



## **Athena SWAN Silver department award application**

**Name of university:** University College London

**Department:** Institute for Women's Health

**Date of application:** 30<sup>th</sup> April 2013

**Date of University Bronze Athena SWAN award:** May 2009, renewed May 2013

**Contact for application:** Professor Nicola Robertson and Dr Jane Hassell

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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.

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

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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.

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**UCL INSTITUTE FOR WOMEN'S HEALTH**  
PETER BROCKLEHURST  
PROFESSOR OF WOMEN'S HEALTH  
DIRECTOR



29<sup>th</sup> April 2013

Sarah Dickinson  
Senior Policy Advisor with responsibility of the Athena Swan Charter

Dear Sarah Dickinson

As Director of the Institute for Women's Health, University College London, I am delighted to endorse this application for a Silver Award. Since I arrived at UCL 2 years ago, I have been and continue to be committed to SWAN and supporting a culture that fosters academic careers for women in the Institute for Women's Health (IfWH). The mission of the Institute for Women's Health is to make a real and sustainable difference to women's health locally, national and worldwide.

We decided at the outset to apply for a Silver departmental award because IfWH has a strong track record of support for family-friendly working; this flexibility is a core value of our Institute. In 2012, early on in the preparation for this application, the SAT collated gender-specific data and designed and delivered an Institute-wide anonymous survey to understand the experiences of individual staff. Our findings reinforced our view that IfWH already demonstrates much good practice in support of gender-neutral and flexible working. The SAT has put in place actions that have already started to enhance the organization and culture of the Institute.

For example, although a family friendly culture is evident in the IfWH, until recently we held Academic Board meetings after work. Since April 2013, on the advice of the SAT, we have moved these meetings to within core working hours to facilitate those with carer responsibilities. We are setting up a formal mentoring scheme for all members of staff and PhD students. We are ensuring that we have gender-balanced recruitment and the majority of our senior staff have attended unconscious bias training. The Institute social events this year are more inclusive of all the family eg summer picnic in Regents Park.

With respect to gender, the Institute achieves good balance at all levels apart from Professorial level. As younger cohorts of researchers become more senior this difference between men and

women is likely to reverse. We need to ensure that more junior researchers get the support they need to allow them to develop into these roles in the future. This aspiration is clearly articulated in our action plan, and represents an excellent investment in the future for women's health.

The Institute is an excellent place to work (regardless of gender). We have an informal hierarchical structure - staff at all levels of the organisation are visible and approachable. It is clear in my day to day workings with staff in the Institute that people feel free to approach senior staff for advice and support, and often just to chat. Senior staff attend many of the social gatherings organised by the Institute staff. There is a general lack of formality which allows people to feel valued and included in decisions about the direction of the Institute. I believe these attributes generate a feeling of mutual trust and respect between members of the Institute and ensure excellent productivity of our staff.

It is my belief that actions highlighted in this application demonstrate the Institute is deserving of a Silver Award.



Professor Peter Brocklehurst  
Director

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**499 words (limit 500 words)**

## 2. The self-assessment process: maximum 1000 words

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**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**

Our Athena SWAN self-assessment team (SAT) was formed in July 2012. All IfWH staff were invited to volunteer for the SAT and this attracted a lot of interest, therefore we selected a relatively large committee size to represent the interests and opinions of a wide range of staff. Our 13-member team reflects the distribution of staff across the four academic departments of IfWH; therefore we have 5 men (38%) and 8 women (62%); and 5 clinician-academics (38%), 6 academics (46%) and 2 administrative staff (15%).

Institute for Women's Health SAT members:

- Chair: Professor Nicola Robertson (Clinical Academic, Neonatology)
- Christina Ahlfors (Acting Senior Human Resources/ Staffing Administrator until June 2013)
- Kate Bennett (Academic, Neonatology) (Research Associate)
- Dr Kevin Broad (Academic, Neonatology) (Research Associate)
- Professor Peter Brocklehurst (Clinical Academic, Maternal and Fetal Medicine) (Director of the Institute for Women's Health)
- Dr Sangeeta Dave (Clinical Academic, Reproductive Health) (Research Associate)
- Dr Rania Fourkala (Academic, Women's Cancer) (Research Associate)
- Dr Jane Hassell (Clinical Academic, Neonatology) (Academic Clinical Fellow)
- Marcia Jacks (Institute Manager)
- (Judy Okello (Senior Human Resources/ Staffing Administrator – on maternity leave, returns June 2013))
- Professor Gennadij Raivich (Academic, Maternal and Fetal Medicine) (Postgraduate Tutor)
- Eridan Rocha Ferreira (Academic, Maternal and Fetal Medicine) (PhD student)
- Dr John Timms (Academic, Women's Cancer) (Lecturer, Group Lead)
- Professor Martin Widschwenter (Clinical Academic, Women's Cancer)

The team includes early-career, mid-career and senior scientists and clinicians. Some have long-standing experience of managing the mix of teaching and administrative workloads with research; some balance fixed clinical commitments alongside their academic work; some have current experience of the challenges of early career and research development. Our SAT enjoys diverse collective experience of working patterns and work-life balance including part-time and flexible working; career breaks; preparing for and returning from parental leave; childcare and other caring responsibilities.

All members have contributed enthusiastically to our self-assessment process. The skills mix within our larger team has enabled us to designate lead officers the 6 key themes of our action plan; we are confident this leadership and enthusiasm will maximise the positive impact of our actions.

**(341 words)**

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

*Stage 1. SAT reflection and learning about Athena SWAN*

The IfWH self-assessment team was recruited in June 2012. As this is the first time IfWH has applied for an Athena SWAN award, our members attended information and training sessions on Athena SWAN (led by UCL School of Life and Medical Sciences) before undertaking review of our working culture, progress and achievements at IfWH.

We decided at the outset to apply for a Silver departmental award because IfWH has a strong track record of support for family-friendly working; this flexibility is a core value of our Institute, which was formed to promote the wellbeing of all women and newborn infants through research. However, prior to establishing our SAT, the Institute did not routinely review gender-balance or evaluate the impact of flexible working policies on the experiences of our staff. The Athena self-assessment process became the first step towards ongoing self-appraisal within IfWH.

The agreed aims of our SAT are:

- Promote science to all – women and men
- Provide tailored support for the development needs of every staff member – with a focus on support for women at key career transition points
- Provide a supportive, flexible and family-friendly working environment
- Always be open and transparent in our recruitment and working practices

*Stage 2. Collation of data*

Early on we collated gender-specific data on student and staff recruitment, retention and promotion and on female representation across the Institute; undertook a comprehensive review of current IfWH policies and practices; and designed and delivered an Institute-wide anonymous survey to understand experiences of individual staff. Our findings reinforced our view that IfWH already demonstrates much good practice in support of gender-neutral and flexible working.

*Stage 3. Data review, reflection, external consultation, development of action plan*

Over a series of meetings we reviewed our collated data to understand our strengths and weaknesses and to set priorities for action. We also met with a number of Athena leads from UCL Silver award-holding departments; all provided invaluable insights and advice.

After consultation within and outside of the SAT, we agreed an action plan based on 6 key themes:

- 1. Unbiased recruitment**
- 2. Support for women at key transition points**
- 3. Mentoring and support for career development across IfWH**
- 4. Core working hours (10am-4pm) and making flexible working accessible to all**
- 5. Culture of transparency and openness in all IfWH activities, centred on Athena principles**
- 6. Ongoing review of gender-balance and staff experiences**

Each draft of our action plan was reviewed and agreed by the IfWH executive committee (all IfWH Group Leaders), academic board and HR, all of whom have been extremely supportive of our work. The final draft was disseminated to all IfWH staff.

During the application process we have developed an Athena SWAN webpage on our Institute website; all our Athena application documents are available here and accessible to staff and the public.

**(466 words)**

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

Following our Silver Application, our SAT will meet quarterly. In April 2013 we invited two new members to our team to support our student-related actions: Dr Joyce Harper (Non-clinical Reader and Postgraduate tutor for taught courses) and Dr Angela Poulter Graduate Administrator. Our team is now 67% female (5 men, 10 women). We will recruit new SAT members by asking for volunteers or by election, maintaining 60-70% female membership.

We will implement our action plan through engagement with the lead officers designated to each of the 6 key themes. Ongoing review of progress towards our goals (**Theme 6**) will include annual staff and student surveys to show changes in culture and working practices and annual SAT review of IfWH statistics by gender. These findings will be published on our website and used to determine further actions.

To embed Athena SWAN principles within IfWH, we plan to arrange in advance that every decision-making committee meeting is attended by a SAT member and will present a quarterly Athena report at the Academic Board meeting (open to all IfWH staff). We will continue to contribute enthusiastically to UCL's Athena SWAN initiatives, sharing our best practice.

**(193 words)**

**Section 2: 1000 words (limit 1000 words)**

### 3. A picture of the department: maximum 2000 words

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

UCL Elizabeth Garrett Anderson Institute for Women's Health (IfWH) is an exciting and dynamic place to work. Formed in 2004 as a joint venture between University College London (UCL) and University College London Hospital (UCLH), IfWH remains the only Research Institute of its kind in the UK, bringing together academic staff with expertise from across the spectrum of women's health – from laboratory to clinical to social and behavioural sciences – with the shared objective of improving the health of women in the UK and internationally.

IfWH is made up of four research departments: Women's Cancer; Maternal and Fetal Medicine; Neonatology; and Reproductive Health. For the first time in the UK we are able to address women's health in its broadest sense: from childhood to puberty; motherhood to menopause; maturity to old age; taking into account the social, psychological, economic, ethical and legal dimensions of health. Together we strive to deliver research excellence, innovative education and outstanding clinical care.

IfWH is a member of the UCL Faculty of Population Health Sciences (PHS) and we work closely with our sister Institutes within the Faculty: the Institutes of Child Health, Cardiovascular Science, Epidemiology and Health Care, and Global Health. The Faculty of Population Sciences is one of four faculties within the UCL School of Life and Medical Sciences (SLMS). Through collaboration across the Faculty, SLMS, UCL and more widely, we have established IfWH as a global leader in Women's Health.

The Institute is spread over 9 different locations, 5 of which are situated on the main UCL Bloomsbury Campus. At the time of writing we have 105 staff members, of whom 69 are academic staff (61% female; includes research assistants and post-docs); and 100 graduate students, of whom 52 are on postgraduate taught courses and 48 are undertaking research degrees. A unique feature of IfWH is the mix of clinical and non-clinical academics – 30 (43%) of our academic staff are clinicians and we have a further 90 honorary staff members, the majority of whom are UCLH clinicians. Our clinical academics in particular enjoy the supportive, flexible and family-friendly working policies at IfWH (available to all staff); these are seldom possible within clinical practice.

