



## Athena SWAN Silver department award application

Name of university: UCL

Department: Medical School

Date of application: November 2013

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

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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.

i. 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.



25th November 2013

Dear Ms Dickinson,

Re: Letter of endorsement for UCL Medical School Athena SWAN Silver award application

I warmly endorse UCL Medical School's Athena SWAN Silver application. As the only predominantly female division in UCL's Faculty of Medical Sciences (FMS) we have deliberately generated a female-friendly culture that provides real support and progresses women's careers. SWAN has offered us the opportunity to enact even more transformational change for women in STEMM at one of the most research-intensive universities in the world.

Improving the position of women in STEMM is something I am personally passionate about, having forged a career in clinical medicine and academia while raising three children, rising to become only the second woman in 500 years to be Academic Vice President of the Royal College of Physicians (RCP). In 2009 I led the steering group on the RCP Women and Medicine research which has had international impact, and have written and spoken about progressing women's careers in the international academic and lay media. As UCLMS Director I embed these principles in our division's everyday workings.

UCLMS's positive gender balance brings a responsibility to enable our cadre of educators and researchers to make excellent contributions throughout their careers. Initiatives include providing laptops to support home-working, a shared pot of money that all staff can use for career development, and a growing conference and seminar programme with female speakers. Our success is evidenced by our female leadership, our being one of the few medical education departments nationally submitting to the 2014 Research Excellence Framework, and by our ever-increasing pipeline of female junior doctors whom we are supporting financially and practically to pursue medical education leadership positions.

Our SAT has worked collaboratively to develop recommendations owned by the division. Some require changes in UCL policy, like the promotion to professor for teaching fellows, which would be a significant enabler for women. Others involve the consolidation of current UCL policy, enabling colleagues to take full advantage of opportunities such as flexible working, maternity, paternity and parental leave. UCLMS previously led a project mentoring academic women in FMS; we will work with other SATs to ensure this is embedded and developed into a School of Life and Medical Sciences priority. We realise that career aspirations are fostered in students. We are working to allow female students to have a female personal tutor, to ensure female-relevant career opportunities are highlighted in our pre-entry information, and to develop a "Getting ahead in Medical Education" pack for juniors. We will explore providing the opportunity to study medicine part-time.

Evidence suggests women are less inclined to self-promote. To address this, we are adding a formal personal development plan into staff appraisals so these are discussed annually. We will

run workshops for colleagues to encourage them to apply for career-enhancing roles and to promote themselves more effectively.

UCLMS is proud to have a majority female workforce, and we are committed to continuing to improve women's achievements in clinical academia. This Athena Swan application gives us the opportunity to demonstrate our strengths, and create a feasible action plan to improve the careers of our female colleagues.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jane Dacre', written in a cursive style.

Professor Jane Dacre  
Director UCL Medical School

(500 words)

Abbreviations used in the application form

AMEE	Association for Medical Education Europe	European medical education research body
ASME	Association for the Study of Medical Education	UK medical education research body
CTF	Clinical training fellow	Junior doctors who take a fixed period out of their NHS training to gain experience in Medical Education
E&D	Equality and diversity	
GMC	General Medical Council	UK regulator of doctors
HESA	Higher Education Statistics Agency	
LGB	Lesbian, gay and bisexual	
MBBS	Undergraduate medical course at UCL	
RCP	Royal College of Physicians	Independent professional membership organisation and registered charity representing over 28,000 physicians in the UK and internationally
SLMS	School of Life and Medical Sciences	
UCLMS	University College London Medical School	

ii. 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 UCLMS self-assessment team (SAT) comprises 13 staff, with co-ordination of its activities led by Jayne Kavanagh and Katherine Woolf.

The make-up of the SAT reflects the diversity of the department and comprises clinical and non-clinical academics, teaching fellows, clinical skills (technical) staff, an administrator, and a PhD student, as well as the Divisional Director and Manager. It includes representation from members with experience of flexible working, maternity/paternity/parental/adoption leave, who work full and part-time, and who have caring responsibilities for children and/or parents. UCLMS is a female-led Division staffed mainly by women, and the gender make-up of the SAT reflects this (12 women, one man). The SAT has benefitted from having two LGB-identified members, a disabled member, and members from diverse ethnic backgrounds.

Self-Assessment Team:

Sarah Bennett: Clinical teaching fellow. Sarah is a GP completing an MSc in Clinical Education funded by UCLMS. She is being encouraged to apply for a role as a senior clinical teaching fellow next year.

Ceri Butler: Non-clinical senior teaching fellow. Ceri has a long term medical condition affecting her mobility and as a result is supported to work predominantly from home.

Jane Dacre: Clinical professor and divisional director. Jane led the research steering committee for the RCP Women in Medicine report (2009). In 2012 she won the Medicine & Healthcare Category for the 2012 Women in the City Woman of Achievement Award, and was in the Health Services Journal inaugural list of the 50 most inspirational women in healthcare. Jane has three children and is committed to supporting women's careers.

Jayne Kavanagh (SAT co-ordinator): Principal clinical teaching fellow, lead of UCLMS's ethics and law programme and sexual health doctor. Jayne has sought to address social inequalities in education and in healthcare throughout her career. She has three children and recently took adoption leave. She featured in UCL's supporting working parents and carers guidance.

Michael Klingenberg: Clinical skills tutor. Michael is studying for a professional doctorate in education funded by UCLMS. He has a personal and professional interest in normalised inequalities, which includes issues of performed gender and ethnicity.

Leila Mehdizadeh: Non-clinical post-doctoral research associate. Leila is keen to achieve her full potential as a woman with an ethnic minority background. She recently started working remotely one day a week due to her father's declining health. She is at an early stage of her career and is determined, with flexible working arrangements in place, to balance work and caring responsibilities.

Heather Mitchell: Divisional manager. Heather was responsible for developing the UCLMS Flexitime Scheme and is currently working with the UCLMS staffing team to create a working from home scheme. She was Departmental Equal Opportunity Liaison Officer 2006-2010.

Lorraine Noble: Non-clinical senior lecturer. Part-time. Academic lead for clinical communication skills in the undergraduate curriculum.

Eleana Ntatsaki: Clinical training fellow. Eleana is completing a UCLMS-funded medical education MA. She is interested in exploring ways of empowering women to put themselves forward for leadership roles.

Tina Nyazika: Clinical skills tutor. Tina is studying for a UCLMS-funded MSc in higher professional education. She has two children.

LJ Smith: Clinical training fellow. LJ is interested in how assumed gender roles affect women's career choices in medicine and the structural barriers to women progressing as leaders in academia and the NHS. She was a finalist in the Women in the City Future Leader Award 2013.

Emily Unwin: PhD student. Emily's research examines the difference in professional performance between male and female doctors. Emily is currently pregnant.

Katherine Woolf (SAT co-ordinator): Non-clinical lecturer. Katherine's research focuses on reducing ethnic and gender inequalities in higher education. Katherine is pregnant with twins and is being supported to apply for senior lecturer in November 2013. She was nominated a UCL Academic Role Model in 2013.

(621 words)

- a) *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*

In October 2012, the divisional director consulted staff about submitting an application. As a small department with multiple commitments she was acutely aware of the danger of overburdening staff with already heavy workloads. However, the response was overwhelmingly favourable - 13 staff immediately volunteered, with Jayne and Katherine who already work on equalities issues co-leading.

The first SAT meeting took place in December 2012 and the team has met monthly since. The self-assessment process was inclusive and collaborative, with activities shared between members, with teams of 2/3 taking responsibility for application sections. A staff survey was generated by the whole team and administered to all UCLMS staff early in the process (65% response rate - 89% were female, 11% male). The findings were discussed at subsequent SAT meetings and strengths and issues requiring action were identified. The co-ordinators set up a shared SWAN portal so members could provide 'live' contributions to the application process and held individual meetings to discuss progress and provide constructive feedback.

SAT co-ordinators alternated in attending meetings organised by Athena SWAN, the Medical Schools Council (MSC) and UCL, which were invaluable for networking, information-sharing and idea-generation. The SAT formed a good relationship with the UCL Athena SWAN Policy Adviser Harriet Jones who provided invaluable advice. The team arranged meetings with other UCL SAT

leads (e.g. Division of Epidemiology) to share ideas and discuss good practice. Information was fed back to the SAT at meetings and via our SWAN email list, also used by the co-ordinators to circulate SWAN-related information (e.g. UCL HR updates, news articles, reports). SAT members subscribed to the UCL SWAN and gender mailing lists which forwards similar useful information.

(276 words)

- b) 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 be renamed the SWAN Implementation Group & Equality Team (SIGNET). With administrative support, it will meet termly to oversee implementation of our SWAN action plan and address other aspects of diversity (e.g. ethnicity, sexuality, disability). Although the size and composition of the current team is appropriate, we will recruit an additional man. We will resume monthly meetings eight months before our next application.

SIGNET will be a standing agenda item at the UCLMS Executive Group, which reports to the Faculty Senior Management Team, which reports to the SLMS Planning and Performance Committee, chaired by the Vice Provost Health.

(103 words)

**(Total: 1000 words)**

- iii. 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.*

UCL Medical School underwent restructuring in 2010 when it became a division which sits in the Faculty of Medical Sciences – one of the four Faculties in the School of Life and Medical Sciences (SLMS). It is an unusual division within SLMS on two counts. Firstly, its primary focus is teaching. A small team of core staff comprising eight academics, four teaching fellows and six clinical skills staff (nurses who teach clinical skills) are responsible for delivering a significant part of the undergraduate medical programme (MBBS) to 2,100 students each year. Secondly, the majority of its staff are women – 7/8 academics, 4/4 teaching fellows and 5/6 clinical skills tutors.

Core staff are supported in delivering the MBBS by ten clinical training fellows – junior doctors taking 1-2 years out to teach and conduct educational research (6/10 are women) – and 37 administrators (35 are women). UCLMS also has 2 PhD students (both women) and 173 masters level students (90 are women).

Much of the MBBS teaching is contracted out to colleagues in other UCL divisions, NHS hospitals and community health services. We have links across the whole of SLMS which facilitate innovation and the delivery of high quality medical education to our undergraduate and postgraduate students. Our MBBS has been rated the best in London in the National Student Survey for five of the last seven years.

By contrast, our medical education research activity is undertaken by eight academics working with one female post-doc and two PhD students with input from clinical training fellows. Despite

our small size, our predominantly female staff are supported to produce high quality research with international impact. For example, we provide financial and time support to staff wishing to undertake postgraduate qualifications and attend international conferences, and we encourage female staff to apply for awards (see Section 4). We are one of the few medical schools in the country being returned to the Research Evaluation Framework (REF) 2014 Education Panel – the first time that UCL has been returned to that panel.

A key strand of our research is gender and ethnic equality in medical education, for example examining possible gender bias in the high-stakes Membership of the Royal College of Physicians (MRCP(UK)) examination taken by 24,000 doctors annually worldwide. Another research strand explores the influence of gender and ethnicity on performance, from school examinations through to the postgraduate examinations taken by qualified doctors. We currently have two PhD students funded by prestigious Impact studentships examining gender differences in attainment of MRCP(UK) and in doctors sanctioned by the GMC. Research findings are considered at the SAT and fed into the UCLMS examination processes.

