMPACT EXAMPLE: A personal mentor scheme for students was established for students on clinical placements, providing a first point of contact for pastoral and academic support as well as careers' guidance.

Postgraduate Programmes: HYMS has a vibrant postgraduate community: currently 112 research students are undertaking postgraduate research programmes. The School also has a growing postgraduate taught student population since 2010.

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AS IMPACT EXAMPLE: The number of PhD enrolments comparative to
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applications for women has increased

There are currently 31 students undertaking the Postgraduate Certificate in Health Professions Education ${ }^{2}$ and five students undertaking the MSc in Human Anatomy and Evolution. We are recruiting for two new Masters - in Clinical Anatomy and Physician Associate Studies - to start in October 2016.

Research: Both Universities have track records in medical and health-related research; we are able to capitalise on the different expertise of both by facilitating fruitful collaborations, for example, in applied health sciences. Annual performance review processes encourage research staff to consider ambitious future research goals and the School is developing excellent research infrastructures to support this.

[^1]Culture: We aim to perform at the highest standards whilst providing an inclusive and supportive environment for all students, staff and partners. We recognise that the student experience is paramount but that this can only be maintained at exceptional levels by motivated and enthusiastic staff. So we seek to recognise and reward staff and partner contributions and empower our team to perform highly. The School recognizes that it is essential to support the development and progression of all staff, including women in science.


HYMS Christmas lunch 2015

AS IMPACT POINT: In our new strategy (2014-2018) we identified cultural issues including the experience of staff, as critical to delivering our vision to be an
"...organisation which provides an inclusive and supportive environment for all...." (Box 1)

Box 1: Organisation, Culture and Values statements from the HYMS Strategy 2014-18

## We will be a high performing organisation which provides an inclusive and supportive environment for all students, staff and partners

a. We will create a supportive environment, where staff and students are respected and trusted.
b. We will create an environment where staff and students are expected to perform at the highest level of their ability and where peoples' contribution is recognised and valued.
c. We will create highly effective teams, empowered to develop solutions which enable us to achieve our shared goals.
d. We will support the development and progression of all staff, including the careers of women in science to achieve the aims of Athena SWAN.


Figure 1: Leadership structure

## a) Student data

## i) Numbers of males and females on access or foundation courses

Our summer schools, designed to encourage applications to medicine from young people from all backgrounds are an integral part of our WP agenda. These are predominately attended by young women or girls (Figure 2).

Figure 2: Gender profile of students attending HYMS summer schools by attendance year


## ii) Undergraduate male and female numbers - full and part-time MBBS

Overall more women than men are registered on our MBBS programme (56\%, Figure 3) in line with national trends. We have benchmarked these data against national data from ECU's HESA data. In 2013-14, 55.7\% of medicine and dentistry students were female.

We specifically promote women in our prospectus and have female staff and ambassadors at open days and on interview panels.

Figure 3: Number and proportion of student MBBS enrolments by gender


## iii) Postgraduate male and female numbers completing taught courses - full and part-time

## Postgraduate Certificate in Medical Education (PGCME)/Postgraduate Certificate in Health Professional Education (PCHPE) Completions by entry year

B-AP3 reflected that more men than women undertook the PGCME and we made a commitment to monitor gender and explore whether there were barriers to women applicants. As a result, the programme has been redesigned, now a multi-professional curriculum renamed the Postgraduate Certificate in Health Professionals Education (PCHPE) opening it to a much wider cadre of health care professionals, including dentists, nurses and allied health professionals. In order to make access easier for those with family commitments we are developing a fully on-line version and will monitor the gender balance of people who take this up. ${ }^{3}$

[^2]AS IMPACT EXAMPLE: In recent years the gender balance in completions of PCHPE, which now has a female Director, has improved with an increase to $52 \%$ in 2015 (Figure 4).

Figure 4: PGCME (now PCHPE) Completions by gender


## Other postgraduate taught programmes

We also offer an MSc in Human Evolution (2012-14), now Human Anatomy and Evolution. Ten students have completed the course ( $6 \mathrm{~F}, 4 \mathrm{M}$ ).

## iv) Postgraduate male and female numbers on research degrees - full and parttime MSc by thesis, MD and PhD enrolments

Over the last 5 years a higher proportion of females ( $63 \%$ ) are enrolled on the MSc by thesis (Figure 5); a lower number on the MD (38\%) (Figure 6) but equal proportion of males and females (52\%) on the PhD programme (Figure 7).

Figure 5: Proportion of MSc by thesis enrolments by gender


There has been an increase over time in the proportion of female students enrolling on the MD, with more females than males in 2015 (58\%) (Figure 6). This is despite the commonest disciplines being Cardiology and Surgery; within our region $28.4 \%$ of surgical and $22.6 \%$ of cardiology trainees are women. As numbers are small, year on year changes are difficult to interpret but the trend is encouraging.

Figure 6: Proportion of MD enrolments by gender


More women than men have enrolled for PhDs; most recently (2015) there was a much higher proportion of females (64\%). This is largely due to the quality of female applicants to the Hull scholarship scheme, some attracted by our senior female staff. Our overall pattern largely fits with national data - in 2013-14, $56.2 \%$ of PhD students in Medicine and Dentistry were women (HESA student data, ECU website). Eight current students (five women) are registered part-time.

Figure 7: Proportion of PhD enrolments by gender

v) Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees UG applications, offers and enrolments

The MBBS consistently attracts a high proportion of female applicants (Figure 8). In 2014, there was a temporary increase in applications from both male and female applicants, reflecting selection process changes, but this had no impact on gender balance of applicants.

Figure 8: MBBS applications by gender


Consistently over the last 5 years we have made a higher percentage of offers to women than men, with an average offer rate of $55 \%$ (Figure 9). The popularity of our course with high quality female applicants is due to the prominence of female academics in high profile positions within our MBBS, including the MBBS Programme Director, the Academic Lead for Phase 1 and Director of Problem Based Learning.

Figure 9: Proportion of MBBS offers by gender


Overall, $32 \%$ of all applications resulted in an offer; there was a similar offer rate for males and females, with little variation by entry year (Figure 10). Slightly more women than men finally enrol in our course $-56 \%$ over the last five years (Figure 11), consistent with sector data.

Figure 10: Proportion of offers made to MBBS applicants by gender


Figure 11: Proportion of UG enrolments by gender


Men and women are equally likely to enrol following an offer (Figure 12), related to the positive experience at open days, interviews and post offer days.

Figure 12: Proportion of enrolments from UG offers made by gender


Intercalations data: MBBS students have the option to intercalate (usually BSc or MSc). Since 2012, we have had 110 students choosing to intercalate, 56 of whom were women (51\%).

## Postgraduate Certificate in Health Professionals Education (PCHPE) applications, offers and enrolments

Over the last two years more women than men applied for the PGCME/PCHPE (Figure 13) which we consider is a result of redeveloping the programme from PGCME to PCHPE thereby giving access to the course to other health professionals. Similar trends are seen for offers (Figure 14) and enrolments (Figure 15).

Figure 13: Proportion of PGCME/PCHPE applications by gender


Figure 14: Proportion of PGCME/PCHPE offers by gender


Figure 15: Proportion of PGCME/PCHPE enrolments by gender


Figure 16: Proportion of offers made of those who applied for PGCME/PCHPE by gender


No gender disparity is seen in offers (Figure 16) or enrolments following offers (Figure 17). In the most recent year (2015) the proportion of females who enrolled after being made an offer was $85 \%$ compared to $50 \%$ of males. We will continue to re-develop this programme going forward (SAP2).

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AS IMPACT: We redesigned the course and have improved uptake among
women (B-AP3).
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Figure 17: Proportion of enrolments of those made an offer for PGCME/PCHPE applicants by gender


## Other Masters programmes

MSc in Human Anatomy and Evolution: This was renamed from the previous MSc in Human Evolution (2012-2014) from 2014-15 to more clearly signify the anatomical offerings in the course, attract a wider field of applicants, and make the course more appealing to intercalating medical students. We also appointed a woman as the programme lead. This course has attracted mainly women so far but we will continue to monitor and evaluate the appeal of the course.

Table 2: Applications, Offers and Enrolments to MSc in Human Anatomy and Evolution

|  | Applications |  | Offers |  | Enrolments |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Male | Female | Male | Female | Male | Female |
| $\mathbf{2 0 1 4 - 1 5}$ | 2 | $12(86 \%)$ | 2 | $12(86 \%)$ | 0 | $5(100 \%)$ |
| $\mathbf{2 0 1 5 - 1 6}$ | 10 | $10(50 \%)$ | 8 | $9(53 \%)$ | 4 | $4(50 \%)$ |

New programmes: We have two new taught programmes commencing October 2016: MSc in Clinical Anatomy and MSc in Physician Associate Studies.

## Silver Action Points

AP 2:

1. We will develop and implement marketing of PCHPE and to be more inclusive and make the course even more flexible and family friendly by offering a fully distance learning option, and by incorporating more entry dates throughout the year and monitor the gender balance of people who take this up.
2. We will evaluate the impact of $\operatorname{AP2}(1)$ and then seek to apply the same principles more widely if they have a positive impact.

## Research degree applications, offers and enrolments

## MSc by thesis applications, offers and enrolments

Although there have been fewer female applicants overall (Figure 18), they were of excellent calibre, such that females were more likely to receive an offer ( $81 \%$ vs $66 \%$, Figure 20 ) and enrol after receiving an offer ( $100 \%$ vs $53 \%$, Figure 21).

Figure 18: Proportion of applications for MSc by thesis by gender


Figure 19: Proportion of offers for MSc by thesis by gender


Figure 20: Proportion of offers made to MSc by thesis applicants by gender


Figure 21: Proportion of enrolments by offers made to MSc by thesis applicants by gender


## MD applications, offers and enrolments

More men than women apply (Figure 22), receive offers (Figure 23) and end an MD (Figure 24). Female applicants were more likely to receive an offer ( $61 \%$ vs $56 \%$, Figure 25 ) and equal proportion of females and males enrolled after being made an offer, with the exception of 2012 and 2014 (Figure 26). We conclude that women are not disadvantaged in the application process and differences are explained by the clinical specialties of the applicants as described on page 23.

Figure 22: Proportion of applications for MD by gender


Figure 23: Proportion of offers for MD by gender


Figure 24: Proportion of enrolments for MD applicants by gender


Figure 25: Proportion of offers made to MD applicants by gender


Figure 26: Proportion of enrolments from offers made to MD applicants by gender


## PhD applications, offers and enrolments

Female applicants were more likely to receive an offer ( $20 \%$ vs $15 \%$ ), and overall $51 \%$ of enrolments were women (Figure 7). Overall a higher proportion of females than males enrolled after being made an offer ( $83 \%$ vs $77 \%$, Figure 30). We were particularly pleased that of the 2015 applications to the University of Hull PhD Scholarship scheme seven out of eight places (87\%) were awarded to women. For our 2016 cohort six out of nine places ( $66 \%$ ) have been offered to women. Several of these studentships are supervised by women.

Figure 27: Proportion of applications for PhD by gender


Figure 28: Proportion of offers for PhD by gender


Figure 29: Proportion of offers made to PhD applicants by gender


Figure 30: Proportion of enrolments by offers made to PhD applicants by gender


Benchmarking PGR data: 59.8\% of students studying for a PGR degree in medicine and dentistry are female (HESA, 2013/14 data, from ECU website).

AS IMPACT EXAMPLE: In 2015, 10 men and 15 women (60\%) were enrolled in our PGR degrees in line with sector norms (and a shift from 2010 of $42 \%$ women). This is a considerable, gratifying shift and demonstrates the impact of our actions, including ensuring mixed gender representation on interview panels.

