



**Department of Medicine,
Imperial College London
Athena SWAN
Silver Application
April 2018**



Department application	Recommended (Silver)	Actual Count
Word limit	12,000	11, 728
<i>Recommended word count</i>		
1.Letter of endorsement	500	550
2.Description of the department	500	485
3. Self-assessment process	1,000	625
4. Picture of the department	2,000	2685
5. Supporting and advancing women's careers	6,500	6088
6. Case studies	1,000	997
7. Further information	500	298

Note – email from ECU confirming 1000 extra words permitted since we are a Medical School with Clinical and Non-Clinical Staff, received 9th March 2018 and attached to this application.

Name of institution	Imperial College London	
Department	Department of Medicine	
Focus of department	STEMM	
Date of application	April 2018	
Award Level	Bronze April 2013	Silver November 2014
Institution Athena SWAN award	Date: April 2016	Level: Silver renewal
Contact for application Must be based in the department	Dr Victoria Salem Ms Vanessa Powell	
Email	v.salem@imperial.ac.uk v.powell@imperial.ac.uk	
Telephone	020 75946658	
Departmental website	http://www.imperial.ac.uk/department-of-medicine/	

1. LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT

Recommended word count: Bronze: 500 words | Silver: 500 words

I took up the role of Head of Department in 2013 – just prior to our first Athena SWAN Silver award. The feedback from that application was that, although we had shown evidence of impact, we still had work to do to truly intertwine our Athena principles into the fabric of our working culture. This feedback was powerful and insightful and since then I have worked with our fantastically committed Athena team to advance our Equality and Diversity agenda, something I also feel passionately about. Without attracting and retaining the best talent from all avenues, we cannot possibly hope to achieve our Mission to deliver on world-class medical research.

I am extremely proud of the clear progress that we have made since our last submission. Particular highlights include: that we have attained equity at promotions for women, that women are applying for proportionately the same number of grants as men and are even more successful at being awarded them (this reflects our serious investment in career development, with a strong Athena focus), that women have achieved equity (and above average success) in crucial mid career grants (a major attrition point and one that we have been especially keen to target). I am extremely pleased that our progressive recruitment techniques are also paying off and we have seen a stunning improvement in the gender balance of our staff – with a complete reversal of female academic attrition up to Senior Lecturer level now.

However, we must not be complacent and we should always keep in mind that our Athena SWAN award is only worthwhile insofar as it enables real and positive impacts on the experiences of ALL staff and students, whilst continuing to actively redress imbalances or injustices. To this end, I am looking forward to driving revisions to policy and procedure to maintain momentum in the development of our culture. We are really listening to the feedback we are getting from the staff survey and other Athena-driven staff engagement exercises. I am particularly keen to champion the PRDP (appraisal) process as a really meaningful vehicle for conversations about aspirations and career development. I have written explicit responsibility for this into the job descriptions of our leadership team, as part of a wider project to improve the transparency of all of our appointment processes. We have invested in a new Communications Officer, who works closely with our Athena team, to work on celebrating our successes as well as fostering a much more positive and collective departmental identity.

It is of considerable importance to me that our efforts in the Department of Medicine are part of a wider Faculty initiative. We gain greater impact with joined up best practice. Our Athena SATs are now extremely well connected across the Faculty and wider College. Examples of DoM initiatives that have been rolled out in this way include our extremely highly rated mentoring scheme and the development of bespoke training courses.

I believe that on our current trajectory the DoM has the potential to aim for Gold in the near future. The tireless commitment of our AOC, led by the inspirational Dr Vicky Salem, will enable us to face challenges with a creative and proactive approach and I remain fully committed to facilitating its reality.

In this spirit, I commend this application to you.

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Table of Abbreviations

AMS	Academy of Medical Sciences
BMS	Biomedical Sciences
BSc	Bachelor of Science
CATO	Clinical Academic Training Office
CEA	Clinical Excellence Award
CL	Clinical Lecturers (post doctoral clinicians on NIHR-funded posts that allow them to pursue an academic career as a clinician scientist whilst completing specialist clinical training to become a consultant).
CRF	Clinical Research Fellow (clinician-in-training who has taken time out to undertake a PhD with us. They are enrolled at PT PGR students.
DEM	Division of Diabetes, Endocrinology and Metabolism
DoM	Department of Medicine, Imperial College London: the largest department within the Faculty of Medicine
DOC	Department Opportunities Committee
DoSC	Department of Surgery and Cancer, Imperial College London: another member of the Faculty of Medicine.
E + D	Equality and Diversity
ECC	Early-Career Committee
EOI	Expressions of Interest
EXT	Externally “intercalating” medical students
F	Female
FOI	Freedom of Information (we have requested data from NIHR under this remit)
FoM	Faculty of Medicine
FMedSci	Fellow of the Academy of Medical Sciences
FT	Full-time
HEA	Higher Education Authority
JRF	Junior Research Fellow (Imperial College)
HENWL	Health Education North West London (Part of the London Deanery responsible for clinical training)
HH	Hammersmith Hospital (campus)
HoD	Head of Department
ICHT	Imperial College Healthcare NHS Trust
LDC	Learning & Development Centre
M	Male
MBBS	Bachelor of Medicine, Bachelor of Surgery
MRes	Master of Research
MSc	Master of Science
NIHR	National Institute of Health Research (the research funding arm of the NHS)
NHLI	National Heart & Lung Institute, Imperial College London (another member of the Faculty of Medicine)
OOPE	Out Of Programme Experience ie typically when clinicians-in-training exit their NHS training posts to undertake a PhD
PT	Part-time
PRDP	Personal Review and Development Plan
PGR	Post graduate research

PDFC		Postdoc and Fellows Development Centre
PGT		Postgraduate taught students
PG		Postgraduate students
PGR		Research postgraduate students
PTO		Professional, Technical and Operational
PTOWG		Professional, Technical and Operational Staff Working Group
RCP		Royal College of Physicians
SMB		Department of Medicine Senior Management Board
SMH		St Mary's Hospital (campus)
SoPH		School of Public Health, Imperial College London: another member of the Faculty of Medicine.
SK		South Kensington (campus)
THES		Times Higher Educational Supplement
UBT		Unconscious Bias Training
UG		Undergraduate students
VC		Vice-Chancellor

2. DESCRIPTION OF THE DEPARTMENT

Recommended word count: Bronze: 500 words | Silver: 500 words

Please provide a brief description of the department including any relevant contextual information. Present data on the total number of academic staff, professional and support staff and students by gender.

The Department of Medicine (DoM) is the largest department within Imperial's Faculty of Medicine (FoM). We are a research-intensive community aiming to attract the best scientists worldwide (over 78 nationalities are proudly represented), and provide them the space, freedom, support and synergies for their research to thrive. 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 mission statements embed Athena SWAN actions to prioritise career development and advertise our commitment to developing a supportive culture.

The DoM operates as five Divisions, further sub-divided into Sections or Centres (see Figure 2.1), reflecting our wide range of research interests in both basic and clinical sciences. With 888 staff, 1,195 students and an annual turnover over £100 million we are one of the largest medical departments in the UK. Our staff breakdown is shown in Table 2.1 below (2017 census), and our Job Levels are presented in Table 2.2.

We occupy six Imperial 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 Figure 2.2). Shortly, the large new White City (Imperial West campus – blue asterix on Map 1) will provide another strong base for our Department. Every Division (but one) within the DoM spans at least two of these campuses, most three or more. Our large size and geographic spread present a challenge to communication, leadership visibility, social interaction and a sense of departmental identity – issues which are frequent themes in our Athena surveys.

273 words

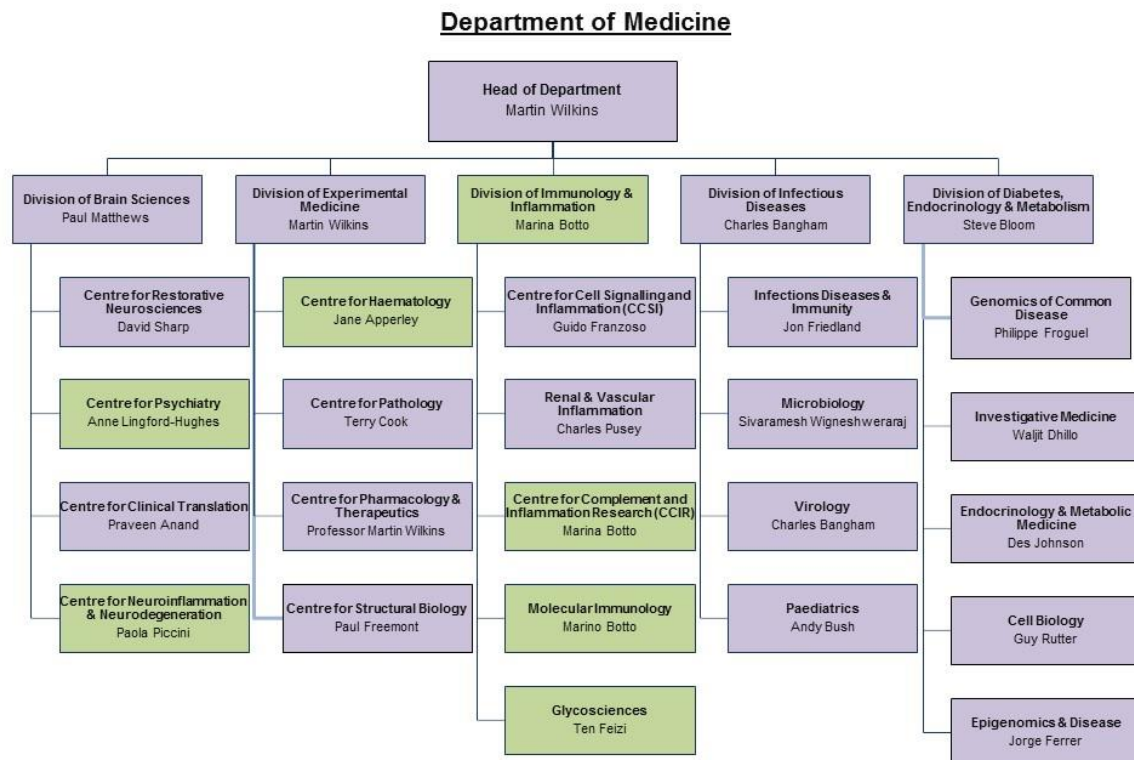
Table 2.1: Breakdown of staff and students within Department of Medicine (DoM 2017 census). Note that “Honorary Academics” and “Visiting Researchers” are not included in subsequent data analyses for the purposes of this application, since the Department/College is not the employer.

	Total	Women	Men	% Women	% Men
Academic and Research	378	185	193	49	51
Clinical Academic	96	22	74	23	77
Clinical Research	85	56	29	66	34
Honorary Academic	629	317	312	50	50
Learning and Teaching	7	4	3	57	43
NHS Nurses	22	17	5	77	23
Operational Services	5	4	1	80	20
Professional services	214	149	65	70	30
Technical Services	81	60	21	74	26
Visiting Researcher	85	53	32	62	38
Postgraduate taught students	914	576	338	63	37
Postgraduate research students	281	176	105	63	37

Table 2.2: Job Families within the DoM. * note that clinical research staff are either clinical PhD students or NIHR funded Clinical Lecturers.

Staff Group	Grade	Example posts
Non-Clinical Academic	Senior Research Investigator	
	Professor - Level E	
	Reader - Level D	
	Senior Lecturer - Level D	
	Lecturer - Level C	
Non-Clinical Research	Research - Level D	Senior Research Fellow
	Research - Level C	Research Fellow
	Research - Level B	Postdoctoral Research Associate - (Postdoc)
	Research - Level A	Research Assistant
Learning and Teaching	Level 6	Director of Education
	Level 5	Deputy Director of Education
	Level 4	Senior Teaching Fellow
	Level 3b	Teaching Fellow
Clinical Academic	Clinical Professor	
	Clinical Reader	
	Clinical Senior Lecturer	
Clinical Research	Clinical Research	Clinical Lecturer, Clinical Research Fellow
Professional Services	Level 6	Departmental Manager
	Level 5	Deputy Departmental Manager, Research Manager, Finance Manager, Head of Operations
	Level 4	Divisional Manager, Project Manager, Clinical Project Manager, Education Manager, Education Research Manager
	Level 3b	Section Manager, Clinical Trials Monitor, Departmental Staffing Co-ordinator
	Level 3a	Personal Assistant, Divisional Operations Assistant, Operation Trainees, Clinical Trials Administrator
	Level 2b	Administrative Assistant
Technical Services	Level 4	Senior Laboratory Manager, Facility Manager
	Level 3b	Laboratory Manager, Research Technician, Senior Toxicologist
	Level 3a	Research Technician, Laboratory Manager's Assistant, Laboratory Support Assistant, Toxicologist
	Level 2b	Research Technician, Trainee Toxicologist
	Level 2a	Technician
	Level 1b	Laboratory Aide
	Level 1a	Domestic Aid
NHS nurses	Nursing Band 8a	Research Nurse
	Nursing Band 7	Research Nurse
	Nursing Band 6	Research Nurse

Figure 2.1: The DoM Divisional and Sectional structure. Green shading highlights leadership positions occupied by a woman (note – some positions are occupied by the same person). 21% of our total senior academic leadership team is female, increased from 7% on our last application, and now representative of our Professoriate gender split.



In our previous Silver feedback, “the panel considered that the department would benefit from a stronger sense of ownership of the gender equality agenda.” In response, we have worked hard to underpin our departmental culture with Athena principles. Our Head of Department (HoD), Professor Martin Wilkins, has prioritised addressing these issues through our Athena SAT and Senior Management Board (SMB). In this application we have continued to focus on our “leaky pipeline”: an attrition of female researchers into lectureship and upwards and a particular under representation of female clinical academics. We acknowledge that only once we have made lasting impact on female attrition can we devote more energy to male under-representation on our post graduate courses. This application will also highlight the work we have begun into improving the working culture and opportunities for our professional, technical and operational (PTO) groups.

Words 141

OF NOTE

- We are one of the largest departments of Medicine in the country with a broad range of basic and clinical research groups.
- This application builds on our last Silver award to truly embed our gender equality agenda. In this application we continue to focus largely on the female academic “leaky pipeline”.
- One of our major challenges is our large size and geographical spread, which poses particular problems for staff identity, communications and senior visibility.

WORDS 74

TOTAL WORD COUNT FOR DESCRIPTION OF THE DEPARTMENT - 488

Figure 2.2: Campuses of Imperial (asterixed) occupied by the Department of Medicine.



3. THE SELF-ASSESSMENT PROCESS

Recommended word count: Bronze: 1000 words | Silver: 1000 words

Describe the self-assessment process. This should include:

- (i) a description of the self-assessment team

The Departmental Opportunities Committee (DOC), which is responsible for self-assessment, action planning and monitoring, meets bi-monthly (see Tables 3.1 and 3.2). The Head of Department (HoD – Prof Martin Wilkins), Departmental Manager (Ms Vanessa Powell), a Head of Division (Prof Paul Matthews), and two Section Heads (Profs Jane Apperley and Anne Lingford-Hughes) are DOC members and regular attendees. This is to deliver on the renewed commitment to truly embed Athena principles into the working culture of the department, across all job families and seniority. We recognise that certain groups remain underrepresented on our current SAT (Action Plan 1.1), although we have seen a 10% rise in male membership since our last Silver submission. 10 people on the current SAT were on our 2014 SAT, and so we have 14 new members who have contributed to this application, with a particular increase in representation in clinical academics.

Our DOC has always had representatives from our Professional, Technical and Operational (PTO) staff, but with the post-May 2015 criteria we saw the spin-out of a dedicated and intertwined PTO working group (PTOWG). Similarly, we have early career researchers on our DOC who also interact with the campus-based (cross-Faculty) postdoc groups. Some clinical members have formed a “clinical task force”, to focus on issues specific to clinician scientists. We also have other key representatives on our DOC/SAT to ensure alignment, consistency and spread of good practice – this includes senior managers from the Clinical Academic Training Office (CATO), Imperial’s Postdoc and Fellows Development Centre (PDFC), the Learning and Development Centre (LDC) and our Institutional Athena SWAN coordinator. Importantly, Athena roles are recognised by the Department: they are part of the Personal Review & Development Planning (PRDP) discussion, are considered at promotions panels and at academic probation reviews.

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Table 3.1 Make-up of DoM SAT by Job Family and Gender – NOTE in 2014 our SAT membership was 25% male and this has now come up to 35% male

Membership Job Family	Number of Men	Number of Women
Professional/Operational	1	5
Technical	0	1
Clinical Academic	5	2
Non-Clinical Academic	1	2
Research	0	4
Teaching and Learning	1	1
TOTAL	8	15

Table 3.2- Department of Medicine (DoM) Departmental Opportunities Committee (DOC) and Athena SWAN Self-Assessment Team (SAT) (2018 submission round).

Name	College Role and Job Family	SAT involvement	Key Sections Contributed to	Personal statement
Professor Jane Apperley	Head of Centre for Haematology <i>Clinical Academic</i>	Senior mentor. Member since 2016.	Promotions External visibility Clinical Academics	Married with two children and worked fulltime throughout. Familiar with challenges of being a working parent, and the need to share responsibilities with partner.
Mr Rob Bell	Imperial College London Athena SWAN Co-ordinator <i>Professional Services Level 3b</i>	Imperial's Athena SWAN Coordinator and part of the College's Equality, Diversity & Inclusion Centre. Member since 2012.	Data collection and Athena best practice advice/College perspective	Volunteers as an Athena assessment panellist and chair and supports departments across the College with Athena. Works flexibly.
Professor Jackie de Belleruche	Professor of Neuropathology <i>Non-clinical academic</i>	Promotions champion and senior mentor. Member since 2013.	Mentoring Promotions	Married with two daughters who have always shown an interest in her work.
Professor Simone di Giovanni	Professor of Neurology <i>Clinical academic</i>	Postdoc and female academic career development. Member since 2015.	Career development	Passionate about work life balance for ALL, including men without children. Citizenship and career development are key interests.
Dr Liz Elvidge	Head of the Postdoc and Fellows Development Centre <i>Professional services – Level 6</i>	The Postdoc and Fellows Development Centre is a unique centre in the UK dedicated to providing support and development opportunities to Imperial's 2,400 postdocs and fellows. Member since 2012.	Postdoc and fellow career development opportunities	2 step children and 2 step grandchildren and has been a carer for her husband.
Dr Chris Gale	Intermediate Clinician Scientist Fellowship <i>Clinical Academic</i>	Clinical Academic Task force. Member since 2017.	Clinical research and academic careers	Balances research, clinical work and family life, with two young children and a supportive wife.

Name	College Role and Job Family	SAT involvement	Key Sections Contributed to	Personal statement
Professor Steve Gentleman	Professor of Neuropathology and Director of Education for the Department of Medicine. <i>Non-clinical academic</i>	Lead for education. Member since 2012.	PRDP Line management Teaching recognition Staff survey response plan	Married with two teenage daughters and has practical experience of shared child care responsibilities and establishing an effective work-life balance.
Dr Alyssa Gilmore	Postdoctoral Research Associate <i>Research Level B</i>	Mid-career opportunities. Member since 2016.	Postdoc and fellow career development opportunities. Helped to write the application.	Engaged in LGBT activism, gender equality and legislative reform in Ireland.
Ms Leah Grey	Departmental Staffing Coordinator <i>Professional Services – Level 3b</i>	Data collection and analysis. Communicating and administering Athena initiatives throughout the DoM. Member since 2017.	All	Joined Imperial after leaving the Local Authority sector just over a year ago. HR background with Interests in equality in the workplace and organisational culture.
Ms Sam Hobbs	Manager of Clinical Academic Training Office (CATO) <i>Professional Services – Level 5</i>	CATO offers a wide range of opportunities and support activities to enable clinicians across the Faculty of Medicine develop their clinical academic careers. Member since 2016.	Clinical research and academic careers	HR background and dedicated to improving opportunities for clinical scientists.
Professor Liz Lightstone	Professor of Nephrology <i>Clinical Academic</i>	Lead for academic clinical trainees. Member since 2015.	Recruitment Promotions External visibility Clinical Academics	Married with two children now at university with experience of working flexibly and career breaks on way to Professorship.

Name	College Role and Job Family	SAT involvement	Key Sections Contributed to	Personal statement
Professor Anne Lingford Hughes	Head of Centre for Psychiatry <i>Clinical Academic</i>	Senior mentor and clinical academic trainee lead. Member since 2015.	Recruitment Promotions External visibility Clinical Academics	Married with adopted daughter and also cares for elderly parents.
Professor Paul Matthews	Head of Division of Brain Sciences <i>Clinical Academic</i>	Recruitment best practice. Member since 2012.	Recruitment	Maintaining 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.
Dr Claire Morgan	Postdoctoral research Associate. <i>Research Level B</i>	Mid-career opportunities. Member since 2016.	Postdoc and fellow career development opportunities	Strongly empathetic to challenges in balancing research and family life and actively promotes healthy research environments to improve retention of talented scientists.
Ms Vanessa Powell	Departmental Manager for the Department of Medicine <i>Professional Services Level 6</i>	PTO lead, joined Imperial in 2017, previously a key member of UCL Athena team. Member since 2017.	All – particularly PTO sections	15 years of experience working in higher education. MBA in Higher Education Management. Third Athena Swan application supported to date.
Ms Fiona Richmond	Acting Head of the Learning and Development Centre <i>Professional services – Level 6</i>	Head of the Learning and Development Centre. Mentoring lead. Member since 2012.	Moderator of Focus Groups Mentoring	Organisational development consultant, coach and mediator. Advance planning and the occasional Gantt chart enabled her to happily balance a career with family life!
Dr Delphine Rolando	Postdoctoral Researcher <i>Research Level B</i>	Representative for the postdocs of Hammersmith Campus. Member since 2016.	Postdoc and fellow career development opportunities. Helped to write the application.	Wanted to help to improve the practices and culture of the department.

Name	College Role and Job Family	SAT involvement	Key Sections Contributed to	Personal statement
Dr Sophie Rutschmann	Senior Lecturer and FoM Academic Lead for Postgraduate Education. <i>Non-clinical academic</i>	Lead for education career development. Member since 2012.	PRDP Line management Teaching recognition	Long commute and three young children.
Dr Vicky Salem	Intermediate Clinician Scientist Fellowship <i>Clinical Academic</i>	DOC Chair, departmental Athena Lead and Director of Development and Opportunities since 2016, DOC member since 2013.	All	3 babies during PhD at Imperial. Successfully transitioned into a Clinician Scientist role. Combines building a research group with role as a hospital consultant.
Professor Elizabeth Simpson FRS	Emeritus Professor of Transplantatino Biology (non-clinical) <i>Non-clinical academic</i>	Promotions champion and mentor. Member since 2014.	Mentoring Promotions	Previously deputy director of an MRC research institute, she retains research collaboration and fellowship interview panel membership, and is a mentor. Her grown-up daughter works in education.
Professor Shiranee Sriskandan	Professor of Infectious Diseases <i>Clinical Academic</i>	Senior mentor and promotions Wider College E+D role Member since 2013.	Promotions External visibility Clinical Academics	Combines leading her research group with being a hospital consultant. She has two children.
Dr Sharon Stubbs	Senior Laboratory Manager <i>Professional Services Level 5</i>	Lead Technician Member since 2017	PTOWG	Committed to improving career development oppoertunities for technical workforce.
Ms Joanna Thompson	Deputy Departmental and Operations Manager <i>Professional Services Level 5</i>	Data collection and analysis Athena SWAN case study Member since 2017	All	Worked in DoM since inception. Recently promoted. Take advantage of the department's flexible working culture. Four children 9-16 years.
Professor Martin Wilkins	Head of Department of Medicine <i>Clinical Academic</i>	Senior support Led PRDP and meet the leader sessions Member since 2015	All Particularly PRDP and promotions	Committed to embedding Athena into the culture of our department. A priority brought home to him with the recent arrival of grandchildren.

(ii) an account of the self-assessment process

The department's Athena SWAN journey began in Spring 2012. We received a Bronze award in Spring 2013, stepping up to a Silver award in November 2014.

The DOC chair (Vicky Salem) has been a DOC member since 2013 and took over as lead in early 2016. She has the title Director of Development and Opportunities **and has been granted two fully funded Departmental PhD studentships to recognise the significant workload and contribution associated with her role.** Our Athena lead is also a full member of the Senior Management Board (SMB - the department's highest decision-making committee), and has a standing slot at every monthly meeting to ensure diversity and inclusion matters are discussed, ratified and brought to the attention of all Division and Sectional Heads.

As a further commitment to delivering its Athena actions, **the Department has made three key appointments (with Athena-specific elements to their Job Role,** who work very closely with the Athena Lead): the Deputy Departmental (Operations) Manager (Joanna Thompson), a Departmental Staffing Coordinator (Leah Grey) and a Communications Officer (Genevieve Timmins). This administrative support allows us to co-ordinate, communicate and evaluate several departmental Athena SWAN projects. Jo Thompson's job description has oversight of the Athena Action Plan written into it.

The DoM ensures that all of its staff engagement exercises have input from the DOC such that, where necessary, Athena-related questions are incorporated. Other surveys and focus groups have been orchestrated directly by the DOC in order to follow up on Athena-specific issues (Tables 3.3 and 3.4)

WORDS 251

Table 3.3: DoM Athena-related Staff Engagement exercises since previous submission. We include a very brief summary of major elements of each exercise, all of which are expanded fully upon in this application.

When	Format	Response	Important elements	Impact already achieved	Actions pending
March 2015	PTO staff survey	165/300 (55%)	Strong message regarding lack of career development satisfaction	PTOWG Departmental commitment to improving PTO career development opportunities	Joint project with London School of Economics to investigate and implement career development opportunities for DoM PTO staff
July 2016	Mentoring evaluation	16 responses	Feedback from both mentors and mentees – overwhelmingly positive	Excellent feedback on quality of mentoring experience Spread out to entire FoM	Complete Regular push for new pairings Repeat audit in 2019
Feb 2017	Departmental (whole staff) survey	480/862 (56%)	Major elements for improvement: 1. PRDP 2. Senior Visibility	PRDP workshops New Communications Officer Meet the Leader sessions started	Increased uptake of Unconscious Bias Training (UBT)
March 2017	Clinical Academic Trainee survey	79/131 (60%)	Clinical/academic juggle	CATO now embedded in SAT Improved female clinical academic visibility at training days	Improved links with Training Programme Directors
June 2017	SMH campus childcare survey	65 responses	Strong preference for access to local (SMH) nursery provision (in preference to travelling to SK nursery)	SMH workplace nursery agreement at same rates as SK (Imperial-run) nursery	Complete
Nov 2017	Post doc Focus Group	3 attendees	Clear message about needing help distancing/gaining independence from PI	Improved access to teaching qualifications	PRDP form development for postdocs
December 2017	Female Academic Focus Group	12 attendees	Major messages about lack of transparency in College processes	Presented to HoD and SMB	PRDP workshops with HoD Communications and improved transparency on promotions process Fairer process for appointing to leadership positions
Jan 2018	HH campus childcare survey	218/888 (25%)	Overwhelming support for onsite childcare at HH including respondents with no vested interest.	Results presented at Faculty and College Level	Formal response from College on HH campus childcare provision
Feb 2018	PTO Focus Groups and individual interviews	4 interviews completed, project ongoing (with LSE)	Formal collaboration with London School of Economics		Complete project and aim for publication early 2019

(iii) plans for the future of the self-assessment team

The DOC will meet bi-monthly and feed monthly into Senior Management Board. The position of Director of Development and Opportunities (encompassing DOC Chair and Athena Lead), will be readvertised (with a job description and interview process) every 5 years (to ensure adequate continuity of leadership and expertise, in line with our new policy on all senior management positions). We advertise for new DOC members and refresh the team annually, with an open door policy on DOC membership.

Our DOC has developed extremely close links with other SATs across the Faculty of Medicine and the Departmental Athena leads meet termly to ensure spread of best practice and to roll out successful schemes. **Athena leads from other departments have helped review this application.** Our DOC chair is also a member of our Institutional SAT. Rather than creating a separate departmental early career committee, we have ensured that we support departmental representation at all of the campus-based (cross-Faculty) postdoc networks. The PTO working group (PTOWG) will continue to address issues for these particular job families and feed directly into the DOC.

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OF NOTE

- The Department recognises the resources required to deliver its Athena remit: we have 3 administrative staff members with Athena-specific elements to their Job Role and the Athena Lead has been given two PhD studentships.
- The profile and influence of the DOC (SAT) has significantly increased. It is extremely well connected to equivalent teams across the Faculty and College, with the aim of spreading best practice and maximising on joint efforts.
- Staff engagement exercises are a major element of the SAT's influence.

