# Warwick Medical School 

$29^{\text {th }}$ November 2012

## Dear Athena SWAN Board,

I am writing to renew my pledge of personal support for Warwick Medical School's (WMS) application for a Silver Athena SWAN (AS) Charter award, and my complete commitment to and involvement in our strategy to deliver our Action Plan.

WMS was the first medical school to win recognition from AS. I continue to chair all monthly meetings of our 'Welfare \& Communications Group' (WCG) (our 'self-assessment' group) and as Chair of the Faculty of Medicine, I serve on the University AS Steering Committee. WCG routinely explores 'zones of uncomfortable discussion' during meetings and I have found this transformational in the way that we view the School. WCG reports to the WMS Senior Management Group and the University AS Group (keeping us in touch with issues faced by female staff in other departments). Our collective vision remains that WMS is seen as a fair, supportive and healthy environment in which to work, producing high quality research and teaching. Our Faculty Advisory Board strongly endorses this vision, believes it key to WMS future success, receives bi-annual AS updates and poses AS-relevant questions to the WCG.

Following the Bronze award to WMS, WCG-led outreach activity has helped to progress the AS agenda in other medical schools through, for example, our AS Workshop attended by 23 medical schools. We are now routinely approached by other universities for advice on AS implementation. In our Bronze submission, I referred to our annual PULSE staff survey (360-degree organisational evaluation) and expressed the hope that the work of WCG would result in positive step change. PULSE has not run in 2012 (because of the University's external contractor's retendering process) but will resume in January 2013. We have grasped this opportunity to enhance the value of the survey by including specific questions to track progress against our Action Plan.

Recently, our recruitment search committee was tasked to identify and encourage female applicants to consider senior academic posts; the interview panels were fully briefed on AS. This resulted in 1 female Professor, 1 Reader and 2 Associate Professorships being appointed during 2012. We have also welcomed the addition of 3 female Professors and 2 Associate Professors, planned by the proactive integration of the School of Health and Social Sciences within WMS.

## Warwick Medical School

Medical School Building

Our bid for Silver award has been made possible due to the commitment and enthusiasm of a wide range of WMS staff who have fully engaged with the AS mission and have worked tirelessly to progress our Action Plan. One WMG member, Miss Deborah Markham, consultant surgeon and member of the BMA's 'Women in Academic Medicine' Committee, quietly and continually urges her colleagues to reflect on gender equality in clinical practice and academia. Deborah inspires young women through her careers advice programme for schoolgirls and through mentorship of WMS medical students.

We are proud to have achieved the majority of our Bronze actions on time and are committed to progressing these and others to maximise the benefits for both students and staff.

Yours sincerely,


## Professor Peter Winstanley

Dean of Medicine
University of Warwick

# Athena SWAN Silver department award -application 

Name of University: University of Warwick<br>Department: Warwick Medical School<br>Date of application: $\quad 30^{\text {th }}$ November 2012<br>Date of university Bronze SWAN award: $30^{\text {th }}$ March 2012

(Application $30^{\text {th }}$ November 2011)
Contact for application: Annie Young
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Departmental website address: www.warwick.ac.uk/wms

- New actions [Silver Actions (SA)] are in bold in the application text, linked to our Silver Action Plan
- Ongoing Bronze actions have been carried over to Silver Action Plan and are referred to by Silver Action Plan number
- Completed Bronze Actions (BA) are from our Bronze Award Action Plan, numbered as original plan

Extra 1000 word allowance has been utilised in sections 3 and 4 (as this is a whole Medical School application); allowance is indicated at the foot of appropriate sections.

## 1. Letter of endorsement from the Head of Department

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Peter Winstanley

499 words

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## 2. The self-assessment process

a) Description of the self-assessment team

Our self-assessment team, the 'Welfare and Communications Group' (WMG), embraces the wider departmental working, environment and culture. Our members come from all areas of WMS with a wealth of differing experiences in staff and student welfare. The group has had a relatively stable membership and welcomed our University AS Project Officer, the lead for Integrated Clinical Academic Training and two students this year. This 22-strong team ( 15 women and 7 men), volunteered or were chosen because of their enthusiasm for gender equality and advancing careers for women in SET. They also bring different life experiences - one member recently returned from extended paternity leave and rekindled the 'new parents group'. The group includes academics, non-academics and students. Key members of support functions e.g. marketing, communications and human resources ensure WMS integration.

## Key quotes from WCG members' biographies:

"...if education is to be successful we must have inspirational and talented academic staff..... To achieve this, it's essential that we understand and address the barriers to people progressing on the basis of their ability. As a result, I'm deeply committed to the work of the WCG."
"After having two children and being part of a dual career family, I left research in 2003 for a more flexible, secure career as a Clinical Embryologist. However, since joining WMS, I have had the opportunity to return to research on a post-doctoral level, alongside clinical work. I am eager to be part of any measures that enable and encourage women to excel in a scientific career."
"...it is important to extend all academic trainees the same level of support, and to ensure that we encourage the same philosophy across their clinical academic training as they would find within the university as a whole."

Table 2.1 Welfare and Communication Group Membership 2012/13:

| Name | Position | Representative of/role on WCG | Experience of Work-Life Balance |
| :---: | :---: | :---: | :---: |
| Sandra Beaufoy (SB) | University Equality and Diversity Lead | University E\&D and AS Groups | I lead by example in my senior role in E\&D and Athena SWAN; complete work in my hours and enjoy a full family life. |
| Rose Bland (RB) | Associate Professor | Education - <br> Academic | Balancing research, teaching and administrative roles makes maintaining a work-life balance a huge challenge. A flexible approach and occasionally working from home help. |
| Jackie Brittain (JBr) | Divisional Manager | Division of Health Sciences, Administration | I have many divisional responsibilities and manage to care for 2 elderly relatives due to flexitime. |
| John Burden (JBu) | Research Development Officer | Research Support Services | Working from home at pre-arranged times, affords me the focus needed for early career researcher fellowship submissions. For one period, I was able to pick up my children from school at a time of family crisis due to illness. |
| Charles Hutchinson (CH) | Professor of Imaging | Integrated Clinical Academic Training (ICAT) link | When not on-call, weekends are protected time for family, with a busy clinical academic role during the week. |
| Luke Harrison (LH) | Communications Manager | University Communications Office | Being new to the university, different types of flexible working were outlined to me at a recent induction. |
| Mei Gu (MG) | Laboratory \& Liaison Manager | Dean's Office | Mother of 2 , in dual career family, feel supported by WMS to keep healthy worklife balance |
| Neil Johnson ( NJ ) | Pro-Dean, Education | Education Lead | Weekends are protected as family time. I start the day early to cover the heavy workload. |
| Deborah <br> Markham(DM) | Associate Professor and Consultant Surgeon | WMS (BMA) <br> Women in Medicine, Member of University E\&D Committee | Having 3 children and a job with busy clinical and academic components is a challenge, particularly as my husband is also a surgeon. Meticulous planning and judicious use of flexible hours offered by WMS allows us to balance our lives. |
| Caroline Peck (CP) | Project Officer (Athena SWAN) | University Athena SWAN Steering Group | In my university-wide role, I lead and promote a healthy work-life balance by example. |
| Naila Rabbani (NR) | Associate Professor | Division of Metabol and Vascular Health - Academic | Graduated with BSc and PhD as mature student whilst raising two children with supportive staff and supervisor. Achieving agreeable work-life balance help to develop my career and my children's career successfully |
|  |  |  |  |


| Name | Position | Representative of/role on WCG | Experience of Work-Life Balance |
| :---: | :---: | :---: | :---: |
| Stephanie Smart (SS) | Secretary, Epidemiology and Statistics | Administration, Division of HealthSciences, Uni E\&D | I was able to complete my MBA and care for an elderly parent, because of flexitime, supported by my manager. |
| Julia Smith (JS) | HR Manager | Human Resources | I have experience of working full-time, job share and part-time in order to balance working life with my childcare responsibilities and a dual career family. |
| Neil Stockton (NS) | Lead, Masters Programmes and CPD | Education Administration | Having learned first-rate organisational skills in previous roles, I have a good worklife balance whilst achieving work goals |
| Paul Sutcliffe (PS) | Associate <br> Professor, <br> Warwick Evidence | Division of Health Sciences, Academic | Compressed hours working, fully supported by my manager and WMS, enables me to look after my small daughter 1 day per week |
| Ala Szczepura (AS) | Prof of Health Services Research | Division of Health Sciences, Academic | My career has benefitted from flexible working while a contract researcher, enabling me to spend time with my two daughters and to nurse my husband. |
| Debbie Taylor (DT) | Senior Embryologist | Division of Reproductive Health, Academic | After leaving science to bring up two young children, my current post within WMS has enabled me to return to research at a postdoctoral level, continue my clinical work, and balance this with being a mother. |
| Kimberly <br> Thomas (KT) | Divisional Secretary | Division of Reproductive Health, Admin | Recently diagnosed with an autoimmune disease; WMS has been extremely supportive and flexible regarding my regular hospital appointments, and bouts of illness. WMS are considerate of every member of staff's personal circumstances. As a member of the admin team at WMS, I try to show as much support to others. |
| Dawn Turner (DT) | Postgraduate Student | Postgraduate Student | As a part-time student and part-time worker in the NHS, I am careful to protect family time. |
| Peter Winstanley (PW), | Dean, WMS | WCG Chair, Colead | Through careful prioritisation, early starts and an excellent senior team, I am able to dedicate weekends to my family. |
| Olivia White (OW) | Undergraduate | Undergraduate Students | Through mentoring and peer support at WMS, studying is manageable and home life a pleasure at holidays. |
| Annie Young (AY) | Professor of Nursing | WCG Co-lead | Through flexible working, I am able to balance caring for elderly relative 300 miles away, with a successful clinical academic career |

b) An account of the self-assessment process

WMS began to consider involvement in Athena SWAN early in 2010. Equality and Diversity initiatives have always been a focus for the School, but since the successful bronze submission, they have been pursued with renewed vigour. The WCG, whose main activity is as the AS self-assessment group, meets monthly to debate, monitor core activity and set and progress actions. The key aspects of the self-assessment process, and how this feeds into our action plan are:
i. Since the formal establishment of the WCG in August 2011, our monthly meetings provide the main mechanism for staff and students to assess welfare practices, to share experiences and ideas, and to develop, monitor and own our action plan. The range of members with diverse views and experiences (Table 2.1) results in innovative solutions and empowerment of others to disseminate AS principles across the School and beyond.
ii. The WCG is involved in the review of current WMS policies and practices on relevant equality data, identifying the strengths and areas where development is already underway, and proposing areas for further development for instance, support for maternity and paternity returners (Bronze Action [BA]5). The AS process has greatly benefited the School by continually identifying areas of weakness and opportunity, and facilitating achievement or actions; e.g. increasing School awareness around identifying and reporting bullying and harassment (BA15).
iii. The AS implementation work is largely carried out during work time; this time is now considered in an individual's workload, reviewed at appraisal.
iv. Surveys: As well as the University PULSE employee survey, the University benefits from the annual quality of teaching and student experience audit and annual staff workload survey. The WCG considers feedback, by gender where possible, with the aim of improvement. The recent workload survey showed that men are more likely to be involved in MBChB teaching and teaching administration than women. The Head of Education Development is monitoring this situation so that WMS can maximise female role models in medical education (Silver Action [SA]1).
v. The AS draft silver award submission and action plans are discussed and critiqued by the University-wide Athena Steering Group via meetings and a shared portal. Given the collective experience within the University, this feedback is invaluable.
vi. As the only whole Medical School to hold an Athena SWAN award, we have spent considerable effort disseminating and sharing our knowledge and advice on AS amongst other medical schools (BAS6). As a result, there is now an active network between the organisations and WMS which is proving valuable. AY (colead, WCG) feeds back to WCG from the National AS Medical Advisory Group which supports, debates, advises and garners views from the AS host, the Equality Challenge Unit (ECU), other related organisations and UK Medical Schools.
vii. Updates from university, national and international groups and new publications (e.g. ‘The Cost of Being a Woman’, New Scientist, July 2011; ‘Science faculty's subtle gender biases favour male students', www.pnas.org/cgi/doi/10.1073/pnas.1211286109), are e-mailed to WCG members on a regular basis, highlighted on the WCG agenda, debated if time allows, disseminated and acted upon school-wide as appropriate.

Our WCG co-leads, AY and PW, report formally to WMS Senior Management Group and the Faculty Advisory Board respectively, on a quarterly basis. Members take lead roles in certain aspects, e.g. Miss Markham (surgeon) is leading on female clinical academic development and is initiating outreach with schools. Likewise, all members will report formally on WCG developments in their Divisional or Educational group meetings as a recurring agenda item. All progress is posted on http://www2.warwick.ac.uk/fac/med/staffintranet/committees/welcomms/
c) Plans for the future of the self-assessment team

WCG will continue to meet monthly (Table 2.2), each member holding a lead or assistant responsibility for the monitoring and implementation of each action (Table 2.3). Innovative practices to promote gender equality are encouraged by all staff and papers on novel relevant national and local issues e.g. the 'WMS Lifetime Academy', are encouraged and discussed at meetings. Quarterly reporting to WMS and the university as above, has proven of great worth in monitoring our strategy and will continue.

Table 2.2 Welfare and Communications Group Meetings 2012/2013

| Date | Time | Room WMS |
| :--- | :--- | :--- |
| Wednesday $19^{\text {th }}$ December 2012 | $13: 00-14: 30$ | A117 |
| Thurs 31st January 2013 | $11: 00-12: 30$ | A042 |
| Thursday 28th February | $12: 30-14: 00$ | A117 |
| Wednesday $27^{\text {th }}$ March | $10: 00-11: 30$ | A150 |
| Thursday $25^{\text {th }}$ April | $10: 00-11: 30$ | A117 |
| Wednesday $22^{\text {th }}$ May | $10: 00-11: 30$ | A117 |
| Wednesday $19^{\text {th }}$ June | $10: 00-11: 30$ | A117 |
| Wednesday $31^{\text {st }}$ July | $10: 00-11: 30$ | A117 |
| Wednesday $28^{\text {th }}$ August | $10: 00-11: 30$ | A117 |
| Wednesday $25^{\text {th }}$ September | $10: 00-11: 30$ | TBC |
| Wednesday $23^{\text {rd }}$ October | $13: 00-14: 30$ | TBC |
| Wednesday $20^{\text {th }}$ November | $10: 00-11: 30$ | TBC |
| Wednesday $18^{\text {th }}$ December | $13: 00-14: 30$ | TBC |

Table 2.3 WCG Action Plan Responsibilities

| Action No. | Topic and Timeline | WCG Lead responsible for implementation | WCG Assistant |
| :---: | :---: | :---: | :---: |
|  | 6 months |  |  |
| 11. | AS Communication within the School | LH | PW |
| 15. | Bullying and Harassment | JS | AS |
| 17. | Exit Interviews | JS | DT |
| 21. | Meeting Times | JBr | SS |
| 23. | Data Quality | NS (student), JS (staff) | NJ, AY |
|  | 12 months |  |  |
| 1. | Female Representation on WMS Groups | PW | AY |
| 2. | Examination of Promotion Cases by gender | JS | DT |
| 4. | Postdoc Involvement in WMS | NR | JBu |
| 5. | Support for Women Leaving or Returning from Maternity/Adoption Leave | PS | DT |
| 6. | Publicity and Comms for Women in STEMM | LH | PW |
| 13. | Academic Career Development | JBu | NJ |
| 16. | Induction | JS | AS |
| 20. | PGR appointments process - gender issues | AY | MG |
| 24. | Data Monitoring | NS, JS | AY |
| 25. | Flexible Working Data | JS | KT |
|  | 18 months |  |  |
| 10. | Support Paternity Leave | PS | KT |
| 11. | AS Communication within the School | LH | PW |
| 14. | Address PULSE Survey (ongoing) | JS | PW |
| 17. | Exit Interviews | JS | AS |
| 21. | Meeting Times | AY | SS |
| 23. | Data Quality | NS, JS | NJ, AY |
| 12. | Teaching and Administrative Duties - Balance | NJ | RB |
| 18. | Equality and Awareness | SB | CP |
| 26. | Data on Clinical and non-clinical posts | JS | DM |
|  | 2 years |  |  |
| 3. | Retention of own Students; WMS Lifetime Academy | NJ | NR |
| 7. | Visibility of Women in SET | LH | RB |
| 8. | Support choice of Careers for Women Doctors | DM | OW |
| 22. | Workload Model | JS, KT | NJ |
|  | 3 years |  |  |
| 9. | Fixed term Contacts for Female Clinicians | DM | OW |
| 19. | Early Career Development - Female | JBu | NR |

950 words

## 3. A picture of the department

a) Pen-picture

WMS was established in 2000 in line with the Government's plan to increase the number of UK trained medical graduates. Our accelerated graduate entry programme is the largest of its kind in the UK. We undertake international calibre research, centred on our five Divisions and we also offer a wide range of courses including short courses, Masters and PhDs. The School's principal clinical partners are UHCW (University Hospitals Coventry and Warwickshire), George Eliot Hospital NHS Trust, South Warwickshire NHS Foundation Trust, Coventry and Warwickshire Partnership Trust and the Arden Cluster including 3 Clinical Commissioning Groups. UHCW, a state of the art hospital, provides an optimal environment to support both research and education.