## vi) Degree classification by gender

Overall 9\% of women and 8\% of men graduated with honours (high scoring students are awarded honours). In 2013 and 2014 the proportion graduating with honours was higher than in previous years following input from external examiners, but no with gender difference:16\% (18/116) male, $12 \%(21 / 175)$ female., but this was not statistically significant (chi-sq test; $p=0.543)$.

UG Prizes awarded for 2014-15 showed excellent female performance with 13 out of the 22 prizes going to female students


Student awards November 2015, with Baroness Bottomley of Nettlestone, the Chancellor of the University of Hull.

Table 3: Number of graduating MBBS students by year completion and gender

|  | Graduating Numbers |  |  |  | Graduating with Honours |  |  |  | \% Honours |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Year <br> Graduated | Male | Female | Total | $\%$ <br> Female | Male | Female | Total | \% <br> Female | \% Male | $\%$ <br> Female | Total |
| 2011 | 40 | 72 | 112 | 64\% | 0 | 3 | 3 | 100\% | 0\% | 4\% | 3\% |
| 2012 | 62 | 66 | 128 | 52\% | 2 | 4 | 6 | 67\% | 3\% | 6\% | 5\% |
| 2013 | 53 | 91 | 144 | 63\% | 8 | 12 | 20 | 60\% | 15\% | 13\% | 14\% |
| 2014 | 63 | 84 | 147 | 57\% | 10 | 9 | 19 | 47\% | 16\% | 11\% | 13\% |
| 2015 | 68 | 67 | 135 | 50\% | 4 | 5 | 9 | 56\% | 6\% | 7\% | 7\% |
| All | 286 | 380 | 666 | 57\% | 23 | 33 | 57 | 58\% | 8\% | 9\% | 9\% |

Figure 31: Proportion of students who graduated (MBBS) by year and gender


Drop-out rates are consistently low with no gender differences (Table 4).
Table 4: Undergraduate student drop-outs by gender

| Entry <br> Year | Male | Female | Total | \% Female |
| :--- | :---: | :---: | :---: | :---: |
| $\mathbf{2 0 1 2}$ | 5 | 3 | 8 | $38 \%$ |
| $\mathbf{2 0 1 3}$ | 4 | 3 | 7 | $43 \%$ |
| $\mathbf{2 0 1 4}$ | 4 | 4 | 8 | $50 \%$ |
| Total | 13 | 10 | 23 | $43 \%$ |

Women are more likely to complete Postgraduate research degrees than men for all types of degree (Table 5). We will explore reasons for this and intervene (S-AP3)

Table 5: PGR degrees completion rates since 2008

| Degree | Male <br> (complete) | Male <br> (incomplete)* | Female <br> (complete) | Female <br> (incomplete)* |
| :--- | :---: | :---: | :---: | :---: |
| MSc by Thesis | 7 | $4(36 \%)$ | 13 | 0 |
| MD | 12 | $5(29 \%)$ | 10 | $1(10 \%)$ |
| PhD | 14 | $7(33 \%)$ | 16 | $2(12 \%)$ |
| Total | 36 | $16(30 \%)$ | 36 | $3(8 \%)$ |

[^3]
## Silver Action Points

AP 3

1. Explore with former and current PGR students reasons for incompletion of research degree and develop actions based on findings to support current students. Present report to PGR Board.

## b) Staff data

## i) Female:male ratio of academic staff and research staff - researcher, lecturer, senior lecturer, reader, professor (or equivalent).

Over the five years the number of academic staff has increased from 71 in 2010-11 to 106 in 201415 (Table 6). The overall proportion of female staff (Figure 32) has increased every year (from 32\% to $41 \%$ in 2014-15). This reflects considerable continuing effort in recruitment [S-AP4]. There are variations by grade; whilst there is parity for post-docs, there are fewer women than men on higher grades. The reduction in female professors reflects one retirement of an NHS funded academic. There was an increase in the proportion of female lecturers over time from $22 \%$ in 2010-11 to $52 \%$ in 2014-15. Although these numbers are small, the increase in female lecturers demonstrates our commitment to the early part of the pipeline - we have more than doubled the number of lecturers in the period from 2010 to 2015, and now more than half of them are women. It is important that they progress up the career ladder over the coming years, and we have actions to support them [S-AP7].

Benchmarking staff data: In 2013-14, 52.3\% of academic staff in clinical medicine nationally were women (HESA, 2013-14 data, from ECU website).

> AS IMPACT EXAMPLE:
> 1. We have increased the number of female lectures from $22 \%$ to $52 \%$ since 2011.
> 2. The proportion of female clinical academic and research staff has increased from $36 \%$ in 2010-11 to $41 \%$ in 2014-15, representing eight additional female academics. In the same time period there were five additional male academics (from 29-34) (Figure 33, Table 7)

Figure 32: Proportion of female academic and research staff by academic year


Table 6: Number of academic and research staff by academic year

|  |  | Post- <br> Doc | Lecturer | Senior Lecturer | Reader | Professor | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2010-11 | Male | 6 | 7 | 15 | 3 | 17 | 48 |
|  | Female | 8 | 2 | 8 | 2 | 3 | 23 |
| 2011-12 | Male | 9 | 10 | 17 | 3 | 19 | 58 |
|  | Female | 11 | 5 | 10 | 2 | 3 | 31 |
| 2012-13 | Male | 11 | 14 | 18 | 2 | 18 | 63 |
|  | Female | 17 | 8 | 10 | 1 | 3 | 39 |
| 2013-14 | Male | 15 | 13 | 18 | 2 | 19 | 67 |
|  | Female | 15 | 10 | 11 | 1 | 3 | 40 |
| 2014-15 | Male | 14 | 14 | 18 | 2 | 20 | 68 |
|  | Female | 15 | 8 | 9 | 2 | 3 | 37 |

Figure 33: Proportion of female clinical academic and research staff by academic year


Table 7: Number of clinical academic and research staff by academic year

|  |  | Clinical Tutor | Clinical Research Fellow | Clinical <br> Lecturer | Clinical Senior Lecturer | Clinical <br> Reader | Clinical <br> Professor | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2010-11 | Male | 6 | 9 | 1 | 6 | 0 | 7 | 29 |
|  | Female | 7 | 3 | 0 | 4 | 1 | 1 | 16 |
| 2011-12 | Male | 7 | 12 | 3 | 12 | 1 | 13 | 48 |
|  | Female | 9 | 6 | 1 | 5 | 1 | 3 | 25 |
| 2012-13 | Male | 9 | 11 | 4 | 11 | 2 | 13 | 50 |
|  | Female | 10 | 7 | 2 | 5 | 1 | 3 | 28 |
| 2013-14 | Male | 14 | 10 | 3 | 10 | 1 | 13 | 51 |
|  | Female | 9 | 8 | 4 | 4 | 1 | 3 | 29 |
| 2014-15 | Male | 9 | 3 | 2 | 7 | 2 | 11 | 34 |
|  | Female | 10 | 2 | 4 | 5 | 1 | 2 | 24 |

Gender imbalance within higher grades is being addressed by improving promotion and appointment processes. B-AP7 was a response to staff reporting a lack of clarity regarding expectations for promotion; we now hold annual workshops for staff led by members of promotion panels to improve clarity. The HYMS Appraisal/Performance Review form has been updated to include a specific section prompting discussion about promotion. A focus of our Silver AP is to ensure that new appointments help to redress the imbalance. We have appointed Executive Search experts for new senior appointments and this agenda is part of their brief - we expect gender equality in people suggested to us. We also have actions to ensure support for development and promotion of more junior staff [S-AP7].

AS IMPACT EXAMPLE: The first two posts appointed as a result of our new actions are both women (Lecturer in Hull and Clinical Senior Lecturer in York).

## Silver Action Points

## AP 4

1. Review the wording used in all academic and research job advertisements and recruitment documentation for elimination of any gender bias in wording.
2. Conduct job descriptions and advertisement audit to review use of wording and link to outcome of recruitment process.
3. Pro-actively head-hunt potential female applicants, particularly for professorial positions where women are significantly underrepresented.

## Turnover by grade and gender

Table 8: Staff turnover by grade and gender

|  | Female | Male | \% Female |
| :---: | :---: | :---: | :---: |
| 2010-11 |  |  |  |
| Researcher | 1 | 1 | 50\% |
| Research Fellow (Clinical) | 1 | 1 | 50\% |
| Senior Lecturer (Clinical) |  | 1 | 0 |
| TOTAL | 2 | 3 | 40\% |
| 2011-12 |  |  |  |
| Research Fellow (Clinical) |  | 2 | 0 |
| Senior Lecturer (Clinical) | 1 |  | 100\% |
| Reader | 1 |  | 100\% |
| Professor |  | 1 | 0 |
| TOTAL | 2 | 3 | 40\% |
| 2012-13 |  |  |  |
| Lecturer (Clinical) |  | 1 | 0 |
| Researcher | 2 |  | 100\% |
| Research Fellow (Clinical) | 2 | 3 | 40\% |
| Professor (Clinical) |  | 1 | 0 |
| TOTAL | 4 | 5 | 44\% |
| 2013-14 |  |  |  |
| Research Fellow (Clinical) | 6 | 3 | 67\% |
| Lecturer | 1 |  | 100\% |
| Lecturer (Clinical) | 1 | 1 | 50\% |
| Senior Lecturer (Clinical) | 1 | 1 | 50\% |
| Professor (Clinical) |  | 1 | 0 |
| TOTAL | 9 | 6 | 60\% |
| 2014-15 |  |  |  |
| Lecturer (Clinical) | 2 | 2 | 50\% |
| Research Fellow | 1 | 5 | 17\% |
| Research Fellow (Clinical) | 3 | 7 | 30\% |
| Lecturer |  | 2 | 0 |
| Senior Clinical Fellow |  | 1 | 0 |
| Senior Lecturer |  | 1 | 0 |
| Professor | 1 | 2 | 33\% |
| TOTAL | 7 | 21 | 25\% |

Table 8 gives detail by grade and gender for leavers for each of the last 5 years. Table 9 shows the total over the period as numbers are small. For several of these grades we would expect staff to leave as they reach the end of their contracts and progress, for example in the case of clinical research fellows and clinical lecturers. Others have left for personal reasons (female lecturer in 2013-14, female professor in 2014-15- retired and not replaced), or have left for promotion opportunity (female senior lecturer in 2013-14 who left for a Chair appointment).

Table 9: Summary of leavers over 2010-2015

|  | Female | Male | \% Female |
| :--- | :---: | :---: | :---: |
| Lecturer (including clinical) | 4 | 6 | $40 \%$ |
| Research Fellow (including clinical) | 16 | 22 | $42 \%$ |
| Senior Lecturer | 2 | 4 | $33 \%$ |
| Reader and Professor grades | 2 | 5 | $40 \%$ |
| Total | $\mathbf{2 4}$ | $\mathbf{3 7}$ | $\mathbf{4 0 \%}$ |

Benchmarking data: In 2013-14, 51.6\% of leavers in clinical medicine departments were women. We have, therefore had fewer academic women leave over the period than the sector average (HESA staff data, ECU website).

B-AP6 related to us having no exit questionnaire or interview process. We have implemented an exit questionnaire and interview process (Jan 2015) to determine the reasons for staff leaving posts. All staff on open-ended contracts who leave have interviews with the Dean or AS lead. We will analyse the findings from these interviews and implement the findings. We will seek to learn from the exit process and feed findings into staff experience [S-AP5].