WORDS 83

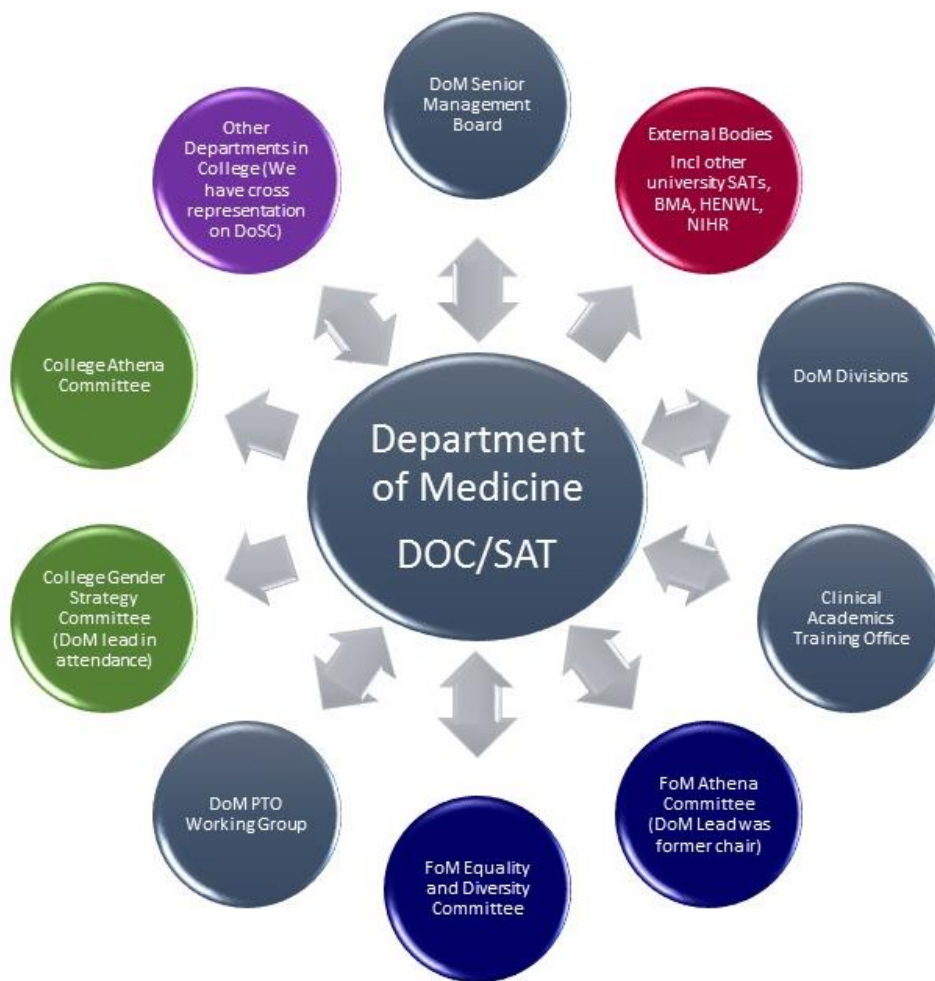
TOTAL WORD COUNT FOR SELF-ASSESSMENT PROCESS - 625

ACTION PLAN 1.1: To ensure a balanced and inclusive representation of all staff groups on our SAT, where necessary by inviting new members.

Table 3.4. Plans for future DoM Athena-related staff engagement exercises.
We include a very brief summary of major elements of each exercise, all of which are expanded fully upon in this application.

When	Format	Important elements	Aims
June 2018	PRDP workshop	HoD and HR to lead information sessions for appraisers and appraisees	To improve the QUALITY of the PRDP process as a tool for enhancing career development.
March to Aug 2018	PTO focus groups (LSE project)	Focus Groups for all families within PTO	1. Presentation to SMB about DoM strategy for PTO career development 2. Wider publication
March to Aug 2018	PTO interviews (LSE project)	One to one interviews for formal qualitative analysis	As above
September 2018	Female clinical academic leavers interviews – joint with DOSC	To understand the major barriers for female clinical academics – our most under-represented group	To talk to women who have LEFT academia (ie returned to NHS) to understand why they didn't continue. To publish these findings.
September 2018 and repeat September 2021	New starter telephone interviews	To assess quality of induction processes	To assess current feedback, to implement new campus/job-family specific forms and to complete audit cycle.
March 2019	Promotions focus group	To understand current perceptions	To further improve transparency of process
June 2019	PRDP sampling exercise	To randomly sample PRDPs across job families to assess the quality of the process	To feed into new guidance for PRDP process
2019/2020	Postdoc career trajectory study	1. Full one year data to be collected on ALL postdocs leaving the DoM 2. Sample indepth interview Level A and Level C cohorts by 2020.	1. To understand if/why there is gendered attrition up the postdoc scales. 2. To develop improved postdoc career development support if newly identified barriers become evident.
Jan 2020	Faculty consultation re intersectionality	Gender and race intersectionality	To pull together at Faculty level on this to ensure wider pick-up/coverage
Feb 2020	Departmental (whole staff) survey	Impact - same questions as previous round for direct comparison	Major themes: culture, leadership visibility, PRDP
September 2020	Staff Survey regarding OUTREACH	This is done at College level but the DoM will ensure that department, job-family and gender specific data can be elicited	To obtain better Outreach data for the DoM and ensure that this is recognised in the PRDP/promotions process.
Annually	Meet the Leader sessions	Cross campus sessions with the HoD and other senior management members	To improve visibility/sense of departmental identity

Figure 3.1: Diagram of the different bodies and committees that the DoM DOC/SAT feeds in to. Double ended arrows show cross membership.



4. A PICTURE OF THE DEPARTMENT

Recommended word count: Bronze: 2000 words | Silver: 2000 words

4.1. Student data

If courses in the categories below do not exist, please enter n/a.

- (i) Numbers of men and women on access or foundation courses

N/A

- (ii) Numbers of undergraduate students by gender

Full- and part-time by programme. Provide data on course applications, offers, and acceptance rates, and degree attainment by gender.

The DoM contributes to six full-time (FT) BSc streams offered by the FoM to Imperial medical undergraduates (MB BS), externally “intercalating” medical students or Biomedical Sciences (BMS) students. We have provided data for these courses, but students choose their stream and we have no control over admissions.

Throughout Section 4 we present our data first and then comment at the end of the section

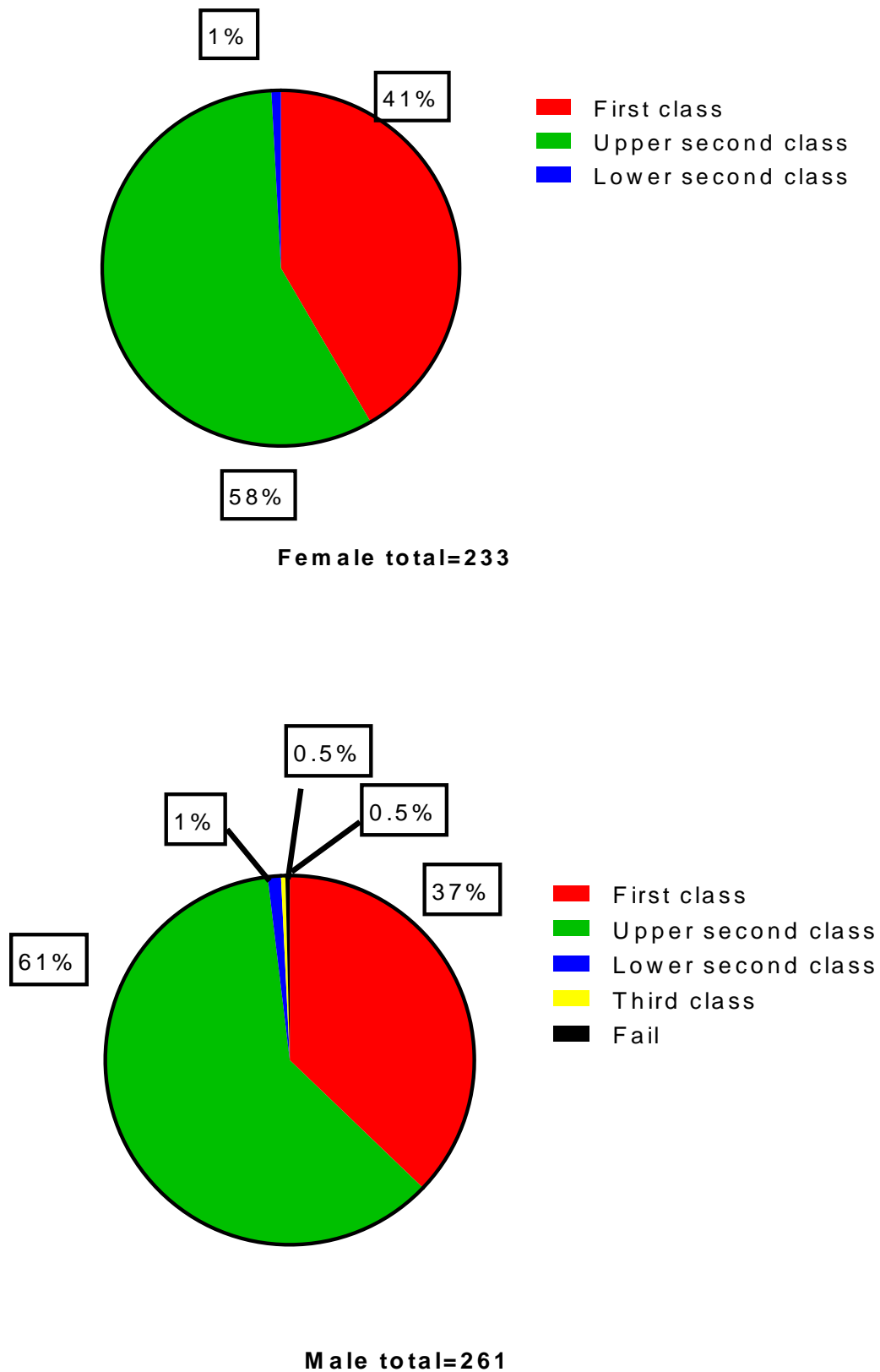
WORDS 64

Table 4.1.1: Total student numbers and percentage female taking DoM BSc streams for past 5 years. This is benchmarked against cross-FoM BSc courses.

BSc stream	2012/2013		2013/2014		2014/2015		2015/2016		2016/2017	
	Total students	% female	Total students	% female	Total students	% female	Total students	% female	Total students	% female
Endocrinology	31	67%	31	51%	26	58%	40	63%	38	61%
Gastroenterology and Hepatology*	35	40%	35	38%	25	40%	31	29%	27	44%
Haematology	39	54%	39	62%	26	58%	10	60%	21	48%
Immunity and Infection	25	36%	25	61%	19	53%	19	32%	22	32%
Neuroscience and Mental Health	49	51%	49	56%	45	60%	54	50%	47	60%
Pharmacology	22	68%	22	72%	26	42%	28	46%	32	50%
Total for DoM	201	52%	201	56%	167	53%	182	47%	187	51%
TOTAL for all BSc courses in FoM	416	53%	416	52%	323	55%	334	47%	416	48%

*See observation comments at the end of this section (pg. 25).

Figure 4. 1.1: Pooled data (2014 to 2017) for DoM BSc attainment split by gender (top pie chart are female attainment figures, male below)



Observations from UG student data:

- 51.8% (5-year average) DoM undergraduates are female, in line with the national average (HESA data for UG Clinical Medicine).
- The percentage females choosing DoM BSc streams is consistently greater than the FoM mean, showing that our courses are popular with female undergraduates.
- 69% of all of our external BSc students were female, suggesting that the DoM is an attractive place to study for these candidates too.
- Gastroenterology consistently has the lowest proportion of female students – 40% over the past 5 years. Interestingly, Gastroenterology as a clinical specialty is less popular with women doctors too (RCP census 2016 – Gastroenterology consultants are c 18% female). Other departments in the FoM that run intercalated courses in traditionally “male” clinical specialties [such as Cardiology (NHLI) and Surgery (Department of Surgery and Cancer)] also see undergraduate female underrepresentation, suggesting that career choices form early, possibly due to lack of exposure to role models.
- There is no evidence of an attainment gap at BSc level between the sexes.

WORDS – 162

ACTION PLAN 2.1: Wider Faculty collaboration on rebalancing BSc streams with particular gender disparities.

(iii) Numbers of men and women on postgraduate taught degrees

Full- and part-time. Provide data on course application, offers and acceptance rates and degree completion rates by gender.

The DoM runs 7 full-time (FT) MSc programmes (Figure 3.1), 5 FT MRes (Masters of Research) courses and 4 part-time (PT) MRes courses. Our total postgraduate taught (PGT) student numbers for the past 8 years are summarised in Table 3.3. National data for benchmarking is from Heidi and uses Principal Subject Code (A3) Clinical medicine. **WORDS – 55**

Table 4.1.2: Total Postgraduate Taught (PGT) student numbers for the Department of Medicine (DoM).

Academic year	Total PGT	Female PGT	Male PGT	Department female percentage	PGT national benchmark, female percentage
2010-11	241	158	83	66%	62%
2011-12	251	169	82	67%	61%
2012-13	252	170	82	67%	61%
2013-14	224	151	73	67%	61%
2014-15	205	131	74	64%	61%
2015-16	196	140	56	71%	63%
2016-17	219	158	61	72%	n/a
2017-18	264	197	67	75%	n/a

Figure 4.1.2: Female student percentage by fulltime MSc course programme (note that two courses only started this year).

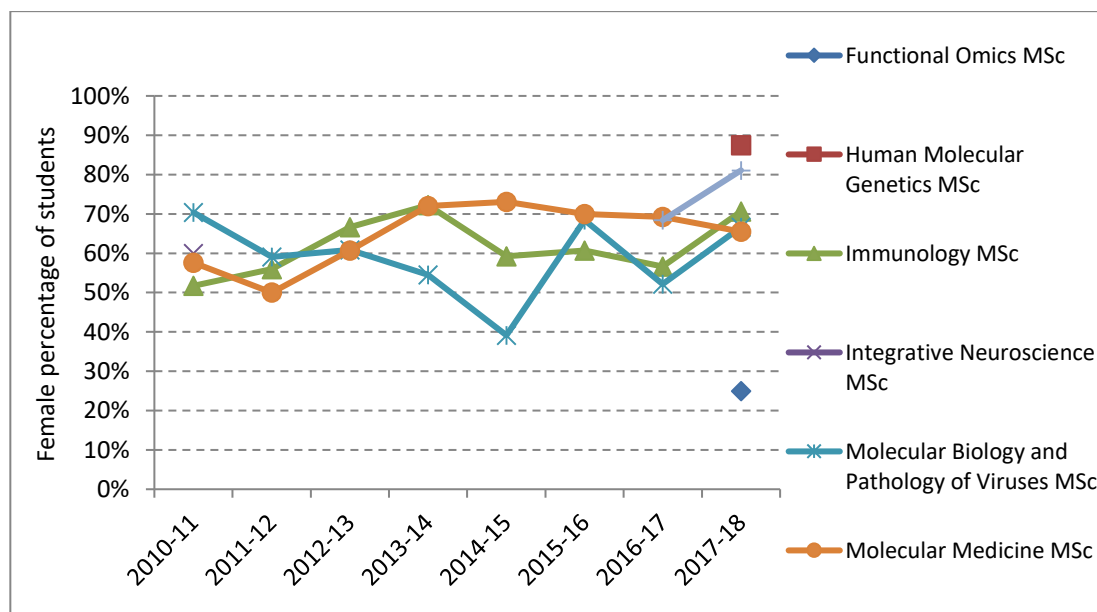


Table 4.1.3: Total student numbers and percentage females taking full-time (FT) DoM MRes courses for past 7 years, split by subject (spaces indicate no students in that year).

Full-time MRes students	2010-11		2011-12		2012-13		2013-14		2014-15		2015-16		2016-17		2017-18	
	total (M+F)	% F	total (M+F)	% F	total (M+F)	% F	total (M+F)	% F	total (M+F)	% F	total (M+F)	% F	total (M+F)	% F	total (M+F)	% F
Experimental Physiology and Drug Discovery (Bioimaging)	2	50%	2	50%												
Experimental Physiology and Drug Discovery	9	78%	10	80%												
Molecular and Cellular Basis of Infection													5	100%	5	80%
Experimental Neuroscience	4	50%	10	50%	12	67%	12	50%	12	50%	11	82%	12	83%	12	75%
Clinical Research Mres	38	78%	43	74%	49	73%	38	63%	41	73%	48	77%	39	74%	46	72%

Table 4.1.4: Total student numbers and percentage female taking part-time (PT) DoM MRes courses for past 7 years, split by subject (spaces indicate no students in that year).

Part-time MRes students	2010-11		2011-12		2012-13		2013-14		2014-15		2015-16		2016-17		2017-18	
	total (M+F)	% F	total (M+F)	% F	total (M+F)	% F	total (M+F)	% F	total (M+F)	% F	total (M+F)	% F	total (M+F)	% F	total (M+F)	% F
Allergy (Cert of Adv Study, MSc 2YPT and 3YPT)	62	65%	64	69%	68	59%	65	63%	47	62%	34	74%	36	81%	38	76%
Infection (Certificate, MSc 2YPT)			11	100%	5	80%	4	75%								
Infection Management for Pharmacists (Certificate, diploma, MSc 2YPT and 3YPT)	17	76%	17	71%	16	86%	10	80%	2	100%	1	100%				
Paediatrics and Child Health (Certificate, diploma, MSc 2YPT and 3YPT)			19	74%	22	77%	28	86%	27	74%	24	71%	28	89%	11	100%

Table 4.1.5: Application, offers and acceptance data for all PGT students in DoM over past 7 years.

	APPLICATIONS				OFFERS				ACCEPTANCES			
	Female	Male	Total	Female percentage	Female	Male	Total	Female percentage	Female	Male	Total	Female percentage
2010-11	65	53	118	55%	18	15	33	55%	9	7	16	56%
2011-12	55	40	95	58%	18	15	33	55%	14	8	22	64%
2012-13	41	31	72	57%	11	5	16	69%	8	4	12	67%
2013-14	50	33	83	60%	8	6	14	57%	6	6	12	50%
2014-15	44	30	74	59%	10	7	17	59%	6	6	12	50%
2015-16	53	47	100	53%	13	4	17	76%	10	2	12	83%
2016-17	62	25	87	71%	18	6	24	75%	15	2	17	88%
2017-18	74	36	110	67%	17	6	23	74%	13	4	17	76%

We are successful at attracting female applicants to our PGT courses, so offer and acceptance rates by course type are given as follows:

Figure 4.1.3: Offers as a percentage of applications for all DoM FT PGT courses by gender

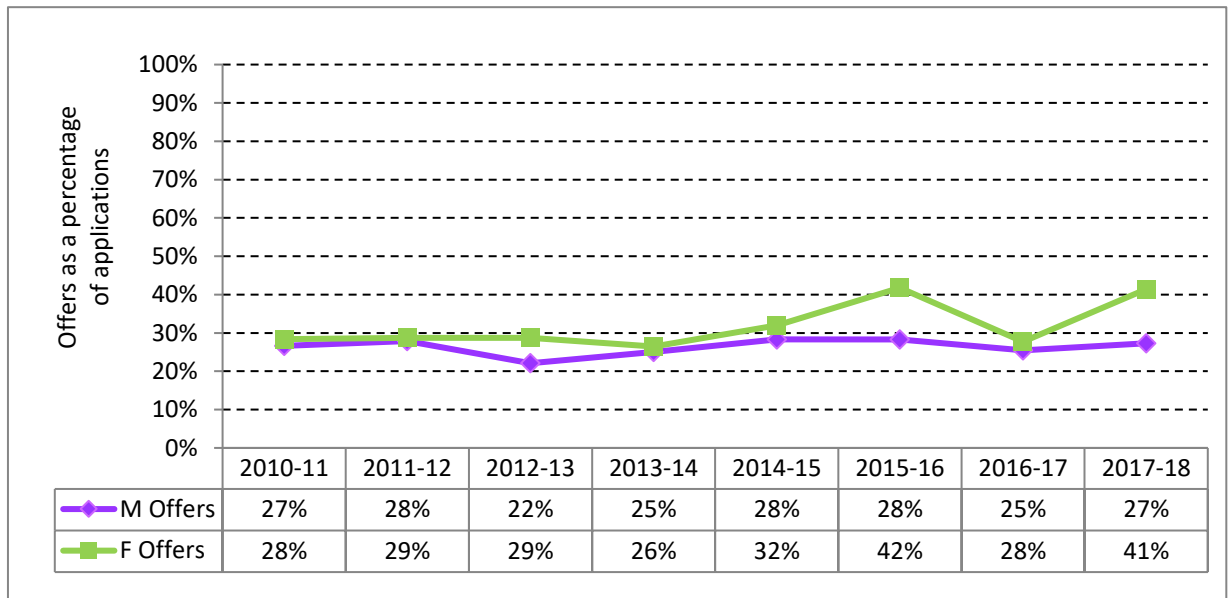


Figure 4.1.4: Acceptances as a percentage of applications for all DoM FT PGT courses by gender

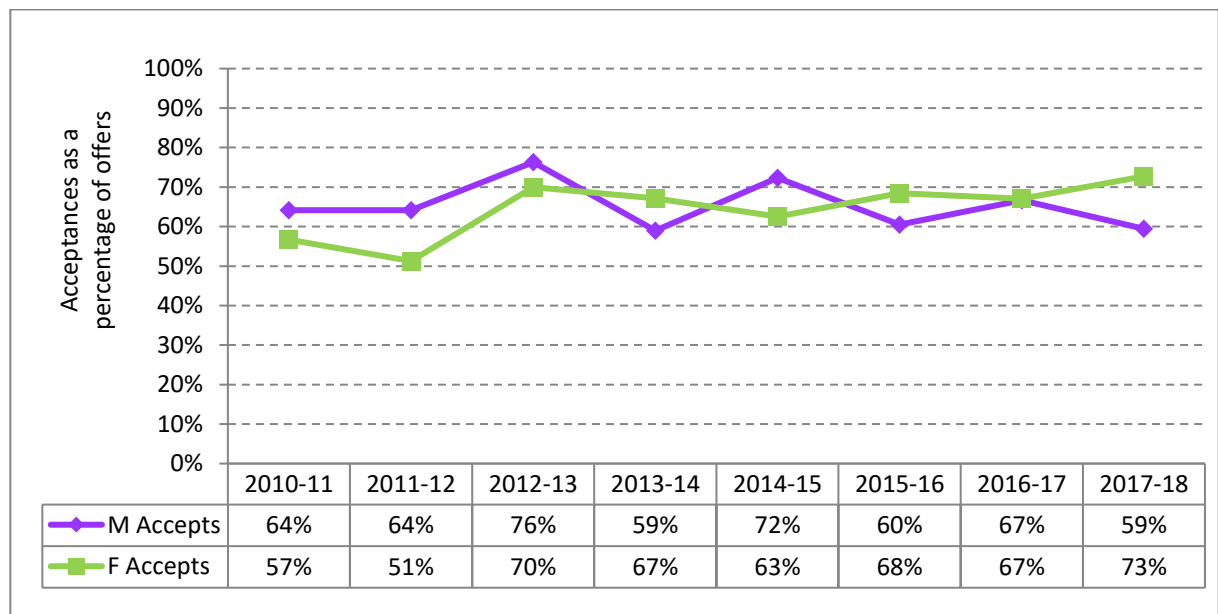


Figure 4.1.5: Offers as a percentage of applications for all DoM PT PGT courses by gender

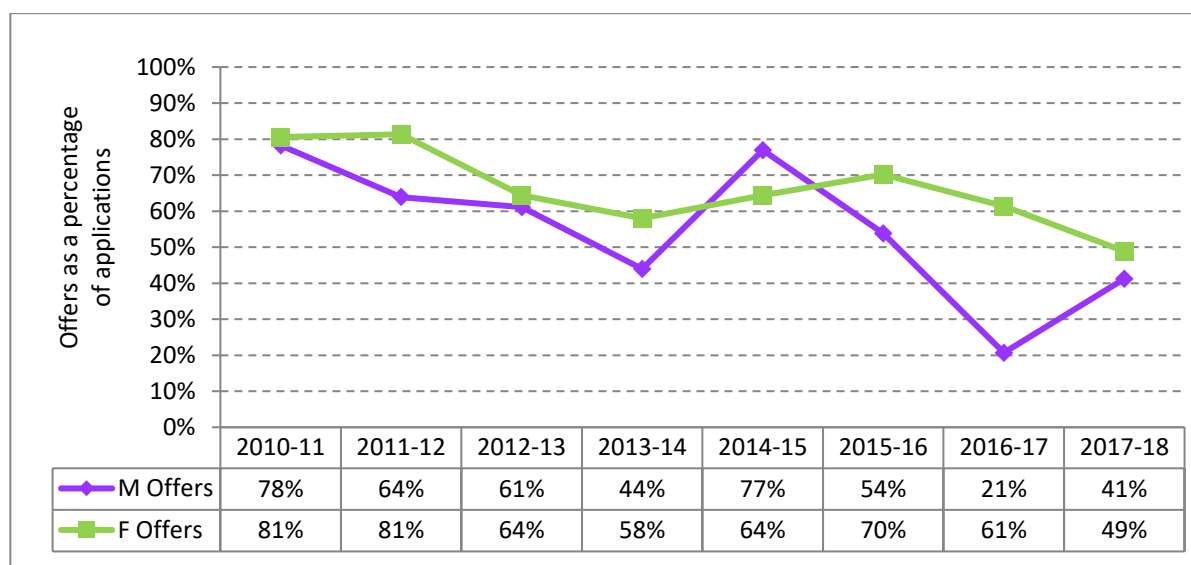


Figure 4.1.6: Acceptances as a percentage of offers for all DoM PT PGT courses by gender

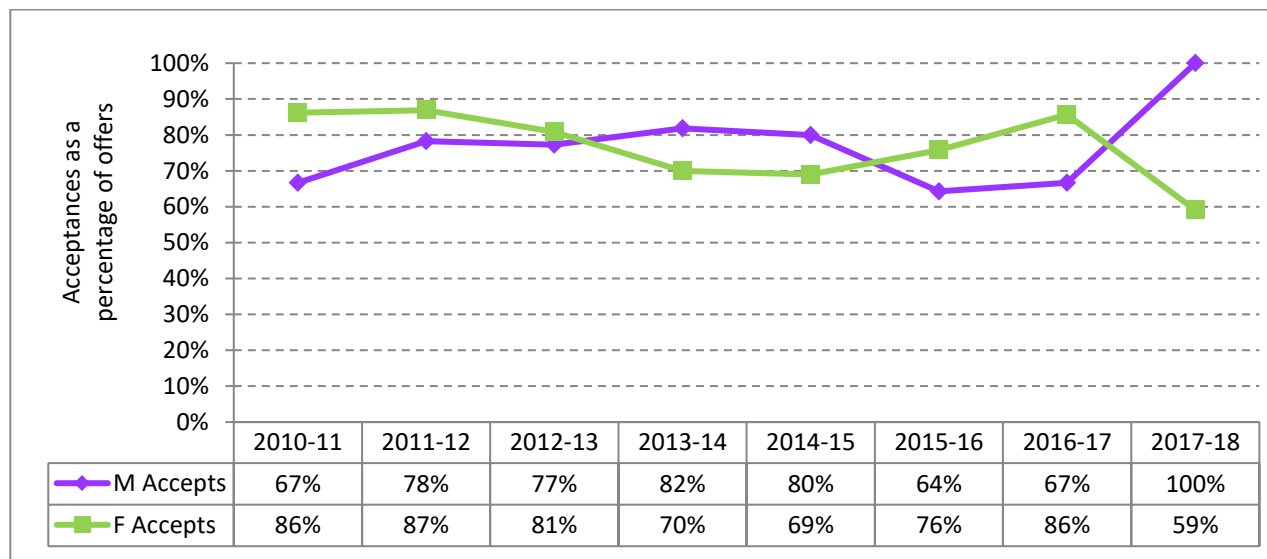


Figure 4.1.7.1: Proportion of female and male DoM PGT students awarded Distinction

