Athena SWAN Silver department award application

Name of university: University College London

Department: Division of Surgery and Interventional Science

Date of application: November 2013

Date of university Bronze and/or Silver Athena SWAN award: May 2006, renewed 2009, 2012

Contact for application: Caroline Moore MD FRCS(Urol)

Email: caroline.moore@ucl.ac.uk

Telephone: 07817 431668

Departmental website address: http://www.ucl.ac.uk/surgicalscience

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

Not all institutions use the term ‘department’ and there are many equivalent academic groupings with different names, sizes and compositions. The definition of a ‘department’ for SWAN purposes can be found on the 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.
16th October 2013

Dear Ms Dickinson,

RE: Athena SWAN Silver application

Concerns had been raised that the Division of Surgery at UCL was failing, and an external review was convened in 2011 to assess whether it should be rebuilt or absorbed into other Divisions. I was appointed as Divisional Director when morale was at a low point. We were split over 4 distinct campuses (Bloomsbury, Royal Free, Stanmore and Whittington) with little sense of common purpose. Many senior staff were planning retirement and many high calibre early to mid-career researchers were looking for other opportunities as they saw no clear future and little opportunity for promotion. The challenge was indeed daunting.

For the Division to become a success it was clear that we needed to foster excellence wherever we found it, irrespective of where that resided. The Athena SWAN charter has acted as a blueprint in helping us formalise and prioritise these values within the new Division. Together with Caroline Moore, Clinical Academic Urologist (my first academic appointment) and Mark Cranmer Divisional Manager (my first administrative appointment) we used this to inform and execute the re-structure of the Division. Our successes and work in progress at realising this are summarised in this document.

The first thing we did was to create an executive structure that would give a voice, through formal representation and transparency, to the key constituents of the Division. Positions were advertised for representatives of each campus, each research theme (Tissue and Energy; Materials and Tissue; Nanotechnology), an education representative and an Athena SWAN lead.

We began a systematic attempt to change Divisional culture by encouraging an approach that clearly defined and valued merit, nurtured it carefully and tried to maximise the rewards that result from it. A series of focus groups and workshops gave us valuable insights to inform our modernisation plans. I have initiated a 3 monthly women’s forum, which I chair with Caroline Moore, where problems and solutions are discussed. The staff survey has allowed a wider view
on where we could do better: appraisal; mentoring/coaching; promotion; women in science. These are being addressed at individual, group and Divisional level.

One of the longstanding failures of many surgical Divisions - including ours - has been the absence of women role models in senior academic positions. Following changes to our appraisal and promotions procedures we received four applications from women for the next round of senior promotions to Reader or Professor. We also attracted ten high quality mid-career academics during the last year, six of whom were women 4 of whom were happy to re-locate from far away (one from Boston), in that they all felt they could thrive better in the environment that we have managed to create.

Enabling women to fully contribute to creating and sustaining an environment where research and teaching excellence are fostered and celebrated will be an integral element to our success. Whilst we recognise that there is more to be done, we see this as an exciting journey.

Yours sincerely

Mark Emberton MD FRCS Urol
Professor of Interventional Oncology
Director of Division of Surgery and Interventional Science, UCL
Honorary Consultant Urological Surgeon UCLH NHS Foundation Trust

495 words
**List of abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoS</td>
<td>Division of Surgical &amp; Interventional Sciences</td>
</tr>
<tr>
<td>HESA</td>
<td>Higher Education Statistics Agency</td>
</tr>
<tr>
<td>iBSc</td>
<td>Intercalated BSc, undertaken by medical students between the pre-clinical and clinical years</td>
</tr>
<tr>
<td>MBBS</td>
<td>Undergraduate medical degree (Bachelor of Medicine, Bachelor of Surgery)</td>
</tr>
<tr>
<td>PA</td>
<td>Performing Arts (MSc course)</td>
</tr>
<tr>
<td>PGR</td>
<td>Postgraduate research</td>
</tr>
<tr>
<td>PGT</td>
<td>Postgraduate taught</td>
</tr>
<tr>
<td>SAT</td>
<td>Self assessment team</td>
</tr>
<tr>
<td>UCH</td>
<td>University College Hospital (part of UCLH)</td>
</tr>
<tr>
<td>UCL</td>
<td>University College London</td>
</tr>
<tr>
<td>UCLH</td>
<td>University College London Hospital Trust</td>
</tr>
<tr>
<td>UCLP</td>
<td>University College London Partners, an Academic Science Health Partnership</td>
</tr>
<tr>
<td>UG</td>
<td>Undergraduate</td>
</tr>
<tr>
<td>WINS</td>
<td>Women in Surgery initiative at the Royal College of Surgeons of England</td>
</tr>
</tbody>
</table>
### UCL Athena SWAN grades

<table>
<thead>
<tr>
<th>UCL Athena SWAN Grade</th>
<th>UCL Clinical titles</th>
<th>UCL non-clinical titles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Professor</td>
<td>Professor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professorial Research Assistant</td>
</tr>
<tr>
<td>2</td>
<td>Reader</td>
<td>Reader</td>
</tr>
<tr>
<td>3</td>
<td>Senior Lecturer</td>
<td>Clinical Senior Lecturer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Academic Consultant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Senior Research Associate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Senior Teaching Fellow</td>
</tr>
<tr>
<td>4</td>
<td>Lecturer</td>
<td>Clinical Teaching Fellow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Training Fellow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Senior Research Associate</td>
</tr>
<tr>
<td>5</td>
<td>Researcher</td>
<td>Clinical Research Associate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Research Fellow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Research Nurse</td>
</tr>
<tr>
<td>6</td>
<td>Research Assistant</td>
<td>Research assistant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Research assistant</td>
</tr>
</tbody>
</table>
2. **The self-assessment process: maximum 1000 words**

The self-assessment process: maximum 1000 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

The new Director established the self assessment team (SAT) in August 2012 to work towards a Divisional Silver application in November 2013. Caroline Moore was appointed lead in October 2012.

The SAT members include clinical and non clinical scientists, from PhD student to Divisional Director, and administrative staff, with 5 women and 5 men.

The SAT benefits from members' first-hand experiences of various caring responsibilities and flexible working arrangements. SAT members have a variety of ages (20s to 50s), experiences of balancing caring responsibilities with study and work and returning to work after parental leave. Both black and minority ethnic (BME) and LGBT personnel are represented.

The SAT comprises:

- Melissa Bovis, Research Assistant & PhD student. Melissa uses flexible and remote working to balance her two roles. She brings the PhD student perspective to the committee and is supported in organising the PhD/post doctoral career workshops.

- Chris Brew-Graves, Deputy Director of Clinical Trials Group. Chris’s husband lives in Ghana so she has day to day responsibility for childcare, and is undertaking a part-time PhD in Health Economics. Flexible working allows her to work intense periods up to grant applications, with reduced hours to accommodate study and family commitments at other times. She chairs the parent & teacher association of her daughter’s school.