## Silver Action Points

AP 5

1. Create new exit process which includes feedback on reasons for leaving and cultural experience of women in the School.
2. AS lead to conduct exit interviews with all academic women leavers.
3. Evaluate exit questionnaire and interview data annually and report to SAT. Identify sub-set of 'red alerts' in reasons leaving (e.g. lack of flexibility, blocks to promotion) and incorporate findings into action plan.

Word count: 2917

## 4. Supporting and advancing women's careers:

## Key career transition points

## i) Job application and success rates by gender and grade

Table 10: Job application and success rate

|  | Applications |  |  | Shortlisting |  |  | Appointment |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Entry <br> year | Male | Female | \% Female of total | Male <br> (\% of apps) | Female <br> (\% of apps) | \% Female of total | Male <br> (\% of apps) | Female <br> (\% of apps) | \% Female of total appointees |
| 2010-11 | 79 | 88 | 53\% | 13 (16\%) | 16 (18\%) | 55\% | 7 (9\%) | 8 (9\%) | 53\% |
| 2011-12 | 92 | 72 | 44\% | 22 (24\%) | 16 (22\%) | 42\% | 6 (6\%) | 6 (8\%) | 50\% |
| 2012-13 | 83 | 60 | 42\% | 34 (41\%) | 22 (37\%) | 39\% | 6 (7\%) | 6 (10\%) | 50\% |
| 2013-14 | 52 | 40 | 43\% | 16 (31\%) | 27 (67\%) | 63\% | 12 (23\%) | 15 (37\%) | 56\% |
| 2014-15 | 49 | 44 | 47\% | 19 (39\%) | 23 (52\%) | 54\% | 6 (12\%) | 11 (25\%) | 66\% |
| Total | 355 | 304 | 46\% | 104 | 104 | 50\% | 31 | 46 | 58\% |

Once women apply they are consistently more likely to be shortlisted and appointed than men (Table 10). However, more men still apply (S -AP5), especially for higher grades (Table 11).

AS IMPACT EXAMPLE: Increased \% of women applicants for posts from 2012, and increased $\%$ of women appointed from $53 \%$ to $66 \%$.

Getting our appointments right is critical to the success of women in our organisation, and our action plan reflects this (S-AP 4, S-AP6).

Table 11: 2014-15 recruitment by grade with \%age

| 2014-15 | Applications |  |  | Shortlisting |  |  | Appointment |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | M | F | $\% \mathrm{~F}$ | M | F | $\% \mathrm{~F}$ | M | F | \%F |
| Grade 6 | 1 | 8 | $(89 \%)$ | 0 | 5 | $(100 \%)$ | 0 | 2 | $(100 \%)$ |
| Grade 7 | 7 | 8 | $(53 \%)$ | 2 | 4 | $(66 \%)$ | 0 | 2 | $(100 \%)$ |
| Grade 8 | 5 | 4 | $(44 \%)$ | 2 | 3 | $(60 \%)$ | 0 | 1 | $(100 \%)$ |
| Grade 9 | 2 | 4 | $(66 \%)$ | 1 | 0 |  | 0 | 0 | 0 |
| Grade 10 | 4 | 1 | $(20 \%)$ | 2 | 0 |  | 1 | 0 | 0 |
| Clinical <br> Researcher | 30 | 19 | $(39 \%)$ | 12 | 11 | $(48 \%)$ | 5 | 6 | $(54 \%)$ |

## Silver Action Points

## AP 6:

1. Offer less than full time options in recruitment where possible, and make this clear on the documentation.
2. Offer at least one female contact when recruiting for posts where possible.
3. Interview women candidates we have appointed to obtain their reflections on the process.

## ii) Applications for promotion and success rates by gender and grade

There were 17 applications (seven women, ten men) for promotion across all grades between 2011 and 2016 (Table 12). Women applicants have been more successful (four women/57\%) than men (two men/20\%) in achieving promotion, reflecting the support given to women applying for promotion. All women applicants in the last 3 years succeeded. One distinctive feature is the small number of senior lecturer applications by lecturers. They are a key element in our pipeline and it is critical that we focus on preparing lecturers for promotion over the next 2-3 years [S-AP7].

Table 12: Promotions: applications and outcomes

| Lecturer to S/L |  | S/L to Reader |  | Reader to Prof |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
|  | M | F | M | F | M | F |
| 2011-2012 |  |  |  |  |  |  |
| Applied | 1 | 1 | 0 | 1 | 1 | 0 |
| Promoted | 1 | 0 |  | 0 | 1 |  |
| 2012-2013 |  |  |  |  |  |  |
| Applied | 0 | 0 | 2 | 1 | 0 | 0 |
| Promoted |  |  | 1 | 0 |  |  |
| 2013-2014 |  |  |  |  |  |  |
| Applied | 0 | 1 | 1 | 1 | 0 | 0 |
| Promoted |  | 1 | 1 | 1 |  |  |
| 2014-2015 |  |  |  |  |  |  |
| Applied | 0 | 0 | 2 | 1 | 0 | 0 |
| Promoted |  |  | 0 | 1 |  |  |
| 2015-2016 |  |  |  |  |  |  |
| Applied | 0 | 0 | 3 | 1 | 0 | 0 |
| Promoted |  |  | 0 | 1 |  |  |
| Totals (2011-16) |  |  |  |  |  |  |
| Applied | 1 | 2 | 8 | 5 | 1 | 0 |
| Promoted | 1 | 1 | 2 | 3 | 1 | 0 |

AS Impact Example: Identifying applicants is now embedded in our appraisal process, [B-AP7] making academics more confident to apply. Over the last three years all the women who applied for promotion were successful. Promotion workshops held in both Hull and York [B-AP7] prior to the 2014-15 round were particularly popular with women (5/9 in York and 6/8 in Hull were women).

## Silver Action Points

AP 7

1. Develop focussed promotions workshops relevant for particular staff groups (e.g. lecturers).
2. At start of the promotion rounds the Dean to review all potential applicants.
3. Appraisers to feed back to the Dean on potential promotion applicants:

- How long in grade
- Whether objectives met
- Actions to get them to next level

4. Introduce supportive follow up and mentoring of those who apply for promotion and are unsuccessful.
5. We will support the promotion process by providing individual bespoke support and feedback to those going through the promotions process.

In order to understand opportunities for women to contribute to activities leading to promotion, we reviewed our REF submission data and the gender distribution on grant applications especially at researcher and lecturer level [B-AP10]. As Table 13 shows, overall a higher percentage of eligible women than men were returned in the REF.

Table 13: Academic staff returned in REF in 2014

|  | No of male <br> returnable staff | No. of Male Staff <br> returned | No of female <br> returnable staff | No. of Female <br> Staff returned |
| :--- | :---: | :---: | :---: | :---: |
| Hull | 25 | $12(48 \%)$ | 7 | $6(86 \%)$ |
| York | 16 | $10(62 \%)$ | 11 | $6(55 \%)$ |
| TOTAL | $\mathbf{4 1}$ | $\mathbf{2 2 ( 5 4 \% )}$ | $\mathbf{1 8}$ | $\mathbf{1 2 ( 6 7 \% )}$ |

We also reviewed the M:F ratio of non-professorial Principal Investigator (PI) and Co-applicants (Co-I) on grants over the last three years in Hull and found that :

- 20 non-professorial men submitted 70 PI grants ( 3.5 each)
- 11 non-professorial women submitted 21 PI grants (1.9 each)
- 9 male and 9 female research fellows or lecturers submitted PI grants
- $17 / 41(41 \%)$ of grants included women co-applicants from 25 members of staff, 11 of whom are women (44\%).

Adjusting from data in Table 6, 41\% of our non-professorial staff are women. We will review grant application opportunities with women researchers during appraisal, develop an ECR writing group
(S-AP8) and continue to monitor these data and respond to them. We will also review the amount requested by gender.

## i) Recruitment of staff

New posts are advertised via both Universities and the appointment process facilitated and overseen by the respective HR department in line with their similar equal opportunities policies. Where appropriate, flexible working polices and opportunities for part-time working are advertised [S-AP4]. Our Bronze submission reflected that we still had some single gender panels [B-AP8], an issue that has since been addressed with input from HR departments. All our interview panels are mixed gender and the gender balance is actively monitored by our HR departments. Staff are not permitted to sit on interview panels until they have undertaken mandatory training (and refreshed three yearly) on unconscious bias, gender equality, recruitment polices and interviewing. HR review these data and inform the HYMS Executive Office of any issues.

## ii) Support for staff at key career transition points

Mentoring: Mentoring has been identified as critically important in providing support for career planning and promotion. Following a staff survey in 2013, in which many staff expressed a desire to undergo mentoring, a programme was set up in 2014 to train and match mentors with those staff members interested in being mentored. As a result, 8 women and 3 men have been successfully matched with senior staff mentors, $70 \%$ of whom are women. This includes early career researchers and professional support staff. [B-AP9] We have evaluated this programme and respondents have identified personal gain from it.

> AS IMPACT EXAMPLE: One of the female senior lecturers mentored via our programme was promoted to Reader last year (case study 1, page 81). Others have identified how the mentoring programme has enabled them to take forward their own personal development by accessing specific development programmes.

We will continue to develop and evaluate our mentoring programme and refine it based on feedback from mentees.

## Silver Action Points

## AP 8:

1. Promote the mentoring programme to female members of staff and select female mentors from both within and outside of the University who can serve as role models and professional contacts for issues/advice arising.
2. Evaluate established mentoring programme.
3. Increase number of mentors each year and encourage mentees to become mentors.
4. Identify and encourage women to attend leadership programmes, such as Aurora, Power (Hull) (for example, by freeing up time to commit to the activities of programmes).
5. Perform regular review of training and development opportunities to ensure that they remain adapted to staff needs and changes in their career (e.g. from full time to part time employment, changes in roles, career progression, etc.) to be discussed at appraisal/performance review meetings.
6. Develop early career researcher (ECR) grant writing group.
7. Continue to monitor PI and Co-I grant applications by gender, including analysing the amount requested by gender.

Appraisal: We have reviewed our appraisal process [B-AP11] requiring that appraisers undertake mandatory training, and incorporating questions about readiness for progression and opportunities for development to ensure that these issues are discussed within appraisal. Staff development needs are then reported from that process to the Executive Office for review by the Dean.

Leadership training: Training courses on leadership, management, and research career development are organised by both our universities (HYMS staff can access training from both universities irrespective of their parent university). These courses are regularly promoted within HYMS to encourage uptake by staff. In addition, bespoke courses have been arranged to meet the needs of ECRs [B-AP14]. Female academics who have accessed training have given positive feedback. One of our lecturers has attended the Aurora leadership programme and we are actively seeking to support others. In our Bronze application, we reported that staff felt that the process to access Staff Development funds was unclear and reactive. We committed [B-AP13] to conducting an equality impact assessment regarding the use of Staff Development funds. Tables 14 and 15 show that women are at least as likely as men to apply for and receive staff development funds

Table 14: Staff development applicants and applications by gender

| Gender | Role/grade | 2012-13 |  | 2013-14 |  | 2014-15 |  | Total no. of applications (female) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | No. of applicants | No. of applications | No. of applicants | No. of applications | No. of applicants | No. of applications |  |
| Female | Professor or senior academic* | 3 | 12 | 4 | 6 | 4 | 5 | 23 |
|  | Lecturer/Senior lecturer | 8 | 15 | 9 | 18 | 9 | 21 | 54 |
|  | ECRs | 4 | 7 | 6 | 8 | 6 | 7 | 22 |
|  | Total | 15 | 34 | 19 | 32 | 19 | 33 | 99 |
| Male | Professor or senior academic | 7 | 15 | 3 | 14 | 7 | 14 | 43 |
|  | Lecturer/Senior lecturer | 10 | 19 | 7 | 19 | 11 | 22 | 60 |
|  | ECRs | 5 | 10 | 3 | 3 | 3 | 5 | 18 |
|  | Total | 22 | 44 | 13 | 36 | 21 | 41 | 121 |

*'Senior academic' includes Directors of programmes
Over the past three years $45 \%$ of applications (99/220) for staff development activities have been from female academics (Table 14) ( $41 \%$ of our staff are female, Table 6). Although fewer applications are made by ECRs, these data report applications to the central staff development budget and do not reflect research grant activities. Female applicants are consistently more likely to be successful than male applicants (Table 15).

