



Athena SWAN Silver department award application

Name of university: University of Oxford

Department: Radcliffe Department of Medicine

Date of application: November 2015

Date of university Bronze Athena SWAN award: 2010, renewal 2013

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ACRONYMS USED IN THIS APPLICATION	
AP	Associate Professor
AS	Athena SWAN
ASSG	Athena SWAN Steering Group
BHF	British Heart Foundation
CDC	Career Development Committee
CRT	Clinical Research Trainee
CVM	Division of Cardiovascular Medicine
DGS	Director of Graduate Studies
DPhil	Doctor of Philosophy
GSC	Graduate Studies Committee
HoD	Head of Department
HR	Human Resources
IMD	Investigative Medicine Division
MSD	Medical Sciences Division
NDCLS	Nuffield Division of Clinical Laboratory Sciences
NHS	National Health Service
OCDEM	Oxford Centre for Diabetes, Endocrinology and Metabolism
PDR	Personal Development Review
PDRA	Postdoctoral Research Assistant
PGR	Postgraduate Research Student
PI	Principal Investigator
RDM	Radcliffe Department of Medicine
RoD	Recognition of Distinction
SAT	Self-Assessment Team
URL	University Research Lecturer

GLOSSARY OF TERMS

The following staff grades are used at the University of Oxford and throughout this application:

NON-CLINICAL RESEARCH GRADES

Grade 7	Postdoctoral researcher at the career entry stage following completion of a DPhil.
Grade 8	Senior postdoctoral researcher. Researchers at this grade have an established research career and can apply for independent funding.
Grade 9	Researcher with a recognised research reputation in their field, and generally leading a significant research team and programme.
Grade 10	Researcher with a substantial research reputation in their field, and leading a significant research team and programme.
Senior Research/ RSIV	A senior researcher not paid on the standard pay scales. RSIV is a professorial-equivalent grade at other higher education institutions.
Non-clinical Professor	A senior researcher who has been awarded a full professorial title, which can be on a titular or statutory basis.

CLINICAL RESEARCH GRADES

Clinical Research Trainee	Pre-consultant level clinician employed to work on an academic research project. Often undertakes a DPhil during this time.
Clinical Lecturer	Fixed term position, which typically follows completion of DPhil but in some cases the DPhil is undertaken during this lectureship. The Clinical Lecturer has research and teaching responsibilities.
Clinical Researcher	First fellowship holder following a clinical lectureship.
Senior Clinical Researcher	Awarded to individuals with 3-5 years of postdoctoral research experience and who hold their Certificate of Completion of Training. Non-tenured posts but staff can be conferred the title of Associate Professor.
Clinical Professor	A senior clinical researcher who has been awarded a full professorial title, which can be on a titular or statutory basis. Clinical Professors also usually hold an honorary consultant ¹ contract with the NHS.

¹ **NHS Consultant:** A senior hospital-based physician who has completed all specialist training and been placed on the specialist register in their chosen specialty. A physician must be on the Specialist Register before he or she may be employed as a substantive or honorary consultant in the NHS.

UNIVERSITY TITLES

In addition to the grades above, members of staff can be awarded honorary titles through the annual Recognition of Distinction (RoD) exercise. These titles do not change the individual's underlying post, duties or salary, but confer recognition that they have attained a significant level of academic excellence. As a result, an individual's grade may differ from their title (e.g. a staff member on grade 9 or 10 who is awarded the title of Associate Professor, is able to use the salutation of 'Professor' without being on a professorial grade).

University Research Lecturer	A member of research staff (with no formal teaching responsibilities) awarded the title of University Research Lecturer via the Recognition of Distinction (RoD) exercise to recognise substantial independent research achievement.
Associate Professor (introduced in 2014)	A senior member of research staff on non-clinical grades 9 or 10, or clinical grade of senior clinical researcher, awarded the title of Associate Professor (and able to use the salutation 'Professor') via the RoD exercise.
Titular Professor	A member of staff awarded the title of Professor through the internal RoD exercise, in acknowledgment of the excellence of their work.
Statutory Professor	A Professor recruited to a permanent professorial post through open advertisement.

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Dr Ruth Gilligan
Athena SWAN Manager,
Equality Challenge Unit, 7th floor
Queens House
55/56 Lincoln's Inn Fields
London
WC2A 3LJ

30th November 2015

Dear Ruth

I am writing as Head of the Radcliffe Department of Medicine (RDM), to lend my strongest support to our application for an Athena SWAN Silver Award. My department is fully committed to ensuring the career development of our women scientists and clinicians. We employ a broad range of staff, researchers and students from many different countries, across a range of disciplines.

I became the first head of the new department in 2012. Progressing the equality agenda is one of my key personal objectives. I was delighted when all parts of RDM achieved Bronze Award status following three applications in 2013. Since then we have been progressing this agenda as a single department. I lead the department's activities by chairing our Athena SWAN Steering Group and being an active member of the Cardiovascular Medicine self-assessment team.

Our application aims to build on the progress made since we received our Bronze Awards, to address the challenges we face, and to demonstrate our commitment to overcoming them. We have had successes. We are doing better at attracting women to careers in science; we have increased the number of female professors; the number of women on the department's management committee has increased significantly; the chairs of three of our key departmental committees are female, and I am proud to report that we have appointed our first female Head of Division (Professor Alison Banham). In line with our Bronze Action Plans, we have introduced a department-wide mentoring scheme that has received very positive feedback, we have introduced compulsory personal development reviews, and communication across RDM is much improved.

Although we are making progress we accept that more needs to be done. In particular we need to address the underrepresentation of women in senior scientific, clinical and leadership roles. I am confident that the measures already implemented and in our action plan around recruitment, retention, training and career support will enable us to achieve this, though it will take time. We will work also, alongside our colleagues in the NHS, to change the culture in the medical specialties in which our clinical staff work.

I am encouraged that 29 per cent of my colleagues have perceived a positive cultural change in RDM, though I aim to increase that figure significantly, and to further improve transparency in decision-making processes. Equality considerations are now a core element of managerial decision-making within the department; this often requires decisions to be made that are 'right' but not 'easy', a common theme for the next few years of our action plan. Delivering cultural change takes time but I am confident that embedding the principles of equality in the department's highest-level decision-making processes will lead to positive and lasting change.

Ensuring that RDM is a happy, rewarding, fair and family-friendly environment where **all** staff and students are able to achieve their full potential, while continuing to strive for academic excellence is my main objective as head. I hope this application demonstrates that we are firmly on the way to achieving that aim.

Yours sincerely

HUGH WATKINS

Head of Department

[500 / 500 Words]

2) The self-assessment process: maximum 1000 words

Describe the self-assessment process. This should include:

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

RDM comprises four academic divisions; two of which were independent departments prior to the creation of RDM in 2012, and two that transferred from another department. RDM is therefore currently covered by three Athena SWAN (AS) Bronze Awards.

At an early stage we took the view that we wished to pursue a single RDM-wide Silver application, to ensure common best practice and encourage the development of a common identity for the new department. This was endorsed by the Equality Challenge Unit (ECU)².

We wished to maintain the enthusiasm, expertise, and on-the-ground innovation that already existed within the individual Self-Assessment Teams (SATs) that supported the Bronze applications. Therefore we decided to have a structure of divisional-level SATs, with activities overseen and led by the RDM Athena SWAN Steering Group (ASSG), chaired by the Head of Department and comprising the lead academic and administrator from each of the SATs, together with the RDM Admin team. The responsibilities of each are outlined on page 16.

The composition of the ASSG and SATs is presented in Tables 1 and 2.

	Chair	Females	Males
RDM Athena SWAN Steering Group	M	11	5
Division of Cardiovascular Medicine (CVM) SAT	F	17	8
Investigative Medicine Division (IMD) SAT	M	8	4
Nuffield Division of Clinical Laboratory Sciences (NDCLS) SAT	M	10	5
Oxford Centre for Diabetes, Endocrinology & Metabolism (OCDEM) SAT	F	10	5
Total		56	27

Table 1. Female/ Male composition of RDM ASSG and SATs (2015)

² Email from Mr James Lush (Athena SWAN Adviser at the Equality Challenge Unit) to Mr Chris Price (Head of Strategic Planning and Major Projects at RDM) on 23/02/2015.

<p>Athena SWAN Steering Group</p>  <p>Radcliffe Department of Medicine</p>	<p>Professor Hugh Watkins – Chair (Head of RDM & Professor of Cardiovascular Medicine) Professor Barbara Casadei (BHF Professor of Cardiovascular Medicine, CVM) Professor Enzo Cerundolo (Professor of Immunology, IMD) Mrs Lynn Clee (Head of Administration & Finance, RDM) Dr Bríd Cronin (Athena SWAN Advisor, Medical Sciences Division) Mrs Heidi Crook (Administrator, CVM) Mrs Erin Gordon (Administrator, NDCLS) Professor Leanne Hodson (Associate Professor of Diabetes & Metabolism, OCDEM) Miss Jo Hovard (Business Manager, IMD) Professor Stephen Hyde (Associate Professor of Molecular Therapy, NDCLS) Dr Stella Keeble (Administrator) Dr Bob Mahoney (Graduate Studies Administrator, RDM) Dr Ruth McCaffrey (Research Strategy Co-ordinator, RDM) Professor Catherine Porcher (Associate Professor of Developmental & Stem Cell Biology, NDCLS) Mr Chris Price (Head of Strategic Planning & Major Projects, RDM) Mrs Lynne Scott (Administrator, OCDEM)</p>
<p>Division of Cardiovascular Medicine SAT</p>  <p>Josh Chai Photography</p>	<p>Professor Barbara Casadei – Chair (BHF Professor of Cardiovascular Medicine / Honorary Consultant) Dr Malenka Bissell (Clinical Research Fellow) Dr Henry Boardman (Clinical Researcher) Dr James Brown (Laboratory Manager) Miss Maria Carena (Marie Curie Research Fellow) Dr Patricia Ciccone (Research Assistant) Dr Mark Crabtree (BHF Intermediate Research Fellow) Mrs Heidi Crook (Administrator) Dr Erica Dall'Armellina (BHF Intermediate Research Fellow / Honorary Consultant) Dr Janet Digby (Senior Postdoctoral Researcher) Professor Martin Farrall (Professor of Cancer Genetics) Dr Vanessa Ferreira (Clinical Researcher / Honorary Consultant) Dr Kate Groves (Clinical Research Facility Operations Manager) Dr Hanan Lamlum (Head Clinical Trials Coordinator) Professor Paul Leeson (BHF Senior Research Fellow & Professor of Cardiovascular Medicine / Honorary Consultant) Professor Stefan Neubauer (Professor of Cardiovascular Medicine / Honorary Consultant) Dr Jyoti Patel (Postdoctoral Researcher) Professor Charles Redwood (Associate Professor of Cardiovascular Biochemistry) Dr Svetlana Reilly (BHF Intermediate Research Fellow) Dr Nadiia Rozmaritsa (Postdoctoral Researcher) Dr Jillian Simon (Postdoctoral Researcher) Dr Dorota Szumska (Senior Postdoctoral Researcher) Professor Hugh Watkins (Professor of Cardiovascular Medicine / Honorary Consultant) Ms Sarah Whitworth (Lead Research Nurse) Dr Sevasti Zervou (Postdoctoral Researcher)</p>




<p>Investigative Medicine Division SAT</p> 	<p>Professor Enzo Cerundolo – Chair (Professor of Immunology / Honorary Consultant) Dr Carolina Arancibia (Translational Medicine Lead) Professor Angela Brueggeman (Associate Professor) Professor Tao Dong (Professor of Immunology) Dr Hemza Ghabbane (Postdoctoral Researcher) Miss Jo Hovard (Business Manager) Miss McEwen Smith (Postdoctoral Researcher) Professor Graham Ogg (Professor of Dermatology / Honorary Consultant) Professor Jan Rehwinkel (Associate Professor of Innate Immunology) Professor Alison Simmons (Professor of Gastroenterology / Honorary Consultant) Professor Katja Simon (Associate Professor) Mrs Maria Williams (Personnel Officer)</p>
<p>Nuffield Division of Clinical Laboratory Sciences SAT</p> 	<p>Professor Stephen Hyde – Chair (Associate Professor of Molecular Therapy) Professor Alison Banham (Professor of Haemato-Oncology) Professor Jackie Boulwood (Professor of Molecular Haematology) Dr David Clynes (Postdoctoral Researcher) Ms Natasha Davie (DPhil Student) Mr Jean-François Gélinas (DPhil Student) Mrs Erin Gordon (Administrator) Professor Anne Goriely (Associate Professor of Human Genetics) Dr Stephanie Jones (Operations and Quality Manager) Dr Demin Li (University Research Lecturer) Dr Danuta Mariela Jeziorska (Postdoctoral Researcher) Dr Andrea Pellagatti (University Research Lecturer) Professor Catherine Porcher (Associate Professor of Developmental & Stem Cell Biology) Dr Karen Pulford (Emeritus Reader in Immunodiagnostics) Dr Noémi Roy (Academic Clinical Lecturer)</p>
<p>Oxford Centre for Diabetes, Endocrinology & Metabolism SAT</p> 	<p>Professor Leanne Hodson – Chair (Associate Professor of Diabetes & Metabolism) Dr Julie Adam (Postdoctoral Researcher) Mrs Amy Barrett (Research Assistant) Ms Ruth Coleman (Statistician) Dr Caroline Gorvin (Postdoctoral Researcher) Mr Chris Groves (Laboratory Manager) Mr Alex Hamilton (DPhil Student) Dr Jon Hazlehurst (Wellcome Trust Clinical Training Fellow) Miss Emma Hoornaert (Admin Assistant) Professor Fredrik Karpe (Professor of Metabolic Medicine / Honorary Consultant) Mrs Charlotte Kelly (Senior Human Resources Officer) Professor Katharine Owen (Associate Professor of Diabetes / Honorary Consultant) Dr Sian Piret (Postdoctoral Researcher) Mrs Lynne Scott (Administrator) Dr Matthew Simmonds (Diabetes Research and Wellness Foundation Fellow)</p>

Table 2. Membership of RDM Athena SWAN Steering Group and Self-Assessment Teams – 2015 (Note: SAT members who sit on the RDM ASSG have been highlighted in bold)

SATs have representation from a wide range of groups, including students, early- and mid-career researchers and clinicians, and senior professorial staff (Figure 1; Table 3). SAT members were selected to represent all career stages following a call for interest. Administrative staff were also invited to be part of the SATs. SATs include individuals directly involved in staff and student recruitment, training and career development, mentoring, graduate studies and departmental management.

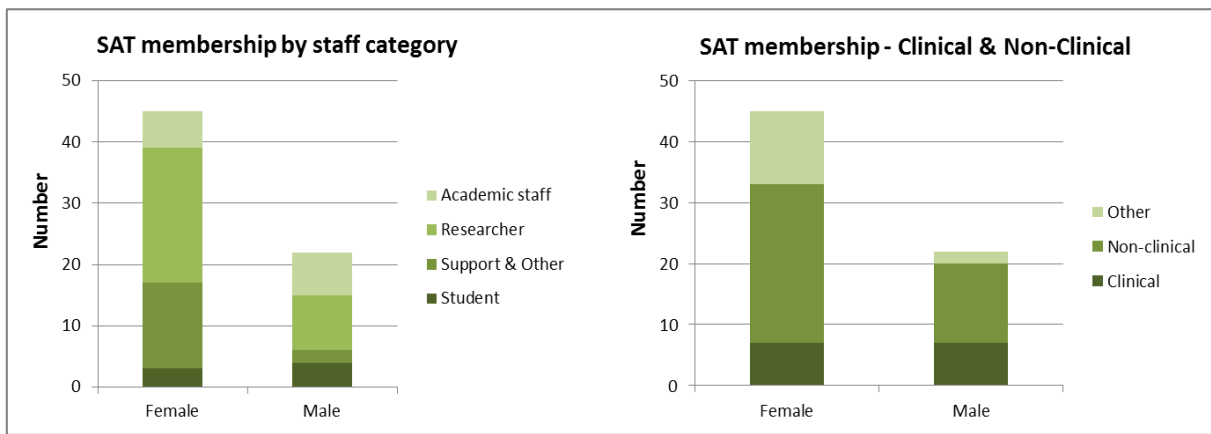


Figure 1. SATs Membership (2015)

	Female	Male
Academic	6	7
Researcher	22	9
Support	14	2
Student / Retired	3	4
Total	45	22

	Female	Male
Clinical	7	7
Non-clinical	26	13
Other	12	2
Total	45	22

Table 3. SATs Membership by staff category, clinical/ Non-clinical and gender (2015)

Depending on the career stage of the SAT members, experience in managing groups and working practices vary considerably. Fourteen SAT members have clinical duties (7F). Each SAT includes staff on fixed-term, open-ended and permanent contracts. Many members of the SATs belong to dual-career households. Nearly half the members have current caring responsibilities with direct experience of taking maternity/paternity leave in the University.

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

As RDM was covered by three separate Bronze Awards, the first step of our self-assessment process for Silver was to consider how best to review changes to baseline data and progress against the Bronze Action Plans. A review of the Bronze Applications and Action Plans revealed common themes and the following approach to the self-assessment process was agreed:

- RDM-wide baseline data provided to all SATs in early 2015 with divisional breakdown of data where possible³ and relevant. Staff data as at 31st July for each year 2012-2014 was analysed⁴;
- Review of the three Action Plans, sharing of best practice and consolidation into a composite RDM-wide Bronze Action Plan (Section 6);
- Comparison of RDM-wide data to other University departments, other institutions and the broader sector;
- A survey of ALL members of RDM in November 2014 with analysis undertaken at RDM-wide and divisional level⁵ (Bronze Action 6.6 (B6.6));
- A review of Oxford’s Institutional Bronze application and Action Plan⁶.

Our 2014 RDM-wide survey had a **response rate of 71%** (Table 4), encouragingly higher than the surveys in 2012 which varied between 40% and 54%. Survey results were disaggregated and analysed by sex although a significant number of staff chose not to declare their monitoring information. Results were made available to all staff on the website and the RDM newsletter, and have had a major impact in forming the Action Plan.

	Female	Male	Prefer not to say
Academic	7	23	1
Researcher	110	88	6
Support	64	19	3
Student*	38	30	-
Prefer not to say	16	6	110
Total	228 (45%)	160 (31%)	120 (24%)

Table 4. Respondents to the 2014 survey. *a small number of DPhil students are also clinical researchers.

³ The decision not to present data broken down by divisions in this application was based on the difficulties that the significant step-wise departmental reorganisation presented in terms of presenting accurate historical data for each Division in a meaningful way. This decision was endorsed by ECU (Email from Mr James Lush, Adviser at ECU to Mr Chris Price, Head of Strategic Planning & Major Projects at RDM, 23/02/2015).

⁴ Accurate staff data from the 2015 snapshot will not be available to the department until early 2016 after it has been checked and verified for the University’s HESA return. Census date for student data = 1st December

⁵ Direct comparison with results from previous surveys was difficult as three different surveys were used for the Bronze award applications (including one from which RDM-specific data could not be extracted).

⁶ University of Oxford (2013) Athena SWAN Bronze university award renewal application

The SATs and ASSG met at least once a term. SAT members are responsible for soliciting feedback and communicating with their constituent groups, suggesting solutions to their specific issues for inclusion in the action plan and implementing specific actions. Members have attended workshops and seminars on AS (e.g. Professor Paul Walton, 'University of York's AS experience') and liaised with other Oxford departments to learn from the experiences of others. The RDM ASSG has overall responsibility for providing strategic direction and progressing the AS action plan. A smaller writing group⁷ met regularly throughout 2015 to draft the application. This application was reviewed by individual SATs and discussed at ASSG. The Medical Science Division Athena SWAN Advisor and advisors from the University's Equality and Diversity Unit provided feedback on our application and action plan.

Those involved in the process have kept the broader department informed and we will continue to engage all staff and students by providing termly reports on our activities (Silver Action 3.2⁸).

⁷ The writing group comprised Professor Hugh Watkins, Professor Barbara Casadei and Professor Stephen Hyde, Associate Professor of Molecular Therapy, Mrs Lynn Clee and Mr Chris Price

⁸ In the rest of the document, Silver Actions are referred to by their number only.

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

We have always been clear that whilst RDM must lead and champion the equality agenda, real change will only happen with local support. The close involvement of the SATs throughout the process has ensured good buy-in and we plan to maintain this structure.

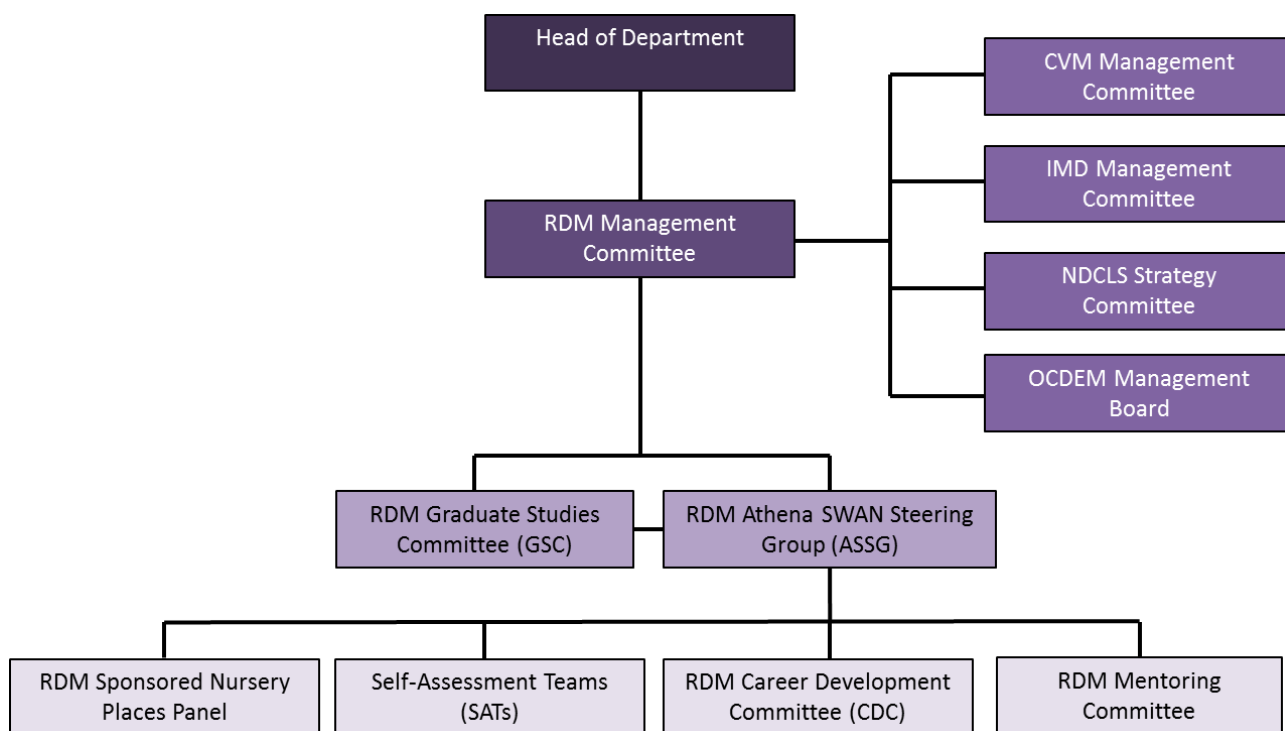


Figure 2. RDM management structure and committees

The ASSG and SATs will continue to meet at least termly. The SATs will monitor progress against the Action Plan in their divisions and continue to promote innovative ideas for actions to the ASSG. Each SAT will submit an annual progress report to the ASSG and their chairs will provide updates to each ASSG meeting (3.2). AS will remain a standing agenda item for the RDM Management Committee, Graduate Studies Committee (GSC), Mentoring Committee, the Career Development Committee (CDC) and RDM HR Officers meetings. The ASSG will provide the Management Committee with an annual progress report (Figure 2).

