AS Silver department award application

Name of university: University of Dundee

Department: Health Schools Joint Application: School of Dentistry, School of Medicine and School of Nursing & Health Sciences.

Date of application: 30th November 2016

Date of university Bronze AS award: April 2014

Contact for application: Professor Jan Clarkson, Dr Gareth Inman & Dr Heather Whitford

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Telephone: 01382 383018

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http://dentistry.dundee.ac.uk/

http://medicine.dundee.ac.uk/

http://nursingmidwifery.dundee.ac.uk/

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

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

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

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List of Abbreviations

AHSP: Academic Health Science Partnership
AS: Athena SWAN
ASPC: University of Dundee AS Project Co-ordination
AY: Academic Year
CMDN: College of Medicine, Dentistry & Nursing
CME: Centre for Medical Education
D-CHARR: Dundee Centre for Health and Related Research
DCAT: Dundee Clinical Academic Track
E&D: Equality & Diversity
ECU: Equality Challenge Unit
HESA: Higher Education Statistics Agency
HoD: Head of Discipline
HS: Health Schools
OPD: Organisational and Professional Development
OSaR: Objective Setting and Review
RPG: Research Postgraduate
SAT: AS Self-Assessment Team
SDEN: School of Dentistry
SISCC: Scottish Improvement Science Collaborating Centre
SMED: School of Medicine
SNHS: School of Nursing & Health Sciences
TASC: Tayside Medical Science Centre
TMCs: Thesis Monitoring Committees
TPT: Taught Postgraduate
UoD: University of Dundee
WLM: Workload Model

From: Athena Swan [mailto:AthenaSwan@ecu.ac.uk]
Sent: 20 June 2016 10:19
To: Jane Illes (Staff) <J.Illes@dundee.ac.uk>; Athena Swan <AthenaSwan@ecu.ac.uk>
Subject: RE: Extra words request for University of Dundee Joint Clinical Schools' Athena SWAN application

Hi Jane,

I can confirm that the Schools of Dentistry, Medicine and Nursing & Health Sciences have been awarded an additional 1500 to allow them to reflect on each unit and differences between clinical and non-clinical staff: disaggregated data, specific issues and related actions, and how Athena SWAN is embedded. It is helpful if you can indicate where the words have been used, in the word counts at the end of each section.

When you submit your applications, can you please include a copy of this email.

With best wishes,

Jess

Jessica Cockell
Equality Charters Adviser
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1. Letter of endorsement from the head of department

An accompanying letter of endorsement from the head of department should explain how the SWAN action plan and activities in the department contribute to the overall department strategy and academic mission.

The letter is an opportunity for the head of department to confirm their support for the application and to endorse and commend any women and STEMM activities that have made a significant contribution to the achievement of the departmental mission.

30th November 2016

Ms Ruth Gilligan
Athena SWAN Manager
Athena SWAN
First Floor
Westminster Tower.
3 Albert Embankment
London   SE1 7SP

Dear Ms Gilligan

Athena SWAN Silver Application

The Schools of Dentistry, Medicine and Nursing & Health Sciences (SNHS) in the University of Dundee work together towards the goals of Athena SWAN as the Health Schools. As Deans, we enthusiastically endorse this Athena SWAN (AS) Silver application and confirm that the material presented is an honest representation of the current situation in our Schools. As a College we were awarded our Bronze AS Award in 2013. Since University restructuring in 2015, the Schools continue to collaborate through our shared commitment to healthcare improvement. This includes collectively addressing gender and wider equality and diversity (E&D) imbalances that exist in different ways in each School.

 We are resolute in mainstreaming the vital AS agenda, as illustrated by formalising the appointment of established academics as schools' E&D/AS leads. Ours are the first Schools in the University formally to recognise senior AS administrative lead roles to support this work.

AS is prominent in our Schools' strategic meetings through E&D/AS representation on School Executive Groups and E&D/AS as a standing item on School Boards. Initiatives to improve the working culture include: considerate timing of meetings, hosting of mixed-gender informal networking, and E&D/AS awareness-raising events.

To support and develop female staff we now have an increased proportion of females on our "senior management teams"– several being members of the Schools' AS self-assessment teams – and many of whom are highly influential both internally and externally.

As Deans we contribute in many aspects of leadership and management and are mindful to champion gender issues. I (Margaret Smith, Dean of SNHS) am now the only female Dean at the University. Being in a particularly visible role I take my responsibility to champion the voice of females at the most senior level extremely seriously. I have also been supported to take a period of flexible working during a time of family crisis. This experience gave me direct insight into the importance of supporting staff to manage both work and personal life and all three of us proactively champion this wherever possible.

The Health Schools have achieved much since our Bronze Award and we see the positive impact of the implementation of the AS Bronze action plan and the increased awareness of gender issues that comes with it. The data we present here show an improved female gender balance in Dentistry, while in the freshly announced promotions, in Medicine two out of three promotions to Professor were female. In SNHS we have achieved 85% of staff having completed E&D training, the highest of any School in the University.

In our Schools, there is a gender imbalance towards female students - regrettably this pattern is reversed in academic careers. However, we have recently appointed excellent female academic staff and will continue to develop actions to address the female attrition shown in our data to promote progression of female clinical and non-clinical staff and students.

Challenges remain but we are determined to continue to improve the gender balance in our Health Schools and the action plan has our full backing.

Yours sincerely
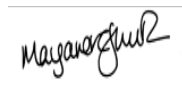
Professor Mark Hector   **Professor Gary J Mires**   **Professor Margaret Smith**

Dean of Dentistry   **Dean of Medicine**   **Dean of Nursing and Health Sciences**

Words: 503/500 - 3 of our extra 1500 words have been in this section

2. The self-assessment process

Describe the self-assessment process. This should include:

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

The Health Schools (HS) Executive has academic and senior administrative representation from each of the three Schools, covering a range of professional and life experiences (Table 2.1). Each of the Health Schools also has a self-assessment team (SAT) with diverse membership (Table 2.2). The HS E&D group (now known as the HS AS Executive) was formed in 2013, with its primary remit to ensure that activities within the Health Schools embrace diversity and inclusivity among staff and students by encouraging all individuals to realise their full potential and contribute as fully as possible to the University Community.

Table 2.1: Membership of the Health Schools AS Executive

Name	F/M	Role on SAT	Role in Health Schools	Work/Life Balance Experience
Professor Jan Clarkson	F	Chair, SDEN E&D Lead	Professor Clinical Effectiveness (R only)	
Dr Jane Illes	F	UoD AS Project Coordinator	Expert Advisor, Oversight of UoD AS	
Dr Gareth Inman	M	SMED E&D Lead	Reader (T&R)	
Miss Jennifer Melvin	F	Senior administrative support	Admin Lead - Research Lead (SNHS)	
Dr Dianne Peden	F	Health Schools AS Co-ordinator	Academic Support Lead (SMED)	
Ms Lorraine Robertson	F	Senior administrative support	School Manager (SDEN)	
Mrs Susan Storrier	F	Secretary	PA to Dean of Medicine, Administrator for SMED Research Ethics	
Dr Lorna Talbot	F	Health Schools Advisor	R&D Manager (TASC)	
Dr Heather Whitford	F	SNHS E&D Lead	Lecturer (T&R)	

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

The HS AS Executive first met as the E&D group in May 2013 and was successful in gaining a Bronze AS award (as the College of Medicine, Dentistry & Nursing) from April 2014. The Executive continues to meet regularly, normally with monthly meetings scheduled, where each School is represented by its School SAT Chair and senior administrative support. The Executive continues to be chaired by Professor Clarkson (with members Dr Inman & Dr Talbot) ensuring continuity of oversight following the University restructure. The University appointed Dr Illes as the UoD AS Project Coordinator (ASPC) in 2014 and her input as an expert advisor as well as an academic who taught for many years on SMED and SDENT programmes has been invaluable. Dr Whitford has been appointed as the SNHS E&D lead and each School has committed senior administrative support for AS to carry forward the Bronze action plan and embed AS in all Schools.

The frequency with which the Executive meets has increased in 2016 with significant commitment shown from all members, reflecting the importance afforded to the AS agenda. The remit of the Executive is to raise awareness; assess and develop University policies and procedures relating to gender bias issues; discuss and analyse relevant data (including staff survey results, staff and student data) and identify any areas of concern regarding gender equality across the Health Schools. The Executive has addressed the Bronze action plan to ensure, where possible, that the relevant steps have been taken to embed and mainstream gender equality activity. The group recognises the need to continue this work and is planning initiatives in the Health Schools and wider University to further promote gender equality and ensure the environment is one whereby treatment of students, staff and applicants for employment or study is based only on their relative merits, abilities and potential. **(AP 1.1 & 1.2).**

Since the Bronze award, the Health Schools have School-based SAT meetings with terms of reference and membership has expanded to encompass direct representation of all staff types (Academic, Research and Professional Services) and UG/PG students (Table 2.2). In each School, the SAT is represented on the senior School Committees (School Board and School Executive Group/Team) with AS and E&D as a standing agenda item to ensure School activity takes appropriate cognisance of gender equality issues.

KEY

Relevant Experience		Work-life Balance Experience	
COM	Member of University Decision Making Committee(s)	C	Children
M	Mentor/Mentee	D	Other Dependents
P	Experience of Promotions Process as Applicant	DCP	Dual-career Partnership
O	OSaR Reviewer	F	Experience of Flexible Working
R	Recruitment Panellist	PAL	Experience of Parental/Adoption Leave
SM	Senior Management Role		

Table 2.2: Membership of School SATs * - denotes SAT Chair, † denotes also a member of the HS AS Executive (Table 2.1) – see key on previous page for relevant and work-life balance experience/s

SAT Member	Position Title	Clinical (Y/N)		Relevant	Work-Life Balance
Present on ALL School SATS					
Dr Jane Illes†	University AS Project Co-ordinator				
Mrs Suzanne Esplin	HR Officer				
SDEN SAT					
Prof. Jan Clarkson*†	Professor of Clinical Effectiveness				
Prof. Graham Chadwick	Professor of Operative Dentistry & Dental Material Science				
Dr Andrew Forgie	Senior Lecturer				
Prof. Mark Hector	Dean of School				
Mr Thomas Lamont	Clinical Research Fellow				
Ms Fiona McLaren-Neil	Administrator IQUAD & Interval Dental Trials				
Ms Pauline Poblete	Postgraduate International Student				
Ms Lorraine Robertson†	School Manager				
Mrs Jill Sutherland	Research Postgraduate Administrator				
SMED SAT					
Dr Gareth Inman*†	Reader; E&D Lead				
Dr Jasbani Dayal	Postdoctoral Researcher				
Dr Frances Fuller-Pace	Reader (T&R)				
Prof. Tim Hales	Professor of Anaesthesia; HoD				
Dr Stella Howden	Associate Dean (Quality Assurance)				
Ms Karen Jones	Undergraduate student				
Prof. Faisel Khan	Professor of Cardiovascular Sciences				

SAT Member	Position Title	Clinical (Y/N)	F/M	FT/PT	Relevant Experience						Work-Life Balance Experience				
					COM	M	P	O	R	SM	C	D	DCP	F	PAL
SMED SAT Cont'd															
Dr Sharon King	Manager, Tayside Biorepository														
Dr Rosamund Langston	Lecturer (T&R)														
Mrs Lesley Lindsay	L&T Admin Lead (PG)														
Dr Isla Mackenzie	Reader (T&R)														
Dr Weihua Meng	Probationary Lecturer (T&R)														
Miss Arlene Nelson	Division Administrator														
Dr Dianne Peden†	Academic Support Lead; HS AS Co-ordinator														
Prof. Russell Petty	Professor of Medical Oncology														
Dr David Russell	L&T Admin Lead (UG)														
Ms Laura Thomson	Undergraduate student														
Mrs Susan Storrier†	PA to Dean of Medicine														
SNHS SAT															
Dr Heather Whitford *†	Lecturer (T&S)														
Mr Tony Barr	Lecturer, Disability Rep														
Dr Jo Corlett	Associate Dean (Learning & Teaching)														
Mrs Jennifer Doanchie	School Manager														
Miss Janice Duffy	School Office Lead														
Dr Anna Gavine	Research Fellow														
Mr Gary Lawson	Undergraduate Student President														
Dr Elaine Lee	Associate Dean (Internationalisation)														
Miss Jennifer Melvin†	Research Admin Lead														
Mrs Amal Murad	Postgraduate Student														
Prof. Mary Renfrew	Associate Dean (Research)														
Prof. Margaret Smith	Dean of School														
Mrs Hanadi Yaseen	Postgraduate Student														

Within the University, the School SAT Chairs and the HS AS Coordinator are members of the University AS Executive and the AS Steering Group. The Health Schools Executive therefore benefits from knowledge and experience of gender equality issues and activities across the wider institution.

Members of the SATs benefit from attending Scottish AS network meetings and training provided by Equate Scotland and ECU. In addition Dr Jane Illes, chairs the Scottish AS network group, is a regular AS panelist and has chaired an institution-award panel, liaises regularly on behalf of the schools and UoD with ECU and has provided input at every stage of the award process.

We have evaluated our quantitative and qualitative data and compiled our application and Action Plan by a mixture of face to face and remote working (including teleconferencing, Skype, pre-arranged and convenient out of core hours working) which enabled people to work flexibly, on different campuses and remotely to accommodate personal and professional needs and to allow inclusion of a wide range of individuals from all three schools – including Deans - at all stages.

Benchmarking data for this report has been drawn from the HESA Heidi Plus system. All benchmarking data is Copyright Higher Education Statistics Agency Limited. Neither the Higher Education Statistics Agency Limited nor HESA Services Limited can accept responsibility for any inferences or conclusions derived by third parties from data or other information obtained from Heidi Plus.

Suitable groups of institutions have been selected for each health school, to compare University of Dundee performance against appropriate peers:

SDEN	SMED	SNHS
Queen Margaret University, Edinburgh The University of Aberdeen The University of Glasgow The University of Strathclyde	The University of Aberdeen The University of Edinburgh The University of Glasgow The University of St Andrews	Edinburgh Napier University Glasgow Caledonian University Queen Margaret University, Edinburgh The Robert Gordon University The University of Edinburgh The University of Glasgow The University of Stirling The University of the West of Scotland University of Abertay Dundee

Our current application benefits from external critical friend feedback from Prof Inke Nathke, AS lead (UoD - School of Life Sciences) and Prof Helfrich (University of Aberdeen) and proof reading by Mr Philip Smith (retired).

We have consulted internally with staff via the UoD Staff Surveys (2013 & 2015) and via the UoD AS Surveys (2015 & 2016), both of which are analysed at School (or previously) College level, by gender. Data are included in the present application and underpin our thinking. To further understand the issues underlying our quantitative data, we plan a Health Schools' annual AS survey **(AP 2.1)** and will also hold focus groups **(AP 4.3).**

The University has committed to delivering unconscious bias training. Several senior members of the SATs have participated in this to date, with further roll out to all staff groups under way. The SATs plan to use the Project Implicit association tests (https://implicit.harvard.edu/implicit/takeatest.html) as a focus of discussion at engagement events. **(AP 1.5)**

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

The Executive reports directly to the University level AS Steering Group and will continue to meet monthly to address the AS action plan. Each School SAT will also consider any required actions within its own context, should any differences apply, to ensure optimal effort and impact. The impact of initiatives will be assessed by a new Health Schools' annual AS survey **(AP 2.1)** as well as analysis of existing University staff surveys, working groups and exit interviews.

AS will continue to be a standing item on the most senior School committees to ensure the three Schools continue to take appropriate cognisance of this developing agenda and address any areas identified for improvement and monitor progress.

The Executive is aware that work on the AS agenda is ongoing and there remains much to do but re-confirms its commitment to continuing to strive for further development and improvement. Future events will feed into School academic calendars maintaining a high profile and promote awareness. The Executive is aware that they would be more efficient and effective if they had more people with experience of the ECU AS assessment process. **(AP 1.3)**

The self-assessment team will monitor implementation of the action plan by way of annual report. Following release of data in September annually, an annual report will be produced which will also contain a progress against action plan report **(AP 2.2).** This will be used both in house within the schools to monitor progress and identify impact, to address slippage and to identify future priorities for the next 12 months and to feed into the wider UoD AS progress update in March annually **(AP 1.1).**

PROGRESS/IMPACT (Bronze Actions 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7)

- **Systems are now in place to access staff data and maternity data so trends can be monitored and actions taken**
- **The self-assessment process is now embedded in all Health Schools and there is AS/E&D representation at the highest level in all schools.**
- **AS/E&D is a standing item on executive team and school board meetings**
- **Financial, workload model and professional services support for AS activity is provided in all health schools**
- **AS and UoD surveys are regularly used to identify issues and guide action planning**
- **Our awareness and mainstreaming campaigns have engaged the entire student and staff communities resulting in much greater awareness in all schools of gender and equality issues**

New Action Points (Silver Actions)

1.1 Continue the work of the Health Schools' SATs

1.2 Promote the work of Athena SWAN in the Health Schools across the schools and wider University

1.3 Increase the number of SAT members attending and involved in AS & ECU activities.

1.5 Increase availability and uptake of unconscious bias training

2.1 Introduce annual Health Schools' Athena SWAN survey

2.2 Perform Health School and individual School systematic annual review of AS data and identify and formally report areas of progress and for action

4.3 Conduct focus groups to identify the barriers to women pursuing clinical academic careers

Words: 1053/1000 - 53 of our extra 1500 words have been in this section

3. A picture of the department: maximum 2000 words

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

About our structure:

When we obtained our Bronze Award in 2014 our schools were members of the College of Medicine, Dentistry and Nursing (CMDN), one of four colleges within UoD. (Figure 3.1).

Figure 3.1: University of Dundee structure prior to 1st August 2015
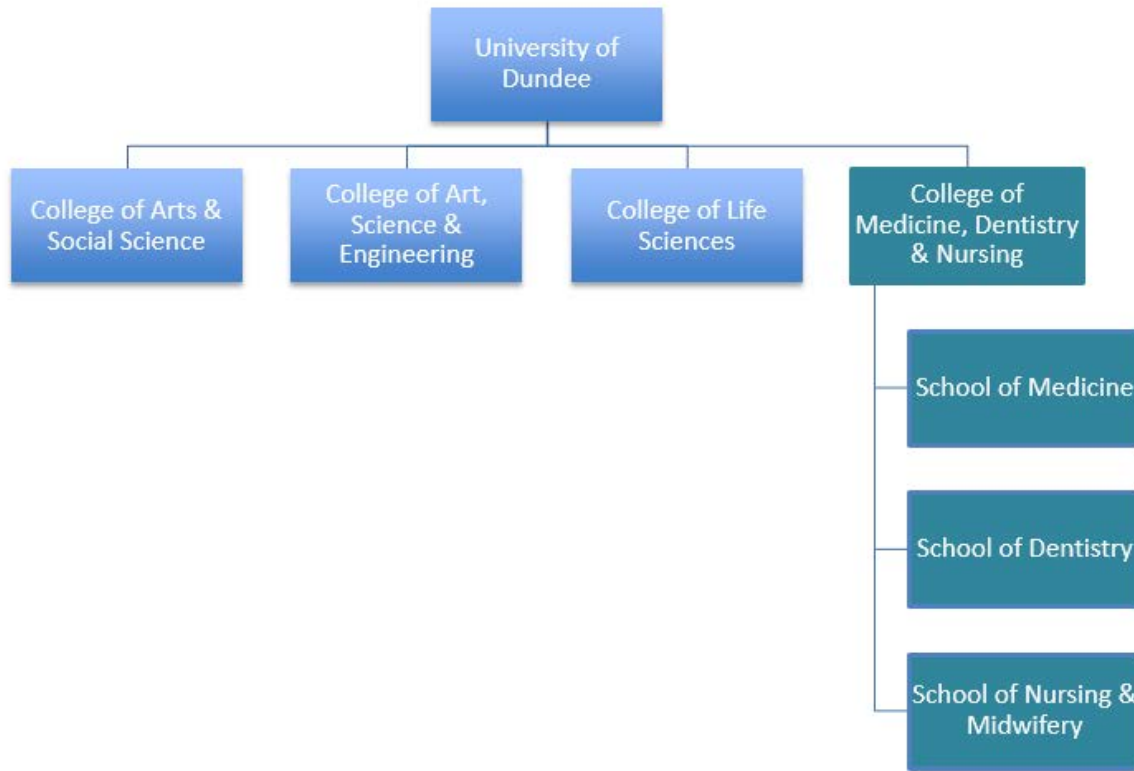
A new University structure took effect from 1 August 2015. The Colleges were disbanded and nine independent schools created, including the three Health Schools of Dentistry, Medicine and Nursing & Health Sciences (Figure 3.2)

Figure 3.2: University of Dundee structure since 1st August 2015
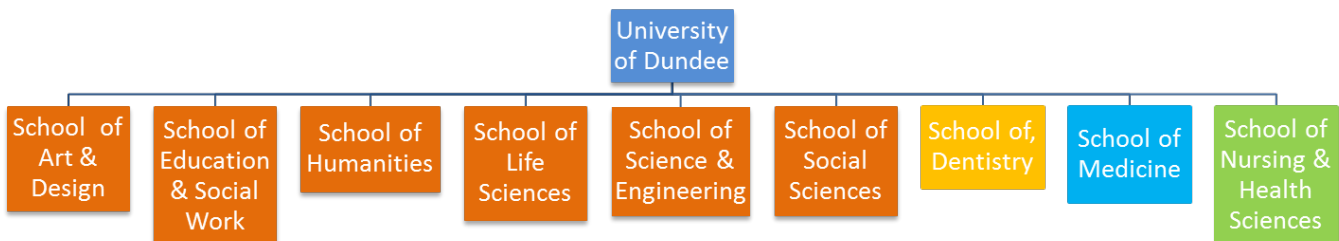
The Deans of the Health Schools committed to actively preserve the cooperation and inter-professional/disciplinary working previously facilitated by the College, and the AS Health Schools Federation was formed. Our College Bronze Award (figure 3.3) was reissued by ECU as a joint award to the Health Schools which together deliver the Bronze action plan.

Figure 3.3: Presentation of our Bronze Award to Professor John Connell (Head of College), Dr. Gareth Inman, Professor Jan Clarkson and Dr. Lorna Talbot (L-R)

About our Health Schools

The Health Schools contain around 5,300 students, 447 academic and research and 386 professional services staff. Approximately 35% of the total at UoD. Within the Schools of Dentistry and Medicine 63% and 41% of academic and research staff respectively have NHS contracts and are referred to as clinical staff, the remainder are referred to as non-clinical. All staff in the School of Nursing and Health Sciences have non-clinical contracts. All three schools are highly rated for the quality of their teaching and research and are committed to improving population health and well-being for the local and wider population.

The School of **Dentistry** (SDEN) has been a leader in dental education and research and recently expanded its TPG portfolio. SDEN uses its strengths in laboratory-based research, e-health, informatics and public health issues for the benefit of the Scottish population as well as the wider UK and in 2016 ranked 4th Dental School in the UK and 1st in Scotland by the Guardian.

The School of **Medicine** (SMED) is internationally recognised as a world-class medical school and research environment ranking 1st equal in the UK for impact in REF 2014. The five year curriculum is innovative, student centered and community based, students are exposed to clinical activities from day one. We were ranked number 1 in the National Student Survey 2016 for personal development of students, also the top medical school in Scotland and 5th in the UK, by The Guardian. The school has particular strengths in cancer, cardiovascular disease, diabetes, respiratory disease, neuroscience, imaging and population sciences research.

The School of **Nursing & Health Sciences** (SNHS) offers a BSc in Nursing in three fields; adult, child and mental health and has postgraduate and post-registration students in six post-qualifying programmes with a growing number of RPG students. The aim of the research programme is to promote health,

well-being, social participation and caring throughout an individual's lifespan. The school was ranked 6th in the UK in the National Student Survey. A recent innovation is the opportunity for pre-registration nursing honours and postgraduate awards.

The Health Schools collaborate on many operational and strategic initiatives (Table 3.1).

Table 3.1: Collaboration across the Health Schools

Collaboration	SDEN	SMED	SNHS	Others
Academic Health Science Partnership (AHSP)	x	x	x	UoD schools, clinicians from NHS Tayside and the public
Clinical Skills Centre at Ninewells	x	x	x	
International student strategy	x	x	x	
Scottish Improvement Science Collaborating Centre (SISCC)	x	x	x	Eight other Universities and nine NHS Health Boards and a range of other collaborators
Shared Schools Ethics Committee	x		x	
Tayside Academic Science Centre (TASC)	x	x	x	NHS
Dundee Centre for Health and Related Research (D-CHARR)	x	x	x	SISCC
				SDHI
Interprofessional learning	x	x	x	

Tayside Medical Science Centre (TASC) integrates the research work of the three schools with the NHS. This is essential and is reinforced by the long term HS AS Exec membership and contributions of Dr Talbot, R&D Manager (Improvement & Quality). Researchers entered in REF2014 were selected on excellence criteria and we do not believe there is gender bias. The explanation for all males in SNHS being submitted reflects the academic roles of those individuals and not gender bias (Table 3.2).

Table 3.2 Number and percentage of eligible staff by gender entered in REF 2014.

REF2014	Female			Male		
School	Submitted (n)	Eligible	Submitted (%)	Submitted (n)	Eligible	Submitted (%)
SDEN	▮	▮	40%	▮	▮	31%
SMED	▮	▮	67%	▮	▮	64%
SNHS	▮	▮	63%	▮	▮	100%

Numerous collaborative teaching sessions on our UK student programmes, include freshers' week, interprofessional education and induction sessions. There are many examples of collaborative research projects - examples include: health provision in the juvenile justice system (SNHS and SDEN); health of gypsy/travellers (SNHS and SDEN); improving medicine adherence (SMED and SNHS); activity levels of residents of care homes (SNHS and SMED); management and support for diabetes in pregnancy (SNHS and SMED).

To facilitate shared working at the highest level, the three Health School Deans meet formally every 4 – 6 weeks (in addition to University-wide meetings of all School Deans) and have frequent informal meetings.

The Health Schools operate across three campuses (Table 3.3): Members of AS teams and wider groups meet regularly face-to-face or virtually and difficulties associated with remote campuses are largely overcome.

Table 3.3: Campus sites where students are taught by Health Schools

School	Campus		
	Dundee City	**Kirkcaldy**	**Ninewells Hospital**
SDEN	x		x
SMED	x		x
SNHS	x	x	x

We are not aware of underlying operational or cultural differences arising. However, we will survey this as part of our planned annual Health Schools survey **(AP 2.1).** The location of the Kirkcaldy campus enables people in Fife to study locally for a UoD qualification in Nursing. The majority of these students (like the overall cohort) are female.

Support and mainstreaming of AS in UoD and our Health Schools:

Since our university was awarded Bronze AS status, there has been considerable investment in AS, including; the ASPC role; AS data responsibilities being formally incorporated into workloads of key data providers and the current restructure to further mainstream AS alongside the E&D framework. The ASPC is a member of the newly formed gender action plan working group (November 2016) chaired by VP (Learning and Teaching) and feeds into the strategic planning of the university by contributing to the outcome agreement conversations.

The systematic approach to data extraction and presentation which UoD AS has been developing over the last 2 years has facilitated a leap forward in ability to produce and visualise systematic AS data and ensures that annual data reviews can also be more easily achieved in the Health Schools **(AP 2.2)**

Since the 2015 restructure, commitment by senior management to the Health Schools' AS (and wider E&D) agenda has been strengthened by the positioning of two of the three AS leads and a further member of professoriate on each of the schools' senior management teams. Budget to support a temporary, part time data analyst role has been provided and there has been reallocation of workload of three senior admin staff who have become administrative AS leads, supporting the academic leads in each of the schools - as well as an overall coordinator for the Health Schools. Workload model allocation for all SAT members has been assigned and financial support for AS activity is in place.

Regular secretarial support has now been established in all three schools and as well as supporting the AS activity, these roles are career development opportunities for those appointed.

The catalytic effect engendered by this strong collaboration has ensured that progress across the three schools has been uniform and mutually supportive.

Formal Health School links to the rest of AS at UoD are via the ASPC, AS leads & Health Schools AS co-ordinator, to UoD AS Executive Group - an operational group which meets every 6-8 weeks and the UoD AS Steering Group –the university's AS strategic group **(AP 1.1 -1.3).**

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

Student data

> i. *Numbers of males and females on access or foundation courses* – *comment on the data and describe any initiatives taken to attract women to the courses.*

Since our Bronze Award, SDEN and SMED launched a new admissions initiative in 2014 focused on widening access and improving retention rates for students entering these programmes by a non-traditional route. The pre-medical course (Gateway to Medicine) currently has 14 students (Figure 3.3). There are more females than males at all stages from application through to matriculation. The Gateway to Dentistry programme will be introduced in academic year 2017-18.

SNHS participated in the 'Lift off' initiative in 2015 and 2016, working with schools in Dundee and Fife with low attainment and uptake of University places. This includes a week-long summer school in St Andrews where participants undertake activities to boost confidence and inform them about nursing in higher education, including simulated clinical scenarios. To date all participants have been female. However in SNHS we need to encourage males in via this and other routes. However, in SNHS we need to encourage males in via this and other routes **(AP 3.4).**

The University participates in the REACH programme, a national initiative supporting and enabling young people from non-traditional backgrounds on their journey to a 'high demand' profession. We work with local REACH schools, supporting pupils interested in studying medicine or dentistry through advising on the application/selection process, student experience days and opportunities for work experience/shadowing. Typically two thirds of participants are female and both female and male staff contribute.

Scotland's first 4-year graduate entry Medical programme, ScotGEM, jointly led by the Universities of Dundee and St Andrews will roll out in 2017-18. This has in-built flexibility enabling uptake from a broad cross section of society including parents. When it starts the number and progress of students by gender will be monitored and action taken if required.

Figure 3.3: SMED access students by gender - number and %. Females are shown in orange bars, males in grey bars and relative gender % are shown on the y axis. Actual numbers of people are shown in the bars. This format is retained throughout the application.
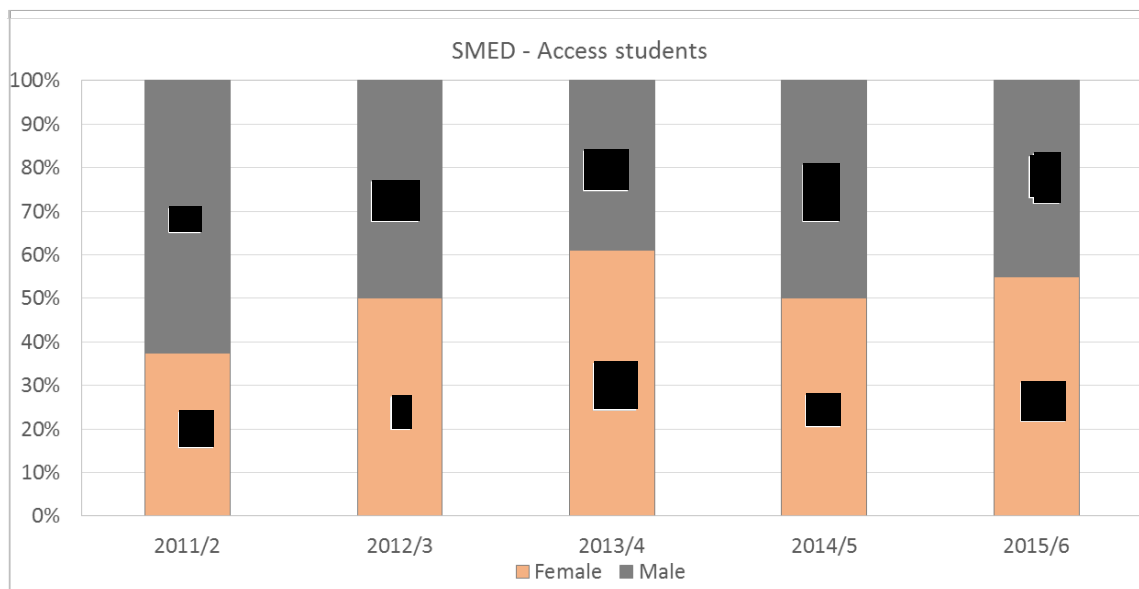
Table 3.4: SMED access students by gender - number and %

	2011/2		2012/3		2013/4		2014/5		2015/6	
	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%
Female	■	38%	■	50%	■	61%	■	50%	■	55%
Male	■	63%	■	50%	■	39%	■	50%	■	45%
Total access students (SMED)	■	100%	■	100%	■	100%	■	100%	■	100%

ii.   **Undergraduate male and female numbers** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the impact to date. Comment upon any plans for the future.

Undergraduate degrees are awarded in each of the Health Schools. Controlled programmes are courses where the numbers of students on the programmes are decided and funded by the Scottish Government (Table 3.4, Figure 3.4). Uncontrolled programmes are courses where numbers are unrestricted and the course is open to anyone who meets the entry criteria and pays the fee (Table 3.5, Figure 3.5).

In our Bronze application we considered no action on gender balance was required. Analysis of data since 2014 suggests female:male student ratios have changed little on controlled programmes, the percentage of female students in SDEN has risen from 59% (2012/13) to 65% (2015/16) whilst it has remained stable in SMED at 60% and 92% for SNHS. The percentage of female undergraduates in all UG programmes in SDEN and SNHS are broadly in line with comparator institution average and SMED has slightly higher (approx. 5%) representation of females than benchmark (Table 3.4b). Numbers of widening access students in SMED has doubled since 2014 and is now 31% of current intake.

The Scottish Funding Council Gender Action Plan (2016) challenges institutions to address gender imbalance in subjects such as nursing. SNHS is participating in the ECU 'Attracting Diversity' project and the School is aiming for a 75:25 split in UG student nurses by 2030. Whilst in SNHS the percentage of females is broadly in line with sector average we have initiatives in place to increase the number of male students. This includes positive imagery on promotional literature and male staff members and male students proactively engaging with potential male applicants at outreach events **(AP 3.4)**

Uncontrolled programmes only operate in SDEN and SMED and the ratio of female:male has not changed over time. In both there are more females than males however the lack of males studying dental hygiene (only 4%) could be considered a similar issue to that for controlled programmes in nursing - hence our review of advertising imagery in all three Schools.

