



Athena SWAN Bronze department award application

Name of university:	University of Oxford
Department:	Department of Psychiatry
Date of application:	30 th April 2013
Date of university Bronze and/or Silver SWAN award:	The University of Oxford achieved an institutional Bronze award in 2010. The University will apply for renewal in November 2013.
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Athena SWAN **Bronze Department** awards recognise that in addition to university-wide policies the department is working to promote gender equality and to address challenges particular to the discipline.

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

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

Sections to be included

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

1. Letter of endorsement from the head of department: maximum 500 words []

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

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

DEPARTMENT OF PSYCHIATRY



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PROFESSOR JOHN GEDDES
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30th April 2013

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Dear Athena SWAN Panel

I am writing as Head of the Department of Psychiatry, University of Oxford, to confirm my wholehearted support for our application to Athena SWAN for a Departmental Bronze Award.

The Department of Psychiatry commenced its formal Athena Swan process in mid-2011 and we applied – unsuccessfully – for a Bronze Award in April 2012. We had initiated the process and made some progress at the time of that application. Twelve months later, guided by the very helpful feedback from the Panel, we feel that we have made much more substantial progress. We have already begun to effect real change within the Department, as reflected in the development of our action plan. For example, examination of our staff data identified a dramatic attrition of female medical staff at intermediate and senior levels. After consulting with a focus group of female academic psychiatrists, we have developed a Clinical Re-entry Initiative to facilitate the return of female psychiatrists following a career break. We have also made notable improvements to our maternity leave support package, and the transparency of the Department's decision-making, strategy and policies. Finally, we have begun to address problems identified by our Staff Survey in Departmental career development, by developing a mentoring scheme (which we plan to integrate with an appraisals process in due course), by improving our support for staff members applying for external funding, and by arranging specific career development Departmental seminars.

The Athena SWAN is now energetically led by Dr Elizabeth Tunbridge, although I remain a committed member of the team. I attend all meetings and champion the benefits arising from the self-assessment process to the wider Department. The self-assessment process has already proved very valuable for us and we continue to use it as a vehicle for development and change in the Department.

The process has identified several areas where we still need to do more, most notably the lack of senior female staff within the Department, a problem which has a number of significant consequences (e.g. the under-representation of female staff members of Departmental committees), and the need for us to further develop our career development programme. The Department recognises the need to do more and is rising to the challenge. Accordingly, our highest priority actions are to develop a policy to help identify and recruit women to senior positions when they become vacant, and an appraisals process, which we will integrate fully with our mentoring programme.

We now feel that we have a better understanding of the issues and we will implement and develop our Action Plan to ensure we carry out the changes necessary to fully develop and support women's careers within the Department.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Geddes', written over a large, light-colored oval shape.

Professor John Geddes

2. The self-assessment process: maximum 1000 words [996 words]

Describe the self-assessment process. This should include:

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

We originally established a small group to discuss the Athena SWAN process in October 2010 which, by the time we first applied for a Bronze award in April 2012, had evolved into a 16 member team, led by Professor John Geddes, Head of Department (HoD). Whilst successful in establishing widespread engagement and understanding of the self-assessment process, the team's size hampered efficient decision-making. Therefore, in July 2012 we established a core committee, described below, designed to represent individuals at all career stages and from both medical and non-medical backgrounds. This streamlining process necessarily reduced the overall proportion of men on the committee, since those on the initial team were generally relatively senior and the committee now better reflects the gender balance of the wider department at the different career stages. However, their earlier presence on the team means that the other senior male academics in the department are engaged in the process. Both the initial team, and, indeed, the entire department, remain actively involved in the self-assessment process, and are consulted and updated regularly.

Dr Elizabeth Tunbridge took over leadership of the self-assessment process in October 2012, although the HoD, Professor Geddes, remains an active and committed member of the team, which meets monthly, emphasising the importance of the process to the department's development.



The self-assessment team currently consists of (left to right):

Prof Klaus Ebmeier, Professor of Old Age Psychiatry

Prof Catherine Harmer, Senior Research Fellow

Dr Elizabeth Tunbridge, Royal Society Research Fellow

Ms Pam Taylor, Departmental Administrator

Ms Philly White, Personnel Administrator

Prof John Geddes, Professor of Epidemiological Psychiatry and HoD,

Dr Lalitha Iyadurai, NIHR Doctoral Research Fellow

Dr Jennifer Rendell, Head of Clinical Trials and Tutor for Graduate Studies

Dr Kate Saunders, specialist trainee; DPhil student

Dr Mina Fazel (not shown), NIHR post-doctoral research fellow and honorary consultant

The current team represents medical and non-medical academic staff at all levels (from student to HoD), and key administrative personnel. We have direct experience of many situations relevant to the self-assessment process, including caring responsibilities (for children and older relatives), working part-time or flexibly to accommodate childcare, taking parental leave within the department and balancing clinical and academic commitments. We therefore think that the current team provides a good breadth of expertise, whilst remaining small enough to effect significant change.

[381 words]

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

We meet on a monthly basis and focus on addressing issues raised by the staff and student data, and departmental surveys, and those raised by team members (AP 1.1 – 1.3; 1.5 – 1.8). The HoD, Prof John Geddes, is a full and active team member, meaning that the process is seen as key to the department's development, rather than a marginalised activity.

Initial meetings identified the need for a staff survey of experience of work. We adapted a detailed survey that had been successfully used by the Department of Computer Science. All staff members were invited to complete the survey (anonymously) in November 2011. It identified a number of key areas requiring improvement; specifically, problems with the communication of department information and policies, and career development. We will repeat this survey in November 2013 to assess our progress. In addition, in response to specific questions raised as part of the process, we have also surveyed staff on their workload and experience of maternity leave (AP 1.7 and 1.8, respectively).

As well as taking into account nationwide information, we have focussed on the following primary evidence:

- a) Staff and student data
- b) Departmental staff survey (Nov 2011)
- c) Maternity leave survey (Apr 2012)
- d) Workload survey (Feb 2013)
- e) Feedback from a focus group of female academic psychiatrists (May 2012)

Areas that have attracted substantial discussion include insecurity about careers, the importance of mentoring, of flexibility of working, and of transparency in the department's policies and decision-making.

As a result, the action plan aims to address the following key areas. We have already made significant progress in several of them, indicated below:

- a) Lack of women in senior positions, especially clinical academics
 - i. We have instigated a Career Re-entry Initiative to encourage clinical academics to return after a career break (see action plan [AP] 4.4)
- b) Requirement for improved transparency
 - We have:

- i. developed a dedicated area of the website dedicated to Athena SWAN-related issues (AP 5.1).
 - ii. developed guidance as to “What makes a principal investigator” and disseminated this information to the department (AP 5.2)
 - iii. improved communication of the Athena SWAN process to the department (AP 5.1).
- c) Inconsistent career development
- We have:
- i. implemented a mentoring scheme (AP 4.2)
 - ii. included career development seminars in the department’s Research Meeting programme (AP 4.3)
- d) Need for improved management of maternity leave
- We have:
- i. established a maternity leave ‘buddy’ scheme (AP 6.1)
 - ii. identified funds to provide additional support for maternity leave (AP 6.2)

[414 words]

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

We recognise that the actions required will involve significant and long-term changes, and that some of them (particularly the lack of women in senior positions) may take substantial time to take effect. The assessment team will continue to meet monthly and will regularly review and monitor the action plan’s implementation. Action points are assigned to individual team-members to ensure that none are missed. The self-assessment process naturally feeds into departmental management and decision-making, due to the active involvement of the HoD and several other senior departmental members. It is also well-integrated into other departmental committees. For example, five of twelve members of the Departmental Cabinet are also members of the self-assessment team, and the self-assessment process is always included as an agenda item on the regular Principal Investigator’s meeting.

Our discussions and their outcomes are regularly communicated to the whole department, via the weekly HoD briefing (which was instituted as a direct result of the self-assessment process), at each Principal Investigators’ meeting, and at the annual department away-day. Additionally, we will continue to develop the Athena SWAN area of the department website that acts as a central repository for information about career development, department policies, career breaks etc. for departmental members.

[201 words]

3. A picture of the department: maximum 2000 words [1996 words]

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

The Department of Psychiatry is a clinical department in the Medical Sciences Division of the University of Oxford. Our clinical status impacts on this application in two ways, as outlined

further below. Firstly, it means that we are responsible for relatively little undergraduate teaching, compared with non-clinical departments, which, in turn, means that there are very few tenured positions within the department. Secondly, we employ both medical and non-medical staff, relevant since there are important differences between their career tracks. As outlined below, decision-making is shared between permanent and non-permanent posts, and medical and non-medical members of staff.

Since we are a clinical department, teaching of our undergraduate medical students is shared with our NHS colleagues: the department delivers an 8 week course of lectures and tutorials in psychiatry, whilst face-to-face clinical training is largely provided by NHS staff.

Undergraduate medical student admissions are handled centrally by the Medical School, and so, whilst the relevant data are included here, the department does not directly recruit undergraduates. Instead, the majority of our work consists of research, with some post-graduate training of DPhil and MSc(research) (MRes) students. Critically, since the funding for permanent posts that each department attracts is related to the amount of undergraduate teaching which it provides, we have few teaching-related permanent posts: one Clinical Tutor and two Lectureships. These positions, along with a further two professorial posts supported by endowments, and another four funded by the NHS, represent the sum of all permanent posts within the department – 9 in total. Most of these posts are specifically for medical academics, since they either involve teaching medical students or are NHS-funded. Turnover in these permanent posts is low: 2 have become available in the last 3 years and only one is likely to become vacant in the foreseeable future. Therefore, increasing the number of women in these few permanent posts (AP 3.1) is necessarily a long-term goal, since they so rarely become vacant (although we are actively seeking funding for additional permanent positions, as outlined further below).

The vast majority of the 200 members of staff (approximately 100 of whom are support staff) are supported by short-term research grants, either their own personal external funding, in the case of the charity-, research council- or NHS-funded principal investigators (PIs), or as staff employed on these PIs' grants. The department has been notably successful in securing research grants and has therefore grown over the last two decades. However, this has been on the basis of competitive external funding to our growing group of senior PIs. Their success adds to, but is outside the control of, our small core budget. Consequently, there is little scope for creating more tenured positions, given our small core budget and the instability inherent in the short-term external research funding, although we do offer permanent posts to staff based on research income (see below).

