



Department Application
Bronze and Silver Award

University of Glasgow
School of Medicine,
Dentistry and Nursing



ATHENA SWAN BRONZE DEPARTMENT AWARDS

Recognise that in addition to institution-wide policies, the department is working to promote gender equality and to identify and address challenges particular to the department and discipline.

ATHENA SWAN SILVER DEPARTMENT AWARDS

In addition to the future planning required for Bronze department recognition, Silver department awards recognise that the department has taken action in response to previously identified challenges and can demonstrate the impact of the actions implemented.

Note: Not all institutions use the term 'department'. There are many equivalent academic groupings with different names, sizes and compositions. The definition of a 'department' can be found in the Athena SWAN awards handbook.

COMPLETING THE FORM

DO NOT ATTEMPT TO COMPLETE THIS APPLICATION FORM WITHOUT READING THE ATHENA SWAN AWARDS HANDBOOK.

This form should be used for applications for Bronze and Silver department awards.

You should complete each section of the application applicable to the award level you are applying for.

Additional areas for Silver applications are highlighted throughout the form: 5.2, 5.4, 5.5(iv)

If you need to insert a landscape page in your application, please copy and paste the template page at the end of the document, as per the instructions on that page. Please do not insert any section breaks as to do so will disrupt the page numbers.

WORD COUNT

The overall word limit for applications are shown in the following table.

There are no specific word limits for the individual sections and you may distribute words over each of the sections as appropriate. At the end of every section, please state how many words you have used in that section.

We have provided the following recommendations as a guide.

Department application	Bronze	Silver
Word limit	10,500	12,000
<i>Recommended word count</i>		
1. Letter of endorsement	500	500
2. Description of the department	500	500
3. Self-assessment process	1,000	1,000
4. Picture of the department	2,000	2,000
5. Supporting and advancing women's careers	6,000	6,500
6. Case studies	n/a	1,000
7. Further information	500	500

Name of institution	University of Glasgow	
Department	School of Medicine, Dentistry and Nursing	
Focus of department	STEMM	
Date of application	November 2019	
Award Level	Silver	
Institution Athena SWAN award	Date: April 2016	Level: Bronze
Contact for application <small>Must be based in the department</small>	Ruth Stewart	
Email	Ruth.Stewart@glasgow.ac.uk	
Telephone	01413304239	
Departmental website	https://www.gla.ac.uk/schools/medicine	

1. LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT

Recommended word count: Bronze: 500 words | Silver: 500 words (Words: 480)

An accompanying letter of endorsement from the head of department should be included. If the head of department is soon to be succeeded, or has recently taken up the post, applicants should include an additional short statement from the incoming head.

11th December 2019

James Lush
Athena SWAN Charter
Advance HE
First Floor, Napier House
24 High Holborn
London
WC1V 6AT

Dear James,

As Head of School and member of our Athena SWAN committee, I am proud to support our Silver application. Since our AS journey began in 2013, the School has enthusiastically pursued a culture that proactively seeks inclusion. Personally, as the husband of a doctor, and father of a daughter soon to enter higher education, close engagement with the AS process has given me valuable insight into the scope, scale and nature of the challenges faced by women in academia. I am absolutely committed to the AS process and to ensuring the successful career development together with equal and inclusive opportunities for all students and staff.

Our School is large and diverse spanning several campuses and many academic domains. Its vision is to provide world-class clinical education, creating world changing high calibre graduates.

Our 2015 Bronze award recognised our ambition towards a culture of gender equality and, subsequent to my appointment in 2016, I have committed further resource to this goal. Now our executive committee is 50% female, and AS is a standing item on its weekly agenda. The heads of 3/6 of the School's major components are female. We have established a strong record of recruiting and promoting female members of staff. With senior colleagues, I have led a series of workshops to encourage academic staff to apply for promotion and to support them through the process. This emerged as a key area for action in our Bronze self-assessment and has led to a significant increase in promotion among female colleagues. In the last year 80% of newly promoted professors within the School were women and following these successes we have achieved parity in the gender balance of our non-clinical professoriate, and the proportion of female clinical professors has more than doubled. Underpinning this increase is the enhanced number of

professorial applications from women with only one in the bronze period compared with six in the silver period which we are very proud of.

We strive further to embed best practice within our academic and administrative structures, recognising that there remains much more to be accomplished. Hence, we have put in place measures to identify and address these ongoing challenges.

This application describes these plans to build on Bronze successes, with targeted initiatives such as our mentoring scheme to further reduce gender inequality. Our progress is attributable to and predicated upon the commitment of all staff to embrace change, to engage with the AS charter philosophy and to embed its principles into our decisions, structures and plans: ultimately to the benefit of ALL our staff and students. As Head of School I am glad to give the strongest personal commitment to realising the ambition set out in this application.

I confirm that this document presents an honest, accurate, and true representation of the School.

Yours faithfully,

A handwritten signature in black ink, appearing to be 'M. Walters', followed by a period.

Professor Matthew Walters
Head of the School of Medicine, Dentistry & Nursing

Additional words

In line with Advance HE regulations on word count, SoMDN submission utilises an additional 1,000 words due to our clinical and non-clinical academic staff cohorts.

Abbreviations

AS	Athena SWAN
BAP	Bronze Action Plan
College	College of Medical, Veterinary and Life Sciences
E&D	Equality and diversity
F	Female
GAP	Glasgow Access Programme
HoS	Head of School
HoSA	Head of School Administration
LTS	Learning Teaching and Scholarship
M	Male
MPA	Managerial Professional and Administrative
PDR	Performance and Development Review
PGT	Postgraduate taught
PGR	Postgraduate research
PNS	Prefer not to say (gender)
PSS	Professional and support staff
PTES	Postgraduate Taught Experience Survey
PRES	Postgraduate Research Experience Survey
SAP	Silver Action Plan
SAT	Self-assessment Team
SoMDN	School of Medicine, Dentistry and Nursing
T&O	Technical, specialist and operational
UofG	University of Glasgow
UG	Undergraduate
WLM	Workload model
WMSB	Wolfson Medical School Building

2. DESCRIPTION OF THE DEPARTMENT

Recommended word count: Bronze: 500 words | Silver: 500 words | Words (323)

Please provide a brief description of the department including any relevant contextual information. Present data on the total number of academic staff, professional and support staff and students by gender.

The School of Medicine, Dentistry and Nursing (SoMDN) is the largest and most diverse of 3 Schools and 7 Research Institutes comprising the College of Medical, Veterinary and Life Sciences (MVLS) at the University of Glasgow. SoMDN encompasses the Medical, Dental and Nursing and Health Care Schools. The main focus of SoMDN is high quality teaching of the clinical disciplines and focused high-quality research. **At time of submission, the undergraduate Medical School is ranked 2nd and the Dental and Nursing Schools are ranked 1st in the UK¹.** Each has distinct considerations and we therefore disaggregate relevant data, as appropriate, throughout.

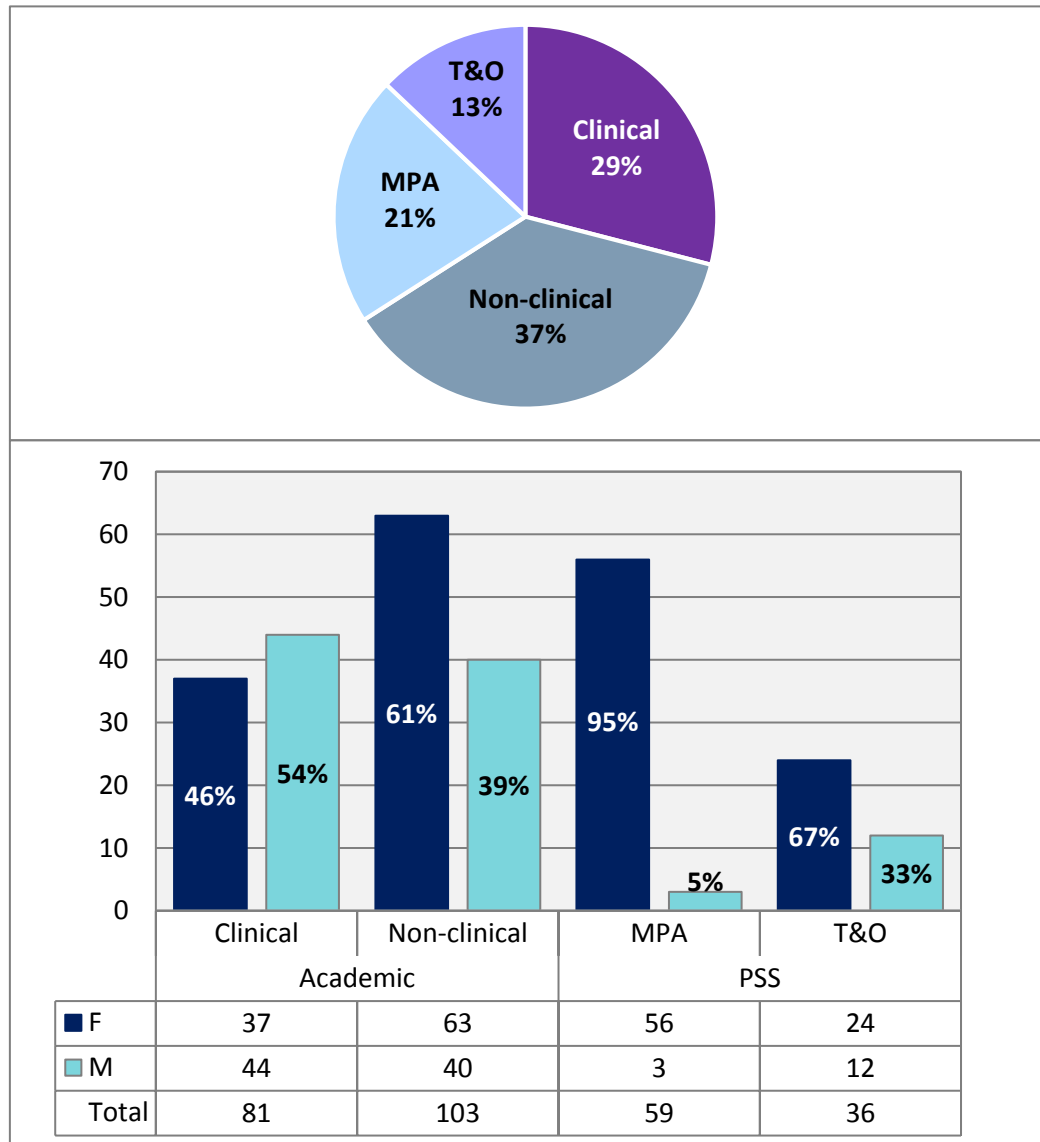
Figure 1. SoMDN reporting structure



As of 2018-19, SoMDN is a community of 279 staff whose roles are divided into **academic** (clinical [37F:44M] and non-clinical [63F:40M]) or **professional and support staff** (PSS) [80F:15M] (Figure 2). Medicine benefits from professional skills teaching from the over 1,200 NHS colleagues who hold honorary university appointments, based in 27 hospitals and numerous GP and Dental Practices across the West of Scotland who deliver clinical teaching/participate in clinical research.

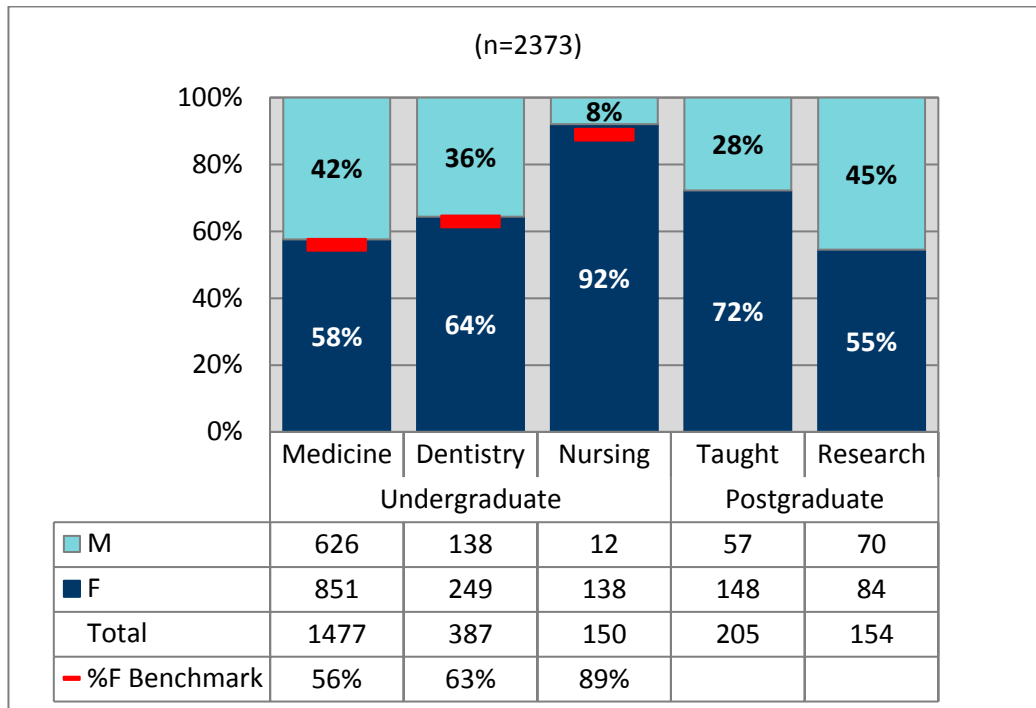
¹ Times Higher Education, 2019

Figure 2. Staff by category (overall and by gender) (2018/19)



We have 2014 undergraduate medical, dental and nursing students [1238F:776M] and 359 PGT/PGR students [232F:127M].

Figure 3. Student headcount (2018-19). Benchmark: HESA Clinical Medicine; Clinical Dentistry; Nursing (2017-18) across all universities



* See 4.1.iii for disaggregated PG benchmarking

In common with other UK clinical schools, SoMDN is located across several sites (including NHS hospitals). All main sites are central to Glasgow and can be accessed by foot or well-connected public transport systems. In implementing the Bronze Action Plan (BAP) we have introduced initiatives promoting inclusivity and collegiality to enhance the sense of “belonging” to the School through:

- Town Hall meetings to which all members of the School are invited are now rotated across sites and streamed online to maximise participation with networking opportunities. These meetings take place 3 times/year, Oct-June
- Active Twitter stream (@UofGMedSchoolAS) established since Bronze, to increase engagement
- Increased frequency (from c.4–c.10/year) of staff social events (e.g. International Women’s Day), held at multiple sites and across different times

3. THE SELF-ASSESSMENT PROCESS

Recommended word count: Bronze: 1000 words | Silver: 1000 words | Words (1015)

Describe the self-assessment process. This should include:

- (i) a description of the self-assessment team

BAP PROGRESS

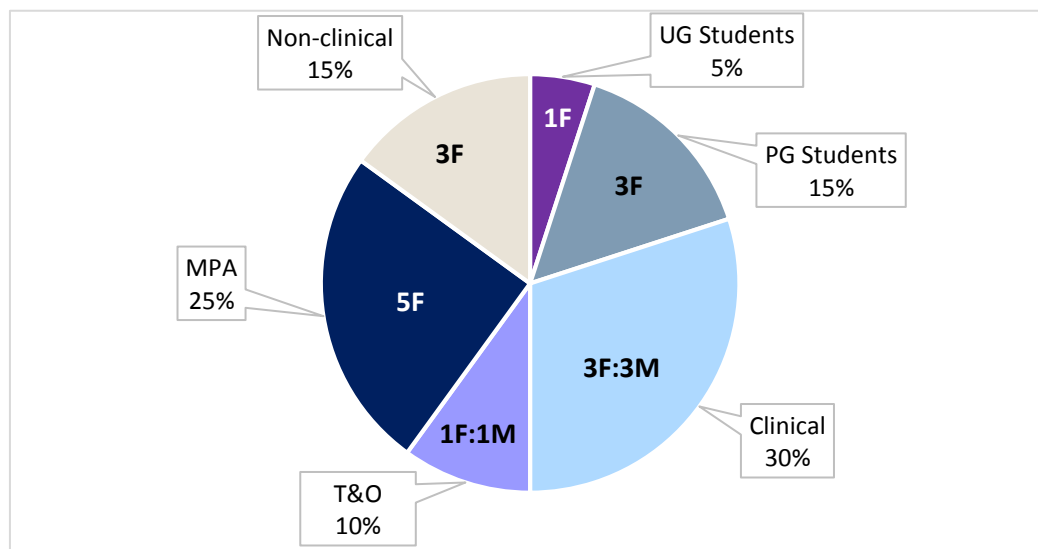
- PSS SAT representation increased (11% to 25%)
- Chair was rotated (2017) [1F]; recruitment via open-call across SoMDN
- Investment in paid AS Internship to support data collection/submission (2019) [1F]
- Students invited to join SAT – 2F:1M since Bronze

Since 2016, our self-assessment team (SAT) has delivered the BAP and developed the Silver Action Plan (SAP).

As part of BAP, SAT membership is reviewed annually, and a new Chair is appointed every three years. All SAT members have joined voluntarily, indicative of SoMDN staff views on the importance of AS. The SAT comprises:

- 20 core members [16F:4M]
- 1 Athena SWAN (AS) paid intern
- 4 College experts attend ex-officio [3F:1M]
- Academic/PSS job families (75% full-time:15% part-time)
- Clinical/non-clinical staff
- SAT working group representatives
- Ethnic diversity and international perspectives
- Staff with caring responsibilities (children/dependent adults)
- Diverse experience of work-life balance issues

Figure 4. Current SAT



80% SAT is female reflecting the female majority in the School (69%F). 21% of current SAT members/50% of College experts contributed during Bronze, providing continuity. AS is a priority for senior staff – the Head of SoMDN (HoS)/Head of Undergraduate Medicine/Head of SoMDN Administration (HoSA) are SAT members.

Support for AS was further evidenced by the appointment of an AS Intern in January 2019. This role was designed to:

- Assist with Silver application preparation
- Provide a recent graduate with experience in Equality, Diversity and Inclusion initiatives
- Support SAT activities
- Ensure that appropriate time was made available to progress both AS activities/application preparation

Table 1. SAT members

Name	Gender	FT/PT	School	Job Title (Grade)	SAT Role	Work/Life Balance
Nora Theiban S Alshammari (PG)	F	FT	Medicine	Postgraduate student	Postgraduate research student matters	International student living in Glasgow
Yulia Anopa (PG)	F	PT	Dentistry	Research Assistant/Postgraduate student	PGR-related advice. Member of Carers Group/Parent Buddy Network	International student with young family
Sophia Cameron (T&O)	F	FT	Medicine	Senior Technician	T&O-related advice	Cares for husband with heart problem, granddaughter with learning disability
Sue Campbell (Non-clinical academic)	F	FT	Nursing	Lecturer, health and Services Management	Overview of Nursing School. AS Champion for Nursing School	Partner/two secondary-school age children
Emilie Combet (Non-clinical academic)	F	FT	Medicine	Senior Lecturer, Nutrition	Mentoring Group Lead. AS Champion for Glasgow Royal Infirmary	Progressed from Research Associate (2009). Married (dual-career family); two young children
David Conway (Clinical academic)	M	FT	Dentistry	Professor of Dental Public Health	Data analysis. Review/edit of application	Split academic/NHS role. Dual career family three school age children, Promoted in 2015
Karyn Cooper (MPA)	F	FT	Medicine	Administrator (Child Health)	Advises on MPA-related issues. AS Champion for Queen Elizabeth University Hospital	Employed since March 1995. Married with one child (aged >18 years)

Jacqueline Davidson (Clinical academic)	F	FT	Dentistry	Clinical Lecturer (Dentistry) Restorative Dentistry	Joined SAT in January 2019. Dentistry contributions	Married with one son
Finlay Finlay (T&O)	M	FT	Forensic Medicine	Senior Histology Technician	Advises on technician-specific issues	Works full time
Christine Goodall (Clinical academic)	F	FT	Dentistry	Senior Clinical Lecturer in Oral Surgery/Sedation/Honorary Consultant	SAT Chair. Overview of submission. Wellbeing group lead. Twitter lead. AS Champion for Dental School	Split University/NHS role. No children Supports disabled husband and elderly mother. Promoted 2008.
Lisa Heggie (MPA)	F	FT	SoMDN	Athena SWAN Intern	Silver application preparation (data analysis, focus groups/interviews). AS webpage editor	Recent graduate
John Paul Leach (Clinical academic)	M	FT	Medicine	Professor, Head of the Undergraduate Medical School	Overview of Undergraduate Medicine	Balances NHS duties with UofG-employment. Dual career marriage with four children
Lowena Lindsay (UG)	F	FT	Medicine	Undergraduate student representative	Advises on undergraduate issues	Single, no children. No other caring responsibilities
Helen Lloyd (MPA)	F	PT	Medicine	Medical School Administrator	Review/edit of application. AS survey. P&S Lead for Mentoring	Partner/two primary-school age children, works 4 days/week
Lindsey Pope (Clinical academic)	F	PT	Medicine	Professor of Medical Education/General Medical Practitioner	Carers Group lead	Split role. 2 children. Promoted to Professor of Medical Education 2019
Santhani Selveindran (PG)	F	FT	Dentistry	Research Associate/ PGR student (Dentistry)	Postgraduate research student matters	PG student

Ruth Stewart (MPA)	F	FT	Medicine	Head of SoMDN Administration	Administrative overview of SoMDN. Review/edit of application	Full-time
Stephanie Sutherland (MPA)	F	FT	Medicine	Administrative Assistant	Provides MPA perspective	Works full time, dual career partnership, one young child
Hazel Torrance (Non-clinical academic)	F	FT	Medicine	Manager of Forensic Toxicology Service	Overview of Forensic Medicine -help with data management	Works full time, partnership, one school age child
Matthew Walters (Clinical academic)	M	FT	Medicine	Professor, Head of SoMDN	Overview of SoMDN. AS Champion for Wolfson Medical School	Split academic/NHS role. Dual-career family with two school-aged children

Table 2. Other Silver application contributors

Name	Gender	Job Title (Grade)	SAT Role
Eunice Duncan (MPA)	F	Medical School Manager	Overview of UG Medical course. Retired from UofG December 2018
Doreen Molloy (Non-clinical academic)	F	Senior Lecturer (Nursing and Healthcare)	Overview of Nursing School. Has temporarily stood down to work on NMC review of the BN curriculum
Graham MacIntosh (Non-clinical academic)	M	Lecturer (Nursing and Healthcare) Year 2 Lead (BN), until recently Admissions Lead (Nursing)	Overview of Men in Nursing issues. Retired August 2019
Christopher Kennedy (T&O)	M	Educational Resources Technician (Dentistry)	Resigned from SAT in 2017
Andrew Stewart (UG)	M	Undergraduate Medical Student	Undergraduate student matters. Graduated 2019
Carol Ditchfield (Non-clinical academic)	F	Senior University Teacher	Representative of teaching-only staff. Carers group lead. Resigned from SAT 2019

Table 3. Ex-Officio staff

Name	Gender	Job Title (Grade)	SAT Role
Katie Farrell (PSS)	F	University Gender Equality Officer	Data Collection. Advice and guidance on gender equality issues. College Equalities, Inclusion and Diversity Committee (CEIDC)
Keilly MacDonald (PSS)	F	AS Data Officer	Data provision and analysis. CEIDC
Martha Millard (PSS)	F	Dental School Administrator	Induction Group Lead
David Tedman (PSS)	M	Deputy Head of Human Resources	Advice on HR issues

(ii) an account of the self-assessment process

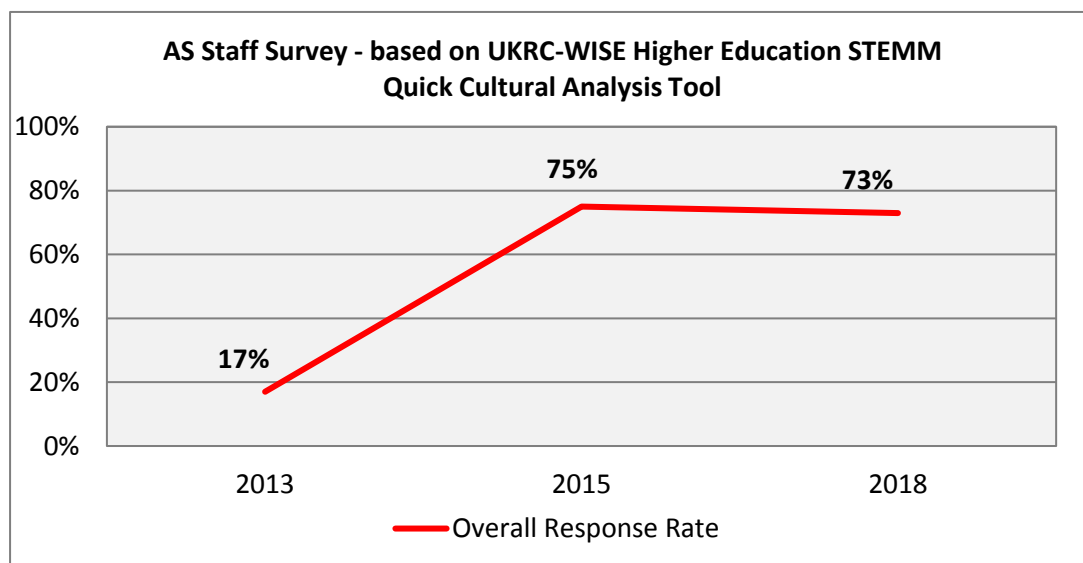
BAP PROGRESS

- 4 working groups created
- AS now a standing item on relevant committee agendas
- AS Staff Survey redesigned (2018) to capture feedback by job family
- **AS website averaged 180 views/month, surpassing target of 100/month**
- **Staff awareness of AS activities is high – 93%F/90%M aware of Bronze status**
- **Female staff perception of SoMDN inclusivity increased from 72% (Bronze) to 76% (Silver)**

Consultation and Self-Assessment

The SAP/self-assessment are informed by an anonymised AS Staff Survey, conducted every two years and well-promoted throughout the School by SAT members/senior staff:

Figure 5. Overall response rate. *In 2018, 174/220 staff [122F:52M] responded*



There is significant engagement with all staff inclusive of gender and job family – we are pleased to have achieved this, given the size and complexity of SoMDN.

As part of our BAP/Bronze application feedback, seven staff focus groups were arranged in March 2019. Open invitations were issued to all staff across every site via email to encourage participation by men and women. Participant numbers at each meeting ranged from 3-7, average 85%F) informed our Silver self-assessment/SAP. All groups discussed:

- Staff career trajectories
- Performance and development review (PDR)
- Mentoring
- Work-life balance

- Environment/culture

Short pulse surveys supplemented the AS Staff Survey:

Table 4. Pulse surveys

Survey (<i>target group</i>)	Date	Purpose	Outcome
Mentoring Survey (6-month evaluation) (<i>staff mentors/mentees</i>) (see 5.3.iii)	Feb 2019	To enable assessments of satisfaction/usefulness of the Mentoring Scheme Pilot and feed back to the SAT/wider SoMDN staff group and encourage participation/raise awareness of mentoring	<ul style="list-style-type: none"> • Mentoring satisfaction within participants = high • Staff asked for more frequent/informal networking opportunities and advertisement of social events • A SoMDN Mentoring Networking lunchtime session was advertised electronically/via posters across sites
Promotion Workshop Post-Attendance Survey (<i>staff attendees</i>) (see 5.1.v)	March 2019	To gather feedback on staff satisfaction with Promotion Workshops to enable further development and delivery of a tailored session	<ul style="list-style-type: none"> • Staff provided feedback on what could be done to improve workshops • Future workshops will be delivered earlier in the academic year to allow more time for promotion application preparation • 5-min 'one-to-ones' will be offered within workshops with the HoS for attendees
Mentoring Survey (12-month evaluation) (<i>staff mentors/mentees</i>) (see 5.3.iii)	Sept 2019	To complete assessments of satisfaction/usefulness of the SoMDN Mentoring Scheme Pilot	<ul style="list-style-type: none"> • Case studies of successful relationships were asked for • Have since been posted on our AS website • Responders requested guidance on how to deliver effective mentoring advice to mentees • Guidance will be delivered as part of our next Mentoring Networking sessions

These qualitative consultations informed both our BAP progress/impact assessments and SAP development.

Student opinion was obtained from the extensive local and national survey data from UG local and student SAT members fed into Silver-period analysis and SAP creation

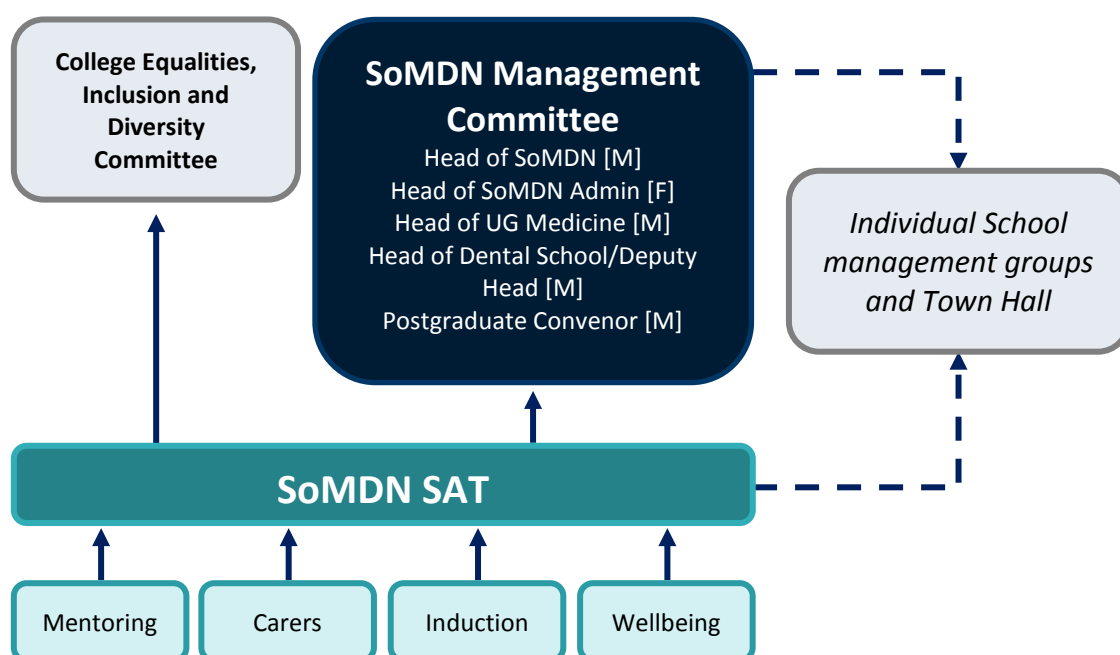
Progress and Reporting

Since June 2016, the SAT has met bimonthly during core working hours (9.30am-4.30pm²). To increase engagement with/promote local AS activities school-wide, **four working groups were established:**

- Induction
- Carers
- Mentoring
- Wellbeing

Groups convene between SAT meetings to progress actions/organise activities.

Figure 6. Reporting structure and SoMDN management



BAP actions have embedded AS as core SoMDN business, ensuring key data is published and engagement remains high:

- **AS is now a core agenda item at all senior management meetings:**
 - SoMDN management (fortnightly)
 - SoMDN Executive (weekly)
 - Individual executives for medicine, dentistry, nursing (monthly)
- **Town Halls:**
 - Regularly feature AS updates – the previous/present SAT Chairs both presented AS plans

² SoMDN core working hours reflect clinical commitments with consideration of caring responsibilities (i.e. school hours)

- HoS has presented 'visions for future' and summary of our Silver application (2019)
- Locations are rotated across sites, promoting equity of access
- All staff are invited – an average of 40 attend. Our survey revealed that only 49%F/36%M staff [32F:16M] agreed that meetings are useful/informative, which will be addressed as part of efforts to improve information dissemination **(SAP 1.4)**
- As of 2019, meetings are recorded/posted on Moodle, a virtual learning environment, to increase dissemination among those unable to attend

Since Bronze, the SAT has worked hard to ensure **all** are engaged with AS:

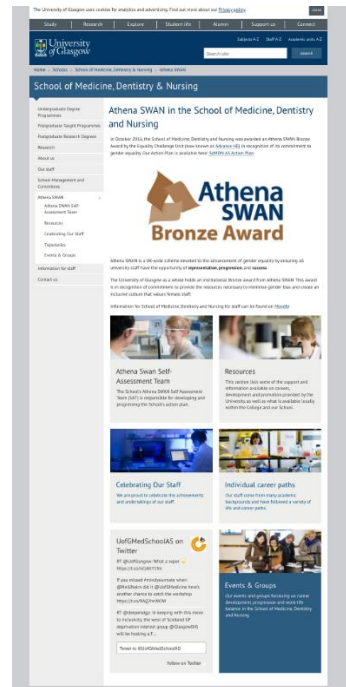
- Initiatives/actions are communicated via emails from working groups/HoS
- Dedicated AS webpages
- @UofGMedSchoolAS Twitter feed shares best practice/gender equality-related news; celebrates staff/student successes (created February 2018, 428 followers)
- SAT minutes are published on AS Moodle site
- SoMDN AS flyer added to induction packs encouraging new staff to get involved in AS activities
- Each site has a local AS Champion – a SAT member who encourages staff to contribute towards AS activity

SAP 1.4 Supplement Town Hall meetings with monthly bulletins inclusive of day-to-day SoMDN information to improve internal communications

Twitter



Webpage



Networking/Engagement Beyond SoMDN:

Since Bronze, we have increased (funded) engagement with local/national AS activities. SAT members:-

- Sit on the College Equalities, Inclusion and Diversity Committee (CEIDC)
- Observed an AS panel
- Attended AS Network for Nursing and Midwifery launch session, King's College London (November 2019) to share best practice specifically with Nursing Schools about gender-imbalance/intersectionality, is also a member of the Network's UK-wide online forum
- Shared best practice ideas with other universities via twitter
- Undertook ECU training to act as Panel members giving insight into standards and requirements

(iii) plans for the future of the self-assessment team

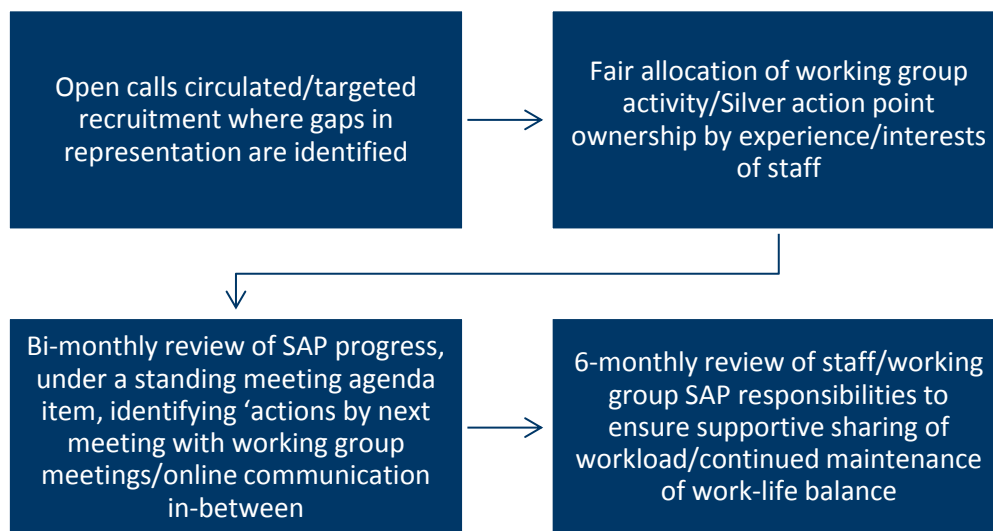
- SAP was developed with input from each SAT working group.
- The SAT will review SAP progress bi-monthly, under a standing meeting agenda item (identifying 'actions by next meeting') with working group meetings/online communication in-between
- Continuing from BAP, the SAT chair will rotate every three years, offering leadership opportunities and ensuring a fresh perspective. A 6-month handover period will ensure continuity.

Our 2018 survey revealed that 48%F/46%M staff [58F:24M] were aware of the opportunity to join the SAT. Since this, **senior management have actively circulated open calls for SAT volunteers, resulting in four new volunteers.** A better-balanced SAT gender composition

would be '40%F:40%M:20% either', to ensure actions reflect different perspectives. Post-submission, our SAT will be reviewed, and gaps filled.

SAP 1.2	Review SAT membership and actively seek to account for gaps in representation, influencing gender balance towards 40:40:20
SAP 1.3	Increase staff awareness of the opportunity to join SAT and promote the benefits of membership through continued regular calls for new members across information dissemination channels

Figure 7. Future SAT recruitment/action process



Data will continue to be collected biannually to ensure capture of accurate quantitative staff/student data; in-depth analysis will be supported by qualitative focus groups. The SAT Chair will provide quarterly progress reports to the senior management group/Town Halls, which will also be published on AS webpages/Moodle.

SAP 1.5	Continue detailed consultation with staff and students biennially to allow analysis of SAP progress and impact
SAP 1.1	Build on action taken to embed Athena SWAN as core SoMDN business within all activities

4. A PICTURE OF THE DEPARTMENT

Recommended word count: Bronze: 2000 words | Silver: 2000 words | Word count: 2292 (using 292 words from the additional allowance of 1000 words)

4.1. Student data

If courses in the categories below do not exist, please enter n/a.

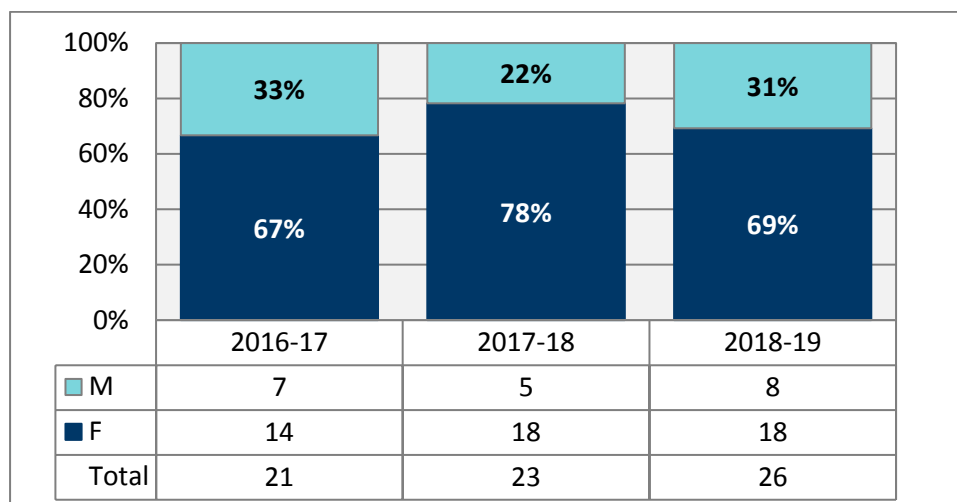
(i) Numbers of men and women on access or foundation courses

BAP PROGRESS

- Glasgow Access Programme (GAP) - started 2017 to provide access to medicine for underrepresented groups

GAP

Figure 8. GAP intake



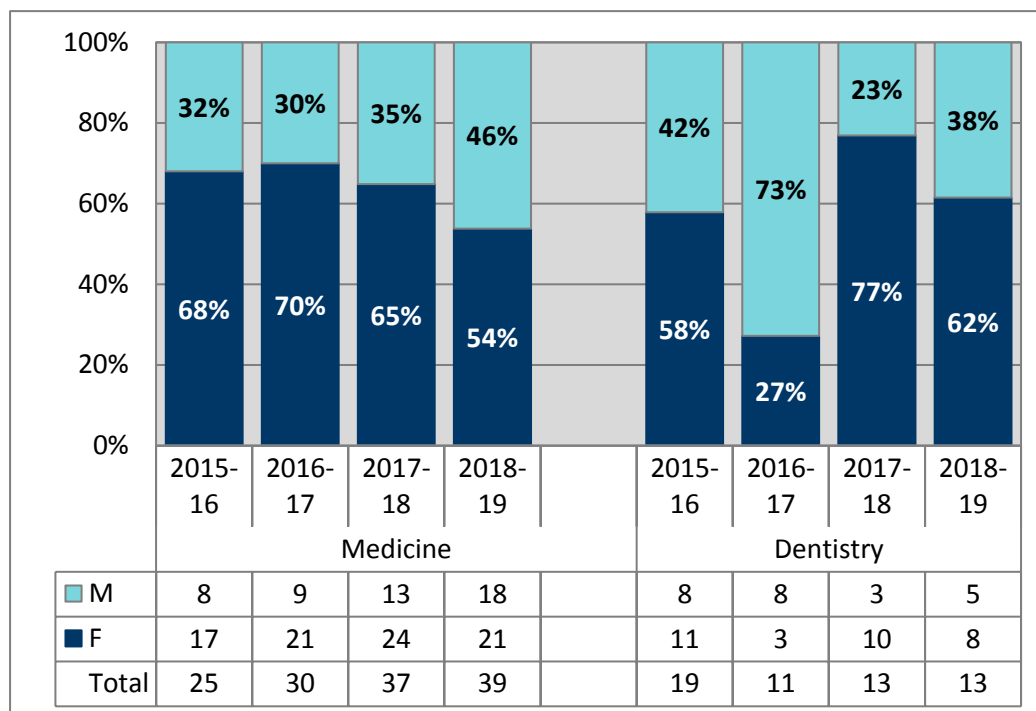
A pre-medical programme, GAP offers pre-medical learning leading to access to the MBChB for underrepresented groups –those from areas of socioeconomic deprivation (MD20³), care experienced students, or those from remote/rural areas.

To date the number progressing to UG Medicine has increased from 21 to 26. The majority are female but GAP is new and the data still unstable. We are proactively addressing the imbalance by ensuring that recruitment is adjusted to attract male and female applicants.

³ MD20 relates to the top 20 most deprived areas (postal codes) identified in the Scottish Index of Multiple Deprivation

REACH (Access to the Professions)

Figure 9. Destinations of REACH pupils within SoMDN



REACH supports 116 schools in areas of socioeconomic deprivation.

SAP 3.5 Address the gender imbalance of our widening participation programmes through enhanced marketing and communications

Access to Sciences, Engineering and Nursing: 1-year, part-time access course. In 2018-19, three students [2F:1M] applied to BN and it may be that access courses could provide male BN students. (see 4.1.ii).

“I’m the only nursing student in my cohort who progressed via the University of Glasgow Access Course. I’m very grateful that it gave me the opportunity to progress towards the degree, so many years after my school education”

Y4 Nursing Student, M

(ii) Numbers of undergraduate students by gender

Full- and part-time by programme. Provide data on course applications, offers, and acceptance rates, and degree attainment by gender.

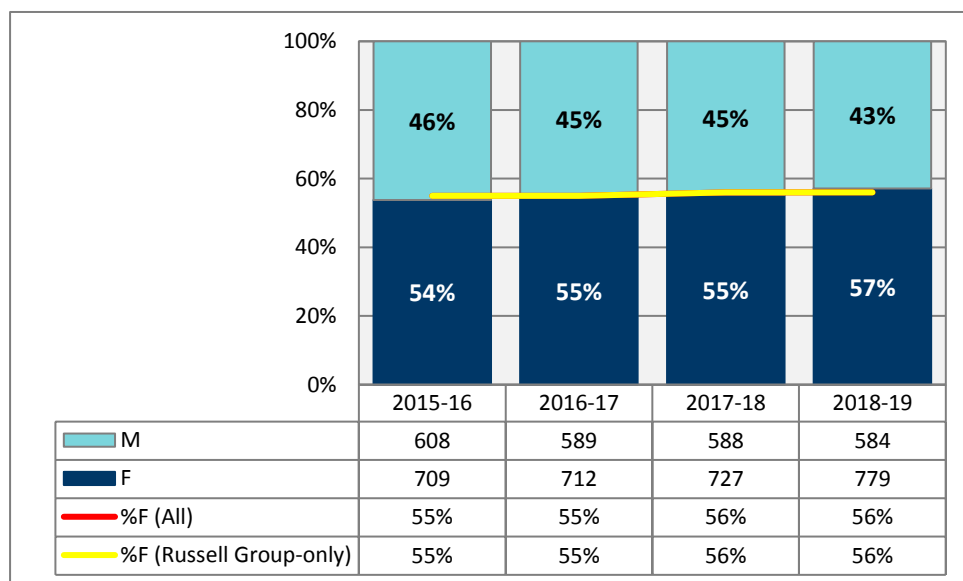
BAP PROGRESS

- Marketing materials renewed to represent both males/females
- Visibility of men in Nursing has increased
- 100% of admissions staff/interviewers have Equality and Diversity (E&D) training, UB training is promoted across SoMDN
- UG courses exceed or match national benchmarking

MBChB and BDS are 5-year programmes; BN is 4-years. Intercalating students add 1 year to their undergraduate studies. All are full-time.

