



Athena SWAN Bronze Departmental Award Application

Name of institution: *University of Warwick*
Date of application: *November 2011*
Department: *Warwick Medical School (WMS)*

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Date of University Bronze SWAN award: *May 2010*

Level of award applied for: *Bronze*

Actions in text are denoted by Bold Italics

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1. Letter of endorsement from the Head of Department

Dear Athena Swan Board

I am writing to convey my full support for Warwick Medical School's (WMS) application for the Athena SWAN Bronze award and to pledge personal involvement in our strategy to achieve the goals we have set ourselves.

WMS is a new, dynamic and entrepreneurial 'department' which strives to provide an inclusive environment that values and supports all members of staff and students. I have been the Dean of Medicine since May 2010 and have established a 'Welfare & Communications Group' (WCG) (our self assessment committee which I chair) to ensure all actions and challenges are progressed. I am a member of the pan-university Athena SWAN Group (chaired by Professor Alison Rodger) and kept closely in touch with the issues faced by female staff in Science, Engineering and Technology departments as a whole and within WMS in particular. The WCG sees itself as a strategic body that can give clear views on the deployment of resources to achieve its goals. Formally, the WCG reports to the Senior Management Group (SMG) thus integrating its activities into core departmental management. Our collective vision is to work towards WMS being seen by all its members as a fair, supportive and healthy environment in which to work productively and positively, producing high quality research and teaching.

The University of Warwick conducts an annual survey of all staff (known as PULSE and resembling a 360-degree organisational evaluation). The results are used university-wide at the highest levels to understand the detailed messages conveyed by the staff. As Dean, I am measured in part by my achievements in improving PULSE outcomes. With the formation of the WCG, I look forward to being able to take a more strategic, forward looking, integrated analysis of the results and to identify any underlying issues. Recent PULSE Survey results have already fed into the action plan appended to this application.

WCG strives to take a strategic, rather than responsive, approach to achieving and being perceived to have achieved fair working practices across an organisation. We have chosen to establish a group with an inclusive title, believing that this will provide a forum for other issues as well as gender-related ones. We think this will help ensure that the Athena SWAN agenda is part of mainstream activities. I am greatly encouraged by the progress we have made to date and look forward to working with the group to transform our culture to the benefit of individuals and School research and teaching activities.

Margaret Thorogood (Professor of Epidemiology since 2003) serves to illustrate the sort of role model to be found in WMS. Margaret started her career as a social scientist but chose to specialise in epidemiology. While aspiring to the highest standards of research excellence herself, Margaret has a knack of encouraging young colleagues to the same high standards. Her good humour, calm common sense and nurturing style have helped many women and men in their careers. Margaret retires soon but her legacy lives on.

Yours sincerely,

Peter Winstanley

(499 words)

2. The self-assessment process

a) Self assessment team

We have chosen to call our self assessment team the 'Welfare and Communications Group' (WCG) to embrace the wider departmental working, environment and culture. We are proud that our members come from all areas of WMS with a wealth of differing experiences in the welfare of both staff and students. The co-chair of the University-wide Athena SWAN Group sits on our WCG to advise on University and national matters. This 18-strong team (13 women and 5 men) either volunteered or were asked by the WCG Co-lead, Professor Annie Young, to join the group because of their experience in and enthusiasm for gender equality, advancing careers for women in Science, Technology and Medicine and their track record in project delivery. Each member has written a personal account of their motivation for WCG membership and experience in these areas (Athena SWAN biographies) [Appendix 1].

Welfare and Communication Group Members

Sandra Beaufoy, University Equality and Diversity Lead, University of Warwick

Rose Bland, Associate Professor, WMS Education - Academic

Jackie Brittain, Divisional Manager, WMS Division of Health Sciences - Administration

John Burden, Research Development Officer, WMS Research Support Services

Kate Cox, Communications Manager, University of Warwick Communications Office

Mei Gu, Research Technician, WMS Division of Metabolic and Vascular Health – Technical

Neil Johnson, Pro-Dean, Education, WCG Co-lead

Deborah Markham, Consultant Surgeon, WMS Women in Medicine Representative

Naila Rabbani, Associate Professor, WMS Division of Metabolic and Vascular Health - Academic

Julia Smith, HR Manager, WMS Human Resources

Neil Stockton, Lead, Masters Programmes and CPD, WMS Education - Administration

Paul Sutcliffe, Warwick Evidence, WMS Division of Health Sciences - Academic

Ala Szczepura, Professor of Health Services Research, Division of Health Sciences – Academic

Debbie Taylor, Senior Embryologist, Division of Reproductive Health - Academic

Kimberly Thomas, Divisional Secretary, Division of Reproductive Health - Administration

Peter Winstanley, Dean, WMS, WCG Chair and Co-lead

Hannah Wood, Undergraduate, WMS Student

Annie Young, Professor of Nursing, WCG Co-lead

Margaret Thorogood, Professor of Epidemiology, WMS – until 30th November 2011

b) Self assessment process

WMS began to consider involvement in Athena SWAN early in 2010. The current state of affairs is that we have established our WCG whose main activity is to be the Athena SWAN self assessment group. It meets monthly (Appendix 2) with a varied agenda as noted below. The key aspects of the self-assessment process are summarised below:

- i. The University holds an annual PULSE staff and student survey which helps WMS identify issues that require attention. Until the WCG was established, the PULSE survey results were used as an indicator of where the focus was required to create a better working environment. The university emphasis on improving results has always provided impetus, but not in a strategic manner, now done through the WCG.
- ii. In early 2010, WMS decided to consider the wider issues of departmental working, environments and cultures. Prof Margaret Thorogood (soon retiring) led the development of the first WMS Athena Swan (AS) report in 2010. A preliminary internal review of this report concluded that the priority was the communication of positive actions to promote an inclusive culture, valuing technical, administrative and academic staff. It also became apparent that in current structures, a range of agenda items had no 'home'. The WCG was therefore established in August 2011, holding monthly meetings from October 2011 and providing a mechanism for staff and students to assess welfare practices, to share experiences, and to develop and monitor the implementation of our action plan.
- iii. The group has reflected on current policies and practices and on relevant equality data, and identified strengths, areas where development is already underway, and proposed additional areas for further development. The AS process has greatly benefited the School by identifying areas of weakness that are now featured in our action plan (Appendix 3).
- iv. An updated version of the AS report was discussed at the University-wide Athena Steering Group (14th November 2011). The feedback was invaluable, given the group's experience with University and other departmental submissions.
- v. The Pro-Vice Dean, University of Cardiff and his manager presented the development of their AS Silver Award, at the November 2011 WCG meeting, from which we were able to discuss good practice e.g. ***Equality and Diversity Training for Admissions Tutors***. WMS is now formally linked to the School of Optometry, University of Cardiff for advice on practical implementation of AS principles.
- vi. Medical Schools Council minutes pertaining to AS are circulated to WCG by the Dean
- vii. Updates from university, national and international groups and new publications (e.g. 'The Cost of Being a Woman', New Scientist, July 2011) are e-mailed to WCG members

c) Plans for the future of the self assessment team

WCG will continue to meet monthly, having developed and agreed the action plan. There is now a main agenda item of monitoring one action in detail at each meeting and having a short update on the other actions, sharing the actions and projects between the group members where possible and revising the plan in light of success or new challenges to WMS. Our WCG co-lead, Professor Annie Young, reports formally to WMS Senior Management Group (SMG) on a quarterly basis and has met individually with the heads of Divisions to raise awareness and encourage dissemination of the work of the WCG and AS process. Likewise, all members will formally pass on WCG developments in their Divisional or Education groups. All progress is posted on the internet pages

<http://www2.warwick.ac.uk/fac/med/staffintranet/committees/welcomms/>

We will continue linking via e-mail, teleconferencing and annual meetings with School of Optometry, University of Cardiff who are aspiring to Gold AS status.

(928 words)

3. A Picture of the Department

a) Pen Picture

Introduction

Warwick Medical School (WMS) is the leading UK provider of graduate entry medicine, also making a significant national and international contribution to education and research in health. It was established in 2000 in line with the Government's plan to increase the number of UK trained medical graduates. The School's principal clinical partners are UHCW (University Hospital Coventry and Warwickshire), George Eliot Hospital NHS Trust, South Warwickshire General Hospitals NHS Trust, and Coventry and Warwickshire Primary Care Cluster. At UHCW, a state of the art PFI (Private Finance Initiative) hospital provides an optimal environment to support both research and education.

Context for Athena SWAN Submission

The University of Warwick obtained bronze status from Athena SWAN in 2009, but WMS has not had a real opportunity to build on this until now – the founding Dean (Yvonne Carter) needed to stop work in late 2008 due to ill-health. The University felt the need for great sensitivity during this period, because Yvonne cherished the desire to return. Tragically Yvonne lost her battle with cancer and died in late 2009. Peter Winstanley took up post of Dean shortly thereafter. Peter's most pressing concerns were directed to structural reorganisation to better facilitate both Education and Research. This process (with wide consultation within WMS and formal

submission to University Senate and Council) was completed in August 2011. The School is now organised into five divisions plus a Clinical Trials Unit (CTU).

Opportune Time

With reorganisation behind us [and in parallel with preparations for REF-2014], Peter Winstanley has accorded a departmental submission to Athena Swan high priority and has launched our ‘self assessment group’ (the WCG), terms of reference for which have been modelled on those of Warwick Chemistry, which has Silver status].

WMS Structure

The School is led the Dean (Male [M]). The Dean operates an ‘open door’ policy that encourages staff to discuss issues informally. Dean’s Advisory Group [DAG] (Figure 1) includes a (full-time) School Secretary (Female [F]) whose background is in Human Resources and Business Administration, and two full-time Pro-Deans (both [M]) whose backgrounds are Medicine. The DAG are members of the School Management Group (SMG) [Table 2.1].

Table 2.1 School Management Group (plus DAG above)

Title	Professional Background	Full Time (FT) / Part Time (PT)	Gender
Head of Education, Development & Research	Psychologist	FT	F
5 Heads of Divisions	Two with Laboratory Science backgrounds and three, Medical	All FT	All M
Head of the Clinical Trials Unit	Physiotherapist; now a full-time ‘trialist’.	FT	F
Head of HR	Both Laboratory Science (PhD) & HR	FT	F
Head of Research Support Services	Laboratory Science (PhD)	PT	F
Head of Finance	Business Administration	PT	F
Head of Marketing & Communication	Business Administration	PT	F

The roles of Pro-Dean, Head of Divisions and Head of Education Development were filled by open internal competition at interview; all these roles are 3-year appointments and may then be rotated.

WMS Groups

Committees ('Groups' in WMS) have not previously been monitored for gender balance: the (newly-established) **WCG is addressing this by advising on mechanisms to achieve balance on influential groups**. Group minutes are posted on the web. Group decisions are presented at the open Staff and Student Fora (S&SF), which are held every 2–3 months by the Dean in duplicate on both main sites (campus and University Hospital).

Academic Dendrogram: Warwick Medical School after reorganisation

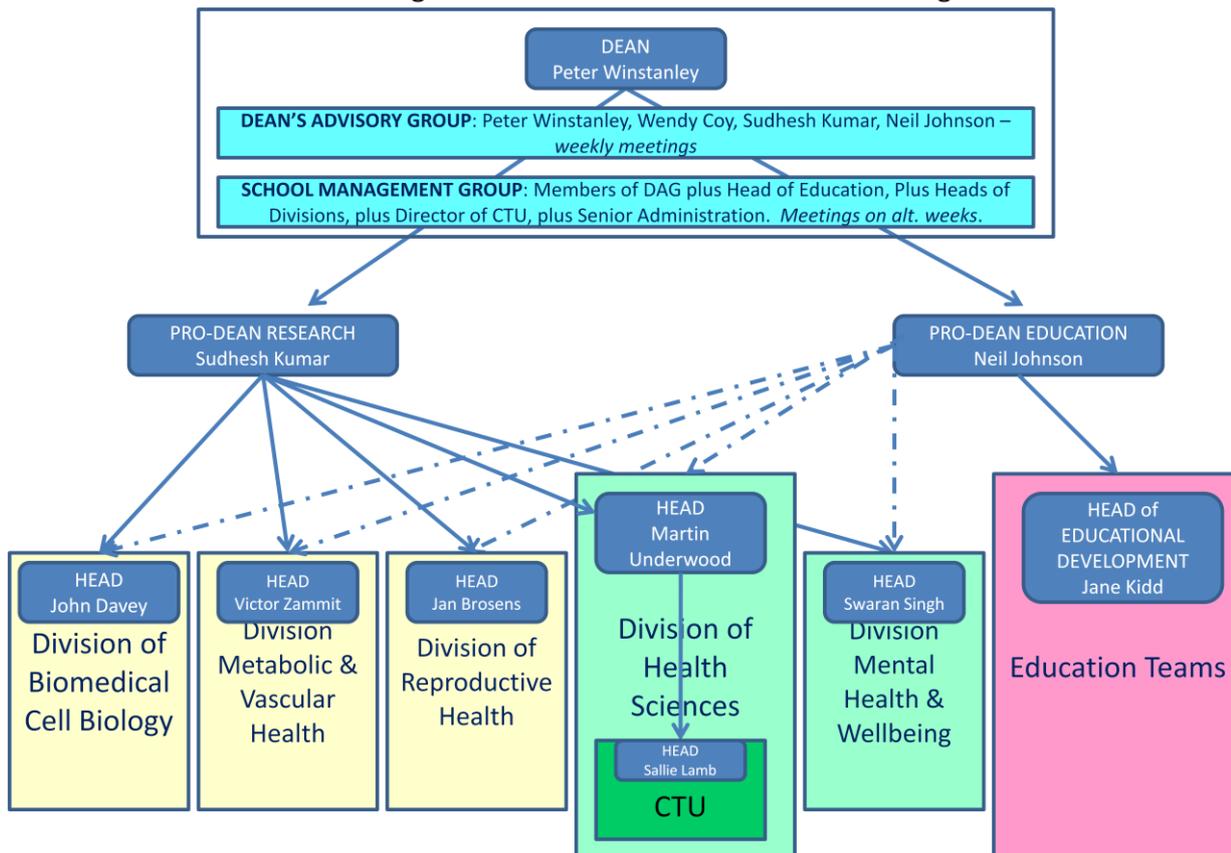


Figure 3.1 Warwick Medical School Structure, 2011. CTU - Clinical Trials Unit.

Academic staff are given recognition at their Annual Reviews for their contributions to research, teaching and administration (including committee membership). The University publishes guidelines on the criteria for promotion on its website:

http://www2.warwick.ac.uk/services/humanresources/newpolicies/academic_promotions.

However, a WMS Academic Workload Model was introduced in August 2011. **The WCG will review data from the Workload Model** by gender and make recommendations to SMG where necessary.

The visibility of women (at all levels) has not previously been considered at high level within WMS. Similarly, **the gender balance of external invited speakers** (Appendix 4) requires deliberation by WCG who will provide written recommendations to the SMG.

We are proud of our degree programmes, both undergraduate (with PG entry) and postgraduate. We are also pleased with our growing reputation in research – our RAE-2008 submission was ranked 10th for Health Services Research, an excellent result for a new medical school. WMS research is now focused around a number of multi-disciplinary and cross-specialty teams (see Fig 1). Collaboration within and outside School and University is strongly encouraged; investigators work across traditional disciplinary boundaries in innovative ways.

b) Data

In order to follow trends as much as possible, 4 years of data are included.