As the only research Institute for Women's Health in the UK, the pursuit of equal opportunities and wellbeing for women underpins our working culture and is fundamental to our research. We are strongly committed to keeping the principles of Athena SWAN at the core of our work.

**(406 words)**

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

Across the department, around 2/3 of both students and staff are women (detailed below). We believe that 2/3 women is an acceptable proportion within the academic field of Women's Health, which by its nature attracts more women than men from both clinical and scientific backgrounds. Notably in clinical practice many women prefer to see a female doctor and currently 70% of UK trainees in Obstetrics and Gynaecology are female (RCOG Future Workforce Summary at <http://www.rcog.org.uk>). Biomedical sciences also attract more female than male academics. However we also believe that gender balance is key for effective working and for innovative, successful research. Our aim is that 1/2 – 2/3 of our staff and students should be women across IfWH. National HESA data for clinical medicine have the following data: research & teaching staff - 34% female, research - 60% female, teaching - 57% female and professors - 21% female.

**(147 words)**

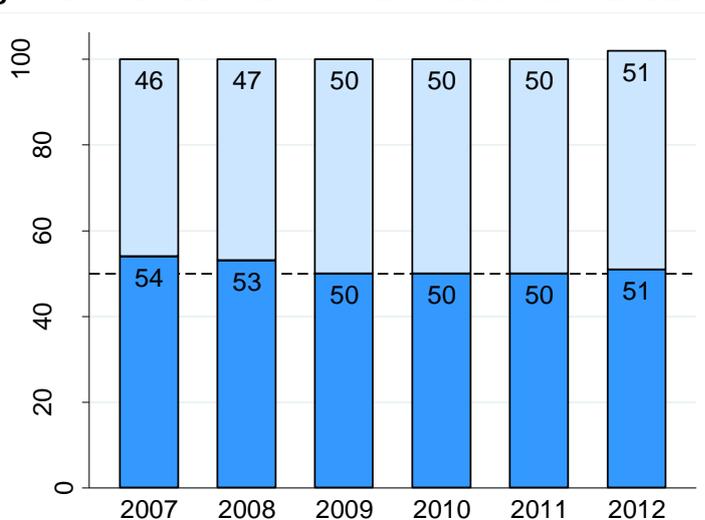
### **3b. Student data**

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

Not applicable – the IfWH has postgraduate research students only.

**(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.

**Figure 1: UCL MEDICAL SCHOOL STUDENTS BY GENDER**



The Institute contributes to the Women's Health module in year 5 of the MBBS curriculum, which is compulsory for all students (380 per year, **Figure 1**). The administration of this is within the medical school. However the module does provide an excellent opportunity for our outstanding

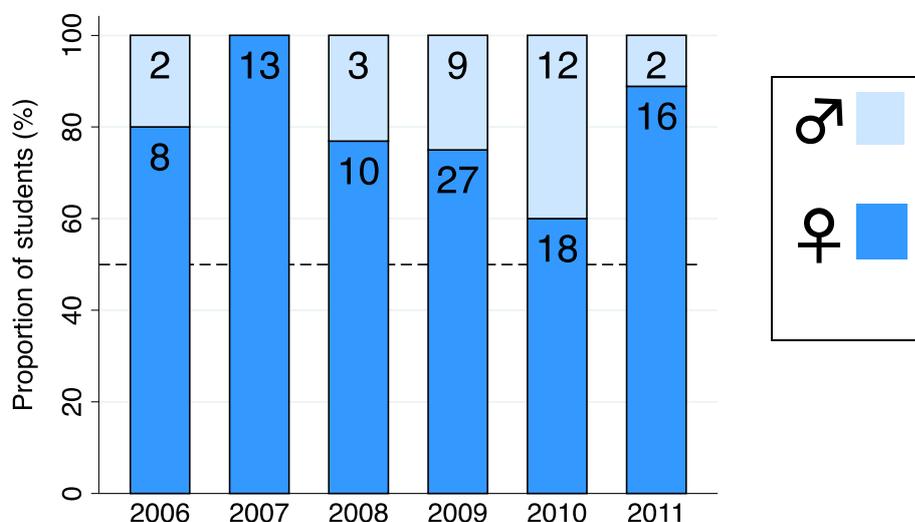
female clinical academic role models to encourage students to pursue Women's Health and research.

(60 words)

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

**Figure 2: POSTGRADUATE STUDENTS COMPLETING TAUGHT COURSES**

Dotted line indicates 50%. Dark shading represents women, light shading represents men. Years represent the start of the Academic year. 2012 data therefore not yet available.



IfWH currently runs three postgraduate diploma/ MSc programmes for clinicians and scientists: Prenatal Genetics and Fetal Medicine (PGFM, commenced 1996), Reproductive Science and Women's Health (RSWH, for clinicians and scientists, from 2009) and Haemoglobinopathies (distance learning, from 2009). PGFM and RSWH are taken on a flexible/ modular basis over a period of up to 5 years; Haemoglobinopathies is taken part-time over 2 years.

The 360% increase in the number of postgraduate students completing taught courses 2006-2012 (**Figure 2**) is due to the two new programmes introduced from 2009/10. The falling proportion of men (11% in 2011/12) may reflect an increasing number of alternative MSc options, whilst Women's Health-related courses continue to attract female students, particularly at IfWH where we present strong female role models; for example through medical student teaching, the IfWH annual meeting at which undergraduate students are encouraged to present, and clinical contact with junior doctors at IfWH. Moreover the flexibility of our courses enables our students, many of whom are female clinicians, to balance caring responsibilities and paid work alongside study. For example, for our MSc reproduction course there is one modular student who is female, has a family and is working full time as an assistant in the Imaging Dept at UCLH.

In collaboration with our postgraduate student representatives we are currently designing a survey to understand the experiences of our students and barriers to applying, particularly for

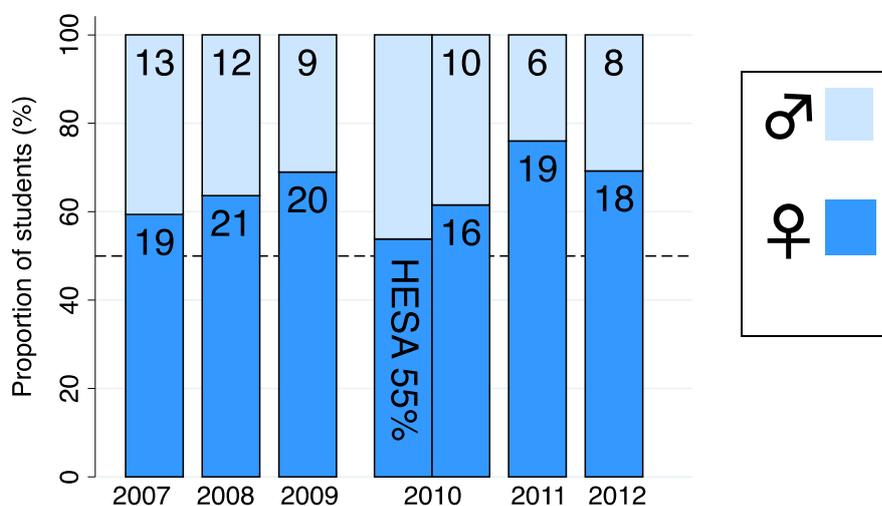
women. We aim to increase applications from both women and men (target = 2/3 women) by advertising our courses informally (e.g. during teaching), through our website and at careers fairs and by increasing the engagement of current female students in these activities (currently done on ad-hoc basis) (**Actions 1.1, 6.3, 6.4**). Our SAT will review and publicise recruitment statistics annually (**Actions 1.5, 6.5**).

(295 words)

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

**Figure 3: POSTGRADUATE STUDENTS ON RESEARCH DEGREES**

Dotted line indicates 50%. Dark shading represents women, light shading represents men.



The number of women on postgraduate research degrees has remained constant over the past 5 years, whilst the number of men enrolled has declined, leading to an overall trend for an increasing proportion of women commencing these programmes (this trend continues in 2013 with 6 females and 1 male) (**Figure 3**); this is likely to be because the subject of women’s health tends to attract more women than men; and because positive female academic role models at all levels within IfWH present the Institute as a flexible and family-friendly place to study. In particular our clinical academics act as clinical supervisors for bright female junior doctors, encouraging them to pursue research alongside clinical work; a number of our clinical PhD students are mothers and maternity leave is never a problem. In addition to the actions described above (**section 3.b.iii**) we plan to standardise and make transparent and accessible our recruitment process for research degrees across the Institute (**Actions 1.1, 1.2, 1.5, 5.7; see section 3.b.v**), aiming for 2/3 women

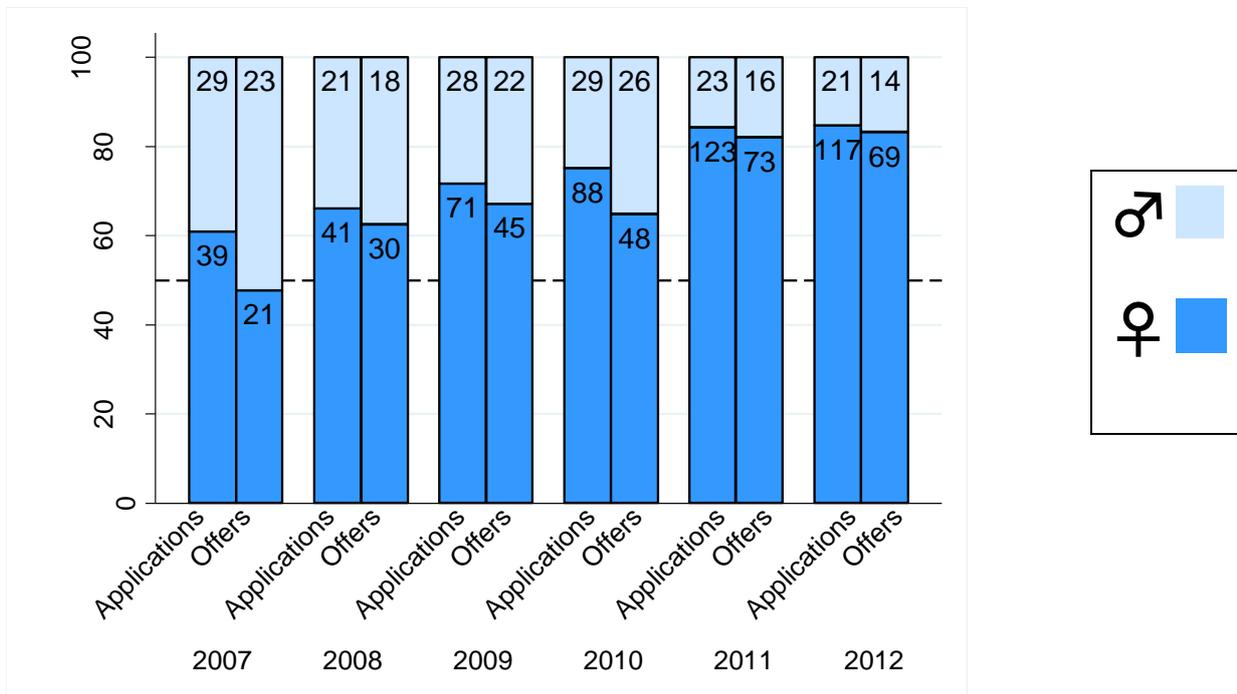
(169 words)

(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.

