Athena SWAN Silver department award application

Name of university: University College London (UCL)
Department: UCL Eastman Dental Institute (EDI)
Date of application: November 2015
Date of bronze award: April 2014

Date of university Bronze and/or Silver Athena SWAN award:

Contact for application: Prof. Anne Young
Email: Anne.Young@UCL.ac.uk
Telephone: 020 3456 2353

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

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

List of abbreviations:

AS  Athena SWAN
BTE  Biomaterials and Tissue Engineering Department
DEOLO  Departmental Equal Opportunities Liaison Officer
EDI  Eastman Dental Institute
FT  Full time
FTE  Full Time Equivalent
ID  Institute Director
HoD  Head of Department
HoU  Head of Unit
IMB  Institute Management Board
PT  Part time
REC  Research Executive Committee
SAT  Self Assessment Team
UCL  University College London
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.

Ms Dickinson Athena SWAN Manager
Athena SWAN Charter, Equality Challenge Unit
Queen’s House, 55-56 Lincoln’s Inn Fields
London WC2A 3LJ

Dear Ms Dickinson,

**Re: Athena SWAN application for Silver Award: Letter of Endorsement**

The success of any academic institute rests upon a workforce that works well together and acknowledges that each staff member has both strengths and needs that reflect their gender, experience, expertise and caring responsibilities. Since our Bronze award we have made considerable progress towards improving the opportunities, work-life balance and careers of female academics as well as the working environment of all academic staff.

Since 2008 the percentage of female academics at the Eastman Dental Institute (EDI) has increased from <20% to 43% (37% nationally). This has been enabled though better job advertisement, the establishment of posts that include significant flexibility and greater representation of women on selection panels. Our improved appraisal procedures, annual review of job plans (previously biannual), mentorship for promotions / funding of research have together resulted in career progression also being more accessible to women. As a result, since 2010, 50% of our female academics have been promoted to senior lecturer or above. This year, restructuring of our professional services team has reduced the burden of administration for academic staff and further enhanced opportunities for all academics to achieve their professional goals and improve their work-life balance.

We have also focused on our future workforce with our total PGT and PGR figures now at 56 and 60% female respectively (46 and 54 % nationally). These figures reflect our creation of programmes that are flexible, attractive to female dentists and in many cases now led by female academics. Women now account for 3 out of 14 department / unit heads and 8 of 17 Programme Directors (up from zero in 2007). The creation this year of a Centre for Postgraduate Research is designed to ensure that we gain similar improvements in PhD female percentages. Our aim is to ensure their studies reflect their academic needs but also acknowledge their lives outside the working environment.

The culture of the institute has been enhanced by better communication of successes and opportunities via staff bulletins, Twitter feeds, Away-Days, promotion of programmes on Dignity at Work and the establishment of Yoga classes. The high response rates to questionnaires reveal strong engagement by staff in the Athena Swan process and indicates that our changes, are
beneficial to staff and will continue to shape our future activities relevant to improving the working environment in order to attract and retain female staff.

Clearly there are many more challenges to overcome, particularly as the external pressures of academic life are ever-changing. Nevertheless I believe that this institute is succeeding in achieving an environment that maximises the opportunities for all staff, regardless of their gender, age, seniority, expertise or caring responsibilities.

The Institute’s work is centred upon lessening the inequality that pervades oral disease of patients and populations. Analogously we must continue to identify and remove any inequality in our workforce to maximise their ability to excel and help others. I strongly endorse the EDI Athena SWAN action plan and will continue to promote gender equality that recognises, promotes and rewards the contribution of women in academia.

Yours sincerely

[Signature]

Professor Stephen Porter

Director of Eastman Dental Institute

(499 words)
2. The self-assessment process: maximum 1000 words (933 words)
   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

Our self assessment team (SAT) consists of 4 men and 8 women with experience of our previous bronze application (first 3) maternity / paternity /adoption leave, balancing work versus family and flexible working from the perspectives of clinics, teaching, research, administration and management in the UK and abroad.

- Professor Anne Young (Professor of Biomaterials) has experience of various academic and industrial male-dominated jobs and the problems this and redundancy causes when raising a young son. She is the SAT chair, has analysed data and coordinated the applications.
- Professor Stephen Porter (EDI Director since 2008) has one adult son, 7 year old twins and a 1 year old child. He has strived to promote academic well being of all staff, attended over 95% of all SAT meetings and instigated many changes as a consequence.
- Dr Nicola Mordan (EDI Microscopist for 24 years) has 2 children, 3 stepchildren and 5 grandchildren. She is the Departmental Equal Opportunity Liaison Officer (DEOLO) and acted as meetings coordinator / administrator.
- Dr Steve Heggie (EDI Manager since Oct 2014) previously helped with the UCL Cancer Institute Athena SWAN silver application, is responsible for our Staff surveys and is married with a 16 year old son.
- Miss Lorena Ghigo is the institute administration officer and helped with HR issues in this application.
- Professor Susan Cunningham has worked at EDI since 1995 and was the first EDI female professor. She is Programme Director for one of the largest MClinDent Orthodontic programmes in Europe and is responsible for developing and maintaining our new Athena SWAN mentoring programme.
- Dr Ailbhe McDonald is Academic Head of Prosthodontics (since 2009). She represents EDI on a national Equality & Diversity advisory group looking into senior clinical academic roles in and membership of the Medical and Dental Schools Council. She has a daughter aged 5 years.
- Dr Paul Ashley and his partner both work and have three children under the age of 13. He runs a female dominated Professional Doctorate Programme and blended learning MSc. As an active researcher his committee role is to improve female research opportunities.
- Dr Chris Louca is the Head of EDI Continuing Professional Development and married with 2 teenage daughters. He provides information on / and links with part-time EDI teachers.
- Dr Yuan Ng is a Senior Clinical Lecturer and Director for 2 programmes in Endodontology. She has strived to promote work-life balance for her students through introducing new part-time options. She has collated data related to Outreach activities.
- Dr Celia Murray-Dunning is an early career post doctorate researcher (4 years). She has significant experience of difficulties with short term contracts in both industry and academia. She organises “Research in Progress” monthly seminars that encourage cross disciplinary studies and coordinated Athena SWAN advertising.
- Miss Enas Newire has a 6 year old daughter. Her PhD is funded by the Schlumberger Foundation - Faculty for The Future programme (specifically designed for women), on a Status of Women in Microbiology Committee (American Society for Microbiology) and has organised the students' survey.
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

Our original EDI Athena SWAN Self Assessment Team (SAT) first met in July 2012 and developed our application that received a Bronze award (submitted Nov 2013). In July 2014 we had a rotation of staff on the SAT to broaden awareness of the Athena SWAN objectives and gain new ideas and initiatives. Since this time we have had formal monthly meetings with staff assigned to specific roles. These meetings are arranged to ensure the Chair, Institute Director, and secretary can attend but on varying days of the week and times to accommodate different clinical staff with busy schedules that are difficult to rearrange. External advice has come from various sources eg through members of the SAT attending ‘Women at the top’ for the Medical and Dental Schools Council (Ailbhe MacDonald), from staff with experience of Athena SWAN activities in other UCL departments (Steve Heggie) and universities (Celia Murray-Dunning) or involved with Athena SWAN assessment panels (Wendy Xia). We have had two annual staff surveys on Athena SWAN since 2014. These had more than double the response level of previous surveys for our bronze award (action 5.4 and 5.8). In the first, 40 women and 43 men responded out of 124 (67%) whilst in the second 45 women and 40 men replied out of 133 (64% response). These, in conjunction with Athena SWAN promotion on our web pages (action 3.1) and flyers have increased staff awareness of our plans related to improving gender equality (see Figure 2.1 to 2.3). We have additionally sent separate surveys to Heads of Units on staff flexible working and to students (action 1.3) on gender and academic career issues. Athena SWAN is a standing agenda item on monthly Institute Management Board meetings, termly Institute Staff Meetings and yearly Programme Reviews.

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.

So far, 58% of current full time female staff have been involved in the SAT but only 17% of male full time staff. A future action will be further staff rotation to increase male involvement. We anticipate having a similar agenda to that discussed above but in addition include issues for professional services staff for whom survey data has been collected but only in part separately analysed. Athena SWAN will continue to be a standing agenda item on the Institute Management Board, Institute Staff Meetings and Programme Reviews. In addition, students, staff and alumni will continue to be encouraged to contribute through annual surveys (action 5.8) and informed through continual development of new intranet web pages / video (Figure 2.4, action 1.5 and 3.1) handbooks (action 2.3) Athena SWAN flyers, new student e-bulletin and “Linked In” groups (action 1.12).

(933 words)
Figure 2.1 2014 and 2015 staff survey results indicating roles of staff responding
Figure 2.2 2014 and 2015 staff survey results indicate increasing awareness of our Athena SWAN activities in part a result of multiple emails, advertising flyers and standing items on key committees and Away Days.
Athena Swan at UCL EDI

What is Athena Swan?
The Athena SWAN Charter was launched in June 2005 and recognises commitment to advancing women’s careers in science, technology, engineering, maths and medicine (STEMM) employment in higher education.

Some of the Athena Swan principles:
- To address gender inequalities at all levels of the organisation
- To tackle the unequal representation of women in science, changing cultures and attitudes across the organisation
- To address the absence of diversity at management and policy-making levels
- To tackle the problem of short-term contracts and the particularly negative consequences of these in the retention and progression of women in science
- To address work/life balance issues

What is UCL EDI doing?
- Supporting early career investigators and clinicians by circulating funding/fellowship applications and information – via EDI HR and management team
- More female clinicians and researchers have been promoted within UCL EDI to senior roles in respective departments – enabled by greater management rotation
- Greater numbers of female speakers have been invited to present at the EDI monthly seminars
- Setting up a mentoring system for members of UCL EDI to be mentored by members of UCL EDI – please get in touch with Susan Cunningham if you are interested – s.cunningham@ucl.ac.uk
- Many junior members of the clinical/research groups have been able to attend conferences and open days to share their work and network - Through various funding routes available – please check the Eastman intranet
- Always at least one women present on all interview panels for posts at EDI – If you’re interested in getting involved, interview panel training is available please contact Khiera Yusuf – K.Yusuf@ucl.ac.uk
- Improving work life balance – there is now a yoga class at EDI – please get in touch with Sheena Shah – sheena@chikri.com – every Wednesday evening at 5.15pm

Any ideas for further improvements? Please contact Anne.Young@ucl.ac.uk
For more information please contact Celia Murray-Dunning – Athena Swan committee member – c.murray-dunning@ucl.ac.uk OR visit The Equality Challenge Unit website: www.eqau.ac.uk and follow links to Athena Swan also visit the UCL Eastman Dental Institute website: www.ucl.ac.uk/eastman

Figure 2.3 Flyer posted throughout EDI to increase awareness of Athena SWAN issues.
Figure 2.4 A still photograph of Tuula Erikson (an EDI PhD student) from a new online video designed to attract female students to work at EDI.
3. A picture of the department: maximum 2000 words (1998 words)

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

UCL Eastman Dental Institute (EDI) is dedicated to providing postgraduate dental education and the largest academic postgraduate dental centre in Europe. It is based on 2 sites (256 and 123 Grays Inn Road) and divided into 4 teaching departments (split into 7 units) and 3 research departments (see Table 3.1). The main EDI degree programmes are between 1 and 5 years duration and both full and part time (Table 3.2). Their increasing flexibility (action 1.6) makes them particularly suited for women wanting to balance their work, study and home life and/or return to work after a career break. EDI additionally runs a wide range of Continuing Professional Development (CPD) courses that are typically between 1 day and 1 week in length. Furthermore, EDI has a vibrant research culture, matched by excellent research facilities and strong interdisciplinary collaborations that aid gender balance in both male dominated engineering versus female dominated biological and clinical disciplines.