The SATs and ASSG will review staff and student data annually to monitor progress (6.4; 6.5). The survey will be repeated approximately every 18 months with the output provided to both the ASSG and SATs, and published on the web (6.1). Data and analysis will also be provided to the GSC and CDC, both of which are charged with responsibility for delivering a number of specific actions. These committees will report progress to the ASSG and Management Committee on a regular basis.

In addition, the Action Plan requires the creation of specific RDM-wide groups (e.g. review of flexible working attitudes and policies) that will report on an ad-hoc basis (6.2). Where relevant we will raise issues from such working groups with the Medical Sciences Division (MSD) and University.

SILVER ACTIONS:

- Provide termly Athena SWAN reports (including progress against Action Plan) to all staff and students (3.2)
- Re-survey staff and students every 18 months, and analyse data against 2014 baseline (6.1)
- Identify the need for focus groups where required (6.2)
- Monitor and review staff profile by gender and grade annually (6.4)
- Monitor and review postgraduate research (PGR) student data by gender annually (6.5)

[948 / 1,000 Words]

3) A picture of the department: maximum 2000 words

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

The Radcliffe Department of Medicine (RDM) is a large, multi-disciplinary clinical department in the Medical Sciences Division (MSD) of the University of Oxford combining high-quality basic biological science with clinical application. RDM was created in 2012 to bring together a number of related disciplines through the amalgamation of two existing departments (Department of Cardiovascular Medicine, Nuffield Department of Clinical Laboratory Sciences) and elements of the Nuffield Department of Medicine (Investigative Medicine and Oxford Centre for Diabetes, Endocrinology and Metabolism). RDM maintains the identity of its four component divisions (CVM, IMD, NDCLS & OCDEM – Figure 3), ensuring added value and strategic coordination through a central administrative team and leadership by Professor Hugh Watkins with support from the Management Committee. Creating a cohesive departmental culture across different teams and locations was a challenge for RDM but is one that we feel we have successfully addressed, as outlined in section 4(e)iv.

The Department has great ambition and its success is dependent on attracting the best staff and students from around the world and providing them with the facilities, support and career development opportunities needed to thrive. Therefore, since our formation we have strived to develop an inclusive, respectful culture where the talents of all are recognised and developed.

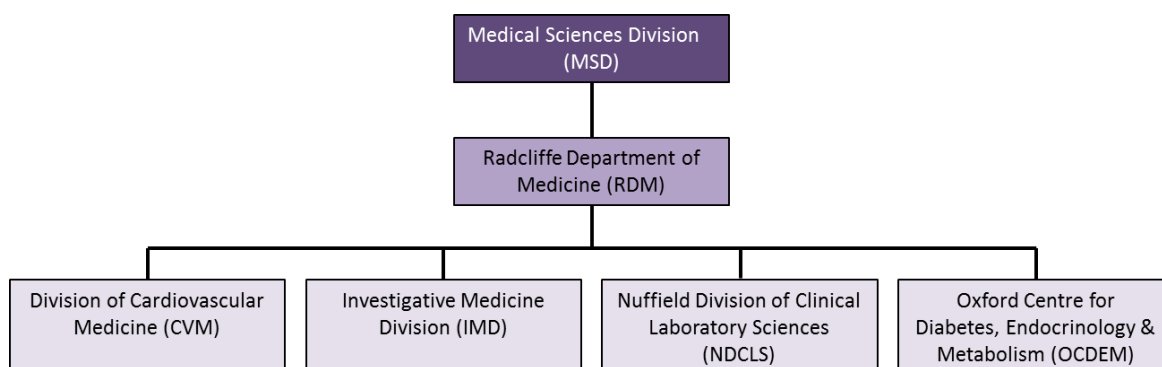


Figure 3. Structure of RDM

We employ approximately 600 scientific and support staff and around 130 postgraduate research students across a range of disciplines. As a clinical department we have limited undergraduate teaching responsibilities compared with non-clinical science departments. This means there are only a small number of permanent academic positions within RDM.

We have an annual turnover of £50M, of which over 80% is public and charitable external funding. Most research staff are externally funded on short- to medium-term grants, or individual fellowships.

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

Student Data

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

RDM does not offer access or foundation courses.

ii) Undergraduate male and female numbers

RDM does not admit undergraduates. However, members of the department contribute to undergraduate teaching in MSD. Intake for the preclinical and graduate entry clinical schools show gender parity with minor fluctuation (Table 5), and degree outcomes reflect this distribution. No specific action is planned.

	Females				Males			
	BMBCH Clinical Medicine 6yrs	BMBCH Grad Entry 4yrs	Total F	% F	BMBCH Clinical Medicine 6yrs	BMBCH Grad Entry 4yrs	Total M	% M
Oct 2012	63	13	76	48%	70	13	83	52%
Oct 2013	66	19	85	53%	63	12	75	47%
Oct 2014	59	9	68	44%	74	14	88	56%
Oct 2015	67	17	84	52%	68	11	79	48%

Table 5. Intake by gender for MSD preclinical and graduate clinical schools for 2012-2015

iii) Postgraduate male and female numbers completing taught courses

RDM does not offer taught postgraduate courses.

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

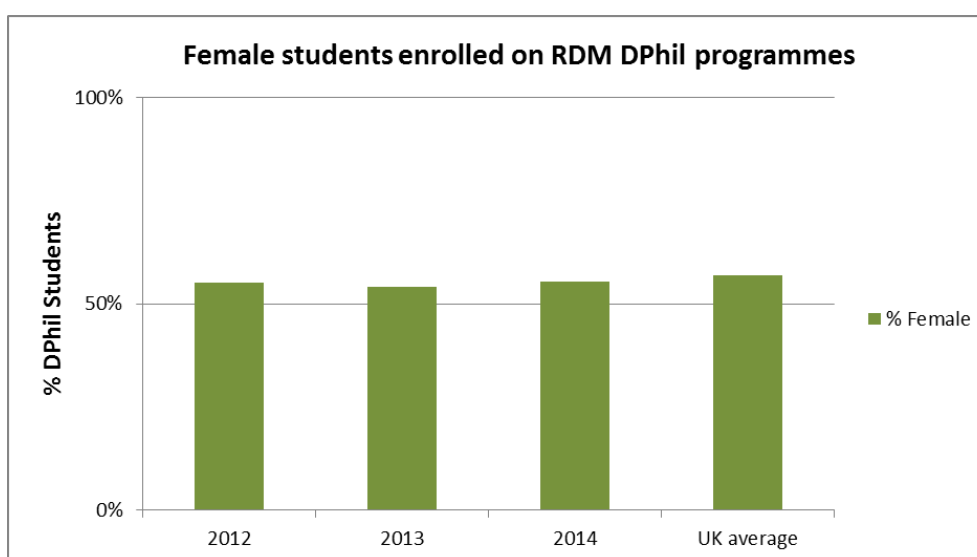


Figure 4. Enrolled female DPhil students by year for 2012-2014 compared to UK average⁷ (snapshot in December of each year)

	Female %	Females	Males	Total
2012	55%	58	47	105
2013	54%	65	55	120
2014	55%	70	57	127
UK average⁹	57%	-	-	-

Table 6. RDM DPhil students enrolled by gender 2012-2014

The percentage of females enrolled on our DPhil programmes (~55%) is in line with the national average for postgraduate research (PGR) students in Medicine and Dentistry⁹ (57%; Table 6). We have no specific actions planned other than to carefully monitor this proportion on an annual basis (6.5).

We have taken an active role in the recent MSD consultation on the possibility for part-time postgraduate study following the University's recent policy change to allow it (B5.9). The lack of such opportunities was identified as a possible barrier for female students in our Bronze Award submissions. Three departments within MSD are now accepting part-time PGR students and we will engage with them to understand their experiences while considering how to implement this option across RDM (5.4).

SILVER ACTION: We will engage with the three departments which are now accepting part-time PGRs to consider how to implement in RDM (5.4)

⁹ Equality Challenge Unit (2014) Equality in Higher Education Statistical Report (Student Data Spreadsheet Table 4.8, Postgraduate Research in Medicine & Dentistry)

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

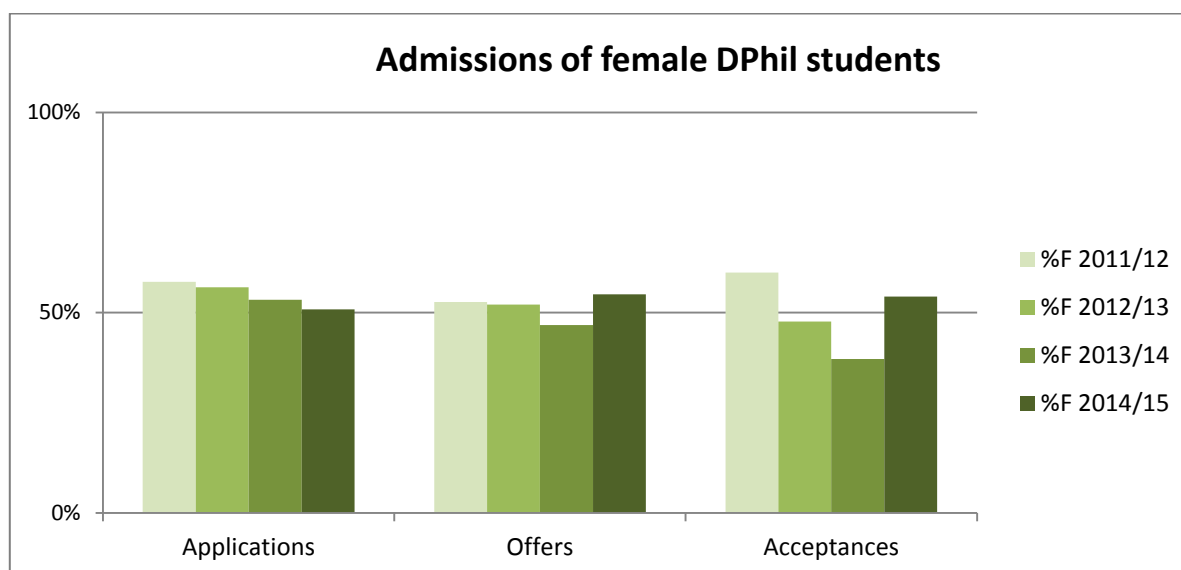


Figure 5. Female DPhil admissions 2011-2015

		Female %	Females	Males	Total
Applications	2011/12	57%	60	44	104
	2012/13	56%	40	31	71
	2013/14	53%	99	87	186
	2014/15	51%	93	90	183
Offers	2011/12	53%	10	9	19
	2012/13	52%	13	12	25
	2013/14	47%	15	17	32
	2014/15	55%	24	20	44
Acceptances	2011/12	60%	9	6	15
	2012/13	48%	11	12	23
	2013/14	38%	10	16	26
	2014/15	54%	20	17	37

Table 7. DPhil admissions by gender for 2011-2015. "Acceptances" indicate the number of students who accept an offer from the department.¹⁰

¹⁰ Tables 7 and 8 show admissions data by year for students applying to our DPhil programmes. This is different from Table 6 which shows on-course population data as at 1 December of each year.

		Female Success Rate	Male Success Rate
Offer Rate as % of applications within a gender	2011/12	17%	20%
	2012/13	33%	39%
	2013/14	15%	20%
	2014/15	26%	22%
	Total	21%	23%
Acceptance Rate as % of applications within a gender	2011/12	15%	14%
	2012/13	28%	39%
	2013/14	10%	18%
	2014/15	22%	19%
	Total	17%	20%

Table 8. D Phil admissions success rate by gender for offers and acceptances for 2011-2015

While the proportions of applications, offers and acceptances fluctuate from year to year, in the last four years women have, on average, represented 54% of applications, 53% of offers and 50% of acceptances. We have closely analysed reasons for declined offers since 2013 (B5.4) to understand why more women than men appear to do so (12F, 7M in the last four years). This analysis suggests uncertainty over studentship funding and multiple offers, sometimes within Oxford, as reasons for not taking up places. However, each case is different, with no clear gender issues identified. We will continue to collect data from those not accepting offers (5.7).

RDM invests its own funds to support students through the RDM Scholars Programme. All applications for this programme are assessed by three academics (at least 1 female) and the interview and shortlisting panels are always gender balanced. In the 2013 admitted cohort, RDM funds supported 6F and 7M students and in 2014 supported 5F and 5M students through a competitive cross-divisional admissions process.

SILVER ACTIONS:

- Monitor and review PGR admissions data by gender annually, and identify trends against 2013/14 baseline and take action if necessary (5.5)
- Identify reasons why PGRs turn down offers and implement new policies where applicable (5.7)

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

We aim to achieve a minimum of 70% of DPhil candidates submitting their thesis within four years (5.6). Submission data are available for two DPhil programmes for the last three applicable student cohorts (2008/9, 2009/10 & 2010/11):

- DPhil in Cardiovascular Medicine: 9/9 females, 13/18 males
- DPhil in Clinical Laboratory Sciences: 13/19 females, 7/8 males

We have a number of students from these cohorts who are yet to complete. We have reviewed the individual circumstances of these students (B5.5). Reasons for delayed submission include; maternity leave, health reasons, bereavement and change of supervisor or project. Since 2012, we have made several improvements to student support to improve submission rates, as detailed in Section 4 (page 55). We will continue to monitor submission rates and respond to any need for support with appropriate action (5.6). RDM policy is that supervisors with greater than 30% of their students not submitting within 4 years without a good reason such as maternity leave or illness are excluded from supervising RDM-funded studentships.

SILVER ACTION: Monitor and review 4-year DPhil submission rates by gender (5.6)

Staff Data

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

Figure 6 illustrates the growth of the department’s research and academic population from 2011-2014, including through organisational change (2012). Over that period the proportion of female staff has increased from 40% to 45%. This, while encouraging, remains below the national average of 52% for clinical medicine¹¹. RDM is multi-disciplinary with research interests from basic biological research through to clinical application so although this is not a perfect benchmark it provides us with a target. We have focussed our analysis and actions on the two separate career pathways: clinical and non-clinical.

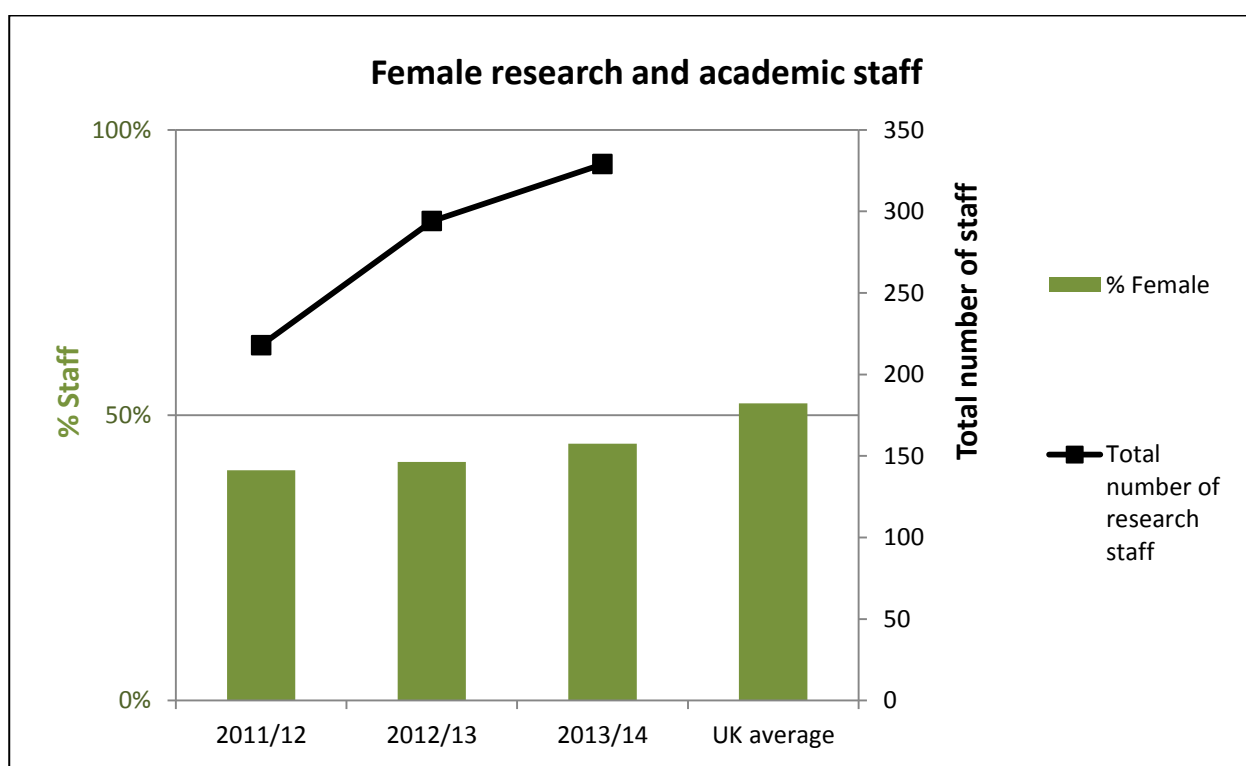


Figure 6. Total number of academic and research staff (2011-14, clinical and non-clinical, black squares) with % female shown with green bars.

	Female %	Females	Males	Total
2011/12	40%	88	130	218
2012/13	42%	123	171	294
2013/14	45%	148	181	329
UK average⁹	52%	-	-	-

Table 9. Total number of research staff (clinical and non-clinical) by gender (2011-2014). Figures include a small number of Marie Curie Research Fellows (1F in 2011/12, 1F/1M in 2012/13 & 3F/2M in 2013/14) who do not easily map to grade and are therefore not included in Table 10.

¹¹ Equality Challenge Unit (2014) Equality in Higher Education Statistical Report, Table 4.15 p236 ‘Clinical Medicine’

Non-clinical Career Pathway

The typical path from completion of a DPhil is a postdoctoral (PDRA) position (usually grade 7, progressing to 8) on a fixed-term contract, during which staff typically attempt to secure externally-funded intermediate and senior fellowships on a fixed-term basis. The progression to independent researcher (grade 8 to 9) is the key transition and, as can be appreciated by the data presented, is a particular challenge for women (Figure 7).

Most senior academic posts in RDM are professorships. Titular Professors (TPs) are awarded internally through Recognition of Distinction; Statutory Professors (SPs) are recruited externally. Researchers can also be appointed to permanent positions on the RSIV professorial-equivalent grade. TPs, SPs and RSIVs equate to professorial appointments elsewhere and are grouped here as 'Non-clinical Professors' for comparability with other institutions.

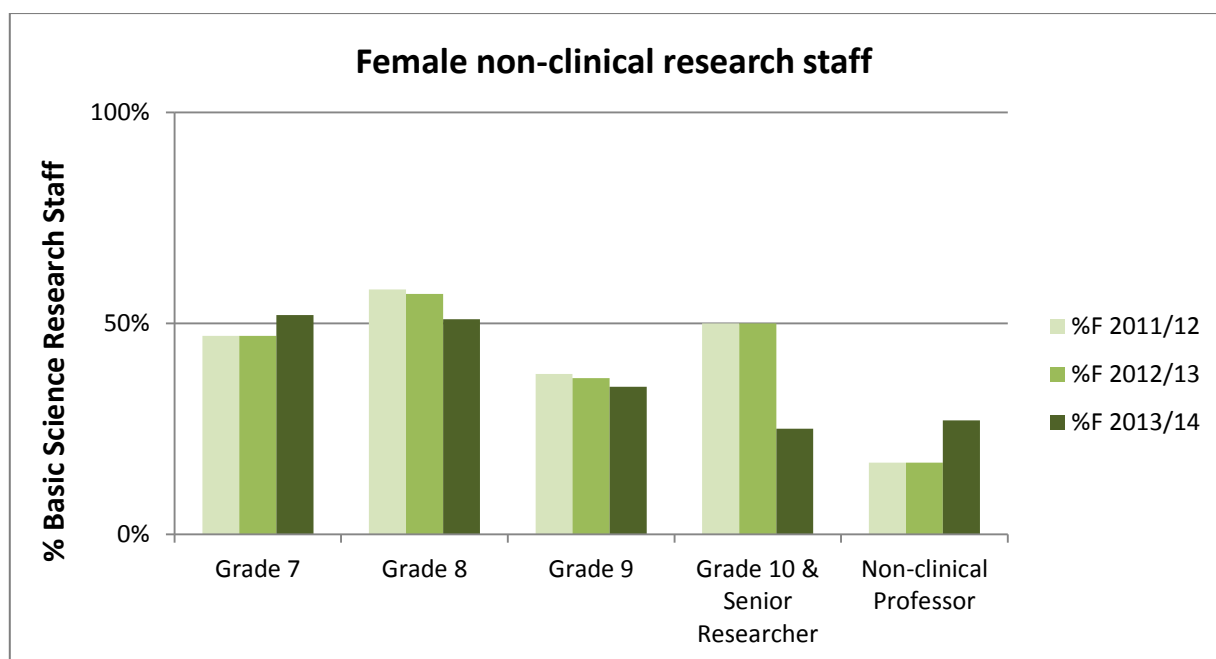


Figure 7. Female non-clinical staff profile (2011/12 – 2013/14)

		Female %	Females	Males	Total
Grade 7	2011/12	47%	47	54	101
	2012/13	47%	66	74	140
	2013/14	52%	87	79	166
Grade 8	2011/12	58%	14	10	24
	2012/13	57%	20	15	35
	2013/14	51%	21	20	41
Grade 9	2011/12	38%	6	10	16
	2012/13	37%	7	12	19
	2013/14	35%	6*	11	17
Grade 10 & Senior Research	2011/12	50%	3	3	6
	2012/13	50%	2*	2	4
	2013/14	25%	1*	3	4
Non- Clinical Professor	2011/12	17%	1	5	6
	2012/13	17%	2	10	12
	2013/14	27%	4	11	15

Table 10. Non-clinical staff numbers by gender and grade (2011/12 – 2013/14). * Decrease in numbers of females at grades 9 & 10 is a direct consequence of promoting 3 women to Professorial grades.