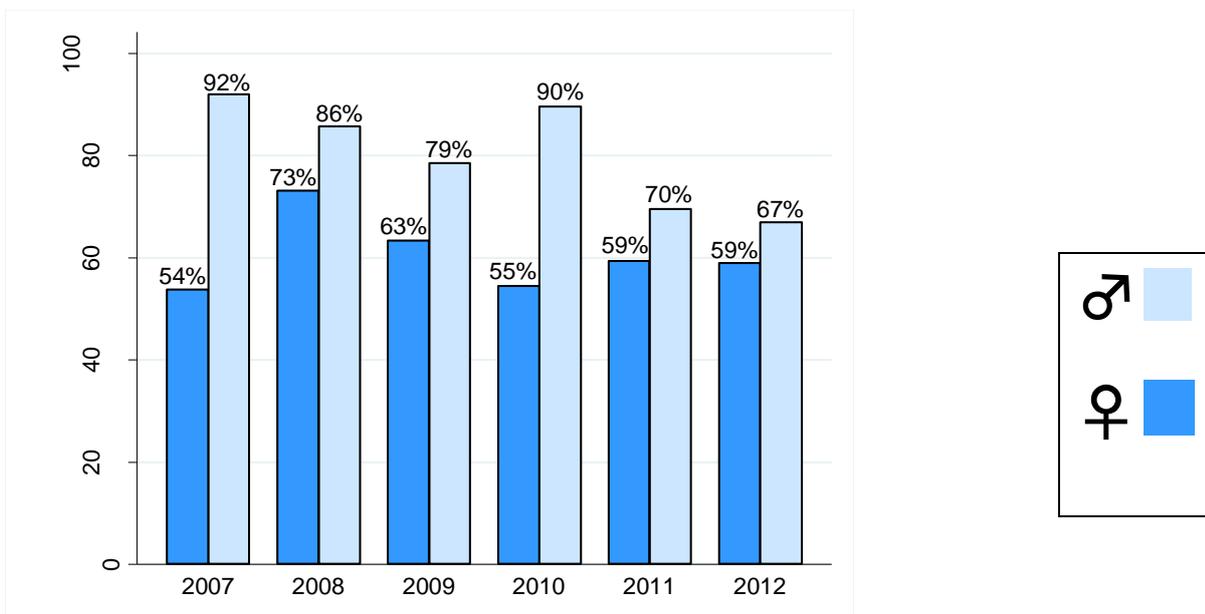
**Figure 4: APPLICATIONS AND OFFERS TO TAUGHT COURSES**

Dotted line indicates 50%. Dark shading represents women, light shading represents men.



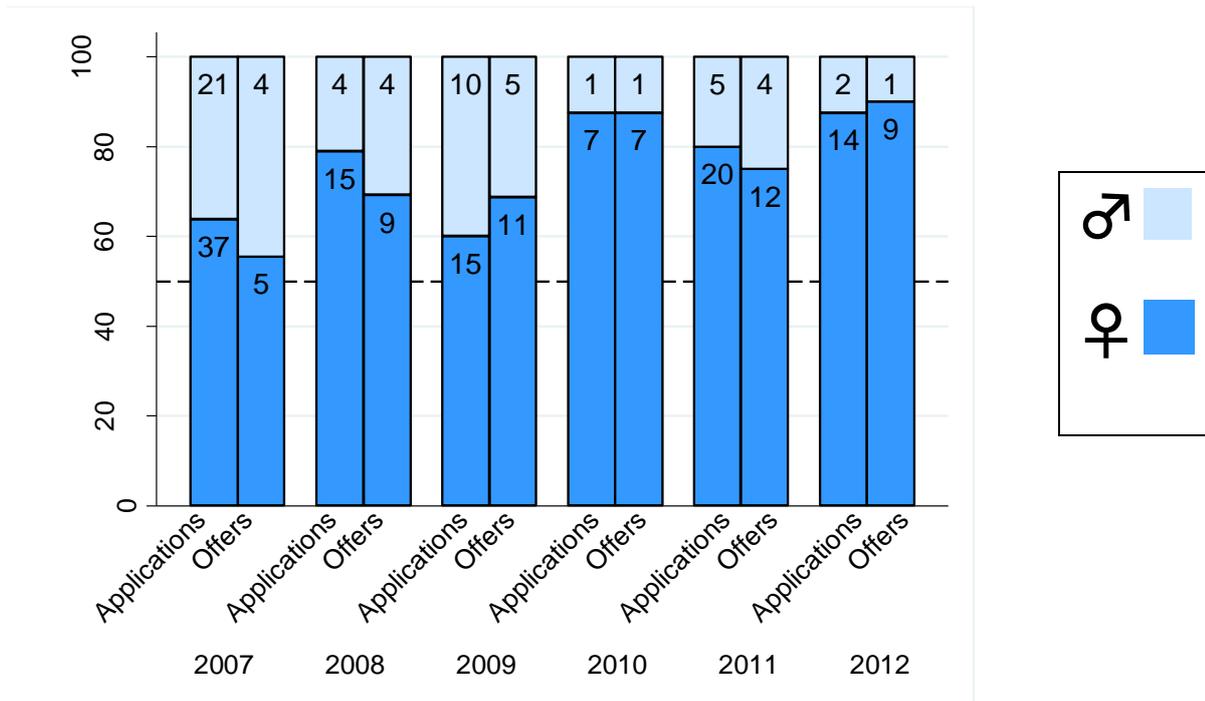
**Figure 5: OFFERS TO TAUGHT COURSES AS A PROPORTION OF APPLICATIONS**

Dark shading represents women, light shading represents men.



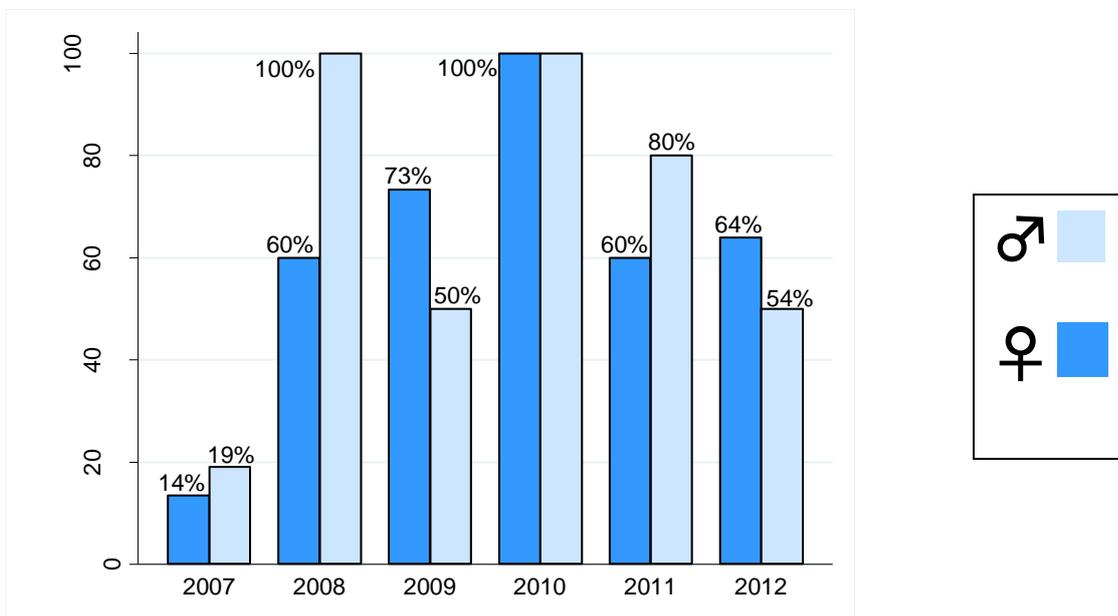
**Figure 6: APPLICATIONS AND OFFERS TO RESEARCH DEGREES**

Dotted line indicates 50%. Dark shading represents women, light shading represents men.



**Figure 7: OFFERS TO RESEARCH DEGREES AS A PROPORTION OF APPLICATIONS**

Dark shading represents women, light shading represents men.



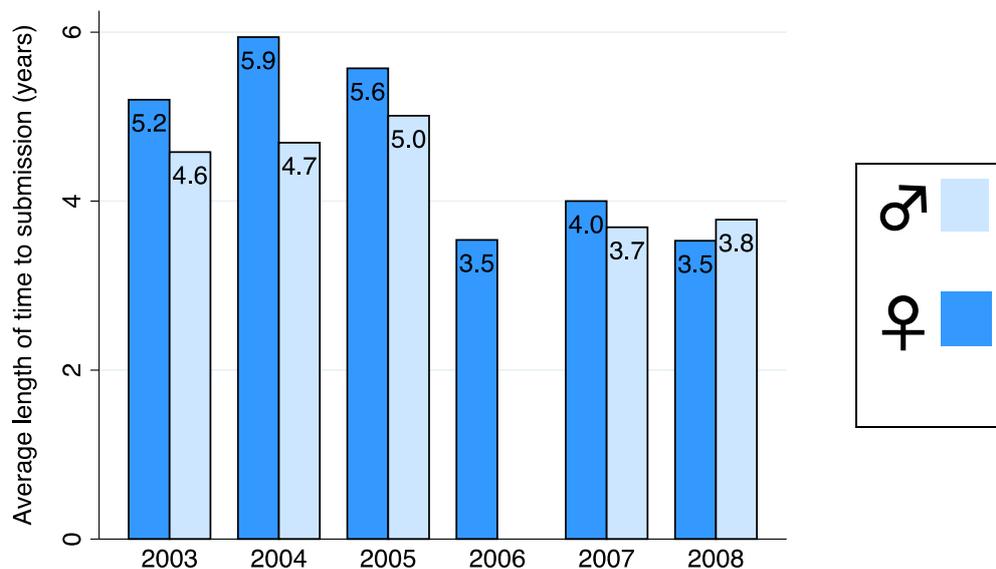
Over the last 5 years the number of women applying for **taught courses** has increased three-fold and offers to women applicants has almost doubled, therefore trending towards a more gender-balanced offer of places (Figures 4, 5). There are smaller numbers of women and men applying for **research degrees** but the proportion of women applying and receiving offers, again trending towards a more gender-balanced offer of places (Figures 6, 7).

