University of Nottingham School of Medicine

Silver Award

Renewal Application,

April 2019

Details redacted to maintain privacy.

Table of Abbreviations

Abbrev-iation	Explanation	Abbrev-iation	Explanation
ADC	Appraisal & Development Conversation	GAMSTAT	Graduate Australian Medical School Admissions Test
AMS	Academy of Medical Sciences	GEM	Graduate-Entry Medicine
AP	Action Plan	GMC	General Medical Council
APM	Administrative, Professional and Managerial job group	GP	General Practitioner
APPLE	Academics' & Administrators' Professional, Personal and Leadership Experience Course	HEE	Higher Education England
AS	Athena SWAN	HESA	Higher Education Statistics Agency
BME	Black and Minority Ethnic	HEI	Higher Education Institution
BMedSci	Bachelor of Medical Science	HoD	Head of Division
BRC	Biomedical Research Centre	HoO	Head of Operations
BSc	Bachelor of Science	HoS	Head of School
CA	Clinical Academic	HR	Human Resources
CATP	Clinical Academic Training Programme	INSPIRE	Engaging medical undergraduates with research
CCT	Certificate of Completed (Clinical) Training	KIT	Keeping in touch
CDEC	Career Development and Equity Committee	LM	Line Manager
CI	Confidence Interval	(M)	Male
CL	Clinical Lecturer	MC	Management Committee
CLAHRC	Collaborations for Leadership in Applied Health Research and Care	MSC	Medical Schools Council
CRF	Clinical Research Fellow	MSc	Master of Science (Postgraduate Taught Course)
CV	Curriculum Vitae	NCA	Non-Clinical Academic
ECR	Early Career Researcher	NCTU	Nottingham Clinical Trials Unit
ECU	Equality Challenge Unit	NDDC	Nottingham Digestive Diseases Centre
EDI	Equality, Diversity and Inclusion	NHS	National Health Service
EOI	Expressions of Interest	MSc	Master of Science (Postgraduate Taught Course)
(F)	Female	NIHR	National Institute of Health Research
FEDIG	Faculty Equality, Diversity and Inclusion Group	NRF	Nottingham Research Fellowships
FT	Full-Time	n-Trans	Research Training Programme
FTE	Full-Time Equivalent	OM	Operations Managers

Table of Abbreviations continued

Abbrev-iation	Explanation	Abbrev-iation	Explanation
PD	Professional Development Unit	SAT	Self Assessment Team
PDP	Personal Development Plan	SET	Science, Engineering, Technology
PDPR	Personal Development and Performance Review	RP	Role Profile/Job Description
PEAR	Professional and Personal Excellence for Administrative Roles	SSC	Strategic Staffing Committee
PG	Postgraduate	SSDO	School Staff Development Officer
PGR	Postgraduate Research (Course/Student	STEMM	Science, Technology, Engineering, Mathematics and Medicine
PGT	Postgraduate Taught (Course/Student)	T&L	Teaching and Learning
PhD	Doctor of Philosophy	TS	Technical Services (job group)
PI	Principal Investigator	UB	Unconscious Bias
PNTS	Prefer not to say	UG	Undergraduate
PPI	Patient Public Involvement	UK	United Kingdom
PRIMIS	Unit for Primary Care Data Analysis	UoN	University of Nottingham
P&S-Staff	Professional and Support Staff	VC	Vice Chancellor
PT	Part-Time	WAMs	Widening Access to Medical School
PVC	Pro-Vice Chancellor	WiMS	Women in Medicine and Science Network
(R)	Research (academic job group)	STEMM	Science, Technology, Engineering, Mathematics and Medicine
R&T	Research and Teaching (academic job group)	T&L	Teaching and Learning
RAE	Research Assessment Exercise	WiMS	Women in Medicine and Science Network
REF	Research Excellence Framework	WHO	World Health Organisation
RP	Role Profile/Job Description	WLP	Workload Planning
SAP	Action Plan from Silver Athena SWAN Award application	WP	Widening Participation

Benchmark data from:

- Silver-Awarded Medical School applications in the public domain
- Medical Schools Council (https://www.medschools.ac.uk/clinical-academic-survey) and
- HESA (e.g. https://www.advance-he.ac.uk/resources/2018_HE-stats-report-staff.pdf).

Details redacted to maintain privacy.

1. LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT

Pages 6 and 7

Details redacted to maintain privacy.

Pages 6 and 7

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2. DESCRIPTION OF THE DEPARTMENT

School's Ethos

"Openness and fairness, with particular emphasis on equality and diversity"

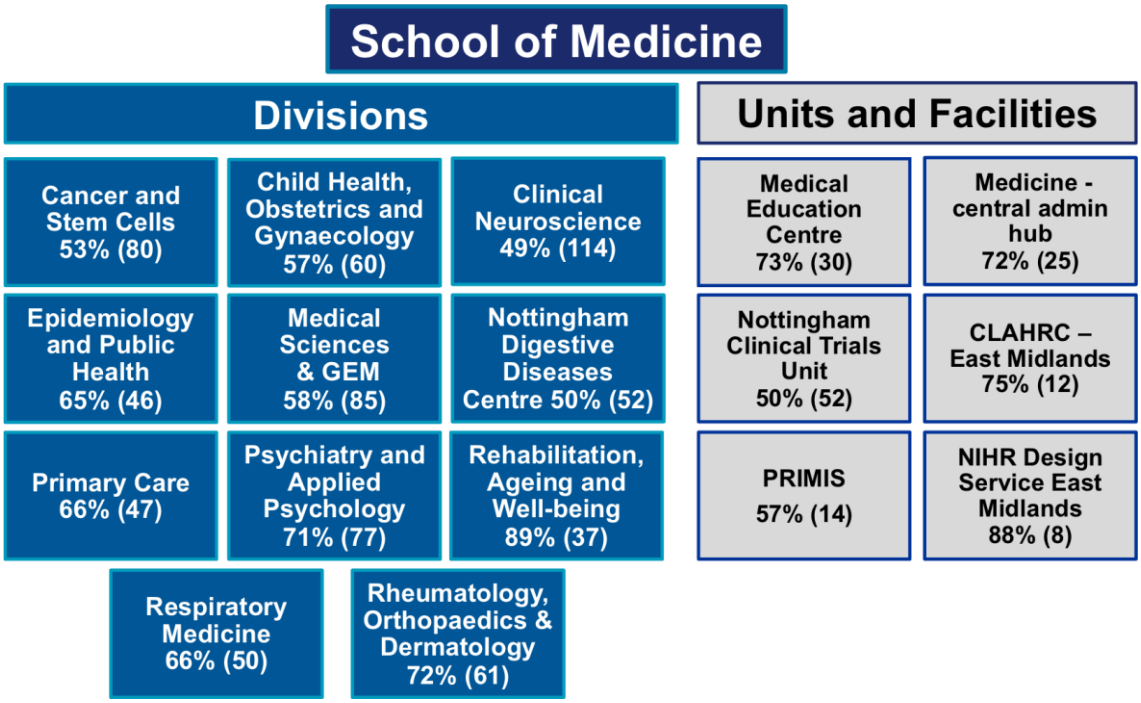
Our School is the largest of the University's 22 Schools, forming part of the Faculty of Medicine and Health Sciences. It is amongst the UK's largest medical schools with 869 staff and 2577 students (Table 2.1).

Table 2.1: People in the School, by gender

Role	Women (Number)	Men (Number)	% Female
Administrative, Professional and Managerial *(Levels 1-6)*	150	31	83%
Technical Services *(Levels 1-5)*	57	25	70%
Clinical Academics *(Levels 4-7)*	48	110	30%
Teaching & Learning academics *(Levels 4-7)*	20	15	57%
Research academics *(Levels 4-7)*	211	90	70%
Research and Teaching academics *(Levels 4-7)*	58	54	52%
School's staff overall	544	325	63%
Undergraduate students	1027	725	59%
Postgraduate (taught) students	269	112	71%
Postgraduate (research) students	290	154	65%
School's students overall	1586	991	62%

The School operates over ten sites (five co-located in NHS Trusts) and comprises eleven Divisions around clinical specialties and six units/facilities, delivering our research, teaching and management. Divisions host between 37-114 staff (Figure 2.1). All our academic and professional-services staff (P&S-Staff) and PhD students belong to a Division/Unit/Facility, enabling working relationships and sense of community. In addition, a strong School identity is promoted through weekly e-Bulletins, Open meetings and numerous School-level events including our annual School 'above-and-beyond' Awards (Attendees: 402, all staff groups).

Figure 2.1: Divisions/Units/Facilities: percentage women (total number of staff)



Eighty percent of our research was judged to be 'world leading'/'internationally excellent' in REF2014. In 2018, we updated our Research Strategy, underpinned by our commitment to enhance and embed equality, diversity and inclusivity (EDI) and active research leadership (Figure 2.2).

Figure 2.2: School Research Strategy with core EDI

Our School community's enthusiasm for research directly inspires our teaching, leading onto satisfaction ratings across our courses (Figure 2.3).

We have a BSc programme, 16 Masters' courses and postgraduate research degrees. We train tomorrow's doctors on our vibrant medical courses. We have a foundation programme, reinforcing our widening participation (WP) commitment, leading onto our main 5-year medical course (which includes an integrated Bachelor of Medical Sciences degree) and a Graduate Entry Medicine course. In 2019, we will open a new medical school with the University of Lincoln with 15 additional places for WP foundation students.

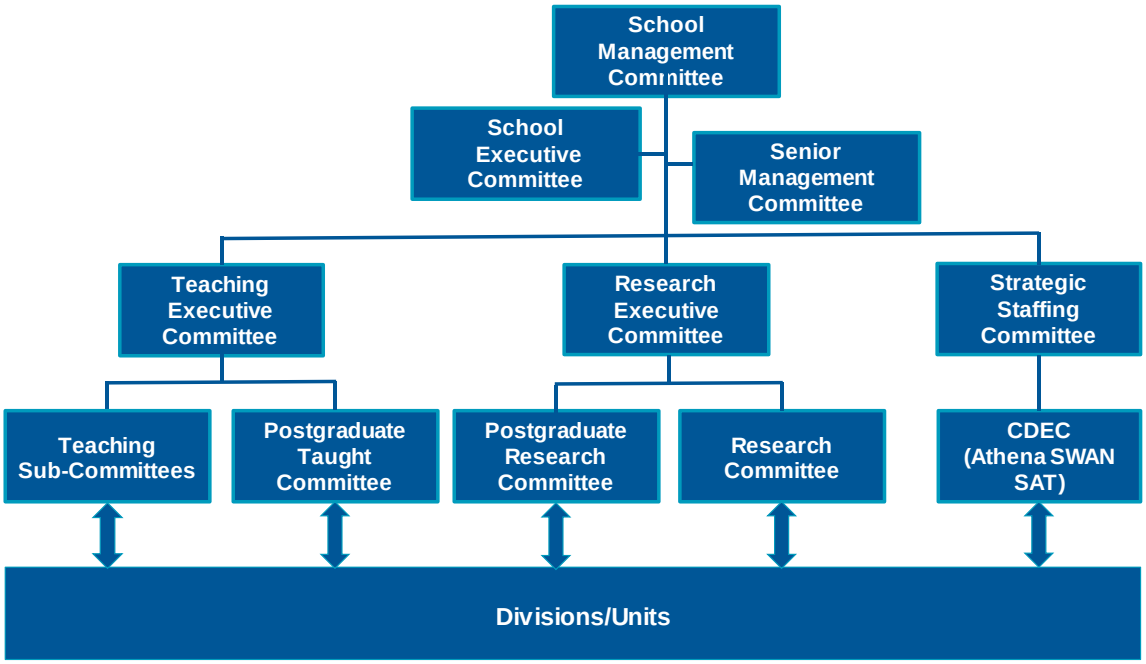
Figure 2.3 Our vibrant student community

Photographs have been redacted to maintain privacy for BSc Students, Networking and Celebrating achievement.

The School's Management Committee (2018: Females:10; 48%) determines School strategy, manages School activities and ensures cross-communication between Divisions (Figure 2.4). Operations Managers (OMs) support Heads of Divisions (HoDs) and disseminate consistent practice across Divisions. Each Division has a Management Committee with a HoD, OM and Divisional representatives in teaching, research and EDI.

Across our School, there has been a step change in EDI actions since we started on our Athena SWAN (AS) journey in 2013 when the School was formed, evidenced by engagement in our activities, our survey results and informal feedback. Our School's ethos is embedded in our daily communications and interactions. We continue to act equitably and embark on new actions (SAP2019).

Figure 2.4: Organisational structure



3. THE SELF-ASSESSMENT PROCESS

(i) a description of the self-assessment team

Our Career Development and Equity Committee (CDEC; 2013-) has strategic and operational functions. The Chair was chosen for her outstanding activities in EDI, WP and research and teaching portfolios.

Nested with CDEC, its Executive, which includes Head of School, Head of Operations, EDI Lead, CDEC Chair and representative CDEC members, forms the self-assessment team (SAT), determining strategy, making resources available and ensuring actions are implemented. CDEC members (Females:22 (79%); Males:6 (21%)) share a commitment to EDI and have collective responsibility for delivery of initiatives (Table 3.1).

Meetings are held every 8-weeks and report into the School's high-level Strategic Staffing Committee (SSC: Figure 3.1).

CDEC members:

- represent the School's community
- are drawn from all School Divisions/Units/Facilities, facilitating good communication across our multiple campuses
- bring a wealth of personal and professional experience e.g. as parents/carers and of varied work patterns and contracts (Table 3.1).

As timetabling and clinical placements challenge student meeting attendance, CDEC connects with our students via Student/Staff Learning Community Forums.

New members are identified through:

- expressions of interest/self-nominations following open-calls as vacancies arise, publicised in the e-Bulletin to all staff
- awareness-raising through stands at School events supported by open-calls for shadowing members.

Each CDEC member self-assigns to a theme: 'Work-life balance', 'Organisation and Culture', 'Career Development' or 'Data'. To keep the membership to an appropriate size for a large School, members voluntarily also represent 'protected' characteristics (e.g. disability, race and maternity). CDEC roles are formally recognised at annual appraisals and in Workload Planning.

Table 3.1: CDEC membership

Pages 14 and 15

Names and details of CDEC members have been redacted to maintain privacy.

Pages 14 and 15

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(ii) an account of the self-assessment process

Since Silver2015, CDEC has continued to meet every 8 weeks with additional meetings at key points (e.g. planning events, new initiatives) in core hours (1000-1530), rotating days of the week. Meetings track data trends, discuss the work of themed subgroups, progress our actions against key milestones and broader EDI aspects and develop innovations to support career development.

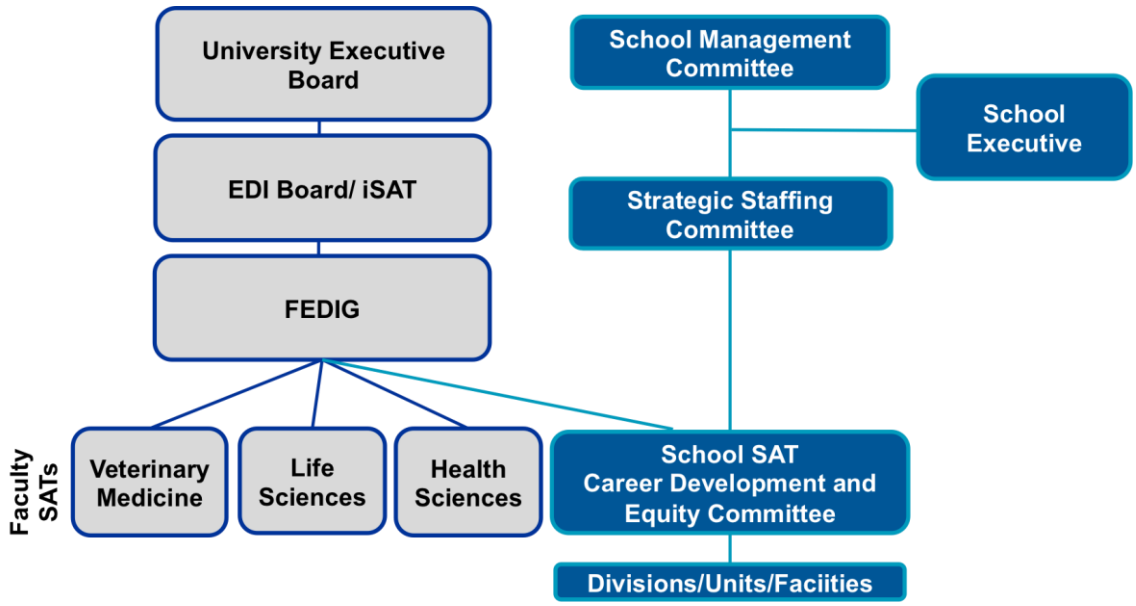
The HoS reports on School and University matters and on student-specific updates. Through the HoS, HoO and CDEC's reporting to our Strategic Staffing Committee key decisions are made rapidly and actions delivered, integrated into School workflows.

AS updates are a standing item for Divisional/Unit and School committees ensuring engagement/embedding in School culture. Chairs of relevant School committees are responsible for action delivery supported by named CDEC members. Each CDEC member relays inclusivity principles and initiatives to their representative groups, supported by regular written and oral communications from the HoS.

CDEC receives reports from the Faculty's EDI Group (FEDIG) which links Faculty Schools (3/4 with AS Silver Awards), integrates good EDI practice across the Faculty and provides an efficient means of tackling issues and 'managing up' to the University.

The CDEC Chair and School EDI lead are members. The HoS and HoO also communicate our beacon activities via their roles on HoS and HoO forums.

Figure 3.1: School (blue) and Faculty/University EDI (grey) structures



CDEC acquires, accesses, collates and reviews quantitative and qualitative data using multiple methods including:

- quantitative staff and student datasets, including training uptake. Data are collated and presented by University Human Resources (HR) to CDEC's Chair for further analysis and interpretation
- the School's, and University's, staff AS surveys
- additional data from Divisions
- targeted focus groups e.g. postdoctoral researchers, female clinical academics, staff returning from maternity leave, postgraduate and undergraduate students
- undergraduate and postgraduate student surveys
- quarterly, Open meetings giving direct feedback and suggestions
- AS awareness stand at School events (overleaf).

Photograph redacted to maintain privacy. Photograph taken at the School of Medicine Open Meeting, Athena SWAN Stand

Response rates to our staff survey have increased (2018:61%; 2015:44%) and largely reflect the proportions of staff within academic and professional job families, although female academics are more likely to complete it (Table 3.2).

Table 3.2: Proportions of School staff and 2018 survey respondents

Job Family	% Staff in School		% Survey Respondents	
	F	M	F	M
APM	17	4	20	4
Technicians	6	3	6	3
Non-Clinical Academics	33	18	36	15
Clinical Academics	6	13	10	6
Total	62	38	72	28

AS-related events and successes are communicated as immediately and widely as possible: using Twitter, our website and e-Bulletin. We also engage nationally e.g. at the 2018 UK Medical Schools' EDI network event, sharing good practice, disseminating expertise and as 'critical friends'.

CDEC includes external members and AS panelists. CDEC members drafted this application with a writers' group of CDEC Executive members. It acted on peer-review feedback of CDEC activities and this submission from the University's Challenge and Support Group (Advance HE Panelists) and SAT leads from Medical Sciences in Newcastle and Birmingham, to whom we are grateful.

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

CDEC's emphasis has been on gender equality and, through Bronze2013 and Silver2015, there have been significant successes. CDEC will continue to collect and reflect on data, consult staff and students and progress AS actions. CDEC will be refreshed to consider impacts of race, disability and transgender and improve representation of minority groups. In order to remain agile to an evolving EDI landscape, we will utilise smaller 'Task and Finish'/working groups delivering EDI initiatives.

SAP2019:001:

Improve representation in our EDI processes particularly of men, P&S-Staff and students

Facilitate action delivery in response to evolving trends

CDEC will:

- continue to meet every 8 weeks
- address inequalities in gender (SAP2019:001) and other protected characteristics
- be responsible, with SSC, for career development and equity across all staff groups
- devise, and progress, action plans through a project management approach
- lead staff surveys, focus groups and local data collection to inform action plans
- prepare and oversee our AS applications
- keep staff regularly informed through newsletters, e-Bulletins and social media.

To address more timely collection and analysis of data, the School has recently funded a data analyst to enable CDEC members to spend more time on EDI initiatives.

We will continue our interaction more widely within the University. From the largest University school, CDEC will continue to campaign effectively for cultural change across the institution (e.g. through mentoring and maternity leave planner, Sections 5.3iii, 5.5i). CDEC Chair and EDI lead will drive this through membership of FEDIG and in collaborative projects with the University's new PVC for EDI who reports to the University Executive Board.

4. A PICTURE OF THE DEPARTMENT

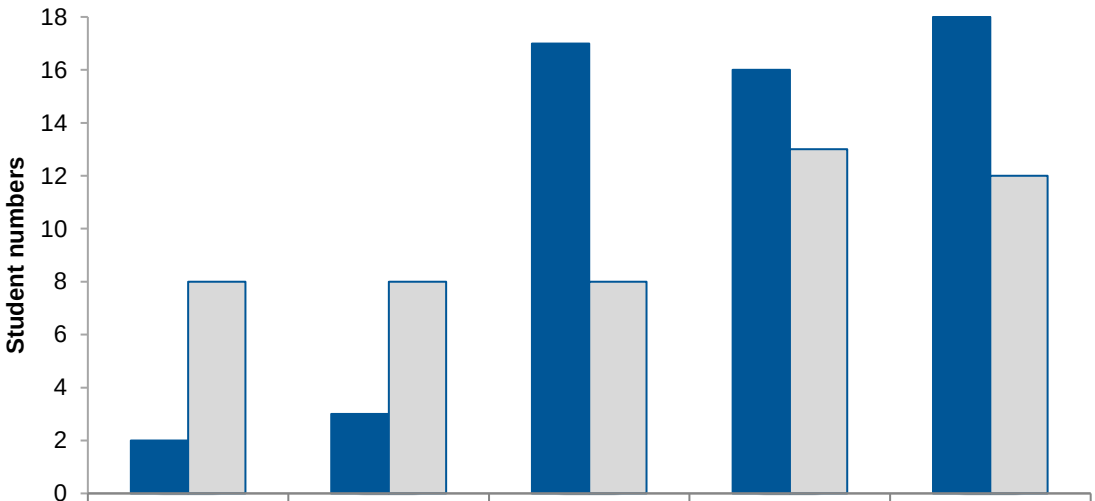
Data is presented as numbers of students/ staff.

4.1. Student data

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

Our Foundation course brings students from less advantaged backgrounds into Medicine. Most students are female (60%) in line with HESA benchmarks (57%; Figure 4.1a). All Foundation students have progressed onto the 5-year Medicine course on which they perform well alongside direct-entrant peers.

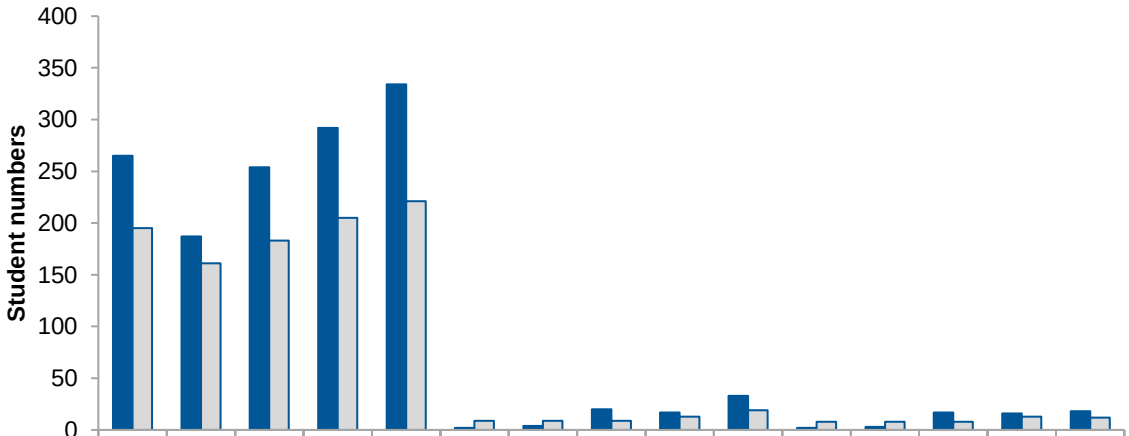
Figure 4.1a Foundation in Medicine Course



	2014	2015	2016	2017	2018
F	2	3	17	16	18
% F	20%	27%	68%	55%	60%
M	8	8	8	13	12

Numbers of applications have increased (Table 4.1), reflecting trends on other medical courses. More women apply, are made and accept offers (60%; Figure 4.1b).

Figure 4.1b Applications, Offers and Acceptances for Foundation in Medicine Course



	Application					Offer					Acceptance				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
F	265	187	254	292	334	2	4	20	17	33	2	3	17	16	18
%F	58%	54%	58%	59%	60%	18%	31%	69%	57%	63%	20%	27%	68%	55%	60%
M	195	161	183	205	221	9	9	9	13	19	8	8	8	13	12

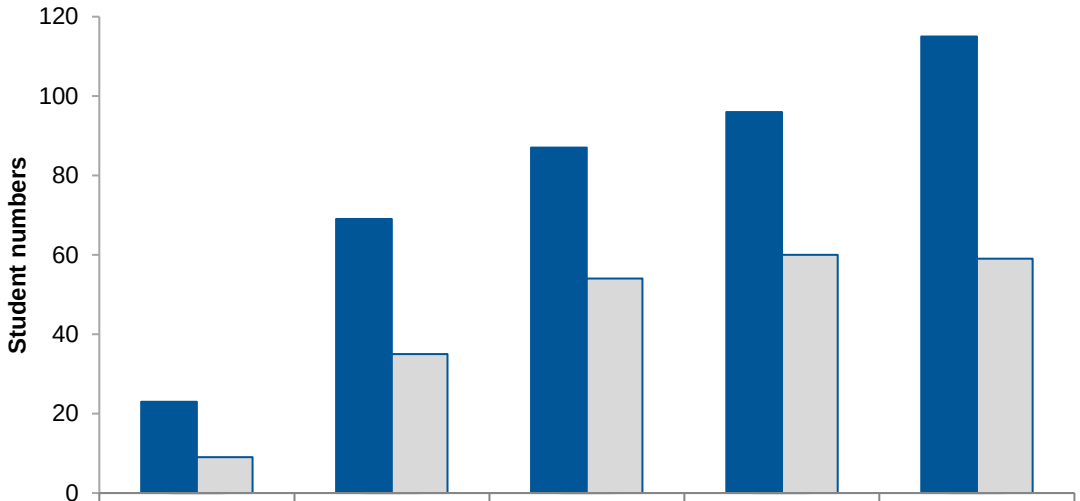
Success rates of female applicants have increased (Table 4.1).

