



## Athena SWAN Silver department award application

**Name of university:** Imperial College London

**Department:** Department of Medicine

**Date of application:** November 2014

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

Silver Award in November 2012

**Contact for application:** Dr Jane Saffell  
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Athena SWAN **Silver Department** awards recognise that in addition to university-wide policies the department is working to promote gender equality and to address challenges particular to the discipline.

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

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

### Sections to be included

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

List of abbreviations	
Academic Opportunities Committee	AOC
Bachelor of Medicine, Bachelor of Surgery	MBBS
Bachelor of Science	BSc
Department of Medicine	DoM
Early-Career Committee	ECC
Expressions of Interest	EOI
Female	F
Full-time	FT
Junior Research Fellow (Imperial College)	JRF
Hammersmith Hospital (campus)	HH
Head of Department	HoD
Learning & Development Centre	LDC
Male	M
Master of Research	MRes
Master of Science	MSc
National Heart & Lung Institute	NHLI
Part-time	PT
Personal Review and Development Plan	PRDP
Post graduate research	PGR
Postdoc Development Centre	PDC
Postgraduate taught students	PGT
Postgraduate students	PG
Research postgraduate students	PGR
St Mary's Hospital (campus)	SMH
School of Public Health	SoPH
South Kensington (campus)	SK
Times Higher Educational Supplement	THES
Undergraduate students	UG

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Sarah Dickinson

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Equality Challenge Unit  
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27<sup>th</sup> November 2014

Dear Sarah,

**Re: Athena SWAN Silver Application, Department of Medicine, Imperial College London**

As Head of Department, I write in strong support of this application. I am proud of our achievements, recognising that for us to contribute to medical science at the highest level we must foster a diverse academic community with the breadth of perspective and experience to tackle the challenges of our time.

To reflect this, I have added a new departmental mission statement "to build a strong and supportive academic community". Central to this effort is the Academic Opportunities Committee (AOC), of which I am an active participant. It has developed into an essential mechanism by which challenges are addressed by reflecting on data and canvassing opinion. This has identified opportunities to implement a more progressive working culture, particularly for women seeking to balance family and career. In recognition of this, a number of initiatives to improve daily working life have been introduced in accordance with the aims of our Athena mission.

In the Department, we can celebrate the closing gap between female and male academics, particularly non-clinical, where the proportion of female professors has increased from 20 to 28% in the past four years. Transparency and active support through the academic promotions process is an important focus and this has had impact. In our last application proportionately fewer women were applying for promotion (although they were equally successful), but now promotion application

and success rates are slightly higher for women than men. Having met with these applicants, I see the impact of senior staff involvement in these processes and will continue to lead in this endeavour.

In our recent Athena survey, the most commonly cited reason for female attrition past postdoctoral level is a belief in the incompatibility of working and family life. We are working hard to provide support around parental leave and for those with caring responsibilities. Our inaugural Academic and Family Life Panel discussion was a powerful platform to highlight different working models and showcase our successes. We must continue to actively foster an environment where our brightest talent is empowered to pursue a competitive career and a fulfilling family life.

The creation of an Early Career Committee has empowered our postdoctoral research talent to spearhead initiatives that are having a real impact on career development, communication and working practices for early-career researchers. We have set up a high-quality and sustainable mentoring scheme which has been operating for a year and is an important source of advice and guidance for PhD students, researchers and academics.

Moving forward, there is still work to be done. I am disappointed that our recent academic recruitment is not reflective of the diversity I know is achievable and I am committed to ensuring successful recruitment of women to the Department. To this end we have redesigned our web pages to signpost the important contribution of women to our Department and we will create a proactive search committee to identify the best of female talent worldwide.

It is of considerable importance to me that our efforts in the Department of Medicine are recognised and strongly supported by the College. The Provost, James Stirling, has attended and advised at meetings, sharing successful ideas with us and taking away suggestions for wider implementation. He has recently said "I was impressed during my visit to the Department of Medicine by the depth of commitment to recruiting, retaining and developing academic women. The Department's mentoring scheme is an excellent model within the College and I am pleased the Academic & Family Life Panel Discussion (in which I was a very willing participant) will be extended to other Departments and Faculties. This sharing of good practice is a key part of Athena SWAN, and is something we do particularly well here at Imperial."

I feel privileged that our Department is collectively working to attract, retain and develop outstanding female academics. The tireless commitment of our AOC, led by the inspirational Dr Jane Saffell, will enable us to face challenges with a creative and proactive approach. I recognise the importance of not only sustaining these activities, but also of driving revisions to policy and procedure to maintain momentum in the development of our culture.

In this spirit, I commend this application to you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M. Wilkins', with a stylized flourish at the end.

**Professor Martin Wilkins**  
**Head of Department of Medicine**

Words: 695 (195 words used of extra allowance)

## **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**

Self-assessment is carried out by the Academic Opportunities Committee (AOC) set up in March 2012. This is necessarily large (27) to represent a department of close to 1000 spread across five Divisions and six campuses. We have a mixed M/F membership that includes the Head of Department, a Head of Division, Departmental Manager, Director of Education, and two other members of the Management Board (including the AOC Chair).

Academic staff members include 8 Professors (4 Clinical; 4 Non-clinical), a Reader, a Senior Lecturer and 3 Lecturers (1 clinical; 2 non-clinical). The Early Career Committee co-chairs (1M,1F postdocs) are members, as are three PhD student representatives (2 clinical; 1 non-clinical). Professional and technical staff members include (in addition to the Departmental Manager) two Divisional Managers, a Divisional Administrator and a Laboratory Manager. We have members who have recently joined the department and others with recent experience of maternity leave.

We benefit from the wider College perspective brought by Postdoc Development Centre members (Head and a consultant) and the College Athena SWAN Coordinator.

Membership has been refreshed since our Bronze award in April 2013, with five people leaving (maternity, other universities, promotion to Faculty) and seven new members joining (see Table 1).

183 words

<b>Table 1: Self-Assessment Team list</b>
Rehiana Ali, a Neurology registrar, was appointed as the Clinical Research Fellow for a mesenchymal stem cell trial in multiple sclerosis and is also completing her PhD exploring the underlying mechanisms. She is a member of the Early Career Committee.
Alice Ashley-Smith is Divisional Manager Infectious Diseases. She is responsible for managing admin support including finance, research and HR. She joined the college's Management Training Scheme in 2008 after graduating in History from the Univ. of Southampton.
Robert Bell joined Imperial as an Intern in 2010, providing support for Athena submissions, after graduating from Cambridge. In October 2011 he was appointed as the College Athena SWAN Coordinator. His partner is currently studying for a PhD.
Amy Birch is a postdoctoral representative in the Division of Brain Sciences as well as being co-chair of the Early Career Committee. She is an early stage researcher keen to pursue a career in academia whilst maintaining a healthy work-life balance.
Alexandra Blakemore is a Professor in Genetics and a member of the national Athena Medical Advisory Group. She did her BSc and PhD as the lone parent of three young children.
Meriel Cartwright was appointed departmental HR Liaison Officer in 2013 to provide specific support for Athena SWAN activities. Having originally studied Physics she has a keen interest in supporting women in STEM. She has a 3-year-old son and a new addition on the way.
Jackie de Belleruche is Professor specialising in Amyotrophic Lateral sclerosis research. She is senior mentor for the departmental scheme and provides academic promotion support. She is married with two daughters who have always shown an interest in her work.
Vicky Edwards is Centre Administrator in the Divisions of Brain Sciences and Experimental Medicine. She sits on the Faculty of Medicine Equality, Diversity and Disability Committee.
Dr Liz Elvidge is Head of the Postdoc Development Centre. She is an Athena Swan assessor and a member of the college (& several departmental) Athena Swan committees. She has two step-children and a granddaughter and cares for her husband who recently took early retirement due to ill health.
Steve Gentleman is Professor of Neuropathology with key curriculum, teaching and pastoral roles. He is married with two teenage daughters and has practical experience of shared child care responsibilities and establishing an effective work-life balance.
Angelika Gründling is a Reader in Molecular Microbiology. After 10 years of training in the US she joined the Department in 2007. A very supportive partner, who made a career change, made the move from the US to the UK possible.
Karen Hinxman is a consultant at Imperial's Postdoc Development Centre (PDC), providing training and support to Postdocs and Fellows. She is actively involved with the PDC Reps Network covering all departments within Imperial College.
Damian Johnson is Laboratory Manager of the NIH Research/Wellcome Trust Imperial Clinical Research Facility. He is also Departmental Safety Officer and combines the roles of teaching and management with caring for his young daughter.
Stella Knight, Professor of Immunopathology, studies immunology of human gut. Her Research Group integrates employees of University, Hospital and Norwich Institute for Food Research (BBSRC) employees. She balanced her career with caring for her ageing parent. Her PhD students include two women now Senior Lecturers of Imperial College.

Matt Lee has managed the Department of Medicine since its formation. He has a medical research background and has always worked in HE. He has two teenage children and likes surfing.
Paul Matthews, Edmond and Lily Safra Chair, is Head of the Division of Brain Sciences. Maintaining two demanding roles while also being a husband and father of two has taught him the value of developing a work-life balance for resilience and creativity.
Monique Matty is Divisional Manager for Experimental Medicine and Brain Sciences. She joined Imperial in May 2011 and is currently an Athena Swan Coordinator for the Faculty of Medicine
Anna Need is Lecturer in the Division of Brain Sciences where she works on the genetics of cognitive traits and neuropsychiatric disorders. She joined Imperial in 2013 with two young children and is having a third in March 2015.
Miriam Ries is a PhD student in Brain Sciences, and PhD rep on the Early Career Committee. Her mother is a Professor of Computer Science, so she has grown up with a strong interest in women in STEM, and recognises the challenges faced in combining research and family life.
Ed Roberts is a postdoc in the Division of Brain Sciences as well as being co-chair of the Early Career Committee.
Sophie Rutschmann is a Lecturer in Molecular Immunology. Leading a research group across two campuses, commuting from outside London, and having three children under four has taught her a lot about time management, efficiency and organisational skills!
Jane Saffell (Chair, Athena SWAN lead) is a Senior Lecturer in Brain Sciences and has an education leadership role as Faculty Academic Lead for PGT. She balances these roles (and a long commute) with family life with a supportive husband and two teenage sons.
Victoria Salem is a Clinical Lecturer in the Division of Diabetes, Endocrinology and Metabolism and Faculty Athena SWAN co-ordinator. During her PhD she had three babies, giving her insight into the obstacles many people face attempting to pursue a career in academia.
Rebecca Scott started her PhD at Imperial in 2013, after the birth of her daughter. She is also a Specialist Registrar in Diabetes and Endocrinology, and her research is focused on hormonal influences in obesity.
Shiranee Sriskandan is Clinical Professor of Infectious Diseases and combines leading her research group with being a hospital consultant. She has two children, has been a member of Imperial's AOC, and advisor on promotions for DoM.
Elizabeth Simpson, Emeritus Professor of Transplantation Biology, is an immunogeneticist. Previously deputy director of CSC, she retains research collaboration and fellowship interview panel membership, and is a mentor. Her grown-up daughter works in education.
Martin Wilkins is Professor of Clinical Pharmacology and Interim Head of Department as well as Head of the Division of Experimental Medicine and Director of the NIH Research / Wellcome Trust Imperial Clinical Research Facility at Hammersmith Hospital.

**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.**

The department's Athena SWAN journey began in Spring 2012. In November we submitted a Silver application and received a Bronze award in Spring 2013. The awarding panel "felt that too few of the actions were already underway and demonstrating positive impact for a silver award to be conferred yet. However, they did adjudge the application to be a strong bronze with good forward-looking aspects." The current Silver application follows a further eighteen months of progress in which we have seen the fruits of actions completed and the impact of changes made.

The Academic Opportunities Committee (AOC) responsible for self-assessment, action planning and monitoring is one of the Department's standing committees. The Chair is a member of the Management Board (the department's highest decision-making committee), ensuring that Athena SWAN progress and issues are discussed at each monthly meeting and brought to the attention of all five Heads of Division. The HoD, a Head of Division and the Departmental Manager are themselves members of the AOC.

Committed to delivering on its actions and aware of the time and resources required to embed these, the department made a **key appointment** to support this activity: an HR liaison officer (Meriel Cartwright). This has underpinned administrative support that has enabled the development and launch of several ambitious Athena SWAN projects, the largest of which is a mentoring scheme. Others include: Academic & Family Life Panel Discussion, mentoring workshops, Personal Review & Development Planning (PRDP)-support workshops, Early-career Conference Fund, curating the DoM Life website, acting as AOC (and ECC) Secretary, overseeing academic appointments and record-keeping, and regularly disseminating information about Athena SWAN activities to all department members.

During 2013 the AOC met termly to plan, implement and monitor progress on several large projects. In June 2013 an **Early Career Committee (ECC)** was established of postdocs, independent career-development research fellows and PhD students. AOC and ECC scheduling is coordinated, with the joint-Chairs (1M/1F) reporting to the AOC (of which they are members). During 2014 the AOC has met bi-monthly to plan and evaluate consultations, develop projects and monitor progress. The wider national perspective is brought by a member who is also on the National Athena Medical Advisory Group, and comparative national data is contributed by Rob Bell, the College Athena SWAN Coordinator.

In mid-2013 a **Mentoring Sub-Committee** was formed to design the mentoring scheme (launched January 2014), drawing in non-AOC members with relevant expertise and experience or representing key groups. Similarly, a **Clinical Task Force** of three AOC members was set up to investigate perspectives on career progression for female clinical academics and began its work by interviewing all female clinical professors in the department.

During two weeks in July 2014 six 90-minute **feedback workshops** for all departmental members were held on two campuses, some open to all and others for specific groups such as female academic and research staff or postdocs. Facilitated by Fiona Richmond (consultant in the Learning & Development Centre), their purpose was to hear views from staff and postgraduate students on: blocks and obstacles, what works well, getting started, retention & progression, communication & engagement and culture in the department. Participants were also asked to identify one thing they



would most like to change and one thing that has changed for the better. In total 56 people attended, 36 females and 20 males, and a report was written for analysis by the HoD and AOC.

The final self-evaluation tool was an anonymous **online survey** in October 2014 for all department staff and postgraduate students and this was completed by 420 respondents (247 female, 173 male), 72% academic and research. This is a **44% response rate**. The survey had four sections: 1) views on workshop topics (for those unable to attend or who had more to add), 2) departmental organisation & practice (e.g. induction, parents, flexible working, review & development), 3) impact of Athena actions, 4) views on why the proportion of female academics drops with seniority (and suggestions for what the department can do to help) and 5) factors that influence decisions to stay in academia. The findings were circulated to the AOC for analysis, to evaluate the impact of past actions and inform forward planning.

The cycle will be completed through visits early in the new year by the HoD, AOC Chair and Department Manager to each of the six campuses to report (and hear feedback) on the self-evaluation process, findings and actions.

731 words

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

The AOC (and ECC) will meet termly, with Athena SWAN action plan monitoring a standing item on the agenda, together with ECC report and each of our major development projects (e.g. mentoring scheme). The action plan is a live document that is routinely updated by the HR liaison officer. Monthly updates and recommendations will be given by AOC Chair at Management Board meetings and issues requiring strategic management consideration will be raised for discussion.

74 words

Total word count for SAT section: 1005 (5 words from allowance)

### 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 Department of Medicine (DoM) is a research-intensive community that sets out to attract the best scientists from across the world and provide the space, freedom, support and synergies for their research to thrive. Over 78 nationalities are represented and we have a reputation for outstanding research and early-career training. Our mission is to

- *deliver outstanding medical research*
- *educate the next generation of leaders in medicine*
- *apply the benefits of discovery to improve public health*
- *build a strong and supportive academic community*

The addition of the fourth statement embeds an Athena SWAN action to advertise widely the department's commitment to developing a supportive culture.

With 962 staff, 724 students and an annual turnover of £100 million we are one of the largest medical departments in the UK. Of the staff, 198 are academic, 373 research, 108 technical and 264 administrative (2013 census), with academic staff fairly evenly split between clinical and non-clinical identity. The student population numbers 194 undergraduates, 224 Master's students and 306 taking research degrees.

The department operates as five Divisions: Infectious Diseases; Experimental Medicine; Immunology & Inflammation; Diabetes, Endocrinology & Metabolism, and Brain Sciences. Divisions are further sub-divided into Sections or Centres. We occupy six Imperial College campuses scattered across North West London: South Kensington, Hammersmith Hospital, Charing Cross Hospital, Chelsea & Westminster Hospital, St Mary's Hospital and Northwick Park Hospital (red asterisks on map). Every Division spans at least two of these, most three or more.

The large size and geographic spread present a challenge to communication, social interaction and a sense of departmental cohesion. The welcome introduction of a new College shuttle bus will help by cutting down the considerable travel time.

The department was formed in 2010 through the merger of three former Divisions of the Faculty of Medicine. The first HoD, Professor Gavin Screaton stepped down in 2013 to take the role of Faculty Vice-Dean for Academic Affairs. The new HoD is Professor Martin Wilkins, who has considerable experience, having been Head of the Division of Experimental Medicine since the department was formed.

344 words



## Student data

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

The department does not have foundation courses

### (ii) Undergraduate male and female numbers

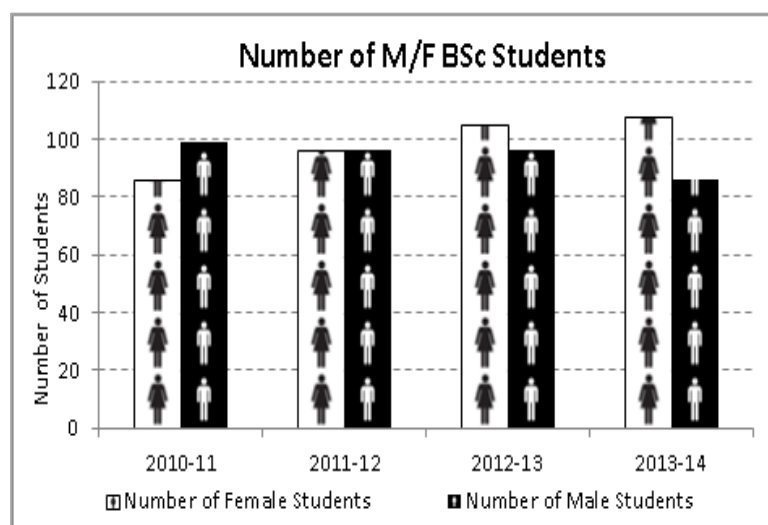
More than half of the department's undergraduates are female (55.7%), in line with the national average. The percentage females choosing departmental BSc streams is consistently greater than the total pool of females in the year group, showing that department courses are popular with female undergraduates. The pattern is similar for each individual stream.

The department does not own BSc programmes but runs six of the full-time BSc streams offered to fourth-year medical and third-year biomedical students in the Faculty's School of Medicine. Students choose which stream they want to take.

Figures 1 and 2 show that females account for more than half of the 194 undergraduates taking departmental streams, in line with the national figures for pre-clinical medicine. At 55.7% (108) in 2013-14, this is higher than the percentage of females in the whole year group (51.9%), and has risen steadily from 46.5% in 2010-11.

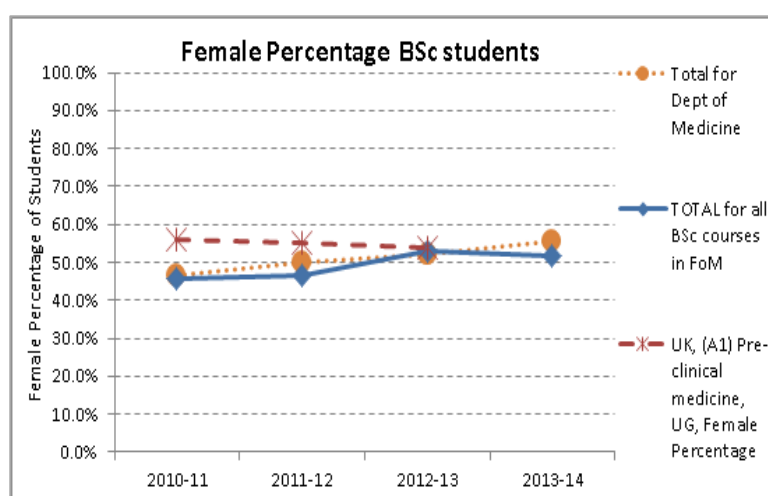
### **Figure 2. Percentage of female UG compared to Faculty totals in year group & national pre-clinical medicine.**

*The percentage of female undergraduate taking department BSc streams (orange circles) compared to the year group total (blue diamonds) and national A1 pre-clinical medicine (red dotted line). National data from heidi [run by HESA]*



**Figure 1. M/F undergraduate numbers**

*The number of female (white bars) and male (black bars) taking BSc streams run by the Department of Medicine for the past four years.*



The pattern is similar for each individual stream (Table 2), with most values falling between 50-60% female. Because numbers taking individual streams (23-48) the percentage fluctuates from year to year between 36-70% but there are no real differences between them.