We believe that the high numbers of very successful women at IfWH not only encourage applications from female students (**described in 3.b.iii and 3b.i.v**); they ensure a more gender-balanced recruitment process. 70% of our short-listing and interview panels are gender-balanced (2:1 F:M or M:F); our aim is that all panels will be gender-balanced, with 90% achieving a 2:1 F:M ratio, reflecting the proportion of female academics at IfWH (**Actions 1.2, 1.4**).

**(140 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.

**Figure 8: AVERAGE TIME TO SUBMISSION OF PhD THESIS BY YEAR OF SUBMISSION**  
Dark shading represents women, light shading represents men.



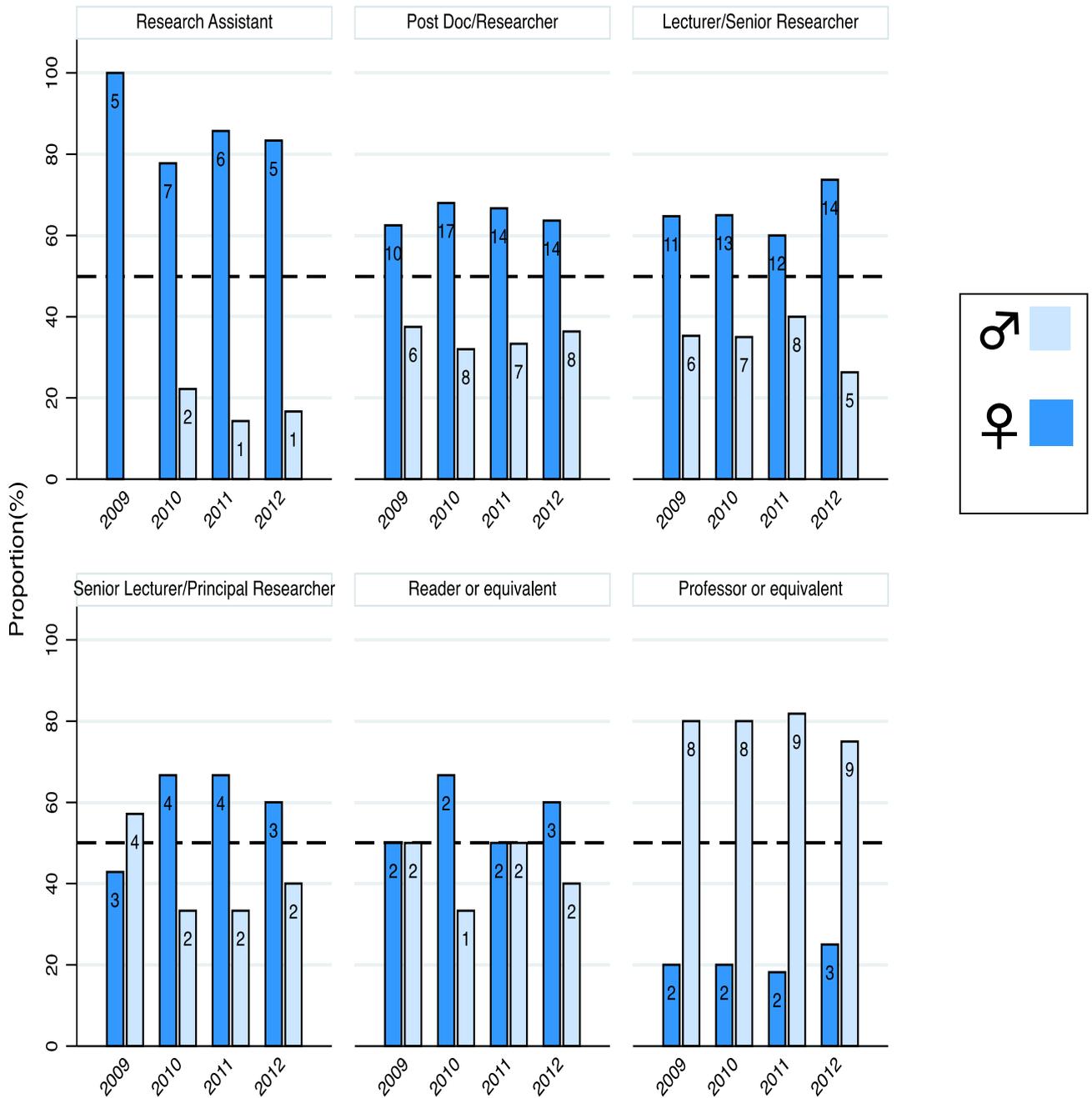
**Figure 8** illustrates that the time to submission of thesis is decreasing for both men and women, with no discrepancy in time to submission .

### 3b. Staff data

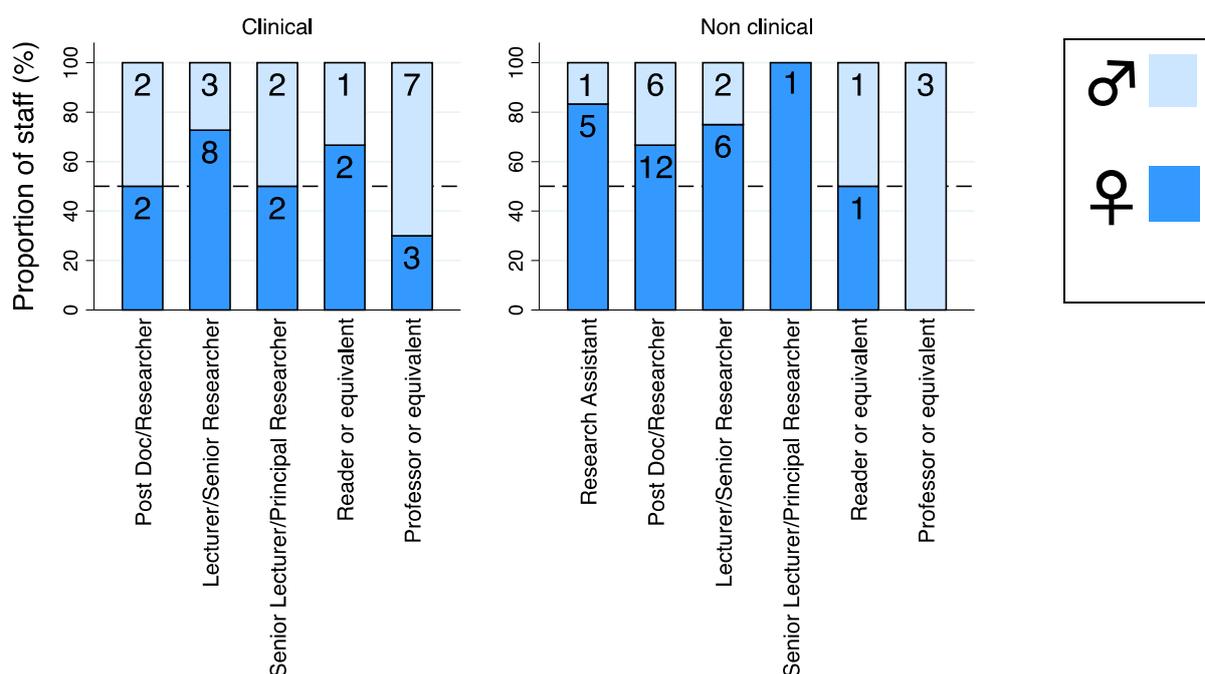
(vii) **Female:male ratio of academic staff and research staff** – researcher, lecturer, senior lecturer, reader, professor (or equivalent). Comment on any differences in numbers between males and females and say what action is being taken to address any underrepresentation at particular grades/levels.

**Figure 9: FEMALE AND MALE STAFF AT EACH RESEARCH GRADE**

Dotted line indicates 50%. Dark shading represents women, light shading represents men.



**Figure 10: CLINICAL AND NON-CLINICAL FEMALE AND MALE STAFF AT EACH RESEARCH GRADE**  
Dotted line indicates 50%. Dark shading represents women, light shading represents men.



61% (42/69) academic staff are female. There is a clear decrease in the proportion of women (i) at post-doctoral level and (ii) at professorial level. However our retention of female staff from post-doc to reader level is very good; for example in 2012, 83% of research assistants were female, 64% post-docs were female, 60% readers and 23% professors were female (**Figure 9**).

Differences in the career progression of clinical versus non-clinical female academics are described in **Figure 10**. 30 (43%) of our academics are clinicians. 57% (17/30) of our clinical academics are female; 64% (25/39) of our non-clinical academics are female. Some of our clinical academics have substantive UCL contracts but carry out 50% clinical work within UCLH Trust; 47% of these are women.

Our research assistants are almost all non-clinical PhD students; occasionally we have nurses seconded from clinical work for a limited time. We strongly encourage our female non-clinical PhD students to pursue academic careers within IfWH, for example by extending 3-year PhD funded posts for to a 4<sup>th</sup> year as a research assistant to enable PhD write-up alongside tailored support for progression to post-doc (research associate). However proportion of non-clinical females falls from 83% PhD students to 67% post-docs, which our survey findings suggest is due to women seeking more secure non-academic posts. See 4.b.ii 'Support for staff at key career transition points'.

Clinical PhD students are appointed as Research Associates (grade equivalent to post-doc, due to level of prior clinical training); currently 50% are male, contributing to the reduced proportion of women at post-doc level. The proportion of female clinical research associates will increase over the next 1-2 years because our 4 Academic Clinical Fellows (all female) will progress to Research Degrees; having worked alongside our excellent female clinical academics at UCLH.

