Athena SWAN Silver department award application

Name of university: University College London (UCL)

Department: Eastman Dental Institute (EDI)

Date of application: November 2013


Contact for application: Dr Anne Young

Email: Anne.Young@ucl.ac.uk

Telephone: 0203 456 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.

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

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

Sections to be included

At the end of each section state the number of words used. Click here for additional guidance on completing the template.
1. Letter of endorsement from the head of department: maximum 500 words

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

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

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

At EDI, all staff must be encouraged, acknowledged and rewarded on academic merit. This will only be possible by identification and removal of any inequality. Inequality significantly influences oral health and systemic well-being. For example, tooth decay and mouth cancer are more prevalent in socioeconomically deprived children and adults respectively. The Institute routinely takes account of such inequality, but must also identify and stop any inequality in our workforce. I therefore strongly endorse the following SWAN action plan and will endeavour to continue to promote gender equality that recognises, promotes and rewards the contribution of women to academic dentistry and related subjects.

Since appointment as Director of EDI I have encouraged female academic staff by:

1. Moving all important Institute meetings (termly staff, monthly Education Executive, Research Executive and Management Board) to core working hours and instigating new meetings to enhance collaborative research and communication.

2. Inviting women to join key committees (e.g. Divisional Teaching, Education Executive, Promotions and Institute Management Board) to ensure a good gender balance.

3. Ensuring female appointment as leaders (e.g. Head of Prosthodontics, Head of Statistics, Director of Education, Lead for Core Teaching Modules and Programme Directors of Orthodontics and Oral and Maxillofacial Surgery).
4. Providing strong guidance and support for female staff applying for promotion (eg. Chair (Orthodontics), Reader (Biomaterials), Senior lecturer (Endodontics) and Senior Teaching Fellow (Aesthetic Dentistry) and Honorary Consultant (e.g Orthodontics & Paediatric Dentistry).

5. Together with colleagues ensuring that principals of equality are robustly practiced in recruitment and selection. This has aided recent appointment of female academics in Endodontics, Paediatric Dentistry, Oral Surgery and Aesthetic Dentistry.

6. Developing methods to support grant writing, encouraging quality rather than quantity, ensuring research is of real benefit for patients and enhancing female participation in external promotion of EDI research.

Such changes enhance the environment for all institute staff. Meetings are now attended by more staff, hence providing a more rounded opinion of solutions to problems. Information provided and discussed in institute committees is also broadened. Furthermore, it has raised the profile of female staff and students within and outside the institute, increased their employability and enhanced the global Institute reputation.

Nevertheless we need to do much more. About 57% of all new dental graduates are female, but although the proportion of clinical academics in the UK has slowly climbed, the most recent Dental School Council survey still indicates that only 39% of all academics and 14% of professors are female. Personally, female academics have guided me at significant time points in my career - I was inspired by a female senior lecturer to undertake an intercalated BSc, while a female clinician advised me to enter clinical academia which has been a fulfilling career.

The following report details both our success in and continuing barriers to increasing the numbers and quality of female academic staff in UCL Eastman Dental Institute.

Yours sincerely

Professor Stephen Porter

Director – Eastman Dental Institute

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

Describe the self-assessment process. This should include:

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

The self assessment team (SAT) consists of students, technicians, research fellows and lecturers, from both education and research departments in addition to administration and management. The 4 men and 5 women have experience of maternity / paternity leave, balancing activities of work and family and flexible working from the perspectives of clinics, teaching and research.

Dr Anne Young (Chair) was the first female EDI Reader in Biomaterials as well as Deputy Graduate Tutor. She has been primary supervisor for 39 EDI post graduate / doctoral research projects over 12 years. Furthermore, she has experience of various other academic and industrial male- dominated jobs and the problems this and redundancy causes when raising a family. She has analysed data and coordinated the Athena SWAN application.

Professor Stephen Porter (EDI Director since 2008) well appreciates difficulties in achieving work-life balance having one adult son and 4 year old twins. Since his appointment he has strived to promote academic well being of all staff, attended all SAT meetings and instigated many changes as a consequence.

Dr Nicola Mordan (EDI Microscopist for 22 years) has 2 children, 3 stepchildren and 5 grandchildren. She is the Departmental Equal Opportunity Liaison Officer (DEOLO) and provided information on support given to students and technical staff.

Dr Susan Parekh (Clinical lecturer at EDI since 2004) was appointed Deputy Director of Education in 2011 and was the first female Director of Education in 2012. She is also the founding Director of the Postgraduate Certificate in Paediatric Dentistry, Coordinator for the DDent in Paediatric Dentistry and provided clinical perspective for SAT.

Dr Adam Roberts has been a scientist within Microbial Disease for the past 13 years. He was initially a post-doctoral scientist, then Lecturer and in 2012 appointed Senior Lecturer. Dr Roberts has supplied information on outreach activities.

Dr Jose Rodriguez (Clinical Lecturer in Prosthodontics at EDI for the past 4 years) has provided a younger lecturer’s viewpoint and organised a new Athena SWAN questionnaire.

Mr Nick Walters is a 3rd year PhD student in Biomaterials and coordinator of group meetings for clinical and scientific students and staff working on dental restoratives. Mr Walters has used his scientific / artistic skills to clarify application data relevant.

Dr Lena Ceric (Microbial Diseases) provided a post-doctoral point of view. During the preparation of this report, Dr Ceric was appointed to a lectureship in UCL Civil Engineering and as a consequence was replaced by Dr Wendy Xia (Biomaterials) on the SAT. Dr Xia has varied experience of post- doc working whilst supporting a family. She provided information on the varied current support provided by the institute and UCL for all new staff.
Ms Vanessa Powell (administrative support at EDI since 2004) was appointed as the first female EDI Manager in January 2012. Ms Powell has coordinated data retrieval.

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.

Prof Stephen Porter was appointed Institute Director in 2008 and Dr Nicola Mordan the DEOLO Athena SWAN representative soon after. Various strategies were subsequently employed (e.g. mentoring schemes, cross-division staff meetings, grant writing support and increased and more robust appraisal) to improve the culture of EDI, cross disciplinary research / communication and staff promotion opportunities. Male management dominance was reduced by the appointment and promotion of females into senior key roles. As a consequence, a self-assessment team (SAT) that included both women and men with major management responsibilities could be established.

The team objectives were to provide evidence of any gender imbalance in our academic workforce and thus develop strategies to address this issue and promote the roles and worth of females within EDI. The SAT has met monthly since July 2012. Early meetings focused on analysing data available from central UCL Services. Unfortunately, the complexity of the institute structure, the broad range and types of educational programmes and varying roles of EDI staff made data interpretation difficult. A strategy for obtaining new long term and more detailed information, either by reference to existing institute records or through collection from the start of the 2012/13 academic year was agreed (action 1.1 and 1.2). Since this time, new centrally collected data has been forwarded to EDI from central Athena SWAN support at UCL. This has helped considerably in this application as has our establishment of shared central computer files for data storage.

Engagement of the wider EDI community in the process was achieved via an online survey covering perception of gender equality within EDI, careers advice, mentoring and flexible working. 26/90 (29%) staff and 32/593 (5%) students responded. Although this gave some valuable feedback, the response level requires improvement in future surveys (action 1.3 and 5.4). The data from the survey, together with improved information from central UCL has helped the SAT determine staff perceptions and identify issues that require further action relevant to Athena SWAN. In addition, members of SAT have spoken directly with a wide range of staff in EDI to gain opinion on how to improve gender balance and attended many Athena SWAN meetings at UCL. Furthermore, Athena SWAN is now a standing item at the all staff meetings and Institute Management Board. In the future, gender equality will additionally be covered in Programme Review, Graduate Tutor and Marketing committee meetings (action 1.4 and 1.5).
c) Plans for the future of the self assessment team, such as how often the team will continue to meet, any reporting mechanisms and in particular how the self assessment team intends to monitor implementation of the action plan.