**Table 2 Total student numbers and percentage female taking each BSc stream for past 3 years**

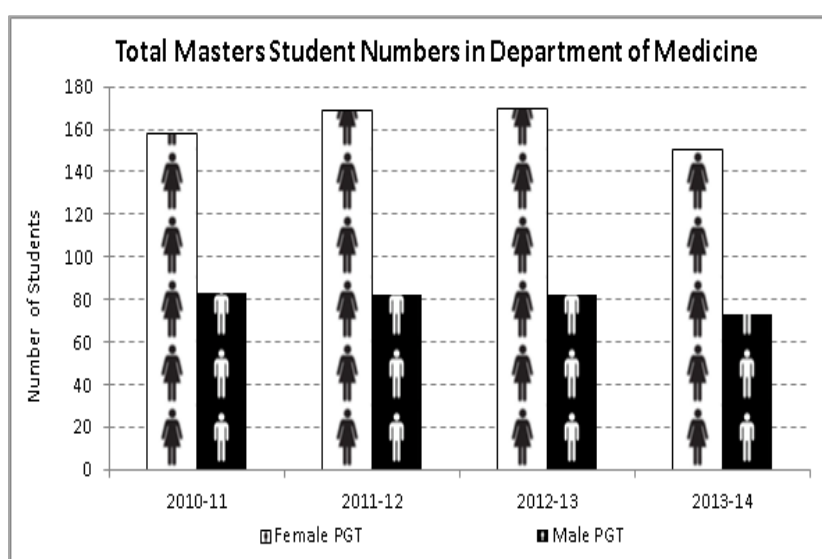
BSc stream	2011-12		2012-13		2013-14	
	Total students	% female	Total students	% female	Total students	% female
Endocrinology	22	54.5%	31	67.7%	35	51.4%
Gastroenterology and Hepatology	37	56.8%	35	40.0%	34	38.2%
Haematology	42	61.9%	39	53.8%	29	62.1%
Immunity and Infection	28	35.7%	25	36.0%	23	60.9%
Neuroscience and Mental Health	49	44.9%	49	51.0%	48	56.3%
Pharmacology	14	35.7%	22	68.2%	25	72.0%
<b>Total for Dept of Medicine</b>	<b>192</b>	<b>50.0%</b>	<b>201</b>	<b>52.2%</b>	<b>194</b>	<b>55.7%</b>
<b>TOTAL for all BSc courses in FoM</b>	<b>413</b>	<b>46.5%</b>	<b>416</b>	<b>52.9%</b>	<b>395</b>	<b>51.9%</b>

**Action:** Continue to monitor

### (iii) Postgraduate male and female numbers completing taught courses

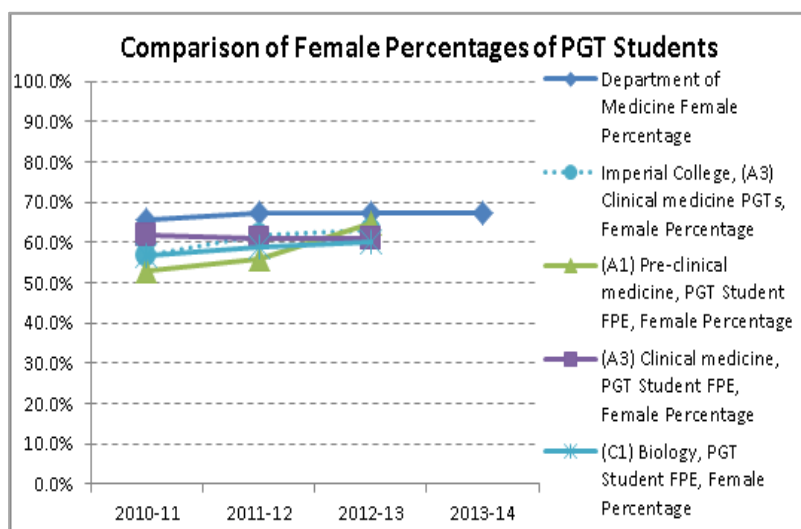
More than two-thirds of the students taking postgraduate courses in the department are female, and this has been the case for the past four years. This proportion is higher than the national averages for each of pre-clinical medicine, clinical medicine and biology.

The department runs nine Master's courses (7 MSc and 2 MRes) and between 224-252 students per year for the past four years, with females outnumbering males 2:1 (Figure 3). For the past four years 66-67% of the students have been female. This is greater than the national average for each of clinical medicine, pre-clinical medicine and biology (Figure 4).



*Figure 3. Master's student numbers. Numbers of female (white bars) and male (black bars) students taking Master's courses in the Department of Medicine for the past four years.*





**Figure 4. Percentage female Master's students.**

Percentages are shown for Department of Medicine (blue diamonds) and Imperial College A3 clinical medicine (blue circles with dotted line). National comparisons are shown for A1 pre-clinical medicine (green triangles), A3 clinical medicine (purple squares) and C1 biology (light blue cross & line).

Four of the courses are full-time, four are part-time, one is either. Of the Master's student population, slightly more than half are part-time, and 70.5% of these were female compared to 63.7% female full-time students (range 58-74% over the past 4 years) (Table 2).

Table 3a Full- and Part-Time Master's students for past 4 years								
Academic year	Masters Students, Full-Time				Masters Students, Part-Time			
	Female	Male	Total	Female Percentage	Female	Male	Total	Female Percentage
2010-11	83	51	134	61.9%	75	32	107	70.1%
2011-12	64	46	110	58.2%	105	36	141	74.5%
2012-13	74	40	114	64.9%	96	42	138	69.6%
2013-14	65	37	102	63.7%	86	36	122	70.5%

For each individual course, the picture is similar to that overall (Table 3). For full-time courses, the percentage females on each course lies in the 50-80%F range, while for individual part-time courses this ranges from 60-100% over the past four years.

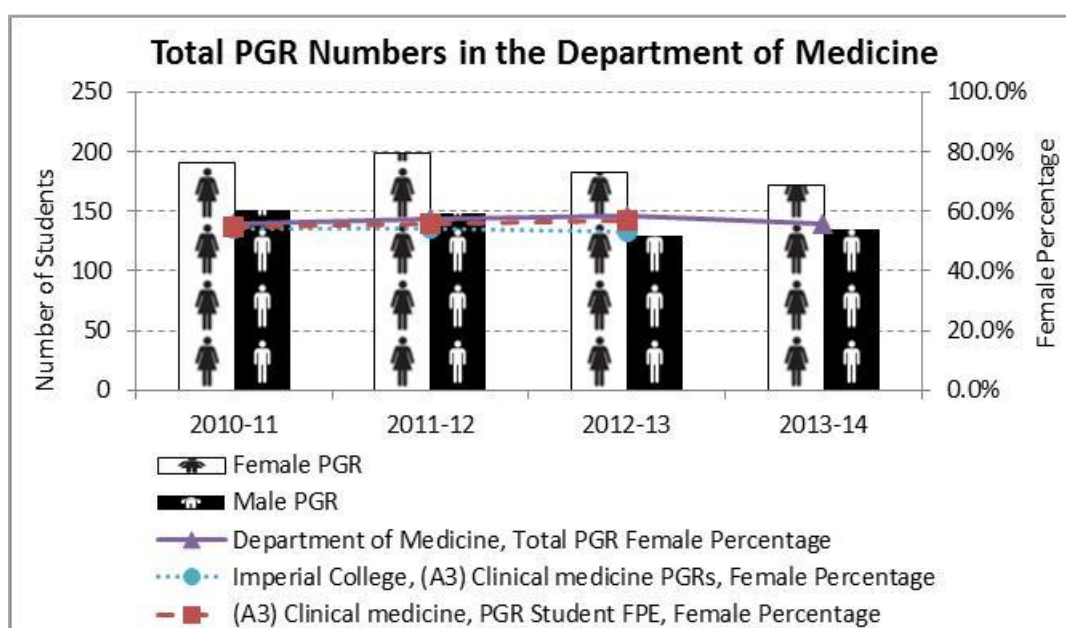
Table 3b	Academic year			
% Female Full-Time Master's students	2010-11	2011-12	2012-13	2013-14
Immunology MSc	51.7%	56.0%	66.7%	72.2%
Molecular Biology and Pathology of Viruses MSc	70.4%	59.1%	60.9%	54.5%
Molecular Medicine MSc	57.6%	50.0%	60.7%	72.0%
Experimental Neuroscience MRes	50.0%	50.0%	66.7%	50.0%
Clinical Research MRes	80.0%	61.5%	68.2%	60.9%
% Female Part-Time Master's students	2010-11	2011-12	2012-13	2013-14
Allergy MSc	64.5%	68.8	58.8	63.1
Infection Management for Pharmacists MSc	76.5%	70.6%	87.5%	80.0%
Infection MSc	-	100%	80%	75%
Paediatrics & Child Health MSc	-	73.7%	77.3%	85.7%
Clinical Research MRes	78.6%	80.0%	77.8%	66.7%

**Action:** Continue to monitor

#### (iv) Postgraduate male and female numbers on research degrees

More than half the students taking research degrees are female. This has been consistent for the past four years (56-59%) and higher than the national average for clinical medicine.

Of 307 postgraduate research (PGR) students in 2013-14 most (288) were MPhil/PhD students and 18 were MD(Res) students. Females have consistently accounted for more than half of PGR students over the past four years, ranging from 56-59%. This is on or above both the national UK average (and above the average at Imperial as a whole) for clinical medicine (Figure 5).



**Figure 5. Numbers of male and female & % female PGR students**

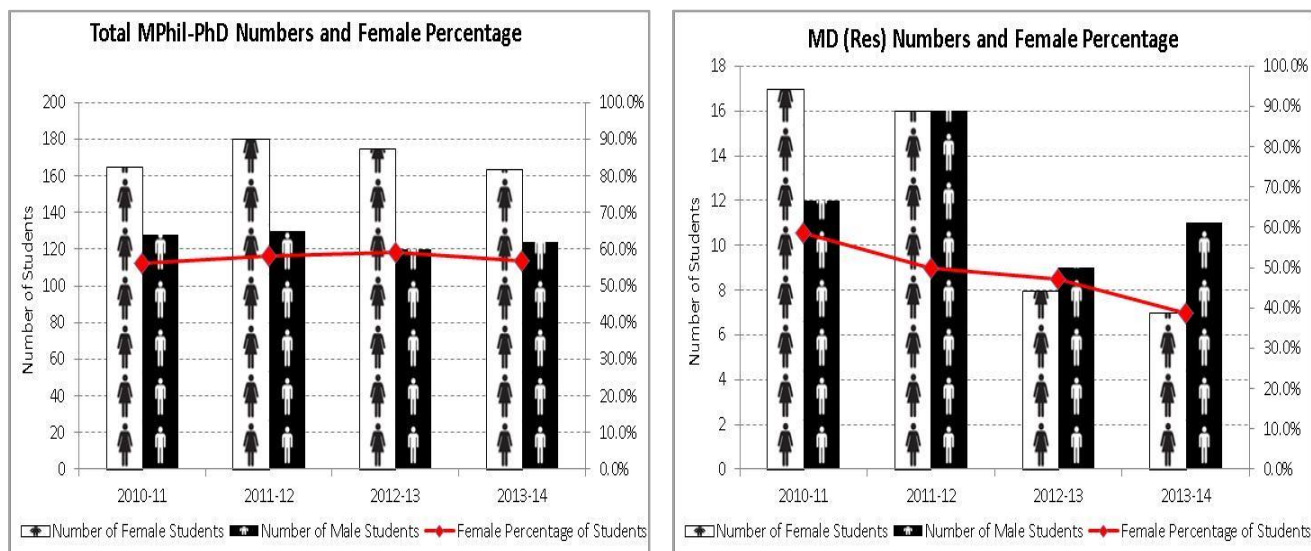
Bars indicate numbers of female (white bars) and male (black bars) PGR students. The proportion of female PGR students is shown for: Department of Medicine (purple triangle, solid line) compared with Imperial College (blue circles, dotted) and national (red dotted line) Clinical Medicine A3. (National data from Heidi [run by HESA] for JACS Principle Subject (A3) Clinical Medicine.). These figures includes MD (for clinicians only) and PhD (clinical and non-clinical)

#### MPhil/PhD

The picture is almost identical for the 288 MPhil/PhD students, with the percentage female lying between 56-58% for the past four years (Figure 6, left chart). Approximately 40% of MPhil/PhD students are part-time, and the percentage who are female is similar across both full- (57.4%) and part-time (56.3%) groups (Table 4).

#### MD(Res)

For MD(Res) the numbers are very low (18 in 2013-14) and the female percentage has fallen slightly from 59% to 39% over the past four years (Figure 6, right chart). Of the four full-time students, half were female, whilst of the fourteen part-time students, five (35.7%) were female (Table 5).



**Figure 6. MPhil-PhD (left) and MD(Res) (right) numbers and percentage female. .** Numbers of female (white bars) and male (black bars) students are shown for the past four years, with the percentage female shown by red circles and lines.

Table 4 Numbers and percentage female Full-Time and Part-Time MPhil-PhD students									
MPhil/PhD – Full-time					MPhil/PhD – Part-time				
Academic year	Female	Male	Total	Female %	Academic year	Female	Male	Total	Female %
2010-11	109	83	192	56.8%	2010-11	56	45	101	55.4%
2011-12	107	84	191	56.0%	2011-12	73	46	119	61.3%
2012-13	104	75	179	58.1%	2012-13	71	45	116	61.2%
2013-14	101	75	176	57.4%	2013-14	63	49	112	56.3%

Table 5 Numbers and percentage female Full-Time and Part-Time MD(Res) students									
MD(Res) – Full-time					MD(Res) – Part-time				
Academic year	Female	Male	Total	Female %	Academic year	Female	Male	Total	Female %
2010-11	4	4	8	50.0%	2010-11	13	8	21	61.9%
2011-12	3	1	4	75.0%	2011-12	13	15	28	46.4%
2012-13	2	1	3	66.7%	2012-13	6	8	14	42.9%
2013-14	2	2	4	50.0%	2013-14	5	9	14	35.7%

**Action:** continue to monitor. For MD(Res) see Actions 1.9 & 1.10



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

**Undergraduate**

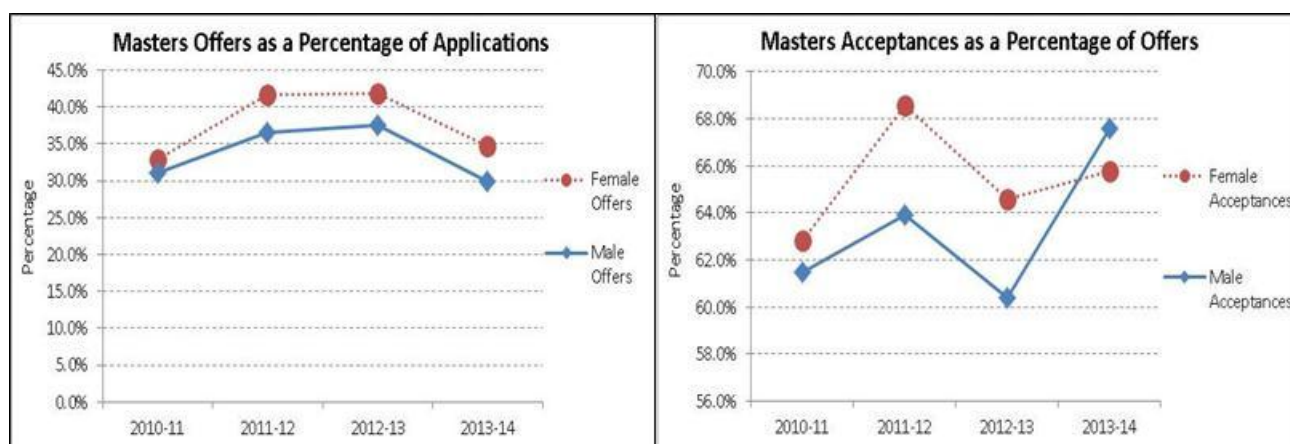
N/A: students within the year group pool choose their BSc stream. When courses are oversubscribed, selection is based on academic ranking. More than half those taking DoM BSc degrees are female, greater than the %F in the total pool within the year group.

**Postgraduate Master's**

Two thirds of the Master's applications, offers and acceptances are from/to/by females, and females are more likely to accept offers than males. This shows the department's Master's courses are attractive to female candidates and the selection process is fair and balanced,

The proportion of female applications, offers and acceptances has been a constant ~65% over the past 4 years (Table 6). A greater percentage of female than male applicants is made offers every year, and of these a greater proportion of females than males accept offers (although % M and F acceptances were similar in 2013-14) (Fig. 7).

Table 6 – Master's Applications		Female	Male	Total	Female Percentage
Applications	2010-11	581	351	932	62.3%
	2011-12	458	296	754	60.7%
	2012-13	425	269	694	61.2%
	2013-14	420	237	657	63.9%
Offers	2010-11	191	109	300	63.7%
	2011-12	191	108	299	63.9%
	2012-13	178	101	279	63.8%
	2013-14	146	71	217	67.3%
Acceptances	2010-11	120	67	187	64.2%
	2011-12	131	69	200	65.5%
	2012-13	115	61	176	65.3%
	2013-14	96	48	144	66.7%



**Figure 7. Master's offers as % applications (left) and acceptances as % offers (right) for males (blue) and females (red)**

**Action:** Continue to monitor

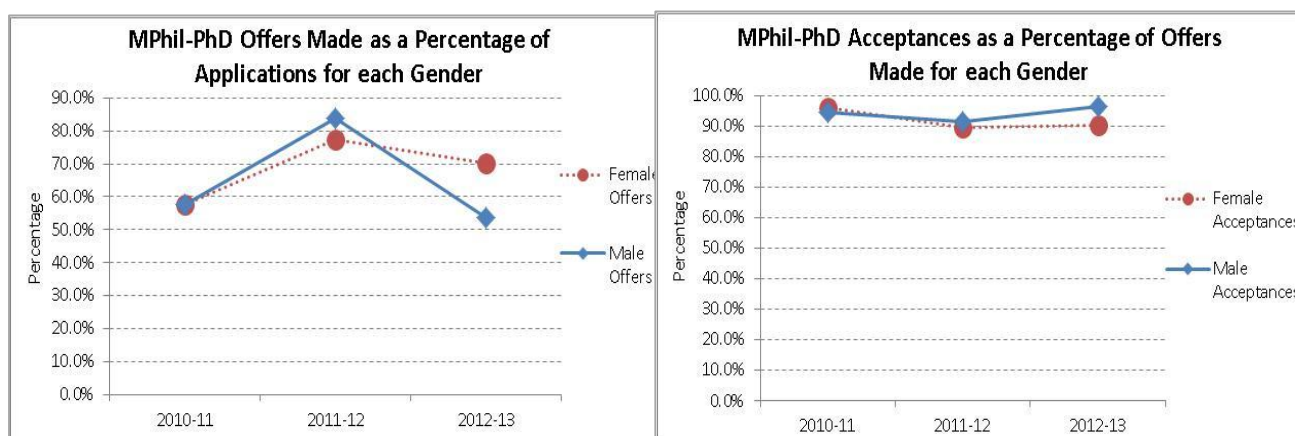
## MPhil-PhD

Over half the MPhil-PhD applications, offers and acceptances are from/to/by females. Females and males are both highly likely to accept offers (90-100%). This shows that PhD positions in the department are attractive to female candidates and that the selection process is fair and balanced,

More than half the applications, offers and acceptances have been to female MPhil/PhD candidates over the past 3 years. Females currently represent 58.7% of the PhD applicants, 65% of offers and 63.5% of the acceptances (Table 7)

The proportion of female applicants made offers is almost exactly the same as for males (Fig 8). Likewise, the proportion of males and females accepting offers is almost identical, between 90-100%.

Table 7 – MPhil-PhD Applications		Female	Male	Total	Female Percentage
Applications	2010-11	45	33	78	57.7%
	2011-12	62	56	118	52.5%
	2012-13	74	52	126	58.7%
Offers	2010-11	26	19	45	57.8%
	2011-12	48	47	95	50.5%
	2012-13	52	28	80	65.0%
Acceptances	2010-11	25	18	43	58.1%
	2011-12	43	43	86	50.0%
	2012-13	47	27	74	63.5%



**Figure 8. MPhil-PhD offers as % applications (left) and acceptances as % offers (right) for males (blue) and females (red)**

**Action:** Continue to monitor

## MD(Res)

Females account for 42-70% of the small number of MD(Res) applications and 50-62% of the offers, except in 2012-13 when no offers were made to female applicants. The acceptance rate is 100%.

Over the past three years, 42-70% of the small number of MD(Res) applicants (10-13 total) have been female. In 2010-11 half the offers made were to females while in 2011-12 this figure was 62.5%, and all offers were accepted. However in 2012-13 four offers were made to male candidates while none of the five female applicants received an offer. (Table 8)

Table 8 – MD(Res)		Female	Male	Total	Female Percentage
Applications	2010-11	7	3	10	70.0%
	2011-12	6	7	13	46.2%
	2012-13	5	7	12	41.7%
Offers	2010-11	2	2	4	50.0%
	2011-12	5	3	8	62.5%
	2012-13	0	4	4	0.0%
Acceptances	2010-11	2	2	4	50.0%
	2011-12	5	3	8	62.5%
	2012-13	0	4	4	0.0%

**Action 1.9:** Ask supervisors reasons for not appointing MD applicants in 2012-13

**Action 1.10:** Hear from current female MD students on their recruitment experiences

(vi) Degree classification by gender

Undergraduate

Females outperform males, achieving more than half the First Class and 2A grades. Between 7-39% of females have been awarded a 2B no Third, whereas 62-93% of 2B and the only Third grade have been awarded to males.