UCLMS has created myriad opportunities for medical students and doctors at all career stages to take on medical educational roles. There is no set career route for doctors to enter medical education, something that we are working at a national level to change by encouraging NHS trainee doctors to apply for experience in medical education. This is creating a career pipeline for medical educators, who combine medical education with a clinical speciality. The majority of junior doctors interested in this training are women who want to develop flexible career paths. We have more clinical training fellows than any other UK medical school and we have created a female-friendly career pathway to leadership positions in medical education (e.g. in terms of avoiding out-of-hours working, enabling flexible working, and showcasing role models). According to the RCP (2009) women were drawn to careers such as medical education because it is common to have flexible working arrangements, predictable working hours that can be planned in advance and a greater amount of interaction with people compared to more technical specialties.

(609 words)

*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.*

UCLMS does not run any access or foundation courses.

(9 words)

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

The undergraduate medical programme (MBBS) is a six year course, with an intake of approximately 330 in Year 1. There was no discernible trend in the proportion of female students

during the three year period, which was 53.5% in 2010, 48.6% in 2011 and 50.3% in 2012 (Figure 1). The average for the period was 50.8%, which is lower than the national average, which was 55.5% in 2010, 55% in 2011 (Higher Education Statistics Agency), and 55% in 2012 (UCAS figures for UK medicine and dentistry). The data indicate that women are slightly less likely to apply to UCL than other medical schools. Research into medical careers suggests that women are less attracted to clinical academia (*Women and Medicine: The Future*, Royal College of Physicians 2009), however, this is one of the strengths of UCL. This reputation may make it marginally less attractive to women. RCP research shows that medical careers that are flexible and people-orientated are more attractive to women e.g. in general practice, paediatrics and psychiatry as well as in medical education. In our student admissions brochure, we will change the emphasis to include potential career opportunities in specialities which are more attractive to women and will monitor the effect this has on admissions (Action 1.1).

There are no part-time places available to study medicine at UCL, which reflects the national picture where only 0.2% of students in 2011/12 were reported as studying pre-clinical medicine part-time (Higher Education Statistics Agency). As part-time study is most likely to benefit women we will set up a working group to explore this option (Action 1.2).

(264 words)

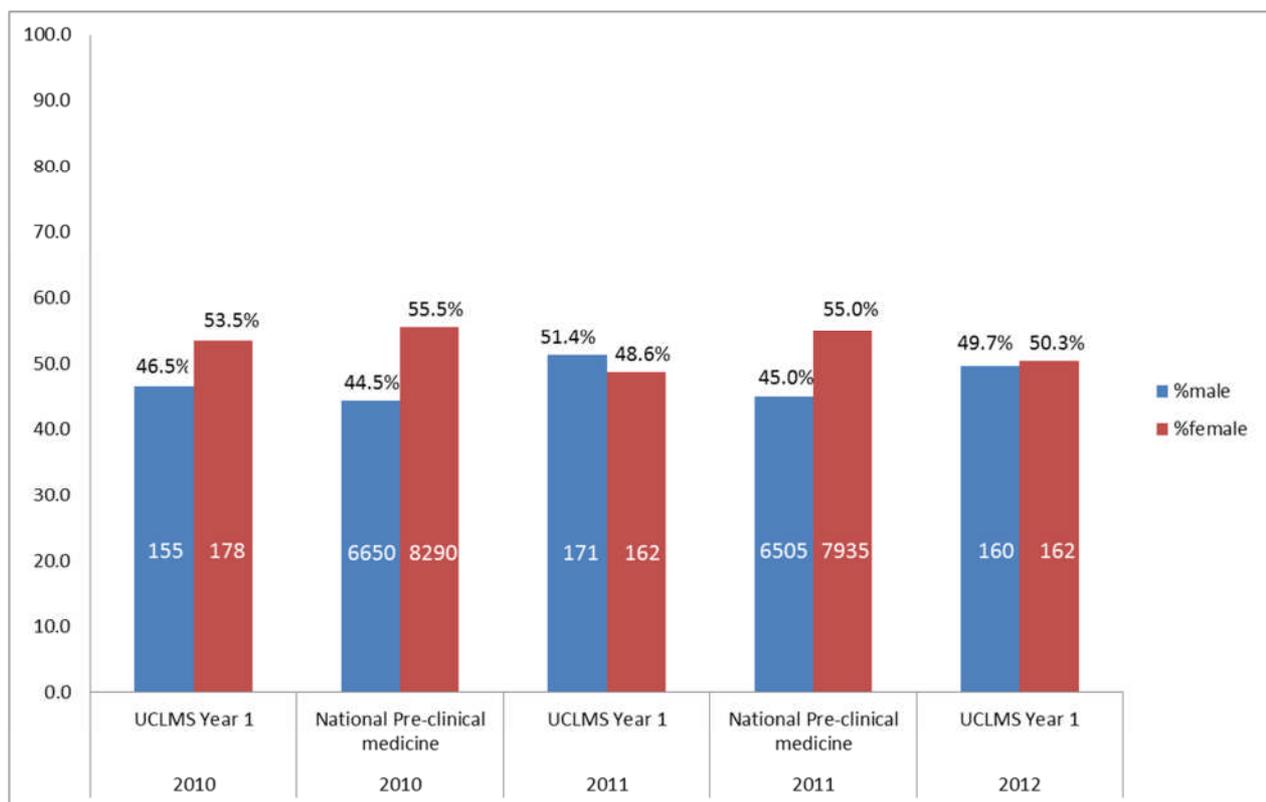


Figure 1. Percentage of male and female entrants to UCLMS compared to the national average (national data from SWAN)

(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.*

UCLMS runs the joint UCL/RCP Masters in Medical Education, which is modular and can be taken at postgraduate certificate, diploma or MSc level. This is only offered as a part-time course to allow flexibility for students to combine it with work and/or domestic responsibilities.

The proportion of female postgraduate taught students has increased in the last year, so in 2012/13 the proportion of females undertaking postgraduate taught study at UCLMS was 57% (Figure 2). This is on the way to approaching the national figure of 62% of clinical trainees undertaking postgraduate study in 2010/11 (Higher Education Statistics Agency).

(98 words)

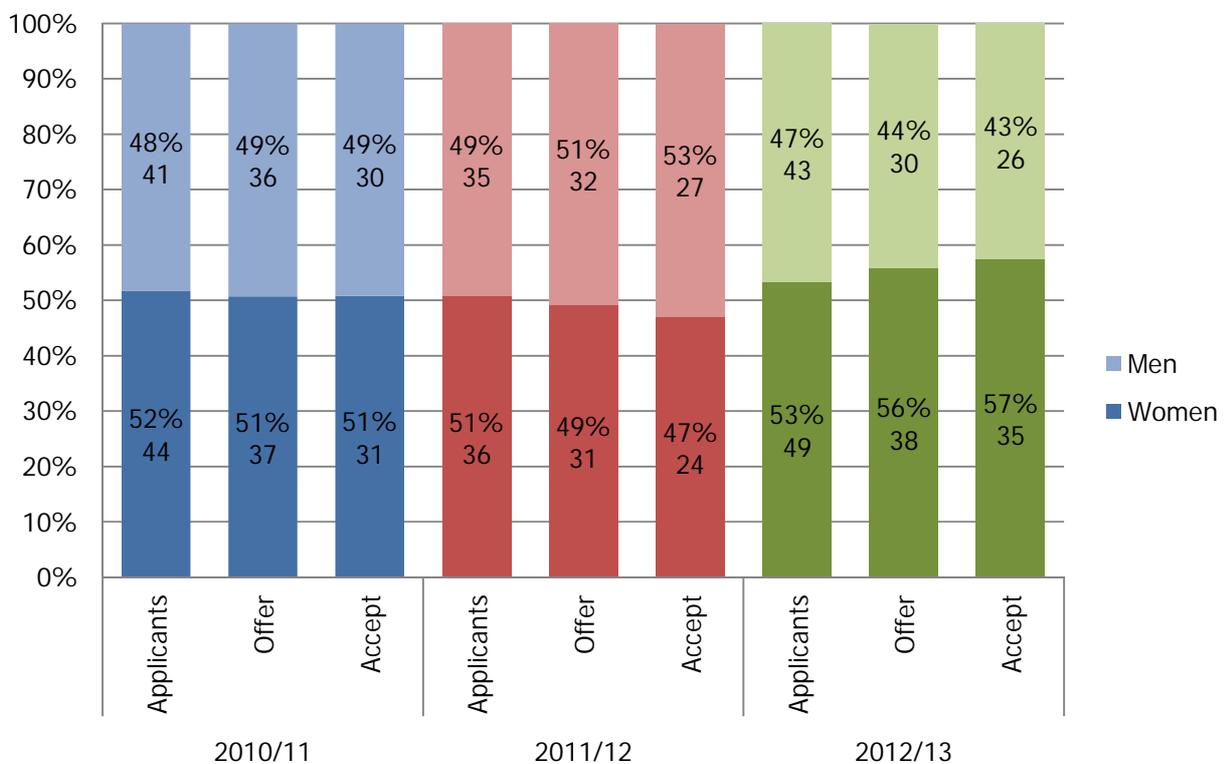


Figure 2. Percentage and number of female applicants, offers, and acceptances to UCLMS PG taught courses 2010-12.

(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.*

During 2010-12 we had two PhD students, both women. Both were funded via Impact studentships applied for by UCLMS staff, and were recruited through open advertisement.

(26 words)

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

### Undergraduate

7,022 students applied to UCL Medical School in the academic years 2010-12, of whom 53% (n=3,703) were women. Female applicants were the majority in every cohort (Figure 3). During the period, 1,530 applicants were offered admission, of whom 49% (n=752) were women. Women were less likely to be offered a place than men (p<0.01). A total of 988 students accepted a place, of whom 51% (n=502) were women. Once a place had been offered, there was no difference between women and men in whether they accepted.

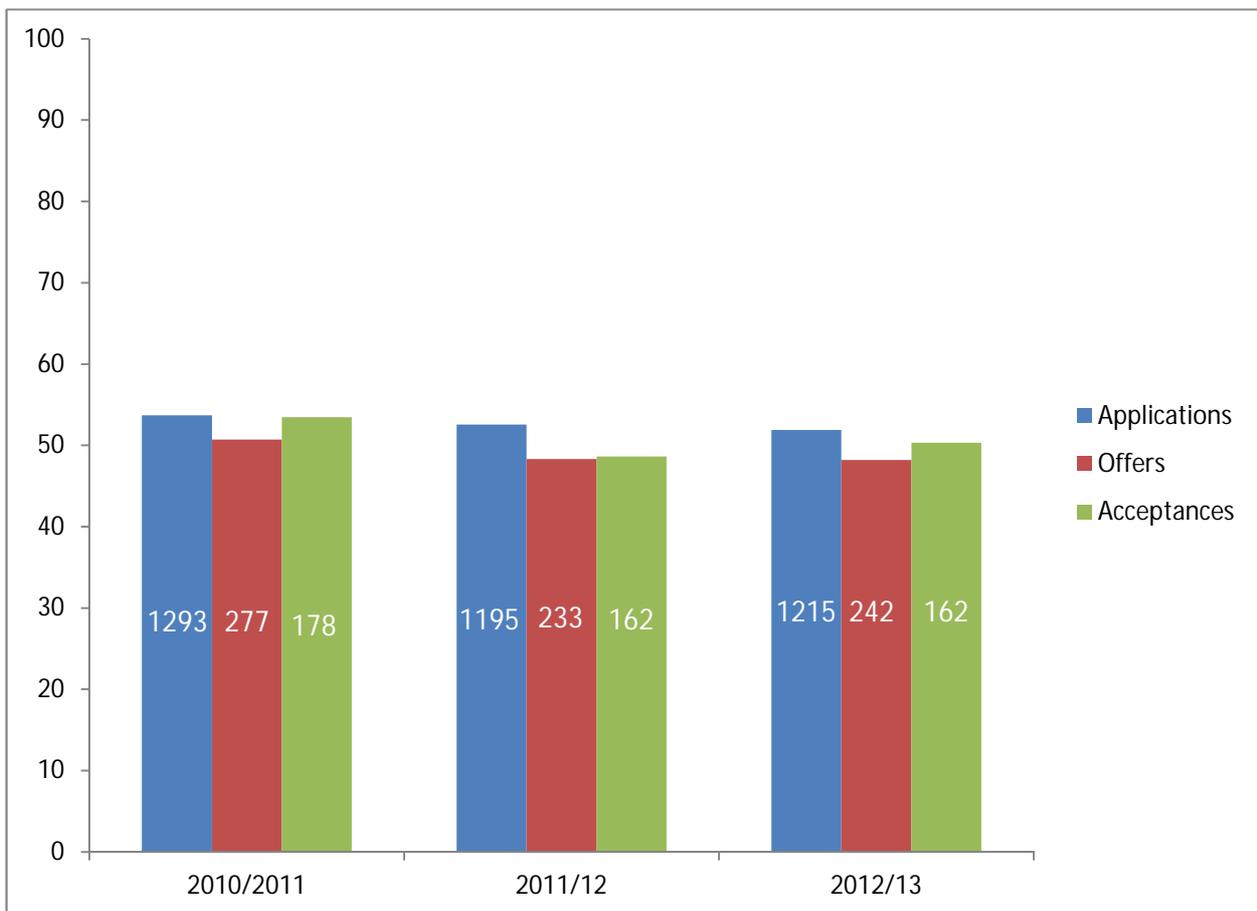


Figure 3. Percentage of female applicants, offers, and acceptances to UCL Medical School 2010-12. Numbers of female applicants on bars.