We currently have 30 academic/research staff that are primarily Full Time (FT) and 41 part time (PT) clinical teaching staff (<0.4 Full Time Equivalent (FTE)). Before 2008, <20% of our academic staff were female and all EDI department heads, unit heads and programme directors were male. We now, however, have 43% female academic staff, 22% female teaching fellows, 3 female heads of units (Table 3.1) and 8 female programme directors due to improving female appointment (action 3.2 and 3.4), promotion (action 2.3 and 2.5) and departmental restructuring (actions 5.9 - 5.11).

<table>
<thead>
<tr>
<th>Teaching departments and Units</th>
<th>Staff Number</th>
<th>Head Gender</th>
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<td>0 1 3 16</td>
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<td>Restorative Dentistry</td>
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<td>Periodontology</td>
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<td>Prosthodontics</td>
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<td>Microbial Diseases</td>
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</tr>
<tr>
<td>EDI Total</td>
<td>13 17 9 32</td>
<td>M</td>
</tr>
</tbody>
</table>

Table 3.1 EDI Departments and units with Male (M) or Female (F) Head and current full and part time staff number
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**

EDI offers no access or foundation courses

(ii) **Undergraduate male and female numbers**

EDI has no undergraduate students

(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 number of female and male students enrolled on EDI post graduate taught (PGT) courses full and part time is provided in Figure 3.1. In 2014/15, 89 of our 384 PGT students (23%) were full time. Generally our percentage of female students has been slowly rising with time. Female percentage is now 55% for part time and 57% for full time students. These numbers are much higher than the national average of 46% for PGT dental students (HESA, 2013/14). As nationally, however, the percentage of females on undergraduate dental courses is slightly higher (60%) this should be our goal. We believe more women are increasingly choosing our postgraduate programmes because of their

- enhanced flexibility (eg duration / level of qualification and full vs part time) (**action 1.6**)
- improved advertising clarity (**action 1.5 and 3.1**)
- diversity of training methods (eg new distance learning course in paediatrics)
- wide range of subject areas
- female programme directors (now 8 out of 18) as role models and student recruiters (**Table 3.2**).

![Figure 3.1](image)

**Figure 3.1.** Percentage of female (y-axis) and number of female and male (displayed as numbers on columns) students enrolled on postgraduate taught courses (PGT) during academic years 2010/11 to 2014/15.
We offer 2 year MClinDent programmes (primarily full time). These can also be taken over 3 years for Speciality Training or to Advanced level for non EU students. Our flexible MSc programmes generally enable exit at earlier Diploma or Certificate level and may be taken part or full time (see Table 3.2). Data analysed by programme (Figures 3.2-3.4) shows that the large Orthodontics (OT) MClinDent (Figure 3.2) and Restorative Dentistry MSc (RD) (Figure 3.3) programmes have female percentages decreasing and increasing respectively towards the undergraduate female percentage of 60%. They are therefore both tending towards an improved gender balance. Trends in other smaller programmes are more difficult to assess but that in oral surgery (OS) does appear to be increasing in female popularity after appointment of a new female director in 2010. Our flexible Cert / Diploma / MSc programmes are either already popular with females or increasing in popularity (Figure 3.4) upon enhancing publicity (action 1.5). The decline in the percentages of women taking the MClinDent and MSc in Endodontology appears due to these students opting instead for the newer and more flexible diploma course. The large increase in the numbers of women taking the Paediatric Dentistry programme is due to other innovative programme changes which we will modify for other courses in the future (see action 1.6 and below).

<table>
<thead>
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<th>Title / Abbreviation</th>
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<th>Length (yrs)</th>
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<td></td>
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<td>Gender</td>
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<tr>
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<td>PhD</td>
<td>M</td>
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<td>M</td>
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<td>EN</td>
<td>MClinDent / Adv</td>
<td>F</td>
</tr>
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<td>OS</td>
<td>MClinDent / Adv</td>
<td>F</td>
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<td>MClinDent / Adv</td>
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<td>PE</td>
<td>MClinDent / Adv</td>
<td>M</td>
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<td>Prosthodontics</td>
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<td>MClinDent / Adv</td>
<td>F</td>
</tr>
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<td>CN</td>
<td>MSc</td>
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<td>F</td>
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<td>F</td>
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<tr>
<td>Oral Medicine</td>
<td>OR</td>
<td>MSc</td>
<td>M</td>
</tr>
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<td>Restorative Dental Practice</td>
<td>RD</td>
<td>PG Cert / Dip / MSc</td>
<td>M</td>
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<td>Paediatric Dentistry</td>
<td>PA</td>
<td>PG Cert / Dip / MSc</td>
<td>F</td>
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<td>Special Care Dentistry</td>
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<td>F</td>
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<td>Sedation &amp; Pain Management</td>
<td>SP</td>
<td>PG Cert</td>
<td>M</td>
</tr>
</tbody>
</table>

Table 3.2  EDI programme level, duration and programme director gender. The increasing flexibility and female directorship is now more clearly demonstrated on our webpages that includes new video footage that is dominated by female staff and students (action 1.5).
Figure 3.2 Students enrolled on MClinDent programmes in Orthodontics (OT), Oral Surgery (OS), Prosthodontics (PR) Endodontics (EN), and Periodontology (PE) programmes versus year.
Figure 3.3 Students enrolled on the MSc in Restorative Dentistry (RD), Conservative Dentistry (CN), Endodontics (EN), Oral Surgery (OR), Maxillofacial Surgery (OM) and Special Care Dentistry (SC) programmes
Figure 3.4 Students enrolled on Cert or Diploma in Implantology (IM), Endodontics (EN) Paediatric Dentistry (PA), Aesthetic Dentistry (AD), Sedation and Pain Management (SP) and Special Care (SC) Dentistry programmes versus year
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.

EDI PGR student numbers rose steeply until 2012 but have since levelled off (Figure 3.5). Our
average total number has been 60% female which is higher than the national average for dentistry
of 54% (HESA 2013/14).

PGR numbers include clinicians on our 3 year full time Paediatric Dentistry taught Doctorate
programme (DDent) that started in 2008. This programme currently has 11 students and is 73%
female (Figure 3.6a). This course provides both clinical and doctorate level research experience.
The later is particularly beneficial for subsequent student employability in an academic
environment.

The remaining PGR students are MPhil/PhD and currently 53% female (Figure 3.6b). We are
unclear as to why there is an increase in male interest in part time study but total numbers are
small (between 5 and 8). As a high proportion of our research students are funded from overseas,
this is rarely a viable option. These students’ projects involve a mixture of clinical, biological (MD
and half of BTE), engineering and physical sciences disciplines (BTE) (Figure 3.6c). Whilst the first
two subjects are dominated by women at undergraduate level the later are very heavily male
dominated. Interdisciplinary studies are enhanced through pan-institutional meetings / grant
applications (action 2.1, 5.1). This type of collaboration helps to increase the numbers of women
undertaking a PhD in the engineering subjects. Conversely, men may undertake research in the
more female dominated clinical / biological sciences thereby enhancing gender balance.

With a recently appointed PGR administrator we are now additionally developing a Postgraduate
Research Centre and steering group. Together these will enhance support for PhD students
(action 1.7) ensure better balance of different research team sizes, find new sources of funding
and formalise support for PGT projects by PGR students. The later will aid PGR students achieving
recognised teaching awards (action 1.8).

Figure 3.5. Percentage of female (y-axis) and number of female and male (displayed as numbers
on columns) students registered on postgraduate research programmes during academic years
2010/11 to 2014/15
Figure 3.6. Percentage of female (y-axis) and number of female and male (displayed as numbers on columns) students registered on a) DDent and b) PhD programmes during academic years 2010/11 to 2014/15 (UCL data) and c) PhD subjects of students in 2015 (EDI data including those in CRS (final writing year)).
Postgraduate Taught programmes PGT

Over the past 5 years the overall percentage of female applicants for PGT programmes has remained approximately constant at 54%. The percentage of females being offered and accepting places have both been on average slightly higher at 58% (Figure 3.7).

Figure 3.7. Percentage of female (y-axis) and number of female and male (numbers on columns) students applying, having offers and accepting places on taught (PGT) courses for academic years 2010/11 to 2014/15.

Breakdown of the data into different programs (action 1.1) shows that with the MClinDent programmes, improved gender balance in recent years has largely been achieved through the numbers of offers much better reflecting numbers applying (Figure 3.8 particularly OT, PE and OS). We believe this is a consequence of increased awareness of the importance of gender balance across the whole institute. All our programme directors / student recruiters are required to undertake courses in fair recruitment. This is checked by the Athena SWAN committee, promoted and advertised by our HR and enforced by HoD. For most other programmes (Figure 3.9 to 3.12) offers reflect applications. The increasing percentage of women on our Implant and Endodontics Diploma programmes (Figure 3.11) is therefore a consequence of more females applying presumably as a result of improved advertising and more obvious flexibility (action 3.1).

The large increase in student numbers in the Paediatric Dentistry certificate programme is a result of it being converted in 2014 / 15 to a distance-taught flexible MSc. This innovative new programme now blends online distance learning with face-to-face teaching. Students are provided with an iPad mini which allows staff to support students’ day-to-day work in their own clinics without them needing to travel into London. It also provides an online logbook designed to record patient numbers and treatment that can be used to support further career progression. Such innovations can help reduce the financial burden of undergraduate education and also increased continuing professional dental education which women may need on return from a career break. Similar plans for other courses are under consideration (action 1.6).

Recent changes in postgraduate research programmes include a new 4 year clinical PhD set up in 2011. To date, offers of places were given to 6 women and 4 men of whom 5 women and 3 men accepted. This PhD enables clinicians to undertake research whilst also enhancing their clinical experience. This new type of PhD can help clinicians into lecturing / consultant position and overcome our current national lack of suitably qualified clinicians for academic posts.
Figure 3.8 Student number applied, offered and accepted to MClinDent, Orthodontics (OT), Oral Surgery (OS), Endodontics (EN), Periodontology (PE) and Prosthodontics (PR) programmes versus year.
Figure 3.9 Student numbers applied, offered and accepted to MSc Restorative Dentistry (RD), Conservative Dentistry (CN), Endodontics (EN), and Oral Surgery and Maxillofacial surgery (OM +OR) programmes versus year.
Figure 3.10 Student numbers applied, offered and accepted to PG Certificates in Aesthetic Dentistry (AD), Paediatric Dentistry (PA), Sedation and Pain Management (SP) and Special Care Dentistry (SC) programmes versus year
**Figure 3.11** Student numbers applied, offered and accepted to PG Diploma in Implantology (IM) and Endodontics (EN) programmes versus year.

**Figure 3.12.** Percentage of female (y-axis) and number of female and male (displayed as numbers on columns) students applying, having offers and accepting places on DDent and PhD programmes in academic years 2010/11 to 2014/15.
(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.

**Post Graduate Taught Programmes**

Figure 3.13 shows the numbers of female and male students commencing full time PGT programmes at EDI and percentage of those that have completed to date. The slightly higher percentage of females completing than starting the programmes is a consequence of previously having higher percentages of females on shorter full time programmes and that the largest MSc course takes 5 years to complete. On average the percentage of women gaining distinction versus a merit or pass grade are comparable (Figure 3.14). Furthermore, all Ddent students have passed their degree to date and there is no significant difference in the time it has taken for female versus male students to obtain their PhD.

![Figure 3.13](image1)

**Figure 3.13.** Percentage of female (y-axis) and number of female and male (displayed as numbers on columns) students during academic years 2009/10 to 2013/14 a) starting a PGT programme and b) have completed to date.

![Figure 3.14](image2)

**Figure 3.14.** Percentage of female (y-axis) and number of female and male (displayed as numbers on columns) students during academic years 2010/11 to 2014/15 gaining a) distinction, b) merit or c) passing Masters programmes.
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.