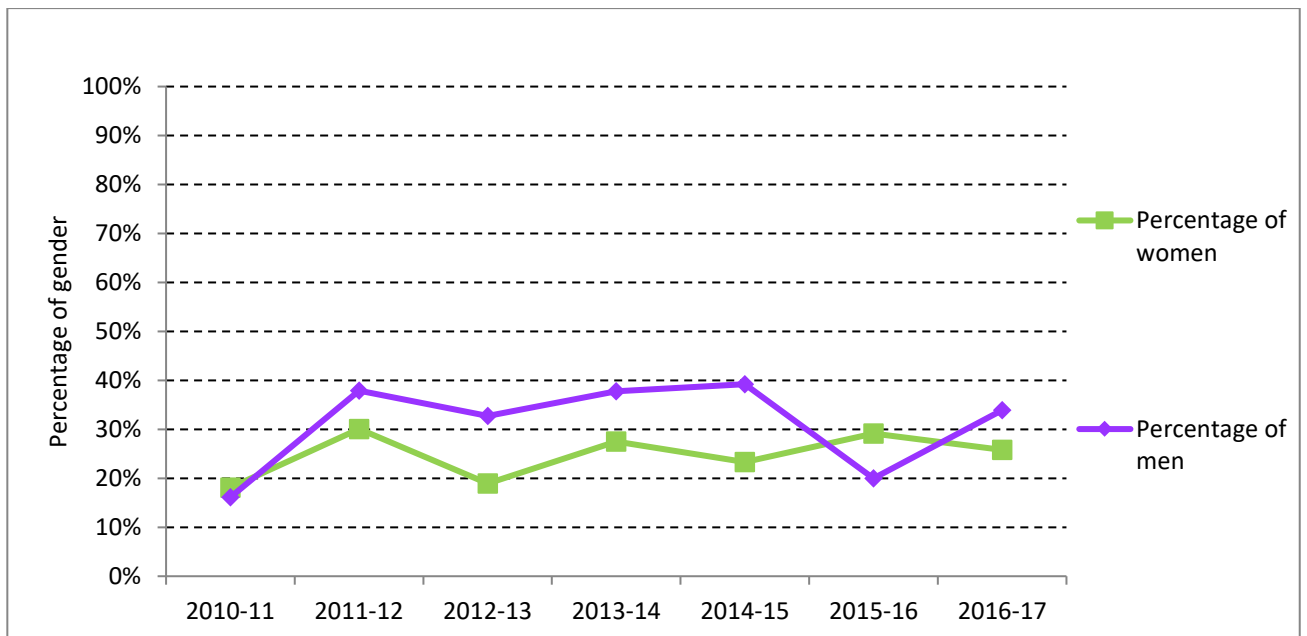


Figure 4.1.7.2: Proportion of female and male DoM PGT students awarded Merit

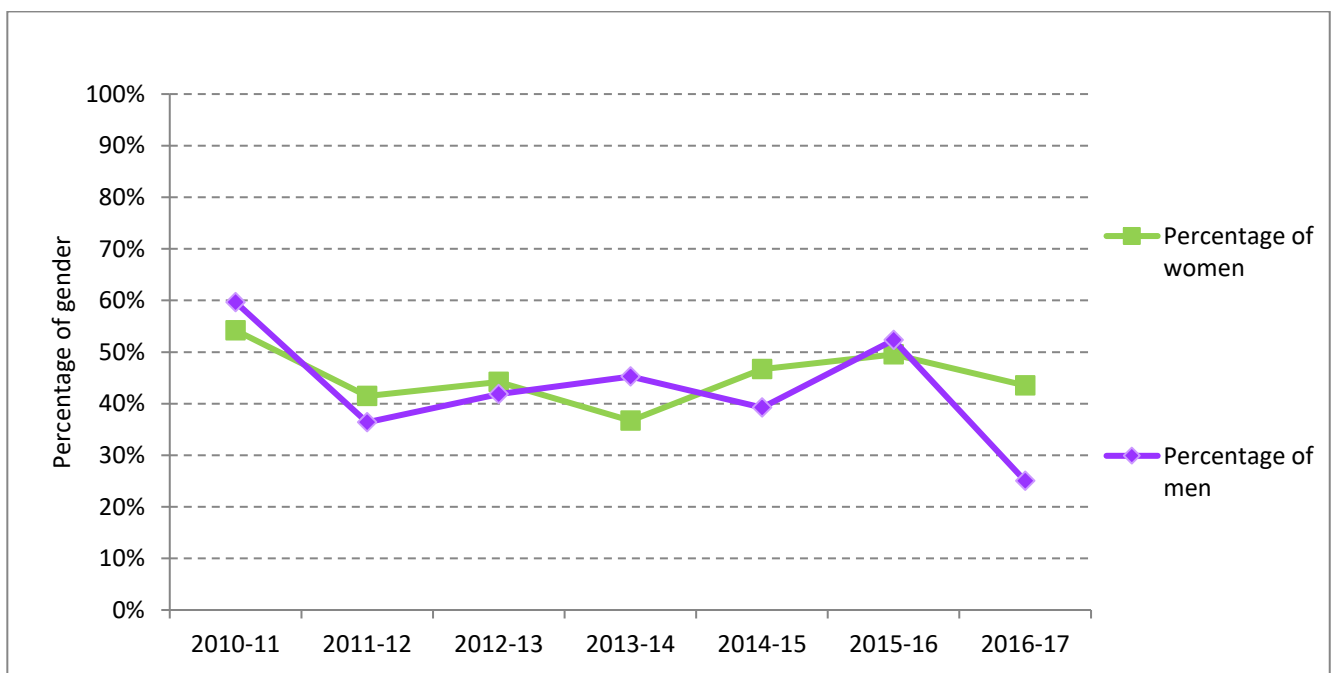


Figure 4.1.7.3: Proportion of female and male DoM PGT students awarded Pass

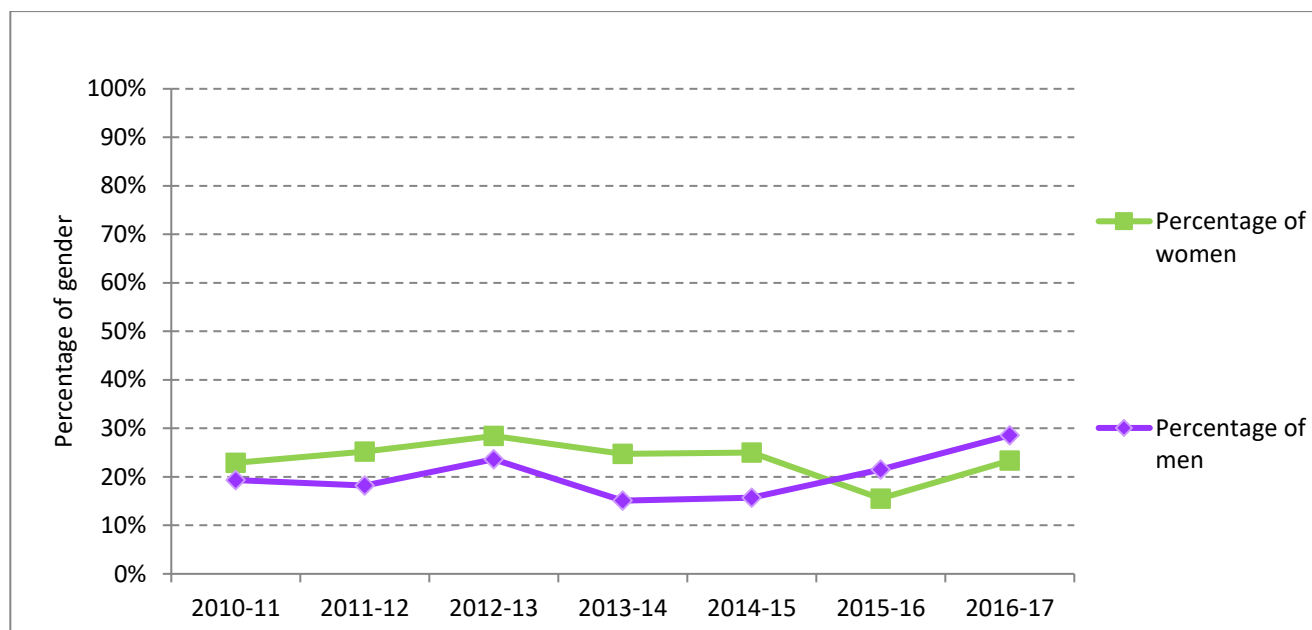
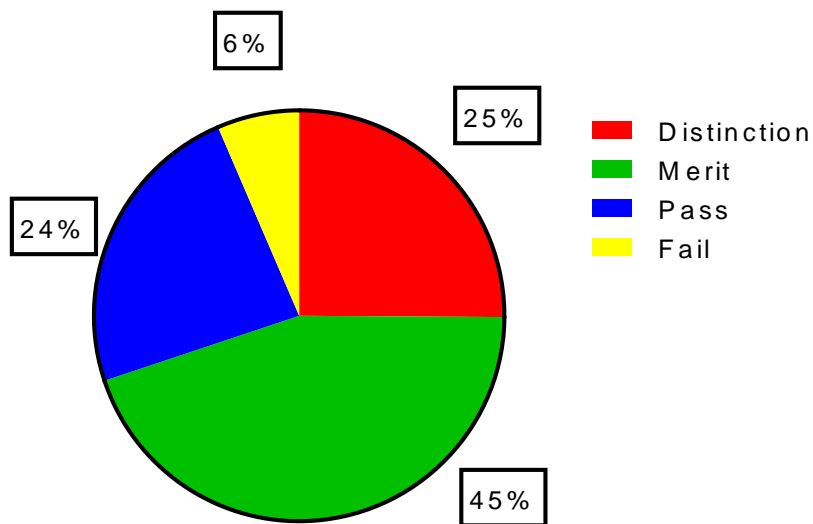
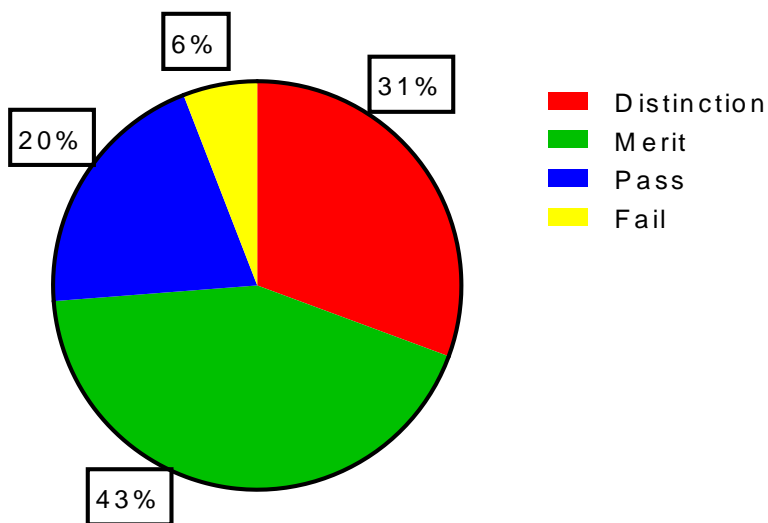


Figure 4.1.8: Percentage degree classifications awarded pooled over past 7 years by gender (top pie chart are female attainment figures, male below)

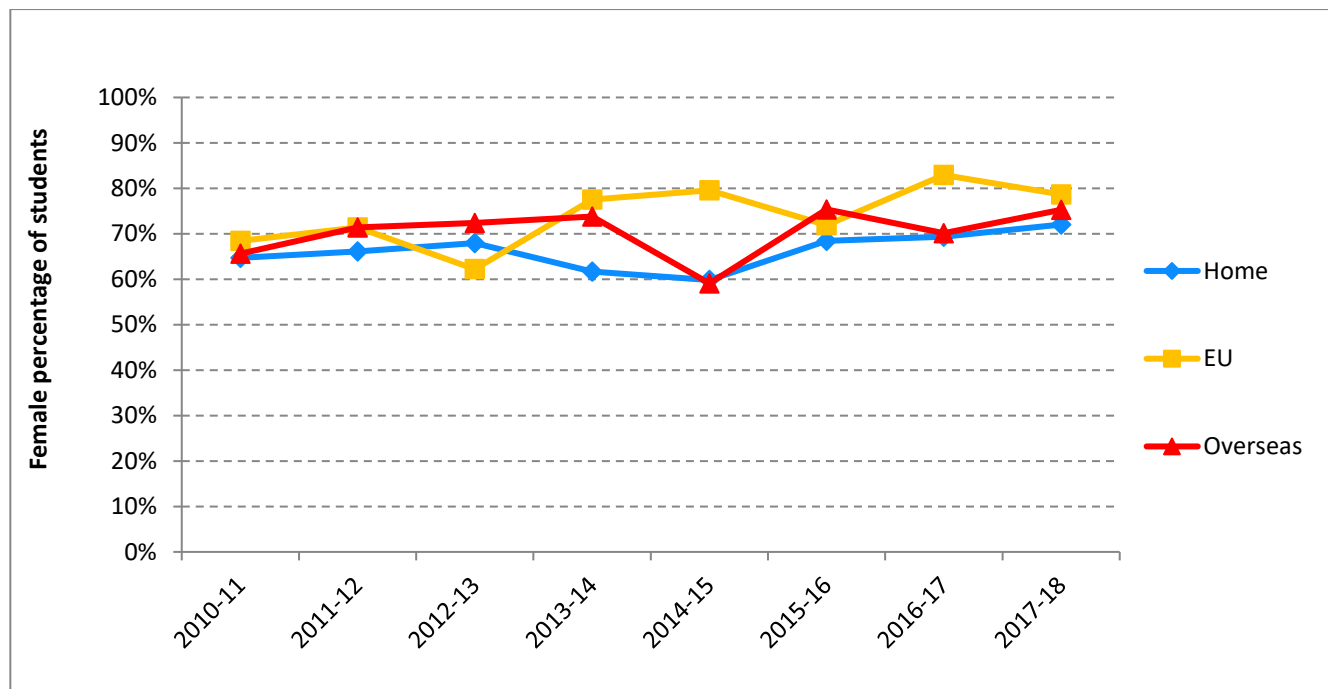


Female total=233



Male total=261

Figure 4.1.9: Proportion of female PGT students by Fee Status



Observations from PGT student data:

- c70% FT PGT students are female – slightly above the national average for Medicine. We will monitor as to whether the low percentage of women on the newest courses (currently very low numbers) remains an issue.
- 2/3 Master's applications, offers and acceptances are from/to/by females. This shows the department's Master's courses are attractive to female candidates (**we have a good reputation and ensure well balanced advertising material**) and the selection process is fair and balanced.
- PGT degree classification by gender shows extremely good gender parity.
- Female PGT representation does not differ by fee status, suggesting that our PGT courses are widely attractive to UK and non-UK female students.
- Numbers are small but hint that a slightly higher proportion (70-80%) of our PT PGT students are female. This may reflect the subjects offered or the fact that women are more likely to study flexibly. We will explore the reasons for part time study and whether PT PGT students are achieving similar award level success (Action 2.2)
- There is a very recent trend towards male under representation which, if continues, should be a focus for future student recruitment efforts.

WORDS – 191

ACTION PLAN 2.2: To analyse the reasons for part time study and whether PT PGT students are achieving similar award level success.

(iv) Numbers of men and women on postgraduate research degrees

Full- and part-time. Provide data on course application, offers, acceptance and degree completion rates by gender.

The DoM offers PhD programmes to non-clinical postgraduate students, clinicians-in-training (clinical research fellows who have left the NHS to undertake a PhD) and MD(Res) degrees for practising clinicians who wish to do some research. National benchmarking data is from Heidi, Subject Code (A3) Clinical Medicine.

WORDS – 42

Table 4.1.6: Total PGR (Postgraduate Research) student numbers for the Department of Medicine

Academic year	Female PGR	Male PGR	Total PGR	Department female percentage	PGR national benchmark, female percentage
2010-11	191	151	342	56%	55%
2011-12	199	148	347	57%	56%
2012-13	184	130	314	59%	57%
2013-14	172	135	307	56%	57%
2014-15	178	142	320	56%	58%
2015-16	186	117	303	61%	58%
2016-17	176	115	291	60%	n/a
2017-18	176	105	281	63%	n/a

Students enrolled at PT PGR students in the DoM are not necessarily studying part-time/flexibly. **This cohort also includes all clinical PhD students (who are out of programme from their clinical training) as well as research assistants who are employed on grants but also enrolled to complete a PhD during their contracted time at Imperial.**

WORDS – 54

Table 4.1.7: DoM FT PGR student numbers for the past 7 years

	PGR, full-time			
Academic year	Female	Male	Total	Female percentage
2010-11	115	88	203	57%
2011-12	113	87	200	57%
2012-13	107	77	184	58%
2013-14	104	77	181	57%
2014-15	107	83	190	56%
2015-16	120	73	193	62%
2016-17	117	71	188	62%
2017-18	119	69	188	63%

Table 4.1.8: DoM PT PGR student numbers for the past 7 years

	PGR, part-time			
Academic year	Female	Male	Total	Female percentage
2010-11	76	63	139	55%
2011-12	86	61	147	59%
2012-13	77	53	130	59%
2013-14	68	58	126	54%
2014-15	71	59	130	55%
2015-16	66	44	110	60%
2016-17	59	44	103	57%
2017-18	57	36	93	61%

Attracting female applicants is not an issue for us at PGR level, so we present offer and acceptance data as follows:

Figure 4.1.10: Number of PGR offers as a percentage of applications by gender

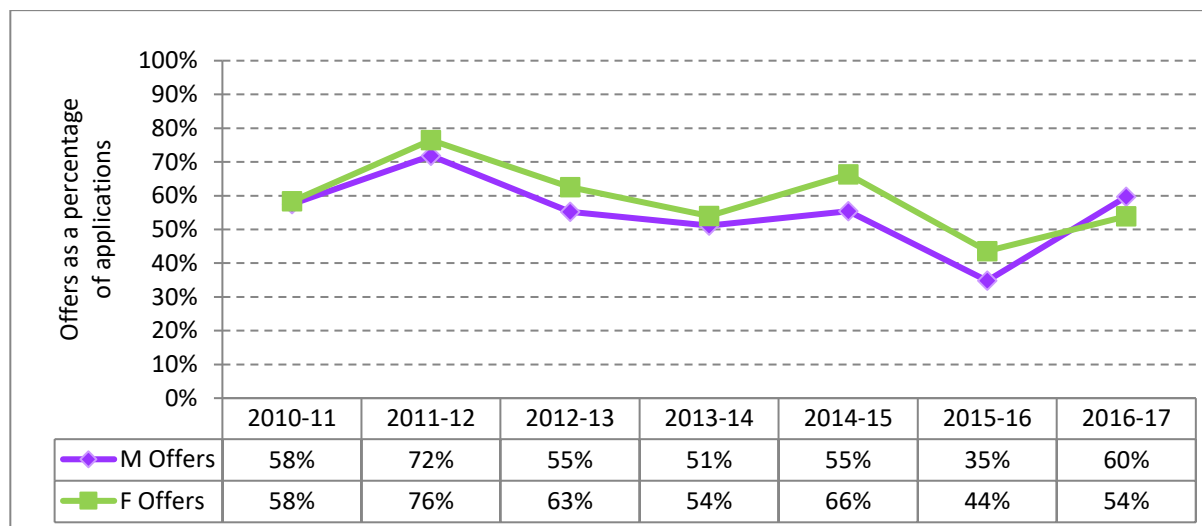
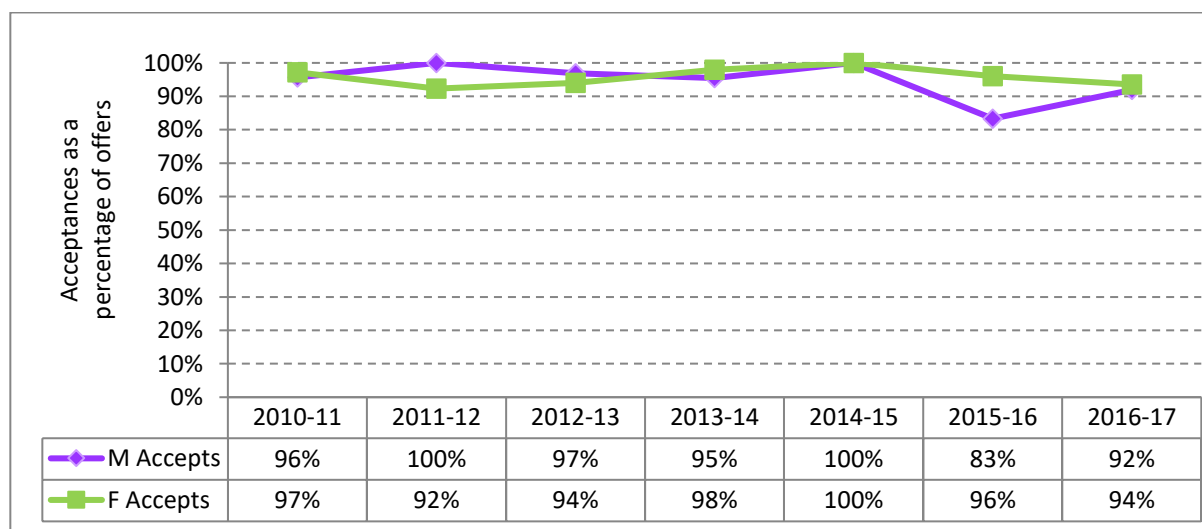


Figure 4.1.11: Number of PGR acceptances a percentage of offers by gender

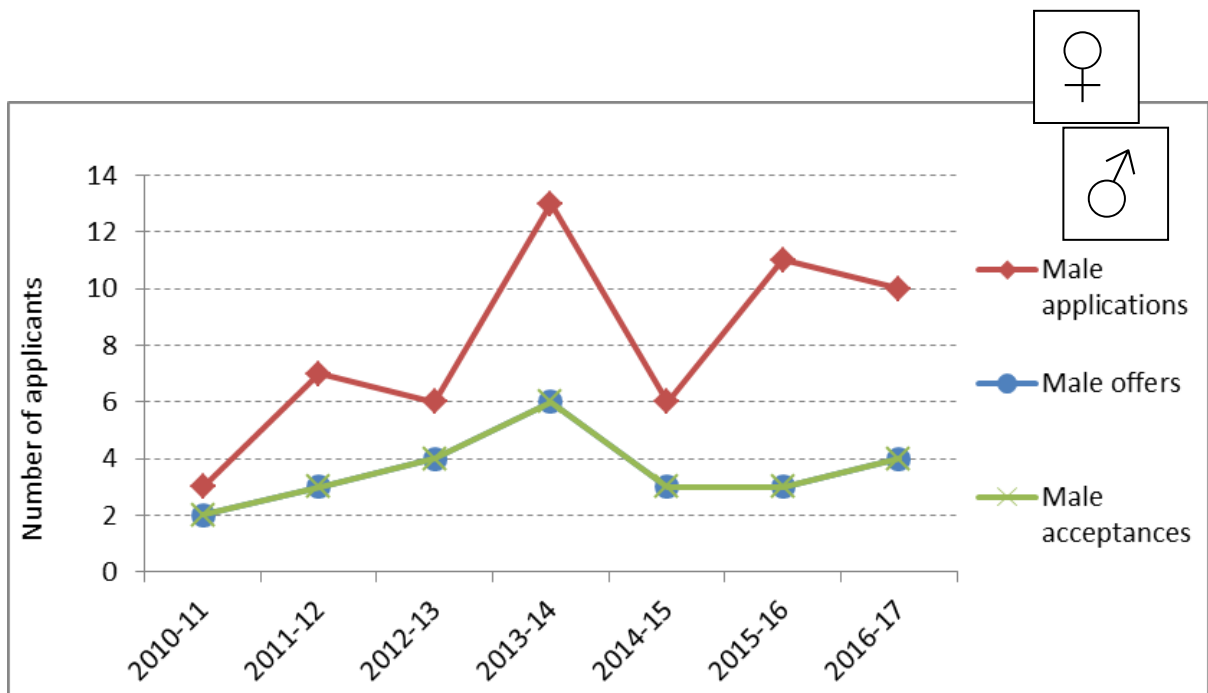
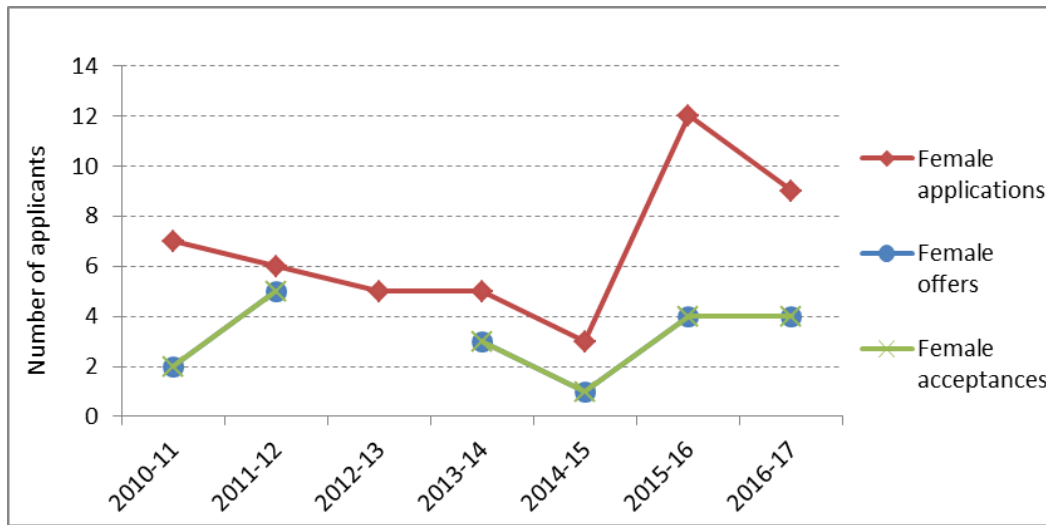


In response to our previous Action Plan we sought to better understand MD(Res) figures. These students are all clinicians in training, but unlike our clinical PhD students (included in the PGR PT dataset) these students retain a significant clinical workload. They choose an MD(Res) project that augments their clinical career but is not commensurate with the start of an academic career track (see Action Plan 2.5). **WORDS –66**

Table 4.1.9: DoM MD(Res) student numbers over the past 7 years

Academic year	MD(Res)			
	Female PGR	Male PGR	Total PGR	Female percentage
2010-11	17	12	29	59%
2011-12	16	16	32	50%
2012-13	8	9	17	47%
2013-14	7	11	18	39%
2014-15	6	12	18	33%
2015-16	6	9	15	40%
2016-17	6	8	14	43%
2017-18	3	9	12	25%

Figure 4.1.12: Numbers of MD (Res) applications, offers and acceptances by gender (top panel female figures, males at the bottom).

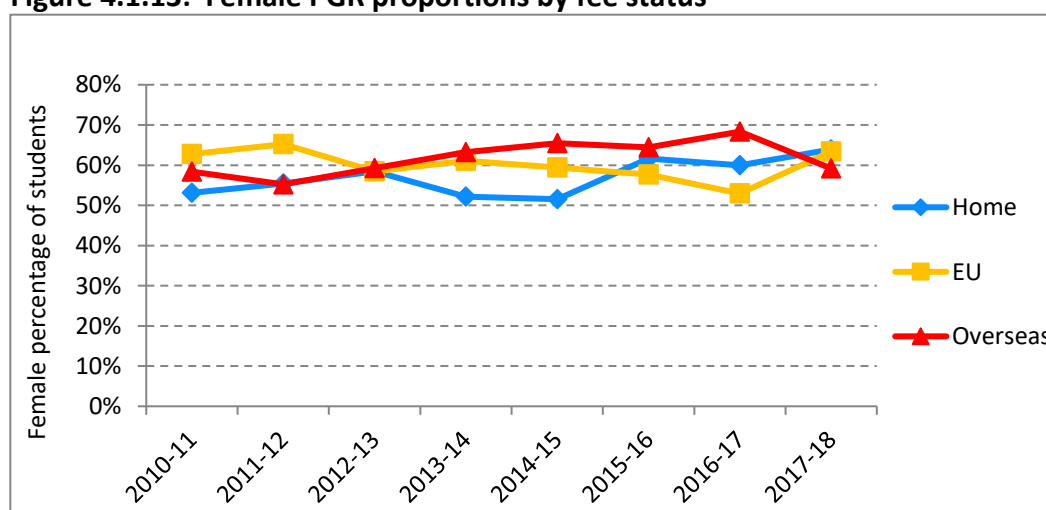


Tables 4.1.10: DoM PGR completion rates, full-time (FT) versus part-time (PT) , by gender (FT data in the top table, PT data below)

FT	Completed within 4 years		Completed 4+ years		Ongoing		Failed/Discontinued	
Cohort starting year	Female	Male	Female	Male	Female	Male	Female	Male
2007-08	87%	94%	7%	3%	0%	0%	6%	3%
2008-09	84%	93%	16%	3%	0%	0%	0%	3%
2009-10	81%	93%	10%	0%	0%	7%	10%	0%
2010-11	67%	70%	23%	20%	5%	0%	5%	10%
2011-12	54%	74%	21%	10%	17%	10%	8%	6%
2012-13	62%	65%	7%	9%	21%	22%	10%	4%
Total over time	74%	82%	13%	7%	6%	6%	6%	5%

PT	Completed within 4 years		Completed 4+ years		Ongoing		Failed/Discontinued	
Cohort starting year	Female	Male	Female	Male	Female	Male	Female	Male
2007-08	61%	81%	36%	10%	0%	5%	3%	5%
2008-09	64%	95%	23%	0%	0%	0%	14%	5%
2009-10	73%	50%	14%	14%	5%	7%	9%	29%
2010-11	36%	42%	36%	27%	18%	4%	9%	27%
2011-12	50%	27%	0%	9%	29%	55%	21%	9%
2012-13	53%	40%	0%	10%	47%	40%	0%	10%
Total over time	57%	60%	22%	13%	13%	13%	8%	15%

Figure 4.1.13: Female PGR proportions by fee status



Observations from PGR student data:

~60% PGR students are female – in line with the national average for Medicine.