Table 3.4: Total full-time undergraduate students by gender on controlled programmes (SDEN - BDS & SMED - MBChB) - number and %

Controlled Programmes	2011/2		2012/3		2013/4		2014/5		2015/6	
	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%
Female		77%		77%		77%		77%		78%
Male		23%		23%		23%		23%		22%
Total F/T UG students (HS)		100%		100%		100%		100%		100%
Female		58%		59%		62%		63%		65%
Male		42%		41%		38%		37%		35%
Total F/T UG students (SDEN)		100%		100%		100%		100%		100%
Female		61%		61%		60%		60%		60%
Male		39%		39%		40%		40%		40%
Total F/T UG students (SMED)		100%		100%		100%		100%		100%
Female		91%		91%		91%		92%		92%
Male		9%		9%		9%		8%		8%
Total F/T UG students (SNHS)		100%		100%		100%		100%		100%

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Table 3.5: Total full-time undergraduate students by gender on uncontrolled programmes (SDEN - BSC in Oral Health Sciences; SMED - BMSc and SNHS –Diploma in Higher Education (Adult Nursing; Mental Health Nursing or Child Nursing) - number and %

Uncontrolled Programmes	2011/2		2012/3		2013/4		2014/5		2015/6	
	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%
Female	■	75%	■	72%	■	70%	■	66%	■	67%
Male	■	25%	■	28%	■	30%	■	34%	■	33%
Total F/T UG students (HS)	■	100%	■	100%	■	100%	■	100%	■	100%
Female	■	93%	■	82%	■	86%	■	92%	■	96%
Male	■	7%	■	18%	■	14%	■	8%	■	4%
Total F/T UG students (SDEN)	■	100%	■	100%	■	100%	■	100%	■	100%
Female	■	55%	■	60%	■	60%	■	57%	■	60%
Male	■	45%	■	40%	■	40%	■	43%	■	40%
Total F/T UG students (SMED)	■	100%	■	100%	■	100%	■	100%	■	100%
Female	■	85%	■	82%	■	81%	■	-	■	-
Male	■	15%	■	18%	■	19%	■	-	■	-
Total F/T UG students (SNHS)	■	100%	■	100%	■	100%	■	-	■	-

Table 3.5 b -Benchmarking Data for female UG students (for all UG programmes)	2012/13	2013/14	2014/15	3 Year Average
SDEN				
University of Dundee	59.5%	61.6%	62.9%	61.4%
Benchmark group	63.2%	61.9%	59.3%	61.5%
SMED				
University of Dundee	60.9%	60.5%	60.0%	60.5%
Benchmark group	55.6%	54.4%	54.7%	54.9%
SNHS				
University of Dundee	89.8%	90.5%	91.1%	90.5%
Benchmark group	89.5%	90.4%	90.6%	90.1%
HESA Staff Record [2012/13 to 2014/15] Copyright Higher Education Statistics Agency Limited				

Figure 3.4: Total full-time undergraduate students by gender on controlled programmes - number and % (a. Health Schools, b. SDEN (BDS), c. SMED (MBChB) & d. SNHS (BSc in Nursing)
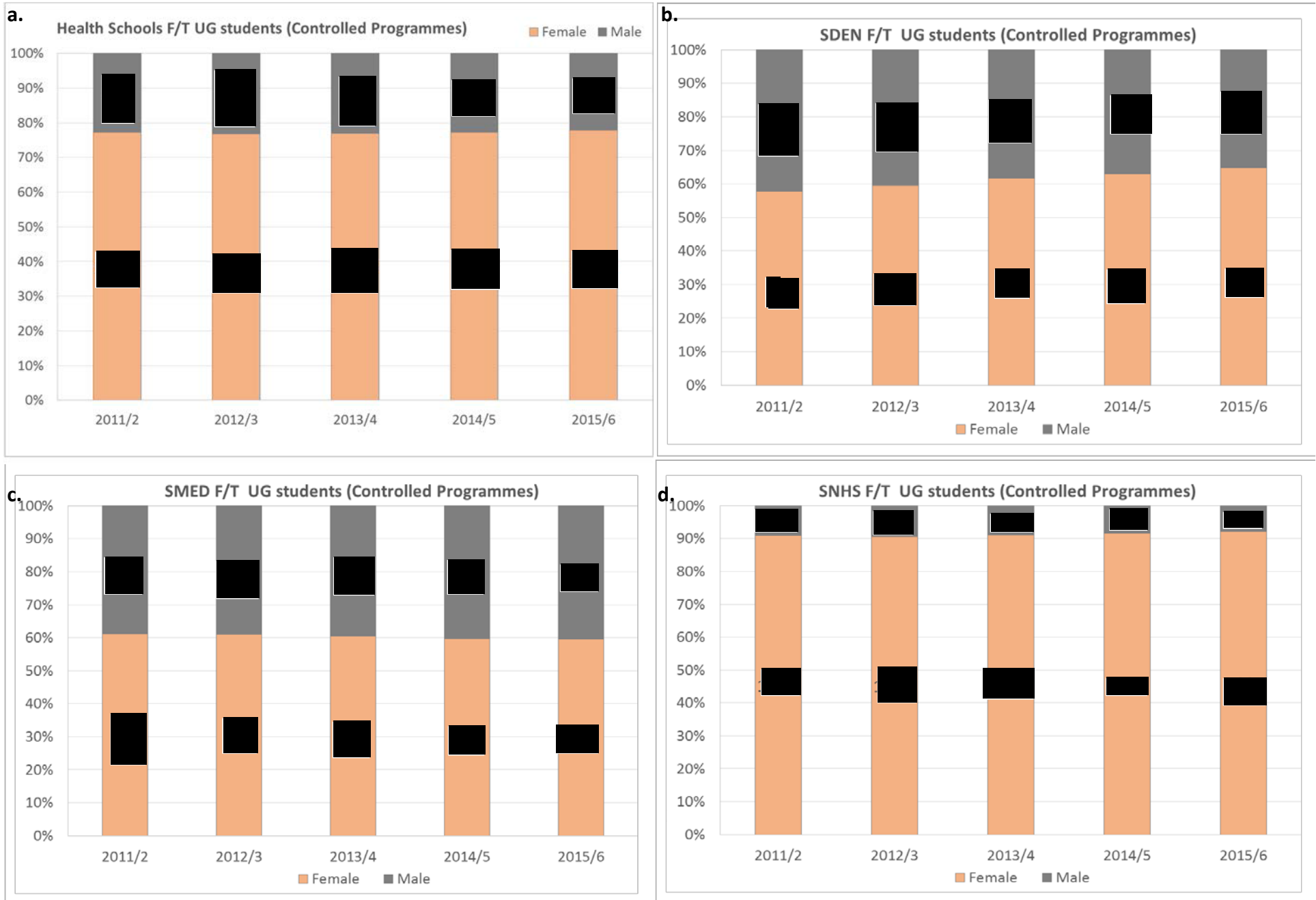
Figure 3.5: Total full-time undergraduate students by gender on uncontrolled programmes - number and % (a. Health Schools, b. SDEN (BSc in Oral Health Sciences), c. SMED (BMSc) & d. SNHS (Diploma of Higher Education (Adult Nursing; Mental Health Nursing or Child Nursing)
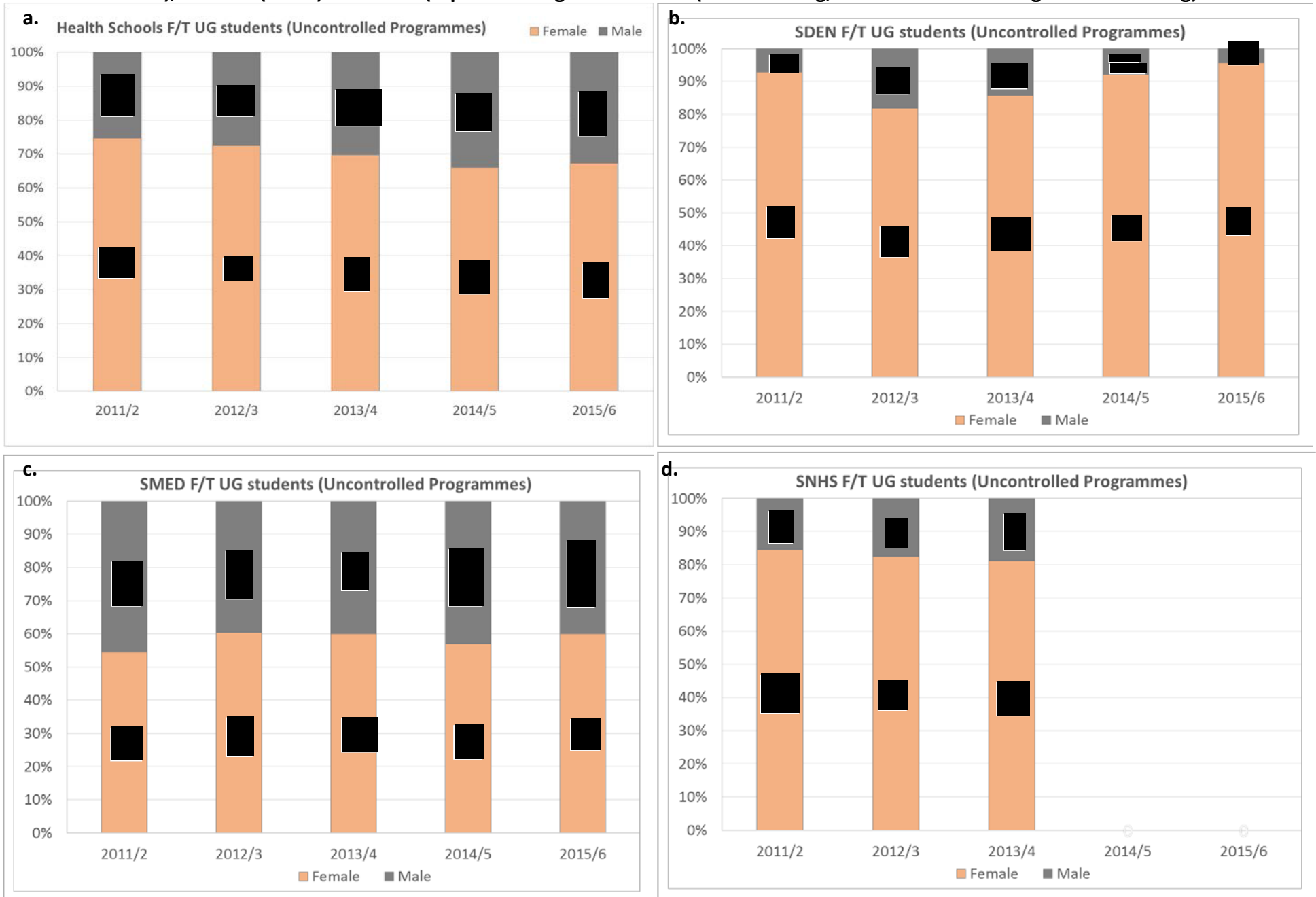
The only part-time undergraduate students in the Health Schools are in SNHS (Figure 3.6 Table 3.6). These are all post-registration students who are undertaking 'top-up degrees' by distance learning part-time and the majority continue to be female, reflecting the gender of practising nurses. We do not believe more should be done at present but to monitor and assess the impact of actions described in the Silver action plan **(AP 3.4)**

Figure 3.6: Total part-time distance learning undergraduate students by gender - number and %
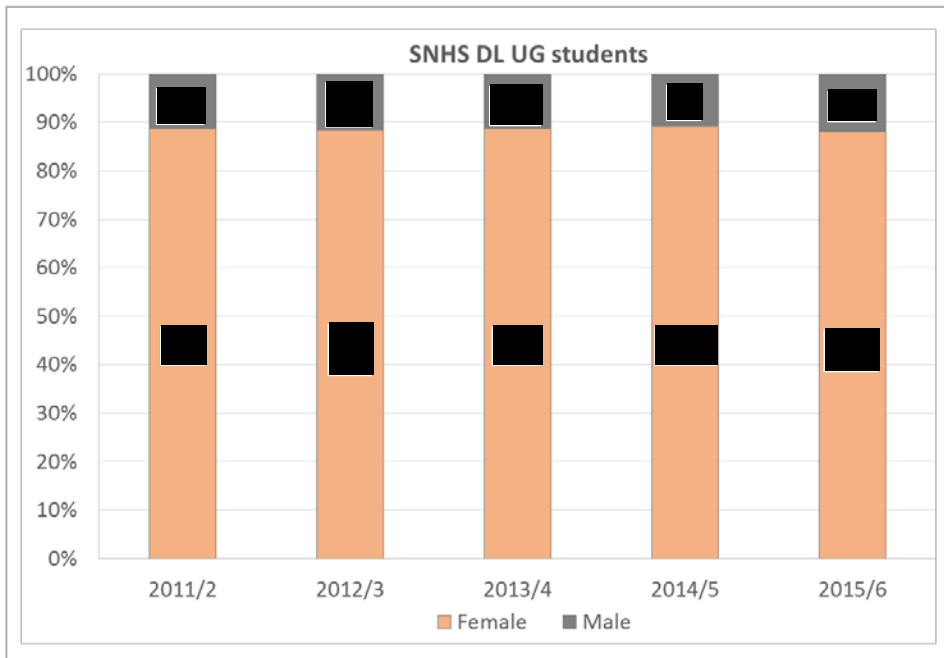
Table 3.6: Total part-time distance learning undergraduate students by gender - number and %

	2011/2		2012/3		2013/4		2014/5		2015/6	
	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%
Female		89%		88%		89%		89%		88%
Male		11%		12%		11%		11%		12%
Total DL students (SNHS)		100%		100%		100%		100%		100%

iii. **Postgraduate male and female numbers completing taught courses** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

Almost all postgraduate students in full-time taught postgraduate courses are in SDEN and SMED with on average only one in SNHS over the past five years (Table 3.7 Figure 3.7). At the time of the Bronze application because no gender imbalance relative to national statistics was observed no specific initiatives were introduced to attract more female applications. This remains the case with 66% of students being female compared to 66% across the UK for medicine and dentistry (HESA, Table 3.9b).

We continue to recruit part-time (Table 3.8, Figure 3.8) and distance learning postgraduate students (Table 3.9, Figure 3.9). We have more postgraduate students on distance learning (n=1899) than part-time (n=23) or full time (n=37) and most are in SMED with one in nine in SNHS. There is equal representation by gender in SMED (50%) and the percentage of females in SNHS at 82% is in line with targets therefore no action is planned at present other than monitoring **(AP 3.1).**

Table 3.7: Total full-time taught postgraduate students by gender – number and %

	2011/2		2012/3		2013/4		2014/5		2015/6	
	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%
Female	■	69%	■	59%	■	65%	■	58%	■	66%
Male	■	31%	■	41%	■	35%	■	42%	■	34%
Total F/T TPG students (HS)		100%		100%		100%		100%		100%
Female	■	53%	■	54%	■	53%	■	54%	■	64%
Male	■	47%	■	46%	■	47%	■	46%	■	36%
Total F/T TPG students (SDEN)		100%		100%		100%		100%		100%
Female	■	73%	■	60%	■	67%	■	58%	■	67%
Male	■	27%	■	40%	■	33%	■	42%	■	33%
Total F/T TPG students (SMED)		100%		100%		100%		100%		100%
Female	■	-	■	50%	■	100%	■	100%	■	-
Male	■	100%	■	50%	■	-	■	-	■	-
Total F/T TPG students (SNHS)		100%		100%		100%		100%		-

Table 3.8: Total part-time taught postgraduate students by gender – number and %

	2011/2		2012/3		2013/4		2014/5		2015/6	
	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%
Female	■	80%	■	68%	■	72%	■	84%	■	83%
Male	■	20%	■	32%	■	28%	■	16%	■	17%
Total P/T TPG students (HS)		100%		100%		100%		100%		100%
Female	■	-	■	-	■	-	■	100%	■	100%
Male	■	-	■	-	■	-	■	-	■	-
Total P/T TPG students (SDEN)		-		-		-		100%		100%
Female	■	69%	■	69%	■	63%	■	83%	■	82%
Male	■	31%	■	31%	■	37%	■	17%	■	18%
Total P/T TPG students (SMED)		100%		100%		100%		100%		100%
Female	■	86%	■	50%	■		■		■	-
Male	■	14%	■	50%	■		■		■	-
Total P/T TPG students (SNHS)		100%		100%		100%		100%		-

Table 3.9: Total distance learning taught postgraduate students by gender – number and %

	2011/2		2012/3		2013/4		2014/5		2015/6	
	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%
Female		48%		50%		51%		52%		54%
Male		52%		50%		49%		48%		46%
Total DL TPG students (HS)		**100%**		**100%**		**100%**		**100%**		**100%**
Female		-		-		-		-		-
Male		-		-		-		-		100%
Total DL TPG students (SDEN)		**-**		**-**		**-**		**-**		**100%**
Female		44%		45%		46%		47%		50%
Male		56%		55%		54%		53%		50%
Total DL TPG students (SMED)		**100%**		**100%**		**100%**		**100%**		**100%**
Female		85%		82%		84%		84%		82%
Male		15%		18%		16%		16%		18%
Total DL TPG students (SNHS)		**100%**		**100%**		**100%**		**100%**		**100%**

Table 3.9b -Benchmarking Data for female TPG students	2012/13	2013/14	2014/15	3 Year Average
SDEN				
University of Dundee	%*	%*	%*	48.8%
Benchmark group	71.3%	71.2%	76.8%	73.3%
SMED				
University of Dundee	%*	%*	%*	%*
Benchmark group	68.8%	59.6%	60.9%	62.7%
SNHS				
University of Dundee	81.7%	83.4%	85.6%	83.5%
Benchmark group	84.8%	86.9%	87.5%	86.5%
HESA Staff Record [2012/13 to 2014/15] Copyright Higher Education Statistics Agency Limited				
*As ECU will be aware, there are limitations with the current HESA coding structure, JACS 3. Medicine and Dentistry non-clinical students are grouped together in our HESA data and it is therefore not possible for us to provide benchmarking data for postgraduate students.				

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Figure 3.7: Total full-time taught postgraduate students by gender - number and % a. Health Schools, b. SDEN, c. SMED & d. SNHS (see Table 3.7)

Figure 3.8: Total part-time taught postgraduate students by gender - number and % a. Health Schools, b. SMED and c. SNHS (*SDEN is not shown due to low numbers – see Table 3.8)

a.

b.

c.

31
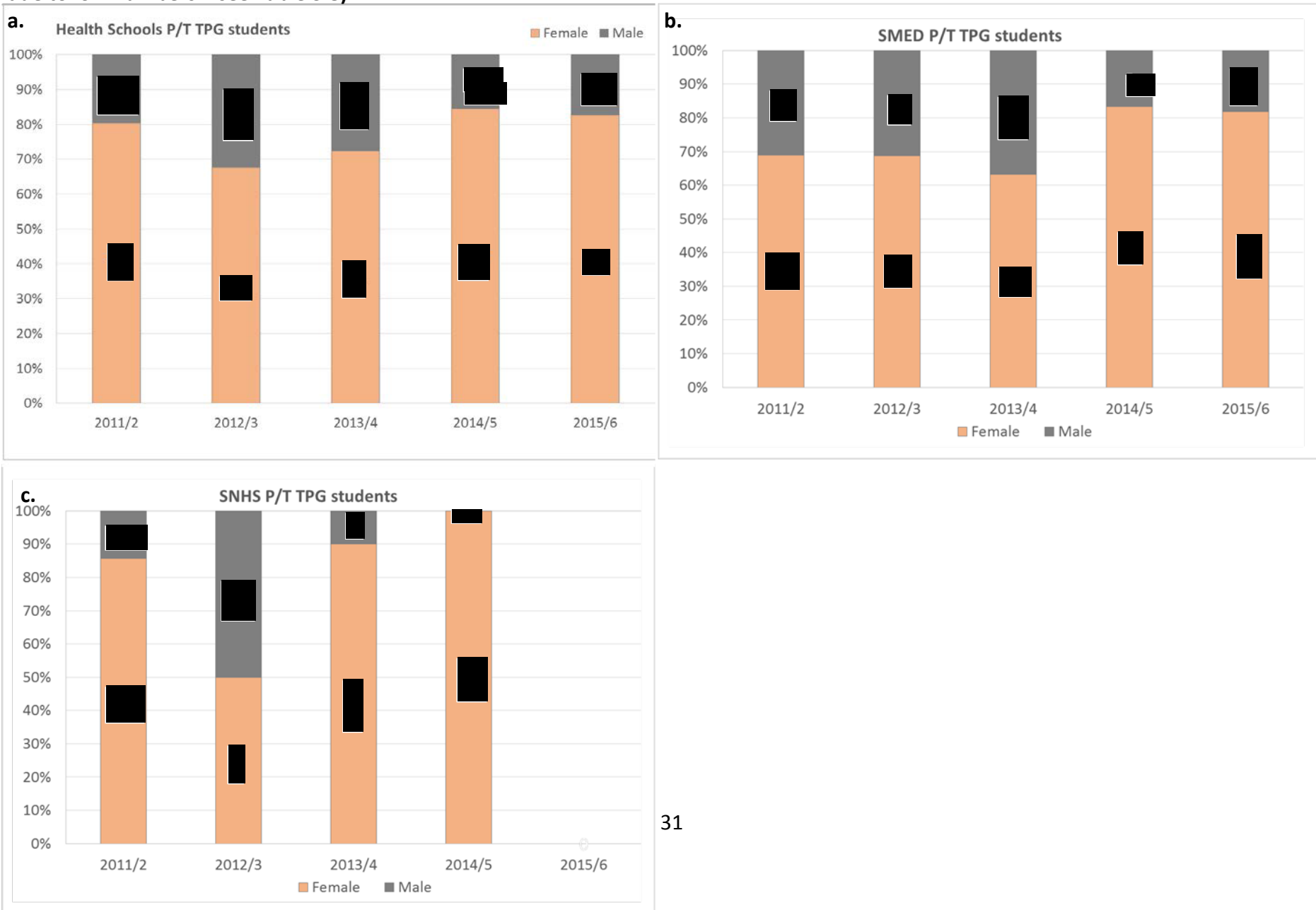
Figure 3.9: Total distance learning taught postgraduate students by gender - number and % a. Health Schools, b. SMED and c. SNHS (*SDEN is not shown due to low numbers – see Table 3.9)
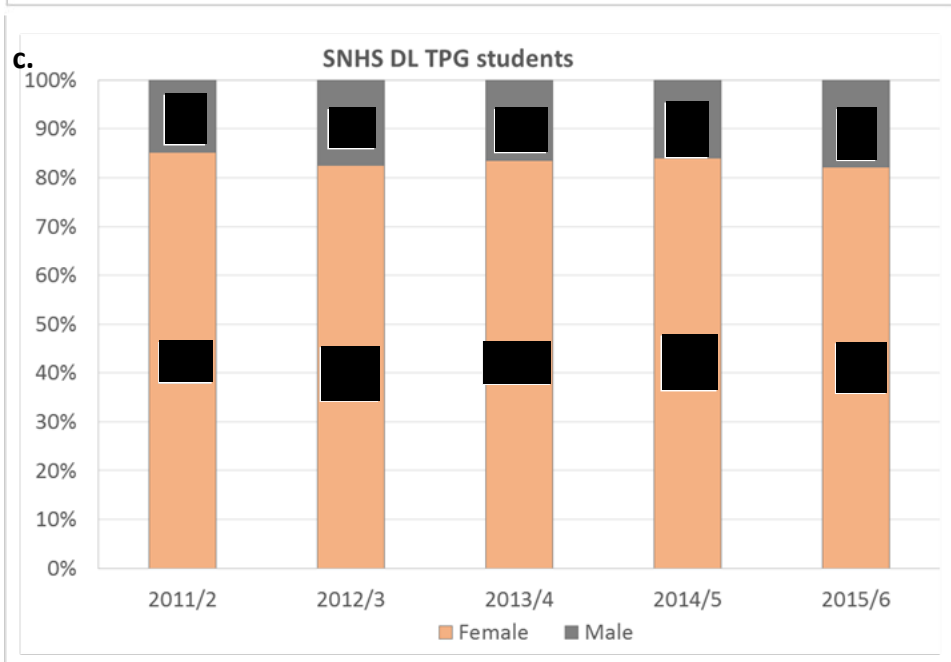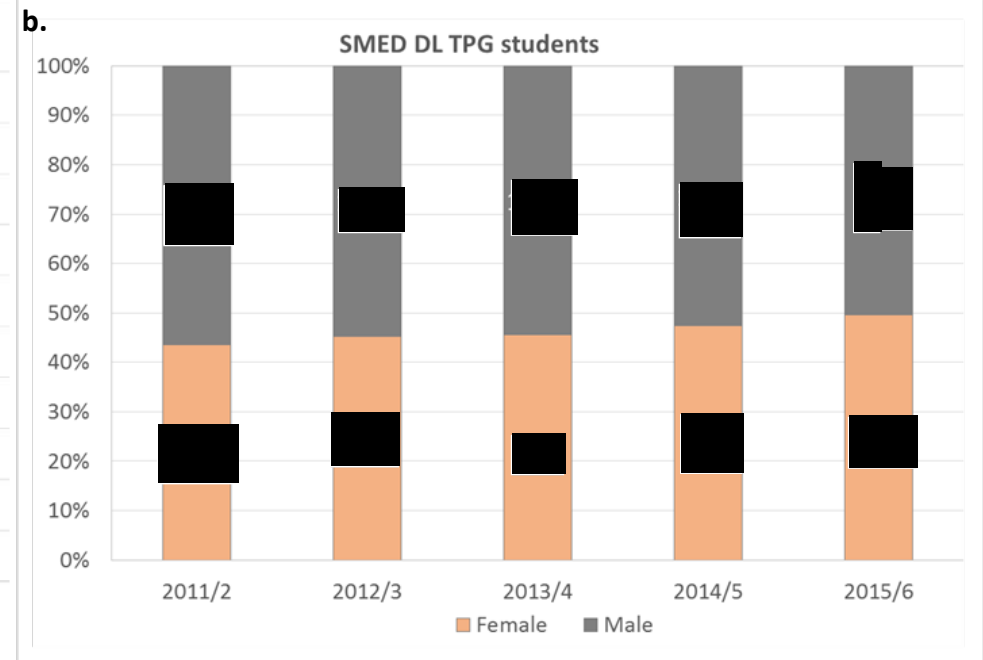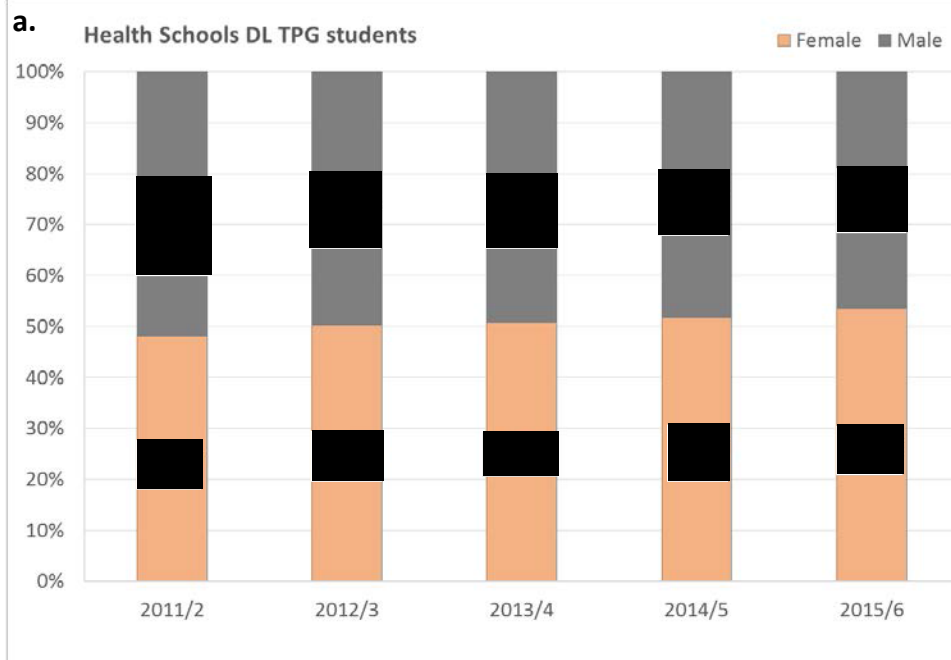
iv.   ***Postgraduate male and female numbers on research degrees*** *– full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.*

The ratio of female:male students on full-time research degrees has changed since our Bronze Award with an increase in females from 53% to 61% (Table 3.10, Figure 3.10) . Most are in SMED where the ratio has changed little (59%) however, in SDEN we have seen an increase from 36% to 82% and in SNHS there has been a balancing effect where 50% are now female. Both of these observations are welcome but with the small numbers involved they could represent normal variation therefore, we plan to continue monitoring data without specific action. Also welcome is finding that the ratio of females to males in part-time research study is balanced in SDEN and SMED (Table 3.11, Figure 3.11) and given the low numbers in SNHS we plan to monitor without specific action.   These are in line with national benchmarks.

Benchmarking Data for female RPG students	2012/13	2013/14	2014/15	3 Year Average
SDEN				
University of Dundee	%*	%*	%*	%*
Benchmark group	66.7%	%	69.6%	66.2%
SMED				
University of Dundee	%*	%*	%*	0%
Benchmark group	63.7%	63.5%	65.2%	64.1%
SNHS				
University of Dundee	%*	%*	%*	55.9%
Benchmark group	79.7%	82.8%	82.8%	81.9%
HESA Staff Record [2012/13 to 2014/15] Copyright Higher Education Statistics Agency Limited				
*As ECU will be aware, there are limitations with the current HESA coding structure, JACS 3. Medicine and Dentistry non-clinical students are grouped together in our HESA data and it is therefore not possible for us to provide benchmarking data for postgraduate students.				

Table 3.10: Total full-time research postgraduate students by gender - number and %

	2011/2		2012/3		2013/4		2014/5		2015/6	
	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%
Female		50%		50%		53%		53%		61%
Male		50%		50%		47%		47%		39%
Total F/T RPG students (HS)		**100%**		**100%**		**100%**		**100%**		**100%**
Female		17%		21%		36%		64%		82%
Male		83%		79%		64%		36%		18%
Total F/T RPG students (SDEN)		100%		100%		100%		100%		100%
Female		56%		56%		58%		52%		59%
Male		44%		44%		42%		48%		41%
Total F/T RPG students (SMED)		100%		100%		100%		100%		100%
Female		60%		40%		20%		43%		50%
Male		40%		60%		80%		57%		50%
Total F/T RPG students (SNHS)		100%		100%		100%		100%		100%

Figure 3.10: Total full-time research postgraduate students by gender – number and % (a. Health Schools, b. SDEN, c. SMED and d. SNHS)

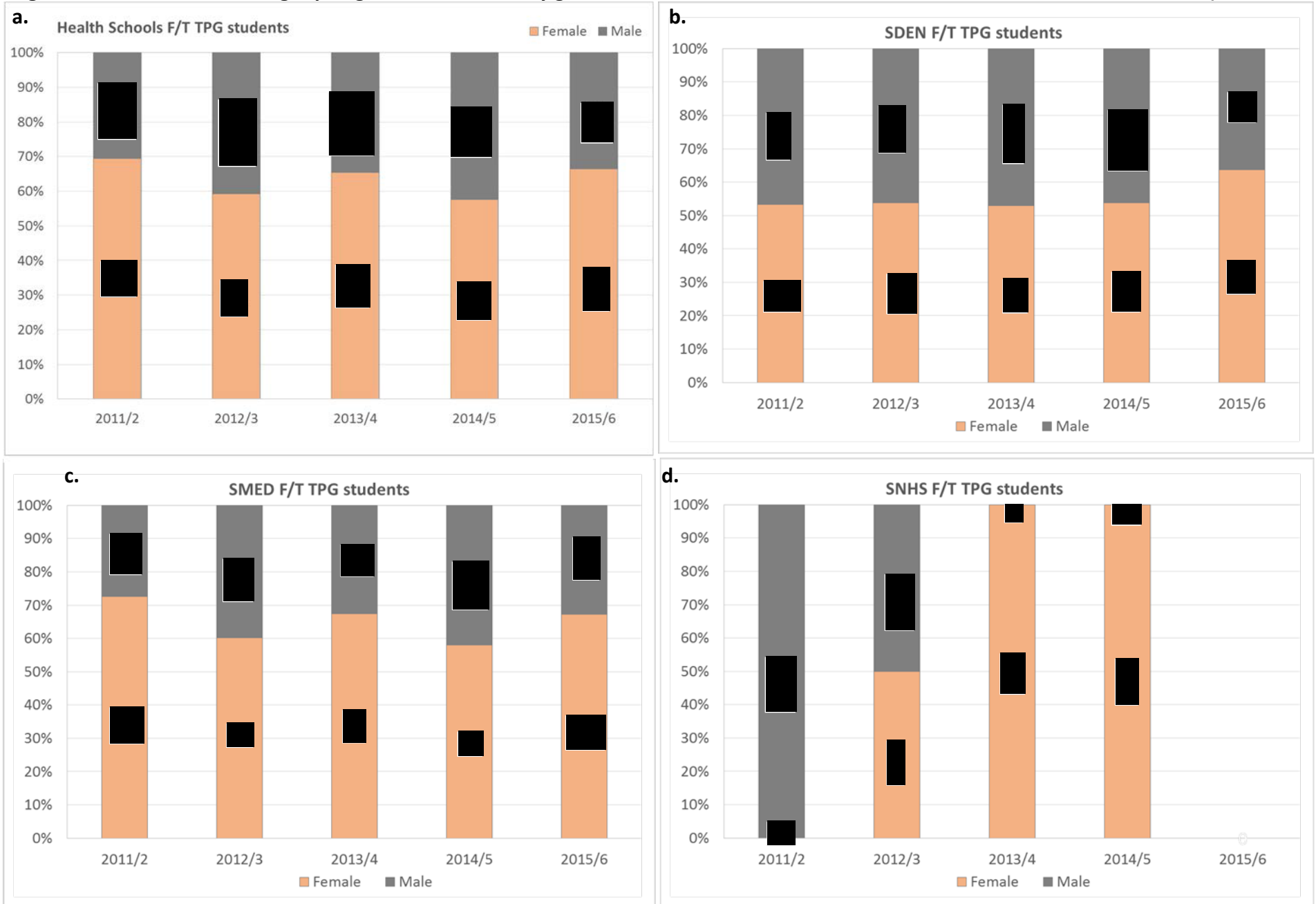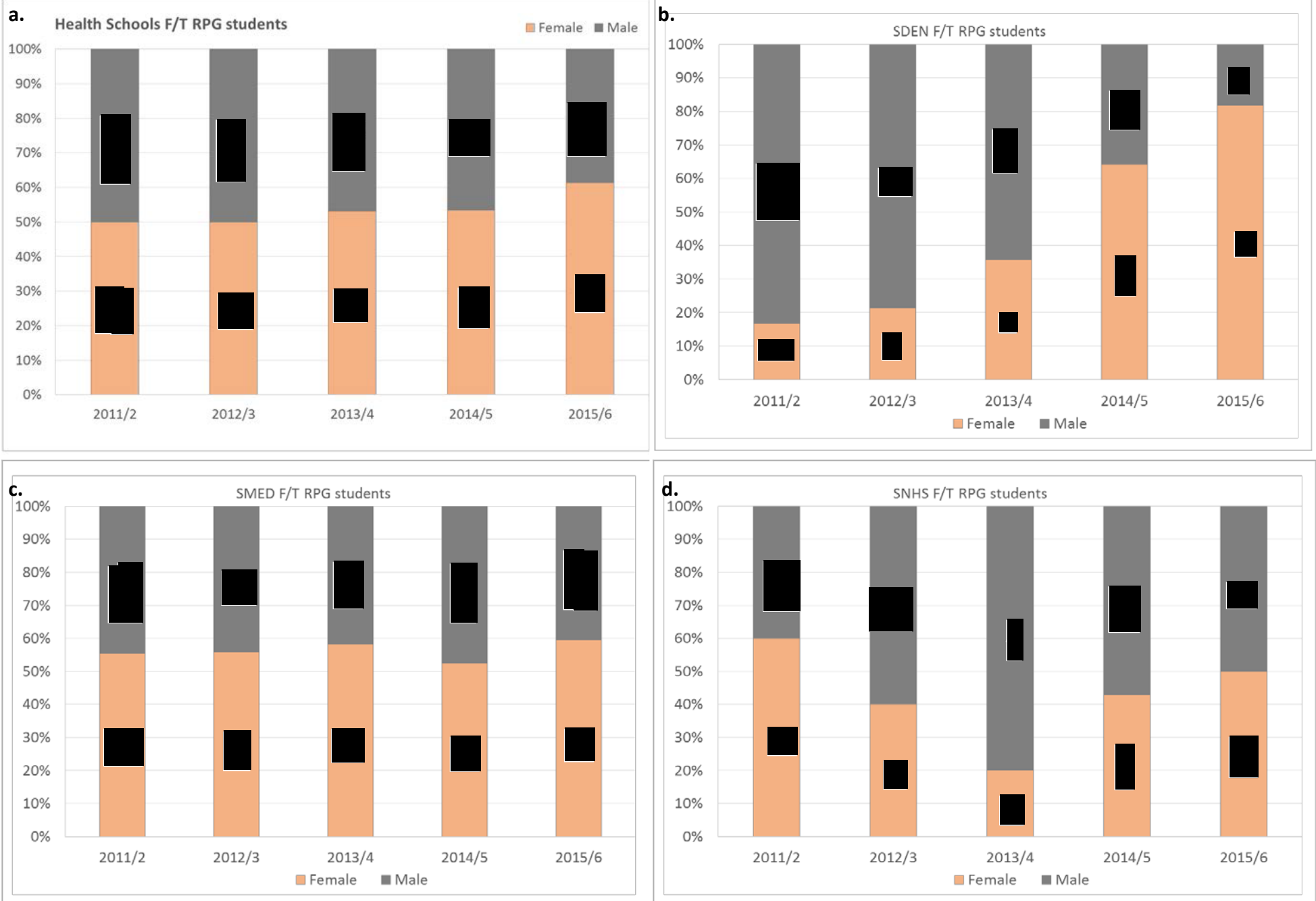**Figure 3.11: Total part-time research postgraduate students by gender – number and % (a. Health Schools, b. SDEN, c. SMED and d. SNHS)**
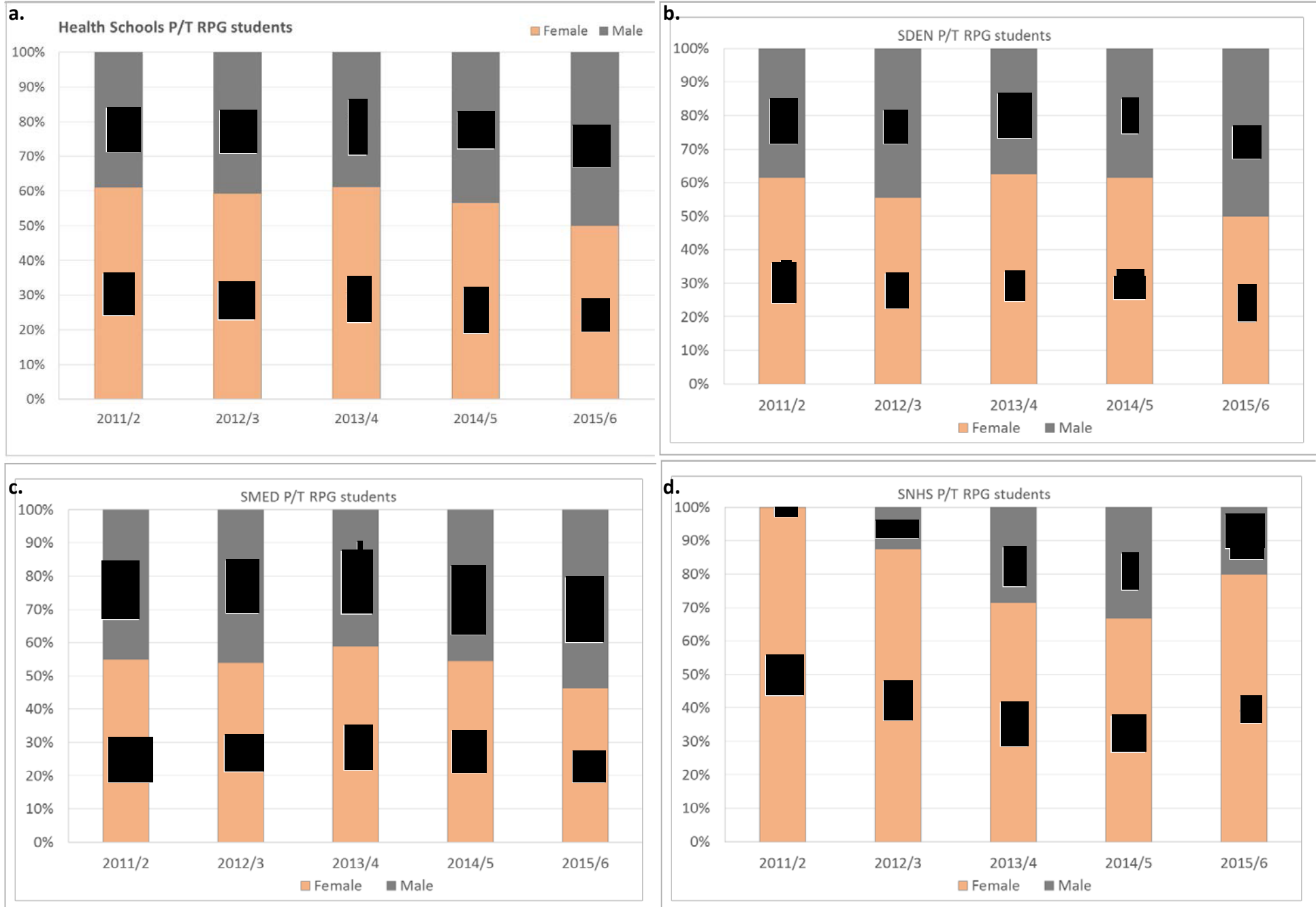
Table 3.11: Total part-time research postgraduate students by gender – number and %

	2011/2		2012/3		2013/4		2014/5		2015/6	
	Actual	%	Actual	%	Actual	%	Actual	%	Actual	%
Female		61%		59%		61%		57%		50%
Male		39%		41%		39%		43%		50%
Total P/T RPG students (HS)		100%		100%		100%		100%		100%
Female		62%		56%		63%		62%		50%
Male		38%		44%		38%		38%		50%
Total P/T RPG students (SDEN)		100%		100%		100%		100%		100%
Female		55%		54%		59%		55%		46%
Male		45%		46%		41%		45%		54%
Total P/T RPG students (SMED)		100%		100%		100%		100%		100%
Female				88%		71%		67%		80%
Male				13%		29%		33%		20%
Total P/T RPG students (SNHS)				100%		100%		100%		100%

> **v.** *Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees – comment on the differences between male and female application and success rates and describe any initiatives taken to address any imbalance and their effect to date. Comment upon any plans for the future.*