The total number of non-clinical research staff has grown from 153 in 2011 to 243 in 2014 with a proportionately greater increase in female researchers (46% - 49%). Most of the growth has been at grade 7 (40 female vs 25 male), suggesting success in our strategies to appoint women at the early career stage (page 32).

There has been an increase in the number of females at grade 8, but their relative proportion has fallen from 58% to 51%. Ensuring we further increase the number of female grade 8 staff, through recruitment and promotion, is a key objective and underpins a number of our actions (Section 4). The proportion of females at grades 9 and above has remained largely stable over the period (30-35%). Turnover for senior posts is low (page 30) and change will necessarily take longer.

One of our greatest successes is that 3 of our grade 9 and 10 women were successful in promotion to professorial RSIV grades. This has increased female non-clinical professors from 1 (17%) to 4 (27% in line with UK average 25%)¹². Academic progression to grades 9 and above for female staff is clearly key to our AS initiative and multiple aspects of our action plan address this issue – these are discussed at length in Section 4.

Clinical Academic Career Pathway

The clinical academic career pathway comprises several training stages, which allow flexibility and mobility between academic research and clinical work, with strong links to the National Health Service (NHS) at every stage (Section 5). Some of the clinical disciplines in RDM, such as cardiology, attract low proportions of women nationally¹³, whilst others, such as laboratory medicine, are traditionally more attractive to women.

¹² HESA Staff data using the Cost Centre Clinical Medicine (101)

¹³ Joint Royal Colleges of Physicians Training Board 2013 report, 82.8% of Cardiology Trainees are male.

Clinical Research Trainees (CRTs) are typically pre-DPhil clinicians engaged to work on clinical or non-clinical research projects, and who often undertake a DPhil. Clinical Lecturers are appointed to fixed-term positions. These posts are normally entered after a DPhil has been obtained. During the lecturership, a Certificate of Completion of Training (CCT) is usually achieved, accompanied by postdoctoral research.

Clinical Researchers are typically Intermediate Fellowship holders with 3-5 years of postdoctoral research experience. Senior Clinical Research fellowships are typically awarded to individuals with 5-8 years of postdoctoral research experience and who hold their CCT. As the numbers are small, Clinical Researchers and Senior Clinical Researchers have been grouped as 'Clinical Researchers' in Figure 8/ Table 11. Titular and Statutory Professors have been grouped as 'Clinical Professors'.

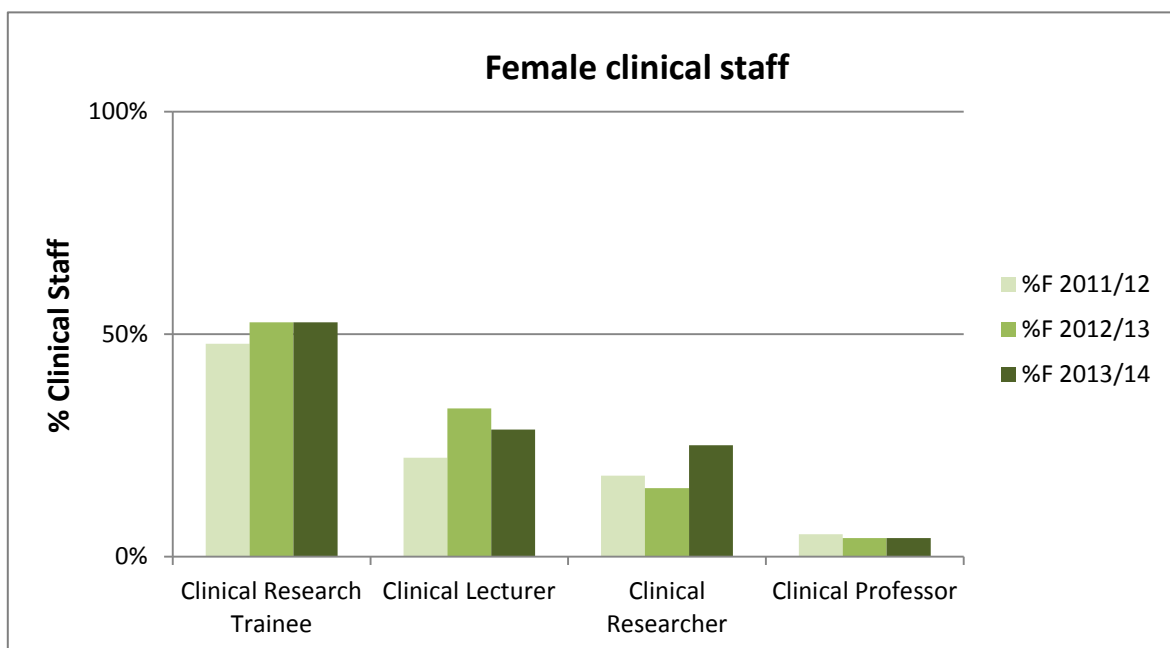


Figure 8. Female clinical staff profile (2011-2014)

		Female %	Females	Males	Total
Clinical Research Trainee	2011/12	48%	11	12	23
	2012/13	53%	20	18	38
	2013/14	53%	20	18	38
Clinical Lecturer	2011/12	22%	2	7	9
	2012/13	33%	2	4	6
	2013/14	29%	2	5	7
Clinical Researcher	2011/12	18%	2	9	11
	2012/13	15%	2	11	13
	2013/14	25%	3	9	12
Clinical Professor	2011/12	5%	1	19	20
	2012/13	4%	1	23	24
	2013/14	4%	1	23	24

Table 11. Clinical staff numbers by gender and grade (2011/12 – 2013/14)

The number of clinical staff within RDM has remained stable over the reporting period with the change at the senior level (clinical researcher and professor i.e. NHS Consultant status) between 2011/12 and 2012/13 reflecting organisational change rather than growth. Given that these posts rarely turnover, there have been limited opportunities for progression in the clinical pathway.

Progressing female clinical researchers to NHS Consultant status is a particular challenge and we provide further commentary on this in Section 5. We are pleased to report that in 2014/15 (recent data not included in Figure 8/ Table 11) the number of female honorary NHS consultants has increased from 4 to 7.

This success is encouraging and indicates that our actions are starting to make a difference. We will build on it through the application of more robust search methodologies, to ensure that all senior clinical appointments include at least one female shortlisted candidate (1.2; 6.6). We will also provide focussed support to enable staff to secure titular professorships (1.13).

The percentage of females at the entry level (CRT) has increased from 48% to 53%; higher than the MSD average (45%). We will focus on building the pipeline of female CRTs progressing to the intermediate career points, as this is where the future female professors will come from in the medium-long term (Section 4).

In both the clinical and non-clinical pathways progression is dependent on successfully applying for independent fellowships and grants. We provide considerable support for this process and aim to make the information about such opportunities more widely available (page 45).

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

Non-clinical

		Females	Males	Total
Grade 7	2011/12	11	8	19
	2012/13	10	9	19
	2013/14	10	8	18
Grade 8	2011/12	-	3	3
	2012/13	5	3	8
	2013/14	3	4	7
Grade 9	2011/12	-	-	-
	2012/13	1	-	1
	2013/14	-	-	-
Grade 10 & Senior Research	2011/12	-	-	-
	2012/13	-	1	1
	2013/14	-	-	-
Non-clinical Professor	2011/12	-	2	2
	2012/13	-	-	-
	2013/14	-	-	-

Table 12. Turnover of non-clinical research staff by gender and grade (2011-2014)

Turnover figures are low as a proportion of the overall number of non-clinical staff. Turnover is greatest at grades 7 and 8 (PDRAs). This reflects that the majority of staff in these grades are on fixed term contracts due to the nature of their funding. Destination of female leavers at grades 8 and above is presented in Table 13 (B6.3). There are few leavers above grade 8.

Year	Grade	Reason for Leaving	Destination
2012/13	8	Resignation: career progression	School teacher
	8	Resignation: career progression	Research: Pharmaceutical Industry
	8	Resignation: family reasons	Working from home for a clinical trials research company
	8	Resignation: career progression	Research Support: Wellcome Trust Research Institute, London
	8	End of fixed-term contract	Research: Lecturer at Kings College London
	9	Resignation: career progression	NHS
2013/14	8	Resignation: voluntary severance	Research: UK Higher Education Institution
	8	Resignation: personal reasons	Research: Pharmaceutical Industry
	8	Resignation: career progression	NHS

Table 13. Reasons for leaving and destination of female leavers at grades 8 & above (2011-2014)

Clinical Staff

		Females	Males	Total
Clinical Research Trainee	2011/12	7	11	18
	2012/13	1	1	2
	2013/14	3	10	13
Clinical Lecturer	2011/12	-	1	1
	2012/13	-	2	2
	2013/14	1	1	2
Clinical Researcher	2011/12	-	-	-
	2012/13	-	2	2
	2013/14	-	-	-

Table 14. Turnover of clinical research staff by gender and grade (2011-2014)

Higher turnover of CRTs is expected, as these are fixed-term positions within the clinical training pathway. Most CRTs returned to NHS clinical work, but seven subsequently returned to work for RDM 6 to 9 months after leaving. Turnover at the senior levels is low. The clinical lecturers resigned for career reasons or end of fixed-term contracts. One of the male clinical researchers retired, while the other moved to undertake further study overseas.

Exit questionnaire

An exit questionnaire for leavers has been implemented across RDM (B6.3). This has already enabled us to identify reasons for leaving and take positive actions to retain staff.

IMPACT OF BRONZE ACTION PLAN B6.3: An exit questionnaire for leavers has been implemented across RDM. The data have allowed us to respond to the needs of particular staff groups e.g. between 2013 and 2014, newly appointed bioinformaticians did not stay in post when first introduced to Oxford, due to better network and career development facilities in industry. We supported the team to introduce a strong network with other bioinformaticians in the university. As a result all bioinformaticians appointed from Spring 2014 onwards have been retained.

SILVER ACTION: Develop leavers' database and review destinations through analysis of exit questionnaires (6.7)

[1,806 / 2,000 Words]

4) Supporting and advancing women’s careers: maximum 5000 words

Key career transition points:

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

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

IMPACT OF BRONZE ACTION PLAN B6.2: Our new recruitment procedures have resulted in an increase in the proportion of recruits who are female: from 53% in 2011/12 to 61% in 2013/14 for grade 7 researchers. The female proportion of the population in the department has increased from 47% to 52% at grade 7 and 48% to 53% for Clinical Research Trainees.

Non-clinical Grades

Our non-clinical recruitment data illustrate the interdisciplinary nature of our research. Researchers are recruited into either biomedical science laboratory posts (mostly at grade 7) or IT/Physics/Statistics posts (e.g. bioinformaticians, statisticians, imaging, MRI physicists, software engineers) at grades 7 and 8. IT/Physics/Statistics posts form a larger proportion of advertised posts with increasing grade, reflecting that the usual route for laboratory scientists from grade 7 to senior posts is via direct appointment due to independent peer-reviewed fellowships and grants or regrading. IT/Physics/Statistics posts have a much lower female applicant pool¹⁴, which is reflected in our data.

	2011/12	2012/13	2013/14
Laboratory research posts advertised at grade 7	31	35	39
IT/Statistics/Physics posts advertised at grade 7	3	9	4
% IT/Statistics/Physics advertised at grade 7	9%	20%	9%
Laboratory research posts advertised at grade 8	1	2	0
IT/Statistics/Physics posts advertised at grade 8	2	3	3
% IT/Statistics/Physics advertised at grade 8	67%	60%	100%

Table 15. Numbers of posts at grade 7 and 8 split into ‘Laboratory Researchers’ and ‘IT/Statistics/Physics’ (2011-2014)

¹⁴ National ECU benchmarks ‘Equality in Higher Education: Statistical Report 2014’ - IT, systems sciences & computer software engineering 21.5% female, Mathematics 23.3% female and Physics 17.5% female. This compares to the Clinical Medicine benchmark, 52.1% female.

For laboratory researchers at grade 7 the numbers of female applicants and appointees has increased since 2011/12, from 40%-46% and 55%-61% respectively.

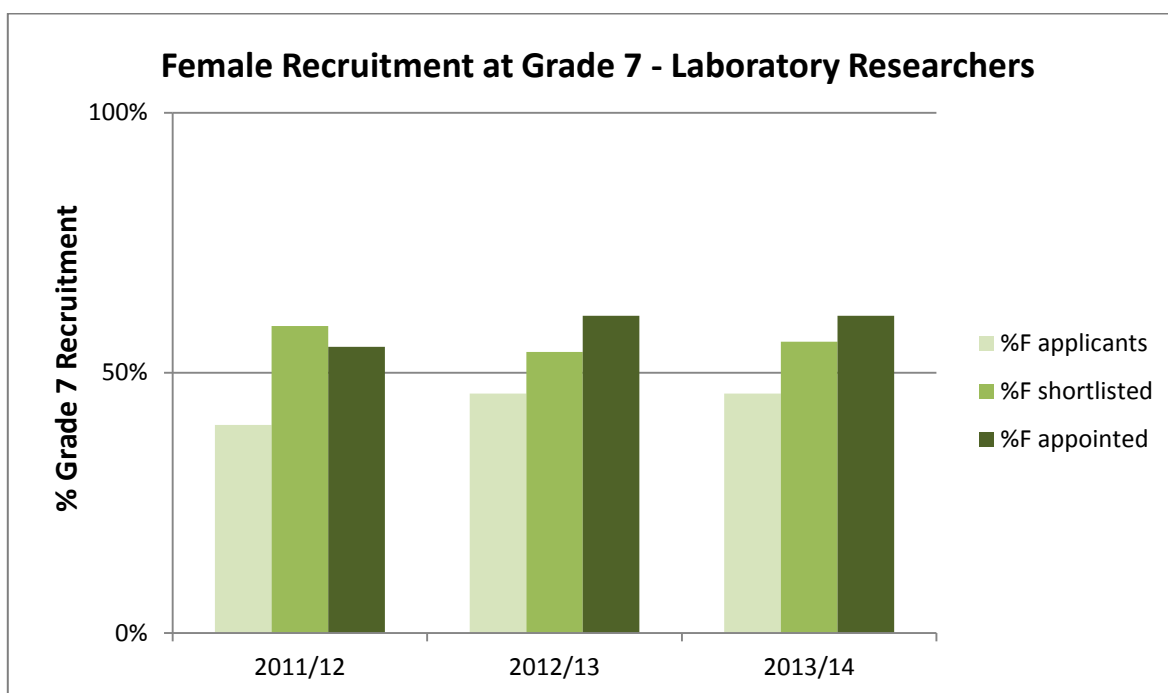


Figure 9. Recruitment of female 'Laboratory Researchers' at grade 7 (2011-2014)

		% Female	Females	Males	Total
Grade 7 Applications	2011/12	40%	331	487	818
	2012/13	46%	492	571	1063
	2013/14	46%	374	447	821
	3 year average	44%	399	502	901
Grade 7 Shortlisted	2011/12	59%	48	34	82
	2012/13	54%	56	47	103
	2013/14	56%	62	48	110
	3 year average	56%	55	43	98
Grade 7 Appointed	2011/12	55%	17	14	31
	2012/13	61%	22	14	36
	2013/14	61%	28	18	46
	3 year average	59%	22	15	37

Table 16. Recruitment data by gender for grade 7 'Laboratory Researchers' (2011-2014)

		Female Success Rate	Male Success Rate
Shortlist Rate as % of applications within a gender	2011/12	15%	7%
	2012/13	11%	8%
	2013/14	17%	10%
	Total	14%	9%
Appointment Rate as % of applications within a gender	2011/12	5%	3%
	2012/13	4%	2%
	2013/14	7%	4%
	Total	6%	3%

Table 17. Success rates by gender for grade 7 'Laboratory Researchers' (2011-2014)

Recruitment to IT/Physics/Statistics posts at grade 7 is reflective of the applicant pool nationally.¹⁴ Our female appointment rate is in line with the national average, albeit for small numbers (1F, 4M in 2014).

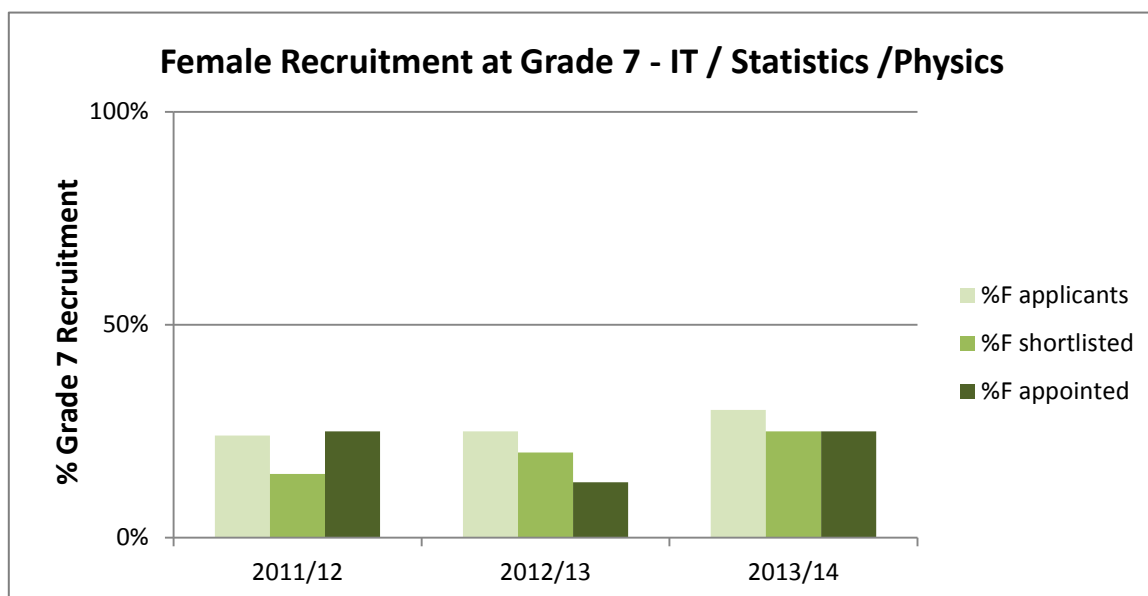


Figure 10. Recruitment of female IT / Statistics / Physics researchers at grade 7 (2011-2014)

		% Female	Females	Males	Total
Grade 7 Applications	2011/12	24%	13	42	55
	2012/13	25%	21	64	85
	2013/14	30%	26	60	86
	3 year average	27%	20	55	75
Grade 7 Shortlisted	2011/12	15%	2	11	13
	2012/13	20%	5	20	25
	2013/14	25%	5	15	20
	3 year average	21%	4	15	19
Grade 7 Appointed	2011/12	25%	1	3	4
	2012/13	13%	1	7	8
	2013/14	25%	1	3	4
	3 year average	20%	1	4	5

Table 18. Recruitment data by gender for grade 7 'IT / Statistics / Physics' Researchers (2011-2014)

		Female Success Rate	Male Success Rate
Shortlist Rate as % of applications within a gender	2011/12	15%	26%
	2012/13	24%	31%
	2013/14	19%	25%
	Total	20%	27%
Appointment Rate as % of applications within a gender	2011/12	8%	7%
	2012/13	5%	11%
	2013/14	4%	5%
	Total	5%	7%

Table 19. Success rates by gender for grade 7 'IT / Statistics / Physics' (2011-2014)

There were few recruitments above grade 7 making it difficult to draw meaningful conclusions about success rates for these posts. However, over three years women comprised 44% of applicants and 60% of appointments to grade 8 laboratory research posts, and 24% of applicants and 25% of appointments to grade 8 IT/statistics/physics posts, suggesting that our key issue is attracting more women to apply for senior grades and certain types of posts (1.1-1.6)

		% Female	Females	Males	Total
Grade 8 Applications	2011/12	57%*	4	3	7
	2012/13	49%	18	19	37
	2013/14	38%	15	24	39
	3 year average	44%	12	15	27
Grade 8 Shortlisted	2011/12	100%	1	0	1
	2012/13	40%	2	3	5
	2013/14	0%	0	3	3
Grade 8 Appointed	2011/12	100%	1	0	1
	2012/13	50%	1	1	2
	2013/14	0%	0	0	0

Table 20. Recruitment data by gender for grade 8 'Laboratory Researchers' (2011-2014). *Note the small number of recruitments in this year.

		% Female	Females	Males	Total
Grade 8 Applications	2011/12	19%	6	26	32
	2012/13	24%	8	25	33
	2013/14	27%	16	43	59
	3 year average	24%	10	31	41
Grade 8 Shortlisted	2011/12	20%	1	4	5
	2012/13	20%	2	8	10
	2013/14	43%	6	8	14
Grade 8 Appointed	2011/12	50%	1	1	2
	2012/13	0%	0	3	3
	2013/14	33%	1	2	3

Table 21. Recruitment data by gender for grade 8 'IT / Statistics / Physics' Researchers (2011-2014)

Only one grade 9 post was advertised (2011/12, Laboratory) with 1 male applicant, shortlisted and appointed. No grade 10 posts were advertised.

Clinical Grades

The proportion of women in Clinical Research Trainee (CRT) posts has increased from 48% to 53% over three years. Ten CRTs were appointed through open recruitment (4F, 6M) and a further 25 (16F, 9M) were appointed directly having secured highly competitive, peer reviewed, externally-funded fellowships.

At senior grades, there have been just 7 recruitments in 3 years. Women were 20% of applicants, 14% shortlisted applicants and 13% of appointees. As with non-clinical grades, there are fewer female applicants as the grade increases. This will be a focus of action going forward (1.1 – 1.6). Success rates are not shown due to the small numbers involved.