We are proud of our degree programmes, both undergraduate (with postgraduate entry) and postgraduate. We are also pleased with our growing reputation in research - our Research Assessment Exercise (RAE)-2008 submission was ranked $10^{\text {th }}$ for Health Services Research, an excellent result for a young medical school. Our 2014 Research Excellence Framework (REF) submission is well under way and we are cross-linking data from the REF to AS implementation to enable us to analyse, reflect and act appropriately (SA2) e.g. provide extra support with research bids for female staff. We are confident that our profile for 2014 will be considerably better than 2008 and the recruitment of research excellent women has made a major contribution.

WMS research is now focused around a number of multi-disciplinary and crossspecialty teams (see Fig 3.1). Collaboration within and outside School and University is strongly encouraged (e.g. the Warwick/Monash and Warwick/Boston Partnerships and our collaboration with the Liverpool School of Tropical Medicine); investigators work across traditional disciplinary boundaries in innovative ways.

## WMS Structure

The School is led by the Dean (male) and is organised into 5 Divisions and 4 Education Teams with the Clinical Trials Unit as part of the Division of Health Sciences (Figure 3.1)

Figure 3.1 Academic Organisational Chart: Warwick Medical School


The Dean's Advisory Group (DAG) includes a full time School Secretary (Female) whose background is in Human Resources and Business Administration and two full time ProDeans (both Male) who are medical. The DAG are members of the School Senior Management Group (SMG) (Table 3.1 ) who in turn report to the Faculty Advisory Board (FAB) which counsels the Faculty on all issues relevant to its work including Athena SWAN, a standing agenda item. For example, recently FAB has requested and received WCG reports on arrangements in the University Nursery to support parents (BA5).

Table 3.1 WMS School Management Group

| Job Title | Professional <br> Background | Full Time (FT) <br> Part Time(PT) | Gender |
| :--- | :--- | :---: | :---: |
| Dean - WMS | Medical -Tropical Disease | FT | M |
| Pro-Dean for Education and <br> Development | Medical - GP | FT | M |
| Head of Educational <br> Development and Research | Psychologist | FT | F |
| Pro-Dean for Research | Medical | FT | M |
| Deputy Pro-Dean Research | Nursing | All FT | All M |
| 5 Heads of Divisions | 2 with Laboratory Science <br> backgrounds and 3 <br> Medical | PT role | F |
| Deputy Head of Division <br> Health Sciences (new post) | Academic <br> Public Health | FT | F |
| Head of the Clinical Trials <br> Unit | Physiotherapist: <br> now a FT trialist | FT | F |
| School Secretary | Business Administration | FT |  |
| HR Manager - WMS | Both Laboratory Science <br> (PhD) and HR | PT | F |
| Research Support Services <br> Manager - WMS | Laboratory Science (PhD) | PT | F |
| Head of Finance - WMS | Business Administration | PT | F |
| Head of Marketing and <br> Communications - WMS | Business Administration |  |  |

The roles of 'Pro-Deans', 'Heads of Divisions' and 'Head of Educational Development and Research' were filled by open internal competition at interview; all are 3 year appointments and will be up for re-selection in October 2014 (the 2014 selection process will be an opportunity to encourage applications from talented men and women, and to be mindful of the male/female ratio in senior management). In October 2012, two new roles were created
(as part of SMG) to deputise for the Pro-Dean for Research and one of the Heads of Division in the run-up to REF submission. The posts were advertised as development opportunities, where applications from under-represented groups, especially women, were particularly welcome. There were twice as many female applicants as males and two females were appointed. Since last year, the number of senior women in WMS management has increased by 2 (BA1). Given that we have been joined by three new female Professors (in new biomedical appointment and two joining WMS from the School of Health \& Social Studies) we anticipate a further rise in the most senior (e.g. 'heads') posts over the next 2 years through similar approaches.

We started to take notice of gender balance in committees ('groups' in WMS) because of the AS programme (Table 6.1). The WCG has advised on mechanisms to achieve gender balance on influential groups; this has been successful in some cases (SA20). WCG decisions, taken by the DAG are presented at the open Staff and Student Fora (S\&SF) for open discussion. These are held every 3 months by the Dean in duplicate on both WMS sites (University campus and UHCW). Academic staff are given recognition at their annual reviews for their contributions to research, teaching and administration (including committee membership e.g. of WCG).

Similarly, the gender balance of full professors by from inaugurals (Table 3.2) requires deliberation by WCG who then highlight and suggest approaches to increase female senior postholders (AS Award will show potential candidates we are addressing gender inequality challenges).

Table 3.2 Inaugural Lectures

| 2012 | 2011 |  |  | 2010 |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Female | Male | Female | Male |  | Male |
| $\mathbf{1}$ | $\mathbf{5}$ | $\mathbf{4}$ | $\mathbf{4}$ | $\mathbf{1}$ | $\mathbf{6}$ |

Two further female full professorships were welcomed to the Medical School from the School of Health and Social Sciences in 2012.
b) Data for the past three years with commentary on significance and effect on action planning.

Table 3.3 Data Sources

| Dataset | Source |
| :--- | :--- |
| UK sector staff data | HESA Higher Education Statistics, via University of Warwick <br> Central IT |
| Warwick Medical School Staff Data | Local Human Resources (HR) system-PSe |
| University sector student data | SITS (Strategic Information Technology Services) via <br> University Central IT - SITS assumes a three year cohort <br> based programme with the commensurate registration, <br> enrolment and completion dates, and a degree at the end. |
| WMS student data | SITS is inadequate for PGT and PGR purposes (SA13) and so <br> WMS databases are utilised for more detailed analyses |

## Student data

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

Warwick Medical School does not offer any foundation/access courses.

## (ii) Undergraduate male and female numbers

WMS offers a four year full time MBChB course with an all-graduate entry programme. This is classed as an undergraduate programme. Gender data are summarised in Figures 3.2 and 3.3.

Figure 3.2 Undergraduate Numbers by Gender


Total current students: Across all four current cohorts, currently (November 2012), we have 309 men ( $46 \%$ ) and 369 women (54\%).

Figure 3.3 Numbers of male and female enrolments on Undergraduate MBChB Courses University of Warwick (W) and National Sector (S) Comparison


Historically the WMS gender ratio for enrolment onto the undergraduate MBChB has consistently mirrored that seen in medical schools across the UK (Figure 3.3). For the last four years of enrolments on the full-time undergraduate MBChB course at WMS, the percentage of women ranged from 51\% in 2009 to $64 \%$ in 2011, mean $57 \%$ (Figure 3.2).

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

Table 3.4 PGT Full and Part-Time Students*

| Year | Full-time <br> (FT): | Part-time (PT): |
| :--- | :--- | :--- |
| $2011 / 12:$ | $49(3 \%)$ | $1451(97 \%)$ |
| $2012 / 13:$ | $68(4 \%)$ | $1520(96 \%)$ |

* Full Time Equivalent Data were collected from October 2011 as part of AS action plan. WMS PGT students can register for their course in October of each year and take up to 8 years to complete (maximum of 10 taking into account the withdrawal periods available). Further complications are that students may: i) not take a module for a year or ii) leave with a lesser award. No matching data available by gender (SA13).

Figure 3.4 Postgraduate female: male ratio completing taught courses


Figure 3.5 Percentage gender balance completing PGT courses - WMS (W) and UK (S)


Table 3.5 Postgraduate female: male ratio completing taught courses

| Year | Female:male ratio |
| :--- | :--- |
| $08 / 09$ | $1.6: 1$ |
| $09 / 10$ | $2.2: 1$ |
| $10 / 11$ | $1.6: 1$ |
| $11 / 12$ | $1.4: 1$ |

Figures 3.3 and 3.4 and Table 3.5 demonstrate that there are consistently more females than males completing PGT courses and this is reflective of the gender split on the courses. Proportionally, there is no gender imbalance for completion. The gender ratio of the students enrolling on the courses is reflective of the healthcare professions on the courses (many female nurses). WMS plans for the future include carrying out a strategic review of all PGT courses, to be completed within the next 12 months (from November 2012), with the aim of streamlining our provision to match the school's divisional strengths.

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

WMS started to collect gender data for PGR students at the time of the Bronze AS submission.

Table 3.6. Postgraduate Research - Full and Part-Time Students*

| Year | FT | PT |
| :--- | :--- | :--- |
| $2011 / 12$ | $53(55 \%)$ | $43(45 \%)$ |
| $2012 / 13$ | $57(57 \%)$ | $42(43 \%)$ |

*Matching data not available by gender (SA16)
Figure 3.6 WMS Postgraduate Research Student Offers Enrolled


The numbers of postgraduate students in research courses are lower for 2011/12. One possible reason for this is the financial downturn affecting the public sector and the organisational changes within the NHS where the majority of our students come from.
We are taking action to increase PGR numbers: (a) major investment in excellent research appointments ( $£ 9 \mathrm{~m}$ revenue over three years with additional commitment of capital) and (b) the establishment of our planned BSc in Human Systems (SA3) (which, unlike MBChB, will provide us 'home-grown' excellent applicants). We do not have the $11 / 12$ sector data to comment on whether this picture mirrors other medical schools; for the previous 3 years, postgraduate research numbers of both genders nationally were increasing.

Figure 3.7 Gender Balance WMS Postgraduate Research Students in Warwick and UK (S)


Table 3.7 Gender ratio of WMS Postgraduate Research Students

| Year | Female:male ratio |
| :--- | :--- |
| $08 / 09$ | $1.54: 1$ |
| $09 / 10$ | $1.01: 1$ |
| $10 / 11$ | $1.00: 1$ |
| $11 / 12$ | $0.90: 1$ |

Figure 3.7 shows that for academic years 2008/2009, 2009/2010 and 2010/2011, WMS Postgraduate Students match the gender profile nationally. In 2011/12, we have slightly more males undertaking PGR than females for the first time for 4 years. There is no statistically significant trend in the decline in PGR females (Table 3.7) [logistic regression analysis, November 2012].
(v) Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees

## Undergraduate

Figure 3.8 Undergraduate Applications, Offers and Acceptances by Gender


Table 3.8 Ratio of MBChB applications to offers and enrolments

| Year | Ratio of Female <br> Applications: <br> Offers | Ratio of Male <br> Applications: <br> Offers | Ratio of Female <br> Applications: <br> Enrolments | Ratio of Male <br> Applications: <br> Enrolments |
| :--- | :--- | :--- | :--- | :--- |
| $08 / 09$ | $5.97: 1$ | $4.87: 1$ | $8.54: 1$ | $7.34: 1$ |
| $09 / 10$ | $12.72: 1$ | $10.51: 1$ | $19.08: 1$ | $16.24: 1$ |
| $10 / 11$ | $6.93: 1$ | $7.53: 1$ | $10.33: 1$ | $10.81: 1$ |
| $11 / 12$ | $6.31: 1$ | $8.60: 1$ | $9.29: 1$ | $13.87: 1$ |

Figures 3.8 and Table 3.8 show that there are more females applying for MBChB and for every 6 applications, there is one offer. There is a variance across the years and in 2009/2010 there was a spike of applications, offers and enrolments. We do not know the reason for this. The proportions of applications, offers and enrolments by gender are similar with the exception of 2011/2012 when there was a reduction in male enrolments from those applying. These data will be monitored for any patterns that require further investigation (SA4).

## Postgraduate Taught

Figure 3.9 Postgraduate Taught Applications, Offers and Acceptances by Gender


Table 3.9 Ratio of postgraduate taught applications to offers and enrolments

| Year | Ratio of Female <br> Applications: <br> Offers | Ratio of Male <br> Applications: <br> Offers | Ratio of Female <br> Applications: <br> Enrolments | Ratio of Male <br> Applications: <br> Enrolments |
| :--- | :--- | :--- | :--- | :--- |
| $08 / 09$ | $1.43: 1$ | $1.42: 1$ | $1.32: 1$ | $1.63: 1$ |
| $09 / 10$ | $1.04: 1$ | $1.01: 1$ | $1.08: 1$ | $1.31: 1$ |
| $10 / 11$ | $1.20: 1$ | $1.15: 1$ | $1.45: 1$ | $1.72: 1$ |
| $11 / 12$ | $1.22: 1$ | $1.21: 1$ | $1.56: 1$ | $1.77: 1$ |

The ratio between male and female applications to offers is comparable for postgraduate taught students with no significant differences between genders. However, more females than males accept an offer and enrol.

## Postgraduate Research

Figure 3.10 Postgraduate Research Applications, Offers and Acceptances by Gender


Table 3.10 Ratio of postgraduate research applications to offers and enrolments

| Year | Ratio of Female <br> Applications: <br> Offers | Ratio of Male <br> Applications: <br> Offers | Ratio of Female <br> Applications: <br> Enrolments | Ratio of Male <br> Applications: <br> Enrolments |
| :--- | :--- | :--- | :--- | :--- |
| $08 / 09$ | $2.52: 1$ | $3.85: 1$ | $2.65: 1$ | $3.85: 1$ |
| $09 / 10$ | $1.53: 1$ | $1.79: 1$ | $1.84: 1$ | $1.87: 1$ |
| $10 / 11$ | $2.52: 1$ | $3.12: 1$ | $2.52: 1$ | $2.52: 1$ |
| $11 / 12$ | $2.06: 1$ | $2.95: 1$ | $2.64: 1$ | $3.93: 1$ |

During 2012 we have looked in detail at our selection process for PGR students and have found no evidence of gender bias in that process (BA20). We plan to monitor these data on a regular basis to look for any change in the patterns of recruitment and/or selection.
For all years shown above, more postgraduate research males are rejected at application stage than females. In 2011/2012, there was larger proportion of applications from males than females which do not transfer into enrolments. We will monitor these data to see if there is a pattern warranting further investigation (SA4).