The small proportion of senior tenured academic posts, and their absence at intermediate and junior levels, is a source of uncertainty and concern for staff. It is also one that, without any long-term alternative sources of funding, is difficult to resolve at a departmental level. However, we are currently working to create the further funding which would allow permanent contracts to be issued with the NHS to medical staff and, as detailed below, have had some notable success in this area since our original application, suggesting that this approach will be fruitful in the long term. In the short- to medium-term, we consider the most direct approach to increasing the number of females in intermediate and senior positions in the department is to support their career development and applications for external funding, and to optimise their work-life balance (for example moving them from fixed-term to open-ended contracts where possible), in order to ensure retention of those we already have in post, as well as attracting new females to join us. Therefore, our initial efforts focus on this

area, although we are obviously also considering how we might increase the proportion of females recruited to tenured positions on the relatively rare occasions that these become vacant.

[680 words]

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

Student data

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

The department does not provide access or foundation courses.

[9 words]

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

Psychiatry is a compulsory 8 week course during the Oxford medicine course. Undergraduate medical admissions are handled centrally by the undergraduate medical school and so the department does not directly admit undergraduate students. However, medical school admissions data is shown below:

	2010-11			2011-12			2012-13		
	F	M	%Female	F	M	%Female	F	M	%Female
Conventional^a	67	64	51%	63	70	47%	66	63	51%
Accelerated^b	20	9	69%	13	13	50%	19	12	61%
Total	87	73	54%	76	83	48%	85	75	53%

^aSix years in duration. Students typically enter straight after 'A' levels or equivalent

^bFour years in duration, designed for science graduates

Accelerated and conventional students are treated identically within psychiatry, and taught in mixed groups.

[41 words]

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

The department does not offer any taught postgraduate courses.

[9 words]

- (iv) **Postgraduate male and female numbers on research degrees** – full and part-time – comment on the female:male ratio compared with the national picture for the

discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

Postgraduate research degrees are the only student admissions for which the department is directly responsible. The vast majority of applicants each year are to our DPhil programme, with only a few students (1-2) per year applying for MRes places. Therefore DPhil and MRes applicants are pooled here, since the number of MRes applicants is too small to be informative.

Students can specialise in a wide variety of disciplines within the department, from molecular biology to social psychiatry, reflecting the diverse technical approaches of our principal investigators. However, the most prominent areas for postgraduate study are neuroscience and psychology. Accordingly, the gender balance of our applicant pool (74-80% female between 2010-2013) is in line with other postgraduate training opportunities in psychology, which typically attract significantly more female than male applicants (e.g. ~80% DClIn applicants nationwide are female: <http://www.leeds.ac.uk/chpccp/BasicEqualopps.html>). Since the gender balance of our applicants is in line with the pipeline, we do not plan any specific action at this time, but will continue to monitor applications (AP 1.1). Details of applications to our DPhil and MRes degrees are shown in the table below:

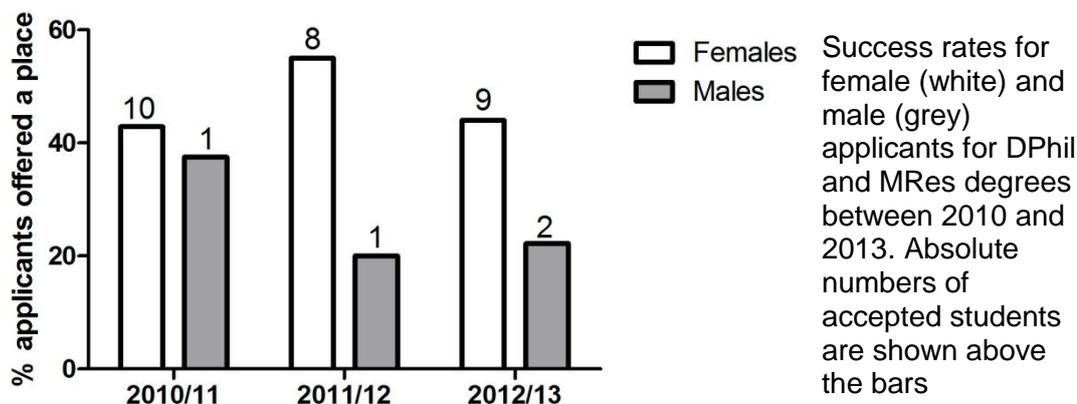
	2010-2011		2011-2012		2012-2013	
	Female	Male	Female	Male	Female	Male
Took up offered place	10	1	8	1	9	2
Did not take up offered place	2	2	3	0	2	0
Withdrew	1	1	0	0	0	0
Rejected	15	4	9	4	14	6
Total applicants	28	8	20	5	25	8

Although not obviously reflected in our applicant pool, a possible barrier to female students undertaking research degrees within the department is that it is not currently possible to study for a DPhil part-time in Oxford. This is not something which we are directly able to rectify at departmental level, since part-time DPhil studies are prevented by University regulations. However, we actively lobby the central University for a change in this policy. This is bearing fruit, since the Medical Science Division's Graduate Studies Committee recently announced a consultation with departments on the need to offer part-time DPhils. We welcome this development and will strongly advocate for the need for part-time DPhils in this consultation.

[296 words]

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

Even given the larger pool of female applicants, between 2010 and 2013, females were still more likely to be offered a place than males (although the small numbers means that there are substantial fluctuations from year to year), as shown below:



Thus, at present at least, there is not a gender imbalance in terms of applicant success for postgraduate study in the department (or if there is, it currently favours females over males). Acceptance rates are also similar between genders: across the last three years 9.5% of both females and males were offered but did not accept places (typically because they have received competing offers from elsewhere), indicating no imbalance in this measure either. However, given the small number of applicants, we will continue to monitor application, offer and acceptance rates to our postgraduate research degrees annually, to ensure that this situation does not change (AP 1.1).

[146 words]

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

Degree classifications are not used for DPhil or MRes degrees. We examined submission and success rates for male and female students and found no evidence of gender differences: since 2007, all students who have submitted their dissertation to date have qualified and there has been only one withdrawal (1 of 37 female candidates vs. 0 of 11 male candidates).

[59 words]

Staff data

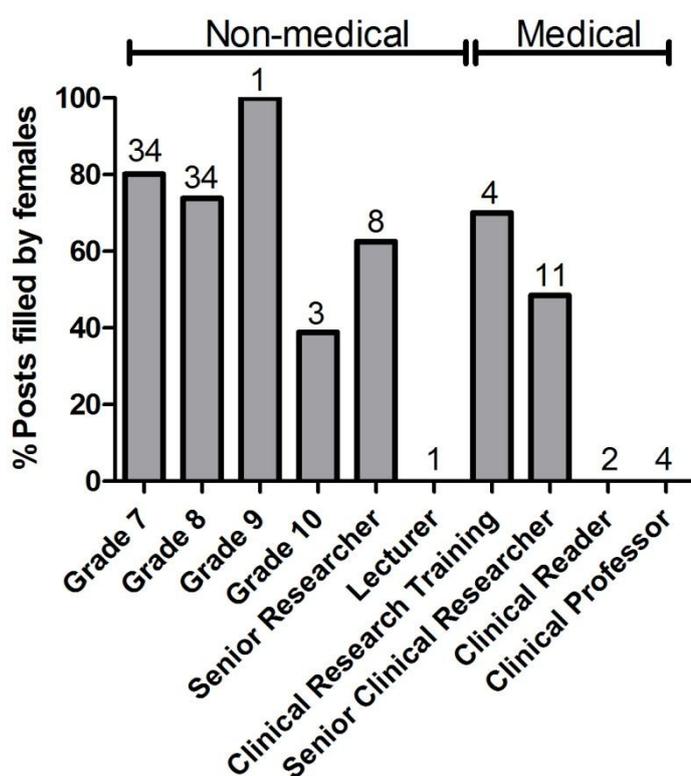
- (vii) **Female:male ratio of academic staff and research staff** – researcher, lecturer, senior lecturer, reader, professor (or equivalent). comment on any differences in numbers between males and females and say what action is being taken to address any underrepresentation at particular grades/levels

Females and Males at different grades

The number of female (F) and male (M) research and academic staff at different grades from 2010-2012 are shown below:

	2010			2011			2012		
	F	M	%Female	F	M	%Female	F	M	%Female
Non-medical:									
Grade 7	25	4	86	29	8	78	28	9	76
Grade 8	10	4	71	14	4	78	13	5	72
Grade 9	0	0	N/A	0	0	N/A	4	0	100
Grade 10	1	1	50	1	2	33	1	2	33
Senior Researcher	5	3	63	5	3	63	5	3	63
Lecturer	0	1	0	0	1	0	0	1	0
Medical:									
Clinical Research Training	3	2	60	2	2	50	2	0	100
Senior Clinical Researcher	4	7	36	5	6	45	7	4	64
Clinical Reader	0	2	0	0	2	0	0	3	0
Clinical Professor	0	4	0	0	4	0	0	5	0
Total	48	28	63	56	32	64	60	32	65

The average proportion of females in these different types of post is shown in the graph below:



Percent of posts at different levels filled by women. Medical and non-medical posts are shown separately, and the average number of people in posts of each type is shown above the appropriate bars.

Examination of the data shows a reduction in the proportion of females with increasing seniority; this reduction is particularly acute for medical academics. This high attrition rate of female medical academics is so marked that we took immediate steps to investigate the course of the problem and then to begin to address it. As detailed further below (4.b(ii): Support for staff at key career transition points), we set

up a focus group of female medical academics currently and formerly based in the department (AP 3.5). It was clear that a major reason for this attrition was the difficulty of balancing the demands of a research career with those of family life, and problems with returning to academic research following a career break, coupled with poor support for career development. In response to this, we established a Career Re-entry Initiative (see further information below; AP 4.4) to overcome some of the identified barriers to returning to a medical academic career after a break. We hope that this initiative, coupled with the improved career development support, resulting from our mentoring scheme (AP 4.2) and the appraisals scheme that we are developing (AP 4.1), and the development of more female-friendly hiring policies (AP 3.1), will begin to reverse the loss of senior female medical academics. All four initiatives will be evaluated and, if necessary, adapted.

Female and Male Professors and Lecturers

As outlined in more detail below, in addition to being directly appointed to lectureships and professorial posts, staff can attain the title of ‘Professor’ and ‘University Research Lecturer’ via the University’s Recognition of Distinction exercise. As a result, in some cases, a person’s title may not necessarily be reflected in their grading (e.g. our current non-medical departmental lecturer is actually a professor). Therefore, in addition to the gradings detailed above, the table below shows females and males in the department with these titles:

	Females	Males	%Females
Professor	4	12	25%
Research Lecturer	1	2	33%

Compared to the most similar institution in the UK (the Institute of Psychiatry, Kings College London, 30% of whose professors are female^{1,2}) we have a slight under-representation of females with these titles. As detailed further below (see ‘Career Development’ a(i), below), we plan to more systematically identify staff who are eligible for the titles Professor or Lecturer as part of our developing appraisals process (AP 3.2 and 4.1), and will use our new mentoring scheme (AP 4.2) to help non-eligible members of staff to become eligible. We hope that these steps will significantly increase the number of female staff members recognised in this way.