Figure 3.15  Dina Dedi (Principal Teaching Fellow at EDI) left hand side teaching a postgraduate student (centre) with Cristina Suarez (Honorary Teaching Fellow) in the background.

EDI staff numbers are provided in **Figure 3.16 to 3.17**. Before 2012, we had no female professors but now we have a female Professor of Orthodontics and another of Biomaterials (29% female). These promotions and retirement has led to us now having no female readers. This year, however, our percentage of female senior lecturers has risen from 25 to 42% and female lecturers from 83 to 100%.
Our clinical researchers and teaching fellows typically provide teaching support 1 or 2 days a week and work the remainder of the week on research or in various clinics. For these staff there is a large drop in female percentage between clinical researcher and teaching fellow. To partially redress this problem we have increased flexibility in recruitment (Action 3.4 and section 4 below). This has enabled our female teaching fellow percentage to increase from 12 to 22% in the last 2 years.

In 2014, clinical staff in UK dental schools between researcher and reader grade were all 44+/- 4% female (Dental Schools Council Staff Survey July 2015). Only 18%, of professorial staff, however, were female. We therefore now have much higher percentages of female lecturers and professors and comparable senior lecturer compared with the national average. Unfortunately we also have lower percentages of readers and teaching fellows. The latter is in part a consequence of our need for more experienced staff for postgraduate teaching than required for the undergraduate teaching in all other UK dental departments which makes recruitment difficult (see below). This issue is now largely being addressed through training our own staff. Within the different clinical specialities we now have a higher percentage of females than the national averages in Endodontics (EDI 66% vs National 39%), Oral and Maxillofacial Surgery (50% vs 20%) and Orthodontics (66% vs 34%). Other specialities have comparable gender split compared with national figures.

![Figure 3.16 Female percentage versus position in 2012 and 2015](image)

**Figure 3.16** Female percentage versus position in 2012 and 2015
Figure 3.17 EDI staff numbers versus position and year. In a) most staff are full time and 50 / 50 scientific versus clinically trained. In b) staff are all clinicians with the vast majority part time (average FTE of 0.3). We additionally have a number of honorary staff that teach on EDI CPD courses (< 0.1 FTE).
(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.

Figure 3.18 shows that between 2012 and 2015 the numbers of full time female researcher leaving was small. This was enabled by contracts extension. In the past 2 years, 2 female (but no male) post-doctoral scientists have had contract extensions for 6 months and 4 years. The percentages of part time female staff leaving, however, are higher. This is now being addressed through improved recruitment of female clinical researchers into teaching fellow posts (see below).

Between 2012 and 2015, 6 full time male academics (35% of total) left due to occurrence of senior posts in industry or another academic institution or retirement (action 3.3). Conversely, only one (10%) full time female academic (a reader who retired) left EDI. Furthermore, 9 male (30%) but only 2 female (20%) teachers left. The low percentages of female lecturers / teachers leaving suggest our various methods of supporting women are having impact. With additional promotion of women to senior roles this will significantly improve our gender balance in higher grades in the next few years (see section 4 below).

![Graph showing turnover by grade and gender](image)

**Figure 3.18** Numbers of staff that have left EDI versus year.

(1998 words)
4. Supporting and advancing women’s careers: maximum 5000 words (4933 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.

On average, between 2012 and 2015, 10 women and 14 men applied for each of our scientific posts but only 2 women and 3 men for each clinical position (Figure 4.1a). Despite extensive advertising and direct canvassing of potential female academics we unfortunately failed to recruit any women for our senior lecturer posts. We also could not find suitable candidates (male or female) for 2 scientific professorial positions and various other clinical posts. Currently, our only obvious solution is to train and support our own students (actions 1.8,1.10,- 1.12) and staff (actions 2.1 to 2.6)

![Figure 4.1](image-url) Numbers of staff who applied were interviewed and appointed to research academic and teaching posts at EDI versus a) post type and b) year
Upon averaging data (Figure 4.1b), it can be seen that prior to 2013 we had greater problems with attracting and recruiting women compared with men. From 2013 this particular issue has improved with us now having approximately equal numbers of male and female candidates. Furthermore, in 2015, for the first time, we recruited more women than men. We believe this has been achieved through a combination of:

- Increasing suitable candidate numbers through our own training programmes (action 1.8)
- Increased advertising and identification / canvassing of suitable female candidates
- Highlighting flexibility and encouraging female application on all adverts (action 3.4)
- HoD and Athena SWAN chair learning from taking part in recruitment panels of other departments
- Inviting key recruiting staff on to the Athena SWAN committee
- Ensuring increasing numbers of staff have attended fair recruitment and or equality and diversity training (action 3.2) (see Figure 4.2)
- Increase in flexibility during interview / appointment (action 3.4).

Specific innovative steps taken in retaining and recruiting female staff include:

- To increase numbers of suitable candidates we have recently enabled 2 female staff to undertake PhD’s funded by EDI whilst employed as clinical lecturers.
- In our CPD department where staff recruitment has been a particular challenge, two of our female students identified as having strong teaching and research potential, have been appointed as honorary senior clinical teaching fellow (Figure 4.3) or visiting lecturer. This experience will enable these staff to demonstrate the required skills for permanent positions within the department.
- In one particular recent case a woman and man were jointly appointed to what was originally planned as a single post to enable an offer to be made to an outstanding female candidate who had limited flexibility due to her other commitments.
- Another originally full time post was altered to enable 2 female applicants to be appointed each at 50% of full time.
- One new innovation was the development of a part time highly flexible technician post that is particularly suitable for scientific applicants with family commitments and attracted many applicants. We anticipate this will be a way to help nurture female staff back into academia after a career break. To help technical staff move to academic roles they are regularly included on or encouraged to produce their own research publications.
Figure 4.2 Cumulative numbers of staff that have undertaken Equality and Diversity and Recruitment and Selection training.

Figure 4.3 Dr Erika Spyer (Centre) is an Honorary Senior Clinical Teaching Fellow. She now leads and lectures on courses directed to overseas dentists.
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.

Since 2010 there were 5 male and 6 female senior staff promotions at EDI (see Figure 4.4). As one woman was promoted twice this means 5 out of 10 (50%) of female lecturers but only 5 out of 19 (26%) male lecturers were promoted. These promotions led to the first ever female professors of Orthodontics and of Biomaterials at UCL. Furthermore, 70% of female academic staff are now at senior lecturer or above. This improvement, we believe, is as a result of Athena SWAN activities and support available to staff; particularly women.

![Senior staff promotions versus year](image)

**Figure 4.4** Senior staff promotions versus year

Senior promotion requires evidence of outstanding research (e.g., through grant funding, external and international invitations to lecture and high impact publications), education, enabling (e.g., heads of sections, programme directors, external examiners), enterprise and knowledge transfer (e.g., patents and industrial collaborations). The CVs of the staff put forward for promotion give evidence of the various types of support available for female academics at EDI. It is also important to note that whilst a number of women were promoted largely based on research success, our female Professor of Orthodontics was promoted based on innovative teaching. Examples of support include:

- Reduced teaching load of a female clinical staff member to enable sufficient focus upon research for a PhD and subsequently successful personal fellowship funding application
- Providing multidisciplinary facilities that enable high quality research.
- Experienced scientific staff aiding younger female clinical staff in the scientific laboratories
- New methods of enhancing grant writing (see section 5) In the future this will be further supported by action 2.6
- Encouraging patient participation in research. This is increasingly required for funding and thereby staff promotion
- Providing support with patent writing / licensing and industrial connections. Two of the women promoted this year have had help with writing patents. For one this lead to a £1 million grant and licensing of 2 patents. This funding enabled a female postdoctoral member of EDI staff to have her funding extended from 3 to 7 years.
• Putting staff forward for external awards (see for example Figure 4.5)
• Younger staff being placed as co-applicants on grants.
• Increased networking activities such as away days (action 5.1-5.2)
• Collaborative research enabling higher impact publications (action 2.1)
• Encouraging female staff to take on both internal and external enabling roles – for example the EDI Director of Education (supported teaching-based promotion case)
• Making changes in structures of key committees and appointments of females to chairs of Committees (see section v below)

The extensive support available (action 2.2, 2.3) and publication of promotion success by the ID, we believe, is a major contributing factor for the increase in staff who believe women are put forward equally for promotion (see Figure 4.6).

Each year, staff eligible to apply for promotion are asked to submit their CV to the promotions review group of the Institute. Our promotions review committee has from last year an improved gender balance of 2 women and 3 men. In addition, the committee and Director independently review the staff lists to ensure that all staff with the potential to be successful are also encouraged to submit an application. Following review of the applications the group advise the Institute Director (ID) of who should be put forward for submission. The committee also provide advice improving the CVs. The Director (together with the Institute’s HR officer) then guides the applicants through the UCL application process, seeks appropriate external and internal referees and writes a ID supportive statement based upon the criteria outlined below. This support goes far beyond the UCL process which requires individuals to submit their own application for promotion but in the future we wish to provide further and earlier support for women considering applying for promotion (action 2.6). Furthermore we wish to make promotion in other groups (eg postdoctoral and technical staff) as transparent as it is for academic staff.

Figure 4.5 Prof Anne Young’s work for Athena SWAN and research led to the department nominating her for a WISE enterprise and Innovation Award. Her commendation at a Science Museum gala dinner helped in her promotion case this year that made her the first female Professor of Biomaterials at UCL.
Figure 4.6 Our staff survey shows that there has been a significant increase this year in the numbers of staff that believe women are put forward for promotion equally to men or more than men.
Key career transition points and career development
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.

Key issues are limited numbers of clinical staff suitably trained for lectureships in the UK. Our new DDent and PhD courses may help with this issue in future years. Furthermore, numbers of senior scientific/engineering academic women are low in the UK hence few apply for our more senior positions. We have directly approached female academics encouraging them to apply for both scientific senior lectureship or professorial roles but either these staff have declined offered positions or were not successful at interview (panels drawn from both UCL and other universities, with equal male and female representation). Many of our posts need to be re-advertised due to a lack of suitably qualified applicants and some remain unfilled despite us advertising widely. The greatest success we have had has been through training our own staff as demonstrated above.

UCL requires that new EDI posts need only be advertised on the UCL and EDI website. To increase the numbers of women applying for EDI posts the Institute’s internal recruitment policy now requires that all posts (including part time) are advertised in at least one additional publication (online or print). Adverts have been posted in places such as jobs.ac.uk, British Dental Journal, Nature and the American College of Prosthodontics publications and increasingly also overseas. On 2 occasions we have obtained a certificate of sponsorship to enable non-EU female clinicians to teach at EDI. Prior to advertising, the EDI Human Resource Lead reviews all advertisements and job descriptions to ensure that wording is gender and age neutral, and that the appropriate positive action statements are inserted. When recruiting to part-time posts, flexibility in attendance is highlighted in both the advertisement and job particulars. We also circulate our adverts to relevant specialist organisations websites including WISE and place all adverts on our Twitter feed.

We adhere to the UCL policy that the membership of interview panels is at least 25% female to try and prevent gender imbalance. To help male dominated departments deal with this female staff are increasingly helping out across the site. One issue is that this may overburden some full-time senior female staff. To address this issue, technical and administration staff have been recently trained to enable their inclusion on panels (action 3.2) and staff informed of how to get involved through Athena SWAN advertising flyers. EDI staff are required to undertake a course in fair recruitment before being on a panel. Currently 26 out of 30 academic staff have attended UCL Recruitment courses and in addition a further 26 have successfully completed an online course in equality and diversity. Furthermore, EDI staff have recently been encouraged to undertake a new online course on unconscious bias (action 3.4).
(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.

Academic staff attrition currently occurs after lecturer level. For lecturer promotion, evidence of a strong publication record and research funding are generally required. Evidence for this improving for women at EDI comes from our research assessment exercise submissions (RAE or REF). Between 2008 and 2014, the percentage of female staff submitted rose from 26% to 34%. This was made possible through younger female academic staff recruitment and their subsequent support in writing of higher impact multidisciplinary research papers and funding applications.