## (vi) Degree classification by gender

## Undergraduate

Figure 3.11 Undergraduate Degree Attainment


The MBChB degree at WMS is not broken down into classifications.
However we do award 'MBChB with Honours' to high achieving students based on explicit criteria (no gender bias). In 2012 we awarded this to approximately $19 \%$ of our graduating students.

Table 3.11 MBChB Honours by Gender

| Year | Gender | MBChB | MBChB with Honours |
| :--- | :--- | :--- | :--- |
| $11 / 12$ | M | $57(83 \%)$ | $12(17 \%)$ |
|  | F | $63(76 \%)$ | $20(24 \%)$ |

Although the data (Table 3.11) suggests that a somewhat higher proportion of female students are awarded a 'with Honours' degree, this difference does not reach statistical significance. We are now monitoring examination performance by gender on a regular basis across all our examinations to see if there are any patterns of statistically significant gender differences (SA4). No such differences were identified in 2011/2012 but we plan to continue monitoring this on a regular basis.

## Postgraduate Taught

Figure 3.12 and Table 3.12 show the breakdown of PGT awards from 2008/09 to 2011/12. It is difficult to draw comparisons between the relative success of female and male students because most students study on a part time basis to suit their own needs and are therefore not cohort based. The percentages quoted below are measured against the students that have completed in each year. Students may take up to eight years (this is under review) to complete their programme, and this can extend to ten years if the maximum period of two years temporary withdrawal that each student may apply for is taken. We will investigate improved methods of data interrogation (SA13).

## Master of Science Degrees

Figure 3.12 MSc Awarded by Gender


Table 3.12 Proportion of MSc Awarded by Gender

| Year | \% Females <br> awarded MSc | \% Males <br> awarded MSc |
| :---: | :---: | :---: |
| $08 / 09$ | $22 \%$ | $22 \%$ |
| $09 / 10$ | $21 \%$ | $36 \%$ |
| $10 / 11$ | $28 \%$ | $43 \%$ |
| $11 / 12$ | $22 \%$ | $41 \%$ |

From Figure 3.12 and Table 3.12 it would seem that more males than females were awarded an MSc between 09/10 and 11/12. As described above, this is entirely dependent on the period of time over which the study is conducted, therefore it should not be interpreted that males are more successful than females. Females may take longer than
males to complete the courses as they may take periods of temporary withdrawal (no limit) for maternity reasons.

Figure 3.13 Distinction in Masters Degrees by Gender


Table 3.13 Proportion of Distinctions in Masters Degrees by Gender

| Year | \% Females <br> awarded Distinction | \% Males <br> awarded Distinction |
| :---: | :---: | :---: |
| $08 / 09$ | $3 \%$ | $5 \%$ |
| $09 / 10$ | $2 \%$ | $3 \%$ |
| $10 / 11$ | $3 \%$ | $5 \%$ |
| $11 / 12$ | $3 \%$ | $4 \%$ |

The number of distinctions awarded to females and males is fairly even, however, proportionally, slightly more males achieve a distinction over the four years. A survey of students will be undertaken to explore possible reasons (e.g. assessment methods, whether more mentoring for females is needed) (SA5). To attain a distinction requires the student to achieve an average of more than $70 \%$ in their assignments and more than $70 \%$ in the project or dissertation. The numbers of distinctions awarded are commensurate with that expected at Masters level study.

## Merit awards by gender

The award of merit was only introduced in 2010/11 with the first recipients in 2011/12. There were 5 female and 2 male merit awards. To attain a merit requires the student to achieve an average of more than $65 \%$ in their assignments and more than $65 \%$ in the project or dissertation. The number of merits awarded in 2011/12 is proportionally similar and is commensurate with that expected at Masters level study.

## Postgraduate Diploma

Figure 3.14 Postgraduate Diploma Awarded, by Gender


Table 3.14 Proportion of Postgraduate Diplomas Awarded, by Gender

| Year | \% Females <br> awarded PGD | \% Males <br> awarded PGD |
| :---: | :---: | :---: |
| $08 / 09$ | $3 \%$ | $1 \%$ |
| $09 / 10$ | $3 \%$ | $9 \%$ |
| $10 / 11$ | $4 \%$ | $6 \%$ |
| $11 / 12$ | $4 \%$ | $6 \%$ |

Although the numbers awarded a PGD are comparable between females and males (Figure 3.14), it would seem that proportionally more males have achieved the award between $09 / 10$ and $11 / 12$ (Table 3.14); these results need to be contextualised. Students are awarded a PGD for three reasons, a student may have:

- Only registered to study for a PGD
- Decided not to complete the full MSc and exit with a lesser award
- Encountered personal difficulties that have meant that they cannot continue with their original course of study
- Failed the project or dissertation and been awarded the PGD

Balancing this again with the variable study periods described above, makes comparison between males and females difficult.

Figure 3.15 Postgraduate Certificates Awarded


Table 3.15 Postgraduate Certificates Awarded

| Year | \% Females <br> awarded PGC | \% Males <br> awarded PGC |
| :---: | :---: | :---: |
| $08 / 09$ | $9 \%$ | $19 \%$ |
| $09 / 10$ | $8 \%$ | $12 \%$ |
| $10 / 11$ | $9 \%$ | $20 \%$ |
| $11 / 12$ | $12 \%$ | $23 \%$ |

With the exception of 09/10, more males have been awarded a PGC than females (Figure 3.15). However, the reasons for awarding a PGC are similar to above.

Balancing this again with the variable study periods described above makes comparison between males and females difficult (Table 3.15). Again, new approaches to data interrogation and display will be attempted (SA13).

Figure 3.16 Postgraduate Research Degree Awarded, by Gender


The numbers of postgraduate degrees awarded are small but on the increase (Figure 3.16). There are no obvious gender differences.

## Staff data

(vii) Female:male ratio of academic and clinical staff

Table 3.16 Numbers and proportions of Academic (including Research Staff) and Clinical Staff by Gender

| Grades | Number of Males | Number of Females | Proportion of Males | Proportion of Females |
| :---: | :---: | :---: | :---: | :---: |
| 2008 |  |  |  |  |
| 6 | 14 | 51 | 0.22 | 0.78 |
| 7 | 15 | 26 | 0.37 | 0.63 |
| 8 | 8 | 12 | 0.40 | 0.60 |
| 9 | 10 | 7 | 0.59 | 0.41 |
| Clinical Academic | 9 | 6 | 0.60 | 0.40 |
| Snr Clinical Academic | 38 | 12 | 0.76 | 0.24 |
| 2009 |  |  |  |  |
| 6 | 17 | 43 | 0.28 | 0.72 |
| 7 | 15 | 28 | 0.35 | 0.65 |
| 8 | 9 | 13 | 0.41 | 0.59 |
| 9 | 11 | 6 | 0.65 | 0.35 |
| Clinical Academic | 14 | 9 | 0.61 | 0.39 |
| Snr Clinical Academic | 39 | 14 | 0.74 | 0.26 |
| 2010 |  |  |  |  |
| 6 | 13 | 38 | 0.25 | 0.75 |
| 7 | 12 | 22 | 0.35 | 0.65 |
| 8 | 13 | 13 | 0.50 | 0.50 |
| 9 | 10 | 6 | 0.63 | 0.38 |
| Clinical Academic | 11 | 9 | 0.55 | 0.45 |
| Snr Clinical Academic | 39 | 16 | 0.71 | 0.29 |
| 2011 |  |  |  |  |
| 6 | 19 | 43 | 0.31 | 0.69 |
| 7 | 16 | 21 | 0.43 | 0.57 |
| 8 | 13 | 17 | 0.43 | 0.57 |
| 9 | 11 | 7 | 0.61 | 0.39 |
| Clinical Academic | 15 | 17 | 0.47 | 0.53 |
| Snr Clinical Academic | 42 | 13 | 0.76 | 0.24 |

Advances have been made to the staff data in terms of quality and granularity (BA23 and BA26). We can now drill down and report on 9 key clinical staff roles. These have been grouped into two main categories to reflect career paths (Table 3.17). These data can be used to identify areas for development and look at career recruitment and progression for academic consultants and GPs (see section 4). Systems have been introduced to routinely collect data on all WMS staff regarding exit interview questionnaires and flexible working. Reporting is now available on the following Clinical Job Titles:

Table 3.17 Clinical Job Title Reporting

| WMS Category | Clinical job titles |
| :--- | :--- |
| Clinical Academic (GP) | Senior Clinical Fellow |
|  | Principal Clinical Fellow |
|  | Associate Clinical Professor |
|  | Clinical Professor |
|  | Clinical Education Fellow |
|  | Clinical Lecturer |
|  | Clinical Research Fellow |
|  | Clinical Teaching Fellow |
|  | Senior Clinical Teaching Fellow |

The WMS staff data show that since 2007 the trends in the M:F ratio have been consistent within career paths. There has been an increased number in both genders (consistent with the growth of the School). However the number of males remains just less than twice that of females in academic roles and approximately 4 times as many in senior clinical academic consultant roles. Conversely, the number of females is significantly higher than males in all academic teaching only and research only roles, senior clinical teaching roles and at all level of clinical GP role.

There is a large differential in the number of women occupying senior clinical academic consultant posts (currently 18M:4F clinical professors, 20M:4F Associate Clinical Professors) and academic professorial posts (currently 10M:6F). As a result of having the clinical data, we have identified the area of clinical consultant progression and recruitment as an area meriting further investigation to understand the underlying reasons for the relatively low ratio of females (SA6).

The recruitment of women into senior academic and clinical posts is the priority area of action for WMS. This clearly is supported by the majority of our other actions.

Figure 3.17 demonstrates that the percentage of females in academic positions across the school is just under $50 \%$. The two main biomedical groups (BCB and MVH) have a relatively lower percentage of females (circa 30\%) and the two smallest groups [Table 3.19] (BCB and RH) have no part-time workers. We have started to address this by actively encouraging women to apply for senior positions (discussed in Recruitment of Staff) and by advertising more vacancies as being available on a full or part-time basis. We will monitor the success of this.

Figure 3.17 October 2012: Percentage of female academics and part-time staff in WMS groups


Table 3.18 Total Number and Proportion of Staff of who are Female, Part-time Workers, Black Minority or Ethnic, or Disabled in Academic and Clinical Academic (including research and teaching, research only and teaching only) positions within the WMS Divisions and Groups.

| Division | Total <br> FTE | Total <br> Staff | Female <br> Staff (\%) | PT Staff <br> (\%) | $\begin{array}{c\|} \hline \text { BME } \\ \text { Staff (\%) } \end{array}$ | Disabled <br> Staff (\%) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Biomedical Cell Biology |  |  |  |  |  |  |
| Academic | 25.6 | 26 | 42 | 3.8 | 12 | 0 |
| Deans Office |  |  |  |  |  |  |
| Clinical academic | 3 | 3 | 0 | 0 | 33 | 0 |
| Education Development |  |  |  |  |  |  |
| Academic | 18.8 | 24 | 60 | 37 | 5 | 10 |
| Clinical academic | 18.9 | 31 | 73 | 55 | 42 | 0 |
| Health Sciences (incorporating CTU) |  |  |  |  |  |  |
| Academic | 68 | 72 | 60 | 18 | 24.5 | 6.7 |
| Clinical academic | 25 | 25 | 92 | 4 | 26 | 0 |
| Mental Health \& Wellbeing |  |  |  |  |  |  |
| Academic | 8.5 | 12 | 100 | 67 | 17 | 0 |
| Clinical academic | 10.4 | 11 | 37 | 18.2 | 27 | 0 |
| Metabolic \& Vascular Health |  |  |  |  |  |  |
| Academic | 34.9 | 38 | 47 | 14.4 | 39.5 | 0 |
| Clinical academic | 11 | 11 | 10 | 0 | 36.5 | 0 |
| Reproductive Health |  |  |  |  |  |  |
| Academic | 5 | 5 | 0 | 0 | 0 | 0 |
| Clinical academic | 7 | 7 | 43 | 0 | 43 | 14.3 |

Source: Live Database, University of Warwick Information Unit; $14^{\text {th }}$ November 2012
Table 3.18 also illustrates the range of academic and clinical academic staff in the Divisions with an average of $26 \%$ BME staff.

## (iv) Turnover by Grade and Gender

The turnover rate of staff in WMS is relatively stable at between $12-14 \%$ overall for the past 3 years with approximately half the staff leaving voluntarily. Table 3.19 shows that the highest turnover rate for both males and females are within roles which are typically fixed term, such as the research fellow, clinical research fellow, clinical lecturer and clinical education fellow. As the number of staff for the most senior positions is low, the higher percentage female turnover is attributed to one clinical professor and one academic professor, both of whom left voluntarily for a similar position in another institution.

To address the turnover for research fellow we are enhancing the career development opportunities for research only staff. These are offered through the university and are targeted at early career researchers. To help prevent the 'leaky pipe' at the more senior end of the career ladder we have introduced a number of new development posts and have specifically aimed to attract women to apply.

Table 3.19 WMS Academic and Clinical Staff Turnover in 2012

| Job group | Job Title | Average male headcount | Average female headcount | Male Turnover | Female Turnover |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Academic | Assistant Professor | 2 | 2 | 0.00\% | 0.00\% |
|  | Associate Professor | 10 | 10 | 0.00\% | 9.52\% |
|  | Reader | 1 | 1 | 0.00\% | 0.00\% |
|  | Professor | 10 | 6 | 10.00\% | 18.18\% |
| Research Only | Research Fellow | 20 | 42 | 24.39\% | 26.19\% |
|  | Senior Research Fel | 9 | 12 | 0.00\% | 0.00\% |
|  | Principal Research F | 4 | 3 | 0.00\% | 0.00\% |
|  | Professorial Res Fel | 1 | 2 | 0.00\% | 0.00\% |
| Teaching Only | Teaching Fellow | 0 | 1 | 0.00\% | 0.00\% |
|  | Senior Teaching Fel | 2 | 9 | 80.00\% | 0.00\% |
|  | Principal Teaching F | 0 | 2 | 0.00\% | 0.00\% |
| Clinical roles |  |  |  |  |  |
| Clinical Academic (GP) | Senior Clinical Fellow | 2 | 8 | 0.00\% | 25.00\% |
|  | Principal Clinical Fel | 2 | 1 | 40.00\% | 0.00\% |
| Senior Clinical Academic (GP) | Clinical Academic Consultant GP | 2 | 3 | 0.00\% | 0.00\% |
| Clinical Academic (consultant) | Assistant Clinical Professor | 0 | 1 | 0.00\% | 0.00\% |
| Senior Clinical <br> Academic (Consultant) | Associate Clinical Professor | 20 | 4 | 10.26\% | 0.00\% |
|  | Clinical Professor | 18 | 4 | 5.71\% | 28.57\% |
| Clinical Academic (Other/Various) | Clinical Education Fel | 2 | 4 | 50.00\% | 57.14\% |
|  | Clinical Lecturer | 4 | 3 | 0.00\% | 33.33\% |
|  | Clinical Research Fel | 7 | 2 | 14.29\% | 40.00\% |
|  | Clinical Teaching Fel | 2 | 0 | 0.00\% | 0.00\% |
|  | Senior Clinical Teaching Fellow | 0 | 2 | 0.00\% | 0.00\% |

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## 4. Supporting and advancing women's careers