- Mark Cranmer, Divisional Manager. Mark makes use of remote working to help with work life balance. Responsible for oversight of the implementation of the administrative tasks of the SAT and ensuring gender balance at the Academic Surgical meeting.

- Mark Emberton, Professor of Surgical & Interventional Sciences, Divisional Director. Mark has two daughters and understands the challenges of an academic clinical life requiring balance with family commitments. He also has responsibility for an elderly family member with mental health needs. He has taken responsibility for medical student engagement and meets regularly with a group of students interested in surgical careers as well as a separate focus group of women in the department.
• Daniel Henniker, Divisional Staffing Administrator. Whilst studying part-time for a HR qualification, Daniel cares for his stepson and uses flexible working to facilitate this. He is responsible for ensuring that the new appraisal and promotions processes are adhered to and recorded, and for oversight of the induction process at each campus.

• Jemma Kerns, Post-doctoral Research Associate. Her family home is in Manchester and so she commutes regularly to the Stanmore campus. The Division has supported her in home working to maintain a good work/life balance. She brings the post-doctoral perspective to the group.

• Sandeep Kutty, Executive Assistant to Divisional Director. Administrative lead for Athena SWAN. Sandy has negotiated a later working day to minimise his time commuting and maintain his good work life balance. He has worked on student and staff data presentation for this application.

• Marilena Loizidou, Non-clinical Senior Lecturer, Head of Royal Free campus. Marilena is very actively involved in the iBSc, MSc & PhD student programmes and has taken responsibility for the student section of the application and engaging students in Athena SWAN actions. She leads a Health Education programme to the Greek community in London. Through discussion with the Divisional Director she negotiated a more flexible working pattern to enable a better work life balance, which is further enabled by the appointment of a campus administrator to support her role as campus lead. Marilena recently experienced a family medical emergency and says that she felt very well supported by the response of the Division in this difficult time.

• Caroline Moore, Consultant Clinical Academic Urologist, Athena SWAN lead. Caroline balances clinical and academic duties with family responsibilities for her 4 children. She feeds a clinical academic perspective into the SAT, including information from Women in Surgery (WINS) events at the Royal College of Surgeons. Caroline had led the writing of this application, and the design and analysis of the staff survey.

• Dr Cecil Thompson, Non clinical Scientist, Principal Research Associate. Cecil manages a good work-life balance between his UCL commitments, including a number of equality and diversity projects (for example co-chairing the UCL Race Equality Group) and his family, with 4 children.

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

The full SAT meets twice a term, with smaller groups meeting in between to address specific actions.

The chair and other members attended a number of seminars and workshops relevant to this application including ‘Going for Silver’ held by Athena SWAN in December 2012, a UCL School of Life & Medical Science Athena SWAN workshop, and two workshops for UCL Divisions preparing Silver applications. This has enabled the SAT to get ideas and gain from the experience of other clinical academic departments who face similar challenges.
Online copies of materials from these events were disseminated to other SAT members through a shared online folder. Additional advice was sought from Harriet Jones, Policy Advisor for Athena SWAN within UCL’s Equality and Diversity Team.

A staff survey in January 2013 had a 72% response rate (51% female, 45% male, 4% skipped the question). Two thirds of respondents were academic staff and one third administrative or support staff.

A 3 monthly women’s forum, chaired by the Divisional Director and Athena SWAN lead, was set up to get a more detailed perspective from academic women. The Forum regularly has 15-20 staff attentants from a range of academic positions, of 36 invited. It allows prompt assessment of particular difficulties for women in the Division and sharing of examples of good practice, as well as fostering a peer support network.

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

The SAT will continue to meet twice a term, to monitor implementation and refine our ambitious action plan. We will monitor the impact of the action plan via the women’s forum, an annual Divisional survey and ongoing data collection.

Athena SWAN champions for each of the 3 main campuses will be recruited to the SAT in 2014, to ensure good communication at each of the campuses [Action 4.4].

With the presence of the Divisional Director and the Athena SWAN lead on the women’s forum, the SAT, and the Executive Committee feedback resolutions are taken directly to the Division’s Executive Committee who oversee change to Divisional processes.

975 words
3. **A picture of the department: maximum 2000 words**

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

The UCL Division of Surgery and Interventional Science is located across four London campuses (Bloomsbury, Royal Free, Stanmore and Whittington), bringing together three major research themes: Tissue and Energy; Materials and Tissue and Nanotechnology. Within these themes are over 30 world class research centres specialising in sports medicine, tissue repair, regenerative medicine, oncology, biomedical engineering and laser medicine. The Division offers teaching and training in a wide range of subjects with intercalated BSc options for UCL medical students and post graduate taught and research programmes for both clinicians and non-clinicians.

The Division integrates basic, translational and clinical research through academic and clinical collaborations both within and outside of UCL with NHS partners within UCL Partners (UCLP), the Department of Health, the Northwick Park Institute for Medical Research and the Royal Veterinary College. Cross-faculty research within UCL is vital to the mission of the Division.

As of November 2013, the Division comprises 66 women (37 academic) and 71 men (52 academic), representing a wide range of nationalities. The siting of the Division over 4 campuses is a challenge, and has required specific negotiations with staff groups as the Division has sought to become more co-ordinated.

<table>
<thead>
<tr>
<th>Campus</th>
<th>Total number of staff</th>
<th>Total number of academic/research staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloomsbury</td>
<td>53</td>
<td>33</td>
</tr>
<tr>
<td>Royal Free</td>
<td>35</td>
<td>28</td>
</tr>
<tr>
<td>Stanmore</td>
<td>46</td>
<td>26</td>
</tr>
<tr>
<td>Whittington</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>137</strong></td>
<td><strong>89</strong></td>
</tr>
</tbody>
</table>

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.

Not applicable.

(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.

The Division runs two intercalated BSc courses for UCL medical students between the pre-clinical and clinical years of the medical degree (MBBS). There is no part time option.

**UG (iBSc) breakdown by subject**

![Bar chart showing gender distribution in iBSc Orthopaedic Science and iBSc Surgical Sciences courses from 2010/11 to 2012/13.](image)

In response to the low proportion of women students, the 2012 Medical Student iBSc Fair included male and female current students to promote the courses. We believed peer-discussion would help address any perceived prejudices ("elite" courses, traditional "male" specialties). This interaction was successful in promoting a shift in the gender balance from 32% women in 2011/2, to 48% in 2012/3, mirroring the gender balanced MBBS course. This approach to the iBSc Fair will be implemented and we will continue to monitor its impact [Action 5.5].
There is no national data available for iBSc courses so the data for pre-clinical medicine are shown above (HESA). We recognize the female majority of medical school is not carried into the traditionally male surgical careers. We are actively addressing this at school and medical school level as described in section 4a (iii).
(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.

![PGT students graph](image)

The Division has a broad and vibrant range of postgraduate taught (PGT) programmes including MSc, Postgraduate Diploma and Postgraduate Certificate courses. Some are open to clinicians only, with others open to both clinicians and non-clinicians.