Enrolment

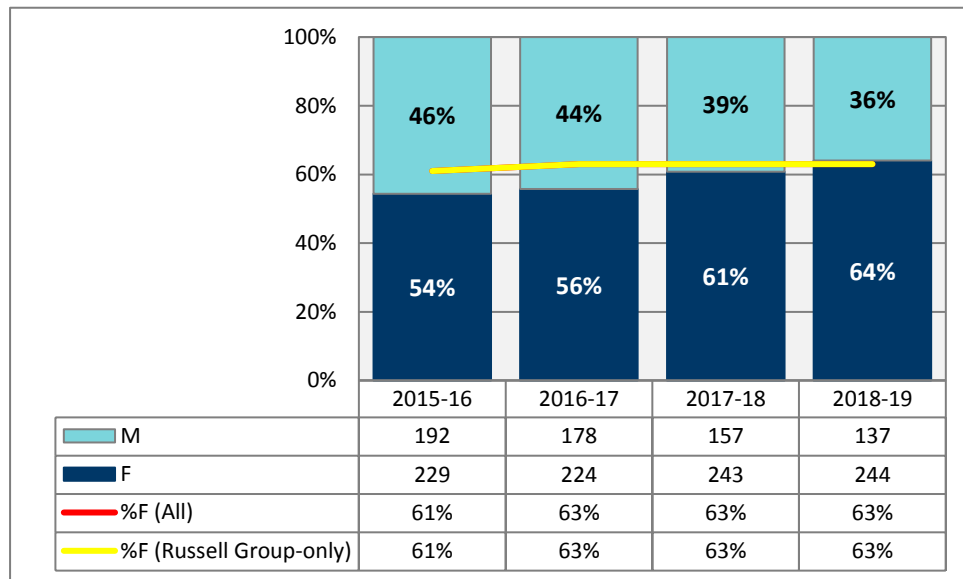
Figure 10. MBChB headcount. Benchmark: All/Russell Group-only 'Clinical Medicine' undergraduate students⁴



MBChB has a female majority, aligning to national benchmarking.

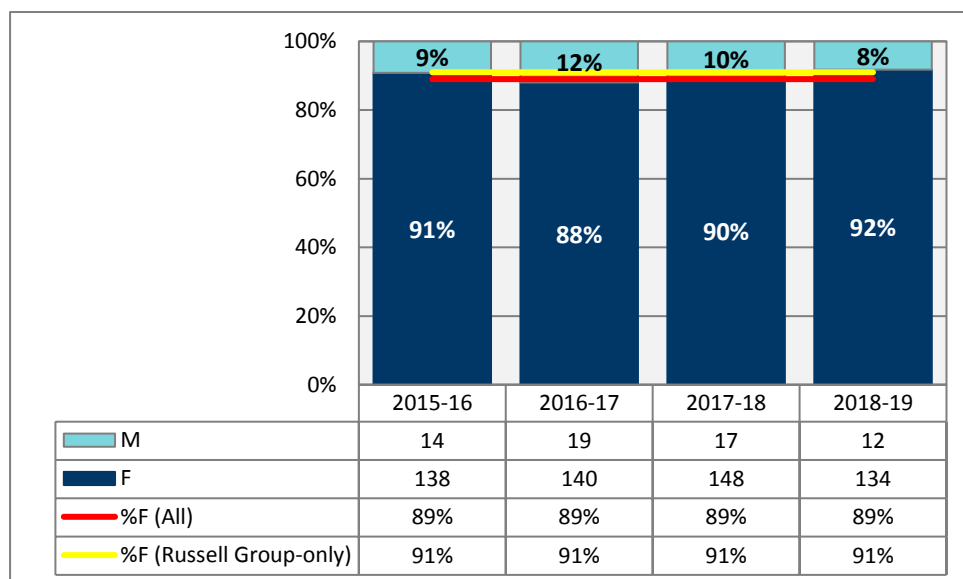
⁴ 2017/18 HESA benchmarking data used throughout self-assessment process when considering 2018/19 data because those were the data available to SAT from HEIDI database and Advance HE resources

Figure 11. BDS headcount. Benchmark: All/Russell Group-only 'Clinical Dentistry' undergraduate students



The BDS has an increase in women mirroring national benchmarks. A targeted outreach to move towards gender-equity will be delivered. (see 'Admissions').

Figure 12. BN headcount. Benchmark: All/Russell Group-only 'Nursing' undergraduate students



The BN is female dominated. Underrepresentation of men in nursing is UK wide. Since Bronze, BAP actions to increase the number of men entering the BN have been introduced:

- Promotional materials were redesigned with male images

Main BN website images

NURSING BN



98% GRADUATING STUDENTS WERE EMPLOYED OVERALL
Data published by Unistats, March 2019

★ PROFESSIONALLY ACCREDITED

- Programme structure
- Entry requirements
- Career prospects
- Degrees and UCAS codes
- Fees and funding
- How to apply

As the largest group within the healthcare workforce, nurses have a pivotal role in achieving safe, effective and high quality patient care. Nurses work within the multidisciplinary team, supporting patients to make informed decisions about their holistic healthcare requirements.

Nursing at Glasgow is ranked top in the UK (Complete University Guide 2019 and the Times/Sunday Times Good University Guide 2019).

- September start: [session dates](#)
- Glasgow: main campus
- Nursing BN (Hons): [B700 4 year degree](#)

PROGRAMME STRUCTURE

Please note: the structure of this programme is under review and subject to change.

YEAR 1

In the first year, you will study a range of subjects including nursing, health studies, social sciences, life sciences, and moral philosophy and ethics. The focus of your study in first year is the healthy individual and care of the older adult. You will begin to learn essential nursing skills and will have the opportunity to care for adults in the hospital and community setting.

YEAR 2

You will study adult nursing and continue your study of life sciences and ethics. Life science subjects include anatomy, physiology, biochemistry and microbiology.

Your core nursing course will include the study of pharmacology, nutrition, social policy, public health nursing and an introduction to nursing research. The basic concepts of Human Disease and Pathology will be introduced providing a foundation for further study in Year 3.

You will also undertake four practice learning placements, two in the hospital setting and two in the community setting.

YEAR 3

Year 3 adopts an holistic approach to the in-depth study of adult patients and human diseases. You will continue your study of adult nursing, studied in tandem with a course in human disease and pathology.

The advancing clinical skills course gives you the opportunity to develop a range of advanced clinical skills which will prepare you for an array of opportunities in clinical practice. You will also further develop your understanding of research and the relevance of research for nursing practice.

NURSING & HEALTH CARE SCHOOL

- Prospective students
- Enrolment
- Research
- About Us
- CPD
- Scholarships & student opportunities
- Giving to Nursing & Health Care Fund
- Contact us



Study

- Bachelor of Nursing (Honours)
- Student Transitions (Resources Guides)
- Masters in Advanced Practice in Health Care
- Health & Social Care Chaplaincy (Pg Certificate)
- Leading, Improving and Transforming Care (Pg Certificate - Blended)
- Continuing Professional Development



Research

- Research homepage
- Research degrees

- Visibility of male role models has been increased:
 - ≥1 male staff/students present at open days, admissions interviews, outreach activity ref 5.6. viii
 - A new external student recruitment video with men and women
 - A video-interview with a male BN student was posted on Twitter (1,500 views)

- 4M nurses (2 staff, 1 graduate, 1 student) participated in the AS career trajectory webpages

Staff/students at Open Day (2018, 2019)



BN students (in uniform) take part in outreach at school careers fair at Barrhead High 2019

Applicant's Open Day (2019)

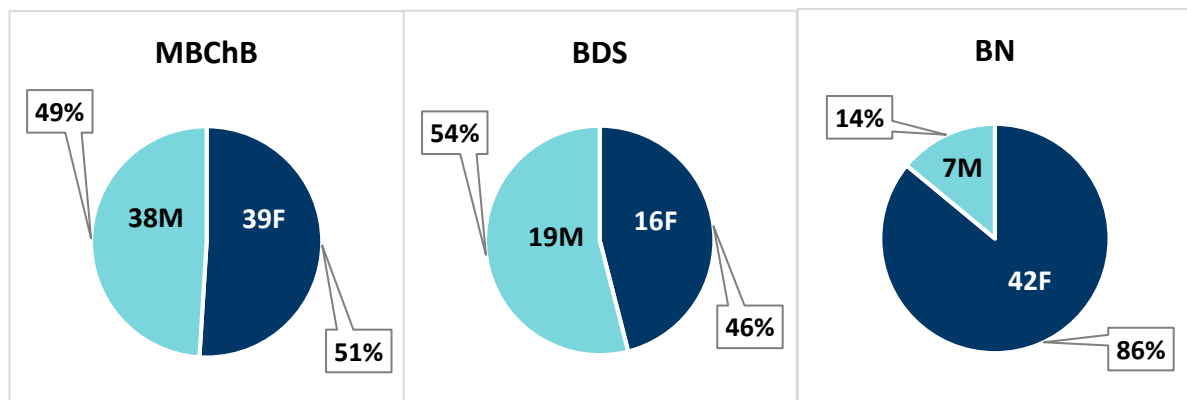


- Since 2017-18, 2M academic staff have been recruited

“I wanted to join the Nursing and Health Care School for several reasons. It is ranked 1st for nursing in the UK. I was also interested in the opportunities the post would provide, such as working with more international students” *R&T, M, G7*

- New admissions lead for BN is male (and a champion for Men Into Nursing Together, a UK-wide group to make nursing a diverse/inclusive profession)
- Male BN students participate in admissions interviews
- Scenarios used to develop interview questions are gender-balanced
- All SoMDN admissions panel compositions have M and F represented

Figure 13. Interview panel composition (2018-19 entry)



BN staff focus groups emphasised the impact UK-wide perceptions of men in nursing have on applicant numbers. Liaising with government initiative and utilising Nursing’s ‘#1’ UK position to alter gender-based perceptions of the profession is key.

SAP 3.1 Work with national bodies to explore the development of UK-wide initiatives to support the positive progression towards unbiased perceptions of nursing

The SAT will increase nurse staff/student membership (**SAP 1.2**).

Admissions

MEDICINE	DENTISTRY	NURSING
<ul style="list-style-type: none"> Academic grades UCAT scores Career research Interview: Problem-based 	<ul style="list-style-type: none"> Academic grades UCAT scores Career research Interview: Multiple mini-interviews 	<ul style="list-style-type: none"> Academic grades Interview: panel

Interviews may introduce bias. The BAP addressed this by:

- 100% of admissions staff undertaking E&D training
- Emerging trends/possible bias analysed during team training

Recruitment

Table 5. MBChB admissions

		F	%F	Rate	M	%M	Rate	Total
2015-16	Application	1209	60%	-	820	40%	-	2029
	Unconditional Offers	225	58%	19%	162	42%	20%	387
	Conditional Offers	52	59%	4%	36	41%	4%	88
	Uncond. Firm Accepts	185	59%	82%	126	41%	78%	311
2016-17	Application	1383	60%	-	921	40%	-	2304
	Unconditional Offers	177	58%	13%	129	42%	14%	306
	Conditional Offers	115	57%	8%	86	43%	9%	201
	Uncond. Firm Accepts	161	59%	91%	114	41%	88%	275
2017-18	Application	1374	61%	-	880	39%	-	2254
	Unconditional Offers	200	60%	15%	131	40%	15%	331
	Conditional Offers	127	61%	9%	82	39%	9%	209
	Uncond. Firm Accepts	199	61%	100%	129	39%	98%	328
2018-19	Application	1352	61%	-	869	39%	-	2221
	Unconditional Offers	208	59%	15%	147	41%	17%	355
	Conditional Offers	127	57%	9%	96	43%	11%	223
	Uncond. Firm Accepts	205	58%	99%	147	42%	100%	352

There is no perceived selection bias in MBChB, and since 2017, ≥98% of both genders have accepted offers.

Table 6. BDS admissions

		F	%F	Rate	M	%M	Rate	Total
2015-16	Application	258	62%	-	155	38%	-	413
	Unconditional Offers	49	61%	19%	31	39%	20%	80
	Conditional Offers	16	67%	6%	8	33%	5%	24
	Uncond. Firm Accepts	48	61%	98%	31	39%	100%	79
2016-17	Application	278	59%	-	196	41%	-	474
	Unconditional Offers	44	55%	16%	36	45%	18%	80
	Conditional Offers	19	54%	7%	16	46%	8%	35
	Uncond. Firm Accepts	42	56%	95%	33	44%	92%	75
2017-18	Application	322	67%	-	157	33%	-	479
	Unconditional Offers	58	67%	18%	28	33%	18%	86
	Conditional Offers	26	76%	8%	8	24%	5%	34
	Uncond. Firm Accepts	55	66%	95%	28	34%	100%	83
2018-19	Application	315	63%	-	184	37%	-	499
	Unconditional Offers	60	74%	19%	21	26%	11%	81
	Conditional Offers	28	67%	9%	14	33%	8%	42
	Uncond. Firm Accepts	60	74%	100%	21	26%	100%	81

A trend of increased female offers was noticed in 2018/19. This is being addressed by an Equality Impact Assessment (commenced April 2019).

In 2019, BDS redesigned its website to include:

- Video-interviews of Dental students [1F:5M]
- A video example of the interview process used at admissions, featuring 1M student/1F assessor

We aim to ensure that males are not underrepresented by >35%.

SAP 3.2 Complete the ongoing Equality Impact Assessment (2019-2020) to explore the early trend seen in BDS admission outcomes, and align actions based on Assessment results

SAP 3.3 Develop a resource, specific to the BDS admissions process, including Unconscious Bias and Equality and Diversity training modules that can be delivered within training for staff on the Admissions Team

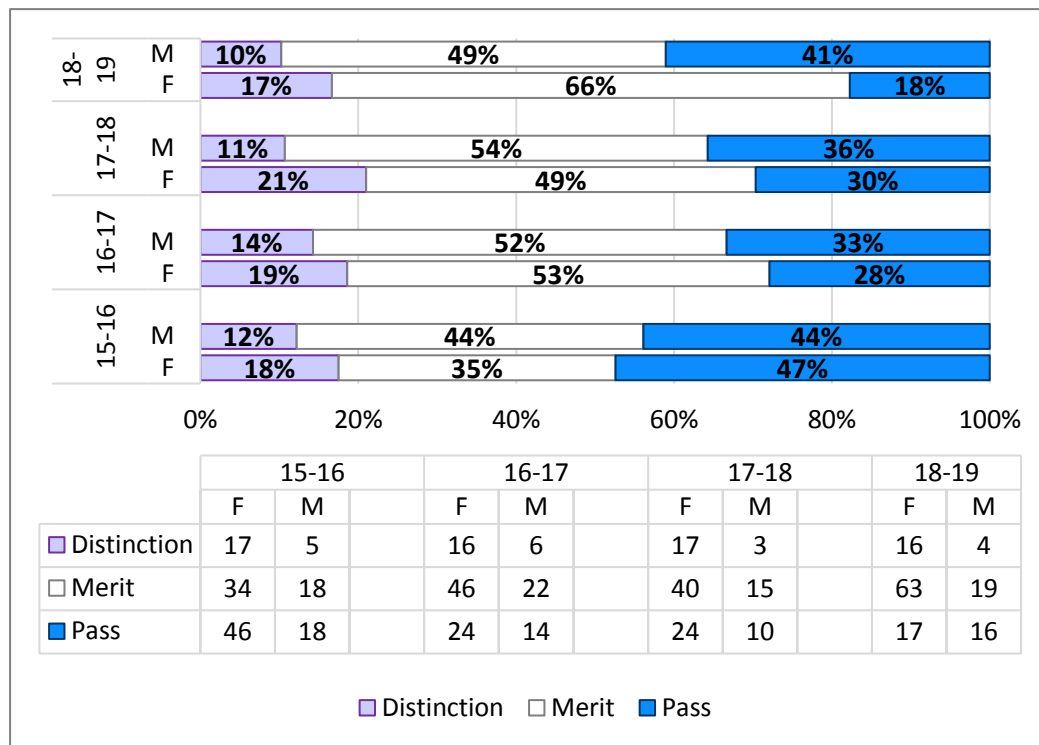
Table 7. BN admissions

		F	%F	Rate	M	%M	Rate	Total
2015-16	Application	831	88%	-	109	12%	-	940
	Unconditional Offers	53	84%	6%	10	16%	9%	63
	Conditional Offers	18	100%	2%	0	0%	0%	18
	Uncond. Firm Accepts	40	83%	75%	8	17%	80%	48
2016-17	Application	738	88%	-	101	12%	-	839
	Unconditional Offers	54	89%	7%	7	11%	7%	61
	Conditional Offers	18	100%	2%	0	0%	0%	18
	Uncond. Firm Accepts	42	86%	78%	7	14%	100%	49
2017-18	Application	737	90%	-	80	10%	-	817
	Unconditional Offers	51	93%	7%	4	7%	5%	55
	Conditional Offers	21	100%	3%	0	0%	0%	21
	Uncond. Firm Accepts	42	98%	82%	1	2%	25%	43
2018-19	Application	694	91%	-	69	9%	-	763
	Unconditional Offers	43	91%	6%	4	9%	6%	47
	Conditional Offers	27	84%	4%	5	16%	7%	32
	Uncond. Firm Accepts	38	90%	88%	4	10%	100%	42

9-12% of applicants between 2015-19 were male. This aligns with the Scottish national applicant average (UCAS: 10%).

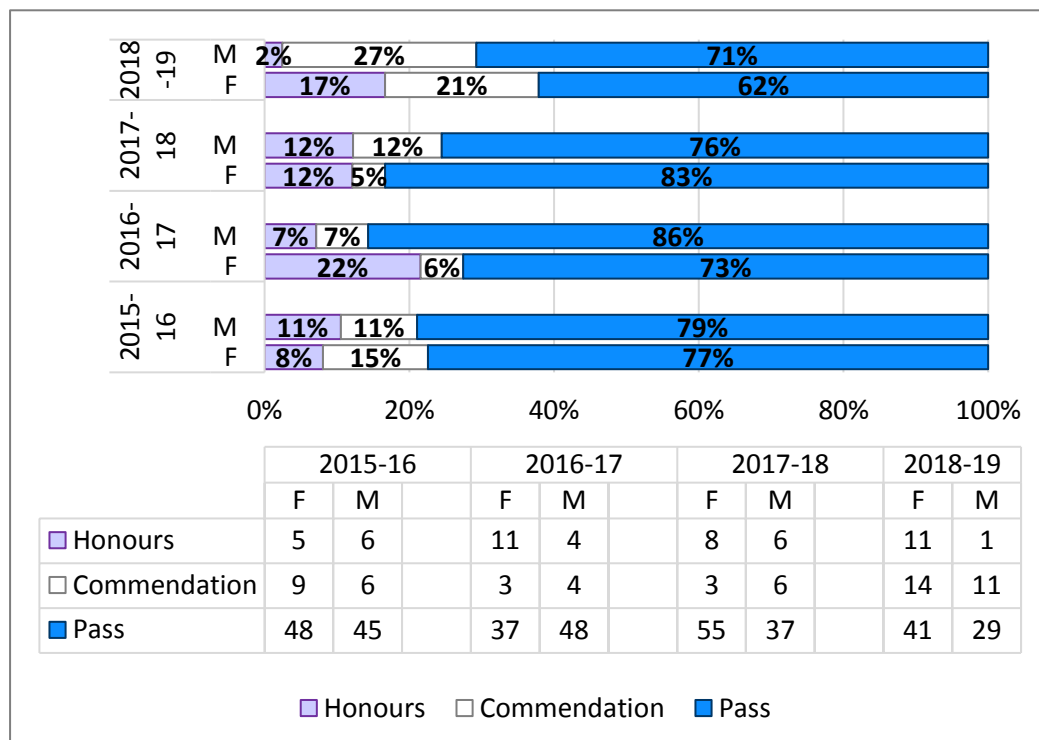
Degree Attainment

Figure 14. MBChB attainment



There is no gendered trend amongst males and females being awarded honours or commendation on graduating from MBChB.

Figure 15. BDS attainment



There is no gendered trend amongst males and females being awarded honours or commendation on graduating from BDS.

Figure 16. Medical Science (BSc) intercalating completers

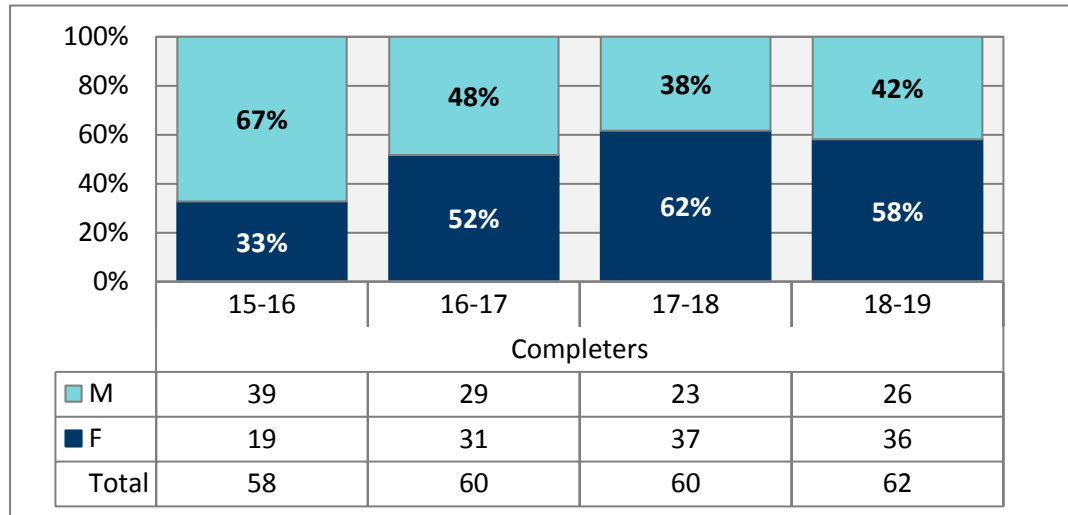
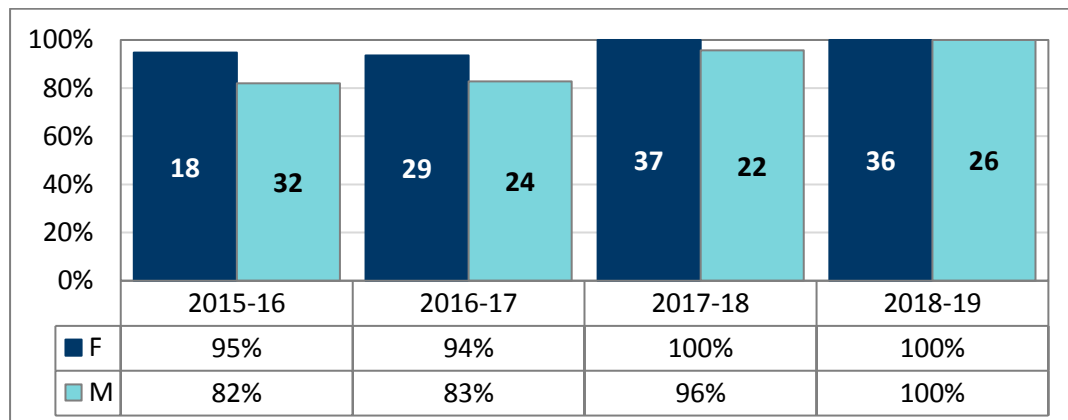
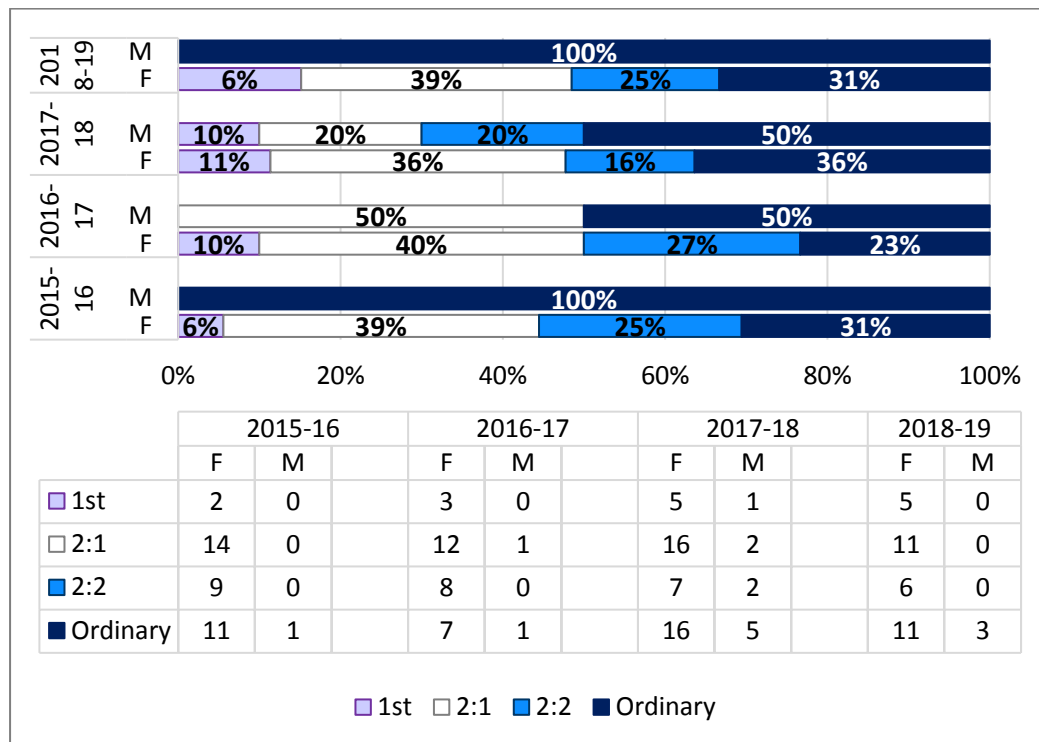


Figure 17. Number/percentages of intercalating students achieving 1st/2:1



Since Bronze (2016), the performance of male and female students has improved, and attainment is equal for both genders.

Figure 18. BN attainment



There is a trend towards enhanced achievement by men on the BN programme.

Table 8. PGT programmes

PGT programmes	2015-16				2016-17				2017-18				2018-19			
	F	%F	M	Total	F	%F	M	Total	F	%F	M	Total	F	%F	M	Total
Medicine/Medical Science																
*MSc Clinical Science with Specialisation	0	0%	1	1	-	-	-	-	-	-	-	-	-	-	-	-
DHPE/MSc (Med Sci) Health Professions Education	5	38%	8	13	3	38%	5	8	3	60%	2	5	0	0%	2	2
MSc (Med Sci) Clinical Nutrition	3	75%	1	4	3	100%	0	3	1	100%	0	1	-	-	-	-
MSc (Med Sci) Forensic Toxicology	12	75%	4	16	6	67%	3	9	5	71%	2	7	6	67%	3	9
MSc (Med Sci) Medical Genetics	24	67%	12	36	14	70%	6	20	21	64%	12	33	26	72%	10	36
MSc (Med Sci) Medical Physics (aka Clinical Physics)	4	57%	3	7	1	25%	3	4	5	83%	1	6	2	33%	4	6
MSc (Med Sci)/PG Dip Human Nutrition	36	88%	5	41	30	77%	9	39	40	80%	10	50	44	76%	14	58
MSc Clinical Genetics	-	-	-	-	1	100%	0	1	0	0%	1	1	1	100%	0	1
MSc Genetic and Genomics	-	-	-	-	4	100%	0	4	10	91%	1	11	15	94%	1	16
PgCert Sports Nutrition	1	100%	0	1	1	100%	0	1	1	100%	0	1	1	100%	0	1
PGCert/PGDip Child Health	26	74%	9	35	30	71%	12	42	15	68%	7	22	-	-	-	-
Total	111	72%	43	154	93	71%	38	131	101	74%	36	137	95	74%	34	129
HESA Benchmark for Medicine	66%															
Dentistry/Dental Science																
Childsmile	-	-	-	-	-	-	-	-	-	-	-	-	2	100%	0	2
DClinDent Orthodontics	2	50%	2	4	1	25%	3	4	1	50%	1	2	0	0%	2	2
MSc (Dent Sci) Endodontics	3	75%	1	4	2	50%	2	4	2	50%	2	4	2	50%	2	4
MSc (Dent Sci) Oral & Maxillofacial Surgery	1	25%	3	4	1	25%	3	4	2	50%	2	4	1	25%	3	4

MSc (Dent Sci) Primary Dental Care	1	100%	0	1	1	100%	0	1	-	-	-	-	-	-	-	-
MSc Oral Sciences	-	-	-	-	-	-	-	-	-	-	1	1	3	50%	3	6
Total	7	54%	6	13	5	38%	8	13	5	45%	6	11	8	44%	10	18
HESA Benchmark for Dentistry	66%															
Nursing																
Adv Pract in Health Care, MSc	-	-	-	-	-	-	-	-	-	-	-	-	13	100%	0	13
MSc (Med Sci) Health Care Chaplaincy	6	86%	1	7	2	50%	2	4	6	67%	3	9	2	29%	5	7
MSc (Med Sci) Translational Medical Sciences	3	100%	0	3	-	-	-	-	-	-	-	-	-	-	-	-
MSc Advanced Nursing Science	-	-	-	-	-	-	-	-	2	100%	0	2	6	86%	1	7
MSc Critical Care	-	-	-	-	-	-	-	-	-	-	-	-	4	80%	1	5
PG Cert/PG Dip/MSc (Med Sci) Advanced Practice in Health Care	22	81%	5	27	26	84%	5	31	17	89%	2	19	18	75%	6	24
PG Certificate Critical Care	-	-	-	-	-	-	-	-	-	-	-	-	1	100%	0	1
PGCert Advanced Lymphoedema Management	-	-	-	-	6	86%	1	7	3	100%	0	3	1	100%	0	1
Total	31	84%	6	37	34	81%	8	42	28	85%	5	33	45	78%	13	58
HESA Benchmark for Nursing	76%															
Overall Total	149	73%	55	204	132	71%	54	186	134	74%	47	181	148	72%	57	205

(iii) Numbers of men and women on postgraduate taught degrees

Full- and part-time. Provide data on course application, offers and acceptance rates and degree completion rates by gender.

BAP PROGRESS

- 62% courses are now offered part-time/distance learning
- **PTES response rate increased from 52%F/49%M (2016/17) to 75%F/63%M (2018/19) (52% to 72% overall)**
- **PGT course satisfaction increased from 74% (2016/17) to 85% (2018/19) overall**

SoMDN offers 29 PGT programmes (Table 8). Some specialist programmes have very small numbers leading to fluctuations in gender representation – for analysis, PGT programmes are grouped by School

Enrolment

Figure 19. Total PGT headcount

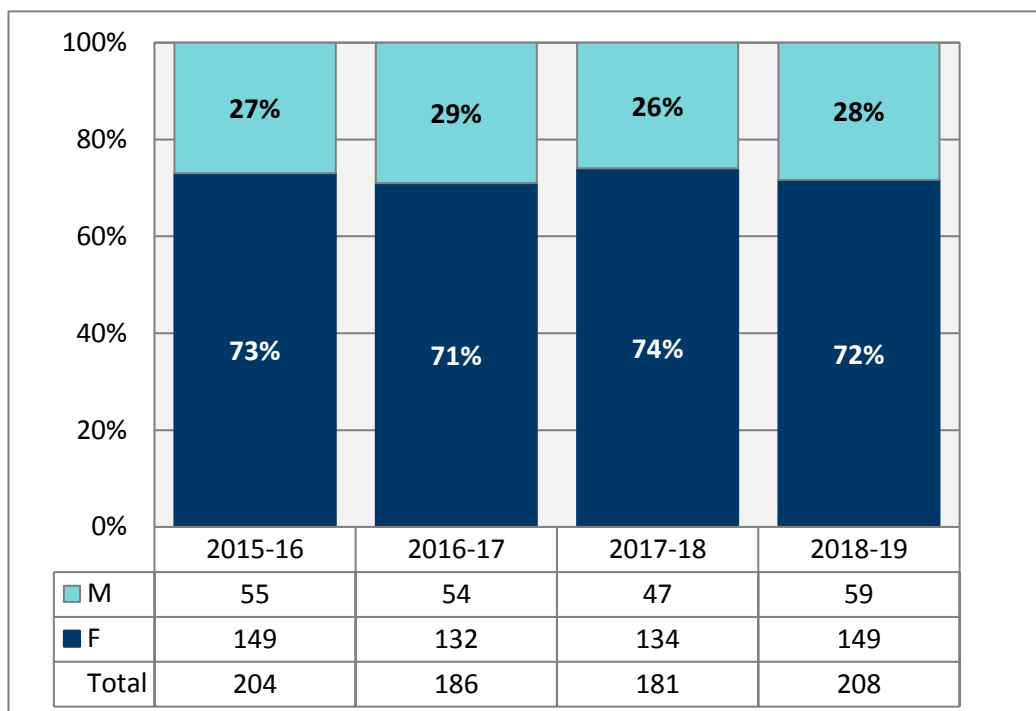
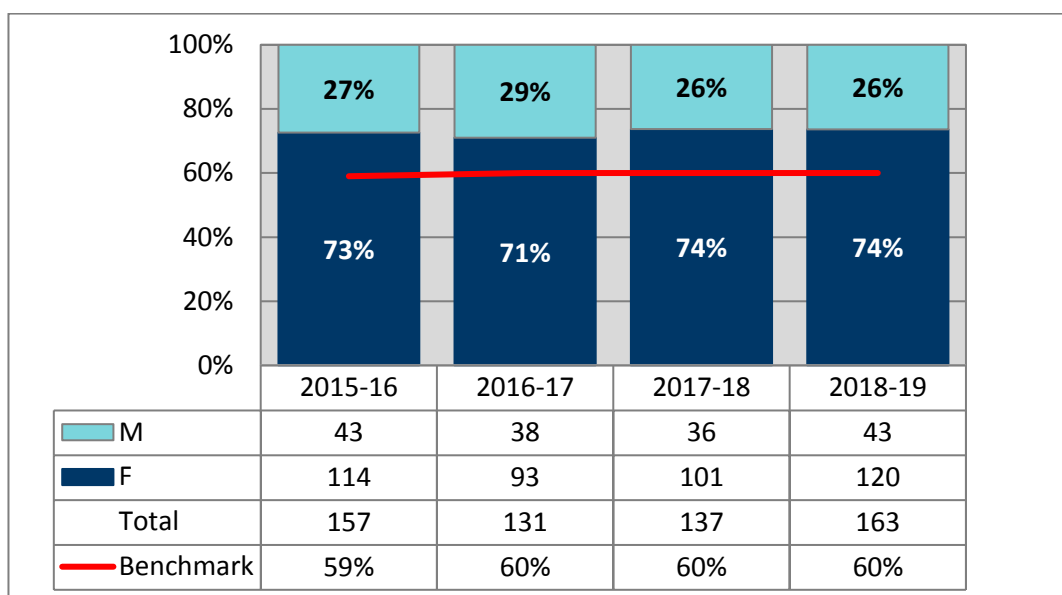
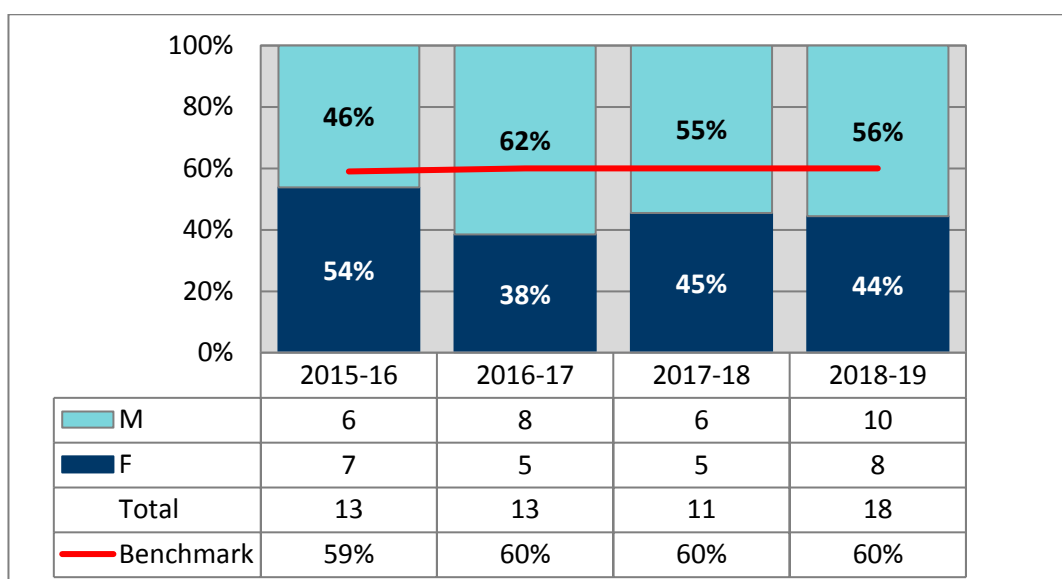


Figure 20. Medicine. Benchmark: HESA Medicine & Dentistry PGT



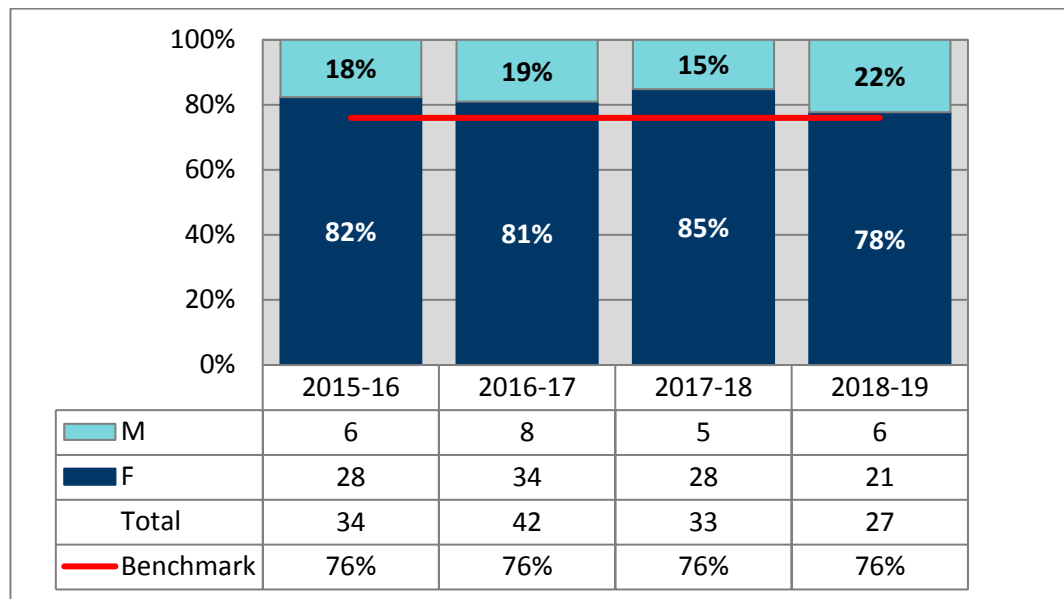
PGT programmes in medicine are predominantly female. This will be addressed (**SAP 3.4**).

Figure 21. Dentistry. Benchmark: HESA Medicine & Dentistry PGT



Dental PGT numbers are small. Programmes are vocational for qualified dentists. The predominance of men reflects gender differences in the dental profession.

Figure 22. Nursing. *Benchmark: HESA Subjects Allied to Medicine*



Nursing PGT gender balance has moved towards equilibrium and is close to benchmarking.

Recruitment

Table 9. Overall PGT recruitment

		F	%F	Rate	M	%M	Rate	Total
2015-16	Apps	636	59%	-	446	41%	-	1082
	Offers	372	68%	58%	178	32%	40%	550
	Accepts	220	66%	59%	111	34%	62%	331
2016-17	Apps	714	60%	-	468	40%	-	1182
	Offers	388	68%	54%	185	32%	40%	573
	Accepts	220	66%	57%	113	34%	61%	333
2017-18	Apps	688	62%	-	425	38%	-	1113
	Offers	388	66%	56%	199	34%	47%	587
	Accepts	230	68%	59%	108	32%	54%	338
2018-19	Apps	913	65%	-	491	35%	-	1404
	Offers	454	72%	50%	176	28%	36%	630
	Accepts	417	72%	92%	164	28%	93%	581

Female applicants make up most of the offer/acceptance pool. Academically qualified applicants all receive an offer as programmes recruit rather than select.

Table 10. Medicine: PGT Recruitment

		F	%F	Rate	M	%M	Rate	Total
2015-16	Apps	477	65%	-	253	35%	-	730
	Offers	323	70%	68%	136	30%	54%	459
	Accepts	190	69%	59%	86	31%	63%	276
2016-17	Apps	547	65%	-	296	35%	-	843
	Offers	320	68%	59%	148	32%	50%	468
	Accepts	174	68%	54%	81	32%	55%	255
2017-18	Apps	525	63%	-	303	37%	-	828
	Offers	315	65%	60%	170	35%	56%	485
	Accepts	186	68%	59%	87	32%	51%	273
2018-19	Apps	705	69%	-	316	31%	-	1021
	Offers	364	73%	52%	137	27%	43%	501
	Accepts	332	72%	91%	129	28%	94%	461

The proportion of women applicants in medicine aligns with benchmarking (60%). There is no gender bias in the offers.

Table 11. Dentistry: PGT Recruitment

		F	%F	Rate	M	%M	Rate	Total
2015-16	Apps	81	40%	-	122	60%	-	203
	Offers	5	56%	6%	4	44%	3%	9
	Accepts	4	50%	80%	4	50%	100%	8
2016-17	Apps	69	38%	-	111	62%	-	180
	Offers	9	64%	13%	5	36%	5%	14
	Accepts	5	50%	56%	5	50%	100%	10
2017-18	Apps	63	45%	-	77	55%	-	140
	Offers	12	57%	19%	9	43%	12%	21
	Accepts	7	54%	58%	6	46%	67%	13
2018-19	Apps	90	44%	-	115	56%	-	205
	Offers	23	58%	26%	17	43%	15%	40
	Accepts	20	59%	87%	14	41%	82%	34

Females receive more offers despite more men applying. Factors determining acceptance include availability of funding and clinical experience. Ongoing work is required to explore the higher female offer rate (**SAP 3.4**).

Table 12. Nursing: PGT recruitment

		F	%F	Rate	M	%M	Rate	Total
2015-16	Apps	78	52%	-	71	48%	-	149
	Offers	44	54%	56%	38	46%	54%	82
	Accepts	26	55%	59%	21	45%	55%	47
2016-17	Apps	98	62%	-	61	38%	-	159
	Offers	59	65%	60%	32	35%	52%	91
	Accepts	41	60%	69%	27	40%	84%	68
2017-18	Apps	100	69%	-	45	31%	-	145
	Offers	61	75%	61%	20	25%	44%	81
	Accepts	37	71%	61%	15	29%	75%	52
2018-19	Apps	118	66%	-	60	34%	-	178
	Offers	67	75%	57%	22	25%	37%	89
	Accepts	65	76%	97%	21	24%	95%	86

PGT Nursing applications from men are higher than national benchmarking (24%).

More offers are made to women, but males are more likely to accept.

SAP 3.4 Conduct a detailed review of PG admissions data using open focus groups with PG students, discussing programme delivery, admissions and marketing strategies and random sampling phone calls to applicants who did not receive offers

Study Pattern

Figure 23. Gender-balance by study status

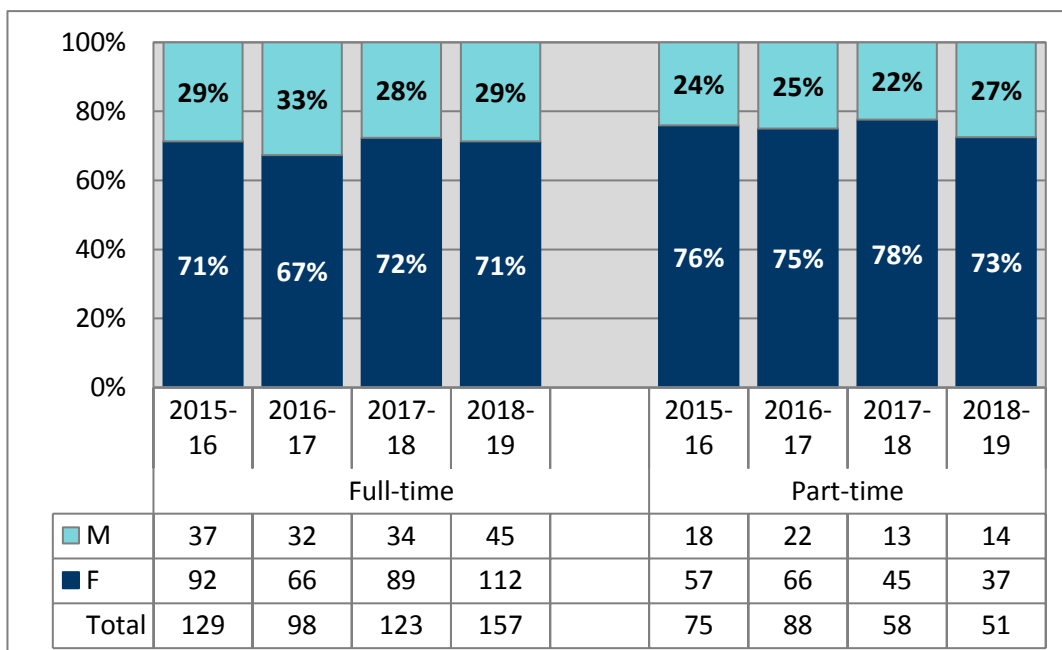
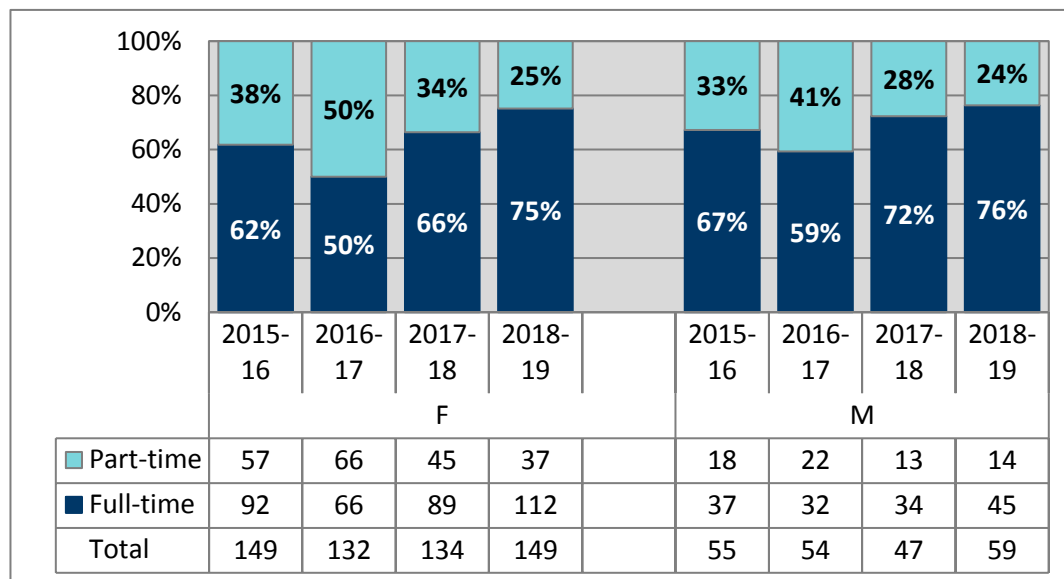


Figure 24. Study status by gender



Many PGT programmes are delivered flexibly as distance learning courses, or can be studied part-time. New programmes are assessed for suitability for flexible delivery. 18/29 PGT programmes are delivered flexibly, rendering them more inclusive for those with caring responsibilities/work commitments. Programmes with a significant clinical component are currently delivered full-time only due to curricula requirements.