We see no gender bias between FT and PT registered PGR students. However, our PT PGR student cohort is heterogenous: largely clinical research fellows (see Section 4.2) and research associates. For our next application we intend to look at these subgroups in more detail (Action Plan 2.3 and 2.4)

There is a preponderance of women taking longer to complete their PhDs, but importantly no excess number of women failing to complete their PhD. This represents women taking maternity leaves during their PhDs (particularly our clinical research fellows) and we are pleased that they are able to successfully return to complete their studies.

There is equal representation of female PGR students by fee status, suggesting that the department is an attractive place to undertake a PhD for all potential candidates.

MD(Res) student numbers are low but there are relatively low numbers of women. Whilst we now have a clearer reason why people chose these courses, we will still target them with academic career advice if interested by offering access to our mentoring scheme (Action 2.5)

WORDS 190

ACTION PLAN 2.3: Explore whether different families of PT PhD students (eg non-clinical RAs vs clinical research fellows) have the need for more tailored career development support.

ACTION PLAN 2.4: Target final year female clinical PhD students with career development guidance and help from the newly expanded PDC and CATO.

ACTION PLAN 2.5: Offer all MD(Res) students an academic mentor via the DoM mentoring scheme.

(v) Progression pipeline between undergraduate and postgraduate student levels

51% BSc students, 73% PGT students and 61% PGR students were female (2014-2017 average). This does not strictly represent a progression pipeline as we do not have any leverage over BSc admissions. The DoM wants to attract the best and brightest PGT and PGR students from national and international pools. In addition to prospectus material **which we ensure is gender neutral**, DoM regularly interacts with our own undergraduate student body:

- Promotion by academic staff (during core lectures) to raise awareness of postgraduate degrees.
- Inviting undergrads to PGT & PGR Open Days.
- Inviting undergrads to view the posters undertaken by PGR students. for DoM Rising Scientist Day to increase awareness of our PhD programmes and provide opportunities for networking. ***Since inception 3 years ago, 55% of Rising Scientist Day presentation winners have been female.***

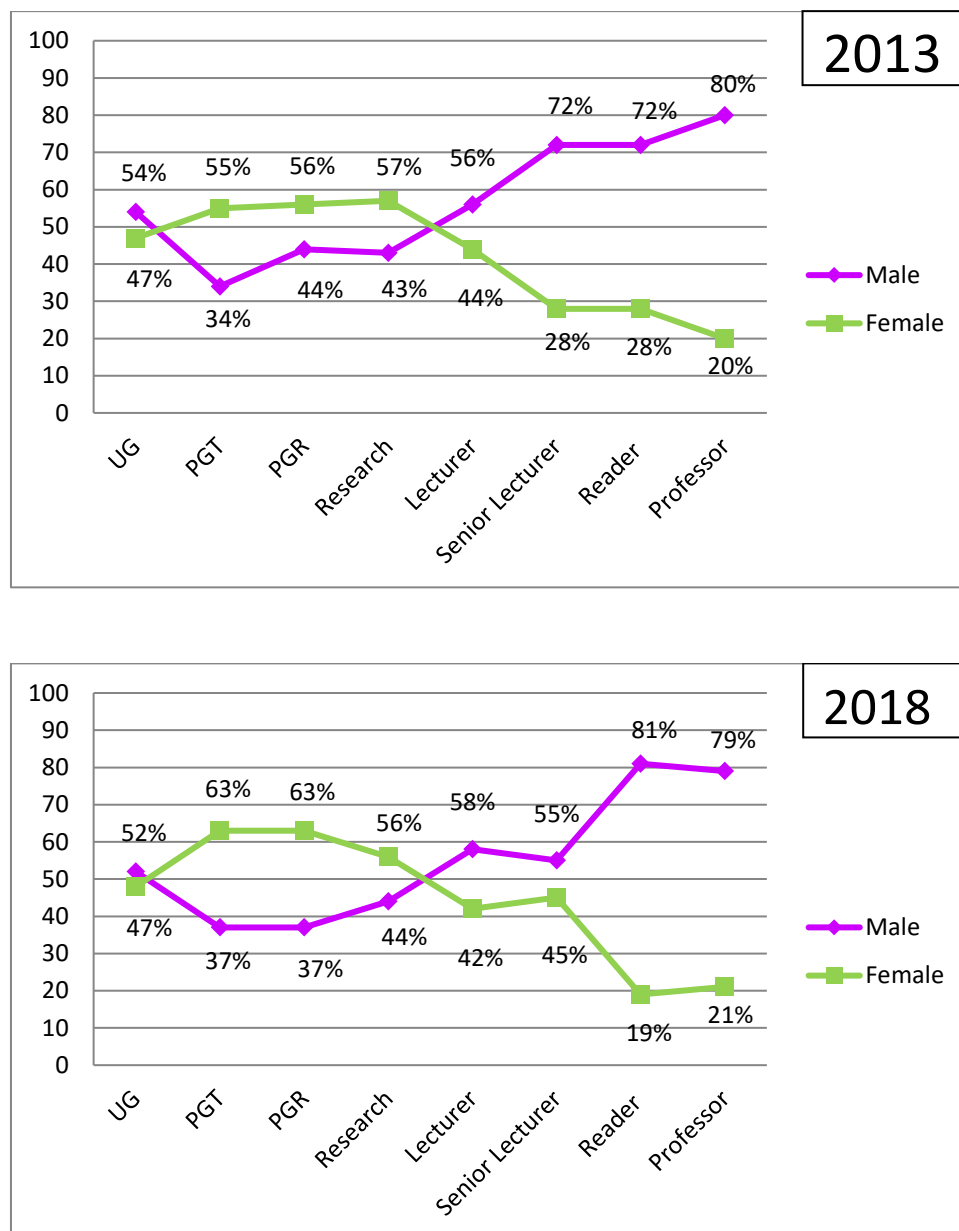
WORDS 133

4.2. Academic and research staff data

(i) Academic staff by grade, contract function and gender: research-only, teaching and research or teaching-only

Look at the career pipeline and comment on and explain any differences between men and women. Identify any gender issues in the pipeline at particular grades/job type/academic contract type.

Figure 4.2.1 a and b “Scissors Diagrams” plotting the percentage gender breakdown of all-staff (clinical plus non-clinical) grades in the DoM



We are extremely proud that the latest (2018) scissors diagram reveals a reversal in trend for female attrition at Lecturer Senior Lecturer level. **This is a direct reflection of promotions and recruitment processes that have been driven by our Athena agenda (described below).**

However, the overall proportion of females in our academic staff pool can still be improved upon. Our non-clinical and clinical staff have different career trajectories and barriers to career progression. For the rest of this application, we have separated the analysis for these two groups.

Non-clinical academics

Figure 4.2.2: Career pipeline for non-clinical academic staff in the DoM.

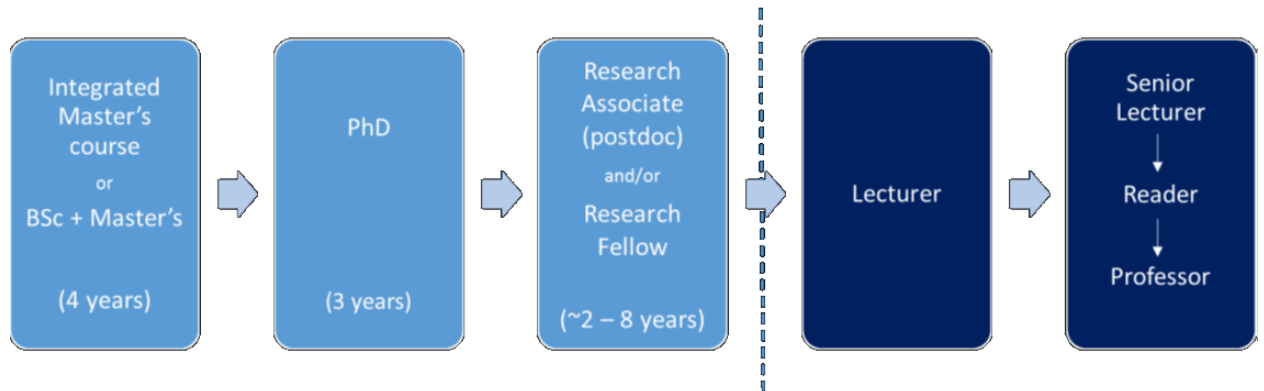


Table 4.2.1: DoM Non-Clinical Academic Staff numbers for the past 7 years, by grade.

YEAR	Lecturer			Senior Lecturer			Reader			Professor		
	Female	Male	% Female	Female	Male	% Female	Female	Male	% Female	Female	Male	% Female
2010	14	10	58%	4	13	24%	6	9	40%	4	24	14%
2011	11	11	50%	8	11	42%	4	11	42%	5	25	17%
2012	10	12	45%	8	12	40%	5	7	41%	6	28	15%
2013	10	12	45%	9	10	47%	4	9	31%	7	40	17%
2014	9	8	52%	8	9	47%	3	10	23%	8	40	17%
2015	7	9	44%	6	8	43%	4	10	28%	8	39	17%
2016	4	7	36%	9	7	56%	3	10	23%	8	37	18%
2017	3	7	30%	10	7	59%	3	10	23%	8	35	19%
2018	5	8	38%	10	7	59%	3	10	23%	8	35	19%

Observations from Non-Clinical Academic Data for DoM

The overall proportion of female non-clinical academic staff has remained stable at 33% in 2010, 29% in 2014 and 30% in 2018.

The proportion of female non-clinical Professors has risen from 14% to 19%. This reflects the career progression of our female Readers (3 promotions to Professor over the same time period).

The proportion of non-clinical Senior Lecturers has progressively risen from 24% in 2010 to 59% in 2017. Since our previous Athena submission in 2014, women now outnumber men at this level. This is the result of 10 successful female Lecturer to Senior Lecturer promotions over the past seven years as well as more recent improvements in our recruitment processes (see Case Study Box 2).

The total number of Lecturer posts has reduced by half since 2010 (24 to 12), reflecting a nationwide trend for fewer tenured academic positions. Since our last Athena submission we had disappointingly failed to retain gender parity at Lecturer level in 2017 (52% female in 2014 falling to 30%). **This was noted by our Athena Committee and in 2018 we ensured better gender balanced recruitment panels (including an Athena rep). We are delighted to report that so far in 2018 TWO new female Lecturers have been appointed.**

WORDS – 210

Non-Clinical Research Staff

Table 4.2.2: Number of non-clinical research staff in the DoM over the past 7 years

	ALL			Research- Level A			Research - Level B			Research - Level C			Research - Level D		
YEAR	Female	Male	% Female	Female	Male	% Female	Female	Male	% Female	Female	Male	% Female	Female	Male	% Female
2010	148	102	59%	33	9	79%	102	73	58%	12	18	40%	1	2	33%
2011	159	110	59%	37	19	66%	109	74	59%	11	15	42%	2	2	50%
2012	162	113	59%	41	13	76%	105	79	57%	16	21	43%	2	2	50%
2013	148	107	58%	31	11	74%	103	72	58%	13	24	35%	1	0	100%
2014	154	122	56%	34	12	74%	111	87	56%	9	19	32%	2	3	40%
2015	164	140	54%	36	26	58%	111	91	55%	15	18	45%	2	5	29%
2016	159	139	53%	38	15	72%	106	102	51%	14	18	44%	0	4	0%
2017	163	143	53%	47	21	69%	100	97	51%	16	23	41%	4	4	50%
2018	189	161	54%	53	28	65%	116	105	52%	16	24	40%	4	4	50%

Observations from Non-Clinical Research staff Data for DoM

The proportion of females in our non-clinical research posts has remained stable between 50-60% which reflects national figures.

On the whole, Research-Level A staff are pre-doctoral and many will also be undertaking PhDs whilst working as a research associate (benefitting from the substantially reduced student fees in this setting). This cohort is targeted in Action Plan 2.3

Research- Level B and above represents our postdoc community. Female representation at the higher levels drops slightly to an average of 40% and we will investigate this further in Action 3.1. However, it is worth noting at this point that our career development fellow pool – that is successful postdocs who have gone on to apply for their own research funding – is over 60% female and this cohort is discussed in Section 5.3 (v).

WORDS – 155

ACTION PLAN 2.3: Explore whether different families of PT PhD students (eg non-clinical RAs vs clinical research fellows) have the need for more tailored career development support.

ACTION PLAN 3.1: Investigate why the gender balance switches from excess women to excess men at higher postdoc scales.

Clinical Academics

Figure 4.2.3: Career pipeline for clinical academic staff in the DoM.

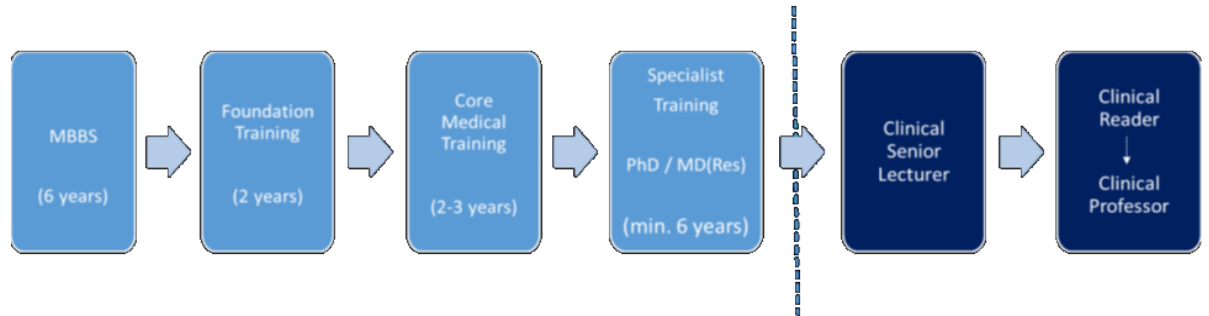


Table 4.2.3: DoM Clinical Academic Staff numbers for the past 8 years, by grade.

YEAR	Clinical Senior Lecturer			Clinical Reader			Clinical Professor		
	Female	Male	% Female	Female	Male	% Female	Female	Male	% Female
2010	11	21	34%	2	15	12%	10	38	21%
2011	10	25	29%	4	11	27%	12	37	25%
2012	10	26	28%	2	12	14%	10	40	20%
2013	9	18	33%	2	12	20%	10	41	20%
2014	6	16	27%	2	12	14%	10	42	19%
2015	6	13	32%	2	12	12%	10	41	19%
2016	5	15	25%	1	9	10%	12	45	21%
2017	7	16	30%	2	8	20%	12	45	21%
2018	10	16	38%	2	8	20%	12	45	21%

Observations from Clinical Academic Data for DoM

The overall proportion of female Clinical Academic staff is stable: 24% in 2010, 20% in 2014 and 25% in 2018. This is better than other departments in FoM (eg NHLI 16%).

The proportion of female clinical Professors remains 20%. Benchmarked data from the Medical Schools Council (MSC) in 2017

(<https://www.medschools.ac.uk/media/2026/medical-clinical-academic-staffing-levels-2017.pdf>) suggests that this is slightly better than National Figures, with women making up 17.9% at Clinical Professor (Medicine) grade.

Clinical Senior Lectureship (CSL) is a major attrition point for female clinical academics. The total number of CSLs has reduced in time, in a similar fashion to Non-Clinical Lectureships. **In 2016 the Athena SAT flagged this at SMB. In 2017, two female CSLs were appointed using a gender balanced recruitment panel to our Centre for Psychiatry and in 2018 we directed search committees and selection panels for new CSLs (see Case Study Box 2). This takes our female proportion of CSLs to the highest it has ever been (38%), and above national levels (MSC data) of 34.4%.**

Clinical Research Fellows and Clinical Lecturers

Clinical Research Fellows (CRF) are doctors who have not yet achieved specialist grade and have left their NHS training posts to undertake a PhD with us. Most are on externally funded fellowships. At the end of their PhD these doctors return to complete their specialist training to become Consultants.

Clinical Lectureships (CL) (by definition, for post-doctoral clinicians-in-training) are awarded by the NIHR in an externally advertised and managed selection process, but with posts linked to a particular institution. They are time limited posts and not commensurate with non-clinical Lectureships, since promotion to CSL is not the natural progression. Nevertheless, these lectureships are important because they facilitate clinicians to pursue post-doctoral research and become competitive enough to apply for academic CSLs.

WORDS –290

Table 4.2.4: Numbers of Clinical Research Fellows and Clinical Lecturers in the DoM for the past 8 years

YEAR	Clinical Research Fellows (PhD students)			Clinical Lecturers		
	Female	Male	% Female	Female	Male	% Female
2010	39	44	47%	2	10	17%
2011	48	53	47%	4	6	40%
2012	63	49	56%	3	6	33%
2013	56	51	52%	6	4	60%
2014	66	51	56%	5	4	56%
2015	59	35	62%	3	7	30%
2016	58	33	63%	2	4	33%
2017	53	27	66%	2	5	29%
2018	56	29	66%	2	6	25%

Observations from Clinical Lecturer and Clinical Research Data from the DoM

CRFs are 56% F, closely reflecting the gender distribution of the talent pool (ie doctors in training).

The female proportion of Clinical Lecturers (CL) drops to 37% (average figure for past 8 years, although presently 25%) and this marks the first major attrition point in clinical academic careers. (See Action Plans 2.4 and 3.2). **This is a national problem since NIHR data (provided to us under a FOI request) shows that CLs in England and Wales are 36% female.**

WORDS 90

ACTION PLAN 2.4: We will target final year female clinical PhD students with help ie mentors and help from the newly expanded PFDC and CATO.

ACTION PLAN 3.2: Clinical Lecturer exit interviews and focus groups in collaboration with the Department of Surgery and Cancer

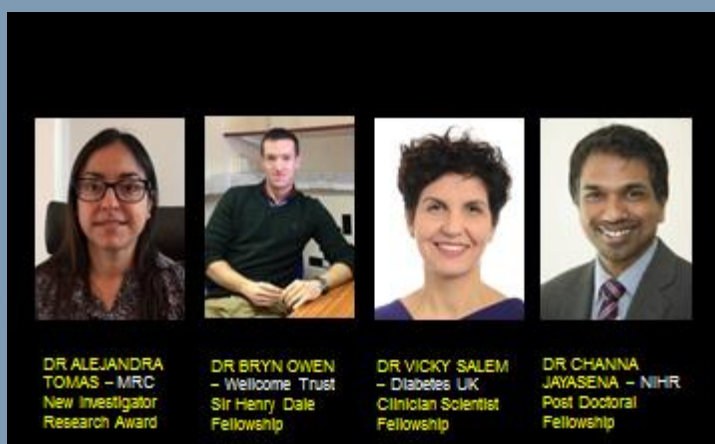
BOX 1 CASE STUDY – DIVISION OF DIABETES, ENDOCRINOLOGY AND METABOLISM (DEM).

DEM Division has poor female representation (Table 4.2.6). This was discussed with the DEM Head and since our 2014 application we report the following achievements:

- One female Professor has moved on to take a position as Head of Department of Life Sciences in another University, but retains honorary association and PhD students with DEM.
- Appointment of two female Professors of Practice in DEM, who have national prominence and supervise students and postdocs– all contributing to improving senior female role model visibility.
- Appointment of two female non-clinical Lecturers in DEM.
- Mentoring and success of a female NIHR Clinical Lecturer into an Intermediate Clinician Scientist Fellowship and promotion to Clinical Senior Lecturer– the only female in the entire DoM to have achieved this since our last submission.
- Successful promotion of one female Clinical Senior Lecturer to Reader in Endocrinology, with input from the department’s senior promotions mentor and Athena SAT member. The other has been put forward this year, with coaching from the Academic Womens Programme (Action Plan 3.3)
- Improvement in the visibility of women at the DEM (monthly) seminar series – with 4 internationally recognised women accepting invites in the last year.
- Core meetings and journal clubs have **all** been moved to within core working hours to support people with caring duties.
- The 2017 DEM away day was entitled FUTURE LEADERS and showcased mid-career achievements, career development opportunities and a panel discussion about working culture with the Athena Lead, Divisional Head and HoD.

Words - 252

Exemplar Slide from the Section Head’s opening session on “future leaders” in the DEM Divisional Away Day focussed on career development. Here are the Division’s latest cohort of successful mid career fellowship awardees. The Away Day also hosted a panel discussion with the Athena Lead and HoD to talk about culture.



Teaching and Learning Family

Table 4.2.5: 5 year data for Teaching and Learning Job Family in the DoM

	Clinical Senior Lecturer			Level 3a			Level 3b			Level 4			Level 5		
YEAR	Female	Male	% Female	Female	Male	% Female	Female	Male	% Female	Female	Male	% Female	Female	Male	% Female
2013	0	1	0	0	0	0	0	0	0	0	0	0	1	0	100
2014	0	1	0	0	0	0	0	0	0	0	0	0	1	0	100
2015	0	1	0	0	0	0	0	0	0	0	0	0	1	0	100
2016	0	0	0	1	0	100	3	2	60	1	0	100	1	0	100
2017	0	0	0	1	0	100	3	2	60	0	0	0	1	0	100
2018	0	0	0	1	0	100	3	2	60	0	0	0	1	0	100

Observations about Teaching and Learning Job Family numbers

This job family was created in the FoM in 2012. There are no obvious gender imbalances, although the numbers are small.

Importantly, we expect these numbers to increase as Imperial College brings in its new teaching career framework over the next year (Action Plan 3.4)

WORDS 53

ACTION PLAN 3.3: Encourage all female Senior Lecturers and Readers to attend the newly reorganised Female Academic Springboard Programme.

ACTION PLAN 3.4: Develop network of education specialists able to help PRDPs of people who are interested in career development in education but whose line managers are research focussed.

We examined Divisional Staff breakdown to tease out any inconsistencies.

Table 4.2.7: Divisional academic staff breakdown 2013 (last submission) to 2018 (present)

2013	Clinical Prof		Non-Clinical Prof		Clinical Reader		Non-Clinical Reader		Clinical Senior Lecturer		Non-Clinical Senior Lecturer		Clinical Lecturer		Non-Clinical Lecturer	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
	3	12	2	7	0	5	0	0	2	7	5	6	0	2	1	1
Brain Sciences																
Diabetes, Endocrinology and Metabolism (DEM)	0	8	1	6	0	2	0	4	2	1	0	1	3	4	1	2
Experimental Medicine	1	7	1	5	0	0	0	2	2	1	1	0	1	1	2	2
Immunology	1	3	1	4	1	1	0	2	2	1	1	1	0	1	3	2
Infectious Diseases	5	11	4	15	1	4	4	3	1	8	2	2	1	1	3	5

2018	Clinical Prof		Non-Clinical Prof		Clinical Reader		Non-Clinical Reader		Clinical Senior Lecturer		Non-Clinical Senior Lecturer		Clinical Lecturer		Non-Clinical Lecturer	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
	2	13	2	5	0	1	0	1	2	6	3	3	0	2	1	1
Brain Sciences																
Diabetes, Endocrinology and Metabolism (DEM)	0	10	0	2	**1	1	0	2	3	2	1	0	2	0	3	1
Experimental Medicine	1	5	2	6	0	1	0	2	2	1	1	0	0	1	0	1
Immunology	2	4	1	2	0	0	1	0	0	0	1	2	0	1	0	0
Infectious Diseases	7	13	3	15	1	5	2	5	3	7	4	2	0	1	1	5

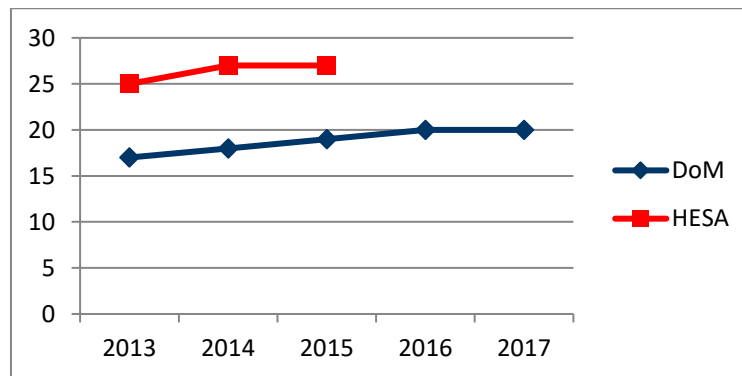
****Highlighted cells show areas where DEM has concentrated on improving gender balance at entry level and through promotions - see Box 1 above**

Observations about Divisional Breakdown

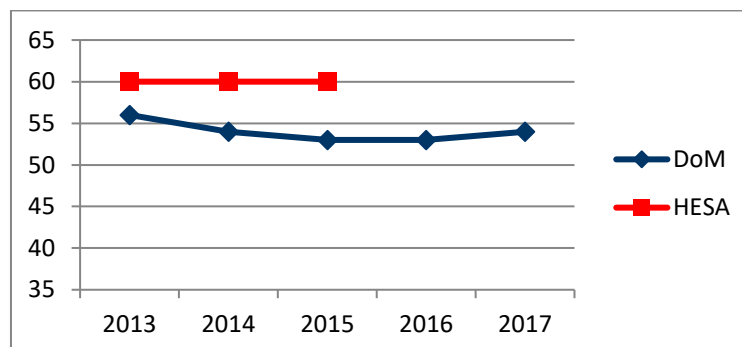
In response to our Silver Action plan, the Division of DEM has improved its support for mid-career women (see Box1) but, as is true across the DoM, recruitment of senior female academics remains an important target moving forwards (Action Plans 5.2, 5.3 and 5.4). **WORDS 48**

Figure 4.2.4 a,b,c: DoM % F Professoriate, % F Research staff and % F Academic (teaching and research) staff as compared with national data from HESA Clinical Medicine

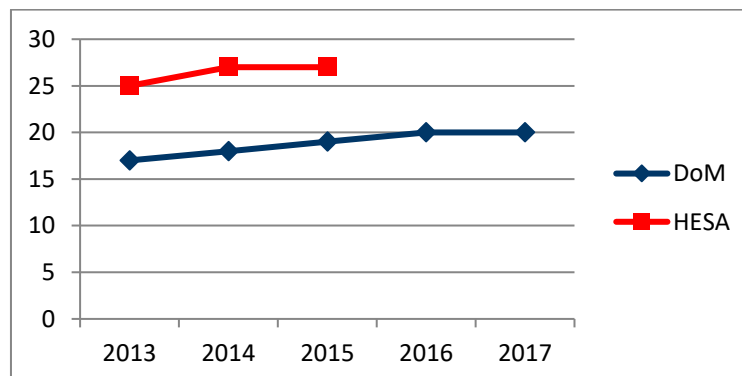
PROFESSORS



RESEARCH STAFF



ACADEMIC STAFF (Teaching and Research)



Observations on Benchmarking Data

We acknowledge that DoM %F staff numbers are under average for the sector, although our proportions are increasing at the same rate as the rest of the country.

Clinical academic figures for DoM are better than the rest of the sector (as benchmarked on p51).

We are committed to addressing this through our Athena process and have already shown considerable impact at changing the demographic landscape of our department.

WORDS 73

SILVER APPLICATIONS ONLY

Where relevant, comment on the transition of technical staff to academic roles.

The DoM has no recent examples of technical staff transitioning into academic contracts.

ii) Academic and research staff by grade on fixed-term, open-ended/permanent and zero-hour contracts by gender

Comment on the proportions of men and women on these contracts. Comment on what is being done to ensure continuity of employment and to address any other issues, including redeployment schemes.

The DoM has no employees on zero hours contracts.