Student data (Source, University of Warwick Central Office, 7th October 2011 unless specified)

(i) Numbers of males and females on access or foundation courses

Warwick Medical School does not offer any foundation/access courses.

(ii) Undergraduate male and female numbers

WMS offers a four year full time MB ChB course with an all-graduate entry programme. This is classed as an *undergraduate* programme. Gender data are summarised in Table 3.1 and Figure 3.2.

Table 3.1 Undergraduate Numbers by Gender

Enrolments	Male	Female	Total	% Male	% Female
07/08	79	127	206	38	62
08/09	80	99	179	45	55
09/10	82	97	179	46	54
10/11	78	100	178	44	56

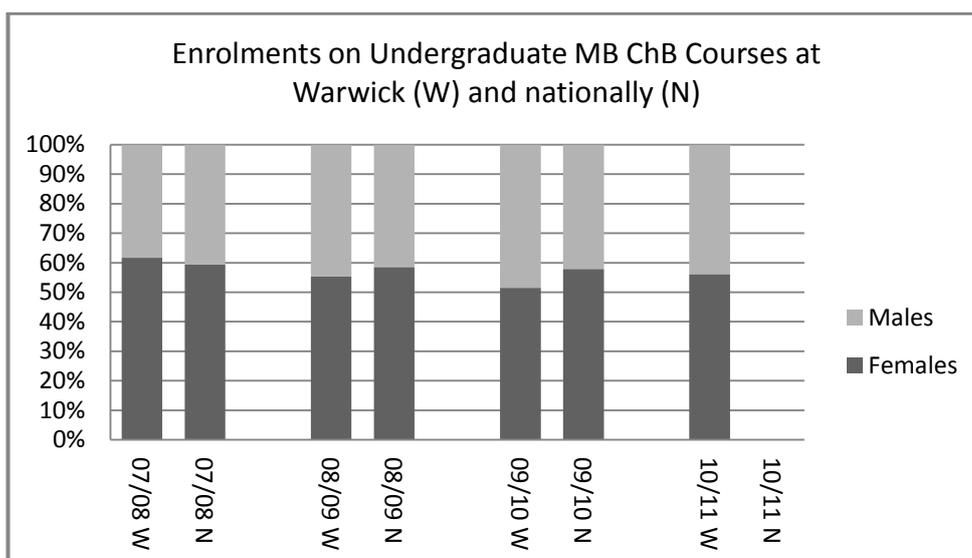


Figure 3.2 Numbers of male and female enrolments on Undergraduate MBChB Courses

For the last four years of enrolments on the full-time undergraduate MBChB course at WMS, the percentage of women ranged from 54% in 2009 to 62% in 2007, mean 57% (Table 3.1). The gender ratio at WMS mirrors the national picture for MBChB courses (Figure 3.2).

(iii) Postgraduate male and female numbers completing taught courses

Continuing Professional Development (CPD) Courses have been included in this section alongside postgraduate taught (PGT) courses. Students undertaking CPD courses do not necessarily hold a first degree e.g. nurses may have a ‘diploma’ in nursing. Data are summarised in Table 3.2.

Table 3.2 Completion/Completing (comp) and Enrolment (enrol) of Postgraduate Taught (PGT) and CPD Courses by Gender

	M comp	F comp	Total comp	% enrol comp M	% enrol comp F	M enrol	F enrol	Total enrol	% M enrol	% F enrol
2007/2008										
PGT	85	156	241	35	68	242	230	472	51	49
CPD	115	442	557	72	66	160	668	828	19	81
2008/2009										
PGT	117	187	304	53	65	221	289	510	43	57
CPD	119	572	691	70	94	170	608	778	22	78
2009/2010										
PGT	176	250	426	63	77	278	324	602	46	54
CPD	134	513	647	67	85	199	605	884	22	68
2010/2011										
PGT	218	295	513	86	90	253	327	580	44	56
CPD	128	487	615	81	93	158	524	682	23	77

Legend for Table 3.2: *Completion/Completing (comp) and Enrolment (enrol) of Postgraduate Taught (PGT) and CPD Courses by Gender*

Data Source - University of Warwick, Management Information & Planning, 7th November 2011

PGT courses often take many years and are often part-time. This means a completion could relate to an enrolment up to 8 years previously and therefore it is not possible to relate completions to enrolments in any given year with currently available data; percentage completion (% comp) for these courses reflect only the proportion of completions in that year by gender. However, CPD courses are completed within the enrolment years, so the % comp figures for these courses relate to the percentage of enrolled number in that year completing.)

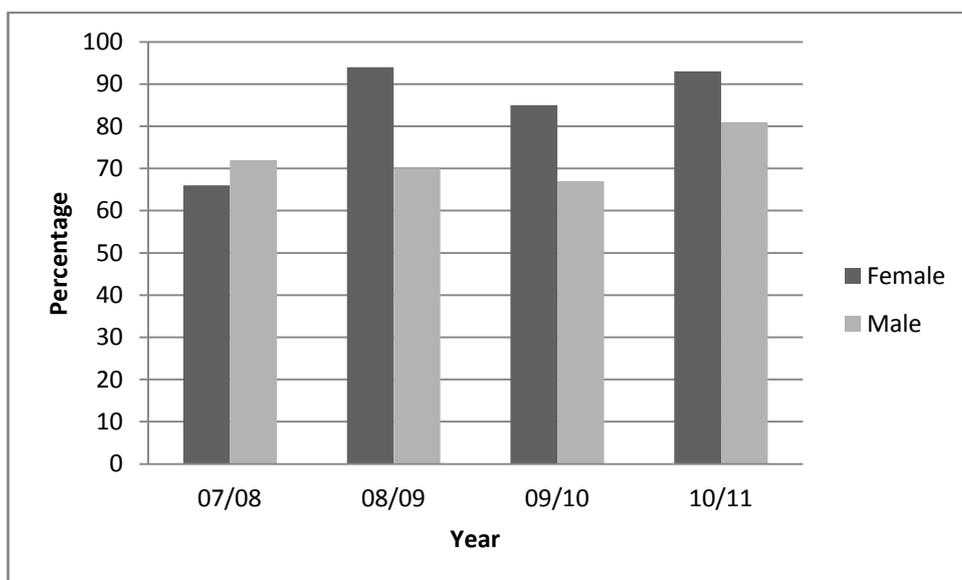


Figure 3.3 Percentage of Each Gender Completing of CPD Courses

Comparing the ratios of men and women at for CPD (Figure 3.3), the data over the last 3 years indicate that women have a higher completion rate than their male colleagues.

Similarly, for PGT courses, women appear to have a higher completion rate than men (Table 3.2) but until the enrolment and completion datasets are linked for separate courses (see note above), the PGT completion data by year, should be viewed with caution.

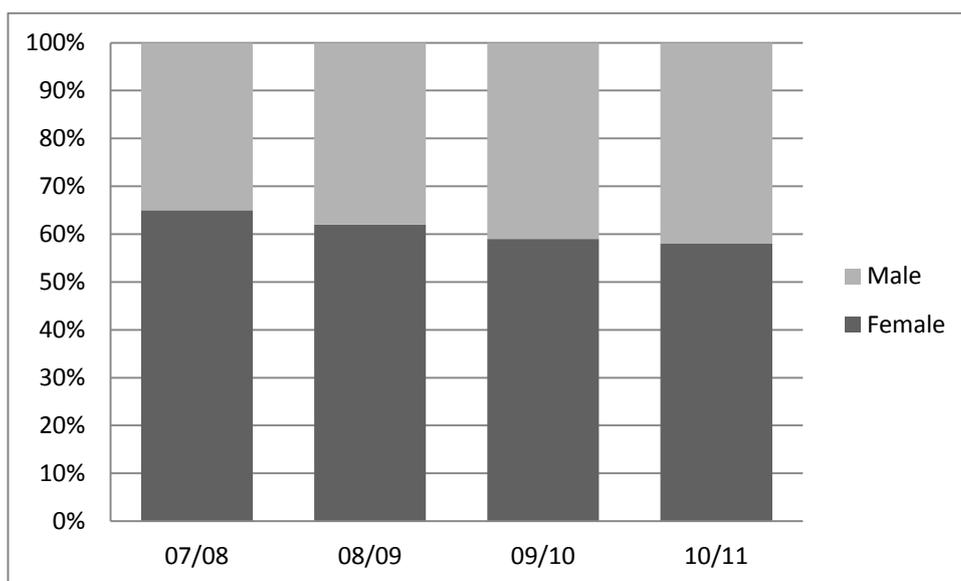


Figure 3.4 PGT Courses - Percentage Completions in a given year by gender

Approximately 60% of PGT completions in a year are from women, 40% from men (Figure 3.4). Given that our enrolment data for PGT courses (Table 3.2) indicates an average of about 55% enrolments being women, again these provisional data per year would indicate that women are more successful in completing PGT courses (though note the above-mentioned cautions regarding the data). One explanation may be that our female students on these courses come from a range of backgrounds – nursing, therapy, management and medicine – whilst our male students are predominantly medical. We are aware that doctors do tend to have lower rates of completion (most commonly because they find that they are unable to fit academic study into their timetables). However, without further research it is not possible to be definitive.

The marked difference in enrolments in gender for CPD courses (Table 3.2) directly reflects our key target audience for these courses. We have two courses in this category (one in diabetes care, one in occupational health); the primary target audience for both of these courses is registered nurses, the vast majority of whom are female.

In the last three years, we have made student support on these courses a very high priority. We believe this has contributed to the apparent overall increase in completion rates and in the reduction of the differential between men and women.

Table 3.3 Recorded completions (Comp) and enrolments (Enrol) for all PGT and CPD courses from 2007/08 to 2010/11.*

	Number of courses	Total Comp	Male Comp	Female Comp	% Comp (female)	% Enrol (female)
PGT Courses	140	1484	596	888	60%	54%*
CPD Courses	9	2510	496	2014	80%	78%

* PGT courses are multi-year courses so enrolments percentages given here are indicative over the period rather than relating to completions in any particular year.

Source: A manual cross-check of WMS and central data identifiers

The five year data for individual course completions show that for PGT courses, women are marginally superior completers than men; for CPD, completion rates are similar by gender – no statistical analysis has been carried out.

We are putting in place a University central system to prospectively collect linked enrolment to completion data for PGT courses, by gender.

(iv) Postgraduate male and female numbers on research degrees

Table 3.4 Postgraduate Students on Research Degrees by Gender

Year	Male Enrolments	Female Enrolments	% Male	% Female
2007/08	39	50	44	56
2008/09	42	51	45	55
2009/10	56	74	43	57
2010/11	64	84	43	57

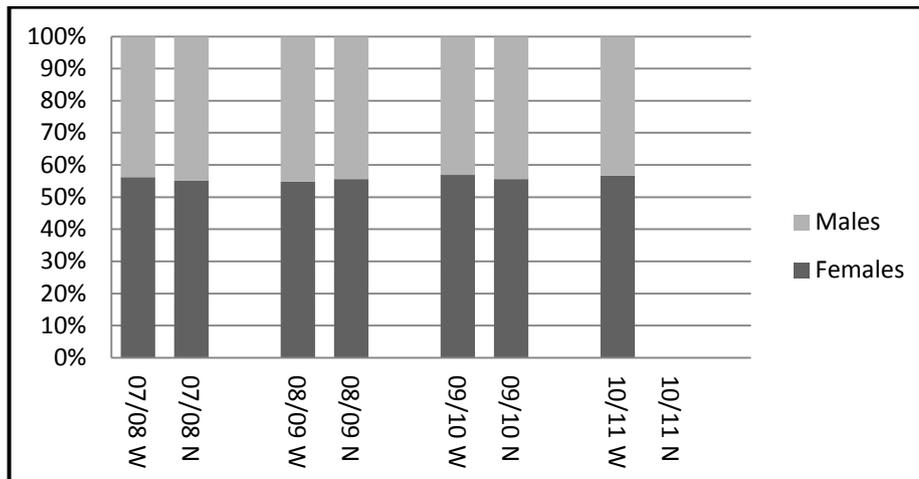


Figure 3.5 Enrolments on Postgraduate Research Degrees by Gender, WMS (W), compared to the National Average (N)

The numbers of women enrolled on PGR degrees has been consistently above that of men (approximately 55% female, 45% male) for the past four years, and matches the national averages for medical schools (Figure 3.5).

A new programme to support early-career researchers (see below) has recently been introduced in WMS to support the transition of these students into permanent academic careers, including special provision for supporting funding applications from researchers who have taken career breaks. **We will monitor the impact of the early-career researcher programme.**

(v) Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees*Table 3.5 Numbers and Proportions of Applications, Offers and Enrolments for undergraduate (UG), taught postgraduate (PGT)* and research postgraduate (PGR) by year**, by gender*

Level of Study	Gender	Apps	Offers	Enrolments	Applicants offered	Offers Enrolled
2007/8						
UG	M	407	105	79	26%	75%
UG	F	550	149	127	27%	85%
PGT	M	279	185	242	72%	131%
PGT	F	232	166	230	72%	139%
CPD	M	n/a	n/a	160	n/a	n/a
CPD	F	n/a	n/a	668	n/a	n/a
PGR	M	32	8	2	25%	25%
PGR	F	25	10	7	40%	70%
2008/9						
UG	M	571	117	80	20%	68%
UG	F	839	136	99	16%	73%
PGT	M	362	256	221	71%	86%
PGT	F	402	278	289	69%	104%
CPD	M	n/a	n/a	170	n/a	n/a
CPD	F	n/a	n/a	608	n/a	n/a
PGR	M	46	12	7	26%	58%
PGR	F	43	16	5	37%	31%
2009/10						
UG	M	704	128	82	18%	64%
UG	F	854	130	97	15%	67%
PGT	M	362	272	278	75%	102%
PGT	F	423	309	324	73%	105%
CPD	M	n/a	n/a	199	n/a	n/a
CPD	F	n/a	n/a	605	n/a	n/a
PGR	M	32	15	8	47%	53%
PGR	F	41	23	13	56%	57%
2010/11						
UG	M	831	106	78	13%	74%
UG	F	1026	148	100	14%	68%
PGT	M	377	328	253	87%	77%
PGT	F	428	351	327	82%	93%
CPD	M	n/a	n/a	158	n/a	n/a
CPD	F	n/a	n/a	524	n/a	n/a
PGR	F	52	15	11	29%	73%
PGR	M	40	13	10	33%	77%

*CPD Applications and Offers Data not Available; **First Year Students

For the undergraduate MBChB course, the available data (Table 3.5) indicate that the percentage of offers to female applicants is primarily a reflection of the ratio in applicants and the likelihood of being offered a place is almost identical for male and female applicants, mean of 19% vs 18% respectively, over four years. Nevertheless, in recognition of the concern that traditional selection methods might introduce unintentional biases in selection, WMS introduced a Selection Centre in 2006. Analysis of data collected from the initial three years, demonstrates that women are as likely to succeed in the selection process as men. ***We will continue to monitor selection processes.***

For PGT courses, applicants are 52% female (average 2007–2010) and the likelihood of being offered a place is again very similar (76% male applicants compared to 74% female applicants). Data on applications for taught postgraduate courses should be treated with some care as in some years, enrolments exceed the applications. As noted above, the exact nature and balance of the courses offered will determine the gender balance of the pool of applicants. As far as we can tell, the gender balance of our offers reflects that in the potential applicant community. ***PGT and CPD Application and Offer Data will now be collected routinely by gender and related to the applicant pool.***

As can be seen from the Table 3.5, there is a greater gender imbalance for PGR students than for others. This imbalance is partly explained by the changing balance in application rates for PGR degrees, with increasing numbers of female applicants over the last two years. However it can also be seen that, over the past four years, female applicants have generally been more likely to be offered a place (42% female applicants compared to 34% male applicants on average – although the most recent figures show no difference between the genders). The explanation for these differences is not clear and ***we intend to undertake further analysis*** to understand better the likely causes.