Although women are the majority in applying to study at UCL, they are less likely to be accepted onto the course. One possible reason for this is that female applicants to UCLMS are less likely to meet the admission criteria compared to male applicants. In order to investigate this, we accessed admission data for the current year, 2013 (detailed data were only available for the current year) (Table 1). From these data, it was found that 30% of female applicants, compared to 23% of male applicants, did not fulfil the admission criteria. A greater proportion of applicants who did not

fulfil the admission criteria were from outside the UK (64% of EU and 38% of overseas applicants, compared to 12% of UK applicants). A greater proportion of female applicants did not fulfil the admissions criteria in all three groups: 13% of female compared to 11% of male UK applicants; 66% of female compared to 60% of male EU applicants; and 39% of female compared to 36% of male overseas applicants. Part of the gender balance observed is therefore due to international applicants who do not fulfil the admission criteria. Although this is a problem, the scale is smaller than it may first seem because, of 330 places available per year only 24 are available to overseas students and therefore the effect on the actual numbers of admitted females is relatively small. However, the data indicate a need for additional clarification of admission criteria. We will continue to audit the number of applicants who fulfil the admission criteria by gender and fee status (Action 1.3). We will also clarify UCLMS' admission criteria for international students (Action 1.4).

Furthermore, we will encourage recruitment staff to undertake training in equalities and diversity and unconscious bias (Action 1.5). More than 50% of our interviewers are female and we always endeavour to have balanced panels with respect to gender, ethnicity and experience. We will continue with this practice and endeavour to have a minimum of one female member of staff (of three) on all undergraduate recruitment panels.

Table 1. Number of applicants to UCLMS in 2013 who fulfilled and did not fulfil the admission criteria, by gender and fee status.

Fee status	Number who fulfil admission criteria			Number who do not fulfil admission criteria			Total applicants		
	Female	Male	All	Female	Male	All	Female	Male	All
EU	76 (59%)	52 (41%)	128	149 (65%)	79 (35%)	228	225 (63%)	131 (37%)	356
Overseas	236 (57%)	177 (43%)	413	153 (60%)	100 (40%)	253	389 (58%)	277 (42%)	666
UK	597 (49%)	632 (51%)	1229	86 (53%)	75 (47%)	161	683 (49%)	707 (51%)	1390
All fees	909 (51%)	861 (49%)	1770	388 (60%)	254 (40%)	642	1297 (54%)	1115 (46%)	2412

(429 words)

#### Postgraduate taught

The total number of applicants and acceptances increased in 2012/13 with the introduction of certificate level study, and this increase was largely female (36 female applicants in 2011/12 jumped to 49 female applicants in 2012/13). Women were in the majority in applications, offers, and acceptances for the first time (Figure 2).

We believe this increase is a consequence our growing reputation for high quality medical education training and is linked to the recruitment and support of CTFs (the majority of whom are women) through our development of a pipeline for medical educators.

(92 words)

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

The MBBS undergraduate medical degree is not classified. However, statistical analysis of raw scores, merits, distinctions, prizes, and failures showed that men and women performed equally well on all of those measures over the period.

(35 words)

Staff data

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

From 2010 to 2012 UCLMS employed 28 academic and teaching staff, of whom 22 were female. UCL E&D team has developed UCL SWAN grades to simplify the 200+ UCL staff grades and occupational types (Table 2). There is a higher proportion of women than men at all grades, except UCL SWAN Grade 1, which is equivalent to professor, where there is one full-time woman, and one man who is part-time (50% FTE) in UCLMS and part-time (50% FTE) in another division (Table 3). There are no men at UCL SWAN Grade 3, which is equivalent to senior lecturer. The proportion of men at more junior grades (UCL SWAN Grades 4 and 5) is higher than the proportion of women at more junior grades (77% of male staff members, compared to 56% of female staff members). The breakdown of grades for female members of staff for each year (2010, 2011, 2012) (Table 4) shows little variation over time, other than an increase in female members of staff. A comparison of female and male staff members by grade (Figure 4) also illustrates this. We've identified the transition between senior lecturer and professor as our key transition point. To address this we are supporting a female senior lecturer to apply for promotion in 2013. If she is successful, the percentage of female professors will soar from 50% to 66%.

(226 words)

Table 2. Mapping of UCL SWAN Grade to job title

UCL SWAN Grade	Job
1	Clinical professor, non-clinical professor
2	Reader
3	Clinical senior lecturer, non-clinical senior lecturer, principal clinical teaching fellow, principal clinical skills tutor
4	Clinical lecturer, non-clinical lecturer, clinical skills tutor, senior clinical research fellow, senior non clinical research fellow, clinical teaching/training fellow (not in specialty training)
5	Clinical teaching/training fellow (in specialty training), non-clinical research associate

Table 3. Number of staff members at each UCL SWAN Grade by gender for 2010, 2011 and 2012 combined

UCL SWAN Grade	Female	Male	All staff members
1	3	3	6
3	20	0	20
4	24	7	31
5	5	3	8

Table 4. Number of female staff members at each UCL SWAN Grade for 2010, 2011 and 2012

Year	UCL SWAN Grade	Female	All staff members
2010	1	1	2
	3	6	6
	4	6	9
	5	1	1
2011	1	1	2
	3	6	6
	4	10	12
	5	1	3
2012	1	1	2
	3	8	8
	4	18	20
	5	3	4

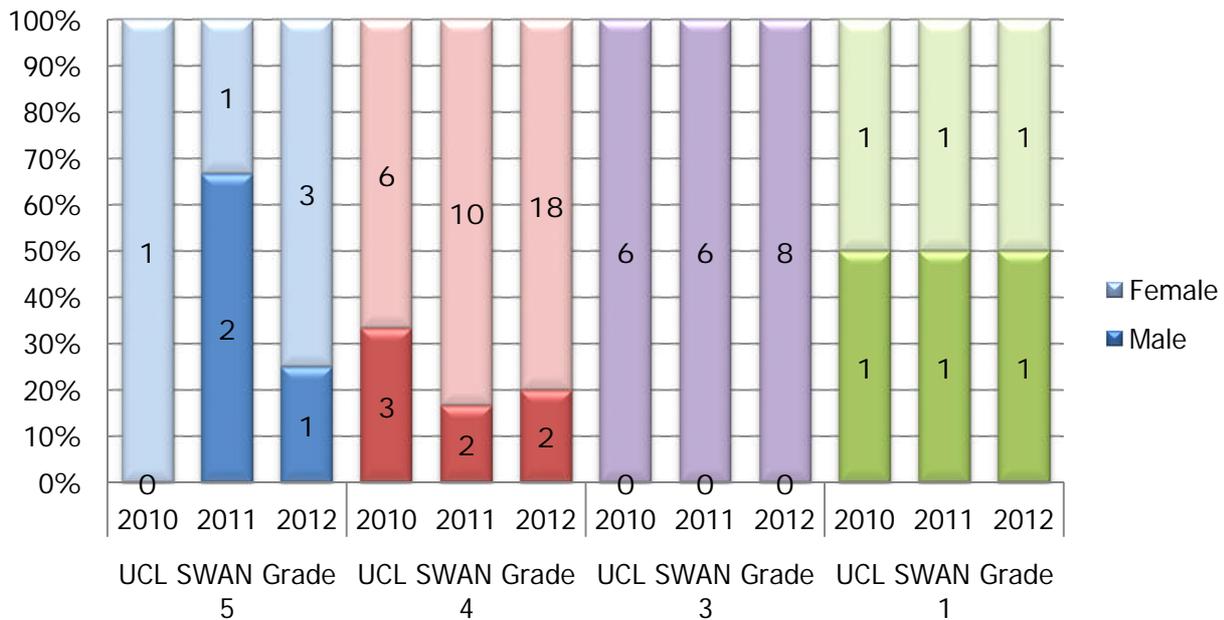


Figure 4. Number and proportion of staff by grade and gender from 2010 to 2012

(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.*

There is an inherent turnover in clinical training fellow positions, who must return to their postgraduate programme in order to fulfil their training requirements within a specified period of time. This accounted for seven members of staff leaving. Two medically qualified members of staff left in order to take up more senior clinical positions (a consultant in palliative medicine and a partner in a GP surgery). Three members of staff retired, one of these through ill-health. Five members of staff, all women, left to take up academic posts elsewhere: one professor moved to another medical school, one senior lecturer transferred to another senior lecturer post, one clinical lecturer became an NIHR academic clinical fellow, one research associate took up an MSc lecturer post, and one teaching fellow became a senior research fellow.

(132 words)

(Total: 1,920 words)

iv. *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.*

2010 and 2011 data (2012 data unavailable) show women are more likely to apply, be interviewed, and be appointed to UCLMS posts. 71% of applicants for three posts in 2010 were female, 80% interviewed were female, and all three posts were filled by women (Figure 5).