Impact Table 4.1	
Need to: (Silver2015)	Address gender imbalance of application outcomes in Foundation in Medicine course
Actions taken:	✓ Increase in number of spaces (2016-) ✓ Improved gender balance and ethnic diversity - male and female ambassadors - visibility of the Foundation course including in prospectuses/ brochures and University Open days ✓ Discursive EDI/Unconscious bias training for all interviewers (2017-)
Impact:	✓ Increased number of applicants (Females +26%; Males +13%) ✓ Increased success rates for female applicants (2018:5.4%; 2014:0.8%) ✓ Success rates now equal (2018: Females & Males:5.4%)

(ii) Numbers of undergraduate students by gender

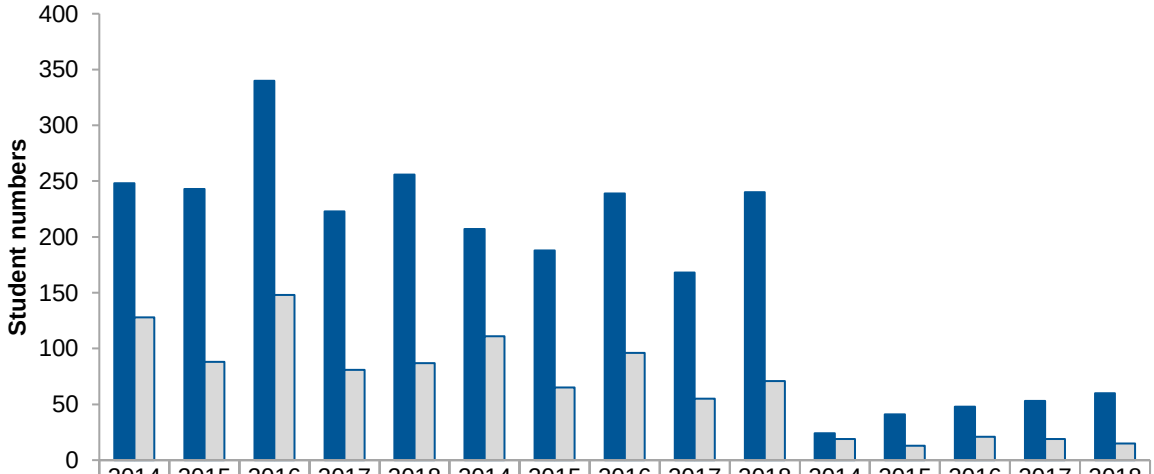
More women study on our **BSc** in Medical Physiology & Therapeutics (2018: Females:66%; HESA:63%; Figure 4.2a), more apply for the course and accept places (Figure 4.2b).

Figure 4.2a Students on the BSc Course



	2014	2015	2016	2017	2018
F	23	69	87	96	115
% F	72%	66%	62%	62%	66%
M	9	35	54	60	59

Figure 4.2b Student Applications, Offers and Acceptances for the BSc Course



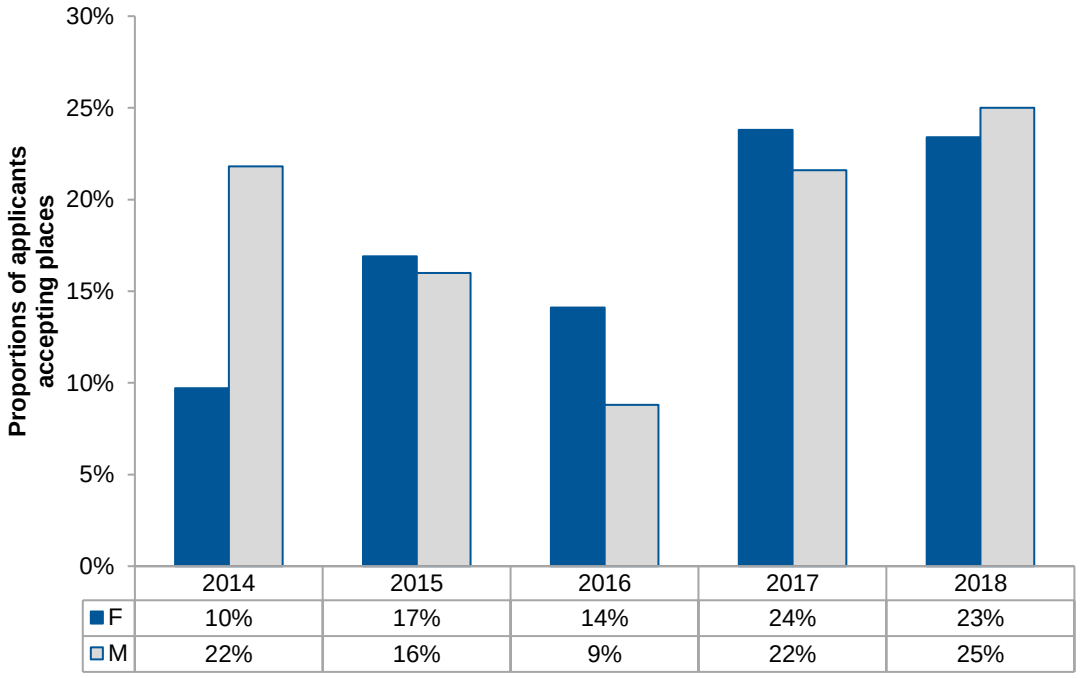
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
	Application					Offer					Acceptance				
F	248	243	340	223	256	207	188	239	168	240	24	41	48	53	60
%F	66%	73%	70%	73%	75%	65%	74%	71%	75%	77%	56%	76%	70%	74%	80%
M	128	88	148	81	87	111	65	96	55	71	19	13	21	19	15

Applicant success rates (Figure 4.2c) have been similar since Silver2015 (except 2016 where males were less successful). We have planned actions (SAP2019:002).

SAP2019:002:

Increase applications from men to our undergraduate courses through improved recruitment and selection processes.

Figure 4.2c Applicant success rates for the BSc



	2014	2015	2016	2017	2018
F	10%	17%	14%	24%	23%
M	22%	16%	9%	22%	25%

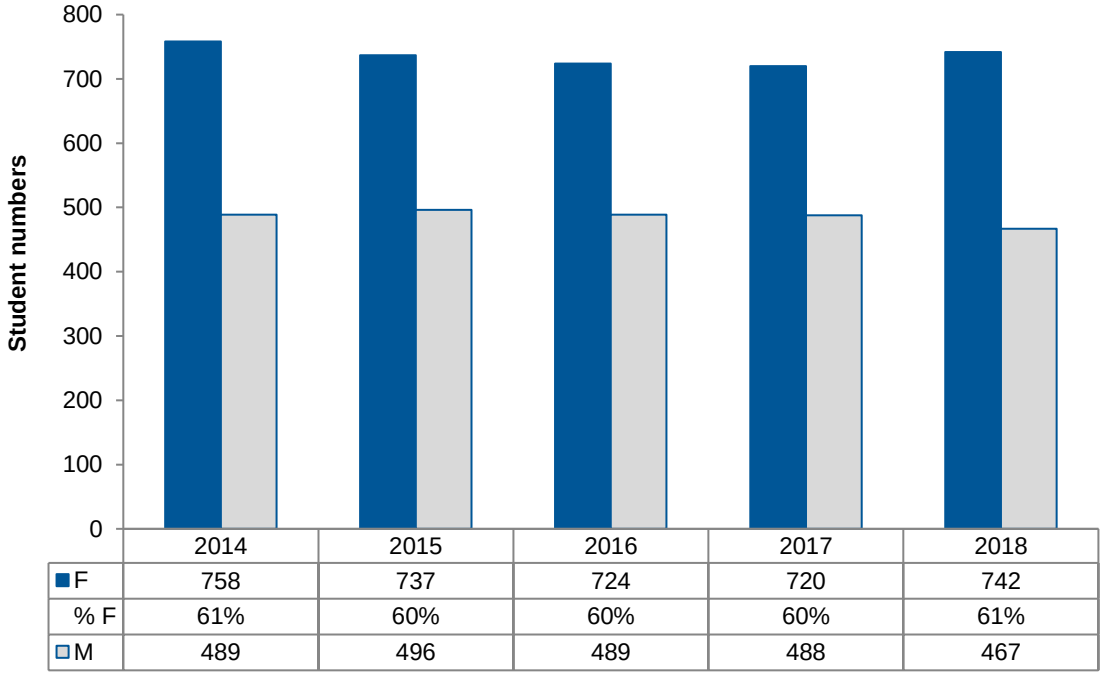
Degree class attainment has steadily increased for both genders on the BSc. Similar proportions attain high-class degrees (1st or 2:1; Table 4.2) in line with national benchmarks (HESA: Females:87%; Males:86%).

Table 4.2 BSc class attainment

		Numbers (% gender attaining) by year				
		2014	2015	2016	2017	2018
All classes	Female	20	20	22	23	30
	Male	6	7	7	18	23
1st class	Female	4 (20%)	4 (20%)	6 (27%)	10 (44%)	11 (37%)
	Male	2 (33%)	0 (0%)	1 (14%)	2 (11%)	6 (26%)
2:1	Female	13 (65%)	14 (70%)	11 (50%)	12 (52%)	15 (50%)
	Male	3 (50%)	6 (86%)	5 (71%)	15 (83%)	14 (61%)
1st or 2:1	Female	17 (85%)	18 (90%)	17 (77%)	22 (96%)	26 (87%)
	Male	5 (83%)	6 (86%)	6 (86%)	17 (94%)	20 (87%)
2:2	Female	3 (14%)	2 (10%)	4 (18%)	1 (4%)	4 (13%)
	Male	1 (17%)	1 (14%)	1 (14%)	1 (6%)	3 (13%)
3rd class	Female	0	0	1 (5%)	0	0
	Male	0	0	0	0	0

The proportion of women on **the 5-year undergraduate Medicine course** has remained stable (Figure 4.3a), although female student numbers remain higher than national data (Females:61%; HESA:56%).

Fig 4.3a Students on the 5-year Medicine course

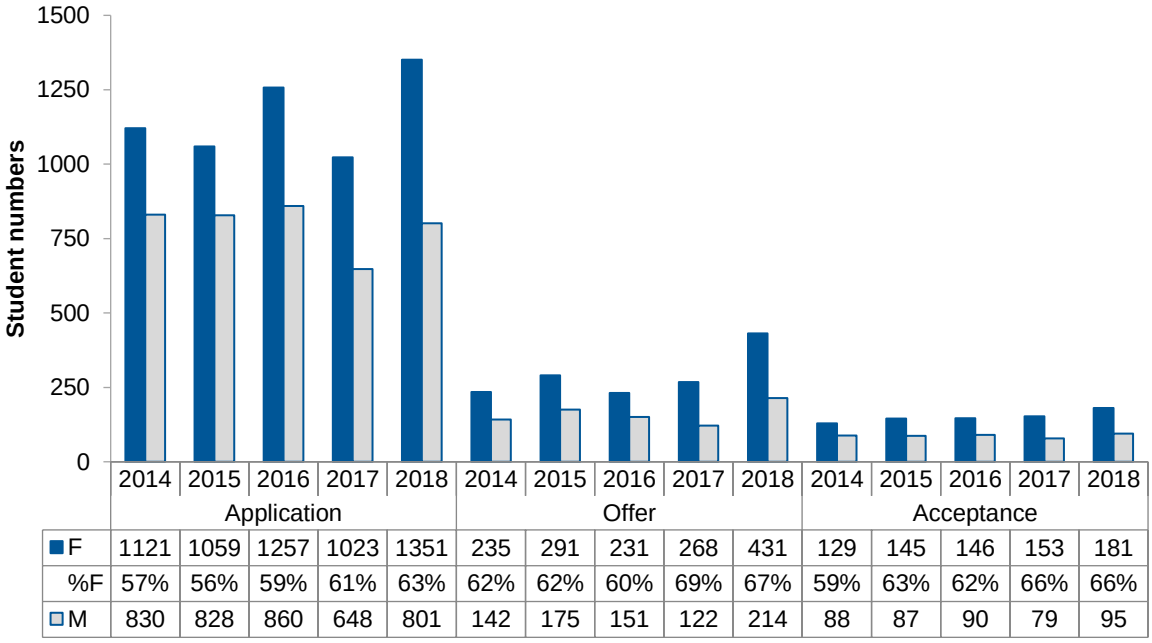


	2014	2015	2016	2017	2018
F	758	737	724	720	742
% F	61%	60%	60%	60%	61%
M	489	496	489	488	467

Numbers applying increased in 2018, coinciding with more places (Figure 4.3b). In line with national trends, the number of female applicants has increased (2015-2019 entry: Females +21%; Males -3.5%) but is higher than benchmark (2018:61%; HESA:58%), reflecting a need to improve male recruitment (SAP2019:002).

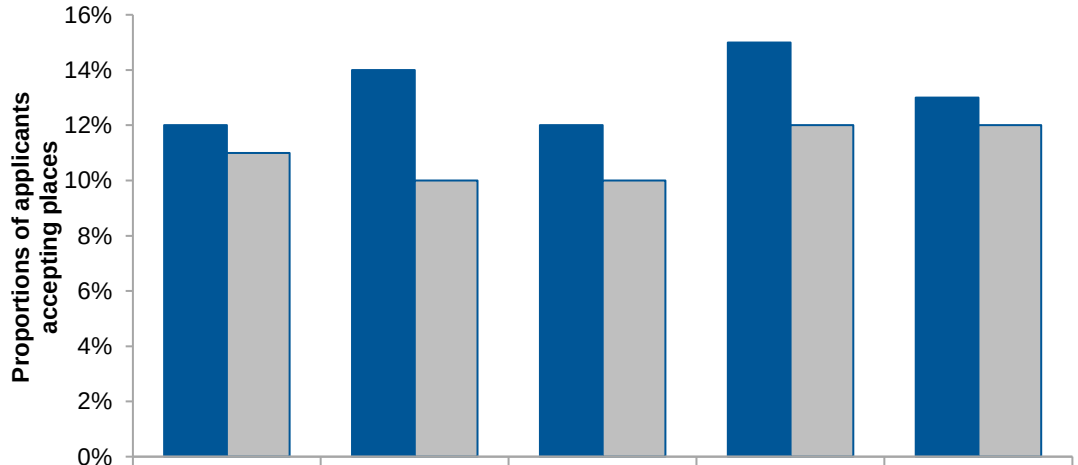
Overall, there is a trend to increasing applicant success rates for both genders. Females have marginally higher success rates (2018: Females:13%; Males:12%; Figure 4.3c).

Figure 4.3b Applications, Offers and Student Acceptances for the 5-year Medicine Course



	Application					Offer					Acceptance				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
F	1121	1059	1257	1023	1351	235	291	231	268	431	129	145	146	153	181
%F	57%	56%	59%	61%	63%	62%	62%	60%	69%	67%	59%	63%	62%	66%	66%
M	830	828	860	648	801	142	175	151	122	214	88	87	90	79	95

Figure 4.3c Applicant Success Rates for the 5-year Medicine Course



	2014	2015	2016	2017	2018
F	12%	14%	12%	15%	13%
M	11%	10%	10%	12%	12%

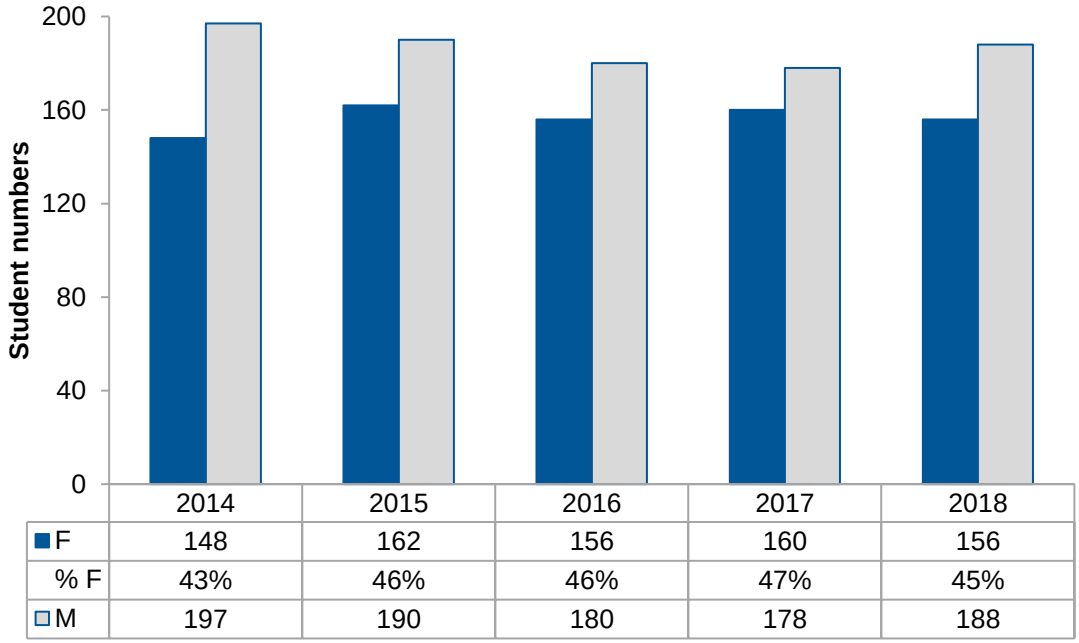
5-year Medicine undergraduates undertake an integrated **BMedSci**. In general, a greater proportion of female students attain high-class degrees (1st or 2:1; Table 4.3) in line with national data (HESA: Females:86%; Males:80%).

Table 4.3: BMedSci class attainment

		Numbers (% gender attaining) by year				
		2014	2015	2016	2017	2018
All classes	Female	133	122	123	101	99
	Male	72	82	83	71	60
1st class	Female	36 (23%)	23 (15%)	25 (17%)	3 (2%)	21 (17%)
	Male	13 (16%)	22 (23%)	10 (11%)	5 (5%)	7 (8%)
2:1	Female	84 (53%)	85 (56%)	74 (50%)	81 (59%)	63 (51%)
	Male	49 (61%)	46 (47%)	56 (61%)	41 (41%)	41 (48%)
1st or 2:1	Female	120 (90%)	108 (88%)	99 (80%)	84 (83%)	84 (85%)
	Male	62 (86%)	68 (83%)	66 (80%)	46 (65%)	48 (80%)
2:2	Female	12 (8%)	11 (7%)	24 (16%)	17 (12%)	15 (12%)
	Male	10 (10%)	14 (14%)	17 (19%)	25 (25%)	12 (14%)
3rd class	Female	1 (0.07%)	3 (2%)	0	0	0
	Male	0	0	0	0	0

Proportions of women studying on **the Graduate-Entry Medicine (GEM) course** is unchanged and below 50% (Figure 4.4a).

Figure 4.4a Students on the Graduate Entry Medicine (GEM) Course



	2014	2015	2016	2017	2018
F	148	162	156	160	156
% F	43%	46%	46%	47%	45%
M	197	190	180	178	188

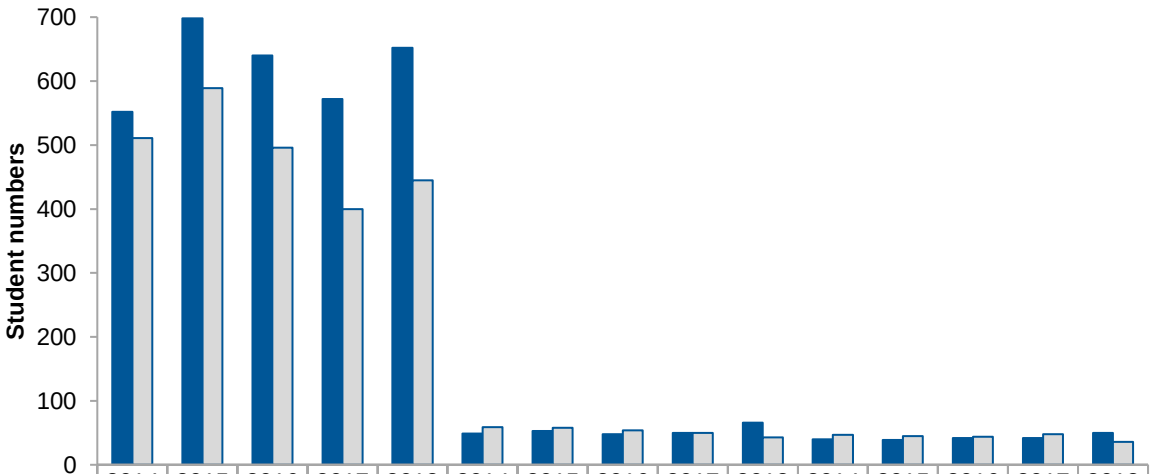
However, applications from women have increased (2014-18: Females +18%; Males: -13%). In 2018, success rates were equal (Figure 4.4c) and the proportion of women accepting offers reached national benchmark (58%: HESA:58%; Figure 4.4b),

reflecting our actions (Table 4.4). We expect this to translate into gender balance as male dominant years graduate and have planned SAP2019:003.

SAP2019:003:

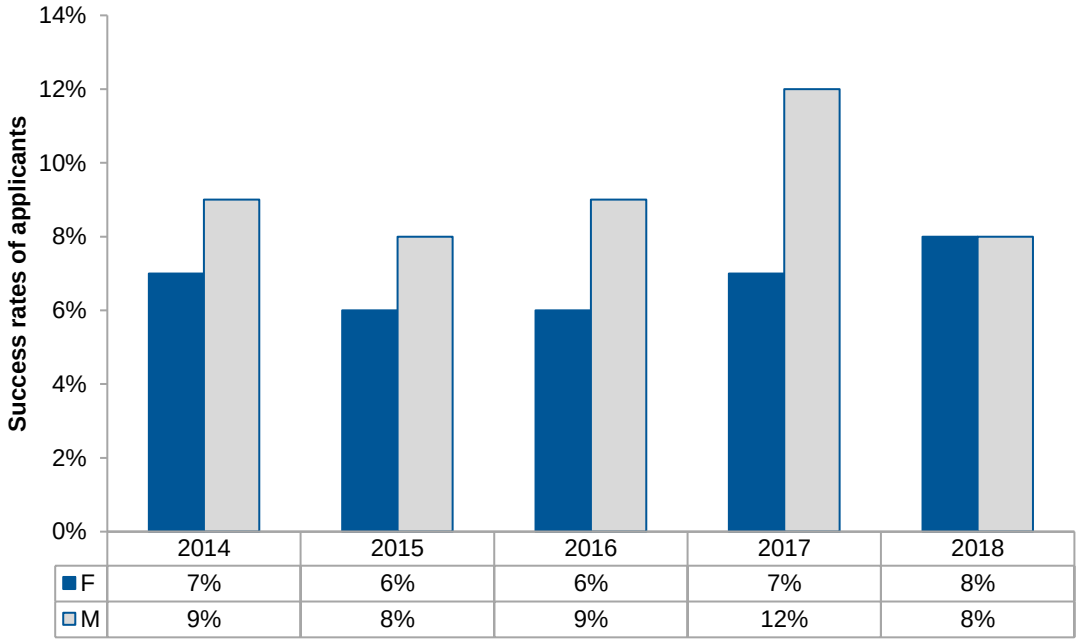
Maintain equity of applicant success rates on the Graduate Entry Medicine course

Figure 4.4b Applications, Offers and Student Acceptances for the Graduate Entry Medical (GEM) course



	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
	Application					Offer					Acceptance				
F	552	698	640	572	652	49	53	48	50	66	40	39	42	42	50
%F	52%	54%	56%	59%	59%	45%	48%	47%	50%	61%	46%	46%	49%	47%	58%
M	511	589	496	400	445	59	58	54	50	43	47	45	44	48	36

Figure 4.4c Application Success Rates to the Graduate Entry Medical (GEM) course



	2014	2015	2016	2017	2018
F	7%	6%	6%	7%	8%
M	9%	8%	9%	12%	8%

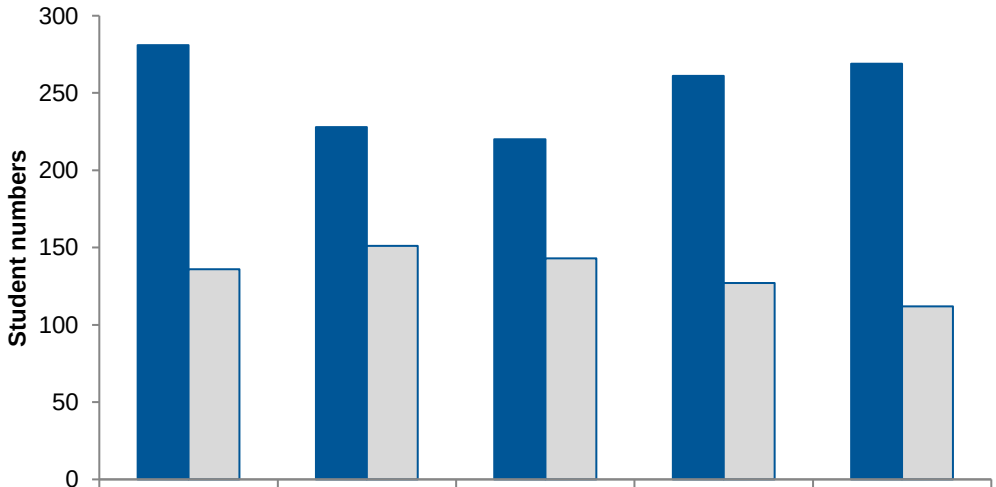
Impact Table 4.4	
Need to: (Silver2015):	Address gender imbalance in GEM
Actions:	✓ Stakeholder review of aptitude tests (incl. MSC, UK Widening Participation Working Group, applicants, students) ✓ Entry hurdle (GAMSAT) compared to other aptitude tests: performance comparable ✓ Impact of first degree subject/attainment and GAMSAT scores on likelihood of offers reviewed ✓ Applicants who decline an offer surveyed ✓ Applicants' feedback actioned: interviews held earlier ✓ Interviewing earlier piloted ✓ All interviewers EDI/UB trained
Impact:	✓ Trend in more women declining offers improving (Females: 2018:2% more likely; 2014:7%) ✓ Female applicants more successful for the first time (2018: Females:58%), reversing earlier trends (2014: Females:46%).

Since Silver2015, all students have passed clinical medicine at the end of the 5-year and GEM courses.

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

Since Silver2015, female student numbers have increased but males have decreased (2015-18: Females +18%; Males -26%; Figure 4.5a).