Table 15: Staff development successful applications by gender

| Gender | Role/grade | 2012-13 |  | 2013-14 |  | 2014-15 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | No. of applicants | successful funding | No. of applicants | successful funding | No. of applicants | successful funding |
| Female | Professor or senior academic* | 3 | 1 | 4 | 2 | 4 | 2 |
|  | Lecturer/Senior lecturer | 8 | 8 | 9 | 7 | 9 | 8 |
|  | Research Fellow or below | 4 | 4 | 6 | 6 | 6 | 5 |
|  | Total | 15 | 13 (87\%) | 19 | 15 (79\%) | 19 | 15 (79\%) |
| Male | Professor or senior academic | 7 | 6 | 3 | 3 | 7 | 2 |
|  | Lecturer/Senior lecturer | 10 | 8 | 7 | 3 | 11 | 7 |
|  | Research Fellow or below | 5 | 5 | 3 | 3 | 3 | 3 |
|  | Total | 22 | 17 (77\%) | 13 | 9 (69\%) | 21 | 12 (57\%) |

*'Senior academic' includes Directors of programmes
Consistently across recent surveys about $75 \%$ of our staff report being satisfied with their current level of learning and development, and $78 \%$ report they received sufficient training to enable them to do their job well. Women are more likely to participate, but less satisfied with what is offered (Table 16). We will seek to improve this through targeted training and development activities and in particular, ensure women feel they have sufficient training to do their job well [SAP8].

Table 16: Staff Survey views on training and development (2014 university staff survey)

|  | $\mathbf{M} \%(\mathbf{n}=\mathbf{3 8})$ | $\mathbf{F} \%$ ( $\mathbf{n = 2 4}$ ) |
| :--- | :---: | :---: |
| Overall learning and development has helped me to do my job more <br> effectively | 79 | 67 |
| I feel that I am given the same opportunities to develop as other <br> staff | 79 | 77 |
| I am satisfied with my current level of learning and development | 88 | 73 |
| I have received sufficient training to enable me to do my job well | 94 | 77 |
| In the past 12 months, have you taken part in any type of training, <br> learning or development paid for or provided by the University? | 58 | 67 |

Academic Women's Groups: Both universities have groups that support and discuss women's issues in academia - Minerva, the Academic Network for Women at Hull, and the Women's Forum at York. This year, the Women's Forum at York met with the Registrar to discuss proposed amendments to promotions criteria and with the Vice-Chancellor to discuss 'lad culture' and the treatment of women within the student and staff population at York.

The University of Hull have a new initiate: PoWER - Programme for Women Achieving Excellence in Research to which the HYMS academics have been invited. The programme is designed to improve knowledge and skills and build confidence and so enhance motivation and support goal setting.

Prize for Women in Science: In 2014 we established Prizes for Women in Science [B-AP23] for staff and students. The main purpose of this scheme is to celebrate excellence in our academic community, and to impact on the careers of the individuals, since markers of esteem such as prizes are important. Each of these prizes goes to the woman the panel considers to have made the greatest achievement, taking into consideration her career stage. Nominations are made by any member of academic or honorary staff on the basis of significant contribution in one or more of the following: publication(s), research grant award(s), marker(s) of significant contribution to education programme development, overall profile (e.g. invitations to give prestigious lectures, media presence), impact of research. The prize includes being invited to give a public seminar to HYMS staff, students and invited guests. Five prizes have been awarded in the last two years.

AS IMPACT EXAMPLE: The first round of this scheme resulted in three winners: a member of academic staff, a postgraduate and undergraduate student. The impact of this scheme can be seen in the comments made by our award winners (Box 2)

Box 2: Responses from Prize for Women in Science Award Winners

## Shirley SZE (postgraduate student prize winner)

The award is certainly beneficial for my future job application - which is especially true for doctors like me who are looking to work towards an academic career as academic jobs are usually very competitive, and any sort of recognition for the research work that one has done during medical school or the early career years would definitely strengthen one's CV.


## Trish Green (staff prize winner)

Receiving the award for the pursuit of academic interests outside my role as Research Fellow in HYMS was of great value to me. I felt, and continue to feel, fully supported by the SEDA Research and Admin team. Although the prize was also rather daunting in that I had to give a one hour seminar on my work, the event went really well and I enjoyed it!
(Trish Green with Professor Una Macleod, Deputy Dean and Chair of SAT.)

Olivia Smith (undergraduate prize winner) (pictured, right, with Trevor Sheldon, Dean of HYMS)

I absolutely think that the Athena SWAN Award is worthwhile and I am delighted to hear that you are putting together a submission for a silver award. I know that other institutions such as UCL already have this as well as other departments within York University and it is an award that I believe HYMS truly deserves because this institution is so committed to science and also tackling the very real issue of gender equality in higher education. It would be brilliant if HYMS was awarded this at an
 institutional level.

On an individual level this award was worthwhile for me. I was surprised but also really happy to be given it. Sometimes it is nice psychologically and, more broadly, to be recognised for an academic achievement, however small or great. The award and events surrounding it also create a platform for others to discuss their work and create new ideas. Moreover, I believe it will show future employers a level of commitment to medicine - I think this award has already made a difference e.g. aiding in applications for my current MSc. programme and it will continue to do so with FPAS applications and academic foundation placements.
I hope this feedback helps in some way. I think it is wonderful that HYMS is applying for this and I hope that you are successful.

## Career development

## i) Promotion and career development

Staff apply for promotion to their employing university. To encourage ECRs and increase understanding of promotions processes, all academic staff have been invited to promotions workshops. Promotion related questions were added to the HYMS appraisal form [B-AP7] to encourage specific discussion about promotion. As HYMS staff may engage in research, teaching, administrative, pastoral and outreach duties both within HYMS as well as in their host department, line managers ensure that workloads are balanced, particularly across genders. The Dean of HYMS, the Heads of HYMS Centres and/or the Head of the host department for York staff are involved in the promotions application process, identifying candidates and writing letters of support to ensure this mixed workload model is taken into account.

In 2015, bespoke career development workshops were arranged for ECRs, to help them better understand the knowledge, behaviours and attributes required to progress in a research career. In addition, the workshops encouraged researchers to take responsibility for their own career development by engaging in focussed discussions with their research leader or line manager to build their professional profile through their current work. Although all researchers were invited to these, more women than men attended ( $6 / 8$ and $7 / 7$ attendees at two workshops were women). We will continue to offer these [S-AP7] and will develop an early career researcher grant writing group [S-AP8].

At the beginning of each promotion round, the Dean and SAT Chair consider all female staff and who may be encouraged to apply.

AS IMPACT EXAMPLE: Two-thirds of applicants for the current Hull promotion round are women and both have been successful.

## ii) Induction and training

The HYMS Induction process has been reviewed and revised in the past year [B-AP12]. Staff are introduced to career development opportunities at both institutions (HYMS staff can access courses at both York and Hull) and their development needs reviewed. Flexible working polices are explained, and staff are directed to compulsory Equality and Diversity training resources, which include gender equality training.

The needs of staff are reviewed regularly during employment, mainly linked into the appraisal and review process. Staff have regular review of training and development opportunities to make sure they remain adapted to their specific needs, which evolve according to changes in their career.

## iii) Support for female students

We sent a questionnaire to our undergraduate students to obtain information about their experience, both in terms of career and culture. Students reported equal opportunities for men and women (49/57, 86\%). However there were a few accounts (single figures) of sexist attitudes encountered in clinical placements. We will engage with our Trusts and clinical educational
supervisors about this to ensure that all students have a positive experience when on clinical placement with respect to gender issues [S-AP9].

## AS IMPACT EXAMPLES:

1. Our surgical student society recently hosted Addenbrookes' first female Consultant Neurosurgeon, Miss Helen Fernandes, as the guest speaker at their conference
2. The Dean has inaugurated a leadership stream working with MBBS students from several years and facilitating access and development by senior women; (4/5 committee members are women).

## Silver Action points

## AP 9:

1. Invite female clinicians to lead workshops and seminars with students in order to inspire confidence and to highlight opportunities for women in these fields.
2. Monitor exposure of Phase 1 students to female lecturers. Develop action plan to improve number of women lecturers where appropriate.
3. Ensure INSPIRE programme involves our female academics.
4. Ensure that gender diversity training is up to date for our educational supervisors.
5. Engage with our NHS Trusts' PG Med Ed departments regarding gender stereotyping.
6. Empower students to come forward if encounter gender stereotyping in Trusts. Identify and talk to individuals responsible.
7. Hold event for 4th year MBBS students to promote academic training programme. Look at gender balance of attendees and monitor over time.
8. Roll out leadership initiative among MBBS students.

In 2014, we set up a new student personal mentor scheme for all students in the clinical placements years. The personal mentor offers pastoral and academic support and careers' guidance to students on clinical placements. Mentors are the first point of contact for routine welfare support. Female students can request a female mentor and some have been specifically allocated a female mentor to support specific needs.

> AS IMPACT EXAMPLE: Feedback from the initial cohort of students mentored indicates that several female students with specific issues (e.g. health or family-related issues) were well supported and advised/signposted by their mentors in the run up to the end-of-year exams.

We hold an INSPIRE award from the Academy of Medical Sciences which supports activities to encourage undergraduates to explore research and consider academic careers. A female academic leads this programme, and female academics contribute to all the events. In 2014-15
the gender split at the activities offered was: Christmas Career Fair: 4M+4F, summer workshop: $4 \mathrm{M}+4 \mathrm{~F}$, summer research projects, $2 \mathrm{M}+4 \mathrm{~F}$, thus, female students are engaging with this programme as much as male students.


INSPIRE event 2015

We hold an annual Postgraduate Research Conference. The one-day conference consists of a series of presentations by postgraduate students. It is organised by a female lecturer and female administrator with support from students. The keynote address last year was given by Professor Deborah Smith, Pro-Vice Chancellor for Research at University of York, who provided inspiration and encouragement to women to pursue a career in research. In addition, awards were given in three categories: best long talk, best 3-minute thesis presentation and best poster.

AS IMPACT EXAMPLE: All three awards in 2015 went to women PhD students for
outstanding presentations.

Gill Buchanan winner of best oral presentation with Professor Smith


Mufuliat Adesanya winner of poster presentation with the Dean and Professor Deborah Smith, PVC Research University of York

We sent a questionnaire to our postgraduate students [B-AP15]; 19 students responded ( $6 \mathrm{M}, 13 \mathrm{~F}$ ). Two questions related to development: "I have had adequate careers guidance during my postgraduate studies" and "I know what I want to do after my postgraduate studies" and the median scores were 6 and 7 respectively ( $1-10$ scale, $10=$ 'strongly agree'). There was more variation in the female scores than the male scores (Figure 34). The scores for supervision are generally high and that reflects our six-monthly independent review of supervisory experience for every PG research student. However, of our 48 female students, only 32 (67\%) have a female academic on their Thesis Advisory Panel. S-AP10 reflects our responses to these data; 1 and 4 will be led by the PGR members of our SAT.