<table>
<thead>
<tr>
<th>Subject area</th>
<th>Intake</th>
<th>Course level (* = new since 2010/2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urology</td>
<td>Clinical only</td>
<td>MSc</td>
</tr>
<tr>
<td>Surgical Sciences</td>
<td>Clinical only</td>
<td>*MSc</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedic Surgery</td>
<td>Clinical only</td>
<td>MSc</td>
</tr>
<tr>
<td>Burns, Plastic &amp; Reconstructive Surgery</td>
<td>Clinical &amp; non-clinical</td>
<td>*MSc</td>
</tr>
<tr>
<td>Nanotechnology &amp; Regenerative Medicine</td>
<td>Clinical &amp; non-clinical</td>
<td>MSc</td>
</tr>
<tr>
<td>Evidence based Healthcare</td>
<td>Clinical &amp; non-clinical</td>
<td>MSc &amp; *PG Certificate</td>
</tr>
<tr>
<td>Performing Arts Medicine</td>
<td>Clinical &amp; non-clinical</td>
<td>*MSc</td>
</tr>
<tr>
<td><strong>Orthopaedic focused subjects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sports Medicine, Exercise &amp; Health</td>
<td>Clinical &amp; non-clinical</td>
<td>MSc &amp; *PG Diploma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*MSc by Distance Learning</td>
</tr>
<tr>
<td>Musculoskeletal Science</td>
<td></td>
<td>MSc</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MSc by Distance Learning</td>
</tr>
</tbody>
</table>
In 2010/11, the Division offered seven courses, with women making up one third of the students (45/124). There was a clear intention to widen access to the post graduate taught programme, by offering alternatives to the traditional MSc. Six new courses have been added, including postgraduate certificates and distance learning MScs. This action has increased the overall numbers undertaking courses from 124 to 167 from 2010/11 to 2012/3, with the new courses showing 2241 (54%) female uptake.

We present our data according to the entry requirements (clinicians only or mixed intake) as the pool of eligible applicants for each differs in gender balance.
Overall student numbers (and proportion of women students) on clinician only PGT courses has increased from 30 (10% women) in 2010/11 to 47 (23% women) in 2012/13. Whilst we are pleased that the proportion of women is significantly greater than the proportion of female consultant surgeons in the UK (9%, Royal College of Surgeons data) we will continue to monitor this situation [Action 6.1], and strive to attract women by including female and male images and positive statements from women staff and students in course promotional material [Action 5.6].
The urology and orthopaedic courses have the lowest proportions of women, reflecting their low numbers of women in clinical practice, as can be seen from the specialty breakdown from Royal College of Surgeons data below. We hope that the recent appointments of a female clinical academic consultant in each of these specialties will help to increase female uptake amongst students over time.

### Total number of consultant surgeons in England, Wales and Northern Ireland by surgical specialty
(Source: Royal College of Surgeons Surgical Workforce 2011 report)

<table>
<thead>
<tr>
<th>Speciality</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiothoracic</td>
<td>12</td>
<td></td>
<td></td>
<td>289</td>
</tr>
<tr>
<td>Trauma and Orthopaedic</td>
<td>96</td>
<td></td>
<td></td>
<td>2190</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>14</td>
<td></td>
<td></td>
<td>251</td>
</tr>
<tr>
<td>Urology</td>
<td>51</td>
<td></td>
<td></td>
<td>748</td>
</tr>
<tr>
<td>Oral and Maxillofacial</td>
<td>38</td>
<td></td>
<td></td>
<td>338</td>
</tr>
<tr>
<td>Otorhinolaryngology</td>
<td>72</td>
<td></td>
<td></td>
<td>586</td>
</tr>
<tr>
<td>General</td>
<td>252</td>
<td></td>
<td></td>
<td>2021</td>
</tr>
<tr>
<td>Plastic</td>
<td>72</td>
<td></td>
<td></td>
<td>309</td>
</tr>
<tr>
<td>Paediatric</td>
<td>34</td>
<td></td>
<td></td>
<td>124</td>
</tr>
<tr>
<td>Total</td>
<td>641</td>
<td></td>
<td></td>
<td>6856</td>
</tr>
</tbody>
</table>

### Mixed intake PGT courses
(clinicians and non-clinicians)

<table>
<thead>
<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>42</td>
<td>52</td>
</tr>
<tr>
<td>2011/12</td>
<td>42</td>
<td>93</td>
</tr>
<tr>
<td>2012/13</td>
<td>40</td>
<td>80</td>
</tr>
</tbody>
</table>
The total numbers on the mixed intake courses has increased from 94 in 2010/11 to 120 in 2012/3. Whilst the absolute numbers of women have been roughly stable, the numbers of men have risen significantly.

**PGT open to clinicians and non-clinicians by subject area 2010/11 - 2012/13**

When the data is analysed by subject grouping, it can be seen that the orthopaedic courses are the most popular overall. There are 32% women on the orthopaedic courses across the 3 years, compared to 42% women across all of the other courses. The imbalance on these most popular courses drives the overall gender imbalance across the PGT courses.

We have had open days twice a year since 2012, with women students and staff given high visibility. This has been a good way to showcase our work and encourage interested women to apply for the courses. Re-structure of teaching administration staff to optimize support for courses, including earlier and wider advertisement of the courses has occurred this year, to address imbalances between levels of support at the different Divisional campuses. We plan to monitor gender balance at the open days, as well as for applications and acceptances, and discuss annually at Teaching Committee in order to see where we could further increase uptake amongst women [Action 6.1].

We aim to advertise the clinical courses more widely in the clinical community by liaison with the clinical training committees at both core training (3 years post qualification) and higher training levels (within 5 years of completion of training) [Action 5.7].
Most of the Divisional Courses are offered as full or part-time/flexible options, with the majority of courses taken part time to allow clinical students to intercalate with clinical training.
(iv) **Postgraduate male and female numbers on research degrees** – full and part-time – comment on the female: male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

The postgraduate research (PGR) students reflect a mix of clinicians, biological and engineering based scientists. The proportion of women undertaking PGR degrees was 37% in 2010/11, 21% in 2011/12 and 43% in 2012/3.

**PGR students by degree type**

<table>
<thead>
<tr>
<th>Year</th>
<th>PhD</th>
<th>MD(Res) Clinical Research</th>
<th>Doc. Orth Trauma and Orthopaedics</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>2011/12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010/11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PGR students**

- 2010/11: 37% Female, 25 Male
- 2011/12: 45% Female, 21 Male
- 2012/13: 43% Female, 27 Male
- National Average (2011/2012 Clinical medicine): 43% Female, 3965 Male

Female  | Male
---|---
0% | 50%
10% | 60%
20% | 70%
30% | 80%
40% | 90%
50% | 100%

<table>
<thead>
<tr>
<th>Year</th>
<th>PhD</th>
<th>MD(Res) Clinical Research</th>
<th>Doc. Orth Trauma and Orthopaedics</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>2011/12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010/11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When this is further analysed by clinical: non clinical data, gender balance is evident at PhD level (open to clinicians and non clinicians) whilst those degrees open only to clinicians (MD Clinical Research & Doctorate in Orthopaedics & Trauma) have a much lower proportion of women (20%). This figure is still significantly higher than the proportion of women in consultant surgical practice (9%, Royal College of Surgeons data).