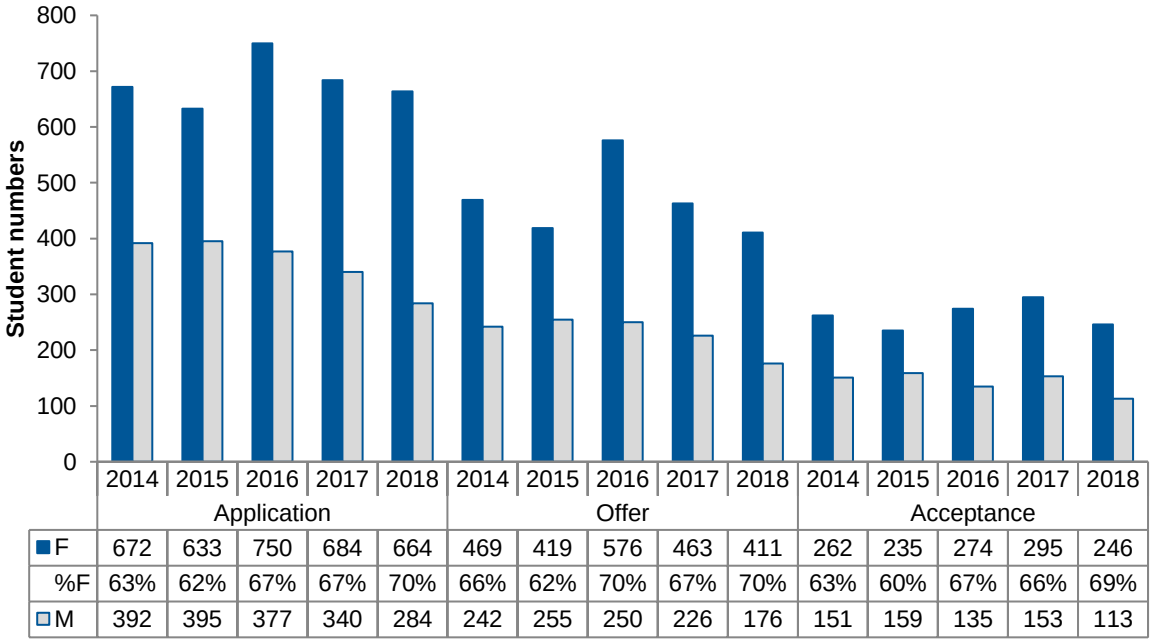
Figure 4.5a Postgraduate Taught (PGT) courses



	2014	2015	2016	2017	2018
F	281	228	220	261	269
% F	67%	60%	61%	67%	71%
M	136	151	143	127	112

Twice as many women apply for our PGT courses than men (Figures 4.5b). We have identified that the mix of PGT courses we are now offering (e.g. Applied Psychology) are particularly attractive to female students (HESA Allied-to-medicine:70%).

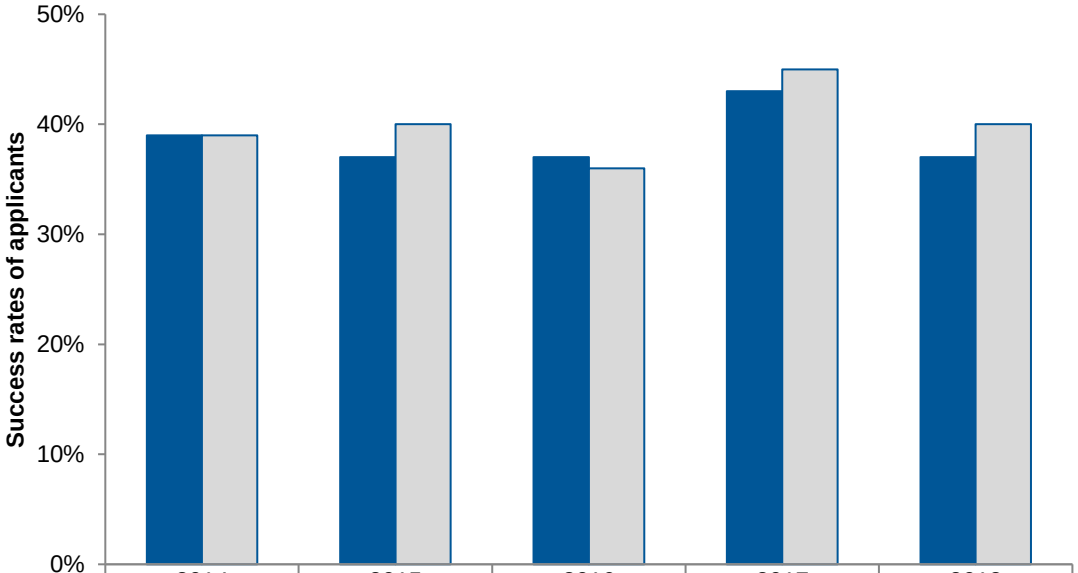
Figure 4.5b Applications, Offers and Acceptances onto our PGT courses



	Application					Offer					Acceptance				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
F	672	633	750	684	664	469	419	576	463	411	262	235	274	295	246
%F	63%	62%	67%	67%	70%	66%	62%	70%	67%	70%	63%	60%	67%	66%	69%
M	392	395	377	340	284	242	255	250	226	176	151	159	135	153	113

Applicant success rates are similar (Figure 4.5c).

Figure 4.5c Success rates of PGT applicants



	2014	2015	2016	2017	2018
F	39%	37%	37%	43%	37%
M	39%	40%	36%	45%	40%

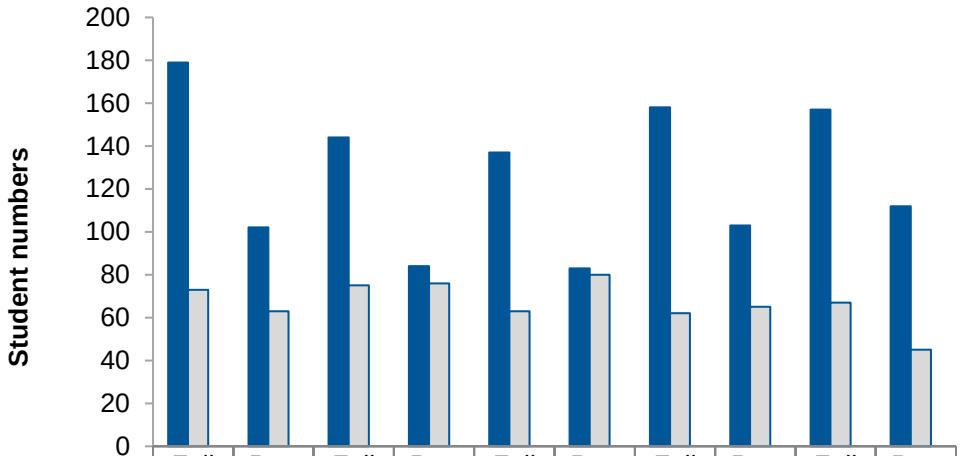
Flexible, part-time study opportunities are pro-actively offered. Biannual curriculum meetings challenge PGT course directors to offer part-time study, leading to an

additional course offering part-time study from 2019. Courses schedule teaching to promote part-time study (e.g. consolidating teaching). Teaching/assessment timetables are sent to offer-holders and published early for the whole forthcoming year. Numbers and proportions of female students studying part-time have risen slightly (Figure 4.5d) but fewer students study part-time than national averages (HESA: Females:48%; Males:44%; SAP2019:004).

SAP2019:004:

Expand part-time study provision and improve equity of recruitment, mode of study and outcomes on our Postgraduate Taught courses

Figure 4.5d PGT students studying full and part-time



	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time
	2014		2015		2016		2017		2018	
F	179	102	144	84	137	83	158	103	157	112
% F who are PT		36%		37%		38%		39%		42%
M	73	63	75	76	63	80	62	65	67	45
% M who are PT		46%		50%		56%		51%		40%

The proportion of PGT students completing their studies within 2 years has improved and equalised since Silver2015 (2018: Females:83%; Males:80%; 2015: Females:70%; Males:30%) as have the proportions attaining a merit or distinction (Table 4.5).

Table 4.5: PGT degree attainment

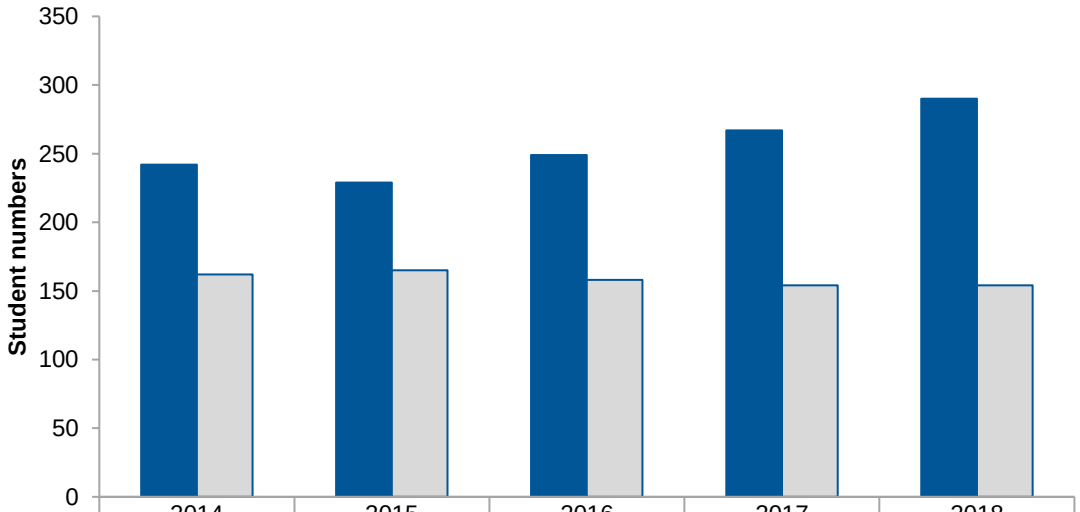
		% attaining Distinction or Merit				
		2014	2015	2016	2017	2018
Full-time	Female	69%	73%	79%	84%	85%
	Male	64%	65%	64%	86%	80%
Part-time	Female	81%	84%	82%	90%	86%
	Male	51%	74%	81%	93%	95%

Although all marking is already blinded, we have added actions to our SAP as more part-time men than women are awarded distinctions/merits (SAP2019:004).

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

Whilst numbers of men have decreased, there are more female PGR students, and hence proportions are increasing (2014-2018: Females 65% (+20%); Males -5%; Figure 4.6a). Whilst this reflects continuing successful recruitment of females into our research-rich environment, proportions of female PGR students exceed benchmarks (HESA:58%). We need to do more to ensure that our courses appeal to males (SAP2019:005).

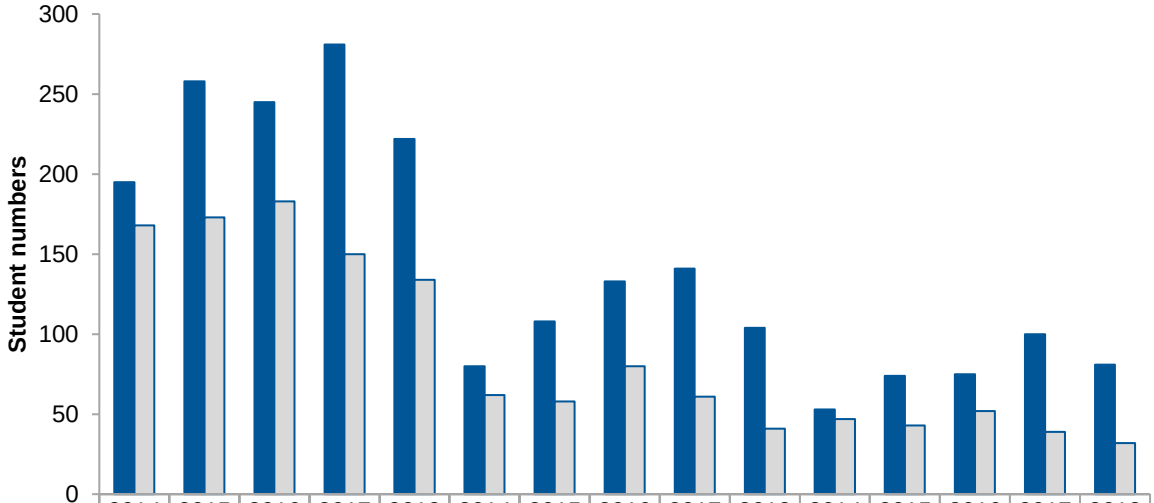
Figure 4.6a Proportions of Postgraduate Research (PGR) Students



	2014	2015	2016	2017	2018
F	242	229	249	267	290
% F	60%	58%	61%	63%	65%
M	162	165	158	154	154

PGR applications have stabilised, but with an increasing proportion from women (Figure 4.6b).

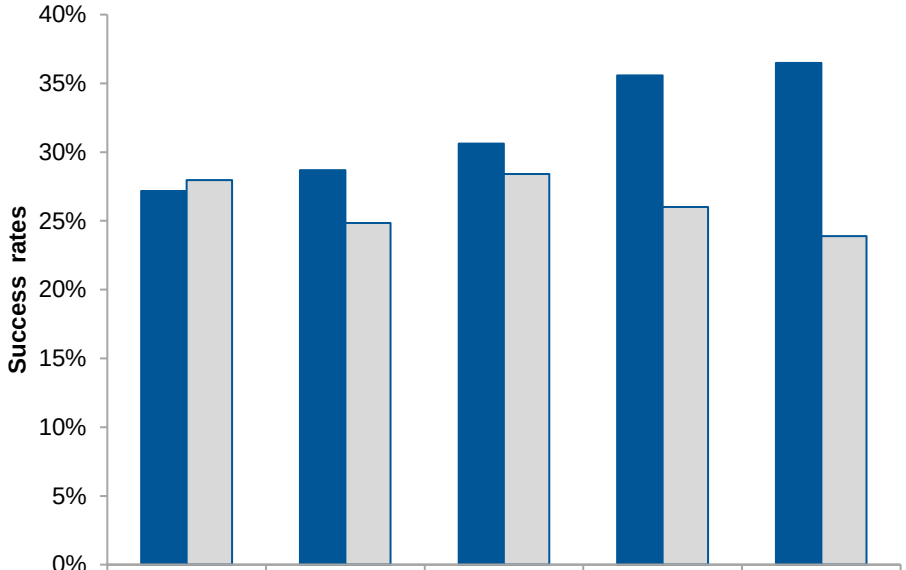
Figure 4.6b PGR Applications, Offers and Acceptances



	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
	Application					Offer					Acceptance				
F	195	258	245	281	222	80	108	133	141	104	53	74	75	100	81
%F	54%	60%	57%	65%	62%	56%	65%	62%	70%	72%	53%	63%	59%	72%	72%
M	168	173	183	150	134	62	58	80	61	41	47	43	52	39	32

Female applicants are increasingly likely, and males less likely, to be successful in gaining a place (Figure 4.6c), although we have already addressed gender balance of our PGR interview panels (Table 4.6).

Figure 4.6c Success rates of PGR applicants



	2014	2015	2016	2017	2018
F	27%	29%	31%	36%	36%
M	28%	25%	28%	26%	24%

This divergence, replicated in other Schools in our Faculty, is a concerning trend, which we will address through targeted actions (SAP2019:005).

SAP2019:005:

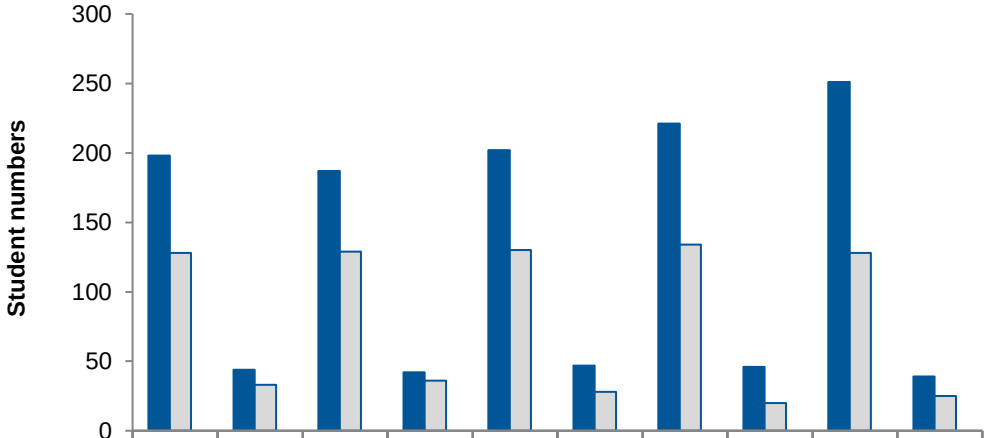
Improve applications from, and success rates of, male PGR students

Impact Table 4.6	
Need to: (Silver2015):	Increase proportions of female PGR recruiters
Actions taken	✓ Guidance for interview panel conveners ✓ Shadowing and training for interviewers ✓ All interview panel conveners and recruiters EDI/UB trained
Impact	Increase in female interviewers (2018:55%; 2013:31%; +24%) Female interview panel chairs:42%

There are no clear trends in the proportions of PGR students who study part-time (Figure 4.6d). Part-time study is offered pro-actively, although overseas student uptake

is affected by visa restrictions. Data from our Divisions indicates high proportions of students are supported to study flexibly (2018: Females:75%; Males:67%).

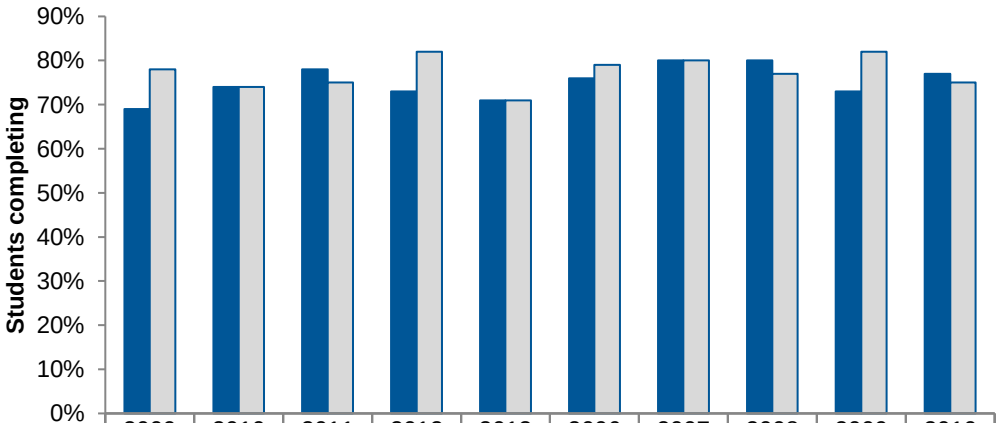
Figure 4.6d PGR students studying full and part-time



	2014		2015		2016		2017		2018	
	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time
F	198	44	187	42	202	47	221	46	251	39
% F who are PT		18%		18%		19%		17%		13%
M	128	33	129	36	130	28	134	20	128	25
% M who are PT		20%		22%		18%		13%		16%

PhD completion rates are similar between genders and full and part-time students (Figure 4.6e). We expect to see improvements in completion rates coming through now our PGR Committee has embedded supervisor guidance and improved student support (Section 5.3i).

Figure 4.6e PGR students completing in the required time (full-time: 4 years; part-time: 8 years) by year of enrollment

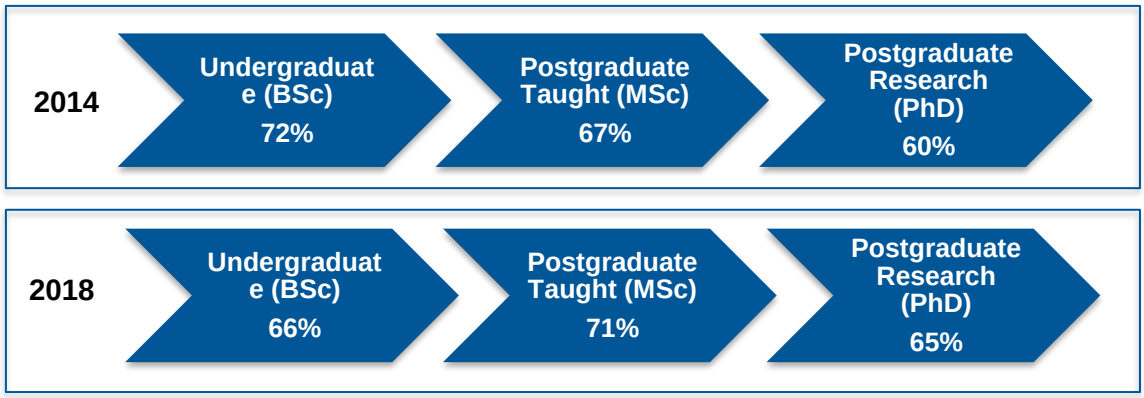


	Full-time PGR students					Part-time PGR students				
	2009	2010	2011	2012	2013	2006	2007	2008	2009	2010
%F	69%	74%	78%	73%	71%	76%	80%	80%	73%	77%
%M	78%	74%	75%	82%	71%	79%	80%	77%	82%	75%

(v) Progression pipeline between undergraduate and postgraduate student levels

Since Silver2015, female progression from undergraduate to postgraduate studies has improved so that, for both genders, the proportions studying at PGR level are equivalent to undergraduates (Figure 4.7). Fewer men progress to PGT courses.

Figure 4.7 Student pipeline: percentage women in 2014 and 2018



Opportunities for postgraduate studies within the School are promoted through rolling message boards in community areas/cafes/teaching rooms, through personal tutors and supervisors and the University's Careers Service. Increasingly, students report awareness of available career pathways (2018:71%; 2017:60%), mainly from supervisors/tutors (81%), the Graduate School (60%) and peer support sessions (62%). The latter are most highly rated (2018: 'Usefulness': Females:100%; Males:78%). However, few use the University's Careers Service (15%) (SAP2019:005).

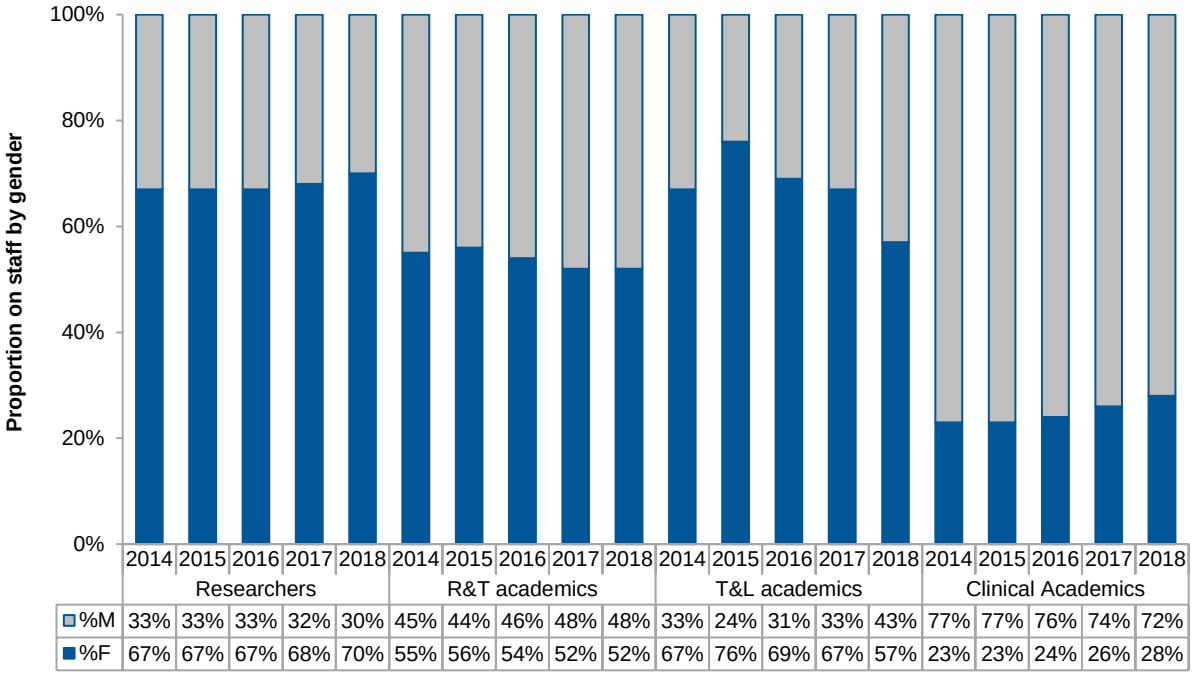
> ***"[The Careers' Service] gave me good info on how to find study and job opportunities after finishing"***
>
> **Female Student**

4.2. Academic and research staff data

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

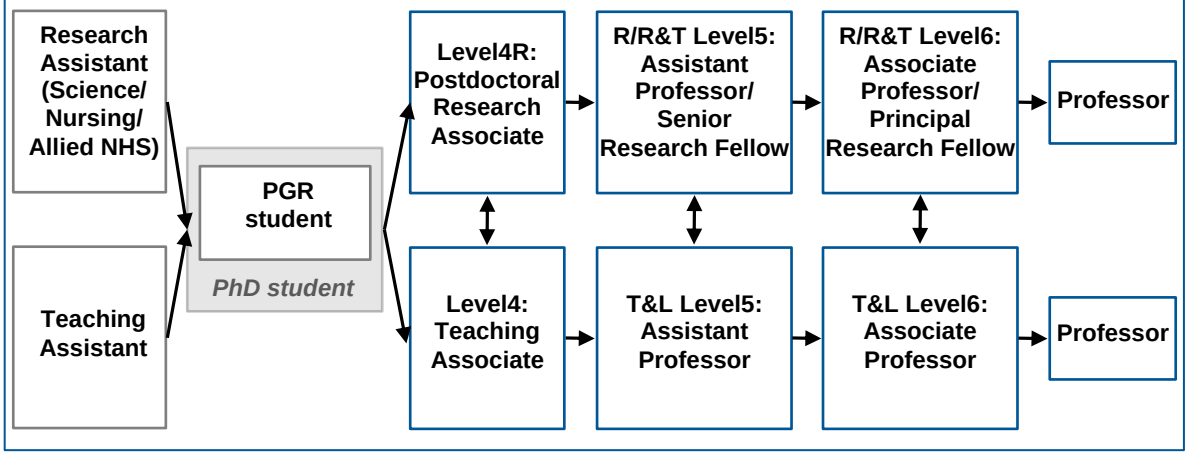
In line with benchmarks, the School has more female academic and research staff than male (Female:56%; HESA: Medicine:54%; Figure 4.8). Career pathways differ substantially and are viewed separately (Figures 4.9, 4.17).