(vi) Degree classification by gender

Table 3.6 Degree classification for undergraduate students by year and by gender, at WMS.

Classification /Date	Gender	MBChB Honours	MBChB (non-Honours)
07/08	M	7	48
	F	6	84
08/09	M	6	41
	F	9	91
09/10	M	13	58
	F	12	81

No data are available for 2010/11 as yet.

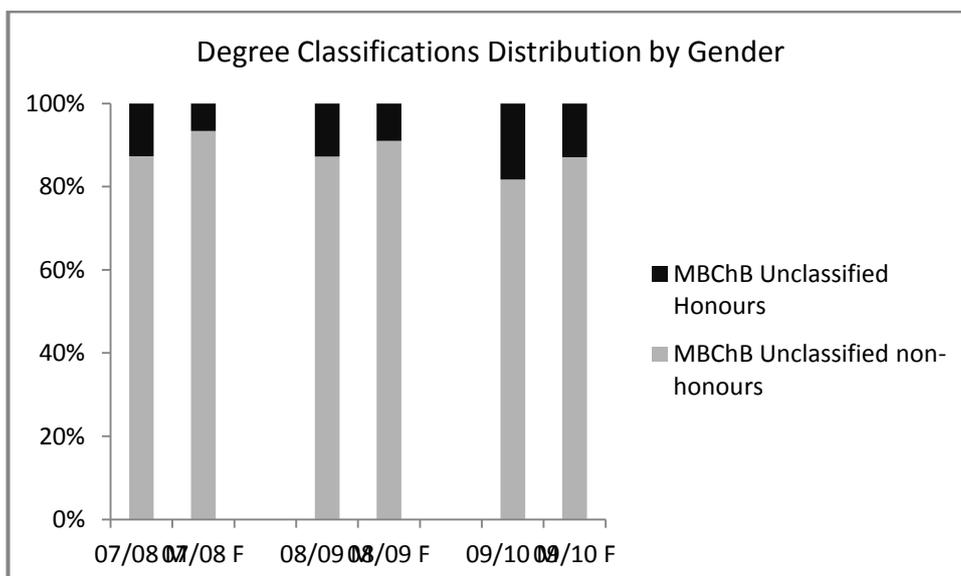


Figure 3.6 Proportion of Degree Classifications by Gender

Of those graduates of the MBChB course at WMS that achieved an honours degree over the last two years, these results do show males are more likely to achieve the MBChB degree with Honours, although it should be noted that the numbers are small and the differences are not statistically significant (Table 3.6). Nevertheless, we are extremely keen to ensure that there are no systemic biases in our assessment processes that may favour one gender over the other and ***we will continue to monitor our results for any evidence of gender bias.***

Staff data

The WCG is particularly challenged by the atypically wide scope of people within WMS. Academics and researchers within a medical school are both non-clinical and clinical. The latter are both Doctors and Allied Health Professionals and the former span physical to social sciences.

(vii) Female:Male Ratio of Academic Staff and Research Staff*Table 3.7 Numbers and proportions of Academic and Research Staff by Gender*

Grades	Number Male	Number Female	Proportion Male	Proportion Female
2006				
6	12	35	0.26	0.74
7	14	21	0.40	0.60
8	6	17	0.26	0.74
9	5	4	0.56	0.44
Clinical Academic	8	6	0.57	0.43
Snr Clinical Academic	29	9	0.76	0.24
2007				
6	13	50	0.21	0.79
7	14	26	0.35	0.65
8	8	13	0.38	0.62
9	9	5	0.64	0.36
Clinical Academic	9	4	0.69	0.31
Snr Clinical Academic	33	11	0.75	0.25
2008				
6	14	51	0.22	0.78
7	15	26	0.37	0.63
8	8	12	0.40	0.60
9	10	7	0.59	0.41
Clinical Academic	9	6	0.60	0.40
Snr Clinical Academic	38	12	0.76	0.24
2009				
6	17	43	0.28	0.72
7	15	28	0.35	0.65
8	9	13	0.41	0.59
9	11	6	0.65	0.35
Clinical Academic	14	9	0.61	0.39
Snr Clinical Academic	39	14	0.74	0.26
2010				
6	13	38	0.25	0.75
7	12	22	0.35	0.65
8	13	13	0.50	0.50
9	10	6	0.63	0.38
Clinical Academic	11	9	0.55	0.45
Snr Clinical Academic	39	16	0.71	0.29

**Key to Clinical Grades below*

Key to Clinical Grades

*Academic, research only and teaching only are people on solely University contracts:
Academic: Assistant Professor (grade 7), Associate Professor (grade 8), Reader (grade 8),
Professor (grade 9)*

*Research only: Research Fellow (grade 6), Senior Research Fellow (grade 7), Principal
Research Fellow (grade 8), Professorial Fellow (grade 9)*

*Teaching only: Teaching Fellow (grade 6), Senior Teaching Fellow (grade 7), Principal
Teaching Fellow (grade 8), Professorial Fellow (grade 9)*

*Clinical Academics are people on a University contract with an Honorary NHS contract:
GP's: Senior Clinical Fellows in Medical Education, Principal Clinical Fellows in Medical
Education*

*Senior House Officers, Speciality Registrars, Consultants etc: Clinical Education Fellows,
Clinical Teaching Fellows, Clinical Research Fellows, Clinical lecturers (NIHR funded),
Assistant Clinical Professors*

*Senior Clinical Academic are people on a University contract with an Honorary NHS contract:
Consultants or senior academic GPs: Associate Clinical Professor, Professor*

The overall trend in each year both clinical and non-clinical posts is for a greater proportion of women in the lower grades, with this decreasing in higher grades. The proportion of women in clinical academic posts is generally lower than their academic counterparts. These proportions have not shown significant changes at any grade over the past five years. The increase of senior clinical women is 78% whereas that of the men is 34% indicating some trends in the direction of increasing senior representation. Conversely, the increase of male professorial academic staff is 100% vs 50% for the women over the time period for which we have data. The combined increase in male senior staff is 44% and of female is 61% over the reporting period. This is encouraging, but still does not reflect the percentages of lower grade appointees. Grade 6 (post doctoral researchers) and Grade 7 (senior post doctoral researchers and associate professors) are consistently ~75% female. On the academic side, the Associate to full professor step is the greatest and we shall monitor this to endeavour to determine any underlying issues. Despite the higher number of female students entering medicine, the clinical grade appointments are more male than female, though arguably the trend is towards a better balance. This is part of a much wider issue regarding in which areas women doctors choose to work. ***We will be gathering some qualitative and quantitative data and further insights from other organisations on this issue to*** determining any actions.

We will formalise a process for mentoring and supporting potential candidates from promotion to the professorial fellow grade. In order to address the long-term recruitment of women to clinical academic posts, the ***WMS Life-Long Academy will agree actions for identifying and supporting the most talented staff early in their careers, and will be informed by an in-house survey of female students and both undergraduate and postgraduate level.***

Table 3.8 Total Numbers of Staff and Proportions of Staff who are Female, Part-time Workers, Black Minority or Ethnic, or Disabled in Teaching and Research positions within the WMS divisions.

Division	Total FTE	Total Staff	Female Staff (%)	PT Staff (%)	BME Staff (%)	Disabled Staff (%)
Biomedical Cell Biology						
Academic - Research only	20	20	55	0	5	0
Academic -Teaching & Research	6	6	17	0	0	0
Deans Office						
Academic - Research only	0	0	n/a	n/a	n/a	n/a
Academic -Teaching & Research	3	3	0	0	33	0
Education Development						
Academic - Research only	1.4	2	50	50	0	0
Academic -Teaching & Research	16.1	27	74	59	15	4
Academic – Teaching only	20.2	25	68	44	20	0
Health Sciences						
Academic - Research only	58.6	64	63	23	27	5
Academic -Teaching & Research	29.2	31	39	19	19	3
Mental Health & Wellbeing						
Academic - Research only	7.5	11	100	73	18	0
Academic -Teaching & Research	11.4	12	42	17	25	0
Metabolic & Vascular Health						
Academic - Research only	25	16	64	16	56	0
Academic -Teaching & Research	24	5	21	4	21	0
Reproductive Health						
Academic - Research only	4	4	25	0	0	25
Academic -Teaching & Research	8	8	38	0	38	0

Source: Live Database, University of Warwick Information Unit; 28th November 2011

Preliminary Analysis of Breakdown of Data by Division (see Figure 3.1 for Divisions), shows the proportion of women throughout WMS. Within the Divisions, > 50% are female in (Table 3.9):

Table 3.9 Divisional Categories where over 50% are Female

Division	Category
Biomedical Cell Biology	Research only
Education Teaching Development	Teaching and Research and Teaching Only
Health Sciences	Research Only
Mental Health and Wellbeing	Research Only (100% of staff are female)
Metabolic and Vascular Health	Research Only

Within the Divisions, ≤ 25% are female in (Table 3.10):

Table 3.10 Divisional Categories where over less than 25% are Female

Division	Category
Biomedical Cell Biology	Teaching and Research (only 17% are female)
Health Sciences	Teaching and Research
Mental Health and Wellbeing	Teaching and Research
Metabolic and Vascular Health	Teaching and Research
Reproductive Health	Research Only and Teaching and Research

These data demonstrate that teaching and research is predominantly carried out by men (with the exception of the Education Development Unit) and research only is predominantly carried out by women (with the exception of Reproductive Health).

Although small (n=11), 100% of women work in Mental Health and Wellbeing, research only. Table 3.8 provides us with an interesting guide of academic choice of academic discipline for women. ***Further analysis of clinical and non-clinical posts will be executed.***

Table 3.9 Turnover by Grade and Gender

2006/7	Male headcount	Female headcount	% Male staff Leaving	% Female staff Leaving
Grade 6	13	42	38	17
Grade 7	14	24	14	13
Grade 8	7	15	0	27
Grade 9	7	5	14	0
Clinical Academic	9	5	11	80
Snr Clinical Academic	33	10	15	0
2007/8				
Grade 6	14	51	36	25
Grade 7	14	56	14	9
Grade 8	8	13	0	0
Grade 9	10	6	0	0
Clinical Academic	10	6	40	33
Snr Clinical Academic	37	13	11	8
2008/9				
Grade 6	16	49	31	31
Grade 7	15	27	7	15
Grade 8	9	13	0	0
Grade 9	11	6	0	0
Clinical Academic	11	9	9	22
Snr Clinical Academic	39	14	10	14
2009/10				
Grade 6	15	9	60	36
Grade 7	14	2	14	36
Grade 8	11	2	18	15
Grade 9	11	1	9	0
Clinical Academic	14	9	29	44
Snr Clinical Academic	40	16	8	0

There is no overall pattern in turnover by gender (Table 3.9). It can be seen that during the past two years, there has been a higher percentage of female leavers at Clinical Academic level which may account for the smaller number of Senior Clinical Academic women. It should be noted all promotions to Associate Professor are included in the Grade 7 leavers.

The main area of concern is regarding the loss of females between Clinical Academic and Senior Clinical Academic posts, which as stated previously is felt to be part of a wider issue regarding women in medicine which we will be investigating further.

Exit interviews will be offered to **all** staff leavers in order to gain data so that we can explore if any equality/welfare issues are influencing their decision to leave.

(1997 words excluding tables, headings and legends)

Supporting and advancing women's careers

4. Key career transition points

a) Data for the past three years

(i) Job application and success rates by gender and grade

Table 4.1 Numbers and Proportions of non-Clinical Applicants to Warwick Medical School, by Gender.

2006/7	Vacancies	Male Applicants	Female Applicants	Total Applicants	% Applicants Male	% Applicants Female
Grade 6	30	98	129	227	43	57
Grade 7	11	35	41	76	46	54
Grade 8	1	1	2	3	33	67
Grade 9	1	5	1	6	83	17
Clinical Academic	5	36	7	43	84	16
Snr Clinical Academic	10	97	41	138	70	30
2007/8						
Grade 6	33	113	120	233	48	52
Grade 7	8	27	29	56	48	52
Grade 8	0					
Grade 9	0					
Clinical Academic	4	24	4	28	86	14
Snr Clinical Academic	6	28	27	55	51	49
2008/9						
Grade 6	24	116	104	220	53	47
Grade 7	5	5	12	17	29	71
Grade 8	2	2	5	7	29	71
Grade 9	0					
Clinical Academic	14	29	28	57	51	49
Snr Clinical Academic	10	20	9	29	69	31
2009/10						
Grade 6	32	122	162	284	43	57
Grade 7	9	27	22	49	55	45
Grade 8	4	4	9	13	31	69
Grade 9	2	6	2	8	75	25
Clinical Academic	10	26	25	51	51	49

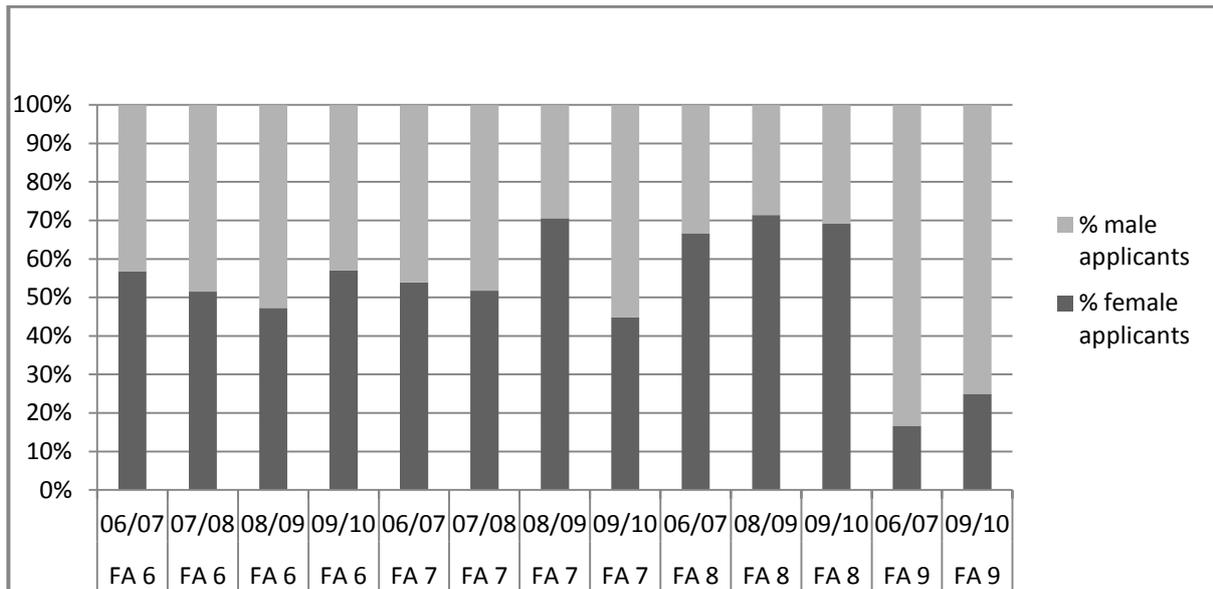


Figure 4.1 WMS, Percentage Applicants to non-Clinical Posts, by Gender

Non-Clinical posts: There are generally more female applicants than male at Bands 6, 7 & 8 but this drops dramatically at band 9 with only 20% of applicants being female (NB - sample size 14).