(46 words)

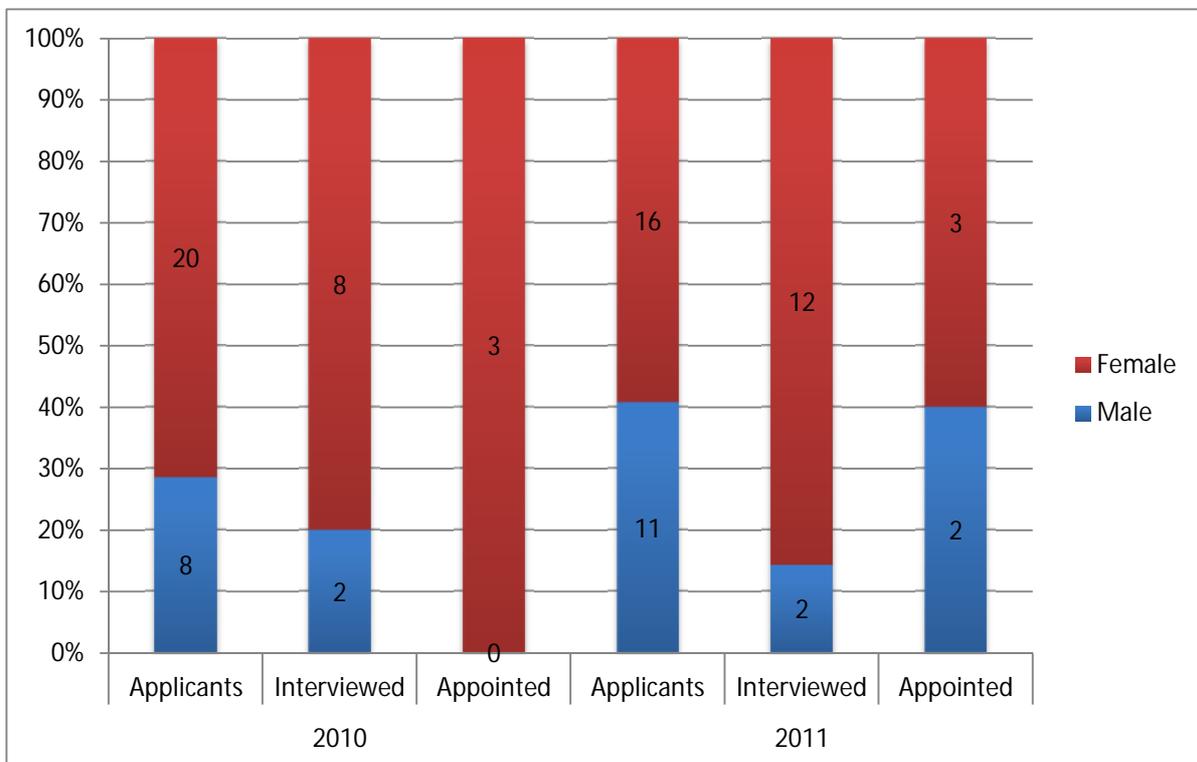


Figure 5: Percentages of applicants, interviewees and appointees in 2010 and 2011 by gender

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

UCL informs staff when the annual senior promotions process has commenced. Because we recognise women are less likely to put themselves forward for promotion, the divisional director and manager liaise with the UCLMS Executive Group to identify suitable candidates, who are then approached by their line managers and supported to apply (Action 3.1). Women going for

promotion are offered a female mentor. The executive team discusses the likelihood of success internally and with the individual, to ensure the strongest possible case is made.

In 2010/11 the divisional director encouraged a female senior lecturer to successfully apply for promotion to professor. She was based in another division but UCLMS paid for some of her time.

In 2011/12, a female lecturer and a female teaching fellow were successfully promoted to senior lecturer and senior teaching fellow respectively.

In 2012/13, a female lecturer was considered for promotion to senior lecturer. After discussion with her line manager it was agreed that she was too early in her academic career to have a good chance of success. She was given opportunities to improve her chances (e.g. given a leadership role in the medical school) was supported to apply this year.

(195 words)

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

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

UCLMS has long adhered to UCL policy in ensuring at least 25% of interview panels are female and all panel members have completed E&D recruitment training. We are fortunate to have mostly female staff and to be in a discipline that attracts well-qualified female applicants, so there is no problem securing female representation on appointment committees - panels are often majority female. However we have not routinely monitored the composition of panels, so will do in future (Action 2.1). We will make it a requirement that all recruitment panel members undergo unconscious bias training as well as recruitment and E&D training (Action 2.2).

Our website features articles from our newsletter, many of which are about the successes of female staff and students, which we hope encourages women to apply for positions; but we plan to do better and last month put a picture of our female deputy director on the website. In the future our website will display images of both women and men UCLMS staff and will include a section on Athena SWAN (Action 2.3).

(176 words)

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

Teaching, scholarship, research, and administration are valued within UCLMS, but it is acknowledged throughout UCL that teaching isn't always recognised as equivalent to research in the UCL senior promotions procedures – a particular problem for UCLMS because of our teaching focus.

Promotions are complicated further for UCLMS because clinical staff are bound by NHS promotions systems as well as the university system. Furthermore, some UCLMS clinical academics don't have a higher degree (as they have not taken the traditional route into academia), preventing them from progressing in the UCL system.

Despite this, in recent years more UCLMS women – clinical and non-clinical – have successfully applied for promotion. This is because we have put in place opportunities for women to gain academic qualifications, build networks, be mentored by female staff, and have training in leadership and other professional skills.

We support academic and teaching staff to achieve the research training and qualifications necessary for academic success and promotion often in parallel with their caring and clinical responsibilities. Over the last five years, UCLMS has provided 18 clinical and non-clinical staff with fees for MSc, PhD, MD, EdD courses, resulting in:

- One female staff member supported through part-time MD study progressing into NHS consultant role
- Two female staff supported through part-time EdD study being promoted to clinical senior lectureships - one going for promotion to professor in 2013/14
- One female staff member supported through full-time PhD study gaining a HEFCE funded lectureship

Female staff are supported to undertake leadership training: six have attended the Harvard Macy Course in Healthcare and Educational Leadership in the USA. Three female UCLMS Executive Board members have completed army-led leadership training via the NHS Staff College. A female research fellow has been supported to join the Springboard Women's Development course, gaining professional skills and a career planning strategy.

In the last five years UCLMS has provided 42 staff with funds for conference attendance and/or research e.g. digital recording systems. Attendance at international conferences and training provides crucial opportunities for our female staff to build an international reputation – key to achieving academic promotion. We are committed to continuing supporting our staff to attend these events essential for their promotion. We will put mechanisms in place to monitor attendance at these events so staff who do not take up these opportunities can be encouraged to do so (Action 3.2).

Since 2011 UCLMS has run an annual medical education conference, giving female staff from UCLMS and other institutions the opportunity to present their research and network with international medical education academics. We have increased the number of female keynote speakers: in 2011 2/6 were women, rising to 3/6 in 2012 and 4/6 in 2013. Over 2011 and 2012, 4/6 UCLMS seminar presenters were women.

Since 2012, the CTFs have run the annual Trainees in Medical Education (TiME) conference to encourage junior doctors to pursue medical education as an academic career and provide networking opportunities. Senior female input is key: in 2013 all three keynotes were women. We

highlight these conferences on our website, which include pictures of women to encourage female clinicians to attend and get involved in medical education (Figure 6).

We are committed to providing forums for female staff to present their work and network and will formalise a requirement for 50% female speakers at these events (Action 3.3).

This year we have established mechanisms of support for writing academic publications by creating a near-peer support group for teaching/training fellows, lecturers and clinical skills staff which combines academic and social aspects. We will continue to support this group and review its progress annually in summer SIGNET meetings (Action 3.4).

(599 words)



Figure 6: Attendees at the 2013 Trainees in Medical Education (TiME) Conference

### *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?*

Although UCL requires two-yearly appraisals, UCLMS has a policy to appraise staff annually (97% success in 2012/2013). Our survey showed 70% of staff had received advice about career development from their line manager and over 80% were aware of UCLMS resources/activities to support career development. A significant minority (26%) felt their contributions and achievements were not formally recognised, suggesting more could be done (see Action 3.5 below).

UCLMS director Jane Dacre was chair of the Royal College of Physicians Women and Medicine research steering group and won the 2012 Women in the City 'Woman of Achievement' award for Health and Medicine. She was on the inaugural list of inspirational leaders in the NHS (Health Service Journal, 2013). This year a clinical training fellow was put forward by her line manager for the Women in the City Future Leaders Award, getting into the final five (out of 90). This raised her profile and afforded her valuable networking and training opportunities. It also raised the profile of UCLMS outside medicine and academia. UCLMS runs internal awards for contribution to medical education such as the Excellence in Medical Education Awards (4/4 winners were women in 2010/11, 3/5 in 2012/13 and 3/6 in 2012/13).

Our survey showed 17 staff (12 women) had been nominated for or received an award for UCLMS work. About 50% of staff agreed/strongly agreed that women at all levels are encouraged to raise their profile internally and externally, about 35% were ambivalent and about 15% disagreed/strongly disagreed. This suggests that even more work needs doing to encourage women to promote themselves.

We will encourage women to promote themselves by adding a formal professional development plan into all staff appraisal documentation (Action 3.5). This will include sections on:

- Achievements/contributions
- Self-promotion opportunities
- Promotion plans

We will run workshops for colleagues to encourage them to apply for additional roles and promote themselves more effectively (Action 3.6). To monitor the success of our efforts we will ask staff to report on them in our annual staff survey and review results at our summer SIGNET meetings (Action 3.7).

We will address the issue about recognising staff achievements by introducing a 'Success stories' section in the UCLMS newsletter and encourage staff to contribute (Action 3.8).

Promotion criteria for academic staff are set centrally and have teaching and research as separate criteria. We are concerned that this hinders our staff's progression. In particular, the path for teaching fellow to professor is poorly defined. This is something several departments have recognised as a problem, and we are liaising with the UCL Epidemiology SWAN team about it. We will set up a working group to develop a strategy with other SWAN leads across UCL to change this and to facilitate the promotion of women (Action 3.9).

(458 words)

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

Every new staff member has a full induction, including introductory meetings with the director and deputy directors. Information is provided on where to find all UCL and UCLMS policies, including study leave, maternity leave and guidance on flexible working. Information on UCL courses e.g. IT training, academic writing and leadership are provided. All staff must complete the UCL e-learning

Moodle on equality and diversity. Additional diversity training is highlighted through all-staff emails.

A welcome tea is arranged in core hours for each new staff member, providing a social context in which to meet and network with colleagues. The UCLMS newsletter (emailed to all staff) is promoted to all new staff, which details academic and social events, highlights good practice, celebrates staff and student achievements and advertises opportunities for awards.

Opportunities for networking outside the department are encouraged. The "Alternative Journal Club" was set up by a female professor as a networking and support group for women from a range of backgrounds at UCL and NHS trusts. Senior and junior UCLMS staff and those from other STEMM departments meet regularly to share experiences of leadership and change management. It is currently in the initial six month pilot stage. We will review the pilot phase and if favourable, establish the club as a permanent fixture (Action 3.10).

Under UCL policy all new lecturers, but not other staff, have a mentor. The UCLMS director led a school-wide pilot mentoring scheme establishing 15 mentor/mentee pairs, including three UCLMS members. Mentees were women, mentors a gender mix. Feedback was universally positive, but the funding source was not renewable. A mentoring training programme was created for this pilot, but more resources were required to roll it out to all staff. We will work with other UCL SATs to resurrect the SLMS-wide mentoring training package so all UCLMS staff have access to a mentor (Action 3.11). We will make it sustainable by making use of resources available on the UCL online mentoring platform, 'uMentor'.

(327 words)

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

The pool of people in education/training with the potential to become medical education academics includes undergraduates, students completing postgraduate qualifications in medical education, and junior doctors ("trainees").

Female UCLMS staff run student-selected components (SSCs – short courses forming part of the MBBS) for students to develop and receive recognition for teaching, facilitation and mentoring. These include Target Medicine (widening participation); Sexpression (teaching school students about sexual health); Open Minds (like Sexpression for mental health); Speak of Donation (like Sexpression for organ donation); and a peer mentoring scheme of LGB students.

UCLMS staff have run an extensive peer-assisted learning (PAL) programme for many years. Final year students (PALs) are trained to deliver teaching and complete projects for the MBBS programme, resulting in academic publications for many. 61% PALs since 2010/11 were women, and over 50% of our clinical training fellows are former PALs.