Figure 34: Boxplot of scores from the postgraduate survey


## Silver Action Points

AP 10

1. Create a women's postgraduate forum in order to support our female postgrads and prepare them for a research career.
2. Include gender awareness issues within postgraduate supervisor training sessions.
3. Ensure all postgraduate research female students have a female member of their Thesis Advisory Panel or if this is not possible access to a female mentor.
4. Conduct focus groups with female PG students to identify specific issues that can be addressed to assist with work life balance and flexibility issues.

## Organisation and culture

## i) Male and female representation on committees

B-AP17 reflected that many of our committees were male dominated. We have made a determined effort to address this. Data showing membership of our main decision making committees (Table 17) need to be viewed in the context of the fact that only $35 \%$ of all our academic staff are women (Table 6). Four of the seven key committees have at least $50 \%$ women membership and four have female chairs (Table 17).

## AS IMPACT EXAMPLES:

- In 2011, 17\% of committees were chaired by women; by 2015 4/7 (57\%)
- No committees are devoid of women members
- Management Board was 29\% female in 2011 and is now 50\% female and chaired by the female Deputy Dean in the Dean's absence.

We want to continue to succession plan and to offer development roles to women, so we have begun to appoint deputy chairs to committees, and where possible, to identify suitable women for these roles [S-AP11].

Our B-AP2 reflected that women reported they felt they were not listened to as much as the men on Committees. We organised bespoke training for our Committee chairs and secretariat which included aspects of unconscious bias and the role of the Chair in involving the whole Committee.

## Silver Action Points

AP 11:

1. Introduce deputy roles where appropriate.
2. Encourage women to train and prepare for such roles.
3. Ensure open competition for such roles.

Table 17：Committee membership

|  | 2011 |  |  |  | 2012 |  |  |  | 2013 |  |  |  | 2014 |  |  |  | 2015 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | － | $\frac{0}{\frac{0}{10}}$ | O $\stackrel{0}{0}$ $\stackrel{1}{0}$ 4 |  |  | $\frac{0}{\frac{0}{0}}$ | $\frac{1}{0}$ $\stackrel{1}{\Sigma}$ $\underset{\sim}{0}$ | ภ〇 | $\begin{aligned} & \text { İ } \\ & \text { 工 } \\ & \hline \end{aligned}$ | $\frac{0}{\frac{0}{0}}$ |  | $\frac{0}{10}$ $\stackrel{y}{0}$ $\frac{1}{20}$ o | $\begin{aligned} & \text { İ } \\ & \text { 工 } \\ & \hline \end{aligned}$ | $\frac{0}{10}$ | $$ | ภ〇 $\frac{\frac{0}{0}}{\sum_{\substack{0}}^{4}}$ | － | $\frac{0}{\frac{1}{0}}$ |  | ว〇 $\frac{0}{0} \sum_{\substack{0}}^{\substack{1}}$ |
| Management Board | M | 12 | 5 | 29\％ | M | 17 | 6 | 26\％ | M | 7 | 5 | 42\％ | M | 6 | 8 | 57\％ | M | 7 | 7 | 50\％ |
| Board of Studies | M | 16 | 7 | 30\％ | M | 13 | 8 | 38\％ | M | 19 | 8 | 30\％ | M | 17 | 12 | 41\％ | M | 20 | 14 | 41\％ |
| Ethics Committee | M | 8 | 4 | 33\％ | M | 6 | 6 | 50\％ | M | 6 | 7 | 54\％ | F | 7 | 5 | 42\％ | F | 5 | 6 | 55\％ |
| Intercalated Board of Examiners | F | 6 | 2 | 25\％ | F | 7 | 1 | 15\％ | F | 7 | 2 | 22\％ | M | 5 | 2 | 29\％ | M | 5 | 2 | 29\％ |
| MBBS Programme Board | M | 17 | 7 | 29\％ | M | 6 | 5 | 45\％ | M | 6 | 6 | 59\％ | F | 8 | 8 | 59\％ | F | 8 | 6 | 43\％ |
| Fitness to Practise Committee | M | 6 | 3 | 33\％ | M | 6 | 2 | 25\％ | F | 6 | 3 | 33\％ | F | 4 | 7 | 64\％ | F | 5 | 11 | 69\％ |
| Athena SWAN SAT | － | － | － |  | － | － | － |  | F | 4 | 12 | 75\％ | F | 6 | 13 | 68\％ | F | 6 | 14 | 70\％ |

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

Table 18: Female:male ratio of academic and research staff on fixed term contracts and open ended contracts

| Year and Contract Type | Female | Male | Total | \% Female |
| :---: | :---: | :---: | :---: | :---: |
| 2011 |  |  |  |  |
| Fixed Term Contract Open-ended Contract Total | $\begin{array}{\|l\|} \hline 5 \\ 22 \\ 27 \\ \hline \end{array}$ | $\begin{aligned} & 12 \\ & 37 \\ & 49 \end{aligned}$ | $\begin{array}{\|l} \hline 17 \\ 59 \\ 76 \\ \hline \end{array}$ | $\begin{aligned} & 29 \% \\ & 37 \% \\ & 36 \% \\ & \hline \end{aligned}$ |
| \% Fixed Term <br> \% Open-ended | $\begin{aligned} & \text { 19\% } \\ & 81 \% \end{aligned}$ | $\begin{aligned} & 25 \% \\ & 76 \% \end{aligned}$ | $\begin{aligned} & 22 \% \\ & 78 \% \end{aligned}$ |  |
| 2012 | Female | Male | Total | \% Female |
| Fixed Term Contract Open-ended Contract Total | $\begin{array}{\|l\|} \hline 14 \\ 31 \\ 45 \\ \hline \end{array}$ | $\begin{aligned} & 16 \\ & 58 \\ & 74 \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|} \hline 30 \\ 89 \\ 119 \end{array}$ | $\begin{aligned} & \hline 47 \% \\ & 35 \% \\ & 38 \% \end{aligned}$ |
| \% Fixed Term <br> \% Open-ended | $\begin{array}{\|l\|} \hline 31 \% \\ 69 \% \end{array}$ | $\begin{aligned} & 22 \% \\ & 78 \% \end{aligned}$ | $\begin{aligned} & 25 \% \\ & 75 \% \end{aligned}$ |  |
| 2013 | Female | Male | Total | \% Female |
| Fixed Term Contract <br> Open-ended Contract <br> Total | $\begin{array}{\|l\|} \hline 19 \\ 34 \\ 53 \end{array}$ | $\begin{aligned} & \hline 29 \\ & 57 \\ & 86 \end{aligned}$ | $\begin{array}{\|l\|} \hline 48 \\ 91 \\ 139 \\ \hline \end{array}$ | $\begin{aligned} & \hline 40 \% \\ & 37 \% \\ & 38 \% \end{aligned}$ |
| \% Fixed Term <br> \% Open-ended | $\begin{array}{\|l\|} \hline 36 \% \\ 64 \% \end{array}$ | $\begin{aligned} & 34 \% \\ & 66 \% \end{aligned}$ | $\begin{aligned} & 35 \% \\ & 65 \% \end{aligned}$ |  |
| 2014 | Female | Male | Total | \% Female |
| Fixed Term Contract Open-ended Contract Total | $\begin{array}{\|l\|} 34 \\ 35 \\ 69 \\ \hline \end{array}$ | $\begin{aligned} & 35 \\ & 61 \\ & 96 \end{aligned}$ | $\begin{aligned} & 69 \\ & 96 \\ & 165 \\ & \hline \end{aligned}$ | $\begin{aligned} & 49 \% \\ & 36 \% \\ & 42 \% \\ & \hline \end{aligned}$ |
| \% Fixed Term <br> \% Open-ended | $\begin{aligned} & 49 \% \\ & 50 \% \end{aligned}$ | $\begin{aligned} & 36 \% \\ & 63 \% \end{aligned}$ | $\begin{aligned} & 42 \% \\ & 58 \% \end{aligned}$ |  |
| 2015 | Female | Male | Total | \% Female |
| Fixed Term Contract <br> Open-ended Contract <br> Total | $\begin{array}{\|l} 23 \\ 30 \\ 53 \end{array}$ | $\begin{aligned} & 25 \\ & 54 \\ & 79 \end{aligned}$ | $\begin{array}{\|l} \hline 48 \\ 84 \\ 132 \end{array}$ | $\begin{aligned} & 48 \% \\ & 36 \% \\ & 40 \% \end{aligned}$ |
| \% Fixed Term <br> \% Open-ended | $\begin{aligned} & \hline 43 \% \\ & 57 \% \end{aligned}$ | $\begin{aligned} & 32 \% \\ & 68 \% \end{aligned}$ | $\begin{aligned} & 36 \% \\ & 64 \% \end{aligned}$ |  |

The increase in fixed term contracts (both genders) (Table 18) reflects increased research activity among Hull researchers resulting in more fixed term appointments of research grant funded colleagues. Both universities have active redeployment policies starting more than six months prior to the end of fixed term appointments. This involves the HR departments, the line-manager and the HYMS Executive Office who monitor activity and the Chief Operating Officer who engages directly with the line-managers. Both universities have researcher development programmes which are particularly focussed on the needs of ECRs and we encourage our staff to attend these.

Benchmarking data: $43 \%$ of women and $57 \%$ of men are on open-ended contracts (Clinical medicine HESA, 2013-14 data, ECU website). In 2015 our statistics were better than that with $57 \%$ of our women and $68 \%$ of our men were on open-ended contracts.

AS IMPACT EXAMPLE: Five female research fellows in one of our research groups have had contracts extended in the last six months.

In line with our B-AP18 our HR departments conducted equal pay audits. In order to ensure equal pay both Universities have robust policies for agreeing starting salaries; we consult HR before making offers above the minimum on the scale to ensure it is fair and equitable. When promoted, pay is not negotiable - staff are moved to the bottom point or receive one increment if there is an overlap between their current salary and the bottom point.

## iii) Representation on decision-making committees

The internal committees with greatest responsibility for making decisions are Management Board, Board of Studies and the MBBS Programme Board. Two of these committees are chaired by men, but both have female deputies, so offering experience of chairing in the absence of the Chair and/or as preparation for the role (Management Board and Board of Studies). In some instances, committee membership is related to an individual's substantive role, but other vacancies are advertised internally and females encouraged to apply, whilst being mindful of not overburdening female staff in our goal of equalising female positions of responsibility. Interviews are held, usually involving the Dean and other appropriate senior colleagues and the panels always have strong female representation.


Screenshot from Boomerang, our intranet news site advertising a recent vacancy for Chair of Board of Studies.

Some of our senior female academics sit on university committees, including Senate, Graduate Board, Faculty of Science, Animal Welfare and Ethical Review Body; others on national committees including National Cancer Research Institute clinical studies groups (three people), Council of Primate Society of Great Britain, research committee of the British Cardiovascular Intervention Society. Several have received prestigious invitations to give lectures/key notes addresses including in Australia, Belgium, Brazil, China, Denmark, Lithuania, Norway, Poland, Portugal, Spain, Sweden, and the USA. One example of particular note is that Miriam Johnson, Professor of Palliative Medicine was awarded the Winston Churchill Memorial Travelling Fellowship in 2015 to develop collaborations in Australia. These invitations are important for the reputation of a small medical school like HYMS and we seek to support women to attend where possible by freeing up commitments and ensuring financial support (Tables 14,15).

We have actively been considering our Workload Model (WLM) and have embarked on a programme of work to implement this as per B-AP19. This is further developed in S-AP12.