Completion

Table 13. Overall PGT completion rates

	Headcount		Completed		Withdrew		To Complete	
	F	M	F (% F)	M (% M)	F (% F)	M (%M)	F (% F)	M (%M)
15-16	111	38	108 (97%)	37 (97%)	3 (3%)	1 (3%)	0	0 (0%)
16-17	98	39	95 (97%)	37 (95%)	2 (2%)	1 (3%)	1 (1%)	1 (3%)
17-18	105	36	102 (97%)	34 (94%)	2 (2%)	0	1 (1%)	2 (6%)
18-19	123	45	100 (81%)	37 (82%)	0 (0%)	0	23 (19%)	8 (18%)

Completion rates are high with no gender bias is apparent.

Attainment/Completion

Attainment data is analysed at individual School-level.

Figure 25. Medicine: PGT Attainment

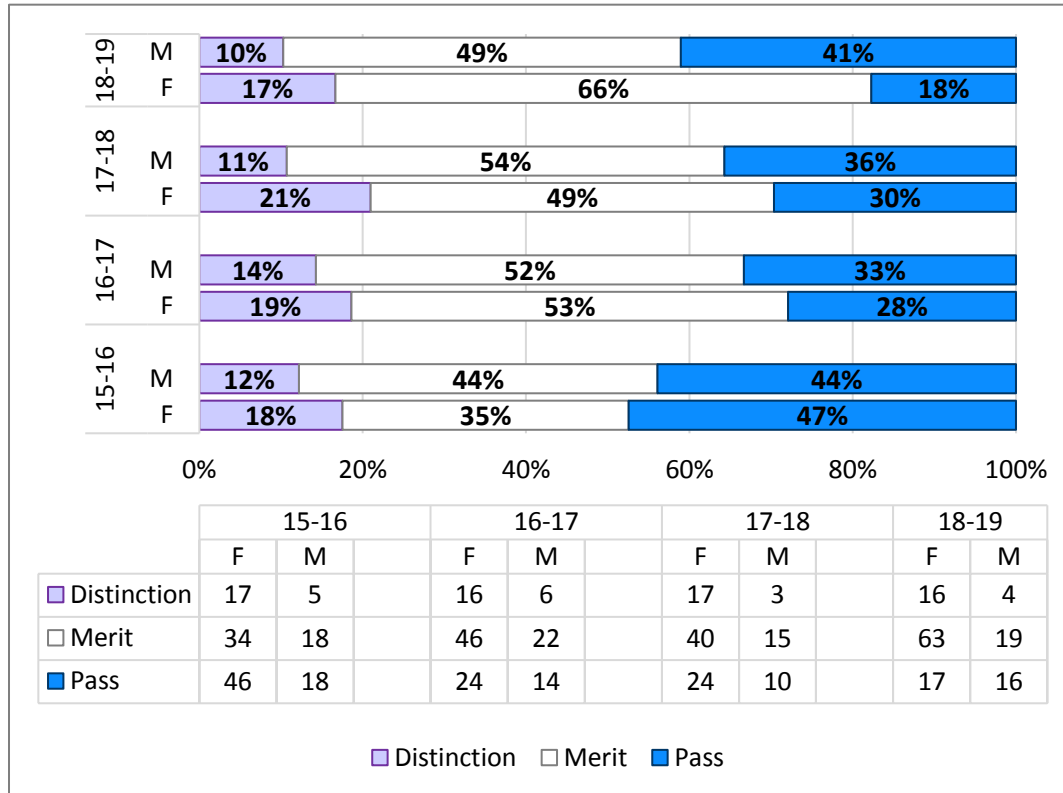
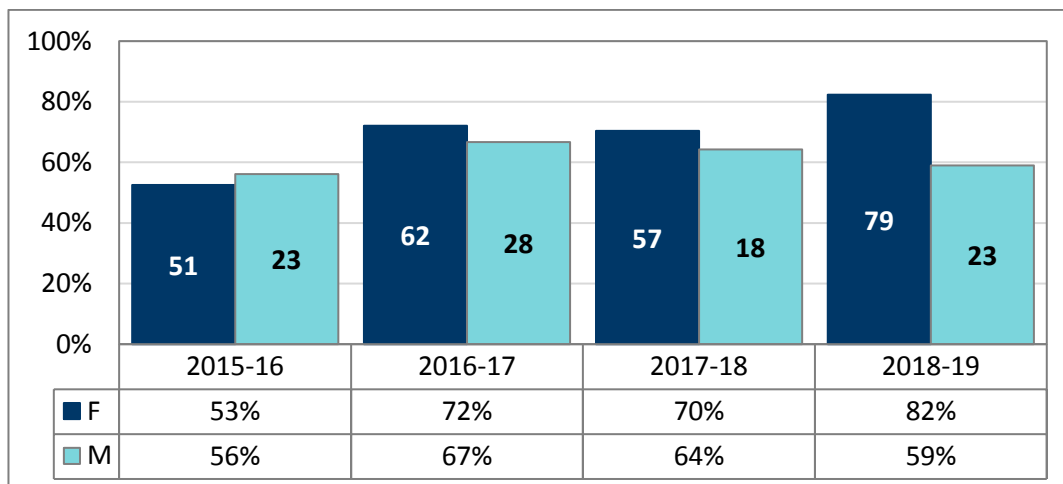


Figure 26. Percentage of students achieving Merit/Distinction by gender



Merit and distinction are largely stable with a shift in 2018/19 towards females. This will be kept under review.

Figure 27. Dentistry: PGT Attainment

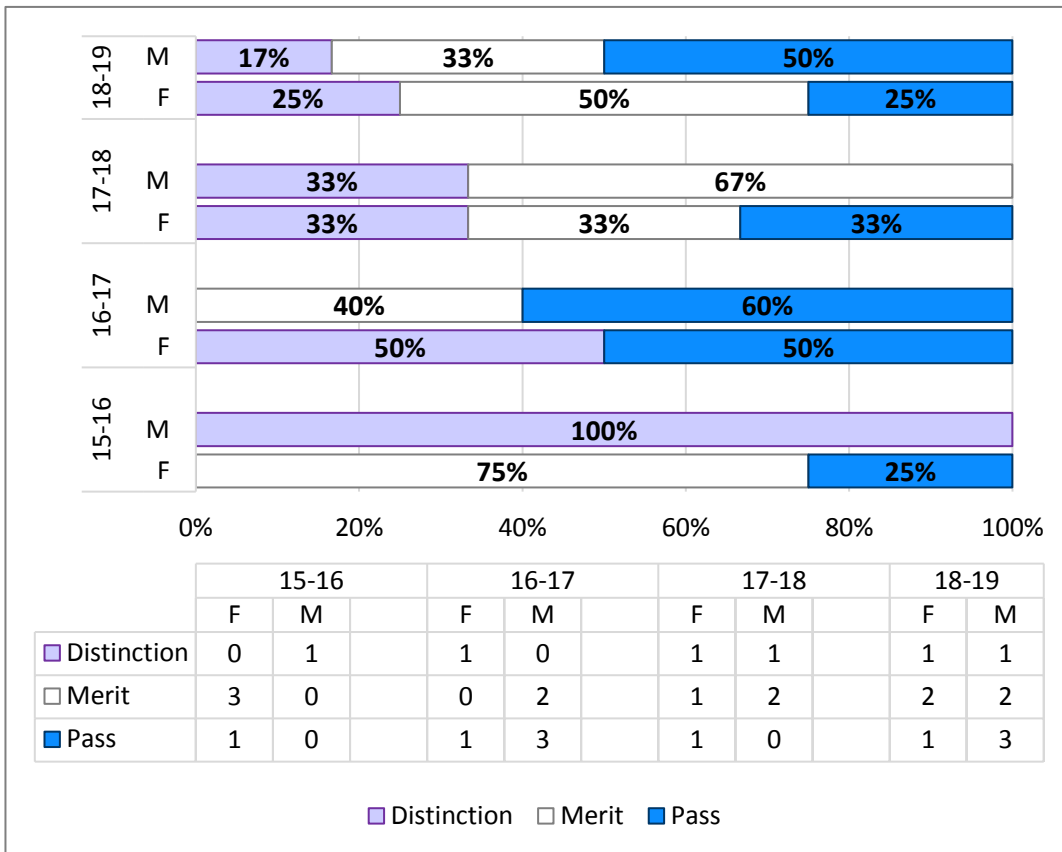
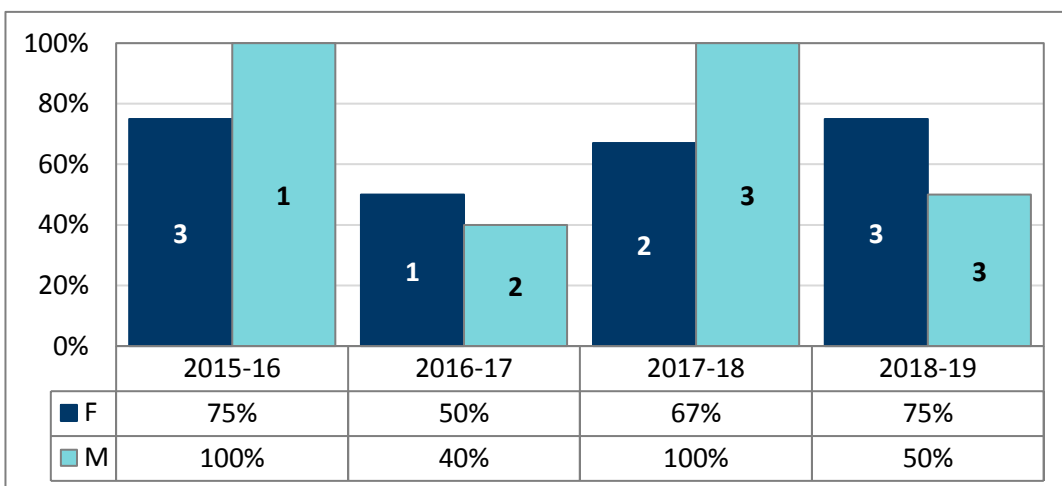


Figure 28. Percentage of students achieving Merit/Distinction by gender



There is no pattern of gendered attainment in merit or distinction awards on Dental PGT courses.

Figure 29. Nursing: PGT Attainment

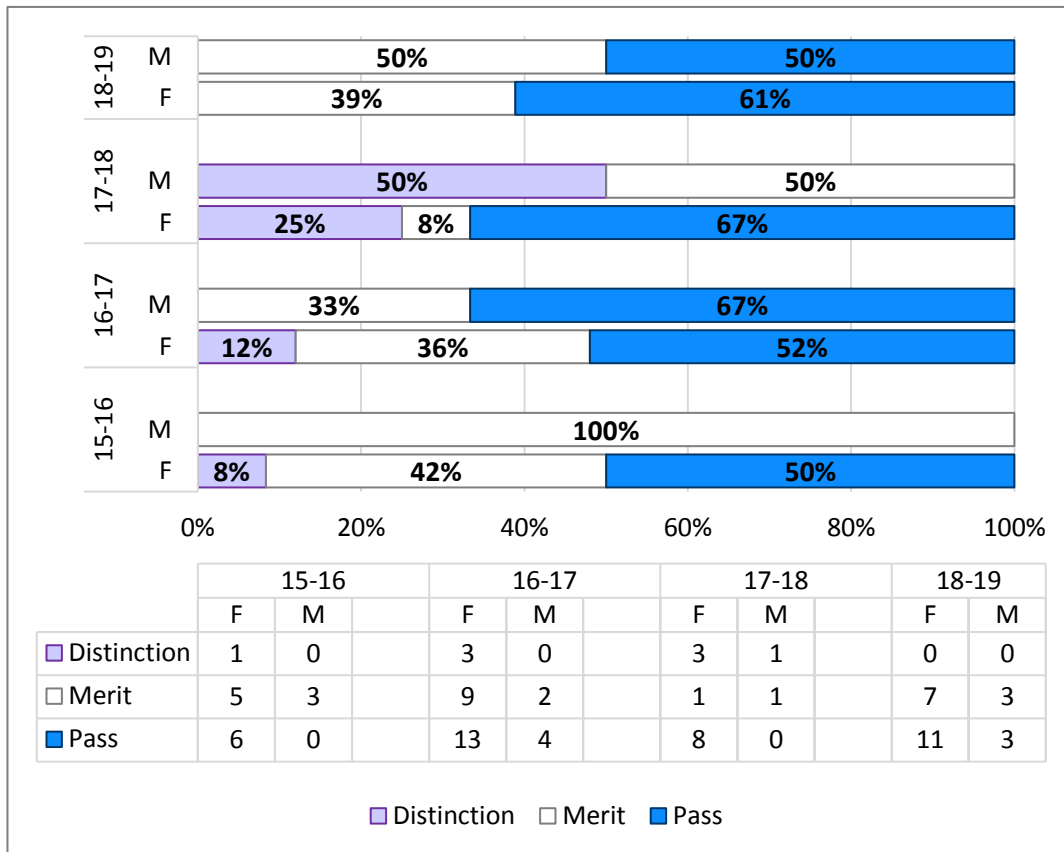
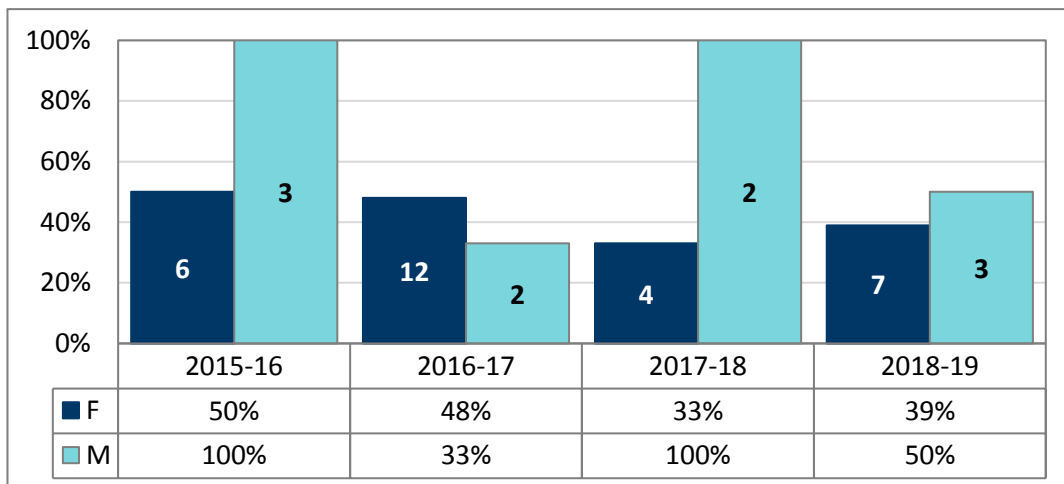


Figure 30. Percentage of students achieving Merit/Distinction by gender



There are fewer males than females in PGT courses in nursing, but men have a high level of achievement.

(iv) Numbers of men and women on postgraduate research degrees

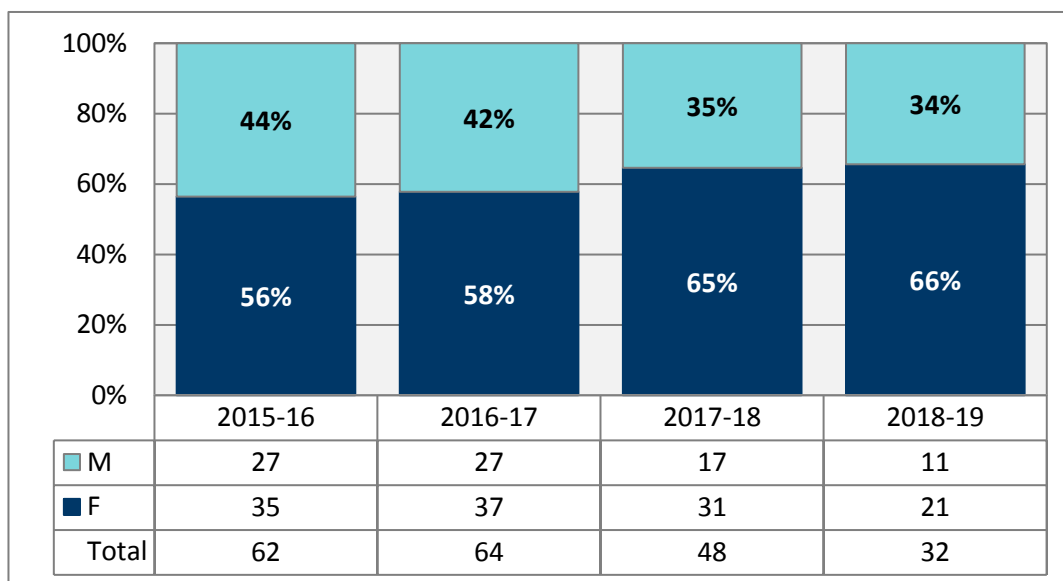
Full- and part-time. Provide data on course application, offers, acceptance and degree completion rates by gender.

BAP PROGRESS

- No gender bias apparent in overall PGR recruitment
- **PGR applications to Nursing increased after appointment of 1F professor**

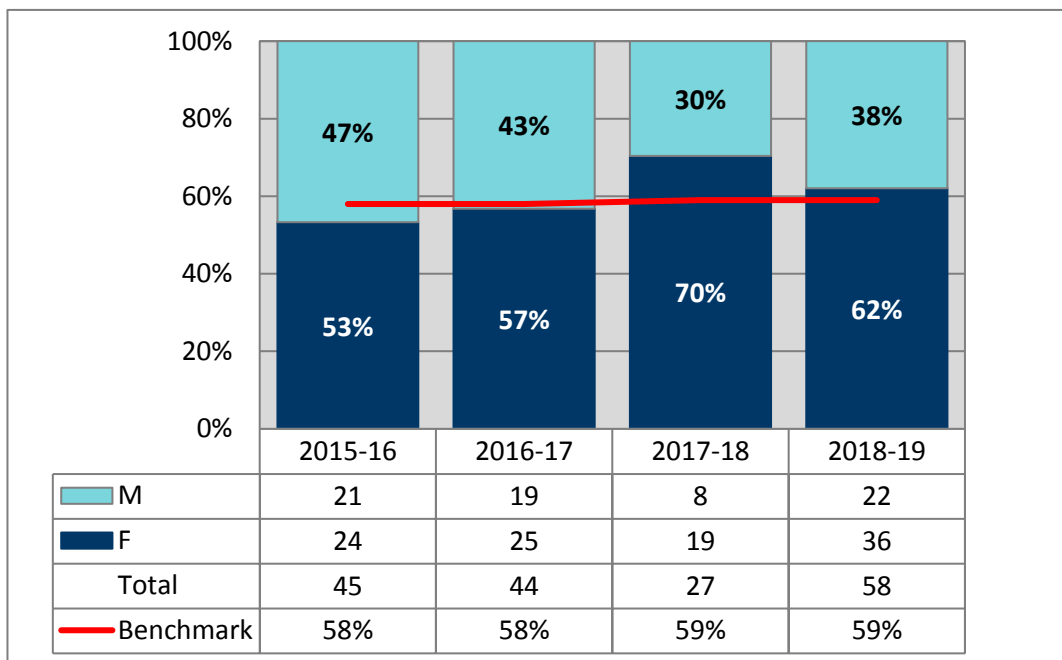
Enrolment

Figure 31. PGR Intake



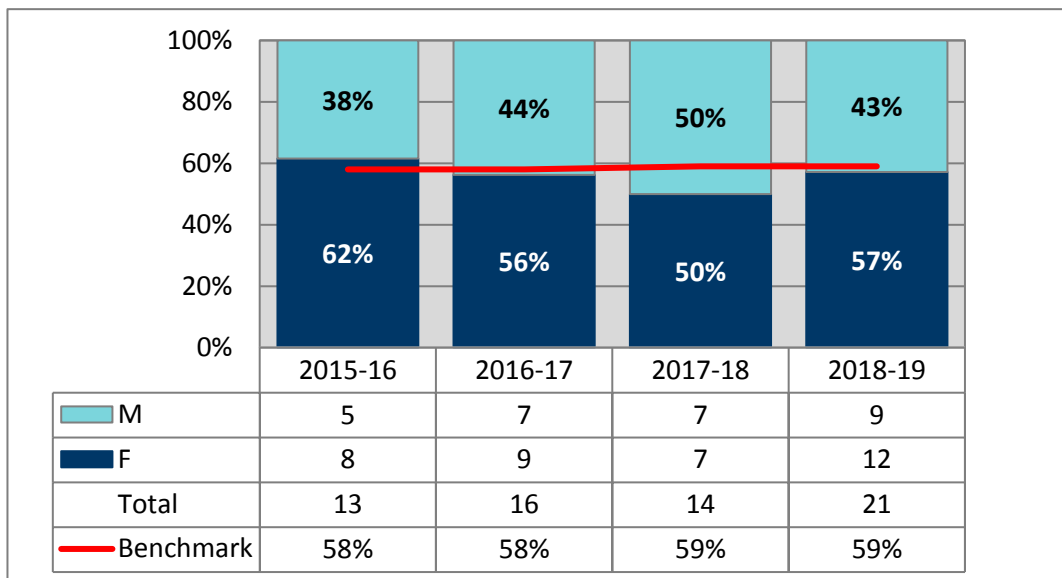
The decrease in PGR student intake in 2018-19 reflects the strategy to locate PGR students in the MVLS Institutes.

Figure 32. Medicine. Benchmark: HESA Medicine & Dentistry PGR



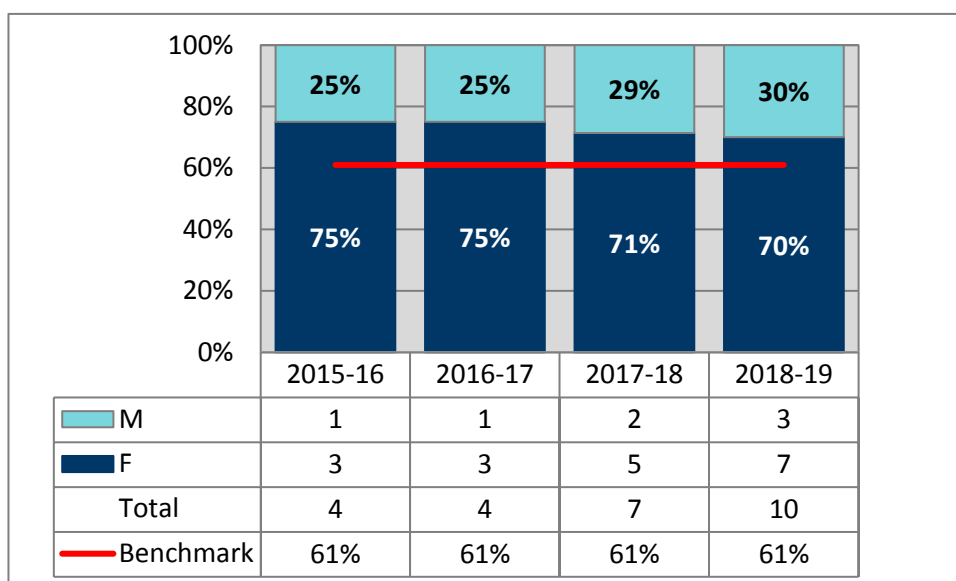
The numbers have remained stable in medicine and (with the exception of 2017/18) have remained in line with the HESA benchmark.

Figure 33. Dentistry. Benchmark: HESA Medicine & Dentistry PGR



There are small numbers of Dental PGR students, no evidence of gender differences with the numbers being close to the HESA benchmark.

Figure 34. Nursing. *Benchmark: HESA Subjects Allied to Medicine*



There has been an increase in both male and female PGR students following the appointment of a new research Professor (F).

Recruitment

Table 14. Overall PGR Recruitment

		F	%F	Rate	M	%M	Rate	Total
2015-16	Apps	57	58%	-	41	42%	-	98
	Offers	30	58%	53%	22	42%	54%	52
	Accepts	24	56%	80%	19	44%	86%	43
2016-17	Apps	34	51%	-	33	49%	-	67
	Offers	22	56%	65%	17	44%	52%	39
	Accepts	19	58%	86%	14	42%	82%	33
2017-18	Apps	63	59%	-	43	41%	-	106
	Offers	29	63%	46%	17	37%	40%	46
	Accepts	26	62%	90%	16	38%	94%	42
2018-19	Apps	58	59%	-	40	41%	-	98
	Offers	25	57%	43%	19	43%	48%	44
	Accepts	24	57%	96%	18	43%	95%	42

There is no evidence for gender selection bias in PGR admission.

Table 15. Medicine: PGR Recruitment

		F	%F	Rate	M	%M	Rate	Total
2015-16	Apps	43	58%	-	31	42%	-	74
	Offers	22	59%	51%	15	41%	48%	37
	Accepts	18	56%	82%	14	44%	93%	32
2016-17	Apps	25	56%	-	20	44%	-	45
	Offers	17	57%	68%	13	43%	65%	30
	Accepts	15	56%	88%	12	44%	92%	27
2017-18	Apps	35	56%	-	27	44%	-	62
	Offers	18	58%	51%	13	42%	48%	31
	Accepts	17	57%	94%	13	43%	100%	30
2018-19	Apps	30	63%	-	18	38%	-	48
	Offers	15	68%	50%	7	32%	39%	22
	Accepts	14	67%	93%	7	33%	100%	21

In 2018-19, a trend of offer bias towards female applicants can be seen. This will be kept under review (SAP 3.4).

Table 16. Dentistry: PGR Recruitment

		F	%F	Rate	M	%M	Rate	Total
2015-16	Apps	14	64%	-	8	36%	-	22
	Offers	8	62%	57%	5	38%	63%	13
	Accepts	6	67%	75%	3	33%	60%	9
2016-17	Apps	9	43%	-	12	57%	-	21
	Offers	5	56%	55%	4	44%	33%	9
	Accepts	4	67%	80%	2	33%	50%	6
2017-18	Apps	10	50%	-	10	50%	-	20
	Offers	6	67%	60%	3	33%	30%	9
	Accepts	6	75%	100%	2	25%	67%	8
2018-19	Apps	7	44%	-	9	56%	-	16
	Offers	5	42%	71%	7	58%	78%	12
	Accepts	5	42%	100%	7	58%	100%	12

Small numbers make meaningful analysis of rates difficult, however by 2018/19 the offers made were approaching a balance between the genders.

Table 17. Nursing: PGR Recruitment

		F	%F	Rate	M	%M	Rate	Total
2015-16	Apps	0	0%	-	2	100%	-	2
	Offers	0	0%	0%	2	100%	100%	2
	Accepts	0	0%	0%	2	100%	100%	2
2016-17	Apps	0	0%	-	1	100%	-	1
	Offers	-	-	-	0	0%	0%	0
	Accepts	-	-	-	-	-	-	0
2017-18	Apps	18	75%	-	6	25%	-	24
	Offers	5	83%	28%	1	17%	17%	6
	Accepts	3	75%	60%	1	25%	100%	4
2018-19	Apps	21	62%	-	13	38%	-	34
	Offers	5	50%	24%	5	50%	38%	10
	Accepts	5	56%	100%	4	44%	80%	9

Applications increased in 2017-18, following the appointments of research-active staff.

Study Pattern

Given small numbers, study pattern/completion data is aggregated to ‘overall’.

Figure 35. Gender-balance by study status

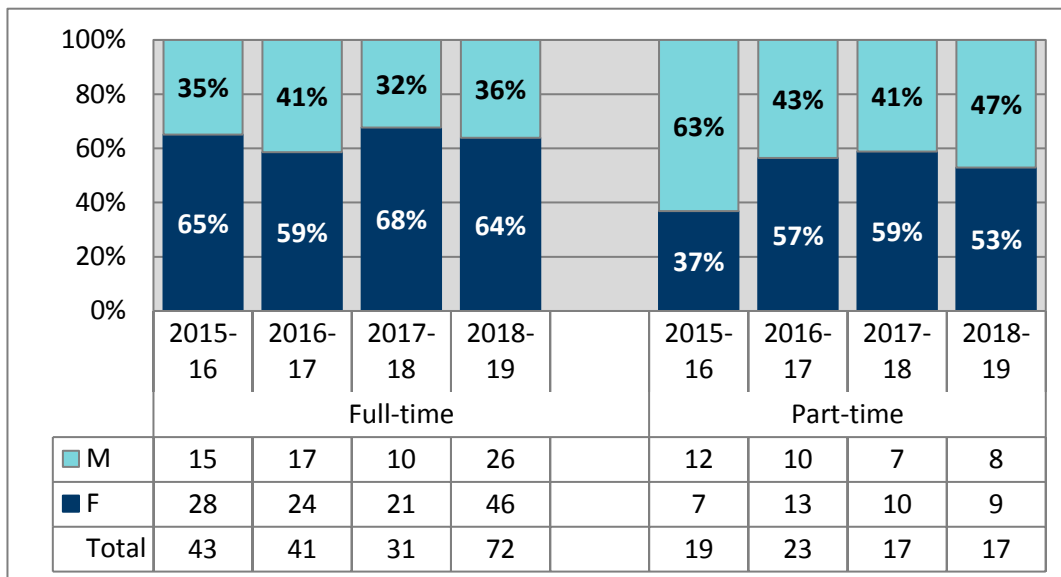
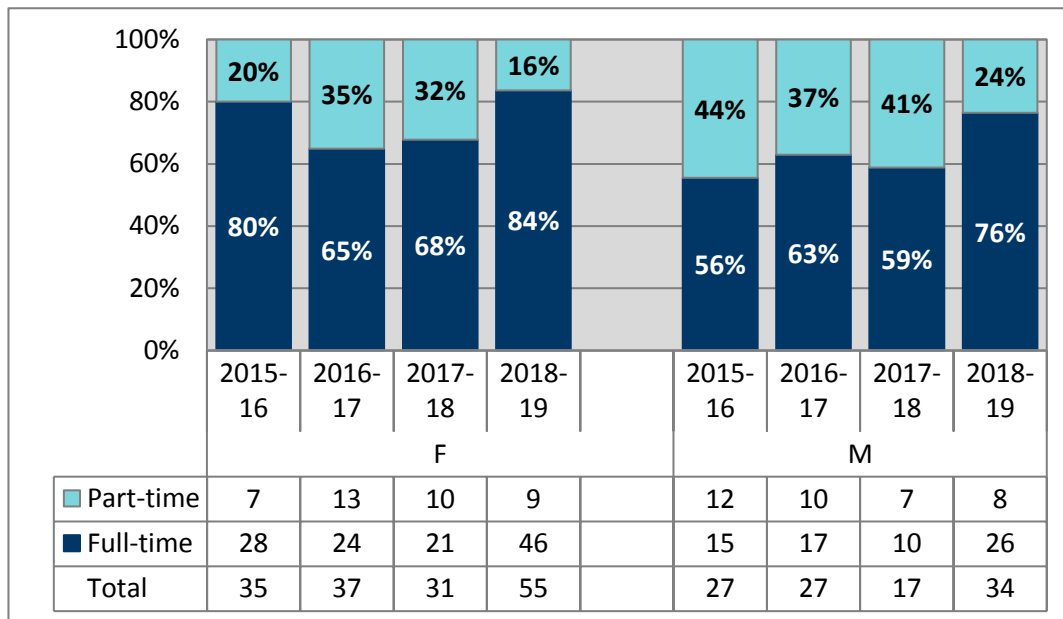


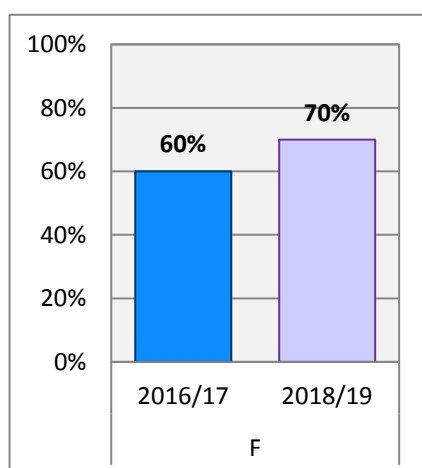
Figure 36. Study status by gender



The BAP encouraged flexible study options. These numbers include clinical trainees studying and completing training.

In 2018-19, PGR students reported improved satisfaction with work-life balance in the PRES. This is a measure of the success of the emphasis on flexible study.

Figure 37. "I am satisfied with my work-life balance"



**<10 males responded in 2018/19 and so results are not displayed*

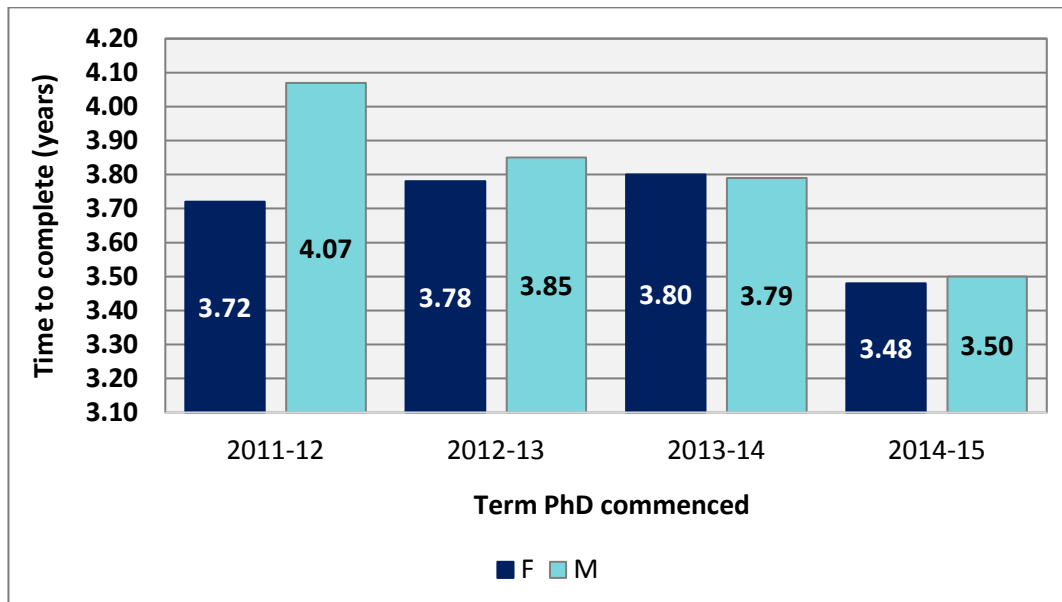
Completers

Table 18. PhD completion rate

Admit Year	Entered		Completed		Withdrawn		To Complete	
	F	M	F (% of F)	M (% of M)	F (% of F)	M (% of M)	F (% of F)	M (% of M)
2011-12	15	6	15 (100%)	5 (83%)	0	0	0	1 (17%)
2012-13	13	6	12 (92%)	4 (67%)	1 (8%)	1 (17%)	0	1 (17%)
2013-14	16	4	13 (81%)	2 (50%)	0	1 (25%)	3 (19%)	1 (25%)
2014-15	8	8	6 (75%)	7 (88%)	1 (8%)	0	1 (13%)	1 (13%)

There is no gender bias in completion rate.

Figure 38. Average time to submit PhD thesis



Since 2012-13 there has been no gender-difference in time to completion.

(v) Progression pipeline between undergraduate and postgraduate student levels

Identify and comment on any issues in the pipeline between undergraduate and postgraduate degrees.

There is no direct progression from UG to PG given the vocational UG programmes in the School.

4.2 ACADEMIC AND RESEARCH STAFF DATA

- (i) Academic staff by grade, contract function and gender: research-only, teaching and research or teaching-only

Look at the career pipeline and comment on and explain any differences between men and women. Identify any gender issues in the pipeline at particular grades/job type/academic contract type.

BAP PROGRESS

- Continued support for part-time work led to rise in part time staff (34%F/14%M to 37%F/17%M)
- Proportions of overall full-time:part-time staff similar to benchmarking
- Female staff in clinical professoriat has increased (15% to 23%)
- Male staff within Nursing has increased (11% to 32%)

The data is analysed by SoMDN constituent Schools.

Table 19. Number/proportion of academic staff by gender, split by School.

Benchmark: ECU academic staff by subject area/gender (UK) (Clinical Medicine, Clinical Dentistry, Nursing & Allied Health Professions)

Year	F		M		Total	%F UK av.
	No.	%F	No.	%M		
Medicine						
2015-16	71	61%	45	39%	116	53%
2016-17	66	64%	37	36%	103	53%
2017-18	61	62%	38	38%	99	54%
2018-19	68	60%	46	40%	114	-
Dentistry						
2015-16	20	39%	31	61%	51	44%
2016-17	21	40%	31	60%	52	45%
2017-18	20	40%	30	60%	50	47%
2018-19	19	37%	32	63%	51	-
Nursing						
2015-16	17	85%	3	15%	20	75%
2016-17	17	81%	4	19%	21	75%
2017-18	14	82%	3	18%	17	75%
2018-19	13	68%	6	32%	19	-
Overall						
2015-16	108	58%	79	42%	187	-
2016-17	104	59%	72	41%	176	-
2017-18	95	57%	71	43%	166	-
2018-19	100	54%	84	46%	184	-

The academic gender balance has remained stable since 2015-16 with female numbers above the benchmark.

Academic staff are aligned to 5 tracks across G6–G10. Clinical staff follow the nationally agreed clinical grades.