A female clinical training fellow empowered and supported a female Year 5 MBBS student to lead NHS Change Day at UCLMS in 2013, culminating in her meeting Prof Sir Bruce Keogh (Medical

Director NHS England) to seek support for national student involvement in NHS Change Day. UCLMS continue to support her financially and practically. We are committed to supporting future ventures that foster leadership skills in female students. We will identify a CTF who can take on this role and formalise it by including it at least one future CTF job description and will proactively recruit female undergraduates through newsletters, emails, and personal tutors (Action 4.1).

Female UCLMS Executive Board members and clinical skills staff have supported students in developing a UCL Medical Society Education Section. They have developed teaching skills and been supported in delivering an ambitious peer-led teaching programme; and female students presented posters in 2013 at international medical education conferences.

Undergraduate students are each assigned a personal tutor. There is no formal mechanism through which students can request a female tutor. We will create this mechanism by 2014/15 (Action 4.2).

Students as well as staff are invited to present at the UCLMS seminars and 50% of presenters to date were female. UCLMS students attend the annual UCL Medical Education Conference, creating networking opportunities for them, and providing female role models (women were the majority of keynotes this year). Formalising a requirement for 50% female medical education seminars speakers and UCL Medical Education Conference keynote speakers (Action 3.3) demonstrates our commitment to exposing students to successful female role models.

We ensure our PhD students are given experience in teaching and administration, in addition to the research and professional development training provided by UCL. This helps build up their CVs, boosting their chance of getting an academic medical education job (achieved by one of our former PhD students in 2009 - our other PhD students are still within their 3-4 years of study).

UCLMS staff provide myriad opportunities for students, especially women, to be involved in medical education and to develop skills to enhance their future job prospects. We will make these opportunities accessible by creating a "Getting ahead in medical education" series of resource packs for students at different levels and for undergraduates and postgraduates and for trainees (junior doctors) interested in a career in medical education (Action 4.3).

(532 words)

#### Organisation and culture

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

Staff can potentially sit on UCL Medical School, Faculty of Medical Sciences, School of Life and Medical Sciences and UCL (College) committees.

Staff may attend committees on an *ex officio* basis, through invitation given knowledge of their expertise and experience, they may elect to join committees that are advertised through the Faculty, School or College, or they may seek membership from the committee chair if they are interested. Staff are encouraged to take on roles with relevant bodies outside of the university (e.g. Association for the Study of Medical Education, Royal Colleges, Higher Education Academy, General Medical Council) and to become external examiners.

Our survey revealed 35/59 staff sit on 67 committees at various levels within and without UCL. Committee overload is not a problem: only three staff (female academics) attend three committees – the maximum attended by anyone – and of the 67 committees staff sit on the female:male ratio is 60:7.

Membership of committees by junior staff is supported to encourage relevant experience, exposure, and networking opportunities to facilitate promotion prospects. 55% of clinical teaching/training fellows and all non-professorial academics sit on at least one committee. Those considering senior promotion are encouraged to prioritise senior and external committee attendance in their annual appraisal.

(203 words)

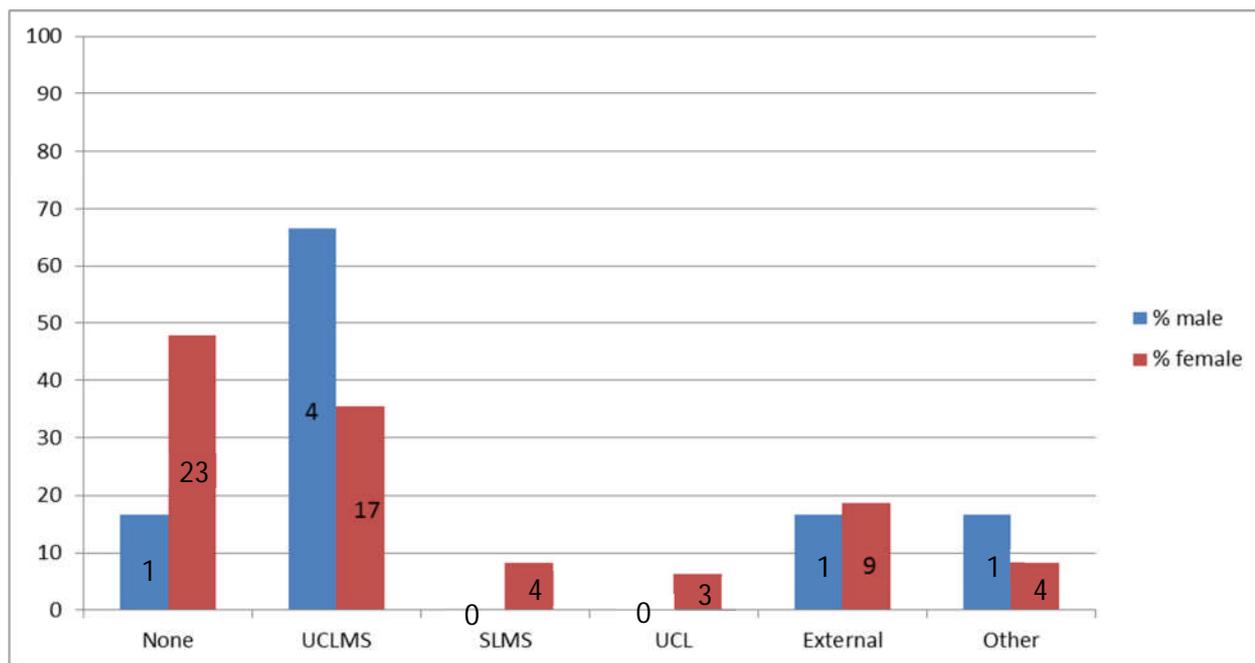


Figure 7: Percentage of male and female staff who represent UCLMS on 5 levels of committee. Numbers on bars.

(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.*

UCLMS contracts are either standard open-ended contracts with no fund end date (permanent staff), or open-ended contracts with fund end date (non-permanent staff). No staff were employed on fixed term contracts from 2010/11-2012/13. The majority of staff are on standard open-ended contracts with no fund end date.

The contracts with fund end dates are frequently used to employ clinical training fellows. These posts are aimed at doctors in training who take a fixed period out of their training within the NHS to work at UCLMS and gain experience in medical education. They then return to their training programme after this period: usually one or two years. From 2010 to 2012 there were ten CTFs employed by UCLMS (four male and six female).

(122 words)

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

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

There is strong female representation on all UCLMS, Faculty and School-level decision-making committees. Females are also represented on College level committees. UCLMS Executive Committee, MBBS Executive Committee, and MBBS Teaching Committee are all chaired by women. Committee overload is not a problem – the maximum number of committees attended by any staff member is three.

(54 words)

*(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 range of roles in the department, the variation of working patterns of academics and the variety of funding streams for those roles mean that individuals in the department have different work priorities.

UCLMS takes the position that the whole work of the department is everybody’s business. This applies to undergraduate and postgraduate teaching, research, enablement, committees, support activities and consultancy work. When new work arises, a division wide request for volunteers is usually distributed or in some instances when the work requires particular skills or capacity individuals are asked to undertake the work. The nature of the request always acknowledges existing workload and working patterns, and where possible, includes the opportunity for staff to justify why the request might be turned down e.g. because of immovable workload demands or the need to work from home or in school hours.

The staff survey showed that over 70% (39/54) of UCLMS staff felt mostly supported or completely supported by their line manager in terms of fulfilling their work commitments (Figure 8). The figure was slightly, but probably not significantly, lower for men.

Workload allocation is considered by three formal mechanisms:

- UCLMS Executive meetings, where the senior management team review the whole work of the department and ensure a fair distribution of tasks
- At the two-monthly meeting of clinical training fellows with their line manager
- In probation and appraisal meetings, worked on the basis of the individual’s capacity and strengths

We acknowledge the lack of transparency in the system and we are concerned by results from our staff survey where 58% of women and 50% of men stated they had a suitable work-life balance most of the time or always (Figure 9). We hope to improve this in future, and will set up a working group with the aim of identifying and implementing a transparent and reliable departmental workload model (Action 5.1). In the meantime we will maintain the UCLMS Executive strategy meetings so that we have a whole department overview of work to be done and staff activity. We will introduce a section in departmental meetings where staff are invited to give a brief overview of their current projects, research and teaching activities (Action 5.2). We will also continue to monitor workload balance in our annual staff survey (Action 3.7).

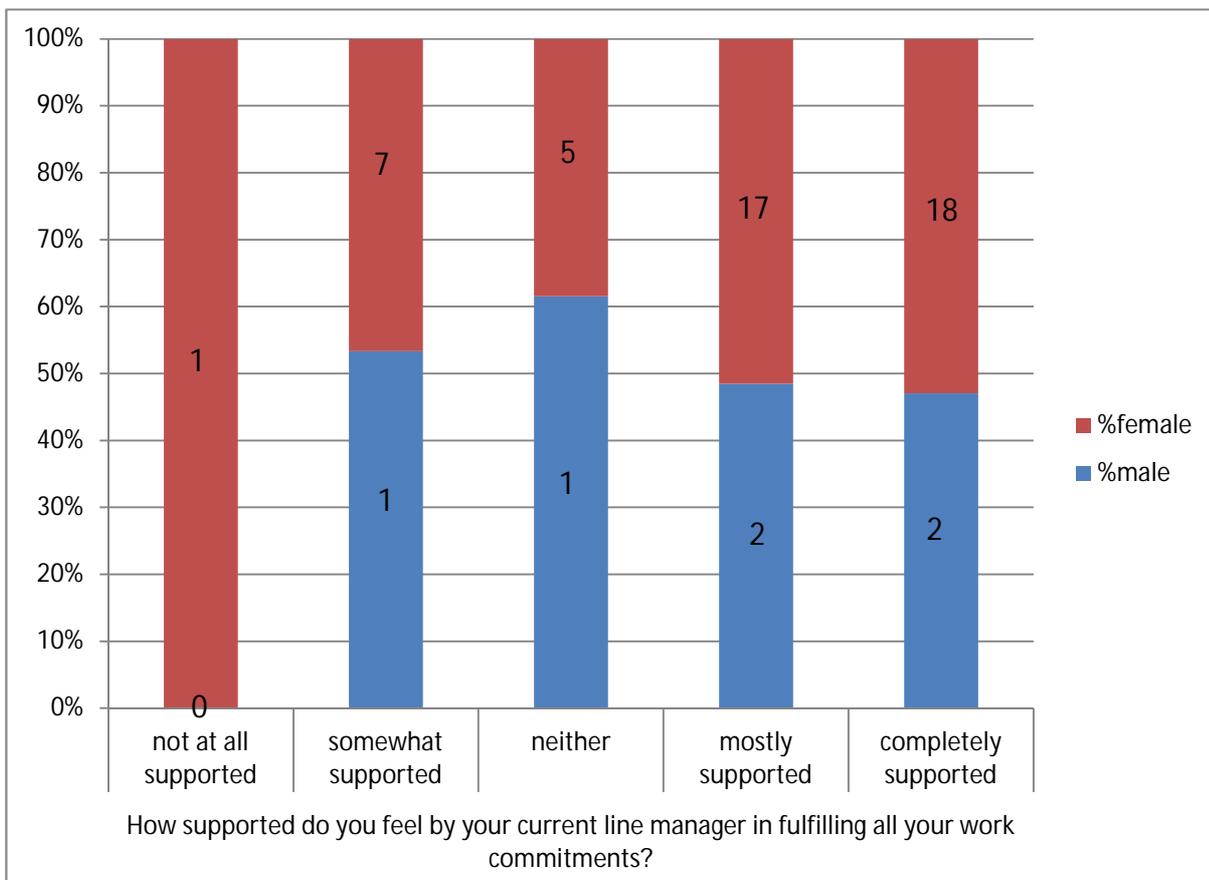


Figure 8: Percentage of female and male staff who feel supported by their current line manager in fulfilling all their work commitments (numbers on bars).