The workload allocation for academic staff is somewhat complicated due to working across two universities. Progress has been slower than anticipated due to developments within our Universities, however we have agreed that all academic staff should all have a WLM agreed during academic year 2016-17, reflecting their employing university. We are engaged in ongoing work to match specialist roles within the medical school so that these are fairly reflected in the WLM.

The main aims of our WLM development are to:

- Ensure fairness in workload across the medical school and allow gender analysis of workload
- Prevent a few colleagues being over-loaded with administrative/collegiate responsibilities
- Provide a transparent mechanism to adjust responsibilities of colleagues in response to periods of sickness, maternity leave etc
- Provide a transparent mechanism to support new starters.

Although our Hull based staff have not had a formal WLM to date, attention has been paid to workload. Staff workload is managed within the academic centres, workloads are discussed individually at appraisal and changes made as appropriate. Workload is adjusted accordingly for staff working reduced or part-time hours because of caring responsibilities. Pastoral care and administrative responsibilities are also considered. Where issues of excessive workload are raised, every effort is made to consider workload with the staff member or individual to seek ways to rebalance their responsibilities.

Appointments to more substantial academic management or leadership roles are made following internal advertisements to all staff rather than by allocation. Role descriptors are prepared which include a time allowance, which offsets other expectations of the role-holder. Terms of office are usually for a specified duration but may be revised with agreement where necessary. This approach encourages those wishing to develop specialism and alleviates any unintended bias which could occur if duties were simply allocated.

## Silver Action Points

## AP 12:

1. Ensure all academic staff have workload agreed within academic year 2016-17 in line with their employing university.
2. Use workload model as a tool to ensure academic staff have opportunities to build towards promotion and are not overloaded by excessive Committee work.

## Timing of departmental meetings and social gatherings

We committed ourselves to moving our main committees and $75 \%$ of all committees to the hours between 10am and 4pm in our Bronze submission [B-AP20], except where this is problematic for certain staff attending these Committees, e.g. NHS colleagues. By 2015, we achieved $80 \%(19 / 24)$ of committee meetings within these hours. Wherever possible regular meetings are scheduled a year in advance to help with planning, and clinical colleagues are given a minimum of 12 weeks' notice of meetings to allow them time to adjust clinical commitments as necessary.

Due to the wide geographic extent of the HYMS patch and the distance between university sites, we use video and telephone conferencing facilities to reduce the need for travel; this is of benefit to women in particular (if primary carers) as it avoids late finishes due to travel. The use of mobile video-conferencing also allows participation from computers at home.

Social gatherings are inclusive of all grades of staff (some include students) and are held in different locations in recognition of the problems with travel. For example, Christmas parties are held in both Hull and York. Unique social gatherings (e.g. 'thanks to staff' events) are held in locations that are easily accessible and locations alternated across years.


Staff 'thank you' event, Cave Castle, Brough, 2014

In general coach transport is provided for staff at the distant location. Timings have varied from evenings to daytimes to ensure all staff have an opportunity to attend some events.

## vi) Culture

In our new strategy (2014-2018) we identified cultural issues including the experience of staff as critical to delivering our vision to "...be a high performing organisation which provides an inclusive and supportive environment for all students, staff and partners."

In order to achieve the aims we set out (Box 1, page 17) we have embarked on a series of activities, some of which emerged from our Bronze AP and which in turn informed the Strategy statements. In particular, in our Bronze submission we identified bullying and harassment as an issue. Eleven respondents (three from York and eight from Hull; 8\% of HYMS respondents) to the Staff survey of 2014 reported 'currently being harassed or bullied at work.' Overall, 6\% of university staff reported bullying/harassment. We established a small senior management group led by the Dean to lead our response to this [B-AP21]. We conducted independently commissioned in-depth work with staff, the results of which we are using to inform a programme of culture change to embed the vision set out in our Strategy. We have also conducted bespoke unconscious bias training with members of Management Board, for Committee Chairs and Heads of Academic Centres. In autumn 2015 we conducted a series of workshops for all staff to discuss cultural norms and the scope for changing them. Separate activities were held for senior management, acknowledging that cultural change needs to be led and modelled by example from senior staff, as it is essential for the senior team to be signed up to revised cultural aspirations and values. We will continue to build on these activities [S-AP13].

AS IMPACT EXAMPLE: A Staff Experience Group has been formed to ensure culture changes are led by staff of all grades, rather than just the leadership team. The membership of the group consists of volunteers from across the School. The Chair (a woman) will report into Management Board.

## Silver Action points

AP 13:

1. Leadership team training events.
2. Series of cultural workshops to engage staff in cultural norms and behaviours.
3. Evaluate all events and build future events and training on feedback.
4. Introduce unconscious bias training for all staff - (e.g. using University of Hull on-line module).

As part of changing culture we are trying to ensure that women academics are profiled in a variety of settings [B-AP22]:

To our undergraduates: We want our MBBS students to be exposed to female academics from the start of their course. We collected data on the proportion of lectures given by male and female lecturers to our Phase 1 (years 1\&2) students. In year 1 45/200 (23\%) lectures are given by women and in year $2,41 / 148(28 \%)$. We want to see a shift in this and will seek to improve the proportion of women lecturers where appropriate [S-AP9].

Within our seminar programmes: B-AP24 committed us to monitor proportion of female speakers giving seminars. We continue to have more men than women invited to speak at seminars although the overall proportion has improved slightly. At the time of Bronze application, women had given $30 \%$ of seminars in the preceding three years across our academic centres. Between 2013-2015, this had increased to $35 \%$ ( $125 / 353$ seminars), a small improvement. We will continue to monitor this (ongoing Bronze action) and increase awareness by dissemination to our Centre heads. We are particularly pleased that in 2016 our high profile endowed annual 'Allam Lecture' at the University of Hull was given by Professor Maria Belvisi, Professor of Pharmacology and Head, Respiratory Pharmacology Group, Imperial College. Her lecture highlighted the role of women in medical research, explaining how she overcame barriers and challenges and became an eminent leader in the field of respiratory pharmacology.


Professor Maria Belvisi with prize winners Peggy Sfyri PhD student (L) and Zainab Rai Academic F2 Doctor (R)

## vii) Outreach activities

Our activities are varied and include a programme of WP events, careers talks, open days and support for interviewing applicants. HYMS Student Ambassadors are involved in supporting the delivery of admissions, student recruitment and WP activities including school visits, open days, MBBS interviews and Post-Offer days. HYMS Ambassadors work with pupils from a range of schools from our region as part of campus visits, as well as attending events at schools and colleges. More female student ambassadors are involved than male (Table 19).

Table 19: Widening participation events, 2014-15

|  | Female Ambassadors | Male Ambassadors |
| :--- | :---: | :---: |
| Careers events | 17 | 5 |
| Outreach | 19 | 8 |
| Widening Participation | 44 | $\mathbf{2 9}$ |
| Total | $\mathbf{8 0}$ | $\mathbf{4 2}$ |

Our summer schools (WP) have been attended by more girls than boys (Figure 2) and we have recently begun the Pathways to Medicine programme supported by the Sutton Trust (the second medical school in the country to do so). There are 30 pupils in our first cohort, 23 of whom are girls.

We aim to provide a balance of male and female staff and students during MBBS recruitment at Open Days and Post-Offer Visit Days, reflecting our student intake and staff. However in 2014-15 more female than male student ambassadors were involved in student recruitment activities (Table 20).

Table 20: Open day staff and student attendees (2014-15)

|  | Staff - Male | Staff - <br> Female | Ambassadors - <br> Male | Ambassadors - <br> Female |
| :--- | :--- | :--- | :--- | :--- |
| Post offer days | 9 | 15 | 3 | 10 |
| Open days | 28 | 20 | 18 | 35 |

We are focused on ensuring that our interview panels are diverse and balanced. They include tutors, local medical professionals, existing students and lay-volunteers. In 2014-15 we achieved balance between male and female interviewers and student ambassadors: 61 male and 61 female interviewers and 26 female and 28 male ambassadors. These activities are being incorporated into the workload plans we are developing with staff.


Summer school 2015

## Public engagement

HYMS takes part in the outreach and public engagement activities at both universities with staff taking part in York Science Trail, York Researchers nights among other activities. In 2014-15, we contributed to activities at the University of Hull within a series of tea-time talks, as part of the University's Health and Wellbeing strand. Four of the five lecturers were women. Hull-based academics (three women) took part in the University of Hull Science Festival in March 2016.

## i) Maternity return rate <br> ii) Paternity, adoption and parental leave uptake <br> iii) Numbers of applications and success rates for flexible working by gender and grade

Maternity return rate: In York, one member of staff took maternity leave in 2011-12, and another one in 2013-14. In Hull, one member of staff took maternity leave in 2015-16. The two former returned to work and the third is planning on returning later in the year.

Paternity, adoption and parental leave uptake: We have had no requests for adoption and parental leave among academic staff during the last five years. Members of staff have been given paternity leave as requested, but in Hull the current HR system does not record requests (this is changing). Staff are encouraged to take paternity leave and not just to rely on their ability to be able to work flexibly.

Numbers of applications and success rates for flexible working by gender and grade: No formal requests for flexible working were submitted by Medical School staff in the last three years to HR. However there are informal arrangements in place approved by line managers to enable flexible working and a discussion about flexible working is included in staff induction.

## i) Flexible working

Flexible working: Both the Universities of Hull and York have clear policies to support those with caring responsibilities, although policy details differ somewhat between sites [B-AP27]. In the meantime, we have adopted a flexible interpretation of the policies in order to maintain parity and consistency for staff within HYMS.

AS IMPACT EXAMPLE: In our staff survey $80 \%$ of staff agreed with the statement: "I can approach my manager to talk openly about flexible working" (University average 75\%).

We endeavour to clearly advertise roles as suitable for flexible working where possible, e.g. a recent fixed term researcher post has been offered to two individuals who both want to work part-time. We actively support part-time working among our clinical academic trainees and have supported two female trainees (one academic clinical fellow and one clinical lecturer) to train part-time.

Our B-AP26 aimed to develop a Code of Practice to remedy any differences in policy between the Universities of Hull and York regarding formal and informal practices for working at home for academic and non-academic staff. This has proved difficult due to the slight differences in terms and conditions between the institutions. We do however on a case by case basis, engage with our respective HR departments so as to respond supportively to requests for flexible working.

## ii) Cover for maternity and adoption leave and support on return

Cover for maternity and adoption leave and support on return: A key issue identified in our Bronze submission [B-AP25] was the lack of a clear policy on pregnancy and maternity leave for students. The Policy on Student Welfare has been revised to include maternity leave policies for all students, and was approved by the Board of Studies in 2014. Information has been disseminated to students. In the last 18 months three students have had leave and have all been supported to return to studies on an individual basis.

In addition, we have secured the protection of continued employment for clinical academic trainees on maternity leave, and a Memorandum of Understanding has been established between Health Education England-Yorkshire and Humber, the Hospital Trusts and the University [B-AP28]. This has already helped negotiation about return to work after maternity leave without 'paying back time' for one of our clinical lecturers.

> AS IMPACT EXAMPLE: All women going on maternity leave are offered an enhanced support package. We have worked with each of the women who has taken maternity leave to identify the best support on their return to ensure their career trajectories are maintained. Two of the individuals above have been given PhD studentships to support their work, whilst the third (case study 1) had her hours reduced and we funded a researcher to assist her. We will continue to engage with colleagues on an individual basis in this way.