Following submission, the SAT will meet quarterly to discuss specific assigned actions. Each member of the SAT has been given specific responsibilities in the action plan, and will monitor and report back at these meetings. Athena SWAN will continue to be a standing agenda item on the Institute Management Board (which will receive quarterly updates from the team chair), termly Institute Staff Meetings and in the future also Programme Reviews (action 1.4). In addition, students and staff will be encouraged to contribute to change through annual surveys (action 1.3 and 5.4) and informed through new intranet web pages and handbook that are developed as outcomes of team discussions (action 1.5, 2.3, 3.1 and 4.1). New team members will be sought every 2 years to publicise Athena SWAN initiatives more widely.

(994 words)
3. A picture of the department: maximum 2000 words

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

EDI has over 60 years experience of delivering first-class education, ranging from one-day short professional development courses to three year specialist training and doctoral programmes of study. It offers the broadest range of postgraduate dental teaching in the UK and attracts students of both genders from over 25 countries. EDI also has a vibrant research culture, matched by excellent research facilities enhanced by strong collaborations with other academic departments and industry worldwide. In the RAE 2008, of all UK dental institutes / departments, EDI was ranked third in terms of the number of world leading 4* researchers returned, and second in terms of the number of highly performing 4* and 3* researchers returned. Unfortunately, in 2008 there were few female lecturers, no female academic staff above senior lecturer and the only management position held by a woman was the deputy graduate tutor. The following, will demonstrate how this imbalance is changing.

**Education**

- Continuing Professional Development (M)
- Craniofacial Growth & Development (M)
  - Orthodontics (M)
  - Paediatric Dentistry (M)
- Maxillofacial Medicine & Surgery (M)
  - Oral and Maxillofacial Surgery (M)
  - Oral Medicine and Special Care Dentistry (M)
- Restorative Dentistry (M)
  - Endodontics (M)
  - Periodontology (M)
  - Prosthodontics (F)

**Research**

- Biomaterials and Tissue Engineering (M)
- Clinical Research (M)
- Microbial Diseases (M)
- Biostatistics (F)
- Eastman Clinical Investigation Centre (M)
- Evidence Based Oral Health (M)

Table 1. EDI Departments (in bold) and Units (M and F indicate male or female head)

Table 1 demonstrates we have gained one female department head and one female unit head since 2008. Furthermore, women have replaced men as Institute Manager, Deputy Director of Education, Director of Education, and four Programme Directors (Prosthodontics and Endodontics (2009), Oral Surgery (2010) and Paediatric Dentistry Certificate (2011)). Moreover, in 2011 the first ever UK female Professor in Orthodontics was appointed.
b) Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning.

Student data

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

EDI offers no access or foundation courses

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

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.

![Percentage of females on PGT courses](chart.png)

**Figure 3.1.** Percentage of female (y-axis) and number of female and male (displayed as numbers on columns) students registered on postgraduate taught courses (PGT), during academic years 2007/08 to 2012/13.

The percentage of female students commencing EDI PGT courses has steadily risen in recent years to over 50% (Figure 3.1). Currently 338 of 415 (81%) of our PGT students are part time. Nationally, female percentages on full and part time dental PGR courses are 56% and 40% respectively (HESA, 2011 /12). Our observed increase partially reflects the increasing numbers of female dental undergraduates but may also be affected by increasing female role models. Between 2001/2 and 2010/11 there has been a 75% increase in the numbers of female dental undergraduates and 39% increase in male undergraduate dentists in the UK. To gain greater understanding of trends, in future this data will be determined for each course (action 1.1).

Figure 3.2 shows there are currently 162 women and 157 men on our part-time flexible modular courses. Of the two largest, the MSc in Restorative Dental Practice is female dominated (127 female to 73 male). This generalist training may be particularly attractive to females wishing to undertake part-time general dental practice. Conversely, the postgraduate Diploma in Implant Dentistry is male dominated (6 female to 56 male). This programme may attract those who wish to work in a semi-specialist, full-time, practice. Both courses are led by male clinicians but with female contributors.
Figure 3.2. Percentage of female (y-axis) and number of female and male (displayed on columns) students registered on postgraduate taught courses (PGT), by course name and programme type (flexible & part time programmes vs. full or part time MClinDent & MSc), during academic year 2012/13.

In the other largely full-time MClinDent and MSc programmes, male and female numbers are on average even (48 men and 48 women of which 9 men and 10 women are part-time). Of these, the Orthodontics and Periodontology programmes are strongly female and male dominated, respectively. Two of the three programme staff in Orthodontics are women (including EDI’s first female Professor) whilst until 2012, the Periodontology academic staff were entirely male. The other two restorative areas (Prosthodontics / Conservative Dentistry and Endodontics / Endodontology) are both now led by female clinicians and have a better, although not as yet equal, gender balance. It could therefore be argued that female role models do encourage women to apply. It is hoped, therefore that the recent recruitment of a female clinical periodontology lecturer will encourage more female students to undertake this discipline in the future. Actions 1.5 and 3.1 should also beneficially increase female role model visibility.
(iv) **Postgraduate male and female numbers on research degrees** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

**Figure 3.3.** Percentage of female (y-axis) and actual number of female and male (displayed as figures on columns) students registered on postgraduate research courses (PGR), during academic years 2007/08 to 2012/13.

EDI PGR student numbers have doubled over the last 6 years (Figure 3.3). The percentage of women in 2012/13 was 64%. This is above the national average of 59% for clinical dentistry (HESA 2011/12). PGR numbers include DDent students on our 3 year paediatric course that started in 2008. The remainder are clinical and scientific PhD students.
Currently, women enrolled on our DDent course or undertaking a PhD in Microbial Diseases far outweigh men (Figure 3.4). The female percentages (90% and 85%) are also much higher than might be expected from HESA data for PGR courses in dentistry (59%) and biological courses (53-60%). Paediatric Dentistry, however, is generally a female dominated specialty across the globe. The percentage of women undertaking a PhD in Biomaterials (38%) is higher than the national average of 31% on other PGR Materials courses (HESA 2011/12). In recent years the dominance of men in Biomaterials and Tissue Engineering has been further diluted through staff in this department working in close collaboration with the Paediatric department and providing projects for their DDent students. This year 6 such projects have been housed within Biomaterials and Tissue Engineering and will be encouraged in the future by action 2.1.

The percentage of women undertaking a clinical PhD (46%), however, is slightly below average. Increased visibility / encouragement of female academics, further commitment to interdisciplinary research and more of our Masters students being inspired by their scientific research projects to continue to PhD level could help us address this problem (action 1.5, 2.1, 3.1).
(v) Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees – comment on the differences between male and female application and success rates and describe any initiatives taken to address any imbalance and their effect to date. Comment upon any plans for the future.

**Figure 3.5.** Number of female (left) and male (right) students who applied (dark grey), were offered places (pale grey) and accepted places (middle grey) on postgraduate taught courses (PGT), during academic years 2007/08 to 2012/13.

**Figure 3.6.** Percentage of students who were female, who applied (dark grey), were offered places (pale grey) and accepted places (middle grey) on postgraduate taught courses (PGT), during academic years 2007/08 to 2012/13.

Figures 3.5 and 3.6 demonstrate a slight increase in percentage of female applications since 2007 but no significant changes between female applications, offers and acceptances on PGT courses. In the future, this data will also be generated for individual programmes (action 1.1).
Figure 3.7. Number of female (left) and male (right) students who applied (dark grey), were offered places (pale grey) and accepted places (middle grey) on postgraduate research courses (PGR), during academic years 2007/08 to 2012/13.