[458 words]

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

The table below shows the number of leavers at different grades:

	2010		2011		2012		Mean turnover	
	Female	Male	Female	Male	Female	Male	Female	Male
Non-medical:								
Grade 7	7	2	2	0	5	1	18%	16%
Grade 8	1	1	1	1	1	1	8%	23%
Senior Researcher	0	0	1	0	0	0	7%	0%
Medical:								
Clinical Research Training	1	0	2	2	0	1	43%	75%
Senior Clinical Researcher	0	0	0	1	0	0	0%	6%
Clinical Reader	0	0	0	0	0	1	0%	3%
Clinical Professor	0	1	0	0	0	0	0%	3%

The number of leavers is generally low and this, coupled with the limited information we had on the destinations of leavers until Aug 2012 (the date at which we switched to the new Core personnel system), prevents definitive conclusions from being drawn. If anything, males are slightly more likely to leave than females, but this could be the result of the very small numbers involved. We will continue to monitor these numbers in order to draw firmer conclusions (AP 1.3). The majority of Grade 7 and 8 leavers took up positions in other higher education or healthcare institutions, often at the end of a fixed-term contract (16 [12 females] of 23). All three of the females in Clinical Research Training positions subsequently returned to the department, either in more senior positions or to undertake further study. Of the males in these posts, one moved to another higher education institution, one to a healthcare position, and one is not in regular employment. The Senior Clinical Researcher and Clinical Professor who left took retirement, whilst the Clinical Reader left to take up a prestigious position at another institution.

Our examination of these figures highlights a need for improved tracking of our leavers, particularly medical academics who frequently move between department and NHS posts. This will be addressed in part by the University's new personnel system (adopted mid-2012), which includes more detailed information about the leavers' destinations. However, we will also consider how we might better monitor medical staff moving between departmental and NHS positions (AP 1.4), information that will benefit not only our understanding of why members of staff are leaving, but will also help identify possible focus group participants to help develop more female-friendly retention policies (AP 3.5).

[298 words]

4. Supporting and advancing women's careers: maximum 5000 words [5000 words]

Key career transition points

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

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

Applications to the department for 2010-2012, with success rates for males and females at different grades, are shown below:

	Grade 7		Grade 8		Grade 9		E64 (Clinical Researcher)		A82 (Clinical Reader)		A20 (Professor)	
	F	M	F	M	F	M	F	M	F	M	F	M
Accepted	11	8	1	0	4	1	1	0	0	1	0	1
Offer refused	0	1	0	0	0	0	1	0	0	0	0	0
Rejected	65	60	0	1	3	5	0	0	1	1	0	0
Shortlisted	25	18	0	2	3	2	0	0	1	0	0	0
Withdrawn	4	7	0	0	1	0	0	0	0	0	0	0
Total	105	94	1	2	11	8	2	0	2	2	0	0
Success rate	10%	9%	100%	0%	36%	13%	50%	--	0%	50%	0%	100%

'Shortlisted', indicates individuals invited for interview but not offered the position.

Female applicants at junior and intermediate levels have a similar (or higher) success rate than male applicants. However, although numbers are very small, this trend reverses at senior levels. This is something that we are extremely keen to address; however, it is also a complex problem that will require a carefully-considered and co-ordinated set of actions. The number of applicants to senior posts is extremely low. Therefore, a potential mechanism for increasing female success rates for the most senior posts that we have discussed is for the search panel responsible for the post to actively identify qualified female applicants, encourage them to apply, and to take into account differences in career trajectories resulting from career breaks (AP 3.1). We have had some success with this approach in the case of a female appointment to a Senior Clinical Lecturer post (who joined us too recently to be included in the data above), who was specifically identified and encouraged to apply by senior department members. Therefore, in future we will investigate how such an approach might be applied more systematically to senior departmental posts as they become vacant (AP 3.1). Nevertheless, given the very small number of posts of this nature, and their low turnover, we consider that the most fruitful approach for increasing the number of senior females is to ensure we retain and develop the careers of those at more junior levels, to encourage their progression to senior levels. We address this approach in more detail in the sections below.

[270 words]

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

There are two mechanisms for promotion within a post: re-grading, and the Recognition of Distinction exercise.

Re-grading is the process by which individuals move between pay scales, to reflect changing responsibilities. Candidates are currently identified by the individual or their supervisor, by the Departmental Administrator when a new grant is submitted, or by the Head of Department, who has an overview of grading across the department. Individuals apply to the central University Rewards Team, supported by their supervisor and the department. A potential improvement to this mechanism is outlined in the action plan (3.2), and is discussed below. Re-gradings over the last three years are shown below:

	2010		2011		2012	
	Female	Male	Female	Male	Female	Male
Successful: Grade 6→7	4	0	0	0	1	0
Successful: Grade 7→8	1	0	2	2	2	1
Successful: Grade 8→9	0	0	2	0	1	1
Unsuccessful	0	0	0	0	0	0

NB: The 2012 male Grade 8→9 and one female 7→8 re-grading occurred recently and so are not yet included in the staff data presented above.

The Recognition of Distinction [RoD] exercise confers the title of University Research Lecturer or Professor to successful applicants. It is advertised to all staff via email. Those who consider themselves to be eligible are encouraged to discuss their application with the Head of Department and other senior staff. A potential improvement to this self-identification mechanism is outlined in the action plan (3.2), discussed below. Departmental applications are shown below (note that as the exercise runs biennially for Professorial appointments, there was no competition in 2011):

Title applied for:		2010		2011		2012	
		Female	Male	Female	Male	Female	Male
Professor	Successful	3	0	No competition		1	1
	Unsuccessful	0	0			0	0
Research Lecturer	Successful	0	0	0	0	1	1
	Unsuccessful	0	0	0	2	0	0

Although numbers are small, successful applications for promotion are substantially higher in females than males (76% of successful re-gradings and 83% successful RoD applications were from females over the last three years). These figures compare favourably with the Medical Sciences Division as a whole (for which ~30% successful RoD applicants were women); however, they are to be expected given the high proportion of our staff that is female. Therefore, as well as continuing to monitor

these figures (AP 1.5), we plan to encourage more women (and men) to apply for these promotions (AP 3.2), and help them to gain the skills and experience needed for success (AP 4.1 and 4.2) via the mentoring and appraisals systems that we are developing.

[311 words]

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

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

The department complies with the University’s [‘Integrated Equality Policy’](#) and [‘Code of practice on recruitment and selection’](#). Recruitment to departmental posts is managed via the University’s central vacancies website, which prominently features the Code of Practice on Recruitment and Selection (this is also sent to all applicants at the time of shortlisting).

Wherever possible, both males and females are involved in the decision to make an appointment. The Oxford Learning Institute run an online course ([‘Recruitment and Selection’](#)) that includes a module on gender equality: all those chairing selection panels are required to have completed this course.

Where possible, posts within the department are advertised on a flexible basis to make them more attractive to those with caring/family responsibilities. The requirements of the post are carefully assessed and if it is possible for it to be conducted part-time/flexibly it is offered stating minimum hours/days – e.g., “While the post is full time, consideration would be given to candidates looking to work part-time (minimum 3 days/0.6FTE per week).”

We are keen to attract more female applications to senior positions. Therefore, one of our highest-priority planned actions is to develop a policy for increasing the number of female applicants to senior positions (AP 3.1).

[201 words]

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

Our key point of attrition for female staff is the transition into intermediate/senior positions. This problem is particularly acute for female academic psychiatrists: we currently have no female medical professors. In order to understand the reasons underlying the high attrition rate of female academic psychiatrists, Drs Mina Fazel (part of the self-assessment team) and Mary-Jane Attenborough (an Honorary Consultant Psychiatrist within the department) convened an informal **focus group of female academic psychiatrists** currently or formerly employed by the department (in May 2012) **to discuss possible barriers to pursuing a career in academic psychiatry and to identify solutions**, and to provide an opportunity for information-sharing and networking. It was well-received and another is planned for May 2013 (meetings will occur annually; AP 3.5).

A lack of scope for part-time working was raised as a particular concern. **We therefore developed a Career Re-entry Initiative, designed to encourage female clinicians back into the department following a career break (AP 4.4).** We recently established the Clinical Research Facility, a unit in the department dedicated to conducting clinical trials. The unit's clear remit (providing medical support to clinical trials) meant we were able to offer part-time positions with regular fixed hours, where work is 100% service provision with no onus for the individuals to secure on-going project funding, providing us the unique opportunity to encourage several female psychiatrists to re-enter work following extended career breaks. Critically, the posts are accompanied by honorary NHS contracts, *which means that the NHS appraisal and General Medical Council (GMC) revalidation processes are available to post-holders.* Post holders receive detailed training in research methods, gain valuable experience of working with pharmaceutical partners and the opportunity to refresh and enhance clinical skills. They have access to academic meetings across the University, NHS and departmental Continuing Professional Development and peer supervision. We hope that by supporting returning female clinicians (3 to date) we will be able to encourage them to remain within the department and to eventually progress to more senior academic clinical positions.

A lack of consistency in careers advice was identified by both the focus group and the staff survey as an area of concern. We have therefore initiated a mentoring scheme and are developing a formal appraisal process (AP 4.1 and 4.2, see below). We have also made substantial improvements to our maternity leave support package (AP 6.1-6.4, see below), which will help to address some of the concerns raised.

[401 words]

Career development

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

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

The staff survey and self-assessment process identified that **appraisal and career development has been informal and variable**. In July 2011 (in preparation for taking over as Head of Department) John Geddes introduced a system of regular (~6 monthly) individual meetings with all departmental PIs. **We plan to develop this into a formal appraisal process**, which will ultimately be rolled out to all academic and research staff (AP 4.1). Appraisals will be tailored to the needs of individuals but will cover e.g. teaching, research, administration, pastoral and outreach work.

The staff survey and self-assessment team identified a need for a within-department mentoring programme. **From January 2013, all new starters are being offered a department mentor, and we will extend this to all staff from May 2013** (AP 4.2). We decided that staff will generally be offered a mentor who is one grade senior to them, to provide the best balance between approachability and expertise. Our mentoring scheme will complement the external provision supplied via the University's Ad Feminam (aimed at senior women) and Springboard (aimed at junior/intermediate women) programmes. We focussed initially on staff members, rather than students, who already have access to support via their departmental advisors and pastoral care provided by their college. However, we will consult with students to assess whether they require additional within-department mentoring, and will develop a student mentoring scheme if so (AP 2.1).

Since most of our staff members are funded by external grants, **increasing the success of grant and fellowship applications is a key mechanism for improving career development** (AP 3.3 and 3.4). We have initiated **regular Research Meetings**, in which applicants can receive information about how to successfully obtain funding, and can present their research ideas and proposed grant and fellowship applications in a supportive and constructive environment (AP 3.3 and 3.4). In addition, the department arranges **mock interviews** with senior staff members (several of whom sit on fellowship committees for funding bodies) for those applications reaching the interview stage (AP 3.4).