**Table 9**

	1		2A		2B		3		Total	
	F	M	F	M	F	M	F	M	F	M
2011-12	31	32	59	56	4	7	0	1	94	96
2012-13	30	24	63	63	5	8	0	0	98	95
2013-14	42	37	60	49	1	14	0	0	103	100

	1		2A		2B		3		Total	
	F	M	F	M	F	M	F	M	F	Male
2011-12	49.2%	50.8%	51.3%	48.7%	36.4%	63.6%	0.0%	100.0%	49.5%	50.5%
2012-13	55.6%	44.4%	50.0%	50.0%	38.5%	61.5%			50.8%	49.2%
2013-14	53.2%	46.8%	55.0%	45.0%	6.7%	93.3%			50.7%	49.3%

Table 9: Undergraduate Degree Classification by gender

**Action:** continue to monitor

## Master's

Master's student attainment is almost identical for females and males.

Whatever measure of comparing attainment is used: numbers of males and females with each classification, the proportions of males and females within each classification, or the distribution of attainment levels within each gender, it is clear that there is no difference in the Master's performance of males and females in the department.

Table 10 Numbers and percentages of males and females receiving each degree classification										
Numbers	Distinction		Merit		Pass		Fail		Total	
	F	M	F	M	F	M	F	M	F	M
2010-11	15	10	45	37	19	12	4	3	83	62
2011-12	37	25	51	24	31	12	4	5	123	66
2012-13	18	18	42	23	27	13	8	1	95	55
% (a)	% of each classification awarded to females and males									
	F	M	F	M	F	M	F	M	F	M
2010-11	60.0	40.0	54.9	45.1	61.3	38.7	57.1	42.9	57.2	42.8
2011-12	59.7	40.3	68.0	32.0	72.1	27.9	44.4	55.6	65.1	34.9
2012-13	50.0	50.0	64.6	35.4	67.5	32.5	88.9	11.1	63.3	36.7
% (b)	% distribution of classification for each gender									
	F	M	F	M	F	M	F	M		
2010-11	18.1	16.1	54.2	59.7	22.9	19.4	4.8	4.8		
2011-12	30.1	37.9	41.5	36.4	25.2	18.2	3.3	7.6		
2012-13	18.9	32.7	44.2	41.8	28.4	23.6	8.4	1.8		

2012-13\*\* Failure Rates Displayed show those students who failed examinations in 2012/2013 Academic Year but who were permitted to resit next session

**Action:** Continue to monitor

## Staff data

### (a) Female:male ratio of academic staff and research staff

**Overall Academic & Research:** Females account for almost a third of the 198 academic staff. More than a third (35%) of the non-clinical and a quarter of the clinical academic staff are female. More than half the research staff is female (56%) and this is the case for both clinical (54%) and non-clinical (57%). The numbers and proportion of female academic and research staff has remained stable over the past four years.

#### (i) Academic staff (Lecturer to Professor)

The proportion of academic staff that is female has remained stable between 29-31% over the past four years and is 30% at the 2013 census. The female academic staff has numbered between 57-62 over that time and in 2013 there are 59 females out of a total of 198 (Table 11, Figure 9).

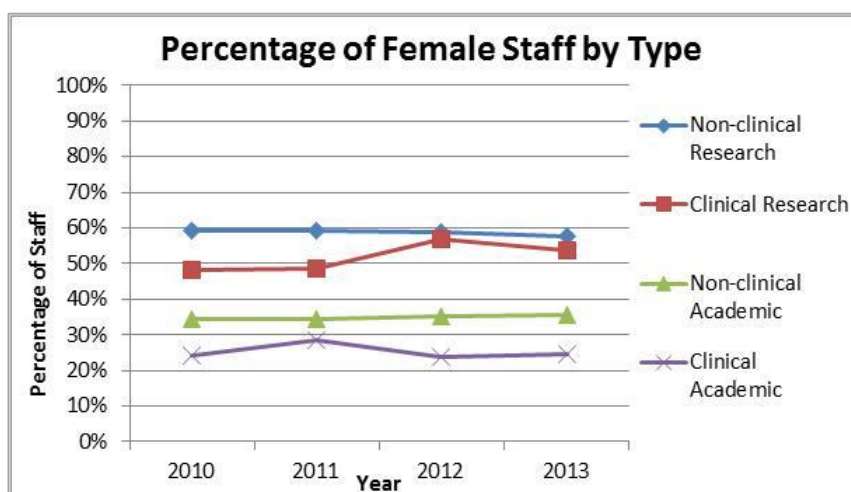
There are approximately equal numbers of academics with clinical (shaded green) or non-clinical identifies. In 2013 105 are clinical (with 25% F) and 93 are non-clinical (with 35% F), and these proportions have remained stable for the past four years (Table 11, Figure 9).

#### (ii) Research staff

More than half the research staff is female (56%) and this has remained stable for the past four years. This is similar for non-clinical (57%) and clinical (54%). Clinical researchers have increased from 48% in 2010 to 54% in 2013.

**Table 11 Numbers of M & F (& % female) academic and research staff (clinical & non-clinical)**

Academic staff	2010			2011			2012			2013		
	F	M	%F	F	M	%F	F	M	%F	F	M	%F
Non-clinical	31	59	34%	31	59	34%	32	59	35%	33	60	35%
Clinical	26	82	24%	31	78	28%	26	83	24%	26	79	25%
<b>Total</b>	<b>57</b>	<b>141</b>	<b>29%</b>	<b>62</b>	<b>137</b>	<b>31%</b>	<b>58</b>	<b>142</b>	<b>29%</b>	<b>59</b>	<b>139</b>	<b>30%</b>
Research staff	2010			2011			2012			2013		
	F	M	%F	F	M	%F	F	M	%F	F	M	%F
Non-clinical	148	102	59%	159	110	59%	162	114	59%	146	108	57%
Clinical	41	44	48%	50	53	49%	65	49	57%	64	55	54%
<b>Total</b>	<b>189</b>	<b>146</b>	<b>56%</b>	<b>209</b>	<b>163</b>	<b>56%</b>	<b>227</b>	<b>163</b>	<b>58%</b>	<b>210</b>	<b>163</b>	<b>56%</b>



**Fig 9 Academic & Research Staff**  
The percentage of Academic and Research staff (clinical and non-clinical) who are female is shown for four years from 2010 to 2013

### (iii) Breakdown for each academic level

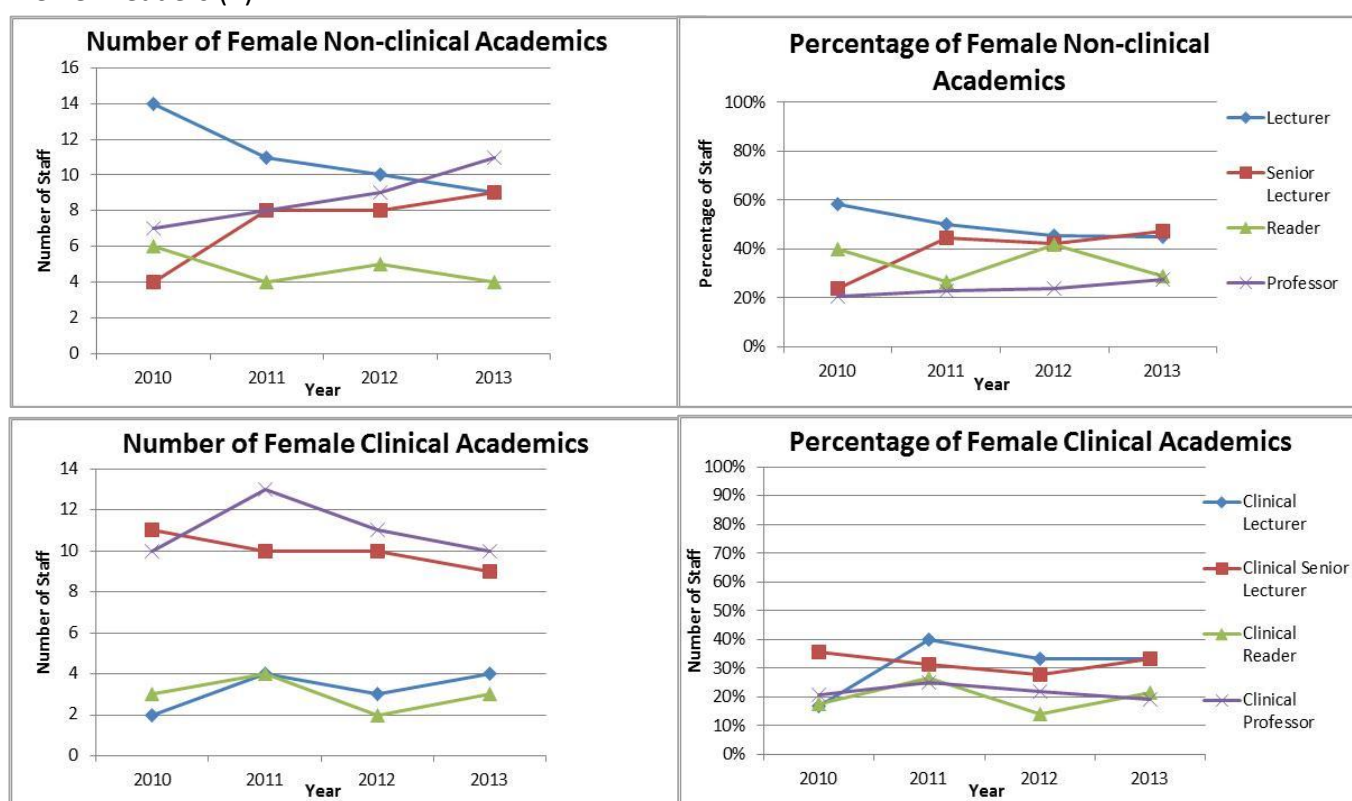
The proportion of female non-clinical Professors has risen steadily from 21% (7) to 28% (11) over the past four years, and the proportion of Senior Lecturers from 24% (4) to 47% (9) over the same period. Proportions of female clinical academics at all levels have remained similar.

#### Non-clinical(Table 12a/Figure 10):

The proportion of female **Professors** has increased steadily from 21% (7) in 2010 to 28% (11) in 2013, while the proportion of female **Senior Lecturers** has increased from 24% (4) in 2010 to 47% (9) in 2013. **Readers** have fluctuated between 27-42%, while the proportion of female **Lecturers** has dropped from 58% (14) to 45% (9) over the past four years. There are similar numbers of non-clinical Lecturers, Senior Lecturers and Professors (9-11) and fewer Readers (4).

**Table 12a: Non-clinical academic staff %F**

Non-clinical	2010	2011	2012	2013
Lecturer	58%	50%	45%	45%
Senior Lecturer	24%	44%	42%	47%
Reader	40%	27%	42%	29%
Professor	21%	23%	24%	28%



**Figure 10(above) and 11 (below): Number and percentages of F non-clinical/clinical academics.**

**Clinical (Table 12b/Fig 11):**

The proportion and number of female non-clinical academics at every level has remained fairly constant over the past four years. The proportion of female professors hovers between 19-25% and numbers 10 in 2013 as in 2010. The

number of female Lecturers has doubled from 2 to 4 to reach 33% in 2013. The proportion of female Senior Lecturers remains similar (33%). There are 3 female Readers (21%) and this has been similar for the past four years. Most female clinical academics are Professors (10) and Senior Lecturers (9) while fewer are Lecturers (4) and Readers (3)

**Table 12b Clinical academic staff %F**

Clinical	2010	2011	2012	2013
Clinical Lecturer	17%	40%	33%	33%
Clinical Senior Lecturer	35%	31%	28%	33%
Clinical Reader	18%	27%	14%	21%
Clinical Professor	21%	25%	22%	19%

In the case of clinical Professors, 19% are female, a small drop from 21% in 2010, although the total number of clinical Professors remains the same, at 10. Altogether we have 21 female Professors in the department, 11 non-clinical and 10 clinical. Despite similar numbers of female chairs, the proportion of female clinical professors is smaller than that for non-clinical, because there are more clinical professors overall (52) compared to non-clinical (39).

**(iv) Breakdown at Divisional level**

- The proportion of female researchers in each Division is very similar to the mean for the whole department (56%) and equivalent to comparative UCL Divisions.
- For academic staff the proportion of females varies, with Immunology and Inflammation highest (45%) and Brain Science and DEM lowest (26%,24%). Each is almost identical to the equivalent UCL Division, indicating that this might reflect disciplinary differences. The proportion of female Professors is much higher than UCL across all Divisions except DEM which saw its first female Professor in 2013

Our five constituent Divisions: Brain Sciences (BS); Diabetes, Endocrinology & Metabolism (DEM); Experimental Medicine (EM); Immunology & Inflammation (I&I), and Infectious Diseases (ID) range in size from 56 (I&I) to 192 (ID) research and academic staff. The ratio of F:M research and academic staff is shown in Fig 10.

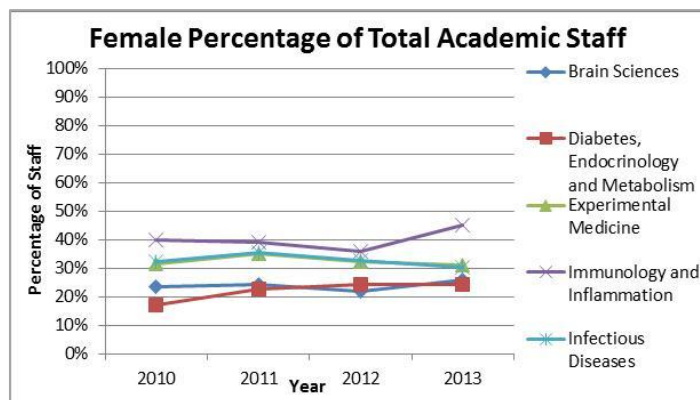
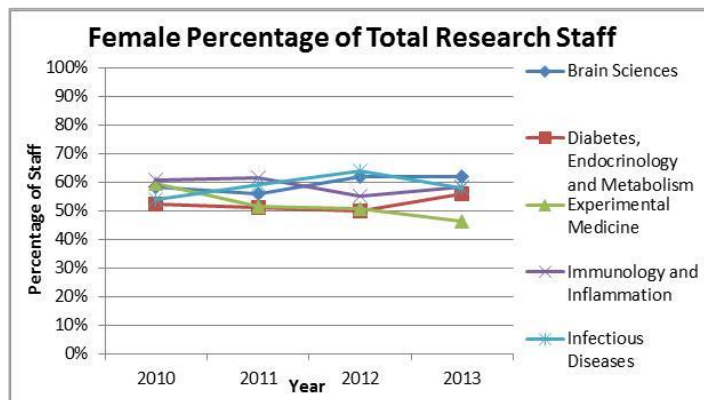
**Researchers:** very similar across all divisions, close to the departmental average of 56% and stable for the past 4 years (Fig 12). The levels are similar to those of equivalent Divisions at UCL (Fig 12/Table 14).

**Academic staff:** shows more variation, with 45% female (I&I), 30% (ID), 31% (EM), 26% (BS) and 24% female (DEM) (Fig 12). The levels are almost identical to those of the equivalent UCL Divisions, indicating that the variations in proportion of females in the different Divisions may reflect disciplinary differences.

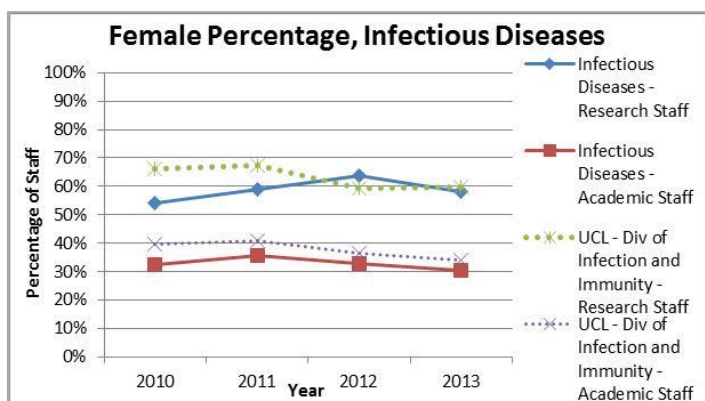
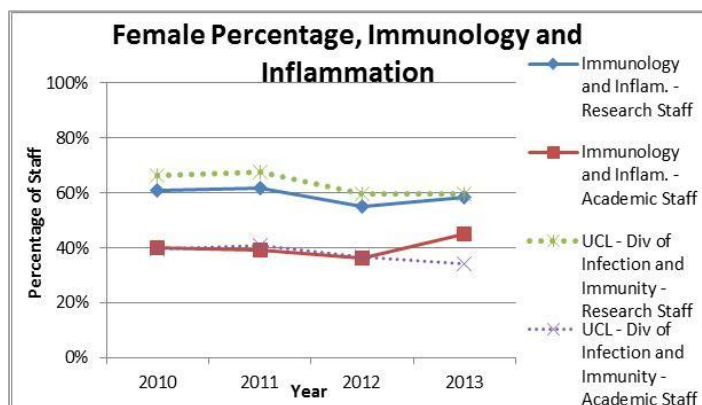
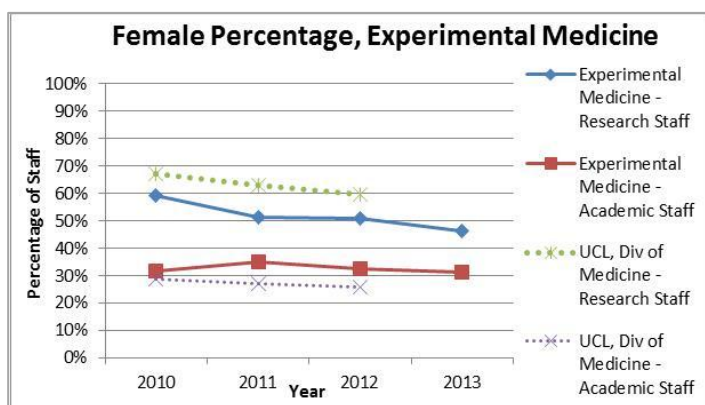
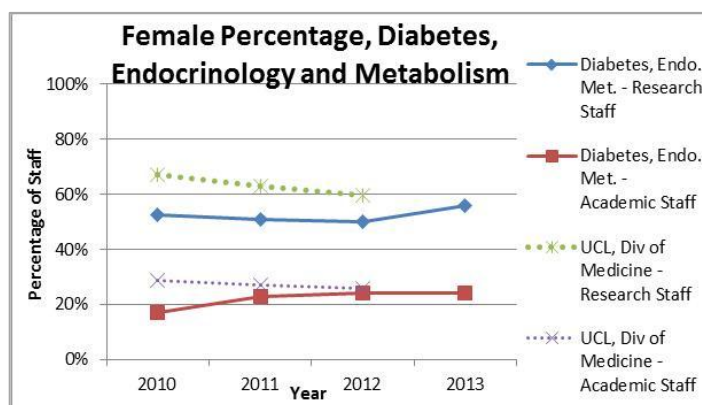
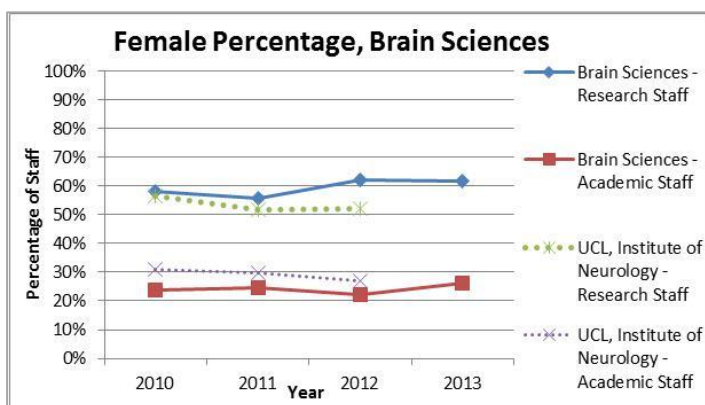
**Professors:** Table 13 shows that as well as having the highest proportion of female academic staff, I&I also has the highest proportion of female Professors (33%) and ID follows close behind with 29%. Both are much higher than the Departmental average. Brain Sciences (23%) and Experimental Medicine (20%) are next, with DEM bringing up the rear with just one female Professor (7%) of 15.

Table 14 shows these values in comparison with equivalent Divisions at UCL. With the exception of DEM, all the Department of Medicine Divisions have much higher proportions of female Professors than the equivalents at UCL.