Figure 4.8 Academic Staff Trends



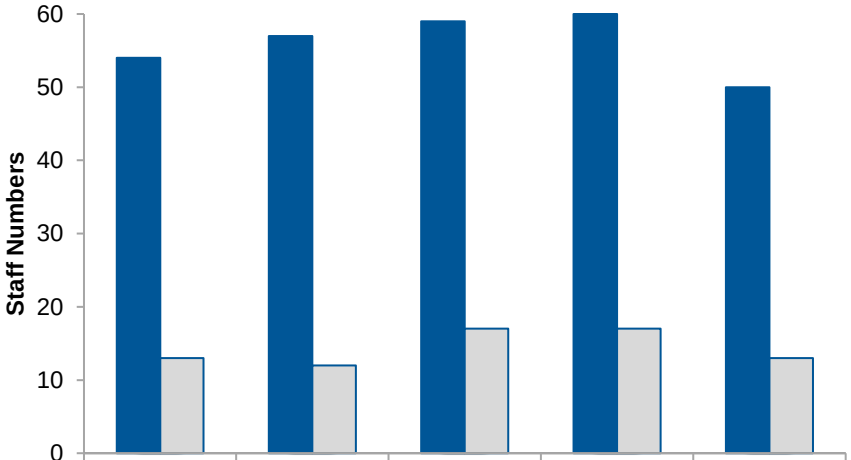
	Researchers					R&T academics					T&L academics					Clinical Academics				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
%M	33%	33%	33%	32%	30%	45%	44%	46%	48%	48%	33%	24%	31%	33%	43%	77%	77%	76%	74%	72%
%F	67%	67%	67%	68%	70%	55%	56%	54%	52%	52%	67%	76%	69%	67%	57%	23%	23%	24%	26%	28%

Figure 4.9 Non-Clinical Academic Career Pathway



From 2014-18, proportions of female **researchers** have remained stable (Figure 4.8). Four times more Research Assistants are women (Figure 4.10), reflecting national gender balance of graduates from nursing/allied healthcare/biological sciences backgrounds (HESA: Females:79.1%).

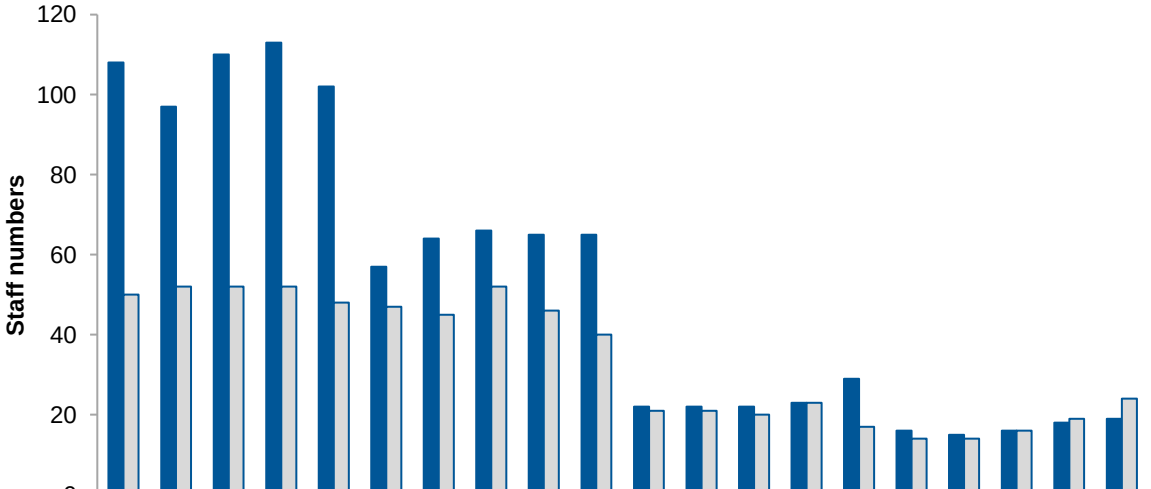
Figure 4.10 Research Assistants, 2014-18



	2014	2015	2016	2017	2018
F	54	57	59	60	50
%F	81%	83%	78%	78%	79%
M	13	12	17	17	13

Research Assistants usually need to attain a PhD to proceed to the next level. Research Associates (R4R) are postdoctoral and twice as likely to be women (Figure 4.11).

Figure 4.11 Research/ R&T career pathway



	14	15	16	17	18	14	15	16	17	18	14	15	16	17	18	14	15	16	17	18
	R4R					R + R&T5					R + R&T6					R + R&T7				
F	108	97	110	113	102	57	64	66	65	65	22	22	22	23	29	16	15	16	18	19
%F	68%	65%	68%	68%	68%	55%	59%	56%	59%	62%	51%	51%	52%	50%	63%	53%	52%	50%	49%	44%
M	50	52	52	52	48	47	45	52	46	40	21	21	20	23	17	14	14	16	19	24

To transition from Level 4-5, most postdoctoral researchers attain research and teaching experience and transition to research and teaching (R&T5) posts, whilst a few attain research independence through their own research funding. Although the decline in staff numbers is steeper for women (2018: Females -36%; Males -17%; Figure 4.11), it is less marked than in 2014 (Figure 4.12). Our survey and focus groups highlight that female Level 4 postdoctoral researchers would like to access more courses (e.g. on teaching) to support their career development (SAP2019:006).

The proportion of female Level 5 non-clinical academics has increased (Figure 4.12) as the numbers of women have risen and men fallen (2014-18: Females +12%; Males -15%; Figure 4.11). This is reflects successful fellowship awards following participation in grant-writing programmes (Success following grant-writing programme: Females:59%; Males:28%).

SAP2019:006:

Increase support for early-career staff (Researchers and Teaching Assistants) through galas, more information on career options and signposting to broader opportunities

"My big grant has been funded!
I have no doubt the grant course contributed"

Female Researcher

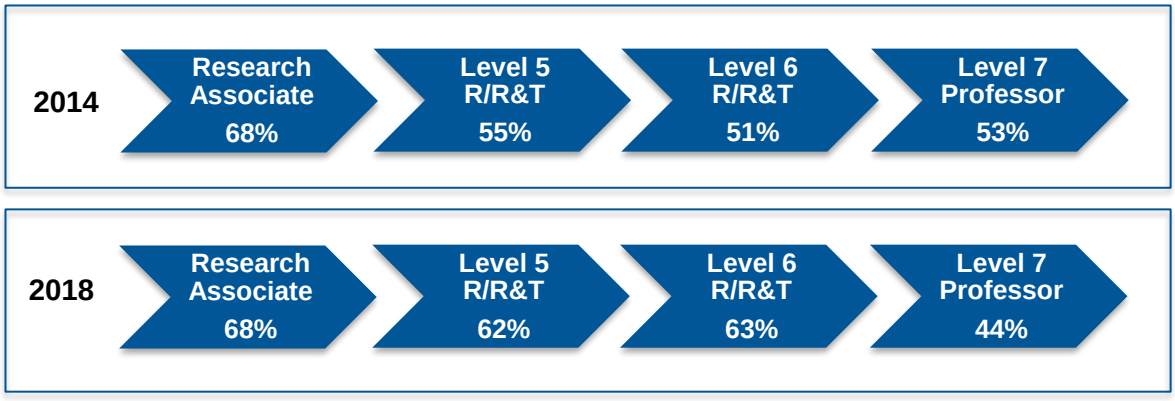
Numbers of women at Level 6 increased but numbers of men have fallen (2014-18: Females +32%; Males -19%; Figure 4.11). The steep decline in numbers between Levels 5-6, regardless of gender (2014-18: Females -55%; Males -58%; Figures 4.11-4.12) requires support from SAP2019:007.

SAP2019:007:

Improve career progression for non-clinical academic staff

Whilst numbers of female professors (Level 7) have increased, there has been a greater increase in men (Females: +19%; Males:+71%; Figure 4.11). Men promoted to Level 7 have been in post longer and feedback reflects benefits from our promotions-readiness workshops. Nonetheless, female proportions at 44% are above benchmark (HESA Medicine:21%; All SET:42%). We have added actions to SAP2019:007.

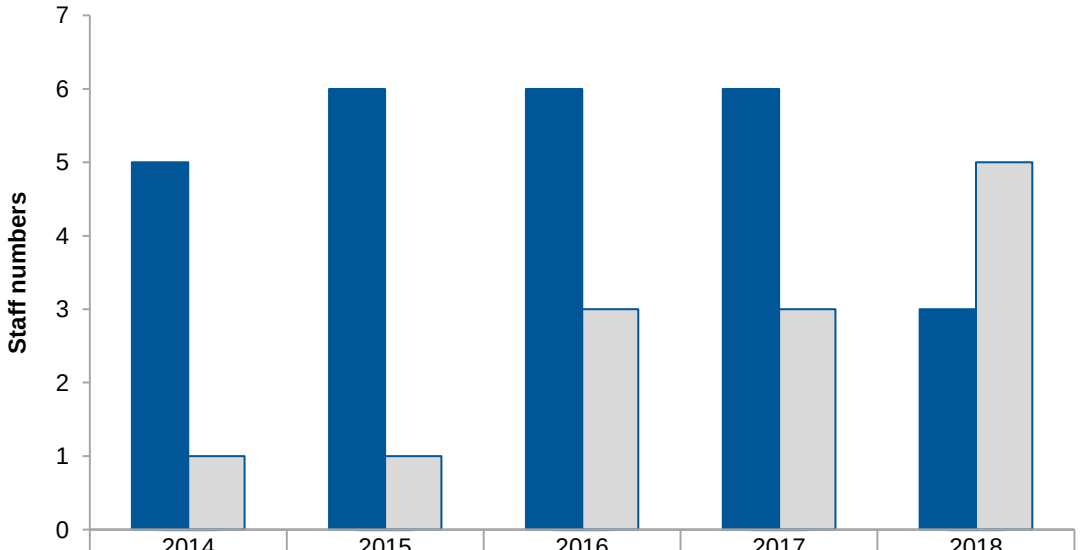
Figure 4.12 Researchers/non-clinical academics career pipeline: percentage females



With School support and championing, **T&L** careers have become a recognised path for some academics who traditionally held R&T contracts. Gender distribution has become more equal (Females: 2014:67%; 2018:57%; Figures 4.8, 4.13-4.14) but the proportion of academic staff in this career pathway (Females:5.9%; Males:5.6%) is still lower than HESA benchmarks (HESA: Females:31%; Males:23%)

The proportion of female teaching assistants has decreased (Figure 4.13). Numbers are very small but we note that a trend is emerging and will explore this as a priority (SAP2019:006).

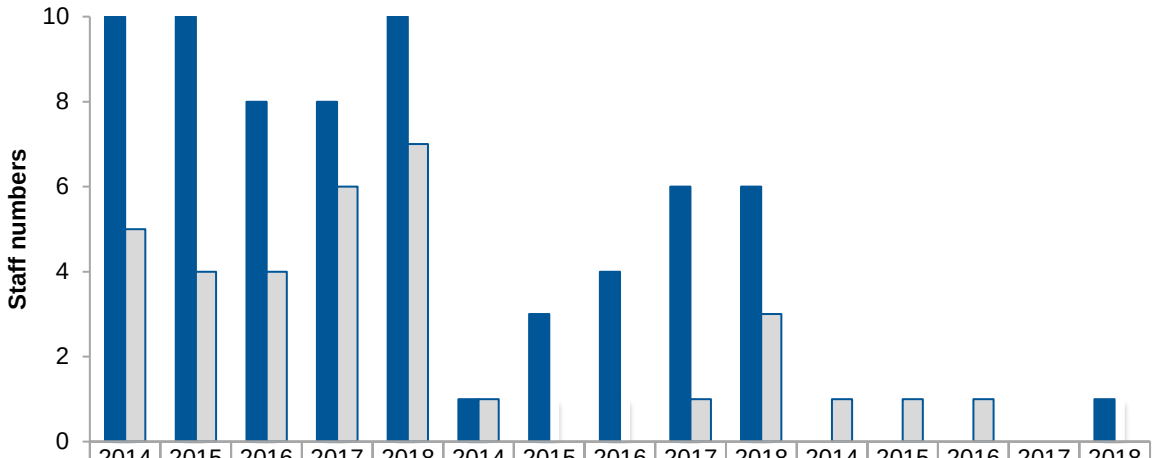
Figure 4.13 Teaching Assistants



	2014	2015	2016	2017	2018
F	5	6	6	6	3
% F	83%	86%	67%	67%	38%
M	1	1	3	3	5

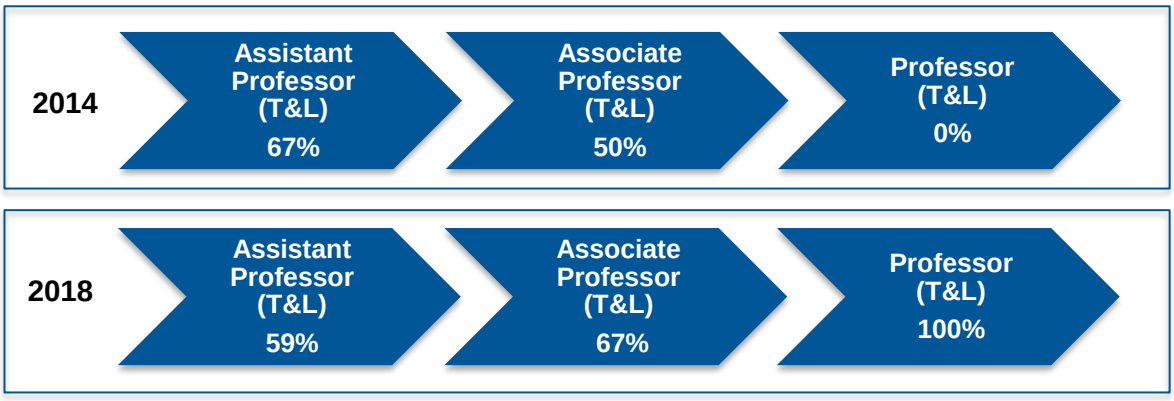
After attaining a PhD, more women enter the T&L career pathway at Level 5 (Figures 4.9, 4.14-4.15) although males are increasing and numbers overall are small.

Figure 4.14 Teaching (T&L) academics



	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
	Assistant Professor (Teaching & Learning Level 5)					Associate Professor (Teaching & Learning Level 6)					Professor (Teaching & Learning Level 7)				
F	10	10	8	8	10	1	3	4	6	6	0	0	0	0	1
% F	67%	71%	67%	57%	59%	50%	100%	100%	86%	67%	0%	0%	0%	0%	100%
M	5	4	4	6	7	1	0	0	1	3	1	1	1	0	0

Figure 4.15 T&L career pipeline: percentage females

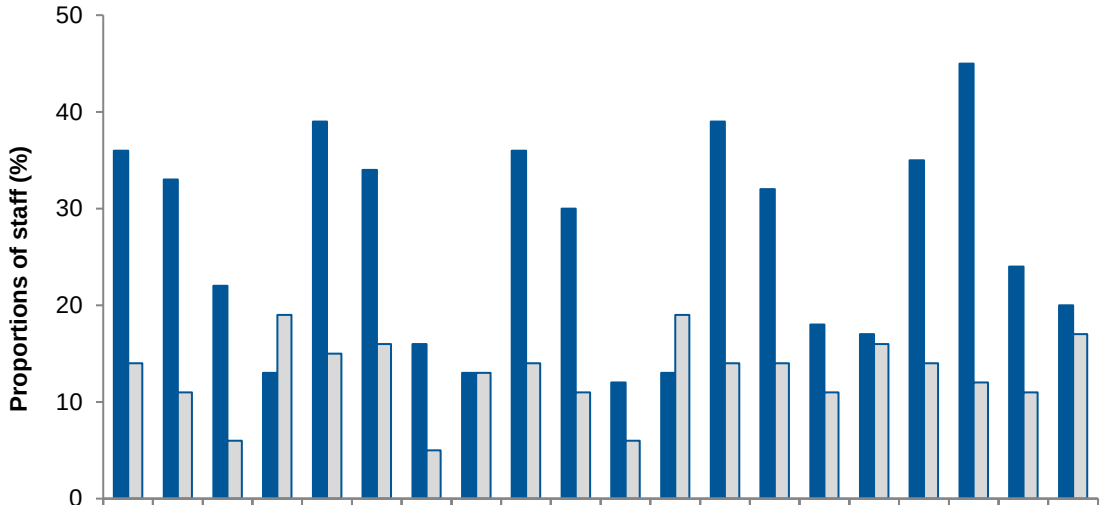


The proportion of women in our School's non-clinical academic job families compares favourably to benchmark Silver-Awarded Medical Schools (Females: L5: School:61%; Leeds-King's-Newcastle:36-56%; L6: School:64%; Leeds-King's-Newcastle:40-44%; L7: School:45%; Leeds-King's-Newcastle:30-36%).

More non-clinical academic women work part-time than men (Figure 4.16), especially at early-career stages, reflecting work-life balance and the School's approach to offering part-time working. In general, numbers of males working part-time increases

with seniority, especially with ‘retire-and-return’ opportunities. There are no differences in the progression of full or part-time clinical staff.

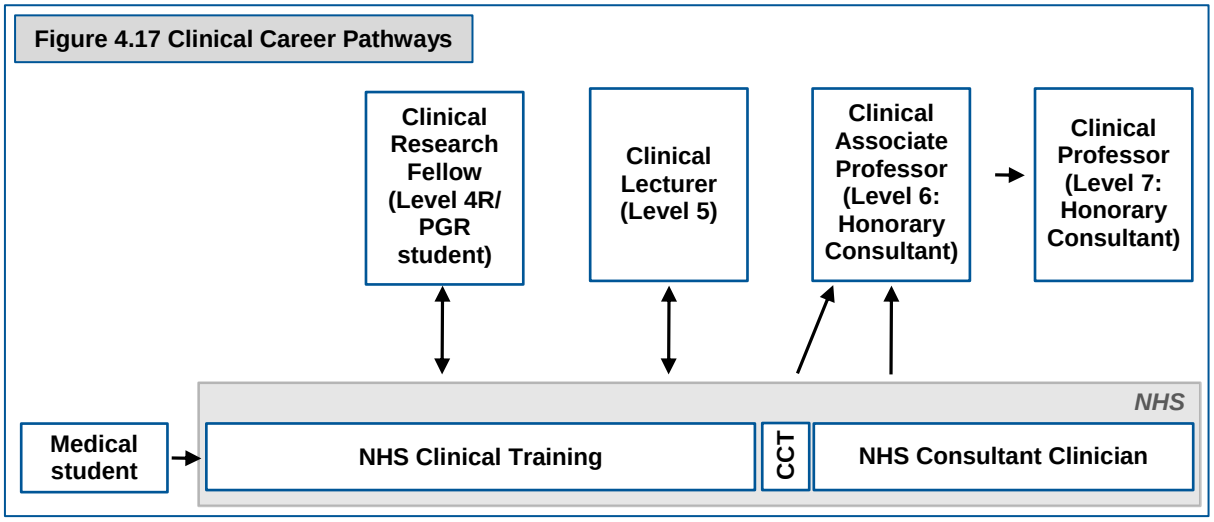
Figure 4.16 Proportions of Non-clinical academic staff who work part-time (L: level)



	L4	L5	L6	L7	L4	L5	L6	L7	L4	L5	L6	L7	L4	L5	L6	L7	L4	L5	L6	L7
	2014				2015				2016				2017				2018			
% Female	36	33	22	13	39	34	16	13	36	30	12	13	39	32	18	17	35	45	24	20
% Male	14	11	6	19	15	16	5	13	14	11	6	19	14	14	11	16	14	12	11	17

The career pathway for **clinical academics** (CAs) interfaces with NHS commitments (Figure 4.17).

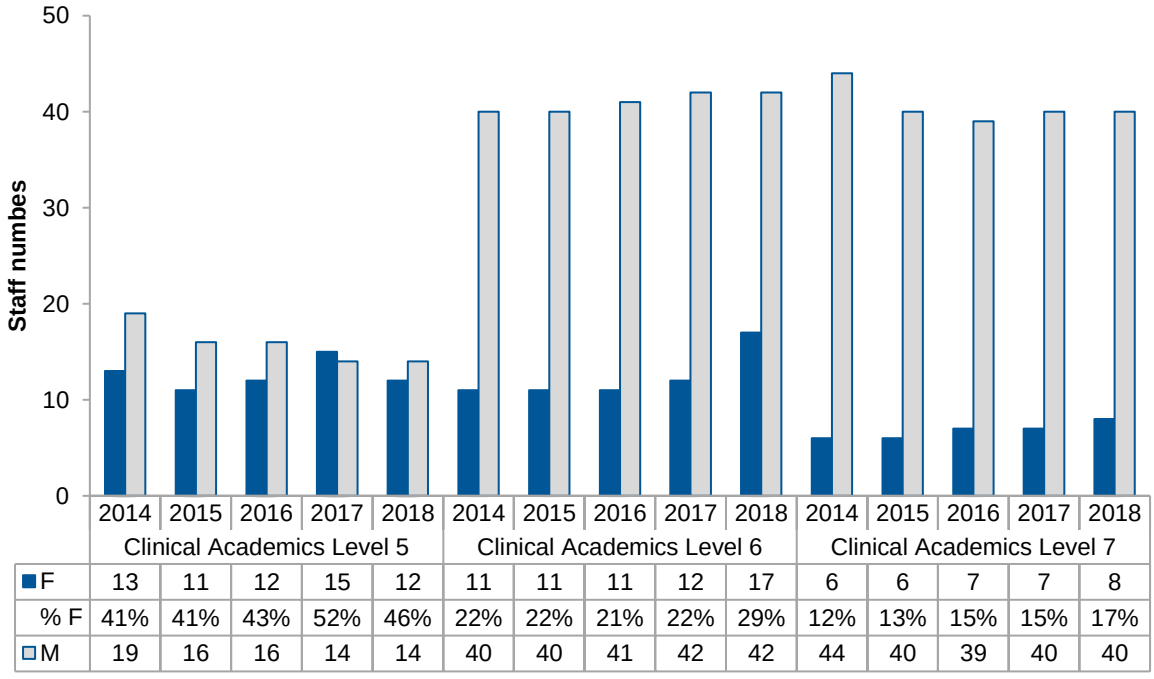
Figure 4.17 Clinical Career Pathways



From 2014-18, whilst the total number of **Clinical Academics** has remained stable, the proportion of women has increased (2018:28%; 2014:23%) reflecting an increase in numbers of women (2014-18: Females +23%; Males -6%; Figures 4.8, 4.17) into the historically male-dominated CA job family.

Clinical Lecturers (CL:CA5) enter to undertake research or T&L activities. NHS posts are held open providing job/medical career security. Overall, numbers have fallen (Figure 4.18), reflecting national trends amongst funders towards lower cost non-clinical researchers.

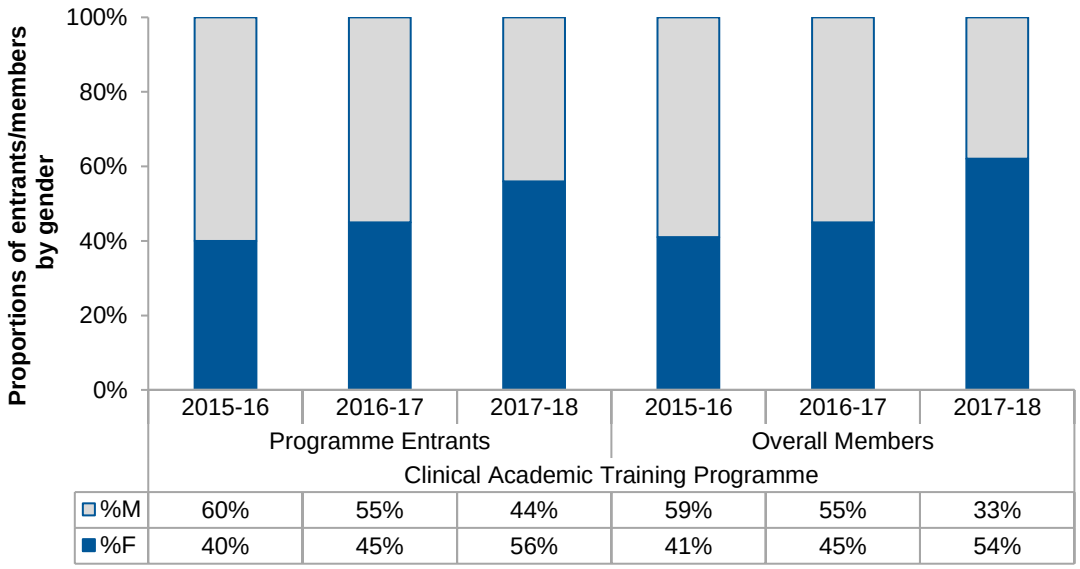
Figure 4.18 Clinical Academic Staff



	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
	Clinical Academics Level 5					Clinical Academics Level 6					Clinical Academics Level 7				
F	13	11	12	15	12	11	11	11	12	17	6	6	7	7	8
% F	41%	41%	43%	52%	46%	22%	22%	21%	22%	29%	12%	13%	15%	15%	17%
M	19	16	16	14	14	40	40	41	42	42	44	40	39	40	40

We host CLs in our Clinical Academic Training Programme (CATP), to support their training in research before Clinical Associate Professor (Level 6) applications. CATP recruitment processes (Section 5.1i) highlight matching of flexible NHS parental leave policies. This has maintained the numbers of women and increased the proportion taking up these posts (Females: 2018:54%; 2014:41%; Figure 4.19), comparing well nationally (MSC: Overall:44%; Same specialties:38%). This better reflects proportions when this cohort graduated and is the necessary precursor to addressing CA6 gender balance. CATP members are supported by a female CATP Director and two Deputy Directors (1:1 Male:Female; Section 6), senior mentors/role models and networking events. The programme is attracting more women into clinical academic training (2017-18: Females:56%; HEE benchmark:57%; Figure 4.19).

Figure 4.19 Clinical Academic Training Programme members (2015-18)



	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
%M	60%	55%	44%	59%	55%	33%
%F	40%	45%	56%	41%	45%	54%

There is no direct progression, or promotion, from CL:CA5 to **Clinical Associate Professor (CA6)** as CLs must finish their NHS medical training (Figure 4.17). Proactive support for CLs to reenter at CA6 at completion of clinical training (CCT) (Table 4.7) has resulted in a sustained increase in proportions of CA6 females (2014:22%; 2018:29%; Figure 4.18).