Following appointment in 2008 the Institute Director initiated weekly early morning research meetings for clinical academics and scientists to present their research and encourage cross-discipline research. Although extremely successful in producing strong links for various women across departments e.g. Paediatric Dentistry and BTE and with other groups at UCL (including UCL Business and the Translational Research Office) the meetings were stopped due to concerns of staff being unable to attend regularly as a consequence of family responsibilities (e.g. dropping children at school/nursery). Instead we now have institute away days that are paid for by the department. In the last a lecture on our Athena SWAN application was provided in addition to frank discussions about uncertainties arising with future relocation of the institute. Staff questionnaires and attendance levels clearly show the popularity and benefit of these days.

To further support staff with funding applications the Institute’s Research Executive Committee (REC) established a system of grant review. This year a new aim is to appoint research champions who will collate information on funding schemes and coordinate expert panels to assess grant applications before submission. Senior scientific staff also routinely include junior colleagues (who currently are more likely to be female clinicians) on grant applications, providing them with experience and more confidence in dealing with, for example, recruitment, accessing funding and managing research groups of increasing size. As can be seen from section 5, as a result of increasing support and collaborative working, female research income has risen sharply in the last year.

As can be seen from the staff survey, a large and increasing percentage of staff are aware of how to find information on UCL training courses (Figure 4.7) and believe training is offered equally irrespective of gender (Figure 4.8). A large percentage of staff also indicated, however, that they would like to have a mentor (Figure 4.9). This was irrespective of gender but may be more beneficial for female staff (Welch et al. (2012)). Whilst all new EDI staff were previously expected to be assigned mentors by their line managers the system was not monitored. Furthermore, several members of staff had registered with the UCL uMentor scheme but did not feel it worked for them. An initial mentoring training course was therefore organised and held at EDI in June 2015. This was attended by 12 members of staff keen to be involved in mentoring. This will be extended in action 2.7.

The Institute Director has also developed a strategy to encourage staff to attend Leadership courses through an enhanced EDI appraisal process (see below). This led to one EDI female lecturer attending the inaugural “Women in higher education leadership” programme at UCL. In this event participants develop ideas for UCL wide projects to widen recognition for female academics. The staff survey (Figure 4.10) also suggests other women would like more courses solely for women so this will be addressed in action 2.6.
Figure 4.7 The staff survey shows that a high percentage of staff know about UCL training courses. Furthermore, there has been a halving in the percentage of those that have not looked between 2014 and 2015 surveys.
In the 2015 survey an increased number of staff responded that training and career development opportunities were offered irrespective of gender.
Figure 4.9 From the staff surveys a large percentage of staff indicated that they don’t have but would like to have a mentor.
Figure 4.10 the staff survey suggests a large percentage of female staff would appreciate specific workshops for women.
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?

A key issue in earlier staff surveys was that appraisals were felt to have limited benefit for career development. The most recent survey, however, indicates a large change in both this perception and appreciation that tasks are allocated fairly between men and women (Figures 4.11 to 4.13). As demonstrated in the promotions section above teaching, research, administration, pastoral and outreach work are all important for promotion as is quality of work. Support for promotion, as evidenced above, has led to an increased number of women being promoted within EDI.

In addition to supporting teaching and research activities, EDI management have worked hard to ensure an equal gender distribution in management, enabling and pastoral roles. This is monitored by the institute director through the appraisal process. Currently we are achieving a 95% success rate in annual appraisal (compared with 70% across the whole UCL School of life and medical sciences). This is achieved through careful monitoring and regular reminders. We believe the increase in staff confidence has in part arisen through our recent introduction of the Medical Appraisal Guide (MAG) for all clinical academics. This provides enforced opportunity for discussion and reflection of all activities and thus better informs appraisers of the needs and wishes of staff. A future action will be to extend benefits of the MAG system to appraisals of other staff (action 2.5).

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?

Previously, support provided for new staff was left to individual line managers to organise. Our HR team, however, now helps with supporting all new staff. Included in our new handbook (action 2.3) is a check list of different aspects that need to be covered in the first day, week and months. This includes ensuring staff complete an online Equality and Diversity course. The handbook also covers EDI contacts, Flexible Working, Valuing Diversity and Dignity at Work, Mandatory Training, Dignity at Work, Staff Counselling Services, Maternity and Paternity, Parental and other Leave, Training and Development, Appraisals and Promotions and Mentors. New staff are immediately introduced by email added to the EDI emailing list and so receive Eastman staff emails notifying them for example of funding opportunities, lunch time seminars, centrally managed events, training courses and away days (action 5.6). Line managers that have experienced the old and new system have been very appreciative of the new support that enables much improved uniformity of care for all new staff.
The staff surveys indicate a substantial increase between 2014 and 2015 in the percentage of staff that feel annual appraisals positively impact career. This change was observed more for the clinical rather than scientific staff.

**Figure 4.11** The staff surveys indicate a substantial increase between 2014 and 2015 in the percentage of staff that feel annual appraisals positively impact career. This change was observed more for the clinical rather than scientific staff.
Figure 4.12 The staff surveys indicate substantial increase between 2014 and 2015 in number of staff that believe the appraisal recognises their work appropriately. Numbers stating yes increased further from 66 (2014) to 70% (2015) for academic only staff.
Figure 4.13 The staff surveys show a significant increase in the numbers of staff between 2014 and 2015 who believe tasks important for career progression are allocated equally between men and women. Percentages stating yes were higher with academic only staff included but again increased with time (58 to 64%).
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 key issue for clinical academics is the necessity to undertake both higher clinical training and higher academic training. This is partially being addressed by the new postgraduate programmes discussed above. All students on our programmes have mentors and access to departmental funding to present their research findings at national and international conferences. Many of the projects of clinical students are undertaken in the scientific laboratories alongside highly supportive student groups (action 1.8), postdocs, experienced technicians and staff. Our weekly research seminars, organised by a female academic, also provide opportunities to encourage a career in research-active academia. This year, through concerted effort, we have increased the percentage of female speakers from just 20% in 2014 to 50% (action 5.3). Furthermore, as part of an administrative reorganisation we have this year set-up a new research administrative post and the Eastman Postgraduate Research Centre (action 1.7) with a steering group of equal male and female staff. Part of their role will be to
- Provide support on finding additional PhD, post doc, outreach and conference funding
- Advise on part time research opportunities and grants which may be specifically for females
- Identify research opportunities which can be integrated with further clinical training

Other new initiatives are in actions 1.8 to 1.13.

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.

Figures 4.14 and 4.15 show the numbers of male and female staff on various committees. Percentages of female staff on many of the education committees are higher than the “management” committees (Research Executive (REC), Institute Management Board (IMB)). By plotting the average numbers for these over the past 8 years, however, an increasing percentage of female representation is observed. This is part due to female promotion enabling more females to be involved but in addition to the Institute Director being keen to change the gender balance of these committees since his appointment in 2008 and increase job rotation (actions 5.10-5.11).
Figure 4.14 Average numbers of male and female staff on EDI committees over the past 3 years.

Figure 4.15 Average numbers of male and female staff on the research executive committee and institute management boards from 2008 to 2015
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.

Our non-clinical postdoctoral staff (currently 3 women and 2 men) are on open-ended contracts. Extension of employment for 2 of these women (but no men) has this year been made possible through staff including them on grants, in one case extending employment from 3 to 7 years (action 3.5). In the future, we shall also encourage support for postdocs wishing to find their own fellowship funding (actions 1.10 – 1.13).

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?

A key issue is that female staff are not on the main EDI management committees although this is beginning to be addressed (see above) and will continue to improve as more women are promoted to more senior levels. Current female EDI staff have been on a wide range of influential committees / boards outside the department including a Research Assessment Exercise grading committee, various external examining boards, journal review boards, Athena SWAN application committee, various paediatric, endodontic and orthodontic groups to name but a few (see for example case studies below).

(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.

Key issues include that at different times, some staff can be over burdened with students and research work whilst others under burdened due to difficulties in attracting funding and PhD students. Those in the clinical departments with large programmes can also be overburdened with administration and teaching. From 2015, the institute has added appendices to appraisal forms that allow all staff to set out their achievements as expected in any promotions application. Thus appraisees, appraisers and the Institute Director are all aware of the activities required that would help gain promotion.

From the staff survey the majority of staff believes work is distributed equally (Figure 4.16). From March 2015, however, a database is also being kept of all roles on committees etc. and with funding levels (see section 5) will be reviewed on an annual basis to prevent overload. In the future, the new Eastman postgraduate Centre will also monitor student PhD numbers (Figure 4.17). It will warn experienced staff if their student numbers become too high (>6). A female grant / project writing support group will also be set up to aid younger staff (usually female) encourage PhD applications and new team start up (action 1.7).
Figure 4.16 The staff surveys show the majority of staff believe work is allocated equally.
Previously changes in top management positions has occurred largely only upon staff retirement. To redress gender imbalance in senior roles, this year the Job Descriptions of 5 senior roles were re-developed and a new rule was enforced to rotate these lead positions every 2 years via a transparent internal recruitment process (actions 5.10-5.11). Furthermore, the Institute completed a major restructuring of all education and research administration in summer 2015 (action 5.9). This included transfer of line management of administrators to EDI professional services led by the Institute Manager (action 4.3). This will provide greater time and opportunity for female academics to focus upon their teaching, research and enabling activities that are required for promotion.
(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.

Historically we had a lot of meetings outside core hours. In 2012, however, the Institute Director actively moved all EDI committee meetings to within UCL core working hours of 10.00-16.00. He also regularly writes to all Heads of Units requiring them to hold local meetings during these hours. ‘Doodle’ is regularly used to ensure as many staff as possible can participate in social events. For evening events adequate warning is given to help those with external responsibilities. As a result increasing numbers of staff are aware of UCL core hours (Figure 4.18).

![Pie chart showing survey results]

**Figure 4.18** The staff survey showed an increase in awareness of core hours in 2015 but there were a number of comments stating the impracticality of this when on clinics or for many social events.
**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.

**Figure 4.19** EDI central courtyard where in the summer months additional tables enable staff to congregate for lunch.

The comparatively small size of the Institute has enabled a culture that is supportive, friendly and sociable. This is facilitated by communal spaces (e.g. refectory and outside courtyard with benches and tables(Figure 4.19)) that are regularly used to enable parties that celebrate, for example, students successfully completing their degrees.

The set up of the research aspect of the Institute consists of large labs with members of different groups freely using them all. This means each lab supports cross disciplinary work, sharing of ideas and problems. Various regular research meetings are encouraged across site. For example in the last 2 years a monthly Research in Progress meeting has been organised by a female postdoc (action 5.1). All levels of staff are invited to attend the meetings. Comments include: these meetings “are relaxed and supportive usually with PhD students presenting their work at a level that is accessible to all.” “Catering is provided leading to an informal, chatty and supportive environment”.

The Institute away days are also new to EDI since 2014. These are formal but laid back days designed to enhance networking. All members of the Institute are invited to attend, PhD students are encouraged to produce posters and more senior staff provide lectures. At lunch there is a ‘seating’ plan so members of different units are mixed and a quiz organised for lighter entertainment. To further improve our culture we have set up this year a weekly yoga class (action 5.5) (Figure 4.20). This is open to all staff and students and takes place in our boardroom. The class attracts mostly women and is excellent not only for fitness, but encourages positive thinking, time for self-reflection and addresses work/life balance.

The Institute Director is also actively supportive of staff and student success, both in achieving promotions and degrees but also in their everyday activities. The Institute’s online news bulletin (also available to external subscribers via Twitter) is used to celebrate achievements, including prizes, grant awards, presentations at conferences and outreach activities.
Chi Kri Yoga & Meditation
For Eastman Dental Institute / Hospital Staff and Students Wednesdays 5.30-6.30 pm

Enjoy a relaxing midweek break in the boardroom 😊

“Sheena’s class is the highlight of my week! Yoga is refreshing, energizing, and great for toning every muscle. Meditation provides a means of relaxing, and leaves you with a sense of peace, calmness, and positivity.”