Figure 3.8. Percentage of students who were female, who applied (dark grey), were offered places (pale grey) and accepted places (middle grey) on postgraduate research courses (PGR), during academic years 2007/08 to 2012/13.

Figure 3.7 demonstrates a sharp rise in the numbers of women applying to our PGR courses, such that there are now more women than men. The notable increase in female applicants is largely a consequence of our introduction of the DDent in Paediatric Dentistry in 2008. The high variations in Figure 3.8 in earlier years are due to low student numbers. Data in 2012/13, however, with higher student numbers show that female applications, offers and acceptances have increased to 60, 60 and 63% respectively. In future this data will be split into course type (action 1.1)
The Institute recruits PGR students that are self-funding, sponsored (normally by overseas governments and universities) or on grant-funded PhD studentships (e.g. Research Council). For the first two groups, recruitment is encouraged by staff presence at conferences, their international publication reputation, research and/or educational collaborations, our web pages and word of mouth. Sponsored PhD students are pre-selected by their funding body, but must also meet UCL entrance requirements. Recruitment to grant funded studentships is managed as per staff recruitment processes. It therefore adheres to the robust UCL guidelines on advertising and interview panel male / female ratios and training (see more details below).

**Actions 1.3-1.5, 2.1, 3.1, 3.2** should therefore help increase female PGR numbers.

**(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.

a) Postgraduate Taught Courses (PGT)

![Graph](image)

**Figure 3.9.** Percentage of students completing a PGT programme that are women versus year of entry. Numbers of men and women completing are provided as data labels.

The percentage of women completing an EDI PGT programme (Figure 3.9) increased between 2006 and 2009 due to a rise in their initial recruitment (Figure 3.6). Data of this type in later years are misleading due to the varying lengths of courses and differing percentages of women on each. In the future degree attainment trends will be assessed by programme (**Action 1.2**). For 2011 / 2012, 52 women and 48 men on part-time/flexible programmes gained a PG certificate or diploma. Furthermore, 10 women gained distinction, 4 merit and 13 women passed MClinDent or MSc courses. Conversely, 10 men gained distinction, 3 merit and 6 passed.
b) Postgraduate Research Courses

On the DDent programme, all students who started in 2008 or 2009 have passed. For PhD students, the average time to submission has decreased from 5 to less than 4 years due to changes in UCL regulations although the time to completion was marginally longer for women.

In the future, data will be collected to ensure there is no gender bias in offers made or acceptance levels within specific units (action 1.1). Furthermore, new strategies that enable an upward trend in female numbers on male-biased courses will be identified (action 1.2). For example, web pages will be modified to ensure the outcomes of women are promoted (action 1.5 and 3.1). Surveys will also be undertaken to appreciate better what encourages male versus female students to select specific courses (action 1.3). Any gender imbalances will then be discussed with the Graduate tutor team and relevant programme leads as part of the Institute’s Annual Programme Review process (action 1.4).
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 3.10. a) EDI staff that were a) percentage female in 2009 and 2012 and b) percentage female (y axis) with female and male numbers (displayed on columns) versus position, during 2009 to 2012.

Figure 3.10 demonstrates that between 2009 and 2012 percentages of female staff at senior levels have increased. This is due to female promotion and retirement of male academics. Those at post doc and lecturer level, however, have decreased due to a combination of redundancy, failure to recruit women and female promotion.
Figure 3.11. Percentage of clinical staff that are female (y-axis) and number of female and male (displayed on columns) clinical staff by position, during 2009 to 2012 a) full time and b) part time.
Figure 3.11a indicates that we now have a much higher percentage of full-time female clinical lecturers (75%) compared with the national average (39%) (Dental Schools Council Staff Survey as at July 31st 2012). This and the number in more senior positions has also been increasing since 2009. Within the different clinical specialties we now have a higher percentage of females than the national averages in Endodontics (EDI 66% vs National 45%), Oral and Maxillofacial Surgery (50% vs 25%) and Orthodontics (66% vs 31%). Other specialities have comparable gender split compared with national figures.

We additionally, have employed an increasing number of part-time, short contract clinical lecturers (see Figure 3.11b). These are nearly all male locum / honorary staff employed for a few months each year. Part time clinical staffs at higher level are mostly permanent. Those in senior clinical and reader positions have better female representation but again women are underrepresented at professorial level. A major problem we have encountered is that very few people (male or female) apply for these or any other clinical positions. This is a challenging problem that is not unique to our institute, as it is recognised that few dental undergraduates seek a career in clinical academia (Gallacher, Patel and Wilson. BMC Oral Health 2009; 9:1-9). A possible partial solution could be a change in institute policy and appointment of permanent rather than higher numbers of part-time lecturers. This solution has enabled recent recruitment of a permanent female NIHR Academic Clinical Lecturer in Oral Surgery. Additionally, as the external pool of potential appointees is small, a policy of “grow our own” may be more appropriate. We have for example in recent years demonstrated increased gender balance success by supporting 4 female academics (cf 1 male academic) in clinical training. 1 is now a Consultant Professor, 2 are Consultant Lecturers and 1 is a Senior lecturer and Specialist Doctor. **Actions 2.1-2.4, 3.1 and others** will aid further promotion of these women.
In our research departments, in 2012 we had equal numbers of male and female postdocs, lecturers and readers but no female senior lecturers or professors (Figure 3.12). All staff were full-time except for two female postdocs in a job share. Given the low percentages of female lecturers in London in our non-clinical research areas (chemistry (26%), physics (18%), materials (33%) and biology (47%) (HESA), these problems will not readily be solved by senior appointments. Instead, female retention, enhanced by greater work flexibility (action 4.1) and promotion (action 2.3), are more likely to succeed at improving gender balance. The latter are already supported by providing management opportunities and for example grant writing support (action 2.1). Alternatively, cross disciplinary research and greater training of clinical staff (with much higher female percentages) in chemistry, physics and materials research will be further encouraged. This we anticipate will additionally enhance research quality and relevance to patients needs (action 2.1).

(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 3.4. Percentage turnover that is female (dark band) and number of male and female (clinical +research) staff leaving at different levels (data labels) between 2009 and 2012

15 male and 2 female lecturers left EDI between 2009 and 2012 (Figure 3.13) due to retirement or appointment/promotion to alternative posts in industry or private clinical practice. The loss of men through retirement combined with retention and appointment of women has redressed some of the previous academic staff gender imbalance. Additionally, 3 female and 1 male postdoc left during this period due to end of grant funding. 2 of these women gained lectureships elsewhere. To aid retention of postdoctoral staff, current staff will endeavour to include postdocs on more new grants and / or provide support for postdocs gaining their own fellowships (action 2.1).

(1992 words)
4. Supporting and advancing women’s careers: maximum 5000 words

Key career transition points

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

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

Applicants for research associate positions between 2010 and 2012 were more male than female (43/101, 39% female) (Figure 4.1). More women (3), however, were appointed than men (1). Clinical research associate positions had fewer applicants but a higher percentage of women (17/30, 57%) applying. 2 women and 2 men were appointed. Clinical Teaching Fellow posts had very few applicants that were nearly all male. Applications for other clinical lecturer posts were also very low with 26 men and 14 women (35% female) applying for 12 posts. These were filled by 8 men and 4 women (33% female). Staff data in 2.11 suggests the women have been largely full time whilst male appointments are part time but that not all interview results for part time positions may have been recorded. This will be dealt with in action 3.2. Greater numbers of women on interview panels in the future (particularly if from the SAT) should help us assess why women do not apply for or gain part time clinical posts. Increased visibility of women on web sites (action 3.1) and more extensive advertising might also help attract more women.