Figure 39. Grade structure by contract function

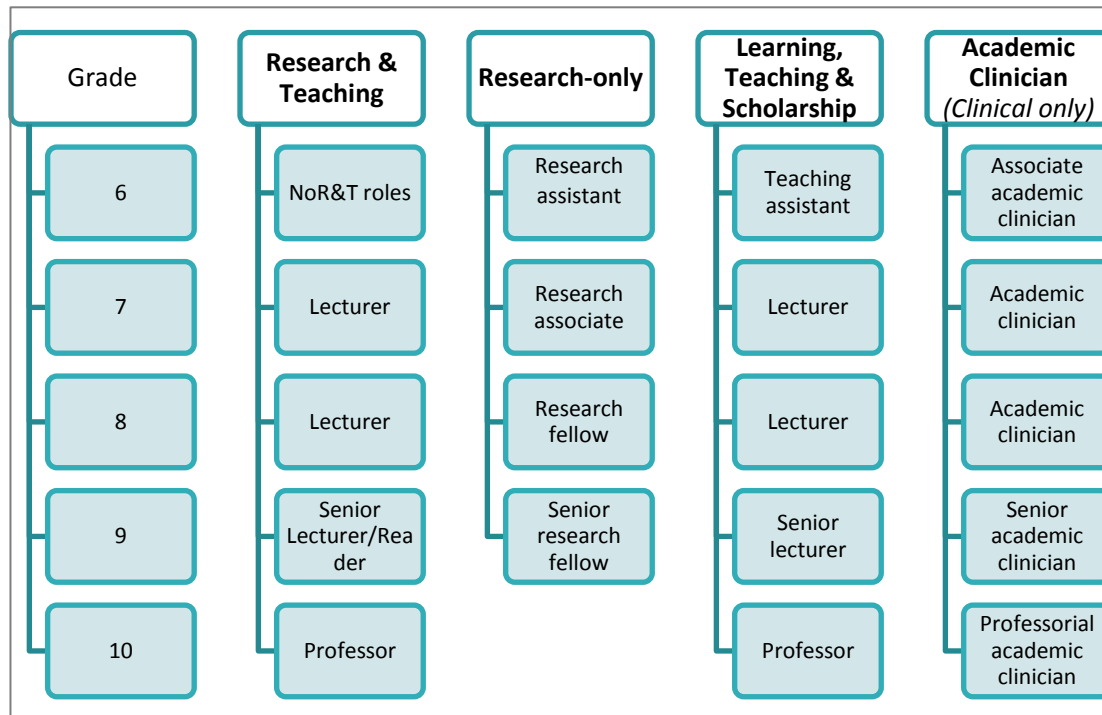


Table 20. Clinical academic staff by contract function, grade and gender. Brackets = no. PT staff. No ECU benchmark available

			Grade									Total	% gender	%UK av.	no. PT	%PT
			Clinical Research Fellow	Senior Clinical Research Fellow	Clinical University Lecturer	Senior Clinical University Lecturer	Clinical Lecturer	Senior Clinical Lecturer	Clinical Consultant	Clinical Reader	Clinical Professor					
LTS	F	15-16	0	0	8 (7)	11 (8)	0	0	0	0	0	19	56%	<i>No data</i>	15	79%
		16-17	0	0	8 (7)	9 (5)	3 (1)	0	0	0	0	20	50%		13	65%
		17-18	0	0	7 (6)	6 (2)	4 (1)	5	0	0	0	22	49%		9	41%
		18-19	0	0	7 (6)	6 (1)	2	7	0	0	0	22	48%		7	32%
	M	15-16	0	0	3 (2)	8 (4)	0	1	0	0	3	15	44%	<i>No data</i>	6	40%
		16-17	0	0	4 (3)	7 (3)	7	0	0	0	2	20	50%		6	30%
		17-18	0	0	5 (3)	6 (2)	9	1	0	0	2	23	51%		5	22%
		18-19	0	0	4 (2)	6 (2)	8	4 (1)	1 (1)	0	1	24	52%		6	25%
R&T	F	15-16	0	0	0	0	7 (1)	5	0	0	3	15	37%	<i>No data</i>	1	7%
		16-17	0	1	0	0	2	5	0	0	2 (1)	10	40%		1	10%
		17-18	0	1	0	0	0	1	0	0	3 (1)	5	26%		1	20%
		18-19	0	0	0	0	0	1	0	0	3 (1)	4	27%		1	25%
	M	15-16	0	0	0	0	7	4 (1)	0	1	14	26	63%	<i>No data</i>	1	4%
		16-17	0	0	0	0	1	2 (1)	0	1	11	15	60%		1	7%
		17-18	0	0	0	0	0	3 (1)	0	1	10	14	74%		1	7%
		18-19	0	0	0	0	0	1	0	1	9	11	73%		0	0%
R	F	15-16	7	1	0	0	0	1	0	0	0	9	64%	<i>No data</i>	0	0%
		16-17	6 (1)	0	0	0	0	1	0	0	0	7	64%		1	14%
		17-18	7 (1)	0	0	0	0	1	0	0	0	8	73%		1	13%
		18-19	5	1	0	0	0	0	0	0	0	6	46%		0	0%
	M	15-16	5	0	0	0	0	0	0	0	0	5	36%	<i>No data</i>	0	0%
		16-17	4	0	0	0	0	0	0	0	0	4	36%		0	0%
		17-18	3	0	0	0	0	0	0	0	0	3	27%		0	0%
		18-19	7	0	0	0	0	0	0	0	0	7	54%		0	0%

Table 21. Clinical staff with non-academic contract function by grade and gender. Brackets = no. PT staff. No ECU benchmark available

			Clinical Consultant	Total	% gender	%UK av.	no. PT	%PT
AC	F	15-16	5	5	63%	<i>No data</i>	0	0%
		16-17	6	6	86%		0	0%
		17-18	5	5	83%		0	0%
		18-19	5	5	71%		0	0%
	M	15-16	3	3	38%	<i>No data</i>	0	0%
		16-17	1	1	14%		0	0%
		17-18	1	1	17%		0	0%
		18-19	2	2	29%		0	0%

Table 22. Non-clinical academic staff by contract function, grade and gender. Brackets = no. PT staff. %UK av. = ECU statistical reports, academic staff by research/teaching contracts

			Grade						Reader	Prof	Total	% gender	%UK av.	no. PT	%PT
			6	7	8	9									
LTS	F	15-16	0	7 (3)	8 (3)	11 (1)	0	0	26	65%	52%	7	27%		
		16-17	0	8 (3)	9 (4)	9 (1)	0	0	26	65%	52%	8	31%		
		17-18	0	8 (5)	12 (4)	8 (1)	0	1	29	69%	53%	10	34%		
		18-19	15 (14)	10 (4)	10 (5)	9 (1)	0	1	45	68%	52%	24	53%		
	M	15-16	0	2	7 (1)	5 (1)	0	0	14	35%	48%	2	14%		
		16-17	0	3 (1)	7 (1)	4 (1)	0	0	14	35%	48%	3	21%		
		17-18	0	4 (1)	5	4 (1)	0	0	13	31%	48%	2	15%		
		18-19	4 (4)	4 (1)	6 (1)	5 (1)	0	2	21	32%	48%	7	33%		
R&T	F	15-16	0	2 (1)	3	6 (2)	0	2	13	57%	39%	3	23%		
		16-17	0	2	3 (1)	6 (2)	0	2	13	57%	40%	3	23%		
		17-18	0	1	2 (1)	4	0	2	9	43%	41%	1	11%		
		18-19	0	1	1	4	0	2	8	44%	41%	0	0%		
	M	15-16	0	0	3	5	0	2	10	43%	61%	0	0%		
		16-17	0	0	2	5	1	2	10	43%	60%	0	0%		
		17-18	1	1	1	6	1	2	12	57%	59%	0	0%		
		18-19	0	1	1	5	1	2	10	56%	59%	0	0%		
R	F	15-16	7 (4)	6 (2)	1 (1)	0	0	0	14	70%	47%	7	50%		
		16-17	7 (5)	6 (2)	1 (1)	0	0	0	14	70%	47%	8	57%		
		17-18	8 (5)	5 (2)	1 (1)	0	0	0	14	74%	47%	8	57%		
		18-19	4 (2)	4 (2)	1 (1)	0	0	0	9	53%	47%	5	56%		
	M	15-16	4 (1)	1	1 (1)	0	0	0	6	30%	53%	2	33%		
		16-17	3 (1)	2	1 (1)	0	0	0	6	30%	53%	2	33%		
		17-18	3 (1)	2	0	0	0	0	5	26%	53%	1	20%		
		18-19	4	4	0	0	0	0	8	47%	53%	0	0%		

Figure 40. Overall academic staff by gender and full-time/part-time status

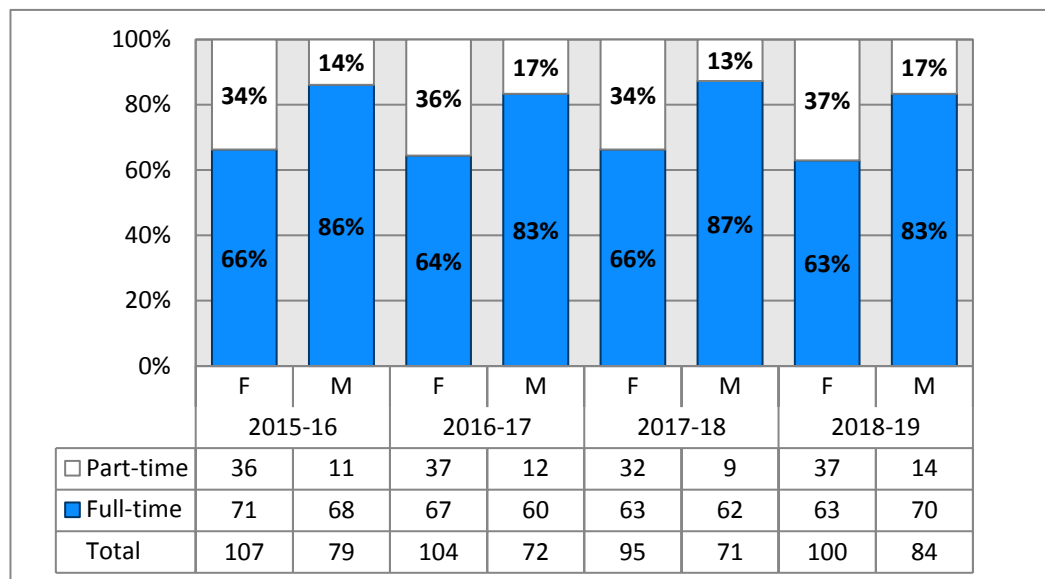


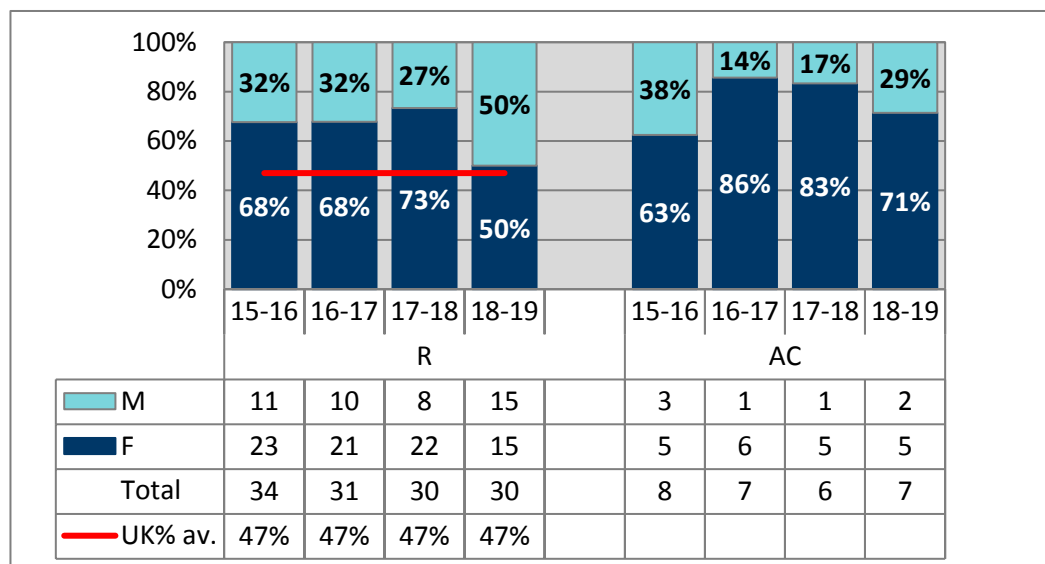
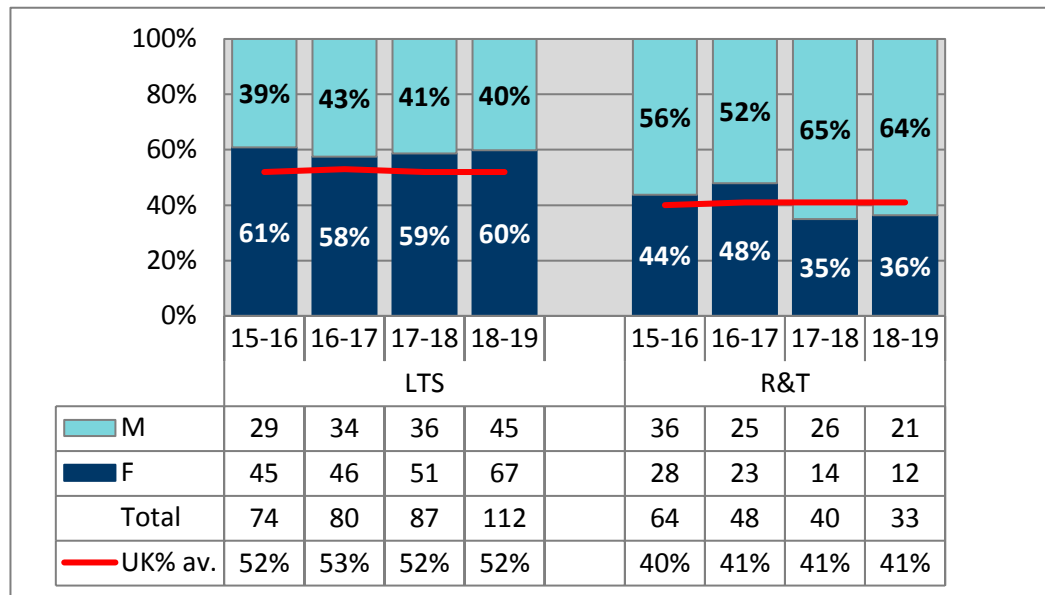
Table 23. Working pattern 2018-19. Benchmark: ECU staff statistical report 2018, staff by activity, mode and gender

Gender	Status	% Total Gender	UK% av.
F	Full-time	63%	60%
	Part-time	37%	40%
M	Full-time	83%	73%
	Part-time	17%	27%
Overall	Full-time	72%	68%
	Part-time	28%	32%

BAP actions facilitated flexible working arrangements and ensured HR policies were accessed and applied.

36% currently work part-time – 78%F. No readers/professors have been part-time, however, G9 has seen uptake of part-time working patterns by both women and, since 2015-16, men.

Table 24. Gender distribution of SoMDN staff by contract function. Benchmark ECU academic staff by research/teaching contract type and gender



Staff have transitioned into LTS contracts since 2010 reflecting SoMDN’s primary focus of delivering high-quality teaching. This has rebalanced the job families. The LTS promotion track now allows for promotion to professorial grade (see 5.1.iii).

Research-only numbers are few; historically, women dominated this group but in 2018-19 equity was achieved.

Table 25. Academic staff by grade

Clinical																
Grade	2015-16				2016-17				2017-18				2018-19			
	F	%F	M	Total	F	%F	M	Total	F	%F	M	Total	F	%F	M	Total
Clinical Research Fellow ⁵	7	58%	5	12	6	60%	4	10	7	70%	3	10	5	42%	7	12
Clinical University Lecturer	8	73%	3	11	8	67%	4	12	7	58%	5	12	7	64%	4	11
Clinical Lecturer	7	50%	7	14	5	38%	8	13	4	31%	9	13	2	20%	8	10
Senior Clinical University Lecturer	11	58%	8	19	9	56%	7	16	6	50%	6	12	6	50%	6	12
Senior Clinical Lecturer	6	55%	5	11	6	67%	3	9	7	64%	4	11	8	62%	5	13
Senior Clinical Research Fellow	1	100%	0	1	1	100%	0	1	1	100%	0	1	1	100%	0	1
Clinical Consultant	5	63%	3	8	6	86%	1	7	5	83%	1	6	5	63%	3	8
Clinical Reader	0	0%	1	1	0	0%	1	1	0	0%	1	1	0	0%	1	1
Clinical Professor	3	15%	17	20	3	19%	13	16	3	20%	12	15	3	23%	10	13
Total	48	49%	49	97	44	52%	41	85	40	49%	41	81	37	46%	44	81
Non-clinical																
Grade 6	11	73%	4	15	10	71%	4	14	10	71%	4	14	19	68%	9	28
Grade 7	17	85%	3	20	18	78%	5	23	14	67%	7	21	15	63%	9	24
Grade 8	13	54%	11	24	14	58%	10	24	15	71%	6	21	12	63%	7	19
Grade 9	16	64%	9	25	16	64%	9	25	13	57%	10	23	14	58%	10	24
Reader	1	50%	1	2	0	0%	1	1	0	0%	1	1	0	0%	1	1
Professor	2	50%	2	4	2	50%	2	4	3	60%	2	5	3	43%	4	7
Total	60	67%	30	90	60	66%	31	91	55	65%	30	85	63	61%	40	103
Overall Total	108	58%	79	187	104	59%	72	176	95	57%	71	166	100	54%	84	184

⁵ Clinical Research Fellows are clinicians undertaking PhDs whilst maintaining clinical practice and training with the NHS.

Figure 41. SoMDN overall clinical grade pipeline by gender

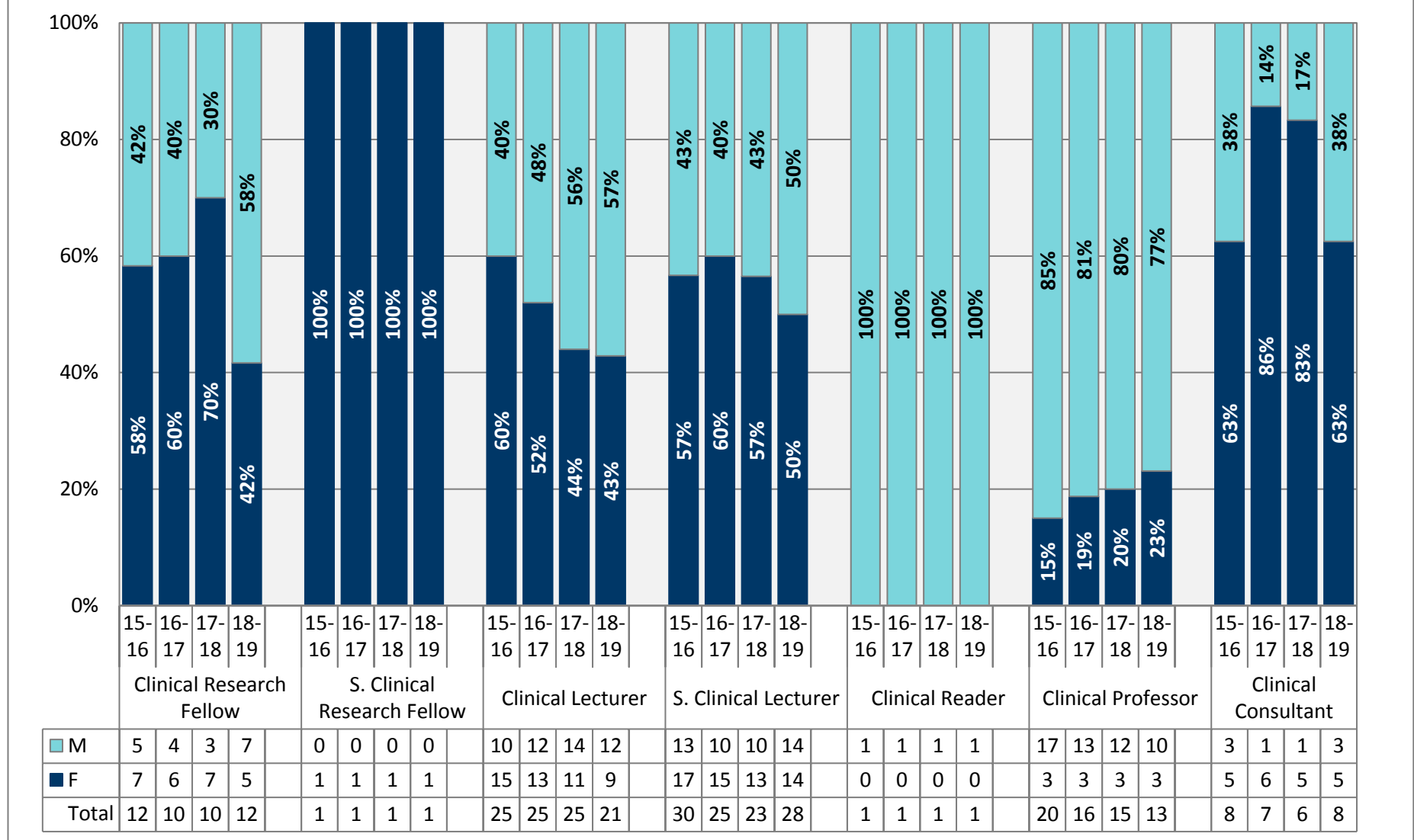
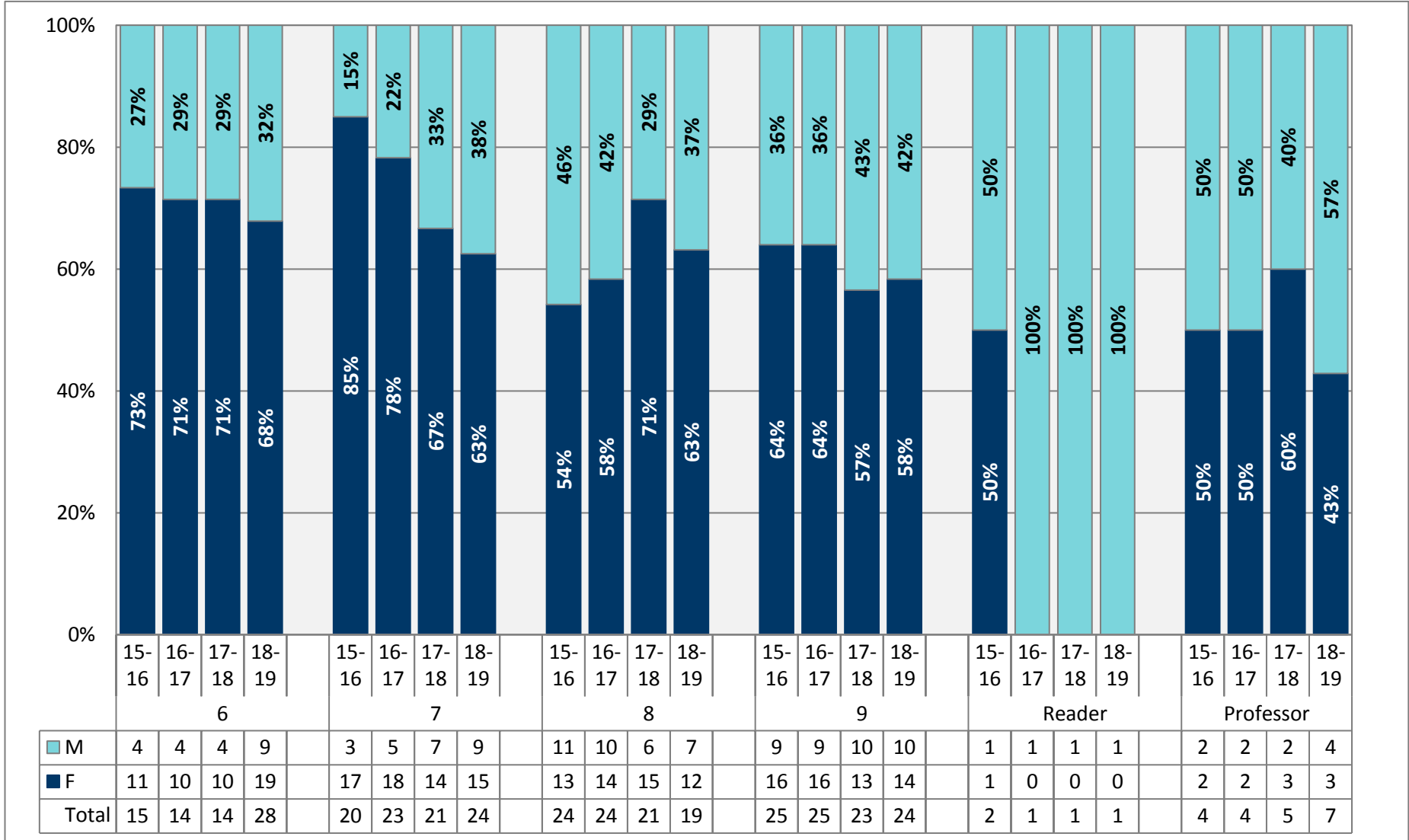


Figure 42. SoMDN overall non-clinical grade pipeline by gender



Women are well represented in senior clinical grades (>50%) with the exception of Professor. The gender balance has improved since Bronze (and is now closer to the ECU overall benchmark [25%]). As a result of 2018-19 promotions (thus will be shown in 2019-20 data), 2F professors were appointed, which can be partially attributed to BAP actions to support academic career progression (see 5.3.iii). These appointments have increased the proportion of female clinical professors from 15% in 2015-16 to 33% in 2019.

In the non clinical grades G6 is predominantly female and women are not progressing to G7. This will be analysed to provide tailored support. Progress is being made, however, in correcting the lower female progression between G7 and G8 identified by Bronze. There is also positive progression between G8-9.

The non-clinical professoriat has more male representation than 2015-16 but there has been an increase in female professors with 2017-18 seeing the highest ever number. In the 2019 promotion round, a fourth non-clinical female professor was appointed giving a 50:50 gender-balance.

SAP 2.2 Formally consider succession planning into annual PDR process to continue to identify staff for leadership roles and training

SAP 2.4 Continue to develop support for both clinical and non-clinical applicants to promoted posts through tailored promotions advice and guidance regarding promotions

Overall, women (G9 and below) continue to hold ≥50% of non-clinical posts.

Table 26. Medicine: Academic staff

Clinical																
	2015-16				2016-17				2017-18				2018-19			
	F	%F	M	Total	F	%F	M	Total	F	%F	M	Total	F	%F	M	Total
Clinical Research Fellow	7	58%	5	12	6	60%	4	10	7	70%	3	10	5	42%	7	12
Clinical University Lecturer	4	80%	1	5	4	67%	2	6	4	67%	2	6	4	80%	1	5
Clinical Lecturer	5	50%	5	10	3	33%	6	9	2	22%	7	9	1	14%	6	7
Senior Clinical University Lecturer	8	80%	2	10	5	83%	1	6	2	67%	1	3	2	100%		2
Senior Clinical Lecturer	2	40%	3	5	2	50%	2	4	3	60%	2	5	3	60%	2	5
Clinical Consultant	5	63%	3	8	6	86%	1	7	5	83%	1	6	5	63%	3	8
Clinical Reader		0%	1	1		0%	1	1		0%	1	1		0%	1	1
Clinical Professor	2	15%	11	13	2	22%	7	9	2	22%	7	9	2	25%	6	8
Total	33	52%	31	64	28	54%	24	52	25	51%	24	49	22	46%	26	48
Non-clinical																
Grade 6	5	83%	1	6	6	86%	1	7	7	88%	1	8	17	77%	5	22
Grade 7	13	81%	3	16	13	81%	3	16	11	73%	4	15	12	71%	5	17
Grade 8	8	80%	2	10	8	80%	2	10	7	88%	1	8	7	88%	1	8
Grade 9	10	59%	7	17	10	63%	6	16	9	56%	7	16	8	57%	6	14
Reader	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Professor	2	67%	1	3	1	50%	1	2	2	67%	1	3	2	40%	3	5
Total	38	73%	14	52	38	75%	13	51	36	72%	14	50	46	70%	20	66
Overall Total	71	61%	45	116	66	64%	37	103	61	62%	38	99	68	60%	46	114

Figure 43. Medicine: Clinical pipeline

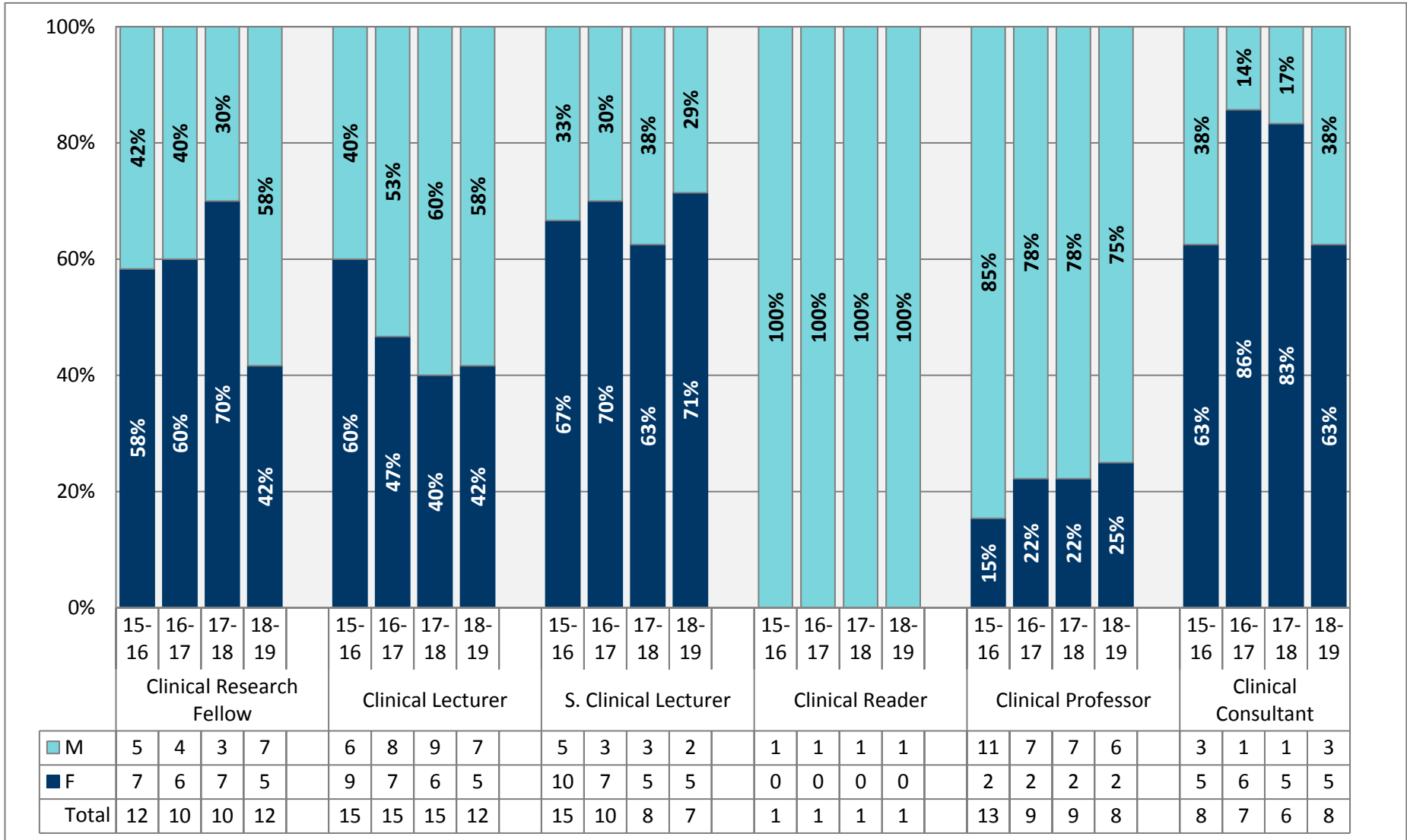
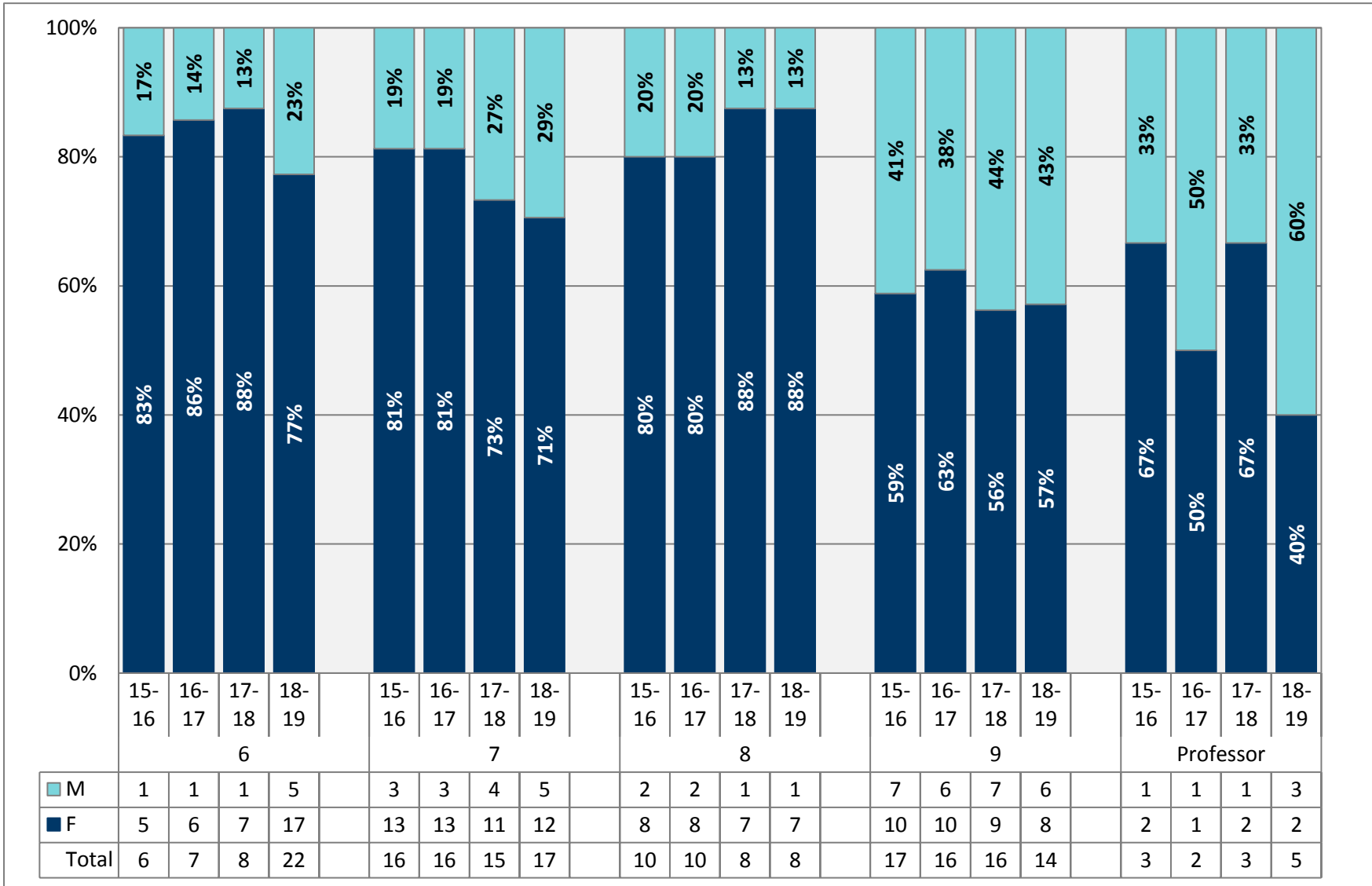


Figure 44. Medicine: Non-clinical pipeline



Medicine

Over 60% of Senior Clinical Lecturers are women, however, there is a stark drop off in progression to Clinical Professor. BAP actions to increase female representation have been successful but this final career progression point is proving particularly challenging and will be proactively addressed (**SAP 2.4**).

The drop in female clinical lecturer numbers is in line with national trends. The NHS has better family friendly Ts&Cs anecdotally known to play into this. Strategic discussion will be encouraged at national level.

In 2018-19, there was a rise in numbers of non clinical G6 women, which can be partially explained by patterns of course delivery – additional staff were employed to deliver specific elements (i.e. Problem-based learning). The predominance of women in G6 needs further exploration, to ensure that support is provided to all of those who wish to progress their career in academia (**SAP 2.4**)

Progress is being made in female progression through G7-10.

Table 27. Dentistry: Academic staff

Clinical																
	2015-16				2016-17				2017-18				2018-19			
	F	%F	M	Total	F	%F	M	Total	F	%F	M	Total	F	%F	M	Total
Clinical University Lecturer	4	67%	2	6	4	67%	2	6	3	50%	3	6	3	50%	3	6
Clinical Lecturer	2	50%	2	4	2	50%	2	4	2	50%	2	4	1	33%	2	3
Senior Clinical University Lecturer	3	33%	6	9	4	40%	6	10	4	44%	5	9	4	40%	6	10
Senior Clinical Lecturer	4	67%	2	6	4	80%	1	5	4	67%	2	6	5	63%	3	8
Senior Clinical Research Fellow	1	100%	0	1	1	100%	0	1	1	100%	0	1	1	100%	0	1
Clinical Professor	1	14%	6	7	1	14%	6	7	1	17%	5	6	1	20%	4	5
Total	15	45%	18	33	16	48%	17	33	15	47%	17	32	15	45%	18	33
Non-clinical																
Grade 6	2	50%	2	4	1	33%	2	3	1	33%	2	3	1	25%	3	4
Grade 7	1	100%	0	1	2	67%	1	3	2	50%	2	4	1	33%	2	3
Grade 8	1	13%	7	8	1	14%	6	7	1	20%	4	5	1	25%	3	4
Grade 9	1	33%	2	3	1	25%	3	4	1	25%	3	4	1	20%	4	5
Reader	0	0%	1	1	0	0%	1	1	0	0%	1	1	0	0%	1	1
Professor	0	0%	1	1	0	0%	1	1	0	0%	1	1	0	0%	1	1
Total	5	28%	13	18	5	26%	14	19	5	28%	13	18	4	22%	14	18
Overall Total	20	39%	31	51	21	40%	31	52	20	40%	30	50	19	37%	32	51

Figure 45. Dentistry: Clinical pipeline

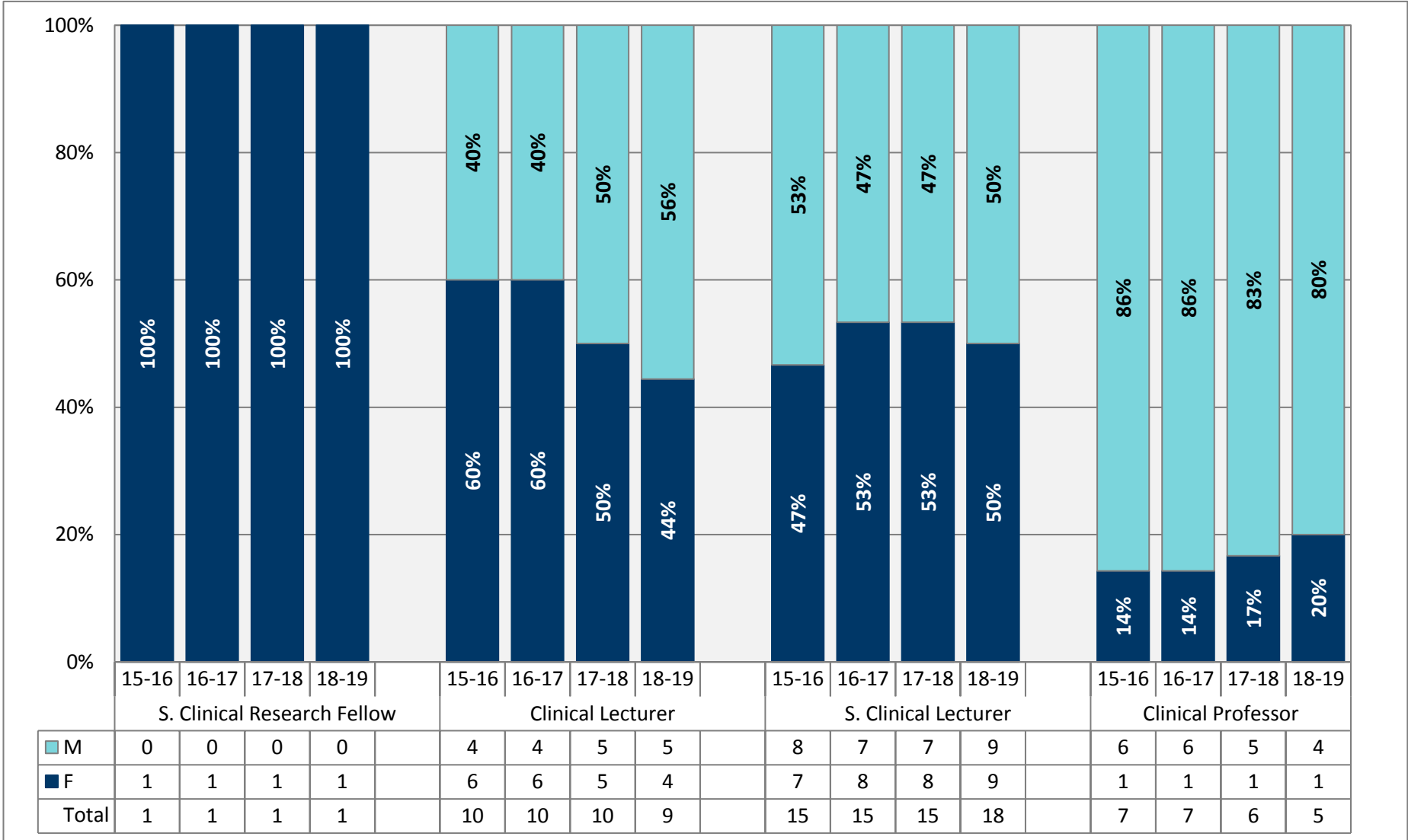
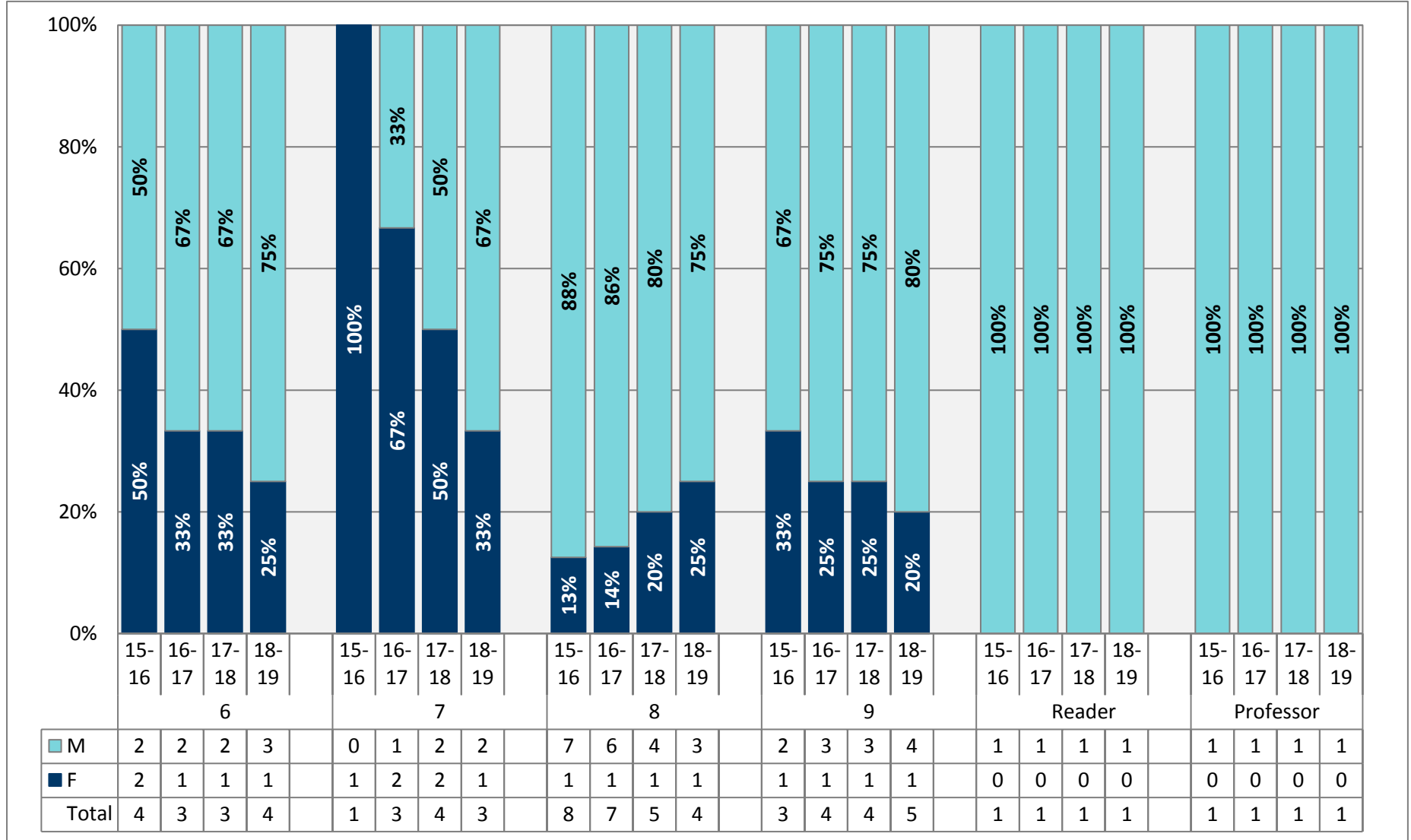


Figure 46. Dentistry: Non-clinical pipeline



Dentistry

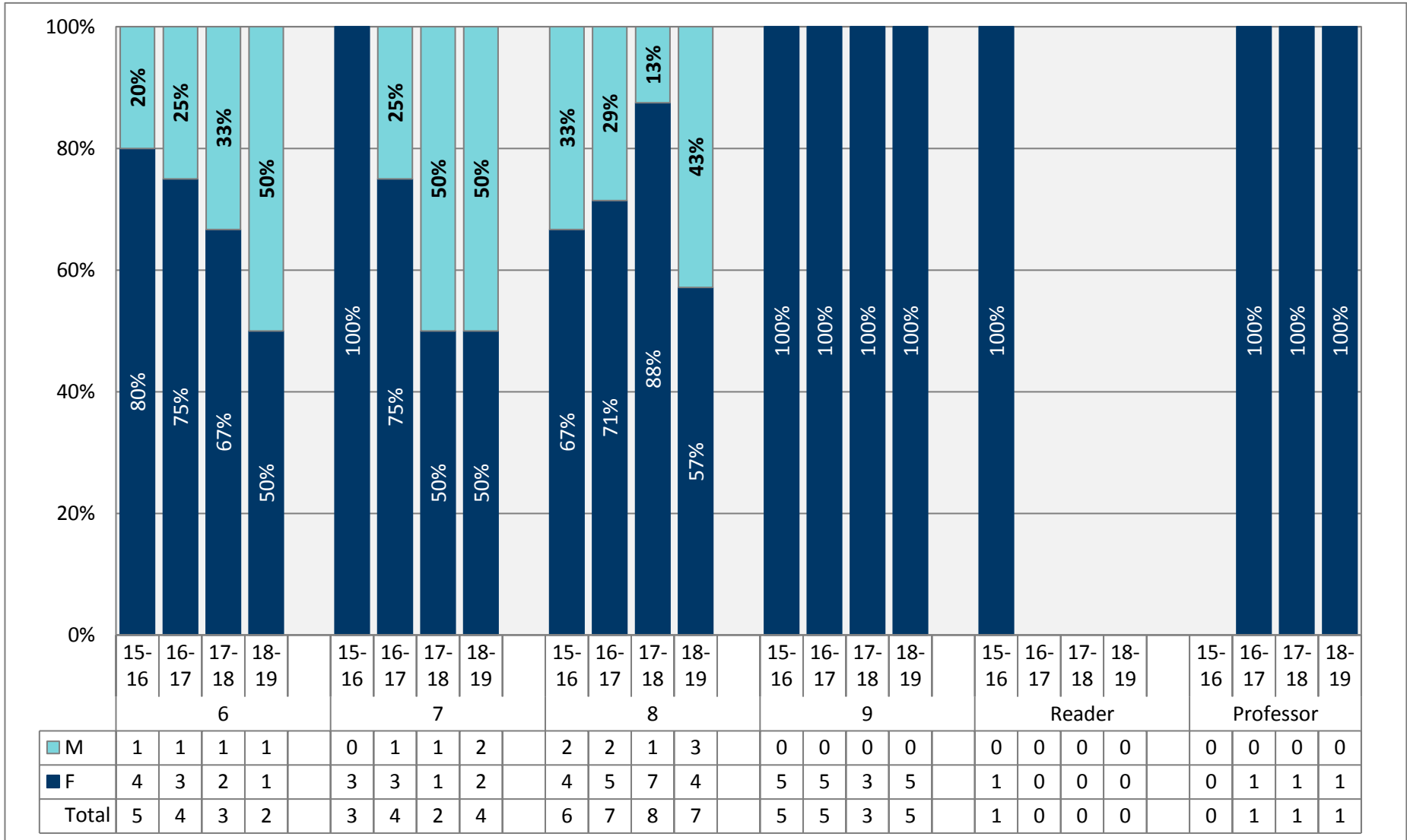
The Clinical Lecturer and Senior Clinical Lecturer groups are now well balanced, but a gender imbalance remains. There will be a change in the 19/20 Clinical Professor numbers to 50:50 as a result of leavers and female promotion.

The small staff numbers who are static in terms of progressors/leavers, makes this a particularly challenging recalibrate. The SAT Chair [F] is a member of Dental School staff and they have been actively engaged in SAT activities. The male Head of the Dental School actively supports female progression/AS activity. **(SAP 2.2, 2.4)**.

Table 28. Nursing & Health Care: Academic staff

	2015-16				2016-17				2017-18				2018-19			
	F	%F	M	Total	F	%F	M	Total	F	%F	M	Total	F	%F	M	Total
6	4	80%	1	5	3	75%	1	4	2	67%	1	3	1	50%	1	2
7	3	100%	0	3	3	75%	1	4	1	50%	1	2	2	50%	2	4
8	4	67%	2	6	5	71%	2	7	7	88%	1	8	4	57%	3	7
9	5	100%	0	5	5	100%	0	5	3	100%	0	3	5	100%	0	5
Reader	1	100%	0	1	-	-	-	-	-	-	-	-	-	-	-	-
Professor	-	-	-	-	1	100%	0	1	1	100%	0	1	1	100%	0	1
Total	17	85%	3	20	17	81%	4	21	14	82%	3	17	13	68%	6	19

Figure 47. Nursing: Non-clinical pipeline



Nursing & Health Care (N&HC)

Male representation across junior grades (G6-8) bucks the UK trend. Since Bronze, 3M staff have been recruited. Overall men hold 32% of positions which is above the ECU benchmarking of 25%. This increase has allowed N&HC to target recruitment activity at men and to provide male role models for incoming students.

In 2019-20, a further 1F professorial promotion was achieved.

Where relevant, comment on the transition of technical staff to academic roles.

There has been no transition of technical staff to academic roles This is not entirely unexpected given the core School business is delivering teaching with a much smaller, though successful, focus on research. New requests would be considered and supported where possible.

, 2.4).