## Key career transition points

a) Data for last 3 years, significance and effect on action planning
(i) Job application and success rates by gender and grade

Table 4.1 Numbers and Proportions of Academic and Clinical Applicants to Warwick
Medical School, by Gender

| Year | Number of Vacancies | Number of <br> Male <br> Applicants | Number of <br> Female <br> Applicants | Total <br> Applicants | \% <br> Applicants <br> Male | \% <br> Applicants <br> Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2008/9 |  |  |  |  |  |  |
| Grade 6 | 24 | 116 | 104 | 220 | 53 | 47 |
| Grade 7 | 5 | 5 | 12 | 17 | 29 | 71 |
| Grade 8 | 2 | 2 | 5 | 7 | 29 | 71 |
| Grade 9 | 0 |  |  |  |  |  |
| Clinical Academic | 14 | 29 | 28 | 57 | 51 | 49 |
| Snr Clinical Academic | 10 | 20 | 9 | 29 | 69 | 31 |
| 2009/10 |  |  |  |  |  |  |
| Grade 6 | 32 | 122 | 162 | 284 | 43 | 57 |
| Grade 7 | 9 | 27 | 22 | 49 | 55 | 45 |
| Grade 8 | 4 | 4 | 9 | 13 | 31 | 69 |
| Grade 9 | 2 | 6 | 2 | 8 | 75 | 25 |
| Clinical Academic | 10 | 26 | 25 | 51 | 51 | 49 |
| 2010/11 |  |  |  |  |  |  |
| Grade 6 | 26 | 129 | 161 | 290 | 45 | 55 |
| Grade 7 | 5 | 23 | 7 | 30 | 77 | 23 |
| Grade 8 | 3 | 39 | 8 | 47 | 83 | 17 |
| Grade 9 | 2 | 24 | 4 | 28 | 86 | 14 |
| Clinical Academic - GP | 4 | 4 | 14 | 18 | 22 | 78 |
| Clinical Academic other | 8 | 18 | 5 | 23 | 78 | 12 |
| Senior Clinical Academic consultant | 7 | 45 | 7 | 52 | 87 | 13 |

Table 4.2 Percentage of successful male and female job applicants by job title by year.

| Role | Year | \% successful who were male | \% successful who were female |
| :---: | :---: | :---: | :---: |
| Academic roles (research and teaching) |  |  |  |
| Assistant Professor | 08/09 | 0.00\% | 100.00\% |
|  | 09/10 | 0.00\% | 0.00\% |
|  | 10/11 | 0.00\% | 100.00\% |
|  | 11/12 to 31 Oct | 100.00\% | 0.00\% |
| Associate Professor | 08/09 | 0.00\% | 100.00\% |
|  | 09/10 | 0.00\% | 0.00\% |
|  | 10/11 | 50.00\% | 50.00\% |
|  | 11/12 to 31 Oct | 100.00\% | 0.00\% |
| Professor | 09/10 | 100.00\% | 0.00\% |
|  | 10/11 | 100.00\% | 0.00\% |
|  | 11/12 to 31 Oct | 100.00\% | 0.00\% |
| Clinical Academic roles (research and teaching) |  |  |  |
| Clinical Academic - GP | 08/09 | 50.00\% | 50.00\% |
|  | 09/10 | 0.00\% | 100.00\% |
|  | 11/12 to 31 Oct | 14.29\% | 71.43\% |
| Clinical Academic - Other | 08/09 | 40.00\% | 50.00\% |
|  | 09/10 | 57.14\% | 42.86\% |
|  | 10/11 | 87.50\% | 0.00\% |
|  | 11/12 to 31 Oct | 50.00\% | 50.00\% |
| Senior Clinical Academic (Consultant) | 08/09 | 0.00\% | 50.00\% |
|  | 09/10 | 75.00\% | 25.00\% |
|  | 10/11 | 50.00\% | 50.00\% |
|  | 11/12 to 31 Oct | 100.00\% | 0.00\% |
| Research Only |  |  |  |
| Research Fellow | 08/09 | 40.00\% | 60.00\% |
|  | 09/10 | 32.26\% | 67.74\% |
|  | 10/11 | 26.09\% | 73.91\% |
|  | 11/12 to 31 Oct | 45.45\% | 54.55\% |
| Senior Research Fellow | 08/09 | 0.00\% | 100.00\% |
|  | 09/10 | 0.00\% | 100.00\% |
|  | 10/11 | 50.00\% | 50.00\% |
|  | 11/12 to 31 Oct | 0.00\% | 100.00\% |
| Principal Research Fellow | 08/09 | 0.00\% | 0.00\% |
|  | 09/10 | 0.00\% | 100.00\% |
|  | 10/11 | 0.00\% | 0.00\% |
| Teaching only roles |  |  |  |
| Teaching Fellow | 09/10 | 0.00\% | 100.00\% |
| Senior Teaching Fellow | 08/09 | 0.00\% | 100.00\% |
|  | 09/10 | 66.67\% | 33.33\% |
|  | 10/11 | 0.00\% | 100.00\% |
| Principal Teaching Fellow | 09/10 | 0.00\% | 0.00\% |

NB. Any omissions in year means there were no job vacancies that year.

From Table 4.1, the more junior appointments (i.e. grade 6 Research Fellow or Teaching Fellow) continue to attract high numbers of female applicants, whereas the more senior positions attract markedly fewer in both academic and clinical academic areas. In order to try to address this, we are using a multi-modal approach including i) the Athena SWAN logo on our advertisements and webpage

The more detailed data on the clinical appointments has demonstrated a higher proportion of female GP applicants in comparison to consultants (see Table 3.17 for categories) and we are trying to understand this with the study on 'choice of medical careers by women' (SA18).

The success of females in recruitment is shown in Table 4.2. The number of vacancies for more senior roles is relatively low, therefore it is not possible to confidently demonstrate trends in percentage success over the years for most job titles. However it does demonstrate the key area of development as the need to increase the number of females into academic professor posts, either by promotion or recruitment. We will monitor progress (Priority Action SA6).

Again, we have made a number of changes to encourage more applications from females for senior academic roles. For instance, to be explicit in the advertising details that applications from women, would be particularly welcome. We have used this for vacancies for externally advertised roles (Professors and Associate Professors in Biomedicine) and internally advertised (Deputy Pro-Dean and Deputy Head of Division). Whilst the number of applications from women is still relatively low, the quality has been excellent. The recruitment is still on-going, but success can be evidenced from the Associate Professor vacancy; Of the 28 applicants, $11 \%$ (3) were female; 8 applicants were shortlisted of which $25 \%$ (2) were female and both were made offers and have accepted. The Professorial Biomedicine positions are still being recruited to. So far one offer has been made to a female, which was unfortunately rejected; however, it is likely that at least one more offer will be made to a female. The internal deputy roles were advertised within WMS. There were few applicants, but encouragingly there were twice as many applications from females than males and females were appointed to both positions.
(ii) Applications for promotion and success rates by gender and grade.

Table 4.3 Applications for Promotions for WMS staff since 2008 to date

| Years: | 2008 -10 |  | $2011 / 12$ |  | $2012 / 13$ (to 31 Oct 12) |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Job Title(s) | Male | Female | Male | Female | Male | Female |
| Professor | 2 | 2 | $3(4)$ |  |  |  |
| Reader |  |  | $1(2)$ |  |  |  |
| Associate Professor | 2 | 1 | $1(1)$ |  | $1(1)$ |  |
| Principal Research Fellow |  |  |  |  |  | $0(1)$ |
| Senior Research Fellow | 1 | 1 |  | $1(1)$ | $2(2)$ | $1(1)$ |
| Principal Teaching Fellow |  |  |  | $1(1)$ | $2(2)$ | $1(2)$ |
| Senior Teaching Fellow, <br> Senior Clinical Teaching <br> Fellow | 3 | 4 |  | $1(1)$ |  |  |
| Senior Research <br> Technician, Research <br> Technician | 2 | 1 |  |  |  |  |
| Total | $\mathbf{1 0}$ | $\mathbf{9}$ | $\mathbf{5 ~ ( 7 )}$ | $\mathbf{3 ( 3 )}$ | $\mathbf{4 ( 5 )}$ | $\mathbf{2 ( 4 )}$ |

Although the number of women submitting an application for promotion is fewer (Table 4.3), when the overall proportions of male:female at WMS are considered, the proportion of females applying is greater. In 2011/12 the success rate for female applications was $100 \%$ compared to $75 \%$ for men. However in 2012/13 the success rate for promotion applications was $50 \%$ for women and $80 \%$ male. The specific rationale for the lack of success of women in 2012/13 was attributed to not enough quality published papers. Reasons for this finding will be ascertained by further investigation of circumstances of these women (SA7) e.g. had these women taken any maternity/adoption breaks, or training and development requirement.

The staff and promotions data reinforce two key points at which females are not progressing their careers; from Associate Professor to Professor and through the teaching fellow career ladder. To help address these issues, the School is running training sessions for all academic staff on the promotion process and requirements at the School's away-day in December 2012 (SA7). It is hoped that this will help staff better understand the requirements and where to seek help
b) Key issues, steps taken to address imbalances, success/impact achieved and additional steps
(i) Recruitment of staff

As evidenced above, the key issue regarding recruitment is to encourage female staff to apply for senior academic roles in the School. A number of direct actions have been taken to address this. We have focussed efforts on recruiting more females into senior academic positions recently to address an acknowledged imbalance (Tables 4.1, 4.2). Between 1 December 2011 and 1 August 2012, the School recruited 37 new members of staff into academic/clinical posts (ranging from Research Associate appointments up to Professorial level); of these 17 were women and 20 men. Recent recruitment efforts will increase the number of senior female recruits by 2 Associate professors and it is hoped by at least one professor.

In addition, the proactive integration of the University's School of Health and Social Sciences and the Liverpool School of Tropical Medicine within WMS has resulted in an additional 3 female Professors and 2 female Associate Professors, and 2 Associate Professors, respectively.

WMS has its own Human Resources team which has a dual reporting line into the University HR function as well as the Medical School. The HR team are active in the recruitment process including monitoring the revised on-line (gender blind) application process and ensuring panels for academic posts have a suitable level of female representation, ultimately ensuring that best practice is adhered to at all times. Diversity monitoring is co-ordinated by the University's central HR team who work with the WMS HR team as appropriate. All WMS HR staff have carried out equality and diversity training. All managers involved in recruitment are required to complete an online equality and diversity recruitment module and additional face to face training courses are also available from the University E\&D team. Table 4.4 shows the number of staff who have taken and passed the modules over the past 3 years, which includes all senior managers. We will now review all our interviewers, managers and starters to ensure they have undertaken the module and put a programme in place to ensure the training happens on a rolling basis (SA8).

## (ii) Support for staff at key career transition points

We take the development of all staff very seriously and we have a number of areas we are actively working on. We have already introduced a number of initiatives:

- Early Career Researchers (ECRs) programme aimed at training and developing our early researchers including the mentoring scheme (SA10) [Success outlined in Section below]
- A targeted mentoring scheme for groups identified as having particular promotion issues [e.g. women, those on term-time contracts] (SA7)
- Availability of postgraduates certificate in transferable skills for postdoctoral students (www.warwick.ac.uk/go/pioneers)
- Research experience for medical students (Section 4, Career Development, a iii)
- Promotion of surgery for women (Section 4, Career Development, a iii) We are also investigating and developing a targeted promotion development programme for teaching only staff to progress to Professorial Fellow (SA7)


## Career development

c) Key issues, steps taken, success and future work
(i) Promotion and career development

The annual review process is available to all staff and it is used to consider and advise on preparation for promotion. It includes an analysis of the extent to which current work patterns may support or hinder an application and possible changes in work patterns that might improve promotion prospects (including the rotation of responsibilities that might be of particular benefit). As a result of AS, the annual review process is being developed to include a specific section on career development to emphasise its importance and to help aide progression of women in particular (SA9). This needs to go through consultation with the unions, with the aim of introducing these enhancements in 2013. All line managers will be briefed on its launch and will also be offered a briefing in carrying out annual reviews. We will monitor progress through the PULSE survey and focus groups on the annual review process and action any improvements as necessary.

We have a dedicated advisor for early career researchers (ECR) and made significant progress with a new school-wide ECR policy which has been developed and approved over the past year and is currently being implemented. In summary, the policy states that ECRs are expected to develop new skills and undertake continuing professional development 40
whilst working at WMS. The annual review should be used to identify development goals and opportunities for this to take place. The goals should be developed by the ECR \& the line manager together to reflect the career ambitions of the ECR. ECRs are expected to build a portfolio of evidence to demonstrate development activities undertaken and the learning outcomes and transferable skills acquired as a result. ECRs are to receive up to half a day per week for protected activity such as finishing papers, writing grants etc. to ensure sufficient time for these core development activities

For more senior roles, we are currently investigating the underlying causes why female clinicians are not applying and progressing to senior positions (Priority Action SA6), the findings of which WCG will consider so that appropriate actions can be identified and progressed. We believe that induction and training are vital to changing the culture and progressing with AS. All staff at WMS are required to complete an Induction Checklist within 4 weeks from the start of employment. This has been reviewed in the past year as a result of AS action (BA16) and now features a number of improvements. These include a mandatory equality and diversity module that all staff are required to complete in their first 4 weeks and repeat every three years; the inclusion of benefits information and details of where further information can be accessed; maternity and paternity links to advice, support and networking groups and links to Learning and Development Centre (LDC) with information relating to promotion and probation and on-going training opportunities. A new technical booklet has been produced for WMS staff working in laboratories for use at induction.

In order to ensure the induction is monitored and reviewed regularly there is now a specific evaluation form for staff to rate the quality of information received and suggest recommendations for future development. Training courses are available to all staff through the university, where there are tailored offerings for research teaching and nonacademic skills. We have focussed on ensuring all WMS staff who line manager or interview have had received E\&D training to help reduce any bias. Table 4.4 demonstrates the take-up of the courses, which includes all senior managers in WMS. We now need to implement a process to ensure all line managers and interviewers have completed the courses and re-do them at least every 3 years (SA8).
(ii) Induction and training

Table 4.4 Number of WMS staff who have passed the on-line equality and diversity training modules.

| Year of training | Diversity in the <br> Workplace module | Recruitment \& Selection <br> module |
| :--- | :--- | :--- |
| 2009 | 13 | 11 |
| 2010 | 19 | 18 |
| 2011 | 64 | 19 |
| 2012 (to 1Nov 2012) | 43 | 21 |
| Total | 139 | 69 |
| Retakes over the period | 5 | 2 |

## (iii) Support for female students

PhD
Our PhD training is designed to help students (male or female) make the successful transition from graduate research students to postdoctoral researcher. This is achieved by providing the opportunities to take increasing responsibility for scheduling and managing their projects, preparing and discussing interim reports with supervisors - including proposing next stages of work, and giving seminars to mixed audience on regular basis. They are also encouraged to attend courses on transferable skills and specialised training where required. Mentoring is available whenever required and each student has a choice of two supervisors - one male and one female whenever available with appropriate expertise. Our postdoctoral researchers are encouraged to set up a WMS-wide forum to interact with other researchers and highlight any issues and best practices that can be adopted by others. These activities are now recognised by the Department and formalised to be established in all divisions (where appropriate) of WMS.