Previous difficulties in recruiting senior clinical staff with suitable qualifications for lecturer positions have been overcome at EDI by supporting our existing staff in their clinical and / or academic training. For example, job plans of junior academics were adjusted to provide opportunities to complete clinical training and/or academic (e.g. PhD) training. As a result, in recent years five clinical female lecturers (cf one male lecturer) have undertaken PhDs whilst employed as full time academic staff. Two of these women have recently taken on management roles and been promoted to senior positions. These types of support will be encouraged more in the future through improved appraisals (action 2.2)
Figure 4.1 Percentages (y axis) and numbers (data labels) of women applying, interviewed and appointed to various posts in a) 2010, b) 2011 and c) 2012.
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.

Figure 4.2 Percentage female promotion (y axis) and number of permanent full time male and female promotions (data labels) versus grade and year. (Additionally, 2 part time male staff were promoted to teaching fellow and senior clinical lecturer in 2010 and 2011)

In 2009 and 2010 more men (5) than women (1) were promoted. In 2011 and 2012, however, more women (5 of 7) were promoted. Case studies of the two women promoted to reader and professor are provided in section 7. Given the total number of female staff (Figure 3:10) it can be seen that much higher proportions of our female than male staff are being promoted.

The Director has taken an active role in identifying and investing in promising academic staff, by regularly reviewing CVs and encouraging staff promotion. Academic staff on junior grades can be promoted at any point in the academic year, but for senior promotions there is an annual cycle managed via UCL HR. In September each year, senior staff (lecturer, senior lecturer and readers) are asked to forward their CV to the Director if they wish to be considered for promotion. These are reviewed by a divisional review committee. The recent promotion of two women to readership and professorial level together with their appointment to the review committee has increased the female representation on this important panel to 40%. This committee also considers whether there are any staff not applying who should be encouraged to do so but in the future will also provide greater advice on how applicants should improve their CV’s (Action 2.3). Those who are considered to have chance of promotion are provided with strong supporting references from the departmental and institute head. In the past 4 years, on average 80% of staff advised to seek promotion have succeeded through the UCL promotion process. Staff not recommended internally for promotion can still apply directly to UCL, although in the past 6 years no staff member has pursued this route. Staff not supported by the internal committee, or are unsuccessful in their promotion are provided guidance by the Director and/or Faculty Dean on how success can be achieved in future promotion rounds.
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.

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 clinical posts the Institute’s internal recruitment policy was now changed such that all posts (including part time) are advertised in at least one additional publication (online or print). In 2012/13 adverts were posted in jobs.ac.uk, British Dental Journal, Nature and the American College of Prosthodontics publications. 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. In the future web pages will also be modified to ensure women and Athena SWAN activities are highly visible (action 1.5, 3.1)

Applications are shortlisted against the stated person specification, ensuring objectivity in selecting candidates for interview. At interview, candidates are again scored against the person specification, requiring the panel to appoint the individual with the highest score. This data is submitted to EDI HR to enable it to be checked prior to processing for an employment offer.

Recent changes to UCL policy asks that the membership of interview panels is at least 25% female to try and prevent gender imbalance. Collection of data this year has demonstrated that 8 out of 12 interview panels have achieved this but that 3 have had no female representation. This has been achieved despite the low numbers of senior female staff. It is, however, beginning to overburden some full-time senior female staff. To address this issue, both technical and administration staff have been included on panels for lower grade academic jobs. EDI staff must undertake a course in fair recruitment before being on a panel. In the future, we therefore will arrange training of some of our part-time and post doctoral female staff in the UCL interviewing policies. This will not only widen the pool of potential interviewers but will provide more females with the opportunity to undertake important enabling roles that are required for academic promotion. We will also restrict each member of staff to sit on a maximum 3 or 4 interview panels a year (action 3.2).
(ii) Support for staff at key career transition points – having identified key areas of attrition of female staff in the department, comment on any interventions, programmes and activities that support women at the crucial stages, such as personal development training, opportunities for networking, mentoring programmes and leadership training. Identify which have been found to work best at the different career stages.

a) Male dominance in some PGT and PGR disciplines

The institute has attempted to lessen any isolation of women in male dominated units through the provision of cross-disciplinary core courses for all students. Cross-disciplinary research projects for clinicians run in the scientific research departments also help (action 2.1). We additionally propose that our increasing recruitment and visibility of female academic role models will help address gender imbalance in some disciplines (action 3.1).

b) Post graduate and postdoctoral to lecturer

Applicants for UCL academic positions are generally required to have both publication and grant application history. Production of papers by both PGT and PGR students during their studies is therefore strongly encouraged by both Programme Directors and research supervisors. The Institute’s Research Strategy also states that PGT level projects should be integrated with those being undertaken at PGR level. This increases the possibility of PGT students being named on research papers. Furthermore, all students and staff are encouraged to attend and present at conferences. EDI has a fund to which students can apply to cover reasonable travel and subsistence costs if they are presenting either a poster or paper. Conference costs are also regularly covered by grants or discretionary funds. Moreover, there is a society fund to which students may apply to cover membership costs. Furthermore, PGR students are encouraged to apply for small travel and other grants to provide them with early experience of grant application. In the future, discussions with the Graduate Tutor team will enable us to assess if more men than women take up these opportunities (action 1.4).

Post-doctoral staff and PGR students (where skill sets are appropriate) are expected to provide assistant supervision for PGT students in their research projects. This can provide valuable experience to complement those gained via UCL supervision / leadership courses, help in applications for lecturer positions and enhance cross-disciplinary contact. Post-doctoral and PGR students can also contribute to the delivery of the EDI common teaching programme in instances where their line manager / supervisor is leading a session. A recent example of this is the ‘How to Communicate with Your Patient’ seminar. In addition, it is expected that post-doctoral staff should work with their line managers to write grant proposals and investigate fellowship opportunities. In the future this will be aided by action 2.1.

A key transition point at which female scientific staff leave academia is post-doc level due to difficulties in finding funding and the strong competition for permanent posts. Use of UCL policy on redeployment has enabled the Institute to retain post doctoral staff by moving them from one research grant to another. Gaps in funding between grants are often financed by discretionary funds. This has been feasible due to the multidisciplinary nature of many of the projects that enables post docs to move between different EDI research groups. It is additionally aided by the various intergroup meetings that include regular research updates and new journal publication discussions. This multidisciplinary training also enhances the opportunities for academic positions within EDI, UCL or elsewhere. For example, in the past 2
years one female post doc in microbial diseases secured a lectureship in civil engineering whilst another has transferred from Biomaterials to a lectureship in dentistry. In this position, this dentist has been able to continue her research in a male dominated Biomaterials and Tissue Engineering discipline. In the future, postdocs will be given greater support by being invited to grant application workshops and institutional meetings (action 2.1 and 5.1)

c) Lecturer to more senior academic posts (senior lecturer, Reader and Professor)

All new academic staff at EDI are required to have a mentor which is the responsibility of the line manager to arrange in consultation with the member of staff. Confirmation of this arrangement is provided to the HR Officer. In future, however, we wish to improve mentoring, particularly for all female staff for reasons given in section 5. We therefore plan to enhance mentoring benefits by encouraging senior staff to attend courses and undertake this role more conscientiously (action 2.4). Current communal facilities, social and seminar events do promote networking but in the future this will be enhanced by actions 2.1, 5.1 and 5.2.