"...without the support from my mentor, I don't think I would have had the confidence to apply"

Female Clinical Academic

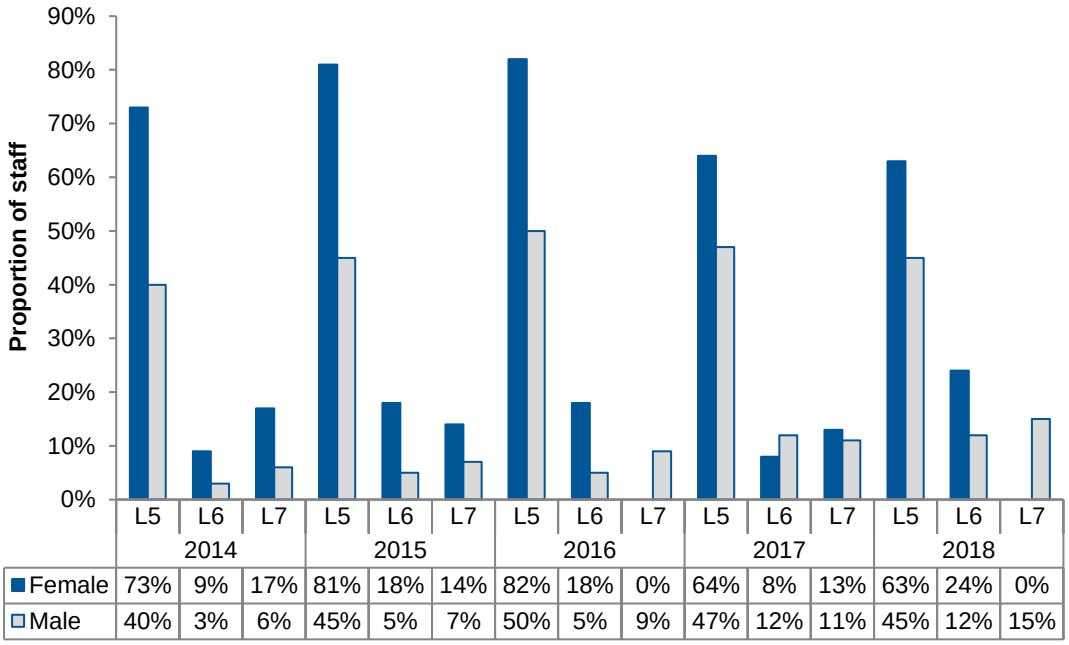
Amongst CA6s, a higher proportion of women are younger and have been in post less time. This reflects positively on support for career progression into this grade and bodes well for the future when time and achievements at the grade below are realised to promotion to Level 7 (2018: Average time currently in the grade: Females 3.1yrs; Males 6.9yrs).

Impact Table 4.7	
Need to: (Silver2015)	Increase numbers of female Clinical Associate Professors
Actions:	✓ Increased visibility of clinical academic women Following clinician focus groups feedback: ✓ Promote opportunities to clinical trainees through HEE ✓ Support female clinicians within local NHS posts and early-career clinical academics through: - membership of the CATP - 1:1 careers' advice - the School's mentoring scheme (Females:63%), promoted via direct emails, the CATP and HEE - reserved spaces on the School's grant-training programme (Early-career clinical academics: 27% of delegates; Females:56%) - Women in Medicine and Science (WiMs)
Impact	Good grant-success rates following grant-training programme participation (Females:50%; Males:46%) Increased numbers of female Clinical Associate Professors (CA6: 2015-18: Females +55%; Males +5%)

Although numbers are small (Figure 4.18), there has also been a 33% increase in female **Clinical Professors** as measures to support clinical academics' careers have influenced progression to senior grades. This significant positive trend brings the proportion of female Clinical Professors to 17%, in line with national averages. The boost in numbers at pre-Professorial levels between 2014-18 (Figure 4.18) is the necessary positive precursor to improving Clinical Professorial gender balance.

Whilst more clinical academic women work part-time than males (Figure 4.20), this is a complex metric as Clinical Lecturers are composed of early-career clinical researchers and clinical teachers holding separate contracts for clinical work in General Practice and part-time teaching contracts for our medical courses. Numbers of males working part-time in higher grades reflect 'retire-and-return' colleagues. There are no differences in the progression of full and part-time clinical staff.

Figure 4.20 Proportions of clinical academic staff who work part-time (L: level)



	L5	L6	L7	L5	L6	L7	L5	L6	L7	L5	L6	L7	L5	L6	L7
	2014			2015			2016			2017			2018		
Female	73%	9%	17%	81%	18%	14%	82%	18%	0%	64%	8%	13%	63%	24%	0%
Male	40%	3%	6%	45%	5%	7%	50%	5%	9%	47%	12%	11%	45%	12%	15%

Proportions at CA5 and CA7 are similar to benchmark Medical Schools with similar medical specialties, but are lower at CA6 (Females: CA5: School: 44%; MSC:44%; CA6: School:29%; MSC:38%; CA7: School:17%; MSC:17%). Whilst the career pipeline has improved somewhat, our female clinical academics report feeling most time-pressured from the complex demands of academia, clinical responsibilities and life-outside-work and the pipeline remains unsatisfactory (Figure 4.21). More support for clinical academics is needed to increase the numbers of women at senior levels including protecting their academic time from clinical duties (SAP2019:008).

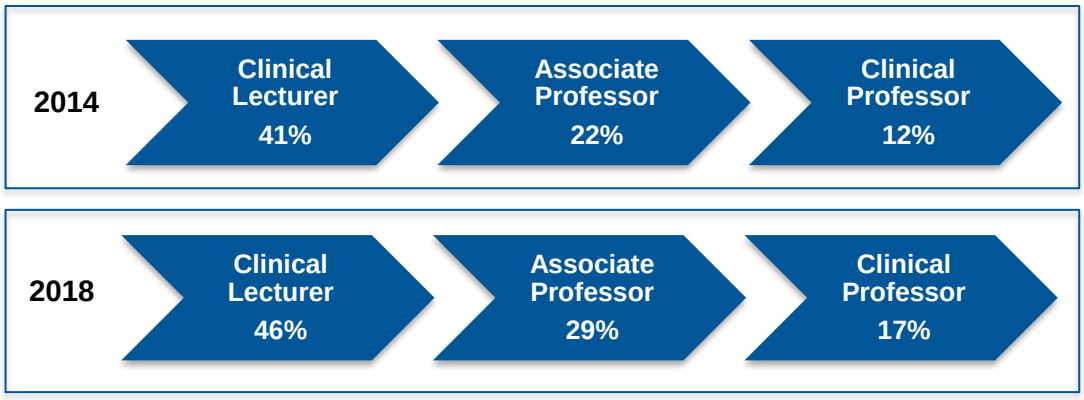
"The 50% academic time in my clinical lectureship gives me protected research time"

Female Clinical Lecturer

"We are fully committed to protecting the research time of the clinical academics who work with us."

Dr Keith Girling, Medical Director, Nottingham University Hospitals NHS Trust

Figure 4.21 Percentage of females in the clinical academic pipeline



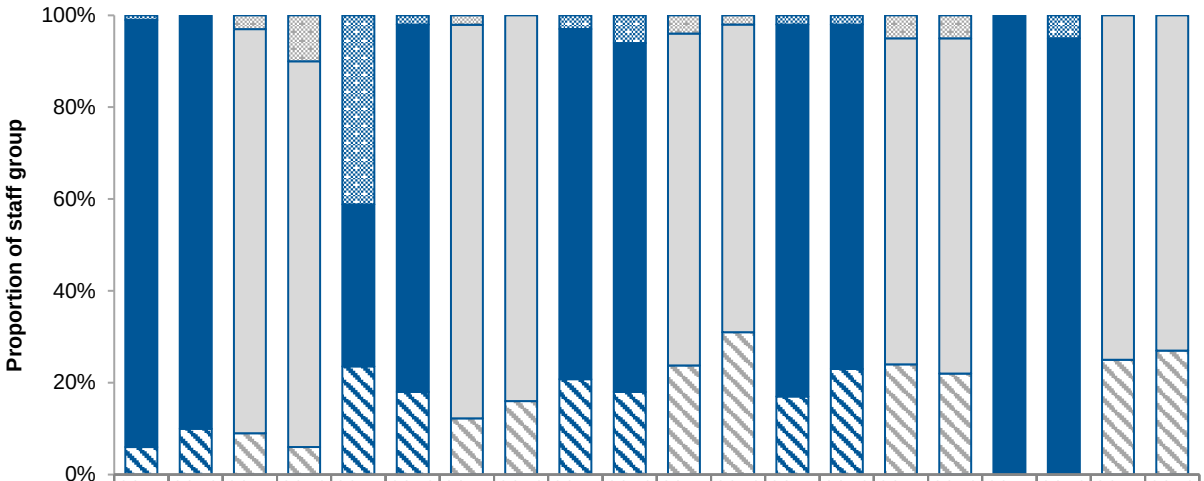
Between 2014-18, seven **technicians** transferred to the Research job family (Females:7) and two moved to Teaching roles (Female:1; Male:1; Table 4.8)). The transition between roles reflects uptake of career development opportunities and, in some cases, demystification through shadowing. We will ensure visibility of these opportunities amongst men, as well as women, through local staff development officer (SSDO) deputies (SAP2019:012).

Table 4.8 Technicians moving into New Job Families

Transition to:		2014	2015	2016	2017	2018
Research	Females	2	1	0	3	1
	Males	0	0	0	0	0
Teaching	Females	1	0	0	0	1
	Males	0	0	0	0	0
APM	Females	0	0	1	0	3
	Males	0	0	1	2	0

Ethnicity: Overall 19% of our staff identify as BME (HESA:15%). There are no BME female T&L staff (Figure 4.22).

Figure 4.22 Ethnicity by staff group, 2014 and 2018
(Hatched: BME; Solid: White; Dotted: unknown)



	2014 Female	2018 Female	2014 Male	2018 Male	2014 Female	2018 Female	2014 Male	2018 Male	2014 Female	2018 Female	2014 Male	2018 Male	2014 Female	2018 Female	2014 Male	2018 Male	2014 Female	2018 Female	2014 Male	2018 Male
	Administrative, Professional, Managerial				Technical				Clinical Academic				Research, Research & Teaching				Teaching			
Unknown	1%	0%	3%	10%	14%	2%	2%	0%	3%	6%	4%	2%	2%	2%	5%	5%	0%	5%	0%	0%
White	93%	90%	88%	84%	12%	80%	84%	84%	77%	76%	73%	67%	81%	75%	71%	73%	100%	95%	75%	73%
BME	6%	10%	9%	6%	8%	18%	12%	16%	21%	18%	24%	31%	17%	23%	24%	22%	0%	0%	25%	27%

There is intersectionality in the APM group, particularly at lower levels, where there are fewer BME staff and white female applicants have highest success rates (Table 4.9). We will act to improve BME recruitment (SAP2019:012).

Table 4.9 Success rates of applicants for the School's APM posts

Level	Gender	Ethnicity	Percentage success rates (number of applicants) 2015*	2016	2017	2018	2015-18
APM Levels 2 & 3	Female	BME	2% (92)	4% (88)	1% (78)	4% (137)	3% (395)
		White	6% (373)	9% (283)	4% (294)	5% (455)	6% (1405)
	Male	BME	4% (107)	7% (87)	7% (86)	3% (146)	5% (426)
		White	3% (30)	2% (45)	1% (24)	0% (35)	2% (134)
APM Levels 4 & 5	Female	BME	0% (11)	0% (28)	10% (32)	0% (24)	3% (95)
		White	12% (43)	8% (71)	0% (171)	8% (105)	5% (390)
	Male	BME	0% (4)	0% (24)	5% (22)	0% (20)	2% (70)
		White	0% (11)	4% (29)	9% (63)	0% (25)	5% (128)

*recruitment data only available from 2015

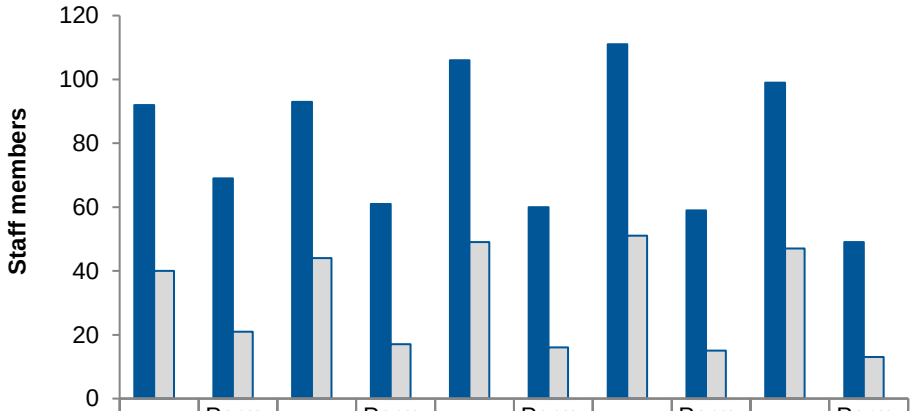
(ii) Academic and research staff by grade on fixed-term, open-ended/permanent and zero-hour contracts by gender

The School does not offer zero hours. There is one honorary contract holder.

Most academic/research staff hold permanent contracts (Overall:63%). Most fixed-term contracts are held by Level 4 research and teaching staff (2014-18 Permanent: Non-Clinical L4: Females:40%; Males:30%; Academics: Females:88%; Males:93%). Our School surveys highlight that staff enjoy working in the School regardless of contract type or gender (Female: Fixed-term:99%; Permanent: 95%; Male: Fixed-term:98%; Permanent: 97%).

Level 4 researchers are generally employed on time-limited grant-funded research projects. A lower proportion of L4 women hold fixed-term contracts. Transition to permanent contracts with personal grant-funding is becoming less common at this level especially amongst men (Figure 4.23).

Figure 4.23 Fixed-term and open-ended permanent Researchers at Level 4

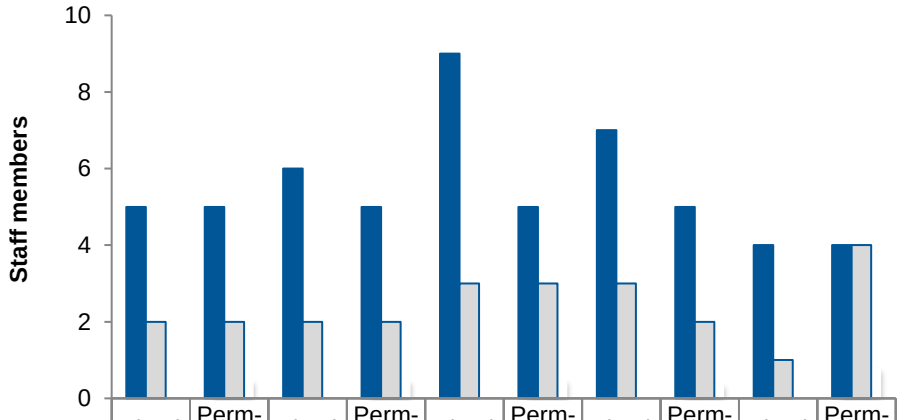


	2014		2015		2016		2017		2018	
Females	92	69	93	61	106	60	111	59	99	49
% F who are permanent		43%		40%		36%		35%		33%
Males	40	21	44	17	49	16	51	15	47	13
% M who are permanent		34%		28%		25%		23%		22%

In consultation with early-career researchers, we have new actions to support them (SAP2019:006).

Level 4 teaching staff are often in fixed-term developmental opportunities providing maternity/parental/carers'/ leave cover. There are more female Level 4 teaching staff. Numbers holding permanent contracts are now equal between genders, but more women also now hold fixed-term contracts (Figure 4.24). We will establish if this represents an emerging trend (SAP2019:006).

Figure 4.24 Fixed term and open-ended permanent contracts at Teaching Level 4

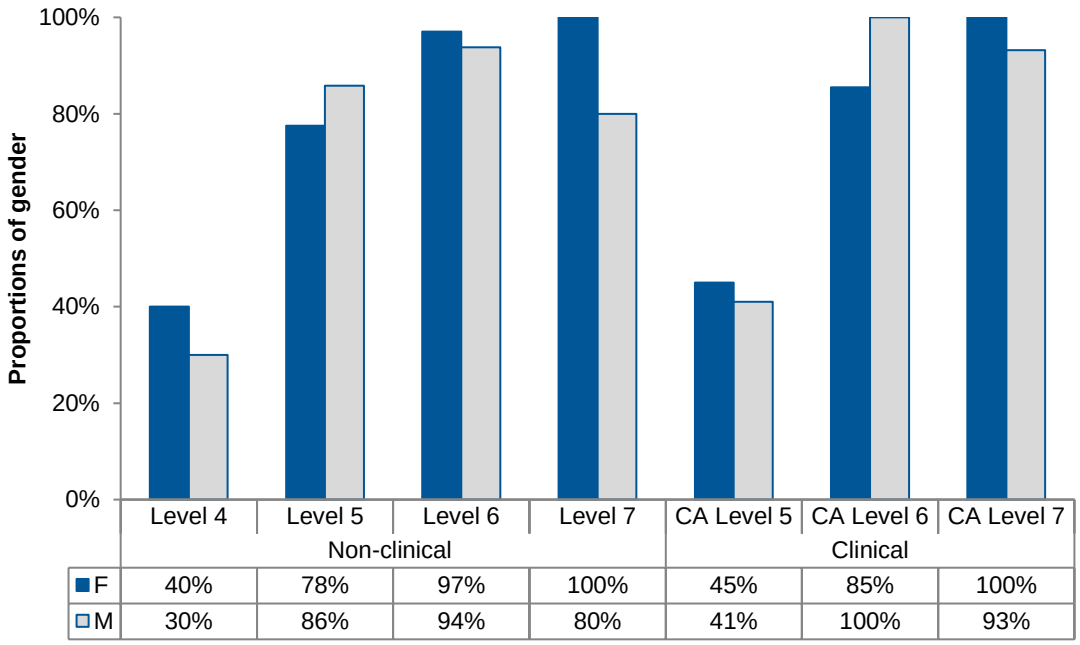


	Fixed	Perm-anent	Fixed	Perm-anent	Fixed	Perm-anent	Fixed	Perm-anent	Fixed	Perm-anent
	2014		2015		2016		2017		2018	
Females	5	5	6	5	9	5	7	5	4	4
% F who are permanent		50%		45%		36%		42%		50%
Males	2	2	2	2	3	3	3	2	1	4
% M who are permanent		50%		50%		50%		40%		80%

Clinical Research Fellows/Lecturers also mainly work on fixed-term contracts during secondments from NHS posts held open whilst they undertake research/academic training in the School (Figures 4.17, 4.25).

Other academic staff mainly hold permanent contracts and there are no trends (Figure 4.25). Fixed-term contract holders at Levels 6-7 represent staff accessing bridge-funding to support career transitions (our CATP's 'Academic Track') and staff who 'retire-and-return' into part-time, fixed-term roles.

Figure 4.25 Average proportions of each staff group who hold permanent contracts, 2014-18



	Level 4	Level 5	Level 6	Level 7	CA Level 5	CA Level 6	CA Level 7
F	40%	78%	97%	100%	45%	85%	100%
M	30%	86%	94%	80%	41%	100%	93%

Towards the end of contract, staff are eligible for redeployment within the School/University. Awareness of redeployment is good and has improved since Silver2015 (2018: Females:82%; Males:88%; 2015: Females:76%; Males:53%). Over 30% of posts are now filled by redeployees (2018: Females:32%; Males:31%).

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

More academics at junior grades leave for career progression or end of contract (Table 4.10) than leave at more senior levels. Turnover of Level 4 staff is highest with proportionately more female research assistants progressing into PhD studentships but no overall gender-associated trends.

Table 4.10 Numbers of leavers (% of staff) in non-clinical academic roles by gender

	2014		2015		2016		2017		2018	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Researchers: Level 4	41 25%	15 24%	35 23%	12 19%	32 19%	11 16%	45 26%	19 28%	33 22%	19 31%
Research/ R&T: Level 5	10 18%	7 15%	8 27%	9 20%	16 24%	7 13%	4 6%	6 13%	15 23%	12 30%
Research/ R&T: Level 6	0	0	3 14%	1 5%	3 14%	4 20%	2 9%	1 4%	0	0
Professors (Research/ R&T): Level 7	1 6%	0	3 20%	1 7%	1 6%	1 6%	0	3 16%	0	0
Teaching: Level 4	0	0	0	0	1 17%	0	0	0	0	0
Teaching: Level 5	0	0	0	1 25%	0	1 25%	3 38%	0	0	0
Teaching: Level 6	0	0	0	1 33%	0	0	0	0	0	0
Professors (Teaching) Level 7	0	0	0	0	0	0	0	1 100%	0	0

Clinical Lecturers leave at the end of their 4-year fixed-term contracts or when they reach clinical ‘consultant’ status, as determined by the NHS (Table 4.11). Therefore, turnover reflects the timing of the postholder’s appointment before completing the clinical aspects of training and there are no meaningful gender-differences. There was proportionately more turnover amongst male Clinical Professors taking up part-time ‘retire-and-return’ opportunities.

Table 4.11 Numbers of leavers (% of staff) in clinical academic roles by gender

	2014		2015		2016		2017		2018	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Clinical Lecturers (Level 5)	5 38%	4 21%	2 18%	4 25%	2 17%	3 19%	2 13%	3 21%	1 8%	5 33%
Clinical Associate Professors (Level 6)	1 9%	3 8%	1 9%	1 3%	1 9%	2 5%	2 17%	2 5%	1 6%	0
Clinical Professors (Level 7)	1 17%	2 4%	0	3 8%	0	4 10%	0	2 5%	1 13%	4 10%

Annual turnover of academic staff is similar regardless of gender (Table 4.12).

Table 4.12 Average annual staff turnover (2014-18) by full and part-time status

	Part-time staff		Full-time staff	
	Female	Male	Female	Male
Non-clinical academics*	19%	18%	17%	17%
Clinical academics*	12%	11%	9%	8%

*data on turnover by job level is not available from University HR systems (SAP2019:016).

Information on leavers' destinations is compiled by the University from questionnaires with pre-set options, limiting data quality. For example, 'resignation' and 'expiry of contract' might represent an offer of employment in place at the time of answering the questionnaire, rather than the end of a fixed-term contract (Table 4.13). The School also offers exit interviews with a senior OM. These have shown no consistent issues.

Table 4.13 Numbers of leavers by HR-collected leaver's reason (2014-18)

		Expiry of Contract	Resignation	Retirement	Redundancy/ Voluntary severance	Other incl TUPE
Clinical Level 5	Females	9	4	-	-	-
	Males	12	9	-	-	-
Clinical Level 6	Females	-	4	2	-	-
	Males	-	6	1	-	-
Clinical Level 7	Females	-	-	1	-	1
	Males	-	1	14	-	-
Non-clinical Level 4	Females	74	102	4	4	5
	Males	38	37	1	1	-
Non-clinical Level 5	Females	26	23	4	1	-
	Males	27	14	0	3	-
Non-clinical Level 6	Females	1	4	-	2	-
	Males	1	6	-	0	1
Non-clinical Level 7	Females	-	14	2	0	-
	Males	-	5	5	1	-

We will work closely with HR to record more meaningful information and will engage with the University's process review planned in our Institution's 2018:SAP.

5. SUPPORTING AND ADVANCING WOMEN'S CAREERS

5.1. Key career transition points: academic staff

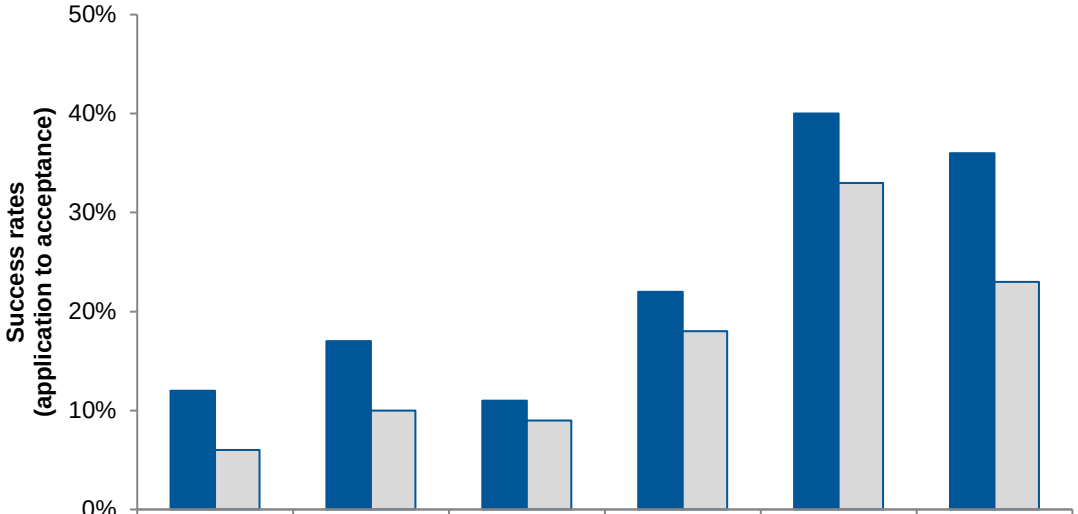
(i) Recruitment

Since Silver2015, our commitment to inclusivity and diversity has been consistent and:

- all our posts are open to working part-time, offering greater flexibility
- we developed template role profiles (RPs) using a gender de-coder to avoid gender bias
- any non-template RPs are scrutinised by School Executive with strong EDI representation
- our job adverts and RPs highlight our Silver AS award and link to wellbeing information and family friendly policies, such as flexible working and shared parental leave
- our electronic vacancy management system structures application questions to avoid unconscious bias and shortlisting is undertaken without knowledge of protected characteristics
- all involved with staff and student recruitment complete EDI/UB training (Staff recommend: Females:66%; Males:88%)
- shortlisting/interview panels are gender balanced (2017-18: Females:141 (51%); Males:134 (49%), Average 4-5 panellists/interview; Female Panel Chairs: 47%).

We advertise only a few, very specialised, posts at senior levels as our culture is to support the career development of existing staff through promotion e.g. no Clinical Professor posts were recruited.

Figure 5.1 Success rates for applicants 2015-18



	Researcher Level 4	R/ R&T Level 5	R/ R&T Level 6	R/ R&T Level 7	Clinical Academic Level 5	Clinical Academic Level 6
Females	12%	17%	11%	22%	40%	36%
Males	6%	10%	9%	18%	33%	23%

Except at Level 4, fewer women apply to our academic posts but are more successful (Figure 5.1; Tables 5.1-6; SAP2019:007-008).