Figure 4.20 Poster used to advertise a new yoga class at EDI.
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 now well recognised as a key component of our work (action 5.7). Consequently all EDI academic staff are expected to undertake outreach activities. This is publicised in our website Twitter and blogs and Away Days (action 5.2). Examples of outreach supported by women include annual Careers Days for dental practitioners and taster sessions for our programmes. Recent female EDI staff and student activities aimed at pre-university students have included school-based presentations, blogs, work experience enabling and participation in online live exchanges. In the last 3 months alone, EDI women have
• been on Health Today Radio providing tips on preventing tooth decay
• won a photo competition that helps to promote EDI work on fighting antimicrobial resistance
• provided a UCL open day stall promoting EDI development of “ouch less fillings”
• promoted their PhD studies on the oral health of elite athletes and “Team Sky”.

EDI women have also regularly helped develop exhibitions with the Science Museum, Natural History Museum, Wellcome Trust and at Bloomsbury, Cheltenham and Brighton Festivals. Women, have additionally had funding to improve public engagement in science and patient lead medical research. Finally we have recently invested in the development of a female dominated on-line video that promotes the impact of our work upon patents, the public, industry and policy makers (action 5.2).

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.

a) Student maternity leave
Five students have become pregnant whilst studying in the last 4 years. EDI flexibility has enabled all to continue their studies. All were encouraged to take their full entitlement of maternity leave. However, if they only wished to take a short break (as can be the case for those who are sponsored by overseas funding bodies) their clinic and individual seminar schedules were rearranged to ensure that their studies continue in a flexible manner. One student had a formal interruption of studies. Action 1.9 will address feasibility of student maternity leave funding.

b) Staff maternity leave
Between 2009 and 2015 two academic members of staff at EDI took maternity leave. Both were undertaking a PhD in addition to clinical work and upon their return to work had extra time for PhD completion agreed. 1 female post doc took maternity leave twice. She returned after her first child to a part time position but did not return in 2013 after her second child. Of the 2 other post docs that have taken maternity leave, one returned whilst the other did not. The numbers are too low to know if there is any improvement in return rate but those women that have returned have taken up both flexible and part time working options arranged by their line manager with the Medical Research Council (MRC). The staff survey has demonstrated an increased awareness of
family friendly policies. (Figure 4.21) but in action 4.2 we intend to develop further support groups for women returning from maternity leave.

**Figure 4.21** 2014 and 2015 staff surveys demonstrate increasing awareness of our family friendly policies as a result of emails from Athena SWAN HR lead, new handbook modifications etc.
(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.

Between 2009 and 2011, all 12 men eligible for paternity leave took 10 days leave. From 2012, UCL has offered 4 weeks paid paternity leave (double the legal requirement). This has been highlighted to staff in emails, our handbook (action 4.1) and intranet. The 6 staff entitled have taken this leave either in one block or in 2 blocks as they required. One female Academic Head of Unit took 6 months adoption leave in 2012 and returned to the same post on slightly reduced hours (0.9FTE).

(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.

In 2012 we had a large number (60% of all permanent staff) of part time (<0.6 FTE) male clinical teaching fellows. These mostly work one day per week for EDI and spend the remainder of their working week in private practice. In comparison, only 38% of our female staff were <0.6 FTE. To help address the imbalance, there has been increased flexibility during replacement / recruitment of teaching fellows. As a result we now have 50% and 36% of permanent male and female staff at EDI below 0.6 FTE (see Figure 4.22). This flexibility will need to continue in the future if we are to achieve gender balance (action 3.4).

![Figure 4.22](image-url)

**Figure 4.22** Distribution of male and female FTE shows a higher fraction of male staff are part time but that the difference is narrowing and that the distribution of FTE is broadening (i.e. increased flexibility) with time.

Flexible working arrangements for full time staff are normally agreed at a local level and informally rather than managed formally via HR. A survey of Heads of Units (HoU) in 2014 concluded that working from home was the most common flexible arrangement followed by early/late start times for their staff. When the HoU survey was repeated in 2015 requests for flexible working had included new requests for career breaks (2 male part-time clinical teaching fellows) compressed hours and job sharing. This suggests a possible shift in working patterns with increasing staff.
awareness of different flexible working options. This is also suggested by the broadening of the staff FTE distribution (Figure 4.22) but we need a specific question on types of flexible staff working in future staff surveys to confirm this (action 5.8). Furthermore, more formal recording of work flexibility is required by HoU’s.

In order to increase awareness of flexible working this was included in our new staff handbook. In the future, our HR lead will provide a presentation on work-life balance, including flexible working options for managers and its recording (action 4.6). When staff were surveyed about preferences for flexible working most important was flexibility in start / finish times, and working from home (Figure 4.23). This was irrespective of gender although clinical staff wanted the later more than the former. The staff survey indicated some reduced desire to work more flexibly has occurred this year as flexible working patterns becomes an established part of work (Figure 4.24). Furthermore, there has been a halving in the number of staff who feels they do not have a good work / life balance (Figure 4.25).

(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.

Locum cover is available for maternity / adoption leave. This ensures that the female staff do not return to a backlog of work and can strive to achieve a work/life balance from an early stage. E-mail access is available during maternity/adoption leave although there are no pressures to maintain currency with e-mail traffic. It is available for checking latest updates or news, important communication about changes or new opportunities.

We offer (if agreed with female staff and line manager) up to 10 KIT days (keep in touch days). These are paid by UCL and can be used to attend conferences, big events, work meetings or to do some work if necessary and agreed, (there is no obligation for staff to take advantage of these). Staff are able to submit a flexible working request to their line manager at any time before or after returning from maternity leave. Similarly we support them through extension of their maternity leave (up to 52 weeks) and allow unpaid leave following maternity leave in order to arrange child care.

We have a specific room available for staff/ patients to breast-feed their babies or express. This room has been recently upgraded to include fridge / kettle / microwave. Given the small numbers of staff using this room it is shared between the Eastman Dental Hospital and EDI Institute. UCL has a nursery for use by UCL staff and offers childcare vouchers that are advertised in the EDI handbook and notice boards.
2014 What type of flexible working arrangement appeals to you?

- Reduced hours: 20.7%
- Early/late start and early/late finish: 7.3%
- Working from home: 62.2%
- None: 9.8%
- Other: 5.2%

2015 What type of flexible working arrangement appeals to you?

- Reduced hours: 20.5%
- Early/late start and early/late finish: 10.8%
- Working from home: 65.1%
- None: 3.6%
- Other: 2.3%

**Figure 4.23** 2014 and 2015 staff surveys both show that working from home and flexibility in start and finish times appeal to the majority of staff.
Figure 4.24 The staff surveys showed an decrease in the numbers of staff that want to work more flexibly than they are able. The percentage wanting greatly flexibility declined to 33% for academic only staff.
Figure 4.25 The staff survey shows a halving in the numbers of staff that feel they do not have a good work / life balance.

(4933 words)
5. Any other comments: maximum 500 words (453 words)
Please comment here on any other elements which are relevant to the application, e.g. other STEMM-specific initiatives of special interest that have not been covered in the previous sections. Include any other relevant data (e.g. results from staff surveys), provide a commentary on it and indicate how it is planned to address any gender disparities identified.

i) Separate student survey results

From our main student survey (actions 1.3 and 5.8):
• 95% believed male and female students were equally treated
• 95% were encouraged to take part in personal development
• 100% and 90% agreed lectures and informal meetings respectively were held within core hours
• 40% were unable to work outside core hours
• But only 60% felt they had sufficient pastoral support (outside their main supervisor). The new student postgraduate centre would address this issue.
• 100% of male respondents were interested in an academic career but only 60% of female respondents. Reasons for no interest included “long working hours, too risky and no permanent positions”. Actions taken to support staff in this application should help to resolve these concerns.

A separate careers day survey discussed various issues around increasing numbers of females in dentistry but in addition showed female clinicians may prefer a broader mix of training styles (Figure 5.1).

![Figure 5.1 Example data from a CPD careers day survey](image)
ii) Management response to accusations of bullying
One additional aspect that we wished to address in the staff survey was how effectively management responds to accusations of bullying. Of concern is that nearly one quarter of staff do not have confidence in how management deal with this issue (Figure 5.2). In an attempt to address this problem we have done the following:
• In 2013 set up a mandatory in house half day course for all staff on legal aspects of bullying in the workplace.
• Ensured through e-mails that all staff are aware of UCL expectations as regards personal and professional development.
• Set up a Dignity and Diversity group to obtain perspective and ideas from a broader range of staff on topics such as time off in lieu (TOIL) and social events.
• Signed up for the Zero Tolerance to Sexual Harassment pledge that is run by UCLU Women’s Network and aims to eradicate sexual harassment at UCL.
• Encouraged, in the first instance, all administrative staff to attend UCL courses on core behaviours. Should this be found effective, other staff will be encouraged to attend.

iii) Grant success
A further major issue for the department was a substantial drop in research income in 2012 and 2013. Research income is often key for promotion at UCL. As can be seen from Figure 5.3, however, this issue has been addressed in 2014 and 2015. Indeed this year women have generated higher level of funding per member of full time academic staff (£1025/9=£114k) than men (£1894k/17=£111) despite their lower average grading. Furthermore, there has been an increase again in the numbers of female staff with successful grants (Figure 5.3) for reasons outlined in above sections. This has enabled the increase in female promotion observed above.

(453 words)
Our staff survey showed only a small increase in the confidence that staff have in management dealing with bullying behaviour within the last year.

**Figure 5.2** Our staff survey showed only a small increase in the confidence that staff have in management dealing with bullying behaviour within the last year.
Figure 5.3 Research Income for Principal Investigators versus gender. In 2015 for women this was double that for any other year as a result of growing support for females applying for ever increasing grants.

Figure 5.4 Numbers of Female and Male staff that are principal investigators on research grants versus year are currently as high as our maximum in 2012 but the grants submitted were much larger.
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.

EDI Athena SWAN action plan November 2013 (Progress to date is provided alongside each action in addition to how the action will proceed)
Please note: we are submitting our application for Silver before our Bronze award is due to be renewed or upgraded (due April 2017). We have made significant progress on our action plan, but please note that some actions from our previous action plan have been carried forward or superseded by actions in our 2015-18 action plan. These are referenced where applicable.

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<tr>
<th>Action</th>
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<th>Measurement of success</th>
<th>Status Nov 2015</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Collect data re number of applicants and acceptances by gender for each Department.</td>
<td>Although across the institute as a whole there appears to be no recruitment bias it is not yet known if there is any bias in recruitment within individual departments or units.</td>
<td>Annual collection of data in April from 2014. Analysed results will be presented to SAT in June each year.</td>
<td>Director of Education to analyse and report data</td>
<td>EDI registry to collect data</td>
<td>Complete: Female applicant percentages now fully reflect acceptance percentages. Female percentages on our PGT courses are now much higher (56%) than observed nationally (46%). A large rise in female acceptances in several previously male dominated programmes has been observed over the last 3 years. New targets: &gt;90% of PGT programmes will be 60 +/-10% female by 2017, total PGT female &gt;58%. Female PGR distribution between disciplines still to be improved particularly in male dominated BTE (see action 1.2)</td>
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<tr>
<td>1.2</td>
<td>Collect data on gender of students in different programmes and research</td>
<td>Some programmes are female whilst others are male dominated. Currently we have insufficient data to do this.</td>
<td>Annual collection of data in September from 2014. Data analysis in</td>
<td>Director of Education and SAT Senior Non-clinical Lecturer to analyse and report</td>
<td>EDI registry to collect data</td>
<td>Partially achieved. There is no evidence of gender imbalance in degree achievement at PGT level. PhD subject areas can be male or female dominated. Exit data without award for PhDs is currently unknown but</td>
</tr>
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areas. This will include both enrolment and exit without award.

address if there is any gender imbalance in degree attainment in different disciplines.