Table 4.2.8: Non Clinical Job Family Contract Types by Gender 2013

2013	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open-ended Contracts
Professor	2	5	71%	15	25	63%
Reader		4	100%		9	100%
Senior Lecturer	1	8	89%		10	100%
Lecturer	2	8	80%	1	11	92%
NON-CLINICAL ACADEMIC STAFF TOTAL	5	25	83%	16	55	77%
Research - Level E		1	100%			
Research - Level D	1	1	50%	1	2	67%
Research - Level C	2	9	82%	7	14	67%
Research - Level B	80	23	22%	53	19	26%
Research - Level A	26	5	16%	11		0%
NON-CLINICAL RESEARCH STAFF TOTAL	109	39	26%	72	35	33%

Table 4.2.9: Non Clinical Job Family Contract Types by Gender 2017

2017	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open-ended Contracts
Professor		8	100%	9	26	74%
Reader		3	100%	1	9	90%
Senior Lecturer	1	9	90%		7	100%
Lecturer	1	2	67%		7	100%
NON-CLINICAL ACADEMIC STAFF TOTAL	2	22	92%	10	49	83%
Research - Level E						
Research - Level D				2	2	50%
Research - Level C	5	11	69%	6	15	71%
Research - Level B	69	29	30%	65	32	33%
Research - Level A	42	3	7%	21		0%
NON-CLINICAL RESEARCH STAFF TOTAL	116	43	27%	94	49	34%

Table 4.2.10: Clinical Job Family Contract Types by Gender 2013

2013	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open-ended Contracts
Clinical Professor		9	100%	3	40	93%
Clinical Reader		3	100%		12	100%
Clinical Senior Lecturer	1	8	89%	9	9	50%
CLINICAL ACADEMIC STAFF TOTAL	1	20	95%	12	61	84%
Clinical Lecturer	1	3	75%	6	1	14%
Research - Clinical	60	4	6%	54	1	2%
CLINICAL RESEARCH TOTAL	61	7	10%	60	2	3%

Table 4.2.11 Clinical Job Family Contract Types by Gender 2017

2017	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open-ended Contracts
Clinical Professor		12	100%	2	43	96%
Clinical Reader		2	100%		8	100%
Clinical Senior Lecturer	4	3	43%	7	8	53%
CLINICAL ACADEMIC STAFF TOTAL	4	17	81%	9	59	87%
Clinical Lecturer		2	100%	4	1	20%
Research - Clinical	48	5	9%	25	3	11%
CLINICAL RESEARCH TOTAL	48	7	13%	29	4	12%

Tables 4.2.12 a-f: Contract Types by DoM Job Family over the past 7 years

a. NON-CLINICAL ACADEMIC STAFF TOTAL	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open- ended Contracts
2010	7	21	75%	8	48	86%
2011	7	21	75%	7	51	88%
2012	5	24	83%	7	52	88%
2013	5	25	83%	16	55	77%
2014	4	24	86%	15	52	78%
2015	2	23	92%	14	52	79%
2016	3	21	88%	10	51	84%
2017	2	22	92%	10	49	83%

b. CLINICAL ACADEMIC STAFF TOTAL	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open- ended Contracts
2010	5	18	78%	16	58	78%
2011	6	20	77%	15	58	79%
2012	4	18	82%	19	59	76%
2013	1	20	95%	12	61	84%
2014	0	18	100%	11	59	84%
2015	2	16	89%	12	54	82%
2016	2	16	89%	12	57	83%
2017	4	17	81%	9	59	87%

c. LEARNING & TEACHING STAFF TOTAL	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open-ended Contracts
2010	0	0		0	0	
2011	0	0		0	0	
2012	0	0		0	0	
2013	0	0		1	0	0%
2014	0	0		1	0	0%
2015	1	0	0%	1	0	0%
2016	2	4	67%	0	2	100%
2017	2	2	50%	0	2	100%

d. NHS NURSES TOTAL	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open-ended Contracts
2010	16	0	0%	3	1	25%
2011	21	3	13%	5	1	17%
2012	24	3	11%	6	1	14%
2013	20	3	13%	5	2	29%
2014	27	5	16%	6	1	14%
2015	18	3	14%	7	2	22%
2016	16	5	24%	4	3	43%
2017	11	5	31%	2	3	60%

e. PROFESSIONAL SERVICES TOTAL	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open-ended Contracts
2010	51	93	65%	24	20	45%
2011	60	94	61%	26	24	48%
2012	49	93	65%	19	26	58%
2013	50	101	67%	22	29	57%
2014	53	101	66%	29	34	54%
2015	56	100	64%	28	39	58%
2016	62	97	61%	35	37	51%
2017	55	93	63%	24	35	59%

f. TECHNICAL SERVICES TOTAL	Women on Fixed Term Contracts	Women on Open-ended Contracts	% of Women on Open-ended Contracts	Men on Fixed Term Contracts	Men on Open-ended Contracts	% of Men on Open-ended Contracts
2010	52	16	24%	19	9	32%
2011	42	19	31%	22	10	31%
2012	57	16	22%	13	9	41%
2013	44	19	30%	23	9	28%
2014	51	18	26%	24	9	27%
2015	46	17	27%	17	7	29%
2016	46	18	28%	15	8	35%
2017	37	20	35%	18	7	28%

Observations on Contract Data for DoM

From 2013 to 2017 **academic** staff remain generally appointed on open-ended contracts, with no gendered discrepancies.

However, academic contracts **can** be fixed-term:

- Academics on external fixed-term funding.
- New academics on probation (Non-Clinical Lecturers and Clinical Senior Lecturers).
- Professors who have returned from retirement or are externally funded eg via the NHS.

Research staff are generally on fixed-term contracts due to fixed external funding, with no suggestion of gender bias. These staff have **the same** core employment terms and conditions and protection arrangements.

After four years of continuous service at Imperial, an employee's contract automatically becomes open-ended, but can also end (with redundancy entitlements) with loss of external funding.

When an employee's funding is coming to an end this should be discussed constructively at their PRDP (Action Plan 4.1). Where renewed funding has not been obtained, the employee is able to meet with both HR and their line manager/or Departmental representative as often as necessary to help them through a consultation period. They will be made aware of any opportunities arising that may be suitable for them to apply for, and providing that their skills and experience fit 80% of the job description and person specification, HR will arrange them a priority interview. The DoM also makes every effort to assist the employee with writing applications, updating their CV and interview practice.

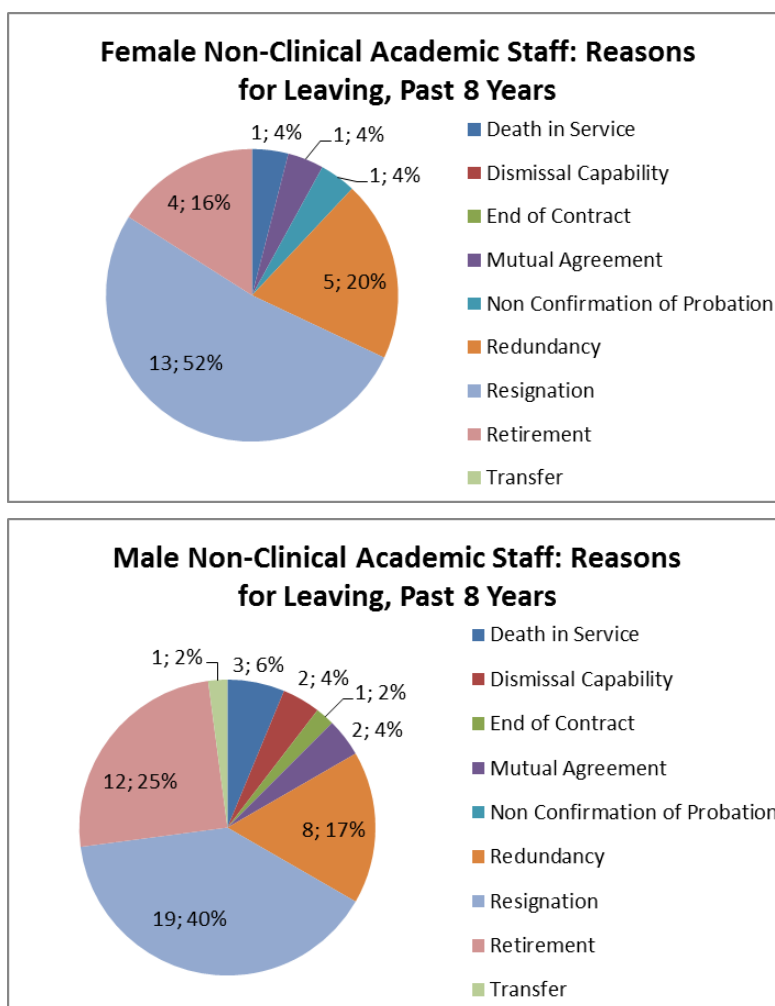
WORDS 220

ACTION 4.1: Include a specific section in the PRDP about future funding opportunities. Ensure that where contracts are drawing to a close, this is openly and constructively discussed.

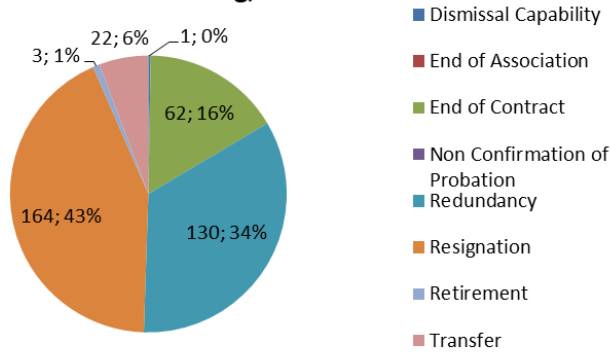
(ii) Academic leavers by grade and gender and full/part-time status

Comment on the reasons academic staff leave the department, any differences by gender and the mechanisms for collecting this data.

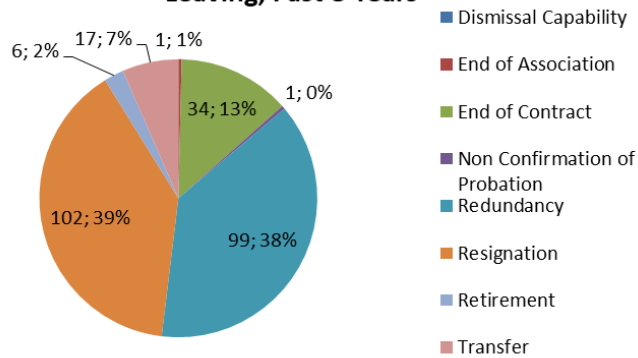
Figures 4.2.5 a-h: Pie Charts Displaying HR Reasons for Leaving (8 years of data) by Gender and Job Family:



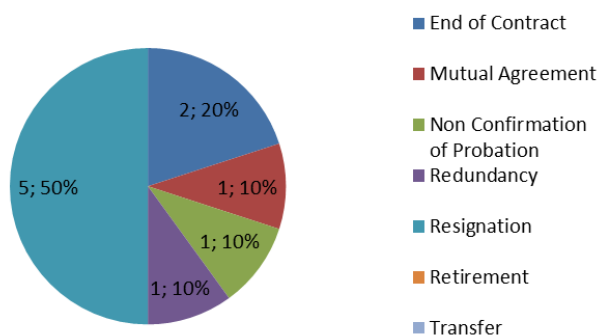
Female Non-clinical Research Staff: Reasons for Leaving, Past 8 Years



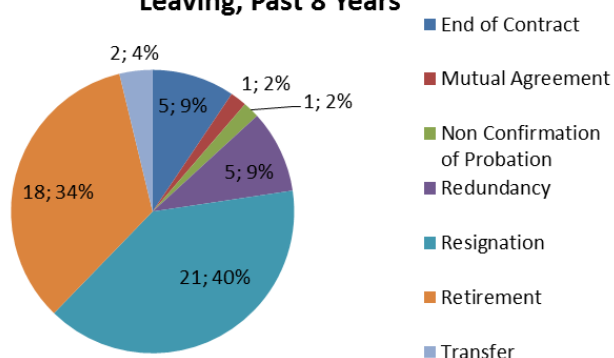
Male Non-clinical Research Staff: Reasons for Leaving, Past 8 Years



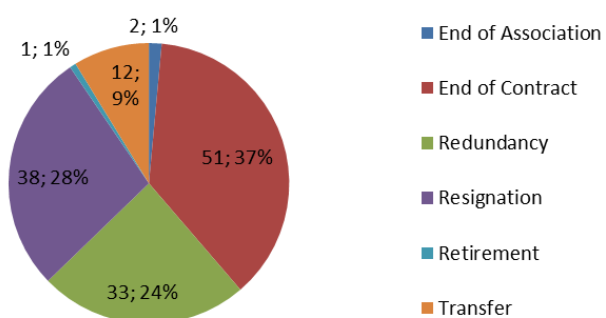
Female Clinical Academic Staff: Reasons for Leaving, Past 8 Years



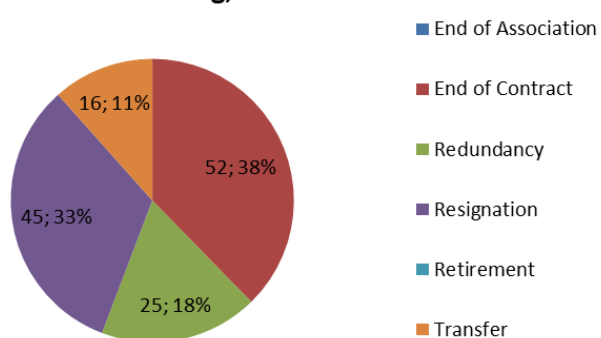
Male Clinical Academic Staff: Reasons for Leaving, Past 8 Years



Female Clinical Research Staff: Reasons for Leaving, Past 8 Years



Male Clinical Research Staff: Reasons for Leaving, Past 8 Years



Observations from HR Leavers Data for DoM

Non-clinical academic staff mostly left through resignation, redundancy and retirement; there were no significant gender differences.

Non-clinical research staff mostly left through end of fixed-term contract due to end of funding; there were no significant gender differences.

Male clinical academic staff mostly left through resignation and retirement; there were no female clinical academic retirements, reflecting the demography of our female clinician scientists!

Clinical research staff (PhD students who go back to clinical rotation) mostly left through end of contract; there were no significant gender differences. (See Action Plan 3.2)

In fulfilment of our previous 2014 Action Plan, we have investigated detailed next destination data for our Academic staff leavers for the past 7 years (Table 4.2.14 below):

Data is available for 38 women and 77 men leavers, a proportion that reflects total staff gender distribution

24 male clinical academics left academia and returned to the NHS ie 65% of our non-professorial leavers, compared with 57% (8/14) female clinical academic leavers. **This suggests that there is no systemic bias against female clinical academic career progression.**

3/15 male clinical lecturers left academia whereas only 3/6 female clinical lecturers did not continue on the academic career ladder. **Thus, even though fewer women get clinical lectureships, those that do are proportionately more successful in the longer term (in terms of retaining an academic career).**

Similar proportions of non-clinical academic leavers (M vs F) remained in academia (usually with clear titular promotions) but at another institution.

Similar proportions of M and F leavers went to private sector jobs.

WORDS 260

Table 4.2.14: Detailed leaver destination pooled for the past 7 years (data available for 115 leavers)

Grade at DoM	Destination									
	same grade elsewhere		promotion elsewhere		returned to NHS		private sector		public sector not university	
		M	F	M	F	M	F	M	F	M
CLINICAL										
Clinical Lecturer n=21; 6F and 16M	0	0	3(50%)	3 (19%)	2 (33%)	13 (81%)	1 (17%)	0	0	0
Clinical Senior Lecturer n=23; 6F and 17M	1 (17%)	1 (6%)	0	6 (35%)	4 (67%)	9 (53%)	1 (17%)	1 (6%)	0	0
Clinical Reader n=6: 2F and 5M	0	0	0	2 (40%)	2 (100%)	2 (60%)	0	0	0	0
Clinical Professor n=3; 1F and 6M	1 (100%)	3 (50%)	0	3 (50%)	0	0	0	0	0	0
NON CLINICAL										
Non-Clinical Research Staff n=19: 9F and 10M	4 (44%)	1 (10%)	3 (33%)	4 (40%)	0	0	1 (11%)	3 (30%)	1 (11%)	2 (20%)
Non-Clinical Lecturer n=12: 6F and 6M	3(50%)	2 (33%)	2 (33%)	3(50%)	0	0	1 (17%)	1 (17%)	0	0
Senior Lecturer n=9: 4F and 5M	0	1 (20%)	2 (50%)	3 (60%)	0	0	0	1 (20%)	2 (50%)	0
Reader n=6: 2F and 4M	1 (50%)	1 (25%)	1 (50%)	3 (75%)	0	0	0	0	0	0
Professor n=9: 2F and 8M	0	3 (38%)	1 (50%)	4 (50%)	0	0	1 (50%)	1 (12%)	0	0

ACTION PLAN 3.2: Clinical Lecturer exit interviews and focus groups in collaboration with the Department of Surgery and Cancer

ACTION PLAN: 3.5: Engage with Imperial's new Postdoc and Fellows Development Centre to ensure that our clinical academics are being supported into more senior academic positions.

TOTAL WORD COUNT FOR THIS SECTION - 2685 (685 OVER)

5. SUPPORTING AND ADVANCING WOMEN'S CAREERS

Recommended word count: Bronze: 6000 words | Silver: 6500 words

5.1. Key career transition points: academic staff (academics, clinical and non-clinical, researchers)

(i) Recruitment

Break down data by gender and grade for applications to academic posts including shortlisted candidates, offer and acceptance rates. Comment on how the department's recruitment processes ensure that women (and men where there is an underrepresentation in numbers) are encouraged to apply.

We believe that female under-representation in academic grades (ie Lecturer and above) represents a systemic failure to recruit and retain the best possible academic workforce. **Since 2017 the Athena SAT has been instrumental in reverting trends to lose women at entry level (Non-Clinical Lecturer and Clinical Senior Lecturer – see Section 4).**

DoM now fully executes its previous Silver Action Plan for all academic recruitment panels to contain a minimum of one female and one male panel member. All of our job adverts include a statement of our Athena Award and are audited to ensure gender inclusive language and acceptance of part-time and other flexible working practices. **Since 2017 we have also formalised the use of Search Committees for recruitment drives and we particularly focus on encouraging female applicants to apply**, for example by personally bringing posts to their attention by a senior female professor (See Case Study Box 2). The DoM website is regularly audited (see Section 5.6(vii)) to promote visibility of female role models and family friendly policies and culture to attract female candidates.

All staff involved in recruitment are encouraged to attend recruitment training and we plan to improve uptake further (Action Plan 5.2). In the DoM we also believe that having good quality, affordable on-site childcare is a very important attraction for potential (particularly mid-career) female staff and we have spearheaded the campaign to improve these facilities at the HH campus (Action Plan 7.1).

WORDS 237

Tables 5.1.1: 8 years worth of recruitment data for Non-Clinical Academics (note pooled data for 2011-2014 since data collection was poorer then – improved as a result of previous application Silver Action Plan)

	Applications					Shortlisting					Offers				
	Total	M	F	M%	F%	Total	M	F	M%	F%	Total	M	F	M%	F%
POOLED POSTS 2011-2014 pooled data from last application	177	135	42	76%	24%	NO DATA					24	17	7	71%	29%
2015 - no appointments															
2016															
Non Clinical Lecturer/Senior Lecturer/Reader/Professor in Infectious Diseases	28	16	12	57%	43%	9	5	4	56%	44%	1	0	1	0	100%
Non-Clinical Lecturer in Heath Protection Research in Infectious Diseases	1	1	0	100%	0%	0	0	0	0%	0%	0	0	0	0	0
2017															
Non-clinical Lecturer in Pulmonary Vascular Disease	1	1	0	100%	0%	1	1	0	100%	0%	1	1	0	100%	0
Non-Clinical Lecturer in Molecular Human Nutrition	12	4	8	33%	67%	6	2	4	33%	67%	2	1	1	50%	50%
2018															
Non-Clinical Lecturer in Endocrinology	7	4	3			5	2	3			3	1	2	33%	66%
TOTAL NON-CLINICAL DATA 2014-2018	49	26	23	53%	47%	21	10	11	48%	52%	7	3	4	43%	57%

Table 5.1.2: 8 years worth of recruitment data for Clinical Academics (note pooled data for 2011-2014 since data collection was poorer then – improved as a result of previous application Silver Action Plan)

	Applications					Shortlisting					Offers				
	Total	M	F	M%	F%	Total	M	F	M%	F%	Total	M	F	M%	F%
2011 to 2014 pooled data from previous application	8	5	3	62%	38%	4	3	1	75%	25%	5	5	0	100%	0%
2015															
Clinical Senior Lectureship in Paediatric Infectious Diseases (2 posts)	8	5	3	62%	38%	4	3	1	75%	25%	1	1	0	100%	0
Clinical Lecturers	41	32	9	78%	22%	13	12	1	92%	8%	3	2	1	66%	33%
2016															
Clinical Senior Lecturer / Clinical Reader / Clinical Professor in Infectious Diseases	4	3	1	75%	25%	4	3	1	75%	25%	1	1	0	100%	0
Clinical Scientist/Immunologist	10	6	4	60%	40%	3	1	2	33%	67%	1	0	1	0	100%
Senior Clinical Research Fellow in Neuro-Otology	1	1	0	100%	0%	1	1	0	100%	0%	1	1	0	100%	0
Clinical Psychologist/Neuropsychologist	10	2	8	20%	80%	7	1	6	14%	86%	1	0	1	0	100%
2017															
Clinical Senior Lecturer/Reader in Neuropathology	3	2	1	67%	33%	0	0	0	0%	0%	0	0	0	0	0
Clinical Psychologist (Research)	1	0	1	0%	100%	1	0	1	0%	100%	1	0	1	0	100%
Clinical Research Nurse	2	0	2	0%	100%	2	0	2	0%	100%	1	0	1	0	100%
2018															
Clinical Senior Lecturer / Clinical Reader / Clinical Professor in Nephrology (SEE CASE STUDY NEXT PAGE)	5	3	2	60%	40%	3	1	2	33%	66%	2	0	2	0	100%
TOTAL CLINICAL DATA 2014-2018	85	54	31	64%	36%*	38	22	16	58%	42%	12	5	7	42%	58%

CASE STUDY 2 – RENAL RECRUITMENT 2018

In 2017 funding was acquired to create 2 new Clinical Academic posts in the Renal Section. In line with previous Action Plans the Athena SAT was involved from the start of the process. A search committee was put in place to identify potential applicants, comprised of senior academics drawn from the wider Division, and included two senior female professors.

The positions were advertised widely in both the print edition of the BMJ as well as Nature online, and the College website during the summer of 2017 as well as promoted on social media. The advert was open for 8 weeks to maximise the opportunity to receive a number of high calibre applications. The Department reviewed adverts to ensure they were female friendly, and emphasise the option for part-time or flexible working, to facilitate those with caring responsibilities.

In total 5 applications were received, 3 from male applicants and 2 from female applicants (such numbers are anticipated for such a specialist position). The 2 female applicants suggested there would be synergy in appointing them as a “job share” whilst acknowledging they needed to be assessed independently. The shortlisting resulted in 3 candidates being invited for interview, namely 2 women and 1 man.

We ensured female representation on the recruitment panel. Both female candidates were successful. Following consideration they both opted to take up full-time Clinical Senior Lecturer posts, acknowledging that their respective areas of expertise (one is a pathologist and one is a renal clinician) complemented one another, and provided them with the opportunity for innovative collaborative research within a flexible working environment.

WORDS 262

Observations on staff recruitment data

In our last application (2014 – pooled data for prior 4 years) we reported that 24% of applications and 29% of appointments for non-clinical academic posts and 0% of clinical academic applications came from women.

Over the past 4 years these statistics have improved considerably. Now 47% applications for non-clinical academic jobs (53% appointments) and 36% applications (58% appointments) for clinical academic jobs come from women. We attribute this to Athena initiatives including search panels and better advertising.

We recognise that we still have to concentrate on the following:

- Maintaining momentum on initiatives to improve female applications
- Improving the recruitment of more senior women (Reader and Professor level)
- Improving the numbers of female Clinical Lecturers.

WORDS 119

ACTION PLAN 5.1: Continue have a minimum of one female and one male panel member in all recruitment panels with three or more members.

ACTION PLAN 5.2: Increase the number of people who are involved in line management and the recruitment process who have undertaken E+D and UBT training.

ACTION PLAN 5.3: Spread the use of the ‘Search Committee’ approach and the ‘Know Your Pool’ approach in order to target female candidates, especially at the more junior academic levels and clinical professor levels.

ACTION PLAN 5.4: Audit job descriptions and adverts for all academic posts for gender specific language.

ACTION PLAN 6.1: Annual audit of DoM website for diverse images and appropriate language.

ACTION PLAN 7.1: lobby for affordable childcare at HH campus (with a major goal being to improve attraction and retention of staff)

(ii) Induction

Describe the induction and support provided to all new academic staff at all levels. Comment on the uptake of this and how its effectiveness is reviewed.

Human Resources meet with all new starters and all new staff also receive a copy of “Imperial College Essentials”. In addition the DoM has a local induction pack, including: mentoring scheme, career development opportunities (departmental, PDC, LDC), key contacts, dates and activities, campus info, where to eat, bumps and babies, DoM Life site.

In our most recent survey 68% of staff were positive about the amount of information they had to effectively do their job (+2 variance from College as a whole) and 75% of people were positive about knowing where to ask for help.

The DoM Athena team has supported CATO in producing an updated welcome pack and website information especially for clinical academic trainees. According to the annual CATO survey (which now has Athena SAT driven questions embedded in it), **we have seen an increase in clinical research fellows who have a mentor (69% up from 44% in 2016).**

The DoM Athena team has also supported our campus-based postdoc teams to produce campus and post doc specific welcome packs. For our next application we will get better feedback on the quality of our specific induction processes (Action Plan 8.1).

WORDS 191

ACTION PLAN 8.1: Review the induction packs by job family/campus (by survey and phone interviews of new starters)

(iii) Promotion

Provide data on staff applying for promotion and comment on applications and success rates by gender, grade and full- and part-time status. Comment on how staff are encouraged and supported through the process.

In our 2014 application we demonstrated promotions impact by raising the rate of successful female promotions in line with their proportional representation in the academic staff pool.

To further cement fairness and transparency, since 2016 it has been DoM policy to consider all eligible researchers and academics for promotion, regardless of whether they put themselves forward. This is particularly to encourage women, who may have a tendency to seek promotion later and also to overcome any unconscious bias in a system which previously relied heavily upon Section Heads encouraging favoured candidates forward.