As described above, promotion occurs via the re-grading and Recognition of Distinction (RoD) systems; decisions are made by the University or the Medical Sciences Division. Applications are judged according to well-defined criteria: a change in job description in the case of the re-grading process, or quality of contributions to research, teaching and the work of the wider Division, in the case of the RoD exercise. **Since promotion criteria are established centrally, we consider that the best way of supporting our female staff is to encourage them to apply, and to ensure that they meet the necessary criteria**. Therefore, as part of the appraisal system, we will consider whether staff are eligible for these promotions (and will encourage them to apply if so) (AP 3.2), and what further career development is required to ensure their future eligibility if not (AP 3.2 and 4.1). We can then support our staff to work towards these goals via the mentoring programme (AP 3.2).

[489 words]

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

New staff are encouraged to complete the **University's on-line induction course**, which provides general information on the University, including staff benefits (e.g. subsidised nursery places). We highlight the module on equality and diversity, so they are aware of the University's expectations of them in this area (AP 5.3). The department's new website provides an additional resource: from April 2013 the Athena SWAN section will be highlighted to all new starters (AP 5.1).

Managers of new staff hold a **formal induction meeting, highlighting training opportunities and careers advice**. Staff training needs will ultimately be linked to our mentoring and appraisals schemes (AP 4.1 and 4.2). New Principal Investigators (PIs) are encouraged to attend the Oxford Learning Institute's (OLI) PI-specific training course. All new staff members attend a **departmental briefing** covering Health and Safety, confidentiality, departmental procedures, and University policies and their responsibilities in respect of these. Staff may also be required to attend other types of job-specific training (e.g. laboratory safety training).

New starters are formally welcomed at the weekly Head of Department briefing and the termly PIs' meeting. They are also invited to the termly Welcome Event for Research Staff run by the OLI, advertised via email to the whole department. Finally, new starters (and indeed all staff) are kept updated about the numerous training and career development opportunities run by the OLI, the Careers Service, Oxford University Computing Services, etc., by email.

[233 words]

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

A major strength of the Oxford system is the college network, which ensures that mentoring and academic supervision are available to all students. Additional support and counselling is provided by the University's Student Union and Oxford Females in Engineering, Science and Technology. Within-department support is also available: **all students are either co-supervised or are assigned a departmental advisor** (students are individually matched to an appropriate Principal Investigator advisor, based on research expertise). There is also a **postgraduate student programme, with an active seminar series and a female Tutor**: Dr Jennifer Rendell (part of the self-assessment

team). Dr Rendell's post for this purpose is directly supported from departmental funds.

Students are not currently included in the department's new mentoring scheme; however, **we plan to consult with the student body to see if there is a desire for more specific career development-focussed mentoring** (to complement the support already provided via their supervisors and departmental advisors; AP 2.1).

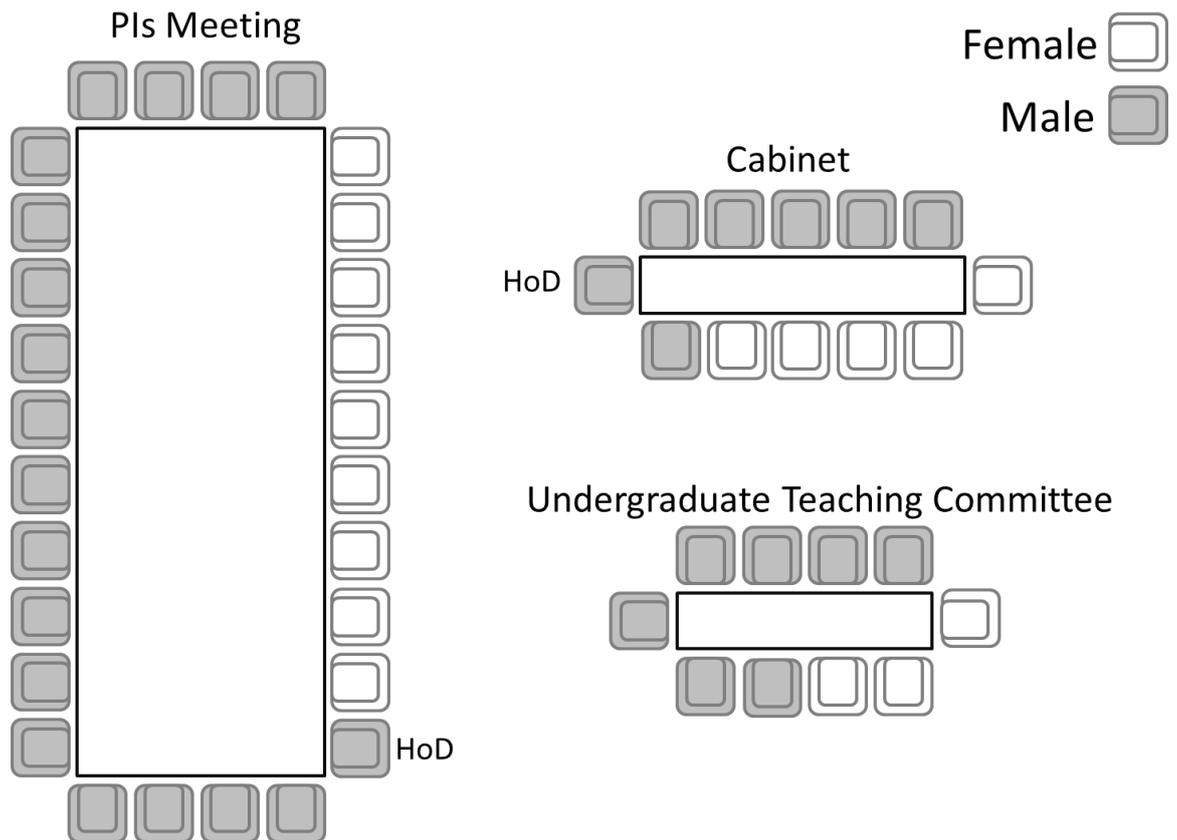
We have introduced a system of **Research Meetings where all researchers – but particularly junior researchers – can obtain constructive feedback on their preliminary research ideas**. This is a supportive and constructively critical meeting. In response to feedback from the staff survey, these meetings also contain career development seminars (AP 4.3). Students are encouraged to attend and present at these meetings to help them with future fellowship applications.

[221 words]

Organisation and culture

- a) Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning.
 - (i) **Male and female representation on committees** – provide a breakdown by committee and explain any differences between male and female representation. Explain how potential members are identified.

The department has few committees: the Athena SWAN self-assessment team (described in detail above, and so not mentioned further here), the Principal Investigators' (PIs') meeting, the Cabinet, and the Undergraduate Teaching Committee. The gender breakdown of these committees is shown below:



The main departmental meeting is the termly **Pls' Meeting**, which includes all PIs. The department has formal criteria for identifying researchers as PIs (essentially, having obtained significant external funding, and a clear source of their personal salary). In response to concerns raised in the staff survey, these criteria were circulated to all staff via email and included on the department's website (AP 5.2). In addition to the Head of Department (HoD), there are currently 27 PIs (9 are female). Although PI status does not readily map onto the grading structure outlined above, the relative lack of female PIs is due to the wider lack of women in senior positions in the department.

The Cabinet was assembled in 2011 by Professor John Geddes, to provide him with support and advice in his role as HoD. The Cabinet has evolved and grown over time, in part as the result of the self-assessment process, which has become imbedded in departmental decision-making and strategy. It now meets fortnightly and consists of 11 research and academic staff, 4 of whom are female, as well as our (female) Departmental Administrator. The membership aims to encompass all the major research sub-disciplines within psychiatry and those with significant strategic departmental responsibilities outside of their research (e.g. leaders of the Athena SWAN self-assessment team, the Research Excellence Framework submission, and postgraduate and undergraduate teaching).

The Undergraduate Teaching Committee meets bimonthly and includes University (4, of whom one [the course administrator] is female) and NHS (1 of 5 is female) representatives, and a (female) student representative. It provides advice regarding the running of the course, responds to feedback from students, teachers, and from formal reviews, and ensures the maintenance of educational standards. Members join

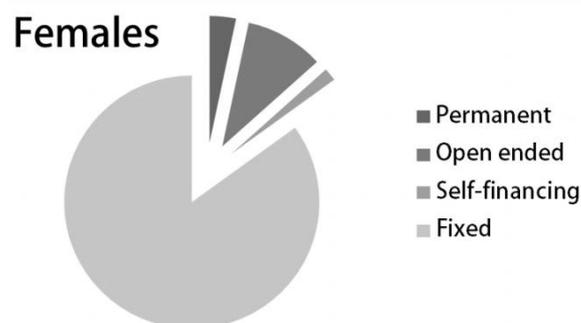
the committee on the basis of their involvement in undergraduate medical student education, and their spanning the clinical areas in which students are placed. Of the University representatives all senior representatives are male, reflecting the fact that all our tenured staff members with teaching responsibilities are male.

The three committees described above require significant experience of research, administration and teaching, respectively and are therefore largely comprised of senior members of staff. The relative lack of female representation is therefore a further symptom of our gender imbalance at this level. We will continue to monitor the make-up of these committees (AP 5.4), and to co-opt females with appropriate expertise in from elsewhere where possible (as we have done with the Cabinet). However, meaningful changes will only be elicited by increasing the number of senior females within the department.

[462 words]

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

As noted, we have few tenured positions, all of which are currently filled by males. However, other staff members are also offered open-ended contracts where there is a clear and sustainable business case for maintaining their salary (e.g. via overheads brought in from external funding, or endowments). The proportions of females and males on different types of contract are shown below:



	Females	Males
Permanent	2	11
Open-ended	6	3
Self-financing	1	2
Fixed	51	16

There is a significant gender imbalance in the ratio of staff on fixed-term vs. open-ended contracts, skewed somewhat by the large proportion of junior staff which is female, and the fact that most senior staff are men. However, it is possible that some members of staff who are good candidates for moving onto a non-fixed contract e.g. based on grant income have been overlooked. Therefore, **we will specifically consider the question of whether an individual has a strong business case for moving onto a non-fixed contract as part of our developing appraisals process (AP 4.1)** to help us to identify suitable candidates, whilst our new mentoring scheme will help our staff to achieve their potential in this regard (AP 4.2).