Table 5.1 Applications, shortlisting, offers and acceptances for Non-Clinical academic roles (Research/Teaching & Learning) at Level 4 (PNTS:Prefer not to say)

Stage	Year	Percentage by gender (number)			Success rates (%)		
		Female	Male	PNTS	Success metric	Female	Male
Application	2015*	56% (222)	42% (166)	2% (5)	Application to Shortlist	33%	20%
	2016	60% (392)	38% (245)	2% (12)		41%	22%
	2017	53% (326)	45% (276)	2% (13)		29%	25%
	2018	46% (263)	52% (295)	2% (9)		34%	26%
Shortlisted	2015	66% (73)	31% (34)	3% (3)	Shortlist to Offer	41%	32%
	2016	73% (59)	25% (54)	2% (5)		36%	33%
	2017	58% (95)	42% (69)	-		38%	33%
	2018	53% (89)	46% (77)	1% (2)		36%	23%
Offered	2015	71% (30)	26% (11)	3% (1)	Offer to Acceptance	90%	91%
	2016	75% (58)	23% (18)	2% (1)		91%	83%
	2017	61% (36)	39% (23)	-		97%	91%
	2018	63% (32)	35% (18)	2% (1)		94%	83%
Accepted	2015	71% (27)	26% (10)	3% (1)	Application to Acceptance	12%	6%
	2016	77% (53)	22% (15)	1% (1)		14%	6%
	2017	63% (35)	38% (21)	-		11%	8%
	2018	67% (30)	33% (15)	-		11%	5%

*4 year data as data collection system amendment (adding PNTS) locked out prior data

Table 5.2 Applications, shortlisting, offers and acceptances for Non-Clinical academic roles (Research/Research and Teaching/Teaching & Learning) at Level 5.

Stage	Year	Percentage by gender (number)			Success rates (%)		
		Female	Male	PNTS	Success metric	Female	Male
Application	2015*	42% (70)	57% (94)	1% (1)	Application to Shortlist	44%	23%
	2016	42% (67)	58% (92)	0% (1)		40%	26%
	2017	38% (23)	62% (38)	-		70%	45%
	2018	42% (61)	56% (80)	2% (3)		52%	43%
Shortlisted	2015	58% (31)	42% (22)	-	Shortlist to Offer	32%	23%
	2016	53% (27)	47% (24)	-		30%	42%
	2017	48% (16)	52% (17)	-		38%	35%
	2018	48% (32)	51% (34)	1% (1)		47%	38%
Offered	2015	67% (10)	33% (5)	-	Offer to Acceptance	100%	100%
	2016	44% (8)	56% (10)	-		88%	80%
	2017	50% (6)	50% (6)	-		100%	100%
	2018	54% (15)	46% (13)	-		93%	85%
Accepted	2015	67% (10)	33% (5)	-	Application to Acceptance	14%	5%
	2016	47% (7)	53% (8)	-		10%	9%
	2017	50% (6)	50% (6)	-		26%	16%
	2018	56% (14)	44% (11)	-		23%	14%

*4 year data as Table 5.1

Table 5.3 Applications, shortlisting, offers and acceptances for Non-Clinical academic roles (Research/Research and Teaching/Teaching & Learning at Level 6.

Stage	Year	Percentage by gender (number)			Success rates (%)		
		Female	Male	Prefer not to say PNTS	Success metric	Female	Male
Application	2015*	35% (14)	65% (26)	-	Application to Shortlist	50%	19%
	2016	37% (28)	61% (46)	2% (1)		14%	17%
	2017	31% (4)	62% (8)	7% (1)		50%	50%
	2018	39% (11)	57% (16)	4% (1)		45%	38%
Shortlisted	2015	58% (7)	42% (5)	-	Shortlist to Offer	29%	40%
	2016	33% (4)	67% (8)	-		25%	38%
	2017	33% (2)	67% (4)	-		100%	75%
	2018	42% (5)	50% (6)	8% (1)		40%	33%
Offered	2015	50% (2)	50% (2)	-	Offer to Acceptance	100%	50%
	2016	25% (1)	75% (3)	-		100%	100%
	2017	40% (2)	60% (3)	-		50%	100%
	2018	40% (2)	40% (2)	20% (1)		100%	100%
Accepted	2015	67% (2)	33% (1)	-	Application to Acceptance	14%	4%
	2016	25% (1)	75% (3)	-		4%	7%
	2017	25% (1)	75% (3)	-		25%	38%
	2018	40% (2)	40% (2)	20% (1)		18%	13%

*4 year data as Table 5.1

Table 5.4 Applications, shortlisting, offers and acceptances for Non-Clinical academic roles (Research/Research and Teaching/Teaching & Learning at Level 7.

Stage	Year	Percentage by gender (number)			Success rates (%)		
		Female	Male	PNTS	Success metric	Female	Male
Application	2015*	25% (3)	75% (9)	-	Application to Shortlist	0%	33%
	2016	20% (1)	80% (4)	-		100%	75%
	2017	33% (2)	33% (2)	34% (2)		50%	0%
	2018	27% (3)	64% (7)	9% (1)		33%	57%
Shortlisted	2015	-	100% (3)	-	Shortlist to Offer	-	33%
	2016	25% (1)	75% (3)	-		0%	67%
	2017	50% (1)	-	50% (1)		100%	-
	2018	20% (1)	80% (4)	-		100%	25%
Offered	2015	-	100% (1)	-	Offer to Acceptance	-	100%
	2016	-	100% (1)	-		-	100%
	2017	100% (1)	-	-		100%	-
	2018	50% (1)	50% (1)	-		100%	100%
Accepted	2015	-	33% (1)	-	Application to Acceptance	0%	11%
	2016	-	75% (2)	-		0%	50%
	2017	100% (1)	75% (0)	-		50%	0%
	2018	50% (1)	40% (1)	-		33%	14%

*4 year data as Table 5.1

Table 5.5 Applications, shortlisting, offers and acceptances for Clinical Academic posts at Level 5

Stage	Year	Percentage by gender (number)			Success rates (%)		
		Female	Male	PNTS	Success metric	Female	Male
Application	2015*	41% (19)	57% (26)	3% (1)	Application to Shortlist	47%	77%
	2016	56% (30)	44% (24)	-		70%	54%
	2017	25% (8)	72% (23)	3% (1)		88%	57%
	2018	40% (18)	60% (27)	-		67%	56%
Shortlisted	2015	30% (9)	67% (20)	3% (1)	Shortlist to Offer	-	45%
	2016	62% (21)	38% (13)	-		67%	54%
	2017	33% (7)	62% (13)	5% (1)		86%	-
	2018	44% (12)	56% (15)	-		50%	67%
Offered	2015	36% (5)	64% (9)	-	Offer to Acceptance	-	100%
	2016	67% (14)	33% (7)	-		-	100%
	2017	40% (6)	53% (8)	7% (1)		100%	-
	2018	38% (6)	62% (10)	-		83%	100%
Accepted	2015	36% (5)	64% (9)	-	Application to Acceptance	26%	35%
	2016	67% (14)	33% (7)	-		47%	29%
	2017	43% (6)	50% (7)	7% (1)		75%	30%
	2018	33% (5)	67% (10)	-		28%	37%

*4 year data as Table 5.1

Table 5.6 Applications, shortlisting, offers and acceptances for Clinical Academic posts at Level 6

Stage	Year	Percentage by gender (number)			Success rates (%)		
		Female	Male	PNTS	Success metric	Female	Male
Application	2015*	27% (10)	73% (27)	-	Application to Shortlist	70%	26%
	2016	46% (6)	46% (6)	8% (1)		100%	83%
	2017	33% (7)	62% (13)	5% (1)		86%	85%
	2018	53% (24)	42% (19)	5% (2)		50%	53%
Shortlisted	2015	50% (7)	50% (7)	-	Shortlist to Offer	57%	57%
	2016	50% (6)	42% (5)	8% (1)		50%	80%
	2017	33% (6)	61% (1)	6% (1)		67%	45%
	2018	50% (12)	42% (10)	8% (2)		50%	20%
Offered	2015	50% (4)	50% (4)	-	Offer to Acceptance	100%	100%
	2016	38% (3)	50% (4)	12% (1)		100%	100%
	2017	44% (4)	56% (5)	-		100%	100%
	2018	60% (6)	20% (2)	20% (2)		100%	100%
Accepted	2015	50% (4)	50% (4)	-	Application to Acceptance	40%	15%
	2016	38% (3)	50% (4)	12% (1)		50%	67%
	2017	44% (4)	56% (5)	-		57%	38%
	2018	60% (5)	20% (2)	20% (2)		25%	11%

*4 year data as Table 5.1

(ii) Induction

Since Bronze2013, all new starters have been offered a School welcome. Each new starter, in week one, receives a welcome booklet, including information on Health & Safety, HR, flexible and part-time working, training/development opportunities, mentoring, our AS principles and School's ethos. The welcome information also includes an induction checklist, access to intranet resources and an invitation to a quarterly 'welcome event' (extended to existing staff as a refresher). Chaired by a Deputy HoS, staff meet each other and key School members, network, learn about the School, ask questions and receive support over any concerns/difficulties on joining. Events are evaluated and amended following feedback. Induction impact is demonstrated by maintained satisfaction scores (c.96%). Staff are welcomed into their Division through local inductions (Table 5.7).

Impact Table 5.7	
Need to: (Silver2015)	**Improve Divisional Induction**
Actions taken:	✓ Interviews/focus group feedback from new starters ✓ Task/Finish Group review of first day/week/month induction materials ✓ Checklist re-developed, including mandated EDI training ✓ Buddy scheme introduced ✓ Development, pilot, and implementation of template Divisional induction handbooks, with local information populated by Divisions
Impact:	Increased numbers of academics recall receiving an induction (2018:86%; 2015:66%). Increased satisfaction with Divisional induction (2018:77%; 2015:63%).

" [the Divisional Handbook] is comprehensive. I've saved it so I've got links to all I might need "

Academic staff member

Staff report a better induction experience in Divisions where an identified person proactively organises induction. Academic staff want inclusion of additional targeted information around e.g. joint clinical academic appraisal/job-planning (SAP2019:009).

SAP2019:009:
Refine and tailor induction processes, introduce a 30-day post-induction 'check-in' and improve satisfaction

(iii) Promotion

Promotions processes for academic staff are held annually. Criteria include citizenship/outreach. Proportionate adjustments are made for career-breaks.

- All staff are contacted via direct email
- The e-Bulletin encourages self-nomination and potential applicants are also identified through PDPR/appraisal processes/personal mentors/LMs/HoDs/HoS.
- Staff are invited to meet with their HoD for 1:1 support and all applying for Professor met the HoS for supportive discussions.
- Our Promotions Group considers draft applications, providing constructive feedback prior to formal application to the University.
- Unsuccessful applicants receive 1:1 feedback/ support.

Our annual Careers Optimisation workshop supports those considering applications in understanding personal/career development needs. Facilitated break-out groups, delivered by staff who have been successfully promoted, offer 'lived' experience. Our workshop model is replicated in other faculties as good practice. Workshops are well attended (2018: Females:13 (60%); 2015: Females:23 (64%)) and highly rated (Improved knowledge: 2018:80%; 2015:69%). Workshop attendance increases promotions success rates (2014-18 Females=Males +18%; Attendees: Females:68%; Males:62%) and women report most satisfaction with demystification of promotion criteria.

> ***" ...it was great, the reason I applied for promotion. Now, I help facilitate"***
>
> **2015 attendee**

Academic staff are recruited (Figure 4.9), not promoted, to Non-clinical Academic (NCA) Level 4 and Clinical Levels 5 and 6. Numbers of staff applying for promotion have increased (2014-18: Females +82%; Males +29%; Table 5.8). Women are equally likely to apply for, and achieve, promotion (2014-18: Application Likelihood Ratio: 1.0 (95%CI: 0.8-1.4)), reflecting our culture (Table 5.9).

Table 5.8: Comparison of academic promotion success rates (successful/unsuccessful applications)

	Grade sought	Gender	2014	2015	2016	2017	2018	2014-18
Non-clinical Academics	Level 5	Female	50% (1/1)	100% (2/0)	83% (5/1)	100% (2/0)	75% (3/1)	81% (13/3)
		Male	-	0% (0/1)	-	100% (1/0)	100% (1/0)	67% (2/1)
	Level 6	Female	83% (5/1)	67% (2/1)	67% (4/2)	83% (5/1)	100% (2/0)	73% (18/5)
		Male	100% (2/0)	100% (1/0)	0% (0/1)	100% (2/0)	33% (1/2)	67% (6/3)
	Level 7	Female	50% (1/1)	0% (0/2)	50% (1/1)	67% (2/1)	25% (1/3)	38% (5/8)
		Male	100% (1/0)	0% (0/1)	50% (1/1)	0% (0/3)	50% (1/1)	33% (3/6)
Clinical Academics	Level 7	Female	100% (1/0)	100% (1/0)	0% (0/1)	50% (1/1)	100% (1/0)	67% (4/2)
		Male	25% (1/3)	50% (1/1)	20% (4/1)	33% (1/3)	100% (3/0)	55% (10/8)

Although female applicants are more successful at achieving promotion (Table 5.8), more perceive gender influences promotions success (Females:53%; Males:40%). Promotion success rates of non-clinical academics to Level 7 are lower than at other grades regardless of gender, reflecting University and national expectations of the professorial grade. Whilst application numbers remain modest, four clinical females were promoted to Professor during 2014-18.

Impact Table 5.9	
Need to: (Silver2015)	Support women to apply for promotion
Actions taken:	✓ Increased visibility of successfully promoted women including through Women in Medicine and Science (WiMs) ✓ Increased transparency of development opportunities e.g. committee membership, shadowing and mentorship ✓ New School-resourced Research Development manager signposting profile-building opportunities & grant-calls ✓ Careers Optimisation Workshop ✓ Research funding-call workshops (2018: Females:54%) supporting new applicants ✓ Focus group recommendations implemented: 1:1 support for postdoctoral researchers ✓ Active encouragement to join University Leadership programmes
Impact:	More women applying for promotion Increased success rates of female applicants (Table 5.8) Non-clinical female academic staff now equally likely to apply for Levels 6 and 7 (Likelihood Ratios: 1.0-1.1) Increased proportions of female clinical academics applying for Level 7 (Since Silver2015: Females:36% (x2 increase); Males:29% (stable))

Overall, whilst full-time women and men are equally likely to be successful in attaining promotion (2014-18: Females:78%; Males:75%), part-time female applicants are more likely to be successful than men (2013-18: Females:67%; Males:50%). We have identified that fewer part-time staff, regardless of gender, apply (Application rate: Part-time Females:8%; Part-time Males:6.5%; Full-time Females:41%; Full-time Males:34%; SAP2019:007).

SAP2019:007:

Improve visibility of promotions outcomes and encourage staff to apply, particularly part-time staff

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

The School formed in 2013 (4 months before REF2014 submissions), merging previous schools in which REF2014 preparations had been completed. A lower proportion of eligible female staff were included/'returned' (Females:64%; Males:74%; Table 5.10). The only available data for RAE2008 (preceding the School's formation) is at Faculty level.

Table 5.10 Proportions of staff returned for REF2014 and RAE2008

		Submitted (returned)		Eligible Staff		Percentage of Eligible Staff submitted (returned)	
	Unit	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
REF 2014	School	65	131	101	177	64%	74%
RAE 2008	Faculty*	103	245	142	305	73%	80%

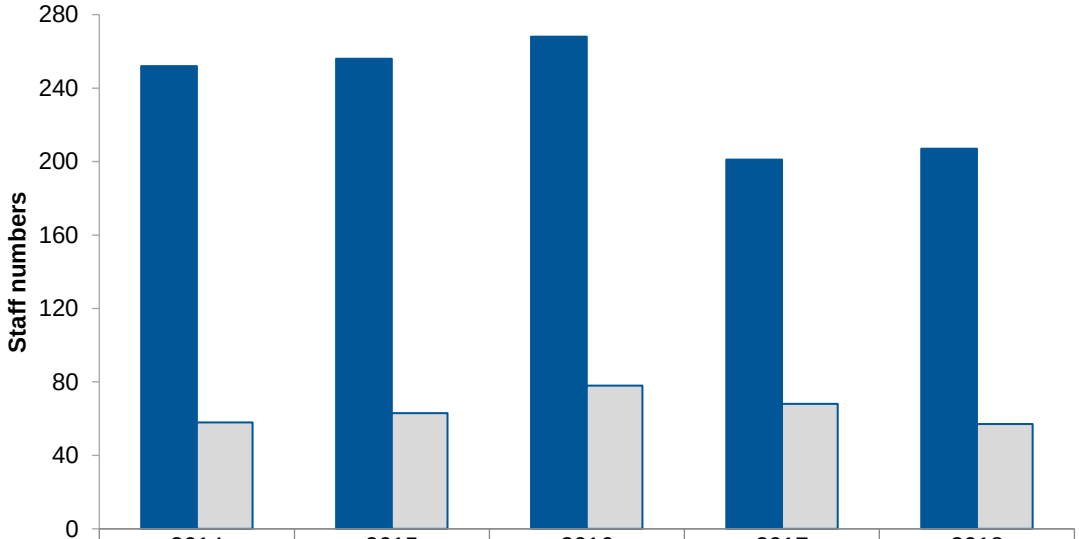
*Faculty Schools: Medicine, Life Sciences, Health Sciences, Veterinary Medicine

Going forwards, in line with REF2021 regulations, *all* independent researchers will be returned. The School mandates that Co-Directors of Research and all REF coordinators attend additional tailored courses addressing EDI in REF. School-resourced/funded workshops support staff in optimising their REF outputs. Our School's Executive is overseeing compliance with gender equity as staff are assigned as independent researchers.

5.2 Key career transition points: professional and support staff

Since Silver2015, numbers P&S-Staff decreased as the University moved student-facing staff into Student Services Centres. Proportions of women remain stable (Figure 5.2).

Figure 5.2 Professional and Support Staff 2014-18



	2014	2015	2016	2017	2018
F	252	256	268	201	207
% F	81%	80%	77%	75%	78%
M	58	63	78	68	57

(i) Induction

Our induction processes and evaluation methods are the same for all staff (Section 5.1ii). Induction uptake by our P&S-Staff is good (2018: Females:87%; Males:100%), with no differences by level but satisfaction levels could be improved (2018: Females:64%; Males:84%). P&S-Staff want guides to facilities and key contacts to be included in Divisional Induction (SAP2019:009).

(ii) Promotion

P&S-Staff can progress to a higher level: i) by applying for, and being appointed to, a more senior role or ii) when the responsibilities of an existing role change such that the role can be re-graded. The University accepts applications for re-grading three times per year.

To support re-grading, the School introduced an internal process including HoO oversight. We have improved this to help raise awareness of re-grading, better support staff/line managers (LMs) and to spread expertise by including a wider team in decision-making. We now:

- proactively invite staff to apply via our e-Bulletin
- encourage re-grading discussions with LMs through our PDPR checklist
- include OMs in supporting staff with their re-grading applications

- invite the LM/OM to present the case for re-grading, mirroring the University process. The panel provides immediate feedback including advice on strengthening the application, where appropriate
- offer 1:1 support from the Staffing OM to help prepare LMs to present their case to the University panel.

> ***"The Staffing Operations Manager increased understanding of how to demonstrate post changes, making me more effective at re-grading applications"***
>
> **Line manager, 2016**

> ***"My line-manager highlighted how my role had evolved, providing generous amounts of time.***
> ***I felt really supported"***
>
> **Part-time APM, 2017**

Twenty two P&S-roles were re-graded from 2014-18 (Table 5.11). Most applications are successful, feedback is positive and part-time roles are as, or more, likely to be re-graded as full-time ones (Table 5.12).

Table 5.11 Numbers of P&S-Staff re-graded, 2014-18 by grade

Re-graded from/to	APM Staff (n=12)	Technicians (n=10)
L1 to L2	1	1
L2 to L3	5	6
L3 to L4	5	2
L4 to L5	1	1

Table 5.12 Comparison of P&S-Staff re-grading success rates (successful/ unsuccessful applications)

		Success rates (successful/unsuccessful applications)			
		Full-time		Part-time	
		Female	Male	Female	Male
2014	APM staff	67% (2/1)	-		-
	Technicians	100% (2/0)	100% (1/0)	100% (1/0)	-
2015	APM staff	-	-	100% (1/0)	-
	Technicians	100% (1/0)	-	-	-
2016	APM staff	-	-		-
	Technicians	100% (1/0)	-		-
2017	APM staff	100% (2/2)	-	100% (4/4)	-
	Technicians	100% (1/0)	-		-
2018	APM staff	50% (1/1)	-	100% (1/0)	-
	Technicians	-	100% (1/0)	100% (2/0)	-
2014-18	**Overall APM staff**	**71% (5/2)**	-	**100% (5/0)**	-
	Overall Technicians	**100% (5/0)**	**100% (2/0)**	**100% (3/0)**	

Our 2018 survey feedback reflected a need for more knowledge of re-grading opportunities and processes. Subsequently, our Re-grading Workshop received high satisfaction scores (93%). We will now deliver this annually (SAP2019:012) and improve visibility through publicising, and celebrating, re-grading successes in the e-Bulletin.

SAP2019:012:

Provide better, targeted support for P&S-Staff career development, including re-grading

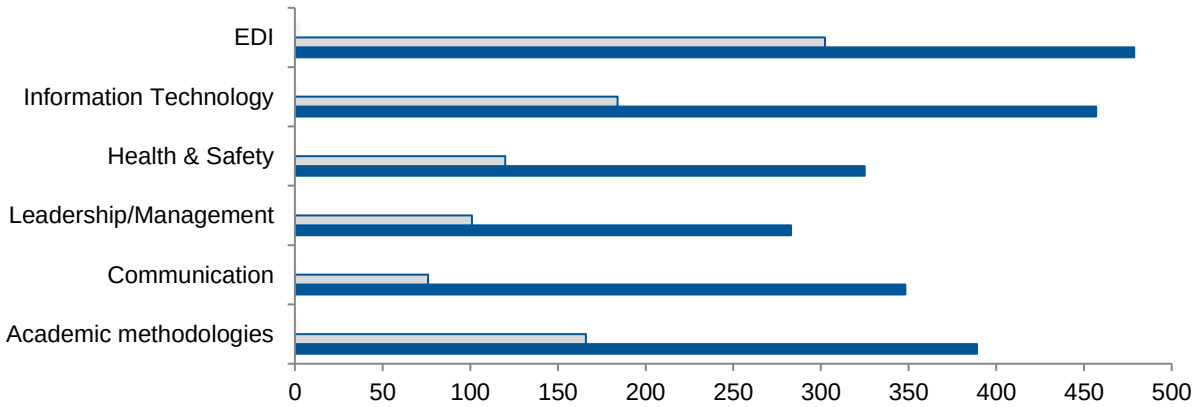
5.3 Career development: academic staff

(i) Training

The University's Professional Development Unit (PD) provides excellent no-cost training courses open to all staff, across a range role-relevant developmental topics (e.g. Figure 5.3). Staff are guided to training opportunities at induction, through mentors, SSDOs, the e-Bulletin and PDPR/appraisal discussions. Course evaluation is undertaken immediately and six-months later to inform course development. Except for EDI training, higher proportions of female staff attend than men (Figure 5.3; SAP2019:011).

7

Figure 5.3 Uptake of the University's Courses by School staff 2014-18, by theme (EDI: equality, diversity, inclusivity)



	Academic methodologies	Communication	Leadership/Management	Health & Safety	Information Technology	EDI
% of all Male Staff	51%	23%	31%	37%	57%	93%
% of all Female Staff	72%	64%	52%	60%	84%	88%
Male	166	76	101	120	184	302
Female	389	348	283	325	457	479

y axis: Numbers of staff
Data table: numbers and proportions of staff by gender

In addition, the School supports staff to attend the University's new Leadership and Management Academy Programmes (Table 5.13) which develop leaders at every job level. More in senior T&L and CA roles and more women attend. The School is highly supportive of institutional initiatives for BME staff including the 'Stellar HE' Leadership programme (Female participants:55%). Overall, fewer males attend training courses (Figure 5.3, Tables 5.13-5.14). Future actions (SAP2019:011) will engage men with training.

Table 5.13 Leadership and Management Programme attendance (from commencement in 2016)

Role	Women (Number)	Men (Number)	% Female
Professional Support Staff	4	3	57%
Clinical Academics	8	5	62%
Teaching & Learning academics	5	0	100%
Research and Research and Teaching academics	10	6	63%
School's attendees overall staff groups	27	14	66%
School's staff overall	544	325	63%

SAP2019:011:

Increase uptake of training opportunities, including by men

To supplement these courses, School-based training addresses specific needs and supports career/personal development. Uptake and evaluation inform future changes. Since Silver2015, we have, for example:

a) Refreshed, by co-creation with students and supervisors, PGR supervisors' training:
   - advertised via posters and fliers in all Divisions and communal areas
   - compulsory for all new PGR supervisors with refresher training cascaded to all supervisors annually
   - delivered online (access data not available) and in workshops (2018: Females 68%(15))
   - including information on supporting students' well-being and career-signposting
   - supported with our Supervisor Toolkit, hosted on our intranet.

b) held biannual workshops with accompanying online resources, supporting teaching staff to optimise students' experience: also important in promotions-readiness

c) run Nottingham Recognition Scheme Associate Fellowship courses for academic staff with teaching roles

d) delivered PDPR/appraisal (Section 5.3ii), researcher and HoD training (Tables 5.14-5.15)

Table 5.14 Training for Researchers

Course	Women (Number)	Men (Number)	% Female
Building your research portfolio	28	24	54%
Finding the right funder for your research	13	17	43%
Structuring a fellowship application	18	4	82%
Involving stakeholders, the public and patients in research	25	6	81%
Writing better impact studies	15	12	56%

Table 5.15 Heads of Divisions' training programme

	Focus	Gender of speaker/trainer
2016	Focus on finance	Male
2017	Induction for newly appointed HoDs	2:1 Female:Male
	General support for HoDs	2:1 Female:Male
2018	Human Resources	Female
	Focus on Finance	Female
	GDPR compliance	Female
	Making Reasonable Adjustments	Female

All those involved in recruitment and in the School's committees have **EDI/UB training** and general uptake is good (2018: Females:88%; Males:93%). However, our data could be improved as it does not include training our clinical academics undertake through the NHS (SAP2019:011).

SAP2019:016:

Devise, design and implement effective data capture

(ii) Appraisal/development review

Annual reviews are held for all staff. All non-clinical staff, including P&S-Staff and postdoctoral researchers, have a compulsory PDPR/appraisal meeting. Staff report good compliance with its goals of feedback against personal development plans (2018: Females:93%; Males:91%) and agreeing objectives for the year ahead (2018: Females:92%; Males:94%).