## MBChB

Mentoring networks devised and run by MBChB students continue to be, successful schemes promoting increased support between year groups at WMS, recognised at both National and International level with students from Warwick presenting at the National ASME Conference and the World Health Summit in Berlin, respectively.
Due to the increasing interest in Peer Mentoring, an Optional Teaching and Learning certificate is currently being piloted. The peer support system for both genders is currently supported by the Senior Tutor and Deputy Senior Tutor who are both women.

Female medical students having children during the course have one-to-one meetings with the (female) Senior Tutor and Phase coordinator where their needs in relation to returning to the course are discussed. A plan is then made to individualise their programme for return. Breast feeding and child care facilities are as for staff. A WMS 'Mum's group' Facebook page has been set up by WMS student support services. This sharing of real experience has provided a valuable informal mentoring scheme.

Career events for medical students are jointly organised by our Careers advisor (female) and the student careers society. When selecting speakers, particularly those for predominantly male specialities such as surgery and orthopaedics (although not predominantly male trainees in Coventry and Warwickshire), we work with students to provide female speakers at various stages in their careers to talk about their career choices and the challenges these have posed.

Specific email addresses have been created for students with disabilities or who are to have a forum to discuss issues relating to discrimination with peer mentors supported by a named staff member. Lastly, we have responded to the research findings of the Equality Challenge Unit (2009) into the experience of Lesbian, Gay, Bisexual or Transgender (LGBT) staff and students within higher education. A peer support student network is supported by the senior tutor team at WMS.

## Organisation and culture

a) Data, significance and effect on action plan
(i) Male and female representation on committees

Table 4.5 Male and female representation on WMS Key Groups, with changes shown in bold*

| Years | 2010-11 |  | 2011-12 |  |
| :--- | :--- | :--- | :--- | :--- |
| Warwick Medical School Groups | Male | Female | Male | Female |
| Deans Advisory Group (DAG) | 3 | 1 | 3 | $\mathbf{2}$ |
| Senior Management Group (SMG) | 8 | 9 | 8 | $\mathbf{1 1}$ |
| School Secretary's Advisory Group (SSAG) | 0 | 6 | 0 | 6 |
| Education Strategy Group (ESG) | 8 | 8 | $\mathbf{1 4}$ | $\mathbf{9}$ |
| Research Strategy Group (RSG) | 13 | 3 | 13 | $\mathbf{5}$ |
| Laboratory Management Unit Board (LMU Board) | 5 | 3 | 5 | 3 |
| Welfare and Communications Group | 5 | 13 | $\mathbf{7}$ | $\mathbf{1 5}$ |
| WMS Information Group (WIG) | 13 | 15 | $\mathbf{1 5}$ | $\mathbf{8}$ |
| Senior Administrators' Discussion Group (SAD) | 2 | 10 | 2 | $\mathbf{1 3}$ |
| WMS Accommodation Group | 0 | 7 | 0 | 7 |
| WMS Health and Safety (H\&S) Group | 10 | 3 | $\mathbf{7}$ | $\mathbf{6}$ |

*University of Warwick has a strict definition of 'committee'; departmental 'committees' are termed 'groups'
All groups have AS on their agenda at regular intervals. Over one year, we have made progress on gender balance in key groups -DAG, RSS and H\&S. The WMS H\&S, ESG, WIG and the RSG have higher male than female membership. The chair of the WIG is currently addressing imbalance. Progress has been made to get a more equal ratio of females on the two most senior WMS groups, DAG and RSS through the appointment of two females to senior the internal deputy. Whilst these are temporary ( 8 months), it is hoped that these will offer valuable exposure and experience to the individuals to develop their career as other senior opportunities arise and to act as role models. Due to the Research Excellence Framework focus, the RSG is being restructured in January 2103; this will be an opportunity to further increase female membership (SA20). We will continue to monitor gender balance on all groups.

The SAD group reflects the gender ratio in administration. The SSAG still has a completely female membership. The representatives are function leads and their role is key to the management of the administration. We are looking to rationalise the structure and constitution of the administration group over the coming 12 months (SA20). A vacancy at Head of Marketing level, together with a potential new level 9 role may result in a gender shift. The Welfare and Communications Group gender ratio is considered appropriate for the group's function.

The University also actively seeks engagement from staff on a variety of committees across the University, including equality and diversity, through emails and on its intranet.
(ii) Female:male ratio of academic and research staff on fixed-term contracts and open-ended (permanent)

Table 4.6 demonstrates the high occurrence of fixed term contracts (FTC) in university SET departments for both males and females. It can be seen that there are $50 \%$ or more females in every instance. However, it is also apparent that the percentage of women in Research Fellow positions has slowly decreased from 2007 to date. The key issue is to help fixed term staff develop a career.

As a result of the Early Career Researcher work [Career Development c)i] and the open access to the University's training for researchers and teachers, it is hoped that this will help junior fixed term staff develop a range of skills to further their career. However, we do recognise that we need to advertise these development opportunities more widely, both to prospective applicants as well as our staff, in order to ensure uptake (SA10).

Table 4.6 Staff on fixed term contracts (5 or more) sorted by job, year and FTC female

| Year | Job Title | Male FTC headcount | Female FTC headcount | Total FTC headcount | FTC <br> Male | FTC <br> Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2009 | Research Fellow | 16 | 38 | 54 | 30.0\% | 70.0\% |
| 2010 |  | 12 | 36 | 48 | 25.0\% | 75.0\% |
| 2011 |  | 18 | 40 | 58 | 31.0\% | 69.0\% |
| 2012 |  | 20 | 42 | 62 | 32.0\% | 68.0\% |
| 2009 | Senior Research Fellow | 6 | 7 | 13 | 46.0\% | 54.0\% |
| 2010 |  | 6 | 6 | 12 | 50.0\% | 50.0\% |
| 2011 |  | 7 | 7 | 14 | 50.0\% | 50.0\% |
| 2012 |  | 6 | 8 | 14 | 43.0\% | 57.0\% |
| 2009 | Clinical Research Fellow | 2 | 0 | 2 | 100.0\% | 0.0\% |
| 2010 |  | 1 | 0 | 1 | 100.0\% | 0.0\% |
| 2011 |  | 2 | 1 | 3 | 67.0\% | 33.0\% |
| 2012 |  | 5 | 2 | 7 | 71.0\% | 29.0\% |
| 2009 | Senior Clinical Fellow | 1 | 1 | 2 | 50.0\% | 50.0\% |
| 2010 |  | 1 | 3 | 4 | 25.0\% | 75.0\% |
| 2011 |  | 1 | 5 | 6 | 17.0\% | 83.0\% |
| 2012 |  | 1 | 5 | 6 | 17.0\% | 83.0\% |
| 2009 | Clinical Education Fellow | 2 | 3 | 5 | 40.0\% | 60.0\% |
| 2010 |  | 2 | 3 | 5 | 40.0\% | 60.0\% |
| 2011 |  | 2 | 4 | 6 | 33.0\% | 67.0\% |
| 2012 |  | 1 | 2 | 3 | 33.0\% | 67.0\% |
| 2009 | Senior Teaching Fellow | 0 | 8 | 8 | 0.0\% | 100.0\% |
| 2010 |  | 0 | 3 | 3 | 0.0\% | 100.0\% |
| 2011 |  | 1 | 2 | 3 | 33.0\% | 67.0\% |
| 2012 |  | 0 | 3 | 3 | 0.0\% | 100.0\% |

b) Key issues, steps to address, success and additional steps
(i) Representation on decision-making committees

In order to ensure increased female representation on the Faculty of Medicine Advisory Board [FMAB] (External, 25\% Female), a number of strong recommendations have been made by the Dean for females to join. These are currently being considered by the ViceChancellor (VC). Likewise, the Board of the Faculty of Medicine (Internal, 40\% Female) which reports to FMAB is currently reviewing its membership as part of restructuring.

We identified that it was important to ensure gender representation on Search Committees for seeking potential applicants for Professorial posts in the Bronze action plan (BA1). It is now considered an explicit part of the process across the University. We work with the Deputy VC and HR on setting up each Electoral Board regarding the good practice we have in a balanced panel selection as nominations for the membership of the committee usually come from the Chair, either the VC or the DVC.

Membership of academic committees can be helpful to career progression (through networking, illustration of new challenges and inclusion in the CV) and WMS is committed to gender fairness in this regard. In the case of Professors, Readers and Associate Professors (and the career equivalents in Teaching-only and Research-only posts), WMS now takes account of gender balance when names are proposed for University committees (e.g. Senate, Academic Promotions and Boards of Faculty) and has started to address the gender balance of its own key committees as above.

In the case of Assistant Professors, Research Fellows, Teaching Fellows and Early Career Researchers WMS, has developed development places on some of the School's key groups, and gender fairness will be considered when filling these places. WMS believes that Interns may have fresh angles on problems, and skills that experienced academics lack (for example greater web-literacy).

In the case of Students (UGT, PGT and PGR) committee membership is already established. All student groups are asked to contribute to the WCG and medical students (our only UGT group) have a place on SMG.

## (ii) Workload model

Total workload, and the balance across different activities, is a key part of the School's annual review process. In 2011, WMS introduced, for the first time, a mechanism for measuring the total workload of academic members of staff and the balance of workload across different activities including common pastoral and administrative activities. The results showed very significant differences between individual members of staff in both the total level and the balance of their workload. This information was fed back to the relevant senior managers in the School so that they could discuss, as part of the regular annual review process, changes in the level and balance of workload for all academic staff.

The workload survey is now run annually. In 2012 we included a mechanism for capturing more detailed activities, not captured in the 2011 survey.

The results of the survey based on the modified 2012 model show that, overall, men are significantly more likely than women to be involved in teaching or teaching-related administration. The main difference was that men are more likely to be involved in MBChB teaching than women. The exact reasons for this are not clear. However this may have important messages for our 'role modelling' within our MBChB course - especially given that we have a higher proportion of female students than male. In the coming months we plan to consider at the Welfare and Communications Group how best to address this issue (SA1).

## (iii) Timing of departmental meetings and social gatherings

In order to ensure the timing of meetings is appropriate for all members, considering their family and other commitments, it is now agreed across WMS that all meetings should be held at a time appropriate to members of the group. WCG meetings are now held between 10.30 and 15.00.

Core hours of work are deemed to be 9.30/10 am to 12 noon and $2 \mathrm{pm} 4 / 4.30 \mathrm{pm}$. At discretion, line managers may agree an adjustment to start and finish times outside of core hours where it is beneficial to the member of staff in meeting family and child care responsibilities or other commitments. Having this level of flexibility supports individuals in their work-life balance and encourages mutual respect and commitment in the workplace.

WMS departmental meetings are held termly during core working hours at both campuses to accommodate staff working at either site. Inaugural ('Leading Lights') lectures are now held over the lunchtime period (rather than the evening) to fit with part time working and/or child care responsibilities. The majority of WMS committee meetings are held during core working hours (Table 4.7).

At a local level, divisional administrative meetings (Health Sciences and Mental Health and Wellbeing) are held monthly during core hours on varying days of the week at differing times to give the best opportunity for all members of the team to attend particularly parttime staff. The timings of other divisional meetings or social events would be based on best availability staff and to fit with their other commitments.

## WMS Group (Committee) Meetings

Table 4.7 Timing of WMS Key Group Meetings

| Group | Frequency | Duration | Timing of meeting |
| :--- | :--- | :--- | :--- |
| Welfare and <br> Communications Group <br> (WCG) | Monthly |  | At times to accommodate part- <br> time and flexible working <br> arrangements of members. |
| Dean's Advisory Board <br> (DAG) | Weekly | 12.00 noon. Occasional (4-6) <br> per year are held out of office <br> hours by mutual agreement. |  |
| School Secretaries <br> Advisory Group (SSAG) | Fortnightly |  | $1.00-2.30$ on a Tuesday to <br> accommodate part-time working <br> patterns of 4 out of the 6 <br> members |
| Research Strategy Group <br> (RSG) | Monthly during <br> term time |  | Within core hours <br> Education Strategy Group <br> (ESG) <br> 6 weeks <br> WMS Accommodation <br> Bi-Monthly <br> Administrators' Bi-Monthly |
| Senior <br> Discussion Group (SAD) | to 1.5 <br> hours | Within core hours <br> to fit with members availability |  |
| WMS Information Group | termly 11.30 am |  |  |
| WMS Health and Safety <br> Group | 3 /year | 90 mins | 9.00 am |

## (iv) Culture

Warwick Medical School was founded and progressed by a female Dean, Professor Yvonne Carter. Our current Dean, Professor Peter Winstanley, took up his appointment in May 2010.

The culture of WMS is one of informality, respect and friendliness in which all of our staff are valued as a vital part of our team. This is embedded in the Mission, Vision and Values Statement. The School has an explicit statement of values which is fundamentally based on equity, including gender equality:
"Activities are focussed on maintaining and improving health both within the UK and internationally. The School is founded on the principle of collaboration with a variety of partners, we are outward looking and will continue to seek partners with whom we can work to the ultimate benefit of patients. We strive for excellence in all that we do, seeking to encourage, support and deliver high quality research and teaching which is at the cutting edge internationally. We are committed to the highest standards of honesty, integrity, openness and professionalism in all of our activities. The School engages with the public, respecting and valuing diversity of perspectives and we seek to disseminate our knowledge and research findings to enhance the quality of life of the public. We are a dynamic and enterprising organisation, we are not constrained by traditional departmental specialty or professional boundaries and we seek to develop new paradigms by working together across disciplines. "

Our Dean has actively set out, through AS activity, to bring about a change in culture, in which all of our staff are valued and treated fairly and with dignity and are aware of their actions. The culture at Warwick (including WMS) also strongly focuses on academic performance at all levels - perceived under-performance is addressed, barriers are removed where possible and support is given. In consequence, we aim for a healthy balance where all staff are treated with dignity and where performance of all is kept under review. We recognise the importance of a wider and sustained communication process to staff and students to bring about and sustain the culture change. We have reviewed our webpages to include an AS page and links, we actively advertise AS initiatives, role model cameos, policies and resources to staff to keep them informed and advertise development opportunities, whether they be for the new Professors inaugural lecture series, development opportunities, policies or vacancies.

We also support all our staff by investing in excellent and appropriate development activities to help them increase their potential and achieve their career aspirations. We are vigorously implementing family friendly practices e.g. the majority of the meetings are convened during the school hours allowing parents to pick up their children from schools and work flexible hours. For nursing female staff and students, they now have a dedicated area to express and store breast milk. There is more emphasis in providing mentorship to female staff (including returning after maternity leave), if required. The University, with WMS support, is exploring the option of providing more childcare facilities during school holidays by setting up summer and half term sport camps for children up to 14 years old. Currently tennis, climbing and science clubs are available, but we hope to extend this.

Although the "change in culture" strategy has been launched relatively successfully by the WCG in a short period of time, behaviour change will take longer. The WCG is working hard to raise awareness among the staff and the students to apply positive attitude towards this change to ensure that the School retain high calibre motivated female clinicians, academics, scientists and researchers who are $50 \%$ of our workforce. We are working towards achieving the aim that a female will never have to leave the academic life because the host institution was not supportive.

The School runs an inaugural lecture series (Table 3.2) for newly appointed professorial staff. It is open for all University staff and students to attend and is an excellent learning opportunity as well as the female professors being role models to encourage more females into senior positions. In the past three years, $33 \%$ were given by females (an increase of $5 \%$ over the previous 3 years) - a small increase in recruitment of female professors but a move in the right direction and one that we are actively working on (SA6). In addition the Divisional Seminar Series run within the School each term, are also open to staff and students. They are delivered by both WMS and guest speakers and in 2012/13 to date 19 of the 63 lectures (30\%) have been given by women ( $29 \%$ in 2011/12).