Figure 48. Number/proportion of clinical staff by contract type/gender

	F							M						
	Fixed-term			Open-ended			Total	Fixed-term			Open-ended			Total
	No.	%	UK% av.	No.	%	UK% av.		No.	%	UK% av.	No.	%	UK% av.	
2015-16	18	38%	41%	30	63%	60%	48	13	27%	27%	36	73%	73%	49
2016-17	14	33%	37%	29	67%	63%	43	12	29%	33%	29	71%	67%	41
2017-18	14	33%	36%	28	67%	64%	42	12	29%	32%	30	71%	68%	42
2018-19	10	27%	36%	27	73%	64%	37	13	30%	32%	31	70%	68%	44

* *Open-ended includes 'open-ended with funding end-dates'*

Figure 49. Non-clinical academic staff by contract type

	Grade	F						M							
		Fixed-term		Open-ended		Total	Fixed-term		Open-ended		Total				
		No.	%	No.	%		No.	%	No.	%					
15-16	6	4	36%	-	7	64%	-	11	1	25%	-	3	75%	-	4
	7	2	12%	-	15	88%	-	17	1	33%	-	2	67%	-	3
	8	0	0%	-	13	100%	-	13	0	0%	-	11	100%	-	11
	9	0	0%	-	16	100%	-	16	0	0%	-	9	100%	-	9
	Reader	0	0%	-	1	100%	-	1	0	0%	-	1	100%	-	1
	Prof	0	0%	-	2	100%	-	2	0	0%	-	2	100%	-	2
	All	6	10%	41%	54	90%	60%	60	2	7%	27%	28	93%	73%	30
16-17	6	4	40%	-	6	60%	-	10	1	25%	-	3	75%	-	4
	7	3	18%	-	14	82%	-	17	0	0%	-	5	100%	-	5
	8	0	0%	-	14	100%	-	14	0	0%	-	10	100%	-	10
	9	0	0%	-	16	100%	-	16	0	0%	-	9	100%	-	9
	Reader	0	-	-	0	-	-	0	0	0%	-	1	100%	-	1
	Prof	0	0%	-	2	100%	-	2	0	0%	-	2	100%	-	2
	All	7	12%	37%	52	88%	63%	59	1	3%	33%	30	97%	67%	31
17-18	6	5	50%	-	5	50%	-	10	2	50%	-	2	50%	-	4
	7	2	14%	-	12	86%	-	14	2	29%	-	5	71%	-	7
	8	1	7%	-	14	93%	-	15	0	0%	-	6	100%	-	6
	9	0	0%	-	13	100%	-	13	1	10%	-	9	90%	-	10
	Reader	0	-	-	0	-	-	0	0	0%	-	1	100%	-	1
	Prof	0	0%	-	3	100%	-	3	0	0%	-	2	100%	-	2
	All	8	15%	36%	47	85%	64%	55	5	17%	32%	25	83%	68%	30
18-19	6	16	84%	-	3	16%	-	19	5	56%	-	4	44%	-	9
	7	4	27%	-	11	73%	-	15	0	0%	-	9	100%	-	9
	8	0	0%	-	12	100%	-	12	0	0%	-	7	100%	-	7
	9	0	0%	-	14	100%	-	14	1	10%	-	9	90%	-	10
	Reader	0	-	-	0	-	-	0	0	0%	-	1	100%	-	1
	Prof	0	0%	-	3	100%	-	3	0	0%	-	4	100%	-	4
	All	20	32%	36%	43	68%	64%	63	6	15%	32%	34	85%	68%	40

- (ii) Academic and research staff by grade on fixed-term, open-ended/permanent and zero-hour contracts by gender

Comment on the proportions of men and women on these contracts. Comment on what is being done to ensure continuity of employment and to address any other issues, including redeployment schemes.

BAP PROGRESS

- 'Zero hours' contract removed
- Most female academic staff are on open-ended contracts – 73% clinical, 68% non-clinical (2018-19), consistently higher than benchmarking

In line with University policy the School no longer issues zero hours contracts.

Fixed-term contracts are used for employment periods of < 1 year. Open-ended contracts with funding end-dates are normally used for grant or other externally funded projects of fixed duration.

Clinical

72% of clinical staff have open-ended contracts – 47% of whom are female.

Clinical staff on fixed-term contracts hold clinical training posts. They are supported with career advice throughout training by their educational supervisor and training programme director. At contract end, staff choose to follow a career as a clinical academic or move to an NHS role.

The fixed-term:open-ended contracts are gender-balanced.

Non-clinical

75% of non-clinical academics have open-ended contracts (56% of which are female).

There are more females on fixed-term contracts. This has increased significantly in 18/19 and reflects the different ways in which staff are employed to deliver the MBChB curriculum.

HR generate emails to staff/their line managers from three months from contract prompting contract renewal or advice to be sought regarding alternative opportunities. It allows staff to be placed on the UofG Redeployment Register. Staff are invited to join the register 6-months before end-of-funding. Line Managers offer staff approaching the end of their contracts help and support. It is recognised the School could be more proactive here (**SAP 2.6**).

Table 29. Clinical leavers by grade/gender

	Grade	F				M			
		Leavers	% Leavers	Total Staff	Reasons	Leavers	% Leavers	Total Staff	Reasons
2015-16	Clinical Research Fellow	1 FT	14%	7	EoC (1); Res (1); Retiral (1)	4 FT	80%	5	EoC (3); Res (2); Red (1)
	Clinical University Lecturer	0	0%	8		0	0%	3	
	Senior Clinical University Lecturer	1 FT	9%	11		2 FT	25%	8	
	Clinical Lecturer	0	0%	7		0	0%	7	
	Clinical Reader	-	-	-		0	0%	1	
	Clinical Professor	1 PT	33%	3		0	0%	17	
2016-17	Clinical Research Fellow	3 FT	50%	6	EoD (1); Res (2); Red (2)	1 FT	25%	4	EoC (1); Retiral (3)
	Clinical University Lecturer	1 FT	13%	8		0	0%	4	
	Senior Clinical University Lecturer	0	0%	9		1 FT	14%	7	
	Clinical Lecturer	1 FT	20%	5		0	0%	8	
	Clinical Reader	0	-	0		0	0%	1	
	Clinical Professor	0	0%	3		2 FT	15%	13	
2017-18	Clinical Research Fellow	4 FT	57%	7	EoC (1); Res (4)	4 FT	100%	3	EoC (4); Res (2); Retiral (1)
	Clinical University Lecturer	1 FT	14%	7		1 PT	20%	5	
	Senior Clinical University Lecturer	0	0%	6		0	0%	6	
	Clinical Lecturer	0	0%	4		0	0%	9	
	Clinical Reader	0	-	0		0	0%	1	
	Clinical Professor	0	0%	3		2 FT	17%	12	
2018-19	Clinical Research Fellow	1 FT	20%	5	EoC (1)	0	0%	7	Res (1); Retiral (1)
	Clinical University Lecturer	0	0%	7		0	0%	4	
	Senior Clinical University Lecturer	0	0%	6		0	0%	6	
	Clinical Lecturer	0	0%	2		1 PT	13%	8	
	Clinical Reader	0	-	0		0	0%	1	
	Clinical Professor	0	0%	3		1 FT	10%	10	
Total	FT	13 (93% of all leavers)				17 (89% of all leavers)			
	PT	1 (7% of all leavers)				2 (11% of all leavers)			

* EoC = End of contract; Red = Redundancy; Res = Resignation

Table 30. Clinical leaver destinations

	Destination	F	M	Total
2015-16	Not Known	1	1	2
	NHS/General Medical Practice/Dental Practice	1	3	4
	Retired	1	1	2
	Working in higher education	-	1	1
2016-17	Not Known	2	2	4
	NHS/General Medical Practice/Dental Practice	2	-	2
	Working in the private sector	1	-	1
	Retired	-	2	2
2017-18	Not Known	3	5	8
	NHS/General Medical Practice/Dental Practice	1	1	2
	Working in another public sector org	1	-	1
	Working in higher education	-	1	1
2018-19	NHS/General Medical Practice/Dental Practice	1	-	1
	Working in higher education	-	1	1
	Retired	-	1	1

Table 31. Non-clinical leavers by grade/gender

	Grade	F				M			
		Leavers	% Leavers	Total F Staff	Reasons	Leavers	% Leavers	Total M Staff	Reasons
2015-16	6	1 FT; 2 PT	27%	11	Red (2); Res (1)	0	0%	4	Death (1); Red (1)
	7	0	0%	17		1 FT	33%	3	
	8	0	0%	13		0	0%	11	
	9	0	0%	16		1 PT	11%	9	
2016-17	6	1 FT	10%	10	Red (2); Res (1); Retiral (2)	1 FT	25%	4	Res (1); Retiral (1)
	7	2 FT	11%	18		0	0%	5	
	8	0	0%	14		0	0%	10	
	9	2 FT	13%	16		1 FT	11%	9	
2017-18	6	1 FT	10%	10	Vol (1); Red (1); Res (2)	1 FT	25%	4	Res (1); Retiral (4)
	7	0	0%	14		0	0%	7	
	8	1 FT	7%	15		2 FT	50%	6	
	9	2 FT	15%	13		1 FT	10%	10	
2018-19	6	1 FT; 1PT	11%	19	EoC (2); Red (4); Res (3); Retiral (2)	0	0%	9	Red (1)
	7	0	0%	15		1 FT	11%	9	
	8	1 FT	8%	12		0	0%	7	
	9	0	0%	14		0	0%	10	
Total	FT	12 (80% of all leavers)				8 (89% of all leavers)			
	PT	3 (20% of all leavers)				1 (11% of all leavers)			

* EoC = End of contract; Red = Redundancy; Res = Resignation; Vol = Voluntary Severance

Table 32. Non-clinical leaver destinations

	Destination	F	M	Total
2015-16	Not Known	2	2	4
	Working in higher education	1	-	1
2016-17	Not Known	1	1	2
	Retired	2	1	3
	Working in the private sector	1	-	1
	NHS/General Medical Practice/Dental Practice	1	-	1
2017-18	Not Known	3	4	7
	Retired	-	1	1
	Working in higher education	1	-	1
2018-19	Not Known	2	1	3
	Not in regular employment	1	-	1

(iii) Academic leavers by grade and gender and full/part-time status

Comment on the reasons academic staff leave the department, any differences by gender and the mechanisms for collecting this data.

Clinical

Clinical Research Fellow/Lecturers are fixed-term training grades leading to clinical senior lecturer or NHS consultant on completion of training.

There is no system in place to formally record leavers information, which will initially be addressed by the establishment of a new HR working group (**SAP 1.2**).

Non-clinical

There are low numbers of non-clinical female leavers – most are G6. 6F senior staff (G8&9) left since Bronze. Reasons for these departures are, again, moving for a promoted post or retirement.

For 57%F/77%M of leavers, destinations are unknown. Uptake of exit interviews is low meaning there is data which needs to be collected.

SAP 2.9 Accurately record destinations of leavers through confidential leavers surveys or by line manager reports

5. SUPPORTING AND ADVANCING WOMEN'S CAREERS

Recommended word count: Bronze: 6000 words | Silver: 6500 words (Words: 7211) (using 711 words from the additional allowance of 1000 words)

5.1. Key career transition points: academic staff

(i) Recruitment

Break down data by gender and grade for applications to academic posts including shortlisted candidates, offer and acceptance rates. Comment on how the department's recruitment processes ensure that women (and men where there is an underrepresentation in numbers) are encouraged to apply.

BAP PROGRESS

- Recruitment staff have E&D and Recruitment and Selection (including UB) training = 100% compliance (2018-19), surpassing 80% target
- AS included in 100% of recruitment advertisements
- All posts advertised with flexible working options
- **Clinical: 5F applied for senior posts (increased from 0 at Bronze) – 3F successful**
- **Non-clinical: 5F applied for G9/Professor (increased from 0 at Bronze) – 2F successful**

Positions are advertised on UofG's external website/jobs.ac.uk/via relevant clinical journals. Interview panels have a minimum of 1M/1F members. Applications are assessed against essential/desirable criteria before shortlisted applicants are interviewed.

BAP aimed to increase the number of female applicants to senior posts by 30%. To encourage applicants, SoMDN updated job descriptions/advertisements to contain:

- Gender-sensitive language
- Signposting to UofG family-friendly policies
- Inclusive statements reiterating commitment to gender equality/flexible working

Figure 50. Clinical academic recruitment

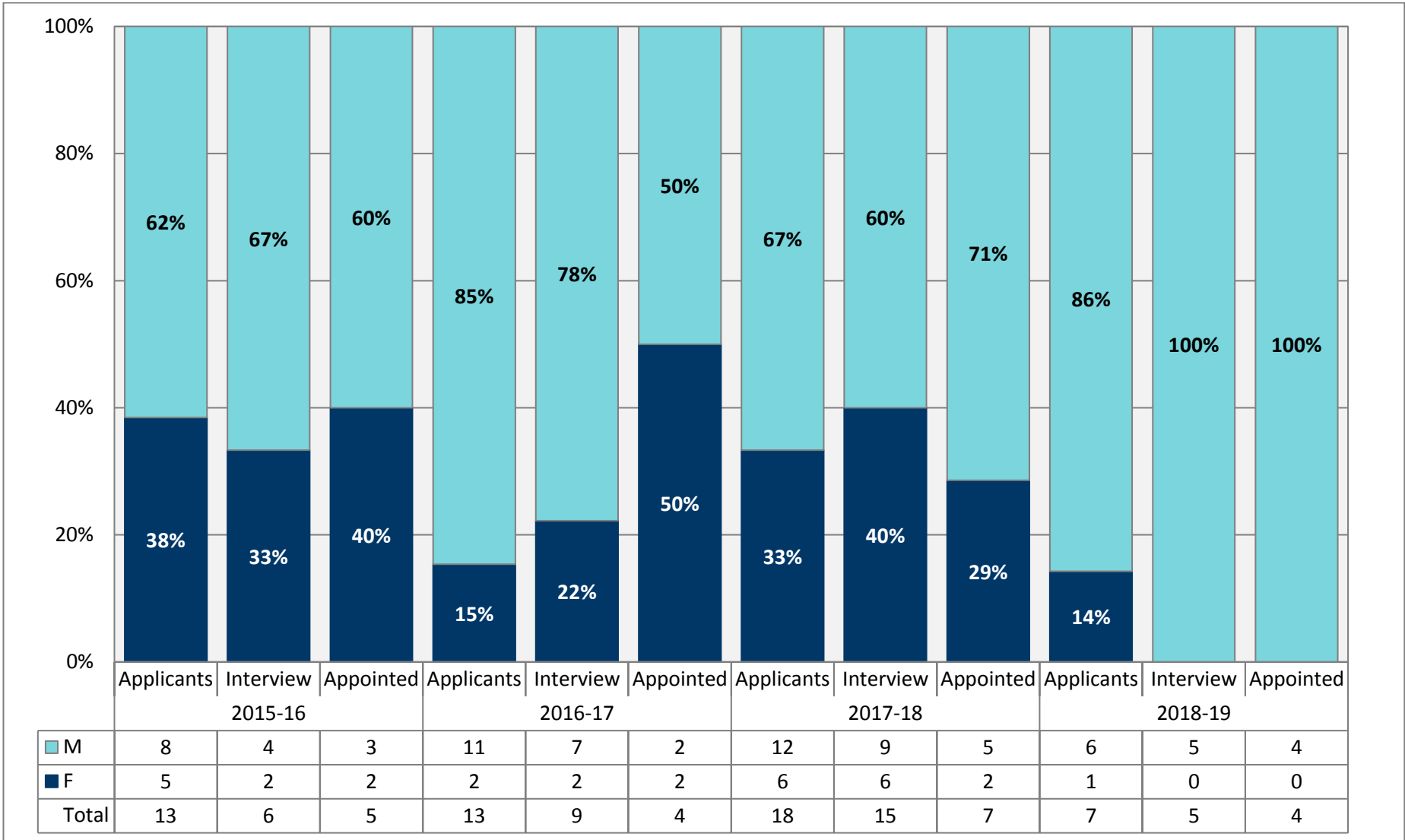


Table 33. Clinical academic recruitment by grade

		2015-16			2016-17			2017-18			2018-19		
		F	%F	M	F	%F	M	F	%F	M	F	%F	M
Clinical Research Fellow	Applications	1	50%	1	1	50%	1	5	36%	9	1	25%	3
	Shortlist	1	50%	1	1	50%	1	4	40%	6	0	0%	3
	Hires	1	100%	0	1	100%	0	1	20%	4	0	0%	2
Clinical Lecturer	Applications	-	-	-	0	0%	3	1	100%	0	0	0%	2
	Shortlist	-	-	-	0	0%	2	1	100%	0	0	0%	1
	Hires	-	-	-	0	0%	1	1	100%	0	0	0%	1
Clinical University Teacher	Applications	-	-	-	-	-	-	-	0%	2	-	-	-
	Shortlist	-	-	-	-	-	-	-	0%	2	-	-	-
	Hires	-	-	-	-	-	-	-	0%	1	-	-	-
Senior Clinical Lecturer	Applications	-	-	-	-	-	-	1	50%	1	0	0%	1
	Shortlist	-	-	-	-	-	-	1	50%	1	0	0%	1
	Hires	-	-	-	-	-	-	1	100%	0	0	0%	1
Senior Clinical University Teacher	Applications	3	60%	2	0	0%	5	-	-	-	-	-	-
	Shortlist	1	50%	1	0	0%	3	-	-	-	-	-	-
	Hires	1	50%	1	0	0%	1	-	-	-	-	-	-
Clinical Consultant	Applications	1	20%	4	1	33%	2	-	-	-	-	-	-
	Shortlist	0	0%	1	1	50%	1	-	-	-	-	-	-
	Hires	0	0%	1	1	100%	0	-	-	-	-	-	-
Clinical Professor	Applications	0	0%	1	-	-	-	-	-	-	-	-	-
	Shortlist	0	0%	1	-	-	-	-	-	-	-	-	-
	Hires	0	0%	1	-	-	-	-	-	-	-	-	-

Figure 51. Non-clinical academic recruitment

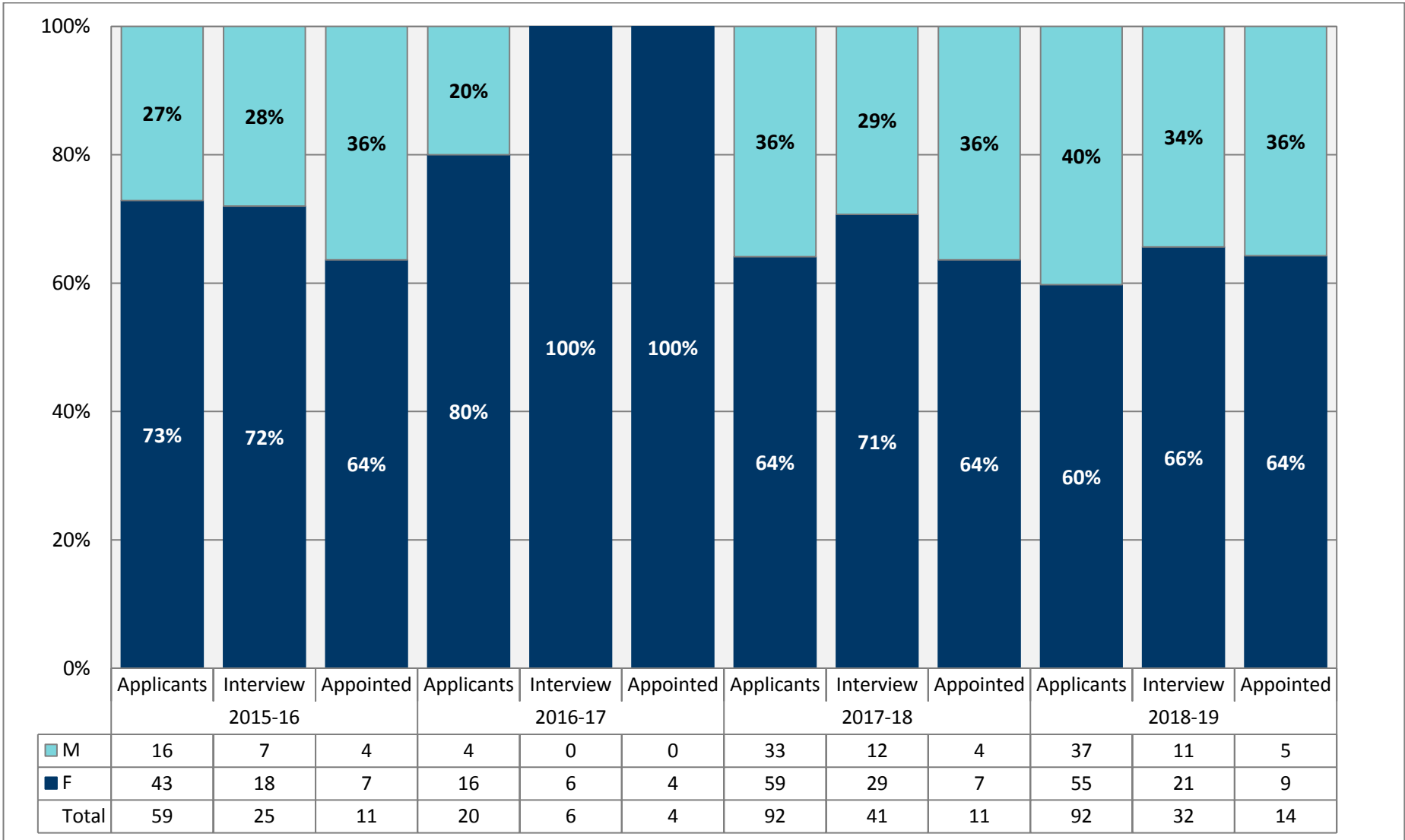


Table 34. Non-clinical recruitment by grade

		2015-16			2016-17			2017-18			2018-19		
		F	%F	M	F	%F	M	F	%F	M	F	%F	M
G6	Applications	26	79%	7	4	57%	3	27	68%	13	19	66%	10
	Shortlist	9	82%	2	2	100%	0	12	75%	4	9	69%	4
	Hires	3	60%	2	1	100%	0	2	50%	2	5	71%	2
G7	Applications	16	64%	9	9	90%	1	20	83%	4	28	61%	18
	Shortlist	8	62%	5	2	100%	0	11	85%	2	7	78%	2
	Hires	3	60%	2	2	100%	0	3	75%	1	2	50%	2
G8	Applications	1	100%	0	-	-	-	12	43%	16	6	40%	9
	Shortlist	1	100%	0	-	-	-	6	50%	6	3	38%	5
	Hires	1	100%	0	-	-	-	2	67%	1	1	50%	1
G9	Applications	-	-	-	3	100%	0	-	-	-	2	100%	0
	Shortlist	-	-	-	2	100%	0	-	-	-	2	100%	0
	Hires	-	-	-	1	100%	0	-	-	-	1	100%	0
Prof	Applications	-	-	-	-	-	-	-	-	-	-	-	-
	Shortlist	-	-	-	-	-	-	-	-	-	-	-	-
	Hires	-	-	-	-	-	-	-	-	-	-	-	-

Clinical

There are small numbers of clinical applications/appointments overall. Junior grades (Clinical Research Fellow, Clinical Lecturer) see most appointments, which are now mostly based in UofG Research Institutes. Senior clinicians are retained unless moving to a promoted post or retirement.

Non-clinical

Female applicants consistently outnumbered male applicants, reflecting UK-wide trends. Although there are fewer G9 posts recruited due to small senior vacancy numbers, **2016-17 saw the highest ever number of women applying to G9 [5]**.

(ii) Induction

Describe the induction and support provided to all new academic staff at all levels. Comment on the uptake of this and how its effectiveness is reviewed.

This section will discuss academic/PSS induction, due to our integrated approach.

BAP PROGRESS

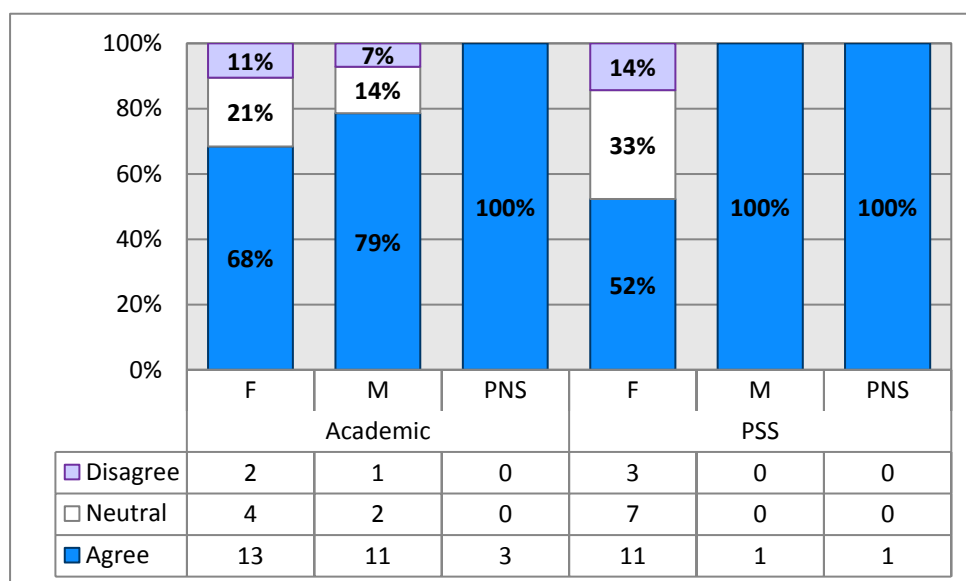
- Induction process reviewed/revised resultant of survey/focus group feedback
- E&D e-training completion is a clear induction expectation
- Informal 'induction buddy' to be formalised in SAP
- **e-Induction Pack created, inclusive of family-friendly policies/career development information**

Line managers ensure induction is completed, which run locally for individual new staff (alongside NHS inductions for clinical staff), involving:

- Colleague/site introductions
- Signposting to University training e-modules (Health, Safety & Wellbeing, E&D) and staff benefits/facilities; relocation policy; staff handbook (including family-friendly policies)
- Optional attendance to UofG's welcome event – all new staff/family are invited
- Informal help/support by new colleagues, facilitating a welcoming/friendly atmosphere

“Very well-structured induction consisting of a tour, introduce yourself to various people, get to know faces, so in terms of the welcome to the specific school, very organised”
R&T, M, G8

Figure 52. "Induction met my needs" (staff employed post-2015) (AS Staff Survey 2018)

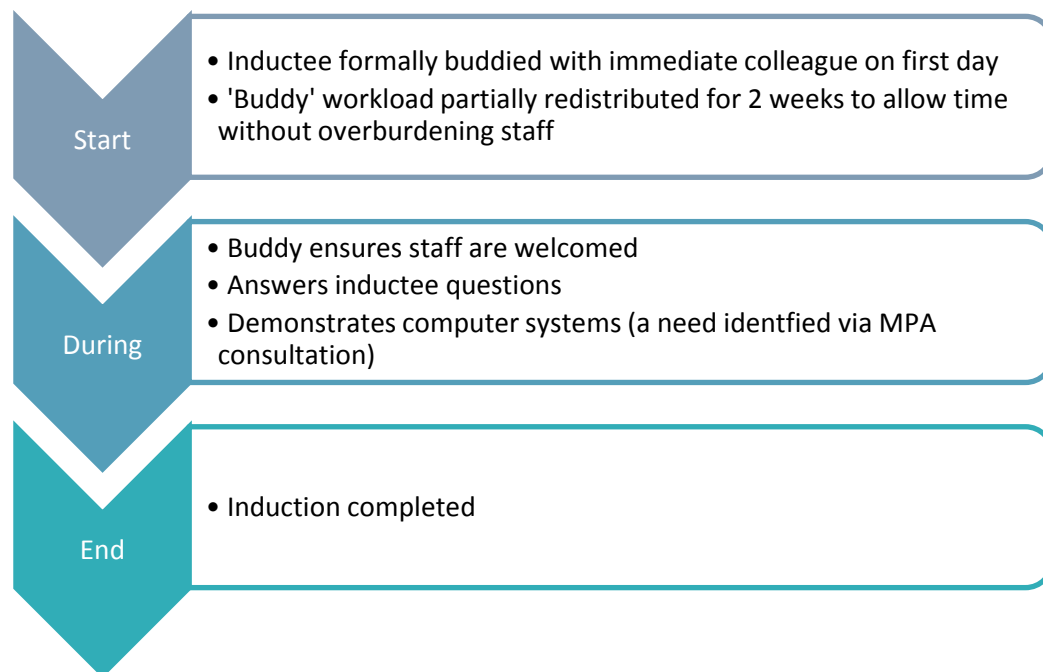


SoMDN recognised a need for enhanced induction information, delivered consistently – **1F MPA senior staff member was identified to lead the Induction Group**. Staff survey/focus group feedback from inductees (starting after 2015) partially informed the creation of SoMDN’s ‘e-Induction Pack’ (2019), including:

- HoS welcome statement
- UofG-wide policies (parental leave, buddying, child-care schemes, Keeping-in-Touch days, training)
- SoMDN policies (core hours, part-time/flexible working, mentoring)
- Career development opportunities (training, secondments)
- SoMDN AS Flyer

Staff consultations (2019) discussed the need for formalised ‘induction buddies’, to ease new staff transitions:

Figure 53. Formalised Induction Buddy process



SAP 2.8 Increase the effectiveness of induction through formalised buddying scheme and consistent e-Induction Pack use

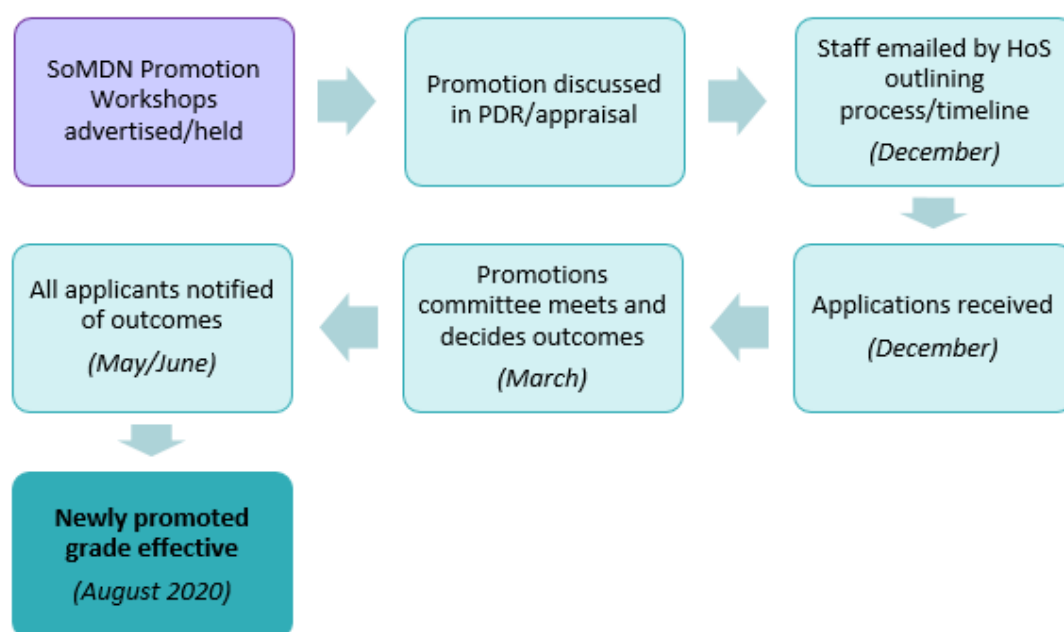
(iii) Promotion

Provide data on staff applying for promotion and comment on applications and success rates by gender, grade and full- and part-time status. Comment on how staff are encouraged and supported through the process.

BAP PROGRESS

- 3 Promotion Workshops designed/delivered by HoS/Deputy HoS
- Academic Clinician job family introduced, recognising the time some clinical academics devote to NHS work
- Clinical academic mentoring lead (HoS, appointed 2019) supports female staff aiming to achieve senior positions by nominating mentors
- **Promotion applications increased from 9 (over Bronze) to 25 [16F:9M] – 4 x increase in female applications**
- **4F promoted to Professor since 2015/16. In 2019/20 (not shown in data), additional 3F promoted to Professor. 0F applied throughout Bronze**

Figure 54. Promotions process



Our BAP aimed to enhance support for promotions. Heads of each SoMDN School identify staff eligible for promotion annually, ensuring they are encouraged, informed and supported through this process by:

- Offering staff preparing an application a mentor (**see 5.3.iii**)
- Facilitating relevant UofG training course attendance by allowing timetable space/ensuring academic cover

Applications have increased throughout 2015-19 [16F:9M] in comparison with during Bronze [4F:5M] and have a high success rate. **In 2018-19, 11 senior promotion applications were submitted [8F:3M] – 5F were for professorship.** 18% of applications have been by part-time staff – 67% were successful; 79% of full-time applications were successful.

A major positive BAP impact has been the introduction of UofG-revised promotion policies for LTS staff, enabling progression to Professor – **since then, 3F/1M LTS staff have achieved professorship.**

Table 35. Promotions

Grade Applied For	Year	F						M					
		Applications				Success		Applications				Success	
		No.	%	Full-time/ Part-time	Track (no.)	No.	%	No.	%	Full-time/ Part-time	Track (no.)	No.	%
7	2015-16	-	-	-	-	-	-	-	-	-	-	-	-
	2016-17	-	-	-	-	-	-	-	-	-	-	-	-
	2017-18	1	100%	1 FT	R-only (1)	0	0%	0	0%	-	-	-	-
	2018-19	-	-	-	-	-	-	-	-	-	-	-	-
8	2015-16	1	100%	1 PT	LTS (1)	1	100%	0	0%	-	-	-	-
	2016-17	1	100%	1 FT	LTS (1)	1	100%	0	0%	-	-	-	-
	2017-18	1	100%	1 PT	LTS (1)	1	100%	0	0%	-	-	-	-
	2018-19	2	100%	1 FT/1 PT	R&T (1); LTS (1)	2	100%	0	0%	-	-	-	-
9	2015-16	1	33%	1 FT	R&T (1)	1	100%	2	67%	2 FT	R&T (1); LTS (1)	1	50%
	2016-17	0	0%	-	-	-	-	1	100%	1 FT	R&T	1	100%
	2017-18	2	67%	2 FT	LTS (2)	2	100%	1	33%	1 FT	LTS	1	100%
	2018-19	1	25%	1 FT	LTS (1)	1	100%	3	75%	3 FT	R&T (1); LTS (2)	2	67%
Professor	2015-16	-	-	-	-	-	-	-	-	-	-	-	-
	2016-17	1	50%	1 FT	LTS (1)	1	100%	1	50%	1 FT	R&T	0	0%
	2017-18	-	-	-	-	-	-	1	100%	1 FT	LTS	1	100%
	2018-19	5	100%	5 FT	R&T (1); LTS (2); Clin (2)	3	60%	0	0%	-	-	-	-

Table 36. Aggregated promotions data (2015-19)

	F			M		
	Applications	Success	Success Rate	Applications	Success	Success Rate
R&T	3	3	100%	4	3	75%
LTS, AC	12	10	83%	5	3	60%
R-Only	1	0	0%	-	-	-
Total	16	13	81%	9	6	67%

At Bronze, 57%F/68%M academics reported being aware of promotion requirements, however few successful promotions applications were identified – 7 staff [3F:4M] were promoted between 2012-15. Additionally, the lack of a relevant progression track for clinical academics and the difficulties of achieving professorial-level criteria for LTS impacted our predominantly female staff group.

Recently, UofG revised all promotion criteria/job family profiles, with input from each Institute/School, allowing individuals to consider changing career track according to strengths. These changes have included:

- Important enhancements to the Learning, Teaching and Scholarship (LTS) track, including 'Reader' grade (for 2019-20)
- New career tracks for Academic Clinicians and Research Scientists/Technologists

To address the Professorial-level gap and clinical promotion applications, the Academic Clinician job family was created to recognise LTS clinical colleagues who work, usually at least 50% clinically and have significant LTS responsibilities. This allows for promotion through LTS track to be facilitated. This change is still at a relatively early stage with most staff being transferred onto this track within the last 18 months.

To support our BAP aim to increase the transparency of/confidence in the promotions process, the HoS/Deputy HoS delivered informal promotion workshops (since 2017-18), relevant to each School sub-discipline, which:

- Aimed to encourage staff engagement
- Highlight senior support for career progression
- Clarified new promotion criteria
- Challenged common promotions misperceptions (e.g. “part-time staff are less likely to be promoted”)
- Provided a platform for arranging informal mentoring through post-workshop networking

Attendees were predominantly female [17F:4M]. Positive feedback following workshops (and increased promotion applications) demonstrates success of this BAP action:

“It was informal and small – a good forum for questions and chatting – I was offered support by a senior person during our conversation after the workshop. Really helpful!”

“Realistic, down-to-earth feedback... Done in a fair, honest and kind, professional way”

“It demystified the process, making me realise that people of grades higher go through the same. It made promotion seem more achievable”

Staff suggestions for workshop improvement informed our SAP, aiming to further enhance support:

- 5-min ‘one-to-ones’ with HoS to be made available, to clarify queries
- Hold workshops earlier in year

SAP 2.1 Provide tailored promotions support through annual Promotion Workshops delivered across sites, modified in response to feedback

(iv) Department submissions to the Research Excellence Framework (REF)

Provide data on the staff, by gender, submitted to REF versus those that were eligible. Compare this to the data for the Research Assessment Exercise 2008. Comment on any gender imbalances identified.

Table 37. Submissions

	F			M		
	Submitted	%	Total	Submitted	%	Total
RAE 2008	13	45%	29	21	62%	34
REF 2014	6	20%	30	19	51%	37

University restructuring (2010) grouped research-focused staff within Institutes external to SoMDN, which is teaching-intensive. In 2014 only 25/67 staff deemed eligible for REF were returned. Career track rationalisation, aiming to ensure contribution is recognised and progression is facilitated for all has occurred since this, meaning that all eligible staff will be returned in REF 2021.

5.2. Key career transition points: professional and support staff (Words: 246)

(i) Induction

Describe the induction and support provided to all new professional and support staff, at all levels. Comment on the uptake of this and how its effectiveness is reviewed.

See 5.1.ii.

(ii) Promotion

Provide data on staff applying for promotion, and comment on applications and success rates by gender, grade and full- and part-time status. Comment on how staff are encouraged and supported through the process.

BAP PROGRESS

- Promoted post opportunities internal/external to SoMDN are circulated to PSS via email
- **Overall 90% regrading success rate – all applications since 2015-16 have been successful partially due to supportive line managers**

PSS-posts are graded on the role/service they are established to provide, not by expertise of postholders. UofG's regrading process allows grading review if a post's responsibilities substantially change. Line managers/HoSA support staff in regrading application preparation.

Line managers monitor role responsibilities of those they manage and are obliged to notify staff when regrading could be possible.

"I was advised by my line manager my responsibilities had changed, and I needed to go for it – and I did get it!"

MPA, F, G5

Figure 55. Regrading

	Gender	Job Family	Grade Applied For	Result	Success Rate
2014-15	F	MPA	5	Unsuccessful	66%
	F	MPA	5	Successful	
	F	T&O		Successful	
2015-16	M	T&O	8	Successful	100%
2016-17	-	-	-	-	-
2017-18	M	T&O	7	Successful	100%
	F	T&O	8	Successful	
	F	T&O	8	Successful	
	F	T&O	9	Successful	
	F	MPA	6	Successful	
2018-19	F	MPA	4	Successful	100%

1F T&O was regraded to G9 – making use of the newly restructured grading system for technicians.

Alternatively, PSS can progress through grades by applying for promoted posts (within/outwith UofG). Currently, staff are encouraged by supportive line managers through ‘acting up’ opportunities/training modules where available (see 5.3.i). **Consultation highlighted the need for further, tailored PSS support in relation to promotion encouragement.** Consequentially, the PSS Career Development Group comprising senior PSS was established (2019) to:

- Focus the provision of relevant skill training (including CV preparation/mock interviews)
- Improve access to tailored career support
- Align SoMDN/College/HR support for SoMDN staff

PDR/Rewarding Contribution processes allow individual performance rewards. Processes are being reviewed at UofG level to increase uptake/success rate. The highest PDR rating is now automatically financially rewarded, a process that is managed by SoMDN.

SAP 2.3 PSS Career Development Group to successfully facilitate career support and skill development

5.3. Career development: academic staff (Words: 2312)

(i) Training

Describe the training available to staff at all levels in the department. Provide details of uptake by gender and how existing staff are kept up to date with training. How is its effectiveness monitored and developed in response to levels of uptake and evaluation?

Because of the integrated approach to aspects of training , this section includes PSS.

BAP PROGRESS

- Training opportunities are highlighted via email/AS website/Twitter/e-Induction Pack
- **100% of staff have completed E&D training; Honorary staff undertake NHS-provided training, including E&D (recognised by SoMDN)**
- Role-specific training modules are identified within e-Induction Pack
- HoSA encouraged all PSS (via email) to participate in UofG’s first PSS conference (Jan 2020)
- **1F MPA attended Aurora, experience which significantly supported ‘acting up’ in senior position**
- **Incidences of training increased by female academic staff (62 to 90)**

Table 38. Incidences of attended training by SoMDN staff:

	F			M		
	Clinical	R&T	PSS	Clinical	R&T	PSS
2015-16	3	33	36	13	8	2
2016-17	2	34	33	11	21	4
2017-18	2	27	45	9	32	5
2018-19	35	55	65	9	14	5

UofG/SoMDN training modules are bookable by all staff online and delivered online or face-to-face. Line managers assess staff development needs through PDR. Our BAP aimed to ensure completion of relevant training by all staff. Line managers strongly encourage/signpost training during induction, and staff having not completed mandatory modules receive targeted email reminders.

Voluntary UB training is available online for all staff, which is promoted in PDR (starting 2016) – **41% SoMDN staff have now completed this module.**

SAP 4.1 Further increase uptake of Unconscious Bias training through consistent e-Induction Pack use and signposting the online training module with aim of further embedding a cultural awareness of gender equality

UofG runs management/leadership programmes, which is promoted through line managers:

Table 39. Leadership nomination/uptake (Aurora, Aspiring)

		F		M	
		Academic	PSS	Academic	PSS
2018-19	Nominated	4	1	0	1
	Offered place	3	1	0	0
2019-17	Nominated	2	2	1	1
	Offered place	1	2	0	0

Numbers are small as places are limited. More women than men have been nominated. PSS are well represented. **There are excellent examples of positive impact from leadership course attendance since Bronze – 2F PSS have progressed to promoted posts; 2F academics have achieved enhanced academic leadership posts.** Clinical staff also undergo external NHS leadership training (which we do not record), e.g. 1F attends Project Lift’s Leadership Cubed Programme for Aspiring Directors.

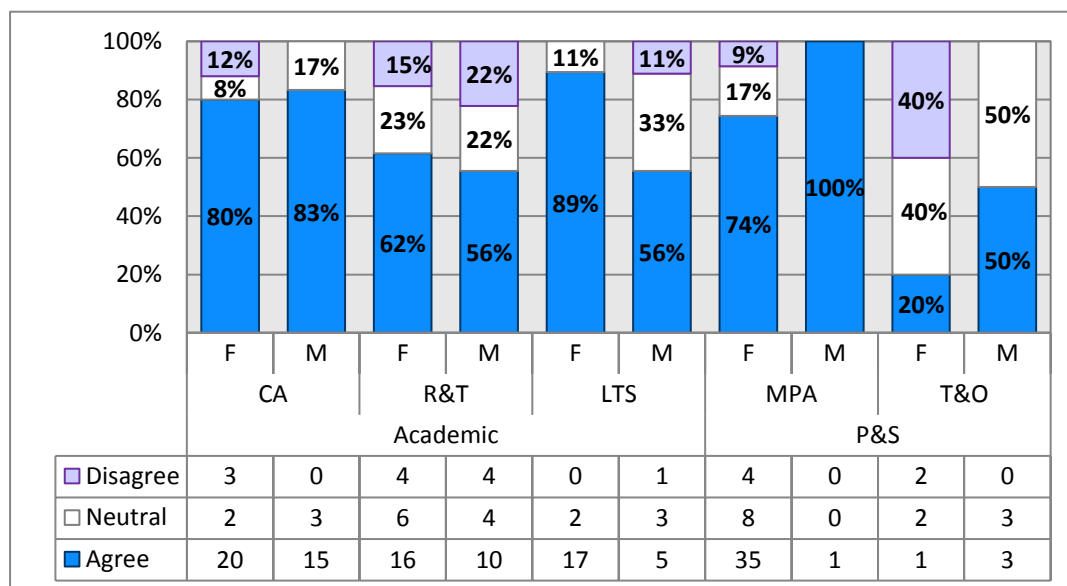
“My Aurora attendance (Edinburgh) was very worthwhile, particularly networking with other mid-career PSS. It helped me to understand that SoMDN issues are also sector-wide. Aurora’s decision to mix academic/PSS is beneficial – it highlights to teaching staff that Higher Education Administration is a career structured career path. Since completing Aurora, I have spent 1y in a G8 management role in an ‘acting up’ capacity.”

MPA, F, G8

SoMDN PDR provides opportunities to monitor training effectiveness/discuss further development needs.