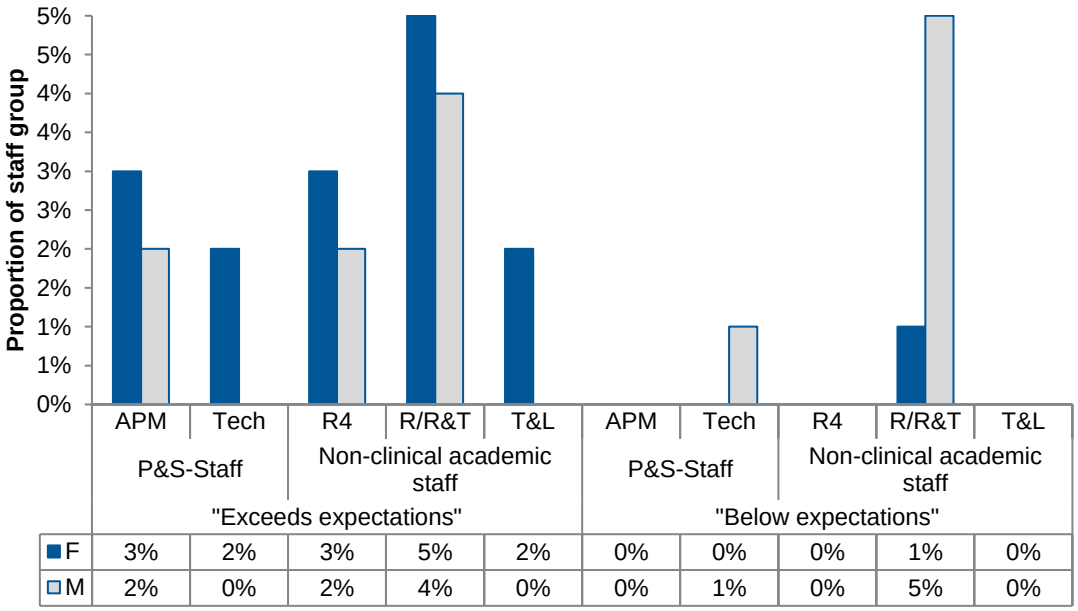
Our PDPR/appraisal checklist prompts discussions including on promotion-readiness, workload and work-life balance. We deliver tailored PDPR training, supporting LMs and staff to undertake effective development discussions and performance reviews (2014-18 Attendees: Females:29%; Males:15% of staff; Overall satisfaction with training: 90%).

All clinical academics are appraised by both an academic and clinical reviewer annually. In line with GMC-compliant appraisal practices, rating outcomes are not given. Since Silver2015, we have improved clinical academic appraisals (Table 5.16).

Impact Table 5.16	
Need to: (Silver2015)	Improve clinical academic appraisals
Actions taken:	✓ School-wide review of clinical academic appraisals ✓ Guidance developed, and embedded, through online appraisal platform
Impact:	✓ 100% of clinical academics appraised by both an academic and clinical reviewer ✓ Increase in clinical academic staff appraised in a joint meeting (Females: 2018:87%; 2015:67%; Males: 2018:89%; 2015:65%) ✓ Increased satisfaction levels (Females: 2018:75%; 2015:40%; Males: 2018:94%; 2015:71%).

PDPR ratings for non-clinical and P&S-Staff are ‘Exceeds’, ‘Meets’ and ‘Below’ expectations. The former are limited by University ruling. School panels, with representation from each staff group and HR, review rating consistency and track inclusivity/demographic trends. All members hold up-to-date EDI/UB training. Women are more likely to receive an ‘exceeds’ outcome and less likely to receive a ‘below expectations’ rating (Figure 5.4).

Figure 5.4 PDPR outcomes 2014-18: Proportions attaining 'Exceeds' or below' expectations outcomes: all other staff receiving 'meets' expectations



	"Exceeds expectations"					"Below expectations"				
	APM	Tech	R4	R/R&T	T&L	APM	Tech	R4	R/R&T	T&L
F	3%	2%	3%	5%	2%	0%	0%	0%	1%	0%
M	2%	0%	2%	4%	0%	0%	1%	0%	5%	0%

With staff consultation, the University is launching revised appraisal processes. The School will deliver new appraisal training and analyse annual outcomes by gender, ethnicity and full-time/part-time working, acting if there is any inequity (SAP2019:010).

SAP2019:010:

Provide training in new appraisal processes, conduct equality analysis and act if inequity

(iii) Support given to academic staff for career progression

In addition to Leadership training (Section 5.3i), support includes:

a) Research Leaders' programme

The School supports staff into the University's Research Leaders' programme. This annual programme (School's Female:Male 50:50) provides opportunities for research-active staff at crucial transition points to learn new skills, network and supports them into high-level strategic research leadership roles. Programme graduates report positive benefits in career progression to, for example, Vice-Provost of the University's Malaysia Campus (female).

> ***"It was a surprise when the Head of School suggested I apply for the Research Leaders' course. I learnt a lot and met inspirational people. The School's investment in me motivated me to play an active leadership role"***
>
> **Female academic**

b) Mentoring Scheme

All our mentors and mentees receive training and the scheme is highly rated by both. Female staff and PhD students are engaged (Table 5.17). Mentees report benefits to career progression, confidence and mentoring as a transformative factor in seeking promotion (28%, gender not available (SAP2019:016)), whilst mentors report helping their mentee as personally fulfilling.

Impact Table 5.17	
Need to: (Silver2015)	Promote and develop mentorship scheme
Actions taken:	✓ Training for mentors and mentees (School investment: £17,000) ✓ 123 mentees (78% female) and 95 mentors (61% female) recruited and trained (>50% year-on-year increase). ✓ Postgraduate students encouraged to join
Impact:	✓ High levels of mentee/mentor satisfaction (2018 Satisfaction Ratings: Mentees: Females:86%; Males:69%; Mentors: Females:94%; Males:89%), exceeding 75% target ✓ Success of scheme led to adoption by the Faculty ✓ National example of good practice (Academy of Medical Sciences)

Uptake of mentoring is low amongst postdoctoral researchers (Females:29%; Males:27%). Our focus groups suggest these staff may need more encouragement to find a mentor (SAP2019:006).

c) Women in Medicine and Science Network

Following Silver2015, we launched the Women in Medicine and Science (WiMS) Network, hosting external speakers and running workshops (Figure 5.5). Since then, WiMS events (Table 5.18) have increased visibility of our female academics and provided opportunities to learn more about leadership, managing work-life balance and Athena SWAN.

Impact Table 5.18	
Need to: (2014):	Embed networking opportunities through WiMS Network
Actions taken:	✓ Delivered $\geq$ three events each academic year (School investment: £5,000) ✓ 'Leadership skills' session delivered annually ✓ Postgraduate students attendance encouraged
Impact:	✓ Leadership knowledge increased (x2 at "becoming a leader" event) ✓ High levels of satisfaction with content/style of events (post-event evaluations: 87-93%)

Figure 5.5 WiMS Event: Imposter Syndrome, 2018

d) Active promotion of opportunities

Open-calls and targeting of specific individuals by our senior members of staff encourage applications for high profile opportunities such as the Research Leaders' Programme.

The School has invested in a Research Development Manager who supports researchers to take up local and national opportunities for career advancement. Examples include facilitating mentorship from existing NIHR Senior Investigators, organising workshops on themed funding calls and organising funder visits (e.g. NIHR-Academy 2018 Roadshow Attendees: Females:32 (68%); Speakers: Females:4 (67%)).

e) Conference/Training fund

To support equality of opportunity to attend training, a Conference/Training fund reimburses staff for additional caring costs incurred when they attend work-related training, events and courses, e.g. £1000 for a carer to accompany mother and baby to an overseas conference. Nonetheless, uptake is patchy and fewer part-time female academics feel they receive the same opportunities to attend conferences as male colleagues (Females:55%; Males:73%). SAP2019:011 will explore any barriers and encourage more take-up.

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

Undergraduate students on our BSc course undertake a year-long module on Personal and Professional Development (producing a CV, key employability skills action plan, Careers' Day with alumni) to prepare them for a diverse range of careers. Focus group members are optimistic about their career advancement. Our academics host vacation scholarships, many funded by Medical and Scientific societies (Since Silver2015: Females:56; 53%) to inform future research careers/PhD.

Our dedicated Medicine-Careers service supports medical students in:

- choice of specialty with information, reflection, direct contact with clinician role models
- career showcases including seminars and 40+ specialty stands
- 1:1 sessions for foundation doctor applications, CVs, interview preparation
- sector-leading careers web pages, shaped by students, including vlogs from recent alumni

Our medical students undertake research in the BMedSci integrated degree and access ongoing research opportunities through our INSPIRE (Academy of Medical Sciences-funded) programme for aspiring clinical academics. Since Silver2015, we have expanded our Academic Foundation Doctor programme from 6-21 places p.a. (Females:58%).

Postgraduate students access our peer-support groups (Participants recommend: 91%), mentoring scheme and build a portfolio of transferable skills and experiences through our postgraduate programme including:

- oral presentations (with formative feedback) to a multidisciplinary audience with prize awards (2018: Females:10 (50%))
- teaching experience
- annual careers events (2018: Females:48 (62%)).

Early-career clinical academic and student attendance at national and international conferences and networking events is financially supported through our CATP and Research/PGR Programmes (2015-18: CATP:129 (Females:57%); Students:31 (Females:71%). Examples include £1200 childcare during a student's partner's prolonged hospital admission.

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

Submitting strong, successful **fellowship applications** is key to researcher success, especially at early-career/postdoctoral level. Potential applicants:

- are signposted to support through research group leads, LMs, mentors and through active promotion/advertising of external, and internal, opportunities through our e-Bulletin
- access our dedicated NIHR Research Design Service, grant-writing courses and internal peer-review
- have 1:1 assistance from our Research Development Manager including financial costings
- are encouraged to engage with mock interviews by senior academics with personal experience of external grant panel assessments. Fellows feed back

that such mock interview experience is vital to success.

In addition, early-career clinical academics are supported by our CATP and non-medical healthcare professionals by our internship scheme. These support clinicians with protected time and mentorship to apply for doctoral fellowships and are highly successful.

More women apply for external fellowships (2015-18: Females:58%), reflecting the greater proportions of female early-career academic staff, and they are more successful (Success rates: Females:55%; Males:32%). We will act to improve this (SAP2019:006).

The School also resources personal fellowships through the University's Nottingham Research fellowships (NRFs) and Anne McLaren Fellowships. The latter include childcare, salary and research costs. For both awards, the School develops a short-list of applicants for University consideration.

- Potential applicants connect with a named senior academic for guidance on eligibility and assistance in research plan development (2018-19 Expressions of Interest (EOI): Females:20 (57%))
- EOIs are scored anonymously by a fellowship panel, representative of the diversity of applicants (Unconscious Bias Training:100%; Female Panellists:58%)
- EOI applicants receive constructive feedback to shape applications
- All our Anne McLaren fellows and 40% NRFs are female.

Following Silver2015, we established our **grant-writing course**, providing training for researchers and improving grant success rates (Table 5.19). For early-career researchers (some of whom are on fixed-term contracts), the course helps foster a nurturing environment, supports work-up of competitive research grant applications and personal fellowships, both of which are valued in promotions criteria. It includes:

- getting your question right
- maximising impact
- communicating your research
- making the most of feedback and coping with rejection
- mock funding panel (Figure 5.6)

Figure 5.6 Delegates preparing for mock grant panel

Photograph redacted to maintain privacy.

Feedback indicates participants value opportunities to: i) engage with senior staff in a supportive collegiate and supportive manner and gain ii) confidence in contributing to collaborative grant applications; iii) constructive feedback throughout the different stages of grant development and iv) greater confidence in applying for larger grants.

"a friendly forum in which to receive constructive feedback, allowing me to develop my ideas in real-time"

"Well worth the time. Course leaders very helpful"

Impact Table 5.19	
Need to: (Silver2015)	Increase support for early-career staff in writing grant applications
Actions taken:	✓ Protect time to complete grant applications ✓ Establish and deliver a grant-writing course biannually (each 6 modules over 3 months) - promoted through e-Bulletins, intranet, mentors/LMs and PDPR/appraisal meetings - championed by prominent School members - direct approaches to encourage attendance - facilitated by senior academic role models (Females:3; Male:1) and patient partners (Females:2; Males:2) - run within core hours, rotating days of the week for accessibility to part-time/flexibly working staff
Impact:	✓ Excellent course attendance (2015-18: Delegates trained: 124; Females:57%) ✓ Increase in female delegates (2015-18: +15%) ✓ 41% of early-career clinical academics attend (Females:56%) ✓ 28% of delegates work part-time (Females:24; Males:11) ✓ Female progression supported (Delegates subsequently securing promotion, personal fellowship or substantial new research grant: Females:59%; Males:39%) ✓ Delegates report: - involving stakeholders/patients as research partners (75%) - new links with collaborators (67%).

Our online **Principal Investigator toolkit** provides information and signposting, supporting colleagues applying for grant applications and in managing grant projects. Our intranet-based Expertise List facilitates collaborations, encourages early-career researchers to approach senior colleagues and helps identify peer-reviewers for our funding application peer-review scheme.

5.4 Career development: professional and support staff

(i) Training

PD offer award-winning '**APPLE'** and '**PEAR'** women's development programmes, designed to achieve career goals and potential through formal training and informal networks, run over nine and six months respectively.

One in five APM staff have attended APPLE but, although awareness amongst technicians is improving (2018:55%; Silver2015:43%), few attend (2018:8%; Silver2015:10%).

APM PEAR attendance has increased (2018:30%; Silver2015:20%) and awareness and attendance amongst technicians have also increased (Awareness: 2018:65%; Silver2015:55%; Attendance: 2018:26%; Silver2015:7%) reflecting our efforts in raising awareness and promoting these courses through PDPR/appraisal discussions. However, P&S-Staff feedback indicates that University course days are not always rotated, limiting part-time staff attendance. We will champion through FEDIG (SAP2019:012).

> ***"the positive learning environment contributed to the quality of the overall experience"***
>
> **2018 PEAR attendee**

The **Individual Development Fund** offers funding for external training opportunities. As only four P&S-Staff have accessed this fund, SAP2019:012 will increase awareness.

In response to staff feedback, the School/Faculty delivers in-house bespoke training such as:

- time management courses (2017-2018: 62 attendees; Females:97%; Satisfaction:97%)
- bite sized Office365 (2018: 34 attendees: gender not recorded SAP2019:016)
- APM/TS conference workshops (Section 5.4iii)

Overall **EDI/UB training** uptake across the School peaked at >98% after a mandate from the HoS and whilst, still good (2018: Females:88%; Males:93%), we need data on P&S-Staff course uptake separately from academic staff (SAP2019:016).

Our P&S-Staff SSDOs have improved visibility, presenting at School Open Meetings/Chairing the School APM/TS biennial conference. They reinforce training/development opportunities, targeting and encouraging their respective staff groups, resulting in more applications from P&S-Staff into leadership roles (Section

5.4iii) and increased awareness/attendance of training. We will develop their network to include local deputies (SAP2019:012).

Feedback from our technicians indicates that lack of time and cover for their role compromises access to training (Females:73%; Males:29%) despite high levels of support from managers. Focus groups will explore, and co-create bespoke training for career progression/professional registration (SAP2019:012).

(ii) Appraisal/development review

PDPRs are held annually with a senior APM/TS staff member facilitating discussions around training/career development opportunities. P&S-Staff receive PDPR training (Section 5.3ii). P&S-Staff feed back (2018), equal by gender, on the effectiveness of our PDPR checklist and that PDPR:

- provides advice on their performance against previous goals set (92%)
- identifies training and development needs (79%)
- agrees objectives for the year ahead (91%)

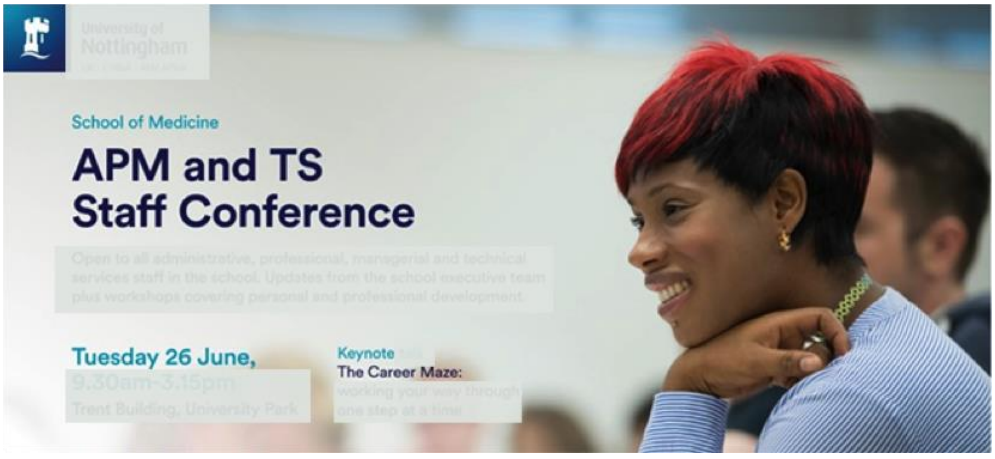
(iii) Support given to professional and support staff for career progression

AS activities have always been inclusive of all staff groups/grades, evidencing our commitment to supporting our P&S-Staff's career development needs.

After Bronze2013, an "APM/TS Action Group" formed (a CDEC sub-group) after an open-call to join. We will refresh APM/TS action group membership to be representative (2018: Females:17; Males:1; SAP2019:001).

The group has reflected on data from subsequent biennial surveys and, under the leadership of our P&S-Staff SSDOs, has developed, and delivered, 24 actions including a biennial APM/TS Conference (Figures 5.7-5.8).

Figure 5.7: Conference Poster



"It made me feel part of a greater whole and built on my knowledge."

2016 attendee

In the inaugural 2016 conference, workshops included drafting a career development plan, finance training, and mentoring (Female Attendees: 64(90%)). 50% of all P&S-Staff attended the 2018 conference (Technicians:41 (Females:76%); APM:96 (Females:91%)) with excellent satisfaction rates for its career development, CV/interview skills, coaching, PDPR and applying for re-grading sessions (Overall:97%). To date, the School has invested £7000 in delivering the conferences and committed £12000 for the 2020 conference, already in planning.

Figure 5.8: Delegates at the 2018 APM/TS

Photograph redacted to maintain privacy.

The University became a founding signatory of the sector-wide '**Technician commitment'** to ensure visibility, recognition, career development and sustainability of our technical talent. From 2019, the University's new structure for technical staff will support progression to Level 7. Our Technician SSDO is a member of the University's Technical Managers' Committee, driving forward the "Vision for technical talent", a key priority for our Strategic Staffing Committee (SAP2019:012).

In the last two years, we have introduced internal **secondments** as opportunities for career development. We encourage managers to support staff to apply and to make secondments available. All secondment opportunities to date (9) are filled by School

staff opting for opportunities at higher grades or insights into new roles. SAP2019:012 will promote further.

In 2017, we launched a **shadowing scheme** at the School Annual Event with benefits advertised by flyers/posters, e-Bulletin and Open meetings, supported by intranet resources. The scheme has senior support with the majority of the School's Management Committee signing up as hosts. P&S-Staff indicate they welcome these opportunities (Technicians: Females:57%; Males:50%; APM: Females:45%; Males:95%). We will audit scheme take-up and consult if P&S-Staff uptake falls (SAP2019:012).

Leadership roles are another opportunity for career progression as they enable networking, visibility and increased confidence to apply to the next level. We advertise appropriate roles directly to P&S-Staff. Our co-leads for Media and Communications are APM members of staff.

Mentoring: Although 12 P&S-Staff mentors have been trained, staff feed back that mentee-mentor matching needs attention and uptake of mentoring has been low (P&S-Staff Females:15%; Males:3%; SAP2019:012).

5.5 Flexible working and managing career breaks

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

The University is a member of "Working Forwards". Upon notification of maternity/adoption leave, a meeting is offered with trained HR team members to offer support/advice to LMs and staff members including:

- risk assessment
- reasonable contact
- keep-in-touch (KIT) days
- PDPR prior-to-leave
- annual leave
- flexible working.

Our focus has been on the relationship between LMs and staff members at a local level with the implementation of our Maternity/Adoption/Parental Leave planner, developed from parents' and LMs own experiences. This lists comprehensive actions for before, during and on return, from leave. KIT days are used, for example, by academic staff for supervising their students and by P&S-Staff for re-introduction into the workplace via training.

"The planner was good for me and my line-manager to work through"

The impact of these activities is reflected in survey and focus group feedback (2018: Satisfaction:93%). Staff would, however, like more information on maternity leave salary entitlements. We are escalating to HR via FEDIG.

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

During maternity/shared parental and adoption leave, the School supports staff with:

- up to 10 paid KIT days with staff choice of use e.g. training, School events
- maintained IT access if staff wish to access e.g. notices of School secondments and job opportunities
- direct contact about the University's promotion round
- consideration for 'exceeds' PDPR ratings.

The School provides LMs with specific advice in managing planned leave e.g. making cover arrangements. Staff satisfaction rates for this support are high (2018:83%)

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

To support those returning from Maternity/Parental leave, we have:

- improved our facilities, refurbishing parenting rooms
- reserved late-starter Medical School car-parking spaces
- flexible working policies and 'special' paid leave to cover unplanned emergencies, such as child sickness
- our Conference/Training resource (Impact 2018: Satisfaction Rates:75%) to assist with child-care e.g. in accompanied attendance to conferences
- return-to-work discussions to agree cover for teaching/administration, allowing focus on research portfolio development
- agreed returning teaching staff can give availability for timetabling to accommodate caring responsibilities.

Recently, a candidate for the Anne McLaren Fellowships received School support to defer her interview until after her maternity leave and to return to focused interview practice, resulting in being awarded the competitive fellowship.

(iv) Maternity return rate

The majority of women return to work from maternity leave (Table 5.20) and are still in the School 18 months after returning. Contracts are automatically extended for staff with research council grant-funding and Clinical Academic Trainees. The School's

Executive looks to extend any other fixed-term contracts as put forward by OMs. However, the process has not been audited routinely (SAP2019:016). Those on maternity leave at the time their fixed-term contract is due to end are notified of jobs relevant to them on the redeployment register. Women in this situation have priority, above all others, for re-deployment opportunities. Of the 13 women who did not return from maternity leave from this period, to date (Table 5.20), 62% were on fixed-term contracts. We will explore this further (SAP2019:014).

SAP2019:014:

Improve awareness and support around maternity/paternity/shared parental/adoption leave, increasing usage of the School's planner including around fixed-term contracts.

Table 5.20 Outcomes after maternity leave with time after leave, number (proportion)

	2014	2015	2016	2017	2018
Maternities	25	18	13	27	20
Return to work	21 (84%)	17 (94%)	13 (100%)	21 (78%)	18 (90%)
In work @ 3 months	21	17	12	*	*
In work @ 6 months	21	15	12	*	*
In work @ 12 months	17	14	12	*	*
In work @18 months	17 (68%)	12 (67%)	12 (92%)	*	*

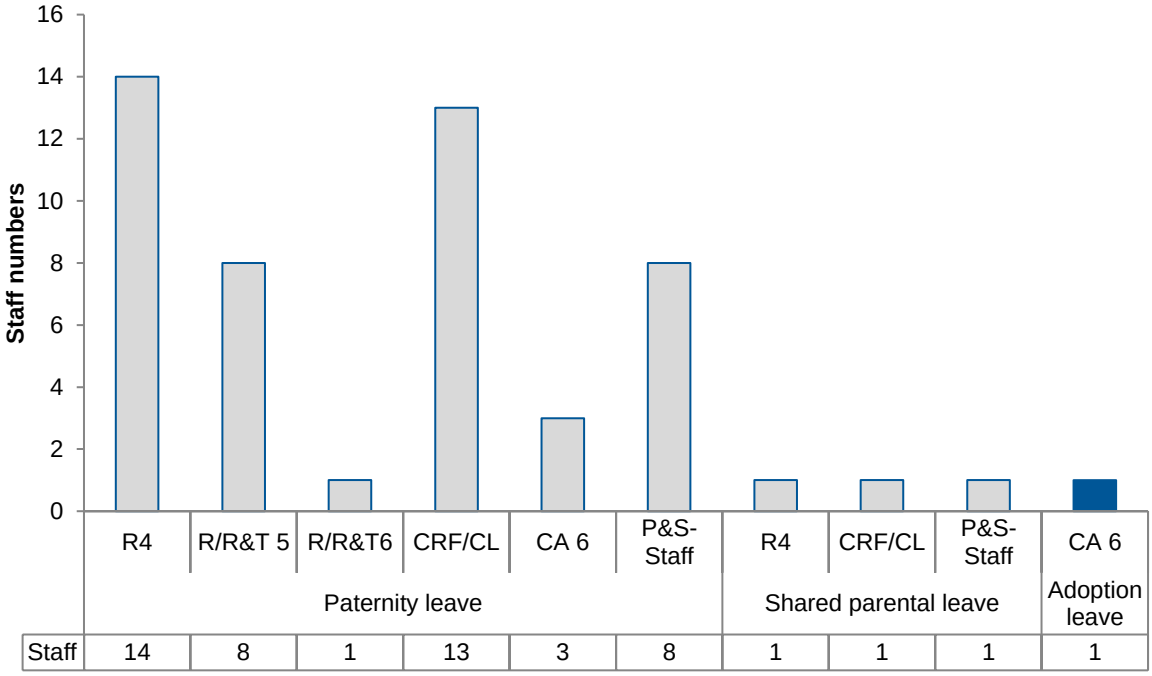
* Data not yet available (University HR provides in October following 18 month time-line)

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

Although formal requests for paternity leave recorded by HR are modest, uptake has increased (2014-18: up 230%) and covers all staff groups (Figure 5.9). Three men took shared parental leave, reflecting increased visibility of these options. Uptake, however, is low for our size and, more men report taking paternity leave in our surveys, suggesting under-reporting through HR systems. We also need to promote paternity and shared parental leave more (SAP2019:014).

In addition, from 2014-18, 25 staff took special leave (P&S-Staff: Females:15 (75%); Academics: Females:5 (100%)) and 18 staff were supported to take career breaks (P&S-Staff: Females:3 (60%); Academics: Females:8 (62%)).

Figure 5.9 Paternity, shared parental and adoption leave 2014-18



Students are also supported to return to complete their studies following maternity, paternity or adoption leave (2015-18: All returned: Maternity:13; Paternity:10; Adoption:2).

(vi) Flexible working

The School is committed to helping staff balance work and personal commitments and is highly supportive of formal and informal flexible working arrangements. The former includes fractional contracts (term-time), job-share and permanent change of hours. Flexible working is actively promoted e.g. in recruitment, inductions, PDPR/appraisal checklist and through mentors. Informal requests to vary start and finish times, compress hours, request home-working and time to attend events associated with carers' responsibilities/childcare are made directly to LMs. The School's culture is that flexible working is agreed whenever possible and there is high visibility of flexibly working senior staff (Table 3.1). Focus group feedback indicates that not all staff wish to work flexibly but levels of awareness, satisfaction and uptake (Table 5.21) are high.

> ***"I was able to carry on working by adjusting my hours – perfect flexibility at the time"***
>
> **P&S-Staff, Female**

Table 5.21 Flexible working amongst School Staff

Staff group	Female staff	Male staff
Administrative, Professional, Managerial (APM)	84%	65%
Technicians	77%	93%
Non-clinical academics	88%	93%
Clinical academics	87%	71%
All staff groups	84%	81%

SAP2019:013:

Promote the benefits of flexible working and flexible working options, especially to groups where uptake is lower

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

The School is committed to supporting staff returning from statutory leave and career breaks. Re-introduction to work from medium/long-term leave is included in workload plans. Staff meet with LMs to discuss appropriate workload adjustment including reduction and cover. This supports staff returning to concentrate on the aspect of their role most important for their career development, such as developing a new teaching module or applying for research funding.