## (v) Outreach activities

The School has undertaken a range of outreach activities over recent years and is increasing its efforts in this area. A School outreach policy is being drafted and, once approved, will be coordinated and implemented. This will be overseen by the WCG (SA11).

As part of the workload model, outreach activities are now covered as part of WMS's workload survey. They are also seen as part of an individual's wider role responsibilities and staff will be encouraged to discuss these at appraisal.

A female surgeon (WCG member), together with five female medical students and one female junior doctors attended a careers fair at a local comprehensive school to enthuse a group of GCSE students about medicine and surgery on the $13^{\text {th }}$ November 2012. The medical students also run a Widening Access in Medicine (WAM) group and offered to do workshops with the schoolgirls including practical stations and personal statements. The careers advisor, already focusing on promotion of SET subjects for girls, was delighted; AS had been spontaneously mentioned to her by their male engineering contact. Having briefed her about AS, our WCG member put her in touch with the University AS coordinator to coordinate further participants from the University. Along with their careers advisor, our WCG representative has subsequently planned a SET event for the girls at the school in March 2013 and has involved other relevant University SET faculties (SA11). Having heard of this activity, two other local schools have approached WCG.

We also have an event planned for year 12 students at a local comprehensive school in July 2013 called 'Futures' where we will take female junior doctors and medical students along to do some practical work (suturing etc.) with the students (SA11).

A WMS clinical academic was asked to support a local schoolgirl with her final year on their Baccalaureate science project. Having successfully worked with one pupil in October 2012, the school has requested the set up a more formal programme in 2013 (SA11). After consideration of a coordinated outreach strategy, we will expand to other local schools. This outreach activity should be recognised as valuable part of WMS work. To that aim, the WCG chair has highlighted 'Citizenship' to the University Promotions Committee and will pursue with a WCG Citizenship paper (SA11).

## Flexibility and managing career breaks

a) Data, significance and effect on action planning

## (i) Maternity return rate

## Table 4.8 Maternity Leave

| Year | No. started <br> maternity leave | No. left <br> S 3 m of end | Return Rate (\%) |
| :--- | :--- | :--- | :--- |
| $06 / 07$ | 5 | 0 | 100.00 |
| $07 / 08$ | 7 | 1 | 85.71 |
| $08 / 09$ | 13 | 1 | 92.31 |
| $09 / 10$ | 11 | 2 | 81.82 |
| $10 / 11$ | 6 | 0 | 100.00 |
| $11 / 12$ | 11 | 1 | 90.91 |

The number of women taking maternity leave has grown in recent years and the return rate remains a positive indication that women are returning following their period of leave. The department supports women on their return to work through individual conversations between the returner and HR regarding their returning options and any concerns. These are well received and often result in flexible working arrangements, either temporary or longterm being, implemented to phase or encourage the individual back to work. These are in addition to the line manager discussions with the individual.

The School encourages use of the Keep-in-touch (KIT) days. Those on maternity leave are also entitled to take up to 10 KIT days which enables them to keep up to date with activities within their departments and smooth the transition for their return. Information and support for expectant mothers is available via the staff intranet. This communication channel also contains information about the Returning Parents Support Network - this group offers an opportunity for new parents to support each other by chatting through parenting and return to work issues in an informal and confidential group setting.

Amongst the plans for future development include an arrangement whereby the Dean or his senior representative meets with returning mothers to formally welcome them back and to discuss and support they may require (SA12).

## (ii) Paternity, adoption and parental leave uptake

Table 4.9 Paternity Leave

| Year | No. on Paternity Leave |
| :--- | :--- |
| $06 / 07$ | 1 |
| $07 / 08$ | 5 |
| $08 / 09$ | 2 |
| $09 / 10$ | 4 |
| $10 / 11$ | 2 |
| $11 / 12$ | 4 |

10 members of staff have taken paternity leave in the last 3 years and overall the levels remain consistent. WMS had the first father in the University who has taken extended paternity leave and this has led to more people being aware of the possibilities. Surprisingly, there does not appear to be an increase in requests despite the legal increase in paternity rights which came into force in April 2011. These were widely communicated by the HR team to all staff across the University.

Departmental practices in relation to both maternity and paternity leave is in accordance with the University policy and procedures which are available to all staff via the intranet.

## (iii) Numbers of applications and success rates for flexible working by gender and grade

b) Key issues in the department, steps taken to address any imbalances, success/impact achieved and additional steps.

## (i) Flexible working

All staff are entitled to make an application for flexible working. As a result of the Athena SWAN action plan (BA22), since November 2011 these formal requests have been recorded. Since this date there have been 6 formal applications, 1 from an academic (male Associate Professor) and $100 \%$ have been granted. In addition to the formal applications for contractual changes, WMS remains adaptable in its approach to family friendly policies and informal flexible working practices are commonly granted in order to support staff with any unexpected challenges or to allow for a greater work life balance. For example, across Health Sciences and Mental Health and Wellbeing Divisions there have been a further 7 informal requests in the last 12 months - all from female staff. The majority of these 55
informal requests were ad hoc requests involving dependents where it has been agreed that hours of work could be adjusted for a short period of time or occasion working from home.

As the flexible working policies remain fundamental to the culture at the University, line managers are aware of the need to promote and encourage flexible working. Links are available via the intranet and case studies are also promoted via this route.
(ii) Cover for maternity and adoption leave and support on return

This is a WMS key area of focus over the past year. On return from maternity leave, women meet with HR to plan return to work and integration within their Division. They are made aware of support mechanisms e.g. Returning Parents Network Group (see Section 7a ii) and Mentoring Scheme.

At WCG request, a car sharing parking scheme for maternity returners is being piloted for the university at WMS (SA12), monitored jointly by WCG and the Security team, to facilitate access to the nursery which is a half-hour walk away. Phased returns are now commonplace in WMS and part-time senior academic/professorships and extended career breaks are considered.

A WMS pilot study of an adapted version of the Research Development Framework (RDF) with staff both going on and returning from maternity/adoption leave has been approved by WCG. The RDF is to be used to empower female members of staff (i.e. highlighting core skills before and after maternity/adoption leave) and address concerns identified about their ability to meet the role requirements on return.

WMS has established a temporary "Quiet room" for pregnant/ breast feeding mothers with a dedicated fridge to store breast milk. A site and funds have been identified to enable opening of a permanent purpose built Quiet Room in 2013 (SA12).
WCG has built up a relationship with the University Nursery to raise awareness of AS principles. They adopt a very user friendly approach to accommodating flexible working which is widely communicated to all parents.

Words - 5521 excluding headings - 521 words from extra allowance
Total extra words from allowance $=824$
56

## 5. Any other comments

University of Warwick initiatives, led by or involving WMS in positive action for the promotion of women in SET include:

- A 2-day conference for post-docs (BA4), aimed at women, to be held in January 2013
- A half-day visit to University Nursery to meet the director; WCG now has regular contact with the nursery manager on behalf of the University AS Network Group, to discuss childcare issues
- Women as chief negotiators with industry for research monies; the largest commercial grant for the University has been won by a WMS research team, led by a woman
- Highlighting 'Woman to Woman’ Mentorship
"WMS has provided a wonderful mentorship experience that has enhanced my academic career. The mentors are enthusiastic, dedicated and passionate about medical education and each mentoring relationship is based on trust and mutual respect. As a future educational leader, I have subconsciously learned how to 'model' such expertise in mentoring."


## WMS linking to University Resources to Support Staff:

Coaching: The Learning and Development Centre (LDC) offers a confidential one to one coaching service to assist individuals in making positive choices about personal and professional issues http://www2.warwick.ac.uk/services/ldc/coachmentor/

Research: Research Staff Forum, open to all departments (WCG member attends), has representation on the University Research Committee
http://www2.warwick.ac.uk/services/ldc/researchers/forum/. Warwick has signed the Concordat to Support the Career Development of Researchers and is working with its Research Staff Forum to develop an action plan
LDC produces a monthly e-newsletter for all research staff, assisting connections between researchers working in different disciplines, and sharin information, and good practice as well as key policy changes http://www2.warwick.ac.uk/services/ldc/researchers/enewsltr/ The Library provides a collaboration space for researchers from all disciplines which is open to all Postgraduates and Post-Docs to share, network and organise their own events http://www2.warwick.ac.uk/services/library/researchexchange

Education: Learning and Development Centre (LDC) offers a Postgraduate Certificate in teaching (PCAPP) which is a requirement for all early career academic staff (and is a condition of probation), and an Introduction to Teaching Award for Post-Docs and Postgraduates who teach. This provision supports academic career progression in teaching and learning.
http://www2.warwick.ac.uk/services//dc/development/pcapp and
http://www2.warwick.ac.uk/services/ldc/development/pga/part 2/

## Linking to the REF

As part of the 2014 Research Exercise Framework (REF) preparations, the university has developed a HEFCE approved Code of Practice which details the circumstances and processes to be used to consider equality and diversity of staff. All of the senior managers who are involved in making decisions regarding REF submissions have been trained in this, equality legislation and its impact on the REF. The Code of Practice will be made available to all staff through the University.

We are thrilled to have achieved the vast majority of our 6 and 12 month actions on time (Tables 2.3 and 6.1 [next section]). In some cases, further actions stemmed from the bronze key areas of assessment (bold sections in Bronze Action Plan [BAP] carried over to Silver Action Plan [SAP]) and completed actions (italic sections in BAP) will be archived. WCG is starting afresh in December 2012 with the SAP.

Word count 494

## 6. Action plan

## See Action Plan and Responsibilities Sheet (Table 2.3)

We have highlighted our many achievements over one year, towards the promotion of women in science and medicine in Warwick Medical School (Table 6.1)

We have switched to an Excel Database in order to prioritise by type of key assessment area or timescale. Our
Table 6.1 WMS Achievements from Bronze Action Plan

| Action | Achievement |
| :---: | :---: |
| Review gender balance on appointment committees | WMS led amendment of Constitution of Search Committees and Electoral Boards May 2012. Explicit wording to ensure gender balance |
| Prioritise Groups for gender equality | AS on agenda of all groups and principles agreed on how to increase female representation |
| Review how committee roles reflected in appraisals | Included in formal appraisal training |
| Support to help prepare for promotion | Case studies used to highlight female promotions. University developed short sessions for reviewers and reviewees on how to develop career |
| Retention of own students - academic career develop | Undertaken detailed analysis of how best to identify talent amongst students and staff, early career researcher dedicated support |
| Increase post-doctoral researcher involvement | Post-doctoral section added to WMS intranet; Funding secured to establish Research Staff Network as forum for ECR development |
| Support for women return from mat/adopt ${ }^{n}$ leave | Returning Parents Network Group and Mentoring Scheme; Establishment of Quiet Room for pregnant/breast feeding mothers |
| Improvement in publicity, outreach work for women | Best Female PG Student Award - December 2011; Athena SWAN workshop held June 2012; Across WMS, hold highlighted events |
| Increase visibility of women in WMS | All successes highlighted in WMS newsletter and website; Universitywide opportunities taken to promote WMS female scientists and successes. Appointment of new females senior staff |
| Raise awareness of paternity leave support | New policy posted on WCG intranet pages; New options for additional paternity leave and links to useful resources advertised; Returning Parents Staff Network; supporting home working first 3 months after P/L |
| Improve Athena SWAN communications within WMS | AS updates in WMS newsletter and on dedicated WCG intranet; Regular updates of news and events posted on internet and social media; WMS foyer has AS video; AS award logo on WMS internet |
| Implement planned changes to the teaching workload model | Workload model modified in 2012 to allow detailed analysis of all activities related to teaching. First results of survey based on modified model provided to line managers (Heads of Divisions and Teams) in October 2012 to inform discussion about allocation of teaching |
| Identify how Annual Review can be used more effectively to support staff | Based on review of annual review process, proposed enhancements to promote gender equity, 'Researcher Development Framework' to help academic staff and their managers to reflect accurately on their needs |


| Reinforce guidance re <br> Bullying and Harassment | Communication on H\&B sent to all WMS staff in April 2012 to stress <br> that B\&H will not be tolerated, followed up by article in Newsletter |
| :--- | :--- |
| Refine induction process <br> for each category of staff <br> with E\&D training included | Whole induction plan programme reviewed by WMS HR and <br> relaunched. E\&D is mandatory - new members of staff required to take <br> e-learning module, 'Diversity in the Workplace' |
| Introduce Exit Interview <br> process | In place and advertised to all Divisions; Divisions send out a 'Leaver's <br> letter' and exit interview questionnaire when they receive a resignation |
| Improve equality and <br> diversity awareness | Regular reminders about E\&D training in staff bulletins and on notice <br> boards; E\&D training monitored by Divisional Heads |
| Raise awareness of early <br> career developments for <br> female staff and students | Early researcher training programme offered with Research Support <br> Services; Early career policy developed with input from both Division <br> heads and early career researchers, implemented across WMS. |
| Timing of WMS meetings <br> to be addressed | Agreed across WMS that all meetings should be held at time <br> appropriate to members of the group. |
| Accurate WMS student <br> and staff data input to <br> central databases | Worked with central university to improve and capture the level of <br> detail required for staff data <br> Management Information and Planning (Uni) agreed to set up system. |
| Routine data collection of <br> all clinical and non-clinical <br> posts by gender | Reports on the PGT, PGR and CPD activities that relate to gender and <br> ethnicity received for all groups |
| Monitoring of data | New gender specific database now in place for monitoring UG with <br> honours |
| Routine data collection for <br> flexible working | New data collection system in place and data collected and collated at <br> Divisional level |
| Further analysis of clinical <br> and non-clinical posts | Definition of clinical academic for WMS agreed and analysis of data <br> completed by gender |

## 7. Case studies: AS impacting on individuals

From many fine examples celebrating women in science, technology and medicine, two different case studies were chosen to exemplify what we feel and hope is the supportive and safe environment for all, permeating WMS.

## Member of WCG

## 1. Flexible Working

As a new father, my experiences of working in Warwick Medical School (WMS) have been highly positive. In the lead up to the birth (September 2011), shortly after and even a year on from the birth of my daughter, I feel extremely grateful to WMS for its active consideration of my new home-life responsibilities and the potential impact this might have on my work. Due to difficulties in the lead up and after my daughter's birth, I was given the flexibility to work from home when needed. I was granted six weeks leave (two weeks paternity and four weeks annual leave) from the day my daughter was born, to look after my wife and new baby. Following this time I have been supported by WMS in being allowed to attend hospital appointments and take annual leave at very short notice (due to insufficient sleep and complications with our new baby). I have a highly supportive and committed line manager who has recognised my new home-work life challenges. She recognised during my return to work meeting that it was important to monitor how I was coping with work. As a result she encouraged me to apply for compressed working hours, which were granted. This has enabled my wife (a consultant clinician) to return to work after maternity leave and to allow me to care for my child one-day a week (which is very important to me). I have now compressed my full-time work hours into four working days. My line manager and I have developed a carefully structured framework following my consolidated working hour's agreement. This clearly documents specific goals and expectations over set time periods, on which we can measure whether the change in my working hours in any way impacts on my work. Review of the process is being discussed at monthly one-to-one meetings. I am still fully committed and dedicated to my duties in WMS. I still maintain my high standards of work and continued enthusiasm for working in WMS. I feel extremely proud to be a member of staff in WMS. My experiences highlight the School's awareness of new fathers and mothers, and the importance it places on supporting flexible working to enable academics to balance work and child care arrangements.