Since the Bronze Award there has been little change in the ratio of applications to offers by gender for the undergraduate, postgraduate taught and postgraduate research degrees across the Health Schools (Figures 3.12-3.14, Tables 3.12-3.14). Although more females apply for courses than males, we have not identified any evidence of gender bias in the offers, acceptances or subsequent matriculations. Men and women receive offers at equal rates, approximately equal ratios accept and almost all matriculate. In view of the lack of gender imbalance in offer or acceptance rates we will continue monitoring trends and take- action if required. However we will work to increase the number of applications by males particularly in nursing **(AP 3.4)**

Figure 3.12: Percentages for Applications to Offers, Offers to Acceptances and Acceptances to Matriculations for Undergraduate programmes for the past 5 years (a. Health Schools, b. SDEN, c. SMED & d. SNHS)

Table 3.12: Total number of Applications, Offers, Acceptances and Matriculations for undergraduate programmes including percentages and ratios for Applications to Offers, Offers to Acceptances and Acceptances to Matriculations for the past 5 years

	2011/2				2012/3				2013/4				2014/5				2015/6			
Health Schools (UG)	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Applications		75%		25%		73%		27%		75%		25%		75%		25%		76%		24%
Offers		79%		21%		81%		19%		83%		17%		81%		19%		83%		17%
Acceptances		80%		20%		81%		19%		81%		19%		79%		21%		84%		16%
Matriculations		80%		20%		80%		20%		81%		19%		79%		21%		84%		16%
Health Schools (UG)																				
Applications > Offers		56%		44%		61%		39%		61%		39%		59%		41%		61%		39%
Offers > Acceptances		52%		48%		49%		51%		48%		52%		46%		54%		50%		50%
Acceptances > Matriculations		50%		50%		49%		51%		50%		50%		50%		50%		51%		49%
Applications > Matriculations		58%		42%		59%		41%		59%		41%		55%		45%		62%		38%
Offers > Matriculations		51%		49%		49%		51%		48%		52%		46%		54%		51%		49%
SDEN (UG)	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Applications		64%		36%		67%		33%		70%		30%		66%		34%		67%		33%
Offers		60%		40%		73%		27%		70%		30%		68%		32%		76%		24%
Acceptances		63%		37%		68%		32%		65%		35%		62%		38%		78%		22%
Matriculations		63%		37%		68%		32%		66%		34%		62%		38%		78%		22%
SDEN (UG)																				
Applications > Offers		46%		54%		57%		43%		50%		50%		52%		48%		61%		39%
Offers > Acceptances		53%		47%		44%		56%		44%		56%		44%		56%		52%		48%
Acceptances > Matriculations		50%		50%		50%		50%		51%		49%		50%		50%		51%		49%
Applications > Matriculations		49%		51%		51%		49%		45%		55%		46%		54%		65%		35%
Offers > Matriculations		53%		47%		44%		56%		45%		55%		44%		56%		53%		47%
SMED (UG)	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Applications		55%		45%		56%		44%		57%		43%		59%		41%		58%		42%
Offers		62%		38%		62%		38%		64%		36%		63%		37%		63%		37%
Acceptances		61%		39%		62%		38%		60%		40%		56%		44%		63%		37%
Matriculations		61%		39%		62%		38%		60%		40%		56%		44%		63%		37%
SMED (UG)																				
Applications > Offers		57%		43%		56%		44%		57%		43%		54%		46%		55%		45%
Offers > Acceptances		49%		51%		50%		50%		46%		54%		43%		57%		50%		50%
Acceptances > Matriculations		50%		50%		50%		50%		49%		51%		49%		51%		50%		50%
Applications > Matriculations		56%		44%		56%		44%		52%		48%		47%		53%		55%		45%
Offers > Matriculations		49%		51%		50%		50%		45%		55%		43%		57%		50%		50%
SNHS (UG)	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Applications		92%		8%		92%		8%		91%		9%		92%		8%		93%		7%
Offers		92%		8%		93%		7%		92%		8%		92%		8%		94%		6%
Acceptances		91%		9%		92%		8%		91%		9%		91%		9%		93%		7%
Matriculations		91%		9%		92%		8%		91%		9%		91%		9%		93%		7%
SNHS (UG)																				
Applications > Offers		50%		50%		53%		47%		53%		47%		50%		50%		53%		47%
Offers > Acceptances		47%		53%		48%		52%		47%		53%		47%		53%		47%		53%
Acceptances > Matriculations		50%		50%		49%		51%		51%		49%		50%		50%		51%		49%
Applications > Matriculations		48%		52%		50%		50%		51%		49%		47%		53%		51%		49%
Offers > Matriculations		47%		53%		47%		53%		48%		52%		48%		52%		48%		52%

Figure 3.13: Percentages for Applications to Offers, Offers to Acceptances and Acceptances to Matriculations for Taught Postgraduate programmes for the past 5 years (a. Health Schools, b. SDEN, c. SMED & d. SNHS)
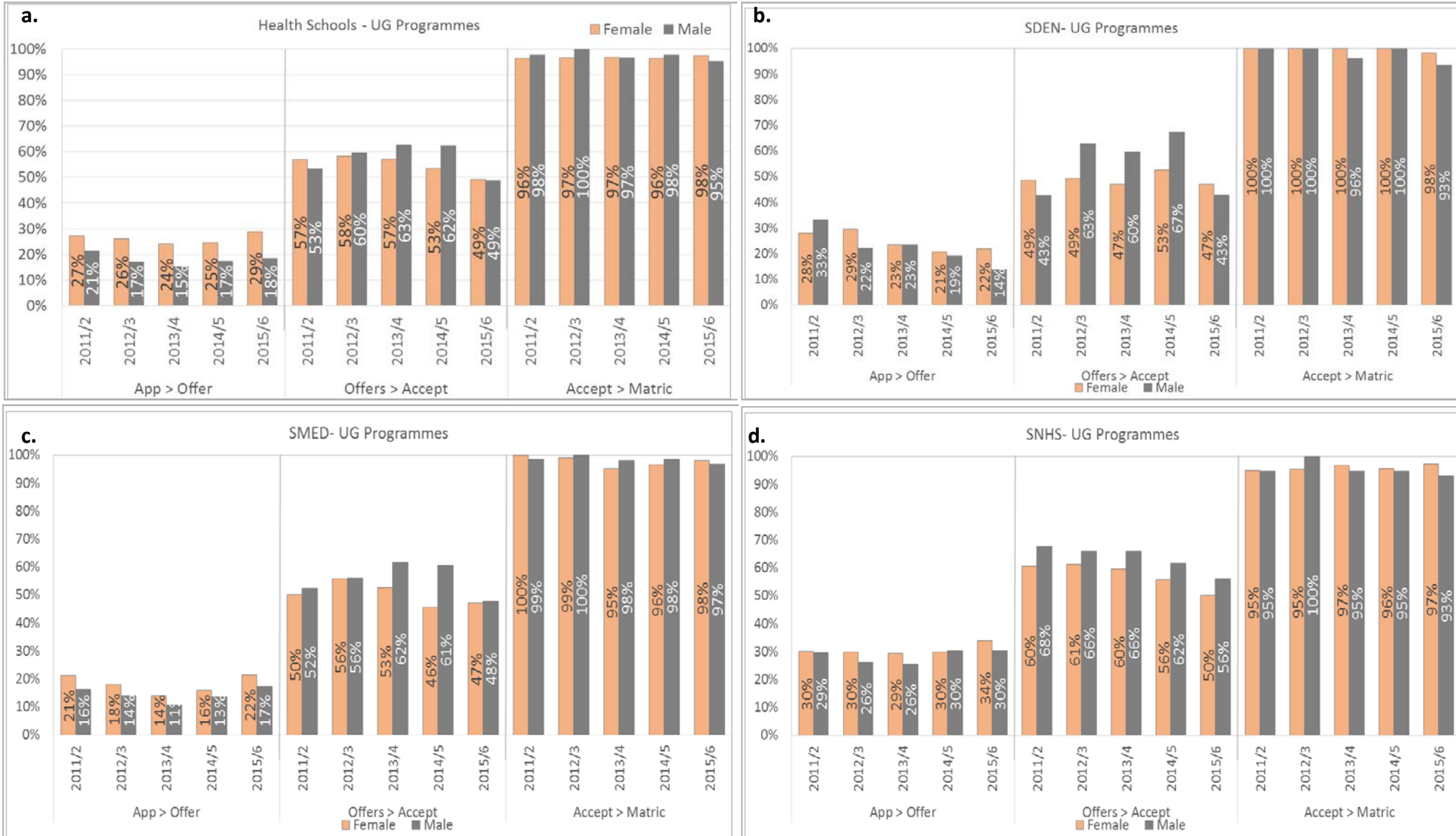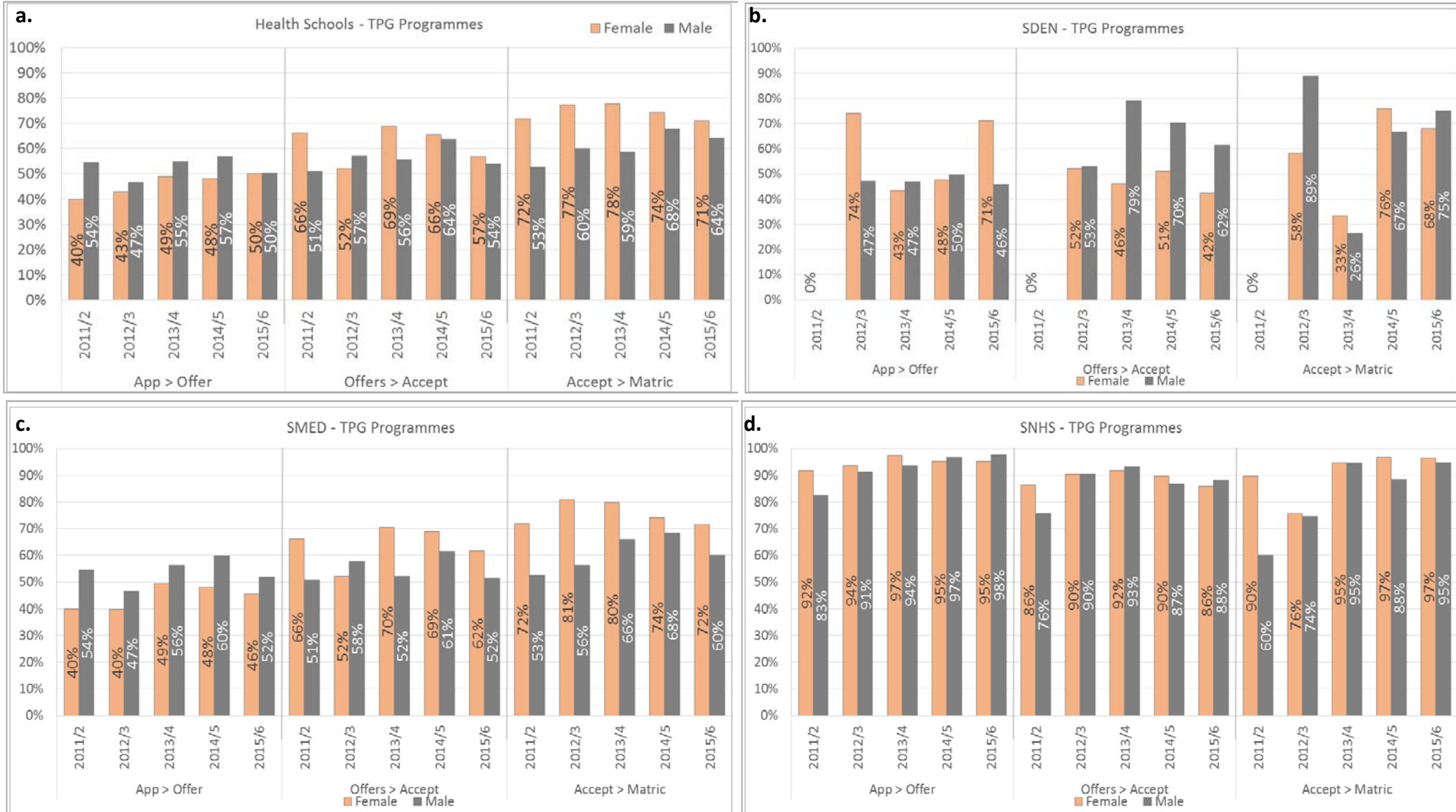
Table 3.13: Total number of Applications, Offers, Acceptances and Matriculations for taught postgraduate programmes including percentages and ratios for Applications to Offers, Offers to Acceptances and Acceptances to Matriculations for the past 5 years

	2011/2				2012/3				2013/4				2014/5				2015/6			
Health Schools (TPG)	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Applications		59%		41%		53%		47%		54%		46%		56%		44%		59%		41%
Offers		51%		49%		51%		49%		51%		49%		52%		48%		59%		41%
Acceptances		58%		42%		48%		52%		56%		44%		53%		47%		60%		40%
Matriculations		65%		35%		55%		45%		63%		37%		55%		45%		63%		38%
Health Schools (TPG)																				
Applications > Offers		42%		58%		48%		52%		47%		53%		46%		54%		50%		50%
Offers > Acceptances		56%		44%		48%		52%		55%		45%		51%		49%		51%		49%
Acceptances > Matriculations		58%		42%		56%		44%		57%		43%		52%		48%		53%		47%
Applications > Matriculations		57%		43%		52%		48%		59%		41%		49%		51%		54%		46%
Offers > Matriculations		64%		36%		54%		46%		62%		38%		53%		47%		54%		46%
SDEN (TPG)	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Applications		-		-		46%		54%		37%		63%		44%		56%		49%		51%
Offers		-		-		58%		43%		35%		65%		43%		57%		60%		40%
Acceptances		-		-		57%		43%		24%		76%		36%		64%		51%		49%
Matriculations		-		-		47%		53%		29%		71%		39%		61%		49%		51%
SDEN (TPG)																				
Applications > Offers		-		-		61%		39%		48%		52%		49%		51%		61%		39%
Offers > Acceptances		-		-		50%		50%		37%		63%		42%		58%		41%		59%
Acceptances > Matriculations		-		-		40%		60%		56%		44%		53%		47%		48%		52%
Applications > Matriculations		-		-		50%		50%		40%		60%		44%		56%		49%		51%
Offers > Matriculations		-		-		39%		61%		42%		58%		45%		55%		38%		62%
SMED (TPG)	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Applications		59%		41%		54%		46%		56%		44%		60%		40%		62%		38%
Offers		51%		49%		50%		50%		53%		47%		54%		46%		58%		42%
Acceptances		58%		42%		47%		53%		60%		40%		57%		43%		63%		37%
Matriculations		65%		35%		56%		44%		65%		35%		59%		41%		67%		33%
SMED (TPG)																				
Applications > Offers		42%		58%		46%		54%		47%		53%		45%		55%		47%		53%
Offers > Acceptances		56%		44%		47%		53%		57%		43%		53%		47%		54%		46%
Acceptances > Matriculations		58%		42%		59%		41%		55%		45%		52%		48%		54%		46%
Applications > Matriculations		57%		43%		52%		48%		59%		41%		49%		51%		56%		44%
Offers > Matriculations		64%		36%		56%		44%		62%		38%		55%		45%		59%		41%
SNHS (TPG)	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Applications		77%		23%		73%		27%		70%		30%		82%		18%		77%		23%
Offers		79%		21%		74%		26%		71%		29%		82%		18%		76%		24%
Acceptances		81%		19%		74%		26%		71%		29%		82%		18%		76%		24%
Matriculations		86%		14%		74%		26%		71%		29%		84%		16%		76%		24%
SNHS (TPG)																				
Applications > Offers		53%		47%		51%		49%		51%		49%		50%		50%		49%		51%
Offers > Acceptances		53%		47%		50%		50%		50%		50%		51%		49%		49%		51%
Acceptances > Matriculations		60%		40%		50%		50%		50%		50%		52%		48%		51%		49%
Applications > Matriculations		65%		35%		51%		49%		51%		49%		53%		47%		49%		51%
Offers > Matriculations		63%		37%		50%		50%		50%		50%		53%		47%		50%		50%

Figure 3.14: Percentages for Applications to Offers, Offers to Acceptances and Acceptances to Matriculations for Research Postgraduate programmes for the past 5 years a. Health Schools, b. SDEN, c. SMED & d. SNHS
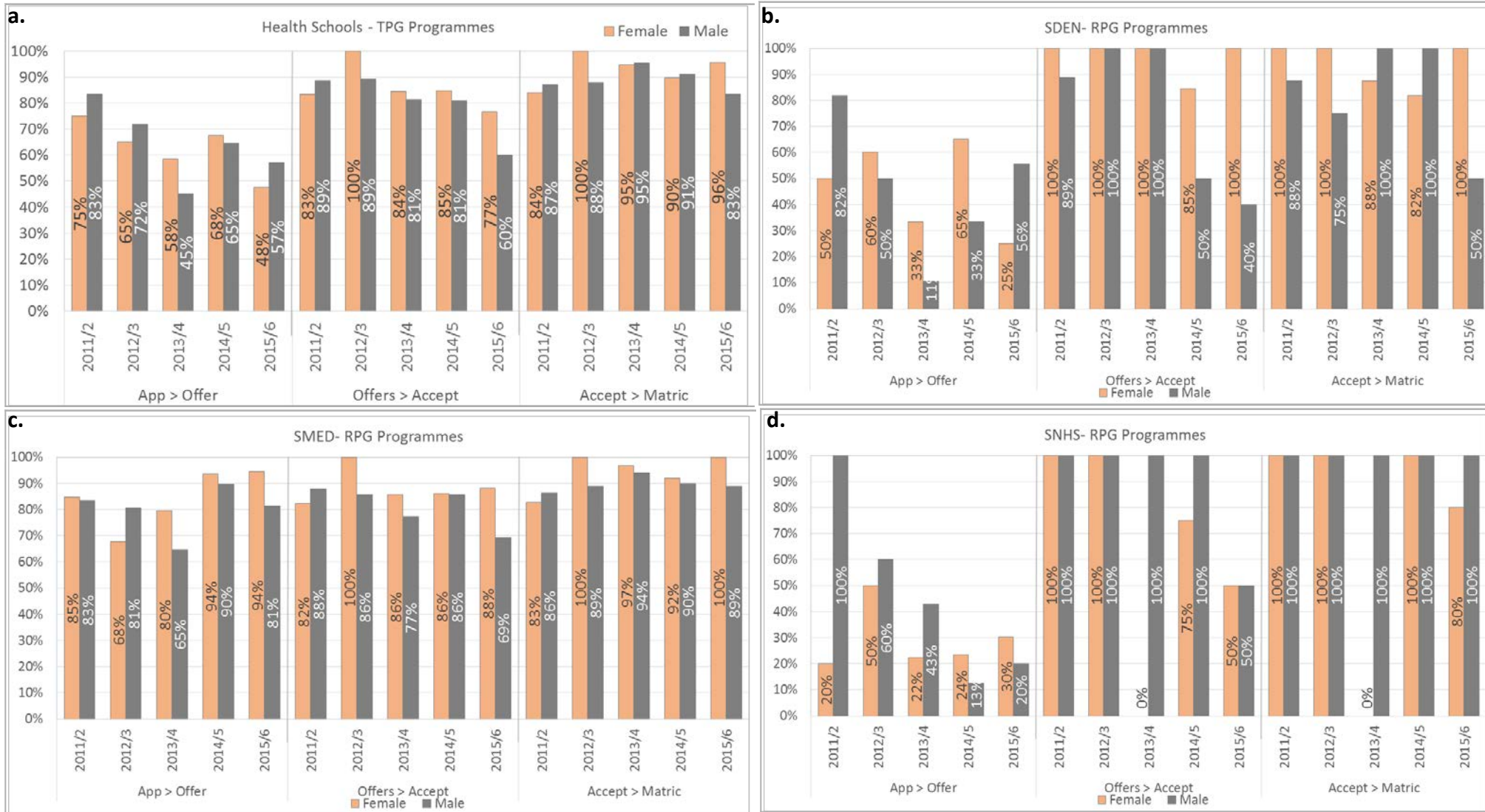
Table 3.14: Total number of Applications, Offers, Acceptances and Matriculations for research postgraduate programmes including percentages and ratios for Applications to Offers, Offers to Acceptances and Acceptances to Matriculations for the past 5 year

	2011/2				2012/3				2013/4				2014/5				2015/6			
Health Schools (RPG)	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Applications		49%		51%		51%		49%		56%		44%		51%		49%		64%		36%
Offers		46%		54%		48%		52%		63%		38%		52%		48%		60%		40%
Acceptances		45%		55%		51%		49%		63%		37%		53%		47%		66%		34%
Matriculations		44%		56%		54%		46%		63%		37%		53%		47%		69%		31%
Health Schools (RPG)																				
Applications > Offers		47%		53%		48%		52%		56%		44%		51%		49%		45%		55%
Offers > Acceptances		48%		52%		53%		47%		51%		49%		51%		49%		56%		44%
Acceptances > Matriculations		49%		51%		53%		47%		50%		50%		50%		50%		53%		47%
Applications > Matriculations		45%		55%		54%		46%		57%		43%		52%		48%		55%		45%
Offers > Matriculations		48%		52%		56%		44%		51%		49%		51%		49%		59%		41%
SDEN (RPG)	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Applications		15%		85%		38%		62%		56%		44%		53%		47%		57%		43%
Offers		10%		90%		43%		57%		80%		20%		68%		32%		38%		63%
Acceptances		11%		89%		43%		57%		80%		20%		79%		21%		60%		40%
Matriculations		13%		88%		50%		50%		78%		22%		75%		25%		75%		25%
SDEN (RPG)																				
Applications > Offers		38%		62%		55%		45%		76%		24%		66%		34%		31%		69%
Offers > Acceptances		53%		47%		50%		50%		50%		50%		63%		37%		71%		29%
Acceptances > Matriculations		53%		47%		57%		43%		47%		53%		45%		55%		67%		33%
Applications > Matriculations		44%		56%		62%		38%		73%		27%		73%		27%		69%		31%
Offers > Matriculations		56%		44%		57%		43%		47%		53%		58%		42%		83%		17%
SMED (RPG)	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Applications		52%		48%		54%		46%		56%		44%		44%		56%		53%		47%
Offers		53%		47%		50%		50%		61%		39%		45%		55%		57%		43%
Acceptances		51%		49%		54%		46%		64%		36%		45%		55%		63%		38%
Matriculations		50%		50%		57%		43%		64%		36%		46%		54%		65%		35%
SMED (RPG)																				
Applications > Offers		50%		50%		46%		54%		55%		45%		51%		49%		54%		46%
Offers > Acceptances		48%		52%		54%		46%		53%		47%		50%		50%		56%		44%
Acceptances > Matriculations		49%		51%		53%		47%		51%		49%		51%		49%		53%		47%
Applications > Matriculations		48%		52%		52%		48%		58%		42%		52%		48%		63%		38%
Offers > Matriculations		47%		53%		57%		43%		53%		47%		51%		49%		59%		41%
SNHS (RPG)	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Applications		83%		17%		44%		56%		56%		44%		68%		32%		77%		23%
Offers		50%		50%		40%		60%		40%		60%		80%		20%		83%		17%
Acceptances		50%		50%		40%		60%		0%		100%		75%		25%		83%		17%
Matriculations		50%		50%		40%		60%		0%		100%		75%		25%		80%		20%
SNHS (RPG)																				
Applications > Offers		17%		83%		45%		55%		34%		66%		65%		35%		60%		40%
Offers > Acceptances		50%		50%		50%		50%		0%		100%		43%		57%		50%		50%
Acceptances > Matriculations		50%		50%		50%		50%		-		100%		50%		50%		44%		56%
Applications > Matriculations		17%		83%		45%		55%		0%		100%		59%		41%		55%		45%
Offers > Matriculations		50%		50%		50%		50%		0%		100%		43%		57%		44%		56%

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

The controlled programmes (BDS & MBChB) are ordinary degrees with exceptional students being awarded their degree either with Commendation or Honours (Figure 3.15, Table 3.15). The uncontrolled programme through SDEN (BSc in Oral Health Sciences) is only offered as an ordinary degree and uncontrolled degrees in SNHS ended in 2013/14 (Figure 3.16, Table 3.16).

Since the Bronze Award the trend that females are more likely to achieve the higher classifications in Dentistry and Medicine has not changed. The percentages vary but in 2015/16 60% of female students in Dentistry were awarded an Honours or Commendation of Merit compared to 50% of males and the equivalent in medicine was 9% and 8% respectively. Some BDS and MBChB students take a year out to complete an intercalated BMSc (Honours) degree run through SMED. There is no difference between gender with regards to degree classification for the BMSc courses.

Prior to 2014, all degrees awarded by SNHS were awarded as ordinary degrees, thereafter exceptional students have been awarded their degree with Merit or Distinction. In the first year of the new scheme, there were no differences between gender, however in 2015, no males were awarded a degree with Distinction and females were more likely to achieve a degree with Merit 22% compare to 17%.

We do not consider the data indicate any gender bias and as following the Bronze Award no action other than monitoring is planned.

Figure 3.15: Degree classification for full-time undergraduate students on controlled programmes by gender (a. Health Schools b. SDEN, c. SMED and d. SNHS)
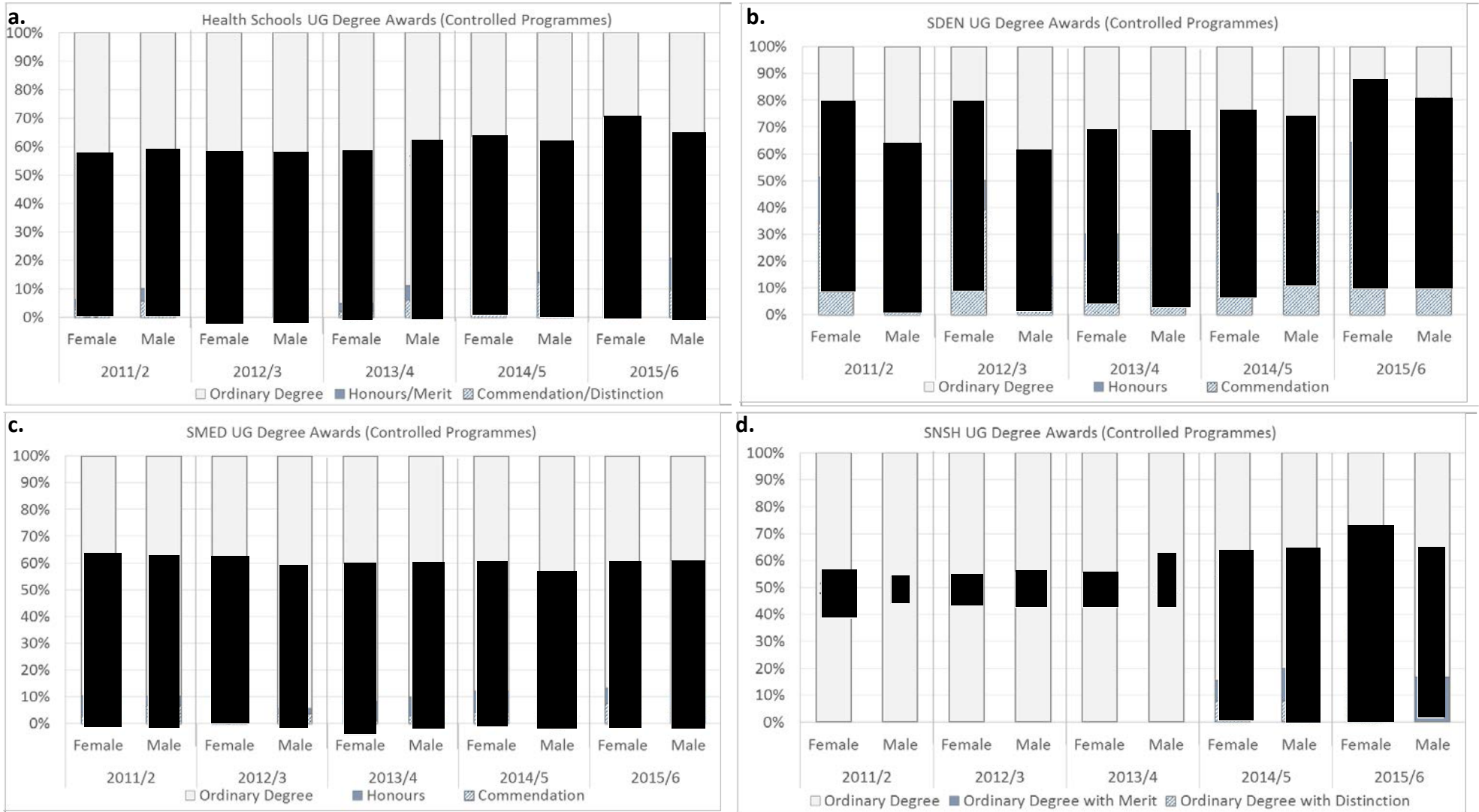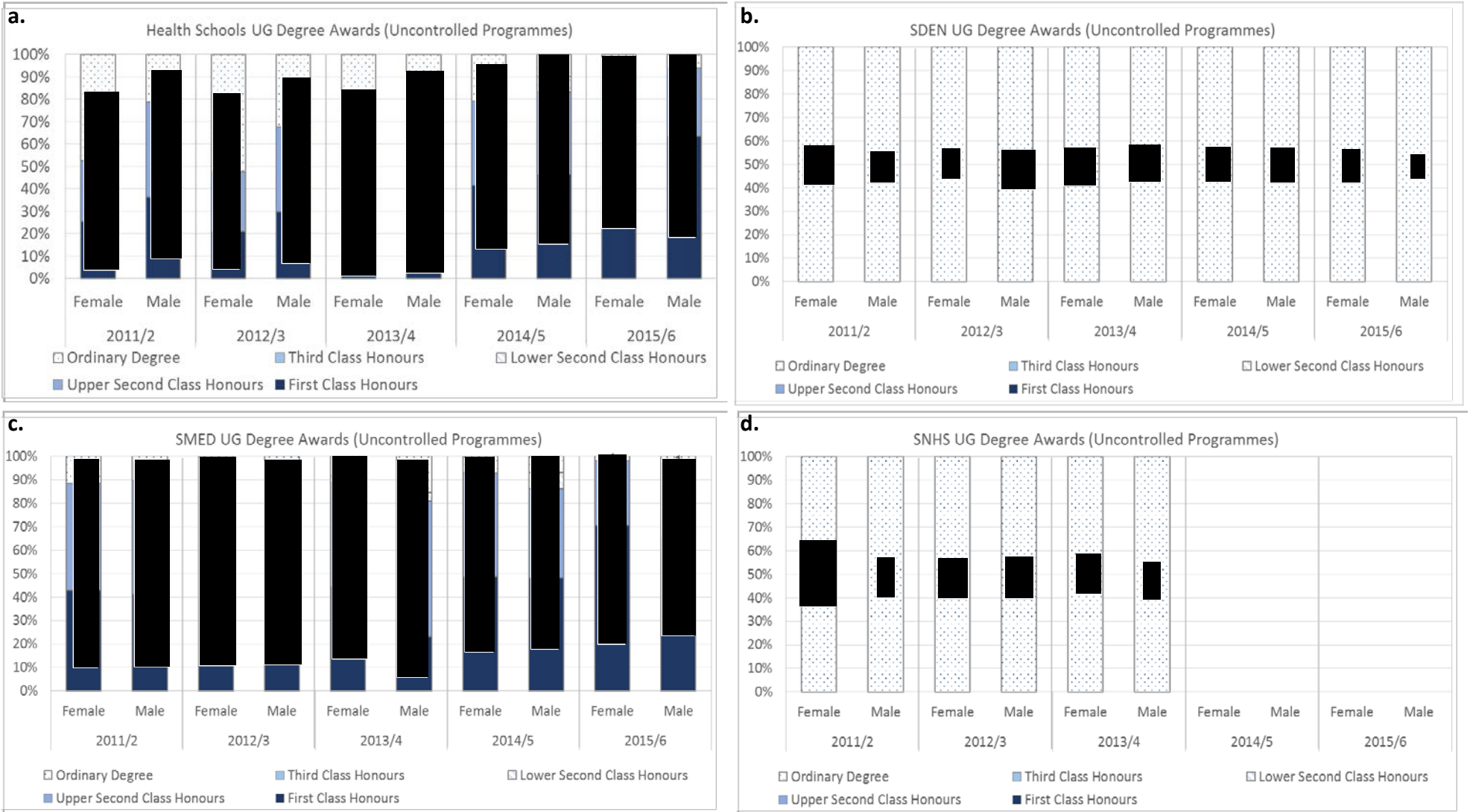
Figure 3.16: Degree classification for full-time undergraduate students on uncontrolled programmes by gender (a. Health Schools, b. SDEN, c. SMED and d. SNHS)

Table 3.15: Degree classification for undergraduate students on controlled programmes by gender

Controlled Programmes	2011/2				2012/3				2013/4				2014/5				2015/6			
	Female	% of Total	Male	% of Total	Female	% of Total	Male	% of Total	Female	% of Total	Male	% of Total	Female	% of Total	Male	% of Total	Female	% of Total	Male	% of Total
Commendation/Distinction		3%		6%		4%		4%		2%		6%		10%		12%		15%		10%
Honours/Merit		3%		5%		3%		2%		3%		5%		7%		4%		18%		11%
Ordinary Degree		94%		90%		93%		94%		95%		89%		82%		84%		68%		79%
Unclassified Honours		-		-		0%				-		-		-		-		-		-
Total UG students (HS)		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**
Commendation		34%		8%		39%		11%		20%		19%		40%		38%		40%		32%
Honours		17%		12%		11%		4%		10%		6%		5%		-		24%		23%
Ordinary Degree		49%		80%		50%		86%		70%		75%		55%		62%		36%		45%
Unclassified Honours		-		-		-		-		-		-		-		-		-		-
Total UG students (SDEN)		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**
Commendation		3%		7%		5%		4%		1%		3%		4%		2%		7%		6%
Honours		7%		3%		8%		2%		7%		7%		8%		2%		6%		6%
Ordinary Degree		90%		90%		87%		95%		92%		90%		88%		96%		87%		89%
Unclassified Honours		-		-		1%				-		-		-		-		-		-
Total UG students (SMED)		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**
Ordinary Degree with Distinction		-		-		-		-		-		-		8%		8%		13%		-
Ordinary Degree with Merit		-		-		-		-		-		-		8%		12%		22%		17%
Ordinary Degree		100%		100%		100%		100%		100%		100%		85%		80%		65%		83%
Total UG students (SNHS)		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**

Table 3.16: Degree classification for undergraduate students on uncontrolled programmes by gender

Uncontrolled Programmes	2011/2				2012/3				2013/4				2014/5				2015/6			
	Female	% of Total	Male	% of Total	Female	% of Total	Male	% of Total	Female	% of Total	Male	% of Total	Female	% of Total	Male	% of Total	Female	% of Total	Male	% of Total
First Class Honours		25%		36%		21%		30%		28%		20%		42%		47%		64%		64%
Upper Second Class Honours		27%		42%		27%		38%		28%		50%		38%		37%		25%		30%
Lower Second Class Honours		-		-		-		-		2%		3%		-		7%		-		-
Third Class Honours		-		-		-		-		-		-		-		-		-		-
Ordinary Degree		47%		21%		52%		32%		43%		27%		21%		10%		11%		6%
Total UG students (HS)		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**
Ordinary Degree		100%		100%		100%		100%		100%		100%		100%		100%		100%		100%
Total UG students (SDEN)		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**
First Class Honours		43%		41%		40%		39%		44%		23%		49%		48%		71%		66%
Upper Second Class Honours		46%		48%		51%		50%		44%		58%		44%		38%		27%		31%
Lower Second Class Honours		-		-		-		-		3%		4%		-		7%		-		-
Third Class Honours		-		-		-		-		-		-		-		-		-		-
Ordinary Degree		11%		10%		9%		11%		8%		15%		7%		7%		2%		3%
Total UG students (SMED)		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**		**100%**
Ordinary Degree		100%		100%		100%		100%		100%		100%		-		-		-		-
Total UG students (SNHS)		**100%**		**100%**		**100%**				**100%**		**100%**		**-**		**-**		**-**		**-**

Staff Data

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

Given the complex nature of the University and the Health Schools and the various position titles, we have developed a grading system that allows cross comparison to the University as a whole and across the Health Schools to encompass both clinical and non-clinical staff. This results in the AS grading system below.

AS grade and staff category used in the application

AS Grade	Staff Category
AS07	Fellows & postdoctoral research assistants (PDRAs)
AS08	Lecturers, teachers and senior fellows
AS09	Senior lecturers, readers and senior teachers
AS10	Professor

We provide analysis of staff data for the Health Schools combined to generate an overall picture (Figure 3.17, Table 3.17) and also breakdown by clinical and non-clinical staff both combined and broken down by school (Figures 3.18, 3.19; Tables 3.18, 3.19). Combined analysis provides more power due to increased numbers and breakdown enables identification of particular biases. SMED is the largest school and currently employs 306 staff including 124 clinical and 179 non-clinical academic and research staff with approximate overall gender parity (48% female, 52% male). SDEN employs 63 staff including 40 clinical and 23 non-clinical academic and research staff comprising 60% females and 40% males. SNHS employs 59 non-clinical academic and research staff with a gender split of 69% female and 31% male reflecting the traditionally female area of this discipline. Over the last five years staff numbers have decreased across the Health Schools by 20% due to general economic pressures and an efficiency driven restructuring process during the last three years. Overall analysis reveals 52% of the Health Schools' staff are female and 48% are male but breakdown by grade reveals the stark reality of gender bias during career progression regardless of school or discipline. Overall, there is disparity between our Schools and ECU HESA benchmark data (see end of section).

Each step of career progression from grade to grade can represent a point of attrition with a decrease in staff numbers. Currently 41% of the Health School staff are AS07, 27% AS08, 18% AS09 and 13% AS10 reflecting the career pipeline. Overall the Health Schools staff at AS07 are 61% female reflecting the make-up of the undergraduate cohorts in the clinical and biological sciences disciplines. 60% of AS08 staff are female whereas only 45% of AS09 and a disappointing 21% AS10 staff are female revealing two apparent major points in the leaky pipeline (Figure 3.17, Table 3.17). Analysis by school and clinical and non-clinical staff reveal further areas of concern.

SDEN: Clinical staff. There are only ▉ clinical AS07 staff (7.5% of staff) who are all male. Entry to the clinical academic track in dentistry normally begins at AS08 (43% of staff) and 71% are female. AS09 make up 28% of staff with 45% female and AS10 make up 23% with 33% female.

Concerns: Pipeline leak at AS08-AS09 and AS09-AS10 **(AP 4.1-5.8)**

Progress: Female AS09 staff have increased from 38%-45% and female AS10 staff from 20-33% in the last five years. Although numbers are small these are encouraging trends.

Non-clinical staff. 57% of staff are AS07 with 92% female, 30% of staff are AS08 with 71% female, 13% staff are AS09 with 33% female, 0% of staff are AS10.