The proportion of clinical and non-clinical female academics increases to 70% at lecturer/ senior lecturer level and is maintained at 60% at reader level. We believe this to be largely due to the supportive working environment at IfWH, coupled with mentoring provided for more junior female staff by our many excellent senior female role models. **See 4.b.ii ‘Support for staff at key career transition points’.**

Attrition of female staff begins at reader level with a steep drop to 23% women at professorial level. We are taking positive steps to reverse this change within IfWH, encouraging our female academics to ‘aim high’ from the outset (**see case studies**); 2 of our 3 current female professors have all been promoted within the Institute. We expect our female senior lecturers and readers to progress to professorial level and continue to strongly encourage our IfWH female staff to pursue promotion, which will be supported through our mentoring and coaching initiatives (**Actions 2.1, 3.1**). We are targeting recruitment of external female professors (currently low) as part of our action plan, which includes headhunting outstanding female academics. (**Action 1.3**).

A striking finding in our data is the attrition of non-clinical female academic staff at senior research grades (**Figure 10**). There are no female non-clinical professors and only 9% (2/23) of senior academic staff are female non-clinicians. It is likely that female clinical academics have greater income flexibility to support their transition to senior research grades. Our survey also identified difficulty in securing funding for non-translational research as a particular problem. Therefore although our flexible working options are excellent, we believe that the marked decrease in female non-clinical academics at reader and professor levels is partly related to job security as well as failure to fulfill academic promotion criteria. Actions targeted to support female non-clinicians include regular review of non-academic commitments (**Actions 3.2, 3.3**) and close support for research grant applications. (**Action 2**). **For more detail including survey findings see 4.b.ii ‘Support for staff at key career transition points’.**

**(680 words)**

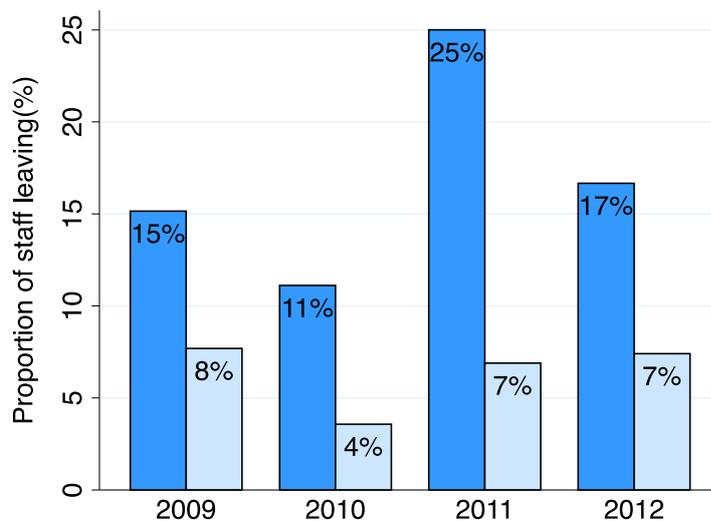
(viii) **Turnover by grade and gender** – comment on any differences between men and women in turnover and say what is being done to address this. Where the number of staff leaving is small, comment on the reasons why particular individuals left.

Most contracts at research assistant level are grant-funded and so turnover is necessarily high. The majority of staff in Fig 11 are at research assistant level and the increased proportion of females leaving represents the higher number of females at this grade (see Fig 9). **See 4.b.ii ‘Support for staff at key career transition points.’**

For staff on long-term (HEFCE-funded) contracts there has been little turnover. Over the past 3 years no Professor, Reader or Senior Lecturer left; one woman and one man left Lecturer/ Senior Researcher posts to take up more senior posts overseas.

**(108 words)**

**Figure 11: PROPORTION OF STAFF TURNOVER AS A PERCENTAGE OF MALES AND FEMALES.**  
 Dark shading represents women, light shading represents men.



1998 words (Word limit 2000 words)

#### 4. Supporting and advancing women’s careers: maximum 5000 words

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##### **(4) 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.**

IfWH was only formed in 2004, therefore many of our professors were externally recruited; the number of qualified women applying was low for these posts. Our research leads do informally promote the IfWH to female colleagues as an excellent place to work where the numbers of women at senior research levels are increasing. We aim to increase the proportion of female externally recruited professors by head – hunting high-profile female academics, particularly non-clinicians, identified by our executive committee for specific posts as well as by raising the profile of IfWH as a dynamic and family-friendly place for senior academics through our growing research activities (e.g. include a slide on IfWH at every conference lecture given by our staff) **(Action 1.3)**.

**Figure 12: JOB APPLICATIONS AND OFFERS BY GRADE AND GENDER, CUMMULATIVE 2007-12**  
Dotted line indicates 50%. Dark shading represents women, light shading represents men.



**Figure 12** illustrates there is no problem at attracting, short-listing or offering positions to female applicants except at Professor level where female applicant numbers are always lower than male counterparts (across UCL). Our strategy to increase the proportion of female Professors is (i) increased recruitment of external female Professors; (ii) increased support for female readers and lecturers at IfWH to progress to professor; and (iii) increased recruitment of excellent female PhD students and post-docs with academic career aspirations.

As the profile of women within the Institute continues to rise with more women progressing to senior research grades, we anticipate the proportion of female PhD students applying to increase. For example we currently have 4 female Academic Clinical Fellows (ACFs; pre-PhD NIHR-funded clinicians on honorary research contracts) who will progress to research degrees over next 24 months. These young women chose to be based at IfWH after working at UCLH with our senior female clinical academics, all of whom are excellent positive role models: they balance successful academic careers with clinical and caring commitments; are ambassadors for the flexibility and support provided for women’s career progression at IfWH; and they encourage bright female junior doctors to pursue research. We will continue to target recruitment of female PhD students through our action plan, for example through outreach activities supported by our current clinical and non-clinical students (**Action 1.1**). We expect, and will strongly support, many of our female PhD students to pursue academic careers and ultimately to secure Professorial posts.

**For further actions see section 4.b.i. ‘Recruitment of staff’**

**(376 words)**

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

Over the past 3 years (2009-2012) there were 3 male and 3 female applications for senior promotion within IfWH; of these 2 females were successful (1 Professor, 1 Reader – both clinical academics) and 2 males were successful (1 Reader, 1 Senior Lecturer – one academic, one clinical academic). Although we have not yet reached our target 2/3 promotions being female staff, the number of women being appointed to senior research positions is increasing, and will increase further as we support our more junior staff at IfWH to continue their research careers (see 4.b.ii 'Support for staff at key career transition points').

The increase in female staff promotions is predominantly among our clinicians, who report that IfWH offers flexible, family-friendly working that is not attainable in the more rigid confines of NHS clinical work. Through parallel clinical work, these women also have better job and income security to support their transition to senior research grades. To support the progression of our female non-clinicians to senior research grades, we are reviewing options for tailored coaching within and outside of IfWH (Action 2.1). For further actions see 4.a.i 'Promotion and career development'.

Staff who are potential candidates for promotion may be identified by line managers, by self nomination or by HR alerts on reaching the top of a research grade. A round of senior promotions is initiated annually by human resources, through a circular email to all staff which is followed-up by review at departmental meetings and the executive committee. However our survey found that staff are not always sure whether they are eligible to apply and that promotion procedures at IfWH could be more transparent.

Most of our staff are nominated for promotion by their line managers. All IfWH staff undergo annual appraisal, which includes a review of achievements, training needs, short-/medium-/long-term goals and career progression plans. At separate meetings such as termly interim reviews, further discussions specifically address promotion and next steps where appropriate. (Actions 3.2, 3.3 and see section 4.a.i 'Promotion and career development').

Clear criteria for UCL promotion are readily accessible on the UCL human resources pages ([http://www.ucl.ac.uk/hr/docs/promotions\\_procedure\\_links.php](http://www.ucl.ac.uk/hr/docs/promotions_procedure_links.php)) and through promotion round emails. We aim to increase the transparency of promotion procedures at IfWH; first by making these visible and accessible to all staff through our website and in promotion-round emails (Actions 2.4 - 2.7, 5.7); and second by encouraging all line managers to undertake supervisor training (target 100% uptake over the next 3 years) (Action 2.2) alongside Unconscious Bias training (already mandatory at IfWH) (Action 5.6).

Finally, staff not successful in securing promotion currently receive informal feedback from their line manager, however we recognise that we are in a position to offer more robust and ongoing support for these staff. As part of our transparent promotion strategy we will design a formal structure for feedback, which will include a sit-down debrief with the line-manager and another senior member of staff, review of progress and next steps needed towards promotion (Action 2.6)

(492 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.

All research posts advertised through UCL and linked through the IfWH website. To encourage applications from women to all research grades, we continue to promote IfWH as a flexible, family-friendly place to work; for example on our website we now have information on our flexible working opportunities and core working hours (**Action 4.6**) as well as case studies of positive female role models at IfWH (**Action 1.3, 2.5**), and we plan to include a section for photographs of IfWH staff with their families at our social events (**Actions 4.4, 4.6**).

Advertisement for every post at IfWH is checked by UCL for gender impartiality and for senior posts includes UCL’s statement “We particularly welcome female applicants and those from ethnic minority backgrounds, as they are under-represented within UCL at these levels”. There is no problem attracting female applicants except at professor level where there are fewer female applicants than male counterparts; whilst we are supporting our current female senior lecturers and readers to progress to professor (cohort effect), we also plan to identify high-profile female academics for externally advertised positions and invite them to apply. **See 4.a.i. ‘Job application and success rates’**.

We aim to make our recruitment processes transparent and consistent for every research grade and a key part of this visibility will be a detailed description of our selection process both on our website and linked to recruitment emails (**Action 5.7**). We monitor gender-balance on all short-listing and interview panels to ensure that we are not losing women applicants in the process of selecting and interviewing at any grade; currently 70% of panels are gender-balanced (2:1 F:M or M:F) and we aim that all panels will be gender-balanced, with 90% achieving a 2:1 F:M ratio to reflect the proportion of women at the institute (**Actions 1.2, 1.4**); this goes above UCL policy that women are to comprise at least 25% of all recruitment panels. We are vigilant that all appointments at IfWH are on scientific merit, however to be more confident of this all line managers and recruiters will complete Unconscious Bias training (mandatory and all are now enrolled on courses), of which gender equality is a key element.

We will monitor our recruitment data annually and publish our results on our website, ultimately aiming for 2/3 women from research assistant through to professorial level (**Actions 6.5, 6.6**).

**(375 words)**

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

Our key points of attrition of female staff are at the research assistant-to-post-doctoral and reader-to-professor transitions, whilst we have an excellent track record for retention of female staff from post-doc to reader grades (consistently above 60%).