## Non-member of WCG

## 2. Personal Development

I was appointed as an Associate Professor (Reader) at Warwick Medical School in 2004. As a woman with a background in nursing, this felt like a big step. I very soon discovered myself to be surrounded by senior and professorial-level women from diverse disciplines, who were all forging ahead with exciting and innovative programmes of research. Perhaps most importantly, I discovered an organisational environment in which all academics, irrespective of gender or discipline, were being actively supported to be leaders in their field, both nationally and internationally. I was in awe.

Three years following my appointment as Reader I was encouraged by my manager and peer group to apply for a Chair, which was awarded the following year. Since then I have been supported to set up my own research unit - Warwick Infant and Wellbeing Unit (WIFWU), which has provided me with an excellent platform from which to promote both national and international recognition of the research that I do, alongside the opportunity to develop unique accredited and non-accredited national training programmes.
I was encouraged to take up a number of key strategic roles in the Medical School (Chair of the Biomedical and Science Research Ethics Committee), and within the Division of Mental Health and Wellbeing (Member of Strategy Group). I was invited to support the Medical School (and University) policy of equality and diversity by becoming an academic representative for Dignity at Work. This provided me with a wonderful opportunity to support other members of staff.
At the time of writing this, I have been appointed to a new senior level post in the medical school as Deputy Pro-Dean for Research. This has been designed as a developmental post to enable senior level academics such as myself to develop their involvement in strategic level operations within the medical school, just another example of the many opportunities and support that are provided to WMS academics.
I feel a deep sense of gratitude to WMS, and Warwick University more widely, for making equality and diversity so central to their way of working.

Word count $=755$

## Silver Athena SWAN Action Plan - Start Date: November 2012 - Prioritisation by timeframe to complete

| Key Areas for Assessments | Actions | Accountability/WCG lead | Timeframe | Measure of Success | Progress |
| :---: | :---: | :---: | :---: | :---: | :---: |
| New Actions to address recognised needs (Bronze Action [BA] number - for new actions that follow from Bronze) |  |  |  |  |  |
| SA1. Gender imbalance in teaching and teaching-related administration (BA12) | Monitor gender balance in teaching or teachingrelated administration staff. | Pro-Dean Education Director of Education and Development (non-WCG) | 12 months | Comparison of results from 2013 Workload survey |  |
| SA2. Cross-linking staff data from the Research Excellence Framework (REF) to AS | Analyse by gender to investigate any differences | Dean | 18 months | Analysis by gender complete and act on findings |  |
| SA3. Increase in number of postgraduate research students of both genders | Implement the Warwick Lifetime Academy strategy <br> to indentify and support talented undergraduates | ICAT Lead Pro-Dean Education | 3 years | Strategy launched. <br> Numbers of PGR students increased over 2012 baseline | November 2012 - (a) major investment in excellent research appointments ( $£ 9 \mathrm{~m}$ revenue over three years with additional commitment of capital) and <br> (b) establishment of our planned BS in Human Systems (which, unlike MBChB, will provide us 'home-grown' excellent applicants). |
| SA4. Strategy to Improve Quality of Data | Put in place data leads i) for student data and ii) staff data to have quarterly data reports to WCG Further improve data sharing between central IT office and WMS | Student - NS <br> Staff - HR Manager | 12 months | Same data on local and university central IT office databases |  |
|  | Monitor PGR applications to enrolments data annually | Head of PGR (non-WCG) / Colead WMG | 12 months | Data analysis complete, act on findings |  |
|  | Monitor MBChB Honours | Pro-Dean, Education |  |  |  |
|  | Monitor Applications to Enrolments |  |  |  |  |
| SA5. Investigation of Masters candidates who do and do not achieve a distiction by gender | Survey on Masters assessment, methods, mentoring and a sample of students to investigate reasons for slight increase in proportions of male distinctions | NS | 2 years | Survey complete and actioned if appropriate |  |
| SA6. Low Number of Females in Senior Clinical Academic (Consultant), Senior Academic (in particular, Professorial) Posts | Investigate reasons for relatively low female recruitment and progression for female clinical academic consultants | WAM representative | 2 years | Reasons identified and actions taken to address |  |
|  | Monitor progress with multiple measures to attract senior women |  | 2 years | Progress Monitoring Report |  |
|  | Implement strategic imperatives to achieve new professorial posts e.g. bringing in new departments, gaining MRC Doctoral Training Centre | Dean | 3 years | Increase in senior academic females from 2012 baseline |  |
| SA7. Enhance female promotions (BA2) | Run training sessions for all academic staff on the promotion process and requirements e.g. at the School's away-day in December 2012. | HR Manager | 12 months | Academic staff attendance and demonstrable increase in successful female promotions over $12 / 13$ baseline of $50 \%$ |  |
|  | Investigate reason identified (Lack of high quality publications)and other reasons for lack of female promotion (with individuals consent) e.g. maternity/adoption breaks, training and development need or term-time contracts? | HR Manager | 12 months | Investigation complete and actioned where appropriate |  |


|  | Develop a targeted promotion development programme for teaching only staff to progress to Professorial Fellow | Pro-Dean Education | 18 months | Programme in Place |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| SA8. Equality \& Diversity training for managers involved in recruitment. <br> (BA18) | Review all our interviewers/admissions tutors to ensure they have undertaken the on-line E\&D module(s) in the past 3 years <br> Put programme in place to ensure the training happens on a rolling basis. | University E\&D Advisor | Annual | $100 \%$ of managers involved in recruitment to have undertaken E\&D module in last 3 years |  |
| SA9. Highlight importance of career development, in particular, for women. | Development of annual review process to include a specific section on career development | HR Manager | 3 years | Results of relevant questions in PULSE survey and results of focus groups on the annual review process |  |
|  | All line managers offered a briefing on new annual review process |  | 2 years | $100 \%$ managers discuss career development at annual reviews |  |
|  | Pilot Researcher Development Framework during 2012/13 and evaluate its impact | LDC Manager (non-WCG member) / PS | 1 year | Pilot completed and results evaluated |  |
| SA10. Awareness of available support for development of early career researchers (BA19) | Advertise early career development policy to prospective and existing ECRs to ensure uptake | JBu | 12 months | Monitor uptake and evaluate impact via a) increase in number of ECR funding applications from female researchers b) increase in \% of female staff staying in research after completing WMS post |  |
|  | Set up formal mentoring for all early stage researchers and make available for other staff | JBu | 12 months | Mentoring in place |  |
|  | Identify funds and set up a programme to support and attract career returners. | Dean | 12 months | Funds identified and programme developed |  |
| SA11. Implementation of WMS Outreach Policy (BA6) | A School outreach policy approved in line with University, Widening Participation Programme | Co-lead WCG (AY) | 12 months | Evaluation of the implementation complete |  |
|  | Coordinate SET events for the schoolgirls and involve other relevant University SET faculties WMS lead appointed | Co-lead WCG (AY) | 12 months | Events coordinated by lead |  |
|  | Outreach activity to be recorded formally as part of 'Citizenship'. | Dean | 12 months | Citizenship Paper considered by WCG |  |
| SA12. Support for women leaving for or returning from maternity/adoption leave (BA5) | The Dean or his representative to meet with returning mothers to formally welcome them back and to discuss any support they may require | Dean | 12 months | All returning mothers to have been offered return meetings |  |
|  | Pilot adapted version of Research Development Framework with staff going on and returning from maternity/adoption leave. | LDC Manager / PS | 12 months | Pilot completed and results evaluated |  |
|  | Establishment of permanent Quiet Room | Co-lead WCG (AY) | 12 months | Quiet Room moved to permanent site and advertised to staff and students |  |
|  | Car Parking Dedicated Spaces Scheme is being piloted at WMS for mothers with babies at the University Nursery, to facilitate quick access to the nursery | Co-lead WCG (AY) | 12 months | Uptake of scheme and mothers' experiences |  |
|  |  |  |  |  |  |



| Bronze Athena SWAN Action Plan Updated with Progress |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Key Areas for Assessments | Actions | Accountability/ WMG Lead | Original Timeframe | Measures of Success | Progress since Bronze Award Completed/Ongoing/Actions carried forward to Silver Action Plan |
| New Actions to Address Recognised Needs from Athena SWAN Process |  |  |  |  |  |
| BA1. Review how best to promote female representation on WMS and University committees | Review gender balance on appointment committees in addition to all departmental groups eg Research Strategy and School Secretary's Advisory Groups | SMG <br> Group Chairs <br> School Secretary <br> Dean | 1 year | Female representation on every appointment committee | Constitution of University Search Committees and University Electoral Boards amended May 2012, prompted by WMS. Explicit that ensure gender mix on every WMS appointment committee. |
|  | Prioritise Groups for gender equality |  |  | Shift in gender balance from baseline for appropriate Groups | Athena SWAN on agenda of all Groups and principles agreed on how to improve gender balance <br> Faculty Advisory Board - 2 addtional females <br> Dean's Advisory Group - 1 additional female <br> Senior Management Group - 2 additional females <br> Health and Safety Group - now balanced (male majority 2010/11) <br> Research Strategy Group - 2 addtional females; RSS is being reviewed and restructured January 2013 ; good opportunity for increased female membership |
|  | Review how committee roles be reflected in workload model, appraisals and promotions | Pro Dean Education <br> Head of $H R$ |  | Appropriate gender balance on relevant committees. <br> $100 \%$ concordance with discussion about committee roles at appraisal | Although committee involvement was included in the revised academic workload model for 2012 (see also action 12) it has proved problematic to measure through the workload survey (level of self-reporting varies, and it has proved difficult to attribute a valid level of workload to a widely varying range of activities). However, this will be included in appraisals, under new appraisal guidelines for WMS 2013 |
| BA2 .Stringent examination of promotion cases | Review and investigate promotions given and not given, with a focus on Professorial Fellow position | Dean <br> WMS Promotions and Probation Group <br> Head of HR | 1 year | Successful and unsuccessful promotions by gender monitored | WMS reviews of promotions and probations are carried out twice per year. Gender balance is reviewed annually. |
|  | Provide support mechanisms for the individuals in helping them prepare for promotion; formalise support for professorial fellow promotion |  |  | Clear link to Promotion Committee structure and process on WMS intranet | Link on intranet to promotion process <br> Academic Probation and Promotion Briefing Session to be run for academic staff at the WMS annual meeting in Dec 2012 <br> Appraisal Form has been enhanced to include more in-depth discussion on career development - to be launched for 2013 round |
|  | Proposal to develop individuals and to facilitate more promotions |  |  | Proposal developed | WCG has discussed proposals for enhancing individuals by highlighting female achievements and role models and these are continually actioned. These include use of case studies to highlight female success eg Dr Rabanni showcasing her role in science on University website. |


| BA3. Retention of own students academic career development (See 13) | Develop WMS Lifetime Academy. <br> Agree, as part of the Academy, actions for identifying and supporting talented staff early in their careers | SMG <br> Dean <br> Pro Dean Education | 2 years | Retention of staff with appropriate gender balance. <br> Evidence of former students returning to complete higher levels of study with appropriate gender balance. | Over the past year we have: <br> Undertaken a detailed analysis of how best to identify talent amongst students and staff within the School <br> Implemented a policy across the School on support for staff early in their academic careers <br> Developed plans for tracking the career paths of our graduates (with the aim of using the resulting data to inform the development of our courses and of School policies). <br> $\angle C$ (LDC) and WAM representative are undertaking a piece of research using a questionnaire to survey the career intentions of our male and female undergraduates at entry, after 18 months and again just before graduation. We will then compare these figures to the outcome data for national specialty training selection. We will analyse the data with respect to gender. <br> Initiative from 2012 of offering a free Masters module to our Honours students in the MBChB has already yielded applications (from both |
| :---: | :---: | :---: | :---: | :---: | :---: |
| BA4. Post doctoral researcher involvement in WMS | Ensure post doctoral researchers feel part of the Departmental structures and activities | SMG <br> Academic Staff <br> Associate Professor - <br> Academic (NR) | 1 year | Post-doctoral section added to WMS intranet <br> PG certificate in Transferable Skills developed | Post-doctoral section added to WMS intranet to facilitate targeted communications and information <br> Development of the PG certificate in Transferable Skills as a guided mentoring programme taken forward by SMG. <br> Progress re use of both the above to be monitored and any further actions identified |
|  | Set up School structures so that post doctoral researchers feel supported and mentored |  |  | Establish early career researcher forum within WMS <br> Produce a Training portfolio <br> Guidance document for "Research Planning" tasks to be produced | Co-lead (AY) presented Athena Swan principles at PG Staff and Student Liaison Committee <br> Secured funding via Learning and Development Centre to establish Research Staff Network as forum for ECR development and engagement. <br> Ideas around the development of postdoctoral research fellows (including introducing a training portfolio) approved by SMG <br> Completed. |
|  | Recruit postdoctoral researcher to WCG |  |  | Recruitment happened | Completed |


| BA5. Explore support for women leaving for or returning from maternity or adoption leave | The Dean or his representative will meet with women starting/returning from maternity leave | Dean <br> Head of HR <br> Funding Agencies University | 1-2 years | All returners from maternity leave met with HR | On return from maternity leave women meet with HR to plan return to work and integration within their Division. Made aware of support mechanisms eg Returning Parents Network Group and Mentoring Scheme <br> Dedicated car parking places for maternity returners have been agreed with security as pilot study (November 2012) <br> Phased returns commonplace. <br> Part time senior academic/ professorships and extended career breaks being considered. <br> University Nursery have adopted very user friendly approach to accommodating flexible working which is widely communicated to all parents. <br> WCG has approved pilot study of a version of the Research Development Framework with maternity/adoption leave staff. RDF to be used to empower female members of staff (i.e. highlighting core skills before and after maternity leave) and address concerns identified about ability to meet the requirements of their role on return from maternity/adoption leave. <br> Carry out pilot of RDF |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | To obtain funding to buy out the teaching duties of women returning from maternity leave in order for them to resume their research interests and to reestablish their publication profile |  |  | Funding identified | Philanthropic University Department have request funding from a Trust . Awaiting result November 2012. <br> Continue to identify funding sources and implement. |
|  | Support for women during pregnancy, in particular the later stages of pregnancy. Work to be carefully managed and considered (eg stress levels, flexible working, breaks) |  |  | Support mechanisms introduced for women | Ad hoc solutions discussed and agreed with staff including establishment of a temporary "Quiet room" in Education Centre for pregnant/ breast feeding mothers with fridge to store breast milk Site identified for permanent purpose built Quiet Room and funds proposed in 2013/14 financial plan <br> Development, equipping and advertising to staff of Quiet Room Risk assessments carried out for all pregnant women |
| BA6. Improvement in publicity, open days and outreach work for women in SET | Explore activities eg 'Yvonne Carter' sholarship; Best Female UG/PG Student Award | Deans' Advisory Group <br> School Secretary's Advisory Group <br> Communications Manager | 1 year | Implement Activities | Best Female PG Student Award at WMS Awayday December 2011 WCG member designated as Communications project lead Athena SWAN workshop for UK Medical Schools held 14th June 2012 Across WMS, highlighted events showcasing women in SET eg Early Women Scientist Exhibition WCG co- lead invited and joined National Athena SWAN Advisory Board for Medical Schools |
|  | Outreach Policy development |  |  | Outreach Activities Identified | Careers fair attended at 2 local schools undertaken by WAM lead and female junior doctor and 5 medical students . <br> Planned activities for future school links including assisting schoolgirls with science Baccalaureate projects Implementating Outreach Activites Establish a mechanism for establishing outreach policies during appraisals of staff |
|  | Develop Department Open Days which particularly target female candidates |  |  | Open Day(s) held | Currently reivewing the benefit of running departmental open days and which groups to target. |