November and reporting to SAT in December.

report PGT and PGR data respectively.

actions will be identified. Any research areas where women do less well will be determined

appointment of a new research graduate administrator (Sept 2015) will enable collection of information from 2015. New targets: PhD numbers will be 60% female by 2018 (currently 53%) and more gender balanced (62+-12%) within departments. Exit without award will be gender independent.

Comments: Female popular PGT programmes include those in paediatrics, orthodontics and restorative dentistry. In addition, of the research areas, microbial diseases is female dominated (78% female) with clinical research slightly less so. Biomaterials and Tissue Engineering (BTE) is strongly male dominated (PhD students (72% male) as expected for engineering programmes. Improved gender balance in BTE has been addressed through 2 of the BTE staff being strongly aligned with the paediatric department and providing supporting projects for their female dominated paediatric PGR DDent programme but a target increase for PhD’s to 50 % is also planned through emphasising biological and clinical aspects of this engineering topic in recruitment and new actions 1.7 to 1.11.

1.3 Student questionnaires will be targeted to identify why students select specific courses or areas of research.

Reasons for gender imbalance of students selecting different courses are unknown. Evidence that female role models attract students requires strengthening. Why women prefer full rather than part time courses not fully understood

In the March 2015 SAT meetings new student questionnaires will be devised for both PGT and PGR students. Survey questions and results will be reported to SAT in June

Clinical and research students to devise questionnaires with SAT support and collect responses from students.

Programme Directors, Research Supervisors and Institute Director, to encourage student participation

Methods of improving targeting of female recruitment on currently male dominated courses will be identified (eg change from part to full time). Further evidence for importance of female role models will be supplied.

Partially achieved. Various questionnaires produced. Pan institution questionnaire sent out in Sept 2015 but response rate requires improvement. New questionnaires are under development and will be trialled in 2016. New additional target; % female PhD students responding positively to an academic career to equal that of male students (Currently 40% lower) by 2017. See also new action 5.8

Comments: Information on which courses are female popular have been obtained more effectively by break down of student data by course and observation of trends with time or course change than through questionnaires. Although our data do suggest that employment of female programme directors can help us attract and recruit women our student questionnaires to date suggest the opposite. In the future we will learn from experience with our more successful staff surveys and set up a team to coordinate these (see action 5.8).
| 1.4 | Director of Education to address any PGT gender imbalances at annual Programme Review and SAT research academic to discuss PGR imbalances with Graduate Tutor Team | We wish to increase female numbers on courses where they are under represented | Annually from Jan 2015, results from 1.1 and 1.2 will be disseminated to Programme Directors and Graduate Tutor | DoE, and SL to suggest methods of enhancing female numbers | Programme Directors and Graduate Tutor Team and PhD supervisors to implement changes | Increasing numbers of female students in general and on courses with gender imbalance or in male dominated research areas in particular will be observed over the next 3 years. | Achieved. Dissemination of gender balance to programme review directors and the Graduate tutor was through programme directors attending SAT meetings and Athena SWAN being a standing item on the research executive committee. Whilst % of female PGTs has increased, that of PGR has not. New target: to increase PGR female percentage from 53 to 60% by 2018 (see also new actions 1.6 to 1.12) |

Comments: Whilst we now have a greater appreciation of factors affecting PGT programme student numbers, one issue we need to address is how to better attract female PhD students into male dominated research areas (eg biomaterials and tissue engineering) and help them to gain funding. This should be aided through the development of a new EDI Postgraduate Research Centre currently under development (new action 1.7). |

| 1.5 | Review all publicity material for PGT and PGR courses, ensuring that women are at least equally represented in images and discussions | No critical assessment of all publicity data has as yet been undertaken. | Publicity data will be assessed yearly from March 2014 and discussed in June SAT meetings. | DEOLO to attend marketing committee meetings and assess publicity data | e-com. officer and marketing committee to implement changes | At least 50% representation of females should be observed on all publicity. | Achieved. The whole Eastman web site has been redesigned. We have additionally invested in a new promotional video that has 50% female staff and 70% female student representation. New PR material is based upon stills and footage of the video. Also new e-bulletin is being released to all students (from Dec 2015) with regular sections on equality and diversity relevant to students and staff. |
2. **Support for staff**

| 2.1 | Multidisciplinary / cross department grant applications to be encouraged by fortnightly lunchtime workshop. Successful grant applicants will discuss the application process and provide tips | Post doctoral staff are lost after grant proposal end and full time staff require grant funding to gain promotion. Female staff have lower average grant income. Female staff may feel isolated in male dominated departments. | Seminars will be organised from Jan 2014. SAT reporting on all seminars will be annually in September | SAT clinical lecturer and Director of Research to organise seminars. Sat non clinical lecturer to assess and report on grant successes | Senior staff will be required to present but younger staff must be prepared to attend. | Higher proportions of younger female clinical staff will be included on grant proposals, average female grant income will increase and post doctoral staff will be retained. Data regarding grant successes will be collated annually by EDI Finance Officer. | Partially achieved. 8 am pan-institute meetings replaced by various other weekly or monthly research meetings during core hours. Annual Research Away Day introduced (50% female speakers). This included female staff with grant funding and speakers from funding bodies. Pan-Institute away days introduced (6 monthly) with, 25% female speaker representation but lectures on Athena Swan and Diversity and Equality included. Female grant income rose sharply in 2015 and 2 female post docs have had funding extensions this year |
| 2.2 | Appraisers to be encouraged to undertake more training on improving appraisals. Appraisees to be better informed of appraisal role and, within the appraisal, expectations of UCL with regards promotion | Enhance opportunities arising from and outcomes of appraisals. Ensure staff are encouraged rather than discouraged by the appraisal process. Address why many female staff in particular perceive teaching versus administration workload as unfair. | Process in place by start of 2014. The staff questionnaire in action 5.4 in 2015 will be used to assess any changes in staff perception. | Institute Director to encourage more effective and encouraging appraisals through his appraisals of line managers and also ensure that staff workload balance is fair and visibly so. | Line Managers to undertake appraisals but this will be monitored by HR officer who will also keep staff apprised of courses. | Questionnaire will assess if changes have truly informed staff. Recording of appraisal profile of the institute will ensure all staff are appraised. Institute Director will observe improvements in appraisal documentation with clearer | Partially achieved. Central data indicates high (95%) completion of EDI appraisals (compare with 75% across whole UCL Life and Medical Sciences School) and questionnaire indicates rising satisfaction with appraisal process/outcomes. This may reflect our decision to apply the MAG system of appraisal to all clinical academics regardless of whether medically or dentally qualified. New targets: to extend training on MAG type appraisal to non clinical staff and demonstrate 10% increase in their satisfaction with the appraisal system in staff questionnaire. Monitor and ensure |
| 2.3 | Promotion opportunities to be included in a new EDI staff-handbook. Wider support for staff applying for promotion to be provided. | Current full time female lecturer numbers is increasing but these need to be encouraged to apply for promotion to higher grades. Institute Director currently provides strong support for promotion but there should be additional wider support from other staff. | Institute Director to encourage all staff to apply for promotion by e-mail in October. Handbook to be discussed in March and June SAT meetings and circulated from summer 2014. | Institute Director to ensure wider support for CV writing and promotion in his appraisals of senior managers and promotions committee. | Promotions Committee to provide greater critical advice on CV improvement. Female versus male promotion percentages will continue to be monitored. Given the higher percentages of women at lower levels, general support for promotion will give these women in particular the support they require for promotion. | Achieved. New staff handbook available on intranet. Wide dissemination of material to guide staff on promotions process. 40% female representation on Institute promotions review group and resultant achievement of 75% of all senior promotions in 2015 being female – including one to Chair |
| 2.4 | Staff to be encouraged to undertake mentoring schemes and be more proactive in supporting mentees | A mentor scheme is in place in the institute, but is not used effectively. | Known effective mentoring courses already undertaken by staff in the institute will be widely advertised in Mar 2014 | SAT clinical lecturer to promote courses. HR officer to ensure all staff know who is their mentor. | All senior staff should attend mentoring courses and regularly meet with their mentees. | Institution Director, in his auditing of staff appraisals will assess how often staff see their mentees and its perceived value. Mentoring value also to be assessed in staff questionnaire | Partially achieved. Questionnaire indicated a need for mentorship. Uptake of UCL scheme u-Mentor was poor. New mentorship course run in house identified the needs/wishes of staff with resultant training of staff. A new action is now to set up our own more formalised mentorship scheme (see action 2.7) |

objectives that are extending and rewarding and be able to demonstrate workloads are fair increasing staff numbers undertake appraisal training (see action 2.5).
### 3. Recruitment of female staff and students

#### 3.1 Web pages will be assessed to ensure female staff are highly visible. Web pages dedicated to Athena SWAN activities will further highlight activities of women in the institute

- **Web pages will be assessed to ensure female staff are highly visible.** Web pages dedicated to Athena SWAN activities will further highlight activities of women in the institute.

- **The small numbers of senior academic women may mean that female success is under-represented on web pages.** Young female staff may also require greater encouragement to provide news items or put forward projects for prospective students.

- **Athena SWAN application will be added to web pages in Jan 2014.** Any gender imbalance will be reported in July by DEOLO. Graduate tutor to also report staff PhD student numbers.

- **Institute director and manager will regularly remind staff to submit their success stories and strongly encourage young clinicians to add research projects for PhD’s.**

- **All staff to provide information and images. e-communication officer to update website. DEOLO will oversee progress.** Increasing levels of female success should be observed on EDI web pages. This should encourage more female students to apply to courses.

#### 3.2 Interview panel membership and training to be recorded. Younger staff to be trained and participate in interviewing.

- **Some interview panels have had no women and therefore not complied with UCL regulations.** Also some staff have been on more than 4 panels in one year. Furthermore, panel data has been incomplete.

- **Panel membership data was collated in Sept 2013.** This will be reassessed yearly from Sept 2014 and staff not trained asked to attend required courses.

- **HR Officer to ensure interview results and panel members are recorded.** SAT non clinical lecturer to monitor and report any over burdening.

- **Recruiting panel chair to ensure all panel have attended interview training and gender balance.** Increase in younger staff trained observed. All interview panels with at least one female. Possible over burdening of some staff will be identified. Younger staff will gain greater experience enhancing their promotion prospects.

| Achieved. Athena Swan Bronze on opening page of our website; Athena Swan promotional posters now across all sites in the Institute; Dedicated Athena Swan pages on our intranet; All successes of staff and students circulated to all in Institute, placed on open access pages of our website and Twitter feed. Our success in promotion of Athena Swan activities to staff is reflected in the reported rise in awareness within our questionnaire results. |
### 4. Career breaks, workload and flexible working

| 4.1 | Information of UCL’s policy on maternity / paternity provisions, flexible working / links to home computer access will be placed in a new EDI staff handbook / web pages. Managers to be informed of policy via open dialogue, and communication from the HR Officer and Institute Manager. | Flexible / home working is used primarily by senior researchers rather than more junior clinical staff. It is beneficial for grant and paper writing required for academic promotion. Long travel times in London can make work / home life balance difficult. Flexible working can address the issues whilst enhancing academic performance. With increasing female numbers there will also be growing need to ensure greater visibility of opportunities for flexibility and maternity leave. | First version of the staff handbook will be circulated to all staff in Summer 2014. Subsequent changes will be added regularly to the intranet. New handbook to be updated and circulated each year. | SAT team to provide initial information for handbook. HR officer to update handbook when appropriate with information and links to UCL web sites. Institute Manager to request feedback from other staff. | All staff will be encouraged to provide input as to what needs to be highlighted in the handbook. | All staff, particularly at the early stages of their career, will be provided with information about flexible working and career breaks, and managers made fully aware of EDI / UCL policy. Managers will need to demonstrate that they assess requests fairly and consistently to enhance performance and well-being of all staff. Evidence of knowledge and uptake of maternity provisions and flexible working in all units will be assessed through staff questionnaires. | Achieved. The new staff handbook highlights the possibilities for flexible working and the questionnaire reveals a wish by ~50% of staff to have increased flexibility of working life. While 83% of staff report in the questionnaire that they have an appropriate work-life balance we are planning a series of workshops led by our HR officer on how staff may be able to achieve greater flexibility in their working practices for 2016. The target is to increase the % of staff with an element of flexible working by 5% per annum (see new action 4.6). |
### 5. Culture, communication and institutional organisation

#### 5.1 Re-start an informal institutional bimonthly meeting on research topics – open to both staff and students
- **Aim**: To improve internal Networking. Opportunities to enhance research collaboration.
- **Details**: These will begin in Mar 2014 on varying days as a continuation of action 2.1. Institute director will encourage participation by e-mail.
- **Responsibility**: Director of Research to organise and staff to participate.
- **Outcome**: Increase in collaborative working across research groups will allow more junior colleagues (where females are most commonly found) to develop networks.
- **Achievement**: Examples of new informal cross institutional meetings other than those in action 2.1 include weekly cross disciplinary dental restorative development group meetings and monthly research in progress (RIP) meetings run by a female lecturer and female post doc respectively.