Figure 11. Recruitment of female clinical staff to Clinical Research Trainee (CRT), Clinical Lecturer and Clinical Researcher/ Senior Clinical Researcher posts (2011-2014)

		% Female	Females	Males	Total
CRT Applications	2011/12	0%	0	0	0
	2012/13	45%	18	22	40
	2013/14	32%	14	31	44
CRT Shortlisted	2011/12	0%	0	0	0
	2012/13	64%	7	4	11
	2013/14	38%	3	5	8
CRT Appointed	2011/12	0%	0	0	0
	2012/13	60%	3	2	5
	2013/14	20%	1	4	5

Table 22. Recruitment data by gender for Clinical Research Trainee posts (2011-2014)

		% Female	Females	Males	Total
Clinical Lecturer Applications	2011/12	67%	2	1	3
	2012/13	22%	2	7	9
	2013/14	-	-	-	-
Clinical Lecturer Shortlisted	2011/12	50%	1	1	2
	2012/13	0%	0	3	3
	2013/14	-	-	-	-
Clinical Lecturer Appointed	2011/12	0%	0	1	1
	2012/13	0%	0	1	1
	2013/14	-	-	-	-

Table 23. Recruitment data by gender for Clinical Lecturer posts (2011-2014). Note: only two posts were recruited to during the period, and there were no recruitments in 2013/14

		% Female	Females	Males	Total
Clinical/Senior Researcher Applications	2011/12	6%	1	15	16
	2012/13	0%	0	0	0
	2013/14	50%	1	1	2
Clinical/Senior Researcher Shortlisted	2011/12	10%	1	9	10
	2012/13	0%	0	0	0
	2013/14	0%	0	1	1
Clinical/Senior Researcher Appointed	2011/12	25%	1	3	4
	2012/13	0%	0	0	0
	2013/14	0%	0	1	1

Table 24. Recruitment data by gender for Clinical Researcher/ Senior Clinical Research posts (2011-2014), which have been aggregated due to small numbers

Statutory Chairs

Three Chairs are currently being recruited to and search committees have identified strong female candidates. Recent changes to the procedure for appointing Statutory Professors make an explicit emphasis on the ratio of female and male candidates and require the Electoral Board to be briefed on the potential for bias, both in the search and in references. If no female candidates are shortlisted, the Chair of the Board must report to the Vice-Chancellor explaining the reasons. The search may be re-opened if the diversity of candidates is not considered optimal. RDM will continue to work to improve application and success rates for women, particularly at senior grades and will introduce a similar procedure for senior posts (1.2).

SILVER ACTIONS:

- Implement the new Electoral Board process for appointment of Statutory Professors and introduce equivalent RDM process for all other senior posts. Pilot the use of head-hunters to see if they can increase the field of female candidates (1.2)
- Monitor and review recruitment data by gender and grade (6.6)

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

There are no formal opportunities available for promotion at the University of Oxford. However, there are opportunities available to recognise academic/research achievement, which generally provide a titular or financial incentive without any change in duties:

Recognition of Distinction (RoD)

The RoD exercise confers the titles of University Research Lecturer (open to grades 8 and above), Associate Professor (open to grades 9, 10 and Honorary Consultants, new in 2014) or Professor, to recognise significant academic contributions from senior research staff. The titles are honorary and do not change the underlying duties of the individual (See Glossary).

Since 2012/13, we have circulated information on RoD to all staff. Division Heads and administrators are advised of all staff in eligible grades and asked to consider who meets the criteria. Applicants can also self-nominate. Potential applicants are invited to discuss their case with the HoD or Division Head. Once received, applications are compared and further applications encouraged if there are inconsistencies (in 2015 this resulted in one additional University Research Lecturer application from a female clinician).

		Females	Males
Nominated	2011/12	2	1
	2012/13	4	2
	2013/14	9	16
Awarded	2011/12	0	0
	2012/13	2	2
	2013/14	9	15
Success Rate	2011/12	0%	0%
	2012/13	50%	100%
	2013/14	100%	94%

Table 25. Award of University Research Lecturer (run in 2011/12 & 2012/2013 only) and Associate Professor (new in 2013/14) titles in RDM by gender

In 2013/14, RDM nominated 25 individuals (9F, 16M) to the new Associate Professor exercise. 9F (100%) and 15M (94%) were successful, which is pleasing in terms of numbers of women put forward (90% of those eligible by grade) and success rate.

		Females	Males
Nominated	2011/12	0	0
	2012/13	1	1
	2013/14	3	1
Awarded	2011/12	0	0
	2012/13	1	1
	2013/14	2	1
Success Rate	2011/12	-	-
	2012/13	100%	100%
	2013/14	67%	100%

Table 26. Award of Professor titles in RDM by gender (2011/2014)

Given that we only had one female non-clinical professor in 2010/11, we are particularly pleased that 3 women have been awarded professorial titles over the period (3F, 2M).

We offer feedback to unsuccessful applicants. For example, a female non-clinical researcher who was unsuccessful in 2012 was advised by the HoD that securing independent grant funding and supervising students would strengthen her case. We supported her to submit grant applications and co-supervise graduate students, which was key in her successful award of the Associate Professor title in 2015.

By identifying and supporting a pool of potential candidates for future exercises, we are confident of increasing the number of successful RoD female candidates by at least 10 over the next 3 years, including at least 3 to Professor (1.13).

IMPACT OF BRONZE ACTION PLAN B1.11: RDM's support has resulted in 3 senior women being awarded the title of Professor through RoD, which has increased the proportion of female non-clinical professors in the department from 1 (17%) in 2012 to 4 (27%) in 2014. In addition, 9 women were awarded the title of Associate Professor in 2014 through RoD.

SILVER ACTION: Continue to pro-actively identify and support women to apply through Recognition of Distinction for University Research Lecturer, Associate Professor and Professor (1.13)

Awards for Excellence

The University has an annual exercise, the Awards for Excellence, to recognise staff who have consistently demonstrated exceptional performance. Recurrent or one-off awards are made. All staff are considered by divisional panels attended by the Head of Administration and Finance to ensure consistency across RDM. Overall, women have been more successful than men (53% of non-recurrent and 71% of recurrent awards). As the progress and performance of all staff are reviewed, it also provides the opportunity to consider appropriate development, recognition, and funding opportunities on a regular basis.

Year	Grade	Number of Awards	Female %	Male %
2013	6-10	15	40%	60%
2014	6-10	17	65%	35%
Total		32	53%	47%

Table 27. One-off increments by gender and grade (2013 & 2014)

Year	Grade	Number of awards	Female %	Male %
2013	6-10	13	69%	31%
2014	6-10	21	71%	29%
Total		34	71%	29%

Table 28. Recurrent increments by gender and grade (2013 & 2014)

Regrading

Regrading involves changing the grade of a post (rather than rewarding an individual) to reflect increased duties and responsibilities. Applications to the central University are supported by the line manager and RDM. The application form includes the key reasons for the regrading request, comments from RDM and an updated job description. We are pleased to report 100% success rate for regrades:

Year	→ Grade 7	→ Grade 8	→ Grade 9	→ Grade 10	→ RSIV	Total F	Total M
2011/12	1F	2F 1M	1F			4	1
2012/13	3F 3M	5F 2M	1F 1M			9	6
2013/14	2F 1M	3F 7M		1M	3F	8	9

Table 29. Summary of re-grading outcomes for research staff by grade and gender (2011–2014)

More females have been regraded overall (21F, 15M). We have been particularly successful in regrading 3 senior females to RSIV professorial grade.

The number of regrades reflects the numbers of staff in each grade, with more promotions to grades 7 and 8 than to senior grades. Staff at grades 7-9 more commonly move up the pay grades by being named on an external funding application (e.g. fellowship with an approved and graded job description).

As an example of our improvements in this area, in the CVM 2012 survey, 60% of respondents were unclear about the processes and requirements for regrading. In response (B4.2) we developed a section on regrading on the website, and further communications through the RDM newsletter. As a result only 26% of CVM respondents were not aware of the processes and criteria in 2014.

Staff can also move up a grade by successfully applying for advertised posts in the department. We support staff through this process. For example a female clinician was recently shortlisted but not appointed to a Clinical Lectureship. We provided feedback to enable her to develop a research plan and funded her to take time out of clinical duties to strengthen her research, with the aim of applying for a similar post in the future.

SILVER ACTIONS:

- Continue to pro-actively identify and support women to apply for regrading (1.13)
- Further improve information on Recognition of Distinction and regrading procedures e.g. website, Question & Answer sessions (1.14)

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

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

Recruitment Policies

RDM complies with all University policies and codes of practice, including the ‘Integrated equality policy’ and the ‘Code of practice on recruitment and selection’. Recruitment is managed via the University’s central vacancies website, which prominently features the code of practice, and the AS logo (B2.7). Selection panels comprise female and male members, and those chairing panels must complete the University’s ‘Recruitment and Selection’ training every 4 years.

In RDM we go beyond university policy and encourage all panel members to complete training. We run in-house recruitment and selection refresher courses for panel members; attendance has improved from 12 (2011/12) to 40 (2013/14). Moving forward we will make attendance mandatory for all staff involved in recruitment (1.1).

SILVER ACTION: Introduce mandatory online recruitment and selection training for all members of staff involved in recruitment (1.1)

Attracting Female Candidates

RDM is keen to attract more female candidates, particularly for senior posts, as we recognise that this is a key area for improvement (1.2; 1.8). We welcome the new Electoral Board process (page 38), which will be implemented for our recruitment to 3 professorships and extended to other senior recruitments (1.2).

All adverts feature the AS logo and encourage applications from women and minority ethnic candidates (B2.5). All further particulars provide information on childcare provision, family-friendly policies, and flexible working. Posts are advertised on a part-time/flexible basis where possible (1.4).

Administrative staff have attended courses on writing more appealing job descriptions and adverts, and sought advice from the University’s recruitment advisor on advertising strategy, including using LinkedIn and ResearchGate to widen the pool of applicants (B2.6). Job adverts are shared with relevant networks to reach an audience that might not be looking for vacancies. We regularly contact other departments to share best practice and successful strategies, and feed into a central process reviewing recruitment strategies.

We will continue to strengthen our selection criteria, further particulars and adverts to make them more attractive to women, including by adding a female contact for all posts (1.3, 1.4). We will

also make relevant pages of our intranet (e.g. female profiles, family-friendly policies, AS) visible externally (1.6).

To ensure transparency, we are developing a process to coordinate and support all fellowship applicants across RDM, with advice prior to applying, support while preparing the application, and mock interviews. We hope this will increase the number of female fellows by removing barriers to approaching RDM for support (1.8).

SILVER ACTIONS:

- We will review selection criteria for all posts to ensure they reflect importance of full range of skills and experiences, and allow for impact of career-breaks (1.3)
- We will emphasise the department's flexible working culture in all further particulars and add at least one female contact for all informal enquiries, to attract more female candidates (1.4)
- We will make relevant intranet pages (e.g. female career profiles) accessible to external audiences (1.6)
- We will develop a process to attract candidates to pursue early career and senior fellowships in RDM (1.8)

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

Our key attrition point for female staff is the transition into intermediate and senior positions. This normally coincides with the transition to an independent 'group leader' position, attracting external funding for personal and/or group support, supervising graduate students, and then progressing to senior group leader. RDM has a number of schemes aimed at supporting researchers through these transitions.

We have also put considerable effort into supporting women into leadership positions and ensuring that all our PGR students and early career researchers are provided with support and information to make their next career move.

The Career Development Committee (CDC) has been established to provide excellent career support and development opportunities for all staff and students. Reporting to the Management Committee, it is chaired by Professor Leanne Hodson and considers all aspects of career support, including Personal Development Review (PDR), mentoring and training, irrespective of grade and function.

Transition to independent research

We offer targeted training courses for early career researchers (B1.6), including a lunchtime seminar series for new and upcoming PIs on topics such as funding and managing a research group (34 attended in 2013/14, 15F), and a One Day Manager course in November 2015 (27 attended, 21F), covering objective-setting, giving feedback and performance management. The courses will be repeated annually.

Our 2014 survey showed that 39% of women compared to 25% of men felt they had insufficient experience of grant writing, so a grant writing workshop was held in September 2015, attended by 18 (12F, 6M) (1.9).

"I learnt so much - and it really has made me feel more confident and focused on the next step. I will be singing the praises of the course and encouraging people to attend the 2016 event!"

Female Grade 8 Postdoc

Two other workshops, 'How to write a successful grant application', by Professor Barbara Casadei and 'How to get a fellowship', by Professor Hugh Watkins, were organised and attended by 60 and 80 respectively (B1.3). Both received good feedback and will be re-run (1.9).

"The 'How to get a fellowship talk' was very useful. The discussion of what funding bodies are looking for in terms of the person as well as the project was enlightening, as was the discussion of fellowship interviews."

Female Grade 7 Postdoc

Co-supervision of DPhil students is often the first step a researcher takes on the path to independence. In 2014 and 2015 we ran an in-house course for potential DPhil supervisors, 8F and 18M attended (B5.3). The course will continue to be run annually (1.10).

SILVER ACTIONS: We will continue to provide support for early career researchers by:

- Organising targeted 'How to' workshops (1.9)
- Identifying and training new graduate student supervisors (1.10)

Securing internal funding is often an important step towards independence. We have revised eligibility for internal schemes (RDM pump priming, Biomedical Research Centre Research Capability Funding and BHF Centre of Research Excellence (CRE) pump priming) to enable postdocs to apply (B1.2). A recent CRE call for applications led by postdocs resulted in 13 applications (9F) and 5 awards (3F).

SILVER ACTION: We will support female applicants for internal funding sources, as preparation for application to external funders (1.11)

RDM has a Research Strategy Coordinator who provides one-on-one advice on funding opportunities to researchers, along with support for applications (e.g. organising mock interviews, linking applicants to current fellowship holders, tracking outcomes) (B1.4).

IMPACT OF BRONZE ACTION PLAN B1.4: Since January 2015, 26 researchers have been given one-on-one advice from the Research Strategy Coordinator and mock interviews (19F, 7M). This has resulted in the following successes:

- Female: 6 grants awarded, 5 grants submitted & decision pending, 8 applications in preparation
- Male: 1 grant awarded, 1 application in preparation

In our 2014 survey, 72% of respondents indicated that more information on fellowships would encourage them to consider applying for a fellowship. In response, a new monthly 'Funding Opportunities Bulletin' is sent to all staff to raise awareness of funding opportunities available at all career stages (1.7). A 'find funding' page has been developed on our website. We will continue to improve information on funding (1.7, 1.11) and support for applicants (1.12), and analyse grant success rates to measure the long-term impact of these initiatives (6.8).

"Overall [the mock interview] was a very good experience and incredibly helpful ... they gave me some excellent pointers and feedback which has been very useful in my preparation".

Female Grade 9 Group Leader recently awarded BHF Senior Fellowship

SILVER ACTIONS:

- Improve information and support to PDRAs about funding sources and fellowships (1.7, 1.11)
- We will provide a fellowship coordination process to ensure all applications receive the same support (1.12, 2.10)
- Continue to collect and analyse grant applications data and success rates by gender (6.8)

Leadership development

We encourage staff – women in particular – at more senior grades to attend University programmes such as the Academic Leadership Development Programme (ALDP) by circulating details to all eligible staff. Seven have attended since 2011 (5F). Another female attended the Women Transforming Leadership (WTL) development programme run by the Said Business School. Of these six women, five now have leadership roles within RDM, including two members of RDM's Management Committee, increasing the visibility of women in senior positions (B1.16). We will sponsor two women annually to attend the WTL programme (2.8) and work with the Director of the programme to develop bespoke local training sessions on negotiation and leadership skills (2.7). We hope this will continue to help women gain confidence and leadership skills.

"I wasn't aware of the ALDP until it was specifically highlighted to me by my Department, and I am really pleased that I took up the offer. There are so many little things about the way the University works which can be difficult to find out about, but this course makes them transparent, and has put me in touch with others in similar position across different departments in Medical Sciences."

Female Grade 10 Group Leader

SILVER ACTIONS:

- We will sponsor two places per year for attendance at the Women Transforming Leadership (WTL) development programme run by the Said Business School (2.8)
- We will work with the director of the WTL programme to develop bespoke training seminars for women on negotiation and leadership skills, funded by RDM (2.7)

Mentoring and careers advice

Mentoring is a valuable tool to increase individual career support at key transition points. Previously, two divisions operated a scheme for research fellows, the other two provided mentoring on an ad-hoc basis. The RDM Mentoring Scheme launched in February 2014 (B1.9) and is open to all staff and students. The Mentoring Committee (Chair: Professor Alison Banham) oversees the scheme. The aim of the scheme is to assist staff and students to achieve personal and professional growth through a supportive mentoring relationship.

“Thank you to those organising the mentor scheme, it really benefitted me at a difficult time in my career.”

Female mentee

20% of staff and 8% of DPhil students participate in the scheme, with 61 registered mentors (57% women, 43% men) and 84 mentees (68% women, 32% men). The gender balance of mentors is in line with the overall gender balance of RDM; however a greater proportion of mentees are female. 69 matches have been made and training delivered to 43 individuals (B1.6).

Feedback in the 2014 survey was extremely positive: 95% of participants would recommend the scheme and use it again. The survey showed that the 3 top benefits to mentees were: advice on career progression and planning, professional development, and extending professional networks. RDM will continue to promote and expand the scheme, encourage more student mentees and senior mentors, and monitor feedback through an online questionnaire at the conclusion of each relationship (2.3; 2.4; 5.3).

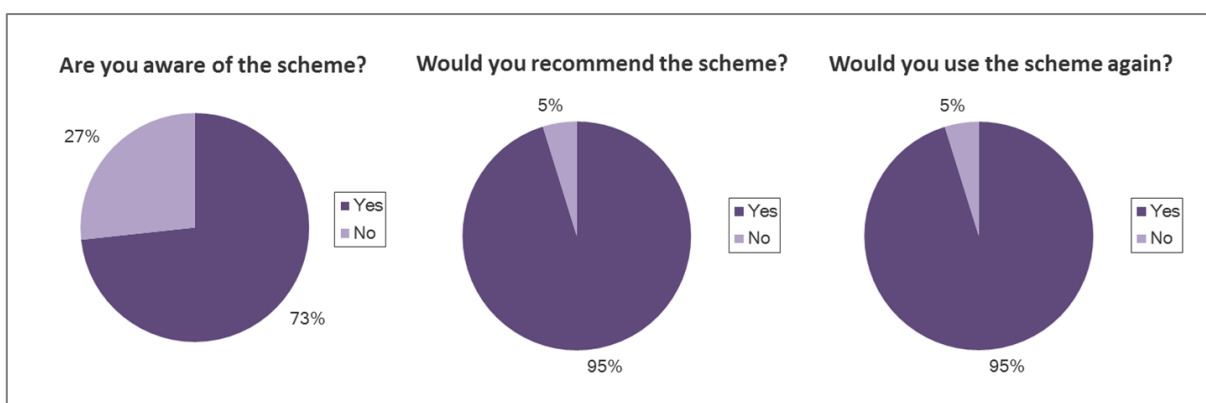


Figure 12. Responses from the Staff and Student Survey 2014 regarding the RDM Mentoring Scheme (445, 83 & 83 respondents respectively)

The University's Springboard women's development programme is advertised at induction, PDR and in our newsletters. Attendance has increased from 1 in 2012, 4 in 2013 to 10 in 2014 (B1.10). The University's Ad Feminam mentoring programme encourages women to explore their leadership potential within academic life. It is aimed at senior women, in grades 9 and above. RDM participates in this scheme as mentors and mentees. In 2015, 6 mentors (3F, 3M, including the HoD), and three mentees (3F) were nominated for the programme. One female who has completed the course is now Head of NDCLS Division (B1.15). We will organise a lunchtime taster session on all mentoring schemes to encourage more women to participate (2.9).

"The Ad Feminam programme has been helpful in terms of encouraging me to reflect on my career direction, understand my strengths and weaknesses, and has broadened my network of contacts."

Female Grade 9 participant

IMPACT OF BRONZE ACTION PLAN B1.9: The RDM mentoring scheme has been established. 95% of those who have used the scheme would recommend it to a colleague or fellow student, and 65% of mentees indicated that the RDM Mentoring Scheme has helped them with career progression and planning. The scheme particularly benefits women, as a proportionately higher numbers of mentees are women (68%) (2014 survey data).

SILVER ACTIONS We will continue to promote the RDM Mentoring Scheme to help career development of women (2.4; 5.3) by:

- Increasing and number of senior mentors and organising bespoke mentor training sessions (2.3)
- Highlighting successful mentoring relationships on departmental website (2.4)
- Organising lunchtime taster session for RDM Mentoring, University Springboard and Ad Feminam and women's leadership development programmes (2.4)

77% of clinical respondents to the 2014 survey indicated that the support of a senior colleague had a positive impact on their career progression. In response to this feedback, RDM will trial a scheme of appointing a senior member of clinical staff to be a 'sponsor' for each clinical research trainee/lecturer, to be their advocate with senior NHS colleagues (1.15). Supporting our staff within the NHS environment is an important area of activity (Section 5); in particular we need female trainees to have the confidence to take on additional uncertainty that comes with pursuing a clinical academic track.

SILVER ACTION: We will trial a scheme where junior clinical staff are assigned a senior sponsor who will be their advocate, including in the NHS clinical setting where the working environment can be challenging (1.15)

RDM Career Day

RDM held its first career day for staff and students in April 2015 (B1.5). The day comprised talks on career options within and outside research and academia, and included workshops organised by the University Careers Service tailored to the needs of attendees, e.g. interview skills, networking. 65 people attended and feedback was positive. The event will be run annually (2.11).

"It was a diverse and stimulating series of talks and workshops that highlighted the many different career paths available to me as a scientific researcher, and the steps I can take to explore these options for myself."

Female Grade 7 Postdoc

SILVER ACTION: Continue to improve careers information e.g. RDM Career Day, website (2.11)

Career development

- c) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.
- i) Promotion and career development – comment on the appraisal and career development process, and promotion criteria and whether these take into consideration responsibilities for teaching, research, administration, pastoral work and outreach work; is quality of work emphasised over quantity of work?

Personal Development Review (PDR)

Our 2012 surveys revealed the need for a consistent approach to PDR as there was wide variation in provision across the department.

In response to survey feedback, PDR has been introduced as a compulsory annual scheme across RDM to allow staff to discuss progress, objectives, and training and development needs with their manager, and receive feedback on performance and achievements (B1.8). It is also an opportunity to discuss career plans, work-life balance, flexible working and outreach. Job descriptions are examined and changes can trigger regrading.

“PDR was conducted in an excellent manner: supportive, encouraging, timely and effective.”

Female Postdoc

We have provided PDR training to 117 staff (B1.6). Agreed actions and training requirements are collected by HR officers, who monitor implementation.

We have made good progress in this area – in 2014, 75% of staff completed a PDR, and 70% of those were satisfied with the outcome (with no difference in satisfaction amongst women and men). Our aim is to ensure 100% compliance and improve the effectiveness of the process, including by developing a PDR toolkit (2.5; 2.6). The implementation of PDR combined with improved communication about training has resulted in a significant increase in staff taking up training and development opportunities from 88F/47M in 2011/12 to 301F/225M in 2013/14.