Detailed Silver self-assessment by job family showed that >50% each group reported having access to relevant training courses/development opportunities, apart from T&O staff:

Figure 56. "I have access to relevant training courses/career development opportunities"



T&O consultation found staff are often restricted by academic scheduling and find it difficult to attend most training courses. There are two University-wide initiatives that are in developmental stages, aiming to support PSS:

- The Technician Commitment – UK-wide initiative aiming to support career development of higher education technicians. The initiative’s 2018-20 Action Plan aims to increase the provision of skills development opportunities for technical staff, which our SAP aims to support internally
- The Glasgow Professional – a UofG-specific initiative proactively supporting PSS to engage with opportunities to expands skillsets

SAP 2.5 Continue to work with The Technician Commitment Action Plan (2018-20) to provide skills and career development opportunities across SoMDN, ensuring that focus is placed upon these opportunities within PDR

Career progression is encouraged by line managers who, where possible, increase responsibilities allowing skill development. 'Acting up' examples include:

- 1F PT intern – given new responsibilities to develop professional CV for future regrading, transitioning from part-time to full-time
- 1F working flexibly (G7) acted up (G8) whilst maintaining flexible work pattern, ultimately was appointed to the post
- 1F (G6) – acted up in G7 role, subsequently was appointed due to excellent work
- 1F (G3) – currently covering G5 role due to a long leave period

“My line manager finds me bits of responsibility that improves my CV, so that when I go for a higher grade, I’ve got a better background” **MPA, F, G4**

(ii) Appraisal/development review

Describe current appraisal/development review schemes for staff at all levels, including postdoctoral researchers and provide data on uptake by gender. Provide details of any appraisal/review training offered and the uptake of this, as well as staff feedback about the process.

This section discusses academic and PSS due to our integrated PDR approach.

BAP PROGRESS

- Increase in academic women having completed PDR from 83% (2016) to 93% (2018)
- AS Staff Survey redesigned (2018) to closely investigate PDR satisfaction/usefulness
- **Increase from 25%F/22%M (Bronze) to 64%F/55%M (Silver) of academic staff agreeing that PDR facilitates career progression**

Table 40. PDR completion

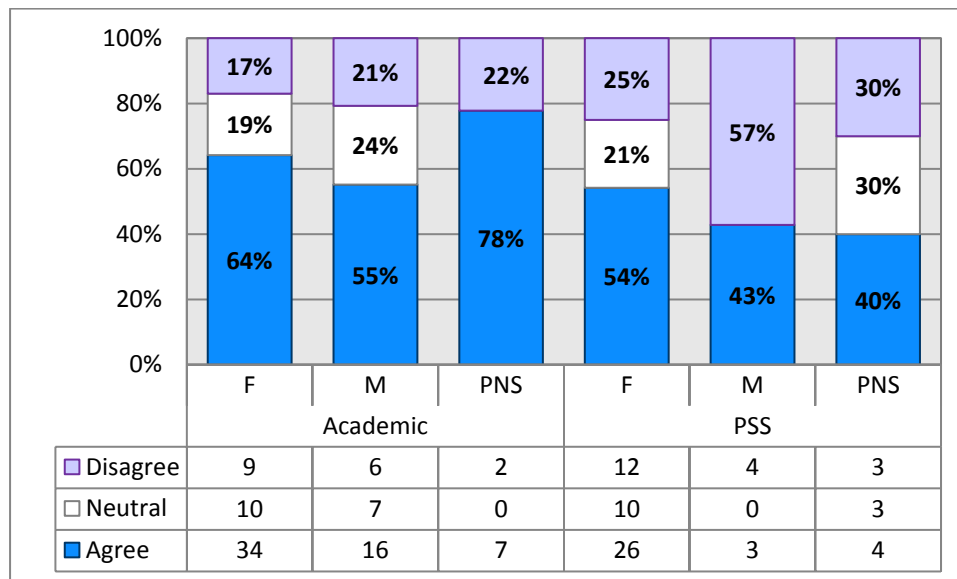
		2016	2018
Academic	Female	83% of female academic staff group completed	93 % of female academic staff group completed
	Male	90% of male academic staff group completed	89 % of male academic staff group completed
PSS	Female	92% of female P&S staff group completed	90 % of female P&S staff group completed
	Male	75% of male P&S staff group completed	86 % of male P&S staff group completed

PDR is:

- An annual process delivered by line managers
- Primarily used to discuss career advancement/identify training needs
- Also used to recognise student pastoral support/ outreach participation/AS activity
- Inclusive of SMART objective setting, which are used to reflect on progress the following year
- Partially guided by online documents for appraisers/appraisees (signposted during induction)

Discontent with PDR was seen in Bronze – 30%F/26%M academics agreed that PDR was useful for development; 25%F/22%M agreed it facilitated progression. Beginning 2016, PDR placed greater emphasis on team objectives which foster collegiality. In 2018, PDR satisfaction was investigated in-depth through our survey. Compared with these Bronze figures, more staff agreed that PDR has helped personal progress:

Figure 57. "PDR discussions helped me progress" (AS Staff Survey 2018)



PDR-discussions within PSS focus groups investigated the difference in positive responses between PSS and academics, finding that most higher education technical job role requirements leave minimal opportunity for development, thus for progression. Our SAP aims to increase focus on the 'development' aspect of PDR for T&O staff and tailor personal development plans to individual career-development needs/aspirations, in the hope that PSS PDR satisfaction will improve (**SAP 2.5**).

PDR previously used a SoMDN-specific checklist (modified to capture the differences in promotion/regrading pathways between job families) until 2018-19 – **a new checklist is under development 2020-21 onwards to better reflect key SAP career development actions.**

(iii) Support given to academic staff for career progression

Comment and reflect on support given to academic staff, especially postdoctoral researchers, to assist in their career progression.

BAP PROGRESS

- Mentoring Scheme Pilot commenced September 2018
- Mentoring 'map' available on Moodle, signposting different mentoring opportunities, providing staff with a framework for engaging with mentoring as a mentor/mentee
- Clinical academic mentoring lead actively promotes mentoring within this group

Early Career Researchers

There are currently 15 [6F:9M] postdoctoral staff. UofG's Research and Innovation Services provides career development opportunities for research staff, to equip them with a broad range of skills/knowledge/experiences, including:

- Research integrity training
- Project management
- Leadership
- Collaboration
- Public engagement

There are separate opportunities for research students ('3-minute Thesis' competitions, supervisor workshops).

Newly appointed/promoted academic staff join UofG's Early Career Development Programme (ECDP), which provides mentoring/training opportunities to support development towards G8 (within 3 years)/G9 (5 years). Currently, 8F:3M participate. All ECDP staff have a SoMDN mentor (allocated by HoS), who advises on achieving promotion criteria/monitors research and teaching progress. ECDP is new and so impact cannot be accurately monitored by SoMDN however, positive comments from participants prove early success:

"ECDP is useful because my mentor is great... This is one of programme strengths – someone else who looks at your PDR and provides commentary on development"
R&T, F, G7

"A positive is that there is more encouragement surrounding promotion"
R&T, F, G7

Breaking the Barriers to Progression to Senior Positions

Although >50% of UK medical graduates are women, a significant gender-gap remains relating to senior medical academic leadership roles. A new initiative has been launched jointly between the College/the Royal College of Physicians and Surgeons of Glasgow (RCPSG) – ‘Developing Female Medical and Academic Leaders Scholarship Programme’ – aiming to address this by providing mentorship/leadership training to relevant female staff in medicine/dentistry. 4F SoMDN staff have been offered places in the first cohort. **This high-profile initiative is partly in response to the issue of female progression in the clinical grades identified in Bronze.**

Mentoring

Mentoring activities have welcomed all – this section will discuss academic and PSS.

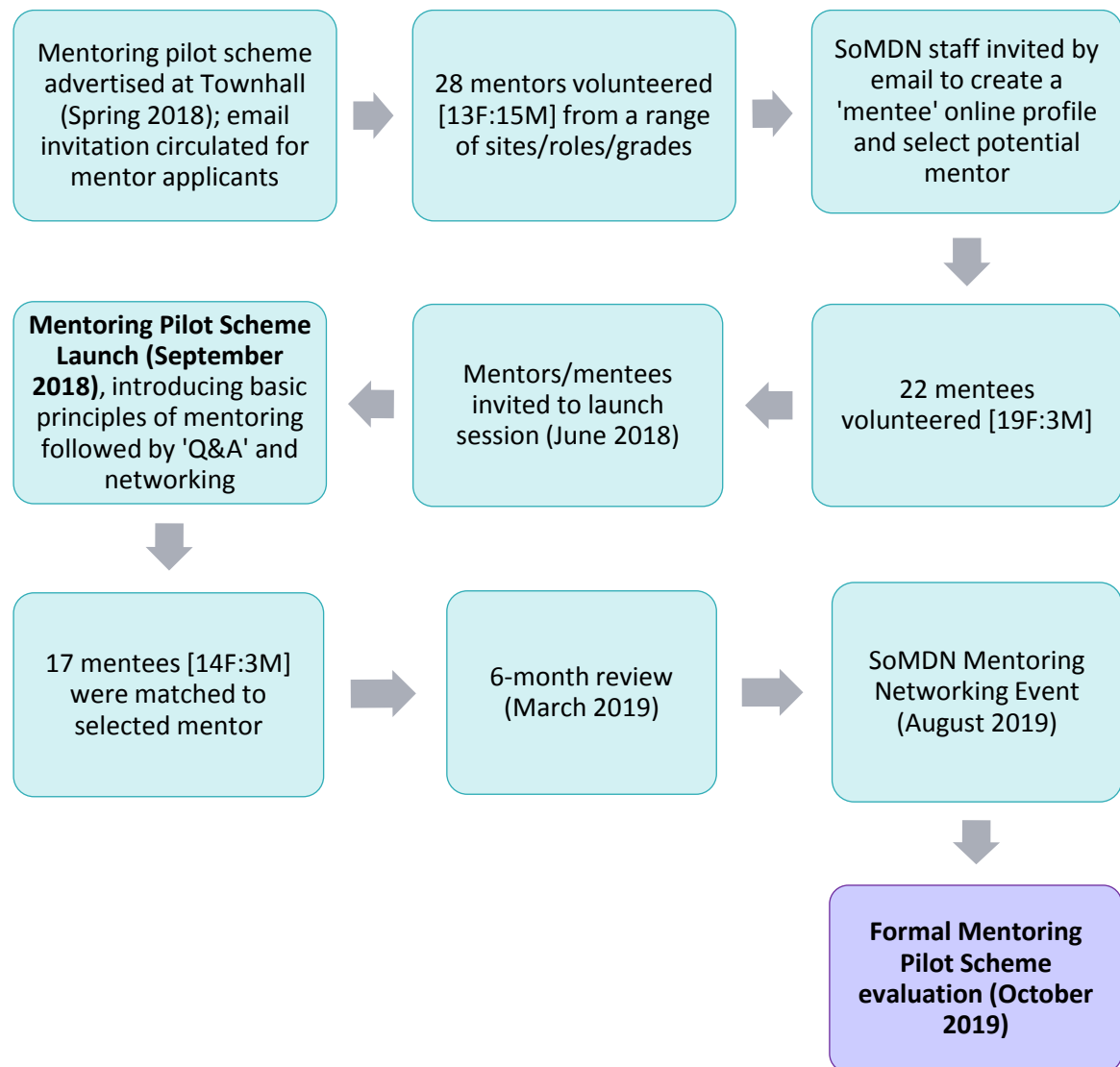
At Bronze, 82%F/76%M staff agreed that it was important to have access to a mentor, but only 51%F/57%M agreed that mentoring was encouraged within SoMDN. Since then, Mentoring Group BAP activities have aimed to improve mentoring for staff at all grades, as well as address barriers that prevent women achieving senior positions and provide career progression support.

Table 41. Peer mentoring sessions held by the Mentoring Group

Date	Session	Attendees*
Oct 2016	Mentoring Workshop	19
Jul 2017	Networking, upcoming opportunities in research and scholarship	10
Sep 2017	Research identity and strategy	14
Dec 2017	Upcoming research/teaching opportunities	13
Mar 2018	Research, publication and REF	12
May 2018	Teaching, best practice, scholarship and promotion on the TS path	16

57%F/59%M agreed at Bronze that informal mentoring conducted within SoMDN could be better developed/formalised, and academic responders were interested in mentoring in any capacity. In response, the Mentoring Group planned and implemented the SoMDN Mentoring Pilot Scheme:

Figure 58. Pilot process



13 [6F:7M]/28 [13F:15M] volunteer mentors were matched, including 4 matching 2 mentees each. 4 unmatched mentees did not initiate mentor selection; 1 could not find a suitable match. The pilot scheme was open to PSS – 0 mentees/4 mentors volunteered [4F].

Overall, more mentors than mentees volunteered, with focus group commentary suggesting:

- Academic staff may already have an ECDP mentor
- Staff with tight schedules could not foresee having time to participate
- Given the size of SoMDN, staff may have not known the mentors available
- PSS do not see as much value in mentoring – a dedicated page on our AS website has since been created to help to address this. Senior PSS managers will be encouraged to discuss mentoring and its potential benefits with their teams

SAP 2.6 Increase mentoring participation by clearly disseminating process and aims at workshops, open networking sessions (held at least once per term), within a specifically created SoMDN Mentoring Scheme flyer and in induction materials

Feedback regarding our mentoring pilot scheme from participants was overall positive and provided several actions for scheme improvement.

Focus groups

“Mentoring relationships are good for gathering contacts to gain more experience”
R&T, F, G7

“A mentorship model is really good because it encourages a dialogue of ‘what do you want to do? What are you interested in? How can we fit that in?’”
R&T, F, G7

6m Evaluation

“The reflective aspect of mentoring is useful, thinking back on what worked for me. It is an important part of what makes a collegial environment” **Mentor**

“Mentoring allowed me to talk through things I wanted to achieve and gave me possible solutions that I hadn’t thought of” **Mentee**

12m Evaluation

“I had someone to listen and a role model to follow”
Mentee

“The most useful aspects of mentoring meetings were discussing my work-life balance and how to go about asking for ‘what I want’, finding interesting areas within my own subject and how SoMDN subjects can interlink” **Mentee**

2/9 ‘mentee’ or ‘both mentor/mentee’ responders said that mentoring contributed to their application for promotion (2018/19); 5/9 made positive changes to their work-life balances.

2018 survey responses showed that PSS were least interested in mentoring, with further consultation finding that:

- Non-academic job families may have been less encouraged to participate due to ‘regrading’ promotions trajectory

- Staff may have been unaware of specific guidelines/job-family specific aims for scheme
- PSS saw few advantages of mentoring for them without a robust ‘promotions’ pathway. Our PSS Career Development Group aims to support PSS with a ‘skill refresher workshop’ and reviewing secondment opportunities (**SAP 2.3**)

The Technician Commitment aims to scope the value of introducing a specific UofG mentoring scheme. Although our scheme aims to support staff from all job families, we recognise that staff may be more interested in a bespoke scheme and have aligned our SAP with this initiative (**SAP 2.5**).

A continuing BAP action focuses on embedding mentoring within SoMDN culture. As a part of this, a small networking session was held for staff who were interested in joining, which was well-promoted via email/Twitter. 9F:3M attended, where HoS addressed SoMDN’s mentoring vision and the Head of Research Policy [F] discussed mentoring and research culture.

Mentoring Networking (2019)



Mentoring Networking Event

An informal networking session for all staff within SoMDN who are currently part of the mentoring scheme or are interested in joining

<p>WHERE? Hunterian Zoology Museum Graham Kerr Building 82 Hillhead Street Glasgow (G12 8QQ)</p>	<p>WHEN? Tuesday 27th August Lunchtime 12.30pm</p>
---	---

Register at <http://bit.ly/somdnmentoring>

For further info, contact Lisa.Heggie@glasgow.ac.uk @UofGMedSchoolAS

See sect 7. for Mentoring Group Writing Bootcamps.

(iv) Support given to students (at any level) for academic career progression

Comment and reflect on support given to students at any level to enable them to make informed decisions about their career (including the transition to a sustainable academic career).

BAP PROGRESS

- Postgraduate Research Experience Survey (PRES) showed increased positive responses across induction, discrimination, social spaces questions

See 5.6. viii for academic role models.

The focus of SoMDN undergraduate programmes is vocational. The Destination of Higher Education Leavers Survey shows 100% medical, 99% dental and 100% nursing graduates are in healthcare-related employment 6-m post-degree completion.

To encourage/support academic career progression, SoMDN participates in the INSPIRE programme, which offers:

- **Structured Trainee-led Workshop Series:** Provide generic research skills in a structured programme e.g. 'How to Read a Paper'/'Basic Concepts of Research/Audit'
- **Evidence-based Journal Club:** Monthly, drawing together undergraduate/postgraduate clinicians
- **Mentorship Programme and Research Advocacy:** Senior clinical mentors have been identified for medical/dental students; participation guidelines circulated
- **Engaging Students in Early Undergraduate Training via Curriculum Changes:** Improving provision of research special study components/elective opportunities
- **Linking UofG Undergraduate Medical Research Society with local specialty-specific student societies:** Our evidence-based medicine society now integrates with others (e.g. student Medico Chirurgical society). Poster/oral research presentations are given; accepted abstracts are published (Scottish Medical Journal)
- MBChB students are encouraged to apply for academic foundation posts. Practice interviews are offered to applicants. **An average of 67% students applying are offered places.**
- **Opportunities to present at national/international conferences**

Other opportunities include:

- Teaching/research-related areas are explored throughout BN e.g. BN4 teach medical students injection techniques
- BDS students annually participate in a graduate attributes week – clinical academic staff discuss career trajectories
- Medical/dental students can intercalate, inclusive of research projects

- Nursing arranges clinical visits/non-traditional placements where possible (with funding set aside by Nursing) to expose students to alternative careers pathways; the annual 'McGirr Lecture' in Nursing invites globally recognised academic guest speakers and awards academic prizes to students

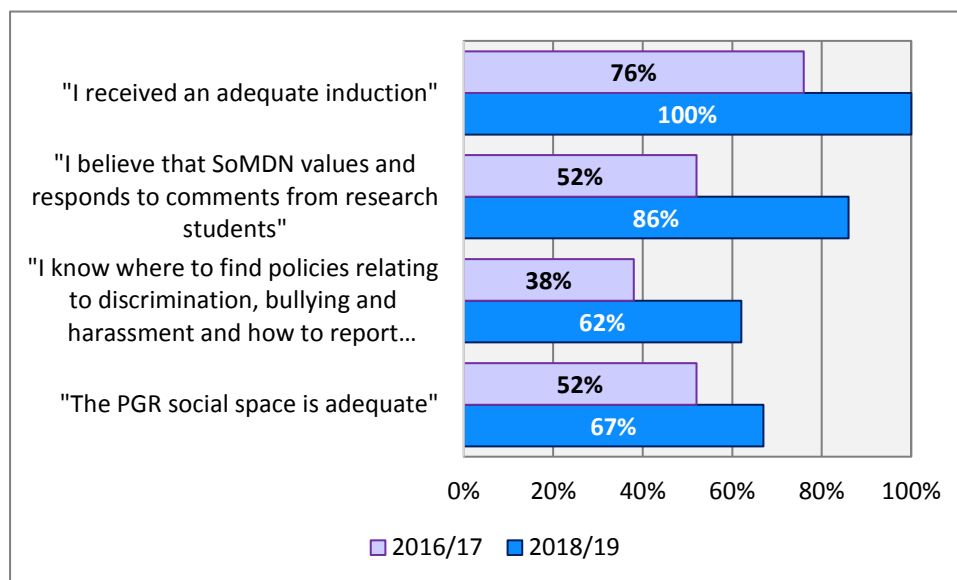
A range of College career-progression events assist postgraduates:

- "A personal perspective on working for the MCR" (2017)
- "Opportunities in the third sector (overseas)" (2018)
- "After your PhD: Developing independence as a research scientist" (2019)

Preparation of grant applications is a core element of the comprehensive research skills training programme provided to PG students, providing insight to research-related careers.

We are pleased that SoMDN students reported positively about their academic experiences, and excellent increases were seen between years:

Figure 59. PRES responses



**<10 males responded in 2018/19 and so results are not displayed*

(v) Support offered to those applying for research grant applications

Comment and reflect on support given to staff who apply for funding and what support is offered to those who are unsuccessful.

Table 42. Grant applications

		F		M	
Applications		No. of Apps	Value of Apps	No of Apps	Value of Apps
	15-16	21	£3,155,374	41	£4,587,208
	16-17	15	£415,328	55	£4,486,305
	17-18	24	£2,071,901	33	£3,988,591
	18-19	23	£5,007,867	43	£6,251,372
		F		M	
Awards		No. of Awards	Value of Awards	No. of Awards	Value of Awards
	15-16	6	£1,572,213	10	£415,346
	16-17	4	£52,878	15	£384,740
	17-18	7	£210,180	15	£547,026
	18-19	10	£417,521	34	£2,705,346

Academics are assigned a dedicated point of contact within the College Research Support Office, responsible for supporting staff through research application, ensuring submissions are effectively managed post-acceptance and providing ‘cradle-to-grave’ support as part of UofG’s Transforming Research Management project (2016). The team support unsuccessful applicants by advising next steps. They circulate early career researcher-specific opportunities, including details of modest funding grants.

On average, men apply for larger awards but receive less funding, reflecting the distribution of gender across job families. More women are LTS – grants awarded are usually of lower value than R&T-related applications. Application success rates are similar annually.

SILVER APPLICATIONS ONLY

5.4. Career development: professional and support staff

SoMDN has an integrate approach to PDR/training for academic/PSS – see 5.3.i-iii for PSS commentary. We do recognise, however, there are important differences between groups.

(i) Training

Describe the training available to staff at all levels in the department. Provide details of uptake by gender and how existing staff are kept up to date with training. How is its effectiveness monitored and developed in response to levels of uptake and evaluation?

See 5.3.i.

(ii) Appraisal/development review

Describe current appraisal/development review schemes for professional and support staff at all levels and provide data on uptake by gender. Provide details of any appraisal/review training offered and the uptake of this, as well as staff feedback about the process.

See 5.3.ii.

(iii) Support given to professional and support staff for career progression

Comment and reflect on support given to professional and support staff to assist in their career progression.

See 5.3.iii for support via mentoring.

5.5. Flexible working and managing career breaks (Words: 1424)

Note: Present professional and support staff and academic staff data separately

All policies apply to academics/PSS, unless stated.

(i) Cover and support for maternity and adoption leave: before leave

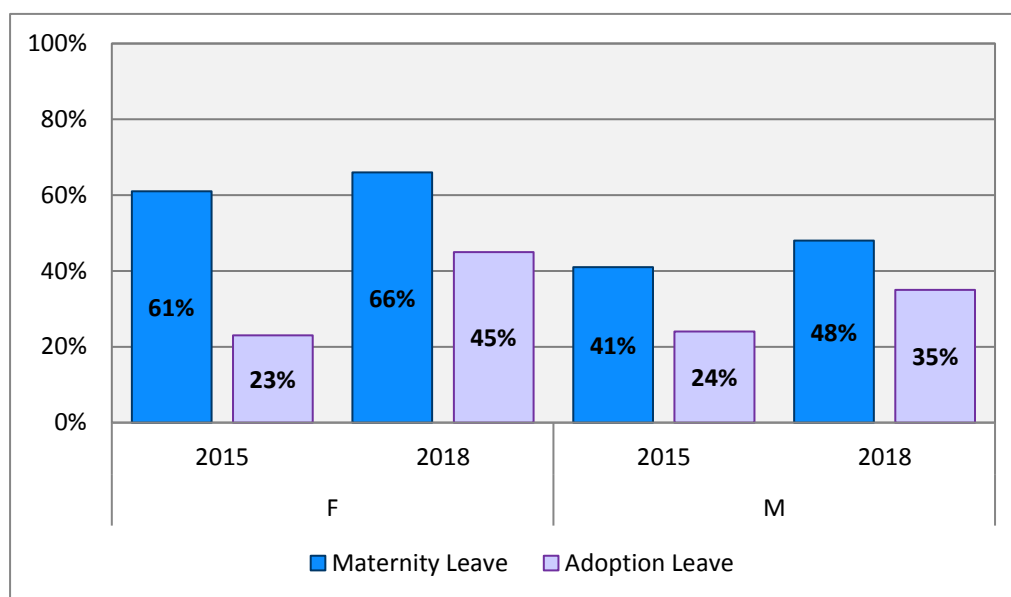
Explain what support the department offers to staff before they go on maternity and adoption leave.

On notification of pregnancy, any workplace adjustments are made following a risk assessment carried out by the staff member and line manager. Before leaving on maternity, line managers consult staff on the pattern of ongoing contact they would prefer. There is no obligation in staff to remain in contact should they not wish to do so. To further support staff through leave processes, those preparing for leave are now assigned 'Parental Buddies' – colleagues who have previously experienced leave and can provide experiential informal advice and guidance.

UofG has a new Maternity Leave Policy which has no length-of-service eligibility requirements for enhanced pay and has increased the pay (full pay) period from 16 to 18 weeks. The policy's 'toolkit' provides a leave planning checklist/risk assessment and maternity pay calculator. Adoption leave follows the same pattern.

SoMDN staff were notified of changes by internal communications/AS website signposting/well-informed line managers, which saw modest but definite improvements across both policies by all staff:

Table 43. Increased awareness of maternity/adoption leave policies



SAP 4.6 Monitor success of continued Parental Buddy initiative to evaluate usefulness and improve scheme through interviews at termination of leave (either during exit interview if non-returner or at return-to-work meetings)

(ii) Cover and support for maternity and adoption leave: during leave

Explain what support the department offers to staff during maternity and adoption leave.

BAP PROGRESS

- AS Staff Survey redesigned (2018) to capture staff experience/awareness of family-friendly leave policies

When staff notify maternity leave, SoMDN follows the UofG policy to advertise for cover. The Learning and Teaching Committee manages teaching cover; research is managed by HoS; PSS roles are covered by a 6-month maternity cover post being provided with the option of extension if the maternity leave period is longer.

Keeping-in-touch days support all job families – providing ≤10 paid days during maternity/adoption leave allowing staff to maintain contact with work, perform duties or attend meetings/training courses. The number of days used is not currently recorded (SAP)

Shared parental leave-in-touch days (all job families) (SPLIT) are similar but provide ≤20 paid days over the course of shared parental leave entitlement. As no staff used shared parental leave (see 5.4.v), 0 were used.

(iii) Cover and support for maternity and adoption leave: returning to work

Explain what support the department offers to staff on return from maternity or adoption leave. Comment on any funding provided to support returning staff.

BAP PROGRESS

- Widespread advertisement of 'Returners' funding on AS website/Twitter
- Carers' Group fed into UofG Parking Scheme evaluation
- **UofG Parking Scheme now considers caring responsibilities in applications, partially resultant of Carers' Group feedback contributions**

All maternity/adoption leavers can return PT and make a phased return. UofG's flexible working policy (see 5.5.vi), which carers can use, is promoted by AS webpages/e-induction packs/line managers as part of BAP efforts to raise awareness.

The Maternity Leave Toolkit's at-work risk assessment, which considers the health of mother and baby post-leave, is highlighted to staff upon return.

"My experience returning was great... You come in a day a week and build your time back up. Staff were very aware you had just returned from maternity leave and were very supportive" *Clin, F, GX*

Academic staff returning are encouraged to access the College Academic Returners Fund (<£10,000), which supports research-related career momentum by e.g. providing teaching cover/training; funding conference attendance. Originally, this was for R&T staff only, however through championing from the School, this was broadened to include all academics involved in research, enabling more staff to make use of this. 1 application (2016-17) did not result in funding, and collected feedback indicated a lack of clarity around funding use/application timelines. Previously, applications were required to be submitted pre-maternity leave, however applications can now be made upon return. Despite online signposting and Twitter advertisement, uptake is very low (a picture similar across the College) – this will be further promoted with line managers being asked to draw the attention of returning colleagues to it.

SAP 4.8 Increase uptake of College Academic Returners Fund through informed line manager discussions pre-leave, where applications are discussed and encouraged

Milk expression and storage facilities support all returners with young children. **New breastfeeding, baby changing, milk expression and storage facilities are now present across School campuses since Bronze.** Nursing has a baby changing/expression area with a fridge for storage.

School facilities



The 'Maternity/Adoption Leave Group' changed to 'Carer's Group' to support all staff with caring responsibilities. Initially, open-invitation meetings were held to:

- Establish what staff would find helpful to support them
- Identify issues requiring attention at School-level
- Consider challenges facing students as well as staff

Comments from students who are parents identified key areas for SoMDN improvement:

- Recognition of timetabling issues for carers
- Relevant carer-specific online resources
- The potential for a peer mentoring scheme for students with caring responsibilities

A major challenge identified was that of coordinating childcare responsibilities (e.g. nursery/school drop-off) with commuting. UofG's original parking scheme left newer staff without parking permits as those available were held by long-employed colleagues, meaning parents may struggle to balance busy days with additional travel time. During scheme evaluation, the Carers Group highlighted this additional burden faced by carers. Resultantly, **caring responsibilities are now taken into consideration within parking scheme applications and many carers have now been awarded permits.**

The group provides peer support to all those returning from relevant leave/transitioning to PT following a period of leave. It has HR support and provides an informal forum to discuss issues relating to returning to work (children welcome). The group's Yammer is advertised on AS webpages/social media streams.

Carers' Group meeting



A SAT member is a UofG Parent Buddy, a network which facilitates peer-support and advice around managing childcare issues and workloads.

(iv) Maternity return rate

Provide data and comment on the maternity return rate in the department. Data of staff whose contracts are not renewed while on maternity leave should be included in the section along with commentary.

SILVER APPLICATIONS ONLY

Provide data and comment on the proportion of staff remaining in post six, 12 and 18 months after return from maternity leave.

Table 44. Staff remaining in post after return

Year	Job Family	6 months	12 months	18 months
2015-16	R&T	Y	Y	N
	R&T	Y	Y	Y
	Clin	Y	Y	Y
	MPA	Y	Y	Y
	Clin	Y	Y	Y
	Clin	Y	Y	Y
	Clin	Y	Y	N
	MPA	Y	Y	Y
	R&T	Y	Y	Y
	Total		9	9
2016-17	R&T	Y	Y	Y
	Clin	Y	Y	Y
	MPA	N	N	N
	MPA	Y	Y	Y
	Total		3	3
2017-18	R&T	N	N	N
	Total		0	0
2018-19	MPA	*		
	Clin	*		
	R&T	N	N	N
	R&T	N	N	N
	Total		*	*

* Too early to report

Of those we have data for, 75% were in post at 6 months, and 83% of these were remained after 18 months.

Of those who had left by 6 months, 1 was PSS and 3 were R&T. The 2 additional staff who had left by 18 months were academic (1 Clinical Research Fellow and 1 R&T).The leavers were directly linked to contracts ending for non-maternity related reasons such as grants ending or clinical training posts ending.

(v) Paternity, shared parental, adoption, and parental leave uptake

Provide data and comment on the uptake of these types of leave by gender and grade. Comment on what the department does to promote and encourage take-up of paternity leave and shared parental leave.

BAP PROGRESS

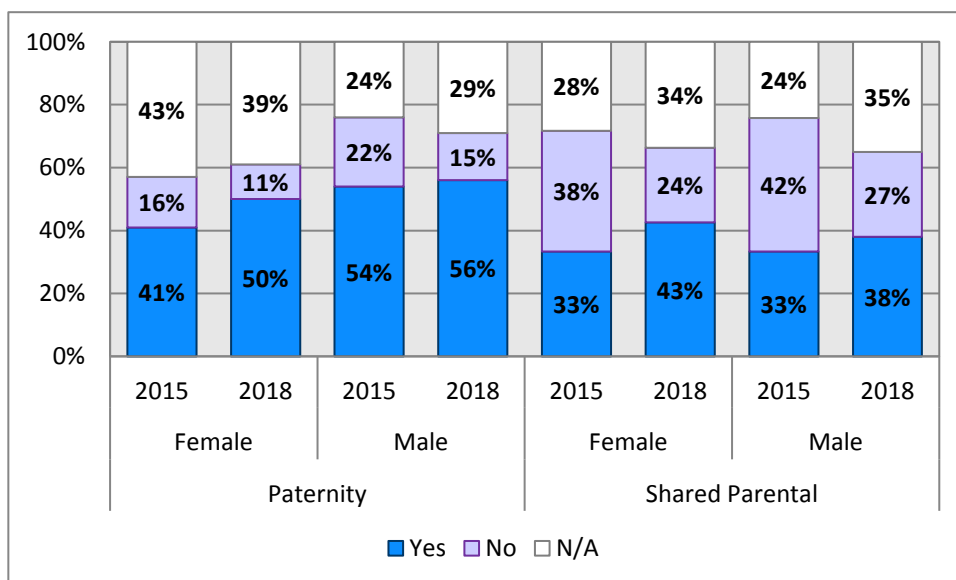
- Enhanced parental policies communicated to staff by email and AS webpages
- Increased awareness across academic staff of policies/support surrounding leave policies**

Since Bronze:

- 7M took paternity leave (3 Clin; 2 R&T; 2 PSS)
- 1F staff member took 365 days of adoption leave
- Despite slightly improved reported policy knowledge, 0 staff submitted shared parental leave requests – there is currently no enhanced University policy regarding pay for this leave.
- 5F staff took parental leave (5 PSS)

Bronze identified a need for knowledge improvement surrounding different family-friendly policies. Our BAP aimed to improve this through signposting and informed line managers – success is illustrated by our AS survey responses

Figure 60. “I am aware of the policies/support available in connection to different policies”



SAP 4.5 Further increase awareness of family-friendly policies by highlighting the benefits of shared parental leave and signpost staff to this policy through use of e-Induction pack

(vi) Flexible working

Provide information on the flexible working arrangements available.

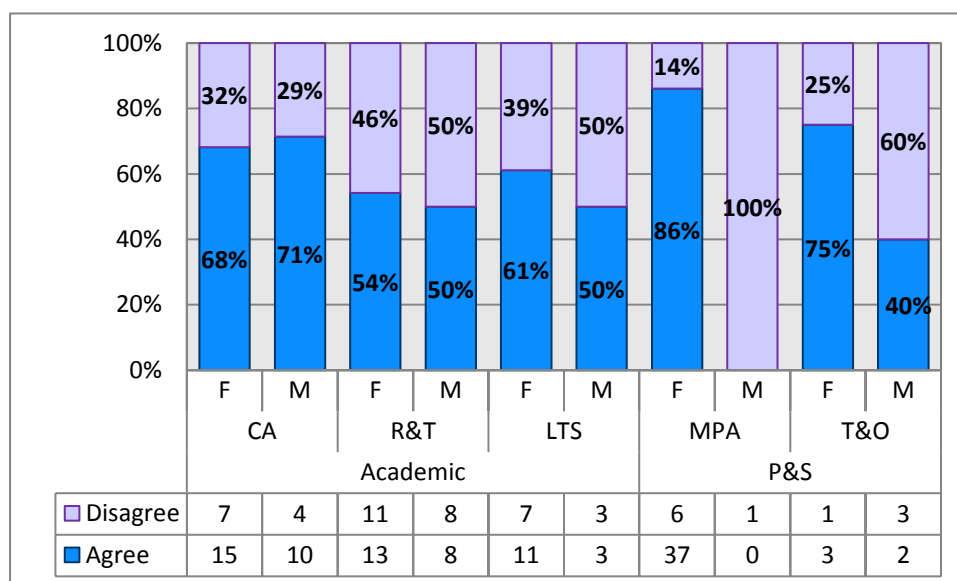
BAP PROGRESS

- Barriers to flexible working discussed within all focus groups
- Flexible working policies are clearly signposted on Moodle/AS website
- **90% of formal flexible working requests have been successful (19/21)**

Bronze identified poor awareness of formal flexible working policies – only 30F%/35M% responded favourably. The staff survey for this application showed a significant improvement with 60%F and 58% M in agreement. Our BAP, alongside Bronze application feedback, set out to facilitate access to flexible working arrangements (where appropriate) by:

- Ensuring line managers/staff are well-informed through clearly signposted online guidance materials on staff Moodle/AS website – there has been an increase in awareness when broken down by job family

Figure 61. "I am aware of the policies/support available in connection to flexible working"



- Identification of barriers to flexible working – depending on role, the degree to which flexible working can be accessed differs. Academic staff are bound by student timetables, but most can work flexibly otherwise (clinical academics have additional NHS commitments); PSS are mostly employed to support academic timetables/processes

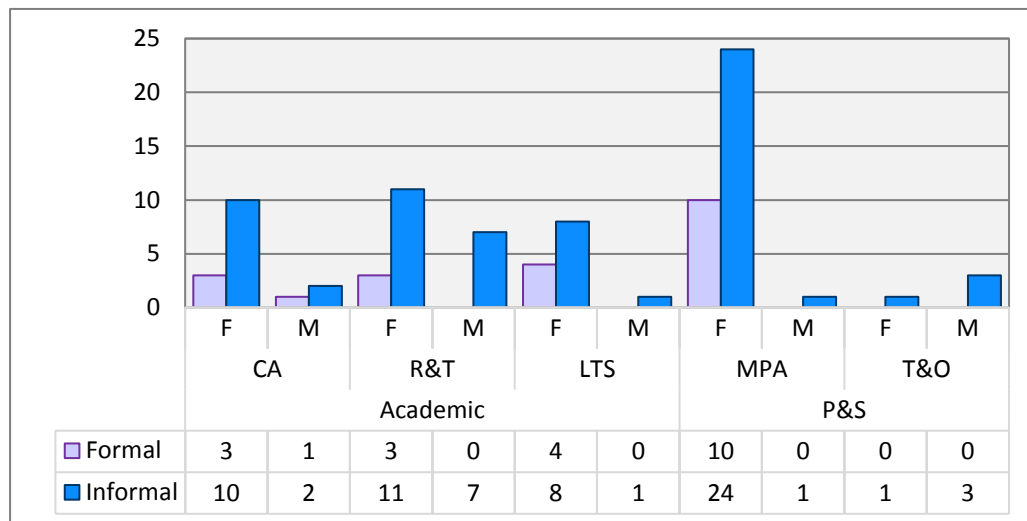
Since Bronze, all formal flexible working applicants have been female. Refusal numbers are too small to conduct meaningful, non-identifiable analysis, however, consultation shows that the rare refusals were based on cogent business reasons.

In focus groups, most academic staff responded positively to flexible working discussions:

“One of the biggest benefits of the job, being a teacher, is the element of flexible working – marking at home is really helpful for my work-life balance”
R&T, F, G7

Our 2018 survey found that there are likely to be more instances of informal flexible working (not recorded) than formal:

Figure 62. "I have made use of the following work patterns"



Consultation found that **PSS benefit most from informal flexible working opportunities**, directly agreed with line managers, for various reasons e.g. to allow time to take children to school and to allow for public transport timetables. At this level, there are many instances of tailored support.

Due to role responsibilities (i.e. student timetables for T&O staff, supporting academics for MPA), most PSS do not have the opportunity to work from home – recognised within focus groups.

“My line manager trusts me to manage my hours every week – this flexibility really helps with managing my work-life balance” **MPA, F, G4**

UofG is currently reviewing the flexible working policy, which aims to ultimately improve University-wide perceptions/practice around flexible working.

(vii) Transition from part-time back to full-time work after career breaks

Outline what policy and practice exists to support and enable staff who work part-time after a career break to transition back to full-time roles.

Although approved by HR on a case-by-case basis and not handled as a SoMDN process, staff are encouraged to request temporary flexible working when transitioning from PT to FT, with the expectation of increasing back to FT hours. This 'phased return' allows staff to continuously balance commitments that may have been priorities when PT (i.e. care of young children, dependent adult) with increased workload.

The numbers in this group are low to date. Unfortunately this policy applies mainly to academic staff. PSS, being service driven, may need to move to a different post to achieve full time hours as there maybe two part time employees or a job share in place and it is not immediately easy to change hours.

5.6. Organisation and culture (Words: 2177)

(i) Culture

Demonstrate how the department actively considers gender equality and inclusivity. Provide details of how the Athena SWAN Charter principles have been, and will continue to be, embedded into the culture and workings of the department.

BAP PROGRESS

- AS embedded within SoMDN processes – AS is a standing item on relevant committee agendas, regularly presented at Town Halls, MORE
- Core working hours policy is implemented (9.30am-4.30pm)
- Multiple events held across SoMDN focusing on gender-related issues (Menopause in the Workplace, 'Mind Your Mate', Civility in the Workplace)
- Facilities available for breastfeeding, milk expression/storage
- Gender neutral toilets now available across all sites
- **Guidance documents have been produced/signposted in response to events held**
- **Female staff perception of SoMDN inclusivity has increased from 72% (Bronze) to 76% (Silver)**

Our BAP aimed to create an inclusive and safe working space for all, through:

- Maintaining a celebratory culture around achievements by 'tweeting'/posting news on AS website – staff are encouraged to submit 'good news' about themselves/colleagues
- Ensuring inclusive language on all event flyers, reiterating that all staff are welcome

- Organising events open to all concentrating on equality issues under our ‘wellbeing’ theme, aiming to raise awareness of specific topics and provide impactful guidance to staff (see sect. 7)

Gender neutral toilets are available across all sites, with many established since Bronze.

Medical School toilet

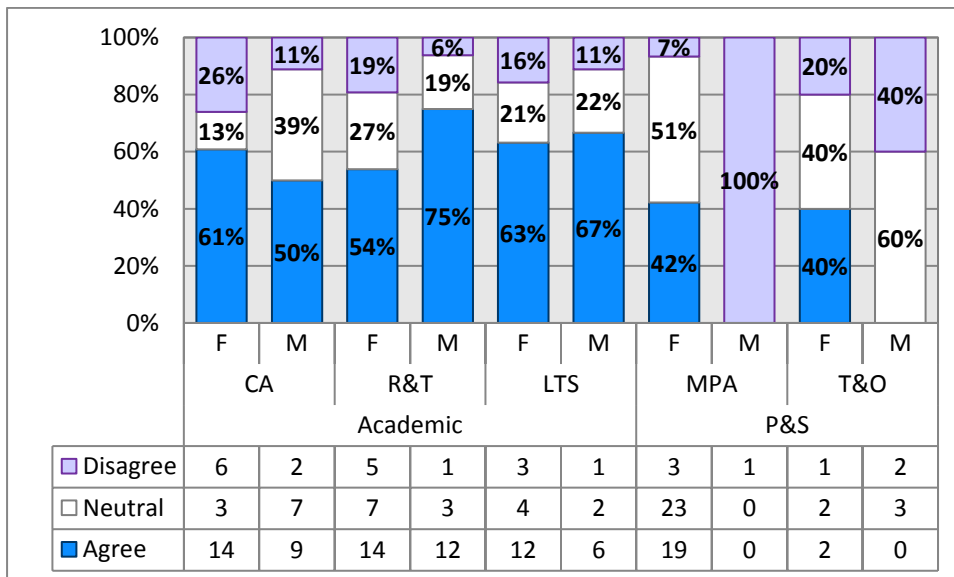


Each campus has dedicated social spaces. Wolfson Medical School features a large social atrium area, with a ground floor cafeteria, shared by students. Dentistry houses ‘Street & Arrow’ – a large social enterprise café hiring people with previous convictions for 12-month training blocks. The GRI has a large, open-plan social space.

Excellent examples of inclusive activities can be found across sites:

- Nursing Friday afternoon coffee/cake socials
- Large socialising space in GRI used for regular staff/student events and informal networking

Figure 63. "SoMDN provides me with networking opportunities"



Further staff consultation revealed that Wolfson Medical School staff would like access to a staffroom which serves to provide an area for informal meeting, socialising, information sharing and networking. While recognising the constraints of building structure, we must increase staff satisfaction through providing opportunities for networking across SoMDN, but the focus will initially be on effectively bringing staff together locally. Once that is achieved, between site networking will be encouraged. Two examples where between-site networking is encouraged is Town Halls, where staff have an opportunity to network over coffee and the senior PSS who, starting in 2019/20 will meet in small groups (e.g. LTS, Admissions, Facilities management) from the different areas across the School.

“I think there are a lot of people who are approachable and happy to help” *Clin, M, G7*

Particular attention also needs to be paid to socialising opportunities for PSS – often, academic staff socialise at academic events/seminars/teaching conferences, which explains the differences in satisfaction across groups. SoMDN endeavours to increase satisfaction across all staff to a similar level in future. The first UofG PSS conference in 2020 will provide a starting point for PSS to meet others from across MVLS and the wider UofG.

“There is definitely informal mentoring going on, which personally I found very valuable”
Clin, F, G8

SAP 4.2 Improve informal socialising and networking opportunities by conducting local reviews of social calendars, identifying gaps in diversity of events, attempting to increase interconnectivity of job families and sites

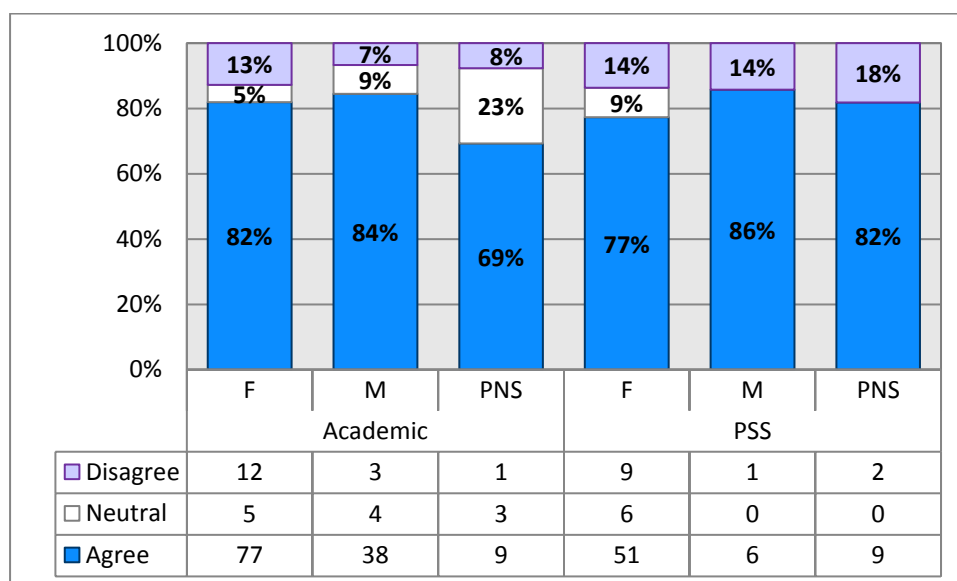
(ii) HR policies

Describe how the department monitors the consistency in application of HR policies for equality, dignity at work, bullying, harassment, grievance and disciplinary processes.