| BA7. Increase visibility of women in wMs | Ensure all good practices are highlighted | Communications Manager | 2 years | All successes highlighted in WMS newsletters and on web | University wide opportunites taken to promote WMS female scientists and successes eg 'My Warwick Life' feature about academic Associate Professor (NR); female key note speaker at WISDEM symposium Inclusion of statement to encourage under-represented groups insenior academic vacancy details led to appointment of more female staff than previous vacancies.Statement to be used as standard. <br> Largest industry grant across the University awarded to female Professor of Nursing. <br> Female Associate Professor in Mental Health and Wellbeing awarded £176,431 from the ESRC to study sleep and cognitive function as part of an institutional international collaboration between Warwick and Boston University. <br> Educational pieces secured in 3 Nursing publications featuring WCG Co Lead (Professor of Nursing) <br> Externally secured broadcast (Womans Hour - Professor Siobham Quenby) and print features (AS - Miss Deborah Markham) WMS female scientists/researchers or teachers |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Develop strategies to highlight role models in areas where female representation is required eg Divisional Seminar Series | Communications Manager |  | Strategies Developed and Implmented | Achieved small increase in proportion of female speakers at Divisional Seminar Series. <br> Strategy to be developed to highlight role models |
| BA8. Support choice of career for women doctors | Gather qualitative and quantitative data and further insights from other organisations on where women doctors choose to work | WAM Representative | 2 years | Plan developed and implemented for WMS | WAM representative attended BMA Women in Academic Medicine meeting in July. Key areas influencing career choice included culture, mentoring and role of diversity champions. Dean to explore scope to implement system used by Imperial College where use own funds for post maternity leave support. <br> Also attended Learning and Development Centre to develop necessary skills to gather data <br> WAM representative attended meeting at BMA in July 2012 and fed back good practice from other organisations to help WMS modify our practices to learn from others e.g. learned from Queens Belfast regarding mentoring schemes for women and from Imperial regarding funding schemes to retain women returning from career breaks for maternity leave or child care. <br> The Dean has put forward a proposal for funding to 50Forward to establish a local fund to support female clinicians to return to research in a graded way. <br> In addition, awareness has been raised about the national Daphne Jackson fund which has a similar remit. <br> Funds identified by Dean to enable investigative study to go ahead. <br> In depth study of key areas influencing career choice at WMS to be carried out in 2012/13 |
| BA9. Fixed term contracts for female clinicians | Identify individuals concerned Understand specific roles they carry out and - where appropriate - interview to understand their circumstances | WAM Representative | 3 years | Identify Individuals Interviews carried out | Agreed to be part of the study in Action 8 |


| Modifications to Existing Processes to Address Recognised Needs |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| BA10. Support paternity leave | Raise awareness to all staff and students. | SMG <br> Head of HR | 18 months | WMS recommendations for $P / L$ to be disseminated via SMG, Newsletter and WCG intranet pages | New policy posted on WCG intranet pages <br> New options for additional paternity leave and links to useful resources advertised via Staff Bulletin <br> Staff informed about the Returning Parents Staff Network - a new initiative which provides support for both new mothers and fathers. Supporting requests for longer than statutory $P / L$ when appropriate Supporting home working in first 3 months after $P / L$ |
|  | Investigate paternity leave by grade and act accordingly |  |  | HR to source information for grade comparison | Completed |
| BA11. Improve Athena SWAN communications within WMS | Continue to develop more effective means of communication around equality and diversity (E\&D) with links to the University action on E\&D | Senior Management Group and staff <br> Communications Manager | 6 months | Improved awareness of AS measured via staff survey | AS updates included in regular WMS newsletter and on dedicated WCG website <br> Regular updates of news and events posted on internet and social media http://www2.warwick.ac.uk/fac/med/about/working/athena <br> - Internal pages for staff: <br> http://www2.warwick.ac.uk/fac/med/staffintranet/staffresources/equali ty <br> Main WMS foyer has AS video <br> AS award logo on WMS internet <br> Standing item on SMG, SSAG, SAD <br> Links established on AS intranet site to flexible working, career development, maternity,paternity, adoption leave and LDC |
| BA12. Allocation of teaching/administration duties | Implement planned changes to the teaching workload model | Dean <br> Staff <br> Pro Dean Education | 18 months | Changes to model completed | Workload model modified in 2012 to allow detailed analysis of all activities related to teaching. First results of survey based on modified model will be provided to line managers (Heads of Divisions and Teams) by end October 2012 to inform discussion about allocation of teaching and teaching administration duties at next round of annual review meetings. |
|  | Monitor the balance between administative/teaching/research workloads |  |  | Annual monitoring to be completed autumn 2012 | Annual monitoring completed and results presented to line managers October 2012. |
| BA13. Review and support academic career development in novel ways | Consider the value of the review and identify factos on how the Annual Review can be used more effectively to help support staff in establishing clear objectives and to balance the different aspects of their own work loads | Dean <br> Pro Dean Education <br> Pro Dean Research <br> SMG <br> Staff <br> Integrated Clinical Academic <br> Training Lead | 1 year | Feedback from managers and staff on value of annual review process <br> Modification to review process made to reflect feedback | Based on a thorough review of our annual review process we have proposed enhancements to the process designed to ensure that it promotes gender equity. These enhancements have been picked up by the Learning and Development Centre within the University and are currently out to formal consultation with the relevant staff organisations. We have also identified a 'Researcher Development Framework' to help academic staff and their managers to reflect accurately on their development needs in preparation for their annual review and thus allow more equitable decisions on personal development opportunities. <br> Silver Actions: Implement proposed enhancements to review process during academic year 2012-13 <br> Pilot Researcher Development Framework during 2012-13 and evaluate its impact |


| BA14. PULSE staff survey | To discuss the PULSE survey results widely within the department. <br> To address 5 main issues raised by this discussion | All StaffHead of $H R$ | 18 months | Issues identified and plans to address implemented | Issues identified and discussed at WCG and SMG with advice from Staff Liaison Group. <br> Issues being progressed. |
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|  | To include this as an assessment measure of worth of School |  |  | \% improvement vs previous survey on AS measures | University unable to run PULSE in 2012 due to retendering for contractor. Next PULSE survey will be in January 2013. |
| BA15. Bullying and harassment | Refresh and reinforce the information and advice on the process of reporting and dealing with incidents | Communications Manager Head of $H R$ | 6 months | B\&H workshops highlighted and endorsed by management | Communication on H\&B sent to all WMS staff in April 2012 to stress that B\&H will not be tolerated, along with reinforcement of what to do in these situations <br> Followed up by article in Newsletter |
|  | Publicise Dignity at Work WMS contacts |  |  | Increased awareness by staff re who to contact if bullying or harrassment encountered | Details of contacts included in above communication |
| BA16. Review of WMS induction process | To continue to refine and produce separate induction material for each category of staff to ensure that appropriate information is given (ie more teaching information to academic staff | $\begin{aligned} & \text { Staff } \\ & \text { Head of } H R \end{aligned}$ | 1 year | Induction materials reviewed and updated | Whole induction plan programme reviewed by WMS HR team Spring 2012 and relaunched. <br> Induction checklist updated and live from October 2012. Includes E\&D as mandatory - new members of staff required to take e-learning module, 'Diversity in the Workplace'. University had to purchased an unlimited user license to take into account the rising numbers of staff accessing the module. <br> Induction programme to be up-dated to a more interactive version. |
|  | Ensure all employees new to recruitment and selection take the on-line learning module on recruitment |  |  | All interviewers to be informed that they need to complete the on-line module | Completed. <br> Review of uptake of on-line module. |
|  | Equality and diversity training as part of induction |  |  | All new starters completed the on-line course | Equality and Diversity training included in induction checklist from Spring 2012 <br> All new starters and HoD have undertaken E\&D training (best \% across University) |
| BA17. Exit interviews | Exit interviews will be held for all leavers to explore if any equality/welfare issues are influencing their decision to leave. Advertise this process | All staffHead of $H R$ | 6 months | Systematic process introduced by $H$ H | Process in place and advertised to all Divisions |
|  | Offer systematic exit interviews and request that data be collated anonymously |  |  | All leavers requested to complete an anonymous exit interview questionnaire <br> Returns used to inform AS action plan | Divisions now send out a 'Leaver's letter' and exit interview questionnaire as soon as they receive a resignation to ensure exit interview questionnaires are completed before the leaving date. <br> Too few questionnaires returned to date to inform furture action planning but are monitoring their return and chasing Divisions where none received back. <br> Key trends from Exit interview questionnaires to be identified and appropriate action taken |


| BA18. Inprove Equality and diversity awareness | E\&D online training for all staff | University E\&D Advisor | 18 months | Increase in proportion of WMS staff attending E\&D training | Regular reminders about E\&D training in staff bulletins and on notice boards <br> E\&D training monitored by Divisional Heads <br> Over the last 3 years 159 members of WMS staff ( $40 \%$ ) have been trained on one or both of the e-learning modules -" Diversity in the Workplace" and "Recruitment and Selection" and/or undertaken face to face training on one or both of the following one day courses: 'Think what you Think' (covers perceptions, stereotypes, prejudices) and 'Types of Discrimination'. Both courses received excellent feedback from staff; evidenced by number of staff registering for further courses. <br> Further actions to continue to focus on managers involved in recruitment. |
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|  | Half day in-depth E\&D training programmes for Admissions Tutors and WCG |  |  | All admissions tutors and WCG undertaken training programme | To date 5 (17\%) of admissions tutors undertaken E\&D training <br> Remaining tutors to be contacted by Head of HR and reminded re WMS policy. Numbers undertaking training to be monitored. |
| BA19. Raising awareness of early career development for female staff and students | Investigate how to set up formal mentoring for all early stage researchers and to make mentoring available for other staff | SMG <br> Academic Staff <br> Head of HR <br> Research Development Officer | 3 years | Development and implementation of WMS ECR development policy <br> Increase in number of trained mentors | Early researcher training programme offered with Research Support Services <br> The early career policy was developed with input from both Division heads and early career researchers. Resulted in a strong proposal the was endorsed by all parties. Accepted by RSG and currently being implemented across WMS. Essentially: ECR development is expected to take place in WMS The annual review should be used to identify development goals and opportunities for this to take place ECR to build portfolio of evidence to demonstrate activities undertaken In cases where goals/activities cannot be agreed between ECR \& line manager, Divisional Head will arbitrate ECRs to receive up to half a day per week for protected activity such as finishing papers, writing grants etc to ensure sufficient time for these core development activities <br> The 6 month career review is built into this process as the annual review process requires 3-6 month follow ups throughout the year. <br> Effect of these meetings will be monitored with staff via the SSLC <br> Mentoring programme to be developed further and support offered to Clinical Lecturers (CL). This is often a condition of CLs schemes (e.g. |
|  | Monitor the impact of the early career researcher programme |  |  | Increase in \% of ECR funding applications from female researchers compared with 2011 baseline <br> Increase in \% of female staff staying in research after completing a post at Warwick | 2011-31 female applications across WMS 2012 to end of October - 36 female applications across WMS Female clinical lecturer AHP post from NIHR success - November 2012 |


|  | Investigate career breaks for research staff |  |  | Feasibility discussed within Divisions | University of Warwick and WMS offer strongly support sabbaticals. Importance of putting something in place to support and attract career returners has been discussed at WMS level. <br> Finance is needed to achieve this so there is a continuing process in WMS to identify funds and set up a programme. |
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| BA20. Minimise gender bias where identified | Investigate why female applicants are not as successful at application stage | Head of PG Research WCG Chair | 12 months | Investigation completed | Investigated in detail by our PGR team (using data included in Bronze submission), female applicants for PGR courses were NOT found to be signficiantly less successful at application stage compared to male applicants as action suggests. Data collated, analysed and discussed at July WCG. Confirmation that any imbalace in gender ratio due to chance and not any systematic bias. Specific PGR action complete. <br> Analysis of 2012 MBChB data showed no evidence of difference between genders in likelihood of being awarded honours. Generally, recent professorial adverts for biomedicine state that applications from females would be particularly welcome. |
| BA21. Timing of WMS meetings | The timing of meetings will be addressed annually and when membership changes | School Secretary wCG Chair | 6 months | Groups' decisions documented | Agreed across WMS that all meetings should be held at time appropriate to members of the group e.g. <br> WCG meetings now held between 10.30 and 15.00 <br> Majority of DAG meetings are held weekly at 12.00 noon. Occasional (4$6)$ per year are held out of office hours by mutual agreement. SSAG is held fortnightly between 1 and 2.30 on a Tuesday to accommodate part time working of 4 out of 6 members. |
| BA22. Review workload model | Review application of opportunities for variable work patterns and alternative options eg working from home one day/week | Head of $H$ R | 2 years | Flexible working requests from Staff across all Divisions considered and options discussed | Good progress; since last year, formal data recorded. 6 formal applications received ( 5 female, 11 male) - all granted. Many examples of informal arrangements via managers. Review of any form of flexible working to be discussed at annual appraisal. |


| Actions to Improve Data |  |  |  |  |  |
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| BA23. Routine data collection and entry | WMS accurate student and staff data input to central university databases <br> Systems in place to collect: <br> PCT and PGR Courses - Completion Rates linked to course enrolments by gender <br> PGT and CPD - Application and Offer data collected routinely by gender and related to the applicant pool <br> Work with Central University HR to improve on Appointments data collection by gender and grade <br> Routine data collection application for all clinical and non-clinical posts by gender | Pro Dean Education (Student); Director, Masters and CPD (PGT and CPD; Head of HR (Staff) | 6 months | Identiy and set up processes for required data collection and reporting <br> Systems established <br> Provision of reports annually at end of academic year | Worked with central university to improve and capture the level of detail required for staff data <br> Management Information and Planning (University Dept) agreed to set up system. Now mandate from University that AS is priority, has improved data flow but still somewhat hampered by restricted database at University level eg SITS. WMS continues to keep own database on $P G T, P G R$ and undergraduate numbers. <br> PGR gender and P/T: F/T data collection started November 2011 because of AS work (data not shown as not full year of data yet). <br> WMS PGR gender and FTE data collection to continue and for PGR, greater links from WMS to central IT team to be forged. <br> Completed |
| BA24. Monitor data | Annual monitoring of: <br> Proportion of UG with honours <br> PGR applications and offers; associate to full professor applications and appointments | Pro Dean Education <br> Associate Professor Metabolic and Vascular Health | Annually | Database(s) established to enable monitoring and subsequent analysis | New gender specific database now in place. <br> Put in place data leads i) for student data and ii) staff data to have quarterly data reports to WCG <br> Further improve data sharing between central IT office and WMS |
| BA25.* Flexible working data | Initiate routine data collection | Heads of Division <br> Divisional Manager <br> Associate Professor Warwick <br> Evidence | 12 months | New data collection system in place recording \% of applications approved | Process established by HR Data collected and collated at divisional level. |
| BA26. * Clinical and non-clinical posts | Execute further analysis of clinical and non-clinical posts by gender | Head of HR | 18 months | Definition of clinical academic for WMS agreed and analysis of data completed | AS data available now includes all major categories of clinical as well as scientific staff |

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