#### 5.2 EDI champions of public engagement will be asked to share their experiences of such activity with staff at termly meetings.
- **Opportunities and benefits**: Opportunities and benefits arising from outreach activities of staff requiring greater acknowledgement both within the Institute and UCL as a whole.
- **Seminars**: Seminars will begin in Mar 2014. Data collection and circulation of funding opportunities for outreach will begin simultaneously.
- **Institute director**: Institute director will lobby central UCL to recognise outreach more strongly, oversee recording of activities.
- **SAT lecturer**: SAT clinical lecturer to organise seminars, e-com. officer to update web. ID will inform staff of funding.
- **Stakeholders**: Staff and students would become more involved in informing the public of the relevance of our activities to the well being of the individual and society.
- **Achieved**: Public Engagement champions presented work at annual research away days. Institute Away Days highlighted how to achieve broad reaching engagement. All engagement promoted via pan-Institute emails, new student e-bulletin, on our intranet and public web pages. Industry collaboration Away Day planned for April 2016.

#### 5.3 We wish to ensure a good gender balance for all invited speakers at the EDI
- **Previously**: Previously there were 9 female and 12 male lecturers presenting in our external lunch time lecture series.
- **Data to be monitored**: Data to be monitored annually in July with SAT reporting in September.
- **SAT team**: SAT team will identify female lecturers. DEOLO will monitor.
- **External lectures coordinator**: Percentage of female lecturers should increase with time.
- **Achieved**: The % of external speakers has increased from 3/12 25% (2013/4) to 9/17 53% (2014/15). We will continue to make efforts in this area over the coming years.
| 5.4 | The Athena SWAN staff survey needs to be rerun. An increase in staff response level is required | Staff response across site was variable and needs to be enhanced | The EDI staff survey will be modified by SAT in June 2015, and results reported to SAT in Sept | SAT postdoc rep. will coordinate the survey | Institute Director to encourage wider participation from all staff | Regular e-mails indicating level of response from different units will be used to encourage response. Responses will provide evidence of success of actions. | Achieved. Staff response increased from 29% in our bronze application to 65% in 2014 and 2015. In addition the new surveys in 2014 and 2015 have demonstrated significant improvements in staff satisfaction with time. |
## Additions to EDI Athena SWAN action plan November 2015

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<th>Issues addressed</th>
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<tr>
<td>1.6 To assess PGT programmes to determine if flexibility can be increased.</td>
<td>Part time distance/blended learning course could enable greater opportunities for home-life/study/work balance.</td>
<td>Paediatric dentistry introduced a 3 year part time distance/blended learning course 2015 New course expected 2017</td>
<td>Head of Education</td>
<td>Programme Directors</td>
<td>Development of an additional distance learning programme that is attractive to women and/or increased flexibility of an already established full time programme.</td>
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<td>1.7 Establishment of an Eastman Postgraduate Research Centre (EDI PGR centre) with a steering group of 2 women and 3 men. This will help the PG tutor (a recently appointed female) support younger research groups develop and ensure better distribution of research group sizes.</td>
<td>PhD students under newer staff members (usually women) tend to be more isolated and in small groups whilst larger groups can overburden more established staff. New school will coordinate postgraduate research presentations days to help cross group exchanges of information and ensure established staff help support younger groups. The committee will additionally coordinate dissemination of sources of funding specifically for women and clinical staff. Under development March 2015. Launch for new applicants Jan 2016. First new students Sept 16th 2016 Presentation days will run annually from Jan 2017. Committee will meet monthly from Jan 2016 New data will be available to SAT in Jan each year</td>
<td>SAT member responsible for research with Head of Research</td>
<td>Graduate tutor (Who will be asked to join relevant Athena SWAN SAT meetings) New postgraduate research administrator will coordinate collection of data on student supervision.</td>
<td>Increasing gender balance within individual PhD groups and departments. Alignment of small research groups with larger groups to prevent isolation of students. Improvements in student satisfaction measured by new surveys. Narrowing of the distribution of PhD student load with more than 90% between 2 and 6 for principal supervisors. Female PhD percentage increase from 52 to &gt;55%. At least 2 new funding streams specifically for women and clinicians identified.</td>
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<td>1.8</td>
<td>Encouragement of PGT project support by PGR students and postdocs. Increased PGR involvement with UCL Arena one teaching Associate programmes. Clinical PGT students generally less familiar with scientific laboratories benefit from support from students with greater science experience. Science based students initially have limited appreciation of clinical need. PGR students and postdocs require teaching experience to become academics. PGT and engineering PGR female vs male dominated.</td>
<td>Currently undertaken in some research groups. Other staff will be encouraged to support this initiative in away days. Information on level of uptake will be monitored annually in the SAT meetings.</td>
<td>PhD student supervisors will coordinate support.</td>
<td>Postgraduate tutor will monitor uptake of Arena One courses through student log book and student “one to one” meetings.</td>
<td>PGT students encouraged to progress to higher degrees in male dominated disciplines. &gt;50% of PhD students will have had opportunity to help supervise projects. More students will have a nationally recognised teaching award. Increase in average numbers of applicants for clinical academic posts should double by 2018 and be &gt;50% female.</td>
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<tr>
<td>1.9</td>
<td>Improve information available on Maternity leave and funding for PhD students Some research councils do provide maternity leave funding but information on this is not widely available</td>
<td>2016/2017 information will be available through student moodle pages and the new student e-bulletin.</td>
<td>SAT member responsible to work –life balance</td>
<td>PGR administrator</td>
<td>Student questionnaires will demonstrate evidence of increasing awareness of maternity and paternity leave options for students</td>
</tr>
<tr>
<td>1.10</td>
<td>Visa support for overseas students on completion of degrees With new visa rules it is difficult for overseas students to find work in the UK. Departmental support of a Doctoral Visa Extension (DVE) scheme will help address this issue</td>
<td>EDI to accept monitoring responsibility for overseas students from Nov 2015.</td>
<td>Research supervisors to sign DVE forms</td>
<td>PGR administrator to undertake required home office monitoring.</td>
<td>The DVE forms will be completed by 50% of eligible students irrespective of gender. These students will be able to have time to apply for fellowship schemes and / or posts at EDI</td>
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<tr>
<td>1.11</td>
<td>A support group will be set up to aid final year PhD students and post docs gain their own fellowships.</td>
<td>The numbers of female PhD students interested in pursuing an academic career is low. A mutual support group could help to address concerns.</td>
<td>Support group to be coordinated from August 2016.</td>
<td>SAT lecturers involved with research</td>
<td>Supervisors with postdocs and students in their final years</td>
</tr>
<tr>
<td>1.12</td>
<td>“Linked In” groups for final year students / postdocs and news items on alumni will be developed</td>
<td>Several of our female students / postdocs have become lecturers overseas where support for women can be more restricted.</td>
<td>Linked in groups started in 2016. News items on alumni to be included in new student e-bulletin 2017.</td>
<td>SAT lecturers involved with research</td>
<td>Supervisors with postdocs and students in their final years</td>
</tr>
<tr>
<td>1.13</td>
<td>Apply for funding for a cohort of clinical PhD students</td>
<td>There are insufficient trained clinical staff wanting to pursue a career in academia</td>
<td>Welcome Trust approached Nov 2015. Application to be submitted in Jan 2016</td>
<td>Head of Institute and SAT chair</td>
<td>Head of Research</td>
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## 2. Support for staff

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<tr>
<td>2.5</td>
<td>Enhance quality of appraisals to improve career opportunities /progression</td>
<td>The appraisals of clinical staff were significantly enhanced in 2014 leading to improved perception of appraisals by clinical staff in questionnaires.</td>
<td>Improved appraisals implemented from 2015 for clinical staff and will be extended for non clinical staff in 2016</td>
<td>Line managers for appraisees</td>
<td>HR Officer and Institute Manager to make sure appraisers have been trained. An increase of greater than 10% in non-clinical and support staff reporting that appraisals are of benefit. This will be accessed in further questionnaires.</td>
</tr>
<tr>
<td>2.6</td>
<td>Develop a support group for women to aid writing of PhD projects and grant proposals</td>
<td>Grant funding obtained by women pre 2015 was low. Post docs require support in writing their own fellowships.</td>
<td>Support group to meet monthly from April 2016</td>
<td>Female SAT lecturers</td>
<td>Female SAT staff with research experience Percentages of female academic staff (currently 40%) supervising PhD students (currently 15%) and with grant funding (currently 26%) to increase 5%/year.</td>
</tr>
<tr>
<td>2.7</td>
<td>Introduce new mentoring programme</td>
<td>Staff surveys indicated the need for an improved in house mentoring programme.</td>
<td>In house course run 2015. New course set up in 2016</td>
<td>SAT member responsible for mentoring</td>
<td>All staff to participate % of staff with mentors to increase from 10% to &gt;30% by the end of 2016.</td>
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### 3. Recruitment and retention of female staff