Grant securement is an important expectation of the academic life of research-active staff and usually central to promotion to senior positions. The Institute’s Research Executive Committee (REC) has established a system of grant review to help staff at all levels. Grant applications should be sent to a member of the review team prior to submission for feedback. It is expected that all members of staff will use this scheme regardless of seniority. Senior staffs also routinely include junior colleagues on grant applications, providing them with experience and more confidence in dealing with, for example, recruitment, managing and accessing funding requirements and research groups of increasing size. Nevertheless, while female researchers have been named on grant applications, only 10% of successful grants in period 2008-2012 had female primary investigators (see section 5 for more details). This will be monitored in the future in action 2.1

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. These meetings also gave advice on for example grant funding opportunities. Although extremely successful in producing strong links across departments e.g. Paediatric Dentistry and BTE 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). In the future they will, however, be re-instigated at lunch times on a monthly or fortnightly basis (action 5.1). To encourage more females to submit successful grants, we will also be running workshops by successful applicants on tips to improve success (action 2.1).
Career development

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

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

Promotion at UCL is based on teaching and research outputs but in addition, knowledge transfer and enabling. All EDI staff are encouraged to publish in the top journals in their subject area. Grant income is generally required for promotion to senior levels and grant writing by all staff strongly supported (see previously). Demonstration of quantifiable benefit of research to patients is also encouraged by the REC and Director. Several EDI staff including women hold patents that are licensed. There is considerable support for translational work at UCL (e.g. the Translational Research Office (TRO)). In the future, these and other UCL grant writing support mechanisms will be more widely publicized through the development of an EDI staff handbook (action 4.1) and the running of lunch time seminars by champions of these activities (action 2.1 and 5.1).

EDI management have also worked to ensure an equal gender distribution in enabling / pastoral roles, with 3 of the 6 key roles (Director of Education, Deputy Director of Education and Deputy Division Graduate Tutor) currently being held by female members of staff. These roles rotate, whenever possible, every 2-3 years to ensure more staff are given the opportunity to undertake enabling roles that enhance their promotion prospects.

The UCL policy on academic appraisals changed in 2013 such that all academics are required to be appraised annually. Prior to this, non-clinical academics were appraised every second year, while only clinical academics were appraised each year (jointly by UCL and the NHS). This change should provide an opportunity to ensure that the careers and progression of all staff are monitored well. The Institute HR Officer is now working to ensure that staff are appraised on schedule every year through regular reminders to appraisers. Encouragingly perhaps, in the staff survey, 82% of females and 93% of males responded that they had been appraised in the last year. During appraisals, staff and appraisers should set realistic but extending and rewarding goals, promotion ambitions should be discussed and opportunities for personal development documented. In the survey 18/26 staff rated the advice they had received regarding career progression as good or satisfactory with 8 considering it poor or non-existent. 13/25 indicated that they were actively encouraged to take part in personal development training but only 3 stated they had undertaken this. In the future the institute director will ensure that this issue is addressed in the appraisals of all senior staff (action 2.2). Promotion opportunities will also be included in a new EDI staff-handbook (action 2.3).
(ii) Induction and training – describe the support provided to new staff at all levels, as well as details of any gender equality training. To what extent are good employment practices in the institution, such as opportunities for networking, the flexible working policy, and professional and personal development opportunities promoted to staff from the outset?

All new staff are currently provided with a local induction pack, which is reviewed and updated at regular intervals by EDI HR in response to feedback from new starters. The pack includes information about flexible working and staff training and development opportunities; specific information is given for early career researchers. In the future EDI HR will convert this to a more extensive handbook for all staff (action 4.1). New staff are immediately 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 much more.

For all new staff there is a probation period that varies with grade. During probation there are several appraisals at which progress and support / training are discussed with line managers; progress against this schedule is actively monitored by EDI HR. New lecturers are encouraged to undertake the first module of the UCL PGCLTHE course as part of their probationary period. Methods of further improving the appraisal in the future are in action 2.2.

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

Each PGT student is formerly allocated an academic tutor from within their discipline (arranged by the Programme Directors), with whom they meet at least termly to discuss their progress and any other relevant issues, including career development. The student can always request an alternative support tutor (male or female).

In addition to regular meetings with their primary and secondary supervisors, research students attend termly one-to-one meetings with either the graduate (male) or deputy graduate (female) tutors. This confidential discussion provides opportunities to raise issues regarding supervision, project progress and career ambitions. The graduate team also organises termly events for research students (“Open Forums”) at which issues about undertaking a PhD, research in general and careers are discussed.

All taught and research students have access to personal tutors (currently 3 women and 3 men) that are highlighted to them in a welcome pack, welcome seminar and our institute intranet. Programme directors, co-ordinators, research supervisors and UCL all provide regular careers advice. Weekly research seminars, organised by a female academic, also provide opportunities for us to encourage a career in research-active academia. In 2012 there were 9 female and 12 male invited lecturers on the Institute’s open-access seminar series. One future aim will be to ensure outstanding women external to EDI continue to be invited to speak in this seminar series and thereby act as female role models (action 5.3).
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.

![Figure 4.4 Percentage female (y axis) and number of men and women (data labels) on EDI committees in 2012/13.](image)

Staff are often appointed to committees by virtue of their seniority or enabling roles they hold within the Institute. This resulted in key institute committees (eg Research Executive Committee (REC), Institute Management Board (IMB) and Promotions Review Committee) previously comprising of male staff only. With recent promotions, however, the REC, now has one woman, the IMB three female representatives and the Promotions Review Committee is 40% female. As women are further supported and promoted (action 2.3) this gender imbalance will be further addressed.
(ii) Female: male ratio of academic and research staff on fixed-term contracts and open-ended (permanent) contracts – comment on any differences between male and female staff representation on fixed-term contracts and say what is being done to address them.

As mentioned above, EDI appoints a large number of male fixed term part-time contract clinical lecturers, all of whom additionally work in clinical practice outwith EDI (Figure 3.11). This problem is being addressed through appointment of more full time clinical staff that are more often women.

All post doctoral staff (Figure 3.12) are on open-ended contracts but their continuing employment is determined by whether further funds (mixture of research council, industrial and charitable) can be gained before a grant runs out, whether they are granted bridging funding, or if they can be successfully redeployed within UCL. In 2009 and 2010 we had 5 female and 4 male postdoctoral staff. In 2011 and 2012 this declined to 3 women and 3 men due to a reduction in grant income. When funding is coming to an end, meetings are arranged between the post-doc, their line manager and HR to identify how continuing funds might be found and discuss other options (e.g. we have funded continuance via the securement of bridging grants and employed staff using discretionary monies). Most of our post-docs have, however, before the end of a grant successfully found permanent academic, industrial or clinical positions elsewhere.

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

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

From 2008 it was intended that committee membership and chairs would be reviewed and rotated on an annual basis but this proved to be difficult in view of the relatively small staff size and lack of available senior staff. In the last 2 years, however, there has been significant change in membership of several committees, notably our Education Executive Committee and IMB, due to new staff promotion and also a greater willingness of staff to hold important decision-making and engagement roles. This has allowed us to improve committee female: male staff ratio. We endeavour to ensure that there is a balance between ensuring staff have the opportunity to be members of decision committees but are not be overburded. This can be challenging, but other than the Director, no staff member of either gender sits on more than 3 EDI committees. Staff are encouraged to sit on external decision committees such as those of specialty organisations, the NHS or Royal Colleges. Such activities will be more strictly monitored in the future through the appraisal procedure to ensure that such activities are beneficial to the staff member as well as the Institute and not overburdening (action 2.2).
(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.

The Institute employs academic staff on teaching only contracts (e.g. teaching fellows) as well as posts where both teaching and research is expected (i.e. lecturers, readers, professors). However, due to the nature of activity within the institute it is accepted that some clinical staff will have mainly teaching outputs, while non-clinical staff activities will be dominated by research. This weighting is taken into consideration in the promotions process, and staff can (and have been) promoted on the basis of strength in either research or education delivery.