Taking a PG research degree on a part time basis is a popular option, particularly with clinicians who can then maintain some clinical duties. The higher proportion of male part time students reflects the higher proportion of male clinical students.

<table>
<thead>
<tr>
<th></th>
<th>Full time</th>
<th>Part time</th>
<th>Full time</th>
<th>Part time</th>
<th>Full time</th>
<th>Part time</th>
<th>Full time</th>
<th>Part time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>8</td>
<td>29</td>
<td>14</td>
<td>6</td>
<td>18</td>
<td>25</td>
<td>1940</td>
<td>1230</td>
</tr>
<tr>
<td>2011/12</td>
<td></td>
<td></td>
<td>31</td>
<td>16</td>
<td>2715</td>
<td>1250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012/13</td>
<td></td>
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<tr>
<td>National Average 2011/2012 (Clinical medicine)</td>
<td></td>
<td></td>
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</tbody>
</table>

(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.

**Undergraduate students:**

Applications for iBSc are made by medical school allocation based on students selecting a first and second choice. 90% of students get their 1<sup>st</sup> choice, with 11% of women and 6% of men getting their 2<sup>nd</sup> choice. The disparity seems to be largely due to the oversubscription of paediatric courses by women.
Postgraduate Taught students:

We were glad to see that the proportion of women being offered places and accepting them is comparable to the proportion applying and we believe that this is helped by the fact that the majority of course tutors, who offer places to students, have undertaken equality and diversity training. Updated training for all course tutors is part of our action plan [Action 5.6].

Postgraduate research students:

We were pleased to see that the proportion of women being offered places and accepting them is comparable to the proportion applying and we believe that this is helped by the fact that the majority of course tutors, who offer places to students, have undertaken equality and diversity training. Updated training for all course tutors is part of our action plan [Action 5.6].
The ratio of offers and admissions to applications is around 50% success from application to offer, with gender balance similar (around one third women) at application, offer and admission stages.

(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 attainment of UG students (iBSc) compared to national average**

We believe that the reduction of students receiving 1:1 is due to a change in the selection of iBsc students. In 2009/10 students were selected by course tutors, based on their academic record and personal statements. In 2011/12 students were allocated by the medical school. Women have a slight tendency to get higher scores than men, mirroring national data at medical student level.

When looking at postgraduate achievement data we became aware that completion of PGT courses was recorded as the percentage of enrolled students who completing each year. As the courses can be done part time over 2-5 years, it was difficult to get a sense of whether any students were failing, or simply opting for part time completion.

After discussion with course tutors we have decided to collect data on the numbers of men and women failing to complete the courses each year, as well as grades (pass, merit, and firsts) [Action 6.2].
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.

**Academic staff in the Division of Surgery**

**2013**

About half (47%) of non clinical staff are female but less than one third (30%) of clinical academic staff are female, although this is much higher than the 9% of consultant surgeons who are women [Royal College of Surgeons data]. Most strikingly there are no women at Reader or Professor level for clinical or non-clinical staff.

**Academic staff in the Division of Surgery**

**2010-2013**
Non clinical staff data show that women are in the majority at researcher level, with current gender balance at Lecturer, then attrition at Senior Lecturer with no female staff at Reader or Professor.
Clinical staff

For clinical staff, the appointment of 3 women at Senior Lecturer level in 2013 has doubled the proportion of women at this level from 15% to 33% but there are still no women above this level.

We recognise the significant lack of women in senior positions as a serious and significant issue for the Division which we are addressing by gender balanced appointments at lecturer and senior level in 2013 and specific support for women in the Division (see section 4aii & 4bii).
This support has resulted in four women considering promotion in the 2013/4 round with 1 being supported by the Executive Committee to apply for Professor, and three being given very specific advice and a ‘promotion buddy’ to support re-application next year [Actions 2.1- 2.3].

Whilst these actions have not yet resulted in any women at Reader or Professor level, we now have much greater potential for future appointments from within the Division.

(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.

![Turnover 2010-2013](chart)

Over the last 4 years, 3 male Professors retired (1 in 2011, 2 in 2012) and one took up full time NHS practice (2012). At senior lecturer level, all 3 staff leaving in 2011 went to full time NHS posts.

One male lecturer left in 2013 to a post in UCL Medicine. In 2011, the female lecturer who left was a clinical research nurse who went into full time NHS practice whilst the male lecturer took up a prestigious research fellowship at another institution.

At researcher level we have relatively high turnover for a Division of our size. This is in large part due to the fact that clinical staff take up researcher level posts whilst working towards higher degrees and then leave to complete clinical training on a full time basis.

One research assistant left to go to another UCL Institute and has now returned at a higher grade to the Division of Surgery, whilst the other emigrated for personal reasons.

The Athena SWAN award application process has helped us to realise that our data collection for reasons for leaving is poor. The Divisional Staffing Administrator (appointed in 2013) will now complete a phone or personal interview with all leavers to explore the
reasons and any reflections that they may have about how the Division could be improved. This will be assessed by the SAT on an annual basis and trends and action points discussed at Executive Committee [Action 6.5].

1975 words
4. **Supporting and advancing women’s careers: maximum 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.

### Job application and success in Division of Surgery

<table>
<thead>
<tr>
<th>Year</th>
<th>Applicants</th>
<th>Interview</th>
<th>Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>62</td>
<td>39</td>
<td>11</td>
</tr>
<tr>
<td>2012</td>
<td>30</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2013</td>
<td>12</td>
<td>12</td>
<td>11</td>
</tr>
</tbody>
</table>

In 2012 (the first year for the new Director) there were only 5 appointments, including the Director. Twenty-six new academic staff were appointed in 2013, of whom 15 are female.
There was a decision to concentrate new appointments at lecturer and senior lecturer level (rather than Reader or Professor) in order to foster the development of talent within the Division. One additional cross faculty (Surgery & Engineering) Reader position was advertised and offered to a woman who declined due to difficulty in transferring her existing grants.

We will continue to monitor gender balance having improved our data collection [Action 6.3].
(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.

**Promotions 2010-2013**

Male promotions have outnumbered female promotions (5:3) over the past 4 years with male promotions at lecturer and above, and female promotions at lecturer level and below.

The UCL annual application and promotion process prior to the appointment of the new Divisional Director was poorly understood and recorded. Applicants could apply directly to the university or ask for the support of the Division by informal discussion with the Divisional director. We recognised that this process can favour men, who anecdotally are more likely to see themselves as suitable for promotion at an earlier stage than women, although this is not always the case.

A new Divisional promotion procedure was introduced to address this [Action 2.1]. The Divisional Director sent an email to all eligible academic staff to invite anyone considering promotion to send a CV and one page proposal for consideration by the Executive Committee.