Word count: 5064

## 5. Any other comments:

Our Bronze Award has enabled us to make an impact on several areas resulting in improvements; this impact extends beyond the achievement of specific objectives and has resulted in a deeper cultural effect that benefits a wider group. Specific examples of impact are:

- Maintaining sector gender norms in admissions to our flagship MBBS programme
- Impressive performances by our MBBS female students e.g. in obtaining prizes, contributing to leadership activities
- Increase in women PhD students and their success in winning prizes for posters and presentations
- Several women PhD students becoming research associates
- Increase in women lecturers
- All women applying for promotion in the last four years have been successful
- A positively evaluated mentorship scheme for staff
- A positively evaluated mentorship scheme for MBBS students
- Significant work to improve cultural norms
- A marked improvement in the gender composition of our Management Board and in the chairing of key Committees, to provide women with more leadership experience
- Succession planning to increase representation of women in senior roles in the next few years.

Our work to support, develop and promote our cadre of early career researchers, lecturers and senior lecturers is critical to our culture and to improving the gender balance in senior posts. We have secured significant investment in academic posts from both our Universities for appointments over the next few years. This is a key opportunity for us to attract women at the highest levels and appoint colleagues committed to the principles of equality and diversity.

In order to maintain momentum and continue on this trajectory to make a significant difference to the lives and careers of staff and students, we have developed an ambitious Silver action plan and have mechanisms in place within the processes and culture of the School to put it into practice. SAP14 and S-AP15 are cross-cutting actions to ensure delivery and to continue promoting our activities to colleagues within the Medical School and externally. We have established work streams to take forward different aspects of the action plan and identified colleagues tasked with considering further actions within their area of focus and identifying examples of good practice from which our School would benefit.

## Silver Action points

AP 14:

1. Develop eight work streams to deliver this action plan and identify leads for these work streams.

WS1. Staff experience (Nadine Webster)
WS2. UG, PGT and PGR data (Dan Parker)
WS3. Staff Data (Victoria Allgar)
WS4. Promotions, reward and recognition (Trevor Sheldon)
WS5. Maternity, paternity, parental and carer (Heidi Baseler)

WS6. Induction, mentoring and ECR support (Nathalie Signoret and Peter Bazira)
WS7. Seminar series, networking (Kit Fan)
WS8. Workload (Una Macleod)
2. Achievement of action plan is formally part of appraisal targets for the Dean.
3. SAT continuing to report to Management Board

## AP 15:

When the HYMS Website is redeveloped in late 2016, add Athena SWAN pages - and link to the universities of Hull and York

## 6. Action plan

See Appendices 1 \& 2.

| Silver Athena SWAN Action Plan |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SA Action <br> Point | Issue identified | Relevant section of report | Actions to address issue | Lead/ <br> Accountability | Progress | Measure of success | start <br> date | Time frame |
| 1 | Many more women than men on our SAT (12:7) | 2 (c) | Proactively invite more men to become members of the SAT as appropriate to represent different work-life challenges and career stages, maintaining existing balance of roles across HYMS. | SAT Chair | We have shifted from 29\%-37\% men since Bronze submission. | Higher proportion of men on the Committee than at present. Aim for 40\% in 2017, $50 \%$ in 2018 <br> Gender balance in attendees on SAT. | Mar 16 | $12$ <br> months |
| 2 | In our initial cohort, the number of female applicants for the PGCME was smaller than male, and female applicants were less likely to accept an offer and enrol on the programme. | 3 (iii) | 1. Develop and implement marketing of PCHPE and other new programmes to be more inclusive, female friendly and which emphasises the merits of the blended learning opportunities. <br> 2. We will evaluate the impact of AP2(1) and then seek to apply the same principles more widely if they have a positive impact. | Programme lead | The new programme commenced October 2015 with the largest number of women to date (67\%). | Cohorts of October 2017 and 2018 see an increase in female applicants to at least $50 \%$ of applicants and level of enrolments continues to be at least 50\%. | Oct 15 <br> Oct 16 | On-going <br> 2 years |
| 3 | More men than women fail to complete PGR degrees. | 3 (vi) | Explore with former and current PGR students reasons for incompletion of research degree and develop actions based on findings to support current students. Present report to PGR Board. | PGR Director |  | Improved completion rates showing gender equality | Oct 17 | 1 year; then annual review |


| Silver Athena SWAN Action Plan |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SA Action <br> Point | Issue identified | Relevant section of report | Actions to address issue | Lead/ Accountability | Progress | Measure of success | start <br> date | Time frame |
| 4 | We continue to have few women in senior roles in particular. | 3 (viii) | 1. Review the wording used in all academic and research job advertisements and recruitment documentation for elimination of any gender bias in wording. <br> 2. Conduct job descriptions and advertisement audit to review use of wording and link to outcome of recruitment process. <br> 3. Pro-actively head-hunt potential female applicants, particularly for professorial positions where women are significantly underrepresented. | Dean (with support from HR lead and head of communications) | This is underway. <br> Head-hunters have been commissioned to identify suitably qualified women for senior roles | A change in our staff distribution at senior levels over the next few years. Targets: <br> - no less than $50 \%$ of new academic appointees over the next 3 years will be women. <br> - At least 2 new Chair appointments should be female by 2018 <br> - By 2020, 50\% of $S / L s$ will be women. <br> Aspirational target: by 2025, $50 \%$ of our profs female. | Jan 16 | On-going |


| Silver Athena SWAN Action Plan |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SA Action Point | Issue identified | Relevant section of report | Actions to address issue | Lead/ <br> Accountability | Progress | Measure of success | start date | Time frame |
| 5 | Ensure we understand why women academics on continuing contracts that leave the School choose to do so. | 3 (viii) | 1. Create new exit process which includes feedback on reasons for leaving and cultural experience of women in the School. [Bronze AP 6] <br> 2. AS lead to conduct exit interviews with all academic women leavers. <br> 3. Evaluate exit questionnaire and interview data annually and report to SAT. Identify subset of 'red alerts' in reasons leaving (e.g. lack of flexibility, blocks to promotion) and incorporate findings into action plan. | Executive Officer | Exit procedure now in place. | Greater understanding of the reasons for staff departures. <br> Fewer staff leaving and when they do it is for positive reasons. Reasons for leaving do not relate to lack of female friendly culture or arrangements within HYMS. Identify issues that HYMS can remedy to increase retention | Aug 15 <br> Jan 16 <br> Jan 17 | On-going <br> On-going <br> Annually |
| 6 | Gender parity in staff recruitment at all levels needs to be maintained. | Key career transition points 4 a) (i) | 1. Offer less than full time options in recruitment where possible, and make this clear on the documentation. <br> 2. Offer at least one female contact when recruiting for posts where possible. <br> 3. Interview women candidates we have appointed to obtain their reflections on the process. | HR leads Hull and York | Recent adverts have included this | We will see women appointed at all levels in the future. | Jan 16 <br> Mar 16 <br> Nov 16 | On-going <br> On-going |

Silver Athena SWAN Action Plan

| SA Action Point | Issue identified | Relevant section of report | Actions to address issue | Lead/ <br> Accountability | Progress | Measure of success | start date | Time frame |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 7 | Relatively small numbers of women have put themselves forward for promotion. | Key career transition points 4 a) (ii) | 1. Develop focussed promotions workshops relevant for particular staff groups (e.g. lecturers). | Dean | Workshops will continue to be held and the appraisal form has been changed [Bronze AP]. Dean has identified women and supported them through the application process. | Increase in numbers <br> of women <br> applicants for promotion and increase in numbers of successful applications. <br> The \% of women putting themselves forward for promotion will be at least equal to the \% of men, with equal success rates. | 2015 | On-going Annually |
|  |  |  | 2. At start of the promotion rounds the Dean will identify all potential applicants. | Dean | All women who have applied for promotion in the last 3 years have been successful. 2/3s of applications to current Hull round are women. |  | 2016 | Annually |
|  |  |  | 3. Appraisers to feedback to the Dean on potential promotion applicants: <br> o How long in grade <br> o Whether objectives met <br> o Actions to get them to next level | Executive Office |  |  | 2016 | Annually |


| Silver Athena SWAN Action Plan |  |  |  |  |  |  |  |  |
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| SA Action <br> Point | Issue identified | Relevant section of report | Actions to address issue | Lead/ Accountability | Progress | Measure of success | start <br> date | Time frame |
| 7 contd |  |  | 4. Introduce supportive follow up and mentoring of those who apply for promotion and are unsuccessful. <br> 5. We will support the promotion process by providing individual be-spoke support and feedback to those going through the promotions process. | Dean and SAT Chair <br> Dean and SAT Chair |  |  | $2016$ $2016$ | Annually <br> Annually |
| 8 | Need to encourage female members of staff at transitional points in their career to continue their career at HYMS and progress to more senior positions within the School | Career developm ent $4 \text { a) (ii) }$ | 1. Promote the mentoring programme to female members of staff and select female mentors from both within and outside of the University who can serve as role models and professional contacts for issues/advice arising. <br> 2. Evaluate established mentoring programme. <br> 3. Increase number of mentors each year and encourage mentees to become mentors. <br> 4. Identify and encourage women to attend leadership programmes, such as Aurora, Power (Hull) (for example by freeing up time to commit to the activities of programmes). | SAT Chair <br> SAT Chair <br> SAT Chair <br> SAT Chair | Mentoring programme has been developed | Evidence of individuals getting promotion. <br> Positive feedback regarding scheme. <br> Numbers of mentors increased by 2-3/year till ratio of 1:3 academic staff. <br> More women attending leadership programmes and demonstrating benefit. | 2014 <br> 2016 <br> 2016 <br> 2015 | Annually <br> Annually <br> Annually <br> Annually |


| Silver Athena SWAN Action Plan |  |  |  |  |  |  |  |  |
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| SA Action Point | Issue identified | Relevant section of report | Actions to address issue | Lead/ <br> Accountability | Progress | Measure of success | start date | Time frame |
| 8 contd |  |  | 5. Perform regular review of training and development opportunities to ensure that they remain adapted to staff needs and changes in their career (eg. from full time to part time employment, changes in roles, career progression, etc). to be discussed at appraisal/performance review meetings. <br> 6. Develop ECR grant writing group <br> 7. Continue to monitor PI and co-I grant applications by gender, including analysing the amount requested by gender. | COO | New appraisal form introduced in 2015/16 includes focussed questions | Increase in number of staff reporting accessing appropriate development opportunities in staff survey (so M and F responses similar). | $\begin{aligned} & \hline \text { July } \\ & 2015 \end{aligned}$ | On-going Annual review |
|  |  |  |  |  <br> Development <br> Manager |  | Increase in number of ECRs submitting grant applications. | $\begin{aligned} & \text { Aug } \\ & 2017 \end{aligned}$ | Ongoing if successful |
|  |  |  |  |  <br> Development <br> Manager |  |  | 2016 | On-going |
| 9 | Female students may feel discouraged from considering opportunities for career progression within the wider clinical field especially within otherwise 'maledominated' specialisms. | 4 a) (iii) | 1. Invite female clinicians to lead workshops and seminars with students in order to inspire confidence and to highlight opportunities for women in these fields. | MBBS Programme Director | Recent lectures by international women researchers e.g. Allam Lecture in 2016 | Students reporting few obstacles to a career in any specialism as evidenced in surveys and focus groups. | 2016/17 | On-going |
|  |  |  | 2. Monitor exposure of Phase 1 students to female lecturers. Develop action plan to improve number of women lecturers where appropriate. <br> 3. Ensure INSPIRE programme involves our female academics. | Phase 1 lead |  |  | 2016/17 | Annually |
|  |  |  |  | INSPIRE lead | Female staff involved. |  | $\begin{array}{\|l\|} \hline \text { Dec } \\ 2015 \\ \hline \end{array}$ | On-going |