Enabling roles are considered positively in the promotions process, at both Institute and University level. Efforts are also made to rotate the enabling roles between staff both to provide equality of opportunity but also to ensure parity in workloads wherever possible. Additionally, of the 18 PGT programmes of study offered by the Institute, 10 are led by female clinical academics, including the prestigious specialist training programmes in Orthodontics and in two of the three Restorative Disciplines. These programmes have an international reputation, thereby raising the profile of the relevant Programme Directors.

During the appraisal process staff are encouraged to comment on their current workload and openly discuss any change in circumstances that might require a revision of such responsibilities; where the revision is required at an Institute rather than unit level this is escalated to the Director. Of concern 15/26 staff in the EDI survey disagreed that teaching versus administration workload balance was fair. Furthermore, 10/26 felt that contributions other than research and teaching were not valued. This has been partially addressed by the Director increasing the numbers of institute wide emails providing encouragement, congratulations and thanks to staff when there are a wide range of different successes in and outside EDI. In addition, with the e-communications officer, the Director has greatly expanded our webpages (and Twitter) to promote the educational successes of staff to a very wide audience ([www.ucl.ac.uk/eastman/about/news](http://www.ucl.ac.uk/eastman/about/news)). This will further be addressed in improved appraisals, and greater publication of outreach, public engagement, industrial, translational and other activities in organised meetings (**action 2.1, 2.2 and 5.2**). Support by staff on large administrative tasks such as REF and Athena SWAN documentation will also continue to be highlighted in meetings.
(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.

Institute Management have actively moved all EDI committee meetings to within UCL core working hours of 10.00-16.00. The Institute Director has also written to all Heads of Units requiring them to hold local meetings during these hours.

Christmas lunches and summer sports afternoon / picnic in Regents Park are now annual EDI events held during working hours. Whilst travel in London makes socialising with families difficult the summer event in particular has been joined by children of staff and those on maternity/paternity leave. When new postgraduates start, there are various other social events organised ranging from lunch in local restaurants to evening bowling and quiz nights. For evening events adequate warning is given to help those with external responsibilities.

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

The comparatively small size of the Institute has enabled a culture that is friendly and supportive. Most staff (academic and support) know each other. This is facilitated by the networking opportunities and communal spaces (e.g. refectory). The refectory is particularly beneficial as it’s large tables encourage informal daily meeting of administrators, students, technicians and staff for both lunch and “coffee” breaks. Students and staff from different departments regularly intermingle in this forum. Work meetings held in this environment can be more friendly and enjoyable. Furthermore, other spaces are regularly used to enable parties that celebrate for example PGT students successfully completing their degrees. In the summer the central square provides an excellent, relaxing external venue for people to meet. The central position enables staff from different parts of the institute to meet informally without prior arrangements and join different groups that congregate in this area.

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. Institute Management also works to ensure that any gendered language is no longer used, for example the use of Chair rather than Chairman in all committee papers.
(v) Outreach activities – comment on the level of participation by female and male staff in outreach activities with schools and colleges and other centres. Describe who the programmes are aimed at, and how this activity is formally recognised as part of the workload model and in appraisal and promotion processes.

The institute undertakes considerable outreach activities. Recent examples led by women include school-based presentations in oral research (on “Biology4all” and Orthodontics) and the establishment of a Blog by a female PGR student. Similarly a postdoc from microbial diseases, signed up to ‘I’m a Scientist – Get Me Out of Here’. This event took place online with live exchanges between students and scientists. Additionally, both female and male staff have been involved in our 2012 collaboration with the Science Museum (“Me in 3D”). Furthermore, male staff have led our joint public engagement activities with the Wellcome Trust and been at Cheltenham and Brighton Festivals. Our public engagement exhibitions (“me and Microbes”) at the 2010, 2011 and 2013 Bloomsbury Festivals were lead by males but also involved female PGRs. Furthermore, school children regularly come to EDI for short work experience periods.

To date there has been little recognition by our parent university of the contribution of public engagement in appraisal and promotion procedures. However, in view of the importance of such activities for the career experience of staff and its acknowledgement by REF 2014, we will lobby our Faculty to modify the appraisal and promotion procedures to include engagement with patients, public and non-academic research user groups as part of these processes. Furthermore, EDI champions of public engagement will be asked to share their experiences of such activity at termly EDI meetings and publicise all such activity more widely via our website (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

      The Institute ensures that a flexible approach is taken for all students that become pregnant during their studies. All are encouraged to take their full entitlement of maternity leave. However, if they only wish 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 are re-arranged to ensure that their studies continue in a flexible manner. Some students have requested a formal interruption of studies which is managed by EDI Registry. Students returning from a break are fully supported by EDI Registry and their academic unit. Two recent female students returning from an interruption had a phased return after a year-long break. Due to these processes, all female students who have taken maternity leave have returned to complete their studies.

      b) Staff maternity leave

      Between 2009 and 2012 one academic member of staff at EDI took maternity leave, and then returned to complete her PhD. 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). In the future with increasing numbers of female staff, enhanced visibility of maternity leave options will be required (action 4.1).

   (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. One female lecturer was eligible for adoption leave in this period and took the full entitlement. UCL now offers 4 weeks paid paternity leave (double the legal requirement) and fully supports the new provision of additional paternity leave. We will ensure in the future that all staff are aware of these options through the staff handbook (action 4.1).
(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.**

Flexible working arrangements are normally agreed at a local level and informally rather than managed formally via HR. Consequently statistics are not officially recorded. In a survey, 30% of female and 25% of male academic staff who responded reported that they take advantage of flexible working. Of these 85% were arranged informally. 9% of students also reported that they work flexibly.

Within the research departments, all lecturing staff have the opportunity for flexible working hours and some do work from home regularly. Post doctoral staff and PGR students can additionally work flexibly and from home if the work permits (for example when writing grants or papers).

Clinical academics have flexibility during allotted research time but clinical activities (scheduled in conjunction with the NHS) do restrict flexibility. Similarly, clinical aspects can limit flexibility for PGT students. As demonstrated with maternity (and paternity) leave, however, it is possible to arrange flexibility but more formal arrangements are required due to patient commitments.

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

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

From the survey, 3/10 female staff and 4/16 men worked flexible hours. 3 of these were professors. The others were from each of the other staff levels. The survey identified benefits included improved motivation, reduction in travelling time, better performance and reduction in stress in addition to family benefits such as easier child minding options. In the future the Institute Director will encourage discussion of flexible working in appraisals. It will additionally be covered in the new institute handbook (**action 2.2, 4.1**).
(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.

When a member of staff notifies EDI of their pregnancy, or that of their partner, local HR will automatically notify them of their maternity/paternity entitlement, and will work with line managers and central HR to facilitate. Where posts are grant funded, EDI HR and Finance will work with the funding body to ensure that maternity leave arrangements are in place and cover financed where needed. In a recent case, it was possible to suspend a research study until the member of staff returned from maternity leave to enable her to contribute to the whole of the project which was seen as important for her career. Staff returning from such leave are supported in their return to work by offering “keeping in touch” meetings and flexible working upon their return and thereafter if needed. Recent examples included a father who recently requested and was granted a 10 am start three days a week when his eldest son started school, and a mother returning from adoption leave who goes home early to collect her child from nursery and concludes her working day in the evening (e.g. answering emails, teaching preparation). This culture is also extended to the Institute’s students (see above). In the future, greater details of staff entitlements and support before, during and after maternity or adoption leave will be included in the new staff handbook (action 4.1).