We have on average 6-7 PhD students at research assistant level each year; our aim is that all will progress to post-doc within IfWH. Where possible their names would be put on grant applications to allow us to extend the contracts of promising female PhD students. During this time they can write-up their thesis whilst undertaking further research and developing their curriculum vitae, with the aim of securing a post-doc post at the end of the year. Most of these students are already mentored informally by women at IfWH; our senior female academics, most have families and work flexibly, are role models of successful career progression within the Institute. We now plan to embed mentoring as an Institute-wide practice and will target PhD students as our first cohort of mentees (**Action 3.1**). We also believe that peer support is a powerful motivator and we plan to set up a “buddying” scheme (**Action 3.6**). See 4.a.iii ‘Support for female students’.

Our numbers of senior lecturers and readers are very small, however 60-70% are female. We expect all to progress to Professor, however to be assured of this we are investigating the best options for tailored coaching for each of these women to make sure that they have the skills, experience and self-confidence to secure promotion (**Action 2.1**). Flexible working and parental leave are strongly supported and never limit career progression at IfWH.

The attrition of non-clinical female staff at senior research grades was highlighted as a particular problem in our data. Our survey findings highlight a particular problem in securing funding for the non-translational research conducted by our non-clinicians, which slows career progression:

*“Even though I would like to continue [in academia], there are times I have second thoughts to move to industry because of the insecurity with low payment [in academia]”*

*“It is very difficult to secure funding in Women’s Health for non-translational research.”*

This information has been shared with our executive committee; our departmental leads will review grant applications by lecturers/readers, being aware of opportunities to combine non-translational with pre-clinical translational research, which is more likely to secure funding (**Action 2.3**).

We have made the commitment that every staff member will have a mentor. We currently utilise UCL schemes (such as the ‘Future Fifty Mentors’ Programme for clinical academics), however we now have established a sub-group within our SAT to develop a support system across the four departments of IfWH; this will include training and recognition for mentors, with protected time for mentoring (**Action 3.1**). Once established, we will evaluate impact initially through our staff survey (**Action 6.1**).

Finally we plan to pioneer a year-long academic leadership training programme in collaboration with the Leadership Foundation for Higher Education (of which UCL is a member <http://www.lfhe.ac.uk/>). Initially targeting our middle and senior-grade staff, this will include specific leadership mentoring and monthly action learning sets, to equip our career academics with the robust self-management, team-working and leadership skills which we recognise are essential to long-term success in Women’s Health Research both in the UK and Internationally (**Action 3.7**).

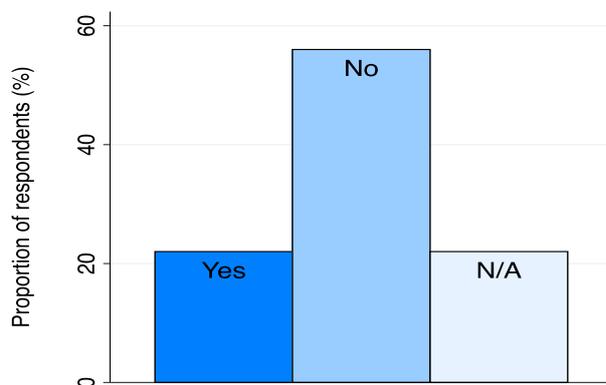
**(543 words)**

#### **(4) 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?

**Figure 13: “DURING YOUR TIME AT UCL HAVE THERE BEEN ANY BARRIERS TO MOVING TO THE NEXT LEVEL IN YOUR CAREER/ BEING PROMOTED?”**



Annual appraisal is mandatory for all staff at IfWH (this is above UCL requirements for 2-yearly appraisal) and is undertaken by the line manager. Clinical academics are jointly appraised by their UCL academic line manager and UCLH clinical line manager. IfWH human resources send electronic reminders and the UCL appraisal form is completed on-line. We plan to monitor completion of these forms, with HR reminders until completion (**Action 3.2**). We already provide termly interim reviews for all staff (with minimum 3-monthly progress reviews for PhD students), however to ensure that this is consistent across departments we are designing an electronic review form to be completed 6-monthly at minimum and logged to IfWH HR (**Action 3.2**).

Under the current UCL appraisal process, discussions include research output, publications, other achievements, long-term goals and training needs; however non-research commitments, which tend to be undertaken by women more than men (e.g. teaching, outreach) are not recorded. We are therefore writing new appraisal guidance for IfWH which takes into account career progression; training undertaken; teaching, clinical, outreach and administrative commitments; and work-life balance. Briefings at our Executive Committee and Academic Board will help to ensure that these activities are always reviewed and carried forward into promotion discussions. We aim to work with UCL to update the electronic appraisal form to capture these discussions, which are pertinent to the development of our female academics (**Actions 3.2, 3.3**).

University College London has clear criteria for academic career progression ([http://www.ucl.ac.uk/hr/docs/promotions\\_procedure\\_links.php](http://www.ucl.ac.uk/hr/docs/promotions_procedure_links.php)). Individuals identified for promotion are subsequently discussed and their achievements in research, teaching, knowledge transfer and enabling activity are reviewed at the Executive Committee meeting (50:50 F:M, held weekly in core working hours). Unconscious Bias training will help to ensure gender-neutrality in

these processes (all line-managers have enrolled and will have completed by May 2013) **(Action 5.6)**.

Since numbers promoted are necessarily small there is no evidence for or against gender balance in any past process. However both our staff survey and discussions within the SAT indicate that staff do not always feel encouraged to apply **(Figure 12)**. Comments included:

*“lack of mentorship and guidance on a career in research”*

*“my impression is that promotion from lecturer to senior lecturer is seen as a far greater deal than it should be for ‘basic scientists’ as senior lecturer is wrongly equated with ‘Consultant’ [top of clinical career progression] because consultant researchers hold CLINICAL senior lecturer posts”*

For Grades 7 to 8, HR alerts the department to those at the top of the scale and promotion will be based on academic attainment and ability and a satisfactory standard of work to be determined with line manager/HOD. We have recently added links to this on our website ([http://www.ucl.ac.uk/hr/docs/promotions\\_procedure\\_links.php](http://www.ucl.ac.uk/hr/docs/promotions_procedure_links.php)). During promotion rounds we will ensure our staff are reminded of these criteria by email **(Actions 2.4, 2.6)**. To increase awareness of promotion opportunities we will continue to publicise successful promotions in our quarterly IfWH newsletter and will invite recently promoted female staff to be ‘case studies’ for our website **(Action 2.5)**.

**(499 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?

All new IfWH staff and students are sent a welcome letter and induction pack, which includes information on flexible working opportunities and links to other equality policies. We have comprehensive induction and training for all new staff and students, coordinated by IfWH administration, that includes online equality and diversity training health and safety, computer facilities etc. UCL bespoke Unconscious Bias training is compulsory for all IfWH line managers therefore new staff are enrolled on a training course during their induction; staff report that this training greatly increases their awareness of gender within their decision making **(Action 5.6)**.

All staff have an induction meeting with their line manager (Head of Institute for Professors) at which a personal development plan and opportunities for training and flexible working are discussed. To ensure consistency across our departments we are developing induction meeting guidance aligned to our appraisal guidance (for example to include discussions around work-life balance and long-term goals) and HR will electronically log completion of this meeting **(Action 3.4)**.

New IfWH staff are warmly welcomed. Once our mentoring scheme is established we will allow time to get to know new staff members before helping them to choose a mentor within 3 months of joining the Institute **(Action 3.1)**. See **4.b.ii ‘Support for staff at key career transition points’**.

**(215 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.

We ensure that within the 3-year PhD funding period students focus on finishing their data collection and undertaking activities and training to further develop their research skills and build their academic CV, for example one student recently spent 4 months at the University of Bonn (Germany) to learn a new experimental technique for her PhD. Under the UCL graduate programme students are expected to attend training courses equivalent to 10 working days per year (logged electronically); we will highlight opportunities relevant to the career development of women in particular, for example through our website (**Action 3.5**). We have also started to develop a peer-led programme of training events, including talks on unconventional career paths, to support career planning for early-career scientists (**Action 3.6**).

At regular progress reviews our supervisors encourage their students to consider medium-term goals, specifically research interests and career aspirations beyond their PhD. Many of our supervisors have completed supervisor training (at UCL) and report that it has helped them to guide students towards longer-term objectives for career and personal development; we are now aiming for 100% uptake of training (**Action 2.2**). Reviews are usually undertaken 3-monthly, but this will be monitored 6-monthly by HR to ensure consistency across departments (**Action 3.2**).

Alongside supervision, mentoring is available and at present is usually arranged through individual supervisors. For example one of our Readers has recently received two UCL mentoring awards for her work with students at IfWH (**case study**). Uptake of UCL mentoring schemes is encouraged such as Future Fifty Mentors (for clinical academics) and UCL uMentor is encouraged. We are aiming to provide a peer 'buddy' and an IfWH mentor for every student (**see 4.b.ii 'Support for staff at key career transition points'**).

As a result this inclusion in life at IfWH, coupled with exposure to our outstanding senior academic female role models and our excellent flexible working option, most of our female students stay on at IfWH and progress to research associates and lecturers.

**(327 words)**

#### **(4) 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.

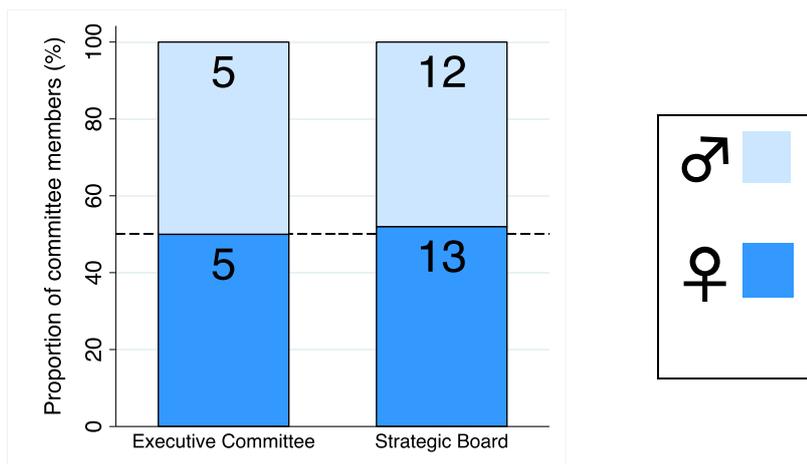
There are 3 main committees at IfWH. There is no selection process for any committee and female:male ratios are consistently 50:50. The Executive Committee meets weekly and is chaired by the IfWH director; membership is fixed (the four department leads, 2 senior research leads, 2

graduate tutors for taught and research students and the Institute manager) and currently there are 5 men and 5 women and all attend (**figure 12**).