[180 words]

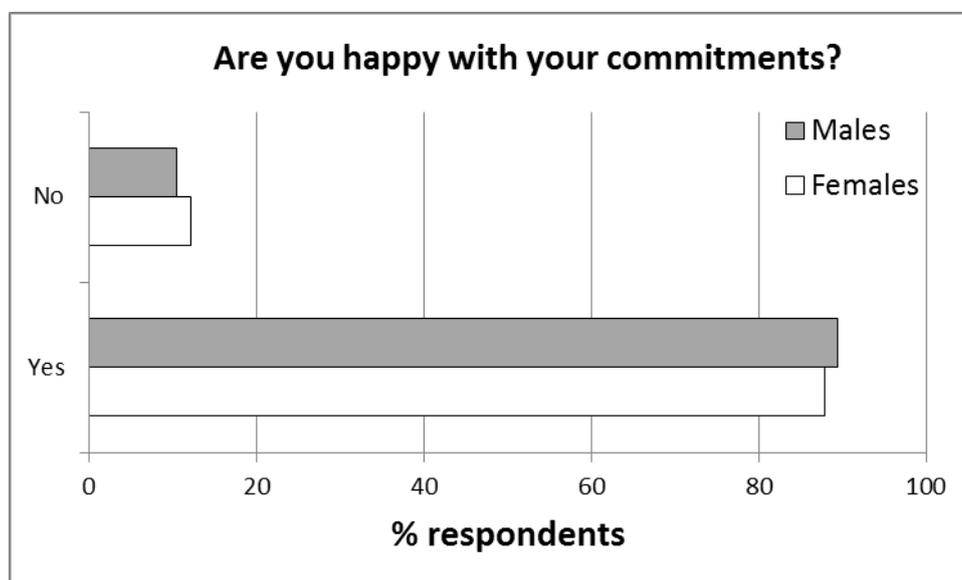
- b) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.
- (i) **Representation on decision-making committees** – comment on evidence of gender equality in the mechanism for selecting representatives. What evidence is there that women are encouraged to sit on a range of influential committees inside and outside the department? How is the issue of ‘committee overload’ addressed where there are small numbers of female staff?

The primary departmental decision-making committees are the PIs’ Meeting and the Cabinet. The criteria for membership of these committees are clearly defined in both cases (either by being a PI, for the PIs’ Meeting, or by having significant departmental responsibilities, in the case of the Cabinet). **Females are under-represented on both of these committees. However, we believe that this is the result of the gender imbalance in senior positions within the department.** In support of this, female PIs are, on average, younger (43.9 years) than male PIs (54 years). These data therefore provide further evidence of the attrition of female staff between intermediate and senior levels. We will continue to monitor male and female numbers on department committees, and expect female membership to increase as the number of senior female staff members rises (AP 5.4). **Although somewhat under-represented on the few departmental committees, women’s voices are able to feed into departmental decision-making.** Firstly, the self-assessment process is a core agenda item at all PIs’ meetings; secondly, five of twelve members of the Cabinet (including the HoD and the Athena SWAN lead) are also members of the self-assessment team; finally, the whole staff is involved in the department’s annual strategic away day.

During the self-assessment process we realised that, outside of the few departmental committees, **we had little idea of the commitments of our staff outside of their core responsibilities.** In January 2013 we therefore surveyed all research staff on the amount of time they spend on work for departmental, University, NHS, college and

other committees (as well as other responsibilities, discussed further below; AP 1.7). Staff could remain anonymous, but, if they were willing, we asked them to give their name and details of the specific committees on which they sit, to provide us with a record of this information. The response rate was 54 of 94 surveyed.

Most respondents spend fewer than 4 hours a month sitting on, and doing work related to, committees. The best predictor of committee involvement of all types was being a PI (expected since these are the more senior people within the department). There were no gender differences in the time commitment of departmental committees. However, males spent significantly more time than females serving on University, NHS, college and external committees. However, gender was a much weaker predictor than being a PI, and so we believe that the greater committee commitment of males is likely to be a reflection of their greater average seniority. **As shown below, males and females reported being similarly happy with their level of commitments, indicating that ‘committee overload’ is not currently a problem for our female staff.** However, we will repeat this survey every two years in order to ensure that this problem does not emerge (AP 1.7).



[459 words]

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

Our workload survey revealed that males and females have equal (and low) administrative and pastoral commitments (including student supervision, mentoring, outreach activities, interviewing and examination). Given the low level of these responsibilities, and the fact that staff are generally happy with their levels of commitment (see below), we do not feel that implementing a full workload allocation model is appropriate, since the non-trivial administrative burden may well exceed staff members’ current commitments. Therefore, we will keep track of these

responsibilities by biennially surveying staff about their responsibilities (AP 1.7) and via our developing appraisals process (AP 4.1).

An interesting fact raised by the workload survey is that several junior members of the department felt under-utilised, rather than overburdened (e.g. one commented that “I would be happy to take on more departmental duties but have not been asked to do so.”); this appeared to contribute to at least some of the minority who reported being unhappy with their current commitments. Therefore, there appears to be scope for some junior department members to become more involved with some administrative and pastoral activities. **We have identified funds that will permit junior members of staff to ‘step-up’ into some of these responsibilities, to help with their career development and to ease the burden on more senior staff members during e.g. the period around maternity leave** (AP 6.2, see below). In addition, although they will clearly form part of the appraisals process (AP 4.1), we have also considered other ways in which the contributions of junior members to administrative and pastoral responsibilities might be formally recognised, e.g. via an annual ‘Good Citizen’s Award’, or earning additional holiday entitlement, ideas which we will develop further (AP 4.4).

[281 words]

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

The main academic seminar was scheduled at 5pm, a time which was very inconvenient for staff with caring responsibilities. We therefore abolished this meeting, and departmental meetings are scheduled between 10am - 4pm (AP 5.5). The exception to this is the weekly Head of Department (HoD) briefing (occurring at 9am on Mondays), which was extremely difficult to schedule due to the HoD’s clinical and other commitments. This time was decided after email consultation with the whole staff, but it is not optimal, and we are currently trying to find alternative times. We will be seeking further feedback from staff on this subject via the Staff Survey later this year.

Although the department holds numerous, informal social events, the main full-departmental social events are the Christmas Party, held at lunchtime in the common room, and the Summer Family Party, to which all staff and their family members are invited, which runs from mid-afternoon until late (AP 5.6). The Summer Party is an informal gathering and staff and their families are encouraged to come and go whenever suits them, in order to accommodate school and nursery pick-ups, children’s bedtimes etc. We will continue to regularly survey staff about the timings of departmental meetings and social events (via the biennial Staff Survey; AP 1.6) to ensure that they remain convenient for the majority of staff.

[222 words]

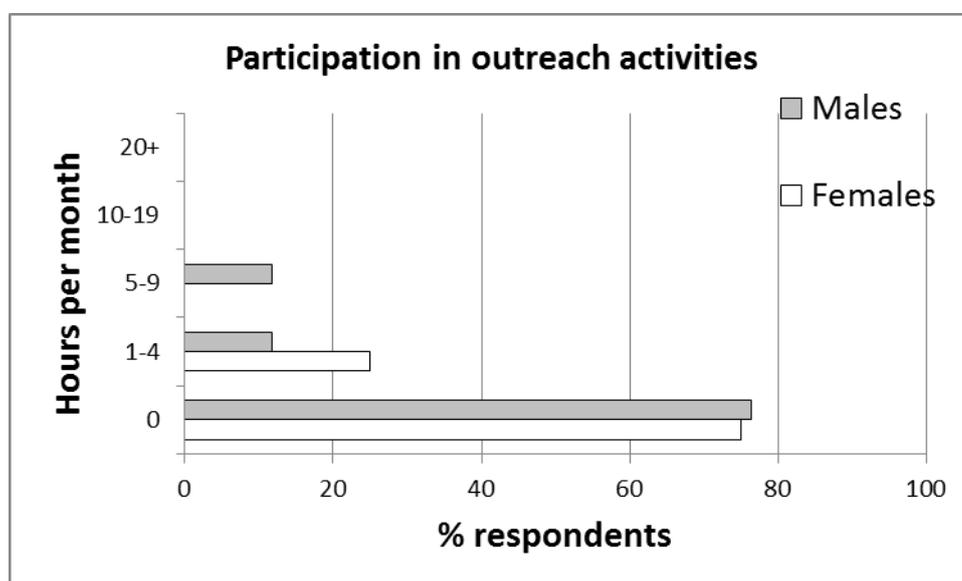
- (iii) **Culture** –demonstrate how the department is female-friendly and inclusive. ‘Culture’ refers to the language, behaviours and other informal interactions that characterise the atmosphere of the department, and includes all staff and students.

Guy Goodwin, the previous Head of Department, identified **the need for a common room where staff could meet, converse, and mingle informally**. He raised funds to roof over a small garden outside the main departmental building, creating an attractive, large space with full kitchen facilities, whilst maintaining an outside area. This has been an enormously beneficial development. It is used for regular coffee and cakes meetings – both for personal events such as birthdays, leaving etc. and also for specific groups, for example, postgraduate students - as well as the annual Christmas Party. We also have summer parties to which all staff and their families are invited. **The department has a strong social ethos** (AP 5.6), which likely contributes to the fact that the majority of staff (86% respondents to the Staff Survey) would recommend working with us to a friend. It is our sincere hope that the actions that we are taking as part of the action plan, and the clear engagement of the Head of Department and other senior staff members, will help us to further foster a positive and female-friendly culture.

[183 words]

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

The Workload Survey revealed that members of staff at all levels participate in outreach activities, e.g. school liaison, participating in access days, teachers’ conferences and careers fairs (including initiatives designed to encourage applications from non-typical student groups), and engaging with the general public via science festivals and the media. Participation in outreach activities will form a part of the appraisals process that we are developing (AP 4.1). **The survey revealed that the time commitment of these activities is low, and did not differ significantly between males and females**, as shown below. Therefore, we will continue to monitor male and female participation in outreach activities via the biennial Workload Survey but do not consider this a priority area for intervention (AP 1.7).



[121 words]

Flexibility and managing career breaks

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

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

Maternity return rates for the last 3 years are shown below. Given the small numbers, data for all staff are included; although some are support staff (noted in the table):

	Returned	Left (reason for leaving)	Return rate
2010	5	2 (one [support staff member] relocated overseas whilst on leave; one [research staff member] on fixed-term contract which ended whilst on leave)	71%
2011	4	1 (relocated overseas during leave)	80%
2012	4	1 ([support staff member] fixed term contract ended whilst on leave)	80%

Numbers are small but **there does not appear to be any marked change in return rate over the last three years.**

[51 words]

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

In the last 5 years there have been 5 requests for paternity leave and one for adoption leave (by a male member of staff). **All have been granted** and all staff returned to work afterwards.

[35 words]

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

Staff members can formally request flexible working; information about this process is available on the departmental website. However, we have had only one recent formal request from a female member of staff (to work Saturdays), which had to be declined for safety reasons (she would have been working alone in the department, and so no help would have been available in case of accidents or emergencies). Instead, **flexible working arrangements are typically managed informally**, as detailed further below.