Once all eligible staff have been considered at Section level, potential promotions candidates are reviewed by the DoM promotions panel, which is chaired by the HoD. We have changed the composition of this panel to make it gender balanced and fairer. The current panel now includes: all Divisional Heads (or nominated deputies), the Athena SWAN lead, the Departmental Manager, the Athena Promotions champion and a Director of Education. The success of these reforms is demonstrated by the fact that in the last three promotion rounds – 2014/15 and 2015/16 and 2016/17– **100%** of our academics who applied for promotion were successful. Importantly, females remain fairly represented in our promotions figures. **Our promotions success rate is above the College average of 89% for women and 91% for men.**

The academic promotion panels consider each candidate's full workload. In addition to grant income, publications and teaching responsibilities, the application form asks for details of pastoral, student welfare, and administrative and management (including E+D) activities. The application form also includes a section on personal circumstances, giving applicants the opportunity to include anything that may have slowed down their career progression – and this is actively discussed in a positive manner at the promotions panel. (See Case Study KM)

College offers informal briefing sessions to candidates applying for promotion. These sessions cover the interview process and what to expect at the interview. In addition, the DoM arranges mock interviews for all their candidates and we prioritise one of our senior Athena promotions champion calling our female candidates to offer personal support/advice prior to the interview. Divisional Heads (or senior delegate) attends the promotion interviews with an opportunity to speak on the candidates' behalf. **WORDS 370**

Table 5.1.3: DoM Non Clinical Academic Promotions – total numbers over past 8 years

	Female			Male		
	Promotion Approved	Promotion Not Approved	Success Rate	Promotion Approved	Promotion Not Approved	Success Rate
2010		1	0%	2	1	67%
2011	5	1	83%	7	1	88%
2012				2		100%
2013	3		100%	5		100%
2014				2	1	67%
2015	5		100%			
2016	6		100%	5		100%
2017	1		100%			
Total	20	2	91%	23	3	88%

Table 5.1.4: DoM Non-Clinical Academic promotions pooled for 2010 to 2017, by grade

Promotion Type	Female Candidates			Male Candidates		
	Promotion Approved	Promotion Not Approved	Success Rate	Promotion Approved	Promotion Not Approved	Success Rate
Professor	7	2	78%	7	1	88%
Reader	3		100%	8		100%
Senior Lecturer	10		100%	8	2	80%
Total	20	2	91%	23	3	88%

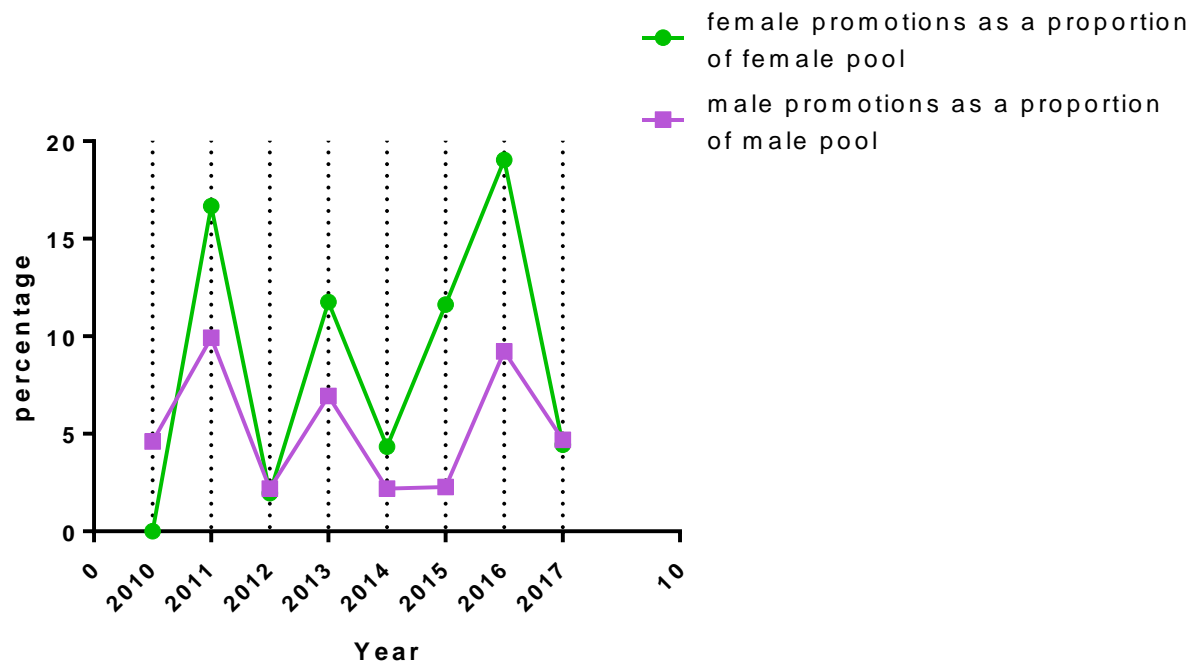
Table 5.1.5: Clinical Academic Staff DoM academic promotions pooled for 2010 to 2017, by grade

	Female			Male		
	Promotion Approved	Promotion Not Approved	Success Rate	Promotion Approved	Promotion Not Approved	Success Rate
2010				4		100%
2011	4		100%	6	1	86%
2012	1	1	50%	1	4	20%
2013	3		100%	5	1	83%
2014	2		100%	1		100%
2015				3		100%
2016	2		100%	8		100%
2017	1		100%	6		100%
Total	13	1	93%	34	6	85%

Table 5.1.6: DoM Clinical Academic promotions pooled for 2010 to 2017, by grade

Promotion Type	Female Candidates			Male Candidates		
	Promotion Approved	Promotion Not Approved	Success Rate	Promotion Approved	Promotion Not Approved	Success Rate
Clinical Professor	6		100%	22	3	88%
Clinical Reader	7	1	88%	12	2	86%
Clinical Senior Lecturer					1	0%
Total	13	1	93%	34	6	85%

Figure 5.1.1: Successful academic promotions as a proportion of pool



Observations from promotions data:

Women in the DoM proportionately do well in our promotions process, with no evidence of system gender bias in our processes

More recently, the DoM promotions panel has been made gender balanced and actively involves the Athena team.

WORDS 42

ACTION PLAN 6.2: DoM promotions showcase to advertise the elements of the process and our success rates.

ACTION PLAN 7.2: Embed responsibility to assess all eligible promotions candidates into senior leaders JDs, as well as requirements to give targeted feedback to those deemed unready.

(iv) Department submissions to the Research Excellence Framework (REF)

Provide data on the staff, by gender, submitted to REF versus those that were eligible. Compare this to the data for the Research Assessment Exercise 2008. Comment on any gender imbalances identified.

Table 5.1.6: RAE (2008) and REF (2014) return data (% FTE staff by gender)

	RAE 2008		REF 2014	
	total number submitted	% of total FTE submitted	total number submitted	% of total FTE submitted
F	56	28.10%	70	29.70%
M	143	71.90%	164	70.30%

Observations on REF data:

84.9% of eligible women and 82.8% eligible men in the DoM were “ref returned”. Women are represented in RAE and REF at exactly their proportionately in terms of their numbers in the academic staff pool.

Of note, special effort was made to ensure that people who worked less than full time or who had taken career breaks submitted appropriately accounted returns.

The DoM will continue to monitor this.

WORDS 72

SILVER APPLICATIONS ONLY

5.2. Key career transition points: professional and support staff

(i) Induction

Describe the induction and support provided to all new professional and support staff, at all levels. Comment on the uptake of this and how its effectiveness is reviewed.

(ii) Promotion

Provide data on staff applying for promotion, and comment on applications and success rates by gender, grade and full- and part-time status. Comment on how staff are encouraged and supported through the process.

5.2 (i) Induction

The role-specific induction for Professional and Support staff is undertaken by the line manager, and focuses on meeting key members of the central administration team, understanding the work of the Department and use of systems as relevant to the role (e.g. procurement, grant costings tools). Where possible, new staff are matched by their line manager with established members of the team undertaking similar roles to provide them with guidance and specific support; a recent example is of a new Section Manager commencing her role in Brain Sciences in March 2018 who is being supported by a Section Manager working in Experimental Medicine. **At our last departmental survey our PTO responses were extremely positive overall, with 88% of DoM PTO staff satisfied with access to information about how to get their job done and 85% who would recommend Imperial as a good organisation to work for. A gender breakdown of this data revealed NO DIFFERENCE in feedback on this between men and women.**

5.2 (ii) Promotion

Professional and Support staff at Imperial are not eligible for promotion. However, the College has uses a “Pay Relativity” mechanism so that achievement is recognised by either the award of a salary increment increase in recognition of on-going excellence, or a bonus for the completion of a specific piece of work out-with the individual’s role. It is an annual exercise and applications must be made by the Department or line manager.

Table 5.2.1 : Number of PTO staff rewarded via Pay Relativity

	Female Total	Female Percentage*	Male Total
2015	24	17.02	5
2016	16	9.47	1
2017	15	7.39	3

*Percentage of eligible pool

PTO responses in the departmental survey were extremely positive with regards career development opportunities, with 77% responding positively to being aware and open to career development opportunities (+18% against College wide average) and 92% (+13%) expressing a sense of personal accomplishment in their role. We looked at whether these response rates differed by gender and only for FEMALE TECHNICAL staff was there a hint of a difference with 76% being satisfied with career development opportunities (cf 84% men)

WORDS 340

ACTION PLAN 3.6: In conjunction with LSE perform a widespread assessment of the career development needs of our PTO staff

ACTION PLAN 8.2: Develop a PTO-specific Induction Pack

5.3. Career development: academic staff

(i) Training

Describe the training available to staff at all levels in the department. Provide details of uptake by gender and how existing staff are kept up to date with training. How is its effectiveness monitored and developed in response to levels of uptake and evaluation?

Table 5.3.1: Training undertaken 2014-2017, as logged by HR for DoM staff (pooled data, past three years, by job family). 'Talent Development' includes development course run by LDC, e.g. Calibre, IMPACT, Pegaus, Female Academic Development Centre.

TRAINING OPPORTUNITY	Non-clinical Academic		Non-clinical Research		Clinical Academic		Clinical Research		Teaching and Learning	
	F	M	F	M	F	M	F	M	F	M
Educational Development Unit	50	75	121	78	7	17	77	57	20	3
Equality Diversity and Inclusion Centre	9	4	13	3	4	10				
Finance	1	4	29	24		4	2	3		
Human Resources Division		3		1		1				
IT services/comms			1	1						
Learning and Development Centre	21	29	104	49	7	32	15	13	2	
Postdoc Development Centre	2	2	139	74		2	13	1		
Safety Training	31	34	201	153	1	10	21	32	2	
Talent Development	6	5	1		1	1				
TOTAL	120	156	609	383	20	77	128	106	24	3

Postdocs have access to the training and development opportunities offered by the award winning Imperial Postdoc and Fellows Development Centre (PFDC). **In 2018 this was extended to include CV building workshops and new Teaching workshops, which was in direct response to DoM Athena-supported postdoc feedback.** All postdocs are contractually entitled to use 10 days each year for personal development activities, promoted in the new DoM postdoc induction e-mail.

In 2018 the Postdoc Development Centre extended its remit to cover clinicians and mid-career fellows in response to feedback gathered via Medicine's Athena teams. **We are delighted that at the inaugural session last month 37 final year clinical PhD students or mid career fellows from our department (evenly gender split) attended and have signed up to future career development courses.** This has also been integrated with CATO and is a proud example of how Athena-driven principles can be enacted with greater impact at Faculty or College level.

Our Athena Team directed the new content of the Womens Academic Programme (to include assertiveness, managing caring responsibilities and negotiating difficult/aggressive situations). We ensured that two of our female clinical academics (both in the process of promotion to Readership) attended the inaugural year.

We were disappointed by the number of completed Equality Diversity and Inclusion Centre training programmes, especially by male staff (see Table 5.3.1 above). This was raised by the Athena Lead at SMB in 2018 we piloted an attempt to increase UBT and Active Bystander training at grassroots level. **Professor Ramesh Wigneshweraraj promoted to his Section locally delivered Unconscious Bias course with an emphasis on gender bias. The entire centre was strongly encouraged to attend (masters and PhD students, PTO staff, postdoctoral associates as well as all group leaders). 18/19 PIs attended and 60% of the remaining staff.** Feedback was 100% positive. This will be now rolled out across the DoM (Action Plan 5.2)

In 2017 our HoD committed departmental funds to send our senior female academics on Wellcome Trust run Senior Academic Leadership course. This was in response to the Athena driven interviews of all of our female professoriate (as a result of our previous Silver Action plan), which highlighted female concerns about lack of transparency for senior leadership roles for women in the DoM. 3 female professors benefitted from this investment.

Our recent staff survey reported that 61% of staff were satisfied or very satisfied with the training opportunities available to them. This is in line with the College average (60%) but we wish to use this as a benchmark for improvement moving forwards.

WORDS 423

ACTION PLAN 5.2 Increase the number of people who are involved in line management and the recruitment process who have undertaken E+D and UBT training

ACTION PLAN 3.5: Engage with Imperial's new Postdoc and Fellows Development Centre to ensure that our clinical academics are accessing more training/career development support.

(ii) **Appraisal/development review**

Describe current appraisal/development review schemes for staff at all levels, including postdoctoral researchers and provide data on uptake by gender. Provide details of any appraisal/review training offered and the uptake of this, as well as staff feedback about the process.

Personal Review and Development Plan (PRDP)

All DoM staff are required to complete a Personal Review and Development Plan (PRDP) annually. DoM PRDP return rate is high at 78%

However our staff survey data suggests that staff satisfaction with the PRDP process (as a vehicle for career development) is below College average at 48%. This will be a major area for focus for us moving forwards (see Action Plan box below):

We have engaged our postdoc teams to improve their version of the PRDP form.

We have engaged our Athena education leads to find a network of experts who can be called upon to provide PRDP support for people whose line managers are more research focussed.

We will undertake a PRDP Quality Control Project in collaboration with the College's Learning and Development Centre. The aim will be to randomly audit the quality and effectiveness of our PRDPs. This will be feedback to SMB.

In June 2018 our HoD will lead a campus-based PRDP workshop, open to all staff, giving advice how to get the best out of your PRDP.

WORDS 179

ACTION PLAN 4.2: Carry out the PRDP form sampling exercise in 2019 in conjunction with LDC. Produce DoM PRDP guidelines based on the outcomes of the PRDP Quality Control Project.

ACTION PLAN 4.3: Run regular PRDP drop in sessions championed by HoD (first one scheduled for May 2018)

ACTION PLAN 4.4: Support development of postdoc specific PRDP forms

ACTION PLAN 4.5: Develop network of education specialists able to help PRDPs of people who are interested in career development in education but whose line managers are research focussed.

(iii) Support given to academic staff for career progression

Comment and reflect on support given to academic staff, especially postdoctoral researchers, to assist in their career progression.

Mentoring

In 2014 The DoM SAT launched our in-house mentoring scheme with help from the Learning and Development Centre. Since our last Silver award we have led an initiative to extend this scheme across the entire Faculty of Medicine. Matching is still done locally (at the department level, by our Athena administrative team) – with access to a shared FoM database. The ethos of the scheme has been inclusive such that all staff (academic, research, teaching and PTO) are covered. 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”.

IMPACT

The SAT performed its mentoring feedback consultation in 2016 and the average rating on the quality of the mentoring scheme from responders (representing ALL job families) was 91%. 40% of 60 people who have used the scheme are women.

Free comments included:

“Talking to my mentor was extremely useful for me to identify crucial next steps and effective actions to improve my impact and career.”

Since we have a particular gendered attrition problem amongst clinical academics, we asked CATO to work with us to promote applicable career development support in the DoM, including our mentoring scheme. **We were happy to see that 2017 increase in the number of clinical research fellows (60% F) who have a mentor (69% up from 44% in 2016).**

WORDS 232

Postdoctoral research associates

We work closely with Imperial's nationally recognised, outstanding Postdoc and Fellows Development Centre (PFDC). Much of the career development support we give to our postdocs is preparing them for an academic post (usually elsewhere):

1. Postdoctoral Travel Award scheme. £5000 fund provided by the DoM, to support postdocs to attend conferences, including provision for childcare costs. **Since inception 61% applicants and 75% awardees have been women.**
2. Updated postdoc e-mail list to ensure clear and direct communication (via our Athena Departmental Staffing Coordinator) rather than relying on cascading from group leaders.
3. This year's postdoc symposium was attended by our HoD and Campus Dean at the request of our Athena team. We also reminded PIs that postdoc attendance should be encouraged and about the 10 days available to them for career development.
4. Campus-based post doc induction/welcome emails.
5. Our postdoc team is leading the implementation AT COLLEGE LEVEL of refined postdoc PRDP forms. This is an example where we believe that integrating our Athena projects more widely has better impact.
6. Improved access for our postdocs to formal teaching qualifications. This is in response to Athena-garnered feedback that postdocs did not feel recognised for the often extensive teaching load that they take on.

Our DoM postdocs won the College award for best team (HH campus) and its team leader and SAT member Delphine Rolando won last year's award for outstanding contribution.

"Delphine Rolando has has worked tirelessly over the past year towards improving postdoc life on campus and ensuring that opportunities for postdocs to learn and grow are available....."

Academic staff on probation

Non-clinical lecturers and clinical senior lecturers have a three-year probation period during which they are supported extensively. They are each assigned an academic advisor to support them, and they have annual interim probation reviews; this is more than the College requirement.

WORDS 309

Clinical staff

Our Athena Clinical Task Force has undertaken:

1. One to one interviews of all Female Clinical Professors in DoM – completed early 2015.
2. Integration with CATO and inclusion of Athena-specific questions in their annual survey.
3. Integration of DoM mentoring scheme with CATO.
4. Closer links to the extended remit PFDC to ensure final year CRFs and CLs are covered.
5. Audit of success at Clinical Excellence awards for our senior female clinical academics (See section 5.6 (v)).
6. Annual talks by female mid-career clinician scientists on work life balance to junior doctors interested in clinical research routes. At the last meeting we had overwhelmingly good feedback with 100% of the female respondents citing the talks by female clinician scientists talking about family juggles as inspiring.

IMPACT

In the female professor interviews we discovered concerns about a “anointed not appointed” culture with regards senior leadership positions. In response we will implement a more transparent system of leadership appointments in the department. We aim to have 5 year fixed appointments for positions such as Divisional Heads, with an open application and interview process and, crucially, **job descriptions that have career development of junior staff as a core responsibility.** (Action 7.2)

WORDS 201

ACTION PLAN 3.5: Engage with Imperial’s new Postdoc and Fellows Development Centre to ensure that our clinical academics are accessing more training/career development.

ACTION PLAN 3.7: Develop the DoM uptake of our mentoring scheme as part of the FoM mentoring scheme. Particularly target female clinical academics.

ACTION PLAN 3.8 : FOCUS GROUP postdocs regarding access, quality and usefulness of training opportunities.

ACTION PLAN 7.3: Change the process of appointment to Section or Divisional Head, incorporating an open application process and transparent job description (with a heavy element dedicated to career development of all staff).

ACTION PLAN 7.4: Reach out to with clinical training programme directors, HENWL, RCP and Ac Med Sci and NHS Trust regarding maternity reciprocity.

(iv) Support given to students (at any level) for academic career progression

Comment and reflect on support given to students at any level to enable them to make informed decisions about their career (including the transition to a sustainable academic career).

In response to 2014 Action Plan, we now email all PGR students to regularly encourage engagement with the Graduate School. **As a result we have seen a huge take up of these courses (see Table 5.3.2 below) and they are particularly popular with women**

We are now targeting our clinical PhD students with new PFDC remit – including 1:1 coaching (Action Plan 3.5), and via CATO (see Section above).

WORDS 68

Table 5.3.2: Uptake of Graduate School Development courses and training by DoM students 2017

Name of Professional Development Course	M	F	Total M+F	Male %	Female %
Mastering Presentations 1: Presentation Skills	0	7	7	0%	100%
Mastering Presentations 2: Informational Posters	5	7	12	42%	58%
Mastering Presentations 3: Public Speaking	0	1	1	0%	100%
Mastering Presentations 4: Introduction to Poster Design	9	22	31	29%	71%
Moving Forward 1: CVs, Cover Letters and Applications Forms	0	2	2	0%	100%
Moving Forward 2: Developing your Career Through Networking	0	2	2	0%	100%
Moving Forward 3: Interview Skills	9	23	32	28%	72%
Research Effectiveness 1: Time Management	0	4	4	0%	100%
Research Effectiveness 2: Research Skills	0	1	1	0%	100%
Research Effectiveness 3: Creative Thinking	1	3	4	25%	75%
Research Effectiveness 6: Critical Thinking (MRES)	0	1	1	0%	100%
Understanding Yourself and Others 1: Interpersonal Skills	0	4	4	0%	100%
Understanding Yourself and Others 2: Myers Briggs	1	2	3	33%	67%
Understanding Yourself and Others 3: Stress Management	0	2	2	0%	100%
Understanding Yourself and Others 4: Negotiation Skills	0	1	1	0%	100%
Understanding Yourself and Others 5: Leadership Skills	0	1	1	0%	100%
Webinar: Presentation Skills: An Audience-Centred Approach	0	3	3	0%	100%
Writing for Masters 1: Note Taking and Examination Skills	0	2	2	0%	100%
Writing for Masters 2: Literature Review	0	11	11	0%	100%
Writing for Masters 3: Dissertation and Thesis	5	31	36	14%	86%
Writing for Masters 4: PhD Proposal (MRES)	0	1	1	0%	100%
2017/18 Professional Development Course Attendance Totals: (up to 16/03/2018):	30	131	161	18.63%	81.37%

(v) Support offered to those applying for research grant applications

Comment and reflect on support given to staff who apply for funding and what support is offered to those who are unsuccessful.

Since our last application the DoM has invested heavily (>£140,000 since 2016) in support for research grant applications and our senior Research Strategy manager works very closely with our Athena Team and Departmental manager to ensure that our E+D agenda underpins this work.

Our research coordinators assist with guidance regarding funding opportunities, including tailored email notifications. They arrange for grant applications to be internally peer reviewed and facilitate mock interviews – particularly for female mid-career applicants (26 women and 25 men have benefitted from this in the past 3 years).

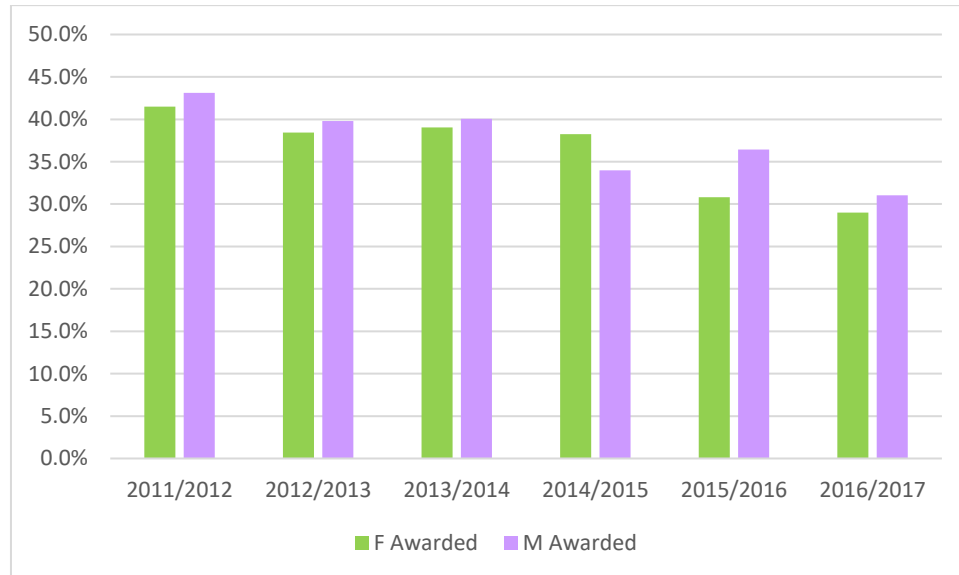
WORDS 106

In response to a previous Silver Action plan, we present our grant application data by gender:

Table 5.3.3: Total number of grants submitted (any size) by gender

Year	F	M	%F
2012/2013	203	520	28%
2013/2014	187	437	29%
2014/2015	230	465	33%
2015/2016	185	387	32%
2016/2017	231	432	35%

Figure 5.3.1 % awarded of total grants submitted by DoM researchers – split by gender



We looked at mid-career grant applications: New Investigator awards, Career Development (CD) Fellowships and Intermediate (I) Clinician Scientist fellowships.

Figure 5.3.2a: Total Number of CD/I fellowships submitted

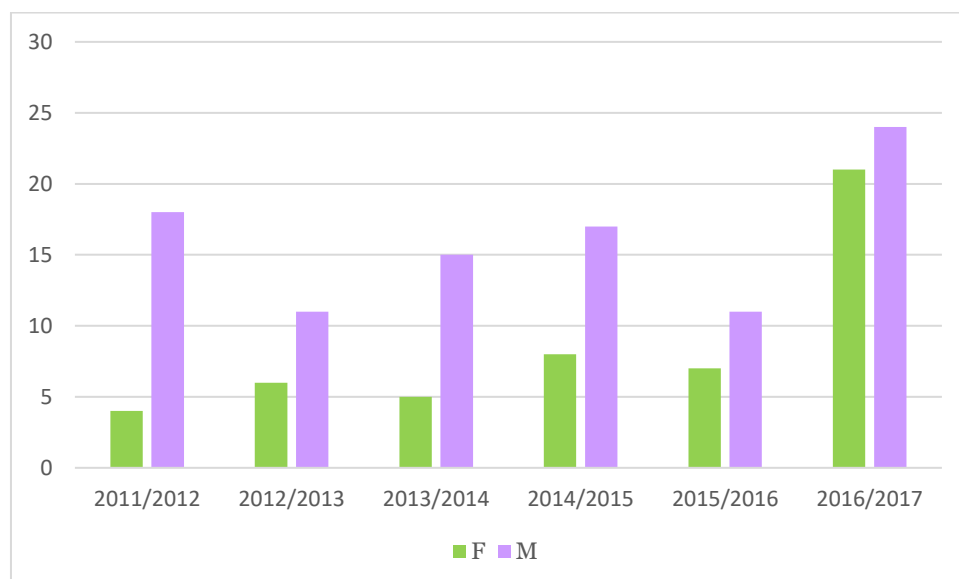


Figure 5.3.2b: % of Total CD I Fellowships awarded

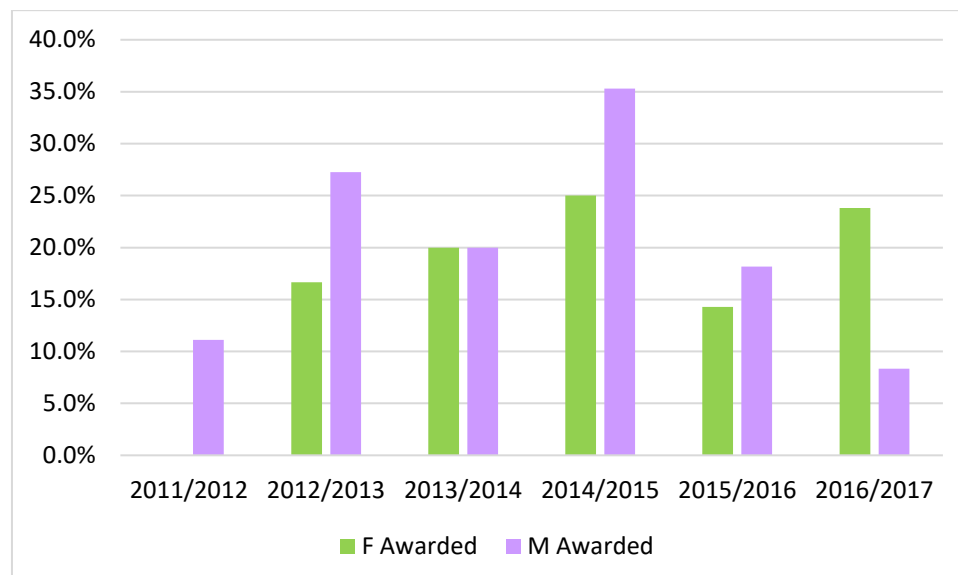


Table 5.3.4: Benchmarking - MRC published data on grant success rates by gender (2017)

Grant type	Gender	No. of applications		No. of applications awarded		Success rate (%)
New Investigator Research Grants	Female	46	46%	11	46%	24%
	Male	54	54%	13	54%	24%
Partnership Grant	Female	7	33%	1	33%	14%
	Male	14	67%	2	67%	14%
Programme Grants	Female	10	20%	3	18%	30%
	Male	40	80%	14	82%	35%
Research Grants	Female	527	34%	123	35%	23%
	Male	1021	65%	226	65%	22%
Total (excl. Centre Grants)	Female	590	34%	138	35%	23%
	Male	1129	65%	255	65%	23%

Table 5.3.5: Gender distribution of DoM Grant success rates by amount applied for

Amount Applied for	Applications F	Applications M	Successful F	Successful M	Success rate F	Success rate M
2011/2012	4	18	0	2	0.00%	11.10%
£100,000 - £499,999	1	4	0	0	0.00%	0.00%
£500,000 - £999,999	3	7	0	2	0.00%	28.60%
£1,000,000+	0	7	0	0	0.00%	0.00%
2012/2013	6	11	1	3	16.70%	27.30%
£15,000 - £99,999	0	1	0	0	0.00%	0.00%
£100,000 - £499,999	3	0	1	0	33.30%	0.00%
£500,000 - £999,999	2	7	0	2	0.00%	28.60%
£1,000,000+	1	3	0	1	0.00%	33.30%
2013/2014	5	15	1	3	20.00%	20.00%
£15,000 - £99,999	0	1	0	1	0.00%	100.00%
£100,000 - £499,999	1	2	0	0	0.00%	0.00%
£500,000 - £999,999	2	7	0	1	0.00%	14.30%
£1,000,000+	2	5	1	1	50.00%	20.00%
2014/2015	8	17	2	6	25.00%	35.30%
£100,000 - £499,999	3	6	1	2	33.30%	33.30%
£500,000 - £999,999	4	7	1	2	25.00%	28.60%
£1,000,000+	1	4	0	2	0.00%	50.00%
2015/2016	7	11	1	2	14.30%	18.20%
£100,000 - £499,999	1	2	1	1	100.00%	50.00%
£500,000 - £999,999	5	4	0	0	0.00%	0.00%
£1,000,000+	1	5	0	1	0.00%	20.00%
2016/2017	21	24	5	2	23.80%	8.30%
£100,000 - £499,999	2	6	1	1	50.00%	16.70%
£500,000 - £999,999	9	10	2	0	22.20%	0.00%
£1,000,000+	10	8	2	1	20.00%	12.50%

Observations about research grant data:

Women are applying for grants in the DoM proportionately for their numbers and overall are equally successful as men

We are delighted that with Athena and Research Office input, female applications for mid-career development fellowships (a major attrition point for female academics) has gone from 18% to 47% and female success rate at mid career now greatly outstrips men (25% compared with <10%). We now need to focus on getting male success rates in line with MRC national benchmarking. Importantly, women are not underperforming or less likely to get very large grants either.

WORDS 98

SILVER APPLICATIONS ONLY

5.4. Career development: professional and support staff

(i) Training

Describe the training available to staff at all levels in the department. Provide details of uptake by gender and how existing staff are kept up to date with training. How is its effectiveness monitored and developed in response to levels of uptake and evaluation?