Concerns: There is a decrease in female representation from AS08-AS09 and a no AS10 staff reflecting a poor career progression opportunities **(AP 4.1-5.8)**

Progress: Previous pipeline leak at AS08 grade has been stemmed with female representation moving from 43-71%.

SMED: Clinical staff. 39% of staff are AS07 with 73% female, 20% of staff are AS08 with 48% female, 20% of staff are AS09 with 36% female, 21% of staff are AS10 with only 19% female. There is only one point of attrition from AS07 to AS08 with then equal numbers of staff at AS08-AS10. Entry to the clinical academic track can occur at many levels. Priming for this can occur initially with vacation studentships, intercalated BMScs, MDs and clinical PhDs. These have had good gender parity over the last 6 years with 56%, 60%, 44% and 47% female representation respectively.

Concerns: Despite apparent equal numbers of staff a grades AS08-AS10 there is a huge drop in female numbers from AS07-AS08 (73% to 48% female) at AS08-AS09 (48% to 36% female) and at AS09-AS10 (36%-19% female) **(AP 4.1-5.8)**

Progress: AS08 staff are approaching gender parity with increases from 33-48% female staff in the last 5 years.

Non-clinical staff. 58% of staff are AS07 with 51% female, 18% are AS08 with 50% female, 15% are AS09 with 44% female, 9% are AS10 with only 12% female. Each stage represents a point of attrition most dramatically at AS07-AS08 and AS09-AS10.

Concerns: Pipeline leak begins at AS08-AS09 and is appalling at AS09-AS10. AS07 staff numbers have decreased by 20% in the last 5 years and have entirely been borne by female staff. Whilst this trend moves the gender split closer to gender parity (62-51% female) the preferential loss of women over men requires monitoring **(AP 4.1-5.8)**

Progress: AS09 staff are moving towards gender parity with female staff increasing from 31-44%.

SNHS: Non-clinical staff. Only 12% of staff are AS07 with 86% female. Entry to the academic track

frequently occurs at AS08 which make up 59% of staff with 71% female. 20% of staff are AS09 with 67% female and only 8% staff are AS10 with 40% female. AS08-AS09 and AS09-AS10 are both major points of attrition. In SNHS there is a well-established system of appointing Clinical Academic Fellows (CAFs) as a way of attracting clinical staff into academia. These staff are not included in the UoD staff data as they are still on NHS contracts, but seconded to UoD half-time. In the past 3 years the majority of CAFs have been female (13-██████████████████████████████ In the past 3 years 2 CAFs have gained permanent contracts within SNHS, and others have used their enhanced portfolio of skills to move to different positions in the NHS.

Concerns: There are too few males in the school of nursing at lower grades. Despite this there is a major female pipeline leak at AS09-AS10. There are too few senior staff in the school with only█ ███████ of which are female **(AP 3.4 & 4.1-5.8)**

Figure 3.17 Overview of the Health Schools Academic & Research staff by grade and gender - number and %.
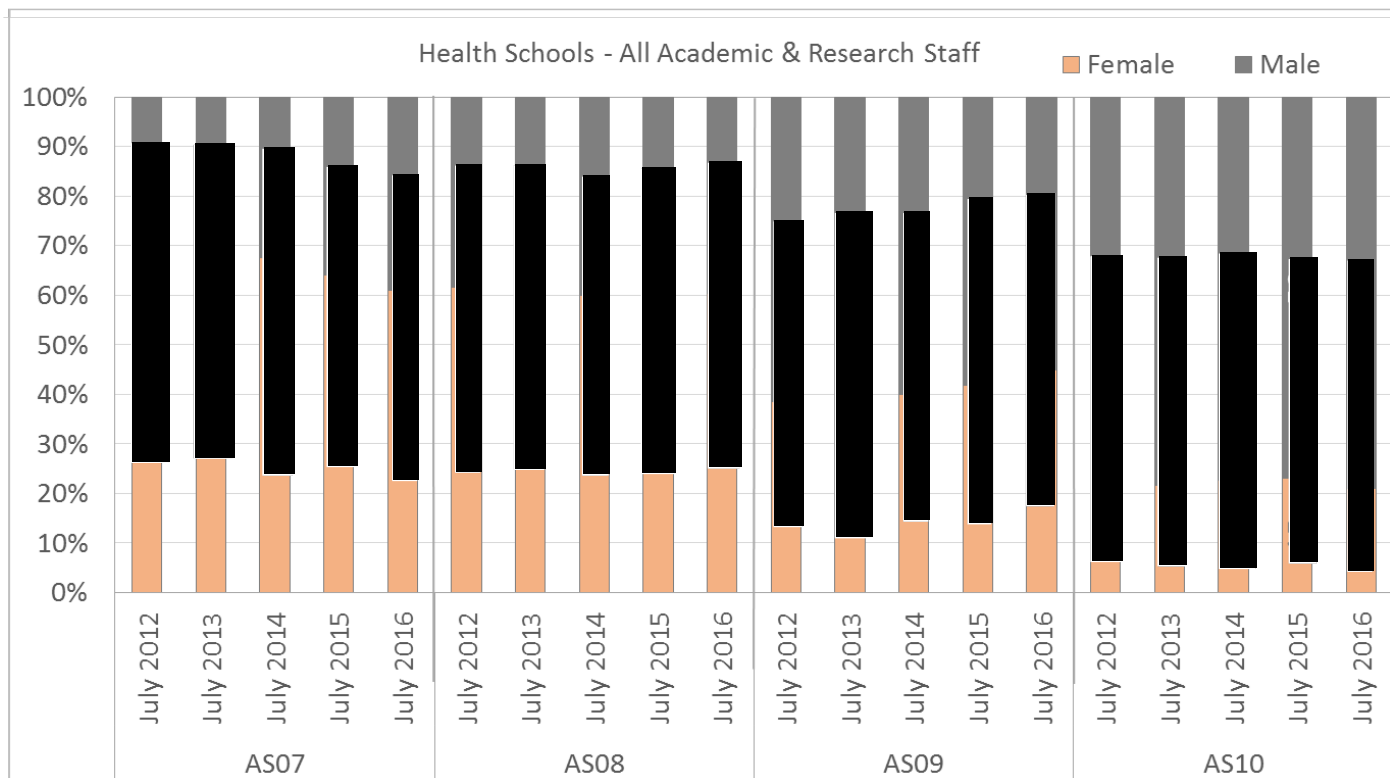
Table 3.17 All Academic & Research staff within the Health Schools by grade and gender – number and %

	July 2012				July 2013				July 2014				July 2015				July 2016			
	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	3%
AS07		70		30		70		30		68		32		64		36		61		39
AS08		62		38		63		37		60		40		58		42		60		40
AS09		38		62		40		60		40		60		42		58		45		55
AS10		22		78		22		78		23		77		23		77		21		79
Academic & Research Total Staff (HS)		**55**		**45**		**56**		**44**		**54**		**46**		**53**		**47**		**52**		**48**

Table 3.18 Clinical staff within the Health Schools by grade and gender – number and %

	July 2012		July 2013		July 2014		July 2015		July 2016	
	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male 3%
AS07	78	22	77	23	75	25	73	27	69	31
AS08	49	51	50	50	53	47	51	49	57	43
AS09	35	65	37	63	36	64	34	66	39	61
AS10	21	79	22	78	26	74	26	74	23	77
Clinical Staff (HS)	**50**	**50**	**50**	**50**	**50**	**50**	**49**	**51**	**49**	**51**
AS07	0	100	0	100	0	100	0	100	0	100
AS08	71	29	73	27	69	31	56	44	71	29
AS09	38	63	46	54	43	57	40	60	45	55
AS10	20	80	20	80	22	78	33	67	33	67
Clinical Staff (SDEN)	**44**	**56**	**48**	**53**	**45**	**55**	**43**	**57**	**50**	**50**
AS07	78	22	79	21	77	23	76	24	73	27
AS08	33	67	33	67	43	57	48	52	48	52
AS09	33	67	33	67	32	68	32	68	36	64
AS10	21	79	23	77	27	73	24	76	19	81
Clinical Staff (SMED)	**51**	**49**	**50**	**50**	**52**	**48**	**51**	**49**	**49**	**51**

Table 3.19 Non-Clinical staff within the Health Schools by grade and gender – number and %

	July 2012		July 2013		July 2014		July 2015		July 2016	
	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %
AS07	66	34	66	34	65	35	60	40	58	42
AS08	66	34	68	32	63	37	61	39	62	38
AS09	42	58	43	57	44	56	49	51	50	50
AS10	23	77	21	79	19	81	19	81	18	82
Non-Clinical - Total Staff (CS)	**58**	**42**	**59**	**41**	**57**	**43**	**55**	**45**	**54**	**46**
AS07	91	9	100	0	92	8	93	7	92	8
AS08	43	57	50	50	57	43	71	29	71	29
AS09	33	67	33	67	33	67	0	100	33	67
AS10	-	-	-	-	-	-	-	-	-	-
Non-Clinical - Total Staff (SDEN)	**67**	**33**	**76**	**24**	**73**	**27**	**78**	**22**	**78**	**22**
AS07	62	38	61	39	60	40	55	45	51	49
AS08	60	40	64	36	51	49	46	54	50	50
AS09	31	69	35	65	41	59	46	54	44	56
AS10	12	88	13	88	13	87	14	86	12	88
Non-Clinical - Total Staff (SMED)	**52**	**48**	**53**	**47**	**51**	**49**	**47**	**53**	**46**	**54**
AS07	82	18	80	20	89	11	78	22	86	14
AS08	75	25	75	25	77	23	77	23	71	29
AS09	65	35	59	41	54	46	62	38	67	33
AS10	80	20	75	25	50	50	40	60	40	60
Non-Clinical - Total Staff (SNHS)	**75**	**25**	**73**	**27**	**72**	**28**	**71**	**29**	**69**	**31**

Figure 3.18 Overview of the Health Schools Clinical staff by grade – a. Health Schools, b SDEN and c. SMED Overall percentage of staff are provided on the Y axis, orange bars represent % females, grey bars % males. Numbers within bars refer to actual numbers of staff. Data is provided for the last 5 years
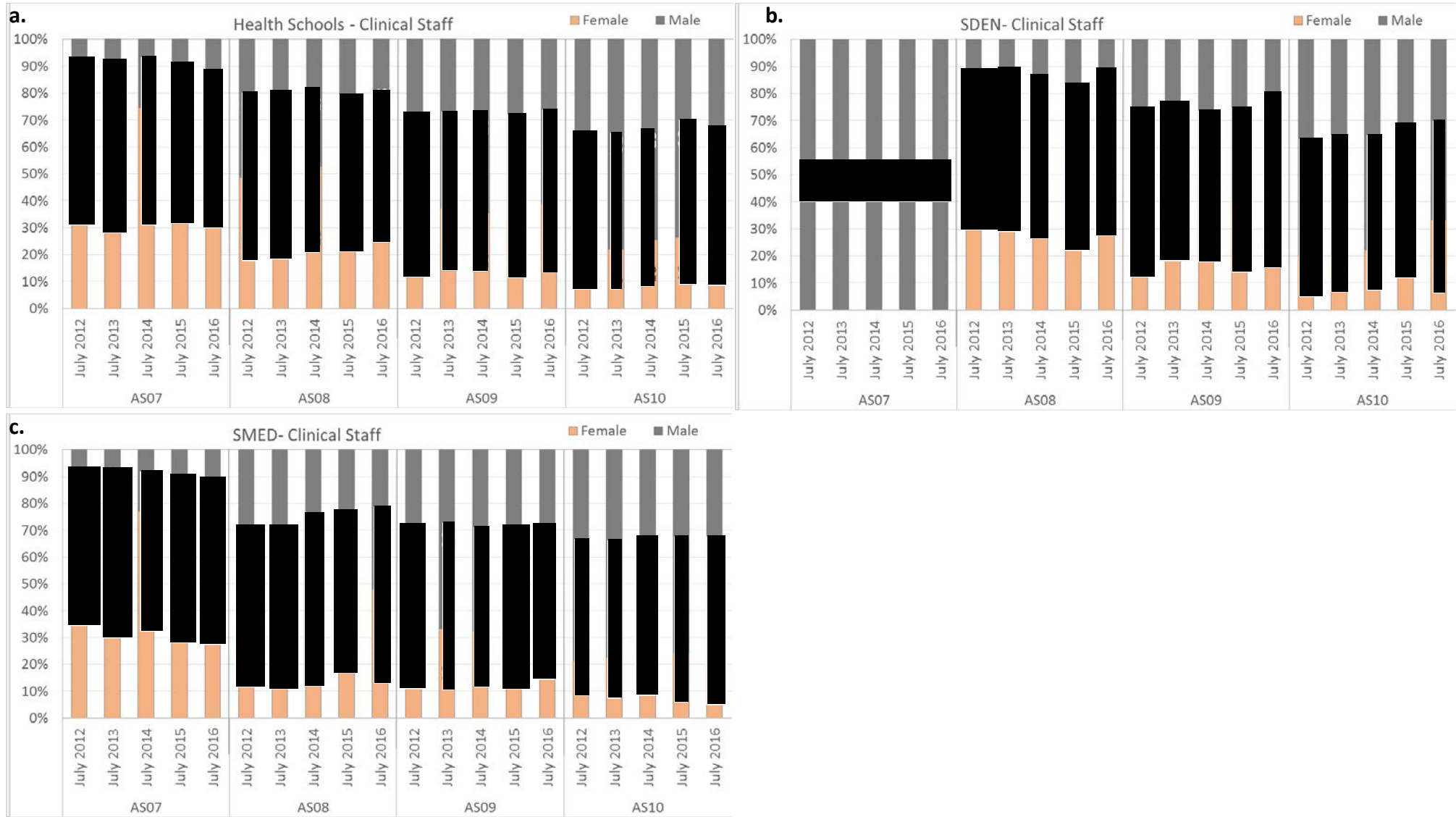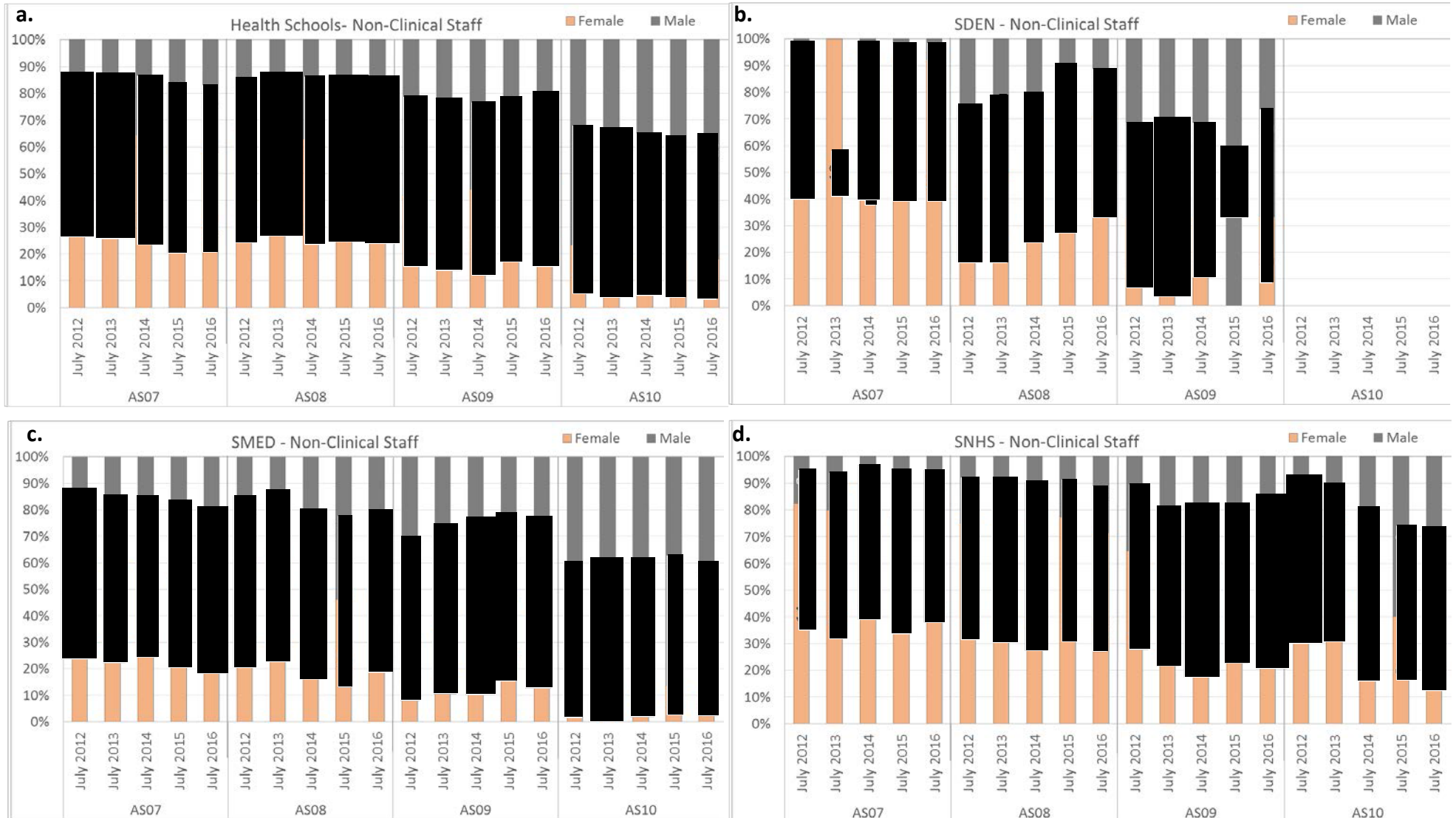
Figure 3.19 Overview of the Health Schools Non-Clinical staff by grade and gender – number and % a. Health Schools, b. SDEN, c. SMED and d. SNHS.

Benchmarking Data for female f/t academic & research staff	2012/13	2013/14	2014/15	3 Year Average
SDEN				
University of Dundee	56.9%	59.4%	58.2%	58.2%
Benchmark group	56.2%	53.8%	49.7%	53.3%
SMED				
University of Dundee	54.8%	55.7%	54.7%	55.1%
Benchmark group	52.7%	52.8%	54.6%	53.4%
SNHS				
University of Dundee	70.0.%	72.6%	69.7%	70.8%
Benchmark group	75.9%	76.9%	77.5%	76.8%

HESA Staff Record [2012/13 to 2014/15]
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Benchmarking Data for female p/t academic & research staff	2012/13	2013/14	2014/15	3 Year Average
SDEN				
University of Dundee	%*	%*	%*	87.7%
Benchmark group	70.8%	70.2%	60.6%	67.2%
SMED				
University of Dundee	83.8%	83.4%	83.6%	83.6%
Benchmark group	81.8%	79.9%	79.1%	80.2%
SNHS				
University of Dundee	83.6%	88.7%	%*	87.3%
Benchmark group	90.2%	87.0%	87.9%	88.3%

HESA Staff Record [2012/13 to 2014/15]
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*As ECU will be aware, there are limitations with the current HESA coding structure, JACS 3. It is therefore not possible for us to provide benchmarking data for p/t staff.

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

There is overall gender parity for turnover of clinical and non-clinical staff in the Health Schools (Figure 3.19). Number and percentages are tabulated for Health Schools and individual schools for all, clinical and non-clinical staff for completeness and transparency (Table 3.19). Areas requiring comment and analysis are highlighted in the discussion below.   Turnover rates are higher for the lower grades reflecting the shorter fixed term contract nature of many of these posts with turnover

rates for AS07 staff ranging from 18-35%, AS08 staff 4-16%, AS09 staff 0-21% and AS10 6-33%. The University as a whole has undergone a restructuring process with efficiencies realised from 2014-2016 reflected by higher rates of turnover for grade AS08-AS10 staff in this period. There are slightly higher turnover rates for male AS07 clinical and non-clinical staff compared to females and this is mainly due to rates in SMED. These posts are mainly postdoctoral and turnover could reflect faster rates of moving on to a higher grade. Turnover over of staff in SDEN is limited with only ▇ clinical staff and ▇ non-clinical leaving in the last 4 years with no apparent gender imbalances. In SNHS there are high but variable turnover rates in the non-clinical staff, particularly at grade AS07 but due to the low numbers of male staff gender comparisons are difficult. Particularly high rates were observed between 2013-2015 in-line with the University re-structure. An exceptionally high rate of turnover of female grade AS10 staff occurred in 2016 (33%) due to the departure of ▇ clinical professors and ▇ non-clinical professor from SMED. This was due to ▇ retirements and ▇ resignations where staff moved on to professorial positions elsewhere.

Reasons for leaving: We have carried out a detailed analysis of the reasons that staff leave employment in the Health Schools breaking down the data by expiry of contract, resignation, retirement, severance/redundancy/dismissal combined and other (Figure 3.20). We have data for all Health Schools but as numbers are small when broken down by reason for leaving we have provided year on year tables of all staff (Table 3.20), clinical staff (Table 3.21) and non-clinical (Table 3.22) staff combined and omitted the school breakdown data. Graphical analysis of the combined 5 year totals (due to small numbers year by year) is provided below. The main reasons for leaving AS07 and AS08 are expiry of contract and resignation, AS09 is resignation and severance and AS10 is resignation and retirement. There are no apparent gender disparities apart from the following areas. 1. Females are more slightly more likely to resign at all grades (36.8%-50%) compared to men (27.6%-47.3%) with the greatest difference at AS08 (54.3% of female leavers versus 38.7% of male leavers). This may be important as AS08-AS09 is part of the leaky pipeline. 2. More men leave AS08 because of expiry of contract than females at AS08 (48.4% of male leavers compared to ▇ of female leavers). This may reflect men moving up a grade faster than women within the fixed term contract period of employment which may feed into enhanced career progression. 3. ▇ AS08 female staff have taken severance versus ▇ males, (▇ non-clinical SNHS, ▇ non-clinical SMED, ▇ clinical SDEN) otherwise severance rates are equal. Although these numbers are small they could feed into the leaky pipeline at the AS08-AS09 stage.

Concern: More females resign than males. More AS08 females have taken severance. More men leave AS08 due to expiry of contract than females.

Figure 3.19. Turnover of staff. Graphs of a. all staff, b. clinical staff and c. non-clinical staff for the Health Schools combined. Data is shown for the last four years by grade and gender
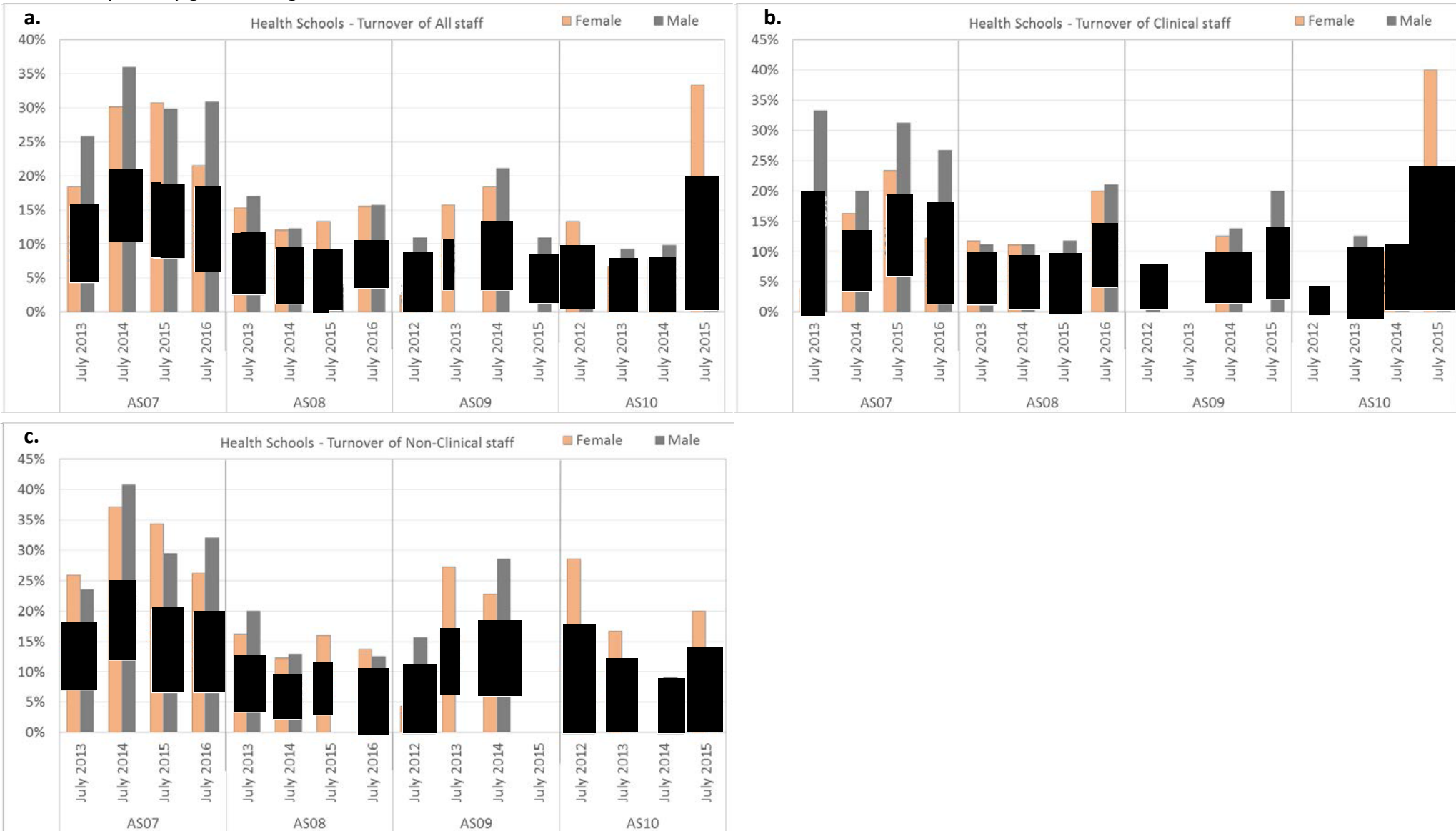
Table 3.19. Rates of turnover across the Health Schools. Data presented as a. all staff, b. clinical, and c. non-clinical and by school. Areas of note are highlighted in red text.

a.

Health Schools (All Staff)	2012-2013				2013-2014				2014-2015				2015-2016			
	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
AS07		18		26		30		36		31		30		21		31
AS08		15		17		12		12		13		4		15		16
AS09		3		11		16		0		18		21		0		11
AS10		13		6		7		9		7		10		33		8

b.

Health Schools (Clinical Staff)	July 2013				July 2014				July 2015				July 2016			
	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
AS07		4		33		16		20		23		31		12		27
AS08		12		11		11		11				12		20		21
AS09		0		6		0		0				14		0		20
AS10		0		3		0		13				10		40		11
SDEN (Clinical Staff)																
AS07																50
AS08																29
AS09																17
AS10																0
SMED (Clinical Staff)																
AS07				*36*	*17*		*23*	*23*		*36*						
AS08		14		14				14				15		36		17
AS09																21
AS10																14

c.

Health Schools (Non-Clinical Staff)	July 2013				July 2014				July 2015				July 2016			
	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
AS07		26		24		37		41		34	1	29		26		32
AS08		16		20		12		13		16				14		13
AS09				16		27				23		29				
AS10		29				17						9		20		
SDEN (Non-Clinical Staff)																
AS07						33										100
AS08		33		25				33		25						
AS09										100						
SMED (Non-Clinical Staff)																
AS07		*22*		*26*		*26*		*38*		28		31		30		30
AS08		10		21		16								21		18
AS09				17								35				
AS10														33		
SNHS (Non-Clinical Staff)																
AS07		57		0	14	*88*	3	75	9	*113*				14		50
AS08		19	2	17					5	17				11		
AS09				17		50				29						
AS10		50		0		33										

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Figure 3.20 Reasons for leaving the Health Schools. Aggregated data for the last 5 years by grade. Severance refers to severance, redundancy and dismissal combined.
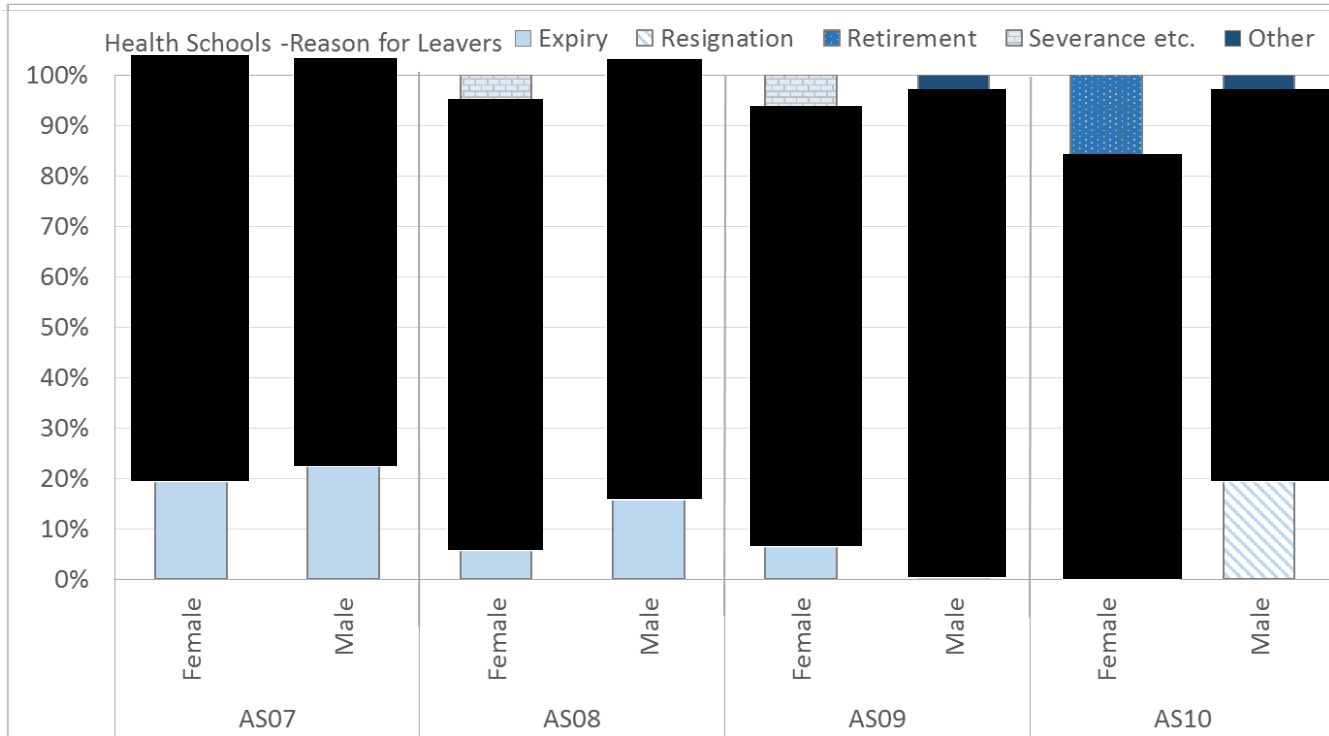
Table 3.20 – Leavers for all Academic & Research Staff from the Health Schools by grade, gender and reason for leaving for the past five years

		July 2012		July 2013		July 2014		July 2015		July 2016	
		Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %
Expiry of Contract	AS07	45	55	65	35	60	40	71	29	65	35
	AS08	33	67		100	50	50				67
	AS09										
	AS10										
Expiry of Contract Total											
Resignation	AS07	58	42	67	33	78	22	67	33	47	53
	AS08	67	33	73	27	100		75		50	50
	AS09										
	AS10										
Resignation Total		**58**	**42**	**60**	**40**	**76**	**24**	**61**	**39**	**50**	**50**
Retirement	AS07										
	AS08			67	33	33	67				
	AS09							20	80		
	AS10									67	33
Retirement Total											
Severance / Redundancy / Dismissed	AS07						67			57	43
	AS08										
	AS09								57		
	AS10										
Severance / Redundancy / Dismissed Total											
Other Reason	AS07										
	AS08										
	AS09										
	AS10										
Other Reason Total											
Academic & Research Total (HS)		**51**	**49**	**55**	**45**	**64**	**36**	**61**	**39**	**53**	**48**

Table 3.21– Leavers for Clinical Staff from the Health Schools by grade, gender and reason for leaving for the past five years

		July 2012				July 2013				July 2014				July 2015				July 2016			
		Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Expiry of Contract	AS07																				
Resignation	AS07																				
Retirement	AS07																				
Severance / Redundancy /	AS07																				
Other Reason	AS07																				

Table 3.22– Leavers for Non-Clinical Staff from the Health Schools by grade, gender and reason for leaving for the past five years

		July 2012		July 2013		July 2014		July 2015		July 2016	
		Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %
Expiry of Contract	AS07										
Expiry of Contract Total		**44**	**56**			**63**	**37**	**76**	**24**	**68**	**32**
Resignation	AS07	64	36	71	29	74 6 26		10 56 8	44	7 44	56
	AS08										
Resignation Total		**63**	**38**	**66**	**34**	**79**		**63**	**38**	**48**	**52**
Retirement	AS07										
Severance / Redundancy /											
Severance / Redundancy / Dismissed Total											
Other											
Non-Clinical Staff Total (HS)		**35**	**51**	**33**	**49**	**40**	**61**	**26**	**39**	**51**	**67**

PROGRESS/IMPACT (Bronze Action 1.1, 2.1, 4.5)

- **Full range of staff data analysed**
- **Complete information on reasons staff leave employment**
- **Exit questionnaires have been introduced across UoD**
- **Improvements in female representation in SDEN clinical staff at grade AS09 and AS10 and non-clinical staff grade AS08**
- **Improvements in female representation in SMED clinical staff at grade AS08 and non-clinical staff at grade AS09**

New Action Points (Silver Actions)

2.2 Perform Health School and individual School systematic annual review of AS data and identify and formally report areas of progress and for action

3.4 Attract more males into nursing.

4.3 Conduct focus groups to identify the barriers to women pursuing clinical academic careers and the reasons for turnover of staff

4.4 Increase awareness and encourage completion of the staff exit questionnaire

Words: 3431/2000 – 1431 of our extra 1500 words have been in this section

4. Supporting and advancing women's careers:

Key career transition points

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

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

Progress since 2014 when it was not possible to analyse the success of appointments by grade and gender and the details for senior grade appointments, the impact of AS initiatives mean it is now possible to analyse this data. Standardisation of appointment procedures across UoD means that gender representation on interview and search committees has been formalised and recorded.

Approximately 50% of applicants for academic and research posts are from women and slightly more women than men have been shortlisted, interviewed and appointed over the period 2011/12 - 2015/16 (Fig 4.1, Table 4.1). The percent of 'other', which includes transgender and applicants who withheld information has increased since the Bronze award but numbers remain small.

Since our Bronze award, all job advertisements include a standard statement about the commitment of the University to E&D, an inclusive working environment and the availability of family friendly policies. Recruitment data are taken from the e-recruitment system and vacancies not managed through this system are few. The recent availability of data by grade allows a better understanding of differences in recruitment between men and women at any level (Table 4.2). For most academic and research vacancies, the variability in gender split of applications and appointments suggests that there is no systematic gender difference in shortlisting or selection but we will continue to monitor this as part of our systematic annual review **(AP 2.2)**, including gender balance of candidates approached by search committees **(AP 4.2)**. Given no apparent gender bias in our application/selection process the need for a gender blinded process is not considered a requirement at this time.