Describe actions taken to address any identified differences between policy and practice.

Comment on how the department ensures staff with management responsibilities are kept informed and updated on HR policies.

Figure 64. "I am confident that line managers would deal effectively with any complaints of harassment, bullying or offensive behaviour" (AS Staff Survey 2018)



Overall, staff are confident in the consistent application by line manager of appropriate HR processes.

In any circumstance where staff feel HR policies have not been followed, individuals can access UofG's Respect Adviser Network – where an impartial, member of staff, external to their department can provide support/guidance for those seeking to resolve issues of bullying/harassment informally. A Respect Advisor presented at our Spring 2019 Town Hall.

Additionally, PAM Assist – an external/independent Glasgow-based counselling service offered to staff – is signposted in the same areas.

Those with management responsibilities are updated on changes in HR policy by email or by senior manager discussion. e-Induction packs/AS webpages/staff Moodles also direct staff to up-to-date HR policies.

(iii) Representation of men and women on committees

Provide data for all department committees broken down by gender and staff type. Identify the most influential committees. Explain how potential committee members are identified and comment on any consideration given to gender equality in the selection of representatives and what the department is doing to address any gender imbalances. Comment on how the issue of ‘committee overload’ is addressed where there are small numbers of women or men.

Table 45. Committee membership (2018-19)

Committee	Chair	Academic		PSS		All		%F
		F	M	F	M	F	M	
SoMDN Management Group (primary decision-making committee)	1M Academic	2	2	1		3	3	50%
Health & Safety Committee	1M Academic	1	3	3	4	4	8	33%
Medical Learning & Teaching Committee	1M Academic	14	11	3	0	1 7	1 2	59%
Dental Executive (includes 2 elected members)	1M Academic	5*	2	1	0	6	3	67%
Nursing Senior Management Team	1F Academic	5	0	1	0	7	0	100%
SAT	1F Academic	6	3	5	1	1 1	4	73%
Total chaired by women (%)	33%							

Silver self-assessment revealed low agreement around the selection/appointment of committees/key roles, however, on all management committees membership is determined by staff role. All internal management roles are advertised within SoMDN, giving any suitably qualified person the opportunity to apply. For other committees, an invitation to apply is circulated to staff. Additionally, committee membership applications may be suggested at appraisal/PDR, as part of ‘readiness for promotion’ assessments.

The SAT is almost solely made up of staff who responded to a School wide email asking for volunteers, and opportunities to take on leadership roles or to chair/participate in committees outside of the above committees are advertised to relevant staff groups through email to encourage equality of opportunity.

With all committees, members are encouraged to send deputies if they cannot attend – this offers the opportunity for more junior staff to experience first-hand committee participation

SAP 4.4 Formalise position-shadowing on committees by junior staff members to allow opportunities to gain experience within committees that staff may otherwise not be able to participate on due to job role

Across individual Schools the gender balance of senior position is:

UG Medicine	Dentistry	Nursing
<ul style="list-style-type: none"> • Head of School [M] • School Manager [F] • Senior Management Team [3F:4M] • Admissions Lead [M] 	<ul style="list-style-type: none"> • Head of School [M] • School Manager[F] • Senior Management Team [3F:2M] • Heads of Section [3F:1M] • Year Leads [5M] • Admissions Lead [F] 	<ul style="list-style-type: none"> • Head of School [F] • School Manager[F] • Senior Management Team 5F] • Year Leads [1M:3F] • Admissions Lead [M]

- The Dental Executive Committee has recently added two members nominated/elected by staff who are both female
- Notably the majority of Year Lead posts in Medicine and Dentistry are male. This is despite female staff being encouraged to apply for these posts as development opportunities during PDR/appraisal. These posts, particularly in the later years of the MBChB and the BDS are held by senior clinicians and the majority of male leads reflects the lower entry to and progression of women in these grades (described above). Increasing the number of women would require extending the pool to include honorary senior clinical staff. This will allow for time to address the female flow through the clinical academic career path.

SAP 2.10 Facilitate future gender balance of Year Lead and other senior posts by extending the pool of potential position holders to honorary clinical staff, to increase the numbers of qualified women who may wish to take up this position

Figure 65. "Selection/appointment of committee members takes into account gender considerations, where possible"

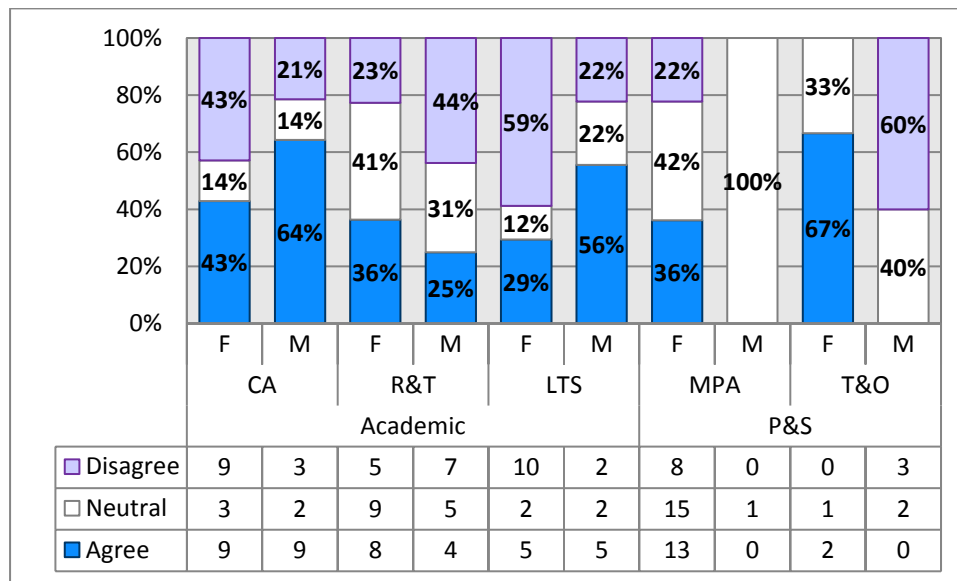
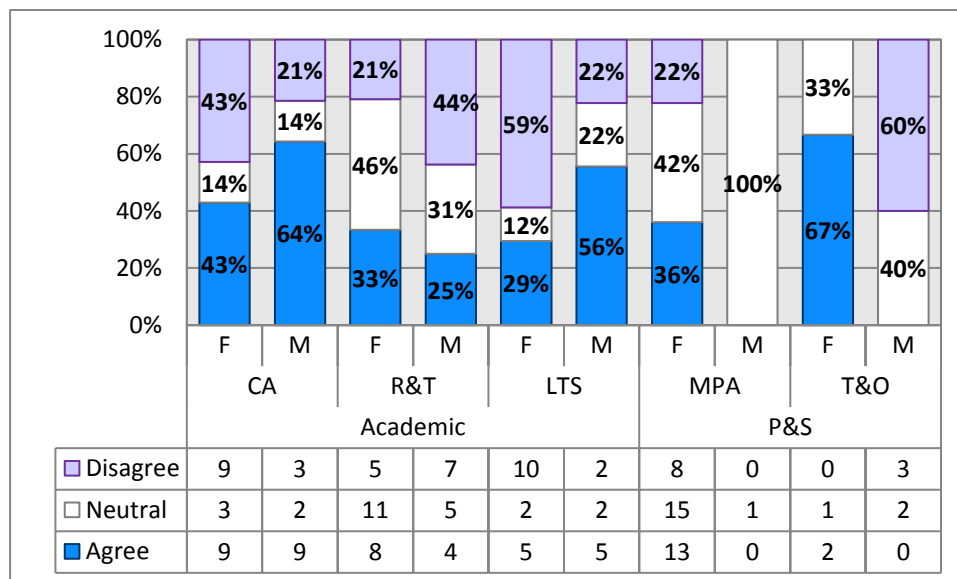


Figure 66. "Selection/appointment of key roles as distinct from substantive posts is transparent"



All roles are circulated to staff (often NHS as well as UofG) and are appointed competitively. A number are occupied by women (e.g. Heads of BN/BDS programmes). The process is coordinated by the PSS Team. There clearly needs to be more transparency about how this is done and more preparation through PDR for staff to be prepared to apply when they become available. This process will have a direct link established with succession planning.

Committee overload is considered at PDR/appraisal. Chairs are currently linked to roles and change as roles change. The key roles in the School, including Head of School, are reviewed and/or changed every 5 years.

(iv) Participation on influential external committees

How are staff encouraged to participate in other influential external committees and what procedures are in place to encourage women (or men if they are underrepresented) to participate in these committees?

External committee participation is by self-application but is encouraged within PDR and clinical appraisals

Table 46. External committee participation examples

Medicine	
Clinical [F]	<ul style="list-style-type: none"> • UK Scientific Advisory Committee for Nutrition • Research Evaluation Framework Committee for Hong Kong • NICE Quality Standards Committee
Professor [F] LTS	<ul style="list-style-type: none"> • Deputy Director Scottish School of Primary Care • General Medical Council – Education Associate • Royal College of General Practitioners – Vice Chair West of Scotland Faculty Board and MRCGP Exam Panel member • Health Improvement Scotland – Adult and Paediatric Congenital Heart Disease Standards development group member • Irish College of General Practitioners - External Examiner • Scottish Medical Education Research Consortium Member • Society of Academic Primary Care UK GP Head of GP Teaching Group Executive Committee member • Member Scottish Government/Board for Academic Medicine working group ‘Increasing undergraduate education in primary care’ • Scottish Medical ACT Working Group member • NHS Education Scotland Educational Capacity and Learning Group • GMC-MSCAA project group ‘Developing assessment stations for challenging areas of clinical practice’ • RCGP Scotland Recruitment and Retention Advisory Group
Dentistry	
Clin [F] (G9)	<ul style="list-style-type: none"> • Dental Vice Dean at RCPSG • Chair Speciality Advisory Committee for Oral Surgery • Scottish Health Action for Alcohol Problems Executive • Scottish Government Justice Leaders Network • Scottish Public Health Network Violence Prevention Special Interest Group • External panelist-Academy of Medical Royal Colleges • President Scottish Oral and Maxillofacial Surgery society
Clin [M] (G10)	<ul style="list-style-type: none"> • Lead at Guideline Development Group on Oral Cancer
Nursing & Health Care	

Non-clin Academic (F) G7	<ul style="list-style-type: none"> • Chair of Scottish Lymphoedema Practitioners Network • Vice Chair of Macmillan Lymphoedema Association • Member of Casley Smith International group of teachers
Non-Clin Academic (F) G9	<ul style="list-style-type: none"> • The Scottish Government Nursing and Midwifery Workload Workforce Planning Programme (NMWWPP) Training Sub-group • The Scottish Stroke Nurse Forum committee • NHS GG&C Stroke MCN Education committee
Non-clin Academic (F) G10	<ul style="list-style-type: none"> • Deputy Chair Council Scottish partnership for Palliative Care • Strategic Leads for Bereavement Group- Scotland (NES) • Committee member Strategic Framework for Action National implementation advisory group- (Palliative Care) Scottish Government • Chair Scottish Palliative Care Research Forum • Deputy Chair Nurse consultant (palliative and end of life care) group Scotland • NMAHP clinical academic group (UK) • Marie Curie Grants committee (UK) • Tenovus PhD studentship grant committee group (UK)
Non Clin Academic (F) G9	<ul style="list-style-type: none"> • Scottish Stroke Nurse Forum Committee • The UK Stroke Forum • and invited member of The Alliance's Self-Management Fund Grant Allocation Panel
Non Clin Academic (M) G7	<ul style="list-style-type: none"> • West of Scotland Research Ethics Committee 4
Non Clin Academic (F) G7	<ul style="list-style-type: none"> • Committee Member - QMPLE Stakeholder Data Reference Group • Committee Member - NHS GGC Community PAG • University link - GGC/GCU mentorship preparation and maintenance programmes
Non Clin Academic (F) G8	<ul style="list-style-type: none"> • The Scientific Committee of the British Lymphology Society • Chair of the Casley-Smith International group of teachers
Non Clin Academic (F) G10	<ul style="list-style-type: none"> • Area Nursing & Midwifery Committee (GG&C) • HEI/ NHS Professional Network • Council of Deans • Future Nurse & Midwife Programme Board • Advanced Practice Group • NES Survey Group • Council of Deans of Health Scotland • National Strategic Group for Practice Learning • Scottish Collaboration for the Enhancement of Pre-registration Nursing
Non Clin Academic (M) G7	<ul style="list-style-type: none"> • GGC Thrombosis Committee • Scottish Heart Failure Nurse Forum • West of Scotland Advanced Practice Research Group • GGC Simulation Group

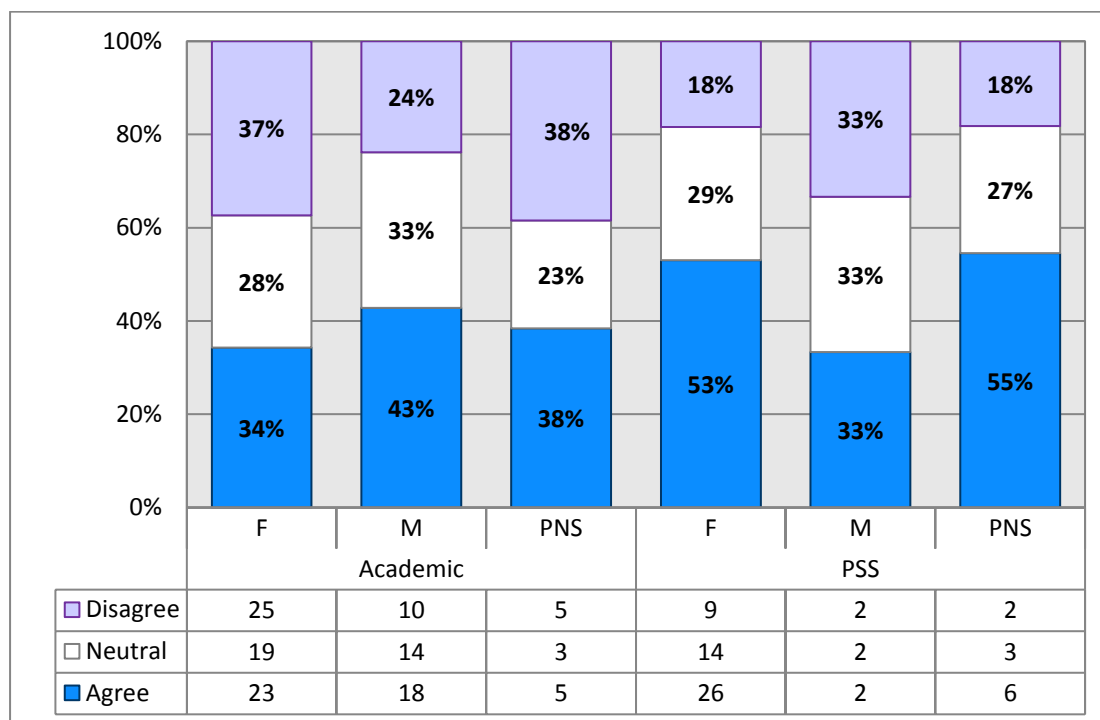
(v) Workload model

Describe any workload allocation model in place and what it includes. Comment on ways in which the model is monitored for gender bias and whether it is taken into account at appraisal/development review and in promotion criteria. Comment on the rotation of responsibilities and if staff consider the model to be transparent and fair.

Since Bronze, SoMDN has collaborated with the College/wider University to achieve a meaningful workload model (WLM). Using UofG's WLM to measure workload in SoMDN has raised difficulties in achieving accurate data, due to the differing nature of our business from the rest of UofG. E.g., most of the MBChB clinical attachment activity is not captured in central timetabling systems (used to capture teaching workload). An 'Additional Costs of Teaching' model is under development, to capture this data and UofG/NHS contributions.

The College has been attempting to make the WLM more meaningful, but this has been challenging. UofG is now considering different approaches to modelling. This WLM concern is reflected through Silver self-assessment. The higher scores for PSS reflect the fact that these roles were not included in the WLM.

Figure 67. "Workload allocation takes into account all of my activities" (AS Staff Survey 2018)



Despite issues around accurate WLM the Clinical and PSS groups had high positive scores regarding work life balance in the self-assessment. It's not insignificant that job planning for clinicians is a completely separate process for R&T/LTS and the evidence below suggests that system is more effective than eg PDR. The lower scores in R&T and LTS reflect the issues described and will be addressed in the SAT both in terms of effective WLM and improvement in the PDR procedure.

At Bronze, 43%F/61%M staff agreed that their work-life balance was appropriate. Since, this agreement has increased in all categories apart from R&T staff. Work allocation to these staff depends on student timetabling and workload relating to e.g. exam marking, grant application deadlines, publication deadlines and preparation for conferences, as well as the research work itself and this can add additional pressures at certain points throughout the year. However, we also note that across all academic staff groups males are generally happier with their work-life balance than females and we will seek to improve this by ensuring that staff are well supported and aware of all policies that might improve their wellbeing.

Figure 68. "I am generally comfortable with my work-life balance"(AS Staff Survey 2018)

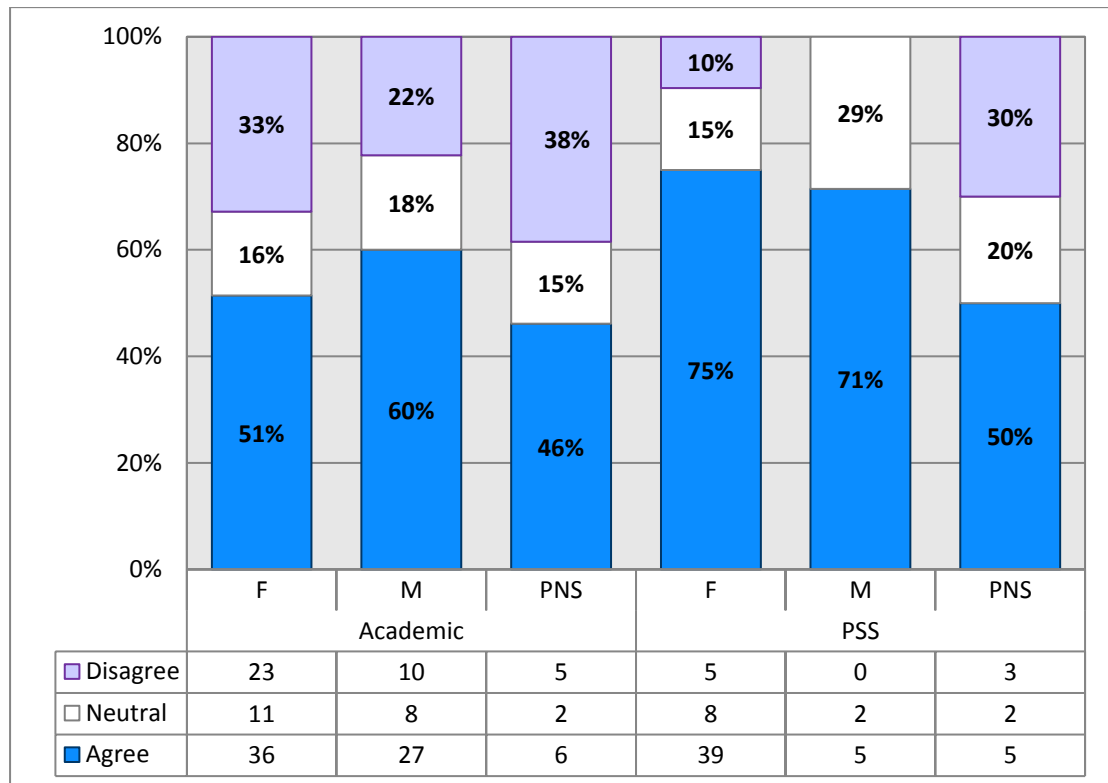
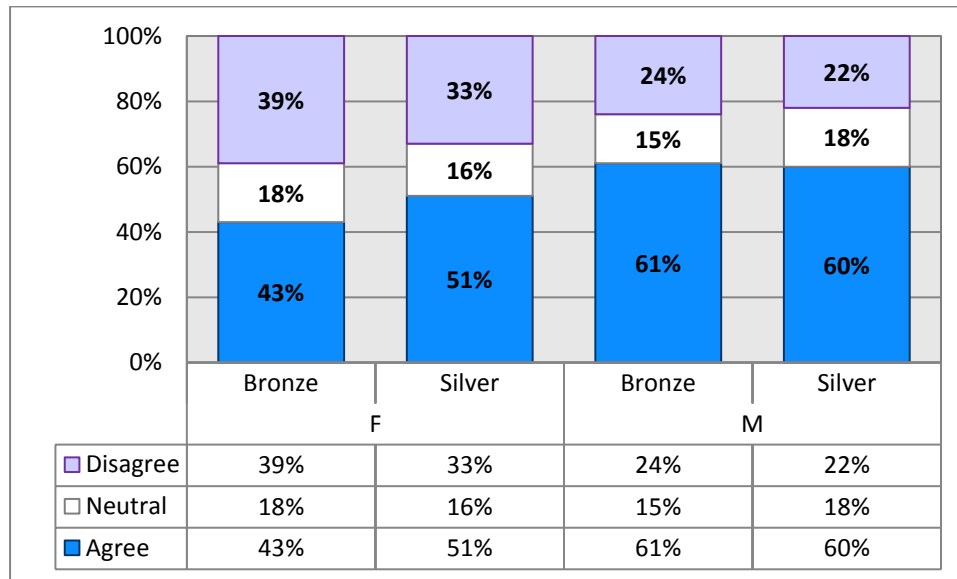
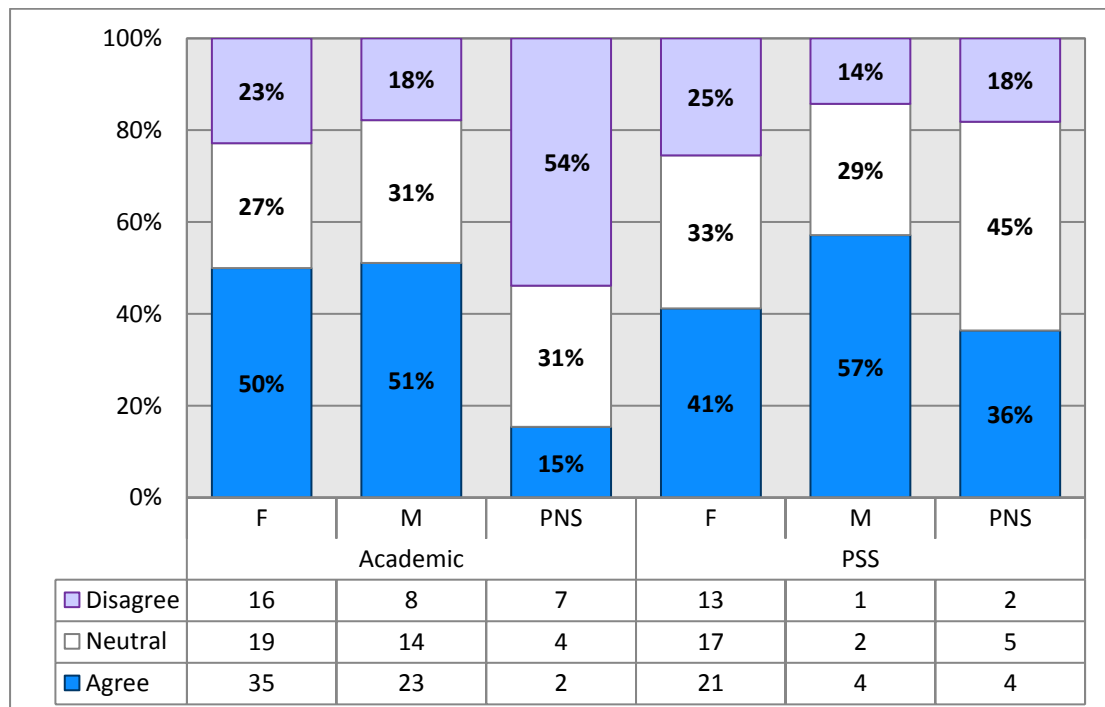


Figure 69. "I am generally comfortable with my work-life balance" (AS Staff Survey 2015 vs. 2018)



The data below is not so much gender relevant as relevant to all genders seeking clarity in the distribution of workload and changes over time and reflects the need for nuanced discussion at PDR and a regular review of job descriptions. T&O have a higher degree of agreement reflecting the heavily task driven nature of their roles.

Figure 70. "Workload is allocated on a clear, fair basis, irrespective of gender" (AS Staff Survey 2018)



SAP 4.7 Ensure that the diversity in responsibilities between job families is recognised and accounted for by feeding into UofG Workload Model evaluations to increase satisfaction around workload allocation

(vi) Timing of departmental meetings and social gatherings

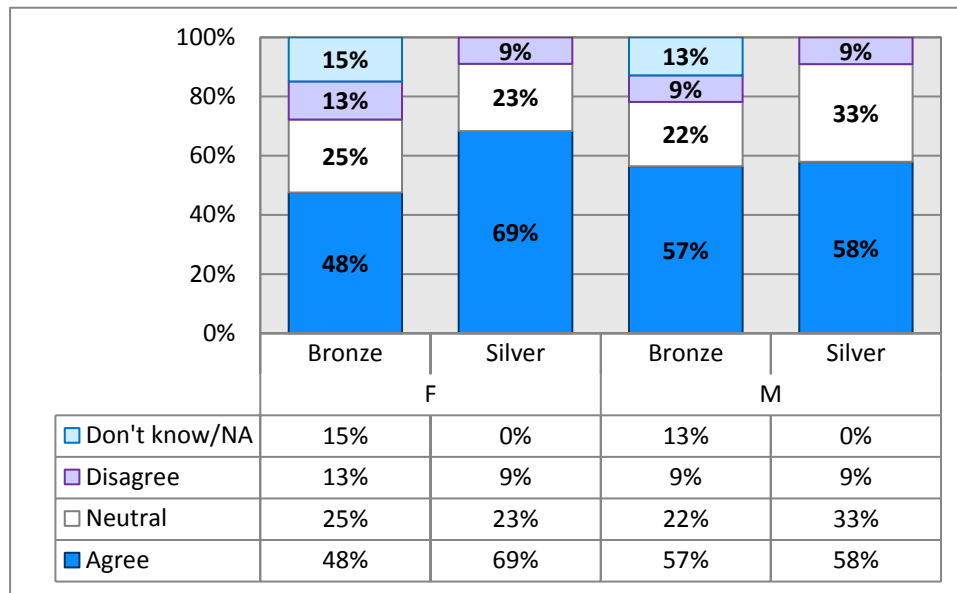
Describe the consideration given to those with caring responsibilities and part-time staff around the timing of departmental meetings and social gatherings.

BAP PROGRESS

- Core working hours policy means 100% of decision-making meetings are held between 9.30am-4.30pm with days/locations rotated to allow part-time staff to attend (unless by mutual agreement of all attendees)
- Regular meetings rescheduled during school holidays (or held by mutual agreement)
- **Increase from 48%F/57%M (Bronze) to 69%F/58%M (Silver) agreeing that meeting scheduling allows carers to attend**

At Bronze, 67%F/54%M disagreed that they found it easy to attend meetings outside of working hours, so our BAP aimed to ensure meetings were held within core working hours of 9.30-4.30pm, where appropriate, by verbally reminding staff to stay within these hours when arranging meetings. 'Core hours' can be problematic within medical schools given the mixed NHS/University responsibilities of many staff, and so staff can organise meetings outside core hours but only with mutual agreement from attendees. The days of recurrent meetings involving part-time staff are rotated to avoid exclusion, and minutes are circulated to members/posted on relevant Moodles. Formal committees are now scheduled within core hours, arranged >6 weeks in advance, facilitating attendance of carers/those with clinical commitments – e.g. Dental School Executive and UofG/NHS Liaison Group meetings have changed from 4.30pm start to within core hours. **2018 survey responses showed the positive impact these changes have had within SoMDN, especially for women:**

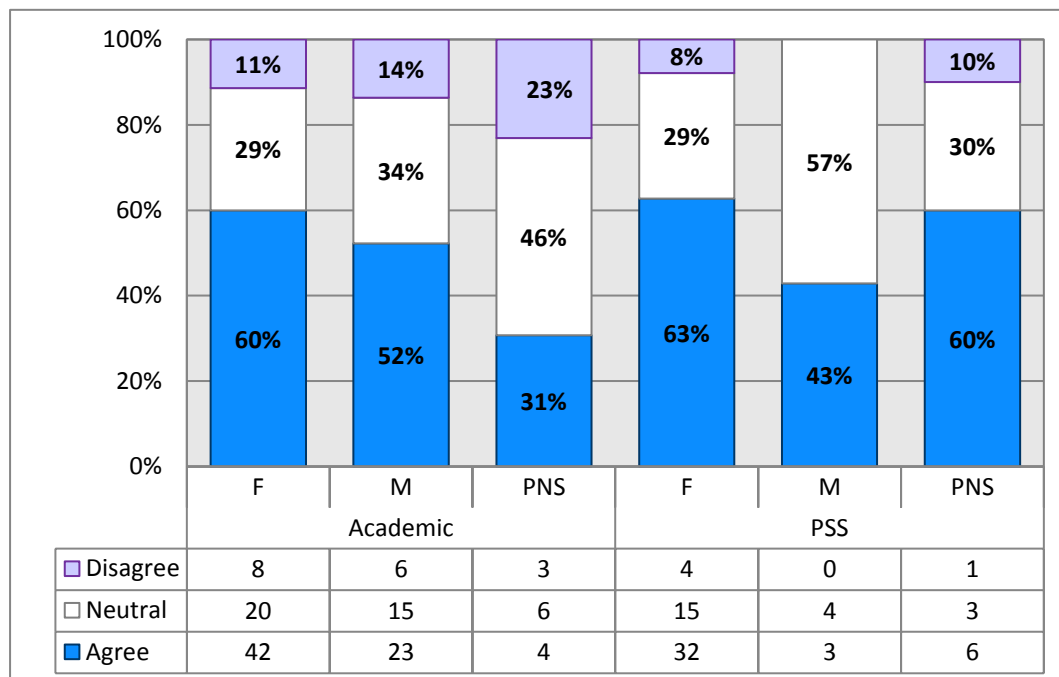
Figure 71. "Meetings are generally scheduled to those with caring responsibilities to attend" (AS Staff Survey 2015 vs. 2018)



All Town Halls now record meetings so that those who cannot attend can watch retrospectively – video links are posted online for staff to view.

As part of BAP aims to actively encourage networking, all social activities are advertised to staff via social media/internal email/AS website – including staff running clubs; yoga sessions; quiz events. Departmental gatherings aim to be inclusive, and children are welcome at informal meetings (e.g. mentoring networking sessions). Overall, female staff are more likely to agree that social events are welcoming to all:

Figure 72. "Social events are welcoming to all staff" (AS Staff Survey 2018)



As SoMDN's campus is based over multiple sites and many staff have clinical roles, truly inclusive social events can be problematic during working hours. This emphasises the need to organise social events at different times/on different days so that particularly clinical staff with fixed commitments can access **(SAP 4.2)**.

(vii) Visibility of role models

Describe how the institution builds gender equality into organisation of events. Comment on the gender balance of speakers and chairpersons in seminars, workshops and other relevant activities. Comment on publicity materials, including the department's website and images used.

SoMDN provides strong gendered academic role models for students, e.g.:

- **Medicine:** A newly promoted Professor of Medical Education [F] works part-time/leads Vocational Studies (within MBChB)
- **Dentistry:** The Childsmile initiative and research programme is led by Professor of Dental Public Health [F]
- **Nursing:** 1F Professor holds The Florence Nightingale Foundation Chair in Clinical Nursing Practice Research; a newly recruited lecturer [M] is a 'Men Into Nursing Together' champion (a group organized to challenge gender-based stereotypes and support the inclusion of men into caring professions)

As well as ongoing work to increase visibility of men in Nursing **(4.1.ii)**, SoMDN works hard to ensure visibility of all staff/students by:

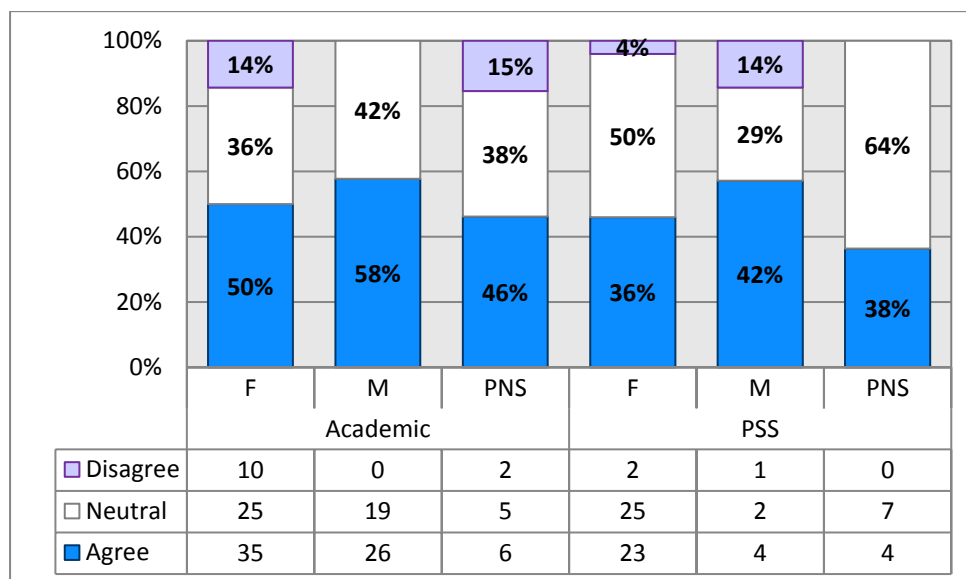
- The use of gender-balanced images on webpages/publicity materials
- Highlighting staff career trajectories from different job families/student backgrounds using an interview-style format on the AS website

UofG's annual 'Offer Holders' Day' allows potential students to explore campus/interact with staff/students – SoMDN stalls convene in WMSB, inviting engagement from visitors. Although involvement was not formally recorded pre-2019, organisers anecdotally commented that increased numbers of male/female staff/student volunteers has been seen since.

Table 47. Open Day participation (2019)

	Offer Holder's Day (23rd March)				Open Day (13th June)			
	F	%F	M	Total	F	%F	M	Total
Staff	9	56%	7	16	16	64%	9	25
Students	7	64%	4	11	10	77%	3	13
Total	16	59%	11	27	26	68%	12	38

Figure 73. SoMDN builds gender equality into its activities (e.g. gender balance of speakers, chairpersons, workshops)



Few staff disagreed that gender equality was built into different SoMDN activities, however, many remained neutral.

Staff can apply to the College Network and Event Fund – which has been linked on AS webpages and periodically advertised over Twitter/email since Bronze – which supports events relevant to College Diversity and Inclusion policy. **Since Bronze, 1F academic successfully applied for financial support (2017/18) for ‘A Learning Community to Support Scholarship’**. As a result, a group of 7F met monthly for 12m, aiming to:

- Create/design a Learning Community to support scholarship/progression for College lecturers (LTS track) enrolled on ECDP
- Empower ECDP participants to engage with the programme through peer support/mentorship within the Learning Community
- Support scholarship progression and achievement through peer support of scholarship from ‘idea to manuscript’

SoMDN continues to support LTS staff by making funding available (via the SoMDN Teaching & Learning Committee) and offering opportunities (i.e. Town Halls) for dissemination of outcomes.

(viii) Outreach activities

Provide data on the staff and students from the department involved in outreach and engagement activities by gender and grade. How is staff and student contribution to outreach and engagement activities formally recognised? Comment on the participant uptake of these activities by gender.

BAP PROGRESS

- Outreach participation is formally recognised for staff in PDR (since 2016)/within promotion; for PGR students in the Annual Progress Review

As health professionals, outreach activity with the general public is a core part of SoMDN's subject interest.

Staff/students engage in numerous outreach/public engagement activities with multiple aims:

- Raise SoMDN's profile
- Disseminate public health messages, research and/or undertake research activity
- Provide role models for young people
- Exchange knowledge with the community

Types of outreach is varied, including:

- Widening Participation events for high school, aimed at encouraging entry into SoMDN
- Educational/public health events
- Presentations at charity events
- Participation in local events

Outreach activities are valued, mostly by academics:

Figure 74. "Outreach activities are valued in SoMDN" (AS Staff Survey 2018)

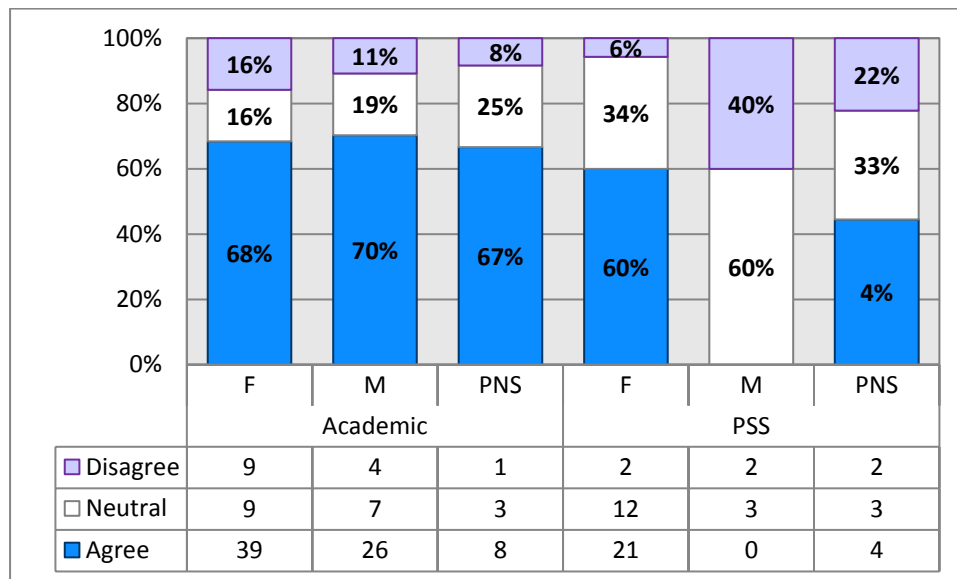
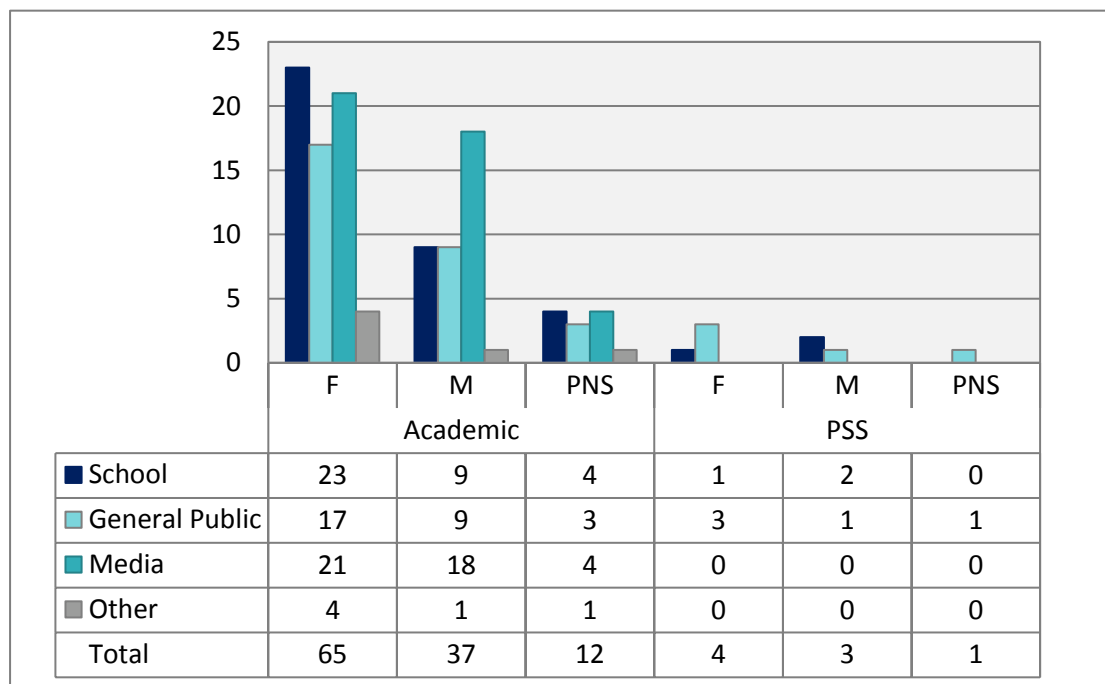


Figure 75. Instances of outreach participation in past 2 years (AS Staff Survey 2018)



It is encouraging that many academics have access to outreach opportunities, however, we must continue to encourage men to participate. Although outreach opportunities are offered to PSS, including administrative support for such events, participation must be increased through our PSS Career Development Group (**SAP 2.3**).

Table 48. Public Relations






Event	Description	Participation	Evidence
<p>World’s Biggest Ever Smile</p>	<ul style="list-style-type: none"> • Guinness World Record breaking event • Mass-participation art installation to highlight importance of oral health (National Smile Month, June 2017) 	<ul style="list-style-type: none"> • 756 participants (UofG/NHS staff, students, alumni/primary pupils) 	
<p>Trix the T-Rex</p>	<ul style="list-style-type: none"> • PR event marking arrival of exhibition at UofG’s Hunterian Museum 	<ul style="list-style-type: none"> • Dental staff/students • Primary school pupils 	

Table 49. Education

Event	Description	Participation	Evidence
<p>Meet the Expert</p>	<ul style="list-style-type: none"> Half-term holiday events (Glasgow Science Centre) focusing on immune system 	<ul style="list-style-type: none"> SoMDN staff/students 	<ul style="list-style-type: none"> Since 2014, 1000+ Play-Doh biofilms have been made by children at events: 
<p>Childsmile (NHS partnership)</p>	<ul style="list-style-type: none"> National programme to improve children’s oral health/reduce inequality, started by Dentistry (2015) 	<ul style="list-style-type: none"> Dentistry staff/students 947 public members participated 	<ul style="list-style-type: none"> Families recruited into ongoing UofG research studies, assisting the development of new educational resources

	<ul style="list-style-type: none"> • Glasgow Science Centre holds events • Funded by UofG Knowledge Exchange Fund 		
<p>Restart-a-Heart Day (Resuscitation Council UK/Europe)</p>	<ul style="list-style-type: none"> • Since 2014, medical/dental students provide CPR training to public at Glasgow Science Centre/locations around Glasgow • Event televised (STV), it was published in the Scottish Dental magazine, The Dental Mirror (Dentistry in-house magazine), Resuscitation Council website • Cited in the Scottish Government's 'Out of Hospital Cardiac Arrest Strategy' (2014) 	<ul style="list-style-type: none"> • Staff lead [F] • 2019: 11 students [5F:6M] volunteered • 461 young people and additional 800 school pupils learned CPR 	 <p>Dental students 2018 & 2019</p>  <p>Medical students 2019</p>

**Medics
Against
Violence**

- Violence prevention lessons in secondary schools across Scotland
 - Aims to raise awareness of medical consequences of violence with young people/to reduce injury
 - Programme funded by Scottish Government
 - Features frequently in media
 - Includes a student society with female/male participants, offering opportunities for leadership/networking
- Initiated by SAT Chair
 - F/M SoMDN staff/ students
 - Student society president [F]
 -

- Staff present to pupils in Castlehead High:



Pupils with staff at Holyrood Secondary:



“I just wanted to let you know that you’ve made me decide I want to be a doctor” School pupil [F]

Teddy Bear Hospital

- Public health project for medical, dental and nursing students
- Targets children to alleviate fears of doctors/hospitals

- F/M SoMDN students/staff



Understanding Obesity

- Education session (Glasgow Science Centre) informing families about obesity
- Part of the European Conference on Obesity 2019

- Human Nutrition (MSc) staff/students



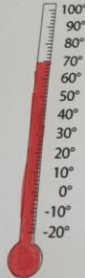
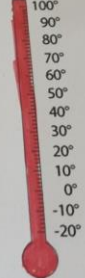


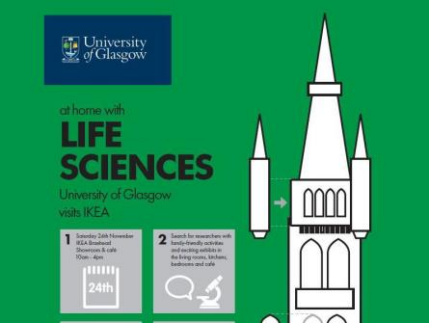
			<p style="text-align: center;">Thinking about #obesity</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>My understanding before today:</p>  </div> <div style="text-align: center;"> <p>My understanding now:</p>  </div> </div>
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Table 50. Research

Event	Description	Participation	Evidence
INSPIRE	Academy of Medical Science/Wellcome medical students to participate in research	students/staff	students presenting research/receiving awards due to on: 

			
<p>At Home with Life Sciences (IKEA partnership)</p>	<ul style="list-style-type: none"> • Showcases life sciences research • Topics such as arthritis, bone grafting, oral bacteria 	<ul style="list-style-type: none"> • Dental staff/students • Lead – Dentistry staff [1F] 	


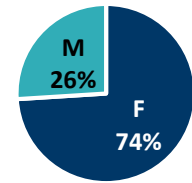
Mouth Cancer in Action Month	<ul style="list-style-type: none"> • Providing information to Glasgow public to educate about mouth cancer 	<ul style="list-style-type: none"> • F/M students 	
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Table 51. Outreach

Event	Description	Participation	Evidence
REACH	<ul style="list-style-type: none"> • Scottish Funding Council Project • Targets S4-S6 pupils from West Scotland, interested in Medicine/Dentistry • Introduces subjects across sites • Insight into SoMDN/UofG culture 	<ul style="list-style-type: none"> • SoMDN staff – female role models prominent 	<ul style="list-style-type: none"> • Numbers of Widening Participation students successfully entering SoMDN have grown
Sutton Trust	<ul style="list-style-type: none"> • Week-long UofG summer school (2019) • ‘Medical Sciences’ (29 students, 179 applicants) 	<ul style="list-style-type: none"> • Medicine/Dentistry staff/students: 	<div data-bbox="1458 1257 1868 1458" style="border: 1px solid #008080; border-radius: 15px; padding: 10px; background-color: #008080; color: white; text-align: center;"> <p><i>“This experience has sparked my interests further and given me the chance to explore various courses which I hadn’t considered previously”</i> Attendee</p> </div>

- Aims to increase applications to UofG by Widening Participation students

Participation by gender



SILVER APPLICATIONS ONLY

6. CASE STUDIES: IMPACT ON INDIVIDUALS

Recommended word count: Silver 1000 words (Words: 875)

Two individuals working in the department should describe how the department's activities have benefitted them.