Table 5.4.1: Pooled data for 3years on training opportunities taken up by DoM PTO staff (central HR data). Note that current figures for staff numbers are: professional staff 214 (63% F), technical 81 (74% F) and operational 5 (80% F).

TRAINING OPPORTUNITY	Professional Services		Technical Staff		Operational Staff	
	F	M	F	M	F	M
Educational Development Unit	22	4	4	6	0	0
Equality Diversity and Inclusion Centre	55	7	2		0	0
Finance	207	58	28	11	0	0
Human Resources Division	8	10	1		0	0
IT services/comms	4	1	0	1	0	0
Learning and Development Centre	562	145	93	23	0	0
Postdoc Development Centre	15		3		0	0
Safety Training	151	105	123	60	5	0
Talent Development	37	6	0	0	0	0
TOTAL	1061	336	254	101	5	0

We are pleased that our Professional staff have good access to all of our training opportunities and this is reflected by excellent survey results on this topic, with 77% satisfied with learning and development opportunities (+18% from College average). However we note that our technical and operational staff members seem not to be accessing these opportunities in the same way and we wondered whether this might be due to a lack of tailored activity for these groups.

In 2018 we linked up with the London School of Economics and are currently undertaking a large project (supervising two HR Masters' students) to look in detail at the career development requirements of our PTO staff with a special interest in technicians. We will report on this internally and aim to publish more widely in 2019 (See Action Plan 3.6).

WORDS 136

(vi) Appraisal/development review

Describe current appraisal/development review schemes for professional and support staff at all levels and provide data on uptake by gender. Provide details of any appraisal/review training offered and the uptake of this, as well as staff feedback about the process.

70% of PTO staff have completed a PRDP this year with 75% reporting it to be a worthwhile and high quality process (no gendered discrepancies). This is significantly higher than the College average but we wish to further improve on this with the LSE project mentioned above, taking a particular look at the PRDP process for technicians.

WORDS 54

(ii) Support given to professional and support staff for career progression

Comment and reflect on support given to professional and support staff to assist in their career progression.

Support staff are actively encouraged to attend Learning and Development Centre (LDC) courses and discussion around training courses forms a significant part of the PRDP for PTO staff. The Department established its own mentoring scheme in 2014 which has proved successful, with positive feedback from both mentors and mentees in the PTO family

In the past twelve months there have been two secondment opportunities, providing individuals in the Department with an opportunity to obtain experience either at a higher level or in a different area, and which have led to those candidates securing the positions on a permanent basis.

WORDS 99

5.5. Flexible working and managing career breaks

(i) Cover and support for maternity and adoption leave: before leave

Explain what support the department offers to staff before they go on maternity and adoption leave.

Information dissemination

The DoM webpage showcases the commitment to supporting a productive work/life balance:

- Profiles of a range of DoM staff members happy to be contacted confidentially about a range of issues from workplace nurseries to flexible working arrangements.
- A link into the College's Maternity Mentoring Scheme and the Parents @ Imperial site.
- A link to the College's Paternity mentoring scheme (note that the DoM has a senior paternity mentor and we also have statements from several senior male academics about the importance of work/life balance).
- Links to other College family-friendly schemes eg Childcare Vouchers, emergency childcare cover etc.

We have also worked with CATO to ensure that this is also entrenched in their Welcome packs for clinical research fellows.

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. 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.

WORDS 175

(ii) Cover and support for maternity and adoption leave: during leave

Explain what support the department offers to staff during maternity and adoption leave.

While an academic or research staff member is on leave, their research and teaching responsibilities are dealt with on a case-by-case basis, e.g. teaching duties are covered by other staff members for the duration of the leave. For PTO staff maternity cover posts are advertised when appropriate.

Staff are entitled to up to 10 'Keeping in Touch Days' which they can use for doing work or attending training.

Staff on fixed-term contracts, e.g. postdocs, have the same leave entitlements as comparable staff on open ended contracts. If funded by external project grants, such staff are often eligible for a no-cost extension of their grant; some funders also cover all or part of the maternity leave costs.

(iii) Cover and support for maternity and adoption leave: returning to work

Explain what support the department offers to staff on return from maternity or adoption leave. Comment on any funding provided to support returning staff.

New breastfeeding and baby changing facilities

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

Elsie Widdowson Fellowship Uptake

This award relieves the returning academic of teaching or administrative duties to concentrate fully on their research upon return from maternity/adoption/parental leave. It has been awarded to 14 people in the DoM since 2010, **close to 100% uptake**.

Post doc travel grants to include arrangements for child care cover

Postdoc travel grants, awarded competitively to the brightest postdocs wishing to showcase their work nationally and internationally. **A centrally funded scheme (inspired by DoM scheme) is now available to separately apply for childcare costs** (see Action Plan 7.5)

Nursery Provision

The DoM recognises that affordable, onsite childcare is a crucial benefit for attracting and retaining staff, particularly mid career women. The Imperial EYEC nursery at South Kensington is an Outstanding nursery. However, many of our staff occupy HH and SMH sites, for whom the the SK nursery is inconvenient. **In 2017 the DoM Athena team supported a consultation process at SMH. In direct response to this, the College has ratified a workplace agreement with a nursery very close to our SMH site allowing the local childcare at the same subsidised rates as EYEC.**

We used to enjoy a workplace agreement with the Hammermith Hospital (NHS Trust) nursery but sadly this closed in 2017. DoM is spearheading the campaign to ensure that replacement childcare provision is provided locally, especially with the opening of the nearby Imperial West campus. We led a survey in January 2018

To this end, the DoM SAT has led a departmental and ultimately FoM-wide staff consultation survey on HH/Imperial West campus childcare in January 2018. This had a 40% return rate, including from staff who were not imminent or likely-ever users of onsite childcare. There was near universal support for it, with a particular focus on its role in female staff retention. This data is now being used by our HoD and Faculty Dean to plan at the very highest level the provision of childcare at our newest Imperial campus (See Action plan 7.1)

WORDS 362

(iv) **Maternity return rate**

Provide data and comment on the maternity return rate in the department.
Data of staff whose contracts are not renewed while on maternity leave should be included in the section along with commentary.

SILVER APPLICATIONS ONLY

Provide data and comment on the proportion of staff remaining in post six, 12 and 18 months after return from maternity leave.

Our maternity return rates are extremely high at 90-100% for all academic and research job families. Notably only technical staff have lower return rates, and this continues to drop up to 18 months (see Action Plan 3.6). 18 month return rates for research staff are also lower than for academic staff, but this is more likely to reflect the fixed term nature of their contracts (ie expected attrition). Similarly clinical academics have lower 18 month return rates, because many are Clinical Research Fellows who move on to Consultant positions elsewhere.

There are no examples of where contracts have not been renewed whilst a staff member was on maternity leave.

Our Athena lead has ensured that the agreement for continuity of service for maternity benefits between the College and Imperial College NHS Trust is mentioned by CATO, is explicitly written in our HR maternity policy and that, crucially, our local training programme directors are aware (so that female CRFs finishing a PhD with us and are pregnant return to posts in our affiliated NHS Trust to ensure full maternity benefits).

WORDS 179

ACTION PLAN 7.3: Reach out to with clinical training programme directors, HENWL, RCP and Ac Med Sci and NHS Trust regarding maternity reciprocity

Table 5.5.1: Maternity return data set pooled for 10 years (2001-2017) for DoM by Job Family

JOB FAMILY	Instances of maternity leave	Number of immediate returners	Number of those who did not return	Immediate return rate	Proportion of immediate returners still employed at 6 months	Proportion of immediate returners still employed at 12 months	Proportion of immediate returners still employed at 18 months
Non-Clinical Academic Staff	12	12		100%	100%	100%	92%
Non-Clinical Research Staff	87	78	9	90%	77%	63%	54%
Clinical Academic Staff	8	8		100%	88%	75%	71%
Clinical Research Staff	80	74	6	93%	87%	77%	69%
Learning & Teaching Staff	0						
NHS Nurses	6	6		100%	67%	50%	60%
Professional Services	60	54	6	90%	84%	75%	66%
Technical Services	33	24	9	73%	77%	62%	48%
TOTAL	286	256	30	90%	83%	71%	63%

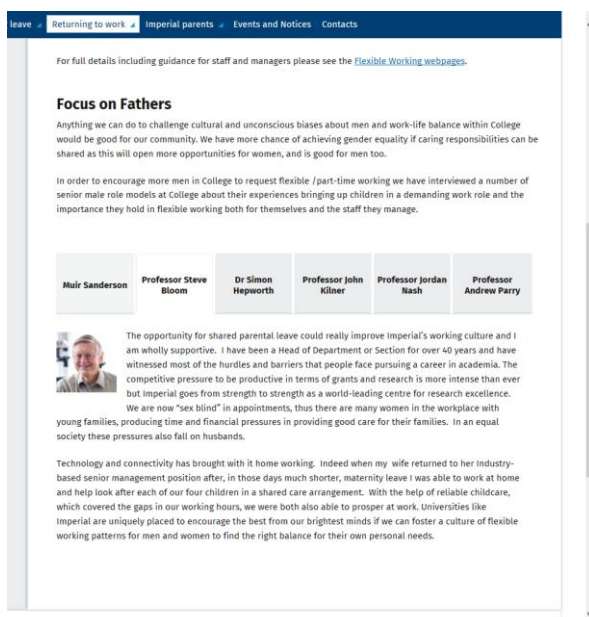
(v) **Paternity, shared parental, adoption, and parental leave uptake**

Provide data and comment on the uptake of these types of leave by gender and grade. Comment on what the department does to promote and encourage take-up of paternity leave and shared parental leave.

The DoM has supported over 40 episodes of paternity leave since its inception, although this data is probably incomplete:

Table 5.5.2: Instances of Paternity Leave (formally recorded) in the DoM by Job Family – pooled for the past 10 years

Staff Type	Instances of Paternity Leave
Non-Clinical Academic Staff	5
Non-Clinical Research Staff	10
Clinical Academic Staff	4
Clinical Research Staff	17
Learning & Teaching Staff	0
NHS Nurses	0
Professional Services	6
Technical Services	1
TOTAL	43



Screenshot: Our DoM Life webpage links to College pages about promoting Flexible Working and paternity/shared parental leave. DoM Athena SAT ensured that SENIOR men from our department had a presence.

Table 5.5.3: Instances of Paternity Leave (formally recorded) in the DoM per year since 2007

Year	Instances of Paternity Leave
2007	1
2008	7
2009	4
2010	2
2011	3
2012	5
2013	2
2014	8
2015	1
2016	4
2017	6
TOTAL	43

Very pleasingly male uptake of Shared Parental Leave is the highest in the Faculty of Medicine, with early pointers suggesting that uptake is rising.

Shared Parental Leave Summary Box

4 instances of Shared Parental Leave in the DoM
1 in 2016, 3 in 2017
3 men (Clinical and Non-Clinical Research)
1 woman (Professional Services)

Staff going on paternity leave receive a support package from HR which includes information on the paternity policy as well as support and facilities available to new parents and access to our Paternity Mentoring scheme (See Case Study 2 Professor Kevin Murphy).

WORDS 93

ACTION PLAN 7.6: Paternity leave/shared parental leave case studies on DoM life

(vi) **Flexible working**

Official numbers of PT workers with in the DoM are given here:

Table 5.5.4: Numbers (and % of the representative pool) of men and women working on formal part time contracts in the DoM (by job families)

	Female numbers (% of pool)	Male numbers (% of pool)
Non-Clinical Academic staff	4 (15%)	17 (28%)
Clinical Academic Staff	6 (25%)	9 (13%)
Research Staff	19 (10%)	8 (5%)
Clinical Research Staff	14 (25%)	3 (10%)
PTO staff	51 (24%)	9 (10%)

Much more commonly our staff enjoy informal working arrangements supporting flexible working without reducing hours. This is facilitated by secure remote desktop and e-mail access as well as videoconferencing facilities for remote meeting attendance. 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. 92% of our staff confirmed that they**

were happy with this arrangement on our last staff survey (no gender bias – see Table 5.6.1).

WORDS 99

(vii) Transition from part-time back to full-time work after career breaks

Outline what policy and practice exists to support and enable staff who work part-time after a career break to transition back to full-time roles.

The DoM encourages flexible working, and each request for a change in hours is dealt with individually. Return to FT is encouraged and supported. (Case Study 1 – JT).

28 words

5.6 Organisation and culture

(i) Culture

Demonstrate how the department actively considers gender equality and inclusivity. Provide details of how the Athena SWAN Charter principles have been, and will continue to be, embedded into the culture and workings of the department

The HoD has taken renewed efforts to integrate our Opportunities Committee into the Senior Management structure, as a vehicle for ensuring that our working culture is truly underpinned by our Equality and Diversity principles. A major element of our previous Athena application was promoting family friendly policies. Focus group summaries this year indicate that our attempts are having an impact: “family-friendly policies, awareness and visibility of women balancing successful academic careers with having a family and mentoring” has increased significantly and is appreciated, but we need to continue to work towards consistency of implementation.

We also rely heavily on our staff survey to garner clues as to where renewed efforts should be focussed (Table 5.6.1).

Staff survey results were below expected for leadership, and this relates to our very large size and geographic spread. In order to address this issue we funded a new post entitled Digital Communications Manager. Genevieve Timmins now works closely with the Athena team to create and disseminate our responses to issues raised in our staff survey. For example, poor opinions of fairness in our promotions process is not always warranted, given the huge Athena-driven successes in this arena. This now needs to be celebrated and advertised better. Our HoD has personally delivered the survey results and Athena response to the department and is also a keen champion of PRDP workshops. In 2017 we also hosted (on request) the Faculty Dean and senior leaders at an informal lunch (for all staff) and Roadshow event (at all of our campuses). **252 words**

TABLE 5.6.1 DoM Staff Survey Questions – Wins and Losses – split by gender

Staff Survey Question	% overall positive response	% F positive responses	% M positive responses	Actions/Response
As long as I get the work done, I am trusted to organise my workload in a way that suits me	92%	95%	92%	Continue to monitor and promote flexible working attitudes in the DoM.
I have the opportunity for development and growth at the College	57%	57%	60%	Action Plan Section 3 (career development). In particular, better interaction with the LDC, PFDC etc, improved PRDP discussion, entrenchment of career development responsibilities into JDs of leaders.
I feel confident that my Department/Division takes the necessary steps to ensure I am safe in the workplace	84%	85%	84%	Continue to monitor via Departmental Safety Committee.
My line manager is open to my ideas and suggestions for change	70%	72%	69%	Improved platforms for discussions with line managers eg PRDP. Departmental website has a portal for leaving comments/suggestions. See Action Plan Section 4.
My line manager takes an interest in my long term career development	59%	58%	63%	Improved platforms for discussions with line managers eg PRDP. Departmental website has a portal for leaving comments/suggestions. See Action Plan Section 4.
I am treated with dignity and respect	77%	81%	74%	Increase roll out and Sectional Uptake of Active Bystander Training alongside Unconscious Bias Training. See Action Plan 5.2.
I believe career progression is fair within Imperial (regardless of: ethnic background, gender, religion, sexual orientation, disability or age)	56%	54%	61%	We are disappointed with this and also note a possible gender split in these results. We will work hard with our newly appointed Communications Officer to regularly update staff about Athena Successes, starting with a promotions newsletter (Actions 6.2 and 6.3) and PRDP briefings championed by the HoD (Action 4.3).
The College's leaders are sufficiently visible in this organisation	32%	34%	29%	Dean and HoD roadshows (see main text), transparent job descriptions for leadership positions (Action 7.3) , clearer fixed-term leadership positions, HoD championing Athena events eg the Lecture, PRDP workshops.

Here are the major areas/examples where we have made concerted efforts and impact on departmental culture since the last application (each are described in detail in various sections):

1. Our promotions process requires ALL eligible staff to be considered by local Section heads. The departmental promotions board has Equality and Diversity representatives and talks about ALL areas of contribution to departmental life. We also actively and positively consider people with caring responsibilities.
2. Our Senior Management Board has been opened up, is more diverse and more transparent.
3. Our senior leadership is more representative of the gender and ethnic mix of our professoriate.
4. Our research strategy office is very closely linked to our Athena team and our mid career fellowship success is now gender neutral.
5. We have adopted progressive recruitment practices – completely turning around the former precipitous drop in numbers of female Senior Lecturers.
6. We are pushing uptake, particularly amongst senior staff, of unconscious bias and bullying and harassment training.
7. We are making senior leadership positions more transparent, with job description that have a heavy emphasis on career development responsibilities.
8. We actively discourage working outside our core hours.
9. We have had more senior academics attending and supporting our post doc symposia.
10. We have engaged two MSc students from LSE to undertake a project to tease out the career development issues that we should be prioritising for our PTO staff.
11. We have raised the profile and financial support for our Athena Lead.
12. We have a new communications officer who has a remit to ensure that these initiatives, and more, are as well publicised as possible.

273 words

(ii) HR policies

Describe how the department monitors the consistency in application of HR policies for equality, dignity at work, bullying, harassment, grievance and disciplinary processes. Describe actions taken to address any identified differences between policy and practice. Comment on how the department ensures staff with management responsibilities are kept informed and updated on HR policies.

We have invested in a new post of Deputy Departmental and Operations Manager (Joanna Thompson – Case Study 1) whose main responsibility is to manage complex issues on behalf of the Department, such as Investigating Officer for grievance and disciplinary matters. Joanna also provides leadership on projects to improve culture, equality and diversity within the Department, and works very closely with the Athena champions to prioritise fairness and transparency when conducting investigations.

According to the 2017 Staff Survey, 77% of staff are satisfied with fairness and transparency in processes in the DoM and 71% believe the department to be inclusive, which remains unchanged from the previous survey.

WORDS 106

(iii) Representation of men and women on committees

Provide data for all department committees broken down by gender and staff type. Identify the most influential committees. Explain how potential committee members are identified and comment on any consideration given to gender equality in the selection of representatives and what the department is doing to address any gender imbalances. Comment on how the issue of 'committee overload' is addressed where there are small numbers of women or men.

The main decision-making committee is the Senior Management Board. **At our first Athena application, the make-up of this committee was entirely male.** The HoD has actively opened up this committee. The Athena lead (Director of Development and Opportunities) is a full member with the standing opening slot. Section as well as Divisional Heads are now included, as well as the Departmental Research Coordinator. Thus the current make up of our SMB has risen to **28% female** and is shown in the table below:

**Table 5.6.2: Senior Management Board (SMB) membership for DoM (2018).
Starred members are also regular attenders/members of the Athena SAT.**

Name	Representing
Praveen Anand	Head of Section - Centre for Clinical Translation
Jane Apperley*	Head of Section - Centre for Haematology
Charles Bangham	Head of Division – Immunology and Inflammation
Duncan Bassett	REF Academic Lead
Steve Bloom	Head of Division – Diabetes, Endocrinology and Metabolism
Marina Botto	Head of Division - Infectious Disease
Andy Bush	Paediatrics
Terry Cook	Head of Section - Centre for Pathology
Waljit Dhillon	Investigative Medicine
Paul Farrell	Chair of Departmental Safety Committee
Ten Feizi	Head of Section - Glycosciences
Guido Franzoso	Head of Section - Centre for Cell Signaling & Inflammation
Name	Representing
Paul Freemont	Head of Section - Centre for Structural Biology
Jon Friedland	Head of Section - Infectious Diseases & Immunity
Jorge Ferrer	Head of Section - Epigenomics
Steve Gentleman*	Director of Education
Leah Grey*	Departmental Staff Coordinator
Des Johnson	Endocrinology & Metabolic Medicine
Chris Kendrick	Finance Manager
Anne Lingford Hughes*	Head of Section - Centre for Psychiatry
Paul Matthews*	Head of Division – Brain Sciences
Chris Neill	Education Manager
Chrystalla Orphanides	Research Manager
Paola Piccini	Head of Section - Centre for Neuroinflammation & Neurodegeneration
Vanessa Powell*	Departmental Manager
Charles Pusey	Head of Section - Renal & Vascular Inflammation
Guy Rutter	Cell Biology
Vicky Salem*	Director of Development and Opportunities (Athena Lead)
David Sharp	Head of Section – Centre for Restorative Neurosciences
Joanna Thompson*	Deputy Departmental Manager
Ramesh Wigneshweraraj	Head of Section - Microbiology
Martin Wilkins*	Head of Department
Graham Williams	Director of Research

Photo 5.6.1: Photo of a recent get together of our Athena SAT/DOC and Senior Management Board



The Education Strategy Committee (3F and 5M) is chaired by SAT member Prof Steve Gentleman. **Note female representation on this committee has increased from 14% in 2014 to 38% now.** The Departmental Safety Committee is gender balanced (12 F and 13 M, the Vice Chair, our chief technician, Dr Sharon Stubbs is also a member of our Athena SAT).

Words 83 + 59

(iv) Participation on influential external committees

How are staff encouraged to participate in other influential external committees and what procedures are in place to encourage women (or men if they are underrepresented) to participate in these committees?

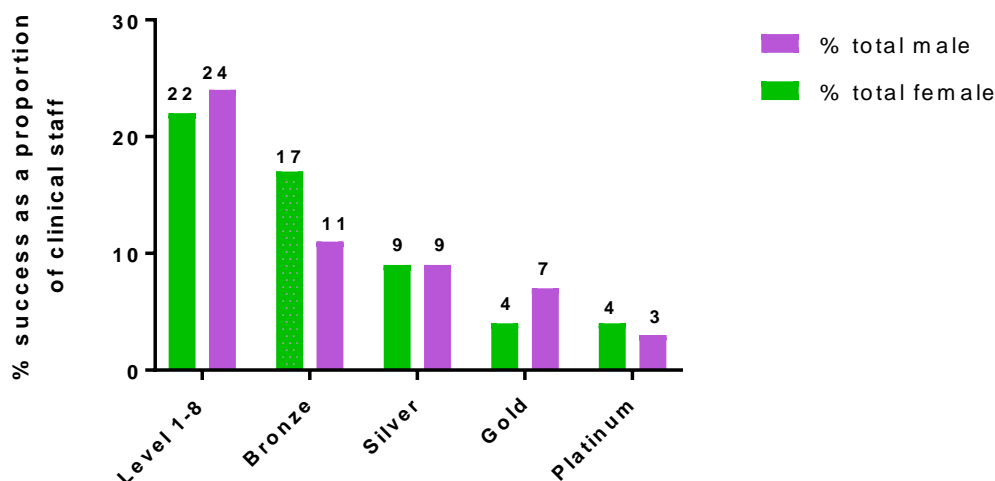
We knew from **our interviews of female professors in 2015**, that **“hitting the glass ceiling” and “imposter syndrome” remain important concerns** (however internationally successful our fantastic professors are)!

National Clinical Excellence Awards (CEAs)

These are banded bonuses for the best performing clinicians in the country. All of our clinical academics are eligible to apply. Imperial is an official nominating body for this competition. This panel is mandated to be gender balanced.

The DoM HoD now ensures that nomination for CEAs (and other measures of esteem, such as external elections) are covered in the annual PRDPs of ALL senior academics and that candidates are as well prepared as possible (including mentorship where necessary). Furthermore, he gives constructive feedback where applications are unsuccessful.

Figure 5.6.1: DoM Clinical Excellence Awards (CEAs) as a percentage of total clinical staff by level and gender (2017 data)



We are very pleased to see that female clinical academics in the DoM excellently across all grades of CEAs (22% of our clinical academics have an award compared with only 14% College wide). **Words 154**

FMedSci Applications

The Academy of Medical Sciences does not accept institutional nominations for election to Fellowship. However, the DoM has arranged an informal process to consider ALL academics at Reader and Professor annually.

- The HoD works with potential candidates to consider their application and send it upward to Faculty level review.
- The DoM has sent 2 female professors to this central panel (Please note that the AMS restricts this meeting to elected Fellows only).

7 women (**2 in past year since introduction of new support**) out of pool of 14 have been elected FMedSci in the DoM. 23 men out of pool of 53 have been successful.

External Boards

We surveyed our senior academics about their contributions to other influential external bodies, including research councils and editorships. 7 women replied - between them were members of 58 panels, 16 men replied as members of 73. During our consultations with senior female academics, committee overload has never been raised as a problem.

Words 161

Table 5.6.3: External positions declared by 16 male and 7 female Professors in the DoM on a survey (2018 data).

Position	M	F
Advisor	0	6
Associate Editor	0	1
Chair	11	6
Chairman	1	0
Co-Chair	0	1
Coordinator	1	0
Deputy Chair	1	0
Editor	0	2
Honorary Secretary	0	1
Joint Lead	2	0
Lead	0	2
Member	53	38
President	1	0
Quality Assurance Lead	0	1
Spokesperson	1	0
Trustee	1	0
Vice President	1	0
Total:	73	58

(v) Workload model

Describe any workload allocation model in place and what it includes. Comment on ways in which the model is monitored for gender bias and whether it is taken into account at appraisal/development review and in promotion criteria. Comment on the rotation of responsibilities and if staff consider the model to be transparent and fair.

Imperial does not have an institution-wide workload model. However, we provide a strong framework for ensuring that the full range of academic contribution is valued, including external esteem, education excellence, mentoring, Athena SWAN work – all of which are considered at promotion and PRDP. Staff feedback on workload is given in Table 5.6.4

Several departmental members have been promoted over the past 5 years in large part because of their education or administrative contributions (some to Professor, see Case Study 2).

WORDS 71

(vi) Timing of departmental meetings and social gatherings

Describe the consideration given to those with caring responsibilities and part-time staff around the timing of departmental meetings and social gatherings.

Core hours for all official Departmental events are 10 to 4. 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 (See Box 1 Case Study Division of DEM. The DoM Christmas Party takes place from mid-afternoon. The inaugural Athena Lecture was held at lunchtime.

WORDS 61

TABLE 5.6.4 DoM Staff Survey Results, split by gender, for Questions related to Workload

Staff Survey Question	% overall positive response	change in % positive response rate from previous survey	% F positive responses	% M positive responses	Actions/Response
My work gives me a feeling of personal accomplishment	81%	no change	81%	84%	At the next staff survey investigate if this is particularly variable for different job families.
I know what is expected of me in my role	84%	-2%	84%	83%	Improved PRDP discussions (se Action Plan section - Appraisal)
I am sufficiently challenged in my work	82%	-9%	79%	85%	As above (see Action Plan Section - Appraisal)
I have access to all the information I need to do my job well	68%	-6%	66%	71%	New DoM Communications Officer just started in post, improved induction materials (see Action Plan 8.1)
I have enough resources to complete my work effectively (e.g. equipment, finances, people, space)	49%	no change	53%	48%	Greater staff consultation about the infrastructure of the new Imperial West Campus
I am able to cope with the pressure placed upon me in my role	74%	no change	78%	74%	DoM is promoting Mental Health Day with campus wide Mindfulness courses. Newsletter will have regular briefings about wellbeing.
Working here makes me want to do the best work I can	72%	no change	77%	67%	Note a slightly lower response from men - we will look for trends in the next survey and if this gender bias still exosts consider a focus group to tease out the reasons.
I know whom I can talk to about anything that concerns me	75%	no channgge	75%	75%	New DoM Comms Officer will integrate a regular briefing about Departmental support options. DoM to target all Sections with access to Active Bystander Training as well as Unconscious Bias Training.

(vii) **Visibility of role models**

Describe how the institution builds gender equality into organisation of events. Comment on the gender balance of speakers and chairpersons in seminars, workshops and other relevant activities. Comment on publicity materials, including the department's website and images used.

2018 saw our inaugural **DoM Athena SWAN Lecture**. We invited Dr Alexandra Beauregard from Middlesex University to talk about the evidence base for Gender Equality in the Workplace. The vote of thanks at the end by our HoD included references to how the lecture was pertinent to us in the DoM. The lecture was extremely well attended (120 people), was recorded and circulated widely thereafter by our communications team (>100 hits on our internal lecture-viewing facility and also on YouTube), with excellent positive feedback. The Athena Lecture will now be an annual event (Action Plan 7.7).

A recent retrospective audit of seminars in the department revealed that 25% high profile external speakers were women – representing the professorial gender balance. We will perform a complete study of all seminar speakers in the DoM, and feedback to organisers accordingly (Action Plan 7.8).

WORDS 142

ACTION PLAN 7.7: To support and promote the DoM annual Athena Lecture with a particular emphasis on culture change and promoting progressive working practices underpinned by values of equality and diversity in the workplace.

ACTION PLAN 7.8: Undertake a DoM wide audit of all seminar speakers.

Figure 5.6.2: Montage of some slides from Dr Beauregard's inaugural DoM Athena SWAN Lecture entitled: "Driving Performance via Generational Culture Change"

What are the performance implications of STEM culture?