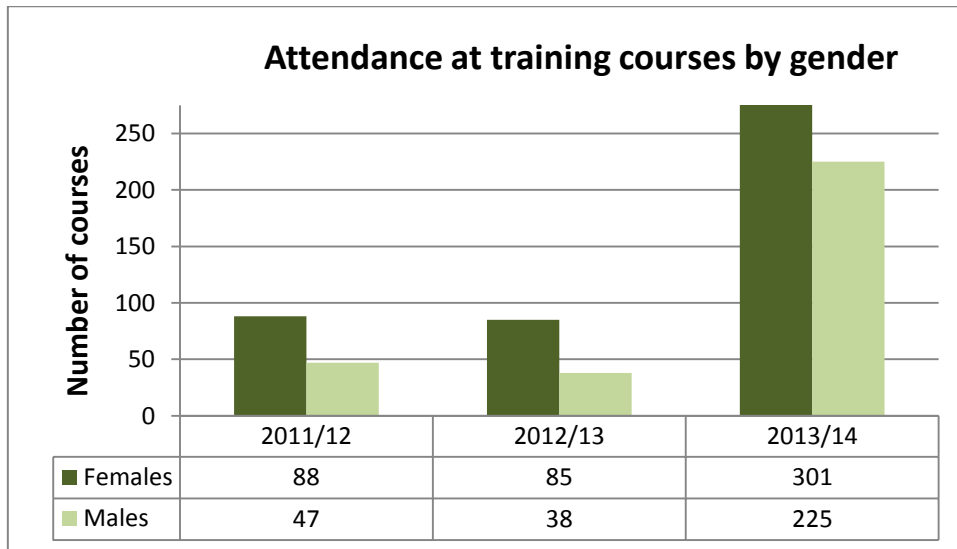


Figure 13. Numbers of staff taking up training and personal development opportunities each year.

IMPACT OF BRONZE ACTION PLAN B1.7: 75% of staff respondents to the 2014 survey had had a PDR in the last 12-18 months (with another 6% scheduled), and 69% were satisfied with their PDR. Since PDRs were introduced in 2013, 17 women have been promoted to higher grades. The numbers of staff taking up training and development opportunities have increased from 88F/47M in 2011/12 to 314F/231M in 2013/14.

SILVER ACTION: We will improve effectiveness of PDR process and increase engagement of line managers through the development of a PDR toolkit and by following up agreed actions from PDRs (2.5; 2.6)

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

Induction

Improving induction for new staff was a key component of Bronze action plans, including making induction compulsory for all new staff and improving information available.

IMPACT OF BRONZE ACTION PLAN B1.1, B4.8: We have introduced compulsory induction for new starters and improved availability of information, including ‘Working at RDM’ webpages and induction factsheets to signpost training and career development opportunities. 98% of new starters in the past 12 months received an induction (2014 survey data).

We have improved induction, by developing a ‘Working at RDM’ section of the website and a series of 18 factsheets (Figure 14), to highlight University and department policies, procedures and provision, e.g. training and development and AS. All new staff are encouraged to complete the University’s online induction, harassment and bullying, and equality and diversity training. We will make these courses compulsory for all staff (3.1; 3.7). Induction for research staff also includes signposting to the Oxford Research Staff Society, and the RDM webpages dedicated to supporting research staff.



Figure 14. RDM Induction factsheets

We encourage staff to undertake online unconscious bias (UB) training (B1.6) – uptake (32) has been disappointing so this will be made compulsory for all staff (3.1). Two local UB courses have been piloted (34 attendees) and feedback has been positive. Further courses will be run.

We are encouraged that 98% of new staff joining in the last year received an induction, and the majority found it useful. We will continue to improve the quality of information, add more tailored induction for certain groups (e.g. line managers), and introduce an induction checklist (2.1; 2.2).

SILVER ACTIONS We will continue to improve the format of induction to ensure it is as useful as possible by:

- Developing an induction checklist to ensure consistency across RDM (2.2)
- Tailoring induction information for particular groups e.g. group leaders, line managers (2.1)

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

IMPACT OF BRONZE ACTION PLAN We have improved support for female students to enable them to make the transition to a sustainable academic career:

- **B5.7:** 96% of PGRs received an induction and 91% agreed that they received enough information in their induction (2014 survey).
- **B5.11:** Introducing annual meetings with the DGS/Graduate Advisors.
- **B5.2:** There have been 6 winners of the RDM Graduate prize since its inception in 2013 – 4 females & 2 males. One of the female prize winners is now an NHS Consultant and Honorary Senior Clinical Lecturer in RDM.

RDM's Director of Graduate Studies (DGS) leads a graduate induction and welcome event where she outlines the structure of the DPhil, sets expectations, and provides information on training and sources of support. Further information is available in our graduate handbook and on the website.

Students are co-supervised or assigned a departmental advisor, and have a college advisor for pastoral care. In addition, each division has a local graduate advisor (3F, 1M), supported by the Graduate Studies Administrator. Students attend an annual interview with their DGS/graduate advisor to discuss progress, receive guidance on training and careers, and resolve any problems. Each student and their supervisor complete a termly report, checked and followed up by the DGS.

Students have access to RDM's mentoring scheme (10 mentees, 7F/3M), and to extensive skills training. An RDM Graduate Prize competition is held annually to award outstanding achievement. Prize-winners present their work at the symposium – in 2015 both winners were women who had taken career breaks (B4.1).

Although support for students is strong, we will extend provision by running an in-house 'Managing your Supervisor' course, to help students understand the role of supervisors, manage expectations and overcome problems (5.1). The DGS will hold drop-in sessions for students to discuss any issues (5.1). Our survey showed that 14% of students were not satisfied with career support so we will increase awareness of career opportunities via the RDM Career Day and one-to-one sessions at the Careers Service (5.2).

RDM has committed to providing maternity pay of two terms' stipend, regardless of funder, for students who take maternity leave.

SILVER ACTIONS Continue to improve support for female students by:

- Advertising drop-in sessions for students to meet face-to-face with the DGS (5.1)
- Run an in-house 'Managing your Supervisor' course (5.1)
- Encouraging more students to participate in RDM Mentoring Scheme (5.3)
- Increase awareness of career opportunities for students (5.2)
- Develop a link to family friendly resources from the graduate studies section of website (4.7)

Organisation and culture

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

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

Our decision making committee structure is shown in Figure 2. Our policy in setting up new committees has been, where possible, to achieve gender balance and encourage women to take on leadership positions, whilst ensuring representation across RDM divisions, roles and staff groups. We are making good progress, as women comprise 53% of membership of our committees, up from 49% in 2012. The overall number of women has also increased from 62 in 2012, to 105 in 2015, an increase of 69%. Female representation is above 30% on 11/14 committees, and over 50% on 10/14.

Committee	2012	2013	2014	2015
RDM Management Committee	Chair (HoD): M 4F (21%) 15M (79%)	Chair (HoD): M 4F (21%) 15M (79%)	Chair (HoD): M 6F (29%) 15M (71%)	Chair (HoD): M 6F (29%) 15M (71%)
RDM Athena SWAN Steering Group	N/A	Chair (HoD): M 11F (69%) 5M (31%)	Chair (HoD): M 11F (69%) 5M (31%)	Chair (HoD): M 11F (69%) 5M (31%)
RDM Graduate Studies Committee	Chair: F 9F (75%) 3M (25%)	Chair: F 10F (71%) 4M (29%)	Chair: F 10F (67%) 5M (33%)	Chair: F 12F (75%) 4M (25%)
RDM Mentoring Committee	N/A	N/A	Chair: F 5F (63%) 3M (37%)	Chair: F 5F (63%) 3M (37%)
RDM Career Development Committee	N/A	N/A	N/A	Chair: F 10F (63%) 6M (27%)
RDM Sponsored Nursery Places Panel	N/A	N/A	N/A	Chair: F 4F (67%) 2M (33%)

Table 30. Membership of RDM committees by gender 2012-2015. HoD: Head of Department

Four committees (GSC, Mentoring, CDC and Sponsored nursery places) have a good gender balance and are chaired by women (two who have attended the Academic Leadership course, and one who has been supported on the Women Transforming Leadership programme). The ASSG has a good gender balance and is chaired by the HoD. The RDM and divisional management committees are composed of Division Heads and senior academics, which are currently male-dominated. Female representation on the RDM Management Committee has been strengthened from 21% to 29% by adding the DGS and the chair of the CDC (B6.4).

Committee	2012	2013	2014	2015
CVM Management Committee	Chair: M 2F (18%) 9M (82%)	Chair: M 2F (18%) 9M (82%)	Chair: M 2F (18%) 9M (82%)	Chair: M 3F (18%) 14M (82%)
IMD Management Committee	Chair: F 1F (13%) 7M (87%)	Chair: F 1F (13%) 7M (87%)	Chair: F 1F (13%) 7M (87%)	Chair: M* 1F (8%) 12M (92%)
NDCLS Strategy Committee	Chair: F 5F (63%) 3M (37%)	Chair: F 5F (63%) 3M (37%)	Chair: F 4F (57%) 3M (43%)	Chair: F 4F (50%) 4M (50%)
OCDEM Management Board	Chair: M 3F (33%) 6M (67%)	Chair: M 4F (40%) 6M (60%)	Chair: M 4F (40%) 6M (60%)	Chair: M 4F (36%) 7M (64%)
Local SATs	Chairs: 3F, 1M 38F (64%) 21M (36%)	Chairs: 3F, 1M 38F (68%) 18M (32%)	Chairs: 3F, 1M 44F (68%) 21M (32%)	Chairs: 3F, 1M 45F (67%) 22M (33%)

Table 31. Membership of RDM divisional committees by gender 2012-2015. *Note: IMD Management Committee was joint with another department (Experimental Medicine) until 2015. The female chair was a member of the other department.

Further action is required to increase the number of women on the CVM and IMD Management Committees (3.4). We hope that existing and planned actions will continue to improve the gender balance of senior staff. We will identify more women as potential members by including other staff, e.g. junior researchers, students, and support staff where the 'pool' of women is larger. For example, CVM has recently added 3 elected representatives from researchers, CRTs and students to its committee to widen representation and increase transparency. Student representatives were added to the GSC in 2014. We will also rotate membership where possible (e.g. Mentoring Committee).

SILVER ACTION: We will review the membership of RDM committees and identify more women as potential members (3.4)

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

IMPACT OF BRONZE ACTION PLAN B1.13: We are reviewing processes around moving from fixed-term to open-ended/ permanent contracts. The number of permanent contracts increased from 49 in 2011/12 to 77 in 2013/14.

We have few permanent academic posts, which are predominantly occupied by men. We have found no disparity in respect of contract type; the lower numbers of women (17% F vs 29% M) with permanent contracts is due to the imbalance of women in senior posts. RDM is a research-intensive department, with a heavy reliance on external short-term funding, so most research staff are on fixed-term contracts. However, it is clear that the offer of permanent/ open-ended contracts represents a career milestone. RDM has undertaken a review of contract type by funding, gender and length of service and developed a clear and equitable policy for the conversion of fixed term to open-ended contracts (1.16). Information on contract type has been published on the intranet.

As a result, and from a low base, we have more than doubled the number of permanent contracts at grades 7 and 8, from 13 in 2012 to 29 in 2014 (grade 8 (5F, 4M), grade 7 (10F, 10M)).

		Females	Males
Permanent/ Open-ended	2011/12	13	36
	2012/13	18	47
	2013/14	25	52
Fixed-term	2011/12	75	94
	2012/13	105	124
	2013/14	123	129
% Permanent/ Open-ended	2011/12	15%	28%
	2012/13	15%	27%
	2013/14	17%	29%

Table 32. Breakdown of contract types by gender – all grades aggregated (2011-2014)

		Females	Males
Permanent/ Open-ended	2011/12	6	7
	2012/13	9	9
	2013/14	15	14
Fixed-term	2011/12	55	57
	2012/13	77	80
	2013/14	93	85
% Permanent/ Open-ended	2011/12	10%	11%
	2012/13	10%	10%
	2013/14	14%	14%

Table 33. Breakdown of contract types by gender – grades 7 and 8 only (2011-2014)

SILVER ACTION: Continue to review processes around moving staff from fixed-term contracts to open-ended or permanent contracts and increase the numbers of research staff on open-ended/ permanent contracts (1.16)

- e) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.
- i) Representation on decision-making committees – comment on evidence of gender equality in the mechanism for selecting representatives. What evidence is there that women are encouraged to sit on a range of influential committees inside and outside the department? How is the issue of ‘committee overload’ addressed where there are small numbers of female staff?

Gender equality is always considered along with aptitude, workload, and potential to enhance career development. RDM has directly asked women to join management committees and, through encouragement to attend leadership courses, supported others to take leadership roles. As a result, one Division Head and the Chairs of three RDM committees (GSC, Mentoring and CDC) are women. 6 women are on the RDM Management Committee and 2 on the Medical Sciences Graduate Studies Committee (one is Vice-Chair) and University Graduate Panel. Outside RDM, females are Vice-Presidents of the European Society of Cardiology and the European Monoclonal Antibody Network, and have been elected to the Fellowship of the European Academy of Cancer Sciences, and the Board of Trustees for the Society for Cardiovascular Magnetic Resonance.

We address any issue of overload through annual PDR and the workload survey.

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

IMPACT OF BRONZE ACTION PLAN B2.8: The implementation of new initiatives such as compulsory Personal Development Reviews and supervision load monitoring has resulted in a 19% increase in staff satisfaction: 64% of respondents to the 2014 survey agreed that the allocation of workload in the department is fair and transparent compared to 45% in 2012.

We circulated a workload survey to principal investigators in 2015. Clinical workload is already well-defined through NHS Job Plans and annual revalidation.

Activity	Research	Teaching & Supervision	Outreach	Peer Reviewing	Internal Admin & Committees	External Committees	External Teaching & Examining
Female %	57%	19%	1%	7%	10%	3%	2%
Male %	56%	14%	3%	8%	12%	5%	3%

Table 34. Results of workload survey: average percentage of working time spent on core activities other than NHS clinical work by gender (February 2015)

The survey revealed that administrative responsibilities are allocated relatively equally between genders (F:10%, M:12%), which reflects that steps have been taken to avoid over-burdening women, in particular for the work on women in science. Pastoral and administrative contributions are recognised through the annual PDR and considered in applications for regrading or as part of the RoD exercise (page 39). Exceptional contributions are also recognised by Awards for Excellence (page 40).

A small number of academics have high levels of internal commitments. To ensure heavy workloads are shared, senior management roles such as HoD and DGS are reviewed every five years (3.9). RDM is also implementing rotation of leadership roles (e.g. Graduate Advisors).

In addition, supervisory load for PGR students is monitored each year, prior to the DPhil admissions cycle. Staff can supervise a maximum of 6 students at a time.

Staff satisfaction with regards to workload allocation has improved (2012 - 45%, 2014 – 64% agree allocation of workload is fair and transparent), though there is still progress to be made. We aim to learn from the practice of others in this area (3.10).

SILVER ACTIONS:

- We will repeat the workload survey annually and learn from the experiences of other departments regarding the development of a workload model (6.3; 3.10)
- We will develop a transparent process for the replacement of key posts e.g. Graduate Advisors (3.9)

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

The department has a flexible approach to working hours. Key meetings and seminars are held between 9.30am-2.30pm, wherever possible, and meeting organisers asked to consider school holidays to allow staff with children to participate fully in the business of the department.

IMPACT OF BRONZE ACTION PLAN B2.3, B2.10: We have reviewed the timing of meetings to promote an inclusive etiquette (B2.3) and introduced social days in the divisions to bring together staff and families (B2.10).

IMPACT: In the survey individuals with caring responsibilities praised the family friendly culture of the department: *“A very supportive and family-friendly culture.” “RDM has a very supportive inclusive atmosphere.”*

Following a review, the majority of departmental seminar series (Table 35) are now scheduled at lunchtimes. The timing of the CVM and Human Immunology Unit Friday Seminars is being reviewed in consultation with the relevant attendees (4.3).

Seminar Series	Timing
CVM Lunchtime Seminar	Monday 12.30-1.30pm
WIMM Monday Seminar	Monday 1-2pm
Molecular Haematology Unit Seminar	Tuesday 1-2pm
OCDEM Wednesday Seminar	Wednesday 1-2pm
Human Immunology Unit Seminar	Wednesday 1.30-2.30pm
Human Immunology Friday Seminar	Friday 9.15-10.15am
OCDEM Friday Seminar	Friday 1-2pm
WIMM Science Careers Seminar	Friday 1-2pm
CVM Friday Seminar	Friday 4-5pm

Table 35. Timing of departmental seminar series

Informal social and family gatherings take place during the daytime and evenings to ensure that most can participate (4.6).

Although care is taken to schedule meetings between 9.30am-2.30pm, there are instances where this is not possible e.g. all day events (RDM Annual Symposium) and we aim to give considerable advance notice (4.3).



Figure 15. Family-friendly Halloween Pirate Event, October 2014

“There is a conscious effort to set meetings during core working hours and avoiding school holidays. Also a conscious effort to ensure gender balance in seminar series, symposia, on interview panels etc.”

Senior Female Staff member

At this year’s Symposium, we scheduled the keynote lecture by Prof Dame Carol Robinson at 11.40am, to ensure those with family responsibilities could attend. Survey data shows that most are satisfied with the department’s approach: only 22 did not agree that meetings are timed to take into account family responsibilities.

SILVER ACTIONS:

- We will continue to schedule meetings and seminars between 9.30am – 2.30pm wherever possible, and give considerable advance notice of all day events (4.3)
- We will support family-friendly events (4.6)

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

RDM aims to provide a friendly and supportive environment to all staff and students and fosters an inclusive culture, which recognises the importance of good work-life balance.

Cohesion and communications

Over the last three years, RDM has sought to develop cohesion and a sense of belonging. We believe that engagement with AS has contributed to this process. A range of initiatives, including opportunities for staff to come together, career development support and communications have helped to reinforce RDM’s identity (3.3). We were encouraged that 29% of staff had noticed a positive cultural change in the 12 months prior to the last survey and are confident that this trend will continue (B2.1).

IMPACT OF BRONZE ACTION PLAN B2.1: We have fostered a positive culture in the department where women are recognised by publicising staff and student achievements and awards. 29% of respondents to the 2014 survey perceived a positive culture change in the department in the past year.

Our staff surveys in 2012 highlighted problems with communication and transparency in decision-making which we have worked hard to rectify. In 2014, 72% agreed that they feel ‘well informed about relevant news and information. Although there remains room for improvement, our actions have had a positive effect.

BRONZE AIMS ACHIEVED:

- We have improved the website, including by adding ‘Working at RDM’ and Athena SWAN sections (B4.2; B4.3; B4.4; B4.5; B4.6; B4.8)
- We have launched the quarterly RDM newsletter and publicised awards and achievements (B4.7)

IMPACT:

72% of respondents to the 2014 survey agreed that they feel well-informed about news and information.

A new section of the intranet ‘Working at RDM’ (Figure 16) launched in July 2014 (B4.3; B4.5; B4.6). The pages were advertised via the newsletter and printed postcards (Figure 17). Analysis shows the highest hit rate is on the career development and work-life balance sections. We believe that these enhanced webpages and an improvement in induction processes have contributed to significant increases in awareness of University policies on maternity, paternity and adoption leave (33% increase), time off to care for dependents (39% increase), childcare services (38% increase) and flexible working (14% increase).

Radcliffe Department of Medicine

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RDM Divisions Head of Department RDM Admin **Working at RDM** Athena SWAN Latest News RDM Logo Radcliffe Newsletters

Working at RDM

The success of RDM is dependent on having the best staff and students from around the world and providing them with the facilities, support and career development opportunities needed to thrive. The Department recognizes the importance of a good work-life balance and has developed policies and support mechanisms to help staff and students find the right balance for them.

Career Progression and Training




Information including university salary scales, personal development review (PDR), re-grading and development & training programmes.

Benefits



Working for the University of Oxford entitles you to a number of benefits, ranging from family friendly initiatives through to season ticket schemes and pensions.

Work-life balance



RDM is fully committed to encouraging staff to find the right work-life balance for them. There are a number of schemes and policies to assist with this.

Equality and Diversity



RDM fosters an inclusive culture which promotes equality, values diversity and maintains a working, learning and social environment in which the rights and dignity of all its staff and students are respected. Information on [Athena SWAN](#) can also be found in this section.

General Information



General information for new and existing staff in the Department including key contacts, transport options and arriving from abroad.

Resources



Information and resources on various topics including health and safety, research governance, RDM logo, clinical trials and other central university policies.

If you have any suggestions for information you would like to see included in these pages, or have any questions or comments please contact [Mark Evans](#).

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Figure 16. Screenshot of 'Working at RDM' webpage on the RDM intranet (2015)

Radcliffe Department of Medicine

UNIVERSITY OF OXFORD
Medical Sciences Division

New section of the RDM website launched

Working at RDM

Ever wondered what RDM can offer you in the **progression of your career**, or what **benefits are available to you** as a member of the University of Oxford?

Or maybe you would like to learn more about achieving a **good work-life balance**, or the **equality and diversity policies and initiatives** in RDM?

Our new **Working at RDM** section of the RDM website has this information and more in an easily navigable set of webpages.

Visit the site at <http://www.rdm.ox.ac.uk/working-at-rdm> or scan the QR code to find out more

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Figure 17. Postcard advertising the new 'Working at RDM' webpages (July 2014)

RDM's quarterly newsletter provides news and information for all staff. Individual divisions also have local communications, e.g 'Meet the Admin' (B1.12).

"There appears to be a new proactive approach, e.g. with the mentoring scheme and discussion of work-life balance."

Male Group Leader

SILVER ACTIONS:

- We will continue to promote transparency by publishing minutes of departmental committee meetings on our website (3.11)
- We will continue to produce a quarterly newsletter and to improve the website, including the 'Working at RDM' webpages (3.12)

Visibility of women

The successes of our women scientists such as prizes and awards are celebrated in our newsletters, in our news feed and through targeted emails. This proactive approach has been commended in RDM, including in the 2014 survey where respondents highlighted that e.g. '*Several women have been identified having won accolades for work and leadership roles attained*'. We have also developed a female role model section on our intranet, with career profiles (B4.9). These profiles will be made available externally to increase visibility of our female researchers and encourage women to join the department (3.3).

BRONZE AIM IN PROGRESS: We have developed a female role model section on our intranet to embed Athena SWAN principles in the department, which receives about 25 hits /month (B4.9).