The subject of one of these case studies should be a member of the self-assessment team.

The second case study should be related to someone else in the department. More information on case studies is available in the awards handbook.

Helen Lloyd. Senior Administrator School of Medicine and SAT Member

My undergraduate degree was an MA (Hons) in English Literature from the University of Edinburgh. After this, I returned to Glasgow and completed an MPhil (with Distinction) in Scottish Literature. I completed my PhD in 2005.

As a postgraduate I taught literature courses as a Graduate Tutorial Assistant and had a number of support posts in the University Library and other parts of Central Services. I joined the UG Medical School in 2008 as part-time Examinations Officer, co-ordinating clinical exams, and my post soon expanded to full-time.

In 2011 my first daughter was born and I spent 10 months on maternity leave. Towards the end of my leave I made use of the University's Keeping in Touch days and on my return the School offered me a 3 month 'acting up' position co-ordinating documentation for a high-profile academic review. This became a permanent post and, as Special Projects Officer I worked closely with the Head of the UG Medical School to bring about a number of improvements to MBChB processes and student experience.

Shortly after this appointment my one year old daughter became ill and over the course of the following year I spent significant periods of time in and out of the Children's Hospitals of Glasgow and Edinburgh. Throughout this very stressful time I had fantastic support from colleagues and from the School who were extremely accommodating. I was trusted to adapt my working patterns as required and to split my time between the hospital (which was luckily very close by) and my post. I'm glad to say that my daughter is now well and I'm grateful to the School for their support during this period.

In 2013 I had a second baby and spent a year on maternity leave, again making use of Keeping in Touch days and the University Nursery. On my return I requested and was granted a reduction in hours to a 4-day week as this gave me additional time with my younger daughter. In the years since then I have been given a number of development opportunities including qualifications in leadership and project management. In 2017 the School funded my place on the Aurora Leadership Programme. These opportunities and the supportive environment in which I work have enabled me to grow in my post while also balancing the demands of a young family. In 2019 I was appointed to a promoted post as Undergraduate Medical School Manager.

In the decade since I joined the Medical School I have felt well supported both in terms of career progression and work-life balance, and have found the School to be very understanding of the daily juggling act undertaken by working mothers.

Ali Cairns, Senior Clinical University Teacher, Dental School

Those who have been through the process know how difficult it is to return to work after maternity leave. Drowning in feelings of maternal guilt, you get back and realise you are completely out of touch as far as work is going as well!

I joined the Dental School shortly before taking maternity leave in and decided to continue nursing my child on return to work. The Head of the Dental School was extremely supportive, arranging for facilities to be able to express and store milk. This helped greatly and is now a permanent facility in the Dental Hospital, where the Dental School is based and has rolled out to all SOMDN sites.

I was able to work flexibly to cover childcare and also afforded time to prepare for my professional exam as part of my clinical training.

The School has continued to support my progression towards a clinical academic career, positions in which women are underrepresented nationally and in the School. The School provided me with protected time to complete my PhD part-time; the PhD was self-funded and so being able to continue working in a flexible pattern to suit my needs and with time carved out for my research was vital to me being able to pursue my doctoral degree.

Towards the end of the PhD, the School diverted locum support that had been covering a maternity leave to my role for 2 months which enabled me nearly 2 full months to dedicate to my thesis. This was crucial to me completing.

Recently, the School has supported my passion for running and mental health supporting me to set up the Glasgow Dental Hospital and School Runners.

I am one of the three founder members of this group who strive to get students and staff involved in our lunchtime tempo runs, interval sessions and easy Friday jogs. The group is accredited by Jog Scotland, we have a fully qualified level 3 coach and 2 qualified jog leaders. I am personally delighted that this activity is supported, as I credit a huge amount of my good mental health on my love of and ability to run.

The focus on health, mental well-being and staff socialisation across sites is a focus of some the School's Athena SWAN work. I think this is incredibly important. Both this and the support for my clinical academic advancement make the Dental School a place where I feel that I have really thrived during key stages of my career.

7. FURTHER INFORMATION

Recommended word count: Bronze: 500 words | Silver: 500 words (Words: 477)

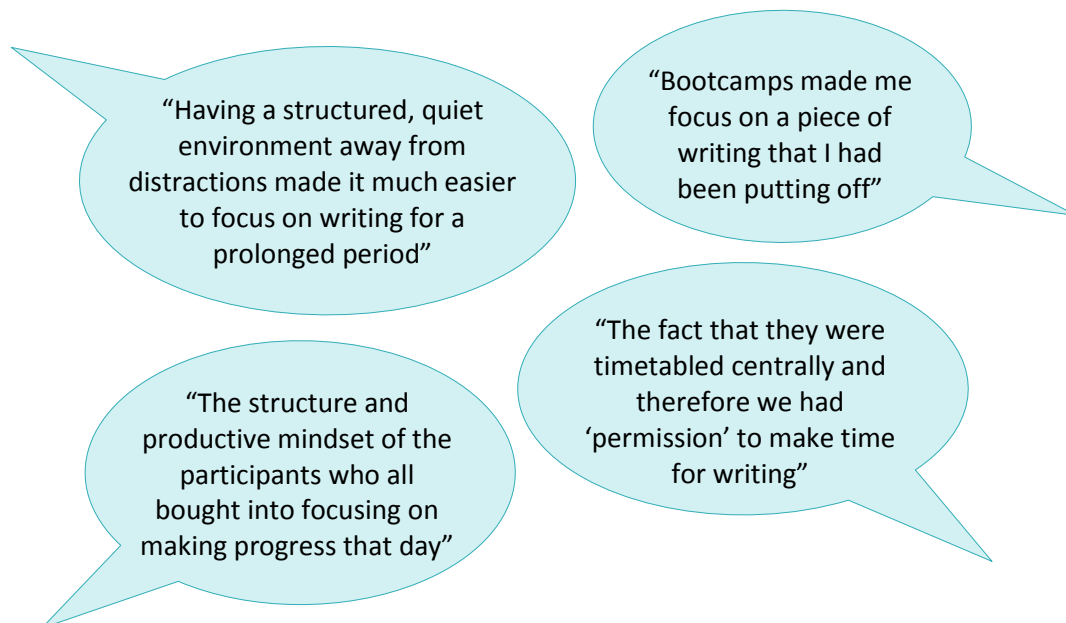
Please comment here on any other elements that are relevant to the application.

Cont. from 5.3.iii.

Writing Bootcamps

Several 'writing bootcamps' have been held on campus as part of BAP – full- or half-day sessions where participants dedicate time to work-related writing. Informally attended by small numbers of staff/students, participants work on a range of outputs (PhD thesis, grants, manuscripts, course information documents, lecture plans). Past attendees have commented within written feedback that **workshop attendance contributed to final submissions of work.**

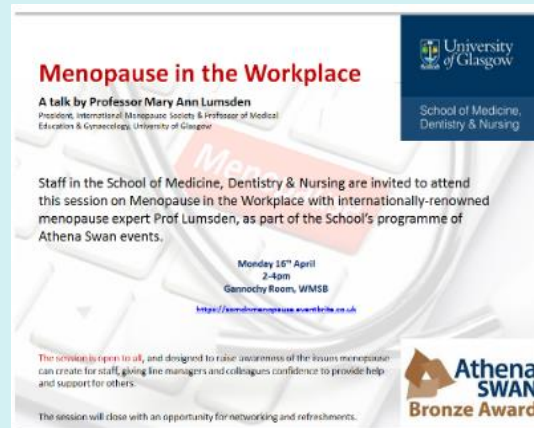
Figure 76. Feedback regarding helpfulness (anonymous)



Cont. from 5.6.i.

Menopause in the Workplace (2018)

- Talk from Prof Mary Anne Lumdsen (Medicine) [F] on the menopause to promote understanding of workplace-related issues among female and male staff
- **Resources/guidance were signposted by/developed after this event, based on NICE guidance partially written by Prof Lumdsen have a dedicated section on our AS website**



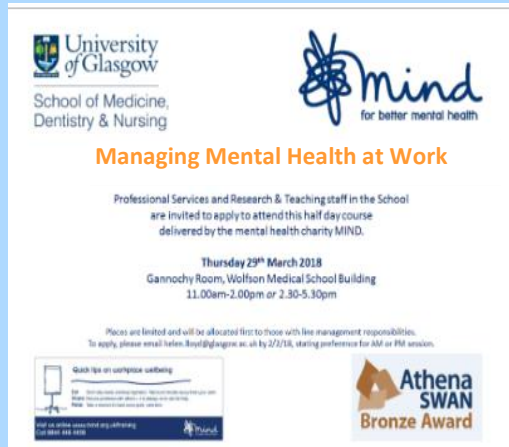
Domestic Abuse Training (2018)



- Training workshop for line managers /clinicians delivered by Dr Christine Goodall to promote the understanding of domestic abuse/allow support of colleagues by offering simple tools to support/signpost
- Resources/guidance now on AS website
- Male colleagues sign the White Ribbon Pledge to end violence against women

Mental Health & Suicide Awareness (2018)

- Mind Your Mate workshops provided by Mr Neil Nairn to raise awareness of suicide to equip staff/students with knowledge
- 2 workshops held in Dental School/1 in Medical School
- Acknowledgement that suicide disproportionately affects young men
- SoMDN funded a MIND half-day course on Managing Mental Health at Work
- Resources posted on AS webpages



Impact of Civility in the Workplace (2019)



- Talk by Dr Michael Murray on the impact of incivility on patient care and individual and team performance
- Highlighted the effect of undermining on staff morale and on the workplace in general
- Part of wellbeing group work
- Civility saves Lives resources posted on AS webpage
- Took place in the Dental School

Our Twitter activity encourages discussion/engagement with these topics.

SoMDN actively participates in gender equality-related national events to raise awareness of surrounding issues, often in collaboration with other University departments, e.g. International Women’s Day events:

- **2018:** Pecha-Kucha event, where staff of all job families and grades (G4-9) presented personal career trajectories. An annual lunchtime social welcomed staff to network over refreshments
- **2019:** Staff/students engaged with AS Twitter, promoting ‘#BalanceForBetter’, creating 8,800 ‘impressions’ in 24hrs

Twitter pledges (2019) with SoMDN staff/students at different grades/job families



Pecha-Kucha



Networking (2018)



We have recognised the need to widen our SAT remit from gender-only to other areas of underrepresentation for staff and students, in line with UofG-wide initiatives that further encourage diversity and increase awareness and inclusivity within SoMDN.

SAP 4.3 Establish an LGBTQ+ Representation Group to support SoMDN staff and students

8. ACTION PLAN

The action plan should present prioritised actions to address the issues identified in this application.

Please present the action plan in the form of a table. For each action define an appropriate success/outcome measure, identify the person/position(s) responsible for the action, and timescales for completion.

The plan should cover current initiatives and your aspirations for the next four years. Actions, and their measures of success, should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART).

See the awards handbook for an example template for an action plan.

SILVER ACTION PLAN

No.	Action Required	Rationale	Key actions to date	Action Planned	Timeframe	Responsibility	Success Measure
1. Further embedding of Athena SWAN principles within SoMDN							
1.1	Build on action taken to embed Athena SWAN as core SoMDN business within all activities	AS is a priority within SoMDN and we seek to further increase engagement across all sites to positively advance our gender equality agenda	<p>SAT meets regularly to oversee action plan progress and wider SoMDN engagement with AS</p> <p>SAT members have registered interest in becoming AS panel observers</p> <p>AS is now a standing agenda item on 100% of relevant committees and features regularly at Town Hall meetings</p>	<p>a. Timely review of SAP progress to inform activities</p> <p>b. Deliver a short report (every semester) to School Management Committee/at Town Halls to improve visibility of SAT activities and post on Moodle</p> <p>c. Secure funding for staff to apply for to facilitate attendance at external equality-related events</p>	<p>a. Continuous</p> <p>b. Each semester</p> <p>c. Mar 2020</p>	SAT Chair, SAT	AS activities to be recognised by ≥75% of staff as core SoMDN business, as evidenced by a new AS Staff Survey question
1.2	Review SAT membership and actively seek to account for gaps in representation, influencing gender balance towards 40:40:20	Where SoMDN data requires closer insight from relevant individuals, we must ensure a member is recruited	<p>Continuous open calls for staff/student to join SAT have been circulated since Bronze</p> <p>Part-time staff attended open staff focus groups, giving feedback on</p>	a. Specifically target SAT recruitment calls, with emphasis that the rotation of SAT meeting days/times is partially so that part-time staff can attend	a/b. Jan 2020	HoS, AS Champions, SAT Nursing School representative(s)	<p>Have 2 part-time staff join the SAT</p> <p>1 Nursing student volunteer on the SAT</p> <p>2019-22 SAT formed by Jan 2020</p>

		<p>The SAT has identified a gap in representation of part-time staff. Although this is due to workload priorities for part-time staff, this staff group must be encouraged to join to allow consistent contribution/perspectives from this group</p> <p>SAT members suggested that given the large disparity in gender-balance across nursing in the UK, it would be extremely useful to have a male student member who could provide continued insight</p>	different subjects which helped to form the SAP	<p>b. A Nursing staff SAT member to approach a male Nursing student to join to facilitate further SAP development and contribute to Nursing-related student gender imbalance analysis</p> <p>c. Fair allocation of working group activity/SAPs by experience/interests, address progress at each meeting</p> <p>d. Establish a new SAT HR Working Group to review the implementation of HR policies across SoMDN</p>	<p>c. Feb 2020 for current SAT members then continuously for new members as they join</p> <p>d. Feb 2020</p>		First new SAT meeting by Feb 2020
1.3	Increase staff awareness of the opportunity to join SAT and promote the benefits of membership through	In 2018 56%F/49%M academic and 37%F/29%M PSS agreed that the opportunity to join SAT was presented to them – between 41-54% of	The SAT developed/published terms of reference outlining purpose, aims, working group definitions, roles which was posted on our AS website/Twitter	a. Circulate SAT recruitment calls via internal email, website, noticeboard advertisement, word-of-mouth from local-level champions	a. Continuous	SAT, HoS, AS Champions	>80% of all female/male academic and PSS reporting that they were aware of the opportunity to join the SAT in the AS Staff Survey

	continued regular calls for new members across information dissemination channels	each group 'did not know' Different perspectives from new members allows continuous review of actions, and allows staff more opportunities to be involved in decision making committees and hold leadership positions	Regular open calls are circulated by senior staff/SAT The newly designed SoMDN AS flyer (2019) encourages volunteers and has contact details welcoming correspondence	b. Issue a call for volunteers through the mode of internal communication decided upon by the formal communication review (SAP 1.4) c. Include SAT contact details in the bulletin (SAP 1.5)	b. Post-internal communication review c. Continuous after summer 2020		
1.4	Supplement Town Hall meetings with monthly bulletins inclusive of day-to-day SoMDN information to improve internal communications	On average, a group of 40 staff attend Town Hall meetings Agreement regarding Town Hall usefulness [49%F/36%M] was low in 2018 and so we must improve our internal information sharing processes	AS webpage launched (April 2016) which signposts HR policies, AS activities, SAT membership, Twitter Echo360 access is now a requirement for Town Hall bookings to allow all those that cannot attend to watch retrospectively Focus groups discussed staff perceptions on how best to circulate information – found that the current SoMDN	a. Circulate open calls for a MPA volunteer to lead the monthly bulletin, allowing more responsibility/additional skill development for this member b. Ensure that bulletin has information relevant to all staff by labelling information by job family, highlight an AS section c. Add a question within the AS Staff Survey to	a. Over summer 2020 b. Continuous	HoSA	Achieve agreement in new AS Staff Survey question of >50% from all staff that bulletin is useful/informative Aim for 50% staff reporting within our AS survey that they attended/ retrospectively watched a Town Hall Increase SoMDN Athena SWAN Twitter following from 443 to 800

			<p>newsletter circulated (twice per year) was long and least relevant to PSS</p> <p>Focus groups highlighted the value of a monthly, 1-page bulletin for internal information sharing and awareness of SoMDN events and information e.g. staff/student good news, new staff additions, departures, outreach activity</p>	<p>evaluate usefulness of bulletin, to consult staff on most effective forms of information sharing with aim of improving dissemination/engagement</p> <p>d. Continue to celebrate staff news on AS website/Twitter/internal email</p>	<p>c. 3-m prior to AS Staff Survey 2020</p> <p>d. Continuous</p>		
1.5	Continue detailed consultation with staff and students biennially to allow analysis of SAP progress and impact	<p>Our continued high AS Staff Survey response rate (above 70%) serves to ensure fair representation of all job families/grades/genders in feedback – survey data has been extremely important for BAP impact analysis</p> <p>Quantitative data provides overview of staff opinions regarding AS-related activity,</p>	<p>Active promotion of surveys by personal emails to staff by HoS/Deputy HoS and at Town Hall meetings</p> <p>2018 AS Staff Survey analysed and reported to SAT</p> <p>Open/job family-specific focus groups have been conducted across sites, providing detail to AS Staff Survey results and</p>	<p>a. Review AS Staff Survey questions to ensure capture of relevant SAP activity impact</p> <p>b. Continue to distribute AS Staff Survey at appropriate times to avoid overburdening staff – analyse this to identify positive SAP impact/areas for improvement</p>	<p>a. 3-m prior to 2020 AS Staff Survey</p> <p>b. Biennially</p>	HoSA, SAT Chair	<p>Reach ≥80% overall response rate for staff</p> <p>See ≤5% difference between percentage of male/female responders</p> <p>Complete all focus groups across sites with >5 attendees in each</p>

		whilst focus groups gather qualitative data	exploring key AS-related subjects	<p>c. Implement activity-specific short pulse surveys to capture specific feedback from relevant staff (i.e. mentoring scheme participants) remaining aware of survey fatigue</p> <p>d. Continue to hold open/job family-specific focus groups across sites to contextualise survey data</p>	<p>c. When required</p> <p>d. Biennially, after every AS Staff Survey</p>		
2. Enhancing support for staff recruitment, training, career development and progression							
2.1	Provide tailored promotions support through annual Promotion Workshops delivered across sites, modified in response to feedback	Written feedback to unsuccessful applicants is available but may lack useful detail. As senior SoMDN staff are present at the promotions meetings more granular information can be collected and shared in person with applicants	Unsuccessful promotions applicants met with HoS to discuss feedback from promotion panel and provide guidance on improvements for future	<p>a. Consistently administer post-attendance Workshop surveys, enabling formalised evaluation of attendee satisfaction/Workshop usefulness</p> <p>b. Shape Promotion Workshop delivery, specific to job families, using verbal/survey feedback</p>	<p>a. Annually after each Workshop</p> <p>b. Each promotion round</p>	HoS, Promotion Workshop delivery staff, Mentoring Group	Increase the number of attendees referring to Promotion Workshops as a supporting factor within their promotion application process in post-attendance Workshop survey

				<p>c. Diversify the delivery of promotions workshops by inviting recently promoted staff (specific to the different SoMDN Schools) to share experiences with attendees, allowing detailed insight into different cases</p> <p>d. Provide individuals advice through one-to-ones within Promotion Workshops</p> <p>e. Deliver an 'Early Promotion Workshop', targeted at those who intend to apply for promotion in the following round</p>	<p>c. By next Promotion Workshop</p> <p>d. Post-promotion round 2020-21</p> <p>e. Pre-promotion round 2020-21</p>		
2.2	Formally consider succession planning into annual PDR process to continue to identify staff for	There is a need to anticipate demand for senior roles and to maximise opportunity to develop the necessary skills to ensure candidates are	Committee membership and training opportunities are currently discussed within PDR	a. Anticipate areas of unmet need arising from staff departures or from new initiatives. Address skill shortages and areas of underrepresentation whilst ensuring high quality applications to	a. To be implemented during 2020-21 PDR process	HoS	Increased numbers of applicants to anticipated vacancies, with at least 3 applications (at least 1F/1M) from qualified colleagues per post

	leadership roles and training	fully prepared for senior roles		senior vacancies from well-prepared colleagues			
2.3	PSS Career Development Group to successfully facilitate career support and skill development	<p>PSS have difficulties accessing the same opportunities as academic staff to build skills outside of their specific role</p> <p>As a group, MPA staff saw more benefits in activities that were not directly mentoring related (i.e. skill coaching sessions) – it is important to provide a range of opportunities for PSS skill development to support staff career momentum</p>	<p>Job family-specific focus groups discussed opportunities that staff would like to be given for career development</p> <p>Career trajectories of different PSS have been posted on our AS website, highlighting administration within higher education as a structured career path</p> <p>HoSA established group 2019 and liaised with HR regarding skill development workshops for MPA staff</p>	<p>a. Ensure senior PSS in group represent all PSS careers</p> <p>b. Develop/provide a ‘skill refresher’ workshop inclusive of CV preparation tips; interview practice; cover letter writing</p> <p>c. Continue to notify PSS of development/outreach opportunities via email, Town Hall, bulletin, AS webpages/Twitter</p> <p>d. Conduct a robust analysis of the feasibility of short-term secondment opportunities for SoMDN PSS</p>	<p>a. Jan 2020</p> <p>a. By end of academic year 2020-21</p> <p>b. Continuous</p> <p>c. By Sept 2020</p>	HoSA	Marked increases in PSS applying for Recognition & Reward and promoted posts internal/external to SoMDN to at least 25% of all staff
2.4	Continue to develop support for both clinical	University promotional criteria have changed with time for different	AS Staff Survey 2018 showed 69%F / 68%M academic responders in	a. Reconfigure promotion workshops in line with any post-	All. By promotions round 2020-21	HoS, Mentoring Working Group	Achieve increased agreement from all academic staff that

	and non-clinical applicants to promoted posts through tailored promotions advice and guidance regarding promotions	tracks – staff must be adequately supported, and our data must move towards parity in gender balance	<p>agreement that SoMDN provided support for promotion</p> <p>Promotion Workshops were held annually attended by staff of all grades (including G8/9)</p> <p>5F applications for professorship were submitted for the 2018-19 promotion round (data will be evidenced in 2019-20)</p> <p>Staff trajectories are profiled on our AS website</p>	<p>attendance feedback received</p> <p>b. Encourage mentoring relationships through our SoMDN Mentoring Scheme between staff of senior grades to facilitate support</p> <p>c. Use one-to-one meetings with senior colleagues (including HoS and senior academics from cognate areas of UofG) to support potential promotions applicants</p>			<p>support for promotion was provided to >80% for F/M</p> <p>Increased overall number of promotions applications by >30%</p> <p>Increased number of clinical professors (currently 10M/3F) and non-clinical professors (currently FM/3F) in SoMDN by 20%, ensuring gender balance moves towards parity</p>
2.5	Continue to work with The Technician Commitment Action Plan (2018-20) to provide skills and career development opportunities across SoMDN, ensuring that	The Technician Commitment provides bespoke, UofG-wide support for technicians and can provide specialist advice/knowledge to shape SoMDN processes to assist these staff in different career-related aspects	A career trajectory of an Educational Resources Technician [M] has been promoted on the AS website	<p>a. Review our secondment opportunities for technical staff and promote opportunities AS website/Twitter; bulletin; email</p> <p>b. Celebrate/encourage technicians' contributions to</p>	<p>a. Ongoing</p> <p>b. Ongoing</p>	SAT T&O Representatives, PSS Career Development Group	PSS response for both F/M in AS Staff Survey that they were provided with fair access to career development opportunities in SoMDN to >65%

	focus is placed upon these opportunities within PDR	Cross-school/college apprenticeship programmes & establish apprentices career progression pathway for development/retention		<p>outreach, public engagement and showcase the diverse range of SoMDN technician career trajectories on our AS website</p> <p>c. Add a question to AS Staff Survey to capture perceptions of PSS regarding fair access to career development opportunities within SoMDN</p> <p>d. Encourage T&O involvement in mentoring through this initiative</p>	<p>c. By next AS Staff Survey</p> <p>d. Ongoing</p>		
2.6	Increase mentoring participation by clearly disseminating process and aims at workshops, open networking sessions (held at least once per	Our Mentoring Pilot Scheme was implemented in 2018 – participation from academics was high: 17 mentees matched [14F:3M] 13 mentors matched [6F:7M]	<p>Pilot Scheme launched September 2018</p> <p>6-m/12-m reviews collated qualitative feedback from participants</p> <p>Progress of Mentoring Scheme/purposes of</p>	a. Circulate the opportunity for MPA staff to support Mentoring by coordinating formal impact evaluation of writing bootcamps; increasing advertising efforts for the formal scheme; updating	a. Feb 2020	SAT, Mentoring Group	<p>Increased numbers of mentors/mentees within the Mentoring Scheme by 30%</p> <p>Receive positive feedback from Scheme participants regarding Scheme usefulness within annual</p>

	term), within a specifically created SoMDN Mentoring Scheme flyer and in induction materials	Scheme evaluation highlighted a need for directed training for mentors/mentees to increase effectiveness of relationships and give direction and guidance to those having never been involved in mentoring before	mentoring were discussed by HoS at networking session	mentoring-related pages on the AS website with case studies; and generally supporting Mentoring-related actions b. Formal timetabling of mentoring activities for participants c. Deliver effective training/guidance for both mentors/mentees within next Mentoring Group networking session to guide successful mentoring relationships which will encourage others to join Mentoring Scheme d. Conduct an annual Mentoring Scheme review to inform process development	b. May 2020 c. Within next networking session d. Annually from Scheme formalisation		Mentoring Scheme review
2.7	Further increase staff satisfaction in PDR by equipping line	Mixed feedback within our AS Staff Surveys free text comments has flagged the need to	PDR processes have been reviewed for both academic and PSS groups by senior staff	a. Develop/deliver annual PDR workshops for staff who are delivering PDR, covering	a. By next PDR round	HoS, HoSA, HR Working Group	≥75% line managers to have attended PDR-delivery Workshops by next submission

	managers to be able to signpost development opportunities and offer new development experiences to staff through manager briefing sessions	carefully consider PDR delivery methods within SoMDN		PDR guidance and emphasising the importance of the process for SoMDN with input from HR b. Align actions with UofG's review of the PDR process and ensure positive changes are reflected within SoMDN PDR delivery	b. In line with UofG timeline		Increased PDR completion rates to ≥95% Increased satisfaction across all groups assessed through responses to free text comments within AS Staff Survey questions relating to PDR
2.8	Increase the effectiveness of induction through formalised buddying scheme and consistent e-Induction Pack use	AS Staff Survey 2018 highlighted differences across staff groups in positive agreement that induction met their needs (of those employed after 2015): Academic: 68%F / 79%M PSS: 52%F / 100%M which led to a process review	PSS focus groups discussed need for specific guidance around online software systems and a point of contact they could consult during their induction period, which was fed back to the Induction Working Group A newly designed e-Induction Pack was introduced (2019) including E&D/UB training information, our AS flyer, flexible working/paternal leave	a. Add a specific survey question within the AS Staff Survey to assess the effectiveness of the e-Induction Pack b. Line managers to nominate a 'buddy' before the arrival of the new staff member, and discuss delivery of this initiative c. Introduce a short pulse survey to provide further insight to e-Induction Pack/Buddy satisfaction at shorter	a. By next AS Staff Survey b. Ongoing with all new staff arrival c. 3-m after induction period for each new staff member	Induction Working Group, HoSA	a. >80% of all new inductees reporting that induction processes met their needs (AS Staff Survey) b. Qualitative data collected from new starters is overall positive around/supportive of the Induction Buddy Initiative c. 80% of all new F/M academic and PS inductees reporting

			policies, induction checklist	intervals. Change processes in response to feedback			that the e-Induction Pack was helpful
2.9	Accurately record destinations of leavers through confidential leavers surveys or by line manager reports	Consistent delivery of exit interviews has proven difficult due to staff reluctance to be seen by HoS or HR Line managers informally know the reasons for departure/destinations of staff however it is important to persevere with attempts to formally collect data to allow understanding of reasons for departures, to determine whether improvements could be made to retention	Exit interviews (and leavers surveys within these) have been voluntarily conducted by some staff	a. Trial exit interviews (with leavers surveys included), delivered by staff whom are not HoS/HR to determine method efficiency in terms of quality of information gathered compared with the time taken from staff to do so b. If exit interviews cannot be conducted due to time constrictions, ensure that SoMDN line managers relay leavers destination information to the SAT	a. Ongoing – exit interview appointment made upon notification of departure b. Ongoing	SoMDN line managers, HR Working Group	100% of destinations of leavers has been accurately recorded
2.10	Facilitate future gender balance of Year Lead and other senior posts by extending the pool of potential position holders	Year lead roles, and other senior positions within undergraduate clinical schools, provide important role modelling opportunities for undergraduate	Female colleagues have been appointed to lead roles in assessment, student support, anatomy and imaging, professionalism and scholarship	a. Advertisement of future clinical opportunities to all honorary University staff working within the NHS	a. Start 2020	Heads of relevant schools	Move towards parity within gender balance of senior SoMDN roles

	to honorary clinical staff, to increase the numbers of qualified women who may wish to take up this position	students. Broadening the range of potential applicants will allow greater diversity in these posts					
3. Supporting all students from application to attainment and facilitating academic career progression							
3.1	Work with national bodies to develop UK-wide initiatives to address biased perceptions of nursing	<p>Although in alignment with UK benchmarking, male students are underrepresented within UG and PG Nursing programmes. Low male representation within nursing is a UK-wide issue</p> <p>As the #1 Nursing School in the UK, SoMDN has a responsibility to proactively use our position to positively influence this gender imbalance</p>	<p>Male students have been included in course marketing resources</p> <p>Career trajectories of male staff/students from the Nursing & Health Care School have been posted on AS webpage</p> <p>A new male Nursing lecturer was employed (2018) and his career trajectory was displayed on the AS website</p> <p>The Nursing School has carefully considered this imbalance through their SFC Gender Action Plan activities</p>	<p>a. Invite Nursing School staff to a SAT meeting to discuss further alignment of SAP and Nursing's Gender Action Plan</p> <p>b. Liaise with Nursing staff/students/SAT team/other Universities via the AS Network for Nursing and Midwifery to collect ideas/different perspectives on possible actions</p> <p>c. Devise a structured plan with external bodies on how best to combat UK-wide</p>	<p>a. July 2020</p> <p>b. Ongoing, complete by 2021-22</p> <p>c. By next submission</p>	HoS linked with SAT Nursing School representative(s)	<p>Formalise a structured action plan with input from external bodies that is to be delivered by the Nursing School/wider SoMDN</p> <p>2 Nursing Ambassador positions created and filled by 2020-21 – staff/student ambassadors will change annually to allow increased opportunities for others</p>

		Inspired by an NHS England initiative, we aim to increase local applicant interest (specifically men) via current staff/students who champion their career path within the community	Focus groups held with Nursing staff, discussing activities around recruiting male students Nursing staff have liaised with Council of Deans of UK Nursing Schools	perceptions of men in nursing d. Deploy male Nursing staff/students to help develop targeted outreach activities to increase male representation within Nursing, including taking lead roles at Open Days	d. By next Open Day		
3.2	Complete the ongoing Equality Impact Assessment (2019-2020) to explore the early trend seen in BDS admission outcomes, and align actions based on Assessment results	The overall programme review highlighted the gender imbalance within BDS student data in admissions processes, which use interviews and scenario-based assessment	BDS data reviewed by senior SoMDN staff Equality Impact Assessment began April 2019 Dentistry is reviewing bias across BDS from the perspectives of gender and intersectionality, using experts from HR/clinical and non-clinical areas	a. Await completion of the Assessment by Dentistry b. Liaise with the Equality Impact Assessment team, inviting a representative to feedback to the SAT at a meeting so to align SAP actions with the outcome	a. April 2020 b. July 2020	Dental School Admissions Team	Increase male representation within admissions data to >35% by 2021-22
3.3	Develop a resource, specific to the BDS	Emerging selection bias must be proactively addressed through	All staff on admissions panels have an E&D training certificate, and	a. Ensure that multiple mini-interview scenarios are gender balanced	a. By 2020-21 admissions round	SAT, Dental School	Ensure that no gender is underrepresented by

<p>admissions process, including Unconscious Bias and Equality and Diversity training modules that can be delivered within training for staff on the Admissions Team</p>	<p>continuous support for admissions staff to avoid disparity in representation between genders increasing</p> <p>The use of interviews allows the potential for bias – as such it is extremely important that all staff involved in selection are supported with process guidance</p>	<p>all SoMDN staff have open access to relevant UB/E&D training modules</p> <p>Trends have been communicated to BDS admissions staff via our Dental School SAT representatives</p>	<p>b. Highlight potential bias using scenarios and including UB/E&D training modules that can be delivered within training for staff on the Admissions Team</p> <p>c. Ensure that the BDS Admissions Team represents the Dentistry profession in terms of gender balance; include Honorary NHS staff</p> <p>d. Devise a short refresher module inclusive of gender bias videos from the Royal Society relevant to the programme:</p> <ul style="list-style-type: none"> • UB – A cognitive Whiteboard animation • Making decisions as teams <p>e. Monitor impact of this ‘refresher’ module by</p>	<p>b/c. Preliminary resource produced by Aug 2020; finalised resource in use for 2021-22 admissions round</p> <p>d. By 2020-21 admissions round</p> <p>e. During 2020-21 data annual review</p>	<p>Admissions Team</p>	<p>>35% in each annual admissions round</p> <p>No evidence of bias trends in admissions processes by next AS award submission</p>
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				analysing compliance against admissions data			
3.4	Conduct a detailed review of PG admissions data using open focus groups with PG students, discussing programme delivery, admissions and marketing strategies and random sampling phone calls to applicants who did not receive offers	<p>We must further analyse PG programmes to define reasons for discrepancies between SoMDN data and benchmarking</p> <p>We must continuously monitor acceptance rates and understand reasons behind non-acceptances in all SoMDN areas</p> <p>It is important to understand reasons behind differences in applications meeting acceptance criteria to further support UG students to remain within academia</p>	<p>Consultation with individual programmes began in early 2019. A broader/more comprehensive programme coordinated at SoMDN-level is under development</p> <p>Admission data is reviewed annually as part of SAT/SoMDN processes</p>	<p>a. Implementation of a broader programme of focus groups within PG programmes</p> <p>b. Deliver follow up phone calls to a random sample of 10% of students who applied but were not offered places and to those who were offered PG places but did not accept to ensure there is no bias in offers</p> <p>c. Ongoing monitoring of gender balance of applicants and students</p>	<p>a. Within 2019-20 academic year</p> <p>b/c. Ongoing throughout annual admissions rounds</p>	HoS, Individual School Admissions Teams, PG convenor	Collate a detailed qualitative database of information to support analysis of PG admissions data to explain any gender differences in applications/acceptances
3.5	Address the gender imbalance of our widening participation	Whilst intake numbers are small and therefore the gender ratio is sensitive to change,	The first two cohorts of GAP have progressed into MBChB	a. Undertake a proactive approach to improve the gender balance of role models, advertisement	a. By academic year 2020-21	HoS linked with SAT GAP representative(s)	Reduce gender imbalance to no more than 65%F:35%M by 2021-22

	programmes through enhanced marketing and communications	male students are underrepresented within our GAP and REACH programmes, which feed into our MBChB cohort where men are also underrepresented	REACH week activity has been improved to provide a 'virtual tour' for potential MBChB students can be accessed via the SoMDN website to explore facilities	materials, website images b. Include pre-GAP trajectories/profiles of GAP students on our SoMDN website to encourage others to apply c. Continue to monitor GAP and REACH progression by gender to our MBChB	b. By academic year 2020-21 c. Annually		
4. Promoting cultural inclusivity, equity and transparency across SoMDN							
4.1	Further increase uptake of Unconscious Bias training through consistent e-Induction Pack use and 7signposting the online training module with aim of further embedding a cultural awareness of gender equality	UB is not a mandatory training module within UofG, however, is available to all staff and would further embed AS principles within day-to-day SoMDN activity	Voluntary UB training is available online for all staff – UB was promoted in PDR (starting 2016) and with this, SoMDN saw an increase in uptake to 41% of staff completed in first 3 years UB training is included in PDR discussions around training/skill development	a. Offer a SoMDN-specific UB training workshop for staff/students to attend b. Encourage all teaching staff to complete the new UofG e-course called 'Implementing Reasonable Adjustments for Students'	a. Annually b. Immediately and during each PDR round	SAT, HR Working Group	Increase staff having completed UB training from 41% to 90% overall

4.2	<p>Improve informal socialising and networking opportunities by conducting local reviews of social calendars, identifying gaps in diversity of events, attempting to increase interconnectivity of job families and sites</p>	<p>Self-assessment showed 29%-57% staff responding neutrally to AS Staff Survey questions around how welcoming social events are</p> <p>Large differences between job roles/responsibilities can render attendance at social events exclusively during core working hours problematic, particularly clinical staff</p> <p>SoMDN's large area emphasises the need to organise events on different days/times to allow all to attend</p> <p>The College Network and Event Fund is available for use – 1F academic successfully applied/used this fund for scholarship</p>	<p>Events are advertised to all staff via AS website/Moodle/Twitter</p> <p>Staff social events have increased in frequency since Bronze</p> <p>Fund has been specifically promoted to staff via AS website/Twitter</p>	<p>a. Hold a range of open social events (at least one per term) at each site, at different times, to promote socialising within each location – invite all SoMDN staff</p> <p>b. Encourage all MPA staff to attend UofG's MPA Away Day</p> <p>c. Invite guest speakers from different SoMDN sites to present talks at social events</p> <p>d. Increase use of the College Network and Event Fund to support the embedding of gender equality into SoMDN events by creating and circulating an event organisation guidance document for all staff to use when considering holding an event, drawing specific attention to the fund</p>	<p>a. Ongoing</p> <p>b. Jan 2020</p> <p>c. Ongoing</p> <p>d. By May 2020 in time for summer seminars</p>	<p>HoSA, Wellbeing Working Group, HR Working Group</p>	<p>>50% of all staff groups in agreement that work-related social events are welcoming</p> <p>Improved agreement from all staff groups that gender equality is built into SoMDN activities within AS Staff Survey $\geq 70\%$</p> <p>Increased number of total applications to Fund from 1 to 5 staff by next submission</p>
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		promotion activities, which has successfully increased scholarship engagement/conference contributions and LTS staff networking across sites					
4.3	Establish an LGBTQ+ Representation Group to support SoMDN staff and students	We have recognised the need to widen our SAT remit from gender-only to other areas of underrepresentation for staff and students, in line with UofG-wide initiatives that further encourage diversity and increase awareness and inclusivity within SoMDN	SAT members have liaised with other College SATs, using examples of internal UofG practice as guidance for group establishment The co-chair of UofG's LGBT Network will be presenting the 'Inclusive Curriculum' project in academic year 2019-20 within SoMDN, an event open to all	a. Open call for staff who would like to join this group b. Engage with other College SATs to effectively support LGBTQ+ staff/students and share areas of best practice c. Confirm Inclusive Curriculum event date and begin advertisement across SoMDN d. Create resources to be posted on our AS website/Twitter that staff/students can be signposted to regarding LGBTQ+ within higher education	a. Jan 2020 b. Ongoing c. In line with the speaker's timeline d. By academic year 2020-21	HoS, HoSA, AS Champions	Establish a group of minimum 3 with of 1 F/M staff member Hold at least one LGBTQ+ event per academic year that all SoMDN staff are invited to Contribute to an end-of-year AS progress report (Action X), describing actions since group establishment and future plans for group

				e. Identify academic staff role models and allies that staff/students can be directed to for one-to-one support	e. Ongoing		
4.4	Formalise position-shadowing on committees by junior staff members to allow opportunities to gain experience within committees that staff may otherwise not be able to participate on due to job role	Senior committee positions are specific to job roles and the numbers of senior clinical academics that feed into this pool to draw from is currently is very small Allowing opportunities to build on knowledge for staff who may otherwise feel underqualified to take up positions with no prior experience	Review process of key committee membership began summer 2019	a. Review membership of key decision-making committees, identifying areas of gender disparity b. Offer staff in underrepresented groups the chance to shadow key members	a. Immediately b. Ongoing	HoS	Provide quantitative number of junior staff having shadowed senior roles, collect qualitative feedback from junior staff regarding usefulness of shadowing initiative Each SoMDN level committee to include shadowing positions by 2021/22
4.5	Further increase awareness of family-friendly policies by highlighting the benefits of shared parental leave and	In 2018, few staff reported having made use of formal flexible working: Academic: 17%F / 3%M	Policies have been highlighted on AS webpages/in e-Induction Pack/through well-informed line managers/Moodle	a. Further analysis into low uptake of parental leave days and identification of barriers to this uptake	a. With each annual data review	HoSA, SAT, Carers Group, line managers	≥80% academic and PSS reporting understanding of flexible working policies for both genders

	signpost staff to this policy through use of e-Induction pack	<p>PSS: 26%F / 0%M, more reported using informal flexible working: Academic: 48%F /27%M PSS: 60%F / 67%M,</p> <p>Male staff may not be taking up flexible working opportunities</p>	AS Staff Survey redesigned to analyse staff knowledge/experience of family-friendly policies; discussed during focus groups	<p>b. Design/produce an easily accessible family-friendly and flexible working policy document for SoMDN staff to refer to, signpost staff to this policy through use of e-Induction pack</p> <p>c. Invite a UofG HR representative to present family-friendly and flexible working policies at a Town Hall</p>	<p>b. By Sept 2020</p> <p>c. By end of 2019-20 academic year</p>		
4.6	Monitor success of continued Parental Buddy initiative to evaluate usefulness and improve scheme through interviews at termination of leave (either during exit interview if non-returner or at	System should be formalised to ensure that staff are fully supported and kept up-to-date with SoMDN occurrences during leave	The Parental Buddy system has occurred informally within SoMDN for maternity leavers	<p>a. Formalise this scheme and open to all staff who take up maternity/paternity/adoption leave</p> <p>b. Circulate a call across SoMDN for volunteer Parental Buddies to be added to a database and contacted when a new buddy relationship is needed</p>	a/b. July 2020	Carers Group	<p>Collect qualitative feedback from maternity leavers having been buddied regarding initiative usefulness for use within initiative improvement</p> <p>100% of leavers partnered with a buddy where offer is taken up</p>

	return-to-work meetings)			c. Partner any new leavers with a buddy of their choice to support them throughout leave	c. Ongoing when required		
4.7	Ensure that the diversity in responsibilities between job families is recognised and accounted for by feeding into UofG Workload Model evaluations to increase satisfaction around workload allocation	WLM data can facilitate meaningful discussions for academics around workload with line managers if used correctly UofG has recognised that the current WLM does not capture all responsibilities, which was reflected in SoMDN self-assessment – there is staff concern that the WLM does not capture certain activities (e.g. marking)	Discussions around workload within academic focus groups have occurred	a. Feed into UofG WLM evaluations b. Utilise WLM to best capacity, inclusive of gender-based work allocation data c. Publicise our WLM within UofG by arranging a workshop with other departments in Medical Sciences/other Divisions to discuss best practice, to further direct model refinement	a. In line with UofG timeframe b. Ongoing c. By 2020-21	HoS	Reduce staff uncertainty around questions of workload allocation transparency and fairness to <20% for all staff groups
4.8	Increase uptake of College Academic Returners Fund through informed line manager discussions pre-leave, where applications are	Focus group commentary revealed excellent support offered to those having returned from maternity leave but low awareness around	Academic focus groups discussed funding opportunities The fund has been specifically promoted to staff on the AS website/Twitter	a. Ensure that line managers are informed of funding opportunities to adequately advise/support leavers who may wish to apply for support	a. Ongoing	SAT, HR Working Group, maternity leaver's line manager	50% of academic staff having taken this leave to apply for funds

	discussed and encouraged	<p>funding application processes</p> <p>The fund aims to support the career momentum of academic staff by providing financial aid for teaching cover/training/conference attendance</p>		<p>b. Provide guidance, supplementary to the Maternity Toolkit, which supports staff in applications to this fund outlining timeframe</p> <p>c. Ensure that Parental Buddies refer their partners to line managers for further information</p>	<p>b. July 2020</p> <p>c. At time of staff informing of need for parental leave</p>		
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