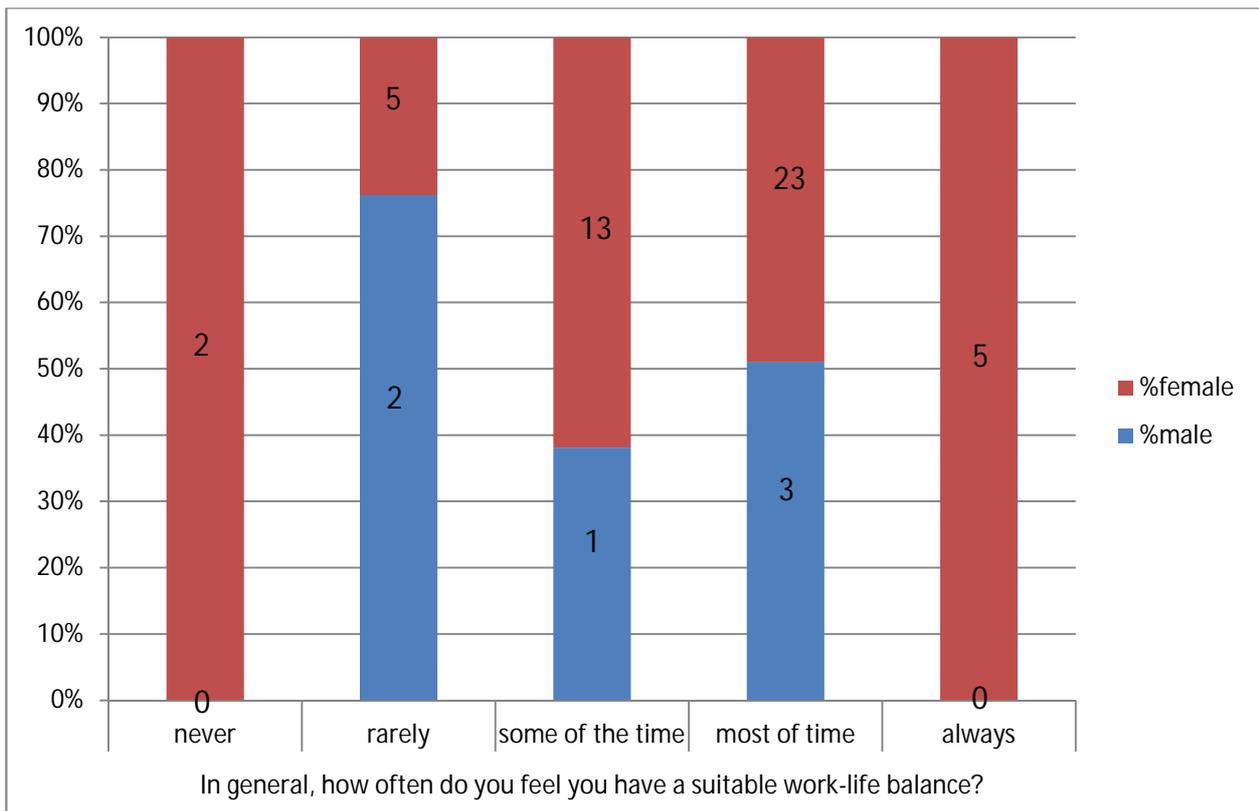


Figure 9: Percentage of female and male staff who feel they have a suitable work-life balance (numbers on bars).

(379 words)

*(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.*

Almost all departmental meetings are between 9.30am and 5pm and the majority are within core hours (10am-4pm), thus complying with UCL's E&D strategy. However there are occasions when meetings take place out of these core hours to accommodate members of staff that have multiple committee responsibilities and other NHS roles. We ensure these meetings are organised well in advance to allow staff to make any necessary arrangements. Staff can also attend meetings via teleconference which allows for flexibility and efficiency.

The staff survey showed 57% of staff felt UCLMS meetings are appropriately timed for staff with caring responsibilities but this proportion was lower for staff who have dependents. We will make it a requirement that all UCLMS meetings are held in core hours (10am-4pm) (Action 5.3).

As part of the SWAN process, UCL Medical School has organized a variety of social and extra-curricular events to encourage staff bonding and interaction outside work. These events are very popular, however, when asked about the timing of activities in the staff survey, only 38% of all staff, and 31% of staff with dependents, felt they were appropriately timed for those with caring responsibilities (Figure 10).

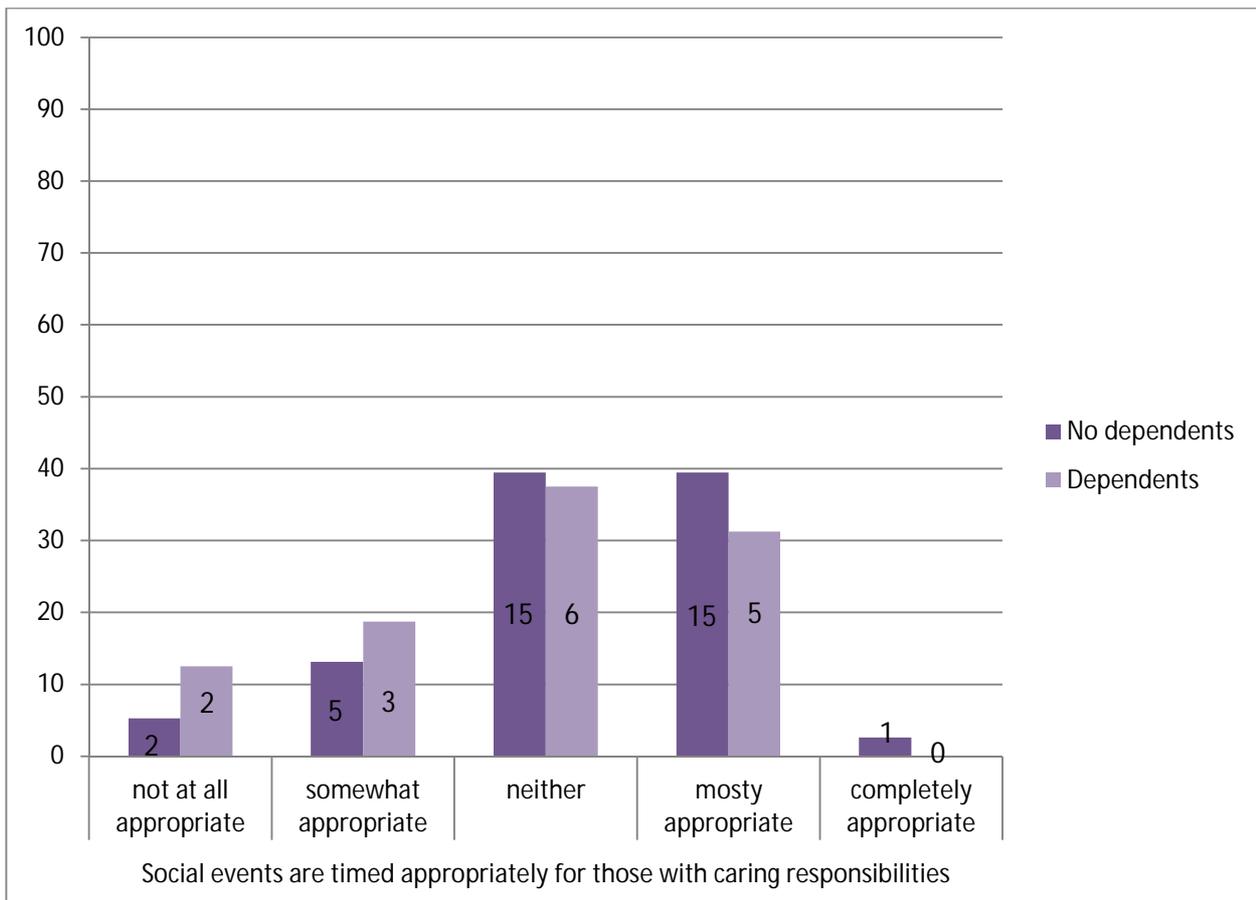


Figure 10: Percentage of staff with and without dependents who feel UCLMS social events are appropriately timed for those with caring responsibilities. Numbers on bars.

The new UCLMS staff events are varied in time (weekends, evenings, lunchtime) and theme (e.g. sport and art events, wellbeing sessions, wine tasting, beauty sessions, quiz nights) and most of them are open to family members (Table 5). We will continue to offer a range of times and opportunities and continue to discuss timing with staff, particularly those with caring responsibilities. We will hold more social events within working hours so those with commitments outside of work can attend (Action 5.4) and monitor perceptions of appropriateness in our annual staff survey (Action 3.7).

Table 5: UCLMS STAFF EVENTS 2012-13

Date	Event	Details
09/09/2012	School Sports Day	Weekend event. Traditional school sports races in local park, including friends and families
19/10/2012	Lunchtime catch-up, Royal Free campus	Bring-your-own lunch catch up at Royal Free campus for staff. Refreshments provided
01/11/2012	Wine tasting session	Evening event led by a sommelier from the Royal College of Physicians

08/11/2012	Lunchtime catch-up, Archway campus	Bring-your-own lunch catch up at Archway campus for staff. Refreshments provided
08/11/2012	Movie night	Evening at the cinema
21/11/2012	Photography taster session	Evening event led by amateur enthusiast in UCL venue
05/12/2012	Winter Wonderland	Evening event at Christmas funfair in Hyde Park - ice skating, food stalls, fairground rides
13/12/2012	Christmas Quiz Night	Late afternoon and evening event – fun quiz with food and drinks provided
30/01/2013	Beauty session #1	Evening events at Bloomsbury campus. Beauty tips, facials and other treatments and talk by amateur enthusiast
24/04/2013	Beauty session #2	
27/04/2013	Swimathon	Weekend event. Small team taking part in nationwide charity swim in local pool
22/06/2013	Race for Life	Weekend event. Staff taking part in nationwide charity run in local park

(285 words)

*(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.*

UCL Medical School has an inclusive and friendly culture that may well be a result of its majority women workforce, its strong focus on education, and a leadership approach that is inclusive, flexible and mindful of the day-to-day experiences and activities of staff and students.

In our staff survey, 54% disagreed that “I feel compelled to work long hours because my colleagues do” and less than 20% agreed. Work and domestic crises are managed supportively and staff are encouraged to ask for help when needed. Language and behaviours in the division create and maintain social cohesiveness and activities are generally co-operative.

The focus on education is reflected in job plans, appraisal and recommendations for promotion. Staff are rewarded for what they do as ‘divisional citizens’ not just for research. The entrance to the divisional corridor proudly displays the Higher Education Academy Fellowships and ‘Top Teacher’ Awards achieved before it displays research outputs.

The leadership team is small, female and cohesive. It meets monthly to discuss issues that arise within the division and ensures time is devoted to individuals and smaller projects or problems as well as strategic decisions. There are robust mechanisms in place which enable feeding up to the leadership team as well as feeding back. Regular whole division meetings have a central role in this communication but also serve to bring all staff together to meet and share good practice. The divisional newsletter has an informal tone and celebrates social, personal and work-orientated

achievements. The *'Spotlight on'* feature is a good example of the way UCLMS values all staff members. So far all four of the staff members highlighted in this feature have been women.

Students have close and respectful relationships with staff through a number of channels including peer tutoring schemes, student support services, the Quality Assurance Unit and via student representatives' involvement in curriculum work.