Figure 4.1: Recruitment of Academic & Research staff by gender a. Health Schools, b. SDEN, c. SMED and d. SNHS
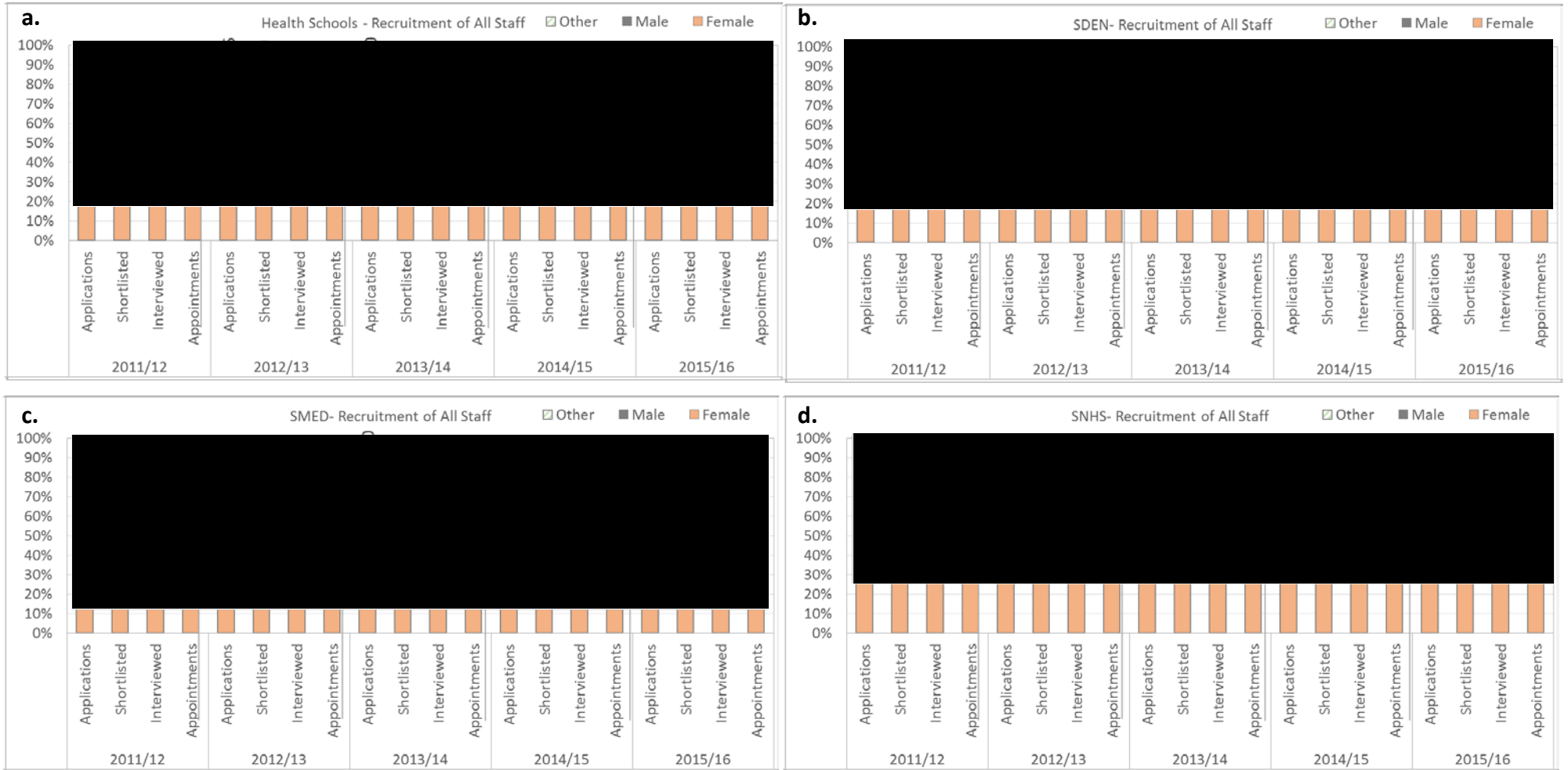
Table 4.1: Recruitment of Academic & Research staff by gender

		2011/12			2012/13			2013/14			2014/15			2015/16		
		Female %	Male %	Other %	Female %	Male %	Other %	Female %	Male %	Other %	Female %	Male %	Other %	Female %	Male %	Other %
Academic & Research	**Number of Vacancies (HS)**	76			94			93			68			60		
(All Grades)	Applications	53%	46%		55%	44%		49%	50%		55%	44%		52%	47%	
	Shortlisted	62%	36%		59%	37%		55%	44%		57%	41%		59%	39%	
	Interviewed	63%	36%		58%	37%		56%	43%		55%	43%		59%	39%	
	Appointments	68%	32%		63%	36%		55%	42%		57%	40%		58%	39%	
	Applications > Shortlisted	29%	20%		23%	18%	59%	36%	28%	35%	30%	28%	42%	31%	22%	47%
	Applications > Interviewed	33%	22%		23%	18%	59%	35%	27%	38%	28%	27%	45%	29%	21%	50%
	Applications > Appointments	64%	36%		43%	31%	26%	23%	17%	59%	26%	23%	51%	24%	18%	58%
Academic & Research	**Number of Vacancies (SDEN)**	12			10			5			12			5		
(All Grades)	Applications	69%	30%		53%	45%		46%	54%		56%	43%		60%	40%	
	Shortlisted	64%	33%		58%	37%		44%	56%		63%	38%		69%	31%	
	Interviewed	67%	33%		53%	41%		40%	60%		59%	41%		69%	31%	
	Appointments	82%	18%		78%			40%	60%		64%	36%		50%		
	Applications > Shortlisted	20%	24%	56%	27%	20%	52%	48%	52%		56%	44%		60%	40%	
	Applications > Interviewed	46%	54%		24%	21%	55%	44%	56%		52%	48%		60%	40%	
	Applications > Appointments	66%	34%		75%	25%		44%	56%		58%	42%		40%	60%	
Academic & Research	**Number of Vacancies (SMED)**	56			71			79			44			45		
(All Grades)	Applications	49%	51%		47%	52%		46%	52%		46%	52%		45%	54%	
	Shortlisted	60%	38%		54%	43%		51%	47%		49%	48%		53%	45%	
	Interviewed	61%	37%		54%	42%		52%	46%		46%	50%		53%	44%	
	Appointments	63%	37%		56%	42%		52%	44%		45%	50%		57%	40%	
	Applications > Shortlisted	30%	18%		23%	17%	60%	36%	29%	35%	27%	23%	50%	30%	21%	48%
	Applications > Interviewed	28%	16%		24%	17%	58%	35%	27%	38%	24%	23%	53%	29%	21%	50%
	Applications > Appointments	64%	36%		37%	26%	38%	24%	18%	59%	21%	20%	59%	29%	17%	54%
Academic & Research	**Number of Vacancies (SNHS)**	8			13			9			12			10		
(All Grades)	Applications	66%	34%		77%	21%		68%	32%		83%			81%	19%	
	Shortlisted	70%	30%		76%	18%		85%	15%		78%	22%		81%	19%	
	Interviewed	68%	32%		75%	18%		83%	17%		81%	19%		84%	16%	
	Appointments	75%	25%		81%	19%		83%	17%		92%					
	Applications > Shortlisted	54%	46%		22%	20%	58%	72%	28%		40%	60%		51%	49%	
	Applications > Interviewed	52%	48%		21%	19%	60%	70%	30%		45%	55%		56%	44%	
	Applications > Appointments	61%	39%		54%	46%		70%	30%		67%	33%				

Table 4.2: Recruitment of Academic & Research staff by gender and grade for the Health Schools

Academic & Research Staff (HS)	2011/12 Female %	Male %	Other %	2012/13 Female %	Male %	Other %	2013/14 Female %	Male %	Other %	2014/15 Female %	Male %	Other %	2015/16 Female %	Male %	Other %
AS07 — Number of Vacancies	45			59			51			34			35		
Applications	56%	43%		56%	43%		51%	48%		55%	44%		46%	53%	
Shortlisted	69%	29%		63%	33%		63%	37%		60%	40%		60%	40%	
Interviewed	71%	27%		63%	33%		64%	36%		58%	42%		58%	42%	
Appointments	79%	21%		68%	32%		65%	33%		61%	39%		55%	45%	
Applications > Shortlisted	29%	15%	56%	21%	14%	65%	40%	25%	35%	54%	46%		64%	36%	
Applications > Interviewed	33%	16%	50%	21%	15%	64%	39%	23%	38%	52%	48%		62%	38%	
Applications > Appointments	74%	26%		62%	38%		25%	14%	61%	56%	44%		59%	41%	
AS08 — Number of Vacancies															
Applications	57%	43%		61%	38%		27%	68%		79%	19%		75%	24%	
Shortlisted	64%	36%		58%	42%		33%	56%		68%	27%		73%	27%	
Interviewed	62%	38%		59%	41%		38%	50%		70%	25%		69%	31%	
Appointments	67%	33%		55%	45%		33%	33%		88%	13%		100%		
Applications > Shortlisted	58%	42%		47%	53%		27%	18%	55%	20%	33%	47%	46%	54%	
Applications > Interviewed	55%	45%		48%	52%		28%	15%	57%	20%	30%	51%	41%	59%	
Applications > Appointments	60%	40%		43%	57%		14%	5%	81%	62%	38%	0%	100%		
AS09 — Number of Vacancies															
Applications				70%			50%	50%					43%	57%	
Shortlisted	67%	33%					60%	40%							
Interviewed	67%	33%					50%	50%							
Appointments															
Applications > Shortlisted	67%	33%					60%	40%							
Applications > Interviewed	67%	33%			%		50%	50%							
Applications > Appointments															
AS10 — Number of Vacancies															
Applications	0														
Shortlisted															
Interviewed															
Appointments															
Applications > Shortlisted															
Applications > Interviewed															
Applications > Appointments															

PROGRESS/IMPACT (Bronze Action 3.2)

- **Progress in the recording and retrieval of recruitment data has improved our ability to interrogate job application success rates by gender and by grade.**
- **Standardisation of appointment procedures across UoD means that gender representation on interview and search committees has been formalised and recorded.**
- **Information on use of search committees collected.**

New Action Points (Silver Action)

2.2 Perform Health School and individual School systematic annual review of AS data and identify and formally report areas of progress and for action

4.2 Record the gender of candidates approached by search committees.

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

Progress: the Academic & Research Promotions system changed between 2013/14 and 2014/15. Now, as well as nomination by the Dean/Line manager, self-nomination is also encouraged, and applicants are not restricted to applying from their present grade to the next higher grade.

This system was introduced with a view to providing more transparency and equality of the promotions process and also to increase overall numbers of staff engaging with the process. We provide analysis below from 2011-2014 (nomination alone) and 2014-2016 (self-nomination addition).

Overall, across the Health Schools in 2011/12-2013/14, women were more successful in gaining promotion compared to men at all career stages (Figure 4.2 & Table 4.3, 4.4, 4.5). However, since the introduction of the new promotions process in 2014/15, a worrying decline in the success rate of women seeking promotion to Senior Lecturer has been observed (1:4 in the new system compared to 5:5 in the old system) and is now lower than that for their male colleagues. This imbalance has been observed in the Non-Clinical Staff, primarily in SNHS where there was also an unsuccessful promotion to personal chair (Table 4.3, 4.5). We do not know how many of these women were self-nominated and how many were nominated by their line manager but it is possible that women are putting themselves forward for promotion before they are ready. We will uncover the reason(s) for the decrease in successful promotions for females at this transition and implement structured support **(AP 5.5)**. Disappointingly the self-nomination process did not increase application for promotion rates apart from males for readership. Successful promotion is more likely overall for Clinical *versus* Non-

Clinical Academic & Research staff (Table 4.4, 4.5). The new system is in its infancy and the potential to introduce any unintentional gender bias will be monitored **(AP 2.2).**

The focus for the Silver action plan is to increase the number of applicants for promotion and to monitor the full impact of the more transparent process **(AP 4.1).** If self-nomination and other support does not achieve improvements we will instigate an institution wide review of the process and consider alternative strategies such as time dependent automatic consideration for promotion.

Figure 4.2: Promotions awarded by applied for all staff within the Health Schools by gender
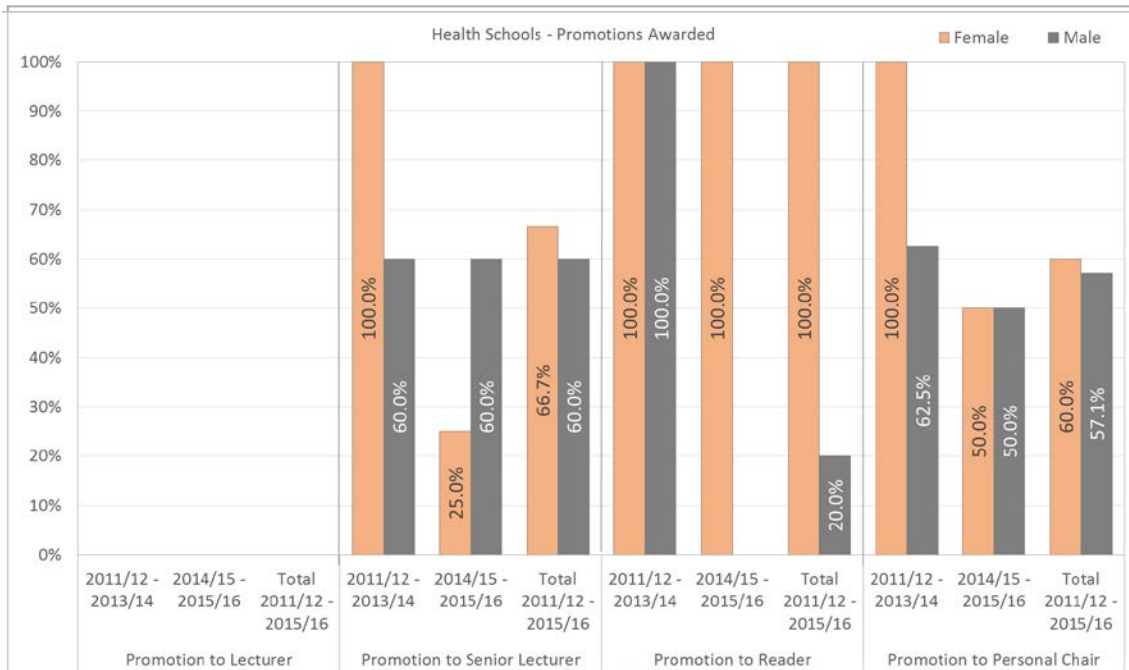
Table 4.3: Applications and Awards for promotion by gender

		2011/12 - 2013/14		2014/15 - 2015/16		Total 2011/12 - 2015/16	
All Staff (HS)		Female	Male	Female	Male	Female	Male
Promotion to Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Senior Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Reader	Sought						
	Awarded						
	% Awarded						
Promotion to Personal Chair	Sought						
	Awarded						
	% Awarded						

Table 4.4: Applications and Awards for promotion by gender for Clinical Staff

		2011/12 - 2013/14		2014/15 - 2015/16		Total 2011/12 - 2015/16	
		Female	Male	Female	Male	Female	Male
Clinical Staff (HS)							
Promotion to Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Senior Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Reader	Sought						
	Awarded						
	% Awarded						
Promotion to Personal Chair	Sought						
	Awarded						
	% Awarded						
Clinical Staff (SDEN)							
Promotion to Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Senior Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Reader	Sought						
	Awarded						
	% Awarded						
Promotion to Personal Chair	Sought						
	Awarded						
	% Awarded						
Clinical Staff (SMED)							
Promotion to Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Senior Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Reader	Sought						
	Awarded						
	% Awarded						
Promotion to Personal Chair	Sought						
	Awarded						
	% Awarded						

Table 4.5: Applications and Awards for promotion by gender for Non-Clinical Staff (no promotions sought or awarded in SDEN)

Non-Clinical Staff (HS)		2011/12 - 2013/14		2014/15 - 2015/16		Total 2011/12 - 2015/16	
		Female	Male	Female	Male	Female	Male
Promotion to Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Senior Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Reader	Sought						
	Awarded						
	% Awarded						
Promotion to Personal Chair	Sought						
	Awarded						
	% Awarded						
Non-Clinical Staff (SMED)							
Promotion to Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Senior Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Reader	Sought						
	Awarded						
	% Awarded						
Promotion to Personal Chair	Sought						
	Awarded						
	% Awarded						
Non-Clinical Staff (SNHS)							
Promotion to Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Senior Lecturer	Sought						
	Awarded						
	% Awarded						
Promotion to Reader	Sought						
	Awarded						
	% Awarded						
Promotion to Personal Chair	Sought						
	Awarded						
	% Awarded						

PROGRESS/IMPACT (Bronze Action 3.1)

- **New promotion process, which includes self-nomination, in place since 2014**
- **At the time of applying for our Bronze Award we only had one year of promotion data available. Since then the University has invested resources to improve data collection and retrieval. This has made it possible to compare promotion by year for the University, Health Schools and by School for both clinical and non-clinical**

New Action Points (Silver Action)

2.2 Perform Health School and individual School systematic annual review of AS data and identify and formally report areas of progress and for action

4.1 Support the role out of the new promotions process and communicate the improvement in the transparency of the scheme and support available. Include formal recording of discussions around promotion at OSaR.

5.5 Provide support for staff who fail to be promoted by agreeing a development plan

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

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

Progress: Health Schools have a common goal to encourage more women to apply for vacancies and measures include increasing the visibility of family friendly and flexible working polices (information was circulated in the UoD AS newsletter). Gender sensitive language is used in advertisements and equal opportunities monitoring is carried out in line with UoD protocol.

Since our Bronze award a process for monitoring the gender of recruitment panels has been put in place with the aim that every recruitment panel is recorded. Analysis of data demonstrates the need to improve compliance with the recording of gender to ensure monitoring is possible (Table 4.6; **AP 2.3).**

Recruitment of staff to the Health Schools is carried out according to standard UoD protocols. The University has online, readily available comprehensive guidance about the recruitment procedure and our commitment is to comply fully with equal opportunities legislation.

We have a goal to ensure gender representation on selection panels reflecting the balance in our staff pool. The training for staff on appointment committees also reiterates this commitment and the need to adhere to the published equal opportunities guidance.

Table 4.6: Composition of appointment committees and numbers of vacancies

		2014/15					2015/16				
		Total Vacancies	No Panel Data	Panel Data	Average Panel Female	Average Panel Male	Total Vacancies	No Panel Data	Panel Data	Average Panel Female	Average Panel Male
Shortlisting Panel	Internal Only										
	External										
	Redeployment										
	Unknown										
	No Data										
Staff - All Grades (HS)											
Interview Panel	Internal Only										
	External										
	Redeployment										
	Unknown										
	No Data										
Staff - All Grades (HS)											
Shortlisting Panel	Internal Only										
	External										
	Redeployment										
	Unknown										
	No Data										
Staff - All Grades (SDEN)											
Interview Panel	Internal Only										
	External										
	Redeployment										
	Unknown										
	No Data										
Staff - All Grades (SDEN)											
Shortlisting Panel	Internal Only										
	External										
	Redeployment										
	Unknown										
	No Data										
Staff - All Grades (SMED)											
Interview Panel	Internal Only										
	External										
	Redeployment										
	Unknown										
	No Data										
Staff - All Grades (SMED)											
Shortlisting Panel	Internal Only										
	External										
	Redeployment										
	Unknown										
	No Data										
Staff - All Grades (SNHS)											
Interview Panel	Internal Only										
	External										
	Redeployment										
	Unknown										
	No Data										
Staff - All Grades (SNHS)											

We consider E&D training to be vital for all staff and imperative for those on decision-making committees such as recruitment panels. Training is closely monitored by Deans who receive a quarterly report and contact staff directly to follow up non-completion. E&D online modules are included in the standard UoD OSaR form, and E&D completion certificates are required to be submitted to the reviewer at the time of the OSaR meeting **(AP 2.4)**

Raising awareness of and mitigating the effects of unconscious bias is a priority for schools. Training was piloted and rolled out to senior staff in 2014 and this is now included in the University OPD programme. UoD is trialling on online resource which can be introduced across the Health Schools **(AP 1.5).**

Following an UoD AS institution action in 2014/15 academic year, we now include AS logos on our online recruitment landing page and AS specific text (below).

PROGRESS/IMPACT (Bronze Actions 4.4, 6.2)

- **Data on recruitment panels, including gender, is now recorded. E&D training is a requirement for recruitment panels.**
- **E&D completion rates have improved and monitoring is now part of OSaR.**

New Action Points (Silver Action)

1.5 Increase availability and uptake of unconscious bias training

2.3 Improve compliance with recording of gender composition of recruitment panels

2.4 Increase completion of E&D training.

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

The key areas of attrition for female staff have not changed since our Bronze award. They are progression from researcher to lecturer, and from lecturer to senior lecturer. As in 2014 at the senior lecturer to professorial level the evidence is this is mainly due to a lack of promotion. Our data show barriers to women progressing in academia and the reasons for this need to be further explored **(AP 4.4)**

New staff routinely undergo a probationary training period of 1-3 years with individual mentoring, including ways of maximizing their opportunities for progression. Similarly PhD students are given one-to-one guidance during supervision and via the well-established TMC system about planning for the future in academia. Feedback confirms that this helps support this transition.

For all grades, clinical and non-clinical, at each annual OSaR/NHS appraisal there is a structured, documented discussion and signed agreement for personal development. OPD provide a range of courses tailored to personal development to support career transition. Many women are presenters on the courses and it includes some who have experience of the Aurora Leadership programme for women. There are opportunities for staff to attend Aurora events and from SDEN one member of staff has acted as a role model and from SNHS one has been awarded senior fellow status. Participation of senior female staff in the UoD executive leadership programme has included most of the SNHS senior team of female academics (3 out of 5). An individually tailored mentoring/coaching programme is available depending on need, with some staff having a coach external to the university which currently includes one senior female in SDEN. For staff who are considering applying for promotion, the Vice-Principal for Learning & Teaching runs promotions workshops to advise staff about the process and ways of maximizing success and 10 staff from the Health Schools attended in 2016. These workshops need to be publicised **(AP 5.6)**

Newsletters from the ECU and other related articles and news items are shared widely throughout the schools. The SMED series of Athena SWAN awareness raising meetings in each division (Figure 4.3) were positively received, and in follow up visits improved awareness was evident. The success of this action was evaluated at the recent research symposium and 100% of attendees were aware of AS and its work.

Figure 4.3: Awareness raising presentation by Dr Gareth Inman

SDEN, SMED and SNHS have organised networking events attended on average by 15 staff. Feedback from both male and female colleagues, expressed a preference for mixed networking and information events. This was discussed extensively by SATs and the decision made that the events to support career development will be open to all. Further work to facilitate networking is needed **(AP 1.4)**

Staff development funding is also available via each of the schools to fund external career progression courses. Funding is typically 1/3 from staff development fund, 1/3 from the individual and 1/3 from the school. Fee waivers are available for staff to undertake a part-time higher degree. Staff benefit from protected time for their studies and extensions if needed. Maternity leave, KIT days and flexible return to work has enabled two staff in SDEN to continue their studies on return to work. These options need to be publicised and uptake monitored **(AP 7.1, 7.2 & 7.4,)**. In addition the dependant care grant should be rolled out in SDEN and uptake monitored in all schools **(AP 6.6)** and maternity buddy schemes should be trialled **(AP 7.3)**

Mentoring is recognised as a key opportunity for staff and they are actively encouraged to take up mentoring opportunities (Table 4.7). These provide a supportive relationship, sharing of knowledge and expertise, goal setting and career management advice. There is a need to raise awareness of mentoring scheme options **(AP 5.7)** Feedback from current early career researchers reinforces the value of early career support which should be improved **(AP5.3).**

Table 4.7 Range of mentoring schemes across the Health Schools

Mentoring Scheme	Who it is for	How it is run (and who by)	Duration	Uptake: female & male, mentee & mentor
Early Career Academics Mentoring Scheme (ECAMs)	Academic and Research Staff (postdoctoral onwards)	OPD	6 months- 1 year	30-50 per year - mixed genders - can request a particular gender
Probationary Mentoring	All new lecturing staff (including part time and fixed-term)	VP (L&T) heads this scheme, School Deans are responsible	3 years	Varies - mixed genders Mentees a particular gender
Dundee Clinical Academic Track (DCAT)	Open to anyone on the DCAT programme	DCAT Academic Lead - Admin. Support (SMED)	1 year	▮▮▮
Aurora	▮ women nominated for this each year	OPD	1 year	All female mentees and mentors.
Developing Leaders	▮ nominated for this per year	OPD	1 year	Mixed gender partnerships

The ASPC runs regular 'AS Drop in' sessions in each school where staff can speak in confidence about career progression and any issues can be raised and channeled appropriately.

Responses to the UoD AS survey suggest the majority feel they can aspire a leadership role within the University (Table 4.8). Further actions will be developed to support staff to achieve their ambition **(AP 5.4).** We currently do not have the data to understand what works best at different career stages but this will be explored in the Health School AS survey **(AP 2.1).**

Table 4.8: AS Staff Survey 2015 and 2016 results 'Do you feel that you can aspire to a leadership position?'

	2015 (CMDN)(199/644)			2016 (Health Schools)(96/414)		
	All	Female	Male	All	Female	Male
Yes, within the UoD						
Yes, outside the UoD						
No						
I don't want a leadership position						
I am already in a leadership position						
Other						

PROGRESS/IMPACT (Bronze Actions 1.7, 4.1, 4.2, 5.5, 5.8)

- **Increased awareness of AS across the Schools**
- **Early career researchers session held at annual research symposium and early career researchers group subsequently established**
- **Networking events held in all schools**
- **Improved awareness of AS Charter**
- **Dependent care travel grant established**

New Action Points (Silver Actions)

1.4 Develop a coordinated programme of informal, joint Health School networking events.

2.1 Introduce annual Health School AS survey.

4.4 Conduct focus groups to identify the barriers to women pursuing clinical academic careers

5.3 Hold regular career development session for early career researchers as next generation leaders at the annual Schools retreat. Need for extra support for ECRs across all Health Schools.

5.4 Support women who aspire to leadership positions to obtain leadership roles

5.6 Support UoDs efforts to raise awareness of the new academic promotions process and encourage attendance at workshops by all, in particular, by Managers and Early Career Staff.

5.7 Raise awareness of mentoring options

6.6 Promote and monitor dependent care grants and formalise the scheme in SDEN

7.1 Collect further data – on maternity and other parental leave and flexible working

7.2 Increase awareness of flexible work-life policies

7.3 Introduce buddying for maternity leave returners

7.4 Raise awareness of Keeping In Touch (KIT) days. Collect data about uptake of KIT days.

Career development

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

(i)   Promotion and career development – comment on the appraisal and career development process, and promotion criteria and whether these take into consideration responsibilities for teaching, research, administration, pastoral work and outreach work; is quality of work emphasised over quantity of work?

Since our Bronze Award and the introduction of a revised OSaR process with simplified forms, the rate of OSaR completion has improved across the Health Schools. Our detailed data indicate that the completion rate in 2016 was 84% of females and 89% of males. Whilst this is an improvement from around 50% in 2014 we have a target to increase it further by having this closely monitored by the Deans **(AP 5.8).**

Recognised activities within the OSaR "Contribution to School or University" section include AS responsibilities alongside pastoral work, media and public engagement/outreach activities. Engagement with these activities is taken into account for performance review along with teaching, scholarship and research objectives for career development. Obstacles to career progression, including gender issues, are addressed as part of the OSaR process and training for managers is offered by the OPD programme. As good practice, a mitigating circumstances form is available as part of the promotions process so staff can ask for any factors that might impact on their work to be taken into account.   Specific workshops in preparation for promotion are available and attendance will be monitored **(AP 5.6).**

The comprehensive OPD programme of courses includes many opportunities for all staff to develop their personal effectiveness and enhance their career development. Attendance by female staff at OPD training has increased annually from ▉ in 2011/12 to ▉ in 2015/16. This increase is welcome and whilst the numbers are lower for males (▉ in 2015/16) they too have increased over time and the difference reflects the profile of staff not gender imbalance.

In 2015 the UoD staff survey indicated 75% of Health School staff were satisfied with their current level of training and development but less than 50% reported having received training identified at OSaR and in each school males were more likely to have received it (Figure 4.4). The SATs consider this to primarily be a reflection of timing between the OSaR process and University survey. The finding that less than 50% of staff felt there were career development opportunities at the University is disappointing. A key point of improvement that will be monitored in future staff surveys.

Fig 4.4 Responses to University staff survey (2015) by Gender

Positive response to - 'I am satisfied with my current level of training and development '

Positive response to - 'Have you received the training, learning and development, as identified at your OSAR? (Based on respondents answering 'Yes' to Q7-7)'

Positive response to - 'I feel there are opportunities for career development for me at the University '
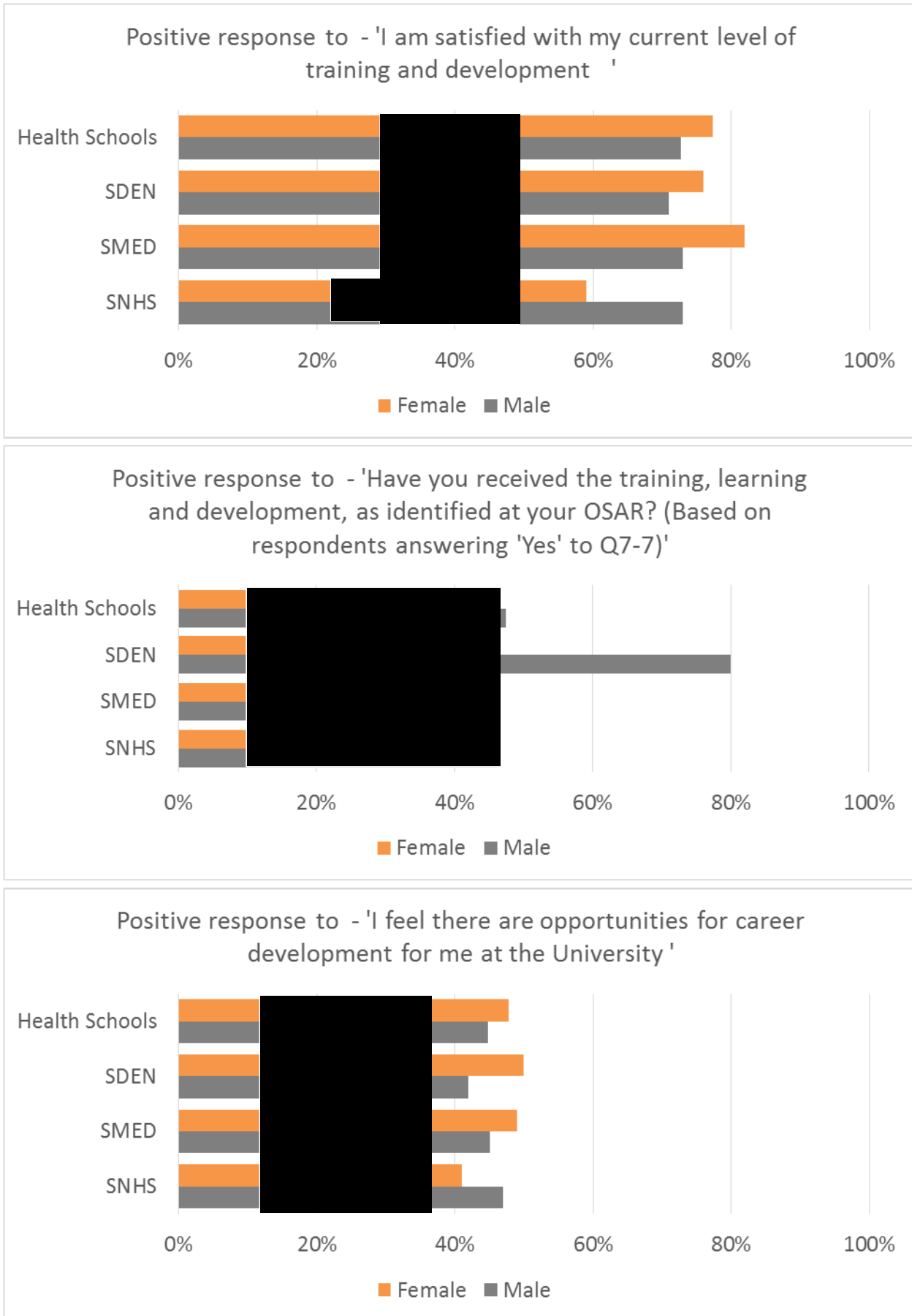
PROGRESS/IMPACT (Bronze Actions 5.6, 5.7)

- **Publicity about OPD courses and uptake of OPD courses has increased.**
- **Completion of OSaRs has increased.**

New Action Points (Silver Action)

5.6 Support UoDs efforts to raise awareness of the new academic promotions process and encourage attendance at workshops by all, in particular, by Managers and Early Career Staff.

5.8 Improve School completion rates for UoD's appraisal system, OSaR (Objective Setting and Review)

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

All new staff in the Health Schools, irrespective of grade or with an honorary NHS contract (clinical), undergo a formal induction procedure conducted by their line manager which includes an induction pack . This provides information about relevant HR policies including flexible working and links to AS material. Each School has reviewed and designed a bespoke induction pack and checklist http://www.dundee.ac.uk/media/dundeewebsite/hr/documents/policiesandprocedures/newemployees/Induction%20Checklist.pdf for their staff but since the restructuring this needs to be revised **(AP 6.9).**

All line managers should undertake the OPD course 'HR for Managers Training' which includes E&D related to the management of staff. Since the Bronze Award attendance at this course has been monitored. More women than men have attended the training each year. Our Silver action plan will aim to identify all key line managers and ensure they have attended this course. **(AP 6.2)**

Successful completion of the probationary period for new staff includes completion of E&D training. E&D completion is included on the OSaR form, which is checked and evidenced and we will continue to monitor completion rates. **(AP 2.4)**

PROGRESS/IMPACT (Bronze Actions 4.3, 6.4, 6.5)

- **Attendance on HR for Managers course has increased.**
- **Induction information for new staff has been updated and improved.**
- **List of key school contacts is available for new staff in each school.**

New Action Points (Silver Actions)

2.4 **Increase completion of E&D training.**

6.2 **Key line managers should attend the OPD Workshop, HR for Managers, or elements of the workshop as may be conducted from time to time via the School HR Officer**

6.9 **Continue to review and update induction information for new staff members.**

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

Informal and formal support is available for students to enable them to make the transition to academic careers. Included is support specifically aimed at women relevant to issues such as childcare and the need for flexible working. All students are allocated supervisors and have the right to request a female personal tutor. This work is formally recognised by UoD and included in the workload model. Support for staff with responsibility for student wellbeing is offered by student support services.

The mentoring of early career researchers by academics outside their home School has been popular and beneficial to staff. Feedback from both men and women includes significant adjustments to training, career choices, health and wellbeing.

The undergraduate INSPIRE programme has provided a formal forum for female researchers to present work and discuss their career experience across SDEN and SMED. Internships for undergraduates always include opportunities to work alongside research teams led by senior female researchers. Sessions earlier in the UG programmes are planned to help with informed choices for career progression and the option to undertake an intercalated science degree **(AP 5.1).**

It is our view that females should be encouraged to take up leadership positions as early in their academic career as possible. The gender of the UG President of each school has been scrutinised: over the past 5 years in SMED █████; SDEN █████; SNHS █████. The student president is an elected position and candidates self-nominate. In SNHS the gender discrepancy of recent presidents suggests that females need to be encouraged to consider such leadership opportunities. **(AP 3.2)**

For research postgraduate students a range of school events has taken place to raise awareness of Athens SWAN and help support female networking. Every year the three schools participate in two 2-day Health Schools Away Day events one for Research and one for Learning and Teaching. At the most recent event in Crieff, accommodation was provided free of charge for children and carers and two students took advantage, who would not otherwise have been able to attend. A monthly Methods Seminar series is jointly organised between SDEN and SNHS, attended on average by 30 students and staff.

Mandatory training is provided by CASTLE for postgraduate supervisors and a second supervisor for each research student. TMCs comprise three members of academic staff (with at least one female) and are arranged 6-monthly for all postgraduate students in the Health Schools. These review meetings discuss progress, and provide guidance, support and suggestions for career development. Outcomes include extra support or flexible adjustments for female students such as to accommodate maternity and child care requirements. **(AP 5.2)**

Courses available to students include Advanced Interview Skills, Making the Transition – PhD to Postdoctoral Research, and Taking Control of your Career. One-to-one career guidance sessions and workshops are available and these are currently delivered by an external female facilitator.

Each School administers travel awards annually for postgraduate students as support to attend national and international conferences. Supervisors may also actively support work placements relevant to the student's research area. Funding is equally available for female and male students, a main source being the UoD Tenovus funding stream.

PROGRESS/IMPACT (Bronze Actions 2.2, 2.3)

- **Career information sessions are in place for undergraduate students with positive feedback**
- **Postgraduate career information has been developed**

New Action Point (Silver Action)

3.2 Promote leadership opportunities to all students and in particular encourage female students to apply for positions of leadership e.g. student representatives and president.

5.1 Continue to provide career information sessions (including AS) for final year undergraduate students. Introduce further sessions in earlier years.

5.2 Further develop postgraduate student career advice and support.

Organisation and culture

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

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

Members of committees are identified by role within each school (Figure 4.5). The senior roles are advertised with a shortlisting/interview process. Others are internal opportunities with open invitation usually disseminated through email with timeline to allow for discussion with line manager/Committee lead.

SMED have a higher proportion of males on committees than females reflecting the higher proportion of males in the school. The exception is E&D/AS which has more females. Staff and students volunteer for E&D/AS: the greater proportion of females may reflect the importance that women feel about this issue in SMED, and the challenge of influencing change. In SNHS all committees have a majority of female membership, which is representative of the staff demographic.

In SDEN School Board includes all staff in the school, including support staff which accounts for the higher proportion of females. The only committee with more males is Research, however some members are external to the schools.

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

In recent years there has been little change in the female to male ratio of academic and research staff on open-ended contracts, although 80% of part-time staff are women. There has been a slight decrease in the percentage of women on fixed-term contracts, and the majority (68%) are part-time (Figure 4.6, Table 4.10). Few staff in the Health Schools are employed on fractional contracts and these are non-clinical posts such as teaching-related or simulated patient roles that are predominantly women.

For clinical staff in SDEN and SMED, the percentage of females on open-ended and fixed-term contracts is lower than for the Health Schools as a whole with little change over time (Figure 4.7, Table 4.11). The lower ratio of female to males signifies a barrier that we need to understand better, hence the work of the SATs is directed towards the goal of increasing support to women to pursue clinical academic careers **(AP 4.3).**

This pattern of no change is also true for non-clinical staff in all three schools (Figure 4.8, Table 4.12). The concern of academic and research staff on fixed-term contracts is the uncertainty of continued employment. Active efforts are made to extend contracts when additional grant funding is available and through OSaRs, and staff are encouraged to apply for further grants. These staff are mainly research staff funded by the NHS which has an annual budget cycle accounting for the contract type.

Figure 4.5: Gender representation on key Health Schools committees

KEY
E&D/AS – Equality & Diversity/Athena SWAN
L&T – Learning & Teaching
MSET – Medical School Executive Team
QASC – Quality & Academic Standards Committee
RMG – Research Management Group
SEG – School Executive Group
UMG – UG Management Group
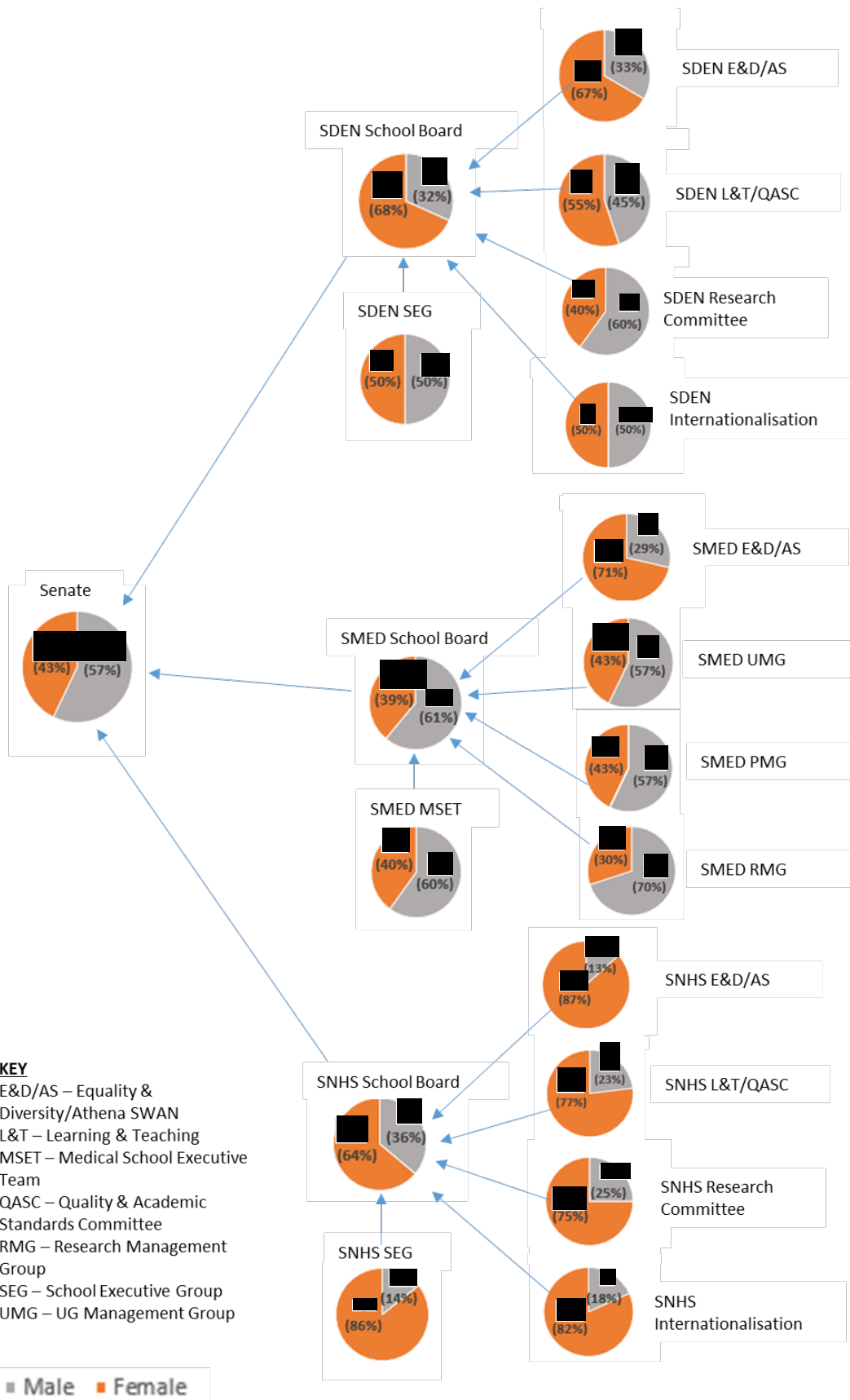
The nature of these contracts makes recruitment a challenge. Staff are moved from fixed-term to open-ended where possible. SMED has a more even gender balance for non-clinical posts.