In addition, all eligible academic women were contacted individually, initially by email, with a phone call follow up if they did not respond, to encourage them to apply and record any reasons for a decision not to apply [Action 2.2].
4 women and 4 men put forward proposals to the Executive Committee for the 2013/4 round and all were given detailed feedback and advice. Of these, one female Senior Lecturer has been advised to apply for Professor rather than Reader (at UCL, it is possible to be promoted from senior lecturer to professor – bypassing the Reader position) and the other 3 women have had interviews with the Divisional Director to advise them on areas that they need to build on for application next year. Of the 4 men who applied, 2 are being supported for promotion this year, and 2 have been advised to apply next year. In addition, each applicant has been paired with a promotion buddy, who has recently been successful in the promotions process to help them with their application over the next year [Action 2.3].

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.

In the most recent round of recruitment for scientists at Lecturer and Senior Lecturer level, potential applicants were encouraged to visit the department, with names of both male and female academics given as contacts. This will be Divisional policy for future academic advertisements, along with a positive action statement encouraging women and under-represented groups to apply, which is currently UCL policy for senior positions only (http://www.ucl.ac.uk/hr/docs/recruit_positive.php) [Action 2.5].

The Divisional Staffing Administrator is responsible for ensuring that the Division complies with UCL equal opportunities policies, which includes having at least 25% women on all recruitment panels, and for all members of recruitment panels to have completed the fair recruitment training (which includes information on the Equality Act 2010). The Divisional Staffing Administrator will record the training of those put forward for recruitment panels, and will invite any staff who do not have up to date training to complete this prior to participation in the recruitment process [Action 2.4]. Unconscious bias training workshops will be offered to all academic staff, with a target of >70% uptake by those involved in recruitment by 2015.
In order to reduce the burden of interview panels for the relatively small number of female academic staff, we invite female interview panel members from outside the Division and ask female NHS departmental managers to join the joint NHS/academic appointments panels. In the future we plan to ask female post docs to join interview panels, which will also help them to get a clear sense of the requirements for appointment to more senior academic positions [Action 8.3].

The Divisional website is currently being revised, and will include regular staff and student profiles, with at least 45% of either gender at any time point. There will be a Women in Surgery page, detailing our Athena SWAN initiatives, including the women’s forum, with links to sources such as the Royal College of Surgeons Women in Surgery page (http://surgicalcareers.rcseng.ac.uk/wins) [Action 4.2].

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

The first key stage of attrition is between Postdoctoral researcher and Lecturer, with a second transition point from Senior Lecturer to Reader/Professor.

We plan to address this in a number of ways:

1. Networking
   
a. Academic women’s forum [Action 3.1]

The Divisional Director and Athena SWAN lead co-chair these termly meetings to which all female academic staff and postgraduate students are invited. The forum gives an opportunity to share advice and experience of good and poor practice. It acts as a peer
support & networking space, which is given weight by the active participation of the Divisional Director, who is then able, with the support of the Executive Committee to make changes according to the issues raised. To date this has focussed on changes to the appraisal and promotions processes [Actions 1.1-1.3, 2.1-2.3], as well as initiating a mentoring scheme [Action 8.1]. The presence of both clinicians and scientists from PhD to Senior Lecturer is helpful in peer support and this has helped inform the changes in the Divisional appraisal policy.

The forum has recently decided to initiate and lead a weekly journal club, across the 3 main campuses, on a Thursday morning. The journal club leads will organise the club for a 12 month period, before this role is passed on to someone else [Action 7.3]. This will give an opportunity for women in the Division to be seen in positive leadership roles, contributing to the academic rigour of the Division.

b. Lecturer network

A termly lecturer & senior lecturer forum set up by one of the newly appointed lecturers to allow scientific discussion and peer support [Action 7.2]

c. Divisional Academic Surgical meeting

The Divisional Academic Surgical meeting, established in October 2012 by the new Divisional Director is held at each of the campuses in turn. It is a space to discuss the academic activity of the Division, as well as being a useful place for networking and giving visibility to successful women in the Division and outside. It is open to all Divisional academic staff and students, including clinical staff with honorary contracts. The structure includes an external speaker, an internal senior speaker from the campus and a PhD student. One of the invited speakers this year was a female surgeon from the Medical Women’s Federation, who spoke about the importance of the contribution of women to surgical life. We have also had female internal speakers including the head of the surgical clinical trials unit and scientists from within the Division. The gender balance of speakers for the year overall is 1:3, which is greater than the proportion of senior academic women as a whole. However, the Executive committee has a commitment to increase this to achieve gender balance over the next 3 years, with 40% of senior speakers from either gender and 50:50 gender balance in doctoral researchers presenting [Action 7.1]. This will promote the achievements of female scientists and provide female role models for our junior female staff/students.

2. Mentoring [Actions 8.1]

The focus group identified a desire for mentoring in women in the Division. A workshop was set up for women in August 2013 but there were low numbers signed up and the external speaker postponed it. A coaching and mentoring session was then held at the Away Day in October 2013. This was delivered by an external speaker (female) from the London Deanery & Shared Services and had an audience of 150 – a much wider audience than an individual workshop. This has since led to requests for mentor training from men and women in the Division and for access to a mentor. The Divisional Director commented during the Away Day that he is a mentor for one of the new Lecturers and this was helpful in promoting coaching and mentoring as an academic tool of use to many. We are encouraging those interested in the Division to sign up via UCL’s new online mentoring system, uMentor, which includes a web based learning package for both mentors and mentees [http://www.ucl.ac.uk/hr/osd/coaching/mentoring.php]. Uptake of this will be monitored via the staff survey [Action 3.2].
3. Bridge funding

Bridge funding to support women in the Division to work towards independent external funding has been used to good effect at both researcher and senior lecturer level. Bridge funding for a clinical academic consultant was accessed from the Wellcome Trust & UCLH Trustees [see case report 1] and from Divisional sources to enable a female post doctoral researcher to be supported between grants and to support a female researcher whilst awaiting the start of external funding.

4. Redeployment register

As part of UCL processes, there is a formal review 3 months prior to the end of permanent funding limited contracts. This allows the postholder to formally assess with their supervisor whether additional funding will be available or whether they need to seek work outside of the Division. There is a UCL matching scheme for people who are due to finish their contract, with candidates making it known that they are available for work by signing up to UCL redeployment register. Recruiting managers must invite suitable candidates on the redeployment register to a placement interview.

5. Post doctoral careers workshop [Action 8.2]

A workshop to address career progression from post doctoral researcher to lecturer is planned for 2014, with further workshops on an annual basis. The workshop will address the different approaches of applying for lecturer positions externally, applying for external funding for internal lecturer positions, and applying for promotion to lecturer within UCL. The workshop will be open to men and women but women will be particularly encouraged to apply by personal invitation from the Athena SWAN champion at each campus.

6. Promotion buddy for senior promotion applications (Senior Lecturer, Reader, Professor) [Action 2.3].

It was recognised that specific support in developing an application for promotion, from someone who had recently been successful in this endeavour, would be helpful. Promotion buddies have been appointed to those women who were not successful in their request for support in the promotion procedure this year and this practice will be continued for all those who identify themselves as planning to put forward an application 6 months before the UCL deadline.