Staff returning part-time but who later wish to transition back to full-time are supported into additional hours by OMs and LMs, open-calls for secondments/internal advertising of complementary roles and with grant-writing, as appropriate to job family.

5.6 Organisation and culture

(viii) Culture

With over 850 staff, the School is the largest in the University. AS principles are embedded within the School's ethos. Our quarterly newsletters feature our work progressing EDI and highlight successful career development stories.

The School website celebrates our Silver award on its landing page and the AS logo is used in email signatures, publicity material and templates e.g. PowerPoint. All role descriptions include EDI information and link to our Silver2015 application.

Staff are required to undertake EDI training. Uptake (Section 5.4i) is collated and non-compliance challenged via feedback from HoDs. 'Unconscious bias' training is required for staff involved with recruitment (100%) and actively encouraged for all staff (Overall: Females:39%; Males:37%). Staff are supported to challenge, and receive challenge, where they perceive inequity.

Most staff report that they enjoy working in the School and feel part of a team (Females:87%; Males:85%). Events which provide opportunities for staff to get together socially are held across the School, hosted on our many campuses, including informal lunches (Figure 5.10), charitable cake bakes, 'Wear your Christmas Jumper to work' and 'Children in Need'.

Figure 5.10

Photograph redacted to maintain privacy. Team Lunch together

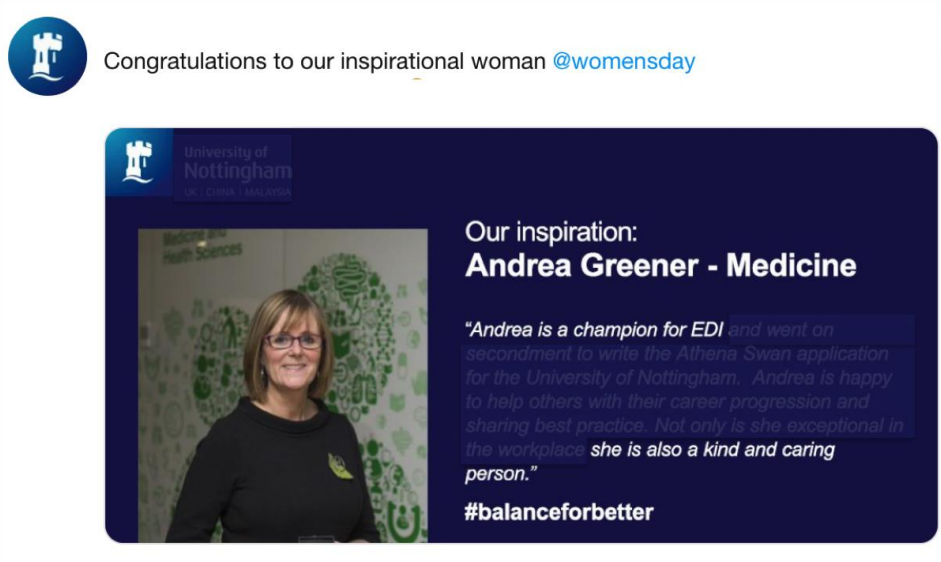
The sense of community across all our campuses is underpinned by our Divisional structure, fostering a sense of belonging. Bespoke informal events are also held such as 'Coffee and catch-up' hosted by the HoO for P&S-Staff to raise issues in an informal

setting. These have gender-balance and attendees report they enjoy these networking opportunities.

Good communication across our complex structure has embedded a climate of transparency and inclusivity. The School's weekly e-Bulletin promotes our inclusivity activities (Figure 5.11). Quarterly Open Meetings are held across our campuses where staff contribute agenda items and share and discuss developments. The School holds an Annual Event to afford a sense of community, well-being and networking.

Figure 5.11: An entry in the School weekly e-Bulletin

Figure 5.12: Celebrating, internationally, the School's 2018 EDI Award winner



We champion successes through "Good news Tuesdays" in our e-Bulletin and celebratory Annual Awards, including Team and EDI awards, publicly recognising those who have gone "above and beyond" (Figure 5.12). More women receive awards (2014-18: Females:46 (8.5% of female staff); Males:7 (2.2% of male staff)).

Nonetheless, attendance at the School Open Meetings has fallen and fewer male P&S-Staff read our e-Bulletin (P&S-Staff Females:76%; Males:52%; Academics Females:73%, Males:76%; SAP2019:015).

SAP2019:015:

Improve communications to increase staff engagement

(ix) HR policies

The School-based Staffing Team oversees HR processes, cascading out any changes (Figure 5.11). The team is a central point of contact for staff and managers across the School, providing advice and organising training, supplemented with intranet resources. This provides accurate information, enables monitoring of concerns and actions to be taken and is in addition to services provided by the University's central HR.

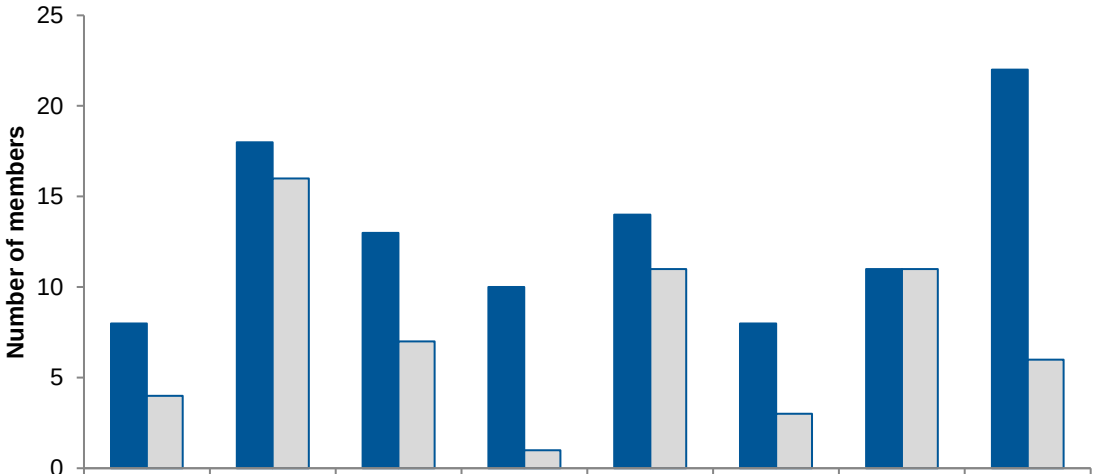
We monitor consistency through our HR Business Partner, to whom all staff have access and who meets monthly with the HoO and Staffing OM and quarterly with the HoS and Director of Personnel. Key issues are discussed, including live casework to inform School policy/identify training needs.

Our Staffing OM also scrutinises anonymised leavers surveys biannually (provided by University HR) to identify any trends (no consistent issues identified to date). Since Silver2015, we have offered exit interviews to leavers independent of their LM. Through this process only one issue has been identified. This led to an action plan development and delivery, with improvements made.

(x) Representation of men and women on committees

Members of committees are those with ex-officio roles and volunteers. Annual reviews of committee ToR include gender balance. Women account for at least half of the membership of our most influential committees (Figures 2.4, 5.13).

Figure 5.13 Membership of the School's most influential committees (2018)



	Executive	Manage-ment	Teaching Exec	PGT	PGR	Staffing	Research	CDEC/SAT
F	8	18	13	10	14	8	11	22
%F	67%	53%	65%	91%	56%	73%	50%	79%
M	4	16	7	1	11	3	11	6

We aim for committee membership in line with our staff profile (Females: Most influential committees:66%; All committees:61%; Staff overall:63%; Table 5.22). Two-thirds of our influential committees are chaired by women. Many are co-chaired by academic and P&S-Staff.

All members have a term of office (typically three years) which supports succession planning and career development. Committee membership is encouraged through development conversations with line managers (prompted by the PDPR/appraisal checklist), through promotions workshops, mentors, shadowing of committee members and events such as open forums where staff can volunteer to join. We have introduced transparency over time-commitment and included this in our workload model (Table 5.23). All vacancies are advertised openly. These approaches act to broaden the numbers of staff participating and reduce committee overload on individuals.

Table 5.22 Committee Membership

		Academic	Professional Support	Student
Executive Committee	Female	5	3	
	Male	3	1	
Management Committee	Female	11	7	
	Male	12	4	
Teaching Executive	Female	12	1	
	Male	6	1	
PGT Committee	Female	4	6	
	Male	1	0	
PGR Committee	Female	13	0	1
	Male	9	1	1
Staffing Committee	Female	3	5	
	Male	2	1	
Research Committee	Female	10	1	
	Male	9	2	
Career Development and Equity Committee (SAT)	Female	14	8	0
	Male	4	1	1

Impact Table 5.23	
Need to: (2014)	Increase female participation in School committees
Actions taken:	✓ Increased visibility of women in leadership roles ✓ All meetings held in core hours & audited ✓ Promotion of benefits of committee membership via - open-calls/advertisement of vacancies - personal development conversations, promoted by the PDPR/appraisal checklist - mentorship - Career Optimisation Workshops and re-grading conversations - SSDOs - WiMS ✓ Role-shadowing scheme ✓ Transparency of time-commitment ✓ Time-commitment recognised in workload/job planning
Impact:	Increased awareness of opportunities (Females: 2018:67%; 2015:35%; Males: 2018:77%; 2015:33%). Increase in women on influential committees (Executive Committee Females: 2018:67%; Silver2015:50%; Bronze2013:0%; Management Committee Females: 2018:53%; Silver2015:42%; Bronze 2013:32%).

CDEC membership remains imbalanced (Females: 2018:79%; 2015:79%; SAP2019:001).

(xi) Participation on influential external committees

Women are encouraged to participate on a range of influential committees outside the School (Table 5.24). Specific invitations for external opportunities reach relevant staff groups via direct email e.g. external grant-panel membership calls to staff in research job families. Committee roles are recognised in workload planning, the latter reflecting our supportive external work policy.

These approaches followed reflection in Bronze2013 and Silver2015 action plans and have successfully increased female membership of influential committees, such as Royal College and major grant panels, as reflected in our School survey.

Table 5.24 Examples of National and International External Committees in which female School staff have influential roles
- Royal College Committees and Advisory Groups (e.g. RCGP, RCOT, RCS)
- National and International Learned Society Committees (e.g. Neonatal Society; British Association for Lung Research; Society for Research in Rehabilitation; American Thoracic Society)
- Scientific grant-giving boards (e.g. BBSRC)
- Advisory Boards (e.g. steering panels for clinical trials, Public Health England, Advance HE, NIHR)
- NHS Trust Boards, NHS England working groups, GMC Medical School review panels
- UK Charity Boards
- International Journal Editorial Boards including Editor/ Associate Editors
- WHO Scientific Advisory Board

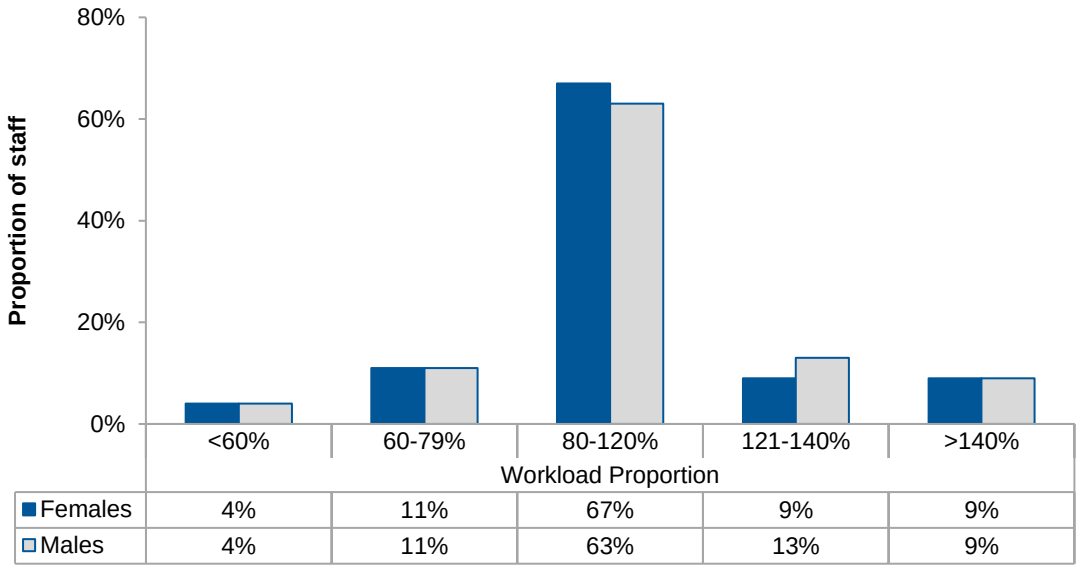
(xii) Workload model

Our Workload Model covers all academic activities including teaching and assessment, research and supervision, citizenship (including outreach and external activities such as above), leadership and EDI activities and aligns with promotion criteria. Workload is adjusted for working hours, parental and carers' leave and re-introduction to work from medium/long-term leave. All staff returning from parental or carers' leave receive a workload allowance to protect time to aid transition back to work.

Staff populate the workload tool with their activities. HoDs overview staff workloads to highlight high workloads and LMs adjust workload in partnership with staff so that activities relevant to development and promotion-readiness are included/maintained. Workload is also discussed in PDPR/appraisals and changes agreed/actioned, including reassignment of some activities.

Overall, there are no gender differences in academic staff workload reflected in the School's workload model (Females:101% (n=140); Males:105% (n=180)). The University's workload guide of 80-120%, accommodates natural variations in workload between years. A greater proportion of female academic staff have workload percentages within this range and similar proportions by gender have workload percentages below 80%. However, slightly more males have workloads above 120% (Females:18%; Males:22%; Figure 5.14). In 2018, only 0.9% academics requested formal review of their workload allocation (no gender differences).

Figure 5.14 Range of workload for academics (based on the School's Workload Model)



	<60%	60-79%	80-120%	121-140%	>140%
Females	4%	11%	67%	9%	9%
Males	4%	11%	63%	13%	9%

As part of core business, our SSC annually reviews the balance of components of staff roles with gender and part-time/full-time status for equity, evaluates any trends in workload proportions and intervenes (through HoDs) where workload is imbalanced. Key roles within the School are time-limited to rotate responsibilities (e.g. Committee Members: 3yrs), spreading workload, expertise and promoting individuals' personal and career development. The School's focus on workload culture (Table 5.25) has resulted in fewer staff feeling their workload is excessive and a higher proportion, overall, feeling they can raise this with their LMs (Table 5.26).

Impact Table 5.25	
Need to: (2016)	- Embed workload discussions with line managers - Fully implement School's Workload Model - Review balance of activities by gender - Ensure different activities are balanced evenly
Actions taken:	✓ Major Workload Model development undertaken to incorporate staff feedback ✓ Good practice from Silver-Awarded Schools used to inform School's Workload Model ✓ Workload Model implemented ✓ Balance of components with gender and part-time/full-time status reviewed annually for equity
Impact:	Fall in proportions of female academics reporting excessive workload (Table 5.26) Overall, 50:50 gender balance of workload activities

Table 5.26 Staff views on their workload

		workload is excessive		able to discuss with line-manager	
		Silver2015	2018	Silver2015	2018
Clinical Academics	Females	47%	35%	80%	87%
	Males	46%	35%	58%	86%
Non-Clinical Academics	Females	48%	28%	85%	80%
	Males	60%	30%	75%	85%

(xiii) Timing of departmental meetings and social gatherings

Since Bronze2013, School committee meetings, training sessions/workshops, Open meetings and annual events have been held 10am-3.30pm. All committee ToR state this, as does induction. Meeting dates, times and campuses are rotated to support inclusivity and Open meetings and annual events are video-recorded and made available on the School intranet. Meetings and social events are notified several months in advance to support personal. Annual audits confirm good compliance.

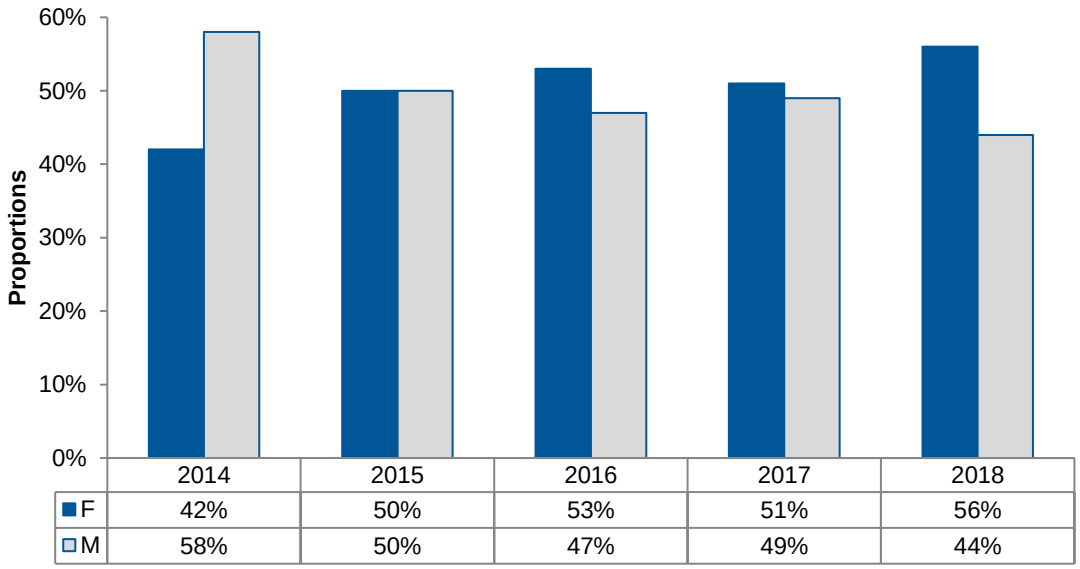
> ***"I challenge anyone who tries to set a meeting outside core hours: these are against the School's ethos"***
>
> **Male Professor**

(xiv) Visibility of role models

The culture of the School has changed since Bronze2013. Women are highly visible through leadership and committee roles, signposting by mentors/line managers, vignettes/case studies in the e-Bulletin (Females:59%), newsletters and through WiMS (Section 5.3iiic). Women deliver more internal seminars than men (2018: Females:128 (57%) up 2% from 2016). Numbers of female external speakers are increasing (2018:43%; 2016:39%), reflecting actions to invite more women and make female role models more prominent.

More women now receive international awards (2018:63%; 2015:41%). There has been a sustained rise in female panel members in recruitment (Figure 5.15), reflecting the School's mandate that panels should be more representative of applicants.

Figure 5.15 Proportions of interview panel members by gender



	2014	2015	2016	2017	2018
F	42%	50%	53%	51%	56%
M	58%	50%	47%	49%	44%

In 2018, the Dean commissioned a series of photographs to highlight the achievement of women in the School. These are displayed in communal space in the Medical School, replacing pictures of historical male leaders (Figure 5.16).

Figure 5.16 Visibility of women

"such an inspiration"

Medical student, female

Male and female staff and student ambassadors attend our Open Days to talk to potential applicants. Our admission website and prospectuses have gender and ethnic diversity and gender balance in the imagery used. Our 'INSPIRE' Students' Academic Society holds regular events for students considering an academic career, hosting prominent and engaging speakers.

(xv) Outreach activities

Outreach participation is experiential and develops skills e.g. creativity, organisation, teamwork and practical communication across ages and cultures. Our students have a vibrant approach to outreach and engagement activities and community arts (Figures 5.17-5.18)

Figure 5.17 First Responders: Medical Students/Ambulance Service collaboration

Photograph redacted to maintain privacy.

Figure 5.18 Medical Students' 2018 Musical: guest appearance, the Dean

Photograph redacted to maintain privacy.

Our BSc students raise aspirations of less advantaged children through bespoke Primary School activities. Participation is integrated with the UoN Advantage Award scheme and evidenced on degree transcripts. Our medical students lead a dynamic "Widening Access to Medical School (WAMS)" group which works with local schools,

offering e-mentoring, guidance on medical school applications and mock medical school interviews (Figure 5.19).

Figure 5.19

Our postgraduate community organises and hosts internationally renowned ‘Pint of Science’ and Nottingham Festival of Science events. Gender of participants has not been robustly collected for all activities (SAP2019:016; Table 5.27).

Table 5.27 Examples of engagement with our outreach activities

Activity	2018 Female participants	2018 Male participants	% female
Student-led hospital work experience week	17	7	71%
Student-led “Doctor for the Day”	20	4	83%
Sutton Trust/ Nottingham Potential Summer Schools	26	33	44%
GP work experience placements	80	20	80%

The School advertises outreach activities through its e-Bulletin and features in Newsletters. Staff are encouraged to get involved in local outreach activities through personal development conversations and thanked for their participation. Involvement with outreach activities across all job families is high (Female:59% of activities; Table 5.28) and overall participation is proportionate to staff gender balance (Table 5.29).

There is formal recognition in Workload Planning and in promotions. The School has recently invested in new Widening Participation/Outreach Champions (1:1 Female:Male) and Widening Participation/Outreach Officer (Female) to strengthen outreach activities.

Table 5.28 Outreach participation by job family, as percentage of all staff in staff group

Job Family	Level	% staff participating	
		Female staff	Male staff
Professional-Support	All	50	58
Research	4	61	56
Research, R&T/T&L	5-7	73	76
Clinical academic	5-7	75	85

Table 5.29 Examples of Outreach activities and staff participation

Outreach Activity	Staff participating*	% Female
Staff in School	869	63%
Outreach Participation	755	63.5%
Open days (School of Medicine, Course or Division/Unit)	147	67%
Hosting work-experience	141	59%
Wonder (biannual University community open event)	110	75%
Scientific and medical societies	100	50%
Schools, academies or colleges: “Ambition Nottingham” pre-16; “I’m a medic-get-me-out-of-here” (900 students/35 schools)	78	67%
Widening Participation	57	66%
Careers fairs	38	42%
Science Week	34	79%
INSPIRE programme	24	46%
STEMM programmes incl Soapbox Science & “I’m a scientist-get-me-out-of-here”	17	76%
Sutton Trust Summer Schools Programme	9	77%

6 Case Studies: impact on individuals

SAT Member

Page 103
Personal details redacted to maintain privacy.

Non-SAT Member

Page 104
Personal details redacted to maintain privacy.

7. FURTHER INFORMATION

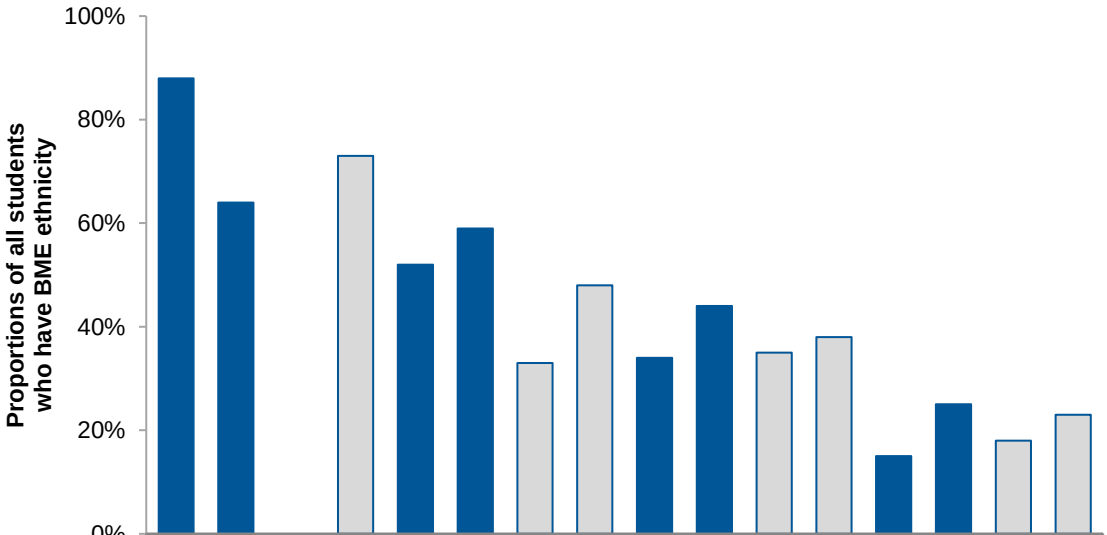
The majority of students enrolled on the Foundation to Medicine course are from BME backgrounds (BME: 2018:68%; HESA:74%; Nottinghamshire population:39%; Figure 7.1).

The BSc course includes similar numbers of BME and non-BME students and the proportion has increased annually (BME: 2018:52%; 2014:47%; HESA:47%), partly reflecting success of the BSc's student BME champions.

The 5-year Medicine course has seen a yearly increase in the number of BME students (BME: 2018:41%; 2014:34%; HESA:33%) with no intersectionality impact.

BME students make up a lower proportion of the GEM course, although there has been a yearly increase (BME: 2018:24%; 2014:17%; HESA:10%).

Figure 7.1 Proportions of students who have BME ethnicity



A higher proportion of BME students achieved a high class degree in 2018 (BME:96%; Non-BME:79%; Table 7.1).

Table 7.1: Outcomes by ethnicity for the BSc

Table redacted to maintain privacy.

However, the BMedSci in the 5-year medicine course, in keeping with national trends, demonstrates differential degree attainment (BME:77%; White:85%; Table 7.2) with intersectional differences particularly for female BME students. We are committed to the Race Equality Charter Mark and embedding ethnicity considerations in our practices but previous actions have not focused on improving BME degree attainment (SAP2019:002).

Table 7.2: Outcomes by ethnicity for the BMedSci integrated with undergraduate 5-year medicine course

		Numbers (% ethnicity attaining) by year									
		2014		2015		2016		2017		2018	
		BME	Non-BME	BME	Non-BME	BME	Non-BME	BME	Non-BME	BME	Non-BME
All	Female	48	78	33	80	42	75	43	55	38	61
	Male	25	42	30	50	27	53	30	38	22	38
1st or 2:1	Female	39 (81%)	74 (95%)	27 (82%)	72 (90%)	31 (74%)	65 (87%)	34 (79%)	48 (87%)	29 (76%)	55 (90%)
	Male	23 (92%)	36 (86%)	26 (87%)	41 (82%)	20 (74%)	46 (87%)	19 (63%)	26 (68%)	17 (77%)	31 (82%)

#first year of graduates; *no third class degrees awarded since Silver2015

The Dean is very supportive and is providing financial support to establish a new student-led society for African and Caribbean healthcare students (Figure 7.2) in 2019.

Figure 7.2: Establishing a new student society