Research staff are included in grant writing groups and research seminars in order to prepare them to transition to an academic career. These staff are also actively given opportunities to get involved in teaching to broaden their portfolio of skills.

Figure 4.6: Employment Terms & Mode by gender for all Academic & Research staff within the Health Schools
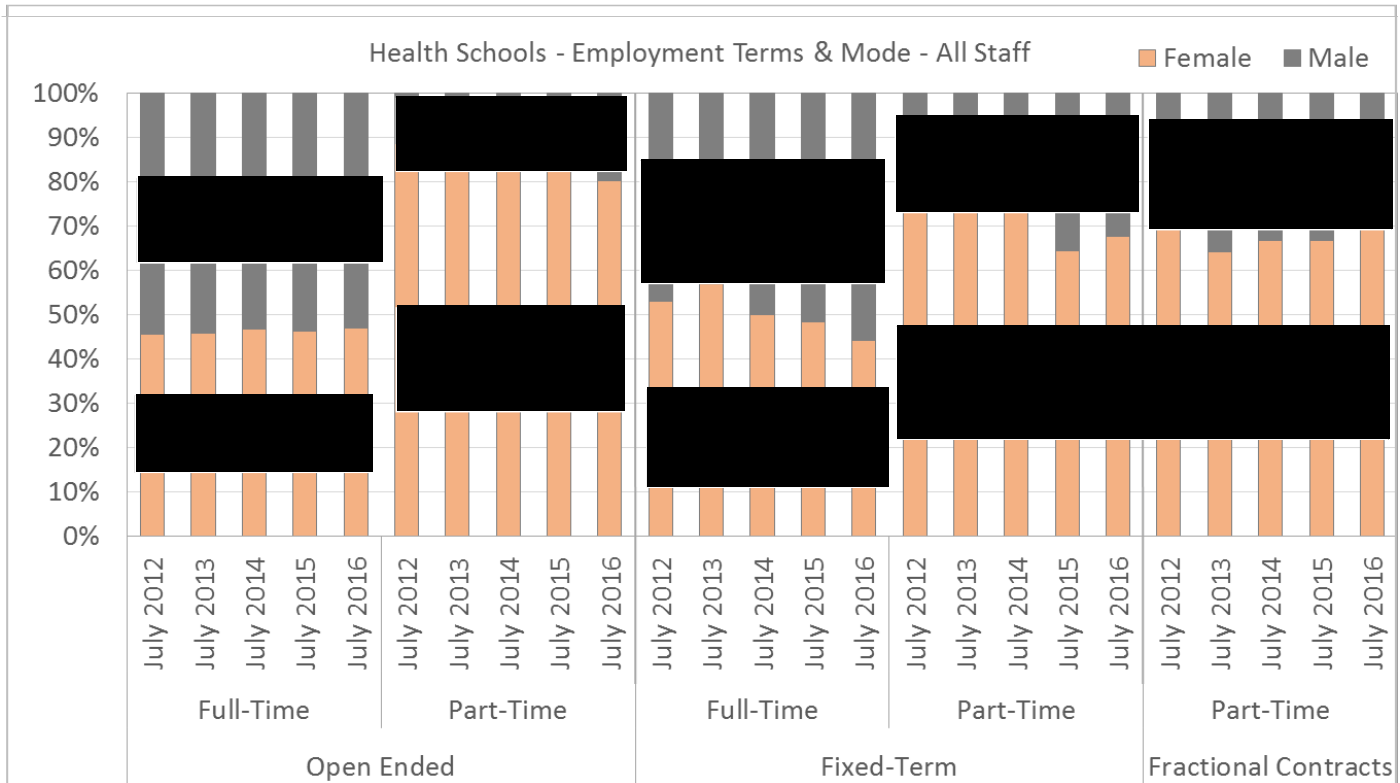
Table 4.10: Employment Terms & Mode by gender for all Academic & Research Staff within the Health Schools

		July 2012		July 2013		July 2014		July 2015		July 2016	
		Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %
Open Ended	Full-Time	46	54	46	54	47	53	46	54	47	53
	Part-Time	88	12	86	14	86	14	86	14	80	20
Open Ended Total - All Staff (HS)		**53**	**47**	**54**	**46**	**55**	**45**	**55**	**45**	**56**	**44**
Fixed-Term	Full-Time	53	47	57	43	50	50	48	52	44	56
	Part-Time	77	23	75	25	74	26	64	36	68	32
Fixed-Term Total - All Staff (HS)		**63**	**37**	**63**	**37**	**59**		**54**	**46**	**53**	**47**
Fractional Contracts	Full-Time										
	Part-Time	75	25	64	36	67	33	67	33	71	29
Fractional Contracts Total - All Staff (HS)		**75**	**25**	**64**	**36**	**67**	**33**	**67**	**33**	**71**	**29**
Total Staff (HS)		**58**	**42**	**58**	**42**	**57**	**43**	**55**	**45**	**56**	**44**

Figure 4.7: Employment Terms & Mode by gender for Clinical Staff (a. Health Schools, b. SDEN and c. SMED)
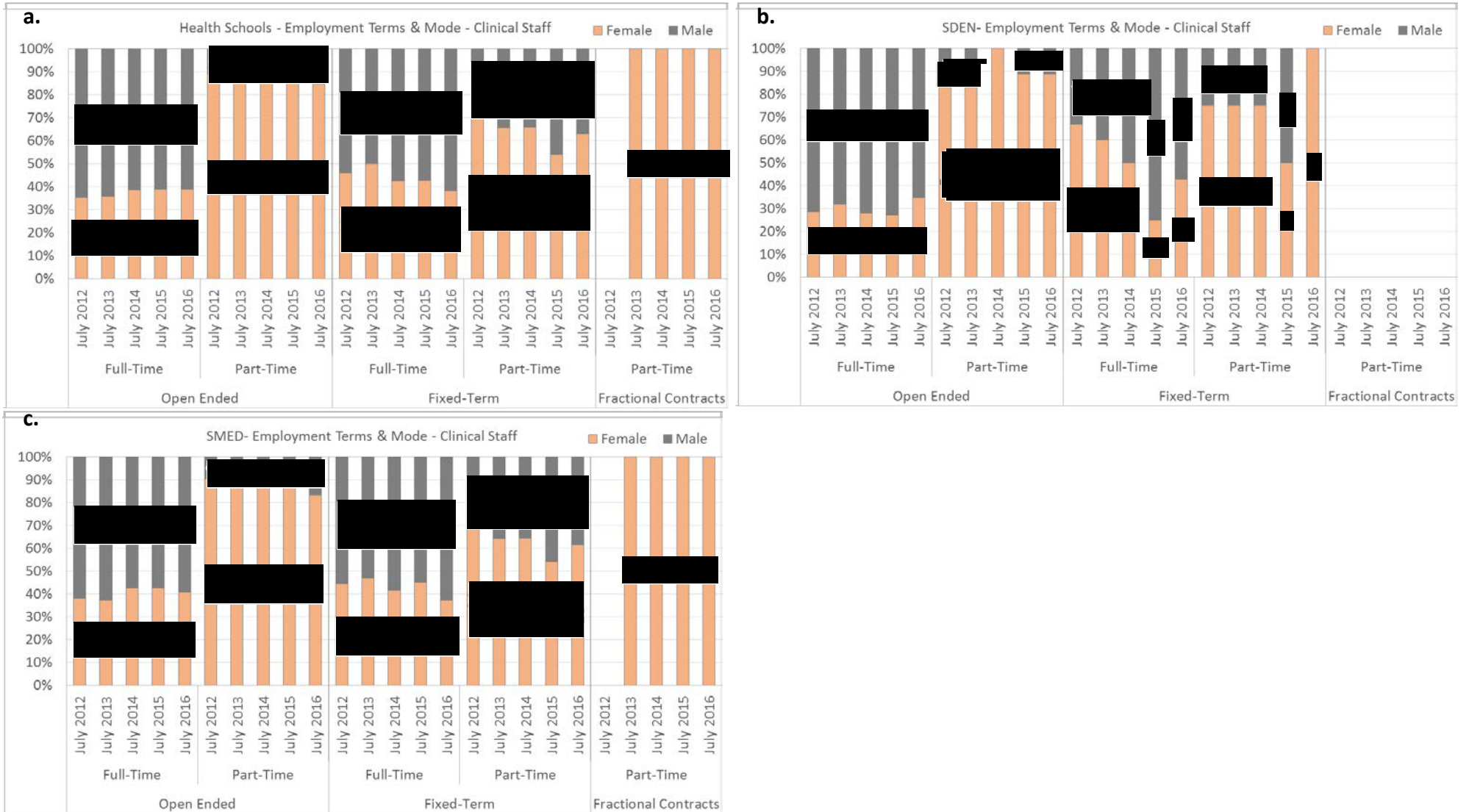
Table 4.11: Employment Terms & Mode by gender for Clinical Staff

		July 2012		July 2013		July 2014		July 2015		July 2016	
		Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %
Open Ended	Full-Time	35	65	36	64	39	61	39	61	39	61
	Part-Time	89	11	89	11	94	6	89	11	85	15
Open Ended Total - Clinical Staff (HS)		**47**	**53**	**50**	**50**	**52**	**48**	**54**	**46**	**54**	**46**
Fixed-Term	Full-Time	46	54	50	50	43	58	43	57	38	62
	Part-Time	75	25	66	34	66	34	54	46	63	37
Fixed-Term Total - Clinical Staff (HS)		**61**	**39**	**57**	**43**	**53**	**47**	**48**	**52**	**48**	**52**
Fractional Contracts	Full-Time										
	Part-Time										
Fractional Contracts Total - Clincial Staff (HS)											
Clinical Staff (HS)		**52**	**48**	**53**	**47**	**53**	**47**	**52**	**48**	**52**	**48**
Open Ended	Full-Time	29	71	32	68	28	72	27	73	35	65
	Part-Time	83	17	83	17	100		89	11	89	11
Open Ended Total - Clinical Staff (SDEN)		**38**	**62**	**42**	**58**	**40**	**60**	**45**	**55**	**50**	**50**
Fixed-Term	Full-Time	67	33	60	40	50	50	25	75	43	57
	Part-Time	75	25	75	25	75	25	50	50	100	
Fixed-Term Total - Clinical Staff (SDEN)		**71**	**29**	**67**	**33**	**63**	**38**	**33**	**67**	**50**	**50**
Fractional Contracts	Full-Time										
	Part-Time										
Fractional Contracts Total - Clinical Staff (SDEN)											
Clinical Staff (SDEN)			**56**	**48**	**53**	**45**	**55**	**43**	**57**	**50**	**50**
Open Ended	Full-Time		62	37	63	43	57	43	57	41	59
	Part-Time		10	90	10	92		89	11	83	17
Open Ended Total - Clinical Staff (SMED)		**51**	**49**	**53**	**47**	**56**	**44**	**56**	**44**	**56**	**44**
Fixed-Term	Full-Time	44	56	47	53	42	58	45	55	37	63
	Part-Time	74	26	64	36	65	35	54	46	62	38
Fixed-Term Total - Clinical Staff (SMED)		**59**	**41**	**55**	**45**	**52**	**48**	**49**	**51**	**48**	**52**
Fractional Contracts	Full-Time										
	Part-Time										
Fractional Contracts Total - Clinical Staff (SMED)											
Clinical Staff (SMED)		**54**	**46**	**54**	**46**	**55**	**45**	**54**	**46**	**53**	**47**

Table 4.12: Employment Terms & Mode by gender for Non-Clinical Staff

		July 2012		July 2013		July 2014		July 2015		July 2016	
		Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %
Open Ended	Full-Time	51	49	51	49	51	49	50	50	51	49
	Part-Time	88		85		79	21	83		76	
Open Ended Total - Non-Clinical Staff (HS)		**56**	**44**	**57**	**43**	**56**	**44**	**56**	**44**	**57**	**43**
Fixed-Term	Full-Time	55	45	60	40	53	47	51	49	48	52
	Part-Time	78	22	83	17	82	18	73	27	71	29
Fixed-Term Total -Non-Clinical Staff (HS)		**64**	**36**	**67**	**33**	**62**	**38**	**57**	**43**	**56**	**44**
Fractional Contracts	Full-Time										
	Part-Time	75	25	62	38	64	36	64	36	71	29
Fractional Contracts Total - Non-Clinical Staff (HS)		**75**	**25**	**62**	**38**	**64**	**36**	**64**	**36**	**71**	**29**
Non-Clinical Staff (HS)		**60**	**40**	**61**	**39**	**59**	**41**	**57**	**43**	**58**	**42**
Open Ended	Full-Time	56	44	63	38	63	38	50	50	63	38
	Part-Time							67			
Open Ended Total - Non-Clinical Staff (SDEN)		**50**	**50**	**60**	**40**	**60**	**40**	**56**	**44**	**67**	**33**
Fixed-Term	Full-Time	78		75		75		88			
	Part-Time									86	
Fixed-Term Total - Non-Clinical Staff (SDEN)		**82**		**83**	10	**83**		**93**	13	**91**	10
Fractional Contracts	Full-Time										
	Part-Time										
Fractional Contracts Total - Non-Clinical Staff (SDEN)											
Non-Clinical Staff (SDEN)		**67**	**33**	**73**	**27**	**73**	**27**	**78**	**22**	**78**	**22**
Open Ended	Full-Time	40	60	43	57	44	56	42	58	42	58
	Part-Time	88		87		81		83		79	
Open Ended Total - Non-Clinical Staff (SMED)		**46**	**54**	**52**	**48**	**52**	**48**	**51**	**49**	**51**	**49**
Fixed-Term	Full-Time	53	47	56	44	48	52	44	56	42	58
	Part-Time	77		76		76	24	64	36	68	32
Fixed-Term Total - Non-Clinical Staff (SMED)		**61**	**39**	**61**	**39**	**56**	**44**	**49**	**51**	**51**	**49**
Fractional Contracts	Full-Time										
	Part-Time										
Fractional Contracts Total - Non-Clinical Staff (SMED)											
Non- Clinical Staff (SMED)		**55**	**45**	**56**	**44**	**54**	**46**	**52**	**48**	**54**	**46**
Open Ended	Full-Time	76		67	33	65	35	68	32	69	31
	Part-Time			86		80				67	33
Open Ended Total - Non-Clinical Staff (SNHS)		**79**	**21**	**70**	**30**	**67**	**33**	**70**	**30**	**69**	**31**
Fixed-Term	Full-Time	54	46	71				71		80	
	Part-Time	78	22	92							
Fixed-Term Total - Non-Clinical Staff (SNHS)		**68**	**32**	**81**				**78**			
Fractional Contracts	Full-Time										
	Part-Time										
Fractional Contracts Total - Non-Clinical Staff (SNHS)											
Non- Clinical Staff (SNHS)		**75**	**25**	**73**	**27**	**72**	**28**	**71**	**29**	**69**	**31**

Figure 4.8: Employment Terms & Mode by gender for Non-Clinical Staff (a. Health Schools, b. SDEN, c. SMED and d. SNHS)

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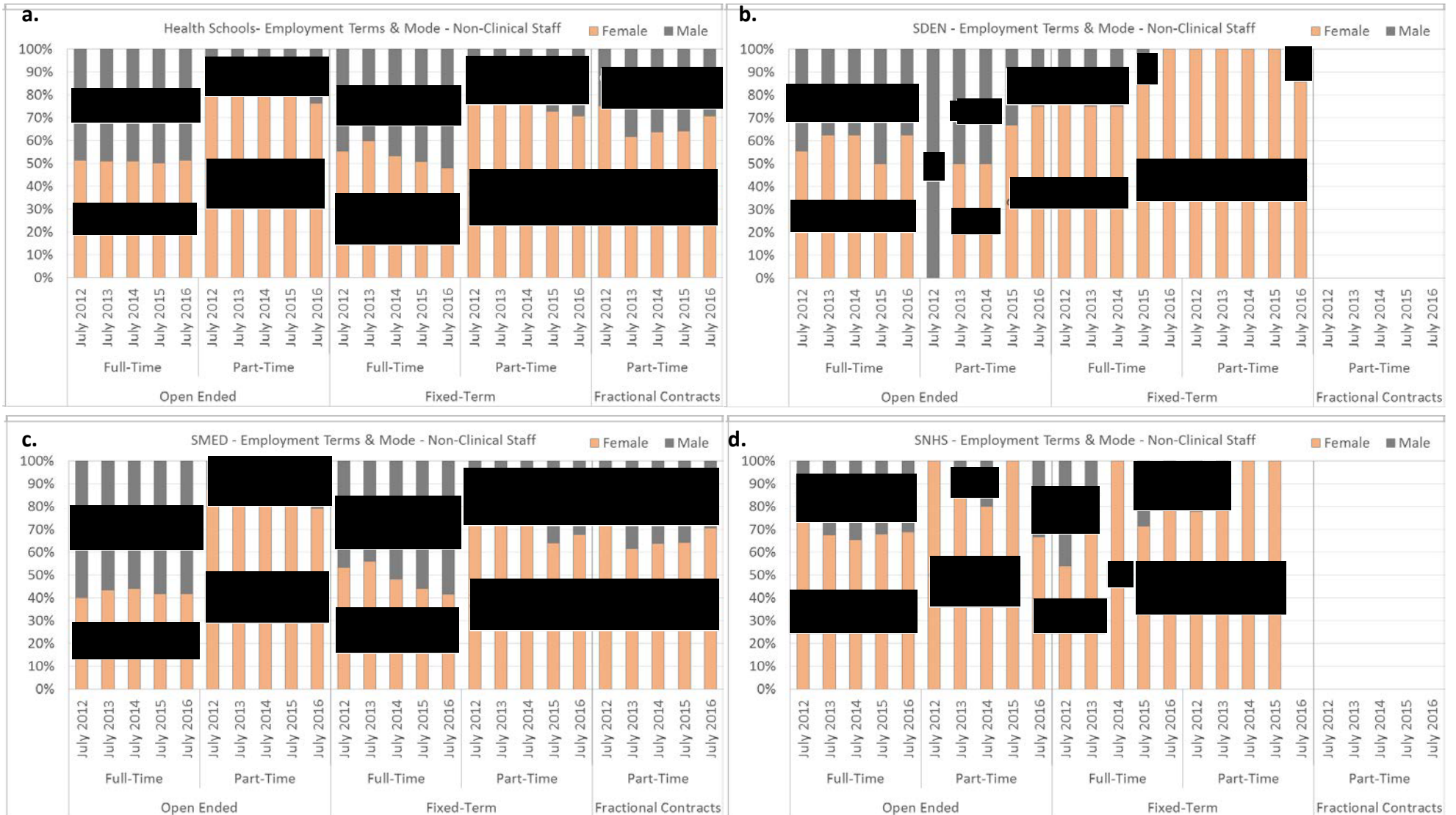
New Action Points (Silver Action)

4.3 Conduct focus groups to identify the barriers to women pursuing clinical academic careers and the reasons for turnover of staff

</div>

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

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

All Health Schools have gender balance on most committees that reflect the population and committee overload is avoided. In addition committee membership (including external committee membership) is considered through workload scrutiny as part of OSaR and the workload model (WLM) where used. The new WLM due to be introduced across the University will address this further in future.

In each school staff are encouraged and supported as part of career development to participate in committees external the University **(AP 5.4)** (Table 4.13). Both men and women contribute to a range of external decision-making committees.

Table 4.13 Examples of influential external committee work

Staff Member	Gender	Activity
SDEN		
Professor ▮▮▮▮▮	F	President British Society of Paediatric Dentistry Director Scottish Dental Clinical Effectiveness Programme Co-ordinating Editor Cochrane Oral Health
Professor ▮▮▮▮▮	F	Board Director, United Kingdom Public Health Register BDA Central Committee for Dental Academic Staff
Professor ▮▮▮▮	M	President, International Association of Paediatric Dentistry
Professor ▮▮▮▮	F	Co-Chair of the International Caries Consensus Collaboration Associate Editor of the Journal of Dental Research
Professor ▮▮▮▮	M	Secretary of the Global Oral Health Inequalities Research Network, International Association of Dental Research
Dr ▮▮▮▮	F	Board member, UKCAT

SMED		
Professor ▮▮▮▮▮	M	UKMED Research Group UKMED Development Group Medical Schools Council Selection Alliance (MSCSA)
Professor ▮▮▮▮▮	M	President British Association of Urological Pathologists (2013-2017) Member WHO Committee on the Classification of Tumours of the Urinary System (2013-2018) Chair, HIS Committee for Standards for Hospital Post Mortems (2014-2016)
Professor ▮▮▮▮▮	M	Member of NIHR Health Services and Delivery Research funding panel 2014 to date Member of Wellcome Clinical Interview Committee 2016 Chair NICE Multimorbidity Guideline 2015 to 2016
Professor ▮▮▮▮▮	F	British Photodermatology Group Committee, 2000–2 & 2016-ongoing; Edinburgh University 4th Year Undergraduate MBChB Board Committee, 2012–16; European Society of Photobiology (ESP) Scientific Advisory Board, 2013-ongoing;
Professor ▮▮▮▮▮	M	International Advisory Board for the Hannover Biomedical Research School at Medizinischen Hochschule Hannover. Editorial board for the Journal of Biological Chemistry (JBC).
Professor ▮▮▮▮▮	M	Member of the CSO Translational Clinical Studies Research Committee, 2012 – present
Professor ▮▮▮▮▮	M	Chair, Clinical End Points Committee, Treatment in Morning Versus Evening (TIME) study (BHF funded) Chair, Scottish Medical Academic Staff Committee, BMA Scotland (2009-2015) Editor-in-Chief, Cardiovascular Therapeutics (2007-present)
Dr ▮▮▮▮▮	F	British Neuroscience Association Council
Dr ▮▮▮▮▮	F	British Pharmacological Society Membership and Awards Committee (2016-) British Pharmacological Society Clinical Committee (2016-) Trustee of Scottish Heart and Arterial disease Risk Prevention (SHARP) Group (2015-) Representative of the Faculty of Pharmaceutical Medicine on College Council, Royal College of Physicians Edinburgh (2014-2017)
Dr ▮▮▮▮▮	F	Clinical Lead for NHS Scotland Infection Intelligence Platform Member of CSO Health Improvement, Protection and Services (HIPS) Research Committee

Professor ███████	M	Swedish Research Council's Clinical Therapies Research Panel. MRC Neuroscience & Mental Health Board.
Professor ███████	M	General Secretary of the European Focused Ultrasound Society Medical Technology in MRI Committee at DGBMT, chairman since 2003 Ultrasound Committee at DGBMT co-chairman since 2015
Professor ███████	M	Chair of Scottish Deans Medical Education Group (2013-2016) Chair RCOG Portfolio Committee (2007-2014) Chair NHS Education Scotland Regional ACT Group (2014-date)
Professor ███████	M	Member Specialty Advisory Board in Urology, Royal College of Surgeons, Edinburgh Member of Research Award Committee, Yorkshire Cancer Research, Yorkshire UK Lead Scottish Cancer Research Network (East Node), CSO, Scotland
Professor ███████	M	Wellcome Trust Clinical Interviews Committee
Dr ███████	M	Association for Simulated Practice in Healthcare Executive NHS Education Scotland Simulation Strategy Group UK and Ireland Board for Physician Associate Education
Professor ███████	M	Chair, International Association for the Study of Pain (IASP), Neuropathic Pain Special Interest Group (NeuPSIG) – since 2016 Scottish Government Ministerial Group on Chronic Pain – member, 2014 to present Faculty of Pain Medicine, Royal College of Anaesthetists – Board member, 2014 to present
Professor ███████	M	Chair of the UK National Screening Committee Chair of the CSO Health Improvement, Protection and Services (HIPS) Research Committee Chair of the Board of Trustees & President of the Association of Coloproctology of Great Britain and Ireland (ACPGBI)
Professor ███████	M	President, Scottish Society of Physicians 2014 Chairman, SIGN Guidelines on Heart Failure (2013-16) Chairman, Tenovus National Scientific Advisory Committee (2004-now)
Dr ███████	M	Member, CSO Health and Population Science grant committee (2011-present)
SNHS		
Dr ███████	F	Senior Fellow of HEA (actively supported by SNHS), Council of Deans Scotland member of the Transforming Nursing Roles - Advanced Practice Group representing CoDS
Professor ███████	M	Deputy Chair of the NIHR CDF/SRF/TRF Awards Panel

		Advisory Panel member for the new Clinical Commissioning Group Improvement and Assessment Framework
Dr ██████████	F	NCRI Primary Care CSG Survivorship sub-group
Mr █████	M	Chair of the Scottish Collaboration for the Enhancement of Preregistration Nursing
Dr ██████████	F	NICE Expert Panel Member Healthy Start Expert Reference Group
Mrs ██████████	F	Board Member is the Centre for the Advancement of Interprofessional Education
Professor ██████████	F	Scottish Government Maternity Review Lancet Series on Midwifery Executive Group (Chair) UNICEF UK Board of Trustees (member) WHO group on quality of care in midwifery (member)
Professor ██████████	F	NMC to UK Advisory Group on new standards for future nurses. Leadership group for NMC. Council of Deans
Dr ██████████	F	Advisory Group for the Scottish Infant Feeding Survey, Scottish Midwifery Research Group

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New Action Points (Silver Action)

5.4 Support women who aspire to leadership positions to obtain leadership roles.

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

At present the use of WLMs is variable throughout the University. In SMED & SDEN it is used for academic staff (T&R and T&S) whereas in SNHS it is used for T&S contract holders only.

The University has consulted widely on a new WLM which is due to be implemented in 2016/17. The SATs have significantly contributed to the consultation on this and consequently there is agreement for workload allocation to include E&D/AS time both for academic and support staff. The implementation of the new workload model needs to be monitored to ensure equity and effect on work life balance **(AP 6.3)**

PROGRESS/IMPACT (Bronze Action 5.1)

- **New workload model to be implemented across UoD in 2016/17**

New Action Points (Silver Action)

6.3 Implement new UoD - wide workload model within the Health Schools and ensure workloads are equitable and that the model is perceived to be transparent and fair

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

Progress: As a result of AS recommendations, timings of all core meetings in all three Health Schools have been revised to ensure that all are held between 10.00 and 16.00.

Guidelines on the timing of seminar events have also been revised in line with this good practice. In each school consideration has been given to the particular needs of the community members. *For example*, to fit in with clinical commitments and to maximise opportunities for all staff to attend, core meetings in SDEN are held at lunchtime and the timing and the day is rotated to ensure the same people are not always excluded. The implementation and effect of this change needs to be monitored **(AP 6.8)**

PROGRESS/IMPACT (Bronze Action 6.3)

• **Majority of meetings are now held within core hours.**

New Action Points (Silver Action)

6.8 Considerate timing of meetings and seminars to take place within core hours

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

Progress: The culture within the Health Schools is positive, open and inclusive of all genders.

The AS Wordle (Figure 4.9) has been used extensively to promote networking and increased awareness of AS across the Schools, including the annual AS lecture (Figure 4.10).

Figure 4.9 Athena SWAN Wordle

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Figure 4.10 Annual Athena SWAN lecture 2016

The 2015 UoD staff survey found that the majority of Health School staff felt the University was committed to equality of opportunity (Figure 4.11a), although in each school more men than women agreed with this statement, highlighting the importance of the work of AS. The Survey also revealed that very few staff (less than 6%) reported feeling harassed or bullied at work (Figure 4.11b). The apparent large % difference for SNHS is due to small number of responders.

The University has additionally initiated a system of 'first responders': people who can be contacted by any member of staff who feels upset, worried or unable to cope or unsure what to do next (for whatever reason). This is designed to allow staff to discuss their situation informally and in confidence. Four of the responders are from the Health Schools.

Figure 4.11: Responses to University Staff Survey (2015) by Gender

a.

Positive response to - 'I believe the University is committed to equality of opportunity for all of its staff'

Female   Male

b.
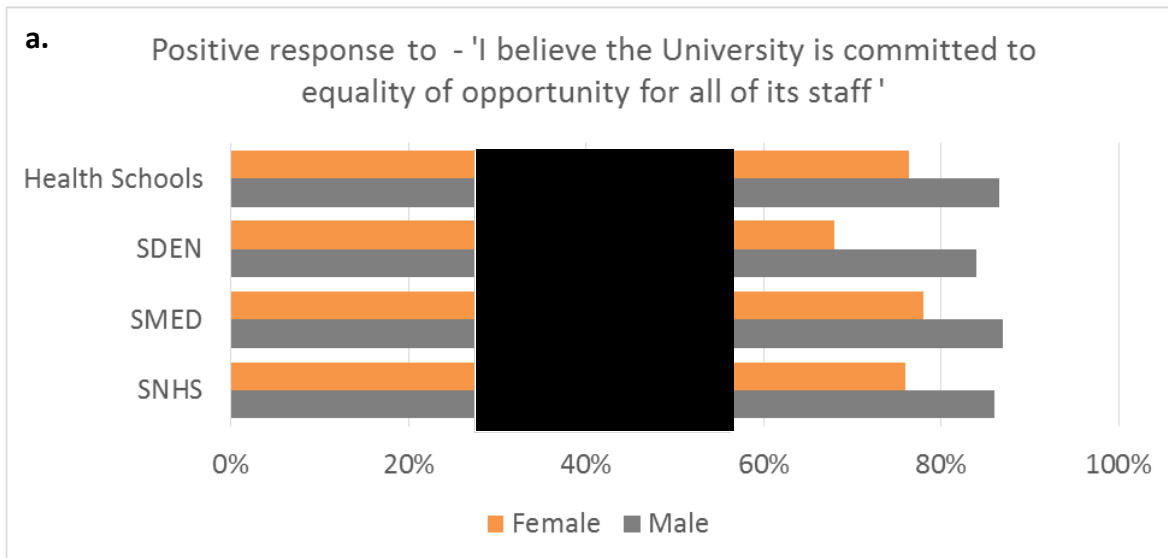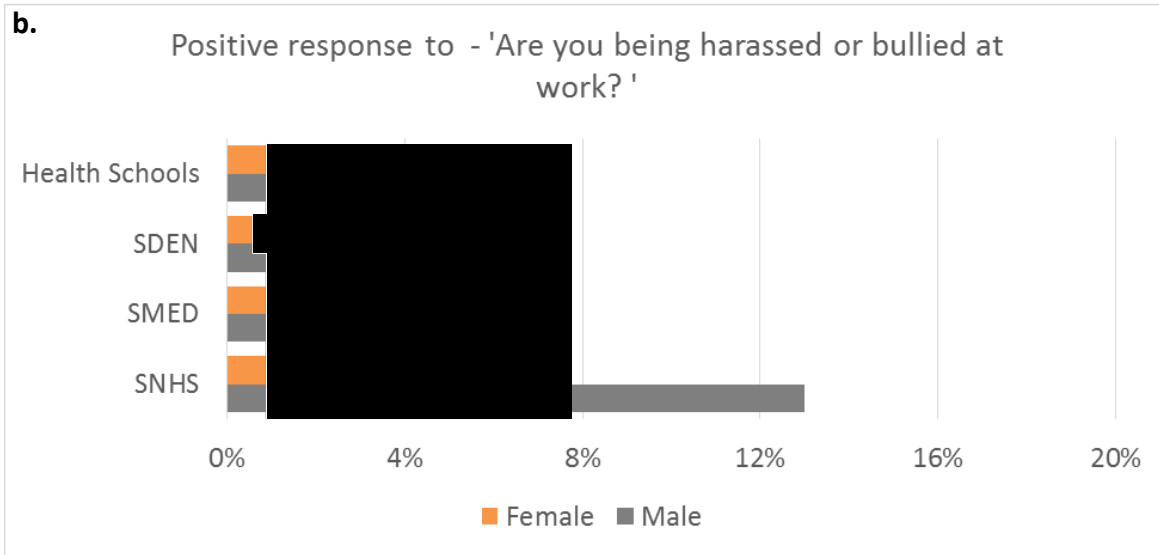
The annual Research Symposium and Learning & Teaching Symposium: These popular 2 days events are held at Crieff Hydro and allow staff in the three schools to celebrate successes and good practice and offer opportunities for networking and developing future collaborations. Staff members are encouraged to bring partners and children. The gender of speakers at these events demonstrates an appropriate mix but should continue to be monitored (Figure 4.12, Table 4.14) **(AP 6.7)**

Figure 4.12 – Gender balance of invited speakers at the Health Schools L&T and Research Symposia
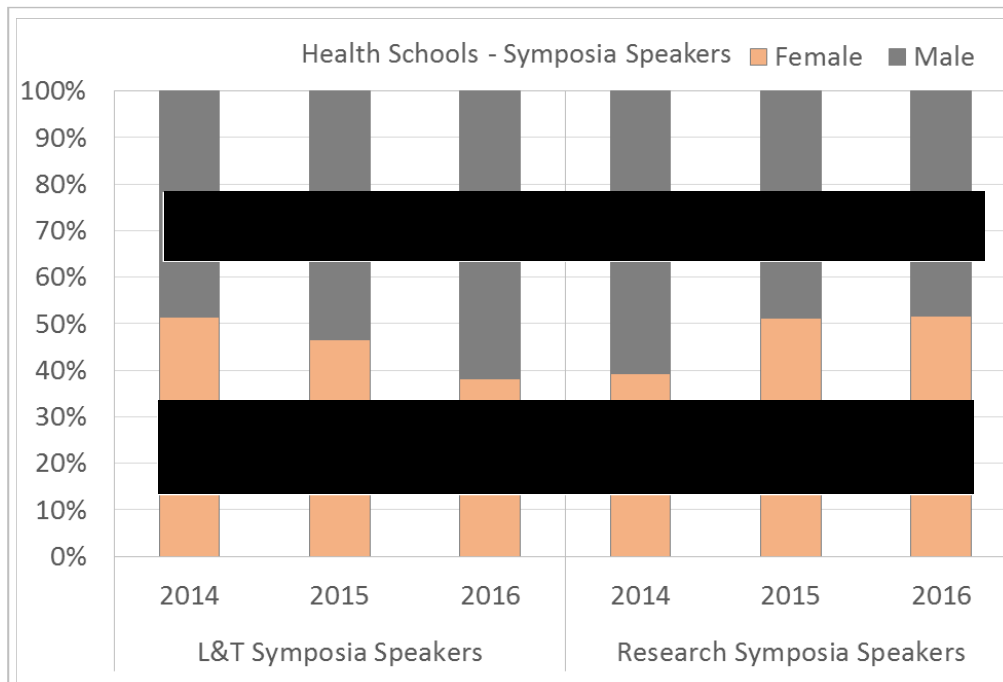
Table 4.14: Number and Percentage of Invited speakers by gender for the Health Schools Annual Learning & Teaching and Research Symposia

Health Schools	2014		2015		2016	
	Female	Male	Female	Male	Female	Male
L&T Symposia Speakers	(51%)	(49%)	(46%)	(54%)	(38%)	(62%)
Research Symposia Speakers	(39%)	(61%)	(49%)	(51%)	(52%)	(48%)

Other examples of the positive culture are numerous:

• The first Professor Margaret Fairlie lecture was held March 2015 (delivered by Prof Dame Sally Davies (Figure 4.13) and the first Rebecca Strong lecture was held March 2015 (delivered by Prof Anne Marie Rafferty). These events should continue. **(AP6.1)**

• The Health Schools celebrate the achievement of women in science by taking an active part in the University's annual Women in Science Festival, held in March to coincide with International Women's Day (8th March) and National Science & Engineering Week.

• Members of the UoD Culture Committee from the Health Schools contribute to the use of Arts and Culture to help foster a culture of inclusivity and respect, mutuality and recognition, all of which are part of the University vision.

• SNHS has recently opened a new social space to encourage lunchtime networking and greater interaction and mingling by all staff groups. Other SNHS events have included hill walking days (Figure 4.14), Easter egg hunt around the school, art design event (Figure 4.15), McMillan Coffee morning, Friday afternoon social gatherings, etc.

• SMED events have included the Race for Life, Pretty Muddy.

• Events have included the Dean's garden party, Christmas party, mulled wine and mince pies.

Figure 4.13: Professor Margaret Fairlie Lecture presented by Professor Dame Sally Davies (pictured centre with Professor Sir Peter Downes, University of Dundee Principal and Professor Louise Richardson, University of St Andrews Principal)

Figure 4.14: Outdoor teambuilding SNHS

Figure 4.15: Examples of the staff art teambuilding event which are now are displayed in SNHS

PROGRESS/IMPACT (Bronze Actions 3.3, 6.1)

- **Annual named lectures established with great success**
- **Gender balance of internal and external seminars monitored**

New Action Points (Silver Action)

6.1 Further support and develop Professor Margaret Fairlie Lecture and Rebecca Strong Lecture

6.7 Improve the gender balance of internal and external seminar speakers

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

A range of outreach activities are undertaken by staff across the Health Schools. Some activity is aimed at disseminating research such as public engagement events, while other is targeted at recruitment to programmes. Outreach activities are included in the workload model and are given credit as part of the promotion criteria.

Success in public engagement work has been recognised by a number of recent awards. The Cancer Research Team ▮ Males; ▮ Female) recently won the 2016 Ian Stevenson Public Engagement Prize (Figure 4.16) and the Undergraduate Nursing team in SNHS led by Lyn Griffin won an 'Openness about Death Award' for their work including 'Before I Die' walls.