**Fig 12 M:F ratio for Research and Academic Staff across the five Divisions and benchmarked against .** The percentage of female Research (left) and Academic (right) staff is shown for four years from 2010 to 2013 (pooled Clinical and Non-clinical)



**Fig. 12b Research & Academic staff across all Divisions benchmarked against UCL equivalent Divisions**

Academic staff is shown in red & UCL equivalent Academic Staff purple dotted  
Research staff in blue & UCL equivalent Research Staff green dotted

Table 13 Total Professors	2010			2011			2012			2013		
	F	M	%F	F	M	%F	F	M	%F	F	M	%F
Brain Sciences	3	10	23%	5	14	26%	5	17	23%	5	17	23%
DEM	0	13	0%	0	12	0%	0	12	0%	1	14	7%
Experim. Medicine	4	13	24%	5	14	26%	4	12	25%	3	12	20%
Immunol & Inflam	2	9	18%	2	9	18%	3	9	25%	3	6	33%
Infectious Diseases	8	20	29%	9	17	35%	8	18	31%	9	22	29%
<b>Total</b>	<b>17</b>	<b>65</b>	<b>21%</b>	<b>21</b>	<b>66</b>	<b>24%</b>	<b>20</b>	<b>68</b>	<b>23%</b>	<b>21</b>	<b>71</b>	<b>23%</b>

Table 14 UCL Comparators (2013)	F	M	%F	DoM (2013)	F	M	%F
Institute of Neurology	7	39	15%	Brain Sciences	5	17	23%
Division of Medicine	7	43	14%	DEM	1	14	7%
Division of Medicine	7	43	14%	Experimental Medicine	3	12	20%
Division of Infection & Immunity	2	11	15%	Immunol. & Inflam.	3	6	33%
Division of Infection & Immunity	2	11	15%	Infectious Diseases	9	22	29%
<b>Total</b>	<b>25</b>	<b>147</b>	<b>15%</b>	<b>Total</b>	<b>21</b>	<b>71</b>	<b>23%</b>

**Action 1.6:** Investigate the background to differences across Divisions in the proportion of female academics and Professors.  
Appoint an Athena Lead in each Division

### (i) Overall picture

Females outnumber males at every level of progression before Lecturer where it drops to less than 50%. The gap between female and male academic numbers with progression is narrowing year on year. The proportion of female Professors has increased from 20% to 23% since 2010 and the proportion of Senior Lecturers from 28% to 39%. More than two thirds of the newly identified Career Development Fellows are female.

By plotting the percentage of males and females against progression from Undergraduate to Professor, the improving departmental landscape for the academic pipeline can be seen. The marked “scissors” pattern seen in 2010 is gradually changing to a flatter structure, as the gradual decrease in the proportion of females with academic progression is becoming less marked year on year.

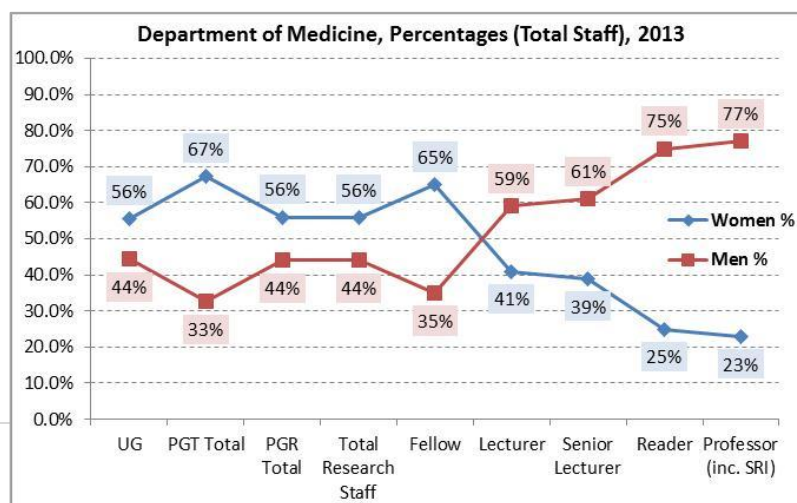
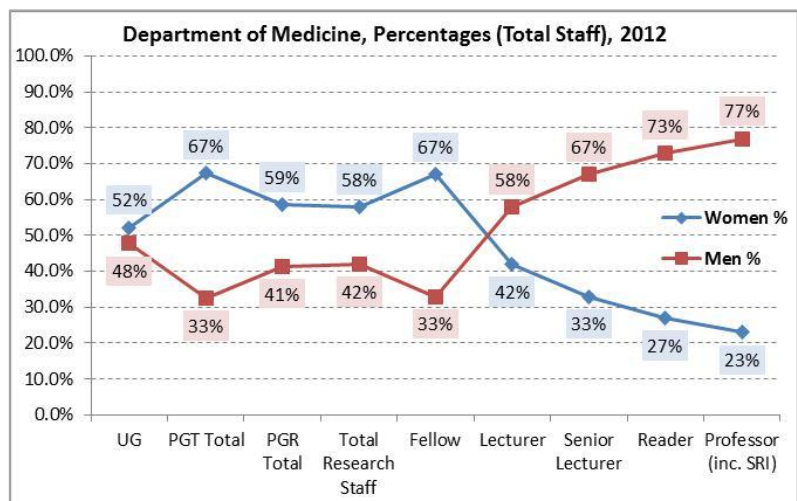
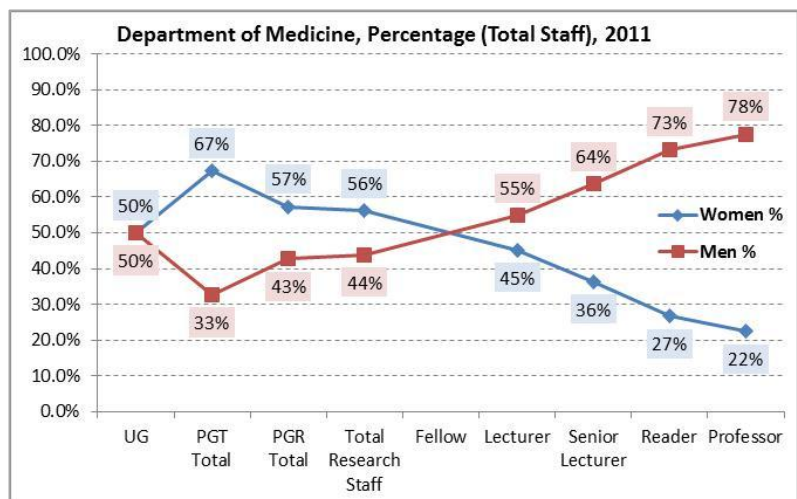
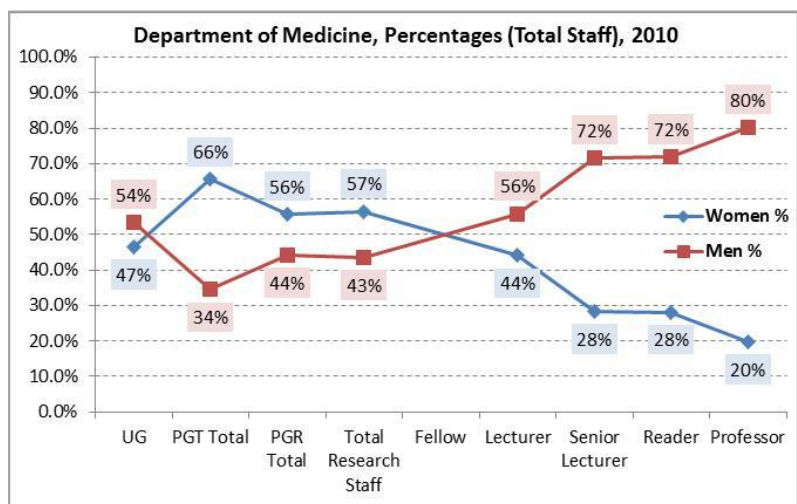
In 2010, only the Lecturer academic grade had over 40% females; in 2013 we have 39% for Senior Lecturers (from 28% in 2010) and an increase in the proportion of female professors to 23% (from 20% in 2010).

Table 15: Career Development Fellows

Number of Fellows	Female	Male	Total	% Female
2012	14	7	21	67%
2013	11	6	17	65%

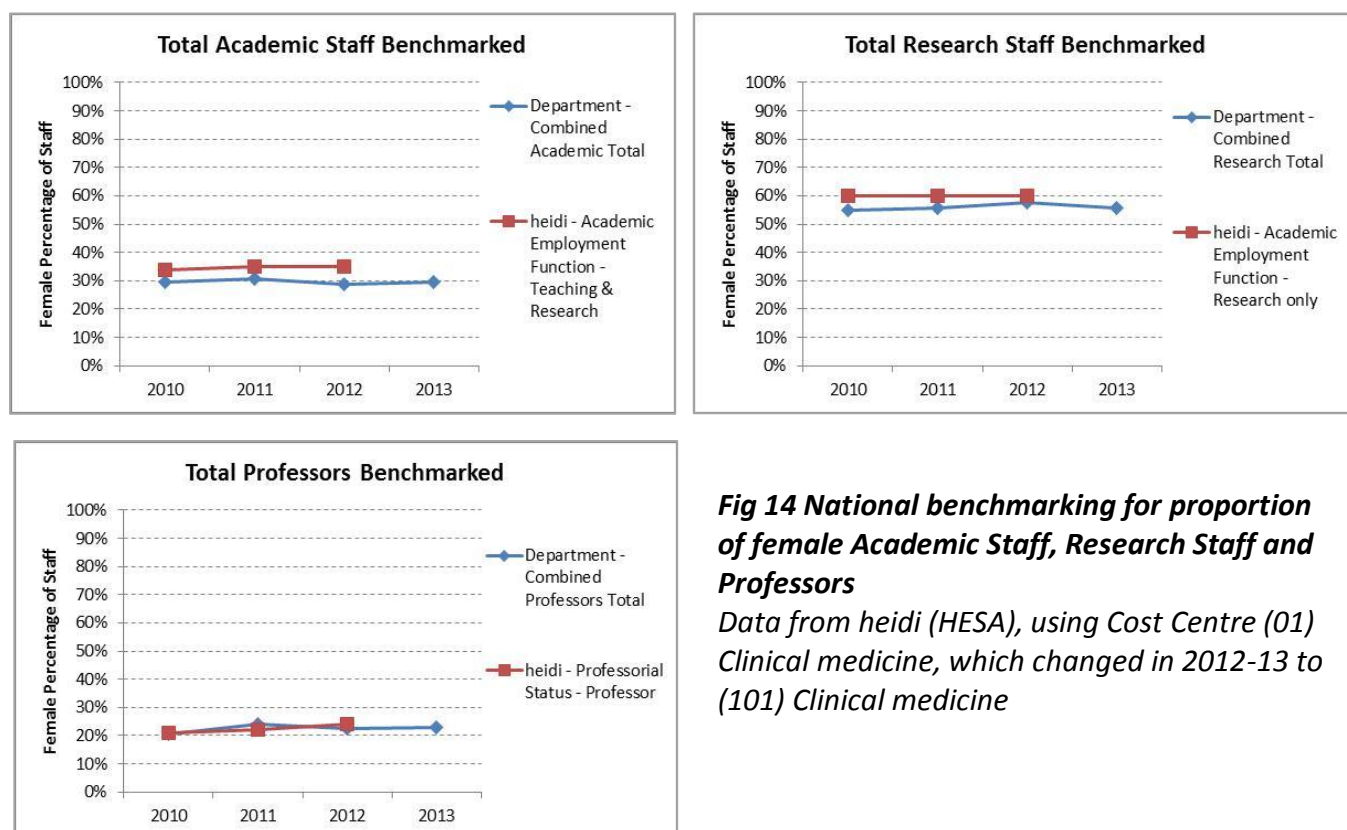
In the 2012 and 2013 diagrams we have an additional data point for Career Development Fellows. This is an important stepping stone to an academic post for non-clinical researchers, and setting up a system for recording the M:F ratios was one of our **2012** Actions. Pleasingly, nearly two-thirds of this group is female.

**Figure 13:**  
**“Scissor Diagrams”**  
**2010 to 2014**



## (ii) Comparison with the UK National picture

The proportion of departmental female academic staff, research staff and Professors is almost identical to the national picture for Clinical Medicine (01 changing to 101 in 2012-13)



**Fig 14 National benchmarking for proportion of female Academic Staff, Research Staff and Professors**

Data from heidi (HESA), using Cost Centre (01) Clinical medicine, which changed in 2012-13 to (101) Clinical medicine

**(b) 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.

Academic turnover is low (8-14%) and there is no difference between men and women. The % female turnover is slightly lower than the % female academics overall. For researchers the rate of turnover is similar for men and women but there is a trend towards slightly higher turnover for female researchers than male in the past two years.

**Academic staff** turnover over the past three years has been fairly low (11-19/year, 8-14% of total pool). For **research staff**, who are mostly on 3-year fixed-term contracts, this is 85-276/year (25-41%) as (Table 16a). We found it useful to examine turnover rates expressed as a percentage of the total numbers of staff in that grade (Table 16b/c). This reveals the possibility of a trend of higher turnover rates amongst female non-clinical research staff which we will continue to monitor.



Table 16a: DoM staff turnover numbers

Turnover Numbers	2010-2011		2011-2012		2012-2013	
	Female	Male	Female	Male	Female	Male
Non-clinical Research	46	34	59	32	71	37
Clinical Research	13	14	7	23	24	18
Non-clinical Academic	2	6	2	5	5	6
Clinical Academic	1	10	2	2	2	5

Table 16b: DoM staff turnover rates

Turnover Rates % of total M/F pool	2010-2011		2011-2012		2012-2013	
	Female	Male	Female	Male	Female	Male
Non-clinical Research	31%	33%	38%	29%	46%	33%
Clinical Research	29%	20%	14%	38%	34%	37%
Non-clinical Academic	6%	12%	6%	8%	16%	10%
Clinical Academic	8%	17%	6%	9%	15%	6%

Table 16c: DoM academic staff turnover rates 2010-2013

Academic Turnover Pooled for 3 years (Nov 2010-Oct 2013)					
Role	Female	Male	Total	% Female	Average pool size
Lecturer	4	3	7	57%	50%
Senior Lecturer	2	1	3	67%	39%
Reader	1	4	5	20%	35%
Professor	2	9	11	18%	24%
Clinical Lecturer	3	8	11	27%	31%
Clinical Senior Lecturer	2	8	10	20%	32%
Clinical Reader	2	0	2	100%	20%
Clinical Professor	1	9	10	10%	22%
<b>TOTAL</b>	17	42	59	29%	30%

The reasons for leaving recorded by HR for the academics listed above are shown in Table 17. We have more qualitative reasons for leaving gathered through an ongoing exit interview process. For female non-clinical Senior Lecturers these were promotion to Professor at Surrey and transfer to an academic post at Brunel. The single female non-clinical Reader who left went to take up a government post in Qatar. Of the four female non-clinical Lecturers who left, we have information from only one who explained how she was supported into an academic post in Edinburgh with a better collaborative and strategic fit. Data for the clinical academics who left was less available, with only one clinical Senior Lecturer citing return to fulltime NHS commitments.

In our previous application we set out plans to gain more informative leavers' feedback. An anonymous online leavers' form is now in place asking about reasons for leaving, next destination, feedback on what was valued about working in the department, and one thing to change. This will start to give us important texture over the next 3 years. In conjunction with the LDC we are also

actively approaching researchers and academics who move on from the DoM to undertake exit interviews. This is an ongoing project.

Total word count total for Pen Picture: 2129 (129 extra words from allowance)

<b>Table 17 Reasons for leaving 2010 - 2013</b>				
<b>Reason</b>	<b>Grade</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Dismissal Capability	Lecturer - Level C		1	1
Non Confirmation of Probation Period	Lecturer - Level C	1		1
Redundancy	Lecturer - Level C	1		1
Resignation	Lecturer - Level C	2	2	4
Redundancy	Senior Lecturer - Level D		1	1
Resignation	Senior Lecturer - Level D	2		2
Redundancy	Reader - Level D		1	1
Resignation	Reader - Level D	1	1	2
Retirement	Reader - Level D		2	2
Employee Transfer	Professor - Level E		1	1
Mutual Agreement	Professor - Level E		1	1
Partial Retirement	Professor - Level E	1	2	3
Resignation	Professor - Level E	1	3	4
Retirement	Professor - Level E		1	1
End of Association	Senior Research Investigator		1	1
End of Contract	Senior Research Investigator		1	1
Redundancy	Clinical Lecturer	1	1	2
Resignation	Clinical Lecturer	2	5	7
Transfer	Clinical Lecturer		2	2
Employee Transfer	Clinical Senior Lecturer		1	1
End of Contract	Clinical Senior Lecturer	1		1
Ill-Health Retirement	Clinical Senior Lecturer		1	1
Non Confirmation of Probation Period	Clinical Senior Lecturer		1	1
Redundancy	Clinical Senior Lecturer		1	1
Resignation	Clinical Senior Lecturer	1	4	5
Resignation	Clinical Reader	2		2
Early Retirement (voluntary)	Clinical Professor		1	1
End of Contract	Clinical Professor	1	1	2
Mutual Agreement	Clinical Professor		1	1
Resignation	Clinical Professor		4	4
Retirement	Clinical Professor	-	3	3

**Action 2.9:** Exit interview a representative sample of 10 female and 10 male leavers per year from Research staff (clinical and non-clinical) to understand reasons for leaving, perception of departmental life and, crucially, how supported/confident they feel to stay in academia.

**Action 2.10:** To improve exit data for female Clinical Academic Staff leavers – member of Clinical Taskforce to call all female academic leavers for an interview (aim for 80% hit rate)

#### 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.

For **research staff**, more than half the applications have been from females and more than half the appointments and this has been stable for the past 4 years. This indicates that research posts in the department are attractive to female applications and the recruitment process is fair and balanced.

For **academic staff** the picture is less clear but indicates that between 23-32% of applicants have been female over the past four years. The data years predate the new convergent system we have in place for central recording for both EOI and advertised posts. Recruitment through EOI shows 32% female applicants and an excellent 53% appointment rate. Recruitment through advertised posts shows 23% female applicants and 27% appointment rate indicating a slightly higher success rate for females than males.

##### Researcher application and success rates (Tables 18-21)

Non-clinical researchers have been appointed at a rate of 80-107 per year over the past four years (365 in total). Over this time, female application (56-62%) and success rates (64-69%) are higher than the proportion of female researchers in the department (57-59%). Fewer clinical researchers have been appointed (34-54 per year), 167 in total. Female application rates (48-60%) and success rates ((41-55%) have been healthy, similar to the proportion of female clinical researchers in the department (48-57%).

##### Academic application and success rates (Tables 18-21)

The data for academic appointments take two forms: for advertised posts (HR data) and for Expressions of Interest (EOI) (local data). This process has been changed to collate one data set centrally since our last application but the data shown pre-date the new system.

The HR data shows that the number of academic appointments is small, but has doubled over the past four years from 8 in 2010 to 16 in 2013. 27% of the academic appointments have been women, lower than the proportion of females in the department (30%). This is slightly higher for non-clinical (29%) and slightly lower for clinical (24%). During this time the proportion of new female academic appointments has fallen from 38% (of 8) in 2010 to 25% (of 16) in 2013. The majority of the 2013 appointments were non-clinical; there were 3 clinical academic appointments, all male (there were no female applicants). The application rate for female academics was 23% (range 19-25%), lower than the appointment rate, and has not increased over the past four years.

The EOI data for 2012-13 indicate a higher proportion of female applicants (32%), similar to the proportion of female academics in the department. The success rate was excellent, with more females (8) being appointed than males (7), a 53% appointment rate for female academics.

<b>Table 18</b>		<b>Appointments</b>			
Year	Role	Total	Female	Male	% F
2010	Non-clinical Research	80	51	29	64%
	Clinical Research	34	14	20	41%
	Non-clinical Academic	3	2	1	67%
	Clinical Academic	5	1	4	20%
2011	Non-clinical Research	107	59	48	55%
	Clinical Research	39	18	21	46%
	Non-clinical Academic	3	0	3	0%
	Clinical Academic	3	2	1	67%
2012	Non-clinical Research	88	61	27	69%
	Clinical Research	40	22	18	55%
	Non-clinical Academic	5	1	4	20%
	Clinical Academic	6	1	5	17%
2013	Non-clinical Research	90	59	31	66%
	Clinical Research	54	25	29	46%
	Non-clinical Academic	13	4	9	31%
	Clinical Academic	3	0	3	0%

<b>Table 19</b>		<b>Applications</b>				
Year	Role	Posts	Female	Male	Total	% F
2010	Non-clinical Research	65	976	672	1648	59%
	Clinical Research	12	17	15	32	53%
	Non-clinical Academic	4	19	56	75	25%
	Clinical Academic	0	-	-	-	-
2011	Non-clinical Research	59	765	607	1372	56%
	Clinical Research	22	38	41	79	48%
	Non-clinical Academic	6	8	33	41	20%
	Clinical Academic	2	0	1	1	0%
2012	Non-clinical Research	65	1015	621	1636	62%
	Clinical Research	10	13	16	29	45%
	Non-clinical Academic	2	4	13	17	24%
	Clinical Academic	0	-	-	-	-
2013	Non-clinical Research	76	1027	642	1669	62%
	Clinical Research	17	30	20	50	60%
	Non-clinical Academic	3	11	33	44	25%
	Clinical Academic	1	0	4	4	0%



<b>Table 20 Applications pooled for 4 years</b>					
<b>ROLE</b>	Posts	Female	Male	Total	% F
Non-clinical Academic	15	42	135	177	24%
Clinical Academic	3	0	5	5	0%
Non-clinical Research	265	3783	2542	6325	60%
Clinical Research	61	98	92	190	52%
<b>Combined Clinical-Non-clinical pooled for 4 years</b>					
Academic	18	42	140	182	23%
Research	326	3881	2634	6515	60%

<b>Table 21 Appointments pooled for 4 years</b>				
	Total	Female	Male	% F
Non-clinical Academic	24	7	17	29%
Clinical Academic	17	4	13	24%
Non-clinical Research	365	230	135	63%
Clinical Research	167	79	88	47%
<b>Combined Clinical-Non-clinical pooled for 4 years</b>				
Academic	41	11	30	27%
Research	532	309	223	58%

<b>Table 22 Expressions of interest for Academic posts (clinical &amp; non-clinical) 2012-13</b>												
<b>Division</b>	<b>Applications</b>			<b>Interviews</b>			<b>Offers</b>			<b>Appointments</b>		
	F	M	%F	F	M	%F	F	M	%F	F	M	%F
Brain Sciences	47	96	33%	6	5	55%	-	-	-	5	3	63%
Immunology and Inflammation	48	105	31%	5	5	50%	4	2	67%	1	1	50%
Infectious Diseases	14	34	29%	1	4	20%	1	4	20%	1	3	25%
Diabetes, Endo. & Metabolism	86		-	4	3	57%	2	0	100%	1	0	100%

### **Ongoing action being taken**

The issue of increasing female academic application rates was identified as central in our last application, and we set several actions (completed) which we expect will affect female application rates over the next 3 years. The recent increase in female applicants to EOI invitations (32%) and the 55% success rate is pleasing, although this needs to be set against the lower female application rates for specific posts (Table 22).