- Depleted talent pool
- Lost performance benefits of gender balance
- Deflecting attention away from rational metrics of production
- Subscribing to the myth of meritocracy
- Enabling the cult of the top performer

What are the performance implications of STEM culture?


2. Lost performance benefits of gender balance

- More gender diversity, better performance
- e.g., Campbell & Minguéz-Vera, 2008; Carter et al., 2007; Erhardt et al., 2003; Herring, 2009; Lückerath-Rovers, 2011; McKinsey, 2012, 2013; Miller & del Carmen Triana, 2009
- Attributable to skill diversity; leadership style
- Transformational vs transactional (Eagly, 2007)

What are the performance implications of STEM culture?

3. Deflecting attention away from rational metrics of production

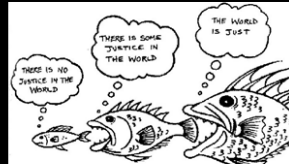
- Work ethic as moral superiority (Lamont, 2012)
- Productivity, or identity performance?
- Motherhood *not* associated with lower research productivity (Krapf et al., 2017)



What are the performance implications of STEM culture?

4. Subscribing to the myth of meritocracy

- Ability + effort = success
- "The paradox of meritocracy" (Cooper, 2015)
- Reinforces status quo, exacerbates inequality



Changing organisational culture




Changing organisational culture



In 2017 the DoM appointed funds to employ a fulltime Communications Officer, with an important remit to help embed and communicate our Athena agenda.

Tweet Activity



Imperial Department of Medicine
@DoM_Imperial

To mark the [@UN](#) International Day of Women and Girls in Science, we're reflecting on gender equality in the STEM community, and the female scientists who continue to inspire us 🌟. Read the full story: <http://ow.ly/AMLd30ik5qd> [#WomenInScience](#) [#WomenInSTEM](#) <pic.twitter.com/2PHdGff2Hr>

Reach a bigger audience
Get more engagements by promoting this Tweet!

Get started

Impressions	4,909
Total engagements	101
Media engagements	36
Likes	24
Link clicks	17
Retweets	11
Detail expands	9
Profile clicks	2
Replies	1
Hashtag clicks	1

Tweet Activity



Imperial Department of Medicine
@DoM_Imperial

Our Head of Department, Professor Martin Wilkins, will [#PressforProgress](#) by challenging stereotypes and bias [#IWD2018](#) [#InternationalWomensDay](#) [@womensday](#) <pic.twitter.com/YvriBaZznA>

Impressions	730
Total engagements	31
Media engagements	22
Likes	7
Profile clicks	2

Reach a bigger audience
Get more engagements by promoting this Tweet!

Get started

UN International Day of Women and Girls in Science: DoM editorial – Faculty-wide piece featuring female DoM academics/researchers. The article itself has been read 850 times (unique users).

Tweet Activity



Imperial Department of Medicine
@DoM_Imperial

On International Women's Day, we're joining the global call to keep gender equality at the top of the agenda. Find out more about this year's [#PressForProgress](#) campaign: <http://ow.ly/uPuo30iOogt> [#IWD2018](#) <pic.twitter.com/F0qYg1wrPz>

Reach a bigger audience
Get more engagements by promoting this Tweet!

Get started

Impressions	1,547
Total engagements	55
Media engagements	17
Link clicks	15
Likes	11
Detail expands	5
Profile clicks	5
Retweets	2

We have undertaken an audit of images on our DoM website which shows an excellent gender balance. A random draw of 100 images off of the site in early 2018 revealed 95 images of women and 100 men.

WORDS 89

ACTION PLAN 6.1: Annual audit of DoM website for diverse images and appropriate language.

ACTION PLAN 6.3: Roll out DoM newsletter with emphasis on early and mid career successes and female role models

ACTION PLAN 6.4: Create DoM Staff Blog, featuring profiles of staff from all levels/areas to ensure we are properly representing the range of people working in the Dept.

(viii) Outreach activities

Provide data on the staff and students from the department involved in outreach and engagement activities by gender and grade. How is staff and student contribution to outreach and engagement activities formally recognised?
Comment on the participant uptake of these activities by gender.

233 staff members from the DoM replied to the 2018 College survey of Societal Engagement, the highest departmental response rate (see Action Plan 1.2). Outreach is now being routinely captured in our PRDP and promotions discussions.

Examples include Professor Beate Kampmann, who delivered a presentation at the Ada Lovelace day at the Royal Institute in 2017 and Professor Anne Lingford-Hughes who speaks about her research into audiences of schoolgirls. Our Athena lead, Vicky Salem, has published on the issue of female academic career progression

(http://careers.bmj.com/careers/advice/Supporting_mothers_to_become_clinician_scientists; <https://www.endocrinology.org/endocrinologist/127-spring18/features/feminism-still-an-endocrine-issue>) and has spoken about it at the BMA. She has also worked with medical school Athena SATs at Barts and St George's to share ideas and best practice.

We are particularly proud to be leading on the College's Pathways to Medicine scheme – a Widening Participation project. This is pioneered by Professor Kevin Murphy (see Case Study 2)

WORDS 130

ACTION PLAN 1.2: Capture better Outreach data. The DoM will work with central administrators to make sure that the College Survey of Societal Engagement gives us better breakdown of our departmental contributions (by gender, job family etc).

TOTAL WORD COUNT FOR SECTION 5 = 6086 (414 under)

6. FURTHER INFORMATION

Recommended word count: Bronze: 500 words | Silver: 500 words

Please comment here on any other elements that are relevant to the application.

Gender Pay Gap

In line with legal requirements Imperial published its gender hourly pay gap in early 2018. In short the Imperial (all staff) data is:

College mean pay gap: 19.4%

College median pay gap: 9.4%

We are the first department to have published our departmental pay gap data:

DoM mean Pay Gap: 30.4%

DoM median Pay Gap: 16.8%

We believe that our exaggerated pay gap compared with College is due to a greater skew of distribution of men in more senior positions. At College level, the lower and lower middle quartiles by pay are a near 50-50 split between men and women, but the upper quartile consists of 70.1% men and 29.9% women. In the DoM, this trend is even more stark, with women making up a much larger proportion of lower and lower middle quartile earners, whilst men still dominate in high-paying roles.

Table 7.1: Gender distribution of staff by salary quartile in the DoM (2018 data)

	Lower Quartile	Lower Middle Quartile	Upper Middle Quartile	Upper Quartile
Female	74.0%	63.4%	55.7%	31.6%
Male	26.0%	36.6%	44.3%	68.4%

DoM data also shows that women are less likely to receive a bonus and that they receive less when they do:

Female recipients: 3.9%

Male recipients: 9.8%

Bonus Mean Pay Gap: 68.4%

Bonus Median Pay Gap: 26.8%

Removing the Clinical Excellence Awards from this data (see Figure 5.6.1) and the bonus pay gap is as follows:

Bonus Mean Pay Gap: 42.9 %

Bonus Median Pay Gap: 43.8%

The DoM is now negotiating with Central HR to get a fuller breakdown of pay gap data by job family and seniority. The Departmental Manager and HoD are committed to exploring and fixing any discrepancies that cannot be explained by the fact that men still on the whole fill more senior positions.

WORDS 298

Action Plan 7.9: To further delineate the detailed gender pay gap in the DoM. Issues pertaining to skewed gender balance at senior levels is a major theme of this application. However, where pay gaps exist independently of this phenomenon, we will explain and fix them.

7. ACTION PLAN

The action plan should present prioritised actions to address the issues identified in this application.

Please present the action plan in the form of a table. For each action define an appropriate success/outcome measure, identify the person/position(s) responsible for the action, and timescales for completion.

The plan should cover current initiatives and your aspirations for the next four years.

Actions, and their measures of success, should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART).

See the awards handbook for an example template for an action plan.



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STAFF CONSULTATION and ATHENA EMBEDDING					
REFERENCE	ACTION/OBJECTIVE	RATIONALE	TIMEFRAME/KEY MILESTONES	RESPONSIBLE	SUCCESS CRITERIA/OUTCOME
1.1	Ensure regular SAT membership rotation with a good balance of representation of staff groups, grades, campuses and student representation.	To refresh and stimulate new ideas; to reflect the diversity of the DoM.	October every year - review SAT membership, invite new members as appropriate. The Athena lead position will re-advertise every 5 years to ensure continuity of leadership and know-how.	Athena Lead (Salem) in consultation with the entire SAT and HoD (Wilkins).	1. Improved representation from male research staff and male PTO representatives by end of 2019 (to feed into next application). Male membership increased by 20%. 2. To introduce PGR student reps to the DoM Athena SAT.
1.2	Capture better Outreach data.	Our local survey of female professors hinted that women do more or different types of Outreach.	2018 agree a Medicine specific thread on the College-wide Outreach Survey which allows us to garner Athena-sensitive data ie gender, job family too. 2019 DoM push for completion of the College Outreach Survey.	Deputy Departmental and Operations Manager (Thompson) to liaise with Faculty of Medicine admin team.	1. 40% response rate from DoM 2. Quantitative, gendered data on DoM staff and student Outreach Activities by 2019.
STUDENTS					
REFERENCE	ACTION/OBJECTIVE	RATIONALE	TIMEFRAME/KEY MILESTONES	RESPONSIBLE	SUCCESS CRITERIA/OUTCOME
2.1	Wider Faculty collaboration on rebalancing BSc streams with particular gender disparities.	To improve gender balance on BSc courses, particularly those related to areas of clinical medicine that have female under-representation.	2018 Work with Department of Surgery and Cancer and NHLI to understand reasons for BSc choices by Imperial Medical Students. 2019, 2020 and 2021 outreach talks about BSc courses to 2nd year MBBS.	Education leads (Rutschmann and Gentleman) in conjunction with Athena Representatives from all other Departments (via our interaction with the Faculty Athena Committee) and Registry.	Reduced variability in gender ratios by 20% on cross Faculty intercalated BSc streams by 2022.
2.2	Explore the reasons for part time study and whether PT PGT students are achieving similar award level success	Women are highly represented on PT PGT courses and it is unclear why	1. 2019 survey of PT PGT students 2. Audit of 2019 prospectus for PT PGT courses (for images and course descriptors) 3. Breakdown of PT PGT attainment figures	Education leads (Rutschmann and Gentleman) in conjunction with Departmental Education Manager (Anita Stubbs)	1. 40% response rate on the PT PGT student survey. 2. Audit complete 2019, new (and if necessary improved) Prospectus with specific reference to advantages of studying PT by 2020.
2.3	Explore whether different families of PT PGR students (eg non-clinical RAs vs clinical OOPes) have different career development requirements and needs.	PT PhD students may not necessarily reflect those working flexibly/reduced hours but mainly include largely clinical research fellows and research associates. We wish to understand the different needs of each of these different subgroups.	1. 2019 survey of PT PGR students. 2. 2019 Audit of advertising and information for PGR courses, including those for Clinical Research Fellows.	Education leads (Rutschmann and Gentleman) in conjunction with Departmental Research Degrees Manager (Hayley Kendall) in conjunction with CATO (Hobbs).	1. 40% response rate on the PGR student survey. 2. Audit complete 2019, new (and if necessary improved) DoM and CATO information by 2020. 3. Feedback to PDFC to tailor specific final-year PhD courses as per results of our survey - ready by 2021.
2.4	We will target final year female clinical PhD students with help ie mentors and help from the newly expanded PDFC and CATO.	There is a large drop from Clinical Research Fellows (50-60% in line with the representative pool of doctors in training) to Clinical Lecturer (30%).	1. Annual email to all final year clinical PhD students listing career development opportunities with specific reference to female courses. 2. Encouraging all final year clinical PhD students to link into the newly expanded PDFC . 3. Emailing all final year clinical PhD students about Mentoring Scheme with specific reference to female role models.	CATO manager (Hobbs) with regular (requested) feedback to HoD. Professor Waljit Dhillon (our Clinical Academic Training lead for the DoM has agreed to monitor this and raise the issue at National Level).	1. Increase proportion of female Clinical Lecturers to better than National Benchmark by 2021. 2. To open a dialogue about this issue with the NIHR and produce a statement about this issue for our website by 2019.
2.5	Offer all MD(Res) students an academic mentor via the DoM mentoring scheme	For our last Action Plan we discovered that people choosing MD(Res) want to stay in very clinically focussed careers. Numbers are low but there are generally more men than women doing these courses.	1. Email all MD(Res) students upon registering and then annually starting 2018 to offer them access to DoM Mentoring Scheme. 2. Offer Mentors who are taking on such mentees specific information regarding MD(Res) and options thereafter.	Education leads (Rutschmann and Gentleman) in conjunction with Research Degrees Manager (Hayley Kendall) in conjunction with CATO (Hobbs).	1. Increase number of MD(Res) mentoring uptake by 50% in 2019 and 100% in 2021.

CAREER DEVELOPMENT AND ACADEMIC PROMOTION

REFERENCE	ACTION/OBJECTIVE	RATIONALE	TIMEFRAME/KEY MILESTONES	RESPONSIBLE	SUCCESS CRITERIA/OUTCOME
3.1	Investigate why the gender balance switches from excess women to excess men at higher postdoc scales.	Level A research staff are 65% F and Level C are 40% F	1. Full one year data to be collected on ALL postdocs leaving the DoM to understand if/why there is gendered attrition 2019/20. 2. Sample indepth interview Level A and Level C cohorts by 2020.	Deputy Departmental and Operations Manager (Thompson) and Departmental Staffing Coordinator (Grey) in conjunction with PDFC.	1. Published report on postdoc career trajectories at the DoM with a clear understanding of the reasons behind the apparent gender imbalances by end 2020. 2. 2020 PDFC tailored advice or courses developed in response to these findings. 3. Improved ratings (+10%) of postdoc satisfaction with career development opportunities on 2021 staff survey
3.2	Clinical Lecturer exit interviews and focus groups in collaboration with the Department of Surgery and Cancer	Clinical Research Training Fellows (CRTFs) are 60% female but this drops to 25% at the next level, which is Academic Clinical Lecturer (ACL).	1. We have already identified ALL of our Clinical Lecturers who have LEFT DoM and LEFT academia over the past 5 years. 2. We have committed funds to joining up with other Dpets in the FoM to employ an external consultancy to interview these leavers to get a clear understanding of why women in particular do not chose to pursue clinical academic careers.	Athena Lead (Salem - herself an ex-ACL). In conjunction with the College's Clinical Academic Training Lead (Prof Waljit Dhillon) and CATO.	1. Widely published report of interview findings by 2020. 2. Engagement on the matter with the NIHR and a statement on our website of this process by 2019. 3. Increase the number of female CRTFs with academic mentors by 20% by 2020. 4. Work with CATO and PFDC to develop bespoke ACL interview ccourse for female CRTFs with 25% uptake by 2021.
3.3	Encourage all female Senior Lecturers and Readers to attend the newly reorganised Academic Women's Programme (LDC).	Our 2018 female academic focus group reported that the academic culture was often difficult and aggressive and may be particularly difficult for women to get ahead in.	1. Email all female academic staff in the DoM annually starting 2018 with details of the course. 2. Encourage new female academic staff to take this up within their first year of work.	Departmental Staffing Coordinator (Grey) in conjunction with LDC Organisational Development Consultant (Richmond).	Double the numbers of DoM female academics who have undertaken this course by 2021.
3.4	Develop network of education specialists able to help PRDPs of people who are interested in career development in education but whose line managers are research focussed	Our postdocs (2017 focus group) and some staff survey feedback noted that teacher training was relatively lacking.	1. Education Strategy committee to devise new PRDP guidance and forms specific to those who predominantly undertake a teaching role in 2018/19. 2. Roll out of new form 2019/2020	Education leads (Rutschmann and Gentleman).	1. Teaching-focussed PRDP form live by 2019. 2. 80% positive feedback on the quality of this form in our planned PRDP survey for 2021.
3.5	Engage with Imperial's new Postdoc and Fellows Development Centre to ensure that our clinical academics are accessing more training/career development support.	Clinical Research Training Fellows (CRTFs) are 60% female but this drops to 25% at the next level, which is Academic Clinical Lecturer (ACL).	1. 6 monthly email to junior/mid career clinical academics regarding CATO and PFDC training opportunities immediate effect (and monitor uptake). 2. Bespoke training courses for this group as per survey feedback.	Salem, Lingford-Hughes and Lightstone. In conjunction with the DoM Clinical Academic Training Lead (Dhillon) and CATO (Hobbs).	1. Increased satisfaction on DoM Staff Survey and CATO survey to >80% for clinical academics regarding access to career development opportunities.
3.6	In conjunction with LSE perform a widespread assessment of the career development needs of our PTO staff	DoM PTO staff survey of 2016 suggested particular and gendered career development requirements for each of the subgroups.	1. LSE HR MSc students already in situ being supervised by Powell and Salem. 2. Textured report by job family and gender (PTO umbrella) regarding barriers and suggestions for career development - presented to SMB early 2019. 3. Action Plan in place mid 2019.	Powell, Thompson, Stubbs, Grey - with regular reporting to Wilkins. In conjunction with PTOWG.	1. Create opportunities for job shadowing for PTO staff members as per consultation exercise results by 2020 - 10 staff enrolled in first year. 2. Tailored development training for each of the PTO staff families as informed by this exercise in place by 2020 with 10% uptake in first year.
3.7	Develop the DoM uptake of our mentoring scheme as part of the FoM mentoring scheme. Particularly target female clinical academics	Mentoring feedback was overwhelmingly positive but relatively low uptake at present.	1. 6 monthly reminders and refreshers of mentoring pairing with immediate effect. 2. National Mentoring Day event on 27th October - comms campaign and mentoring event for that day eg speed mentoring.	Grey, and Academic Mentoring Champions (Simpson, de Belleruche, Apperley). In conjunction with Comms Manager (Timmins).	1. 10% year on year increase in mentoring pairing until next application. 2. Increase the pool of senior mentors by 20% 3. Repeat mentoring quality assessment (by survey) in 2020 - retain >90% satisfaction. 4. Ensure female proportional representation or greater in mentoring relationships - and formally target women if this drops below.

APPRAISAL					
REFERENCE	ACTION/OBJECTIVE	RATIONALE	TIMEFRAME/KEY MILESTONES	RESPONSIBLE	SUCCESS CRITERIA/OUTCOME
4.1	Include a specific section in the DoM PRDP guidelines about future funding opportunities. Ensure that where contracts are drawing to a close, this is openly and constructively discussed.	PRDP uptake is not at 100% and staff survey as well as focus group feedback suggests that the process is not fulfilling its potential as a vehicle for meaningful discussions about career planning.	New DoM PRDP guidance webpage populated with specific guidance for "difficult questions" and other advice about how to make the process more effective - online by 2019.	Departmental Communications Officer (Timmins), Deputy Departmental and Operations Manager (Thompson), Departmental Manager (Powell) and HoD).	2021 Staff Survey improved response to >75% very satisfied with appraisal process.
4.2	Carry out the PRDP form sampling exercise in 2019 in conjunction with LDC. Produce DoM PRDP guidelines based on the outcomes of the PRDP Quality Control Project.	PRDP completion rate has increased since last application, but ratings of satisfaction are not high enough on our staff survey.	Engage LDC in a random sampling exercise of PRDPs in the DoM (ALL job families covered) in 2019.	LDC Organisational Development Consultant (Richmond) and Deputy Operations Manager (Thompson).	1. Full report by 2020 to be presented to SMB with feedback into the DoM PRDP guidelines (see 4.1). 2. 2021 Staff Survey improved response to >75% very satisfied with appraisal process.
4.3	Run regular PRDP drop in sessions championed by HoD (first one scheduled for June 2018)	PRDP completion rate has increased since last application, but ratings of satisfaction are not high enough on our staff survey.	Regular (biannual) PRDP drop in briefings for ALL staff starting June 2018.	LDC champion (Lindsay Commalie), HoD (Wilkins) and Deputy Operations Manager (Thompson). ALL Section Heads have already been briefed about this.	2021 Staff Survey improved response to >75% very satisfied with appraisal process.
4.4	Support development of postdoc specific PRDP forms	College-wide staff survey results suggest the the postdoc PRDP experience is below average.	1. DoM postdoc reps currently working with PFDC to tailor specific postdoc PRDP form - first working draft Sept 2018. 2. Postdoc PRDP quality survey as part of 4.2	PFDC Lead (Elvidge), DoM postdoc champion (Wojciak-Stothard), postdoc reps (Rolando, Gilmore, Morgan).	2021 Staff Survey improved response to >75% very satisfied with appraisal process.
RECRUITMENT					
REFERENCE	ACTION/OBJECTIVE	RATIONALE	TIMEFRAME/KEY MILESTONES	RESPONSIBLE	SUCCESS CRITERIA/OUTCOME
5.1	Have a minimum of one female and one male panel member in all recruitment panels with three or more members.	New recruitment processes have been very successful but it hasn't always been easy to maintain gender-balanced panels.	1. We have already "signed-off" the invitation of a wider pool of recruitment panel members including junior academic staff. 2. Ensure absolute minimum of one woman and one man on EVERY DoM recruitment panel henceforth (annually audited and presented to Athena SAT).	Departmental Staffing Coordinator (Grey).	100% compliance for all panels henceforth.
5.2	Increase the number of people who are involved in line management and the recruitment process who have undertaken E+D and UBT training	Poor uptake of E+D training.	1. Invite ALL Divisions/Sections to implement this training locally for example at Annual Away Days. 2. Audit uptake Section by Section in 2019 3. HoD feedback to underperforming Sections and increase their uptake by 2020.	Deputy Departmental and Operations Manager (Thompson), Departmental Staffing Coordinator (Grey), Departmental Manager (Powell), HoD and Athena Lead enforcement via SMB.	1. ALL DoM Sections to have engaged with local delivery of E+D training by 2021. 2. 50% increase in completed UBT and Active Bystander Training across the board.
5.3	Employ the 'Search Committee' approach in order to target female candidates for recruitment, especially at the more junior academic levels and clinical professor levels.	This is already happening for Renal and DRI with excellent outcomes	1. Roll this model out to ALL DoM academic recruitments by 2019.	DRI Lead (Matthews), Athena Lead (Salem).	Increased proportion of female clinical and non-clinical academic staff by 2021.
5.4	Audit job descriptions and adverts for all academic posts for gender specific language	Recruitment, particularly for senior female academics, remains an issue.	Annual audit of all DoM academic job adverts starting 2018 for review by SAT.	Departmental Staffing Coordinator (Grey)	1. 100% compliance with best practice guidelines. 2. Increased proportion of female clinical and non-clinical academic staff by 2021.

COMMUNICATIONS

REFERENCE	ACTION/OBJECTIVE	RATIONALE	TIMEFRAME/KEY MILESTONES	RESPONSIBLE	SUCCESS CRITERIA/OUTCOME
6.1	Annual audit of DoM website for diverse images and appropriate language.	Recruitment, particularly for senior female academics, remains an issue.	Annual spot survey of all images and references on the DoM website to ensure EDI compliant.	Newly appointed Departmental Communications Officer (Timmins), Departmental Manager (Powell).	1. Annual report to SAT. 2. 1000% compliance with evidence of change if annual survey reveals discrepancies.
6.2	DoM promotions showcase to advertise the elements of the process and our success rates.	Female Academic Focus Group negatively feedback on perceptions of the promotions process in the DoM (which didn't always reflect the equitable success rates we have now achieved).	Regular entries into the new DoM Newsletter about Athena SWAN successes, starting with PROMOTIONS.	Newly appointed Departmental Communications Officer (Timmins), Departmental Manager (Powell).	Increase staff survey feedback on transparency and fairness in the DoM by >10% on next Staff Survey
6.3	Roll out DoM newsletter with emphasis on early and mid career successes and female role models	Staff Survey results suggested poor departmental performance in terms of visibility of leadership, departmental identity and sense of belonging.	Monthly DoM wide Newsletter to begin from April 2018 (first one rolled out), with close input from Athena SAT and E+D team.	Newly appointed Departmental Communications Officer (Timmins), Departmental Manager (Powell).	Increased staff survey satisfaction rates on departmental belonging and leadership visibility by >10 points in 2021.

WORK CULTURE					
REFERENCE	ACTION/OBJECTIVE	RATIONALE	TIMEFRAME/KEY MILESTONES	RESPONSIBLE	SUCCESS CRITERIA/OUTCOME
7.1	Lobby for affordable childcare at HH campus (with a major goal being to improve attraction and retention of staff)	HH childcare survey 2018 conveyed overwhelming support for onsite nursery at HH.	Published statement of intent for new site childcare from the College by end of 2018.	Salem (Athena Lead), HoD (Wilkins), Dean of the FoM (Weber).	Concrete plans for new nursery OR acceptable local alternative by 2020.
7.3	Change the process of appointment to Section or Divisional Head, incorporating an open application process and transparent job description (with a heavy element dedicated to career development of all staff).	We aim to increase the number of women into senior leadership positions.	New JD for senior leadership positions written and ratified by HoD by 2019.	HoD (Wilkins) and Departmental Manager (Powell).	1. Staff survey satisfaction on transparency increase by 10% on 2021 survey. 2. Increase number of women in senior management by 10% by 2021
7.4	Reach out to with clinical training programme directors, HENWL, RCP and Ac Med Sci and NHS Trust regarding maternity reciprocity	Reciprocity of maternity pay is agreed on the DoM side but there have been instances of lost pay when our clinical academics return to the NHS.	1. Clear description of the maternity reciprocity issues on the DoM and CATO website by end of 2018. 2. Introduce questions about parental leave into CATO survey from 2019 (next round) 3. By 2021 clear statements of intent from all connecting bodies available online.	Athena Lead (Salem), Cato (Hobbs and Professor Jeremy Levy), DoM Clinical Academic Training Lead (Dhillio).	Annual increase year on year OR >90% satisfaction on parental leave issues on CATO survey.
7.5	Engage with (and financially contribute to) the new carer's travelling fund scheme	Post doc feedback has highlighted lack of costs for childcare when travelling to conferences.	Engage with, contribute to and promote the new FoM carer's travelling fund (this is a spin out of a DoM initiative).	HoD (Wilkins) - support of applicants, Departmental Staffing Coordinator (Grey).	At least one successful DoM candidate per round.
7.6	Paternity leave/shared parental leave case studies on DoM life	Shared parental leave uptake in DoM, despite best for Faculty, remains absolutely low.	1. Get case studies or paternity champions onto the website by end of 2018. 2. Ask HR annually for examples who can be contacted to act as paternity mentors or case studies.	Newly appointed Departmental Communications Officer (Timmins), Departmental Manager (Powell).	Increase year on year of uptake of shared parental leave in the DoM.
7.7	To support and promote the DoM annual Athena Lecture with a particular emphasis on culture change and promoting progressive working practices underpinned by values of equality and diversity in the workplace.	This year's inaugural event was extremely well received.	HoD to have committed to annual event and will personally invite and introduce/give vote of thanks.	Athena Lead (Salem), HoD (Wilkins), Departmental Communications Officer (Timmins)	Annual lecture with audience >100.
7.8	Undertake a DoM wide audit of all seminar speakers.	To ensure visibility of female role models and promote female academic careers - a recent audit in DEM suggested that 25% externally invited speakers are women.	2019 - perform a 6 month prospective audit of all seminars across the DoM. 2020 - produce a report of findings for SMB, Athena SAT and to be circulated with advice to all seminar organisers.	Athena SAT members (di Giovanni) and report to SMB and all divisions.	Repeat audit in 2021 looking for evidence of impact. Aim for >40% female speakers.
7.9	To further delineate the detailed gender pay gap in the DoM. Issues pertaining to skewed gender balance at senior levels is a major theme of this application.	However, where paygaps exist independently of this phenomenon, we will explain and fix them.	3. 2018 Departmental Manager to open discussions with HR about departmental level detailed paygap data 2. 2019 Roll this out to other depts in FoM 3. 2020 detailed DoM paygap review presented to SMB and published	HoD (Wilkins) and Departmental Manager (Powell).	1. Increase in staff survey satisfaction scores by >10% on issues of fairness. 2. Reduced DoM gender pay gap (adjusted for job family/seniority/payscale) by 2021.
INDUCTION					
REFERENCE	ACTION/OBJECTIVE	RATIONALE	TIMEFRAME/KEY MILESTONES	RESPONSIBLE	SUCCESS CRITERIA/OUTCOME
8.1	Review the induction packs by job family/campus	Poor data available of satisfaction and quality of the induction process.	Phone survey recent starters (last 6 months) across all job families by end of 2019 regarding induction process. Repeat in 2021.	Departmental Communications Officer (Timmins), Deputy Departmental Manager (Thompson).	1. Online, job family and campus specific induction packs (taking into account staff feedback) by 2020 2. Improved satisfaction scores of repeat phone survey of new starters in 2021 compared with 2019.