The Annual Symposium provides an opportunity to showcase women's achievements in RDM. The day comprises research talks, encourages networking and collaboration, and is open to all (B2.11). There are poster sessions with prizes for best student and postdoc, and a keynote lecture. In 2015, we invited a high profile female role model, Professor Dame Carol Robinson, to give the keynote lecture, covering her unconventional but remarkable career, careers advice and successful research programme. Five (of 13) speakers were women, and both poster prizes won by women. The 2014 poster prizes were also won by women and both runners up were women.

We will continue to promote the successes of women in RDM. All new female professors will be invited to give an inaugural lecture to present their research and achievements (3.3) to a wide audience. We will also run a local RDM Women in Science workshop to showcase women at all career stages (3.3) and we will encourage staff to attend AS-related lectures in other departments.

SILVER ACTION: Continue to promote the successes of women in RDM e.g. case studies made available externally on website, awards and achievements, RDM Women in Science workshop, inaugural lectures for new Professors (3.3)

Vice-Chancellor's (VC) Diversity Fund

RDM and the Nuffield Department of Primary Care Health Sciences were awarded £69k (£15.6k match-funding from the departments) from the VC's Diversity Fund for a research project to create an online repository of the experiences of women in science at Oxford. 40 women scientists in Oxford, including 9 (23%) from RDM, have been interviewed and thematic analysis used to identify issues of importance to women's careers in science.

Clips from the interviews will be presented on a website to be launched in 2016, along with written narrative, and topic-based navigation. The website will have introductions from Professor Louise Richardson (VC, University of Oxford) and Dame Sally Davies, Chief Medical Officer, and will be an interactive resource for early career researchers to learn from the experiences of senior women (3.3). The project will be communicated on the university's homepage and through relevant networks.

Interview clips from the project have already been used as trigger films for 'Balancing a family with a research career' workshops, which help staff consider how to manage family commitments or when they might think about having children. Material from the project will continue to be used for training courses open to all early career researchers in the university.

Harassment and Bullying

Since the inception of the department, we have not had any formal reports of harassment or bullying but our survey revealed that unacceptable numbers of people (12%) felt they had experienced harassment and/or bullying. RDM does and will not tolerate such behaviour and is fully committed to supporting individuals who feel they have been, or are being, harassed or bullied. The RDM newsletter was used to communicate the survey results, reaffirming the zero tolerance policy, detailing sources of support and announcing that further action would be an urgent priority supported by the HoD and Division Heads.

In response to survey findings, we have made harassment and bullying training compulsory for all PIs and line managers. To date, three courses have been held (77 attendees; 70% of target staff) (B1.6). Our website includes a section on harassment and bullying, including details of sources of support. It is clear that further action is required and we propose to: further investigate the survey results (including by engaging an independent mediator – 3.6), improve signposting to sources of support (3.8), and introduce compulsory training for all staff (3.5; 3.7). Our long-term goal is to eliminate harassment and bullying in RDM.

SILVER ACTIONS:

- Champion a culture of dignity and respect, where positive behaviour is recognised and there is zero tolerance of harassment and bullying (3.5)
- Appoint an external independent mediator to investigate the nature and extent of the problem (3.6)
- Introduce compulsory equality & diversity, unconscious bias, and harassment & bullying training for all staff (3.1; 3.7)
- Provide improved signposting to sources of support, including harassment officers (3.8)

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

Details of recent outreach activities are provided with breakdown of gender participation, across staff and students (Table 36). We engage with schools (e.g. visits, online chats and internships), early career scientists (e.g. podcasts, seminars), patients and the public (e.g. talks and open days) (B5.8). Our workload survey indicates that female and male PIs spend a similar proportion of their time on outreach activities (F:1%, M:3%). To ensure participation, the job description for new appointments at professorial grade now includes two essential selection criteria related to outreach.

Outreach activities are recorded in PDRs and applications for regrading. Exceptional contributions are recognised with Awards for Excellence. We aim to improve visibility and co-ordination of outreach activities through a new Outreach Committee and appointment of an Outreach Officer in 2016 (3.13; 3.14; 3.15).

Target Audience	Number of Events	Female	Male
Schools & Undergraduates	33	25	21
Patients	11	23	15
General Public	16	26	13
Total	60	74 (60%)	49 (40%)

Table 36. Public engagement activities and gender participation of RDM staff and students (August 2011-present)



Figure 18. Top: public engagement event ‘Unravelling the Mysteries of Diabetes’. Bottom: Prof Casadei interviewed for an Academy of Medical Sciences video entitled ‘Women working in medical research’.

SILVER ACTIONS:

- Appoint RDM outreach officer (3.13)
- Increase involvement of staff in outreach activities (3.14)
- Form Outreach Committee to coordinate activities across RDM (3.15)

Flexibility and managing career breaks

- f) Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning.
- i) **Maternity return rate – comment on whether maternity return rate in the department has improved or deteriorated and any plans for further improvement. If the department is unable to provide a maternity return rate, please explain why.**

Year	Returned	Left (reason for leaving)	Return rate
2010/11	7	1 (Research Institute of Biophysics and Biochemistry, Warsaw)	88%
2011/12	2	2 (1 relocated closer to family, 1 awarded fellowship in home country)	50%
2012/13	9	1 (End of fixed-term contract)	90%

Table 37. Maternity return rates and leavers' reasons (2010-2013)

Overall, maternity return rates have remained high, and the vast majority of staff return to work after parental leave. We will continue to monitor maternity return rates and support staff back to work (4.8; 4.9; 4.10 – see page 76).

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

Our leave policies are advertised on our website and covered at induction. 22 parents have taken paternity leave, with uptake increasing from 6 in 2011/12 to 11 in 2013/14. There have been no requests for parental or adoption leave. We will continue to encourage male staff to take paternity leave (4.9).

Staff Grade	2011/12	2012/13	2013/14
Grade 7	1	2	4
Grade 8	5		3
Grade 9			1
Clinical Research Trainee		1	2
Clinical Researcher		2	1
Total	6	5	11

Table 38. Paternity leave numbers by grade (01/08/2011 – 31/07/2014)

We have communicated shared parental leave arrangements via the newsletter, website and individual discussions and as a result are currently processing two applications (4.9).

SILVER ACTION: Continue to encourage male staff to take paternity leave and communicate clearly the new shared parental leave option (4.9)

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

Since 2011/12, 14 formal requests for flexible working (11F, 3M) have been received, and all were approved. These include agreements relating to phased return from maternity, childcare responsibilities, return from sickness absence and remote working. Applications have increased from 2 in 2011/12 to 6 in 2013/14.

Year	Females	Males
2011/12	1F (Grade 7)	1M (Clinical Researcher)
2012/13	1F (Grade 7) 4F (Grade 8)	1M (Clinical Professor)
2013/14	3F (Grade 7) 1F (Clinical Research Trainee) 1F (Clinical Researcher)	1M (Clinical Professor)

Table 39. Successful applications for flexible working by gender and grade (2011-2014)

Most part-time staff are women (67% in 2013/14; Table 40) at grades 7/8 (Table 41).

Year	Gender	Full-time	Part-time	Total
2011/12	Female	38% (77F)	69% (11F)	40% (88F)
	Male	62% (125M)	31% (5M)	60% (130M)
2012/13	Female	41% (113F)	56% (10F)	42% (123F)
	Male	59% (163M)	44% (8M)	58% (171M)
2013/14	Female	44% (136F)	67% (12F)	45% (148F)
	Male	56% (175M)	33% (6M)	55% (181M)

Table 40. Full- and part-time working arrangements by gender (2011-2014)

Year	Females	Males
2011/12	5F (Grade 7) 4F (Grade 8) 1F (CRT) 1F (Senior Research)	1M (Grade 8) 1M (Grade 9) 1M (Clinical Researcher) 2M (Professor)
2012/13	4F (Grade 7) 4F (Grade 8) 1F (CRT) 1F (Senior Research)	1M (Grade 9) 3M (Clinical Researcher) 4M (Professor)
2013/14	6F (Grade 7) 4F (Grade 8) 1F (CRT) 1F (Senior Research)	1M (Grade 7) 1M (Grade 9) 1M (Clinical Researcher) 3M (Professor)

Table 41. Part-time staff by gender and grade (2011-2014)

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

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

BRONZE AIM IN PROGRESS B3.4, B3.5: We fully support formal and informal applications for flexible working arrangements and 100% of formal applications have to date been successful (11F, 3M; Table 39).

IMPACT: Staff and students report a high level of satisfaction with RDM's flexible working culture, with 81% describing themselves as satisfied or very satisfied with the current level of flexibility in their role (2015 flexible working survey). 85% of respondents reported that the flexibility is through informal arrangements.

Flexible working is well established in our culture. We advertise our flexible working policy on our intranet and encourage discussions in PDR. Line managers' awareness was increased through PDR training.

Many informal arrangements are managed in research groups, particularly short-term or irregular working arrangements, including; accommodating school hours, working full-time over 4 days, and working from home as needed. The informal nature of these arrangements is valued by staff as it enables arrangements to be agreed quickly and for short periods of time.

We are reviewing the practicality of part-time and/or flexible hours research posts (1.5) and carrying out a review of formal and informal flexible working arrangements to share best practice across RDM (4.1).

SILVER ACTIONS: We will

- Review the practicality of part-time or flexible hours research posts (1.5)
- Carry out a review of flexible working arrangements and share best practice across RDM (4.1)
- Continue to promote the University's and department's flexible working policies through the website, the newsletter and at induction (4.2).

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

IMPACT OF BRONZE ACTIONS B3.2; B3.3: We offer targeted advice and support to staff returning from a career break, and we have supported successful applications to the Medical Research Fund and Returning Carers Fund. Our Research Strategy Coordinator supported a female postdoc who was unaware of the scheme to apply for a grant from the Returning Carers Fund (RCF). The postdoc was awarded funding from the RCF, which enabled her to spend six weeks in a laboratory in Germany, resulting in a new research collaboration and a project grant application to the British Heart Foundation.

University schemes for maternity and shared parental pay are generous, offering up to a year's leave: 26 weeks at full pay, followed by 13 weeks' Statutory Maternity Pay and 13 weeks unpaid.

Maternity plans are discussed with Safety Officers and HR when the employee informs us she is pregnant. Discussions cover the leave available, Keeping In Touch (KIT) days, accrual of annual leave, and the possibility of a phased/flexible return (B5.10). RDM works closely with each employee to draw up a tailored support plan.

Case study: A female CRT was supported with a flexible working agreement, allowing her to work from home during pregnancy due to health problems. She was supported with radiographer cover for MRI scanning and availability of parking close to her office. She used KIT days to keep involved with her research whilst on leave and was supported to attend an important conference (with husband and baby). After her maternity leave, a 60% phased return with flexible hours to accommodate childcare was approved, and career progression opportunities were provided via a BRC young investigator start up grant.

Where funders' terms and conditions cover maternity costs then, where possible and subject to a case for cover, RDM will fund cover to enable work to continue during maternity leave, making the return easier. RDM will develop a consistent policy for maternity support and cover across its divisions, based on need rather than funding source (4.8).

An internal funding source, the Medical Research Fund now provides family leave bridging support for 3-6 months for externally-funded research staff, following representations from RDM.

SILVER ACTION: We will develop a consistent department-wide policy for maternity cover (4.8)

The University's Returning Carers Fund (RCF) is a small grants scheme introduced in 2014 to support return to research for those who have taken a break of at least 6 months for caring responsibilities. Both RDM applications were successful in 2014 – funding was provided to visit research teams in Europe and travel to international conferences to re-establish networks. We will

encourage further applications. We will continue to ask that the Fund supports additional childcare costs and will establish an RDM fund for costs not covered by the RCF (4.10).

SILVER ACTION: We will support applications to the Returning Carers Fund and create an RDM fund to support additional childcare costs that are currently not funded by the Returning Carers Fund (4.10)

One Division runs a successful and well supported parents group which provides a forum for staff and students who are due to go or have recently returned from maternity/paternity leave. The group meets quarterly, invites speakers and discusses experiences. One notable success is that two parents who were not aware of each other's personal circumstances are now sharing a nanny. We will assess whether there is support across other Divisions for a group based at RDM's second site and if so will set one up (4.5).

One Division has produced a family factsheet and we will develop an RDM-wide factsheet (4.4). To highlight our maternity policies and the support available we have encouraged researchers in RDM to share their life experiences e.g. through profiles in OCDEmension (Figure 19). Together with other departments in MSD, RDM is trialling ParentsNet, a forum to give parents the opportunity to share experiences and exchange goods and ideas. We will provide feedback from the pilot prior to deciding whether to roll-out across RDM (4.5).

SILVER ACTIONS:

- We will assess support for a second RDM parents group (4.5)
- We will develop an RDM-wide family-friendly factsheet (4.4)
- We will pilot ParentsNet and provide feedback prior to roll-out across MSD (4.5)



Figure 19. Case study from OCDEMension newsletter, November 2014

University Nurseries

The University offers a salary sacrifice scheme for payment of nursery fees and offers a childcare voucher scheme for all eligible parents. The University has the highest level of childcare provision in the Higher Education sector, with 390 places across 15 sites; four of these being University nurseries.

However, staff still report difficulties in securing a nursery place (only 33% reported a place was available when required). In 2015, RDM was allocated four University sponsored nursery places. A departmental policy for their allocation was developed and a panel convened to consider applications. The four places allocated (3F, 1M) included one female early career researcher, and two female senior clinical researchers. RDM will continue to support initiatives for increased nursery provision on the Hospital sites (B3.1; 4.11).

IMPACT OF BRONZE ACTION B3.2: RDM has supported staff returning from career breaks by bidding for and receiving 4 University sponsored nursery places, which has allowed 4 individuals including a female early career researcher and two senior female clinicians to move to a higher priority on the University waiting list.

SILVER ACTION: We will advocate the enhancement of local nursery provision (4.11)

[5,000 / 5,000 Words + 1,497/ 1,500 Words from additional allowance]

5) Any other comments: maximum 500 words

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

Pay Equality

The Athena SWAN process has had a positive impact on RDM's approach to setting levels of remuneration (for new starters and on promotion) for staff in the most senior grades where it has some discretion. In such cases the proposed salaries of new or promoted staff are considered alongside a list of the remuneration of current staff on equivalent grades, and salaries are set to provide consistency. RDM is planning to undertake a wider review of pay equality across all grades (6.9) to understand if there is any significant discrepancy by gender of remuneration for staff undertaking the same roles. RDM will also lobby the MSD to introduce a broader remunerations committee to ensure greater consistency across the multiple departments in the MSD. Whilst the focus of RDM is supporting greater career progression of female staff, we are also keen to ensure that there is equality in remuneration.

SILVER ACTION: Carry out a pay audit of all staff by grade scale point and gender (6.9)

Working within the NHS

RDM supports clinical staff pursuing academic careers across a number of clinical specialities. RDM employs clinicians at the start of their academic careers (clinical research trainees) right the way through to professors. At all levels of seniority, clinical staff spend a significant part of their time engaged in clinical activities within the relevant division of the local NHS Trust. For these activities the staff are effectively working for the local NHS Trust under their direction, guidance and management protocols.

During the self-assessment process for both our Bronze and Silver applications it has become evident that the environment and working practices within the NHS have a major impact on experiences of our clinical staff as do the different cultures of individual clinical specialties. Many of the issues are not local to Oxford but more representative of the broader clinical world. Certain disciplines, often characterised by long hours, high on-call requirements, and a 'macho' culture have a low proportion of females within clinical roles (e.g. cardiology) whilst others, characterized by more traditional working hours and smaller on-call demands (e.g. clinical pathology), have a much greater proportion of females.

RDM recognises the impact of NHS culture on the Athena SWAN agenda. It will support broader initiatives to engage the NHS nationally on these equality issues and will discuss with MSD locally steps for engaging with the local NHS Trust. At a local level RDM is keen to provide support for all clinical staff in relation to their clinical roles with the NHS Trust. RDM will introduce a new 'advocate' system which will ensure that clinical staff, especially those yet to reach Consultant level, have an identified Consultant to whom they can turn for support if issues related to their clinical activities become problematic (1.15).

By providing this support it is hoped that females facing challenges in the clinical services elements of their roles can be better supported to reduce the frequency that such issues lead to attrition of females from the pathway.

SILVER ACTION: Trial a scheme where junior clinical staff are assigned a senior sponsor who will be their advocate, including in the NHS clinical setting where the working environment can be challenging (1.15).

[475 / 500 Words]

6) Silver Application Action Plan

See Appendix 1

7) Case studies: impacting on individuals (maximum 1000 words)

Professor Leanne Hodson, Associate Professor of Diabetes and Metabolism, BHF Senior Fellow – SAT member



I joined OCDEM as a postdoctoral fellow, in 2004. I was funded for four years and used the opportunity to create a new area of independent research and gain valuable pilot data to secure a BHF Intermediate Fellowship in 2011. In 2012, I was awarded the title of RDM Principal Investigator. With encouragement from the department and the recognition that my role had changed I was encouraged to go through the regrading process twice (7 to 8 in 2010, 8 to 9 in 2012), and was awarded the title of University Research Lecturer in 2010.

I have been encouraged to take part in decision making in the department. Within OCDEM I sit on the management board and graduate studies committee. In 2013 I was asked to take over as the Athena SWAN Academic Lead to cover a maternity leave and have continued in this role. Through AS I aim to develop and foster a supportive and communicative environment within

OCDEM for those working here. Within RDM I sit on the management committee, and chair the Career Development Committee.

Throughout my time in the department I have been encouraged to develop myself and my career. I was assigned a mentor, who has been instrumental in helping with some career decisions, and I was nominated for the Academic Leadership Course in 2012 and the Women Transforming Leadership Programme in 2015. These courses provided new skills and valuable opportunities to network and to reflect on my leadership style. I now feel more confident in my own skills and abilities. In 2014 with the support and encouragement of the HoD I successfully applied for the title of Associate Professor.

I have been recently awarded a BHF Senior Fellowship and the support from RDM was key to my success. Not only did the HoD provide personal support and a strong letter of recommendation, our Research Strategy Coordinator put me in touch with members of the department who had been through the process and facilitated senior PIs to help me with a mock interview. I found this to be a positive, challenging and enlightening experience and went into my interview feeling very well prepared. I feel that my career path and my personal development have been accelerated by recent initiatives within RDM.

I have had strong departmental support to utilise informal flexible working a number of times including; when I took the decision to be an egg donor, requiring regular days out of the office, when I was part of an elite rowing crew, when my grandmother was diagnosed with a terminal illness (2011) and the same for my grandfather (whom I was very close to) in 2014. I am grateful for the department's support as I got to spend invaluable time at home in New Zealand with them and I was able to maintain my research productivity. Notably when my grandfather died, I was in the process of putting together my Senior Fellowship application – the emotional support and understanding from the department was very much appreciated.

Dr Katja Gehmlich – Early Career Researcher



I joined CVM as a postdoctoral researcher/project manager (BIG-Heart study) in February 2010. The department supported me to work flexibly, developing a teleworking contract with the University so that I could work from my partner's office (at the University of Keele) one day a week. During this initial fixed-term contract my group heads (Hugh Watkins and Charles Redwood) gave me the opportunity and funding to work on an independent 'side-project' to help further my credentials as a prospective independent researcher. The results of that study contributed to preliminary data for a British Heart Foundation (BHF) Intermediate Basic Science Research Fellowship application.

Both Hugh and Charlie were highly supportive through the process of writing my application; reviewing its contents and making sure the application was as strong as possible. In addition I received a lot of support from other post-docs and principal investigators within CVM. The fellowship was awarded in July 2012. I delayed its start, with the support of CVM, to September 2013 to finish the ongoing research project BIG-Heart. I successfully applied for regrading in 2012 (from grade 7 to 8) and was awarded the title RDM Principal Investigator in recognition of my status as an independent researcher.

In June 2013 I was on sick-leave for four weeks. The Department helped my return to work by allowing me to work flexibly (both in terms of hours per day and working from home) for the first weeks of my return.

I took maternity leave in January 2014 (6 months plus 1 month of annual leave). RDM supported my decision to keep the fellowship project running during my absence and funded my maternity leave so that I could, with their support, negotiate a no-cost extension with the BHF. During my maternity leave I received a BHF Centre of Research Excellence pump priming award and an Award for Excellence. I attended lab meetings and departmental training sessions/seminars/events where possible, using my KIT days, and had weekly meetings/phone conversations with my research assistant, because I found it important to keep in touch with work.

I joined the RDM mentoring scheme as a mentee and had my first meeting with my mentor in April 2014 and discussed, amongst other matters, my planned return to work. During my PDR (in May 2014), I agreed with my line manager that RDM would support my return to work by offering informal short-term flexible working arrangements as required.

In October 2014 I was awarded £5,000 from the newly established University Returning Carer's Fund. This covers travel, accommodation, and consumable costs associated with a six week visit to laboratories in Germany to develop my technical skills that have not remained as current as they might due to my maternity leave.

RDM has been supportive of my emerging career throughout my time in Oxford. Recent initiatives have served only to increase that support and I feel strongly that RDM has provided an excellent environment to launch my career as an independent scientist.

[Words: 993/1,000]

Appendix 1: Silver Application Action Plan – Radcliffe Department of Medicine, University of Oxford

Note: Actions highlighted in purple indicate their very high priority status.