(Word Count 4995)
5. Any other comments: maximum 500 words

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

Within the survey, staff were able to provide free text comments about good and bad aspects of flexible and part time working at EDI. It was interesting to note that female respondents often provided more family-focused comments (e.g. “Helps with childcare issues without loss of annual leave” & “kids can be dropped off or picked up from school”) than those of some male respondents (“Better preformance, motivation and productivity” & “Allows concentration on one project”). Although we do not know the social circumstances of the repondents, they do reveal that flexible working has the potential to benefit staff in many ways and is thus important for the working and non-working lives of staff.

Part-time working was also mentioned by some respondents and again this revealed that females reported more family-oriented comments (e.g. “Can look after children” & “Able to pick kids up from school and their social lives not depreciated” than males did (e.g. “Relief from academic pressures”)

We will be responding to these comments in our new handbook highlighting recognised benfits for both family - life and productivity in the staff handbook (action 4.1). Additionally UCL have instigated a staff survey that will hopefully highlight such issues across the university and perhaps lead to a pan-university change in opportunites for flexible and part-time working.

We additonaly found it usefull to correlate perception on careers advice from the survey with whether students and staff were mentored. Figure 5.1 shows that most students consider that their careers advice is good or satisfactory irrespective of whether or not they have a mentor. Indeed those female students without a mentor indicated better careers advice suggesting that our other types of student support are highly effective in providing this. A high percentage of female staff, however, are unaware of having a mentor. These additionally, generally consider careers advice as poor. Conversely, men are able to gain good careers advice without the need for a mentor. This suggests action 2.4 may be of considerably more benefit for women than men.
Figure 5.1 Percentage of a) students and b) staff with and without a mentor that consider careers advice as good or satisfactory.
We additionally felt that as academic promotion generally requires evidence of grant income we should investigate if there are any differences in attainment between men and women. Figure 5.1 shows that annual grant income per permanent member of staff has increased in 2011 / 2012 but is now lower for women than men. This arises because of low numbers of female scientists and higher teaching load of the larger number of newly appointed female clinical staff. This further highlights the need for female clinical lecturers to be supported in grant application writing and the need of action 2.1 in particular for young female clinical academics. In addition we have added into action 3.1 how addition of projects on web pages by younger female staff needs to be encouraged in order to provide them with PhD students to drive their research forward. Younger staff will need to be strongly supported in this endeavour.

Figure 5.1 shows that annual grant income per permanent member of staff has increased in 2011 / 2012 but is now lower for women than men. This arises because of low numbers of female scientists and higher teaching load of the larger number of newly appointed female clinical staff. This further highlights the need for female clinical lecturers to be supported in grant application writing and the need of action 2.1 in particular for young female clinical academics. In addition we have added into action 3.1 how addition of projects on web pages by younger female staff needs to be encouraged in order to provide them with PhD students to drive their research forward. Younger staff will need to be strongly supported in this endeavour.

Figure 5.2 Grant income per permanent staff member generated by women and men (data labels in £k) between 2009 and 2012.
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.
<table>
<thead>
<tr>
<th>Action</th>
<th>Issues addressed</th>
<th>Timescales</th>
<th>Accountable SAT member*</th>
<th>Responsible</th>
<th>Measurement of success</th>
</tr>
</thead>
<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>DoE to analyse and report data</td>
<td>EDI registry to collect data</td>
</tr>
<tr>
<td>1.2</td>
<td>Collect data on gender of students in different programmes and research areas. This will include both enrolment and exit without award.</td>
<td>Some programmes are female whilst others are male dominated. Currently we have insufficient data to address if there is any gender imbalance in degree attainment in different disciplines.</td>
<td>Annual collection of data in September from 2014. Data analysis in November and reporting to SAT in December.</td>
<td>DoE and SL to analyse and report PGT and PGR data respectively.</td>
<td>EDI registry to collect data</td>
</tr>
<tr>
<td>1.3</td>
<td>Student questionnaires will be targeted to identify why students select specific courses or areas of research.</td>
<td>Reasons for gender imbalance of students selecting different courses are unknown. Furthermore evidence that female role models attract students requires strengthening. Why women prefer full rather than part time courses is also not fully understood</td>
<td>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</td>
<td>CS and RS to devise questionnaires with SAT support and collect responses from students.</td>
<td>Programme Directors, Research Supervisors and ID, to encourage student participation</td>
</tr>
<tr>
<td>1.4</td>
<td>DoE to address any PGT gender imbalances at annual Programme Review and SL to discuss PGR imbalances with Graduate Tutor Team</td>
<td>We wish to increase female numbers on courses where they are under represented</td>
<td>Annually from Jan 2015, results from 1.1 and 1.2 will be disseminated to Programme Directors and Graduate Tutor</td>
<td>DoE, and SL to suggest methods of enhancing female numbers</td>
<td>Programme Directors and Graduate Tutor Team and PhD supervisors to implement changes</td>
</tr>
<tr>
<td></td>
<td><strong>1.5</strong> Review all publicity material for PGT and PGR courses, ensuring that women are at least equally represented in images and discussions</td>
<td>No critical assessment of all publicity data has as yet been undertaken.</td>
<td>Publicity data will be assessed yearly from March 2014 and discussed in June SAT meetings.</td>
<td>DEOLO to attend marketing committee meetings and assess publicity data</td>
<td>e-com. officer and marketing committee to implement changes</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td><strong>2. Support for staff</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>2.1</strong> Multidisciplinary / cross department grant applications to be encouraged by fortnightly lunchtime workshop. Successful grant applicants will discuss the application process and provide tips</td>
<td>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.</td>
<td>Seminars will be organised from Jan 2014. SAT reporting on all seminars will be annually in September</td>
<td>CL and Director of Research to organise seminars. SL to assess and report on grant successes</td>
<td>Senior staff will be required to present but younger staff must be prepared to attend.</td>
</tr>
<tr>
<td></td>
<td><strong>2.2</strong> 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</td>
<td>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.</td>
<td>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.</td>
<td>ID 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.</td>
<td>Line Managers to undertake appraisals but this will be monitored by HR officer who will also keep staff apprised of courses.</td>
</tr>
<tr>
<td></td>
<td><strong>2.3</strong> Promotion opportunities to be included in a new EDI staff-handbook. Wider support for staff applying for promotion to be provided.</td>
<td>Current full time female lecturer numbers is increasing but these need to be encouraged to apply for promotion to higher grades. ID currently provides strong support for promotion but there should be additional wider support from other staff.</td>
<td>ID 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.</td>
<td>ID to ensure wider support for CV writing and promotion in his appraisals of senior managers and promotions committee.</td>
<td>Promotions Committee to provide greater critical advice on CV improvement</td>
</tr>
<tr>
<td>2.4</td>
<td>Staff to be encouraged to undertake mentoring schemes and be more proactive in supporting mentees</td>
<td>A mentor scheme is in place in the institute, but is not used effectively.</td>
<td>Known effective mentoring courses already undertaken by staff in the institute will be widely advertised in Mar 2014</td>
<td>CL to promote courses. HR officer to ensure all staff know who is their mentor.</td>
<td>All senior staff should attend mentoring courses and regularly meet with their mentees.</td>
</tr>
<tr>
<td>3.1</td>
<td>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</td>
<td>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.</td>
<td>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.</td>
<td>ID / IM, will regularly remind staff to submit their success stories and strongly encourage young clinicians to add research projects for PhD’s.</td>
<td>All staff to provide information and images. e-communication officer to update website. DEOLO will oversee progress</td>
</tr>
<tr>
<td>3.2</td>
<td>Interview panel membership and training to be recorded. Younger staff to be trained and participate in interviewing.</td>
<td>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.</td>
<td>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.</td>
<td>HR Officer to ensure interview results and panel members are recorded. SL to monitor and report any over burdening</td>
<td>Recruiting panel chair to ensure all panel have attended interview training and gender balance</td>
</tr>
<tr>
<td>4.1</td>
<td>Information of UCL’s policy on maternity / paternity provisions, flexible working / links to home computer access will be placed in a new EDI staff</td>
<td>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</td>
<td>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</td>
<td>SAT team to provide initial information for handbook. HR officer to update handbook when appropriate with</td>
<td>All staff will be encouraged to provide input as to what needs to be highlighted in the handbook.</td>
</tr>
</tbody>
</table>
**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 is to improve internal Networking Opportunities to enhance research collaboration | These will begin in Mar 2014 on varying days to accommodate part-time working as a continuation of action 2.1. | ID will encourage participation by e-mail | Director of Research to organise and staff to participate | Increase in collaborative working across research groups will allow more junior colleagues (where females are most commonly found) to develop networks and research collaborations. |
| 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 arising from outreach activities of staff require greater acknowledgement both within the Institute and UCL as a whole. | Seminars will begin in Mar 2014. Data collection and circulation of funding opportunities for outreach will begin simultaneously. | ID will lobby central UCL to recognise outreach more strongly, oversee recording of activities | CL to organise seminars, e-com. officer to update web. ID will inform staff of funding | 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. |
| 5.3 | We wish to ensure a good gender balance for all invited speakers at the EDI | Previously there were 9 female and 12 male lecturers presenting in our external lunch time lecture series. | Data to be monitored annually in July with SAT reporting in September. | SAT team will identify female lecturers. DEOLO will monitor | External lectures coordinator | Percentage of female lecturers should increase with time. |
| 5.4 | The Athena SWAN staff survey needs to be rerun. An increase 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 September | RP will coordinate the survey | ID, to encourage wider participation from all staff | Regular e-mails indicating level of response from different units will be used to encourage greater response. Responses will provide evidence of success of actions. |