We set up in 2013 a departmental system for recording interviews and offers as well as applications and appointments for all academic appointments, whether for specific posts or resulting from EOI invitations. This is now embedded so the data from 2014 onward will be fully recorded and readily available for scrutiny by the AOC annually.

After consulting widely within and beyond Imperial to incorporate best practice in female-friendly advertising we devised a department-wide advertisement format for academic posts. This includes

clear links to information about the department, its DoM Life website, and emphasises the flexible working culture. For open advertisements (not for a specific level of appointment), the text makes clear that applications are welcomed from people at all stages, with development opportunities available and supported.

To ensure that prospective applicants gain a balanced sense of the department, a new site has been created (with an icon prominently displayed on the departmental page) called DoM Life. This contains information about women in science, academic and family life, events, Athena SWAN, and a video featuring female academics talking about what it is like to work in the department. We are in the process of including on the site academic profiles of all (willing!) female academic and research staff, to showcase the range of talent and diversity they embody. Again, we hope this will be an encouragement to prospective applicants.

Finally, we consulted recent appointees to ask their perceptions of the recruitment and selection process. This was less helpful than we had hoped in that most said that they made their decision on whether or not to apply based on the excellence of the research reputation of the section into which they were recruited and did not look at the website or consider aspects such as flexible working. Recognising that the views of successful applicants may not be representative of those who choose not to apply, we have discontinued this action.

A new action we identified during 2014 was for search committees to be proactive in seeking out excellent female academic candidate). To this end the department has compiled a list of outstanding female academics from across the world to approach when relevant academic posts are being advertised.

**Action 2.5:** All sections within the department will identify outstanding female academics in their research discipline and supply to the HR Liaison Officer for use by search committees. We will begin with the Division of Diabetes, Endocrinology and Metabolism.

- (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.

Promotion success rates are 10% higher for females than males. Promotion application rate is proportionately slightly higher for females than for males, an improvement since our last application. Analysis of the time our academic staff spent at each academic level indicates no significant difference for males and females, suggesting that females are not waiting longer than males to go for promotion

## Success

In our last application we noted that the female success rate for promotion was equal to that of males. This time we find that it is higher for females than males, as it has been every year of the last four. Aggregated over the four years, the male success rate is 76% while for females it is 86%. For the past two years 100% of female applicants have been successful, 6 in 2013 and 2 in 2014.

Year	Male			Female		
	Applications	Promotions	Success Rate	Applications	Promotions	Success Rate
2010	7	6	86%	1	0	0%
2011	17	14	82%	10	9	90%
2012	7	3	43%	2	1	50%
2013	10	8	80%	6	6	100%
2014	4	3	75%	2	2	100%
<b>Aggregate</b>	<b>45</b>	<b>34</b>	<b>76%</b>	<b>21</b>	<b>18</b>	<b>86%</b>

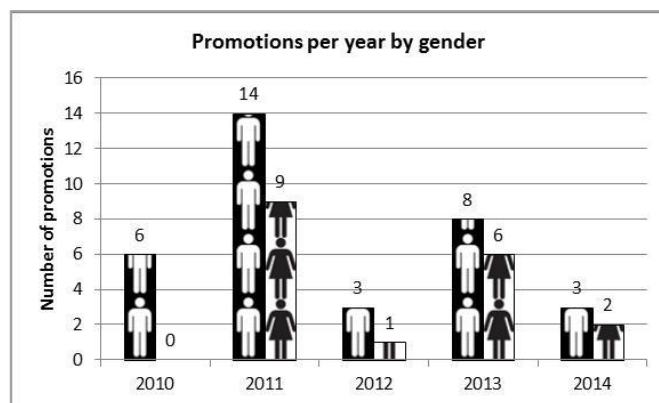
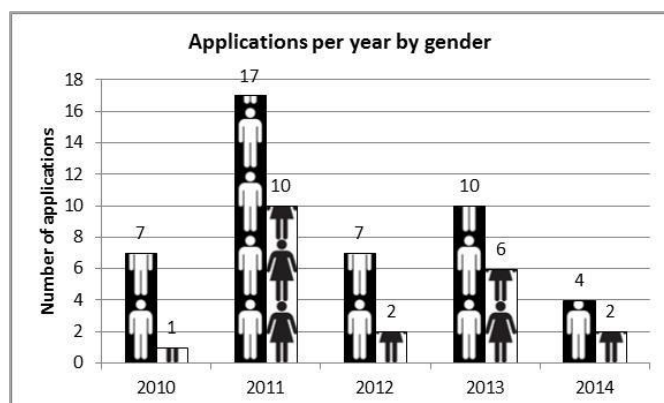


Table 23 and Figure 15: Promotions success rates by gender

## Proportion of female applications and promotions

**Applications:** In our last application, we noted that the proportion of promotion applicants who were female (27%) was lower than the proportion of female academics in the department (31%), indicating that females were less likely to go for promotion than males. This has changed, such that from 2010-2014 the proportion of applicants who are female (32%) exceeds the proportion of female academics in the department (30%), indicating that proportionately slightly more females than males are going for promotion. This has been the case for three of the past four years.

At 40%, the proportion of successful candidates who are female is much higher than the proportion of female academics in the pool (30%), indicating that females are proportionately more successful than males.

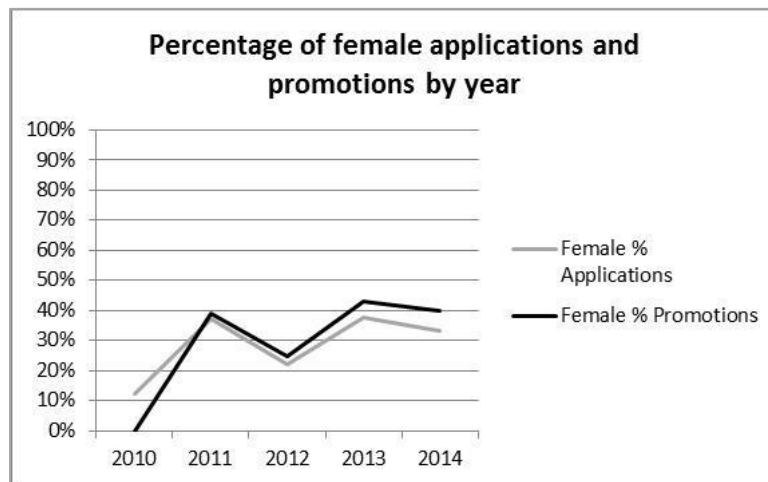


Figure 16 and Table 24: Percentage of female applications for promotion

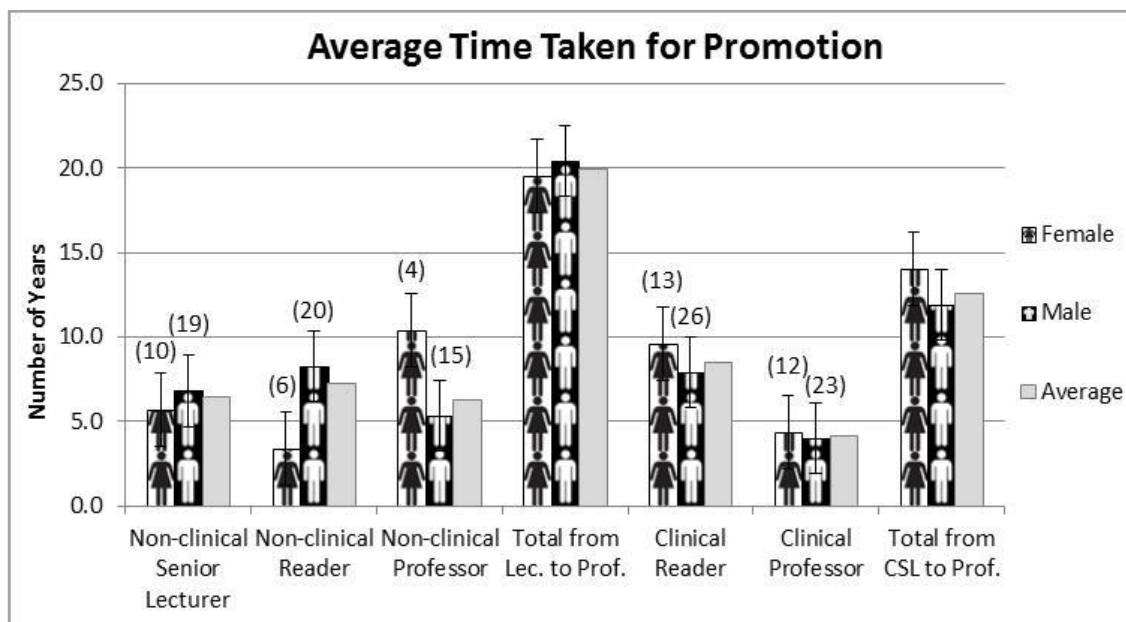
Year	Promotion Type	Female % Applications	Female % Promotions
2010	Professor	25%	0%
	Reader	0%	0%
	Senior Lec.	0%	0%
	<b>TOTAL</b>	<b>13%</b>	<b>0%</b>
2011	Professor	36%	33%
	Reader	33%	33%
	Senior Lec.	50%	75%
	Senior RF	0%	0%
	<b>TOTAL</b>	<b>37%</b>	<b>39%</b>
2012	Professor	0%	0%
	Clinical Prof.	33%	50%
	Clinical Reader	33%	0%
	Senior Lec.	0%	0%
	<b>TOTAL</b>	<b>22%</b>	<b>25%</b>
2013	Professor	50%	50%
	Clinical Prof.	0%	0%
	Reader	33%	33%
	Clinical Reader	0%	0%
	Senior Lec.	50%	50%
	<b>TOTAL</b>	<b>38%</b>	<b>38%</b>
2014	Professor	0%	0%
	Clinical Prof.	100%	100%
	Reader	0%	0%
	Clinical Reader	50%	50%
	<b>TOTAL</b>	<b>33%</b>	<b>40%</b>
<b>AGGREGATE</b>		<b>32%</b>	<b>35%</b>

## Actions taken

**Promotions support:** In our last application we set an action aimed at increasing the proportion of females going for promotion by providing a package of support for promotion candidates. A promotion support team of senior female and male academics from across all Divisions was appointed and is available for confidential consultation. The support includes mock interview experience and advice.

**Analysis of whether females wait longer to apply:** Feedback from our Bronze award panel included: “The panel were pleased to see that the success rate for promotion is roughly equal, and suggested that this is fed back to staff and consideration given as to whether this is due to people waiting to apply.” To investigate whether our female academic staff were waiting longer to apply than males, we determined for all our 2014 academic staff the length of time they had spent at their previous level before being promoted, both current levels and looking back through their career trajectory in the department.

We would not have been surprised to find a longer time for promotion amongst our female academics, given that most of them have families and took a period of maternity leave. However, the results (Fig. 12) show that the time spent at each level is almost identical for males and females. The only difference is seen with non-clinical Reader (females are promoted in less than half the time for males) and Professor (females take twice as long to be promoted as males). However, there is a large overlap between individual male and female cases and the times are not significantly different. Moreover, the time taken for the whole trajectory of Professors is identical for males and females.



**Fig 17 Time taken at each academic stage before promotion for Non-Clinical and Clinical academic staff.** The average time to promotion (mean  $\pm$  SEM) is shown for females (white bars) and males (black bar), with the average for all at that level shown in grey. The numbers above each bar indicate the number of individuals included in that mean.

**Action 2.8:** Publicise the promotion success rates and the finding that females do not wait longer to go for promotion than males In DoM Life communications about promotion rounds and support.

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

We have brought in a number of measures to attract more female applicants to academic posts as detailed in Section 3(a)(i) including introducing a well-designed advertisement, the DoM Life website, a video on the website and a series of academic profiles showing the diversity of female research and academic staff, coupled with search committees proactively using a compiled list of outstanding female research leaders to invite applications. Additionally, in many Divisions, female academic applicants are put in touch with female academics of a similar level for an informal chat either in person or over the phone. This has been mentioned by recent appointees as having been a helpful part of the recruitment process.

The Department’s recruitment process is tightly regulated by the HR Liaison Officer, who ensures that all Academic Appointment panels contain members trained in recruitment and selection and that panel membership includes at least one female member, an Academic Consul from outside the Department and a member who focuses on education. All panel members have copies of the criteria for selection and guidelines on expectations at each level of appointment, and a copy of Imperial Expectations, a set of guidelines on the qualities and behaviours expected of all Imperial college academics and leaders. Pilots of unconscious bias training have been carried out, but these sessions have not yet been rolled out in the Department.

**Action 2.6:** Arrange unconscious bias training sessions for all those who take part in recruitment and selection, and build this in as part of the induction process for academics joining the department, and embed as part of the Future Leaders Programme.

- (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.

### **Postdoc to Lecturer**

We identified in our last application that the first level at which the female proportion dropped below 50% was Lecturer. Progression from postdoc to Lecturer is not by promotion but by application to an academic post and much of the career development support we give to our postdocs is preparing them for an academic post elsewhere.

Imperial College is blessed with an outstanding Postdoc Development Centre which offers a range of personal development and careers courses and workshops, as well as 1:1 support, CV clinics and a Springboard programme for female researchers. Our postdocs take full advantage of these resources (using their contracted 10 development days), and in the departmental survey specifically mentioned their appreciation for the PDC. We are fortunate to have PDC advice for our departmental work on early-career development, with the PDC Head and consultant on our AOC and ECC committees.

Our first completed action was to compile an automatically updating postdoc e-mail list to ensure clear and direct communication rather than relying on cascading from group leaders. This has facilitated progress.

To help **tailor our career support** we asked postdocs in our recent survey whether their eventual aim was to secure an academic position. 79% of females (out of 39 respondents) and 86% of males (out of 22 respondents) said it was. An equal proportion (69%) of females and males thought that it was likely to happen.

One of the key stepping stones to an academic post is an independent career development fellowship (PI with grant to fund own salary). Following an action from our last application we now know that we have between 17-21 Fellows, two-thirds female. The Departmental Research Co-ordinator sends funding opportunities out monthly, gives workshops to discuss fellowship schemes with post-docs and arranges mock interviews for shortlisted candidates. In addition there is a departmental peer review process for fellowship applications involving panel members who sit on funding bodies. The success rate for fellowship applications is close to 100%. (See Vicky Salem case study)

The new **Early Career Committee** has been running for over a year. There are 19 members (10 female) (including PhD and Clinical research fellows) representing all Divisions. Many are PhD or postdoctoral reps within their centre or campus, which provides a strong network. Co-chaired by the excellent and energetic Amy Birch and Ed Roberts, the ECC has achieved an enormous amount by taking a consultative approach and working with the AOC to drive change.

ECC initiatives and successes include:

Design of a **Personal Review and Development Plan** (PRDP) tailored for early-career researchers, to facilitate a more productive and valuable conversation about career development at annual review.



Administration of a **Postdoctoral Travel Award scheme**. From a £5000 fund provided by the department, these support postdocs to attend conferences, including provision for childcare costs. Awards went to 3 women and 2 men this year.

Introduction of a **bridging funding** for junior researchers in the process of grant or fellowship applications who have a salary gap or up to six months.

Introduction of an interactive **website** for all early career scientists (PhDs to research fellows) to improve communication, maintain support networks, and share knowledge.

Canvassing opinion on how to make the annual **Young Scientist Day** more relevant and appealing to postdocs. Planning sessions on academic and other careers, successful fellowship applications, academic publishing and skills workshops on statistics, public engagement & writing press releases.

**Action 3.6:** Redesign (and rename) Young Scientist Day as a networking and development event for PhD students and postdocs, with senior leadership involvement, and with abundant female academic speakers and session leads as role models.

### **Leadership training**

The department has recently introduced a Future Leaders programme for new and existing academic staff covering a range of skills for careers in academic such as recruitment, group leadership, maintaining a successful academic career, and developing others. This was not on our original action plan. In addition to this specific provision, Department members avail themselves of the excellent LDC provision; several female academics have attended the Female Academic Development Centre and gone on to the Academic Development Centre (open to males and females).

### **Mentoring**

After our last application we launched a mentoring scheme and we now have a strong, well-crafted and sustainable scheme with 71 trained mentors (41 female and 30 male) and 11 people actively engaged in receiving mentoring (7 female, 4 male)

The scheme is for all staff and PhD students and accommodates peer mentoring as well as traditional mentoring. The scheme uses a “hub” facilitator who holds a database of mentors and matches them with a mentee. Mentees indicate what they are looking for, and are sent a profile for three or so potential mentors.

A training workshop and supporting booklet is provided for every mentor (and mentee), and debriefing sessions are held twice a year with the help of a newly-appointed “Senior Mentor”. A College mentoring website was constructed by the LDC to coincide with the launch of the scheme so that activity is aligned across the College.

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### Mentoring at Imperial

#### Department of Medicine

The Department of Medicine is committed to mentoring and recognises the important role it can play in supporting career advancement and increasing effectiveness and confidence.

Our mentoring scheme is open to all staff (academic, research and professional/support) and PhD students.

We are keen to support a variety of mentoring relationships:

- with senior staff or peers
- short and long term relationships

At whatever stage of your career we encourage you to think about whether having a mentor would be helpful to you.

Whether you are interested in being a mentor or finding one, the links below provide useful information.

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[Campus maps and information](#) | [About this site](#) | [This site uses cookies](#)

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From the departmental survey we know that 70% of respondents are aware of the scheme. Of respondents, 3% are being mentored via the scheme, 29% informally through colleagues, 5% externally and 51% said they did not require any mentoring (46%F). PhD student respondents were less aware of the scheme.

**Action 3.2:** Set up an annual, well-publicised mentoring event (e.g. panel discussion) to include departmental leaders, academic staff and students at all levels (mentors and mentees), at least half female of them female, to discuss their experiences of mentoring, to help embed its value and increase visibility of the scheme.

Send regular reminders about availability of mentoring (and becoming a mentor) via the DoM Life newsletter to all staff and PhD students.

### Female research and academic staff networking

One of the suggestions that emerged from the departmental survey asking what the department could do to increase the proportion of academic women at every level was more opportunity for female networking.

**Action 4.3:** Introduce an annual female academic networking event for female academics to meet one another and spawn an ongoing fluid network and plans for mentoring and networking with female researchers.

### Clinical academic staff progression

Whilst the gap between proportions of male and female non-clinical academic staff is beginning to close this is not the case for clinical, and the pathways to becoming a senior clinical academic are different. A Clinical Task Force from within the AOC was established to tease out specific barriers or obstacles to female clinical academic career progression that could be addressed, using qualitative interviews of senior clinical academic women in the department.

The project is on-going, but initial analysis shows that many of the issues raised by clinical academics are in common with other colleagues across the department, such as the challenges of juggling long hours with family commitments. However, there are some specific issues related to clinical academics, notably:

- Concerns about continuity of service and hence maternity (and other benefit) entitlements when moving from NHS to College employment
- Lack of visibility of female Clinician Scientist role models
- Success as a clinical academic is crucially linked to obtaining personal Fellowships

**Action 1.3:** Interview clinical academics to explore perspectives on obstacles to female career progression. We have already interviewed all female clinical professors in the DoM and the same number of males. 100% of female clinical academics at all levels to be interviewed and the data analysed by Summer 2016 followed by a detail report for DoM, Faculty and beyond.

**Action 1.4:** Expand DoM Life website to include section for clinical researchers & academics e.g. honorary NHS contracts, job planning, maternity reciprocity agreements between Trust and College.

**Action 1.5:** Increase female clinical academic visibility (role modelling). Fixed sessions from both male and female clinician scientists talking about work/life balance, career options and Athena SWAN at Imperial junior doctor teaching sessions and clinician scientist career events.

### Career development

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

The promotions process is clear and transparent, and standardised across the College. Academic promotion takes into consideration quality and balance of activity across teaching, research and administration, and the forms explicitly ask candidates to include an account of other aspects of their role as relevant, including pastoral, mentoring, staff development, outreach, diversity and even Athena SWAN work. Several departmental members have been supported for promotion (including to Professorships) on the basis of their contribution to education and leadership, for example.