Figure 4.16: The Division of Cancer Research Dean (SMED) team receiving the 2016 Ian Stevenson Public Engagement Award from the Dean of School (L-R, Dr Gareth Inman, Dr Gillian Smith, and Professor Gary Mires (Dean) and Dr Colin Henderson)

Other activity is targeted specifically at schools, such as open day events, promotion of new programmes and careers conventions. SNHS Open Days and events involve a mix of male and female staff and students and are held both in Dundee ▮ F; ▮ M), Fife ▮ F; ▮ M) and Belfast ▮ F; ▮ M). These include talks, taster clinical skills sessions and open drop-in sessions. Current undergraduate students also participate in these events Dundee ▮ F; ▮ M), Fife ▮ F; ▮ M). For schools events we are particularly cognisant of the importance of involving genuine counter gender-stereotypical representation - for example, including male students in our SNHS open days. **(AP 3.4)**

Examples of outreach activities in the Health Schools reported in the 2016 AS survey included: speaking to local Round Table groups; café science; Edinburgh fringe CODI, public consultation events; conference presentations; workshops on health promotion; collaboration on community development work and drop- in network events related to homelessness, poverty and development; International Clinical Trials Day; Help Me I'm A Scientist online activity; STEM Ambassador; Diabetes Research Register Awareness sessions to ethnic minority communities; public engagement in care homes; Dundee Science Festival (Figure 4.17). The gender balance of staff involved in all outreach activities needs to be monitored to ensure equity. **(AP 3.3)**

Figure 4.17 Dr Sharon King, TASC Tayside Biorepository Manager and Medicine SAT member, at Dundee Science Festival Family Fun Day (October 2016)

New Action Points (Silver Action)

3.3 Monitor gender of attendees and facilitators at outreach events

3.4 Attract more males into nursing

Flexibility and managing career breaks

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

> *(i)   Maternity return rate – comment on whether maternity return rate in the department has improved or deteriorated and any plans for further improvement. If the department is unable to provide a maternity return rate, please explain why.*

Due to low numbers of staff who took maternity leave data is presented as combined for the Health Schools (Figure 4.18 and Table 4.15). Numbers are too small to comment on any differences by grade or clinical/non-clinical contract type. All staff who took maternity leave returned (100% return rate). In accordance with UoD policy, maternity entitlements are above the statutory level. Additional support provided by the Health Schools is the recently introduced 'dependant care grant' offered in SMED and SNHS: only one person has used this to date, and she was promoted while on maternity leave. In recognition of the potential challenges faced by women on return to work following a period of maternity leave absence, the Health Schools propose to raise awareness of entitlements and introduce additional support. **(AP 6.4, 6.5 & 6.6) (AP 7.1, 7.2 & 7.3)**

Figure 4.18: Maternity leave of Academic & Research Staff by grade within the Health Schools
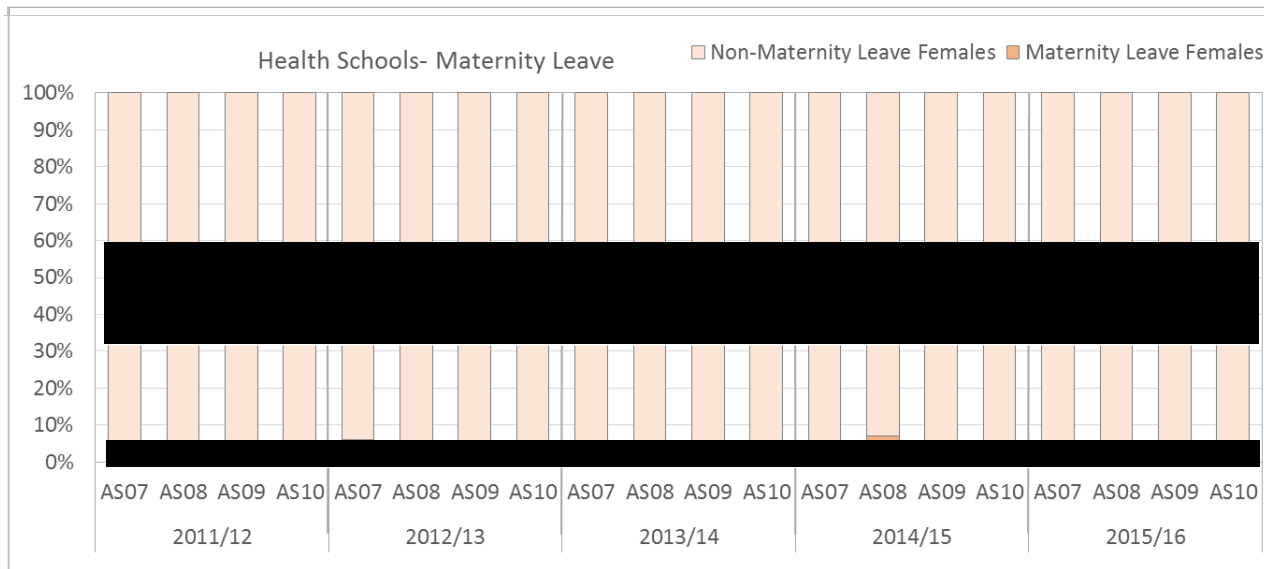
Table 4.15: Maternity leave of Academic & Research Staff by grade within the Health Schools

	2011/12			2012/13			2013/14			2014/15			2015/16		
	Maternity Leave	Total Female	% of Total	Maternity Leave	Total Female	% of Total	Maternity Leave	Total Female	% of Total	Maternity Leave	Total Female	% of Total	Maternity Leave	Total Female	% of Total
AS07															
AS08															
AS09															
AS10															
Total - All Staff (HS)															

New Action Points (Silver Action)

6.4 Promote availability of breastfeeding/expressing rooms in each school.

6.5 Raise awareness of childcare voucher scheme

6.6 Promote and monitor dependent care grants and formalise the scheme in SDEN

7.1 Increase awareness of flexible work-life policies

7.2 Introduce buddying for maternity leave returners

7.3 Raise awareness of KIT days. Collect data about uptake of KIT days.

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

The number of staff taking paternity, adoption or parental leave was extremely low. Only one clinical Grade 9 took paternity leave. It is not clear whether all instances of paternity, adoption and parental leave are notified and/or recorded **(AP 2.5)**

The suite of work life balance policies are all available via a link to the HR webpages from the AS webpages. Information is also included in the handbook that all new staff are given on appointment, and SAT members who had work life balance training in the schools can now promote these opportunities.

New Action Points (Silver Action)

2.5 Develop process to collect accurate and more granular data on paternity, parental and adoption leave and flexible working

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

Since we started to collect these data in 2014/15, the number of applications for flexible working by academic staff in the Health Schools has been low. In 2014/15 ▉ females and ▉ males applied, and in 2015/16 ▉ females and males applied (See Tables 4.16, 4.17 and 4.18). All applications were accepted.

Table 4.16: Applications for flexible working applications by grade and gender for Academic & Research staff in the Health Schools

	2014/15				2015/16			
	Female	%	Male	%	Female	%	Male	%
AS07								
AS08								
AS09								
AS10								
Total - All Staff (HS)								

Table 4.17: Type of flexible working application by grade and gender for Academic & Research staff in the Health Schools

		2014/15				2015/16			
		Female	%	Male	%	Female	%	Male	%
Flexible Working Hours	AS07					0	-		
	AS08								
	AS09								
	AS10								
Flexible Working Hours Total - All Staff (HS)									
Part-Time Working	AS07								
	AS08								
	AS09								
	AS10								
Part-Time Working Total - All Staff (HS)									
Voluntary Reduced Wor	AS07								
	AS08								
	AS09								
	AS10								
Voluntary Reduced Working Time Total - All Staff (HS)									
Total - All Staff (HS)									

Table 4.18: Outcome of flexible working applications by grade and gender for Academic & Research staff in the Health Schools

		Female	%	Male	%	Female	%	Male	%
Accepted	AS07								
	AS08								
	AS09								
	AS10								
Accepted Total - All Staff (HS)									
Rejected	AS07								
	AS08								
	AS09								
	AS10								
Rejected Total - All Staff (HS)									
Unrecorded	AS07								
	AS08								
	AS09								
	AS10								
Unrecorded Total - All Staff (HS)									
Total - All Staff (HS)									

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

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

The number of recorded flexible working applications are very low however many academic staff can work flexibly according to the terms of their contract so the data almost certainly underestimate those who actually benefit from flexible working. Many other members of staff have informal arrangements agreed with their line manager which is also not necessarily recorded. We need to capture this data more accurately **(AP 2.5)**

The UoD Staff Survey indicated that there was some dissatisfaction with work-life balance, particularly in SNHS (Figure 4.19). Responses from the Health Schools to the 2016 AS survey indicates there is a culture of working long hours. It is a concern that women appear to more often be expected to work long hours.

The reasons for dissatisfaction with work life balance and the culture of working long hours need further exploration, and need to be monitored. **(AP 2.1)** The new workload model may impact on these aspects of working life and also needs to be monitored **(AP 6.3)**

Figure 4.19: UoD Staff Survey 2015 - Staff feelings about work-life balance.
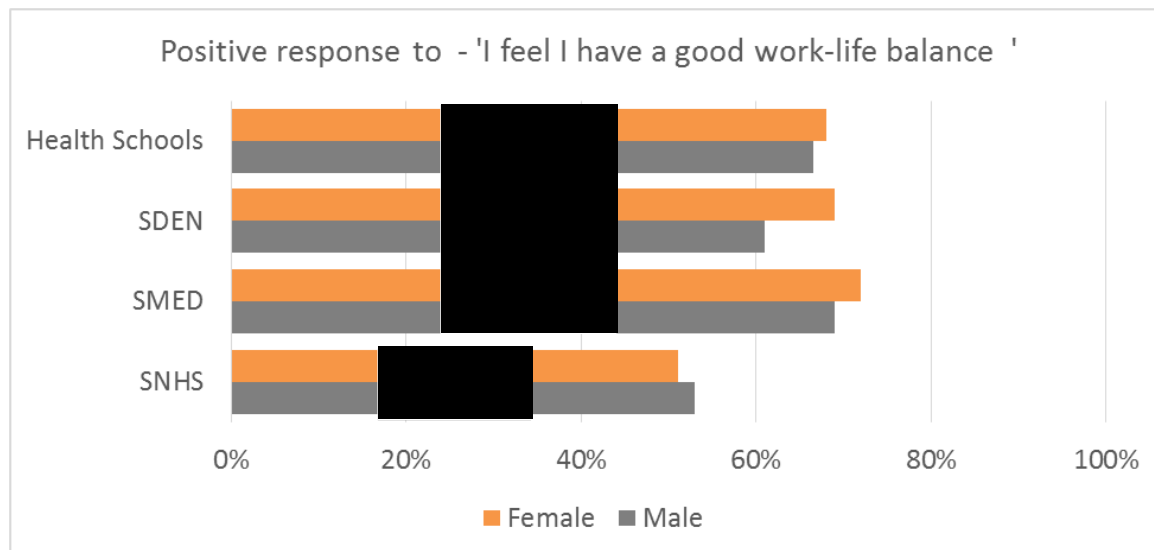
Table 4.19: UoD AS Survey 2016 - Is there a culture of working long hours at UoD?

	All HS responses	F	M
Yes - my peer group and I are frequently (more than once per week) expected to work long hours and there is no possibility of working shorter hours another time	■	■	■
Yes - my peer group and I are frequently (more than once per week) expected to work long hours but we work shorter hours during quieter periods	▮	▮	▮
Yes - my peer group and I are sometimes (1-4 times per month) expected to work long hours and there is no possibility of working shorter hours another time	■	▮	▮
Yes - my peer group and I are sometimes (1-4 times per month) expected to work long hours but we work shorter hours during quieter periods	■	■	▮
No - my peer group and I work set hours and are rarely or never expected to work longer hours	■	▮	▮
No - but my peer group and I work long hours because that is what we need to do to progress in the field	▮	▮	▮
No - but my peer group and I work long hours because that is what we need to do to manage our workload	▮	▮	▮
No - my peer group and I do not work long hours and there is no expectation or requirement that we do so	▮	▮	▮

Reassuringly, in the May 2016 AS staff survey the majority of staff (72%) were aware of UoD work life balance policies (Table 4.20). Staff were also asked about their ability to work flexibly and over 50% reported being able to do so (Table 4.21).

Work life balance training about HR policies and flexible work options has now been held in all schools for E&D committee members (rather than having individuals take on WLB champion roles) so that staff have the option of speaking to someone other than their line manager. EQUATE Scotland ran a flexible working workshop for the whole University for AS leads, senior administrative staff (school managers) and HR leads in Schools. This was attended by a number of staff in the Health Schools. All HR leads are aware of the suite of flexible working policies and the information is available on the HR and the AS websites, and in the staff handbook.

There is a need to further raise awareness of work life balance and flexible working policies and make staff aware of where to find them **(AP 7.1),** and the management and recording of flexible working should be improved **(AP 2.5).**

Table 4.20: UoD AS Survey 2016 - I am aware that the University has a suite of work-life balance policies

	All HS responses	F	M
I am aware of the policies but don't know where to find them	■	▮	▮
I am aware of the policies and know I can find them on the University website or via human resources staff	■	■	■
I did not know that the University had a suite of work-life balance policies	■	■	▮

Table 4.21: UoD AS Survey 2016 – Staff desire or ability to work flexibly

	All HS responses	F	M
I am able to work flexibly and do so often/routinely (for example, every week or month)	██████	██	█
I am able to work flexibly and do so occasionally (1-11 times per year)	██████	██	██
I would like to work flexibly but it would not suit my home life to do so	█	█	█
I would like to work flexibly but my request has been declined	████	██	█
I would like to work flexibly but do not feel able to ask for this	█████	█	█
I do not want to work flexibly	████	█	██
I would like to work flexibly but don't know what my options are	████	█	█
I don't think that my job will allow flexible working	█████	█	█
Other	████	█	█

PROGRESS/IMPACT (Bronze Action 5.2)

- **Work life balance training has been provided for all Health School SATs**
- **UoD has implemented a system of first responders**

New Action Points (Silver Actions)

2.1 Introduce annual Health Schools' Athena SWAN survey

2.5 Develop process to collect accurate and more granular data on paternity, parental and adoption leave and flexible working

6.3 Implement new UoD - wide workload model within the Health Schools and ensure workloads are equitable and that the model is perceived to be transparent and fair

7.1 Increase awareness of flexible work-life policies

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

The range of benefits available, including maternity/paternity leave and parental leave is explained. Options for keeping in touch (KIT) days and flexible working are also discussed. A maternity leave checklist has been rolled out across UoD (2016) and with information for line managers and members of staff so that each understands the process and responsibilities.

UoD offers a childcare voucher salary sacrifice scheme, equally used by men and women in SDEN and SMED (Figure 4.20 and Tables 4.22, 4.23 and 4.24). No staff in SNHS used childcare vouchers. Apart from at the most senior grades, both male and female members of staff used the childcare voucher

scheme. Information is not available about the numbers of staff who may be eligible. Greater efforts need to be made to publicise the scheme and managers need to ensure that all staff are aware of this option. **(AP 6.5)**

Figure 4.20: Number of Academic & Research staff signed up to the Childcare Voucher Scheme by grade from the Health Schools
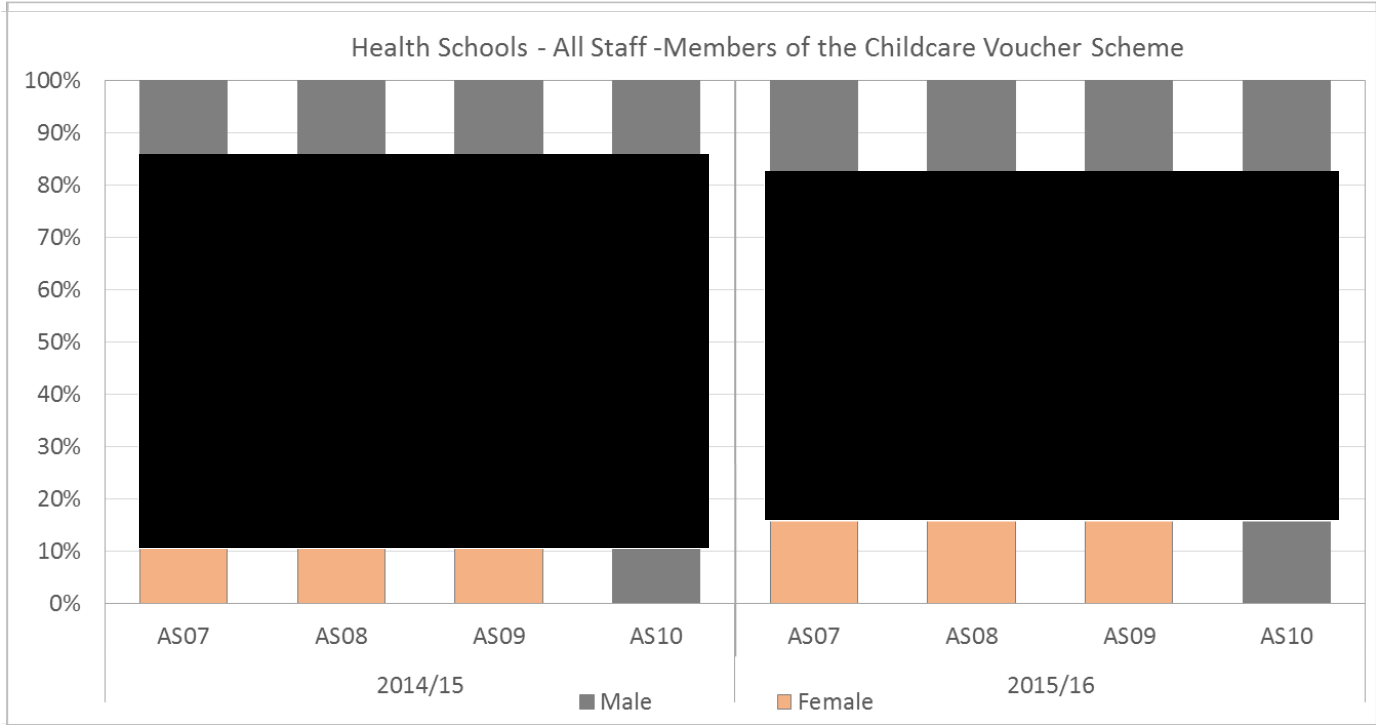
Table 4.22: Number of Academic & Research staff signed up to the Childcare Voucher Scheme by grade from the Health Schools

	2014/15		2015/16	
	Female %	**Male %**	**Female %**	**Male %**
AS07	63	38	53	47
AS08	41	59	43	57
AS09				56
AS10				
Total - All Staff (HS)	**52**	**48**	**45**	**55**

Table 4.23: Number of Clinical staff signed up to the Childcare Voucher Scheme by grade from the Health Schools

	2014/15		2015/16	
	Female %	**Male %**	**Female %**	**Male %**
AS07	33	67		
AS08			43	57
AS09	71	29	67	33
AS10				
Total - Clinical Staff (HS)			**47**	**53**

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Table 4.24: Number of Non-Clinical staff signed up to the Childcare Voucher Scheme by grade from the Health Schools

	2014/15				2015/16			
	Female	%	Male	%	Female	%	Male	%
AS07		72		28		53		47
AS08		33		67		43		57
AS09								
AS10								
Total - Non-Clinical Staff (HS)		**53**		**47**		**44**		**56**

The dependent care travel grant is available to all staff in SMED and SNHS with caring responsibilities including child care to cover the cost of care while they attend staff development opportunities, such as conferences, training or networking events. This option needs to be extended to SDEN and publicised further. **(AP 6.6)**

Since 2014 a breastfeeding room has been made available on the Kirkcaldy campus (SNHS) and the UoD nursery has opened an additional site with increased capacity and ability to care for babies. These facilities need to be publicised and use monitored **(AP 6.4)**

PROGRESS/IMPACT (Bronze Actions 5.3, 5.4)

- **The childcare voucher scheme has been monitored.**
- **Breastfeeding rooms are available in every part of the campus.**

New Action Points (Silver Actions)

6.4 Promote availability of breastfeeding/expressing rooms in each school.

6.5 Raise awareness of childcare voucher scheme

6.6 Promote and monitor dependent care grants and formalise the scheme in SDEN

Words: 5013/5000 - 13 of our extra 1500 words have been in this section

5. Any other comments: maximum 500 words

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

Although we have fewer senior women than men across the Health Schools, many of our women have been extremely successful in their careers and recent celebrations of their achievements include: the election of Professor Mary Renfrew to FRSE; Professor Annie Anderson to FRCP; Professor Jan Clarkson to FGDP RCS and Professor Ruth Freeman's appointment as Board Director of the UK Public Health Register.

Prof Mary Renfrew has been recognised as researcher, reformer, midwife and influential female role model. In her post as Director of SISCC she has a main aim to develop clinical-academic careers across non-medical professional groups like nursing and allied health professions. Her early influence to progress the work for the AS Bronze Award was crucial.

Professor Jill Belch, (former) TASC R&D Director, is pictured below (Figure 5.1) with Shona Robison MSP, Cabinet Secretary for Health, Wellbeing and Sport at the formal launch of the Academic Health Science Partnership (AHSP) in November 2015. The AHSP initiative is jointly supported by the Scottish Government, University of Dundee and NHS Tayside and aims to bring health professionals, academics, local authorities, third sector and industry together to improve health and social care outcomes for patients. Professor Belch, who was the original instigator of AS/gender equality activity in the Health Schools, recently received an OBE for her services to medicine. Her example and role model has provided inspiration for our AS work.

'This is the first example of such a collaboration in Scotland and it shows how academia and the NHS can work together to improve healthcare for patients. I want to congratulate those in Tayside for seizing the initiative and I'm pleased that we have been able to provide funding to test this model of partnership working.'
Shona Robison MSP

Figure 5.1 AHSP Launch at TASC's Clinical Research Centre (L-R) Professor Dilip Nathwani and Professor Jill Belch (Co-Directors of AHSP), Shona Robison (MSP), Professor John Connell (Chair of NHS Tayside, formerly Head of College of Medicine, Dentistry & Nursing), Lesley McLay (Chief Executive, NHS Tayside)

Since Professor Belch's initiation of the activity in our Schools, the visibility of gender-related issues and work to progress our AS agenda has increased in momentum. This has been made possible by the significant support and involvement of the Deans and Senior Management Teams. There is real impetus to support our female staff further via the actions described in our AS Silver action plan. The University has achieved number 1 ranking this year for "personal development of students". Our mission catalysed by the AS agenda is to now provide the same environment for our staff.

Our AS work demonstrates the enormous commitment from many individuals within the Health Schools and the University. The production of this AS application represents a significant team effort by many staff and students. In particular, we wish to thank Mr Duncan Brown, Mrs Laura Dunkerley, Ms Sarah Griffiths, Miss Naomi Jeffery, Dr Elena del Rio & Mr Roger Sleigh for their invaluable assistance.

Words: 447/500

6. Action plan - See Appendices

Provide an action plan as an appendix. An action plan template is available on the Athena SWAN website. *– <u>ALL</u> TO REVIEW BRONZE APPLICATION FOR THEIR OWN SCHOOL – IDENTIFY NEW ACTIONS UNDER INDIVIDUAL SECTIONS*

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

7. Case study: impacting on individuals

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

(Note: We have the agreement of ECU to present three case studies and present one from each of our Health Schools)

AS Bronze Award Action Plan – Health Schools, University of Dundee (submitted April 2014) (Realigned to new UoD structure)

Action No.	Action	Description of Action	Action to date (at time of application April 2014)	Responsibility	Timescale	Success Measure	Status/Progress	Impact/Update
1.1	Collate full range of staff data for analysis	Staff data will be collected annually for a defined evaluation process – also includes committees and outreach data. Data will require formulation for presentation and rigorous monitoring of progress with identification of new actions	Baseline information gathered from multiple sources with some manual extraction. Gaps in data requirements have also been identified	Central HR data systems team in collaboration with new Data Analyst role	Sept 2014 and yearly thereafter	Complete data sets obtained and analysed annually. Data improvement relative to national benchmarking. Summary results disseminated appropriately	Staff data has been collected and analysis of this undertaken. This is included in the Health Schools Silver Award application.	We now have complete data so we can monitor annually and disseminate key findings and take appropriate action.
1.1 Achieved								
1.2	Collect essential missing data – maternity leave and flexible working	Develop systems to record data from individuals within the School including maternity/ paternity and adoption leave	Highlighted as a priority for collection	School HR Officers and Central HR data systems team	Sept 2014 for initial review and yearly thereafter	New data sets for analysis	Information on maternity leave is available and included in the Health Schools Silver Award application. Data on flexible working are less	We know that all staff return from maternity leave which demonstrates that support before, during and after

		and uptake of flexible working						comprehensive. Local arrangements are in place for individual staff members but these often are not formally documented. There is a request form available for all staff to use, for those seeking flexible working. Currently this is used for support staff requests, in order that these can be captured in HR data, but this has not yet been used for academic staff within the Schools.	maternity leave is effective.
1.2 Partially Achieved								
1.3	Extend self-assessment process to School level	Schools will utilise the Good Practice Checklist (Oxford Research and Policy) to	There have been eight (former) School Equality &	Chair of Health Schools AS Executive group. Chairs	Regular School AS group meetings. Completio	Terms of reference for each group (School/three Schools) with	Each School has established an E&D Group/AS Self-Assessment Team which	The SAT/E&D Group in each school reports to their School Board. In SMED

		self-assess and identify specific areas of concern. AS groups in each School will handle devolved issues at a local level as defined in terms of reference	Diversity meetings from May 2013 to develop a workstream of activity. Each School AS group has met at least once	of School AS groups	n of Good Practice Checklists for each School by December 2015	remit to deal with specific, coherent and integrated actions addressed at School level. Improvements in areas of concern verified by follow-up use of the Good Practice Checklist	meets regularly (every 6-8 weeks) to consider issues specific to the School as well as benefit from the collaboration with the other Health Schools at Health School AS Executive Group meetings. The Oxford Good Practice Checklist was considered but the Schools decided against its use. Issues highlighted in the staff survey or other sources have fed into action planning.	and SDEN the Chair of SAT/E&D group sits on the School Exec and in SNHS the Chair reports regularly to the School Exec, and 3 members of the E&D Group are part of SEG. Therefore, AS is represented at the highest level within all three Schools. Details of the SAT membership are included in the Silver Award application.
1.3 Partially Achieved								
1.4	Evaluate AS survey data commissioned by Equality Challenge Unit (ECU)	Review and analyse survey results for potential issues across the School and compare to	School-wide participation in survey (Sept 2013) and provision of	New Data Analyst role and UoD AS Officer	Oct 2014	Further action planning as a result of both qualitative and quantitative survey results	The ECU survey data has not been used because uptake in UoD was deemed not	The surveys have been crucial in identifying issues relevant to each school and providing a focus

		national data for the discrete data sets: Undergraduate students, Postgraduate students, Academic staff, Administrative and technical staff	anonymised results data by School of Sport, Exercise and Health Sciences, Lough-borough University				sufficient. Instead, the School has considered the results of the University staff survey 2015 and the AS survey 2016. Results are included throughout the Health Schools Silver Award application, and specific issues are picked up in separate action points for Silver.	and school and University level for future actions
1.4 Achieved								
1.5	Create annual report and publish other key documentation	An annual report of the progress made in the School will be produced for dissemination to School Boards and disseminated elsewhere. Minutes of meetings will also be disseminated	Activity has been reported by presentation to School Board in March 2014. Gender issues/AS now standing items on	Chair of Health Schools AS Executive group. Chairs of School AS groups	May 2015 and annually thereafter	Annual report ratified each year by School Boards. Original Bronze application published on University web pages	Bronze application is published on the website. Annual report for the Health Schools was produced in 2015, and published on website. All minutes of all	The 2015 report and regular review of the Bronze Action Plan have provided a focus for action.

		after ratification by the Equality and Diversity group.	School Boards and other key committees				meetings are published on website.	
1.5 Achieved								
1.6	Develop best practice and knowledge of gender issues/AS by engagement with ECU/other institutions nationally	Attend at least one national ECU run AS event or similar per year by at least one member of the School Review of latest published AS application awards for the purpose of seeking new best practice Representation of the School at Scottish AS network meetings. Members of the School will engage with AS by applying to become an assessment panel member. Invite speakers about AS and creating contacts with	Three members of the School attended separate ECU run AS workshops in 2013 Two members of the School are registered for attendance of the Scottish Resource Centre (SRC) for Women in STEM conference on Developing and Supporting Your Female STEM Staff and Students	Chair of Health Schools AS Executive group. Chairs of School AS groups	Review six-monthly	Record of ECU/other events attended, specific proposals put forward for further action planning. Review of current best practice within School Equality & Diversity meetings, recorded in meeting minutes. School represented at Scottish AS Network meeting at least once a year. Member(s) of School	Health Schools AS Executive members registered for ECU assessment panels Jan-March 2016 (LT & JI). JI has regularly attended a range of AS assessment panels and has Chaired an Institution Award panel AS Hub shared between UoD, Abertay and St Andrews Universities to share knowledge, good practice and local initiatives	Greater awareness of gender issues across all schools.

		other institutions working on AS – select events for audience feedback survey	in May 2014 (Edinburgh Napier University) Review of AS Awards 2013 published document for best practice. Invited speakers from other external institutions has included University of Edinburgh academic			registered for AS assessment panel, active experience on panel. Two speakers invited each year to present on AS related topic to small or large groups – positive audience feedback survey	Active participation in EQUATE Scotland events (May & Nov 2014 and Oct 2015) and regular contact with EQUATE Scotland and ECU events Attendance at Scottish AS Regional Network meeting (DP)(2016) and GI (2015,2016), Deputy Chair (2015) and chaired by UoD AS Project Co-ordinator 2016 (JI) Attendance at flexible working event run by EQUATE Scotland (HW) Attendance at unconscious bias events (LT,	

							HW, GI) (2015, 2016); work-life balance training held in SMED and SNHS (2016); members of School Executives have been required to undertake unconscious bias training (autumn 2015/early 2016). First Rebecca Strong lecture held March 2015 (delivered by Prof Anne Marie Rafferty). First Professor Margaret Fairlie lecture held March 2015 (delivered by Prof Dame Sally Davies). Plans are in place for future events.	

1.6 Partially Achieved

| 1.7 | Increase awareness of gender issues/AS across the School | School-wide awareness raising through newsletters, website and targeted presentations and emails. Future presentations at key School events e.g. annual Schools retreat. Develop a poster campaign targeted at Schools issues. Make use of prominent screens in entry areas to promote key information | Launch of web pages (Autumn 2013) Presentations within the School, from School Retreat October 2012 onwards, School presentations (Summer/ Autumn 2013) Presentation to School Board (March 2014) Generic poster campaign/ School pop-up banners rotating around School sites | Presentations by AS Officer / academics. New web pages led by AS Officer | Review quarterly | Completed survey question measuring awareness of AS. Record of events and other awareness raising at Schools level. Up-to-date University AS web pages and new Schools pages added to this | AS pop up banners displayed at College wide events (Research and L&T symposia, Recruitment Fairs, Roadshows, PhD Student Symposia). Poster campaign at Ninewells and other Schools sites. AS is a standing agenda on all School Exec and Boards. Bronze Award used in staff e-mail signatures, AS network events held at all Schools, Networking lunches, AS drop in sessions. ECU Newsletters. AS banner on every screen. | Regular meetings and commitment. Awareness of UoD involvement in AS Charter in the Health Schools increased from 94.3% of AS survey respondents in 2015 to 96.9% in 2016. General awareness of AS polled as 100% in SMED research meeting 2016. |

1.7 Achieved							
2.1	Collate full range of undergraduate and postgraduate student data for analysis	Generate data analyses on an annual basis for evaluation	Baseline information collected and analysed	Registry in collaboration with new Data Analyst role	Sept 2014 and yearly thereafter	Complete data sets obtained and analysed annually. Data improvement relative to national benchmarking	Student data has been collected and analysis of this undertaken. This is included in the Health Schools Silver Award application.	We have complete data sets and are aware of any gender issues in our student population.
2.1 Achieved							
2.2	Set up career information sessions for undergraduate students	Career presentations to year groups of students by School from successful female clinical academics, detailing their career pathways	Confirmation for next semester start	Under-graduate Leads	Sept 2014 onwards	Increased uptake of graduate females who opt to undertake postgraduate study	SMED: A monthly careers session is run at Ninewells Hospital and Medical School for Medical students; Careers Team meet with students on request; students are referred as needed; Careers Service regularly advertised to students. SDEN: final year UG students	Gender information about uptake of careers advice or progression to postgraduate study is not collected.

							have a careers session (recently organised by the Royal College of Physicians & Surgeons of Glasgow) with variety of invited speakers; students can engage with research through the INSPIRE programme and summer internships; visits to general dental practices as part of the GAP Business Module at the end of Yr 4; work in salaried dental service in outreach centres in Yr 5; close working relationships with a range of career	

							experiences of the staff eg visiting general dental practitioners. SNHS: SNHS career lectures delivered annually to Yr 3 UG nurses by the careers service, including information about AS and E&D, and PG studies. In SNHS most undergraduates consolidate their training in clinical practice before undertaking post-graduate studies, so it is not possible to measure the uptake of PG studies.	
2.2 Achieved									

2.3	Develop post-graduate student career advice and support	Review information in Research Postgraduate Student Handbook Further awareness raising of career support via presentation/ poster at annual postgraduate research symposium and future career events	Poster at annual postgraduate research symposium (June 2013)	Chair of Health Schools AS Executive group. Chairs of School AS groups	June/ Sept 2014 and six-monthly review thereafter	Career support and development information added to Research Postgraduate Student Handbook. Delivery of career events	AS Banners are displayed at annual PG Symposium. In all schools individual career planning is offered to RPG students through supervision and twice-yearly TMHS. SMED: Postgraduate Symposia: 'Career advice, think twice'. SDEN: The School organises a careers event for PG students. The Chair of the School SAT has spoken on career opportunities at the Health Schools and the School of Dentistry's Research Symposia. The	No specific impact measurements

							School's RPG handbook has been enhanced to provide School-specific guidance as well as sign-posting students to the resources available within the University. SNHS: Most PG students are distance learners. PG Handbook has been revised to include information about career options.	

2.3 Achieved									
3.1	Increase the transparency of the promotions process within the School	The promotion process, currently under review at University level, will be put into the context of the School and disseminated to	Changed University process for promotions agreed including ability to self-nominate, requiring	School HR Officers	April 2015	Dissemination of information including using HR website/links to web pages Completed survey question	Revised promotion process implemented in 2014 - now self-nomination added. Information about	No specific impact measurements	

	all members of staff	ratification by University Court				measuring awareness of promotions process	promotion is available on the UoD website. Karl Leydecker (VP L&T) runs promotions information sessions. In 2016, 10 staff (8F; 2M) (grades available) from Health Schools attended promotions sessions.	
3.1 Partially Achieved								
3.2	Collect information on School search committees for senior appointments and candidates for appointment	Search committees will be required to have equality & diversity training and committees will have an appropriate gender balance. Search committee briefs to recruitment agencies will insist on an appropriate proportion of	Identification of the requirement	School Office School Secretaries	April 2015 and annually thereafter	Information on composition and training of members of search committees with analyses showing status/improvements. Upload of search committee shortlists to University online	Headhunting only used for professorial posts. No search committees have been commissioned in SDEN or SNHS in the time period under review. SMED employed a search committee in 2014 for	Impact is considered

	women to approach/ shortlist				recruitment system	recruitment to ▮ senior roles, resulting in the appointment of ▮ male professors.	
3.2 Not Achieved							
3.3	Set up an annual named lecture – the Professor Margaret Fairlie Lecture – with a senior female role model speaker	Work with School office on venue and timing for a formal public event		Chair of Equality & Diversity group School Office	Annually from March 2015	Annual lecture with positive feedback from attendees	First Professor Margaret Fairlie lecture held March 2015 (delivered by Prof Dame Sally Davies). First Rebecca Strong lecture held March 2015 (delivered by Prof Anne Marie Rafferty).	First events acknowledged as huge success. Generated significant publicity and raised awareness across the University. Frequency has been rationalised as biannual events. They are being staggered across the Schools.
3.3 Achieved							
4.1	Incorporate a session for early career researchers as next generation leaders into the annual School retreat	Identify senior School academic to deliver this new session for nominated attendees with appropriate gender balance	Identification of requirement	School Office for organisation of retreat Line manager nominations	March 2015 and annually thereafter	New session for Health School retreat and positive feedback from attendees	Session for Postdocs and PhD students held in Feb 2016 at Crieff Symposium.	Early career researchers (ECR) group established within SDEN as a result of discussions at this meeting.

								Weekly informal meeting within the School to discuss issues relevant to the group. All research committees within the SDEN have an early career researcher member(s) to ensure their interests are represented and they have an input into future research activity and strategy. Gender balance of group known.
4.1 Achieved								
4.2	Identify the barriers to women pursuing clinical academic careers	Set up focus groups with female NHS Consultants/ senior Nursing, Midwifery and Allied Health Professionals to identify factors preventing them	Nominations for School-based focus groups	Chair of Health Schools AS Executive group. Chairs of School AS groups	April 2016	Report produced highlighting issues/barriers to pursuing a clinical academic career. Provision of guided support	SMED: No formal report produced. SDEN: No formal report produced but the School works closely with NES Equality &	Clinical Academic Fellows employed in SNHS

	entering academia					to female students	Diversity Group to identify barriers specific to careers in dentistry. SNHS: Review of Clinical Academic Careers and report about the Clinical Academic Strategy prepared for SNHS in April 2016.	
4.2 Partially Achieved								
4.3	Collect and analyse information on line manager attendance of the Organisational and Professional Development (OPD) workshop, HR for Managers	Collect and monitor information on uptake of this course, including gender balance	Identification of requirement for OPD data	Organisational and Professional Development (OPD) and new Data Analyst role	Sept 2014/April 2015 and annually thereafter	Increased uptake of this course with appropriate gender balance, following identification of lack of uptake at Schools level	Attendance on HR for Managers course increased from 2012 to 2014/15. Fewer staff attended in 2015/16. More women than men attended. Information on a further range of courses analysed.	Feedback to OPD on current gender balance on this course for future promotion of this course. Importance of the continued provision of this course and further relevant courses for both men and women emphasised to OPD.

4.3 Achieved

4.4	Collect information on School recruitment panels and monitor academic gender balance/ panel members training	Recruitment panel members will be required to have appropriate equality & diversity training and panels will have an appropriate gender balance	Identification of the requirement for monitoring academic gender balance on panels	Central HR to collect data, Chairs of School AS groups to analyse data	Six-monthly review	Baseline information on recruitment panels composition and training with analyses showing status/improvements	HR record information; all training is recognised as mandatory. Data held centrally within the University.	Panels now have E&D trained members and there is gender representation. There is a recruitment panel documented checklist that records this. This is recognised as a major change in culture.