Acronyms

CDC – Career Development Committee

DGS – Director of Graduate Studies

DH – Division Heads

GSA – Graduate Studies Administrator (RDM)

GSC – Graduate Studies Committee

HAF – Head of Administration & Finance (RDM)

HoD – Head of Department

HR – Human Resources

PDR – Personal Development Review

PDRA – Postdoctoral Research Assistant

RDM ASSG – RDM Athena SWAN Steering Group

RSC – Research Strategy Co-ordinator (RDM)

RoD – Recognition of Distinction

SATs – Self-Assessment Teams

WTL – Women Transforming Leadership

Theme 1: Address the under-representation of women through recruitment, promotion and retention

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
Increase the number of successful female applicants for all posts, particularly senior posts	1.1	Introduce mandatory online recruitment and selection training for all members of staff involved in recruitment	43	H	Local HR Officers	Mar 2016	Target: 100% of those involved in recruitment have completed online training
	1.2	Implement the new Electoral Board process for appointment of Statutory Professors and introduce equivalent RDM process for all other senior posts, and pilot the use of head-hunters	38	H	HAF	Immediate	Target: Increase in the number of females shortlisted (minimum 25%) for senior positions

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
	1.3	Review selection criteria for all posts to ensure they reflect importance of full range of skills and experiences, and allow for impact of career-breaks	43	H	SATs RDM Admin & Local HR Officers	Mar 2016	Target: Increase the number of shortlisted females for posts (proportion to match or exceed national benchmark in the particular subject area)
	1.4	Emphasise the department's flexible working culture in all further particulars and ensure that the contact details of at least one female member of staff are listed in job adverts for informal enquiries	43	M	RDM Admin & Local HR Officers	Dec 2015	Target: Increase the number of female applicants for posts (proportion to match or exceed national benchmark in the particular subject area)
	1.5	Review practicality of part-time or flexible hours research posts	75	M	SATs HAF & Local HR Officers	Mar 2016	Target: Increase number of posts advertised with option for part-time and/or flexible appointment. All posts to be advertised with the potential for part-time working except where there are operational constraints.
	1.6	Make relevant intranet pages (e.g. female career profiles, family-friendly benefits and work-life balance) visible to external audiences	44	M	RDM Admin	Dec 2015	Target: Increase the number of female applicants for posts (proportion to match or exceed national benchmark in the particular subject area)

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
Improve women's success in securing funding and fellowships to facilitate the transition from PDRA to independent researcher	1.7	Provide better information to PDRAs about funding sources and fellowships (e.g. expand 'Find Funding' section of RDM website, advertise and offer training for Research Professional.com)	47	H	RSC, CDC & Early Career Researcher Forum	Ongoing / Dec 2015	Target: Secure external fellowships for at least 10 female PDRAs over the next three years
	1.8	Develop a process to attract candidates to pursue early career fellowships in RDM	44	H	RSC, CDC & Early Career Researcher Forum	Mar 2017	Target: Secure external fellowships for at least 10 female PDRAs over the next three years
	1.9	Organise targeted 'How to' workshops designed to help staff at the key career transition points (e.g. writing a grant application)	46	M	SATs RSC, CDC & Early Career Researcher Forum	Ongoing / Jul 2016	Target: Increase by 30% the number of female PDRAs applying for research funding
	1.10	Identify and train new graduate student supervisors and encourage involvement in Oxford Learning Institute's 'Supervising DPhil Students' course	46	M	GSA & DGS	Annually / Sep	Target: Increase in the number of females who are trained to supervise students by 14 over the next three years
	1.11	Support female applicants for internal funding sources, as preparation for application to external funder	46	M	RSC, CDC & Early Career Researcher Forum	Ongoing	Target: Increase in the number of women who apply and are successful for internal funding (aim for 5 successful applicants per year)

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
Increase the number of successful applications by females for intermediate and senior fellowships	1.12	Provide a fellowship coordination process to ensure all applications receive the same support (e.g. internal review, mock interview)	47	H	RSC & CDC	Dec 2015	Target: Identify baseline application and success rate and increase both by 30% over three year period
Encourage and support female staff to apply for Recognition of Distinction (RoD) and regrading	1.13	Continue to pro-actively identify and support females to apply for regrading and RoD for award of Professorships, Associate Professorships and the University Research Lecturer scheme	40	H	HoD, DH, HAF & Departmental Administrators	Annually / Dec	Target: Increase female regradings to grades 7 to 9, and secure RoD for at least 10 senior women, including at least 3 to Professor
	1.14	Further improve information on regrading and RoD procedures (e.g. website, Question & Answer sessions)	42	L	RDM Admin	Nov 2017	Target: Increase awareness of regrading and RoD procedures to at least 70% in annual surveys
Progress female clinical researchers	1.15	Trial a scheme where junior clinical staff are assigned a senior sponsor who will be their advocate, including in the NHS clinical setting	80	H	Clinical academic from RDM ASSG, HoD, HAF	Apr 2016	Target: All female clinical staff are assigned a sponsor and at least 60% feel better supported in the annual survey
Increase job security	1.16	Continue to review processes around moving staff from fixed-term contracts to open-ended or permanent contracts, based on funding source and length of service	59	M	HAF & Departmental Administrators	Oct 2016	Target: Increase the numbers of research staff on open-ended/ permanent contracts (aim for 25% of staff)

Theme 2: Provide training and career development support for female staff

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
Improve induction process to signpost training and career development opportunities early	2.1	Develop a tailored induction programme for senior researchers, group leaders and line managers, with emphasis on line management responsibilities and the department's family-friendly culture	54	H	RDM Admin	Mar 2016	Target: New staff with line management responsibilities report a positive experience of induction in staff survey At least 75% staff satisfaction with support from line management.
	2.2	Improve the quality of induction (e.g. enhance RDM-wide induction checklist, factsheets, 'Working at RDM' webpages, and follow up induction after three months) to ensure training, PDR and career development opportunities are discussed early	54	M	RDM Admin & Local HR Officers	Dec 2015	Target: Survey reports increased satisfaction about induction to at least 75%
Ensure that the RDM Mentoring Scheme supports women's career development	2.3	Recruit more senior members of staff to be mentors, and organise bespoke mentor training sessions	48	H	Mentoring Committee	Mar 2016	Target: 20 additional senior mentors register for the scheme
	2.4	Continue to promote the RDM Mentoring Scheme (e.g. website, newsletters, induction, lunchtime taster sessions) and highlight success stories on website	48	M	SATs Mentoring Committee	Mar 2017	Target: At least 100 mentees are registered in the scheme at any one time

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
Ensure development needs and regrading opportunities of female staff are identified through a Personal Development Review (PDR)	2.5	Produce a PDR toolkit for line managers with information on training opportunities, mentoring, regrading process, careers advice, etc.	51	H	CDC, HAF, SATs & RSC	Mar 2016	Target: Increase PDR satisfaction in staff survey to at least 80%
	2.6	Maximise usefulness of PDR (e.g. PDR training sessions for line managers, follow up of training and career development actions)	51	H	Local HR Officers	Nov 2016	Target: Increase PDR satisfaction in staff survey to at least 80%
Provide training opportunities to women	2.7	Work with the director of the Women Transforming Leadership (WTL) development programme to develop bespoke training seminars for women on negotiation and leadership skills funded by RDM	47	H	Former WTL attendee & HAF	Jan 2016	Target: Organise at least 2 lunchtime seminars per annum
	2.8	RDM to fund two women per annum to attend the WTL course at the Saïd Business School	47	H	RSC & HAF	Ongoing	Target: Increase by 2 per annum the number of females taking on leadership responsibilities
	2.9	Organise lunchtime sessions to provide information about Ad Feminam, the Academic Leadership Development Programme, Springboard and the Oxford Learning Institute's Principal Investigators training programme for new principal investigators	49	L	CDC	March 2016	Target: At least 15 females attend these courses

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
Improve the quality of careers information and support available to female staff	2.10	Set up an RDM-wide Early Career Researcher Forum	47	H	RSC & CDC	One-off / Dec 2015	Target: Have a thriving Early Career Researcher Forum that is active and useful to Early Career Researchers
	2.11	Improve careers information (e.g. RDM Career Days, website, one-to-one sessions with the Careers Service)	50	L	RSC & CDC	Ongoing	Target: Annual survey shows increase to at least 65% in awareness of career options

Theme 3: Embed Athena SWAN principles in departmental organisation and culture

Promote a departmental culture where equality and diversity are strongly emphasised, and female role models are celebrated	3.1	Introduce mandatory online equality & diversity and unconscious bias training for all staff and students	53	H	Local HR Officers & GSA	Oct 2016	Target: 100% of staff and students complete online training courses
	3.2	Provide termly Athena SWAN reports (including progress against this Action Plan) to all staff and students	16	M	RDM ASSG & SATs	Termly / Nov 2017	Target: 100% of staff and students aware of Athena SWAN in next survey
	3.3	Promote the successes of women in RDM (e.g. case studies on website, awards and achievements, RDM Women in Science Day, Inaugural lectures for new Professors)	68	M	RDM Admin & RSC	Nov 2017	Target: At least 50% of staff and students notice a positive culture change in RDM in next surveys

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
	3.4	Review the membership of RDM committees and identify more women as potential members (opening up membership of committees to students, PDRAs and support staff where appropriate)	58	M	HoD, RDM, SATs & Departmental Administrators	Mar 2016	Target: Ensure that at least one third of every RDM committee's membership is female
Zero tolerance of harassment & bullying	3.5	Champion a culture of dignity and respect, where positive behaviour is recognised and there is zero tolerance of harassment and bullying	69	H	HoD & Division Heads SATs	Dec 2015 / then Nov 2017	Target: Personal experience of harassment or bullying in the survey reduces to less than 10% in the next staff survey, with the aim of 0% in staff survey in the following survey
	3.6	Appoint an external independent mediator/ listener to investigate the nature and extent of the problem (e.g. through targeted mini-survey)	69	H	HoD & HAF	Dec 2015	Target: An understanding of bullying and/or harassment issues within the department that allows us to target appropriate interventions and actions
	3.7	Introduce mandatory on-line harassment and bullying training for all staff and students	69	H	Local HR Officers & GSA	Dec 2015	Target: 100% of staff and students have completed online harassment and bullying training

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
	3.8	Provide improved sign-posting to support those affected by harassment or bullying (e.g. advertising RDM-wide harassment officers, mentoring scheme, central University courses and other sources of support)	69	H	RDM Harassment Officers	Jan 2016	Target: 100% of those who have experienced harassment or bullying indicate adequate support in annual survey
Promote transparency and sharing of information across RDM	3.9	Develop a transparent process for the replacement of key posts (e.g. Statutory Professors) and roles (e.g. HoD, Heads of Division, Graduate Advisors)	62	H	HoD	Mar 2017	Target: Staff understand the process for appointments to senior roles and are able to indicate interest at an early stage. 100% of PIs are aware of these processes.
	3.10	Engage with Oxford departments that are trialling workload allocation models and consider how to implement in RDM	62	H	HAF & RDM Admin	Mar 2018	Target: Establish what type of workload model would be appropriate for RDM. At least 75% of PIs agree that the allocation of workload is fair and transparent.
	3.11	Publish summary minutes of departmental and divisional committees on the website	68	M	RDM Admin	Mar 2016	Target: Increase satisfaction about transparency in decision-making to at least 65% in next survey

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
	3.12	Continue to produce quarterly RDM newsletter and to improve website, including 'Working at RDM' webpages	68	M	RDM Admin	Quarterly	Target: Increase in satisfaction regarding communications to at least 80% in next survey
Encourage public engagement and promote STEM careers for women through outreach	3.13	Appoint an RDM outreach and communications officer	71	H	HAF, RSC	Mar 2016	Target: Officer appointed to coordinate activity
	3.14	Increase involvement of staff in outreach activities (e.g. public engagement workshop, RDM Public Engagement Prize)	71	M	Outreach Committee, RSC, SATs & RDM Admin	Mar 2018	Target: Increase numbers of staff and students participating in outreach activities
	3.15	Form Outreach Committee to co-ordinate outreach initiatives across RDM (e.g. database for data collection)	71	L	RDM Admin & RSC	Mar 2016	Target: Outreach activities are co-ordinated and recorded across RDM

Theme 4: Promote flexible working and a family-friendly environment

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
Promote a flexible working culture within RDM, that accommodates those with family responsibilities	4.1	Carry out a review of flexible working arrangements. Identify and share good practice across RDM	75	H	HAF	Oct 2016	Target: Satisfaction regarding the department's approach to flexible working of at least 80% in staff surveys
	4.2	Continue to promote the University's and department's flexible working policies, through the website, the newsletter, and at induction	Error ! Book mark not defined.	L	SATs, RDM Admin & Local HR Officers	Oct 2016	Target: Increase in awareness of flexible working policies in surveys to at least 75%
Promote a family-friendly environment	4.3	Schedule departmental meetings and seminars between 9.30am – 2.30pm wherever possible, and give considerable notice ahead of all day and evening events	65	H	Departmental Administrators & Heads of Division	Ongoing	Target: At least 75% of respondents with family responsibilities agree that meetings and seminars are timed to take account of caring responsibilities in next surveys
	4.4	Develop and maintain a family friendly factsheet, with information about nurseries and childcare services	77	M	RDM Admin	Dec 2015	Target: Increase in awareness of family friendly policies and services to at least 75% in next survey

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
	4.5	Develop and encourage parents networks e.g. ParentsNet and OCDEM parents network. Assess demand/ support for a second parents network	77	L	RDM ASSG & SATS	Jan 2016	Target: Parents feel supported and part of a network – assess through survey
	4.6	Support family friendly events in the divisions, to bring together staff, students and their families, and foster a sense of community in the department	65	L	RDM ASSG & SATs	Dec 2015	Target: Parents feel supported and part of a network – assess through survey
	4.7	Develop a link to family friendly resources from the graduate studies section of website	56	L	GSA	Dec 2015	Target: Increase in hit rates from graduate studies section to family friendly resources on website
Provide maternity support and cover to female staff and students	4.8	Develop consistent policy across RDM regarding provision of maternity support and cover. Merits of requirements for cover to be the critical factor, rather than the funder's terms and conditions	76	H	HAF	Mar 2016	Target: A consistent and more needs-based policy for maternity cover is in place
	4.9	Continue to encourage male staff to take paternity leave and communicate clearly the new shared parental leave arrangements via webpages, factsheet, newsletter and at induction	73	M	RDM Admin/Local HR Officers	Nov 2015	Target: 100% uptake of paternity leave and good awareness (>60%) of shared parental leave in surveys

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
	4.10	Support applications to the Returning Carers Fund and create divisional funds to support additional childcare costs that are currently not funded by the Returning Carers Fund	77	M	HAF, Departmental Administrator, RSC & Local Grants Officers	Mar 2016	Target: Increase the number of applications to the Returning Carers Fund by at least 50%
	4.11	Advocate the enhancement of local nursery provision	78	M	HAF RDM ASSG	Mar 2016	Target: Focus groups of parents reveal satisfaction with nursery provision

Theme 5: Support to postgraduate students

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
Improve support for female PGR students, to retain female students in academia and feed the career entry pipeline (grade 7)	5.1	Organise a 'Manage Your Supervisor' training session during May for first year DPhil students and advertise drop-in sessions with the Director of Graduate Studies to provide an open discussion forum	55	H	GSA, DGS & GSC	Annually / May	Target: At least 80% of PGRs agree in survey that their supervisor and RDM provides adequate support and know where to seek help
	5.2	Increase awareness of career opportunities for PGRs (e.g. website, one-to-one sessions with the Careers Service)	55	H	GSA, GSC & CDC	Mar 2016	Target: At least 75% of PGRs agree that they are provided with sufficient career guidance in survey

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
	5.3	Encourage students to participate in RDM Mentoring Scheme (e.g. advertise in Graduate Student Handbook)	56	M	GSA, Mentoring Committee & SATs	Annually / Sep	Target: Increase student participation in RDM Mentoring Scheme to at least 20% of enrolled PGR students
	5.4	Engage with the three departments which are now accepting part-time PGRs to consider how to implement in RDM	21	L	GSA, DGS & GSC	One-off / Mar 2017	Target: Establish if part-time postgraduate research degrees are appropriate for RDM
Maintain female PGR student numbers at or above the national average for Medicine and Dentistry	5.5	Monitor and review PGR admissions data by gender, including success from applications to offers and acceptances, and identify trends against 2013/14 intake baseline	23	M	GSA, GSC	Annually / Dec	Target: Female success is at least as good as for males at every stage of the PGR admissions process
	5.6	Monitor and review 4-year DPhil submission rates by gender	24	M	GSA, GSC	Annually / Dec	Target: At least 70% of DPhil students submit within 4 years, with no gap in attainment between males and females
	5.7	Identify any reasons why PGRs turn down offers that relate to gender and implement new policies where applicable	23	L	GSA, GSC	Annually / Dec	Target: Maintain no gender difference in reasons for turning down offers

Theme 6: Baseline data and supporting evidence

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
Collect feedback from staff and students to assess progress against action plan	6.1	Re-survey all staff and students and analyse data against 2014 baseline	17	H	RDM Admin, ASSG & SATs	Every 18 months	Target: Increase response rate to at least 75% of RDM staff and students
	6.2	Identify the need for focus group surveys in areas where further data are required (e.g. return from maternity, flexible working)	17	H	RDM Admin SATs	One-off / Mar 2016 & ad-hoc	Target: Additional high quality data are collected to inform management decisions
	6.3	Repeat survey of PI workload and analyse results by gender	63	H	ASSG, SATs RDM Admin	Annually / Feb	Target: Ability to identify any changes in workload allocation by gender
Collect and analyse staff, student and grant data to enable evidence-based decision-making	6.4	Monitor and review staff profile by gender and grade	17	M	ASSG, SATs RDM Admin	Annually / Jan	Target: Accurate staff data are available to assist effective implementation of Action Plan
	6.5	Monitor and review PGR student data by gender	17	M	GSA, GSC, ASSG	Annually / Jan	Target: Accurate student data are available to assist effective implementation of Action Plan

Objective	Silver Ref.	Action	Page No.	Priority	Responsibility	Frequency/ date	Success Measure
	6.6	Monitor and review recruitment data by gender and grade	38	M	Local HR Officers, ASSG, SATs	Annually / Jan	Target: Accurate recruitment data are available to enable identification of issues
	6.7	Develop leavers' database and review staff and PGR student destinations through analysis of exit questionnaires	31	M	RDM Admin & GSA, GSC	6-Monthly/ Oct & Apr	Target: Early detection of any gendered reasons for staff turnover and destinations of staff and PGRs are identified
	6.8	Collect and analyse grant applications data and success rates by gender	47	M	RDM Admin, Departmental Administrators & CDC	Annually / Jan	Target: Accurate grant data are available to assist effective implementation of Action Plan
	6.9	Carry out a pay audit of all staff by grade scale point and gender	79	M	HoD, HAF & Departmental Administrators ASSG	Mar 2016	Target: Pay parity between genders

Summary of Progress – Consolidated RDM Bronze Action Plan

A reference number is included in the 'Further Action' column to facilitate cross-referencing with the RDM Silver Application Action Plan.

Theme 1: Enhance training and career development opportunities for female staff				
Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B1.1	Improve induction process for new staff (e.g. 'buddy scheme', factsheets, online induction course)	Achieved: Induction is now compulsory for all new starters, including a face-to-face briefing with a local HR officer. RDM has developed new induction resources (see section 4, page 53). Local divisions have developed additional initiatives	98% of new starters in the past 12 months received an induction (2014 survey data).	2.2
B1.2	Encourage research staff and junior clinical staff (particularly women) to apply for internal funding (e.g. web, 'how to' talks, PDR)	Achieved & Ongoing: The Research Strategy Co-ordinator emails a monthly Funding Opportunities Bulletin to all staff and students in RDM which is also available on the intranet. Internal RDM funding schemes have been opened up to PDRAs and junior clinical staff, to enable younger researchers to secure funding in their own name (page 46)	A recent BHF Centre of Research Excellence internal call for applications specifically led by postdocs resulted in 13 applications (9F) and 5 awards (3F). In addition, the Research Strategy Co-ordinator has supported 4F to apply for other sources of internal funding (Medical Research Fund, John Fell Fund, MRC Proximity to Discovery & Oxford-UCB Prize Fellowship in Biomedical Science).	1.11

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B1.3	Deliver targeted 'how to' sessions to help staff at key transition points	Achieved: 4 workshops: 3 Grant Writing Workshops (run in 2013, 2014 and 2015) and 'How to get a fellowship' (June 2014, to be repeated early in 2016). Another Grant Writing Workshop planned on 10 March 2016. (page 46)	6 fellowships awarded since the 'How to get a fellowship' workshop (2F, 4M), 3 fellowship applications submitted (1F, 2M), with another 3 fellowship applications in preparation (2F, 1M). In addition, 3 successful applications to internal funds by postdocs to strengthen CVs (3F – MRC Proximity to Discovery, MRF Bridging Funding & CRE pump priming) and 4 external funding applications submitted or in preparation (2F, 2M). <i>"The 'How to get a fellowship talk' was very useful. The discussion of what funding bodies are looking for in terms of the person as well as the project was enlightening, as was the discussion of fellowship interviews."</i> Female Grade 7 Post Doc	1.9
B1.4	Ensure all applications for externally-funded fellows are reviewed internally and offer practice interviews	Achieved & Ongoing: The Research Strategy Co-ordinator (RSC) ensures that all applications for externally-funded fellowships are supported appropriately (e.g. internal scientific review, mock interviews) (page 46)	Since January 2015, 26 researchers have been given one-on-one advice from the RSC and mock interviews (19F, 7M). This has resulted in the following successes: - Females: 6 grants awarded, 5 grants submitted & decision pending, 8 applications being prepared - Males: 1 grant awarded, 1 application being prepared	1.12
B1.5	Target careers advice and training opportunities for early career researchers	Achieved & Ongoing: A one-stop shop for careers advice has been developed on the 'Working at RDM' webpages. The first RDM Career Day took place on 23 April 2015 (65 attendees), to enable staff and students at key transition points to consider their next career step. This will become an annual event (page 50)	<i>"It was a diverse and stimulating series of talks and workshops that highlighted the many different career paths available to me as a scientific researcher, and the steps I can take to explore these options for myself"</i> . Female attendee at Career Day	2.10; 2.11

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B1.6	Co-ordinate training for principal investigators, supervisors and line managers (e.g. PDRs, coaching)	Achieved: Training for PIs has been co-ordinated and courses arranged on a range of subjects. (page 69)	PDR - 117 attendees Mentoring - 43 attendees Harassment and bullying - 77 attendees Supervising and examining DPhils - 22 attendees Unconscious bias - 32 attendees Recruitment & Selection - 59 attendees	2.1
B1.7	Implement infrastructure (e.g. training sessions) to allow annual PDRs for all staff	Achieved: Compulsory PDRs have been introduced across RDM. 117 have attended PDR training sessions (page 52)	75% of staff respondents to the 2014 survey had had a PDR in the last 12-18 months (with another 6% scheduled), and 71% of women and 66% of men were satisfied with their PDR.	2.5
B1.8	Carry out initial career development discussions during probation and carry on during annual PDRs	In progress: RDM HR teams encourage line managers to carry out a mid-probation and end of probation review, where initial career development discussions are held. Further career development discussions are carried out through the annual PDR (page 51)	Since PDRs were introduced in 2013, 17 women have been regraded to higher grades.	2.6
B1.9	Launch mentoring scheme for all staff and PGRs (possibly following 12 month pilot)	Achieved: The RDM Mentoring Scheme was launched in February 2014 and is open to all staff and students (page 49).	Data shows that the scheme has organised 69 mentoring relationships to date and that the RDM Mentoring Scheme particularly supports women. 95% of those who have used the RDM Mentoring Scheme would recommend it to a colleague or fellow student, and 65% of mentees indicated that the RDM Mentoring Scheme has helped them with career progression and planning. The scheme particularly benefits women, as a proportionately higher numbers of mentees are women (68%) (2014 survey data).	2.3; 2.4; 5.3