The promotions round begins in the autumn term, when forms and guidelines are sent to all academic staff. The College organises excellent information Q&A sessions every year across different campuses to explain the process and what promotions panels are looking for. After our 2012 application we introduced a Promotions Support Team of senior academics across all Divisions (equal M/F), and their availability is advertised widely.

Candidates seeking promotion send completed forms to a departmental promotions panel that decides whether the department will support their application. Candidates are informed, with feedback given to unsupported candidates to explain the decision, again with information about the Promotions Support Team. Those who are not supported can decide whether to apply anyway without department support (for which there is a well-trodden mechanism), or wait another year. (see Liz Lightstone's case study).

The department is proactive in monitoring performance of academic staff, to identify and encourage those ready for promotion. The monitoring takes two forms: the first is the annual Personal Review and Development Plan (PRDP process, where each academic staff member completes a form self-assessing their performance across teaching, research and admin, sets targets and identifies development needs. This is used as the basis for a discussion with their Section/Centre Head, who may suggest readiness for promotion. However, staff survey feedback suggested that only 67% staff found their PRDP process useful and some did not know what it was.

The second is an annual academic performance review by each Centre/Section head together with the HoD and Departmental Manager in which the promotion potential of each Section member is considered based on the quality of their teaching, research, external visibility and internal contribution. These mechanisms aim to ensure that excellent but reticent or modest candidates are not overlooked for promotion.

**Promotions Support Team:** we introduced the team to support female academic promotion after noting in 2012 that while female success rates were on a par with male, proportionately fewer females were going for promotion. Following this we now have proportionately more females than males going for promotion and the female success rate is 10% higher than for males. (See Section 3a11 and Liz Lightstone's case study).

**Action 3.7:** Introduce PRDP Workshops as a routine part of the annual PRDP process.

Set up PRDP guidance page on DoM Life distilling the essence of the workshop messages, useful for new staff, for example.

- (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?

Feedback on our last application praised us for the two “Top Tips” documents supplied to new academic and research staff. We set in place several actions around induction and these are all now embedded.

**Welcome reception** takes place once a year in the autumn term, hosted by the Head of Department in the highest quality venue in the College. The first was held in 2013 and included a welcome speech by the HoD. All new staff were invited, together with all line managers and Heads of Division, 74 attended and feedback indicated that it was very much appreciated. One of our new AOC members joined as a result of conversations at the event.

**Welcome packs** were introduced in 2013. These contain info sheets on aspects of department life, eg. mentoring scheme, career development opportunities (departmental, PDC, LDC), key contacts, dates and activities, campus info, where to eat, bumps and babies, DoM Life site. Of the department survey respondents who were new starters, 53% had received a pack and 92% rated the info as useful. We will continue to work to ensure that the process for giving new starters welcome packs becomes embedded in all admin structures across Divisions.

**Discussion with Divisional head** is now working well, with 92% of survey respondents reporting meeting.

**Welcoming new female academic staff** personally and introducing them to the networks and activities available in the department has become possible following an action for the HR Liaison Office to tell the AOC Chair whenever a new female academic is appointed. This has proved a good way of meshing new starters into networks, and one new academic has joined the AOC as a result!

- (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.

Our mentoring scheme is open to PhD students, and after another year of operation, we will pilot opening it up to Master’s students.

The annual **Young Scientists Day** gives PhD students an opportunity to showcase their research and meet with postdocs and senior members of the department. The ECC (and its PhD reps) is planning a rejuvenation of this event in consultation with the constituency.

Other actions for students are in progress as we have prioritised areas where attrition is the greatest, and we have a healthy transition from postgraduate to researcher.

Female students have the right to request a female personal tutor. We will set up a Women's Tutor for all UG and PG students. We now have postgraduate representation on both the ECC and the AOC and the ECC has been tasked with finding out what cross-Divisional and cross-campus events they would value.

We have planned a careers workshop focused on clinical and non-clinical academic careers in biomedicine, with participation of DoM academics across the Divisions, including prominent female role models. This will be in collaboration with the Imperial Graduate School.

**Action 3.8:** Set up an annual DoM Careers Workshop for postgraduate students in collaboration with the Imperial Graduate School

### Organisation and culture

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

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

Most committees have a fixed membership of post-holders, with the particular mix in a given year reflecting the incumbents. All have a good proportion of females apart from the Education Strategy Committee and the Management Board because the post-holders from which the committee is formed are at the moment predominately male. The AOC and the ECC are largely formed from volunteers following advertising. The AOC is 75% female and the ECC 53%. Over the past two years the proportion of female membership has increased on the Postgraduate & Undergraduate Teaching committees and the AOC.

Table 25: DoM committee breakdown by gender

Committee	2012				2014			
	Female	Male	Total	% Female	Female	Male	Total	% Female
Education Strategy Committee	1	4	5	20.0%	1	6	7	14.3%
Higher Degrees Research Committee	13	15	28	46.4%	9	14	23	39.1%
Management Board	5	12	17	29.4%	4	11	15	26.7%
Postgraduate Teaching Committee	8	6	14	57.1%	9	5	14	64.3%
Safety Committee	14	17	31	45.2%	11	13	24	45.8%
Undergraduate Teaching Committee	7	15	22	31.8%	10	12	22	45.5%
Academic Opportunities Committee	11	6	17	64.7%	21	7	28	75.0%
Early Career Committee	-	-	-	-	10	9	19	52.6%

**Action 4.4:** Explore with the Chairs of the Management and Education Strategy Committees the possibility of expanding the membership.

- (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.

Amongst academic staff the proportion of males and females on fixed-term contracts fluctuates from year to year, but in general for Clinical Academics there are slightly more males than females, while for non-clinical between 11-19% more females are on fixed term contracts. There is very little difference between males and female research staff in this respect; the majority are on fixed term contracts.

<b>Table 26: Open ended / Fixed Term contracts</b>		Female			Male			Variance
		Open	FTC	%FTC	Open	FTC	%FTC	+/- %
2010	Non-clinical Research	21	127	86%	24	78	76%	9%
	Clinical Research	2	39	95%	1	43	98%	-3%
	Non-clinical Academic	21	10	32%	48	11	19%	14%
	Clinical Academic	19	7	27%	56	26	32%	-5%
	<b>Total</b>	63	183	74%	129	158	55%	19%
2011	Non-clinical Research	26	133	84%	32	77	71%	13%
	Clinical Research	2	48	96%	0	53	100%	-4%
	Non-clinical Academic	21	10	32%	50	9	15%	17%
	Clinical Academic	21	10	32%	57	21	27%	5%
	<b>Total</b>	70	201	74%	139	160	54%	21%
2012	Non-clinical Research	27	135	83%	31	82	73%	11%
	Clinical Research	3	62	95%	0	49	100%	-5%
	Non-clinical Academic	24	8	25%	51	8	14%	11%
	Clinical Academic	20	6	23%	58	25	30%	-7%
	<b>Total</b>	74	211	74%	140	164	54%	20%
2013	Non-clinical Research	38	109	74%	34	73	68%	6%
	Clinical Research	4	60	94%	1	54	98%	-4%
	Non-clinical Academic	24	9	27%	55	5	8%	19%
	Clinical Academic	24	2	8%	61	18	23%	-15%
	<b>Total</b>	90	180	67%	151	150	50%	17%

**Action 5.1:** Investigate why over the past four years 11-19% more female non-clinical academics are on fixed term contracts compared to males .



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

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

The main decision-making committee is the Management Board. The HoD, Department Manager, Divisional heads, Faculty Finance Officer and Faculty Operations Officer sit on this committee and all the present incumbents are male. This is balanced by four female members (29%) who come from range of backgrounds: Deputy Faculty Principal & Faculty Director of Education, Divisional Manager, and Departmental Research Coordinator. The Academic Opportunities Chair (Senior Lecturer) joined in 2012, showing the commitment of the department to ensuring representation from the wider departmental constituency including non-professorial academic staff.

**Departmental management:** the HoD and heads of Division are all male, but a quarter of the Centre/Section heads are female, and two-thirds of the Deputy Section/Centre heads.

Table 27: Management and Leadership positions in the DoM

	2012				2014			
	Female	Male	Total	%F	Female	Male	Total	%F
Heads of Division & Department	0	6	6	0.00%	0	6	6	0.00%
Section/Centre Heads	6	17	23	26%	5	16	21	24%
Deputy Section/Centre Heads	2	1	3	67%	2	1	3	67%

**Influential College Committees and roles:** several female DoM academics sit on influential College or Faculty committees, including Imperial College Senate, Faculty Strategic Education, College Equality and Diversity, Faculty Postgraduate Strategy Committee (Chair), Imperial Summer Committee, College Athena Committee (2) and REF Equalities Committees. In addition, the Faculty Athena Coordinator is a DoM academic, as is a non-clinical College Dean, the Faculty Academic Lead for PGT and the Summer School Academic Coordinator. With 59 female academics, 21 of whom are Professors, there has not so far been a problem of committee overload.

- (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.

Since our last application we have done considerable work to provide a strong framework for ensuring that the full range of academic contribution is valued, following feedback in our 2012 workshops of a perception that only research funding was valued. We have developed the system of Academic Performance Review to ensure that it captures the wide range of academic activity that the Department values, including external esteem, internal contribution, education excellence, leadership, mentoring, Athena SWAN work – all the things that are criteria for academic

progression. Similarly, the PRDP form has sections that explicitly ask for activity, appraisal and targets across the range of academic activity. That several departmental members have been promoted over the past 5 years in large part because of their education or administrative contributions (some to Professor) belies the perception that only research income is valued. The department's preferred approach is not to allocate tasks, but to identify those who have the aptitude and willingness to take them on and then support them to maintain performance.

- (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.

Core hours for all official Departmental events are considered to be between 10 and 4, and this was praised in the feedback from our last application. Departmental meetings and research seminars are scheduled to minimise disruption to the many people who have caring responsibilities requiring flexibility at either end of the day. Most seminar series take place at lunch time or early afternoon. The DoM Summer Party takes place from mid-afternoon. Meetings at group and Sectional level are scheduled around the needs of the people involved.

- (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.

Feedback from workshops and departmental survey on perceived culture varies considerably with local situation, emphasising the need to make tangible a departmental culture, an area of focus for the past two years. Themes ranged from laments about bureaucracy or lack of café facilities through the need for increased visibility of successful female role models (see Actions 3.2, 3.6, 3.8, 4.5, 5.5, 5.8), to a mention of bullying (Action 4.8), but also comments like "the department gives the best support for women academics that I have seen in an academic institution". The focus group report indicates that our previous actions have had impact: "Family-friendly policies, awareness and visibility of women balancing successful academic careers with having a family and mentoring have all shifted from aspirations and recommendations to need for consistency and widespread awareness/usage."

We now have a full calendar of events through the year that help provide a framework for a tangible departmental culture. With such a large department, the culture experienced is often local (see above) so it is important to build a departmental identity through events that bring people together. These are shown in Fig 18.

The **Academic & Family Life Panel Discussion** has been one of the highlights of this year, attracting over 100 people and much heartfelt feedback represented by this e-mail: "I would like to give some positive feedback for the event of yesterday. At first I thought that taking 2 hours of my precious time (mother of 3 primary school children, trying to hold an academic position and coming back in clinics) would be counterproductive. However, I could relate to most of the talks and at the end of the day, instead of feeling negative about how little I managed to achieve compared to my expectations, I felt that my efforts were recognised by the College. This positive boost gave me the confidence to delegate more ... and it also acted as a guilt buster about using breakfast clubs and after school clubs. Hopefully my work productivity will increase and therefore my job satisfaction."

The panel was balanced between M/F, clinical and non-clinical, and different stages along the academic ladder. It was chaired by a Faculty Vice-Dean and included our Provost, James Stirling, who explained why the balancing of academic and family life is close to his heart. Each member gave a 5 minute vignette followed by questions and discussion from the floor. This is clearly fulfilling a need (we ran out of food and drink because so many people came) and will be extended to the Faculty and used more widely across the College.

When?	Event	Aims	Where?
Monthly	Bumps and Baby Group	Informal coffee group for new parents attended by HR liason	HH - to spread to SMH from 2015
Monthly	Interdivisional Seminars	Interdivisional seminars, widely advertised. From 2015 the AOC will ensure that female speakers account for 40%	All campuses
Termly	Mentoring workshops	Training workshops run by the LDC on how to be a good mentor/mentee - strongly encouraged for all participants of the DoM mentoring scheme	HH, SK, SMH
Autumn	Annual Welcome Reception	Welcome party for all new starters hosted by HoD and members of the AOC	HH or SK
Autumn	Clinical Academic Career Day	Fixed slot to talk about alternative working models and Athena SWAN. Open to all clinicians interested in a career in research (nationwide)	HH
Winter	Departmental Christmas Party	Hosted by HoD	HH
Winter	Mentoring Panel	Panel discussion including senior academics to openly discuss mentoring issues and how the DoM scheme can be improved	Rotating campuses from 2015
Spring	HoD campus visits	An opportunity for all staff to meet with HoD and talk about local issues	All campuses
Spring	Annual DoM Athena Lecture	In addition to the College Athena lecture, the DoM will run its own series	Rotating campuses from 2015
Spring	DoM Young Scientists Day	Forum for research students and early post docs to showcase and get coaching about career development and presentation skills	Rotating Campuses
Spring	PRDP workshops	Training workshops run by the Department for both appraisors and appraisees about how to get the best out of the PRDP process	All campuses
Summer	Academic and Family Life Panel	Panel discussion and forum to discuss work/life balance	HH - to spread to spread across College from 2015
Summer	Summer Departmental Party	Hosted by HoD and members of the AOC	Rotating campuses
Every 2 years	Feedback workshops	Workshops (including women only sessions) run by consultants from the Learning and Development Centre (LDC) about Departmental culture	All campuses
Every 2 years	Departmental Athena/culture Survey	Staff consultation - the data is analysed with the HoD and AOC	All campuses (by email)

Figure 18: DoM Life Calendar depicting the regular Athena-driven events. Green = events active from previous Action Plan, Blue = events instigated in new Action Plan (already active), Red = events planned to start in 2015.

We have two Department-wide social events per year over different campuses: the **summer party**, an autumn **welcome reception** and will be introducing a **Winter Departmental social**. Events are advertised on the DoM Life website, which will be used as a platform for a blog-style Departmental Newsletter. The need for greater visibility of the leadership was raised in the feedback workshops, and **campus visits** every Spring will help in this regard. **A feedback form** for suggestions to the senior leadership was introduced two years ago but has not been used; this will be advertised at the campus visits. The **cross-divisional symposia** were on our last action plan but have not yet been implemented. That they are is important because the departmental survey indicated a desire for much better research interaction across Divisions, and chances to identify synergies and opportunities for collaboration.

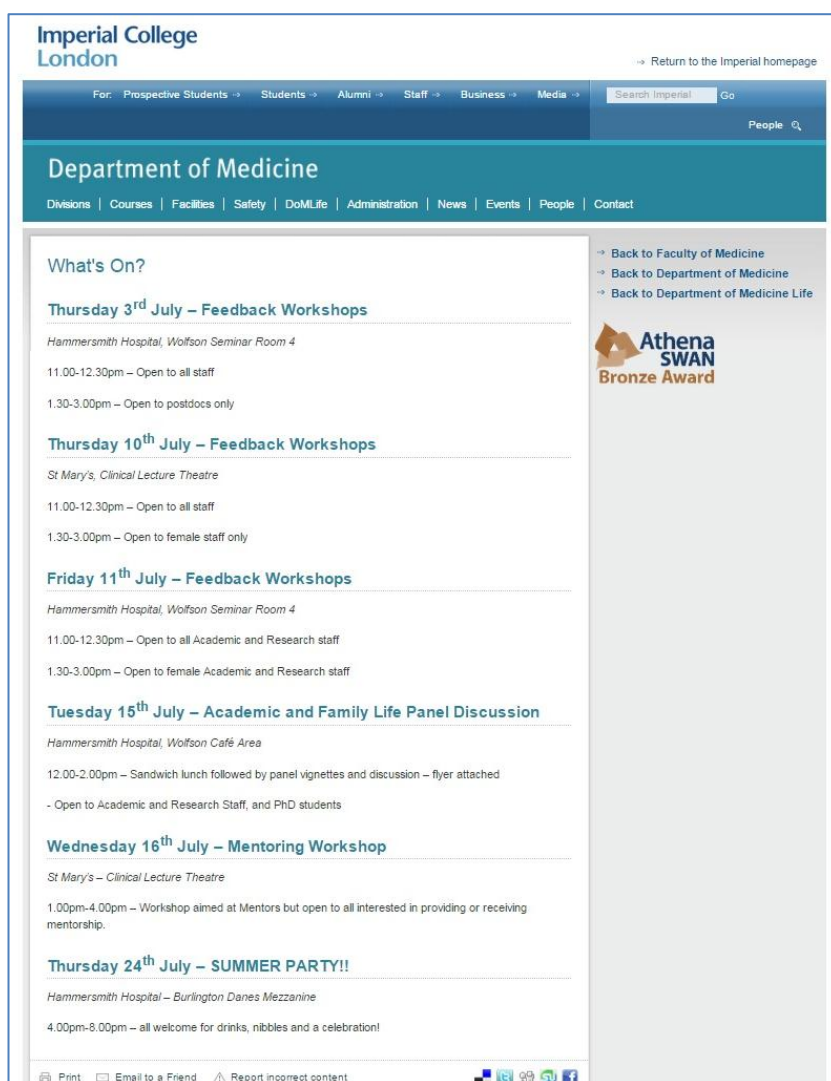
**Action 4.5:** Introduce an **annual Athena lecture** for an inspirational female speaker from inside or outside Imperial, including an opportunity to showcase internal female talent.

**Action 4.6:** Introduce **Cross-divisional symposia** focused around topics that cut across Divisions, to share information/generate discussion about the research going on and flag up opportunities for collaboration.

**Action 4.7:** **Winter Departmental social** hosted by HoD on each campus.

**Action 4.8:** Spread the Division of Brain Sciences **Bullying & Harassment Workshops** to all Divisions

**Action 4.9:** Campus visits by HoD annually to all six campuses. Presentation and open discussion



The screenshot shows the Imperial College London Department of Medicine website. The header includes the Imperial College London logo, navigation links for Prospective Students, Students, Alumni, Staff, Business, and Media, a search bar, and a 'Return to the Imperial homepage' link. Below the header is a teal banner for the 'Department of Medicine' with links to Divisions, Courses, Facilities, Safety, DoMLife, Administration, News, Events, People, and Contact. The main content area is titled 'What's On?' and lists several events for July:

- Thursday 3<sup>rd</sup> July – Feedback Workshops**  
Hammersmith Hospital, Wolfson Seminar Room 4  
11.00-12.30pm – Open to all staff  
1.30-3.00pm – Open to postdocs only
- Thursday 10<sup>th</sup> July – Feedback Workshops**  
St Mary's, Clinical Lecture Theatre  
11.00-12.30pm – Open to all staff  
1.30-3.00pm – Open to female staff only
- Friday 11<sup>th</sup> July – Feedback Workshops**  
Hammersmith Hospital, Wolfson Seminar Room 4  
11.00-12.30pm – Open to all Academic and Research staff  
1.30-3.00pm – Open to female Academic and Research staff
- Tuesday 15<sup>th</sup> July – Academic and Family Life Panel Discussion**  
Hammersmith Hospital, Wolfson Café Area  
12.00-2.00pm – Sandwich lunch followed by panel vignettes and discussion – flyer attached  
- Open to Academic and Research Staff, and PhD students
- Wednesday 16<sup>th</sup> July – Mentoring Workshop**  
St Mary's – Clinical Lecture Theatre  
1.00pm-4.00pm – Workshop aimed at Mentors but open to all interested in providing or receiving mentorship.
- Thursday 24<sup>th</sup> July – SUMMER PARTY!!**  
Hammersmith Hospital – Burlington Danes Mezzanine  
4.00pm-8.00pm – all welcome for drinks, nibbles and a celebration!

On the right side of the 'What's On?' section, there are links: 'Back to Faculty of Medicine', 'Back to Department of Medicine', and 'Back to Department of Medicine Life'. Below these links is the 'Athena SWAN Bronze Award' logo. At the bottom of the page, there are links for 'Print', 'Email to a Friend', and 'Report incorrect content', along with social media icons for Twitter, Facebook, and LinkedIn.

- (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.

As a result of our last action plan we now have a register of people who engage in outreach activities. On this is an even balance between males and females. Most of the activities come under the umbrella of public engagement, including “Meet the Scientist” days for patient groups, Imperial Festival, and a recent NeuroSci-Art competition. Others involve contact with schools and schemes such as mock interviews to widen participation to Imperial College School of Medicine.

Because we have a very high proportion of female undergraduates, Master's students and PhD students (well over 50%) we do not have a concerted outreach effort for the purposes of increasing the number of females entering the pipeline.

### Flexibility and managing career breaks

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

Maternity return rate is very high overall (86-100% over the past four years) and 100% for academics. Over the past four years the overall duration of maternity leave has risen steadily from 213 to 266 days and has doubled for academics from 165 to 329 days

In total over the past four years 82 women have taken maternity leave, 16 academics and 66 researchers. The maternity return rate is high; 100% of academics and all but 5 researchers returned to work following maternity leave.