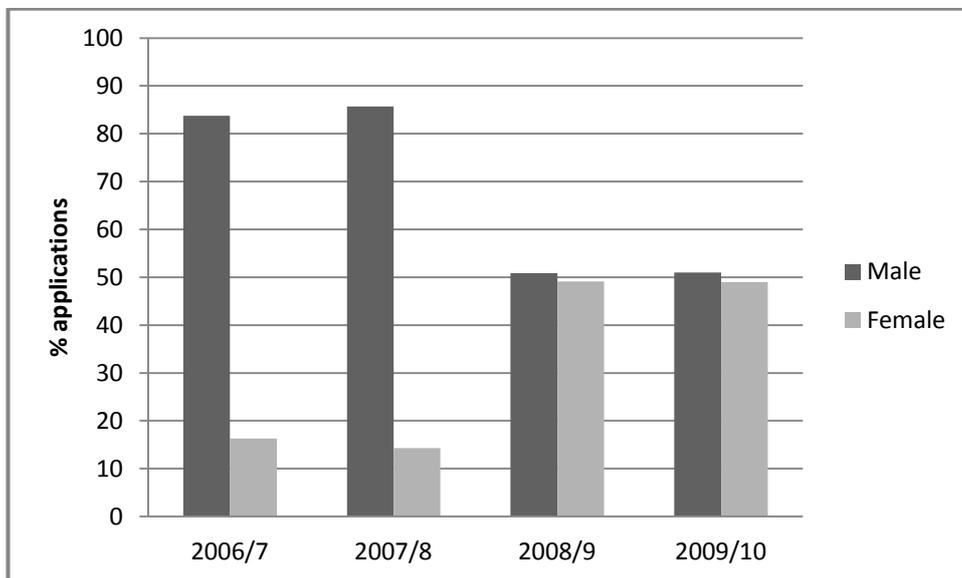


Figure 4.2 Proportions of applicants to Clinical Academic Posts within Warwick Medical School by gender (1 January 2008—30 November 2011)

Clinical Academic Posts: From 2008, the gender ratio amongst applicants is equal (Figure 4.2)

Senior Clinical Academic Posts: Conversely, from 2008, applicants for senior clinical academic posts are up to 3 times more likely to be male (Figure 4.3).

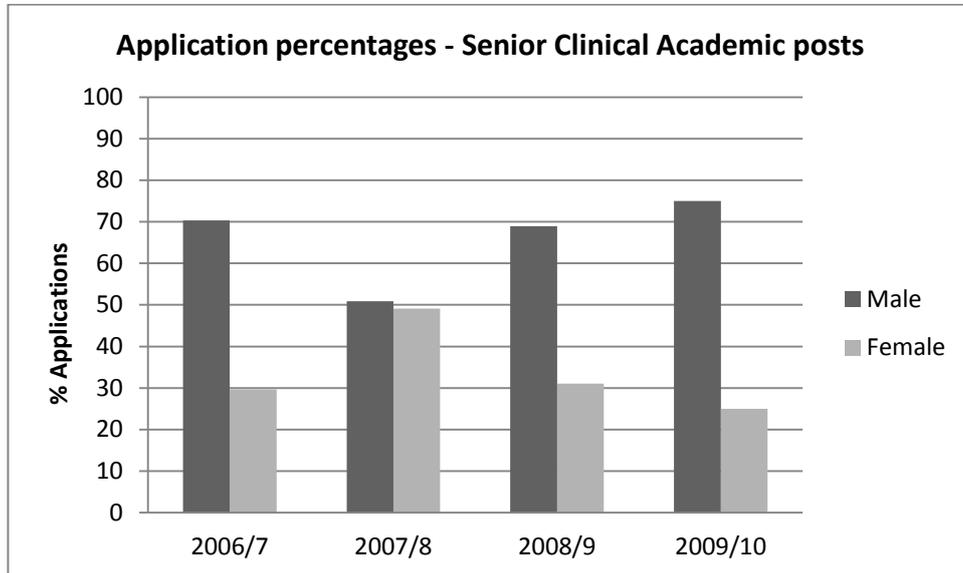


Figure 4.3 : Numbers of applicants to Senior Clinical Academic posts within Warwick Medical School by gender (1 January 2008–30 November 2011)

Table 4.2 Success Rates of Applicants to WMS, by Gender and Grade

2006/7	Successful (male)	Successful (Female)	Total Successful	% of Male applicants who were successful	% of Female applicants who were successful	% Successful who were male	% Successful who were female
Grade 6	10	19	29	10	15	34	66
Grade 7	1	5	6	3	12	17	83
Grade 8	0	0	0	0	0	0	0
Grade 9	1	0	1	20	0	100	0
Clinical Academic	3	0	3	8	0	100	0
Snr Clinical Academic	7	3	10	7	7	70	30
2007/8							
Grade 6	6	19	25	5	16	24	76
Grade 7	2	4	6	7	14	33	67
Grade 8	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Grade 9	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Clinical Academic	3	0	3	13	0	100	0
Snr Clinical Academic	4	5	9	14	19	44	56
2008/9							
Grade 6	8	12	20	7	12	40	60
Grade 7	0	3	3	0	25	0	100
Grade 8	0	1	1	0	20	0	100
Grade 9	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Clinical Academic	5	5	10	17	18	50	50
Snr Clinical Academic	2	3	5	10	33	40	60
2009/10							
Grade 6	10	23	33	8	14	30	70
Grade 7	2	3	5	7	14	40	60
Grade 8	0	1	1	0	11	0	100
Grade 9	1	0	1	17	0	100	0
Clinical Academic	4	8	12	15	32	33	67
Snr Clinical Academic	3	1	4	8	8	75	25

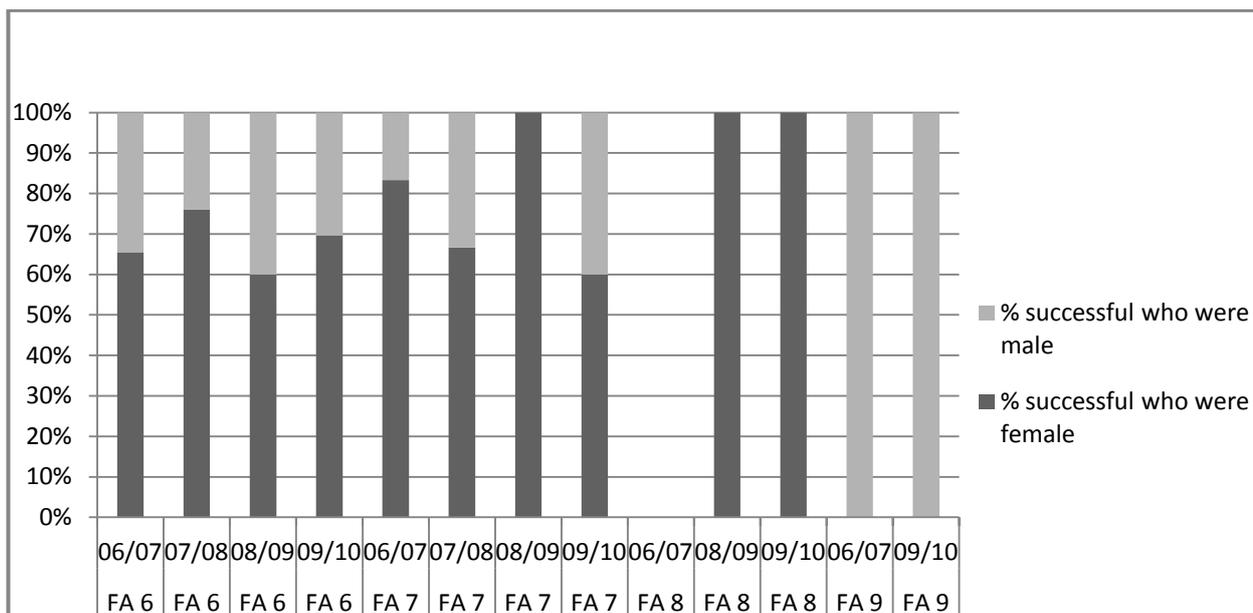


Figure 4.4 Proportions of non-Clinical Applicants who were Successfully Appointed by Gender

Non-Clinical Posts: The discussion of appointments runs the danger of being caught in small number statistics. Up to band 9, higher numbers of women being appointed with women more likely than men to be successful (calculated as proportion of women applying). There have been no appointments of women to posts advertised at Grade 9 in the period 2006–2010. However, only three posts have been advertised at this grade during this period for which a total of 13 men and 3 women applied. Conversely, there have been no Grade 8 males appointed since 2006. Overall no systematic bias against women is apparent, but female appointments at Grade 9 **will continue to be monitored by the WCG**. There is also a concern that we are not picking up all cases from the central database. **We will work with Central University HR to improve on appointments data collection by gender and grade.**

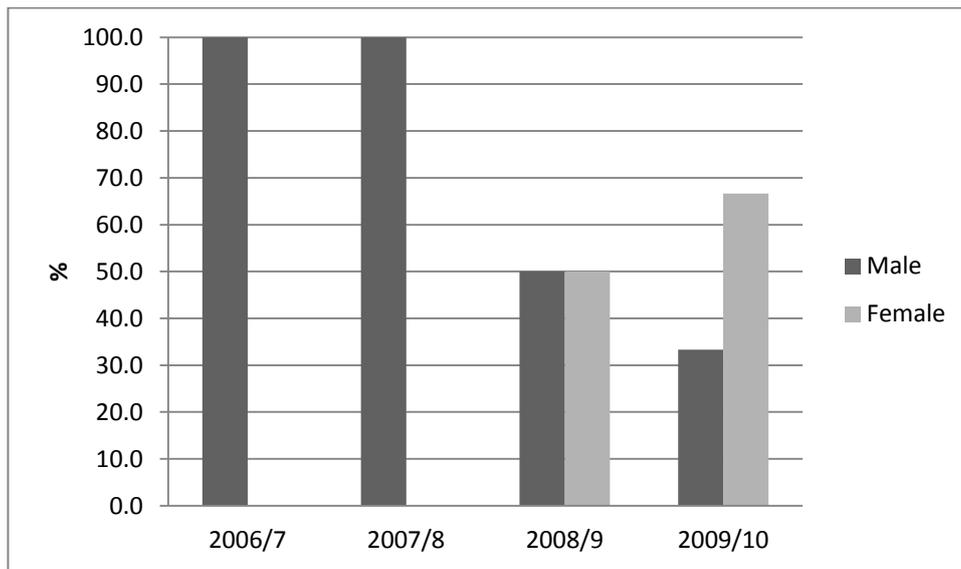


Figure 4.5 Success rate for Clinical Academic Posts by gender within Warwick Medical School (2006 – 2010)

Clinical Academic Posts: Overall the success rate for women (as evidenced by the percentage of successful applicants who are women and the percentage of female applicants who are successful) is now favourable to women applicants, suggesting there is not currently discrimination in the selection process.

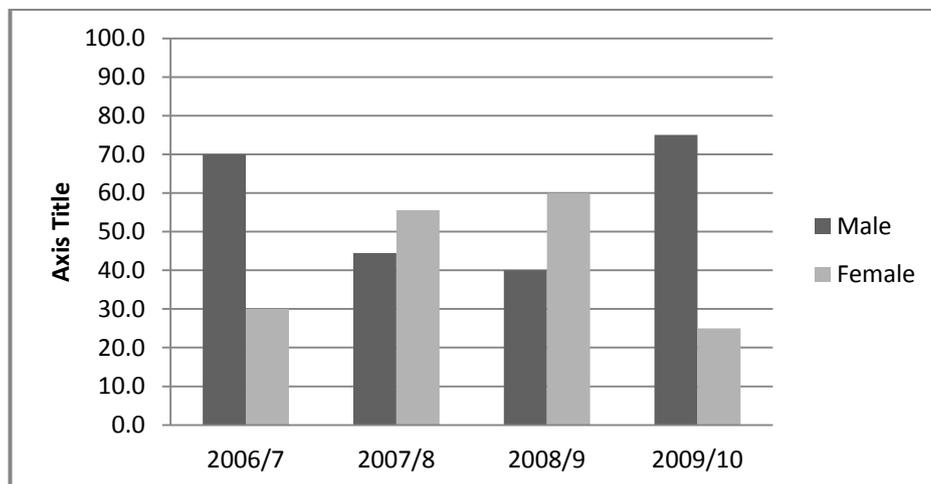


Figure 4.6 Proportions of Successful Applicants for Senior Clinical Academic posts, by gender within Warwick Medical School (2006 – 2010)

The numbers of Senior Clinical Academic appointments (Table 4.1) are small [e.g. n=4, in 2009/10] and therefore no comment can be made on trends. **We will continue to review the appointments process to minimise gender bias.**

(ii) Applications for promotion and success rates by gender and grade*Table 4.7 Numbers of male and female promotions to the indicated grade in Warwick Medical School (1 January 2008—30 November 2011)*

Job title(s)	Male promotions	Female promotions
Professor	2	2
Associate Professor	2	1
Assistant Professor, Associate Clinical Professor	2	1
Senior Research Fellow	1	1
Senior Teaching Fellow, Senior Clinical Teaching Fellow	3	4
Research Fellow, Clinical Research Fellow, Research Nurse	9	13
Research Associate	5	3
Teaching Fellow, Clinical Lecturer, Clinical Teaching Fellow	3	0
Senior Research Technician, Research Technician	2	1
Total	29	25

Individual staff can put themselves forward for promotion initially through their line manager, usually as part of the annual review process, who then escalates the application through to the Head of Department (who seeks advice and feedbacks to the individual to enhance their case) and then the University Academic Staff Committee (or in the case of promotion to professorial appointments, the Vice Chancellors Advisory Group). The details of the promotion process, guidance, role descriptions and application forms are available to all staff on the University's intranet. Line managers and senior academic staff within the department are available to provide advice and support for individuals who wish to submit a promotions application.

Routine data collection for applications for promotions by clinical and non-clinical type of posts, by gender has hitherto not been carried out. A further manual data search was done to determine the relationship between recommendations and promotions in the categories available over the past three years. This demonstrated that there have been more women recommended for promotion than men over this period. For the most senior role, Professor, there were 6 female recommendations and 4 male, and both categories had 2 successful promotions as a result. On initial review, unsuccessful applications appear to be related to recommendations for Professorial Fellow roles for both genders. ***Therefore we have started collecting application data for all clinical and non-clinical posts, by gender. We will then put an action plan in place to ensure more stringent examination of promotion cases in the future and appropriate support mechanisms for the individuals in helping them prepare for promotion.***

b) Key Issues, steps to address imbalances, impact achieved and additional steps needed

(i) Recruitment of staff

Warwick Medical School has its own Human Resources Team to ensure equity and confidentiality and ability to adhere to the universities policies including equal opportunities (recruitment application forms are gender blind). The School wishes to attract the best candidates to its clinical and non-clinical academic positions. It uses search committees for any professorial post, which involves people from within WMS and external discipline leaders to identify possible candidates to approach to encourage to apply. The Dean leads these committees and has an awareness of the need to attract and recruit female applicants at the senior level. Warwick Medical School uses a standard approach to short-listing and selection which has been reviewed for its compliance with equality and diversity policies.