[78 words]

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

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

As outlined above, we receive few formal requests for flexible working; such arrangements are typically managed informally within research groups (within appropriate health and safety constraints, particularly lone working). Anecdotally, these include **staff members working flexible hours to accommodate school drop-offs and collections, working full-time over 4 days per week, and working from home as needed**. We are hesitant to convert these into more formal arrangements, as their informal nature means that they can quickly adapt to the needs of the staff members in question. Therefore, we plan to highlight the possibility of informal arrangements as part of the parents' factsheet that we are developing (AP 6.4) and via the departmental website (AP 6.3). We will continue to ascertain whether staff members are happy with their working arrangements via the biennial staff survey.

[133 words]

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

In April 2012 **we surveyed all staff members who had been on maternity leave** within the preceding three years with the following questions:

1. What was your overall experience of maternity leave and returning to work?
2. Did you experience any specific problems?
3. What improvements do you think could be made to maternity provision within the department?

We received ten (of 15) responses, primarily from academic/research staff, but we also asked support staff, given the small numbers involved. We plan to repeat this exercise every two years, to help us to monitor progress over time (AP 1.8). The survey raised a number of consistent comments. Specific positive and negative aspects (with actions taken to date to address these) are shown in the table, with additional details provided underneath:

Comment	Action
Positive:	
University's maternity package is perceived to be generous	None required
Flexible and informal working arrangements help manage maternity leave and return to work	
Departmental administrators provide good support	
Colleagues generally supportive and respectful of maternity leave	
Negative:	
The 5pm departmental seminar is family-unfriendly	<ul style="list-style-type: none"> • 5pm meeting abolished (AP 5.5). • All departmental meetings (except the Head of Department briefing) occur between 10am and 4pm (AP 5.5)
Principal investigators reported the desire to keep in some contact, e.g. to keep contact with students and postdoctoral staff, to keep control of their research programme (see further information below)	<ul style="list-style-type: none"> • Department emphasises that those on maternity leave are expected to be on full leave, although staff can make use of 'Keeping In Touch' (KIT) days • Funds identified to support junior staff to 'step up' to cover the responsibilities of staff on leave (AP 6.2; see below) • Provision of appropriate facilities for keeping in touch whilst on leave (see below) • Development of maternity leave 'case studies' and parents' factsheet (AP 6.4)
It can take returners a while to catch up with e.g. reading the scientific literature that accrues whilst they are on leave	<ul style="list-style-type: none"> • 'Stepping-up' arrangements can be continued into the period following return to allow returners time to catch up on reading and related activities (AP 6.2; see below)
Information about leave sometimes had to be proactively sought, rather than being directly offered	<ul style="list-style-type: none"> • Information-sharing encouraged via 'Maternity Buddy' scheme (AP 6.1) • Plan to develop case studies and parents' factsheet (AP 6.4)
Some respondents reported feeling out-of-the-loop whilst on leave and nervous that they had been forgotten in their absence	<ul style="list-style-type: none"> • Option of 'opting-in' to communication from the department whilst on leave (AP 6.5, see below) • Option of continuing contact with 'Maternity Buddy' whilst on leave (AP 6.1)

Principal investigators (PIs) on maternity leave

As described in the table above, many PIs reported the desire to keep in touch to some extent during maternity leave, e.g. to continue to have contact with their research staff and students and to maintain control of the running of their research programmes. The department emphasises that staff on maternity leave are expected to be on full leave during this period and provides support to enable this. Prior to the period of maternity leave, female staff members have a detailed meeting with the departmental administrative staff to ensure that all their responsibilities are covered during their leave. **As the result of the self-assessment process, we have identified sources of funds (including some from departmental reserves) for a 'stepping-up scheme.** These funds can be used to pay junior members of staff to 'step-up' into the responsibilities of more senior members during their maternity leave, thereby helping PIs feel confident to take full leave, whilst also developing the careers of the junior staff member (AP 4.5 and 6.2). (This scheme is available to all staff but, from our survey, it is those who are PIs for whom this is a particular problem). Furthermore, we plan to develop a series of case studies of women who have taken maternity leave within the department explaining how they managed this transition (AP 6.4). Nevertheless, we also recognise that some staff members on maternity leave will remain keen to keep in touch. These women have the opportunity of doing so via the 'Keeping in touch' (KIT) days, and we aim to be accommodating and supportive where it is the case, e.g. staff on leave who want to arrange meetings in the department are welcome to bring their babies, and private rooms for e.g. breast feeding, baby changing, expressing milk etc. can be provided as needed (we ensure that our provision is in line with the University's policy on 'The health and safety of young people and children').

Maternity Buddy Scheme

We identified the need for a 'Maternity Buddy' scheme to provide support during pregnancy, maternity leave and the return to work (AP 6.1). **All pregnant staff members are given contact details for willing 'Maternity Buddies'**, who have returned from leave within the last few years, to provide informal support and advice. To ensure that staff members get the support they require, this scheme is kept extremely flexible: whilst particular 'buddies' of a similar grade and medical or non-medical status are recommended by administrative staff, the person going on leave is encouraged to contact anyone on the list that they think might be of help. In addition to this scheme, we also supply information about parental leave on the departmental website (AP 6.3), and plan to develop a series of case studies and a parent's factsheet (AP 6.4) to provide further information.

Opting-in to contact

Female staff members are able to opt-in to receiving contact from the department whilst on leave (AP 6.5); typically, this takes the form of a letter from the Departmental Administrator sent to the person on leave a month before their planned return date (the length of leave is decided by the individual) to reassure them that all is in place for their return, e.g. that payroll have been notified. However, the the level

of communication is determined by the wishes of the woman going on maternity leave.

We will continue to monitor the impact of these actions on the experience of our female staff of maternity leave, by seeking informal feedback and by repeating the maternity leave survey on a biennial basis (AP 1.8).

[669 words]

5. Any other comments: maximum 500 words

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

There are two themes which have recurred through the self-assessment process and which we therefore consider to be our priorities in terms of action. The first, and most notable of these, is the lack of senior females (particularly medical academics) within our department. We believe that this gender imbalance is responsible for a number of knock-on effects, including an under-representation of females on departmental (and external) committees, and on permanent contracts. We have a small number of tenured positions, and their turnover is low (only one or two are likely to be advertised in the foreseeable future), and so increasing the proportion of tenured females is necessarily a long-term goal. Therefore, our initial actions focus primarily on supporting and promoting the career development of our junior and intermediate female staff to reach more senior positions, via:

- 1) Our Career Re-entry Initiative, for female clinicians
- 2) Our improved package of support for those on maternity leave
- 3) Improved career development, including our mentoring scheme, the appraisals system under development, and our Research Meetings, which now include career development seminars

We focussed initially on staff members, rather than students, since, as well as departmental support, our students already have access to support via the college system. However, we will investigate whether the students would find enhanced departmental career development (e.g. mentoring) to be desirable, and will roll out these schemes to the student body if so.

Our second recurring major weakness was the lack of transparency within the department. We have therefore instigated a number of new mechanisms for disseminating relevant information:

- 1) The recent redesign of our departmental website (which went live late 2012) gave us the opportunity to develop a specific area dedicated to Athena SWAN-related issues, which we are continuing to develop
- 2) We have instigated a weekly Head of Department briefing, to keep staff up to date on all departmental business, including welcoming new staff members, sharing and celebrating successes, informing staff about relevant developments (e.g. funding calls, links with the NHS and University, logistical matters, such as parking)

3) We have initiated regular (6 monthly) Athena SWAN updates to communicate our progress to the whole department and to seek feedback and ideas

The enthusiastic support and engagement of our Head of Department, and other senior members of staff, in the self-assessment process is a significant asset; helping it to be seen as important and a core part of the department's development, rather than a marginalised activity. We will carefully monitor our progress via the regular surveys, as well as by seeking regular, informal feedback on the self-assessment process (e.g. at the 6 monthly Athena SWAN updates).

Our priorities for the coming months are

- 1) The development of an appraisals process and its integration with the mentoring scheme
- 2) The development of a policy for increasing female appointments to senior posts

We hope that these changes represent the beginning of continued and lasting improvements for our female staff and students.

[492 words]

6. Action plan

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

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

The action plan does not need to cover all areas at Bronze; however the expectation is that the department will have the organisational structure to move forward, including collecting the necessary data.

Action	Description of action	Action taken already and outcome at April 2013	Further action planned at April 2013	Progress Log	Responsibility	Timescale	Start date	Success Measure
1	Baseline Data and Supporting Evidence							
1.1	<p>Annual review of postgraduate student data by gender</p> <p>Data to be reported annually to:</p> <ol style="list-style-type: none"> 1. Department (to PIs at PI meeting and to whole department at annual Department Away Day) 2. Medical Sciences Division 	<p>Collected information about:</p> <ol style="list-style-type: none"> 1. Application rates 2. Interview rates 3. Success and acceptance rates, for female and male applicants. <p>Data in line with national figures</p>	<p>Continue to review annually to ensure no reduction in female applications, interview and success/acceptance rates.</p>	<p>Data collected and analysed to 2012 pool</p>	<ol style="list-style-type: none"> 1) Director of Graduate Studies (Robert Rogers) 2) Tutor for Graduate Studies (Jennifer Rendell; Athena SWAN representative [AS]) 	<p>On-going. Data to be collated every October</p>	<p>Data review: Nov 2011</p>	<p>Maintain current rates of female applications/ interviews/success /acceptance, or increase above national figures. Next review due Nov 2013.</p>