The Strategic Planning Board meets monthly chaired by Prof Peter Brocklehurst. Again membership is fixed, comprising UCLH clinical leads Women’s Health and Neonatology, IfWH clinical academic leads and non-clinical leads in education and management. There are currently 13 female and 12 male members. Attendance ranges from 8 – 16 members, usually 50:50 female:male (**figure 13**).

**Figure 14: FEMALE AND MALE REPRESENTATION ON COMMITTEES**

**Dotted line indicates 50%. Dark shading represents women, light shading represents men.**



The Academic Board meets monthly and is open to all IfWH staff (not included on graph as no fixed membership) and is chaired by Professor Donald Peebles. Attendance is usually around 20 staff members with 50:50 female:male attendance. However the current female:male staff ratio across IfWH is 60:40 and therefore to increase the attendance of female staff we will send e mail invites well in advance (>1 month) highlighting this underrepresentation and inviting women to attend and also advertise meetings on our intranet (**Action 5.2**). Attendance will be closely monitored by our SAT and further actions planned accordingly (**Action 4.2**).

In addition the Staff/Student Teaching Committee is held termly and is attended by 25-35 staff and student members, 60:40 female:male – attendance is voluntary.

**(241 words)**

**(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.

There are 69 academic staff at IfWH. Of these 26 (38%) are HEFCE funded (no end date) with a female:male ratio 50:50, representing the more senior research staff at the institute. The remaining 43 (62%) staff are grant funded with a female:male ratio 67%:32% - this reflects the higher numbers of women at more junior research levels. Our ethos at IfWH is to find ongoing funding for grant-funded posts and support the career transition of women to senior, fixed term contracts, aiming for 60:40 F:M, which we already through our cohort effect up to reader level (**see 4.b.ii ‘Support for staff at key career transition points’**).

**(107 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?

Membership on 2 of the 3 main decision-making committees at IfWH (Executive Committee, Strategic Board) is determined by role (department leads); membership and attendance are 50:50. The third decision-making committee, Academic Board, is open to all staff and we aim to increase visibility to increase attendance of female staff to 60:40 female:male (currently 50:50) (**see 4.a.i ‘Female and male representation on committees’**). We plan to arrange in advance that every decision-making committee meeting is attended by a SAT member, to raise the profile of gender-balance considerations (**Action 5.1**). We have moved or are moving all these meetings to core working hours.

Both male and female staff are represented on UCL decision-making committees, the medical Royal Colleges, journal boards and other specialty-representative organisations; in our survey our senior female academics did not report a problem with ‘committee overload’ however to be sure of this we will now review the commitments of all staff, through HR monitoring and at appraisal (**Action 5.3**).

**(160 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.

Commitments in addition to research for IfWH research leads include teaching for UCL, assisting with undergraduate examinations; serving on UCL committees or committees related to the medical Royal Colleges or other organisations; outreach activities and mentoring. Occasional high intensity tasks exist, such as leading the Athena Swan SAT. These commitments are always reviewed at appraisal and our new appraisal guidance will help to ensure that appropriate recognition is given in the context of overall career progression (**Actions 3.2, 3.3**).

Workload data is not currently formally collected. During the Athena self-assessment process our Executive Board have agreed to adopt workload monitoring across the Institute, aiming to ensure that allocation of work is fair and transparent. Our next step will be to identify the best strategy for this, for example seeking advice from other Athena SWAN committees at UCL (**Action 4.7**).

**(139 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.

During the Athena self-assessment process we have worked to move all meetings, both Institute-wide and departmental, to core working hours (10am-4pm). For most meetings this was achieved through doodle polls to identify the best time; the Executive Board meeting has been moved from 9.30am to 10am (March 2013) and the Academic Board from 5.30pm to 7.00pm to lunchtimes (April 2013). Strategic Board is currently held 8am-9am as non-academic clinicians have difficulty moving clinical commitments, however a doodle poll is in process to change this (**Action 4.1**). Although the timing of individual departmental meetings is not routinely monitored, SAT staff (representatives from all IfWH departments) report that their meetings do fall within core hours; department leads will be now asked to report meeting times and attendance to HR and this will be reviewed by the SAT (**Action 4.2**)

Most Institute-wide social gatherings are held in the evenings, including the IfWH Christmas Party and quarterly IfWH social evenings (Thursdays 5.30pm). There is one 2-monthly coffee morning at 10.30am. Most of our departments also run daytime events such as team lunches and weekend family outings (**see 4.b.iv 'Culture'**). We plan to move the timing of social events to begin within core working hours, with time at date agreed at least 1-2 months in advance by doodle poll to enable staff to organise other commitments (**Action 4.3**) and this year will hold our first IfWH annual family summer picnic (**Action 4.4**).

**(235 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.

As the only Institute for Women's Health in the UK, gender equality is at the core of our shared values and our staff are proud to promote these values both within and outside IfWH in their daily work. We are a family-friendly and inclusive department with many highly successful women interacting across the department (currently 60% female overall). The pursuit of equal opportunities and wellbeing for women underpins our working culture and is fundamental to our research. Feedback received in our staff survey included:

*"As a black female, I feel I am treated the same as my male colleagues"*

*"If you are good at your job you will get promoted no matter what your gender"*

We highly value respect for all our staff, will not tolerate discrimination of any kind and always address each other on first name terms at across all levels (unlike in clinical medicine and some other academic fields); our working culture is friendly, relaxed and completely non-hierarchical. Our Institute director and senior academics all operate an open-door policy when they are on-site; all are very approachable, supportive and readily accessible by email when off-site.

IfWH is a hugely diverse Institute, divided across five UCL sites and collaborating with other centres of research excellence worldwide across high-, middle- and low-income settings, united in the objective of improving women's health. Our academic staff include clinical, biomedical, social, behavioural scientists; physicists; epidemiologists; and educationalists.

Although we do not have a single shared workplace or informal space for networking, we take steps integrate our staff as much as possible. For example we allocate research assistants and associates from across departments and specialties to share offices (usually around 4 people per office), which serve as informal spaces to discuss research ideas, share information about the department (for example on flexible working options) and provide peer support; these staff routinely join together to go for lunch at cafes on the nearby Tottenham Court Road. The support provided through these informal structures is invaluable to our junior staff and we now plan to offer more structured form peer support, equipping our female academics with the tools to support one another's career development **(Action 3.6)**.

The main centre for our meetings is the Rockefeller Building (which also houses other UCL Institutes) as this is within walking distance of our other sites. For clinicians in particular this space offers a sanctuary away from the busy clinical working environment at UCLH. We plan to add an IfWH to the main entrance of the Rockefeller Building, to make our activities visible and share successes and good Athena SWAN practise with staff from other departments and in particular with UCL medical students **(Action 5.5)**.

Many of our staff are parents and we are a particularly family-friendly department; for example we all know which of our colleagues (at all levels) have children and routinely ask after them; we encourage flexible working, both formally through supervision and informally to one another, in support of work-life balance (see case studies); the arrival of a new baby is shared with staff and celebrated (as is any good news – papers, grants, promotions etc) **(Action 4.9)**; and children are always welcome in our offices and are warmly invited to attend our social events. Many of our departments regularly hold family days; for example our Perinatal Brain Group, with families, went to the Leonardo anatomy exhibition last autumn and will attend the Cheltenham Science Festival this June to participate in public activities around science. This year we will hold our first Institute-wide summer picnic and games in July on a Saturday and all families will be warmly invited; we are also moving our Christmas party to daytime hours and aim to widen family participation in all social events **(Action 4.4)**.

To maximise the participation of staff with caring responsibilities we have now adopted IfWH core hours 10am-4pm for our decision-making committees and our departmental leads are now working to move all meetings to within core hours and not in school holidays **(Action 4.1)**. A further action is to ensure that at least 50% external speakers are female (currently more are men), ultimately aiming for 2/3 women **(Action 5.4)**.

We plan to set up an on-line work-life balance notice board on the IfWH website as this is the IfWH hub most visited by our staff, on which we will display information from UCL, examples of female role models, updates on social and team events, notices of forthcoming grant applications etc **(Action 5.5)**. Finally we will demonstrate our inclusive culture by displaying the work the SAT have done towards the Silver Award application (survey and action points) on the IfWH website pages <http://www.instituteforwomenshealth.ucl.ac.uk/where> more details about Athena swan and all our work in this area can be found **(Action 5.5)**.

**(841 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.

We are very enthusiastic about outreach activities and this programme is being actively developed by our postgraduate lead for taught courses (female) but all staff are involved. We hold annual visits to IfWH for schools and our female students routinely volunteer for lead roles, organising talks and lab tours. The last school visit was in February 2012, where two co-educational schools spent the day at IfWH learning about Women's Health and careers in academic science.

During the 2013 summer holidays five A-level students will visit the institute for a week to experience life at UCL and are raising funds for further placements through the Nuffield Programme (**Action 1.1**). A number of students and post-docs also visit schools and talk about careers in science and are ambassadors for women in science; we present >60% female role models in all outreach activities. The development of new outreach activities will be further informed by our student survey, which will address barriers to applying (**Actions 6.3, 6.4**).

Although involvement in outreach is discussed at appraisal, we are concerned that it may be under-recognised in the career progression of female staff. Our new appraisal guidance will ensure that outreach activities are reviewed alongside other non-research commitments (e.g. teaching, chairing committees) and carried forward in promotion discussions (**Actions 3.2, 3.3**). Criteria for promotion will be made transparent through promotion-round emails and on our website (**Action 2.6**). See 4.a.i. 'Promotion and career development'.

(246 words)

#### **(4) 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 3 years, 8 women have taken maternity leave, however 2 (research assistants) did not return as their maternity leave coincided with the end of contract and one resigned from her job to become a full-time mum.

UCL already has a number of excellent support packages in place for those returning from maternity leave, for example paid sabbaticals from teaching responsibilities, which have been taken up by our staff (**see case studies**). Staff planning maternity leave meet with their line manager both before and immediately on their return from leave and we plan to include formalised HR meetings in this process to ensure that the individual is in receipt of the best support available to them and is able to undertake a phased return to work activities (**Actions 4.6, 4.8, 4.9**).

(133 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.