Between 1 January 2008 and 30 November 2011 the School has recruited 54 new members of staff into academic posts (ranging from Professor to research technician). Of these, 29 were male and 25 were female, with the majority of women being recruited into research fellowship and senior teaching-only roles.

ii) Support for staff at key career transition points

We take the development of all staff very seriously and we have a number of areas we are actively working on. We have already introduced a number of initiatives:

- Early Career Researchers (ECRs) programme aimed at training and developing our early researchers.
- We are investigating and developing a targeted promotion development programme for teaching only staff to progress to Professorial Fellow.
- Include the mentoring scheme that exists for all ECRs
- Add a targeted mentoring scheme for groups identified as having particular promotion issues (e.g. women, those on T-only contracts)
- Availability of postgraduates certificate in transferable skills for postdoctoral students (www.warwick.ac.uk/go/pioneers)

5. Career development

a) Key issues, steps have been taken to address any imbalances, success/impact been achieved and what additional steps may be needed.

(i) Promotion and career development

The introduction of an annual review for each member of staff in 2009 has resulted in discussions between appraisee and appraiser to specify objectives to meet the demands of the role and to further develop the post holder. Whilst we recognise this brings benefits, the results of the PULSE survey do identify this as an area where more work needs to be done to embed the reviews into the culture of the department. We recognise that we need to demonstrate the value of the process to help individuals reach their full potential.

Staff on academic probation have regular meetings with their academic mentor (this can be their immediate line manager, but individuals have the opportunity to select another staff member if desired). In addition, the University offers a Mentor Scheme, outside the normal line management relationship, where mentors draw on their own experiences and knowledge to advise and guide a less experienced member of staff to enhance their performance or support their development in their role. There is a 5 year probation period for Associate Clinical Posts and Assistant Professors, and details regarding the WMS Probation procedure is sent to new staff with their offer of appointment letter. These staff are allocated a mentor and have a structured development and mentoring programme which is reviewed formally annually by another senior academic colleague (not the mentor). During this meeting progress to date will be discussed, along with the probationer's perspective on the previous year, feedback will be given on progress towards passing probation and objectives for the next review period will be agreed. The WMS Promotions and Probation Committee will review all probationary reports throughout the period of probation to ensure that probationers are reaching their targets and are in a strong position to complete probation. The ending of probation depends upon the satisfactory completion of a joint clinical appraisal between the NHS Trust and WMS.

The University has clear guidance on its intranet available to all staff as to the requirements and process for academic promotion. Staff are also notified by WMS of the timing when academic promotions are being considered. Since the introduction of the annual reviews, academic staff have the opportunity to discuss development planning for promotion and get feedback from their senior manager on their suitability for promotion. Where an individual is deemed to be close to ready for promotion, the WMS Promotions and Probation Committee (which meets three times a year chaired by the Dean) will consider each promotion case and then provide feedback to the individual, his/her senior manager on how to strengthen his/her case. Once a promotion case is

authorised by the Dean, the recommendation is referred to the University's Academic Staff Committee for consideration. Applications for promotion can go directly to the University; however, individuals are encouraged to proceed *via* the promotions committee. In addition, as mentioned above, we do recognise that we need to investigate and develop actions to improve the success of professorial fellow promotion applications. We will also be reviewing the information, support and feedback we give staff in their development as part of the PULSE Survey action plan. We will identify actions, **by sharing best practice with other SET departments and Athena award holders, on how we can improve the recommendation and success rate for promotion of all staff**; whilst identifying any particular actions which would aid females.

(ii) Induction and Training

All new employees have an induction which involves a number of elements:

- reading information on key policies (including information on equality and diversity), Recently the University and WMS has introduced the requirement for all new employees to undertake an on-line equality and diversity training programme as part of their induction in order to raise awareness.
- a structured induction within their work group (based on a standard checklist).
- The University has a pre-induction website to assist with relocation, schools *etc.* and an intranet site especially for new starters which introduces its policies and facilities, information about the Learning and Development Centre (LDC), HR policies (including flexible working) and University initiatives (including networking meetings).

All new staff have a probationary period which involves regular meetings with the line managers to identify any support, training and development or information that would help the individual establish themselves in their role and the organisation. These are structured conversations and records of the meetings and actions are made.

Training and development needs can be identified at anytime, but they are reviewed at least annually as part of the Annual Review Process, where each employee has an appraisal (should they wish).

There is a range of training and development options for staff including:

- The University of Warwick's internal training and development courses and resources, which are open to all staff, and they are usually free of charge. These can be booked by individuals over the intranet. It includes targeted offerings on research development, teaching, managerial and inter-personal skills, career development, mentoring and

coaching. Some of the offerings require attendance and some are e-learning based, such as the career development module and the Equality and Diversity training.

- WMS has a dedicated contact from University's Learning and Development Centre who works with the department to progress our actions on development of individuals (ref. Pulse survey)
- The Divisions have funds to support academic conference attendance and any specific technical training for academic staff.

Specific training is agreed to help certain development needs. For instance, a strategy for the support and development of Early Career Researchers (ECRs) has been developed within WMS. This aims to make sure that all ECRs are aware of the routes to academic careers, the factors which can lead to successfully developing an academic career and a specific Research Development post to support ECRs. General training for ECRs within WMS has included sessions on writing grant and fellowship applications, developing an academic track record as well as more general career skills such as CV and job application writing. Alongside this training there is now a Research Development Officer (John Burden) within Research Support Services to give specific and intensive support to ECRs who wish to develop applications for funding to support their work, and to date this has included several women seeking to return to work after career breaks.

(iii) Support for female students

A dedicated Careers Advisor is available to all MBChB students for individual advice, and provides group sessions to students to discuss career issues. This advice takes particular account of the range and balance of the students on this course, and current information on the career opportunities and prospects for graduating doctors. It therefore includes information on work patterns and gender balances in different specialties.

The vast majority of our students on postgraduate taught students are already in their chosen employment and do not seek careers advice. Individual advice, targeted to their particular strengths and aspirations, is available to those who seek it.

For postgraduate research students we provide individual advice, again targeted to their particular strengths and aspirations including discussion of work patterns in their future career and the potential for career breaks with return to chosen career. For women who are undertaking a research degree as part of their career strategy after a career break or career change we provide tailored advice.

6. Organisation and culture

a) Data

(i) Male and female representation on committees

Table 6.1 Male and female representation on WMS Groups*

Warwick Medical School Groups	Male	Female
WMS Information Group	13	15
WMS Health and Safety Group	10	3
Dean's Advisory Group (DAG)	3	1
Senior Management Group (SMG)	8	7
School Secretary's Advisory Group (SSAG)	0	5
Senior Administrators' Discussion Group (SAD)	2	10
WMS Accommodation Group	0	7
Education Strategy Group (ESG)	8	8
Research Strategy Group (RSG)	13	3
Knowledge Exchange and Enterprise Group (KEEG)	9	11
Laboratory Management Unit Board (LMU Board)	5	3
Welfare and Communications Group	5	13

*University of Warwick has strict a definition of 'committee'; departmental 'committees' are termed 'groups'.

The WMS Health and Safety Group, Dean's Advisory Group and the Research Strategy Group have higher male than female membership as the groups were formed with the most appropriate postholders as members. This will be addressed by inviting key women onto these influential groups to represent the overall gender portrayal in the School. The Senior Administrator's Discussion Group reflects the gender ratio in administration and will remain woman-strong until more male senior administrators are appointed. At the present time the School Secretary's Advisory Group is the worst case with completely female membership.

Male membership will **be reviewed by the School Secretary and actioned to determine if there are any men who could join this group.** The Welfare and Communications Group gender ratio is appropriate for the group's function.

The University also actively seeks engagement from staff on a variety of committees across the University, including equality and diversity, through emails and on its intranet.

(ii) Female:male ratio of academic and research staff on fixed-term [FTC] and open-ended (permanent) [OEC] contracts*Table 6.2 Academic and Research Staff on FTC and OEC, by Gender*

Grades	Numbers by Gender of staff employed		Percentage on FTC		Percentage on OEC	
	Male	Female	Male	Female	Male	Female
Grade 6						
2006	12	35	100	97	0	3
2007	13	50	92	96	8	4
2008	14	51	100	92	0	8
2009	17	43	94	88	6	12
2010	13	38	92	95	8	5
Grade 7						
2006	14	21	57	95	17	5
2007	14	26	36	58	23	42
2008	15	26	40	54	22	46
2009	15	28	47	54	19	46
2010	12	22	50	41	18	59
Grade 8						
2006	6	17	17	24	22	76
2007	8	13	13	0	33	100
2008	8	12	0	0	40	100
2009	9	13	11	8	89	92
2010	13	13	15	8	85	92
Grade 9						
2006	5	4	40	0	60	100
2007	9	5	22	0	78	100
2008	10	7	20	14	80	86
2009	11	6	27	0	73	100
2010	10	6	30	0	70	100
Clinical Academic						
2006	8	6	50	67	50	33
2007	9	4	56	50	44	50
2008	9	6	33	0	67	100
2009	14	9	50	44	50	56
2010	11	9	45	78	55	22
Sen. Clinical Academic						
2006	29	9	14	11	86	89
2007	33	11	12	18	88	82
2008	38	12	18	17	82	83
2009	39	14	18	36	82	64
2010	39	16	15	38	85	63

Table 6.2 demonstrates the proportion of males and females on fixed term contracts (FTCs). It can be seen that in recent years the proportion of females has reduced and is now equivalent to the males in the majority of cases. The most notable difference in proportion of males to females on FTCs versus open-ended contracts is for the clinicians. The number employed are relatively small, but there appears to be a trend to have more women on FTCs. **We will investigate the reasons for this further through identifying the individuals concerned, the specific roles they carry out and, where appropriate, interview the women to understand the circumstances behind the difference and so we can consider any actions to redress the balance.**

b) Key issues steps taken to address imbalances, success/impact and additional steps needed

(i) Representation on decision-making committees

Committee representation is taken into account in the workload model with care being taken to balance the need for gender representation on committees and work overload when there are few females (or males). For some committees, e.g. promotion, a gender balance has been deemed essential. However, for others e.g., the Accommodation Group, the gender is unlikely to be an issue and this has been a lower priority. ***The gender ratio on all decision-making committees is being considered by the individual committees, WCG and then reported to SMG.*** Membership of WMS Influential Groups is either chosen by interview (e.g. Research Strategy Group and Senior Management Group) and/or by position (Dean's Advisory Group). The WCG has pledged to balance gender on all groups, deemed influential by the group, via both mechanisms.

Most of our grade 8 and 9 female academics sit on University and national committees and Boards e.g.

- Sarah Stewart-Brown: Significant contribution to the development of mental health strategy No Health without Mental Health (NHWMH) 2011, as expert on Department of Health's Advisory Group 2010. Now sits on the Ministerial Advisory Group on the implementation of NHWMH. Chair the Mental Health Committee of the Faculty of Public Health.
- University of Warwick: Professor Janet Dunn, Deputy Director of the Clinical Trials Unit sits on the Vice Chancellor's Advisory Group
- National: Professor Sallie Lamb chairs National Institute of Health Research Health Technology Appraisal Board

(ii) Workload model

Total workload, and the balance across different activities, is a key part of the School's annual review process.

In early 2011 the Medical School introduced, for the first time, a mechanism for measuring the total workload of academic and research members of staff and the balance of workload across different activities including common pastoral and administrative activities. The results have shown very significant differences between individual members of staff in both the total level and the balance of their workload. It has also highlighted significant differences between different parts of the School. This information has been fed back to the relevant senior managers in the School so that they can discuss, as part of the regular annual review process, changes in the level and balance of workload for all academic staff whilst working within an equitable split of academic activities across the different parts of the School.

The workload survey will be run annually; One key difference in 2012 will be the inclusion of a mechanism for capturing a number of activities that were not captured in the 2011 survey. This will allow us to ensure that the annual review of workload does take into account the full range of activities undertaken by academic staff.

The annual review process is available for all staff and used to consider potential applications for promotion, including an analysis of the extent to which current work patterns may support or hinder an application and possible changes in work patterns that might improve promotion prospects (including the rotation of responsibilities that might be of particular benefit).

(iii) Timing of departmental meetings and social gatherings

WMS has inclusive social functions where all categories of staff are included e.g. the school Christmas party. The WCG has set the standard of holding all meetings between core hours of 10.30 to 15.00 unless all members of the committee are of the view that this is more stressful and restrictive than necessary. For example, members of the school with clinical practices often find that early morning meetings are their preference. In such cases, the timing of meetings will be re-addressed whenever membership changes.

(iv) Culture

Warwick Medical School was founded and progressed by a female Dean, Professor Yvonne Carter. In April 2010 a new Dean, Professor Peter Winstanley, was appointed.

The School's values are:

- Activities are focussed on maintaining and improving health both within the UK and internationally
- Founded on the principle of collaboration with a variety of partners, we are outward looking and will continue to seek partners with whom we can work to the ultimate benefit of patients
- Strive for excellence in all that we do, seeking to encourage, support and deliver high quality research and teaching which is at the cutting edge internationally
- Committed to the highest standards of honesty, integrity, openness and professionalism in all of our activities
- Engage with the public, respecting and valuing diversity of perspectives and we seek to disseminate our knowledge and research findings to enhance the quality of life of the public
- We are a dynamic and enterprising organisation, we are not constrained by traditional departmental, specialty or professional boundaries and we seek to develop new paradigms by working together across disciplines
- Our culture is one of informality and friendliness in which all of our staff are valued and treated fairly and with dignity as vital parts of our team
- We support all our staff by investing in excellent and appropriate development activities to help them increase their potential and achieve their career aspirations

The School runs an inaugural lecture series for newly appointed professorial staff. It is open for all University staff and students to attend and it has been running since 2006. In the past three years, 13 lectures have been given of which 5 were given by females, demonstrating the increase in recruitment of female professors, as well as the importance of them being role models for others. In addition the guest speaker events run within the School each term are successful with both staff and students, and these talks are often given by senior female academics. For instance, in the 2011 autumn term 6 talks were given by senior women (Appendix 4).

Some wonderful examples of School culture and female-friendly practices (e.g. flexible working, female to female mentorship, more home working during pregnancy) are collated in Appendix 5. There are many more throughout all the Divisions and in Education.

(v) Outreach activities

Outreach to schools and female role models

WMS is involved in a variety of school and general public education activities. This is encouraged by line managers but at present, not formally recognised as part of the workload model or routinely in appraisal and promotion processes. This will be considered by HR and WMS Promotions and Probation Groups once an outreach policy is in place.

For example, in 2011 pupils from six local schools were invited to take part in some research around long-term medical conditions. The event was run by senior academic women from WMS, led by Dr Jackie Sturt, Associate Professor.

Twenty 15–16 yr olds and a teacher from each of the schools were involved in the project. Initially they attended a day event at WMS. It involved some presentations on the project, which was to undertake a health related research into the impact of long-term health conditions. The afternoon was interactive and facilitated the students understanding the impact of having a long term health condition. The students were then asked to work in pairs and over the next two months to interview their fellow pupils at school on a long-term health condition of their choice and to determine how people with the condition prefer to be communicated with. They made a film of their research, wrote an essay on their findings.

They were invited back to WMS so that each pair could present their findings and show their film. The event definitely had a 'woman's touch' about it (sweets on table, lots of colour, balloons etc) to make the teenagers feel comfortable and not intimidated by being in a medical school. The Dean opened the event, and it was attended by the students, their parents and teachers. The female only teams won 2 out of the 3 prizes.

We received some excellent feedback from all involved in the project and we hope that such an event will encourage young people to consider a career in academia. It was also an opportunity for young women to see some female role models in medical and scientific academic careers.