Gender equality is embedded in our practices, with nearly 70% of staff agreeing or strongly agreeing in the survey that UCLMS staff are treated on their merits irrespective of their gender. Support for gender equality is strong – 75% of respondents in our staff survey said we need to continue to take action for gender equality. We plan to increase the profile of what we do to promote gender equality and raise awareness of Athena SWAN actions by establishing an Athena SWAN section on the UCLMS website and by organising an annual seminar to disseminate SWAN information and actions within the division (Action 5.5).

(412 words)

*(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.*

UCLMS runs an innovative outreach programme called 'Target Medicine'. The programme is aimed at London-based state school students who want to be doctors and is delivered by medical students who are trained and supported by three members of female teaching staff. It provides a comprehensive 6<sup>th</sup> form mentoring scheme which guides 200 students per year through the medical school application process, including finding relevant work experience, enhancing study skills, writing personal statements, developing interview techniques, and practicing admissions tests. The female:male ratio was 167:50 in 2011/12 and 143:57 in 2012/13.

The Target Medicine Summer School inspires and increases the confidence of 48 Year 11 students per year to apply for medicine. The female:male ratio is 4:1. These activities are supported by the work of Target Medicine Outreach Team, which visits local schools and organises larger events based at UCL to inspire and encourage Year 7, 8 & 9 students to consider medical careers.

One of our senior lecturers (Petra Boynton) has a research interest in sex and sex education for women. She writes advice columns for 11 magazines and websites, including The Telegraph, as well as a popular blog (long listed in 2011 for the Orwell Prize in Political Writing). A female lecturer received the UCL Public Engager of the Year award for a project she ran with two other female members of staff, which helped stimulate a huge increase in departmental public engagement (PE) activity. Members of that award-winning team are now planning to lead on innovative PE projects that focus particularly on women and aim to run at least one event that focuses on women each year (Action 5.6).

The staff survey showed 68% of women and 83% (5/6) of men participate in outreach and public engagement. Of staff who had participated 75% of women and 60% of men thought this work had been formally recognised. There are currently no specific questions about outreach or public engagement in appraisal, or promotion forms. Neither is there any requirement to self-report outreach activities, although outreach is valued by the Medical School. We will raise awareness of outreach and public engagement and encourage participation of women in these activities by

publicising our projects and events, reporting and publishing our successes (Action 5.7) and by formerly including outreach/PE activities in appraisal documentation (Action 5.8).

(381 words)

#### Flexibility and managing career breaks

- a) *Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning.*
- (i) *Maternity return rate – comment on whether maternity return rate in the department has improved or deteriorated and any plans for further improvement. If the department is unable to provide a maternity return rate, please explain why.*

In the past three years, three women have taken maternity leave, one using it twice. All have returned to work on a full time basis, making the maternity return rate 100%. For a department with so many women, the number of women who have taken this leave seems fairly low. It is not clear whether this is because many women in UCLMS had their children over three years ago. We will investigate whether there are any perceived or actual barriers to UCLMS staff starting families (Action 6.1).

(87 words)

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

Since April 2013 UCL has offered four weeks paternity leave on full pay. UCLMS fully supports and encourages the new provision of additional paternity leave. Since 2010/11, two staff have taken paternity leave, both before April 2013 when the allowance was two weeks. 50% (3/6) of male survey respondents were unaware of UCL paternity leave entitlements. To encourage uptake the HR administrator will promote UCL's 'Supporting staff with dependents' document by emailing current staff to publicise UCL policies around parental leave included in the document and include information in induction packs for new staff. We will also publish this information in the Athena SWAN section on our website and include it on the shared UCLMS drive (Action 6.2).

One female staff member has taken adoption leave and returned full time. Although paternity leave refers to all staff whose partners have a baby regardless of whether they are male or female the male focus of the word could be a barrier to uptake in female partners of women having children. We will make it clear on the departmental website that male and female partners of women having children are entitled to four weeks leave on full pay (Action 6.3).

(198 words)

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

In the last three years there have been no formal requests for flexible working; however women and men are working flexibly and there is a culture of flexible working in UCLMS. See below for details.

(35 words)

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

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

An informal flexible working system is in place at UCLMS. Line managers are encouraged to facilitate staff working from home and taking advantage of flexible start and finish times. Staff are provided with laptops to enable this. UCLMS was the first department in UCL to set up a flexitime scheme for administrators and we were highlighted as having good practice around flexible working when a female member of staff was included as a case study in UCL's guidance for working parents and carers document.

Our staff survey showed that 22% of all staff (12/48 women; 1/6 men) worked flexibly. However, only 39% of staff reported being aware of formal flexible working entitlements. Women were particularly unaware compared to men (54% vs 17%). To address this we are currently formalising a standard flexible working from home policy that facilitates remote working which will be established as a policy within the department in the near future (Action 6.4). To encourage flexible working we will provide information about our policy and how to formally request to work from home to all new staff in their induction pack and email current staff once the new policy is in place. We will also publish this information in the Athena SWAN section on our website and include it on the shared UCLMS drive (Action 6.2).

(219 words)

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

UCLMS recognises the benefits of being flexible around maternity and adoption leave. Staff taking maternity or adoption leave meet with their line manager and produce a tailor made plan. Staff discuss the amount of leave they would like to take, the work commitments they need to hand over, keeping in touch days (which staff are actively encouraged to take) and how to notify the department if they want to change the date of their return to work. The majority of maternity and adoption leave commitments are covered by colleagues.

On their return to work, new parents meet regularly with their line manager and negotiate a timeline for taking back their commitments so they are not overwhelmed at this challenging time

in their career. Academic staff are made aware of and encouraged to take a term's sabbatical from teaching on their return and provisions are put in place to facilitate this. Teaching and clinical skills staff may also arrange for a reduction or phased return of commitments when returning to work after maternity and adoption leave. Information on facilitating returning to work for staff will be included and publicised with other information on parental leave and flexible working as described above (Action 6.2).

Staff taking maternity and adoption leave are made aware of UCL nursery provision. The nursery is situated at the main UCL campus offers 62 places which 9500 staff are eligible to apply for. UCL also provide childcare vouchers with a salary sacrifice scheme. It is extremely difficult to get a place at UCL nursery. We plan to enter into a dialogue with UCL and lobby for more childcare places (Action 6.5).

(273 words)

(Total: 4,981 words)

(iv) 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.*

Over the last 10 years UCL Medical School has deliberately developed female-friendly practices and a culture that women thrive in. Our female divisional directors and deputies lead by example: promoting a supportive and collaborative way of working, encouraging staff at all levels to develop leadership skills (e.g. the director's female PA leads the calendar of social events; a female senior lecturer led our REF submission; a female principal teaching fellow and female lecturer led this SWAN application). Departmental practices are developed to support women in particular e.g. a half day off for Christmas shopping is thoughtful for those with caring commitments, our Earned Income Account allows all staff – not just those who can generate income – to attend conferences, courses and pursue study; flexible working arrangements are normal; and we regularly promote women's achievements in our divisional newsletter.

We could do more to share and promote our woman-centred practices and culture outside UCLMS, particularly with staff we work with on the MBBS programme who are based in more male-dominated departments. We have already started to do this e.g. by encouraging a female PhD student to enter the Dean of the Faculty of Medicine's Research Prize. This led to a video interview with her and her female supervisor in which they discussed research and work-life balance being prominently featured in the Dean's newsletter and circulated to all faculty. In the future, we will invite more MBBS staff from other departments to attend our conferences and seminars; and we will work with other SLMS SATs to show how we manage e.g. flexible working, supporting women on return from leave, and having meetings in core hours.

UCL has recently established an Equality and Diversity (E&D) Accountability Framework which sets out the steps needed to progress E&D at UCL. UCLMS already enacts most of the practices recommended to eliminate the barriers to women's career development. Reducing barriers for part-time staff to become leaders is an institutional aim but both our deputy directors work part-time making it clear this is not a problem for us. To promote this we plan to include a "week in the life" of our senior academics in our newsletter, emphasising work-life balance, working from home, and caring for children and parents.

In response to the E&D Accountability Framework the Dean of Medical Sciences has developed an equalities action plan. UCLMS will support its implementation, including the actions to improve the representation of BME staff and other diverse groups. This is high on the agenda for our SWAN implementation group SIGNET and we have already consulted with the Race Equality Steering Group to identify actions we can take in our division.

(439 words)

(v) 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.

Action	Issues/area for action	Actions planned	Responsibility	Timescale	Success Measures
<b>1. Recruitment of undergraduate students</b>					
1.1	Below national average number of female applicants for medicine	a) Increase the potential specialty career opportunities which may be more attractive to women in the student admissions brochure b) Monitor the effect this has on admissions	Dean of admissions (Brenda Cross)	a) By August 2014 b) By September 2016	5% increase in proportion of female applicants to meet national average
1.2	MBBS part-time study	Set up a working group to explore the feasibility of part-time study at UCLMS	Deputy director (Deborah Gill) in liaison with Head of medical student administration (Gaynor Jones)	In place by April 2014 Report to SIGNET by November 2015	Feasibility report on MBBS part-time study at UCL
1.3	Gender balance of undergraduate places offered	Continue to audit application and success numbers (including the number of applicants who fulfil the admission criteria by gender and fee status)	Dean of admissions (Brenda Cross)	By November 2014	Annual report to SIGNET spring meeting
1.4	Gender balance of undergraduate places offered	Clarify UCLMS' admission criteria for international students	Dean of admissions (Brenda Cross)	By November 2014	Annual report to SIGNET Spring meeting

Action	Issues/area for action	Actions planned	Responsibility	Timescale	Success Measures
<b>1. Recruitment of undergraduate students</b>					
1.5	Gender balance of undergraduate places offered	Recruitment staff to undertake training in in equalities and diversity and unconscious bias	Dean of admissions (Brenda Cross)	By November 2014	Majority of recruitment staff to have undertaken E&D and unconscious bias training

Action	Issues/area for action	Actions planned	Responsibility	Timescale	Success Measures
<b>2. Recruitment of staff</b>					
2.1	Gender balance of recruitment panels	Collect, input and monitor accurate data on make-up of recruitment panels	Divisional manager (Heather Mitchell)	By April 2014	Monitor numbers annually at SIGNET summer meetings
2.2	Training of recruitment panel members	Requirement that all members of recruitment panels undergo equality and diversity training and unconscious bias training	Divisional manager (Heather Mitchell)	November 2014	100% of staff involved in recruitment attended relevant training
2.3	Revamp website to encourage more women to apply for jobs at UCLMS	a) Display gender balanced images of staff b) Include information about Athena SWAN	SAT co-ordinators (Jayne Kavanagh and Katherine Woolf)	By April 2014	1% increase of women applying for UCLMS posts per year for three years

Action	Issues/area for action	Actions planned	Responsibility	Timescale	Success Measures
<b>3. Support for staff</b>					
3.1	Female applications for promotion	a) Continue to perform annual review of staff to identify and encourage suitable female staff to apply for promotion b) Continue to offer female mentor to promotion applicants	Divisional director (Jane Dacre) and Divisional manager (Heather Mitchell)	In place	4 female academics having applied for promotion by Nov 2016
3.2	Attendance of staff at conferences and leadership training event	a) Monitor and review attendance at events and feed into appraisal process b) Line managers encourage staff to attend events	Deputy director (Ann Griffin) and line managers	To be in place by September 2014	5% increase per year in number of staff attending conferences and leadership training
3.3	Opportunities for female staff to present their work and network	Formalise requirement for minimum 50% female medical education seminars speakers and keynote speakers at UCLMS conferences	Deputy director (Ann Griffin)	By September 2014	Minimum 50% female medical education seminars speakers and keynote speakers at UCLMS conferences