| Silver Athe | SWAN Action Plan |  |  |  |  |  |  |  |
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| SA Action Point | Issue identified | Relevant section of report | Actions to address issue | Lead/ Accountability | Progress | Measure of success | start <br> date | Time frame |
| 10 contd |  |  | 4. Conduct focus groups with female PG students to identify specific issues that can be addressed to assist with work life balance and flexibility issues. |  |  |  | Oct 16 | Academic year 16/17 |
| 11 | Few women chairing committees | Career developm ent 4 a) (iii) | 1. Introduce deputy roles where appropriate <br> 2. Encourage women to train and prepare for such roles. <br> 3. Ensure open competition for such roles. | Dean | Female deputy chairs appointed to Management Board and Board of Studies | Maintain number of Committees chaired by women >50\%. | Oct 15 | Ongoing |
| 12 | Workload model not in place for all staff | Organisati on and culture <br> 4 a) (ii) | 1. Ensure all academic staff have workload agreed within academic year 2016/17 in line with their employing university. <br> 2. Use workload model as a tool to ensure academic staff have opportunities to build towards promotion and are not overloaded by excessive Committee work. | Deputy Dean | Fair distribution of work | Feedback from female staff demonstrating view that their workload is fair and not inhibiting promotion prospects. | July 16 | In place during academic year 16/17 |
| 13 | Staff surveys reported slightly higher levels of bullying and harassment than sector average. | Organisati on and culture 4 a) (iv) | 1. Leadership team training events. <br> 2. Series of cultural workshops to engage staff in cultural norms and behaviours. <br> 3. Evaluate all events and build future events and training on feedback. <br> 4. Introduce unconscious bias training for all staff - (e.g. using University of Hull on-line module) | SAT Chair | Initial series of workshops held and evaluated. <br> Staff experience group established. | Reported experiences of bullying and harassment in surveys at sector average | June 15 <br> Oct-Dec <br> 15 <br> April 16 <br> 2016/17 | 1 year <br> 1 year <br> On-going <br> On-going |


| Silver Athena SWAN Action Plan |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SA Action Point | Issue identified | Relevant section of report | Actions to address issue | Lead/ Accountability | Progress | Measure of success | start <br> date | Time frame |
| 14 | Need to ensure delivery of Silver Action Plan and incorporate innovative additional activities as they may become clear. |  | 1. Develop eight work streams to deliver this action plan and identify leads for these work streams. <br> WS1. Staff experience (Nadine Webster) <br> WS2. UG, PGT and PGR data (Dan Parker) <br> WS3. Staff Data (Victoria Allgar) <br> WS4. Promotions, reward and recognition <br> (Trevor Sheldon) <br> WS5. Maternity, paternity, parental and carer (Heidi Baseler) <br> WS6. Induction, mentoring and ECR support (Nathalie Signoret and Peter Bazira) <br> WS7. Seminar series, networking (Kit Fan) <br> WS8. Workload (Una Macleod) <br> 2. Achievement of action plan is formally part of appraisal targets for the Dean. <br> 3. SAT continuing to report to Management Board | SAT Chair | Lead responsible for each of these areas have been identified at time of submission of this application. | Delivery of action plan on schedule. <br> Regular reports to MB | Apr 16 <br> 2016/17 <br> 2013 | On-going <br> Annual <br> On-going |
| 15 | Promote our Athena SWAN activities within the School and externally. |  | When the HYMS Website is redeveloped in late 2016, add Athena SWAN pages - and link to the universities of Hull and York | SAT Chair/Comms team |  | Higher profile for our activities internally and externally. | Dec 16 | On-going |

## Progress on Delivery of Bronze actions

Green: Completed and/or incorporated into routine business
Amber: Still to be completed

|  | Actions | Update/indication of success | Status |
| :---: | :---: | :---: | :---: |
| 1 | Review composition of SAT to include those named as responsible for actions. <br> Present the HYMS Management Board with a quarterly update on action plan and so embed AS actions in the decision making processes. <br> Establish AS Project Officer post to support implementation. | Completed. And following formal feedback on Bronze award, SAT strengthened with Hull university staff. <br> Written update presented quarterly, verbal update monthly. <br> Claire Ward appointed. | Completed <br> Incorporated into routine business <br> Completed |
| 2 | Develop and roll-out specific training for Chairs of our Committees. | Be-spoke training has been arranged and taken up. This will be reviewed and offered biennially. | Incorporated into routine business |
| 3 | Monitor gender balance in admission and completions of PGCME. Explore whether there are barriers to women applying to study for the certificate. | This programme has been significantly redeveloped (discussed in submission) and the gender balance of applicants has improved from $45 \%-54 \%$ female between 2011-2015. Monitoring of this will continue annually. | Completed Monitoring continuing |
| 4 | Monitor gender balance in postgraduate applications and awards for funded studentships with a view to adapting practice to promoting female participation. | Monitoring is continuing. Although more men apply for PGR degrees, more women applicants convert to enrolment. | Monitoring continuing |
| 5 | Better data capture of researcher data at York required as a result of embedded model. | These data are better captured for individual department applications for Athena SWAN. All our research staff are embedded in departments with Athena SWAN awards (two with Silver, one with Bronze) and women researchers are being supported within these processes. | Action closed |
| 6 | No exit questionnaire/interview process at Hull at present | Exit procedure was put in place by 1st April 2015. | Completed Incorporated into routine business |

## Actions

Update/indication of success
Status

| 7 | a) Conduct workshops with relevant members of staff led by members of promotion panels. Woman members of staff will be individually invited to these workshops. <br> b) Report to HYMS Management Board following discussions with relevant Heads of Department at York regarding expectations of promotion for HYMS embedded staff. <br> c) Update HYMS Appraisal/Performance Review form to include specific section on discussion about promotion. <br> d) Identify female members of staff to support for promotion. | a) Workshops have been held on both sites. <br> b) Discussions with HoDs in York have taken place <br> c) New appraisal documentation has been developed and is in use. <br> d) Female staff are being proactively identified. | Completed Incorporated into routine business New promotion related actions in Silver Action Plan. |
| :---: | :---: | :---: | :---: |
| 8 | Introduce formal policy of ensuring short listing and appointment panels for all posts include men and women. | Policy in place | Completed |
| 9 | Develop a mentorship plan | Training programme developed and delivered by Martha Kember. Scheme set up Scheme continuing and is being evaluated | Completed Incorporated into routine business |
| 10 | a) Review principal and co-applicants on grant applications over past year by grade and gender to obtain baseline data. <br> b) Hold workshops (with staff development support) regarding preparation of writing grant applications for post-doctoral researchers and lecturers. Woman members of staff will be individually invited to these workshops. <br> c) Monitor research applications by gender (including amounts). | We have reviewed PI and $\mathrm{Co}-\mathrm{I}$ status by gender and present that data in the submission. We will continue to monitor these data. <br> Workshops have been held and well evaluated and further events planned. <br> Research application review on-going. | Completed and monitoring continuing. <br> Incorporated into routine business <br> Action on-going |
| 11 | Review HYMS Appraisal/ Performance Review form to include section on whether identified needs in the previous year were met, and if not why not | Appraisal form developed and now in use. | Completed Incorporated into routine business |
| 12 | Induction processes to be reviewed. Key elements harmonised and improved to include E\&D issues, information about promotion processes and possible career opportunities. | Review completed. | Completed Incorporated into routine business |

Actions
Update/indication of success
Status

| 13 | Equality Impact Assessment on the process and award for funds for training and development | Done - presented in submission. | Completed Incorporated into routine business |
| :---: | :---: | :---: | :---: |
| 14 | a) Identify suitable development opportunities and publicise (e.g. via Research News) and promote them to researchers and lecturers (e.g. via the appraisal process). <br> b) Include questions regarding specific development needs in next staff survey. <br> c) If development needs not met by current available courses, set them up (e.g. writing workshops). <br> d) Canvas views amongst research staff regarding development of a post-doctoral forum. | a) Done regularly by Research Funding Officer <br> b) Results presented in submission <br> c) Be-spoke workshops with ECRs carried out and evaluated and will be on-going. <br> d) Still to be done | Incorporated into routine business <br> Completed <br> Incorporated into routine business <br> Post doc forum to be established |
| 15 | Conduct survey and focus groups with female doctoral students to identify barriers to female students progressing in academic careers. Identify whether female doctoral students are taking up the opportunity of career development training. Report to be submitted to PGR Board. | Survey done and discussed with PGR Board. New actions in Siler Actin Plan arising from this. | Completed |
| 16 | a) Ensure that all CEFs have completed E\&D Training. <br> b) Explore whether there are any barriers to women becoming CEFs or DoCS. Report to be presented to Board of Studies with Action Plan. | Completed - all up to date. <br> Discussed with stakeholders - do not appear to be specific barriers. Kept under review. | Completed <br> Completed |
| 17 | a) Review membership of main committees. <br> b) Support women to be members of these committees by discussing in appraisal. <br> c) Explore ways to facilitate female involvement/membership. | Improvements in membership seen - presented in submission. Review ongoing. <br> Discussed in appraisal. Women specifically approached by Dean and Deputy Dean where roles become vacant. <br> Deputy roles created where appropriate | Completed <br> Completed <br> Completed |
| 18 | Baseline data needed to establish whether salary progression rates are equivalent for men and women | Equal pay survey has been completed and distributed | Completed |
| 19 | Consider introduction of workload model, and present report to Management Board. | We have made less progress with this than we would have liked due to the processes happening within our Universities. | Action on-going and incorporated into Silver Action Plan. |

## Actions

Update/indication of success
Status

| 20 | Not all meetings held at suitable time for all staff. | Committee structure has been reviewed. Meeting times has been collated | Completed |
| :---: | :---: | :---: | :---: |
| 21 | Short-term small senior management group led by the Dean to lead response to reports of bullying and harassment. Report of this group to be presented to the HYMS Management Board. | This was established, in-depth work commissioned and a series of staff workshops help, culminating in setting up of Staff Experience Group. | Completed |
| 22 | a) Identify senior women academics to undergo media training and consider them representing HYMS. <br> b) Monitor web news stories <br> c) Review plenary lectures given to students with respect to gender balance and if appropriate include women academics. <br> d) Celebrate achievement of women role models on HYMS web-site and in highly visible places such as HYMS receptions. | a) Some women have undergone media training <br> b) On-going on a monthly basis <br> c) This has been reviewed - and incorporated into Silver Action plan <br> Web-site under review | Completed <br> Incorporated into routine business Action on-going and incorporated into Silver Action Plan <br> Action on-going |
| 23 | Introduce prize for outstanding woman in science to be awarded at annual prizegiving or graduation or similar high profile event. Staff to be invited to proposed suitable women for such awards. | These have been established, awarded on two occasions and will be on-going. | Incorporated into routine business |
| 24 | Send regular reminders to seminar organisers (six monthly). | This is being carried out. | Incorporated into routine business |
| 25 | No policy for maternity leave for undergraduate students. | Policy on Student Welfare revised and circulated | Completed |


[^0]:    ${ }^{1}$ Often referred to as 'the School' throughout this application.

[^1]:    ${ }^{2}$ The PGCME programme was re-designed and approved as the PGC Health Professions Education from October 2015 and we will refer to our current programme for the remainder of the documentation although the data are compared with the previous PGCME.

[^2]:    ${ }^{3}$ The gender mix 2011-13 (as PGCME) reflects the medical population in our region from whom the cohort is mainly drawn - 44\% of GPs are female [Yorkshire and the Humber GP Workforce, July-September 2015]

[^3]:    * Incomplete = Fail, terminated, withdrawn