1.2	<p>Annual review of staff data by gender.</p> <p>Data to be reported annually to the department (to PIs at PI meeting and to whole department at annual Department Away Day)</p>	<p>Collected information about:</p> <ol style="list-style-type: none"> 1. Staff in post, broken down by grade and gender 2. Applications and success rates to appointments at different levels, broken down by grade and gender <p>Reveals:</p> <ol style="list-style-type: none"> 1. Under-representation of females (particularly amongst clinical appointments) at senior positions within the department 2. Possible lack of applications for senior positions by females 3. Improved career development to support transition of junior female staff into intermediate and senior positions. 	<ol style="list-style-type: none"> 1. Continue to review annually to monitor progress 2. Develop and implement policy for increasing applications and appointments to senior posts when they become vacant (See 3.1) 3. Continue to improve career development, via appraisals scheme (4.1) 4. Monitor success of career development processes via staff data and Staff Survey (1.6) 	<p>Required data available and analysed to 2012</p> <p>Action to date: Improved career development and support for applications via:</p> <ol style="list-style-type: none"> 1) Career Re-entry Initiative (See 4.4) 2) Mentoring scheme (See 4.2) 3) Research Meetings (See 3.3 and 4.3) 	<p>1) Pam Taylor (AS) 2) Kate Saunders</p>	<p>On-going. Baseline data to be reviewed every September and presented to PIs and whole department every January</p> <p>Necessarily a long-term goal, but aim for detectable increase in proportion of senior female staff by Dec 2015</p>	<p>Data review: Nov 2011</p>	<p>Ensure gender balance maintained at or above national levels for junior posts.</p> <p>Increase proportion of females at intermediate/senior levels. Aim initially to match national levels. Long-term goal is to increase proportion to reflect that seen at junior levels.</p> <p>Next review due: Dec 2013</p>
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1.3	<p>Annual review of staff destinations</p> <p>Data to be reported annually to the department (to PIs at PI meeting and to whole department at annual Department Away Day)</p>	<p>Available data collected and analysed to end 2012</p> <p>Limited data was available to mid-2012</p> <p>Improved information re: staff destinations via Core personnel system, since Aug 2012</p> <p>Need for better tracking of clinical staff moving between department and NHS appointments identified (see 1.4)</p>	<p>Ensure Core personnel system provides sufficient information</p> <p>(Improved exit questionnaire to supplement Core system data if required)</p>	<p>Available data analysed to 2012.</p> <p>Core personnel system adopted Aug 2012.</p>	<p>1) Philly White (AS)</p>	<p>Data review: on-going (review each Aug).</p> <p>Review suitability of Core data: Aug 2013</p>	<p>Nov 2011</p>	<p>Collect sufficient data to monitor staff destinations. Systems in place by Oct 2013.</p> <p>Review data Oct 2014 and implement actions to address any identified bias.</p>
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1.4	Develop system for improved tracking of movement of clinical staff	Need identified	<p>Identify typical patterns of movement between department and NHS (via Focus Group and discussion with clinical and administrative colleagues)</p> <p>Design and implement appropriate tracking mechanism</p> <p>Consider need for Honorary University Contracts for staff moving between NHS and departmental positions to ensure continuity</p>	Need identified	<p>1) Mina Fazel (AS) 2) Liz Tunbridge (AS)</p>	<p>Focus group of female clinical academics due May 2013</p> <p>Follow-up discussions in self-assessment team: July 2013</p> <p>Design tracking mechanism by: Jan 2014</p> <p>Consult with computing support staff and implement by: Aug 2014</p> <p>Review success of system: Aug 2015</p>	May 2013	<p>Implementation of successful system for tracking NHS-departmental staff movement</p> <p>Begin awarding Honorary University Contracts if deemed necessary</p>
1.5	<p>Annual review of promotions (via re-grading and Recognition of Distinction [RoD])</p> <p>Data to be reported annually to the department (to PIs at PI meeting and to whole department at annual Department Away Day)</p>	<p>Available data collected and analysed to 2012</p> <p>No evidence of bias at present, but possible that some eligible candidates are being overlooked (see 3.2).</p>	Ensure all eligible candidates identified (3.2 and 4.1).	Required data available and analysed to 2012.	1) Philly White (AS)	Data analysis on-going: review every Apr.	Apr 2012	<p>Maintain gender balance in applications and success rates. Next review due Apr 2014</p> <p>Increase number of applicants by 2015 round, one year after roll out of appraisals system.</p>

1.6	<p>Repeat departmental Staff Survey on a biennial basis</p> <p>Data to be reported biennially to the department (to PIs at PI meeting and to whole department at annual Department Away Day)</p>	Data collected and analysed to Nov 2011	Repeat survey in Nov 2013	Initial survey conducted Nov 2011	<p>1) Philly White (AS) 2) Pam Taylor (AS)</p>	<p>Data collection and analysis on-going: Data collection every other Nov</p> <p>Review findings and identify actions: following Dec.</p> <p>Report to department: following Jan</p>	Nov 2011	Steady and sustained improvement in key measures (e.g. transparency, staff satisfaction, perceived equality based on gender etc.) Next review due Dec 2013.
1.7	<p>Repeat workload survey on biennial basis.</p> <p>Data to be reported biennially to the department (to PIs at PI meeting and to whole department at annual Department Away Day)</p>	Data collected and analysed to Jan 2013	Repeat survey in June 2013 (slight time-shift to give space from Staff Survey, preventing 'survey fatigue')	Initial survey conducted Jan 2013	<p>1) Liz Tunbridge (AS) 2) Philly White (AS)</p>	<p>Data collection and analysis on-going: every other June</p> <p>Review findings and identify actions: following Sep.</p> <p>Report to department: following Jan</p>	Jan 2013	<p>Maintain lack of gender imbalance in time spent on departmental committees and other commitments.</p> <p>Reduce gender imbalance in time spent on external committees.</p> <p>Next review due Jan 2015.</p>

1.8	<p>Repeat maternity survey on biennial basis.</p> <p>Data to be reported biennially to the department (to PIs at PI meeting and to whole department at annual Department Away Day)</p>	Data collected and analysed to Apr 2012	Repeat survey in Apr 2014	Initial survey conducted Apr 2012	1) Philly White (AS)	<p>Data collection and analysis on-going: Data collection every other Apr</p> <p>Review findings and identify actions: following July.</p> <p>Report to department: following Jan</p>	Apr 2012	Improved satisfaction of those returning from maternity leave with departmental provision in 2014 survey.
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2	UG and PG Students							
2.1	Liaise with PG students to ascertain need for mentoring scheme	Mentoring scheme initiated for staff members	Canvass opinions of PG students via Focus Group	Possible need identified	1) Lalitha lyadurai (AS)	Conduct focus group Jan 2014 (to allow time for roll-out of mentoring scheme to departmental staff) Roll scheme out to students if needed: Oct 2014	Nov 2013 (plan and assemble focus group)	Mentoring scheme in place for students if needed, by end of 2014.
2.2	Need for possibility of completing DPhil on part-time basis	Lobbying of central University for change in regulations	Respond to Graduate Studies Committee consultation on need for part-time DPhils	Graduate Studies Committee consultation planned	1) Director of Graduate Studies (Robert Rogers) 2) Tutor for Graduate Studies (Jennifer Rendell [AS])	Consultation date to be confirmed. Respond as needed.	Nov 2011	Change in University regulations to permit part-time DPhil study.

3	Key Career Transition Points, Appointments and Promotions							
3.1	Develop policy for increasing female appointments to senior posts	Need identified	<p>Consider ways of increasing female application rates to senior positions (e.g. mechanisms for identifying and approaching suitable female candidates)</p> <p>Consider formal mechanisms for recognising the impact of career breaks on career trajectory for female applicants</p>	Preliminary discussions by AS self-assessment team require further development and formalising into a departmental policy	<p>1) Catherine Harmer (AS) 2) John Geddes (AS, HoD)</p>	<p>Self-assessment team discussion re: application rates and career breaks: May-July 2013,</p> <p>Decisions by: Oct 2013,</p> <p>Policy in place by: Jan 2014</p>	Discussions re: increasing senior female appointments initiated: Nov 2012	<p>Policy in place by Jan 2014.</p> <p>Policy implemented when senior positions become vacant.</p>
3.2	Ensure all eligible candidates for promotion (via regrading and RoD) identified	Possibility identified that some candidates are being missed	<p>Include specific consideration of suitability for promotion in appraisals process (4.1)</p> <p>Work towards eligibility via mentoring scheme (4.2)</p>	<p>Need identified.</p> <p>Appraisals scheme planned (4.1)</p> <p>Mentoring scheme initiated (4.2)</p>	<p>1) Executive cabinet 2) Liz Tunbridge (AS) 3) Pam Taylor (AS)</p>	Inclusion in final appraisals scheme: (Oct 2014)	May 2013	Increase in applications for promotion by 2015 rounds.

3.3	Development of Research Meetings to improve success rates of funding proposals	Regular Research Meetings instigated to provide constructive and supportive feedback on funding applications	Assess success of meetings by comparing success rates for funding applications presented at meetings vs., those that are not (see also 3.4)	Anecdotal evidence of usefulness, but formal analysis required.	1) Michael Sharpe 2) Catherine Harmer (AS)	Review success rates of grants presented at meetings vs. those that are not: Oct 2013, and then annually Ask staff about how useful they find these meetings in Staff Survey: Nov 2013 Modify scheme if required, based on success rates and staff feedback.	Apr 2012	Better success rate in funding applications presented at Research Meetings vs. those that are not, in Oct 2013
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3.4	Increase number of female staff funded by fellowships	<p>Introduced requirement for fellowship applications to be presented at Research Meetings to obtain constructive feedback</p> <p>Included "How to obtain fellowship funding" seminars into Research Meetings</p> <p>Provide mock interviews for fellowship candidates</p> <p>Identified lack of information about female vs. male fellowship applications and success rates</p>	<p>Determine success rate of fellowship applications submitted broken down by gender (i.e. is lack of females on senior and intermediate fellowships due to lack of application or lack of success?)</p> <p>Determine success rates of applications presented at Research Meetings vs. not (3.3)</p> <p>Encourage staff to apply for appropriate fellowships via appraisals process (4.1)</p>	<p>Several proposals discussed at Research Meetings have been funded.</p> <p>Research meeting Career Development stream initiated (4.3)</p>	<p>1) Michael Sharpe 2) Catherine Harmer (AS)</p>	<p>Review success rates of proposals by females vs. males, and those presented at Research Meetings vs. those that are not: Oct 2013</p> <p>Fellowship matching to be part of final appraisals scheme: (Oct 2014)</p>	Apr 2012	Increase number of intermediate and senior females funded via fellowships by Dec 2015.
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3.5	Investigate mechanisms underlying high attrition rate of female academic clinicians	<p>Consulted focus group of female academic clinicians currently and formerly employed in the department (May 2012)</p> <p>Identified key problems with balancing work and family life, returning after career breaks and poor career development</p>	Repeat annually	<p>Next meeting scheduled May 2013</p> <p>Implemented Career Re-entry Initiative (4.4)</p> <p>Implemented support during and after maternity leave (6.1, 6.2)</p> <p>Developing appraisals (4.1) and mentoring (4.2) schemes</p>	<p>1) Mary-Jane Attenborough 2) Mina Fazel (AS)</p>	On-going: meetings to be held every May	May 2012	<p>Identified reasons for high female attrition. Continue meetings to monitor progress and to provide career development and networking opportunities. Next meeting due May 2013.</p>
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4	Career Advice and Support							
4.1	Develop appraisals scheme	<p>Need identified.</p> <p>Initial discussions at self-assessment team meetings about nature of scheme and logistics of integration with mentoring</p>	<p>Identify examples of good practice within the University and elsewhere (e.g. NHS)</p> <p>Develop into formal department-wide appraisals process</p> <p>Integrate with mentoring scheme</p>	<p>Need identified and initial discussions held. Review of available schemes needed to move forward.</p>	<p>1) John Geddes (HoD) 2) Liz Tunbridge (AS)</p>	<p>Formal review of schemes in the University and elsewhere: May - July 2013</p> <p>Design of departmental appraisals scheme: by Oct 2013</p> <p>Pilot scheme (appraisal of departmental PIs): Jan 2014</p> <p>Roll out to all departmental staff: Oct 2014</p>	<p>July 2012</p>	<p>Formal scheme in place and rolled out to all staff by end 2014.</p>