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<tr>
<td>3.3</td>
<td>All leaving staff will be given questionnaire on why they are leaving (personal, salary, staff issues, care issues, etc) and their destination (e.g. staying in academia or not)</td>
<td>Exit surveys soon to be in place across UCL with data being provided to departments. An issue is a proposed relocation of EDI hospital to new buildings close to the main UCL campus.</td>
<td>From 2017 we will be able to identify any trends in reasons for staff leaving.</td>
<td>Institute Manager</td>
<td>The staff surveys will be used to assess staff concerns over any potential relocation plans and how any changes or enhanced information reduce these concerns.</td>
</tr>
<tr>
<td>3.4</td>
<td>Continue to promote job flexibility in advertising and appointment. Ensure all staff have completed training in Fair recruitment, Dignity and Diversity and Unconscious bias.</td>
<td>Flexibility at interview has enabled job sharing and more female staff to be appointed. 5 staff have been identified that are non compliant with fair recruitment training requirements.</td>
<td>Nov 2015 all staff reminded of training requirements Dec 2015 Dignity and Diversity training completion set as a new requirement before appraisal completion</td>
<td>SAT member responsible for training</td>
<td>All staff undertaking interviewing will have undertaken the Fair recruitment training by Feb 2016 and &gt; 80% of staff completed online Dignity and Diversity training by Dec 2016</td>
</tr>
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<td>3.5</td>
<td>Encourage staff to submit grants with named postdoctoral staff and ensure all recruiting staff consult UCL redeployment register</td>
<td>Short term contracts discourage female students in particular to continue in academia.</td>
<td>In 2015 2 female postdoctoral students had funding extensions. By 2017 2 more staff will have submitted grants to enable funding extensions</td>
<td>Institute Manager</td>
<td>At least one female postdoc should be re-recruited through extension of funding or staff appointed through redeployment.</td>
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*SAT member* refers to the member of the Staff Appointments Team responsible for the action.
| 4.2 | Support group for women returning from maternity leave through internet “chat room” | Discussions with our few women returning from maternity leave suggest methods of meeting other young mothers would be beneficial. As we have so few staff we would need to coordinate this with other staff groups eg hospital and library staff. | From 2017 staff returning from maternity leave will be identified from both Eastman hospital and Institute to identify meetings or internet groups of benefit | SAT member responsible for work – life balance | HR administration to provide support | Staff from multiple sites returning from maternity leave will have been identified and methods put in place that help cross site communication and support. |
| 4.3 | Re-distribution of line management responsibility | Heads of departments have large numbers of staff to appraise. Movement of administration line management to the institute manager and research technicians to other senior staff within departments is required. | New line management arrangements for administration staff began in Sept 2015. Technical staff appraisal by alternative senior staff to begin Dec 2016 | Institute Director and Manager | HR Officer to ensure that line managers have a maximum of 6 members of staff to which they are directly responsible | Robust appraisal system together with anonymised staff survey will show more equitable distribution of workload, increased number of women line managers and better experience of appraisal process. <5% of staff will have more than 6 staff to appraise. Staff responding positively to appraisal benefits up by 5% |
| 4.4 | Regulate numbers of students per staff. | There is inequality in the numbers of students that each staff member supervises. Newer/younger staff generally have fewer students. | From 2015/16, the number of PhD students per supervisor will be closely monitored. By 2018 there should be a more normal distribution of student versus staff no. | The graduate tutor will ensure appropriate workload distribution regarding the supervision of students | Data on the number of students per supervisor for female and male staff will be collected by the SAT | Numbers of female staff with PhD student load > 1 will at least double. |
| 4.5 | Request updates for PhD projects for web pages from all staff. | Percentages of female staff supervising PhD students are low. | New titles for projects requested Nov 2015. New requests yearly. | Sat member responsible for research | Communications officer with head of research | 4 / 17 (<20%) female staff currently have PhD projects visible on the web. This should increase to >30% by 2018 |
| 4.6 | HR to provide lectures to management on flexible working and this to be covered in appraisals | Flexible working is recognised as beneficial for both staff and EDI but its uptake may be variable across different departments. | Information on staff uptake of flexible working gathered yearly from 2014. New HR lectures 2016 | Institute Manager | HR administrator | This year staff wishing greater job flexibility decreased from 54 to 48%. The aim will be a further 5% decrease in this percentage each year. |

5. Culture, communication and institutional organisation

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<tr>
<td>5.5</td>
<td>Encouragement of more social events across both the institute and Eastman Dental Hospital and other surrounding more isolated UCL Institutes.</td>
<td>Insufficient staff in EDI alone to make some initiatives feasible. Split site and distance to main UCL campus reduces communication. Improved opportunities for communication between Hospital staff and EDI researchers are required.</td>
<td>EDI Yoga club set up in Jan 2015 for students and staff of both EDI and the hospital.</td>
<td>Anne Young to coordinate Yoga.</td>
<td>SAT team to encourage wider participation and cross department, institute and hospital social events</td>
</tr>
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<td>5.6</td>
<td>New induction process for all staff. Structured information. A welcoming email with information about local schemes</td>
<td>We have already developed a new handbook with a list of actions for all managers of new staff to undertake with support from HR but wish to further improve welcome for new staff.</td>
<td>From August 2015 all new staff are being introduced via e-mail, and at the all staff meetings</td>
<td>Line managers with support from HR</td>
<td>HR officer</td>
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<td>5.7</td>
<td>Encourage more women to put forward stories for the Eastman news pages</td>
<td>News items tend to be dominated by research activities of male staff.</td>
<td>All staff encouraged to put forward news stories in Oct and Nov away days from 2014. This will be repeated in all staff meetings and further away days</td>
<td>Institute Director to encourage staff. SAT member for communication to monitor web and report in Jan each year.</td>
<td>Communications officer to monitor gender of staff submitting news items</td>
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<td>5.8</td>
<td>A team will be put in place to coordinate the various questionnaires.</td>
<td>There have been multiple questionnaires but these have not always provided results that are actionable or readily answer questions on how to solve inequalities.</td>
<td>Part of the SAT team will meet during March / April each year to coordinate all staff and student surveys. Results will be reported to the main SAT group in Sept / Oct.</td>
<td>SAT member responsible for surveys to report to the main SAT</td>
<td>SAT surveys team to produce and analyse data</td>
</tr>
<tr>
<td>5.9</td>
<td>Restructuring of Professional Services Team.</td>
<td>Reduce admin burden for academic members of staff. Programme Administrators used to be line managed by academics, but will now be line managed by senior administrators. Administrative staff are isolated in small units and difficult to organise for example time off in lieu.</td>
<td>Restructuring started in April 2015. New appointments made between August and Dec 2015.</td>
<td>Institute Director</td>
<td>Institute Manager</td>
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<td>5.10</td>
<td>Change in heads of research departments</td>
<td>Many heads of department have been in place for &gt; 10 years. Some staff have had the same manager for &gt; 15 years which may limit their job experiences and/or hamper their progression and opportunities. Opportunities for younger women to progress in particular into management roles may be restricted.</td>
<td>All heads of department posts were advertised widely in April 2015 and reappointments made in July. This process will be repeated in April 2017.</td>
<td>Institute Director</td>
<td>So far this process made no change. By 2017 at least one of the three heads of research should change.</td>
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<tr>
<td>5.11</td>
<td>Change in head of research and graduate tutor</td>
<td>The previous male head of research was in post for &gt;7 years and the other key PGR management lead (graduate tutor) was also male.</td>
<td>Head of research position advertised April 2015. Previous male graduate tutor appointed in Sept 2015. Female deputy graduate tutor appointed graduate tutor Dec 2015.</td>
<td>Institute Director</td>
<td>Rotation of jobs can aid promotion for younger (primarily female) staff and improve workload balance. In addition promotion of women into key management positions will increase their number on management boards. Target: at least 2 more women on REC and IMB</td>
</tr>
</tbody>
</table>
7. Case study: impacting on individuals: maximum 1000 words (986 words)
Describe how the department’s SWAN activities have benefitted two individuals working in the department. One of these case studies should be a member of the self assessment team, the other someone else in the department. More information on case studies is available in the guidance.

Our previous application gave case studies of our 2 female professorial staff. Here we focus on 2 clinical lecturers.

Case study – Dr Susan Parekh

I joined the Eastman Dental Institute in 1998 as a part-time M ClinDent in Paediatric Dentistry student. I was encouraged by my then Head of Department, to pursue specialist training and undertook a Senior House Officer post in the Department, and MDFS exams. Following successful completion of the University of London M ClinDent programme in 2001, I passed the Royal College Membership examination in 2003, thereby securing entry onto the Paediatric Dentistry Specialist List.

In 2004, I was offered the opportunity to undertake a part-time PhD and academic training at EDI, in conjunction with my role as programme co-ordinator for the M ClinDent and PG Certificate programmes in Paediatric Dentistry. Flexible working practices, supported and encouraged by the Division enabled me to meet the diverse obligations of these responsibilities. This was particularly necessary when preparing for the Certificate in Learning and Teaching in Higher Education (UCL) in 2006, and the Exit Fellowship examination for the Royal Colleges in 2008.

With EDI support, I completed my PhD in 2011, and was promoted to Lecturer and Honorary Consultant in 2011. The current Institute Director, personally encouraged me to pursue enabling roles within EDI, and I was appointed as Deputy Director of Education in 2012, and Director of Education in 2013. This afforded me insights into the workings of the organisation, both locally and throughout UCL. I was only the second female Director of Education at EDI, and chairing sessions of the Staff Student Committee offered a role model to female students. In 2014, with my colleague, Dr Paul Ashley, we developed develop the first online M Sc in Paediatric dentistry. The flexibility of this programme is particularly beneficial for women wanting to balance home and
work life. I was also encouraged to work with scientists in BTE, which has led to successful supervision of 14 DDent (all female) and one PhD student. My line manager personally encouraged me to pursue roles outwith UCL and become a leader of national initiatives for Paediatric Dentistry. This has enabled me to expand my educational portfolio and ensure that the outcomes will have a lasting and significant impact upon Paediatric Dentistry clinical practice in the UK. My external responsibilities have included Chair of the Paediatric Dentistry working group for Dentists with Enhanced Skills (RCS), member of the BSPD commissioning group for Paediatric Dentistry (DoH), Academic representative for RCS Edinburgh, Secretary of the Clinical Excellence Network for Paediatric Dentistry for cleft patients and examiner for MPaedDent. I was also given the opportunity to have female mentors (at UCL and London Deanery), and I feel that I really benefitted from the experience. I feel passionately that good mentoring is crucial to supporting all staff, and recently undertook a mentoring and coaching course and am a designated mentor for EDI. I am an example of how the creation of a supportive environment and developmental opportunities can benefit women and the university and I am grateful to many members of the EDI who have supported and encouraged me.

Case study – Dr. Yuan-Ling Ng

Dr Yuan-Ling Ng (Left hand side), Senior Clinical Lecturer in Endodontology (SAT member)

Dr Ng undertook a one year full-time MSc in Endodontics at EDI in 1994 and in 1997 was encouraged by the EDI Head of Endodontology to return from Hong Kong, apply for and accept a Clinical Lecturer’s position at EDI. Subsequent strong support from the then Dean of the Institute, Head of Department and the current Head of Unit enabled Dr Ng to rapidly adapt into a new culture and environment, as well as acquire a good understanding of the UK Higher Educational and National Health systems.
The supportive environment of EDI enabled Dr Ng to complete her specialty training in Endodontics, pass the Royal College Membership examination and enter onto the Endodontic Specialist list in 2000. Mentoring by the Head of Unit also enabled her to develop her educational portfolio, and become a member of the Institute of Learning and Teaching in 2003 and subsequently a Fellow of the Higher Education Academy in 2007. Dr Ng has also benefitted from a UCL Staff Assistant Scheme at EDI. This allowed her to complete a PhD in Clinical Dentistry on a part-time basis between 2004-2008. Strong support from her colleagues enabled cover for parts of her teaching and programme co-ordination commitments. The continuous support from Dr Ng’s colleagues and flexible working arrangements also enabled her during this time to visit her elderly parents (in Hong Kong) for whom she is was joint carer. The supportive then HoD granted a long period of carer’s leave to look after her mother when she was particularly ill whilst UCL allowed interruption of her PhD during this difficult period.

Dr Ng’s personal development was accelerated in 2008 when she was promoted to Programme Director of the prestigious Masters programme in Endodontology. She was subsequently promoted to Senior Clinical Lecturer as well as appointed Educational Supervisor for the Specialty Training programme in Endodontics in 2010. In 2013, Dr Ng was nominated for the Student Choice Teaching Awards. The outcome of Dr Ng’s PhD investigating the Clinical outcomes of root canal treatment, helped build her reputation amongst the Endodontic clinical research communities both nationally and internationally. Furthermore, Dr Ng was strongly encouraged by her mentor and Head of Unit to take up a number of influential external appointments.

Dr Ng always strives to act as a role model for her graduate students and has successfully encouraged a large proportion to take up a clinical academic career or teaching role themselves. As she had first-hand experience in successfully adapting into the UCL and UK system as an overseas employee, she has helped mentoring and inducting a number of junior members of staff in her academic Unit and in particular a junior female colleague who is also from overseas, into the Clinical Lecturer and Programme Co-ordinator position. This colleague has subsequently been appointed by the current Institute Director as our Deputy Director of Education.

(986 words)