Table 28	<b>Instances of maternity leave, duration and return rate between 2010-2013</b>				
	<b>Maternity</b>	Instances of leave	Instances of return	Average duration	Return rate
2010	Non-clinical Research	7	7	187	100%
	Clinical Research	11	10	247	91%
	Non-clinical Academic	2	2	151	100%
	Clinical Academic	2	2	179	100%
	<b>2010 Total</b>	<b>22</b>	<b>21</b>	<b>213</b>	<b>95%</b>
2011	Non-clinical Research	10	9	199	90%
	Clinical Research	6	6	230	100%
	Non-clinical Academic	3	3	248	100%
	Clinical Academic	1	1	160	100%
	<b>2011 Total</b>	<b>20</b>	<b>19</b>	<b>214</b>	<b>95%</b>
2012	Non-clinical Research	8	6	221	75%
	Clinical Research	8	7	278	88%
	Non-clinical Academic	2	2	172	100%
	Clinical Academic	3	3	279	100%
	<b>2012 Total</b>	<b>21</b>	<b>18</b>	<b>246</b>	<b>86%</b>
2013	Non-clinical Research	7	7	257	100%
	Clinical Research	9	9	251	100%
	Non-clinical Academic	2	2	364	100%
	Clinical Academic	1	1	259	100%
	<b>2013 Total</b>	<b>19</b>	<b>19</b>	<b>266</b>	<b>100%</b>

Over the last 4 years, the average period of maternity leave (across all grades) taken has steadily risen from 213 to 266 days:

The average length of maternity leave taken by academics has doubled between 2010 and 2013 from 165 to 329 days (below) Although the numbers of women this applies to is small, this may represent a greater sense of acceptance for a longer leave period.

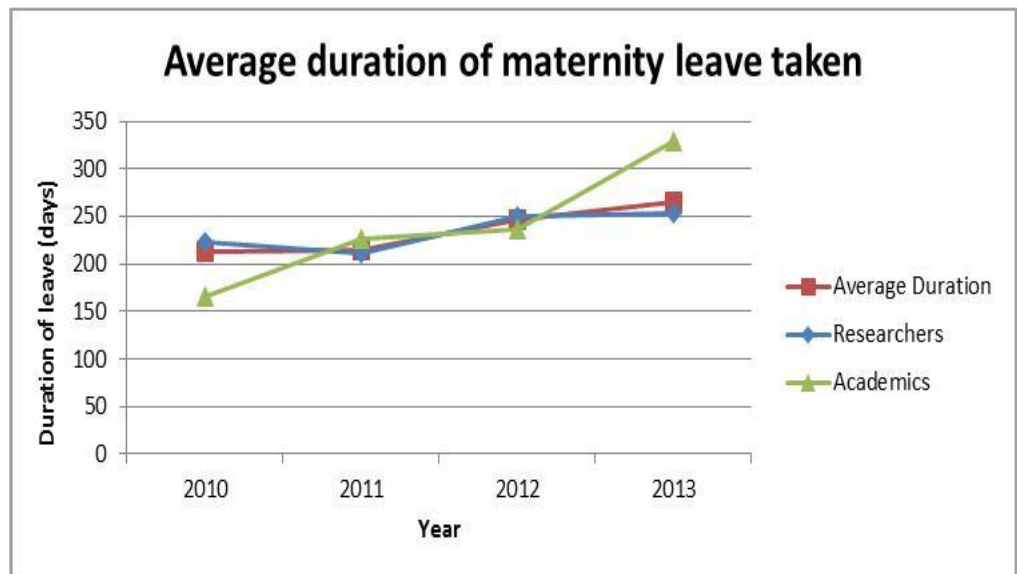
Maternity leave return rate and average leave duration pooled for all job categories over the last 4 years.

Year	Return Rate	Average Duration
2010	95%	213
2011	95%	214
2012	86%	246
2013	100%	266

Table 29 and Figure 19

Average duration in days of maternity leave taken for researchers and academics by year

The average is shown for All (red), Researchers (blue) and Academics (green).



**Action:** continue to monitor

- (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.

HR recorded instances of paternity leave are low (1-4 per year), 10 in total for the past 4 years. Fathers responding to the departmental survey indicated that some do not take paternity leave, and that some who do use local arrangements rather than HR.

Over the past four years, central HR records reveal that 10 males have taken paternity leave, 4 academics and 6 researchers.

Table 30: Paternity Leave in the DoM

In the departmental survey 15 male respondents gave information about having taken paternity leave whilst at Imperial. 4 did not take any paternity leave (26.7%) and 3 (20%) took it informally (without a formal arrangement via HR).

Two people took adoption leave over the past four years, one female and one male

**Action 5.2:** HoD congratulations on paternity, maternity, parental and adoption leave applications.

Disseminate info about DoM parental network & parental leave policy.

Remind Section Heads of their duty to encourage leave entitlements to be taken.

	<b>Paternity</b>	<b>Instances of leave</b>
2010	Non-clinical Research	0
	Clinical Research	1
	Non-clinical Academic	1
	Clinical Academic	0
	<b>2010 Total</b>	<b>2</b>
2011	Non-clinical Research	2
	Clinical Research	1
	Non-clinical Academic	0
	Clinical Academic	0
	<b>2011 Total</b>	<b>3</b>
2012	Non-clinical Research	0
	Clinical Research	2
	Non-clinical Academic	1
	Clinical Academic	1
	<b>2012 Total</b>	<b>4</b>
2013	Non-clinical Research	0
	Clinical Research	0
	Non-clinical Academic	1
	Clinical Academic	0
	<b>2013 Total</b>	<b>1</b>



- (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.

There are no apparent trends in the proportions of workers by grade or gender working PT. The overall proportion of female PT workers in the DoM is similar to that of other Departments in the FoM at Imperial: 13.8% in NHLI and 23% in SOPH.

**Table 31: Part-time working in the DoM – rates and breakdown by gender**

	Full time / Part time	Female			Male		
		FT	PT	%PT	FT	PT	%PT
2010	Non-clinical Research	138	10	7%	96	6	6%
	Clinical Research	34	7	17%	42	2	5%
	Non-clinical Academic	25	6	19%	55	4	7%
	Clinical Academic	22	4	15%	74	8	10%
	<b>Total</b>	219	27	11%	267	20	7%
2011	Non-clinical Research	146	13	8%	104	6	5%
	Clinical Research	40	10	20%	51	2	4%
	Non-clinical Academic	25	6	19%	54	5	8%
	Clinical Academic	27	4	13%	72	6	8%
	<b>Total</b>	238	33	12%	281	19	6%
2012	Non-clinical Research	141	21	13%	107	7	6%
	Clinical Research	53	12	18%	49	0	0%
	Non-clinical Academic	26	6	19%	54	5	8%
	Clinical Academic	22	4	15%	74	9	11%
	<b>Total</b>	242	43	15%	284	21	7%
2013	Non-clinical Research	134	12	8%	103	5	5%
	Clinical Research	54	10	16%	51	4	7%
	Non-clinical Academic	24	9	27%	52	8	13%
	Clinical Academic	23	3	12%	69	10	13%
	<b>Total</b>	235	34	13%	275	27	9%

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

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

Informal working arrangements supporting flexible working without reducing hours is very common, with 79% all staff (77% for females) reporting that they work flexibly in the departmental survey. The department is committed to fostering this culture by provision of remote desktop facilities.

The HR liaison officer sends out regular reminders about College guidelines for flexible working. Section/centre heads are also reminded that it is incumbent upon them to be supportive of such requests and facilitate flexible working solutions. Official numbers of PT workers with in the DoM are given above.

Interestingly qualitative feedback from the departmental survey revealed that many people thought that PT working was incompatible with a successful academic career (but see Liz Lightstone case study).

**Action 5.3:** Set up a video conferencing suite at each campus

**Action 5.4:** Set up focus groups to explore why people think part-time work is incompatible with a successful academic career

**Action 5.5:** Include academics (M an F) with PT experience on Academic & Family Life discussion panels, and and Academic Profiles on DoM Life website.

- (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.

### **DoM Life Webpages**

In line with our previous Action Plan, the DoM Life webpage is a well-publicised resource for those with caring responsibilities, showcasing the Department's commitment to supporting a productive work/life balance. With respect to issues surrounding parental leave, there are sections including:

- Profiles of a range of DoM staff members happy to be contacted confidentially about a range of issues from experience of the workplace nurseries to flexible working arrangements.
- A link into the College's Maternity Mentoring Scheme and the Parents @ Imperial site.
- Family benefits and discounts and useful links to HR resources about parental leave guidelines.
- A parents' forum including items for sale.

### **Babies and Bumps Group**

All DoM members of staff who have disclosed their pregnancy or applied for parental leave are invited to the Babies and Bumps group which meets monthly at the HH campus. This is regularly attended by up to 10 participants. A member of HR is available to answer procedural questions, but it also functions as a supportive peer support network for new parents in DoM. Due to its success it will be rolled out to other campuses, starting early 2015 with SMH.

### **New breastfeeding and baby changing facilities**

The DoM AOC has successfully overseen the introduction of breastfeeding, baby changing facilities and highchairs in the HH campus. These amenities are regularly publicised.

### **Elsie Widdowson Uptake**

This fellowship has been awarded to 7 people in the DoM since 2010, all non-clinical academics.

### **Post doc travel grants to include arrangements for child care cover**

Post-doc travel grants, awarded competitively to the brightest post-docs wishing to showcase their work nationally and internationally, will now routinely come with Departmentally-sponsored cover for childcare expenses.

#### **Action 5.6: Survey all maternity and paternity leave takers to identify**

- Positive and negative qualitative feedback about their parental leave experience
- Which of the department's current initiatives were well publicised and which could have been communicated better
- How to create a bespoke parental checklist, offered to all leave takers before and 6 months following return to work, to be undertaken with their line manager, covering issues such as keeping in touch plans, workload remodelling and other maternity/paternity issues and resources.

#### **Action 5.7: Improve the maternity support provision for female clinical academics, with**

- Increased uptake of Elsie Widdowson in this group
- A new section on the DoM Life webpage regarding the transition between the DoM and the NHS Trust in terms of contracts and maternity provision
- Annual emails to Imperial NHS Trust training programme directors to remind them of the issues faced by clinical researchers returning to NHS-based clinical training posts.

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Parent Profiles

Lydia Drumright - Lecturer



Children:

Alexander ( born 2008) and Hadrian (born 2012)


Family Location:

Royston (North Herts- near Cambridge)

Contact me about:

Recent maternity leave experience; coming back to work; having more than child; transitioning from school to nursery; or just to be in touch with other Imperial parents.

Luke Moore - Clinical Research Fellow



Children:

Felicity, born October 2012


Family Location:

Camden

Contact me about:

Balancing academic career and family life, having babies while applying for and starting a PhD, nurseries and schools in North London.

Jane Saffell - Senior Lecturer



Children:

Ben (1994) & Tom (1997), now nearly grown up

Family Location:

Maidstone, Kent


Contact me about:

Having children while PhD student and postdoc, combining research-academic career with family life, long commute, childcare, child-minders, nursery, family.

→ Back to Faculty of Medicine

→ Back to Department of Medicine

→ Back to Department of Medicine Life



Total word count for supporting careers section: 5192 (192 from additional allowance)

57 | Page

#### 4. 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.

Since receiving our Bronze award, the Athena staff consultation process has evolved into an integral part of departmental workings. The established cycle of robust data collection, identifying and implementing actions and evaluating their impact is now embedded into senior management processes. We collect and analyse a wide source of data and feedback from staff: College and Departmental staff surveys, Athena SWAN focus group workshops, early careers committee representatives, 1:1 interviews, National Student Survey and HEIDI database. We have benefitted greatly being part of the vibrant Athena community that has burgeoned in the last 5 years across Imperial. Members of our AOC advise the Faculty of Medicine about how best to support Athena initiatives and also participate in the College's Gender Strategy committee. Following our Bronze award, realising how important it was to prioritise and truly bring alive our action plans, the DoM employed a fulltime HR liason (Meriel Cartwright) dedicated to this. As a result of all of this our Silver Action plan includes a number of new initiatives that have exceeded our Bronze aims.

The size, complexity and geographical spread of our department has been one of our greatest challenges in establishing a sense of community and departmental identity. The events calendar for the DoM has been revitalised to help with this. We will continue to work on our communications in order to engage better with our staff and student members. An important element of this will be to engage people's understanding of how the palpable change in departmental working life has been as the result of our Athena SWAN project.

We have a rich source of qualitative feedback from our staff consultation efforts. Much of this has affirmed that many of the initiatives we have set in place, particularly around work/family life, have made the DoM a better place to work. However, we are greatly aware that there is still much to be done. To deliver palpable and permanent cultural change we are working on transparency, inclusivity and ensuring that all of our line managers and principle investigators are best equipped and supported to help all of their staff flourish. Where we have less leverage over factors affecting career progression, for example with our clinical academics, we will extend our reach to the Royal Colleges and the Health Education bodies, to ensure that the percentage of female clinical academics by discipline reflects their representation in the non-academic (NHS) pool. We will also work on recruitment: over the next few years we want to see that our Athena drive has translated into the reputation of our Department as an inclusive and female-friendly place to work. In the meantime, we will be proactively encouraging the best female talent to apply and join our community as described in our Action Plan. 460

## 5. Action plan

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

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

## 6. Case study: impacting on individuals: maximum 1000 words

Describe how the department's SWAN activities have benefitted **two** individuals working in the department. One of these case studies should be a member of the self assessment team, the other someone else in the department. More information on case studies is available in the guidance.

### Professor Liz Lightstone, Professor of Renal Medicine, Dept of Medicine

I joined the Department in 1991(then RPMS) to take up an MRC Clinician Scientist post in Immunology, straight from an MRC-funded CTF PhD. After trying for some years, I had my two children (Josh in 1992 and Natalie in 1995). It wasn't easy; I took four months maternity leave, came back full time (the second time as a Senior Lecturer / Honorary Consultant) and none of my colleagues had young children.



I found it a struggle to maintain a busy clinical workload, keep up with my research and be present for my family. It was a challenge and came to a head with life threatening illness in 2001. That gave me the space and permission to stand back and decide what I wanted to do, which turned out to be to move to more clinical research and to go part time; I was the first part-time clinical academic in the Department of Medicine. It was a really good move from a personal perspective as by that time my parents were ailing & the kids wanted much more of me. Research went rather slowly for a while, largely due to competing priorities with clinical and home life. My dear dad died in 2004 and my mum seven years later, both at home with us aged 92.

Fast forward to 2009; my research was perceived as progressing too slowly and lacking focus. The best advice I was given was “when people think of Liz Lightstone, what work do they immediately associate her with”? I started to use mentors, took control of the areas of research I was carving out as my own, and developed new interests in education, particularly in academic clinical training.

With a renewed sense of purpose and having identified key supporters in the Department of Medicine who were enormously helpful in guiding and mentoring me, I set my sights on achieving long overdue promotion. The process was very supportive and clear & I was promoted to Reader in 2011. Since then, I've won a major grant to fund a ground breaking multinational randomised controlled trial of which I'm Chief Investigator. Most importantly, I'm now on the world stage (she says modestly) as an expert in lupus nephritis and in renal disease in pregnancy. If you say Liz Lightstone now, that's what people think about, a real change since 2009.

This was rewarded in August 2014 when I was promoted to Professor. I'd considered applying a year prior but was advised to wait and it was good advice. This year's application was strongly supported, the mock interview painful but hugely helpful and happily the real one successful.



What is outstanding is that the Department of Medicine, certainly now, recognises that life happens and the pace of progress can change. It's also possible to change direction several times and get to where you want to be in the end. Over the last few years, I've seen such a change of culture towards women, career progression and support and recognition of family life whether that's as a parent or carer. Although hard to get grants there's never been a better climate to support clinician scientists. And the best bit of all, the kids have turned out just fine – albeit as classicists rather than medics! 542



### Dr Victoria Salem, NIHR Clinical Lecturer

I joined the Department in 2006 as an Academic Clinical Fellow and in 2008 was awarded a MRC CRTF, having been supported to collect pilot data and prepare the application. My first baby Anna was born in January 2010, Saul in May 2011 and Giorgia in December 2012 (a month after my PhD was awarded). Whilst on maternity leave with Giorgia I was encouraged by my Section head to apply for and obtained a Clinical Lectureship.

I have always encountered a positive attitude towards my goal of a research career. I returned from two maternity leaves pregnant with the next baby, and my section has given the gentle encouragement I needed to keep aiming high. I proactively planned with my supervisors and colleagues how I would keep in touch and maintain my research output. When I returned to fulltime work I agreed with my Section Head flexible working patterns to fit around a personal desire to ring fence evenings with my children, or to cover home emergencies.

I have sent all of my children to the nursery at Hammersmith Hospital, and remember the terror of leaving my first baby there at 5 months old. A senior member of my lab helped me with some hugely appreciated words of support. Since then, I have been part of the DoM's Bumps and Baby group, which has been a wonderful platform to share this kind of information. I was also particularly grateful for the new changing table and breastfeeding facilities with Giorgia.



The NIHR Clinical Lectureship, providing dedicated laboratory time, has been a crucial element to my continued ability to pursue an academic career. With three babies in three years, I have inevitably slowed my career progression and am perhaps less competitive than I would have been otherwise. However, in the DoM I have been provided the support, flexibility and advice and to be

as maximally productive as I felt able to be. One of the most powerful events I have been involved with at the DoM has been the Family Life Panel, where it was edifying to hear similar anxieties from senior professors about juggling caring duties and values more important than papers and grants.

I am now in the critical early post-doc phase of my research career. My supervisors have helped me successfully apply for small starter grants and start thinking about gaining independence. Through the DoM AOC I met with my mentor, who (along with my Section head) encourages me to apply for more substantial post-doctoral funding. I have also direct input from my HoD in terms of interview preparation, reading of drafts and general career advice. My future as a Clinical Academic is far from certain, however, I feel that in the Department of Medicine I can give it my best shot. 463




# Department of Medicine

[Divisions](#) | [Courses](#) | [Facilities](#) | [Safety](#) | [DoMLife](#) | [Administration](#) | [News](#) | [Events](#) | [People](#) | [Contact](#)

## DoM Athena SWAN

Imperial College signed up to the [Athena SWAN Charter](#) in 2005 and the Department of Medicine made its first application for an award in November 2012. These awards recognise a commitment to monitor and address gender inequality in science, technology and medicine departments in higher education, where female senior academics are underrepresented. The application process requires the collation of data on a range of topics and the submission of an action plan.

The Academic Opportunities Committee (AOC) serves as the Department's self-assessment team for the Athena SWAN award application process. During June 2012, the AOC organised a series of Workshops to hear from staff and PhD students on departmental culture and organisation, career progression, development opportunities, mentoring, working environment and communication. The feedback received will help shape department culture and practices over the next few years. The Committee drew up a number of recommendations which were accepted by the Management Board and put to department members in a [Questionnaire](#). The findings and ideas for action were discussed at Open Meetings with Gavin Screation, Head of Department, at each campus during October and November 2012. An accompanying presentation can be seen [Power point](#) .

The feedback received from the questionnaire and workshops helped to form the action plan for the [Athena SWAN award submission](#). As a result of this work, the Department of Medicine was awarded a Bronze departmental award in April 2013. The AOC is now working towards submission for a Silver award.

If you have any suggestions or questions about Athena SWAN or would like to get involved, please contact the AOC Chair [Dr Jane Saffell](#).