Currently, we do not have an outreach policy; ***this will be developed by the WCG.***

7. Flexibility and managing career breaks

a) Data

i) Maternity Return Rate

Table 6.3 Maternity return rate*

Year	No. started maternity leave	No. left <= 3 mths of end	Return rate
06/07	5	0	100.00%
07/08	7	1	85.71%
08/09	13	1	92.31%
09/10	11	2	81.82%

* The year runs from 1st Aug to 31 July

* Maternity leave is counted in any given year if the start date falls within the year

* Maternity return rate is defined as the percentage of women who return from maternity leave and stay for more than three months.

The number of women taking maternity leave over the past 3 years has increased, with the return rate staying approximately the same over the period. The return rate is considered good. The department has a number of examples of flexible working practices in attracting women back to work which we attribute to this. See case studies in Appendix 5 for examples.

ii) Table 12: Paternity, adoption* and parental leave uptake

Year	No. on paternity leave
06/07	1
07/08	5
08/09	2
09/10**	4

Notes:

The year runs from 1st Aug to 31 July

Leave is counted in any given year if the start date falls within the year

Parental leave is identified by the category used on the absence system – therefore we can only count it if it has been recorded. Paternity and adoption leave are identified by payments made in any given year.

*No adoption leave has been taken in last 4 years

** One person took two instances of parental leave in 09/10

We have a number of staff who have taken paternity leave, but no-one has taken adoption leave in the past 3 years. Whilst we do not have the data on grade for paternity leave (something we will seek for our next submission), anecdotally those men taking it tend to be early to middle career and in support of a dual-career parenting relationship.

iii) Numbers of applications and success rates for flexible working by gender

These data are not collected or recorded centrally. ***A system will be put in place to collect the data.***

b) Key issues, steps taken to address imbalances, success/impact so far and additional steps needed

(i) Flexible working

There is a formal flexible working system which any member of staff can apply for which allows the individual to request a formal contractual change to their working arrangements. Requests can include reduced hours, seasonal hours, unpaid leave, staggered hours, job-share, compressed hours, home-working, flexi-time. Within the Medical School we have collected data on formal flexible working arrangements and have noted that although we have numerous examples of formal and flexible working arrangements within the department, ***we will develop a process for collecting these data.***

In addition, the University continues to support the adoption and use of Flexible Working Hours Schemes, where it is beneficial to staff and is without detriment to departments and the services they provide. Flexible working hours form a useful part of our recruitment and selection strategy, especially in attracting female applicants. Where operationally possible, the Head of Department has delegated the authority to grant flexible working within the Medical School using the following features where appropriate:

- i) All staff must have a lunch break of at least half an hour and not exceeding two hours if they work more than 4 hours.
- ii) All full-time staff should be at work for core time from 9.30/10 am to 12.00 noon, and from 2.00pm to 4/4.30pm.
- iii) Outside of the core time, staff can elect to start and finish their hours between 8.00 am and 6.00 pm subject to the exigencies of the service required by their role (e.g. the school receptionist has to be present from 9–5). We are anecdotally aware of many informal arrangements made between line managers and staff in support of flexible working and family friendly arrangements. As a result of engaging with Athena Swan we also recognise the need to ensure the majority of our meetings will fall within core working hours.

(ii) Cover for maternity and adoption leave and support on return

When a woman informs the department of her pregnancy, a risk assessment is carried out and discussions are held between the woman and her line manager as to her wishes regarding her maternity leave and return, with plans put in place to support her during her time off, such as up to 10 Keep-in-Touch (KIT) days. As standard practice, there are funds made available to Divisions by the department to cover the duties of the woman on maternity leave, and where possible the person covering the work will be appointed early so there is a hand-over period.

Women are informed of their right to request flexible working on their return to work. Within the Medical School and its dedicated Human Resources team, staff are often consulted on flexible options by women and offer individual advice on any queries they may have. ***The Dean or his representative will now be meeting with women starting/returning from maternity leave.*** Case by case consideration will be given to options such as reduced teaching load; part-time working; non-standard work hours *etc.*

To date we have no examples of adoption leave.

Appendix 5 includes case studies where a flexible approach has been taken to support women and men in varying areas of professional and family life.

(4,558 words)

8. Any other comments

Employee opinion survey

The University runs an employee opinion survey each year (PULSE) which seeks anonymous feedback from all staff. WMS receives a departmental report which enables assessment of the relative positive and negative views of staff regarding various factors. The data from the most recent survey have identified five main areas (development, communications, leadership, removal of bullying and harassment and managing change) for development for all WMS staff members and an action plan is being championed by senior management following consultation with the School's Staff Liaison Committee (see below). Additional data were sought and assessed on the implication of gender on the results by WMS HR through the University HR Department. These demonstrated that there were a few individuals who chose not to identify their gender who tended to give more negative scores across the survey questions. However, they also clearly demonstrated no significant difference on how males and females viewed the organisation. We will continue to monitor this in future PULSE surveys, will link action plans to the Athena Swan plan **and will seek to include questions in future PULSE surveys to allow us to monitor progress with our Athena-Swan action plan.**

In 2008, a Staff Liaison Committee was formed to provide a mechanism for staff to raise issues with the senior management of the School. Its primary role was not strategic but to respond to issues raised by staff. Following the establishment of the WCG, the Staff Liaison Committee will be reviewing its role over the coming months.

We have many good practice exemplars in WMS, promoting care for the individual staff and student at all levels (two postgraduate examples are highlighted in Appendix 5):

Other Initiatives

- i. In 2011 WMS introduced equality and diversity on-line training as standard to be part of its induction programme for all new staff.
- ii. In October 2011, a one-day Equality and Diversity course was offered to all staff attended by 6 of the WCG.
- iii. Widening Participation for Women in STEM Conference 26th October 2011, http://www.insidegovernment.co.uk/economic_dev/women_in_science/index.php was attended by WCG Co-lead, Professor Annie Young and University AS Steering Group Chair, Professor Alison Rodger, to gain a wider perspective of women in science, technology, engineering and mathematics
- iv. Women in Academic Medicine [WAM] (British Medical Association [BMA] Medical Academic Staff Committee Project) are campaigning to ensure University academic

appointment panels reflect the diversity of staff required (e.g. women, ethnic groups). Ms Deborah Markham, Consultant Surgeon, South Warwickshire Foundation Trust, Associate Professor of Surgery at WMS and WCG member, is WMS's representative on WAM.

- v. WMS has participated in **Medical Schools Council Clinical Academics Survey**: <http://www.medschools.ac.uk/AboutUs/Projects/clinicalacademia/Pages/Promoting-Clinical-Academic-Careers.aspx>;
- vi. WCG has ongoing e-mail communication with the coordinators of *European* Organisations for Women in Science and Career Progression to keep up to date with international work: European Platform of Women Scientists: <http://www.epws.org/>
Women in Science, Engineering and Technology (SET): <http://www.witec-eu.net/>
European Commission: <http://cordis.europa.eu/improving/women/home.htm>, in addition to the NHS Equality and Diversity Scheme at our local teaching hospital, UHCW, <http://www.uhcw.nhs.uk/clientfiles/File/EO%20Employment%20July%202010.doc> as part of
of
<http://www.nhsemployers.org/EmploymentPolicyAndPractice/EqualityAndDiversity/Pages/TheNHSEqualityDeliverySystem.aspx>

(498 words)

Appendix 1

Welfare and Communications Group – Members

Professor Peter Winstanley, *Dean, WMS Head of School (Department)*

I am a new Dean. My previous job at the University of Liverpool included the role of Director of the Wellcome Tropical Centre, involving mentorship of a large number of successful scientists (medical and non-medical), many of whom were women. I instigated the African **Women** Development Scholarship Fund **and developed the Young Malawian Scientists Programme**. I serve the University Athena Steering Group, as head of School (and Faculty Chair).

Ms Hannah Wood, *Final Year Student, Warwick Medical School*

As part of my first degree at Cambridge, I studied gender studies in a history and sociology of medicine course. I am the WMS representative for the Medical Women's Federation, the largest organisation of women doctors in the UK. Its aims are to facilitate women doctors' careers, with practical advice from members, and to promote the health and well-being of women and their families, at both a national and international level.

Dr Naila Rabbani, *Associate Professor of Experimental Systems Biology*

I entered UK academia as a mature student in 1995, gaining a PhD in 2001, whilst raising my son and daughter. I joined WMS in 2007 as a research fellow, becoming Associate Professor in 2010. I have a long-standing commitment to welfare in the workplace, with training and experience as harassment advisor, member of Staff-Student Liaison Committee and a University Equality and Diversity representative. I have experience in staff recruitment, development and promotion as a research group supervisor. I am a member of the University Athena Steering Group.

Dr Mei Gu, WMS Technician

I have a degree of BSc in Microbiology, MSc in Cancer Biology and PhD in Clinical Neurosciences. Currently I am a Research/Core Technician, having had successful experiences working as an Acting Laboratory Manager for WMS. Being a mother of two children in a dual career family and a full-time women scientist, I always find it is an enjoyable challenge, supported by WMS, to keep a healthy balance between professional work and family life.

Ms Sandra Beaufoy University HR Adviser; Equality and Diversity lead for staff and students

I hold a Masters degree for research examining potential barriers that female academics face during their careers. I serve on the University of Warwick Athena Swan Group, and am enthusiastic in coordinating, advising and sharing good practice throughout all university departments.

Professor Neil Johnson, Pro-dean for Education

I have been Pro Dean at WMS since late 2010, also working part-time as a local General Practitioner. Prior to this, I was Director of Postgraduate General Practice Education in Oxford, Postgraduate Medical Dean in Leicester and Group Director at NHSU. Through these roles, I have gained wide experience of recruitment and promotion processes, developing and implementing policies designed to ensure equity of access to medical training and to promote flexible training routes. I am currently involved in research into the MBChB Selection Process investigating whether the process ensures equality of opportunity.

Professor Annie Young, Professor of Nursing, Warwick Medical School.

I was warmly welcomed by WMS as a clinical researcher late in my career trajectory, having chosen an earlier break to care for three children. In a dual career family, I am able to balance carer responsibilities for an elderly relative, through flexible working hours. I am keen to make a measurable difference in our identified key areas for women in Science, Technology and Medicine by pushing forward with many opportunities available and developing in WMS and the University. I am an active member of the University Athena Steering Group.

Dr Julia Smith, *Head of Human Resources, Warwick Medical School.*

I am a scientist by background who has managed my career through both industry and higher education. I have experience of working full-time, job share and part-time in order to balance working life with my childcare responsibilities and a dual career family. I have been a participant in women development programmes as well as leading equality initiatives. As the HR Manager I have responsibilities for the School's approach and implementation of all people related processes and initiatives. I am a member of the University Athena Steering Group.

Dr Paul Sutcliffe, *Deputy Director, Warwick Evidence, Warwick Medical School*

As an early career researcher, I have departmental and University responsibilities as WMS representative at the University Research Staff Forum and University Research Committee. I also line manage seven research staff and actively encourage Career Professional Development and Fellowship applications among my team through "ring fencing" time and flexible working. As a new father, from a dual career family, I have experience of balancing home/caring responsibilities and an understanding of paternity/maternity leave requirements. I have considerable experience of recruiting and induction in the department and have recently had first-hand experience of the University's promotion process.

Dr Rose Bland, *Associate Professor, Deputy Senior Tutor, Medical Teaching Centre, Warwick Medical School*

I balance teaching MBChB students, running a research group (including supervision of PG research students and staff), with the role of Deputy Senior Tutor responsible for student pastoral care during the MBChB. I am a member of the Scientific Committee of the Society for Endocrinology, one of whose remits is to help define the education and professional training requirements of scientists in endocrinology. My husband is head of an Engineering Department in another university. I ensure appropriate support for students with special needs including those with young children as well as supervise female research staff with young children.

Mr Neil Stockton, *Director, Masters and Continued Professional Development, Warwick Medical School*

I joined WMS in September 2010 following a previous role in WMG managing a bespoke leadership development programme for Network Rail. My early career was spent as an Engineer Officer in the Royal Air Force responsible for leading, managing and mentoring large and diverse teams in a variety of challenging environments. I occupied a number of training/managerial positions in various companies before joining the University in 2008. I bring my wealth of experience having handled many different and difficult situations involving individuals and groups of mixed gender, ethnicity and abilities.

Dr Debbie Taylor, *Senior Clinical Embryologist in the Centre of Reproductive Medicine, at the University Hospitals of Coventry and Warwickshire NHS Trust*

I have previously worked at Imperial College, London, where I both lectured and tutored MSc students, and co-supervised PhD students. I left Imperial College and academia for clinical practice in 2003. Returning to research, I joined the Warwick Medical School in May 2011, to continue my research into human preimplantation embryo development. Being a mother of two, working in academia as a full-time research scientist, then as a full-time clinical scientist, I appreciate the pros and cons of both scenarios. I currently work both clinically and as a researcher.

Ms Kimberly Thomas, *Secretary for the Division of Reproductive Health, Warwick Medical School*

I started working at Warwick Medical School at the end of 2004, and during this time I have experienced a number of different job roles working and supporting high profile academics, both male and female. About 4 years ago I was diagnosed with an autoimmune disease and Warwick Medical School have been extremely supportive and flexible regarding my regular hospital appointments, and bouts of illness. WMS are considerate of every member of staff's personal circumstances, and I have never felt that I was unable to approach my managers to discuss my problems. As a member of the admin team at WMS I try to show as much support to others. Although we all work within our own Divisions we are a very flexible team and help across the board where and when it is needed.

Professor Ala Szczepura, *Professor of Health Services Research, Warwick Medical School*

- I am originally a scientist. With two daughters, I have personal experience of balancing work and home. My career has included flexible portfolio working and contract research posts.
- I was previously Director of the Centre for Health Services Studies in Warwick Business School, with over 20 years' experience of managing research staff.
- I am a member of the University's Equality & Diversity Committee and co-Director of the UK Centre for Evidence in Ethnicity, Health & Diversity (CEEHD).

Ms Jackie Brittain, *Divisional Manager of the Division of Health Sciences and the Division of Mental Health and Wellbeing in Warwick Medical School*

I have worked in varying University administrative roles over a number of years during which time I have underpinned my managerial experience with relevant programmes of study. I currently have responsibility for a team of 12 across the two divisions. I have an interest in career and personal development across all categories of staff, and am a member of the University's coaching and mentoring scheme. Furthermore, I am a member of the Welfare and Communications Group in WMS representing the Divisions of Health Sciences and Mental Health and Wellbeing.

Mrs Kate Cox, *Communications Manager, WMS*

I support the Head of Communications in providing media relations support to promote achievements and activities across the University with a specific responsibility for internal and external communications for Warwick Medical School. I have some 20 years of experience in PR and Marketing with the majority of that time spent in the utilities sector working for Severn Trent Water.

Prior to joining Warwick, my experience of the education sector was gained whilst at Becta, the Government's technology agency, providing me with experience of supporting career progression of women in technology.