Over the past 3 years one paternity leave of 2 weeks was taken (by a Research Associate) and this person returned to full time work. Adoption leave was taken by one female member of staff and was fully supported as for maternity leave. There has been no request for shared parental leave for men, although this is welcomed as much as maternity leave and our male staff encouraged by female colleagues to consider this option.

We are an extremely family-friendly Institute; we celebrate births, welcome children and encourage informal and formal flexible working (**Actions 4.8, 4.9**). Family leave is never a problem.

**(102 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.

There have been no formal requests to HR for flexible working, however many of our research staff spend time informally working from home after discussion with and indeed flexible working is regarded as one of the key strengths of IfWH. Although none of our female academics work part time, most of our clinical academics work 50%research/50% clinical.

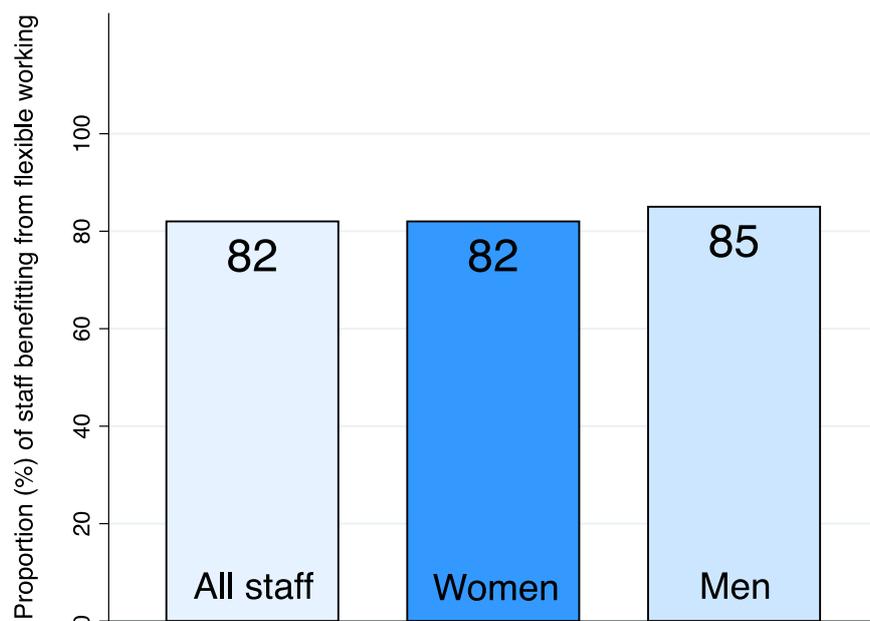
However, it is possible that not all staff consider the option of flexible working and we aim to increase awareness of this option by increasing visibility on our web-site and e-noticeboard (**Action 4.6**) and ensuring that flexible working options are always discussed at induction, supervision and appraisal meetings (**Actions 3.3, 3.4, 4.9**). We are exploring the best way to review and ensure fairness of our flexible working practices through workload monitoring (**Action 4.7**).

**(142 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.

**Figure 15: “DO YOU FEEL YOU HAVE ENOUGH FLEXIBILITY IN YOUR WORKING HOURS?”**



Eighty percent of both men and women at IfWH feel they have enough flexibility in their working hours (**Figure 15**); indeed we regard this as a key strength of the Institute which enables staff with families in particular to attain a work-life balance (**see case studies**). We operate informal flexible working arrangements; this does not reduce the hours but they are used by many to cover caring responsibilities. In practice this means slightly shorter hours on site at the IfWH balanced by longer working hours at home. All research leads are aware of flexible working hours and welcome them (**see case studies**). All of our senior female academics (Professors, Readers, Senior Lecturers) work flexibly and encourage students and post-docs to recognise how flexible research can be as a career.

Our new supervision guidance will ensure that flexible working is always discussed at induction, interim and appraisal meetings and that options for informal and formal flexible working are offered to all staff (**Actions 3.2, 3.3, 3.4, 4.6**). We plan to introduce training, for example delivered through SAT representatives at their departmental meetings (**Action 5.1**), to make all staff aware of the comprehensive list of options available to staff at UCL such as flexitime, annualised hours, term-time working, staggered hours, job share, part-time working, compressed hours, career breaks and remote working ([http://www.ucl.ac.uk/hr/benefits/family\\_friendly\\_benefits.php](http://www.ucl.ac.uk/hr/benefits/family_friendly_benefits.php)).

Through our website and briefings at IfWH meetings we will make sure that all staff are aware that all staff are aware of UCL’s work-life balance policy which acknowledges that staff are most productive when they have achieved a work/life balance that enables them to meet their responsibilities outside work ([http://www.ucl.ac.uk/hr/docs/work\\_life\\_balance.php](http://www.ucl.ac.uk/hr/docs/work_life_balance.php))(**Action 4.6**)

To aid flexible working, all but one committee have already been moved to core working hours, avoiding school holidays (**Action 4.1**). We will review progress through our annual staff survey, aiming that 100% staff feel that they have enough flexibility in their working hours (**Action 6.1**).

**(319 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.

Cover is always provided for maternity leave of core scientific staff and support staff to ensure that their duties are maintained. For research lead maternity leave, arrangements are made for supervision of post-docs and PhD students as necessary and this additional workload is reviewed at appraisal. No cover is provided usually for post-doc or PhD students' leave – research work is usually held in stasis unless urgent, in which case this work is continued by another lab team member; recognition is given to those who contribute to the project in this way.

When planning maternity leave, staff meet with their line manager at the earliest opportunity to review work plans and the support needed in pregnancy, including types of work undertaken and flexible working. In addition we will now offer every staff member a meeting with a senior administrator to discuss all the maternity packages available through UCL (**Action 4.8**). We always celebrate newborn births with an announcement in the IfWH newsletter and will ensure that flowers are always sent on behalf of the Institute (**Action 4.9**).

Supervisors keep in touch with the parent on leave and invite them to events so they feel in touch if they wish; the Athena SAT team will reinforce this practice through training at their departmental meetings (**Actions 4.8, 5.1**). Support on return from work includes a “welcome back” meeting with the supervisor immediately on return from parental leave and next steps discussed.

Women returning from leave at IfWH already benefit from stepped-return options arranged with their supervisors, arranging for example cover for teaching. We plan to formalise this across our departments and to investigate further support options, for example UCL offers a maternity sabbatical scheme to cover teaching activities for the first 2 months back and this is not always taken up ([http://www.ucl.ac.uk/hr/benefits/family\\_friendly\\_benefits.php](http://www.ucl.ac.uk/hr/benefits/family_friendly_benefits.php)). We will also investigate external “return to work” fellowships and bursaries provided for women in science. UCL has a work-place nursery and operates a salary sacrifice scheme, which helps financially. Flexible working hours are encouraged for all staff (**see 4.b.i ‘Flexible working’**). These options will be publicised on our website and through training of supervisors (**Actions 4.6, 4.8, 5.1**).

Other steps towards a family-friendly workplace include core working hours (**Action 4.1**), daytime scheduling for social events (started during self-assessment process, **Actions 4.3, 4.4**) and children being welcomed in departmental offices (within safety regulations) (**Action 4.9**).

We are extremely supportive of parental leave. As an Institute for Women’s Health, the wellbeing of mothers and newborn babies is our reason for existing!

**(440 words)**

**5000 (MAX WORD COUNT 5000 WORDS)**

## 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.

We are the only Institute for Women's Health in the UK. Women's Health and equal opportunities for all regardless of gender are fundamental to our working culture, values and research mandate and our staff are immensely proud to be a part of this. Our working culture is egalitarian and extremely family-friendly, creating a positive and supportive working environment for all.

The Athena SWAN self-assessment process has helped us to understand our strengths as a highly supportive, flexible and female-friendly Institute, whilst identifying weaknesses that we had not previously recognised. Our main findings have been: 1) we do not yet have formal, institute-wide structure to support the development of all our staff; 2) mentoring is very much wanted by all our staff at all levels, as highlighted by both our staff survey and through informal feedback within SAT meetings; 3) there is a 'leaky pipeline' with attrition of female staff progressing to senior grades at IfWH; 4) there is a discrepancy in the experiences of clinical and non-clinical academic staff, with female and male non-clinicians encountering more barriers to career progression; 5) whilst many positive changes are underway in support of women's career progression, IfWH processes are not always transparent and we do not routinely monitor the impact of these actions.

We have therefore developed an action plan focussed on 6 key issues and have started to work on many of these during the self-assessment process:

- 1. Gender-balanced recruitment** – We have introduced mandatory unconscious bias training and now ensure that our short-listing and interview panels are gender-balanced.
- 2. Support for career transition** – We will now have targeted career development support through mentoring, appraisal and training, for all staff but in particular for women and non-clinicians, to encourage career progression.
- 3. Mentoring and career development support** – We are determined to create a structure which provides mentors for all staff and PhD students at IfWH.
- 4. Core working hours/ flexible family-friendly working** – We have now moved our decision-making committees to core working hours and are encouraging the same for all departmental meetings.
- 5. Organisation and culture, ensuring transparency and promoting SWAN values** – We are making all our decision-making processes accessible and visible to all, and are developing our system of feedback.

6. **Monitoring** – our SAT will meet quarterly to review our action plan progress, our IfWH HR data by gender, and the experiences of our staff through an annual survey.

Our vision is that IfWH be recognised not only as a global leader in Women’s Health research but as a centre of excellence for women and men working in academic and clinical science. Outstanding leadership will be key to our success; from our Institute Director Professor Brocklehurst, from our Departmental Leads and from individual staff at all levels of experience. Through the actions of our Athena SAT, focussing on the development of all staff as individuals and building on our strengths as an equal-opportunities and family-friendly workplace, we hope to develop the leaders of the future for Women’s Health.

**496 words (Limit 500)**

## 6. Action plan

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

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

The Institute for Women's Health, supported by the Athena SWAN team, aims to:

- Promote science to all – women and men
- Provide tailored support for the development needs of every staff member – with a focus on support for women at key career transition points
- Provide a supportive, flexible and family-friendly working environment
- Always be open and transparent in our recruitment and working practices

We have identified **six key areas** for this Silver application that we believe will make the most difference to working culture at IfWH. This Action Plan summarises ongoing actions linked to planned new actions that are SMART (specific, measurable, attainable, realistic, timely).

- 1. Unbiased recruitment**
- 2. Support for women at key transition points**
- 3. Mentoring and support for career development across IfWH**
- 4. Core working hours (10am-4pm) and making flexible working accessible to all**
- 5. Culture of transparency and openness in all IfWH activities, centred on Athena principles**
- 6. On-going review of gender-balance and staff experiences**