- [Back to Faculty of Medicine](#)
- [Back to Department of Medicine](#)
- [Back to Department of Medicine Life](#)



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Key:

2012	2012 Action completed
2012	2012 Action continuing
2014	New action for 2014

1 Baseline data and supporting evidence								
Issue	Action		Plan	Progress-timeline	Further action-timeline	Responsibility	Success measure( <i>relates to action</i> )	Planned impact ( <i>relates to issue</i> )
Career Development Fellows cohort not identified in data	1.1	Set up a system for routinely recording numbers of non-clinical Career Development Fellows and keeping a register	2012	Well-maintained register in place with stats easily reported.	Review the data annually in the Spring AOC meeting	HR Liaison Officer	Well-maintained register in place; AOC have stats to consider every Summer term meeting	This is an important stepping stone to an academic career so it is important that we can monitor the F:M ratio
Up to Lecturer level the proportion of females is well above 50% but declines thereafter with every level of progression	1.2	Ask departmental academic and research staff and PhD students their perceptions on the reason for the decline and suggestions for possible actions	2012	Focus groups had been planned but instead a departmental survey was used in <u>Autumn 2014</u> to maintain anonymity. 420 respondents (44%).	Detailed analysis of the findings & discussion within <u>AOC Spring 2015</u> . Decisions on actions <u>Summer 2015</u> . Dissemination within department and publication in the literature. <u>Autumn 2015</u>	AOC, AOC Chair, Clinical Task Force	Clear picture of departmental views on the reason for the leaky pipeline. Two practical actions identified	This will provide evidence from a large sample (44%) which will (a) give us a window into the situated perceptions of our leaky pipeline, and (b) provide suggestions about changes that could be made
The M/F academic gap is gradually closing for non-clinical but not for clinical. We know the progression paths and barriers are different but need to understand what is preventing an increase in the number of clinical academics.	1.3	Interview senior clinical academics to explore perspectives on obstacles to female career progression. Include specific clinical sections and sub-analysis.	2012	Interviews with female clinical professors complete. Data recorded and preliminary analysis complete	Detailed analysis of data. Report to AOC and for circulation in the Faculty. External journal publication of the insights and recommendations. Repeat interviews every 3 years	Clinical Task Force	100% of female clinical academics at all levels to be interviewed and the data analysed by Summer 2016	This will be a powerful data set that will provide key information needed to devise a plan to remove any obstacles to career progression for this group.
	1.4	Expand DoM Life website to include section for clinical researchers & academics e.g. honorary NHS contracts, job planning, maternity	2014	New	Clinical task force to identify information required on site. HR liaison officer to build pages.	HR Liaison Officer Clinical Task Force	Feedback in departmental survey that there is good info for clinical research and academic staff	There is a wealth of information about how to balance NHS-Imperial and pursue a clinical academic career but not everyone has access to it. This will rectify that.
	1.5	Increase visibility of female clinical academics as role models in forums such as Academic & Family Life PD, junior doctor teaching events and clinical careers events.	2014	In 2014 we had female clinical academic speakers talking about Athena SWAN at our academic Foundation Year teaching and clinical academic careers day	Confirm slots for clinical careers and teaching events where female clinical role models could be involved. Identify senior female academics to invite.	Clinical Task Force	3% increase in the proportion of female clinical academics in 3 years (Spring 2018)	There is a perception that academic life is incompatible with having a family and a reasonable work-life balance. This will help.
There is a wide difference between the proportion of female academics (and professors) across Divisions	1.6	Investigate the background to differences across Divisions in the proportion of female academics and professors. Appoint Athena Leads in each Division	2012	Run focus groups within each Division for Divisional head and Section heads, to present differences and explore perceptions. Identify Athena Lead candidates.	Identify Division Athena leads Spring 2015  Discuss findings or focus groups at Autumn AOC meeting and set actions.	AOC Chair with LDC consultant	4% increase in the proportion of female academics in the two Divisions with the lowest % by Autumn 2017. Reasons for the lower number of Professors in DBE identified	If we understand the reasons for the differences, we can spread best practice to increase the %F overall. Divisional Athena leads will help embed actions locally and feedback specific issues.

We do not have a system for finding the reasons why people leave. The HR data are not always clear. E.g. a postdoc whose contract is ending and finds another job will be recorded as Resignation, but the real reason is that funding has run out.	1.7	Create a DoM leavers' form	2012	Short online form completed Autumn 2014	Pilot with leavers during 2015. Investigate linking completion with continuing use of e-mail Embed use of the form with all Divisional Managers and ask them to ensure all Centre/Section administrators incorporate the form into exit procedures for all staff. (Spring 2015) Review Pilot Autumn 2015	HR Liaison Officer Divisional Managers, Centre/Section administrators.  AOC	Greater than 80% completion rate by all leavers by Summer 2017.	This will provide us with information about why people are leaving, next destination, their views on the department, whether they would work here again, what was the best thing, what would they most like to change. We will find out whether our early career researchers are moving on to academic roles elsewhere.
Female promotion success in 2012 was high but proportionately fewer females went for promotion. Panel feedback asked whether females waited longer to go for promotion	1.8	Analyse the length of time M/F academics spent at each stage along their trajectory	2012	Complete	Feedback to department in DoM Life bulletins and also at female academic networking and career events. Ongoing inclusion of this measurement in our data analysis	HR Liaison officer	Clear data indicating whether females take longer to be promoted than males.	This is an important question because the answer determines our actions around increasing female application rates for promotion. On this evidence it does not seem to be a factor, but we will continue to monitor these data
No female MD candidates in 2012-13	1.9	Ask supervisors reasons for not appointing MD applicants in 2012-13	2014	New	New	Director of Education (Postgraduate Research)	Knowledge of supervisor perspective on criteria for accepting MD candidates	Knowing the reasons for the dip and the perspective of current students will indicate whether this is simply a chance event or indicates the beginning of a trend
	1.10	Hear from current female MD students on their recruitment experiences	2014	New	New	Clinical Taskforce Lead	Knowledge of female	

## 2 Recruitment, Promotion & Turnover

Issue	Action		Plan	Progress (with timeline)	Further action (with timeline)	Responsibility	Success measure (relates to action)	Planned impact (relates to issue)
<b>Recruitment:</b> Data for academic appointments difficult to collate in two parts (EOI and advertised position).	2.1	For academic staff appointments, record numbers shortlisted and interviewed, and list members of each interview panel.	2012	The system is in place.	Present data every Summer AOC to the committee for analysis and action planning.	HR Liaison officer	Data readily available for annual review by AOC.	Analysis of academic staff recruitment data requires manual merging the two data sets and EOI records are kept locally. A centralised system will ensure that data is uniformly recorded.
<b>Recruitment:</b> The application rate for female academics is lower than the appointment rate. We need to attract more female applicants	2.2	Create a DoM Life website featuring academic women, with pages on AOC, Athena, family life, events.	2012	Complete	Continue updating and expanding in response to need. Introduce specific clinical academic page	HR Liaison Officer AOC Chair, AOC, Clinical Task Force.	Website kept current and used, as evidenced from feedback in departmental survey every two years	There needs to be a place people can go to find out about what it is like to work in the department. Info on events and work-life is not available on other pages.
	2.3	Create a video featuring diverse academic women with research and education roles for the DoM Life website. Invite all academic women to submit academic profiles for the site	2012	Video complete and on the website. Academic profiles partially completed	Expand the academic profiles to all academic and research females. Highlight the value of these to academic women at networking events.	HR Liaison Officer  AOC Chair	50% of female academics and 50% of female researchers to have academic profiles on the website by Autumn 2017. Data on website hits shows that the site is used. Evidence of awareness in the departmental survey.	Prospective applicants (and current early career researchers) can see the range of female academics and their diverse, valued roles in the department.
	2.4	Use best practice to create a standard format for academic advertisements	2012	Complete Autumn 2013	Continue to review at every Spring AOC meeting	HR Liaison Officer	Increase in proportion of female applicants by 5% by Summer 2016	If we do not get more academic women applying, we will never increase the proportions!
	2.5	Accumulate an updated list of outstanding female academic across the world to approach during academic recruitment drives	2014	List is being compiled by Departmental Manager	All Divisional Heads to ask Section heads to identify these female academics	Divisional Heads, Departmental Manager, Section Heads	Search committees equipped with names to approach. 20% of those approached go on to be appointed in the department, as evaluated in Autumn 2017	As above
Although female academic appointment success rates are in line with (or higher than) application rates, we need to guard against unconscious bias	2.6	Organise unconscious bias training sessions for all involved in academic appointment panels	2014	Other departments have carried out pilots using different providers so we can identify the highest quality.	Ask colleagues from other departments for a recommended provider. Set dates for training suitable for senior leadership team.	HR Liaison officer	75% of members of all appointment panels have had training by Spring 2016.	Senior leaders will be informed about unconscious bias and this awareness will be helpful during academic recruitment drives.
<b>Promotion:</b> In 2012 female promotion success was high but proportionately fewer females were going for promotion.	2.7	Identify a mixed M/F team of professors with mentoring and development experience, from across all Divisions to be available to support and inform promotion candidates or enquirers	2012	Complete Autumn 2013	Review in Summer 2015 and annually thereafter, in a meeting with the team. Advertise the high level of female promotion success to encourage other applicants.		Proportionately equal numbers of males and females going for promotion. This has been exceeded in 2014.	If female academics are supported and encouraged, we should ensure that nobody is holding back through reticence or lack of confidence.

<b>Promotion:</b> It is not widely known that the female success rate for promotion is so high, or that the application rate is now proportional to that of males.	2.8	Publicise the promotion success rates and the finding that females do not wait longer to go for promotion than males	2014	New	Mention in DoM Life communications relating to promotion rounds and support (Autumn 2015, and annually)  Include on DoM Life website.	HR Liaison Officer	Female academics asked their perception of promotion success will be aware of the finding.	Knowing the success landscape for female academics may encourage more to consider going for promotion, or strengthening their performance with a view to promotion.
<b>Turnover:</b> We do not have a formal mechanism for finding out why people leave the department and their next destination. We would like to monitor whether our research staff move on to academic positions, and explore why clinical academic numbers are not growing	2.9	Exit interview representative sample (10 M/10F) per year from research staff (clinical and non-clinical).	2014	New	Discuss at AOC how best to implement	AOC Chair	By Autumn 2016 have a routine system in place that is embedded and providing qualitative data.	Need to understand why people leave, perception of life in DoM, and how supported they feel to remain in academia.
	2.10	Exit interview with female clinical academic staff	2014	New	Introduce a system for identifying clinical academic leavers and informing the Clinical Task Force lead	Clinical Task Force	80% hit rate per year by Spring 2016	Finding out why female clinical academics leave will help us put in place actions to attract, retain and develop clinical academic women



3 Career Development Support								
Issue	Action		Plan	Progress (with timeline)	Further action (with timeline)	Responsibility	Success measure	Planned impact (relates to issue)
In the 2012 workshops postdocs identified mentoring as being something they wanted more of	3.1	Set up a mentorship scheme for researchers and academic staff, including good many of female mentors	2012	Complete. Scheme in place with 71 trained mentors (41 F, 30 M) and 11 people being mentored	Send regular reminders about the scheme, as in the departmental survey 30% of respondents did not know about the scheme.	HR Liaison Officer	Next survey shows 90% awareness of the scheme	We have a really good scheme ready for more people to receive mentoring. It is important to keep momentum
30% of respondents to departmental survey said they were not aware of the new mentoring scheme launched a year ago	3.2	Set up a well-publicised annual mentoring event (panel discussion) including department leadership team, academic staff and students at all levels.	2014	New	Design the format Spring 2015 Identify a panel Identify date Invite and publicise Summer 2015	AOC Chair Mentoring sub-committee, Senior Mentor, Clinical Task Force HR Liaison officer	Next survey shows 90% awareness of the scheme	It is important that everyone has a similar understanding of what mentoring is, its value and how our scheme works
No framework of representation for early career researchers in the department. Hugh talent and ideas need an outlet.	3.3	Start an Early Career Committee of and for postdocs, clinical and non-clinical research fellows, the Chair of which will sit on the AOC.	2012	Complete. ECC has been running very successfully for over a year. Expanded after 6 months to include PhD students.	Continue to mentor ECC Chairs, help find successors when they move on to new positions. Continue to service the ECC	AOC Chair  HR liaison officer	ECC in place and making a productive contribution to the department as judged by results.	Early-career representation of the constituency needed at AOC, to act as info conduit between DoM management and postdocs.
Postdocs in labs without funds for conference travel, or females with childcare responsibilities find it difficult to showcase their research on the national/international stage	3.4	Set up a conference fund for postdocs	2012	Conference fund of £5K in place and has disbursed the first tranche. Administered by the ECC to outstanding researchers with exciting research to disseminate.	Review the success of the scheme Summer 2015 and determine whether expansion of the scheme to PhD students is feasible.	AOC, ECC Chairs HR liaison officer	Postdocs advancing their careers, female postdocs with caring responsibilities not prevented from showcasing their research.	Researchers in labs without funds can find themselves unable to progress their careers via the networking that conference attendance allows. This scheme means that outstanding postdocs can advance their careers
Personal Review & Development Plan (PRDP) form not tailored to postdocs but to academic staff	3.5	Design a postdoc specific form in collaboration with the PDC and in consultation with postdocs	2012	ECC discussed and designed new form in 2013, piloted and rolled out for 2014 PRDP round	Evaluate in the staff survey every Autumn	HR Liaison Officer	Postdocs using the form, as judged in analysis of returns and in the staff survey	Having a form that facilitates a productive conversation with a line manager is essential to career development. This form is aligned to postdoc needs and should improve the value of the session.
ECC have feedback from postdocs that Young Scientist Day does not fulfil the needs of postdocs. PhD students and postdocs mention lack of female academic role models	3.6	Redesign and rename Young Scientists day to include talks and activities that provide inspiration and advice on academic careers. Half the speakers and session leads to be female	2014	New	Design the programme Identify speakers/session leads, invite, set date	ECC Committee, PGR Manager, Education Manager	Spring 2015 event has changed format.	This occasion is a great opportunity for female academics to be present as role models for postdocs and PhD students
PRDP meetings are not judged to be particularly useful by many research and academic staff who see them as an imposition rather than framework for a conversation	3.7	Set up short PRDP workshops to help people use the occasion for a valuable conversation with their line manager. Include key information on DoM Life career development page.	2014	Pilot was held in 2015.  Dates already set for Spring 2016 to run on every campus to make it easy for everyone to attend.	Set into calendar to run every Spring	LDC consultant to deliver. HR Liaison Officer to	80% feel that their last PRDP was a valuable conversation, as judged by the staff survey.	In our last application we included a completion target of 90% for PRDP. We have replaced that with an action to improve the quality of the process. It is important that everybody involved understands what it is and what it isn't.
PhD students tell us they would like academic medical research-oriented careers information and advice.	3.8	Set up an annual DoM Careers Workshop for postgraduate students in collaboration with the Imperial Graduate School. Include female academics.	2012	Enthusiastic agreement from Graduate School. Programme in progress	Spring 2015 set date for annual event. Firm up programme Spring/Summer 2015. Aim to run pilot in 2015	AOC Chair, ECC Chairs, Graduate School	Good buy-in from DoM academics to participate. (F/M). Pilot runs in 2015. Survey indicates useful.	Our postgraduate students are all members of the Graduate School from whom they receive excellent professional skills training but they want additional with medicine focus.

4 Organisation & Culture								
Issue	Action		Plan	Progress <i>(with timeline)</i>	Further action <i>(with timeline)</i>	Responsibility	Success measure <i>(relates to action)</i>	Planned impact <i>(relates to issue)</i>
In 2012 people said that when they joined the department they didn't know what they were joining or who the leaders were, as the Department is so large and spread out.	4.1	Set up a Welcome Reception for all new starters.	2012	Run for the first time in Autumn 2013. Excellent feedback.	Continue to run every year	HoD hosts HR Liaison officer organises	New staff feel welcomed as evidenced in staff survey	Everyone who joins the department welcomed. Meett colleagues and leadership in a friendly social setting.
	4.2	Design and implement a DoM Welcome Pack for all new staff containing a series of info sheets e.g. key contacts, key dates & activities, campus info, etc.	2012	Used from Summer 2014 In survey, only 53% of new starter respondents had had a welcome pack	Ensure robustly embedded with all administrators	Divisional Managers	80% of new starters in 2015 receive a welcome pack, and 100% by Autumn 2017, as evidenced in staff survey	Important that people feel informed about what's going on in the department, how things are done, who's who and where to find key info.
Some female respondents to survey mentioned the value of having opportunities for female academics to socialise and build networks	4.3	Set up a female academic network with an annual event around a wine reception. To facilitate, lobby ICT for an automatically updatable female e-mailing list.	2014	New	Discuss at Spring AOC to plan format. Identify a female Professor willing to lead on this, and invite her to join the AOC	AOC, HR Liaison Officer	Network set up by Summer 2015, with first event running by Autumn 2015	Good support and mentoring networks can develop.
Increase female membership on key committees	4.4	Explore with the Chairs of the Management and Education Strategy Committees the possibility of expanding the membership to improve female representation	2014	New	Discussion with Chairs	AOC Chair	Increase in F representation in proportion to F academics in the department by Spring 2016	Diversity makes for strong decision-making. Female representation on these committees is a good career development opportunity.
Survey feedback from female early career researchers cited lack of female role models as a possible reason why female academic numbers declined with progression.	4.5	Institute an annual Athena lecture in the department, hosted by the HoD, given by an outstanding female academic role model from inside and outside the department.	2014	New	Invite nominations for the series from amongst staff and students, to help raise consciousness. Emphasise nominees from inside or outside the department.	AOC Chair	Athena lecture series set up by Spring 2016	Role models will inspire and encourage female researchers and academics
A desire to have more cross divisional research contact was widely expressed by female respondents in the survey	4.6	Organise a system of Cross-Divisional symposia focused around topics that cut across Divisions.	2012	-	AOC Chair discuss with Director of Research to plan an approach	Department Director of Research, Divisional Heads of Research	Successful pilots by Autumn 2016, with clear information on how to embed	Improved communication important for identification of areas of synergy, increased collaboration, mentoring, career advancement
Survey and workshop feedback indicates that people want more events based at their campus and a more visible leadership	4.7	Introduce a Winter Party at different campuses for all DoM members based there, hosted by HoD.	2012	Planned for 2015.	Identify venues, dates and local organisers. Review after first year to decide whether to make it a permanent event in the calendar.	HR Liaison Officer	Good support and attendance. Good feedback in survey	Once a year staff will be able to meet and socialise with the HoD each other, increasing a sense of community at each campus.
1 mention of bullying in departmental survey (not workshops)	4.8	Spread the Bullying & Harassment Workshops to all Divisions	2014	Division of Brain Sciences has already conducted compulsory workshops	Set dates for a programme of workshops annually on each campus.	Departmental Manager, HR Liaison Officer	Workshops set up as routine annually. All line managers to have participated by 2017.	It is unacceptable for anyone to feel bullied. Awareness of what constitutes bullying behaviour is essential
Desire for greater visibility of and contact with HoD expressed in workshops and survey	4.9	Campus visits by HoD every Spring with Department Manager and AOC Chair. Presentation and discussion	2014	Carried out in 2012 (autumn) and next in Spring 2015, annually thereafter in Spring	Make visits	HoD, Department Manager, AOC Chair, HR Liaison Officer	Annual visits embedded. Good attendance (was variable at previous)	Provides a conduit for quality two-way communication between sHoD and departmental members.

5 Work-life and Flexible Working								
Issue	Action		Plan	Progress (with timeline)	Further action (with timeline)	Responsibility	Success measure(related to action)	Planned impact (related to issue)
More female than male non-clinical academics are on fixed term contracts compared to males	5.1	Find out why	2014	New	Look at the cohorts and find out the reasons for the differences in contract (by Spring 2016) Discuss at Summer AOC	HR Liaison Officer	Clear understanding of why each person in this cohort is on the contract they are on.	We need to understand what the reasons are so that we know
There are few requests for parental or paternity leave	5.2	Paternity, parental and adoption leave applications will be met with a note of congratulation from the HoD and info on how to access the parental network.	2014	New	DoM Life bulletin will advertise parental leave policy termly from Spring 2015 Section heads will be reminded to encourage leave entitlements to be taken	HR Liaison Officer, AOC Chair Section Heads	Increased take up of these leave entitlements	It is important that caring is seen as being a shared responsibility between men and women.
There is a perception that PT work is incompatible with a successful academic career	5.3	Video conferencing suite set up at each campus to facilitate meetings	2014	New	Scope out space with campus deans	Department Manager	Facilities available at all campuses by spring 2017	Will save much time and facilitate communication.
	5.4	Hold focus groups with academics at all levels to find out why.	2014	New	Schedule for Spring 2017. Organise planning meeting Summer 2016, set dates and time frame	Clinical Task Force lead, LDC consultant	Understanding of reasons why people think the two are incompatible, with a view to exploring the validity of this.	Important to understand the beliefs underpinning these perceptions, to be able to tackle them if have substance.
	5.5	Invite academics with part-time experience to take part in Academic and Family Life Panel discussions and complete academic profile on DoM Life	2014	New	Identify academics and researchers with PT experience and invite. Spring 2015 and annually	AOC Chair	Role model female academics on every A&FL PD. All such academics and researchers completed academic profiles on DoMLife	Females who want to work part time in academia will be put off if they feel it is incompatible with success.
Difficulties in combining an academic career with having a family is suggested by our survey respondents as the main reason why there are fewer female academics	5.6	Survey to identify areas of strength and weakness in our parental leave support structure	2014	New	Regular survey to be sent out every 3 years to all people who took maternity, paternity or adoption leave in the preceding period. Start in Spring 2016	HR Liaison Officer	Qualitative feedback regarding satisfaction. Longitudinal follow up regarding next destination/career progression for this cohort	We want to minimise the difficulties faced by researchers who take career breaks for maternity and subsequently need to change their working patterns.
	5.7	Improve maternity support provision for female clinical academics	2014	New	Highlight the availability of Elsie Widdowson awards. Improve Clinical Academic section of the DoM life website. Send annual e-mails to clinical academic training programme directors to highlight maternity reciprocity agreement between University and NHS Trust and examples of flexible working solutions for clinical trainees.	Clinical Task Force HR Liaison Officer	Increasing number of female Clinical Lecturer upwards	There are some issues that are specifically related to female clinical career progression. With this Action Plan we are starting to reach out to the NHS Trust and Clinical Training Bodies to try and coordinate help and support for our clinician scientists.
	5.8	Set up an annual series of Academic & Family Life panel discussions in the department (rotating round campuses). In Spring 2015 run one at Faculty level and in Summer 2015 at College level.	2012	First A&FL PD held in 2014. Attendance of more than 100, with people travelling across campuses	Include panel members with caring responsibilities other than childcare. Publicise to UG & PG students.	AOC Chair	A regular, annual rhythm is set up for this series, so that new staff and students will have a chance to attend every year.	The hope is that more female early career researchers are informed about the compatibility of research and family life and consider forging an academic career themselves.