WCG Membership 2010/11:

Name	Position	Representation
Sandra Beaufoy	University Equality and Diversity Lead	Athena Swan Steering Group, University of Warwick
Rose Bland	Associate Professor	Education - Academic
Jackie Brittain	Divisional Manager	Division of Health Sciences, Administration
John Burden	Research Development Officer	Research Support Services
Kate Cox	Communications Manager	University Communications Office
Mei Gu	Research Technician	Division of Metabolic and Vascular Health – Technical
Neil Johnson	Pro-Dean, Education	WMS Co-lead
Miss Deborah Markham	Consultant Surgeon, Associate Professor, WMS	Women in Medicine Lead
Kimberly Thomas	Divisional Secretary	Division of Reproductive Health, Administration
Naila Rabbani	Associate Professor	Division of Metabolic and Vascular Health - Academic
Julia Smith	HR Manager	Human Resources
Neil Stockton	Lead, Masters Programmes and CPD	Education - Administration
Paul Sutcliffe	Warwick Evidence	Division of Health Sciences, Academic
Ala Szczepura	Prof of Health Services Research	Division of Health Sciences, Academic
Debbie Taylor	Senior Embryologist	Division of Reproductive Health, Academic
Peter Winstanley, Chair	Dean, WMS	WMS Co-lead, Chair
Hannah Wood	Undergraduate Student	WMS
Annie Young	Professor of Nursing	WMS Co-lead
<i>Margaret Thorogood</i>	<i>Prof in Epidemiology</i>	<i>WMS –until 30th November 2011</i>

Appendix 2**Welfare and Communications Group****2012 Meetings**

Date	Time	Room
Monday 30 th January	14:00-15:30	A117
Wednesday 29 th February	10:00-11:30	A011
Monday 26 th March	14:00-15:30	A011
Thursday 26 th April	12:00-13:30	A011
Thursday 31 st May	10:00-11:30	A011
Thursday 28 th June	11:30-13:00	A011
Thursday 26 th July	10:00-11:30	A011
AUGUST – no meeting		
Thursday 27 th September	10:30-12:00	TBC
Thursday 25 th October	14:00-15:30	TBC
Monday 26 th November	14:00-15:30	TBC
Wednesday 19 th December	13:00-14:30	TBC

Last Meeting of 2011 – Tuesday 20th December at 14.00- 15.30

9. Appendix 3. 3 Year Action Plan

Warwick Medical School, Welfare and Communications Action Plan, 2011 to 2014.

This Action Plan is intended to guide the work of Warwick Medical School in its bid for Athena SWAN Bronze Award.

Key areas for assessments	Actions	Accountability	Time-scales	Progress
New Actions to Address Recognised Needs from Athena SWAN Process				
1. Review how best to promote female representation on WMS and University committees	Review gender balance on appointment committees in addition to all departmental groups <i>e.g.</i> Research Strategy and School Secretary's Advisory Groups Prioritise groups for gender equality Review how committee roles be reflected in workload model, appraisals and promotions	Group Chairs, SMG Head of HR	1 year	Discussions have begun between WCG co-lead and chairs of groups.
2. Stringent Examination of Promotion Cases	Review and investigate promotions given and not given, with a focus on Professorial Fellow Position Provide support mechanisms for the individuals in helping them prepare for promotion; formalise support for professorial fellow promotion Proposal to develop individuals and to facilitate more promotions	Dean, Head of HR WMS Promotions and Probation Gp	1 year	Provide clear links to the University promotion committee structure and process on WMS intranet pages. Use case studies to highlight success Share best practice with other SET departments and our link university Athena SWAN award holder Consult widely on this proposal through Staff and Student Groups by

Key areas for assessments	Actions	Accountability	Time-scales	Progress
3. Retention of own students – academic career development (see below)	WMS Lifetime Academy in development. Agree, as part of the Academy, actions for identifying and supporting talented staff early in their careers. In-house survey of female UG and PGT and PGR	Dean, Pro Dean Education, SMG	2 Years	Identification of proposed actions from Lifetime Academy Survey in preparation – led by WCG undergraduate representative
4. Post doctoral researcher Involvement in WMS	Ensure post doctoral researchers feel part of the departmental structures and activities. Set up School Structures so that post doctoral researchers feel supported and mentored Recruit postdoctoral Researcher to WCG	SMG Academic Staff	1 year	Work on role of PG certificate in Transferable Skills as a guided mentoring programme. Establish early career researcher forum within WMS Co-lead to present AS principles at forum
5. Explore support for women leaving for or returning from maternity or adoption leave	The Dean or his representative will meet with women starting/returning from maternity leave To obtain funding to buy-out the teaching duties of women returning from maternity leave in order for them to resume their research interests and to re-establish their publication profile. Support for women during pregnancy, in particular, the later stages of pregnancy; Work to be carefully managed and considered (e.g. stress levels, flexible working, breaks).	Dean, Head of HR Department, Funding Agencies, University	1–2 years	Process through HR has started Investigation into possible sources/schemes that might supply funding. Research Support Services leading on funding project RSS specialist support for funding applications

Key areas for assessments	Actions	Accountability	Time-scales	Progress
6. Improvement in Publicity, Open Days and Outreach Work for Women in SET	Explore activities e.g. 'Yvonne Carter' Scholarship Best Female UG/PG Student Award Outreach Policy Development Develop Department Open Days which particularly target female candidates	Dean's Advisory Group, Head of Comms School Secretary's Advisory Group	1 year	Discuss other options with School Groups Designate the WCG Comms project lead Investigate what other departments and universities offer (our link university)
7. Increase Visibility of Women in WMS	Ensure all good practices are highlighted Develop strategies to highlight role models in areas where female representation is required e.g. Divisional Seminar Series	Head of Comms	2 years	Divisional coordinators to be identified All successes are highlighted in School newsletters and web pages
8. Support Choice of career for Women Doctors	Gather qualitative and quantitative data and further insights from other organisations on where women doctors choose to work	WAM Representative	2 years	Consult with BMA Group and implement plan locally
9. Fixed Term Contracts for Female Clinicians	Identify individuals concerned Understand specific roles they carry out and Where appropriate, Interview women to understand the circumstances	WAM Representative	3 years	Consider any actions to redress the balance Strive to reduce FTCs for female clinicians
Modifications to Existing Processes to Address Recognised Needs				
10. Support Paternity Leave	Raise awareness to all staff and students Investigate paternity leave by grade and act accordingly	Head of HR	18 months	New paternity leave policy on WCG internet HR to source information for grade comparison

Key areas for assessments	Actions	Accountability	Time-scales	Progress
11.Improve Athena SWAN Communication within the School	Continue to develop more effective means of communication around equality and diversity (E&D) with links to the university action on equality and diversity	Senior Management Group and staff.	6 months	Include Athena SWAN update in regular WMS newsletter, dedicated Welfare and Communications website, with updates of news and events posted on internet. E&D training monitored by Divisional Heads.
12.Allocation of teaching/administration duties	Implement planned changes to the teaching workload model. Monitor the balance between administrative/teaching/research workloads.	Dean, Prodean for Education, Staff	18 months	The existing teaching model works well but needs refinement. Ensure appropriate communication with staff (including Annual Reviews) before duties are allocated. Discuss the allocation of workloads in relation to new WMS Workload model
13.Review and support academic career development in novel ways	Consider the value of the review and identify factors on how the Annual Review can be used more effectively to help support staff in establishing clear objectives and to balance the different aspects of their own work loads.	Dean, Prodeans Senior Management Group, Staff	1 Year	Discuss the issues departmentally in the first instance Obtain Learning and Development Support Training of Appraisee and Appraisers documented routinely

Key areas for assessments	Actions	Accountability	Time-scales	Progress
14. PULSE Staff Survey	To discuss the PULSE survey results widely within the department. To address 5 main issues raised by this discussion from the results of the PULSE staff survey. To include this as an assessment measure of worth of School	All staff	Dependent upon what is found	This is started through the SMG with advice from Staff Liaison Group Seek to include questions in future PULSE surveys to allow us to monitor progress with our Athena-Swan action plan
15. Bullying and Harassment (issue above)	Refresh and reinforce the information and advice on the process of reporting and dealing with incidents Publicise Dignity at Work WMS Contacts	Head of HR Head of Comms	6 months	To continue to embed that B&H will not be tolerated Effectively communicate B&H process
16. Review of WMS induction process	To continue to refine and produce separate induction material for each category of staff to ensure that appropriate information is given (i.e. more teaching information to academic staff). Ensure all employees new to recruitment and selection take the learning module on recruitment on-line Equality and Diversity training as part of Induction Offer systematic exit interviews and request that data be collated anonymously	Head of HR, Staff	1 year	Whole induction plan programme under review by WMS HR Team Equality and Diversity Training is now included in induction

Key areas for assessments	Actions	Accountability	Time-scales	Progress
17.Exit Interviews	Exit interviews will be held for all leavers to explore if any equality/welfare issues are influencing their decision to leave Advertise this process	All Staff, Head of HR	6 months	HR now has systematic process in place
18.Improve Equality and Diversity Awareness	E&D online training for all staff Half day in-depth E&T training programmes for Admissions Tutors and WCG	University E&D Advisor	18 months	University E&D Advisor prioritising Admissions Tutors and WCG members' training
19.Raising Awareness of Early Career Development for female staff and students	Investigate how to set up formal mentoring for all early stage researchers and to make mentoring available for other staff. Monitor the impact of the early-career researcher programme. Investigate career breaks for research staff	Senior Management Group, Academic Staff Head of HR	3 years	Early researcher training programme offered with Research Support Services Six month career review meetings are being offered to fixed term contract staff. Effect of these meetings will be monitored with staff via the SSLC. Discussions will be implemented regarding other staff. Discuss feasibility within Divisions
20.Minimise Gender Bias where identified	Investigate why female applicants are not as successful at application stage on PGR courses by reviewing the appointments process	Head of Postgraduate Research	12 months	Qualitative project being developed

Key areas for assessments	Actions	Accountability	Time-scales	Progress
21. Timing of Group Meetings	The timing of meetings will be addressed annually and when membership changes	School Secretary, Chairs of Group	6 months	WCG meetings now between 10.30 and 15.00
22. Review Workload Model	Review application of opportunities for variable work patterns and alternative options e.g. working from home one day/week	Head of HR	2 years	Good practices to be shared between Divisions
Actions to Improve Data				
23. Routine Data <i>Entry and Collection</i>	<p>WMS accurate student and staff data input to central university databases</p> <p>Systems in place to collect</p> <ul style="list-style-type: none"> • PGT and PGR Courses – Completion rates linked to course enrolments, <i>by gender</i> • PGT and CPD Application and Offer Data collected routinely <i>by gender</i> and related to the applicant pool • Work with Central University HR to improve on appointments data collection by gender and grade • Routine data collection application for all clinical and non-clinical posts, by gender. 	<p>Head of Education (Student), Director, Masters and CPD (PGT and CPD)</p> <p>Head of HR (Staff)</p>	6 months	<p>Working with central university in order to improve and capture the level of detail required in staff data</p> <ul style="list-style-type: none"> • Management Information and Planning (University Department) has agreed to set up system <p>Set up internal systems within WMS to capture flexible working practices within the department</p>

Key areas for assessments	Actions	Accountability	Time-scales	Progress
24. Monitor Data	25. Annual monitoring of proportion of undergraduate students with honours <ul style="list-style-type: none"> • Monitoring Postgraduate Research (PGR) application and offers • Associate to full professor applications and appointments 	Head of Education Head of PGR	Annually	Ongoing New Gender-specific Database in Place
26. Flexible Working Data	Initiate Routine Data Collection	Heads of Division	12 months	Discussion in process at Senior Management Group (SMG)
27. Clinical and non-clinical posts	Execute further analysis of clinical and non-clinical posts, by gender	Head of HR	18 months	Actions will spring from findings

Appendix 4 Warwick Medical School Athena Swan Bid**Female role models**

1. Warwick Medical School runs an inaugural lecture series for newly appointed professorial staff in WMS. All staff and students are invited to attend these lectures. Below is the list of speakers since 2006, with female speakers in bold (11 female professors /39)

2011	2010	2009	2008	2007	2006
18 January Professor Frances Griffiths	19 January Professor Jill Thistlethwaite	20 January Professor Nigel Stallard		16 January Professor Franco Cappuccio	
15 February Professor Siobhan Quenby	16 February Professor Dieter Wolke	17 February Professor Justin St John	19 February Professor Martin Underwood	20 February Professor Sarah Stewart-Brown	
15 March Professor Aileen Clarke	16 March Professor Bill Fulford	17 March Professor Neil Johnson	18 March Professor Matthew Cooke	20 March Professor David Spanswick	
	20 April Professor Ala Szczepura	21 April Professor Damian Griffin			
17 May Professor Dimitris Grammatopoulos	18 May Professor Chris Poole	19 May Professor Jane Barlow	20 May Professor Sudhesh Kumar	15 May Professor Janet Dunn	
14 June Professor Annie Young	22 June Professor Peter Winstanley		17 June Professor Sallie Lamb	19 June Professor Swaran Singh	
13 September Professor Simon Murch	21 September Professor Martin Feelisch	22 September Professor Donald Singer	16 September Professor Peter Abrahams		19 September Professor Jeremy Dale
18 October 2011 Professor Christopher James			21 October Professor Scott Weich	16 October Professor Margaret Thorogood	17 October Professor Steve Thornton
15 November 2011 Professor Jeremy Wyatt		17 November Professor John Davey	18 November Professor Paul Thornalley	20 November Professor Victor Zammit	21 November Professor Ed Peile

2. In addition, Warwick Medical School has an active events calendar where guest speakers from other institutions or within WMS are invited to present their work to WMS students and staff at WMS. The list of the events that took place within the Autumn term 2011 is below (11/36 female guest speakers) - the female guest speakers are highlighted and include:

- i. Professor Sarah Stewart Brown, WMS
Measuring mental health and wellbeing with the Warwick-Edinburgh Mental Wellbeing Scale
10 November 2011

Sarah has changed public health thinking on mental health and wellbeing. She has been instrumental in developing the evidence for policy and practice and advocating for its use. She has made important contributions to the teaching of mental wellbeing in her Medical School, in other academic settings and by developing new teaching resources.

Sarah has been forthright and brave in expressing her views on the importance of public health topics which do not fit into conventional paradigms (parenting, mental wellbeing), and on difficult and sometimes contentious issues (limitations of some forms of evidence, the role of discrimination, abuses of power). What she says is not always comfortable listening, but is always thought-provoking. The deserved prominence of mental wellbeing and parenting on national and local agendas owes much to her research, training and advocacy.

Sarah has been generous with her time, contributing to the work of the Faculty of Public Health, UK Government, NICE and a range of NHS/Department of Health activities. Over the last few years her achievements have been the more remarkable as she was off work with a serious illness for the whole of 2008. Despite this, she has remained a tireless advocate for public health, a productive academic, an innovative teacher and a leader of ideas.

- ii. Dr Julie Welburn, Wellcome Trust for Cell Biology, University of Edinburgh
Kinetochores and molecular motors
18 August 2011

- iii. Professor Mandy Ryan, Health Economics Research Unit, University of Aberdeen
A critique of QALY in the use in health economics evaluation
6 October 2011

Professor Ryan works at the Health Economics Research Unit (HERU) at the University of Aberdeen. She currently directs the Preference Elicitation Theme within the Preference Elicitation and Assessment of Technologies (PEAT) programme of work within HERU.

One of her main research interests over the past twenty years has been going beyond the QALY within Economic Evaluations, and valuing the patient experience in the delivery of health and health care. Her work has involved developing alternative methods to the QALY, and applying these in practice.