4.4 Achieved

4.5	Collect and analyse exit questionnaire information	Introduce use of exit questionnaires School-wide to understand reasons for turnover within the School/Schools, once the questionnaire has been developed by central HR	Identification of the requirement and circulation of existing exit questionnaire (previous pilot in Tayside Medical Science Centre)	Central HR to collect data, Chairs of School AS groups to analyse data	April 2016 and annually thereafter	Successful introduction of the use of exit questionnaires in each School, with analyses for action planning	Has been introduced University wide; completion is on a voluntary basis.	Has impacted the University and is now published policy.

4.5 Achieved

5.1	Increase the transparency of workload	Promote visibility and dissemination of	Guidance notes available for	Deans of Schools	April 2015	Completed survey question	The University is piloting a new model to be	Impact of workload

	models within the School	information at School level	workload models in SMED /SDEN			measuring awareness of workload models	used across all Schools in 2016/17. E&D/SATs have fed into the consultation on this. The use of workload models will allow meaningful comparisons across different Schools and disciplines.	modelling is 100% awareness.
5.1 Partially Achieved								
5.2	Introduce work-life balance champions in each School	Nominate and train (via HR) men or women to become work-life balance champions, with particular emphasis on early career researcher in the School Form a focus group to review recent experience of maternity/ paternity leave including	Identification of requirement	School HR Officers Chair of AS School groups	April 2016	At least one work-life balance champion in each School Revised maternity leave info pack – fully disseminated Completed survey question measuring increased awareness of	SMED: Training of SAT took place Sept 2016. SDEN: Training for the SAT will take place in Nov 2016. Information on the School's work-life champions will be disseminated to all staff. SNHS: Training for the	There are now academics, researchers and support staff who are trained to act as Champions and provide advice at all grades in all Schools. This will be further disseminated around the Health Schools and published on

		postdoctoral researchers that have been on leave				work-life balance policies	SAT took place Oct 2016. UoD has implemented system of first responders.	the website for information.
5.2 Achieved								
5.3	Provide access to breast-feeding rooms in each School	Identify suitable accommodation in each School for women returning to work and requiring facilities for breastfeeding and expressing	Agreement negotiated within NHS hospitals (Ninewells Hospital for Medical School and Dental hospital for Dental School) for use of existing breastfeeding rooms	Chairs of School AS groups	April 2015	Access by University staff for NHS facilities Provision of breastfeeding room within SNHS (Airlie Place, City campus)	SMED/SDEN: The Schools have worked with the NHS to identify breastfeeding facilities. It has not been possible to create a dedicated facility but appropriate space has been made available to individuals on request. SNHS: New facility in Kirkcaldy campus now open. Breastfeeding rooms are available on the main campus in	Use of the rooms has been welcomed by the individuals.

							the Tower and Life Sciences, and at Ninewells.	
5.3 Achieved								
5.4	Increase uptake of childcare voucher scheme	Instigate regular promotion of the University's tax efficient childcare voucher scheme as currently published on University website. Work with Payroll to set up a system to capture information on uptake.	Payroll contacted to initiate procedures for uptake monitoring in the Schools/School	School HR Officers	August 2014 and yearly thereafter	Increased uptake of childcare voucher scheme in each School	We have now captured data on uptake of vouchers. However, we have not consistently promoted their uptake. Currently ▇ females and ▇ males participate in the scheme. This represents a decrease compared with last year (▇ female, ▇ male) but we have no way currently to determine the number of individuals who may be eligible and so cannot	Data show that vouchers are taken up by staff. We will now advertise the scheme widely across the Health Schools to ensure all who may benefit from the scheme are aware of it. We will monitor this in the Health Schools' annual AS survey. This action is carried forward to the silver action plan.

							evaluate if this is a decrease in real terms. The reasons people elect to participate in this scheme are not restricted to matters pertaining to the work environment and would depend on many personal and financial factors.	
5.4 Partially Achieved								
5.5	Improve networking opportunities for women in Schools and across the School	Hold women only networking events in each School, and also School-wide at a suitable time e.g. lunch-time	Venues identified, dates proposed so that Deans of Schools/senior female academics can attend	Chair of Health Schools AS Executive group. Chairs of School AS groups	June 2014 for first event	Well-attended events with positive feedback, held at least annually	Networking events held in SDEN (April 2016) and SNHS (3.3.15, 23.11.15, 9.6.16). SMED: a series of awareness-raising meetings has been held throughout all divisions in the School. The first	Awareness of UoD involvement in AS Charter in the Health Schools increased from 94.3% of AS survey respondents in 2015 to 96.9% in 2016.

							event in SDEN was women-only which caused some comment from the male staff on the grounds of E&D. There are many E&D agendas that will be accommodated.	
5.5 Achieved								
5.6	Promote awareness and uptake of Organisational and Professional Development (OPD) courses and workshops	Analyse current/historical (i.e. previous two years) course attendance rates and feedback by gender and School Work in collaboration with OPD to promote uptake of specific courses identified as being beneficial to women's career development	Relevant OPD courses have been identified	New Data Analyst role and UoD AS Officer	Analysis of current/historical data for first course by July 2014	Increased uptake of specified courses by female postgraduate students and staff in each School	Uptake on all OPD courses increased from 2011 to 2014/15 and fell slightly in 2015/16.	OPD courses have been further developed as a comprehensive programme for researchers, academics and all staff. Information is distributed to all staff and regular update emails are also circulated. The brochure and booking facility is online. OPD courses are

								discussed in OSAR meetings.
5.6 Achieved								
5.7	Analyse School/School completion rates for the University's appraisal system - Objective Setting and Review (OSaR) process	Obtain data for the current year on OSaR completion, by School and gender of appraiser/ appraisee	Completion rates available for the Schools/School	Central HR and Chairs of AS School groups	October 2014 and annually thereafter	Increased OSaR completion rate in each School	Data on OSaR completion rate by gender are now part of the annual AS data suite. Completion rates have increased from 65% Female, 68% Male in 2015 to 90% Female and 85% Male in 2016. This increase reflects a concerted effort from the Deans to ensure line managers and employees all understand the value of OSaR and are encouraged to participate. Completion rates in SMED and SNHS were	We know that the proportion and percent completion is increasing. This is a cultural success for the Health Schools.

							particularly high. We have not continued the action to systematically report on the gender of appraisers (although this information can be extracted from records).	
5.7 Achieved								
5.8	Establish dependent care travel grants for academics	With Finance involvement, submit proposal for School approval Encourage uptake of grants at School level when available	Proposal drafted by senior clinical academic	Chair of Health Schools AS Executive group. Chairs of School AS groups	April 2014	Full uptake of grants by academics in each School	Dependent Carer travel grant funding in place in all Schools	New policy in SNHS (April 2016), no applications so far. Two applicati ons in SMED, one of which was granted.
5.8 Partially Achieved								
6.1	Monitor the gender balance of internal and external seminar speakers	Obtain information on the current year's seminars and analyse for gender balance of speakers	Issue raised with School Communicati ons Manager concerning potential lack of visibility of	Chairs of School AS groups	December 2014 and annually thereafter	Increase in the proportion of female speakers at seminars	University guidance is that they need to take place between 10am to 4pm. Gender balance of	Gender balance of shared seminars between SDEN and SNHS 2015 █ M; 2016 █ M. SMED 2016 █ / █ M

			women speakers				speakers is monitored.	
6.1 Achieved								
6.2	Analyse completion rates of the Equality & Diversity programme of online training modules	Obtain data on equality & diversity online training completion, by School and gender	Completion rates available for the Schools/School	Central HR and Chairs of AS School groups	October 2014 and annually thereafter	Increased completion rates of equality & diversity online training in each School	The Schools have closely monitored completion rates and have proactively followed up those staff who have not completed all mandatory modules. Overall % staff who have completed E&D training is now 68% (increasing from 35% in May 2015)	Increase in awareness of training modules and the requirement to complete E&D training manifested as high completion rates particularly in SNHS (85% completion). SMED has shown greatest increase in completion with 91% increase between May 2015 and October 2016. It is now compulsory to present training completion certificates at OSaR.
6.2 Achieved								
6.3	Improve the scheduling of meetings and	Provide clear guidance from the School that	Raised with School Communicati	Chairs of School AS groups	May 2014 School based	Completed survey question on	SMED: All Divisional seminars are	Impact: meetings are now more inclusive and

	seminars to take place within core hours	meetings and seminars should be held from 9am and finish no later than 5pm, as the recognised core hours	ons Manager concerning invited speakers, where sessions may finish outside core hours		guidance issued	increase in School and Departmental meetings or seminars held within core hours	now within core hours. SDEN: All core School committee meetings are scheduled over lunchtimes to fit with staffs' varied commitments, including clinics. Meetings also are scheduled on different days to reduce potential disadvantage to part-time staff if meetings always fall on a day they do not work. SNHS: All core meetings in the SNHS Academic Calendar are now held between 10am - 4pm.	awareness has been raised.
6.3 Achieved								
6.4	Review and update	School focus group review of	Current induction	University AS Officer and	November 2014 for	Revised induction	UoD Induction Information is	More effective embedding of

	induction information for new staff members	both the content and delivery method for induction information	packs (academic, postdoctoral researcher versions) obtained for review	Chairs of School AS groups	completion of review and annually thereafter	packs ready for delivery from 2015, including School information as needed	available from HR. In addition, school-specific induction information/checklists of people to meet were introduced in 2015 (SDEN). This aligns University and NHS requirements as appropriate and outlines the timescales for completion of required activities. There is a University Induction Day for new staff	new staff into Health Schools
6.4 Partially Achieved								
6.5	Create a list of key School/School contacts that new staff should meet within their first month	Identify a process for creating the list and ensuring meetings take place within the timescale	Initial consultation within the Schools	Chairs of AS School groups	November 2014 for embedded process	Completed survey question on positive effect of meeting key contacts at outset of appointment	As above, UoD Induction Information is available from HR. In addition, school-specific induction information/checklists of people	Impact has not been assessed

							to meet were introduced in 2015 (SDEN). This aligns University and NHS requirements as appropriate and outlines the timescales for completion of required activities. There is a University Induction Day for new staff.	
6.5 Partially Achieved								

Athena SWAN Silver Action Plan

Action No.	Description of Action	Action/Outcomes to date (at time of application Nov 2016)	Further Plans	Responsibility	Timescale	Success Measure
1	**Underpinning work**					
1.1	Continue the work of the Health Schools' SATs	All SAT groups are established and regular meetings have been held since 2014. Significant progress has been made against the bronze action plan. Administrative support is provided, meetings are scheduled in advance and have written agenda and minutes. Minutes are reported to UoD AS Steering Group.	Review membership of SATs annually to ensure appropriate representation from all areas of the schools. Monitor progress against silver action plan and amend strategy where necessary	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford	Review membership in June annually and circulate invitation to all potential new members in July. Progress against action plan is reported and reviewed at each meeting and current priorities are identified. Progress report submitted to UoD AS Steering Group in March Annually	Regular meetings with appropriate membership are held and minuted (a minimum of 4 meetings per school and 4 meetings of the Health Schools' executive group to be held annually). Progress against the silver action plan is demonstrated and documented. Progress report submitted to UoD AS Steering Group.
1.2	1.2 Promote the work of Athena SWAN in the Health Schools across the schools and wider University	Gender issues/Athena SWAN are standing items on School Board and other key committees.	Continue with current AS communication activity. Develop integrated communications plan with AS Project Co-	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford, ASPC - Jane Illes, and Internal comms	Develop and implement communications plan by November 2017. First newsletter circulated May	Coordinated internal communications plan produced and implemented. 100% of staff report awareness of AS as

		Activity has been reported at School Away Days since 2014. Launch of AS web pages. There have been various presentations on AS within the Schools. Schools Retreat (at Crieff) presentations October 2012 onwards. Generic poster campaign/ School pop-up AS banners rotating around School sites and at events.	ordinator (ASPC) and UoD internal comms manager. Produce a Health School AS newsletter to communicate essential information to staff. Formally facilitate two-way conversation between AS champions and colleagues in the wider schools by representatives from the SATs attending UoD ASPC drop-in sessions.	manager, Ramanee Pieris. SAT chairs to produce newsletters, School managers to disseminate SAT members to participate in drop-in sessions	2017 and twice yearly thereafter (May and December). UoD AS drop-in sessions held every semester	measured in Health Schools' annual survey. Health Schools AS newsletter is circulated twice per year. Drop-in sessions are attended by members of SATs.
1.3	Increase the number of SAT members attending and involved in AS & ECU activities.	SAT members who have attended AS/ECU events and been actively involved have contributed significantly to our progress. They have brought	Promote opportunities for members to engage with AS, ECU and other bodies promoting equality. Encourage applications to	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford	Encourage membership of external groups/attendance at networking opportunities at next SAT meetings (by Jan 2017).	Increase to six the number of SAT members attending and participating in AS/ECU events. Increase by three the number of SAT members available to be AS panellists.

		examples of best practice and suggestions for the action plan. Two members registered for AS assessment panels and one has been selected to date.	volunteer for AS assessment panel.		One member from each SAT to be available (if selected) to be AS panellist in each application round after April 2018	
1.4	Develop a coordinated programme of informal, Joint Health School networking events.	A number of small-scale networking events have been held, but these need to be more frequent and purposeful. Action agreed by Deans.	Coordinate events across schools and campuses and advertise well in advance to ensure that as many staff as possible can attend. Develop opportunities including "meet and greet" coffee mornings with AS leads and new employees and informal discussion with colleagues about gender-related issues which they would like to be taken forward by school and/or federation SAT.	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford to work with School Administrative leads Lorraine Robertson, Dianne Peden, Jennifer Melvin to coordinate dates and advertise	Three events per year, commencing no later than Nov 2017	At least one informal joint networking event held at least annually in each school. Health Schools SAT to monitor uptake and identify actions arising from conversations.

1.5	Increase availability and uptake of unconscious bias training	Unconscious bias training is available via the OPD suite of training opportunities across UoD. The training is currently only targeted at senior staff. An online resource is being trialled by OPD.	Trial UoD online resource by Health School SATs and role out across Health Schools if suitable. Implicit association test - to be carried out by SATs and discussed at AS roadshows	Deans of Health Schools Mark Hector, Gary Mires, and Margaret Smith, and Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford	April 2018	Role out of online training across schools and completion of the training by at least 25% of staff in first year and increase incrementally by 10% of staff each year.
2	**Baseline data and supporting evidence**					
2.1	Introduce annual Health Schools' Athena SWAN survey	Several UoD-wide surveys have been carried out and we considered the data collected widely. Some school-specific data are not captured and we plan to do this over the next award period via local Health School survey	Produce, circulate and evaluate responses from a Health Schools Athena SWAN survey	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford and administrative leads Lorraine Robertson, Dianne Peden, Jennifer Melvin	Survey to be carried out annually in September. First survey September 2017	Survey is produced, carried out, data collected and interpreted and informs annual report.
2.2	Perform Health School and individual School systematic annual review of AS data and identify and formally report	Data extracted and reported annually and interpreted for trends and progress to identify	Key priorities identified. Produce annual report to be circulated to UoD AS steering group to	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford	Annual review process starts October annually. Report circulated March annually.	Annual report of data and its interpretation provided to Deans and AS Steering group annually.

	areas of progress and for action	whether further actions required and whether current actions are working.	inform UoD AS strategy and disseminated across schools via school boards, senior management teams and to Deans to inform Schools' strategy.			
2.3	Improve compliance with recording of gender composition of recruitment panels	A centralised process has been developed for monitoring and recording gender balance of recruitment panels. However data reflect low compliance.	Ensure processes are embedded in routine practice and the data are recorded	Deans of Health Schools Mark Hector, Gary Mires, and Margaret Smith to ensure that chairs of appointment panels adhere to UoD processes, procedures and policy regarding gender balance on recruitment panels. School HR leads provide appropriate training and support for line mangers to understand the procedures and for	Deans to remind line managers of this responsibility. School HR leads to provide training on processes - available by September 2017. HR to provide report with snap shot date of 31 July annually. Data to be analysed in October annual review and reported by the following March annually	Training is available and provided to all staff involved in interview panels. Data are provided in annual data suite and gender breakdown is recorded for at least 80% of vacancies which are recorded centrally. Data indicate ongoing improvement in gender balance in recruitment panels.

				administrative staff to record the data. Central HR to report data annually. Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford to analyse data and report to school executives (for further action as necessary).		
2.4	Increase completion rates of E&D training.	Completion rates by gender available to AS SATs and detailed completion data available to the Deans allowing follow-up of those who have not undertaken the training. Providing evidence of having completed E&D training is now part of the schools' OSaR process. In line with UoD	Support UoD targetted action via the Deans by personal communication with anyone who has not completed the required training.	Deans, VP(APP), School Managers	Twice-yearly contact cycle. E&D training reviewed during OSaR cycle. Data to be reviewed quarterly by Deans and annually by SATs	100% of professoriate to have completed training by Jan 2017. All staff to have completed training by November 2019.

		initiative to increase compliance the Deans are supporting VPs in targeting staff by grade (starting with professoriat)				
2.5	Develop process to collect accurate and more granular data on paternity, parental and adoption leave and flexible working	Since the bronze award we now collect these data. However, this is a manual process and it is currently not possible to disaggregate (for example) maternity and adoption leave with sufficient granularity, and we don't have returners' follow-up data. Flexible working applications are recorded but this is not automated and ongoing flexible working will be missed.	Adopt a protocol being developed by School of Life Sciences HR lead to collect data with appropriate granularity. Work with UoD Athena SWAN to evaluate and support the process to record flexible working arrangements. Work with central UoD HR to collect data to allow 12 and 18 month follow up on maternity returners.	Schools HR officers Schools Managers, Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford, ASPC-Jane Illes	Protocol in place by July 2018. Data extracted annually, commencing July 2019	Granular data reports are available for review by SATs in annual review cycle November 2019. Appropriate action taken as necessary.
3	**Undergraduate and Postgraduate**					

3.1	Monitor PG completion rates by gender and course description/subject area.	We now have a suite of data but currently do not drill down to sufficient depth. Request has been made obtain these data and this request is being actioned.	Work with colleagues in student registry and UoD ASPC to ensure that reports meet requirements	Student registry data analyst, UoD ASPC - Jane Illes, Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford	Data are presented in September 2017 annual data dashboards and annually thereafter.	Complete data set obtained in September 2017, data analysed and appropriate action taken if necessary.
3.2	Promote leadership opportunities to all students and in particular encourage female students to apply for positions of leadership e.g. student representatives and president	We have many opportunities for leadership in the student arena but males tend to be over-represented. Of note, in SNHS █ out █ of the last school presidents have been male.	Hold training event at L&T away day to ensure advisors of studies/tutors are aware of the gender imbalances and understand how to promote the opportunities to their students. Advertise the roles widely, for example via the student virtual learning environment (VLE) and give contact details of female members of staff and former role-holders who can be contacted by those	Associate Deans Learning and Teaching Nicola Iness, Jo Corlett, Rami Aboud (training). Module and year leaders information via the VLE	Training available at next L&T away day 2017 (date TBC). Information available as an announcement on landing page of all years' VLEs	Training was provided at L&T away day. Gender balance of student representatives and presidents reflects the balance within the schools.

			who are considering self-nomination		
3.3	Monitor gender of attendees and facilitators at outreach events	Need identified as currently no data collected in-house. We wish to evaluate whether our outreach appeals to all genders equally. We need to monitor the gender of facilitators to ensure equity.	Develop a protocol to monitor, record and report data.	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford, Jan Clarkson, Gareth Inman & Heather Whitford	Recording protocol developed and implemented by 01/Aug/2018 and data extracted annually on 31 July, in line with UoD annual snap shot date.	Annual data reports ready in September 2019. Data analysed and appropriate actions and outcomes appear in our future Athena SWAN actions.
3.4	Decrease gender imbalance in programmes	The gender balance in UG nursing is currently ▮▮ F ▮▮ M. The need for action has been discussed with and agreed by School Deans. The target to recruit ▮▮▮ female:male in SNHS is a priority. This activity complements UoDAS work on the ECU Scotland-	Expand image library and monitor student promotional material to ensure inclusion of males as well as females (especially SNHS) in images (p18). Work with colleagues in external recruitment to ensure that appropriate image portfolio can be developed. Plan outreach activities with male	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford, Schools' Admissions & Student Recruitment lead, Deans, UoD ASPC - Jane Illes	Update image library, beginning immediately, analyse prospectus and other promotion material annually in line with Admissions & Student Recruitment deadlines. Annual outreach activities at open days and school events planned in	50:50 female:male images are presented in publicity material. Improve gender balance in UG programmes, especially in SNHS with upward trend in attracting males

		wide Attracting Diversity project. The gender imbalance on the dental hygiene course is ██ F:██ M and similar efforts need to be made to atract more males onto this programme. A portfolio of suitable photographs is needed.	staff members and male students to engage with potential male applicants to courses such as nursing or dental hygiene.		line with recruitment cycle.	
4	**Key Career Transition Points, Appointments and Promotions**					
4.1	Support the roll-out of the new promotions process and communicate the improvement in the transparency of the scheme and support available. Include formal recording of discussions around promotion at OSaR	The University process for promotions was changed in 2014 and as well as line manager nomination, self-nomination is now possible. Promotions workshops are run centrally and participation is recorded by role, school and gender	Ensuring promotion is discussed at OSaR. Introduction of tick box on OSaR form will formally record this (as well as other notes and info already recorded). This will allow simple monitoring that this is happening. Support UoD-wide advertising of promotions workshops by	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford and School HR Officers - Suzanne Esplin & Gillian Boyd.	OSaR forms modified in time for start of 2017 OSaR round (begins October annually). Advertising of workshops when dates become available centrally (anticipated spring annually). Survey staff in Health Schools' annual AS survey	OSaR form is amended and in use. Workshops are advertised and members from the schools attend. Awareness of promotions process measured in response to Health Schools staff survey will be reviewed annually to identify if further action needed. Increased application rates with improved

					September annually. Formal review of promotion process in 2018. Modification if required in 2019	gender parity at review of process.
		(this is not mandatory)	advertising locally across the Health Schools. Gather survey information about awareness, transparency and (perceived) fairness of promotion process. We will review the promotion process in 2018 and instigate further changes if required such as instigation of automatic consideration if required			
4.2	Record the gender of candidates approached by search committees	We do not have evidence that women are considered for senior appointments. Our application review has highlighted failure of search committees to record the gender of candidates	Develop a mechanism to record the gender of candidates approached.	Health School SAT School Managers. School HR Officers - Suzanne Esplin & Gillian Boyd.	Introduction by Nov 2017. Data extracted annually on 31 July, in line with UoD annual snap shot date.	Data on all candidates approached by search committees is recorded and can be evaluated to identify if further action needed.

		considered and approached.				
4.3	Conduct focus groups to identify the barriers to women pursuing Clinical academic careers and the reasons for turnover of staff	The need was identified from informal feedback and at networking events. Options for pursing a Clinical academic career pathway in nursing are very limited at present	Identify key areas for action and take forward as necessary	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford.	Focus groups held by November /2018	Focus groups held. Report of focus group findings to Health Schools Executive. Areas for action identified and incorporated into action plan.
4.4	Increase awareness and encourage completion of the staff exit questionnaire.	An exit questionnaire is now available. This is delivered and data recorded by central HR. Completion is reported annually but response remains anonymous to AS teams and are actioned by HR. Completion of questionnaire is voluntary and completion rates are low. A possible consequence is that areas for	Raise awareness of the purpose of the exit questionnaire at a staff meeting in each school. Ensure all line managers encourage staff to complete it and return to HR. HR to provide exit questionnaire completion rates. Analyse information in staff exit questionnaire.	Awareness raising by Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford. Deans to remind line managers to encourage staff to complete the exit questionnaire. HR to collect data and provide to Health Schools annually for analysis.	Awareness raising by April 2017. Rates of exit questionnaire completion available annually in Sept and data provided to Health Schools for analysis.	Increase in the completion rate of exit questionnaires to >10 % of leavers.

		improvement may be being missed.				
5	**Career Advice and Support**					
5.1	Introduce career sessions for UG students in earlier years	All final year UG are currently provided with career information and career sessions for UG in SNHS are embedded throughout the curriculum. We wish to role this out across the Health Schools to ensure that all earlier years UG are equipped to make appropriate choices regarding their career during their UG studies- e.g., whether to decide to undertake a BMSc programme.	Liaise with Associate Dean L&T in SMED and SDEN to embed career information and sessions on AS-related issues into each year of the student timetable.	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman and Associate Dean L&T (Nicola Iness, Rami Aboud) Head of Careers, Shona Johnston	Further sessions to be introduced into 2017/2018 academic year (commencing September 2017)	Time tabled sessions embedded into timetable from 2017. Feedback from the sessions indicates that students find the careers sessions to be informative and helpful in making career choices.
5.2	Further develop postgraduate student career advice and support and ensure that the material is easily	Career support and development information added to Research Postgraduate Student Handbook.	Deliver annual career events for all PG students and deliver in an accessible way.	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford. School Associate Deans	Introduce new sessions in academic year 2017/2018 (begins September 2017)	Sessions are in place, well attended and feedback indicates that the sessions are useful.

	accessible for distance learners.	Need for further information about the academic and CV requirements for further Clinical training and research opportunities was identified at the 2016 retreat for Research Postgraduate students. Careers have delivered some sessions for the first time this year in SMED and we wish to role this out further across the schools.		L&T (Nicola Innes, Jo Corlett, Rami Abboud)		
5.3	Hold regular career development session for early career researchers as next generation leaders at the annual Schools retreat. Need for extra support for Early Career Researchers across all Health Schools.	The importance and need for this was identified at the 2016 retreat. ECR group has been set up in SDEN.	SMed and SNHS to consider setting up early career researchers group. Include ECR member on research committees. Monitor gender balance of ECR groups. Establish ECR groups in each	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford/Associate Deans for Research to establish cross-school Associate Deans for Research groups. Associate Deans for Research	ECR groups set up by Nov 2017. ECR membership of research committees by Nov 2017. Annual school retreat ECR session by April 2017.	Cross-school ECR group meets at least 3 times each year. Membership of school research committee includes ECR. ECR session is regular slot in annual school retreat with positive feedback.

			school - or cross-school ECR groups??	to invite Early Career Researchers onto research committee. School Office for organisation of retreat School SAT Managers.		
5.4	Support women who aspire to leadership positions to obtain leadership roles	Evidence is that fewer women than men are in leadership positions across the Health Schools. In UoD AS survey 2016 approx. ■ of females, compared with ■ of males in Health Schools said they did not feel they can aspire to a leadership position. (It should be noted that approx. ■ of females compared with ■ of males said they did not want a leadership position).	Hold workshop to try to unpick the reasons why people do not feel they can aspire to leadership positions. Ensure that leadership development opportunities have been discussed with line managers and they encourage women to consider applying for such positions. Formally record this as part of OSaR documentation. Develop protocol for rotating leadership roles to allow more people to gain leadership	Deans of Schools - Gary Mires, Mark Hector, Margaret Smith and School Managers	Workshop to be held before November 2017. OSaR changes rolled out in time for next cycle commencing Sept 2017. Protocol developed and approved by senior management teams by May 2019 and fixed rotating terms start to be phased in by Sept 2019	Workshop has been held and outcome evaluated. Item added to checklist on OSaR form about discussion of leadership development opportunities. All schools to review leadership development opportunities and protocol is in place. There are more women in leadership positions across the schools. The percentage of females who feel they cannot aspire to a leadership position is decreased and is not greater than the % of males.

		Deans wish to help staff to develop by opening up leadership opportunities by regular rotation of roles. Promote and raise awareness of the mentoring schemes available and further encourage and enable staff to participate as both mentors and mentees (via appropriate workload allocation)	experience (such as developing new initiatives or projects, leading workstreams, cohort leads). Further promote and support the mentoring schemes available across UoD.			
5.5	Provide support for staff who fail to be promoted by agreeing a development plan	All probationary staff are assigned mentors and other mentoring schemes are in operation across UoD. We also have guidelines for applying for promotion and workshops to help de-mystify the	All members of staff who have been unsuccessful in obtaining a promotion will have a development plan agreed with the Dean.	Deans of Schools - Gary Mires, Mark Hector & Margaret Smith	Introduce this by April 2018	Each member of staff who has been unsuccessful in obtaining promotion has a development plan agreed with the Dean.

		process but we do not have formal support (other than feedback) following unsuccessful promotion. Requirement for this support has been discussed and agreed by Deans				
5.6	Support UoDs efforts to raise awareness of the new academic promotions process and encourage attendance at workshops by all, in particular, by Managers and Early Career Staff.	Anecdotal feedback from colleagues suggests a lack of awareness about the promotions process persists. VP (L&T) runs a workshop roadshow annually. Workshops explain the process clearly and have been attended by several members of the Health Schools staff. Workshops are useful training for line managers as	Encourage all academic staff, in particular those with line management responsibility to attend the promotions workshop. Introduce section on OSaR form to indicate that promotion has been discussed.	Deans of Schools - Gary Mires, Mark Hector & Margaret Smith to encourage attendance	Workshop roadshow cycle begins May annually - communications from Dean's offices to follow	Increased attendance by staff members at promotions workshops as recorded in attendance data.

		well as source of information for those seeking promotion				
5.7	Raise awareness of mentoring options	Mentoring schemes are available and are well received.	Raise awareness of mentoring options with staff by advertising the schemes using internal networks such as AS newsletter, School Board items and at AS roadshows. Include record of discussion about mentoring options in OSAR.	Deans of Schools - Gary Mires, Mark Hector & Margaret Smith. Line managers during OSAR review.	Raise awareness of mentoring available at first School Boards of year (January or February 2016) and in Health Schools' newsletter (first release in May 2017). Introduce formal conversation into OSaR meeting by next round commencing October 2017	Health Schools' annual Athena SWAN staff survey indicates that 100% of staff are aware of mentoring options available. All staff have discussion about mentoring options included in their OSaR meeting.
5.8	Improve School completion rates for UoD's appraisal system, OSaR (Objective Setting and Review	Currently out of all staff in the Health Schools ██ F and ██ M have had OSAR.	Ensure all eligible staff have had their OSaR training and that the follow-up documentation is completed and recorded	Deans of Schools - Gary Mires, Mark Hector, Margaret Smith, Schools HR lead	OSaR has an annual cycle, beginning October 1st. OSaR uptake reports available to schools annually in December.	Increase OSaR completion rate in each School. Aim: increase by 5% points per year until 100% completion target obtained.
6	**Culture, Communications and Departmental Organisation**					

6.1	Further support and develop Professor Margaret Fairlie Lecture and Rebecca Strong Lecture	One of each named lecture has already happened - attendance was good and feedback was excellent.	Continue with planning for future events. Develop a gallery of photographs of lecturers with biography for prominent public display around the Health Schools.	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford	Lectures to be held biannually with lectures being given in alternating years. Rebecca Strong Lecture scheduled for 2017 and 2019, Margaret Fairlie Lecture scheduled for 2018 (and 2020)	Annual lectures held with positive feedback from attendees. Photographs and short biography of speakers displayed prominently in Health Schools' buildings.
6.2	Key line managers should attend the OPD Workshop, HR for Managers, or elements of the workshop as may be conducted from time to time via the School HR Officer.	Current completion data indicate that few of our staff have undertaken this training opportunity.	Identify key line managers – these may be senior line managers in the first instance – and ensure that they undertake the HR for managers training	Deans of Schools - Gary Mires, Mark Hector, Margaret Smith. School Managers.	Training opportunity to be communicated to key line managers Jan 2017 and annually in August. Review OPD data annually	100% of key line managers have attended training by 2017.
6.3	Implement new UoD - wide workload model within the Health Schools and ensure workloads are equitable and that the model is perceived to be transparent and fair	The new workload model has been developed and AS fed into the consultation process. The workload model is	Fully implement workload model and analyse workload data to ensure that workloads of staff are equitable and staff are not overloaded.	Deans of Schools - Gary Mires, Mark Hector, Margaret Smith to ensure implementation of workload model. Health Schools AS SAT Chairs - Jan	Workload model fully implemented by end December 2016. Analysis of data annually by Dec 2017.	Workload model is implemented and workloads are equitable. Health Schools AS Staff survey indicates that workload model is

		being rolled out at the time of writing	Evaluate perception of transparency and fairness by surveying staff	Clarkson, Gareth Inman & Heather Whitford for the survey.	Evaluate perception of fairness in Health Schools' annual AS survey.	reported to be transparent and fair. The % of staff who report they have a good work-life balance in the UoD staff survey improves in the Health Schools from 67% to 80%
6.4	Promote availability of breastfeeding/expressing rooms in each school.	Rooms have been made available in each school and agreements negotiated by Health Schools AS SAT within NHS hospitals (Ninewells Hospital for SMED and Dental Hospital for SDEN) for shared use.	Use will be routinely monitored. Ensure this information is communicated to staff in their maternity packs. Increase general awareness of availability of rooms. Ensure that availability is adequate and take further action to identify dedicated space if there is need.	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford liaising with school managers to ensure recording of use and reporting of usage data. UoD ASPC - Jane Illes to liaise with central HR to update maternity packs to include information about breastfeeding / expressing rooms.	Data routinely collected and annual reports generated with cut-off date of 31 July, in line with central UoD core data. Promote the availability of the rooms across the Health Schools January 2016 by email from school managers and in Health Schools' AS newsletter. Include information maternity packs by November 2017	Booking records indicate rooms are used. Email from school managers sent Jan 2017. AS newsletter item circulated May 2017. Information on rooms included in maternity packs by November 2017.

6.5	Raise awareness of childcare voucher scheme	Central HR now provides data on uptake of childcare vouchers and report this annually	Advertise the scheme widely across the schools to ensure all staff who may benefit from the scheme are aware of it	School HR Officers - Suzanne Esplin & Gillian Boyd	Annual reports on uptake generated with cut-off date of 31 July, in line with central UoD core data.	Increased awareness of childcare voucher scheme and monitor awareness in Health Schools' annual AS survey.
6.6	Promote and monitor dependent care grants and formalise the scheme in SDEN	Formal schemes currently available in SMED and SNHS however low uptake.	Using model developed in SMED and SNHS, implement dependent care grant in SDEN. Raise awareness of the grants in all three schools. Monitor uptake. Monitor impact on the individual - introduce brief feedback questionnaire to evaluate impact.	Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford	Advertise the available grants widely Jan 2016. Develop and approve dependent care grant in SDEN by 1/09/2017	Grant is available in SDEN. Awareness of the grant increases year on year until at least 80% eligible staff are aware by 2019 - target to increase awareness 10% year on year. (We do not have baseline data therefore cannot assign a metric at this time.) Data on awareness collected in Health Schools' annual AS survey. Impact of all staff receiving the grant is positive, as reported in feedback questionnaire.
6.7	Improve the gender balance of internal and external seminar speakers	Awareness of the need to have gender balance of speakers has	Routinely collect data on gender balance of speakers at seminars	School AS admin leads will liaise with appropriate convenors and	Data routinely collected. Annual reports generated with cut-off date	Increase in the proportion of female speakers at seminars. Aim to increase year -

		improved however the issue has been raised with school managers concerning potential lack of visibility of women speakers		seminar leads to communicate guidance and arrange for collection of data and production of annual reports	of 31 July, in line with central UoD core data.	on year unit partly is achieved, by the next award application. (We do not have baseline data therefore cannot assign a metric at this time but we are aware there are improvements to be made.)
6.8	Collect data on timing of meetings and seminars to take place within core hours	UoD Athena SWAN seminar guidelines were developed and widely disseminated- Gareth Inman produced the initial draft and all Health Schools AS leads had input into the UoD steering group developed guideline. Scheduling of events in each school has changed considerably and the majority or meetings now adhere to guidance. Timings	Formally monitor and collect data on the timings of key meetings such as school boards and schools' executive groups as seminar series and measure the impact of moving meetings to core hours.	School AS admin leads will liaise with appropriate convenors and seminar leads to communicate guidance and arrange meeting schedules and ensure seminars timings are as inclusive as possible.	Seminar convenors to be sent the AS guidelines by email and asked to be cognizant of these in arranging - December 2016. Data to be collected beginning Jan 2017. First formal assessment of impact of timings to be carried out in Health Schools survey in 2017. Meetings to be scheduled in advance annually where possible, in	Evidence the increase School/Department meetings or seminars are held within core hours and identify if further action needed. At least 80% of people report that meetings are held at suitable times, as assessed in Health Schools' annual AS survey.

		of several seminar series has been revised in line with guidance.			line with academic calendar.	
6.9	Continue to review and update induction information for new staff members and create list of key School contacts for new staff to meet within first month	Current induction packs (academic, postdoctoral researcher versions) obtained for review. Key roles have been identified but this work was halted due to restructuring. Key personnel are all in place and this work can now be picked up again.	Review and revise content of school-specific induction information in all Health Schools	Health Schools' HR lead, Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford. Health Schools' administrative lead, Dianne Peden	Revised school-specific induction information ready to be rolled out in Nov 2017	Revised school specific induction used from November 2017. Information on experience of induction collected via Health Schools' annual AS survey.
7	**Career Breaks and Flexible Working**					
7.1	Increase awareness of flexible work-life policies	UoD actions to increase awareness of work-life balance policies have been implemented but reported awareness is still low. Work-life balance training of all Health Schools'	Target awareness of flexible work life balance policies within the Health Schools by updates at School Boards and via AS roadshows. Include discussion of flexible work life balance policies part of OSaR discussions.	Health Schools' HR leads, Deans of Schools - Gary Mires, Mark Hector, Margaret Smith, Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford, Health Schools	November 2017	Awareness of work-life balance policies is increased from 72% to 90%, as reported in Health Schools' annual AS survey.

		SATs (end of Nov 2016)		administrative lead, Dianne Peden		
7.2	Introduce buddying for maternity leave returners	Agreed by Deans and still to be developed	Formalise support after maternity leave via links to a buddy/meeting with worklife balance champion on return from maternity leave	Deans of Schools - Gary Mires, Mark Hector, Margaret Smith	Ensure all returners offered this option by Nov 2017	All maternity returners are all offered meetings with buddy/worklife balance champion on return from maternity leave. Federation SATs to monitor and identify future actions identified.
7.3	Raise awareness of Keeping In Touch (KIT) days. Develop protocol to collect data about uptake of KIT days.	KIT days are available across UoD but uptake is not recorded routinely. Importance to take this forward has been agreed by Deans	Raise awareness with line managers. Advertise KIT days across the schools. Formalise systems to record KIT days.	Athena SWAN administrative lead - Dianne Peden, Health Schools AS SAT Chairs - Jan Clarkson, Gareth Inman & Heather Whitford	Advertise in AS newsletter May 2017. Deans to remind line managers to discuss KIT days. Develop protocol by November 2018	KIT data are available. 80% of staff are aware of opportunity - as reported in Health Schools' annual AS survey. Data are being recorded.