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B1.10	Promote university-led personal development programmes (e.g. Springboard & Ad Feminam)	In progress: Springboard and Ad Feminam are publicised on the 'Working at RDM' webpages and on the staff induction factsheets. A Springboard taster session was organised by NDCLS for all staff in June 2014. Further work is required to advertise these courses at induction and PDR and via lunchtime taster session (page 49)	Springboard attendance has increased from 1 in 2012, 4 in 2013 to 10 in 2014. One female who was a mentee on the Ad Feminam mentoring scheme is now a mentor and Head of NDCLS Division.	2.7; 2.8; 2.9
B1.11	Encourage female staff to apply for Recognition of Distinction (RoD) and University Research Lecturer (URL) scheme	Achieved & Ongoing: All staff in eligible grades are considered systematically against the criteria and applications are encouraged and supported by the department.	RDM's support has resulted in the promotion of 3 female grade 9 and 10 researchers to Professor grades, which has increased the proportion of female professors in the department from 8% in 2011/12 to 13% in 2013/14. In addition, 9 women have been awarded Associate Professor titles and 2 women have been named University Research Lecturers.	1.13
B1.12	Establish question and answer sessions in CVM on merit awards, re-grading, family friendly policies, flexible working	Achieved & Ongoing: CVM has organised two 'Meet the admin team' sessions, where staff were able to ask questions about a range of topics.	The BHF-CRE Research Facilitator was present at these events, and has noted a significant increase in proactive enquiries about funding since. Following the 'Meet the admin' event, one female member of staff applied for funding from the CRE. She had not been aware of the process for applying for CRE funding prior to the meeting. Following feedback at one of the sessions, it has been decided that a member of the admin team will spend one day a week at a building where some CVM staff are based, so that they have regular face to face contact with the team.	1.14

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B1.13	Review processes around move from fixed-term to open-ended/ permanent contracts	In progress: RDM has sought advice from Central Personnel Services and undertaken a review of contract type by funding, gender and length of service. RDM is continuing to develop a clear and equitable policy across its divisions for the conversion of fixed term to open-ended contracts. (page 59)	The number of permanent contracts increased from 49 in 2011/12 to 77 in 2013/14.	1.16
B1.14	Identify new principal investigators and encourage their involvement in Oxford Learning Institute 'Leading in the biomedical sciences – A workshop for early career principal investigators'	Achieved: The Research Strategy Co-ordinator has taken on the responsibility of identifying and encouraging PIs to take up training.	The Research Strategy Co-ordinator identified 33 senior post-docs and new principal investigators in 2013/14 (15F, 19M) who could benefit and were invited to attend the OLI 'Principal Investigators Programme'. (Note: 'Leading in the biomedical sciences' has ceased to exist.)	N
B1.15	Make new senior appointment of Head of NDCLS and encourage senior women to apply.	Achieved: Prof Alison Banham was appointed first female Head of NDCLS in December 2014 (page 49)	1/4 Division heads in RDM are now female.	N
B1.16	Introduce formal succession planning for critical roles	In progress: Up and coming principal investigators are identified and asked to attend the Academic Leadership Development Programme (men and women) (ALDP) or Women Transforming Leadership programme to help train the next generation of RDM leaders (page 47). RDM also actively monitors retirement dates across RDM, and encourages relevant staff to attend Oxford Learning Institute's 'Planning Retirement' training course.	Two women who recently attended ALDP are now on the RDM Management Committee and Prof Alison Banham is the first female Head of NDCLS.	3.9

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B1.17	Invite ISIS Innovation to provide regular clinics on matters related to intellectual property and commercialisation	Achieved: ISIS Innovation holds a weekly clinic in the John Radcliffe Hospital and on the Old Road Campus	One new spin out company (iOxTherapeutics) and 5 licence deals. Another spin out in preparation. There has also been increase in enquiries (booking scheme now introduced), including from postdocs.	N

Theme 2: Departmental Organisation and Culture

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B2.1	Promote a positive culture, with female role models and family friendly awareness	Achieved & Ongoing: The Head of Department is fully committed to promoting a positive culture within RDM. Since the Bronze action plans, the department has put in place many initiatives to promote female role models (e.g. publicising prizes and awards, regrading 3 female researchers to professorial grade RSIV, supporting females in their applications for URL or RoD, encouraging women to attend leadership training courses, and appointing the first female Head of NDCLS). Steps have also been taken to improve family friendly awareness in the department (e.g. work-life balance section on RDM website, advertising family friendly environment in recruitment literature and graduate studies prospectus, and hosting family-friendly events). (See Section 4, page 66)	29% of respondents to the 2014 survey perceived a positive culture change in the department in the past year.	1.1; 3.1; 3.3; 3.5; 4.6

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B2.2	Appoint an Athena Champion in CVM (20-25% of time on implementing Action Plan)	Achieved: An Athena SWAN Co-ordinator was appointed in CVM in February 2014 to implement the Bronze CVM Action Plan	PDR scheme and training implemented in CVM. Redesigned CVM website. Improved coordination across the Divisions.	N
B2.3	Promote inclusive meeting etiquette	Achieved: Timing of meetings and seminars has been reviewed, and it is departmental policy that, where possible, key meetings and seminars are now scheduled between 9.30am-2.30pm and outside school holidays (page 64)	65% of respondents to the 2014 survey agreed that meetings are timed to take account of caring or family responsibilities. Significantly more women and fewer males than expected agreed with this statement (chi-square test; p value 0.035).	4.3
B2.4	Central co-ordination of public engagement (e.g. database of those willing to be involved)	In progress: Public engagement occurs throughout RDM, as detailed on page 71. Data are now collected through the annual PDR process and the PI workload model, but a more co-ordinated approach is being developed	PDR discussions have resulted in an increased profile and recognition of the importance of outreach and public engagement.	3.14
B2.5	Highlight Athena SWAN in all recruitment literature	Achieved: All RDM recruitment literature features Athena SWAN prominently (page 43)	Our new recruitment policies have resulted in an increase in the proportion of recruits who are female: from 53% in 2011/12 to 61% in 2013/14 for grade 7 researchers. The female proportion of the population in the department has increased from 47% to 52% at grade 7 and 48% to 53% for Clinical Research Trainees.	1.1-1.6
B2.6	Improve targeting of adverts to increase reach to potential female applicants	Achieved: A number of initiatives have been taken forward to improve targeting of adverts e.g. 'Creating effective adverts and job descriptions' course, LinkedIn and Research Gate and circulation to relevant networks (see section 4, page 43)		1.1-1.6

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B2.7	Ensure strong female representation on recruitment panels (including informal search groups)	In progress: All departmental selection panels comprise at least one female member, and all those chairing selection panels must have completed OLI's "Recruitment and Selection" training, which covers equality and diversity issues (page 43). RDM ensures that the selection panel for the RDM Scholars Programme is gender balanced	In 2012/13, all selection panels for research posts had mixed gender composition except for 3 vacancies (one all-female panel). All selection panels in 2013/14 had mixed gender composition.	1.1; 1.2
B2.8	Promote transparency in workload baseline and evaluation	Achieved & Ongoing: A workload survey was circulated to all principal investigators in February 2015 and revealed that non-research activities are distributed fairly between genders (page 62)	The implementation of new initiatives such as compulsory Personal Development Reviews and supervision load monitoring has resulted in a 19% increase in staff satisfaction: 64% of respondents to the 2014 survey agreed that the allocation of workload in the department is fair and transparent compared to 45% in 2012.	3.10; 6.3
B2.9	Monitor and improve gender balance of invited seminar speakers (from CVM action plan)	In progress: Gender balance of invited seminar speakers is now routinely monitored across RDM.	At least 30% of invited seminar speakers in CVM are now women.	N
B2.10	Introduce social days in the divisions to bring together staff and families	Achieved: The divisions organise a number of informal social family gatherings throughout the year. Recent examples include: OCDEM Halloween Pirate Event, WIMM Quiz Night, IMD Family Day, CVM Summer Party and NDCLS Christmas Party (page 64)	Free text responses about 'positive cultural change' in the 2014 survey: ' <i>Lots of family orientated activities organised</i> ', ' <i>Much more family orientated. Events organised to involve everybody</i> ', ' <i>Staff events... have been much better supported</i> ', ' <i>More family friendly events</i> '.	4.6

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B2.11	Introduce a Science Day focussed on presentations from post-docs (from NDCLS action plan).	Achieved: Annual science days take place across RDM and allow graduate students and post-docs to present their work (e.g. RDM Annual Symposium and NDCLS Science Day) (page 68)	NDCLS organised its first Science Day for postdocs in September 2014. It was co-organised by a senior female postdoc, who also chaired one of the sessions and has since been awarded the title of Associate Professor. This is now an annual event, with the next one taking place on 25 November 2015.	N

Theme 3: Promote flexible working and a family-friendly environment

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B3.1	Advocate the enhancement of local nursery provision	In progress: The University has one of the best childcare provision in the Higher Education sector, but options for further provision in the Headington area are being developed, supported by RDM through the divisional representative on the University's Childcare Steering Group (page 78)	<p>A new university nursery (98 places) will open in Headington in 2016.</p> <p>In 2015 RDM was allocated 4 University sponsored nursery places. A departmental policy for their allocation was developed and a panel convened to consider applications. The 4 places allocated (3F, 1M) included one female early career researcher, and two female senior clinical researchers.</p>	4.11

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B3.2	Offer targeted advice and support to staff returning from career breaks	Achieved: The RDM 'work-life balance' webpages include a section with information targeted at staff returning from a career break. The RDM Mentoring Scheme can pair those returning from a career break with a mentor who can provide advice and support. RDM actively supports applications for funding to the Returning Carer's Fund (page 76)	Our Research Strategy Coordinator supported a female postdoc who was unaware of the scheme to apply for a grant from the Returning Carers Fund (RCF). The postdoc was awarded funding from the RCF, which enabled her to spend six weeks in a laboratory in Germany, resulting in a new research collaboration and a project grant application to the British Heart Foundation.	4.5; 4.10
B3.3	Provide support and cover for maternity/ adoption leave	Achieved & Ongoing: Maternity plans are completed and discussed with Safety Officers and HR teams and these discussions cover the leave available, Keeping In Touch days, accrual of annual leave, and the possibility of a phased/flexible return. Where necessary, the department will fund a cover post to enable the work to continue during the maternity leave, and to make the return for the individual easier. In addition, RDM actively supports applications for maternity support to the internal Medical Research Fund (page 76)	The maternity return rate in RDM has remained high.	4.8; 4.9
B3.4	Increase part-time working opportunities	In progress: RDM has few part-time research posts. HR officers are encouraged to advertise posts with a part-time option when appropriate. We are reviewing the potential for more part-time research posts (page Error! Bookmark not defined.)	Line managers were recently asked 'When you advertise a new post do you consider whether it could be carried out on a part-time basis, with a minimum number of hours specified?' - Yes 38%, No but would be prepared to 49%, No 13%.	1.5

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B3.5	Promote the value of flexible working	In progress: RDM operates a flexible working culture and there are many examples of informal arrangements around school hours, working full-time over 4 days, and working from home. In addition, RDM supports formal applications for flexible working, where operationally possible (page Error! Bookmark not defined.). Information about flexible working and work-life balance is provided on the 'Working at RDM' webpages. We are working to identify case studies to further promote how flexible working can work in practice	100% of formal flexible working requests have been accepted. Staff and students report a high level of satisfaction with RDM's flexible working culture, with 81% describing themselves as satisfied or very satisfied with the current level of flexibility in their role (2015 flexible working survey). 85% of respondents reported that the flexibility is through informal arrangements.	1.4; 4.1; 4.2

Theme 4: Communication and website

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B4.1	Graduate studies section of website to have case studies of current and former students	Achieved: Graduate studies section of the website has been updated to include a podcast with students and profiles of the RDM Graduate Prize winners (page 55)	72% of respondents to the 2014 survey agreed that they feel well-informed about news and information. Awareness of University policies and RDM processes also increased.	N
B4.2	Career support information to be centralised on the website	Achieved: A one-stop shop for career support information has been developed in the 'Career Progression and Training' section of the RDM website. This includes links to the University of Oxford Careers Service, information about PDRs, available training courses and an overview of the re-grading procedure (page 66)		N

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B4.3	Webpage about the department with governance information	Achieved: The membership of the RDM Management Committee is published on the RDM website. The membership of the divisions' management committees are also published on the respective division's websites (page 66)	Free text answers from 2014 survey: <i>'Clearer structure of management and information and knowledge more openly shared', 'More transparency about senior posts', 'RDM management is more open and accessible compared with what was experienced', 'Increased transparency and cascading of information'</i>	3.11; 3.12
B4.4	Webpage with information on funding opportunities and seminars	Achieved: The monthly Funding Opportunities Bulletin and the quarterly RDM newsletter are emailed to everyone in RDM and available on the intranet. Researchers are encouraged to use ResearchProfessional.com to identify suitable funding opportunities. A listing of upcoming seminars is collated on the website. The webpage also advertises the MSD service, where staff and students can sign up for a weekly email with details of all seminars across Medical Sciences (page 66)	See B1.12 and B1.14	1.7
B4.5	Promote Athena SWAN on website to internal and external audiences	Achieved: The RDM website and local divisions' websites all have a dedicated section to promote Athena SWAN to both internal and external audiences. The Athena SWAN logo is prominently displayed on the homepage of the RDM website to highlight the department's commitment to implementing the Athena SWAN initiative (page 66)	90% of staff responding to the 2014 survey were aware of Athena SWAN.	3.2

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B4.6	Webpage, posters and leaflets on family friendly environment and work-life balance	Achieved: As part of the improvements to induction procedures, RDM has developed 'Working at RDM' intranet pages which provide information and advice to help staff maintain a good work-life balance (page 66)	120 hits on the 'work-life balance' section of the webpage in the last year.	4.4; 4.7
B4.7	Publicise achievements, awards and new starters (via web or newsletter)	Achieved: Awards, achievements and new starters are highlighted in the RDM quarterly newsletter, and in news stories on the RDM website. In addition, the RDM Graduate Prize winners are invited to present a talk at the annual RDM Symposium (2 females this year) (page 66)	29% noticed a positive culture change in the past year (2014 survey). Free text: <i>'Several women have been identified having won accolades for work and leadership roles attained'</i>	3.12
B4.8	Add a 'Welcome to' section to the website	Achieved: The new 'Working at RDM' webpages include a 'New to the University' section, which provides a wealth of information for new starters (page 66)	120 hits on the 'Welcome to' section in the last year.	N
B4.9	Add a female role model section to the website	In progress: RDM is currently collaborating with the Nuffield Department of Primary Care Health Sciences on a research project to develop an online repository to present the experiences of female academic staff in the Medical Sciences at different stage of their careers. It will have a combination of profiles, video interviews, written narrative, with topic-based navigation. The approach is similar to that successfully operated over many years by Healthtalkonline.org, which provides information about health issues by sharing people's real-life experiences (page 68).	40 women scientists in Oxford (9 from RDM) have been interviewed and thematic analysis has been used to identify a variety of issues that are important to the women. The website is due for launch in early 2016. It will enable early-career researchers both within and beyond Oxford to learn from the experiences of senior women, including issues they encountered and how they resolved these. Interview clips from the project have been used as trigger films for 'Balancing a family with a research career' workshops, which provide staff with space to consider how to manage existing family commitments or when they might think about having children.	3.3

Theme 5: Support to postgraduate students

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B5.1	Add AS and Family Friendly information to graduate prospectus	Achieved: All RDM recruitment materials for postgraduate students now include appropriate wording		N
B5.2	Ensure PGR prize criteria are achievable for both genders	Achieved: The RDM Graduate Prize criteria have been reviewed and this review has confirmed that they are achievable for females and males, as well as students who have taken career breaks. (page 55)	There have been 6 winners of the prize since its inception in 2013 – 4 females & 2 males. The 2014 prize winners had both taken maternity leave during the course of their studies. One of the female prize winners is now an NHS Consultant and Honorary Senior Clinical Lecturer in RDM.	N
B5.3	Identify new graduate student supervisors and encourage involvement in Oxford Learning Institute ‘Supervising DPhil Students’ course	Achieved & Ongoing: Annual process to identify new graduate student supervisors (page 46).	‘Supervising DPhil students’ bespoke training session organised by the Graduate Studies Administrator in October 2014 (5F, 10M) and September 2015 (3F, 8M from RDM, plus additional staff from other departments). 1F who attended the training has been awarded an MRC Industrial CASE Studentship as a co-supervisor. The training will continue to be run on annual basis (Silver action 1.10).	1.10
B5.4	Identify reasons why PGRs turn down offers or withdraw having accepted offers	Achieved & Ongoing: Data have been collated and a preliminary analysis indicates that there are no clear reasons for why PGRs turn down our offers, as each individual case is different. There do not appear to be gender issues in this area. Data are reviewed annually by the GSC (page 23)		5.7

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B5.5	Monitor and review male & female numbers on PGR degrees from application to outcome	Achieved: GSC reviews regular reports on the gender profile of the PGR student population and submission rates (see section 3, page 24)		5.5; 5.6; 6.5
B5.6	Monitor student destination through implementation of exit questionnaire	Achieved & Ongoing: Exit questionnaires for student leavers were implemented across RDM in 2015. Data will be reviewed annually by the GSC.		6.7
B5.7	Introduce welcome event for PGRs and supervisors (forum to increase family friendly and training opportunities)	Achieved & Ongoing: An RDM Induction Event for new PGR Students was introduced in 2013 and is run annually in October. Additional information on family friendly matters and training opportunities are provided in a Graduate Student Handbook, which is distributed to all PGR students and supervisors annually (page 55)	96% of PGRs received an induction and 91% agreed that they received enough information in their induction (2014 survey).	N
B5.8	Create outreach programme for undergraduates and sixth form students to popularise science career options	In progress: A number of initiatives have aimed to popularise science careers in schools and to undergraduates (page 71). These activities have taken place in the department on an ad-hoc basis, rather than through a co-ordinated programme	14 outreach events aimed at 6 th form pupils. Recently, a series of blog articles has been published about the experiences of A-level and undergraduate students who have done work experience placements in the department.	3.13
B5.9	Advocate the possibility of part-time PGR study within the MSD and University	In progress: RDM has taken part in the consultation on part-time study within MSD. Following the consultation, three MSD departments are now piloting part-time study on some courses. RDM will engage with the pilot and learn from these departments' experiences (page 21)		5.4
B5.10	Deliver standard policy for maternity/ paternity leave for PGRs irrespective of funder	Achieved: The Department has committed to providing maternity pay of two terms' stipend, regardless of their funding source, for students who take maternity leave (page 76)	Not tested yet	4.8

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B5.11	Ensure CVM DGS meets all students individually	Achieved: Graduate Advisors meet their respective PGR students annually in all RDM divisions (page 55)	<p>The impact of this has been in early identification of problems or issues, discussion and identification of training needs, and clarification of processes (e.g. transfer, confirmation of status). E.g.:</p> <ul style="list-style-type: none"> • Early identification of potential problems with project/supervisor led to discussion of alternative lab for joint project early enough for this not to impact on progress • Give students a chance to discuss their working relationship with their supervisor. This can be quite helpful regarding advice on strategies to manage this relationship and sometimes help them to understand why their supervisor might have a particular viewpoint. 	N
B5.12	Ask supervisors to have regular face-to-face meetings with students	Achieved: Regular face-to-face meetings are part of the core duties of DPhil supervisors and the frequency and outcomes of these meetings are recorded in a formal 'Term Report' at the end of each term. Supervisors who fail to meet with their students regularly are followed up by the DGS		N
B5.13	Increase awareness of career opportunities for PGRs	In progress: PGRs were invited to the RDM Career Day on 23 April 2015. PGRs are able to participate in a number of events organised locally (e.g. Science Careers Seminars, Careers Service one-to-one sessions). The DGS or Graduate Advisors discuss career matters with students at annual review meetings. Training and career development needs are also recorded in the student's Term Report following regular face-to-face meetings with their DPhil supervisor. The Career Development Committee has PGR representation.	14 PGRs attended the RDM Career day.	5.2

Theme 6: Baseline data and supporting evidence

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B6.1	Monitor and review staff profile by gender and grade	Achieved & Ongoing: Staff data are updated and reviewed annually by appropriate committees (e.g. SATs & RDM ASSG)	Athena SWAN action plan is updated to respond to any changes in data.	6.4
B6.2	Monitor and review job application and success rate by gender and grade	Achieved & Ongoing: Recruitment data are updated and reviewed annually by appropriate committees (e.g. SATs & RDM ASSG) (page 32)	Our new recruitment policies have resulted in an increase in the proportion of recruits who are female: from 53% in 2011/12 to 61% in 2013/14 for grade 7 researchers. The female proportion of the population in the department has increased from 47% to 52% at grade 7 and 48% to 53% for Clinical Research Trainees.	6.6
B6.3	Monitor staff destinations through implementation of exit questionnaire	Achieved & Ongoing: An exit questionnaire for leavers has been implemented across RDM since 2014. Data will be monitored annually by the CDC (page 30)	<ul style="list-style-type: none"> • Between 2013 and 2014, exit questionnaires revealed that newly appointed bioinformaticians did not stay in post when first introduced to Oxford, due to better network and career development facilities in industry. We conveyed this information to the team and asked that they introduce a strong network with other university departments. This has been implemented and we have retained all bioinformaticians who were appointed from Spring 2014 onwards. • In the last 18 months, two postdocs moved to different posts outside their group reporting two main issues. First, a perceived lack of support from line management for their career development, second, the uncertainty of the funding stream going forward. Whilst we are unable to address the second issue directly, we will monitor this unit with regards to how they carry out PDR, to try and change the culture. 	6.7

Bronze Ref.	Bronze Action	Progress Update	Impact	Further Action
B6.4	Monitor gender balance on departmental committees (including divisional committees)	In progress: Additional women have been invited to join departmental committees following a review of membership.	The gender balance of departmental committees is provided on page 57. The number of women on the main management committee has increased from 4 to 6 and female representation is now 29%.	3.4
B6.5	Improve HR data quality, including analysis of Higher Education Statistics Agency staff data	Achieved: A review of staff classification codes was undertaken in 2014 to ensure consistency of staff categorisation across RDM for the Athena SWAN application	Now able to generate and rapidly analyse important datasets.	N
B6.6	Re-survey staff within 2 years to assess impact of Action Plan	Achieved: All RDM staff and students were surveyed in November/December 2014 (page 15). A workload mini-survey was also circulated to principal investigators in February 2015 and a flexible working survey in October 2015	Considerable impact demonstrated in many areas as detailed throughout submission.	6.1; 6.2