- iv. Professor Yvonne Kelly, Institute of Social and Economic Research, University of Essex
Light drinking in pregnancy – a risk for child and health development.
3 November 2011

Professor Kelly's research focuses on the causes and consequences of social and ethnic inequalities in health, and is situated at the interface between social and biomedical science. Particular interests are the roles of early life (in utero and early years) influences, both during 'sensitive' periods and cumulative processes, on aspects of physical, socio-emotional and cognitive development throughout childhood and early adulthood. She collaborates with colleagues from a wide range of disciplines both nationally and internationally. Her funded research is supported by grants from the UK Economic and Social Research Council, UK Medical Research Council and the US National Institutes of Health.

- v. Professor Rachelle Buchbinder, Department of Epidemiology and Preventative Medicine, Monash University
The trials and tribulations of vertebroplasty
17 November 2011

Professor Buchbinder is Director of the Monash Department of Clinical Epidemiology at Cabrini Hospital. She is a rheumatologist and clinical epidemiologist. She graduated in Medicine from Monash University in 1981 and received a Masters of Science in Clinical Epidemiology from the University of Toronto in 1993 for research in the classification of soft tissue disorders of the neck and upper limb. Her current research program covers the management of soft tissue disorders – particularly the shoulder, elbow, knee and heel and she has been involved in clinical trials of innovative new therapies in each of these areas.

Full list of Autumn Term 2011 events

Thurs Aug 18, '11

13.00

Kinetochores and molecular motors

Speaker: Dr Julie Welburn (Wellcome Trust for Cell Biology, Edinburgh)

Wed, Sept 7, '11

13:30 Signalling and mechanics at the human mitotic centromere and kinetochore

Division of Biomedical Cell Biology

Speaker: Professor Jason Swedlow (University of Dundee)

Thurs Sept 8, '11

12:30-13:30 Neurocognition and Self-Regulation of the Agentic Self in Patients with Parkinson's Disease

Speaker: Dr Erica Harris, Department of Neurology, Boston University

Thu, Sept 9, '11

12:30 Controlled Trials before Randomisation

Division of Health Sciences Seminar Series

Speaker: Sir Ian Chalmers, James Lind Initiative, Oxford

Thu, Sept 15, '11

12:30 New Trials of targeted therapy for cancer patients

Division of Health Sciences Seminar Series

Speaker: Professor Janet Dunn, Warwick Medical School

Thu, Sept 22, '11

12:30 Bayesian spatial models for neuroimaging analysis

WMS AS Application 30.11.11

Division of Health Sciences Seminar Series

Speaker: Dr Thomas Nichols, WMG and Dept of Statistics, University of Warwick

Wed, Sept 28, '11

11:00 Centrosome regulation through the cell cycle

Division of Biomedical Cell Biology

Speaker: Professor Andrew Fry (University of Leicester)

Thu, Sept 29, '11

12:30 Mixed methods workshop

Division of Health Sciences Seminar Series

Speakers: Prof Frances Griffiths and Dr Felicity Boardman, Warwick Medical School

12:30-13:30 Ups and downs of nuclear receptor signalling in ovulation, metabolic regulation and mammary gland development

Speaker: Professor Malcolm Parker, Head of Reproductive and Developmental Biology, Imperial College London

Wed Oct 5, '11

13:30 Inter-microtubule bridges in kinetochore fibres of the mitotic spindle

Division of Biomedical Cell Biology

Speaker: Dr Stephen Royle (University of Liverpool)

Thu, Oct 6, '11

12:30 - 13:30 A critique of the QALY for use in health economic evaluation

Division of Health Sciences Seminar Series

Speaker: Professor Mandy Ryan, Health Economics Research Unit, University of Aberdeen

12:30-13:30 New mechanisms of CO₂ and glucose sensing in the brain.

Speaker: Professor Nicholas Dale, Life Sciences, University of Warwick.

Thu, Oct 13, '11

12:30 - 13:30 UK Asian Diabetes Study: Past and planned research

Division of Health Sciences Seminar Series

Speaker: Dr Neil Raymond

12:30-13:30 B vitamins and fetal/neonatal programming of adult chronic metabolic disease WISDEM Seminar

Speaker: Dr Andreas Kolb, Metabolic Health Group, University of Aberdeen

Thu, Oct 20, '11

12:30 - 13:30 Health Technology Assessment – NICE work?

Division of Health Sciences Seminar Series

Speaker: Prof Norman Waugh

16:00 – 17:30 Rigour in social psychiatry research: what we have paid by ignoring it

Mental Health and Wellbeing Seminar Series

Speaker: Professor Tom Burns, Department of Psychiatry, University of Oxford

Wed Oct 26, '11

13:30 Atomic structure of GCP4 and functional implications for microtubule nucleation

Division of Biomedical Cell Biology

Speaker: Dr Andreas Merdes (CNRS, Toulouse, France)

Thu, Oct 27, '11

12:30 - 13:30 Methods for systematic reviewing and meta-analysis

Division of Health Sciences Seminar Series (CTU Learning Club)

Speaker: Dr Chris Bridle, Warwick Medical School

12:30 Breaking and sealing one strand of DNA: a matter of balance

Division of Metabolic and Vascular Health

Speaker: Dr Sherif El-Khamisy, MRC Genome Damage and Stability, University of Sussex

Thu, Nov 3, '11

12:30 - 13:30 Light drinking in pregnancy – a risk for child health and development?

Division of Health Sciences Seminar Series

Speaker: Professor Yvonne Kelly, Institute of Social and Economic Research, University of Essex

12:30-13:30 Endometrial secretions and the first trimester of human pregnancy.

Division of Reproductive Health

Speaker: Professor Graham Burton, Professor of Reproductive Biology, University of Cambridge.

Weds, Nov 9, '11

12:30 Comparative effectiveness research and the US effective healthcare program

Division of Health Sciences Seminar Series

Speaker: Dr Gillian Sanders, Duke Evidence-based Practice Center, Duke University

Thu, Nov 10, '11

12:30 - 13:30 Measuring mental health and wellbeing with the Warwick-Edinburgh Mental

Wellbeing Scale

Division of Health Sciences Seminar Series

Speaker: Prof Sarah Stewart Brown, Warwick Medical School

Thu, Nov 17, '11

12:30 - 13:30 The trials and tribulations of vertebroplasty

Division of Health Sciences Seminar Series

Speaker: Professor Rachelle Buchbinder, Department of Epidemiology and Preventative Medicine, Monash University

16:00 Mental Health Commission of Canada and discussion about the contrast with the UK strategy

Division of Mental Health and Well-being

Speaker: Professor Simon Davidson, University of Ottawa

Thu, Nov 24, '11

12:30 - 13:30 Methodological issues in conducting clinical trials in people with dementia

Division of Health Sciences Seminar Series

Speaker: Dr Bart Sheehan, Warwick Medical School

12:30 – 13:30 Novel insights into the functional significance of SGK1

WISDEM seminar

WMS AS Application 30.11.11

Speaker: Professor Florian Lang-Tubingen, Institute of Physiology, University of Tübingen, Germany

Wed, Nov 30, '11

13:30 Endothelial cell modulation by P. falciparum-infected erythrocyte cytoadherence

Division of Biomedical Cell Biology

Speaker: Professor Alister Craig, Liverpool School of Tropical Medicine

Wed, Dec 7, '11

13:30 Translation of DNA Repair Science to the Cancer Clinic: Time for Post-Translational Modification

Speakers: Professor Ricky Sharma and Dr Jason Parsons (Gray Institute For Radiation Oncology & Biology)

Thu, Dec 1, '11

12:30 - 13:30 Handling drop out and withdrawal in clinical trials

Division of Health Sciences Seminar Series

Speaker: Prof. Mike Kenward, Department of Medical Statistics, London School of Hygiene and Tropical Medicine

Time: 12:30-13:30

Division of Reproductive Health

Speaker: Professor Henggui Zhang, Professor of Biological Physics, University of Manchester

17:30 Bananas, bugs, Crohn's disease and colon cancer

WISDEM seminar

Speaker: Professor Jon Rhodes, Royal Liverpool University Hospital

Thu, Dec 8, '11

12:30 - 13:30 Trialling 'Families for Health' for the treatment of childhood obesity

Division of Health Sciences Seminar Series

Speaker: Dr Wendy Robertson

12:30-13:30 Placental micro/nanoparticles and pre-eclampsia.

Division of Reproductive Health

Speaker: Professor Ian Sargent, Professor of Reproductive Medicine, Nuffield Department of Obstetrics and Gynaecology.

Tues Dec 13, '11

13:30 Crossover promotion and prevention in S.pombe: exploring the roles of Mus81-Eme1 and Fml1-Mhf in genetic recombination

Speaker: Professor Matthew Whitby, Biochemistry, Oxford

Thu, Dec 15, '11

12:30 - 13:30 Title to be confirmed

Division of Health Sciences Seminar Series

Speaker: Prof Jeremy Dale, Warwick Medical School

12:30 – 13:30 Objective measurement of sedentary behaviours and relationship with coronary risk

WISDEM seminar

Speaker: Dr William Tigbe, Warwick Medical School

13:30 Mental health legislation: from policy to evidence

WMS AS Application 30.11.11

Division of Mental Health and Wellbeing

Speakers: Professor Swaran Singh and Professor Scott Weich

Mon, Dec 19, '11

12:30 Preference-based quality of life measurement in spinal cord populations

Division of Health Sciences Seminar Series

Speaker: Dr. David Whitehurst, School of Population and Public Health, University of British Columbia

Appendix 5 Athena Swan Application

Examples of good practice within Warwick Medical School (WMS)

Case studies - all underpinned by University of Warwick Policies and with permission from individuals.

1. Flexible working

Dr Jackie Sturt, Associate Professor

I have been employed by Warwick Medical School since 2000 when my children were 6 and 8 yrs old. During their primary school years I worked 60–75% FTE and within this worked at home 1 day a week and was able to arrive at the University at 10 am once I had taken my children to school. When they went to secondary school and their school day was much longer and their week fuller I was able, with the support of my line manager, Head of Department and HR to change my hours from 75% of the week to 75% of the year. This enabled me to work when my children were at school and take time off when they were on school holidays. Throughout this time I have been able to work 2 days a week from home which has facilitated a good work-life balance.

2. Mentorship of women by women

Dr Sian Taylor-Phillips, Research Fellow

I received an enormous amount of support in making fellowship and grant applications in the last year (2010/11), as a result of this I was successful in being awarded an NIHR postdoctoral fellowship. John Burden provided specialist support with the finances of the application, and Professor Aileen Clarke, as my line manager, provided time for me to prepare the application and reviewed and helped with all aspects. Many people in the department also made a contribution, Professor Ala Szczepura and Professor Janet Dunn provided specialist advice from their experience sitting on fellowship committees, and many staff members gave their time to read my application and give me mock interviews.

I have also supported a 6th form student (Hannah Naguib) from a local school through a CREST award this summer, and am helping Tenioye Odujinrin (a temporary worker) get some research work experience in breast cancer screening which is the field she wants to specialise in.

3. Career development and mentorship

Dr Radha Venkatakrisnan, Clinical Lecturer

Over the years, my roles have been increasing from just being a student to a clinician, an academic, a wife and a mother. Despite knowing that academic women's research careers are slower to develop than their male counterparts (Hall, 1999); I had been driven by my

intense desire to undertake an academic position. At work, I am trying to juggle my clinical work and academic work, both of which needs time, dedication with no distraction. Albeit having good support from my family, over time, my personal and professional identities started to merge as I was taking work home and left with no quality time for myself or for my family.

Just when I had thought of giving up some of my work, the reproductive research team at CSRI (Clinical Services Research Institute, WMS), gave me the opportunity to work alongside a scientist in the laboratory. This was immense help to me as I could share my work and I was able to carry on both clinical and research work. Also, my current supervisor and mentor helped to clearly identify clinical and protected research time. This conducive and flexible arrangement has been a key to me continuing with my academic work. My family noticed that I am not always so stressed recently. This sure has improved my work-life balance.

4. Encouraging career professional development and fellowship applications among female early career research staff

In recognition of the importance of encouraging Career Professional Development (CPD) and Fellowship applications among Early Career Researchers (ECR) in Warwick Medical School, a female member of staff is currently working one-day a week to develop ideas and undertake training to enable an NIHR PhD Fellowship application. This has been agreed by her line manager and her duties have been reduced to accommodate this. She has two members of senior staff supporting her application who meet weekly with her to monitor progress and provide advice. Her line manager recognised the importance of “ring fencing” time for her and other ECRs to allow successful Fellowship applications and encourage career development and progression.

5. Careful monitoring and assistance to pregnant members of staff

In recognition of the welfare of female members of staff during pregnancy, a Research Fellow who has been working in the department for over 3 years, has additional weekly line management meetings to monitor her workload. She has been given the flexibility to work from home and attend meetings via SKYPE or telephone. She is also being encouraged to take regular breaks and, if necessary, lie down in a room provided by Warwick Medical School.

6. Flexible working for men during paternity leave

Warwick Medical School recognises the importance of male members of staff taking annual leave in addition to the standard paternity leave. Recently a member of staff was permitted to take 6 weeks leave in total (4 weeks annual leave and 2 weeks paternity leave). This was highly valued and considered essential for the welfare and development of his child and to allow the necessary support of his wife. He recognised that this request would have been difficult in employment outside the University.

7. Support for an early career researcher returning from maternity leave

Dr Zoebia Islam, Honorary Researcher

I have worked as a researcher at Warwick Medical School since 2006. Following my pregnancy in 2009 I took maternity leave. In 2009 I requested that I returned to work on a part time contract, as project manager for a complex and challenging NIHR Programme Grant (The ENRICH study). This was agreed. As my family situation changed I then requested that my hours reverted back to full time. I have successfully delivered the project while managing my child care responsibilities by working flexibly, and with judicious use of working from home. I have been fully supported in this by my ENRICH Principal Investigator and Head of Division, Professor Singh. I feel that I have been encouraged and supported in using my time flexibly on return from maternity leave and in my career development. This has allowed me time to find the balance between research, teaching and writing. I have also been encouraged and supported in applying for research grants and have recently been successful in two grants from the Mental Health Research Network (MHRN) Heart of England Hub. I have also been encouraged to attend conferences and present my research at academic events. I consider my senior manager and WMS to be committed to career and professional development of female academics like me who are in the early stages of their academic career and who have family commitments.

8. Career Professional Development for Early Career researchers

Warwick Medical School (WMS) has been actively supporting and encouraging the career development of Early Career Researchers (ECRs) in line with the Concordat to Support the Career Development of Researchers. The departmental support for ECRs includes:

- Specific ECR programme of seminars focussing on developing academic careers and writing funding applications.
- A specific Research Development Officer to work intensively with ECRs to develop funding applications, including specific support for researchers returning to work after career breaks.
- Facilitating access to the university's Roberts' Funding to support Career Professional Development and Training and allowing ECRs time to undertake these activities (20 awards were made to WMS ECRs, totalling over £16k)
- Supporting ECRs who are currently employed in WMS and coming the end of their contracts through encourage a continuation of staff on new funding where possible
- Induction for all staff to ensure they are aware of development opportunities, policies and support
- Ensuring all staff have annual review
- Encouraging applications for study leave
- Actively considering "bridging fund" requests for ECRs at the end of their contracts
- Supporting women who are starting back at work after pregnancy – flexible working, changing work hours, etc

9. Current postgraduate researcher temporary withdrawal due to family reasons

Division: Health Sciences

Study: PhD in Health Sciences

Gender: Female

Ethnicity: Information Refused

Country of Birth: England

Reason of T/W: Student's husband has recently undergone emergency surgery and is now recovering at home. This is his second life threatening illness in less than four years and he has not fully recovered from the last episode. He has a number of underlying health conditions that mean he requires a high level of care.