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 the women’s forum identified a number of issues in this area:

1. Appraisal

Only two thirds said that they have had a helpful annual appraisal in the staff survey. The women’s forum allowed us to explore this more fully, with frequent comments that there was no sense of the appraisal being an important event for assessing achievements in the past year or target setting for the year ahead, with no formal discussion of promotion on a regular basis.

We have instituted annual appraisal for all Divisional academic posts from post doctoral researcher to professor, which exceeds the UCL requirement for appraisal every 2 years.

Further plans include:

a) Bespoke appraiser training with particular emphasis on staff development, promotion criteria and flexible working arrangements. This will initially be run as a group workshop with an online training module being developed in the next 3 years. [Action 1.3].

b) Offering pre-appraisal support to the academic women in the Division, from either campus or theme lead, the Athena SWAN lead or the Divisional Director [Action 1.2]. 6 women have taken up this offer since April 2013.

c) A Divisional policy of the right to request the presence of a 2\textsuperscript{nd} appraiser [Action 1.1]. Women are encouraged to invite the Divisional Director as 2\textsuperscript{nd} appraiser, and 4 women have done this since April 2013. One woman was prompted by the forum to ask for a repeat appraisal with the Divisional Director. This resulted in an application for promotion to Professor, supported by the Executive Committee.

d) Appraisal feedback form to allow assessment of appraisal process

2. Promotion process and criteria

The staff survey, with a response rate of 89/135 (66\%) showed that two thirds of staff responding felt that they were encouraged to seek promotion and take up opportunities irrespective of gender. Just under half of respondents felt that they understood the promotion process and criteria, which reduced to one third for female academic staff. This had also been identified as problematic in the women’s forum. A 2 hour promotion seminar for all staff was held at the Away Day in October 2013, attended by 150 people.

The seminar panel comprised the Dean from another faculty talking about his experience of sitting on the UCL promotions committee, a recently promoted lecturer (female) and a HR consultant. The talks and questions received very positive feedback in the end of day evaluation. The Dean emphasised that responsibilities across teaching, research, administration and pastoral work were considered in applications for promotion but that teaching, in particular was seen as a core activity, particularly in the development and publication of innovative teaching methods. This helped to address the perception identified in the women’s forum that teaching and student mentoring was less valued than research output. It was also stated by the Dean that responsibilities outside work are taken into account when considering promotion eg. the impact of caring responsibilities on
the ability to travel to conferences. It was also stated that this was expected to impact on the volume of work, but not on the quality of work.

The new Divisional promotions application process (section 4aii), was discussed at the seminar. We are delighted that equal numbers of men and women put themselves forward for promotion in this round, with 1 woman supported for promotion to Professor and 3 allocated a promotion buddy to help them to prepare for next years promotion round.

(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?

The induction process was felt to be very variable in the past. The arrival of 19 new lecturer and senior lecturers in a very short time in August – October 2013 allowed a structured Division wide induction. This took the form of visits to each of the campuses where a morning was spent introducing the new staff to the work done at that campus, with lectures and a tour and then a networking lunch. This was done in order to accelerate the forming of collaborative relationships with these new staff and amongst established staff, to maximise their impact on the Division.

An introduction to the Executive Committee was organised as a separate event, to further increase the networking opportunities. The new academic women were invited to the women’s forum both individually and as a group.

In the future, new academic appointees will be formally introduced to the Executive committee and the Division at the Academic Surgical Meeting. The induction process will include discussion of the UCL equality handbook, and the Divisional Staffing Administrator will ensure that the mandatory UCL training in equality and diversity for all staff has been completed within 6 weeks of starting a post [Actions 9.1, 4.6].

(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.

As an academic surgical Division we aim to engage with medical students, and both clinical and non-clinical postgraduate students:

**Medical student initiatives**

1. Female medical student focus group (held by Professor Mark Emberton and Mrs Caroline Moore).

This gave insight into student views on careers in surgery, particularly for women. We were saddened to hear that a small number of female surgeons had suggested to students that having children was not compatible with a career in surgery for women. As a mother of 4, Caroline was able to challenge that view, however, it is crucial that this is
done more widely with far greater visibility of male and female surgeons who have a positive balance of family and work life.

In response to this we plan to undertake two specific activities:

   a. Gender balance at Battle of the surgeons

This annual debating event asks 4 surgeons from different specialties to defend their surgical specialty as ‘the best’. Students vote for the winner at the end of the evening, with the aim of showcasing the breadth and diversity of surgical careers. To encourage more women into clinical surgery, we plan to have a 50:50 gender balance for Battle speakers, and ask participants to describe how they came to a career in surgery, showing the variety of career paths that are possible. [Action plan 5.3].

   b. Acamedics

This medical student initiative matches medical students wishing to undertake short term research projects with supervisors throughout UCL. The Division will offer surgical and basic science projects. We will promote surgical and academic careers to female students by ensuring that women academics are involved in the projects and by asking women to promote the projects at student lectures [Action plan 5.4].

**Postgraduate student initiatives**

1. Eleanor Davies-Colley prize [Action 5.8]

At the Divisional Away Day the new Eleanor Davies-Colley prize was awarded to the best PhD student presentation, chosen by the Dean of the School of Life & Medical Sciences using the criteria of clinical relevance and quality of presentation. 3 women and 2 men presented this year, and a woman was awarded the prize. Eleanor Davies Colley FRCS 1911 was chosen as the role model for the prize as she was the first woman to take the Fellowship exams for the Royal College of Surgeons (FRCS), trained at the London School of Medicine for Women & the Royal Free Hospitals (the hub of our nanotechnology research theme) and then worked at the Elizabeth Garret Anderson Hospital, now part of UCLH. She went on to set up the South London Hospital for Women, which had an all-female staff policy until its closure in 1984. She was known for her dedication to surgery and her desire for ‘nothing but the best’.

2. Peer support
   a. Academic women’s forum [Action 3.1]

Whilst our data suggests an increase in the proportion of women at PGR to postdoctoral positions, we discussed the transition from study to postdoctoral posts at our women’s forum. It was suggested that women can be put off academic careers and find the transition from study to work difficult due to a lack of female role models in senior grades and tension between a post funded by fixed term grant income and a desire for economic stability to start a family.

   b. Mentoring [Action 8.1]

Postgraduate research students are invited to the mentoring scheme set up in response to a request from the academic women’s forum. We plan to invite postgraduate taught students to this in 2015, when the staff and PGR scheme is fully established.
Work for Women in Science is recognized in both the appraisal and promotion process as an important enabling activity for the Division.

**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.

### Division of Surgery committees

#### 2013

![Graph showing representation on committees](image)

Prior to the appointment of the current Divisional Director the Divisional Teaching Committee was the only decision making committee. It comprises programme and module leads; due to the gender balance in these posts there are more men than women on the committee.