4.2	Develop mentoring scheme	Mentors offered to all new starters from Jan 2013	<p>Roll out to all staff</p> <p>Integrate mentoring scheme with appraisals process (4.1)</p> <p>Arrange formal training for mentors via Oxford Learning Institute (OLI)</p>	<p>Need to identify additional mentors at intermediate levels – PIs approached and asked to encourage their staff to be mentors March 2013.</p> <p>Written training materials provided by OLI and circulated to mentors and mentees upon matching.</p> <p>Integrate scheme in parallel with appraisals process (4.1)</p> <p>Investigate whether students require departmental mentoring and roll out to this group if so (2.1)</p>	<p>1) Klaus Ebmeier (AS) 2) Lalitha Iyadurai (AS) 3) Philly White (AS)</p>	<p>Begin roll out of scheme to all staff from May 2013</p> <p>Seek feedback from staff via email on usefulness of scheme: Jan 2014 (advertise need for feedback at January 2014 Departmental Away Day)</p> <p>Integrate with developing appraisals scheme by launch in Oct 2014 (4.1)</p>	July 2012	Scheme fully integrated with appraisals process by end 2014.
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4.3	Incorporation of career development stream into research meetings	Career Development seminar stream (1 seminar per term) included in Research Meetings	Assess usefulness of these seminars via staff survey	Survey staff as to whether they find seminars useful, and whether the number/subjects offered is appropriate.	1) Michael Sharp 2) Catherine Harmer (AS)	Assess usefulness in Staff Survey: Nov 2013 Modify scheme in line with feedback by Jan 2014	October 2012	Career Development stream rated as useful in staff survey Nov 2013.
4.4	Develop Career Re-entry Initiative	Three female clinicians currently employed by the Clinical Research Unit following a career break via the initiative	Assess usefulness of initiative and identify improvements by surveying current cohort in 2014 (two years after its initiation)	Implement improvements based on feedback from current cohort	1) Mary-Jane Attenborough 2) Kate Saunders (AS)	Survey current cohort: Aug 2014 Implement improvements: Jan 2015	Jan 2012	Transition of at least one female in Career Re-entry Initiative into a more traditional clinical post within the department by end 2015

4.5	'Stepping-up' schemes to enhance career development of junior members of staff	<p>Funds identified for 'stepping-up' during maternity leave (6.2)</p> <p>Workload survey identified desire of junior staff to take on additional departmental responsibilities</p>	<p>Identify which duties identified in the workload survey could be completed by junior staff-members</p> <p>Advertise opportunities to junior staff members via email/website, aim for 4:1 ratio of females:males in first cohort in line with gender balance at this level.</p> <p>Integrate recognition for 'stepping-up' schemes with appraisals and mentoring</p> <p>Explore other possible mechanisms for recognition (e.g. departmental 'Good Citizen' award)</p>	<p>Maternity leave scheme awaiting female principal investigator (or other female with appropriate responsibilities) pregnancy</p> <p>Baseline data for more widespread scheme available in workload survey</p>	1) Lalitha lyadurai (AS)	<p>Maternity leave 'stepping-up' scheme to be initiated as soon as a suitable candidate is available</p> <p>Discuss more widespread scheme at Sep 2013 self-assessment meeting</p> <p>Aim to pilot widespread scheme from March 2014</p> <p>Assess success in first cohort: March 2015</p>	Nov 2012	<p>Successful maternity leave 'stepping-up' case study as soon as suitable pregnant principal investigator available.</p> <p>First cohort of junior staff members complete a year of 'stepping-up' in March 2015</p>
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5	Culture, Communications and Departmental Organization							
5.1	Improved transparency of departmental information	<p>Need for improved transparency identified by Staff Survey (Nov 2011)</p> <p>Departmental Away Day restructured to provide an overview of departmental strategic priorities for coming year</p> <p>Weekly HoD departmental briefing initiated Sep 2012</p> <p>Regular (6 monthly) Athena SWAN updates provided at Department Away-Day and Research Meetings</p> <p>Specific area of new departmental website dedicated to Athena SWAN process</p>	Continue to develop AS section of website in concert with on-going developments to wider website	<p>Department Away Day, HoD briefings and AS meetings initiated.</p> <p>Athena SWAN area of website under continuing development</p>	1) Klaus Ebmeier (AS)	<p>First Strategic Department Away Day held: Jan 2013, repeat annually</p> <p>First HoD briefly held Sep 2012, repeated weekly (during term time only)</p> <p>First Athena SWAN update held Jan 2013, next one scheduled for May 2013, to be repeated at 6 monthly intervals</p> <p>Athena SWAN section of website went live Feb 2013, under continued development (new website functionality due mid-2013)</p>	Sep 2012	Improvements in measures of transparency in Staff Survey to be repeated in Nov 2013
5.2	Clarification of the definition of PI	Clear description developed; disseminated by email and posted on website	Ensure all staff are aware of the definition	Description developed and disseminated	1) John Geddes (HoD)	Description developed: Jan 2013, disseminated Apr 2013	Jan 2013	Check staff are aware of this information using Staff Survey in Nov 2013

5.3	<p>Improve awareness of Equality and Diversity at</p> <ul style="list-style-type: none"> - Welcome and induction sessions for all new staff - PI meetings 	Need identified	Encourage Equality and Diversity training	Need identified	Departmental meetings	Promote E & D course training at PI meeting: July 2013	July 2013	80% PIs to take E & D course by July 2014
5.4	Achieve gender balance on departmental committees	Committee membership and commitments reviewed to Jan 2013	<p>Biennially review departmental committee membership and commitments via Workload survey (1.7)</p> <p>Co-opt qualified females from other departments/NHS where appropriate</p>	<p>Data collected to Jan 2012.</p> <p>Females under-represented, but gender ratios in line with senior staff members</p>	<p>1) Executive Cabinet</p> <p>2) Pam Taylor (AS)</p>	Aim for substantial increase in line with increase in female senior staff members by Dec 2015 (1.2)		Ensure number of female staff increases as number in senior and intermediate posts increases, by Dec 2015. Next review due Jan 2014
5.4	Publicize awards and prizes on web, staff meetings etc	<p>Successes (prizes, funding awards, promotions, etc.) celebrated via:</p> <ul style="list-style-type: none"> -Website rolling news function -Weekly HoD briefings -At regular PI meetings 	Assess news stories on female vs. male staff members in Sep 2013 (after one year of website update)	New website homepage launched with updated news function: Sep 2012	<p>1) Executive Cabinet</p> <p>2) Klaus Ebmeier (AS)</p>	<p>Website news function and HoD briefings launched Sep 2012</p> <p>Analyse website news archive for gender balance in Sep 2013</p>	Sep 2012	Gender balance in news stories at Sep 2013.

5.5	Timing of Departmental meetings etc.	Discontinuation of family unfriendly 5pm academic meeting	Ensure that meetings are accessible	5pm meeting abolished. All departmental meetings (except the Head of Department briefing) scheduled between 10am-4pm	1) Executive Cabinet 2) Catherina Harmer (AS)	5pm meeting abolished: Nov 2011	Nov 2011	Ensure that timings of departmental meetings remain convenient for staff members via Staff Survey (to be repeated Nov 2013)
5.6	Improve social aspect of Department e.g. summer garden party for families	Summer barbecue arranged by Thames in July 2012 Departmental Christmas Party held Dec 2012	Continue 6-monthly whole-department social occasions	Summer barbeque and Christmas party 2012 enjoyed and well-attended by staff and their families. Summer barbeque scheduled for June 2013	1) Lucy Curtin 2) Kate Saunders (AS)	Summer barbeque: June 2013 Christmas party: Dec 2013	July 2012	Ensure satisfaction with departmental social events via Staff Survey, due Nov 2013.
6	Career breaks/flexible working							
6.1	Maternity leave buddy scheme	Need identified via maternity leave survey Buddy scheme initiated July 2012	Assess success of scheme by surveying current cohort	Continue to recruit 'buddies' from the pool of maternity leave returners	1) Philly White (AS) 2) Mina Fazel (AS)	All pregnant staff offered 'buddy' from July 2012 Assess take-up and usefulness via maternity leave survey: Apr 2014	July 2012	'Buddy' scheme deemed useful in Apr 2014 maternity leave survey.

6.2	'Stepping-up' of junior staff members to cover workload of intermediate/senior staff during and after maternity leave	Funds identified to pay junior staff to 'step-up' into more senior responsibilities: Nov 2012	Awaiting suitable pregnant staff member to pilot scheme	Publicise scheme on departmental website: Apr 2013	1) Philly White (AS) 2) Liz Tunbridge (AS)	Scheme available from Nov 2012 Awaiting suitable candidate	Nov 2012	Successful maternity leave 'stepping-up' case study as soon as suitable candidate available.
6.3	Advertise parental leave, return to work and flexible working policies widely	Need identified AS section of website launched Feb 2012, under continuing development	Details added to website Apr 2013	Publicise website to staff via email Apr 2013	1) Pam Taylor (AS) 2) Liz Tunbridge (AS) 3) Klaus Ebmeier (AS)	Assess success of dissemination of information via Nov 2013 staff survey	Feb 2012	Greater awareness of departmental and University policies in Staff Survey to be repeated in Nov 2013
6.4	Develop informal guide for parents: 'Parents' Factsheet'	Need identified Example documents identified (e.g. Department of Zoology, University of Oxford)	Agree content Identify lead author Write factsheet Identify possible case-studies (as examples of possible ways to balance work and home life)	Need identified	1) Mina Fazel (AS) 2) Liz Tunbridge (AS)	Identify lead author: June 2013 Solicit case studies and write document: July-Nov 2013 Approve written document: Dec 2013 Publish on departmental website: Jan 2014	June 2013	Factsheet deemed useful in Maternity leave survey (Apr 2014) and Departmental Staff Survey (Nov 2015)

6.5	Possibly of 'opting in' to contact whilst on maternity leave	<p>Need identified via maternity leave survey</p> <p>Now possible to opt in to receive a letter from the department one month prior to returning to reassure returned that all necessary arrangements (e.g. payroll) have been made</p>	Monitor take-up and usefulness via maternity leave survey	Fully implemented	<p>1) Liz Tunbridge (AS)</p> <p>2) Philly White (AS)</p>	Monitor usefulness in 2014 maternity leave survey	Apr 2012	Option deemed useful in maternity leave survey due Apr 2014
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