*From 2014, SAT members responsible for implementation of the following plan will include a Clinical Student (CS), Research Student (RS), Research Postdoc.(RP), Clinical Lecturer (CL), and Scientific Lecturer (SL). These will be rotated every 2 years. SAT chair will be rotated between the later two staff. Other SAT members also responsible for actions include the Director of Education (DoE), Human Resources Officer (HR), Departmental Equal Opportunities Liaison Officer (DEOLO), Institute Manager (IM) and Institute Director (ID).*
7. Case study: impacting on individuals: maximum 1000 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.

Dr Anne Young – Reader in Biomaterials, SAT chair:

Dr Young has a degree in Chemistry, PhD in Physics, worked for BP, been a postdoc and Chemistry lecturer. Following repeated redundancy, she joined EDI as a post-doc in 1998. This position encouraged her to continue in physical sciences despite limited permanent job opportunities as a working mother. Dr Young’s ambitions and potential were recognised by EDI management and she was encouraged to apply for a permanent Biomaterials lectureship post in 2000. Job security, flexibility and strong EDI support has since allowed her research to flourish.

As a lecturer, Dr Young was immediately assigned a female mentor and provided with funds to attend international conferences. She was also encouraged to serve as Deputy Graduate Tutor between 2004 to 2011 which aided her promotion to Senior Lecturer in 2008 and Reader in 2012.

At EDI, Dr Young has supervised and become a role-model for 35 PhD, Ddent and MSc students and 4 post docs. Her first female PhD student was herself appointed a lecturer at EDI in 2006. Dr Young’s supervision of PhD students has been enabled by her successes in grant applications, departmental allocated DTA funds and resource secured by her industriousness in securing UCL Business worldwide patents. Academic freedom has enabled her to work with one company to develop a material now used to treat common osteoporotic vertebral fractures. Furthermore, she is developing links with various other companies to supply a novel dental restorative material that should reduce re-infection and require less tooth drilling.

The institute seminar series and staff lectures have helped Dr Young forge links with other EDI staff for several successful multidisciplinary grant proposals. In 2007, with divisional encouragement and after UCL grant writing training, Dr Young gained > £800k to employ three new post docs. One of these was a woman with three children and appointed through UCL’s redeployment scheme. The support and encouragement given by Dr Young and colleagues within EDI has aided this individual secure a lectureship herself.

In addition, with strong support from UCL Business and EDI colleagues, Dr Young has secured industrial funding (which has supported a further female PhD student) and a multidisciplinary grant ranked as top in a 2010 healthcare call. This latter achievement, along with further industrial support gained by Dr Young, has enabled employment of one new female post doc and a male PhD student. Furthermore, by linking projects between BTE and paediatric dentistry this work has enabled Dr Young to encourage many female clinicians to undertake, enjoy and excel in physical sciences research of benefit to patients.

This year, EDI nominated Dr Young for a national WISE (Women in Science and Engineering) award in which she was highly commended in the Enterprise and Innovation category. Her successes are in no doubt a direct result of her talent, hard-work and commitment. However
the willingness of EDI to allow her to adopt a flexible working pattern, which includes working from home once a week, and the open and multidisciplinary nature of the institute coupled with ease of access to all facilities, has created an environment which has encouraged, supported and celebrated her achievements.

Professor Susan Cunningham - Professor of Orthodontics

Professor Susan Cunningham joined EDI in 1992 as a Registrar in Orthodontics. Following successful completion of the University of London MSc Orthodontics programme in 1994, she passed the Royal College Membership examination in 1995, thereby securing entry onto the Orthodontic Specialist List. Professor Cunningham was promoted to lecturer at EDI in 1995. With EDI support she completed her PhD in 2000 which enabled her promotion to Senior Lecturer and Honorary Consultant (University College London Hospital Foundation Trust) in 2001. In 2007 she became a Fellow of the Higher Education Academy, and in 2010 was promoted to Professor of Orthodontics.

The current Institute Director personally encouraged Professor Cunningham to pursue roles outwith UCL and become a leader of national education initiatives. This enabled her to expand her educational portfolio and ensure that the outcomes of her research and education will have a lasting and significant impact upon orthodontic clinical practice in the UK. Professor Cunningham’s external responsibilities now include: Chair of the Orthodontic Speciality Advisory Committee (SAC) and representative on the Advisory Board for Speciality Training, Member of the Board of Trustees of the British Orthodontic Society with overall responsibility for Education, and Honorary Secretary and Member of Council of the European Orthodontic Society. Professor Cunningham is also on the Editorial Boards of the Journal of Orthodontics and European Journal of Orthodontics. Professor Cunningham’s reputation is further sustained by her instigation of national education initiatives, output of original research and invitations to give keynote lectures at international meetings. She is also a leading national contributor to guidelines that improve provision of education and enhance patient care.

During her career, other senior staff at EDI have also supported and put Professor Cunningham forward for leadership roles at EDI. For example in 2002 she became Director of Education. This role included responsibility for educational strategy and oversight of all Masters level programmes. Since 2008 she has also been Programme Director of the prestigious MClinDent in Orthodontics and corresponding Specialist Training programme; this is one of the largest postgraduate Orthodontic postgraduate programmes in Europe. Professor Cunningham also develops and now manages one of the largest clinical research multidisciplinary teams for the management of facial deformity in the UK. This team beautifully highlights how research findings can be translated into enhanced clinical care.

Divisional encouragement provided throughout Professor Cunningham’s academic career has also allowed her to develop innovative ways of providing postgraduate clinical education. Professor Cunningham’s chair was awarded for her contribution to education and acknowledged her innovation in this area, alongside her research output and external responsibilities. As the only female at EDI to hold a Chair, Professor Cunningham is a role-model for her colleagues, and also to the many graduate students under her supervision. Many of these students have also won international and national research awards for their work. (word count 995)