The SAT, established by the current Divisional Director in August 2012, is gender balanced.

The Executive Committee was set up by the new Divisional Director in October 2012. Committee posts are 4 campus leads, 3 research theme leads, the Divisional Manager, the Women in Surgical Science representative and the Divisional Director (8 men, 2 women). The campus lead, research theme leads and Women in Surgical Science posts were advertised by email to all staff and interviews were held for all those who expressed an interest.
(ii) **Female: male ratio of academic and research staff on fixed-term contracts and open-ended (permanent) contracts** – comment on any differences between male and female staff representation on fixed-term contracts and say what is being done to address them.

UCL rarely uses fixed term contracts – these are often short term contracts, for example for maternity cover posts. Researchers funded by external grants are usually on open-ended funding-limited (FL) contracts. In practice this acts as a fixed term contract but staff on these contracts receive the same employment rights and benefits as permanent staff. Three months prior to the end of funding, researchers on FL contracts are added to the UCL redeployment register if they have not found alternative funding within or outside of the Division.

**Fixed or funding limited (FFL) vs permanent contracts**

<table>
<thead>
<tr>
<th>Year</th>
<th>FFL Female</th>
<th>FFL Male</th>
<th>Permanent Female</th>
<th>Permanent Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>23</td>
<td>3</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>2011</td>
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<tr>
<td>2013</td>
<td>22</td>
<td>16</td>
<td>15</td>
<td>3</td>
</tr>
</tbody>
</table>
The majority of funding-limited contracts in the Division are at Research Assistant to Senior Lecturer level, where women comprise more of the work force.

At Lecturer level there has been a move towards more permanent contracts, from 2/12 permanent contracts in 2011 to 8/14 permanent contracts in 2013. There is still under-representation of women on permanent contracts. As most of the women on FFL contracts are at post doctoral researcher level we believe that our planned support at this
transition stage, including the post doctoral workshop and bridge funding, will help women in these posts in securing permanent contracts (see section 4a).

We are pleased that the increase in female Senior Lecturers from 6 in 2011/12, to 10 in 2013 has been largely with the addition of permanent contracts, with 8/10 female senior lecturers now on permanent contracts. At Reader and Professor level, all 10 contracts are permanent and male. It is anticipated that this move to more permanent contracts at the senior end of the scale will begin to impact women as the newly appointed lecturers and senior lecturers are promoted.

302 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 newly formed Executive Committee was largely determined by interviewing all respondents to an all staff email for nominations for new posts. This led to 8 men and 1 woman (Head of campus) on the committee. To have the voice of women in the Division more strongly represented, a post for a Women in Surgical Science representative was created, advertised to all staff by email and interviewed for.

The Divisional survey showed that the majority of academic women felt that they were encouraged to sit on external committees:
Where there are small numbers of staff, committee overload is addressed partly by timetabling more than one committee meeting on the same day. Although this makes for a long day, it does dedicate block time for this specific activity and allows for ringfencing other blocks of research and teaching time/activities.

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

Workload is monitored both formally and informally in the Division. It is evaluated within the appraisal process where a structured record of current and planned activity in 4 domains (research, teaching, knowledge transfer and enabling) is completed, with progress in each domain recognised as important and necessary for promotion.

For clinical academic staff workload is formally recorded within the Job Plan, as part of the joint NHS/University appraisal. For non-clinical academic staff the breakdown of workload into the 4 domains is recorded and linked to promotions criteria.

Research activity is captured using standard metrics (REF returns), teaching workload and committee activity as a minimum. The staff survey showed reasonable agreement (70%) with the statement that the department values the range of skills and experience when carrying out appraisals, with less agreement (53%) when considering promotion.
We will continue to monitor this through the staff survey [Action 3.2], and believe that our actions on appraisal and promotions will lead to improvement here [Actions 1.1 - 2.3].

Q3 My Department values the full range of an individual’s skills and experience (e.g. research, pastoral work, outreach work, teaching, administration and technical support):

Answered: 105  Skipped: 1

Rotation of campus leads are planned to be at 2 year intervals, with Athena SWAN leads at 3 year intervals.

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

In order to widen participation by staff at different campuses in the monthly Divisional Academic Surgical Meeting, the meeting rotates around the 3 main campuses. Staff expressed a desire for this to be held at the beginning of the day to allow travel directly to the meeting, so this is scheduled for 9 am on a Thursday morning. Whilst this does not fit within the usual core hours, the dates are advertised for the whole academic year, allowing people to make any necessary arrangements.

A poll of the Executive Committee resulted in the Executive Committee meeting either before or after the Divisional Academic Surgical meeting to reduce travelling time.

Core hours are considered to be from 10am-4pm but flexible working is encouraged, with some academic staff choosing to work from home on one or two days a week to maximise writing time without interruptions.

When asked in the staff survey, the majority of respondents felt that the Division organised work related social or networking events that appealed to both women and men:
Q15 Work related social activities in my Department such as staff parties, team building or networking events, are likely to be welcoming to both women and men (e.g. consider whether venues, activities and times are appropriate to both women and men).

Answered: 104  Skipped: 2

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

There has been a marked change in the culture of the Division since the introduction of the current Divisional Director in April 2012. An atmosphere where talent is welcomed and encouraged, wherever it lies, has been the focus of this change. The change has been both demonstrated and enabled in a number of ways: the monthly Divisional Academic Surgical meeting where women and men from clinical and scientific backgrounds, from external speakers to PhD students are encouraged to come forward and share work and ideas. The atmosphere at these meetings has been one of scientific enquiry in a relaxed and open manner. The Academic Surgical meeting has also been characterised by a vibrant and friendly atmosphere where new collaborations are created between people who were otherwise unaware of work within or outside the Division. This atmosphere is also demonstrated at the women’s forum, in particular by the presence of the Divisional Director and the fact that changes which are suggested are welcomed and, for the most part, acted upon.

The student experience within the Division is very positive, with student numbers increasing over the last 3 years as word spreads of the cutting-edge courses and research in a Division where innovation is expected.

The first Divisional Away Day, held in October 2013 was advertised well in advance and very well attended (150 attendees) by both staff and students in the Division and close collaborators including clinicians from our combined departments. There was a great deal
of social interaction during the breaks and lunchtimes, as well as during the interactive sessions.

There was good agreement in the staff survey that work related social events are welcoming to men and women, and that women are used as visible role models:

**Q15 Work related social activities in my Department such as staff parties, team building or networking events, are likely to be welcoming to both women and men (e.g. consider whether venues, activities and times are appropriate to both women and men).**

Answered: 104  Skipped: 2
We recognise that the images in the Bloomsbury campus are of previous visiting Professors, all older white men. As this does not give a true representation of the diversity of the current Division we have decided to replace these with contemporary staff photos and an electronic noticeboard, where different research groups will be represented on a monthly basis [Action 4.3].

We also recognise that people in the Division may use a number of email addresses, and that this needs updating on a regular basis [Action 3.4].