Action	Issues/area for action	Actions planned	Responsibility	Timescale	Success Measures
<b>3. Support for staff</b>					
3.4	Academic writing support for teaching/training fellows, lecturers and clinical skills tutors	Continue near-peer support group	Clinical skills lead (Deidre Wallace)	In place Summer 2013  Review annually in summer SIGNET meetings	10% increase in academic publications from teaching/training fellows, lecturers and clinical skills tutors
3.5	Recognition of staff contributions/achievements and reticence to self-promote	Add professional development plan into all staff appraisal documentation with sections on: <ul style="list-style-type: none"> <li>• Achievements/contributions</li> <li>• Self-promotion opportunities</li> <li>• Promotion plans</li> </ul>	Divisional manager (Heather Mitchell)	To be in place by September 2014	90% of staff reporting satisfaction with recognition of contributions/achievements in our staff survey
3.6	Recognition of staff contributions/achievements and reticence to self-promote	Run workshops to encourage staff to apply for additional roles and to promote themselves more effectively	Deputy director (Deborah Gill)	To run in academic year 2014/15	75% of staff to attend workshops by 2016  90% of staff satisfied with recognition of achievements in staff survey

Action	Issues/area for action	Actions planned	Responsibility	Timescale	Success Measures
<b>3. Support for staff</b>					
3.7	Monitor the success of actions and initiatives put in place by SIGNET and the Division	Carry out annual staff survey	SAT member (Leila Mehdizadeh)	Annually in March	Monitor results annually at SIGNET summer meetings  Action and amendments in place as a result of analysis
3.8	Recognising staff achievements	Introduce a 'Success stories' section in UCLMS newsletter and encourage staff to contribute	UCLMS newsletter editor (John-George Nicholson) and line managers	By September 2014	'Success stories' section in UCLMS newsletter
3.9	No facility for promotion to professor for teaching fellows	Liaise with other UCL SWAN SATs to change the promotions criteria to allow teaching fellows to progress to professor.	Divisional director (Jane Dacre) and SAT co-ordinator (Jayne Kavanagh)	Working group set up by November 2014	Report to SIGNET by end of academic year 2015/16
3.10	Networking opportunities for women	Review 'Alternative Journal Club' pilot	SAT co-ordinator (Katherine Woolf) and Professor of clinical education, UCL Division of Medicine (Jean McEwan)	Review completed by January 2015	Alternative Journal Club established as regular event in in departmental calendar

Action	Issues/area for action	Actions planned	Responsibility	Timescale	Success Measures
<b>3. Support for staff</b>					
3.11	Mentoring opportunities for all staff groups	Work with other UCL SATs to resurrect, develop and embed a School of Life and Medical Sciences mentoring programme	SAT member (Sarah Bennett)	By November 2015	SLMS-wide mentoring programme established

Action	Issues/area for action	Actions planned	Responsibility	Timescale	Success Measures
<b>4. Support for students</b>					
4.1	Opportunities for female students to gain leadership skills	a) Identify CTF to lead on ventures that foster leadership skills b) Formalise role by including it in CTF job description c) Publicise opportunities - newsletters, emails, personal tutors 1:1 meetings with female students	Senior lecturer (Alison Sturrock)	By April 2014	CTF role established for leading ventures that develop leadership skills in students  Minimum of one venture engaged with per year
4.2	Opportunity for women undergraduates to request female personal tutor	Establish mechanism for female students to choose a female tutor	Head of medical student administration (Gaynor Jones)	By September 2015	Women undergraduates able to choose female personal tutors
4.3	Student access to medical education opportunities	Create resource pack "Getting ahead in medical education"	Deputy director (Deborah Gill) and clinical training fellows	By September 2015	Resource pack, "Getting ahead in medical education" available for students and trainees interested in medical education

Action	Issues/area for action	Actions planned	Responsibility	Timescale	Success Measures
<b>5. Workload, culture, communication and departmental organisation</b>					
5.1	Fair allocation of workload	Set up a working group to establish a transparent and reliable departmental workload model	SAT members (Ceri Butler and Eleana Ntatsaki)	Identify model by November 2014  Implement model by November 2015	Workload assigned in equitable way  20% increase in number of staff reporting that workload allocation is fair in annual staff survey
5.2		Invite staff to give overview of work in departmental meetings	Deputy directors (Deborah Gill and Ann Griffin)	By April 2014	
5.3	Timing of meetings	Requirement that all UCLMS meetings are held in core hours (10am-4pm)	Divisional manager (Heather Mitchell)	By September 2014	All UCLMS meetings held between 10am and 4pm
5.4	Timing of social events	Increase the number of social events held in core hours	PA to divisional director (Deanne Attreed)	On-going	20% increase in number of staff with dependents reporting satisfaction with timing of social events in annual staff survey

Action	Issues/area for action	Actions planned	Responsibility	Timescale	Success Measures
<b>5. Workload, culture, communication and departmental organisation</b>					
5.5	Awareness of gender equality and Athena SWAN actions	a) Establish Athena SWAN section on the UCLMS website b) Organise annual seminar to disseminate SWAN information and actions within the division	SAT co-ordinators (Jayne Kavanagh and Katherine Woolf)	a) By October 14 b) Annually from 2014	Increased awareness of gender equality and Athena SWAN actions monitored in staff survey.
5.6	Outreach and public engagement	Increase the number of public engagement events that focus on women	SAT co-ordinators (Jayne Kavanagh and Katherine Woolf) and clinical training fellow (Paul McGovern)	By April 2016	At least one PE event that focuses on women each year
5.7		Publicising projects and events, report and publish successes			5% increase in staff participating in outreach and PE
5.8		Include outreach/PE activities in appraisal documentation			Outreach/PE activities included in appraisal documentation

Action	Issues/area for action	Actions planned	Responsibility	Timescale	Success Measures
<b>6. Career breaks and flexible working</b>					
6.1	Uptake of maternity leave	Investigate barriers to UCLMS staff starting families	Divisional manager (Heather Mitchell) and HR administrator (Vicky Cooper)	By March 2015	Report to SIGNET in spring 2015
6.2	Awareness of flexible working and parental (including maternity) leave policies	Publicise flexible working and parental policies via: staff email; induction for new staff; in Athena SWAN section on departmental website; in shared drive		By April 2014 with annual revision	Increased awareness and uptake of flexible working and parental leave policies
6.3	Understanding of paternity leave	Clarify female partners are entitled to 'paternity' leave in departmental information on parental leave		By April 2014	
6.4	Remote working	Establish formal departmental policy on flexible working from home		By August 2014	Increased number of staff report satisfaction with flexible working arrangements
6.5	Lack of UCL nursery places	Enter into dialogue with UCL about increasing their nursery places	SAT co-ordinator (Katherine Woolf)	By April 2016	UCL recognise importance of increasing nursery places and develop strategy to address this

### Abbreviations used in Action Plan

UCLMS	University College London Medical School
SIGNET	SWAN Implementation Group & Equality Team
MBBS	Undergraduate medical course at UCL
E&D	Equalities and diversity
SLMS	School of Life and Medical Sciences
CTF	Clinical training fellow
PE	Public engagement

(vi) 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.

Case Study: Katherine Woolf



I joined UCLMS in 2004 as a research fellow having completed a Psychology BSc in 2003. I worked 4 days per week on an open contract with a fund end date of January 2005. During this time I was encouraged to submit papers to conferences and to enter competitions, coming second in the national Association for the Study of Medical Education Researcher of the Year.

My contract was extended until June 2005 after which Prof Jane Dacre, the Head of Department, offered me the opportunity to complete a PhD, supervised by herself and Prof Chris McManus. The department paid my tuition fees and continued to employ me as a full-time research fellow. Throughout my PhD I was encouraged to lead an academic life: developing courses, publishing papers, attending conferences, and taking on administrative roles. The division paid for me to attend national and international conferences, publish papers in journals, attend training courses, and bought me a laptop. I achieved fellowship of the Higher Education Academy in 2008.

I completed the first draft of my PhD in 2008, and my contract was extended on an open-ended basis with a fund end date of June 2009. In October 2008, I submitted my PhD and begun working full-time on a different project. This period of post-doctoral funding was crucial in enabling me to obtain an academic post. In June 2009, I was offered a lecturer job at Imperial College; however UCLMS told me that it was likely a HEFCE-funded lecturer job would be advertised there soon, so I decided to apply for that instead, because of the extremely positive experience I had had at UCLMS. In October 2009 I started as a non-clinical lecturer. Jane supported me in obtaining an honorary lectureship in UCL Psychology, which has enabled me to develop research links - particularly important in our teaching-focused environment, and which enables me to keep my research profile up and go for promotion.

At UCLMS I have been given the autonomy to pursue the projects of my choice. As well as gaining grant funding and continuing to publish, I have become more involved in public engagement,

winning the Provost's Public Engager of the Year award in 2009/10 and being voted a UCL Academic Role Model in 2013.

This year Jane told me she would support me in going for promotion to senior lecturer. She gave me advice on my application, and asked other female staff who had recently been successful to mentor me. This process made me realise I needed more experience to be successful. The department gave me the opportunities to gain that experience – for example by giving me a leadership role on the undergraduate medical school. I am going for promotion in November 2013.

I recently found out I am pregnant with twins. The response I have had from the division, including the leadership team, has been extremely positive. For example, Jane and Dr Deborah Gill (UCLMS deputy director) have strongly encouraged me to go for promotion this November. I have also been encouraged to take a teaching sabbatical when I return.

(512 words)

#### Case Study: Deborah Gill



I started my career as a doctor. My first lecturer post in 1996 was in the department of primary care at the Royal Free Hospital School of Medicine which became part of UCLMS. During this post I became interested in, and experienced at, education beyond community based settings and with the support of the head of department, both financial and as protected time, I was able to gain a Masters in Medical Education. I was also encouraged to gain experience outside of the primary care setting and on return from maternity leave was allowed to drop one session in the department and commit to one session a week in the newly formed Academic Centre for Medical Education (ACME) within UCLMS.

When the opportunity of a promotion to senior lecturer in community based education arose in 2002 I instead took the slightly more risky step of applying for a newly established senior lectureship in medical education within ACME. This 'leap of faith' was encouraged by Professor Jane Dacre. She saw in me capabilities, commitment and leadership potential. I have remained as a senior lecturer at ACME since; developing a wide range of capabilities and interests as an educator and becoming involved in education practice, policy, leadership and research. I am now

deputy director of UCLMS and I am programme lead for the undergraduate medicine MBBS programme. Again I have been supported, in terms of very considerable study leave and a reorganisation of my commitments, to successfully undertake an education doctorate whilst working full time.

At UCLMS I have been encouraged to reach my potential. I have been given leadership opportunities, sent on leadership training, nominated for awards, done high profile overseas work and sat on committees; which have enabled me to become a prominent member of the faculty. The head of department, divisional manager, and a senior colleague have encouraged me over the last two years to work towards promotion, and I am applying for promotion to professor this year.

The two most important factors in my success as an academic at UCL have been strong female role models and being offered support to succeed, both from the leadership team and from my peers, that is mindful of the range of roles I maintain. I am a mother, carer, GP and academic and these roles are considered when making decisions about workload and organisation of activities. Examples of this include; fixing my academic sessions so that I can provide continuity in my clinical role; arranging an overseas commitment during half term so that I could arrange for family members to help with childcare; and putting half terms and school holidays on the academic calendar.

A new member of the division recently commented that he has never worked in such a positive, supportive and 'can do' environment and this is truly how things are; this is an environment that encourages and supports success without the need for personal sacrifice.

(487 words)

(Total: 999 words)