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

Outreach activities are run by both men and women, and include:

1. The UCL Division of Surgery Masterclass 2013: ‘Small is beautiful: translating nanotechnology to the clinic’ attended by 17 female & 8 male students.
2. Visits to 2 local girls senior schools (Watford Grammar School for Girls & St Helen’s Girls School, Northwood) and a mixed middle school (Bushey Manor). The graduate tutor and Education lead Vivek Mudera has led an initiative for scientists
to give talks at these schools. The gender of speakers at these events will be monitored with the aim of pairs of speakers, male and female [Action 5.10].

3. UCL has a list of ‘inspirational women in science speakers’ who volunteer to speak at school events. The Division encourages women to put themselves forward for this, with 2 of the current 10 examples on the web page being from the Division (http://www.ucl.ac.uk/prospective-students/widening-participation/teachers/STEM-women-speakers) [Action 5.1].

**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.

The data shows that all 7 women who took maternity leave since 2010 returned to work at UCL, with one retuning on a part time basis, and one returning to the same hours within a compressed working week. We will continue to monitor this [Action 6.4].

![Maternity/Paternity rates](image)

(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.

According to our data, 2 men took paternity leave since 2010, although anecdotal reports suggests that this is under-reported as it is usually arranged within research groups,
without notification to the Divisional Staffing Administrator. The formal UCL policy is that the mother’s partner can take up to 20 working days (double the UK minimum) in the 3 months before or after the expected birth of a child and we will actively promote this in the division.

UCL promotes additional paternity leave, where the partner can take any remaining statutory maternity leave (and pay) if the mother returns to work early. The Division plans to specifically promote this opportunity along with other support structures and opportunities for working parents and carers through its induction process [Action 9.1], and training of its appraisers [Action 1.3]. Uptake of paternity leave will be monitored, and appraisers/line managers will be asked to notify the Divisional Staffing Administrator of paternity or parental leave [Action 6.5].

(iii) **Numbers of applications and success rates for 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.

Flexible working is usually arranged informally with line managers and PIs, with a policy of flexible daily hours and remote working when practical. When staff wish to have permanent arrangements which allow them to work a different working week, this is discussed on an individual basis and encouraged wherever possible. For example, a Postdoctoral researcher returning to work after the birth of her first child asked to work 3 long days and a half day to meet her previously contracted hours, allowing her to reduce both child care costs and the cost of travel into London.

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.

During the induction procedure, the Divisional Staffing Administrator explains the UCL policies on flexible working and the Divisional approach to this, which is that flexible working is encouraged and taken up by many members of the Division, with part time working an integral part of balancing clinical and other commitments with university work. The staff profiles on the Divisional website and the e-newsletter will be chosen to ensure that those with flexible working patterns & atypical career pathways are included [Action 9.2] to promote positive male and female role models for this.
Gender balance in full-time and part-time staff
2010-2013

Gender balance in full-time and part-time staff
2013

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time Female</td>
<td>21</td>
<td>22</td>
<td>17</td>
<td>29</td>
</tr>
<tr>
<td>Full-time Male</td>
<td>9</td>
<td>6</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Part-time Female</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Part-time Male</td>
<td>38</td>
<td>38</td>
<td>36</td>
<td>46</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Assistant</td>
<td>1</td>
</tr>
<tr>
<td>Researcher</td>
<td>11</td>
</tr>
<tr>
<td>Lecturer</td>
<td>10</td>
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<tr>
<td>Senior Lecturer</td>
<td>7</td>
</tr>
<tr>
<td>Reader</td>
<td>2</td>
</tr>
<tr>
<td>Professor</td>
<td>11</td>
</tr>
</tbody>
</table>

Legend:
- Blue: Full-time Female
- Red: Full-time Male
- Light Blue: Part-time Female
- Light Pink: Part-time Male
Whilst the formal data on part time working shows 15% of academic staff working part time, an additional 10% of staff consider themselves as working flexible full time, as seen below:

**Q31 What hours are you contracted to work?**

Answered: 101  Skipped: 5

- Full time 72.28% (73)
- Part-time 15.84% (16)
- Full-time - flexible working option 8.91% (9)
- Prefer not to say 2.97% (3)
(ii) **Cover for maternity and adoption leave and support on return** – explain what the department does, beyond the university maternity policy package, to support female staff before they go on maternity leave, arrangements for covering work during absence, and to help them achieve a suitable work-life balance on their return.

The Department promotes and encourages UCL policy benefits and legal entitlements, such as Keeping in touch (KIT) days by discussion at induction and appraisal, and the option of a 6 month teaching sabbatical on return to work, which releases staff from teaching duties in order to focus on their research.

Cover for maternity leave is organised on an individual basis. For a Clinical Lecturer who took maternity leave, the clinical duties were covered by a staff member paid by the NHS. She wished to continue some of her academic project work and so she used KIT days to organise meetings within school hours and brought her new baby with her.

A postdoctoral researcher who took a year’s maternity leave wished to have a complete break from work, but with a number of ‘Keeping in Touch’ days clustered towards the end of her year’s leave. This wish was fully respected and her duties were covered by other staff in the Division, allowing them the opportunity to develop in new roles, with support from seniors. When she returned to work she was supported in her request for a compressed working week.

4996 words
5. Any other comments: maximum 500 words

Please comment here on any other elements which are relevant to the application, e.g. other STEM-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.

The process of submitting this Silver application has come at a time of great change within the Division with academic expansion and building projects across 3 out of 4 sites. However, the submission process has been a genuine opportunity to evaluate where we are as a Division, and to drive forward positive changes to create an environment where women, and men can flourish.

The staff survey (72% response rate, January 2013) and the women’s forum have been key in defining and exploring areas where we need to change. The Athena SWAN SAT and the Executive Committee have been pivotal in providing the structures through which this change can be enabled. The Divisional academic meeting has been important in providing an academic forum and meeting place for conversations and collaborations between men and women across themes and campuses.

This energy and new sense of focus was demonstrated in the Away Day, held in October 2012 – the first of its kind in the Division, and attended by 150 staff, post graduate students and collaborators. The scientific programme included an internationally renowned breast cancer panel, a talk on ‘Deadly medicines and organised crime: How big pharma has corrupted health care’, a PHD prize session and was supported by a varied programme including mentoring and promotion sessions, a talk by the architect of the building (Kings Place, London) and a performance by a dance troupe led by one of the female clinical fellows.

**Q3: Was the Division's objective to promote dialogue amongst staff at the Away Day met?**

![Fully met Mostly met Partly met Not met](chart.png)

Feedback confirmed that the away day promoted dialogue, and this dialogue has continued as new collaborations continue to form. The Away Day will become an annual
fixture in the Division. The Divisional website and e-newsletter [Action 4.1] launched in October 2013 is another way to encourage communication of a shared vision, and the challenges and opportunities that come as we try to realise that vision.

We are aware that we have set an ambitious action plan for the next 3 years, but we believe that it will help us to harness the talent and energy in our Division, in our mission to use surgical innovation and technology to improve the lives of those around us.

354 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.