



**Athena SWAN Silver department award application**

**Name of university: University of Oxford**

**Department: Nuffield Department of Clinical Neurosciences**

**Date of application: April 2015**

**Date of university Bronze and/or Silver Athena SWAN award: Bronze Award renewed November 2013**

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Section 7: 995 words/1000

## **Glossary and Abbreviations**

AS Athena SWAN

CCT Completion of Clinical Training

CNS Clinical Neurosciences Society

FMRIB Oxford Centre for Functional Magnetic Resonance Imaging of the Brain

GSC Graduate Studies Committee

HoD Head of Department

MRC Medical Research Council

MSD Medical Sciences Division

NDCN Nuffield Department of Clinical Neurosciences

OxSTaR Oxford University Simulation, Teaching & Research Centre

SAT Self-Assessment Team

SMG Senior Management Group

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## 1. Letter of endorsement from the Head of Department



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Head of Department:

Professor Christopher Kennard PhD FRCP FMedSci

Professor of Clinical Neurology

Our ref: CK/ts

16th March 2015

Dear Athena SWAN Panel,

I am writing as Head of the Nuffield Department of Clinical Neurosciences (NDCN) to offer my fullest endorsement for our application for an Athena SWAN Silver Award.

Our Department is committed to ensuring that we support the scientific development of female clinicians and scientists, and we have made considerable progress since we received our Bronze Award.

Thirteen female Associate Professors (a new category for the University of Oxford) have recently been appointed, out of a total of 20 appointees, a significant step towards rebalancing the proportion of men and women at senior levels. These women, along with our current female full Professors, all act as excellent role models for the large number of female scientists in the Department. We also have many women who have their own personal Fellowships or are junior research scientists.

Because ours is a clinical department, over the years a significant number of female neurology trainees have completed higher degrees and stayed on in senior clinical positions in our associated NHS Trust and remain firmly linked to NDCN. Several have made major contributions to the reputation of the Department.

Our Department is relatively new, having been formed in November 2010 by the amalgamation of 4 departments/centres all linked to the clinical neurosciences. This has provided us the opportunity to develop new policies and structures to support career development for all our staff. One of our early steps was to establish a Senior Management Group, which currently has 4 women out of 9 members. Since our Bronze application we have established a number of new committees, and have ensured that at least a third of the members are women. We have strived to make working conditions appropriate for both men and women, offering flexible working, access to nursery care and so on. We have established the Clinical Neurosciences

Society, which promotes educational, developmental and social events for both research and non-research staff in the Department. This is jointly chaired both by a senior and a junior female member of staff.

Since our Bronze application our committed and enthusiastic Athena SWAN self-assessment team and steering committee have been very active, regularly feeding proposals to the Senior Management Group. These have been effectively developed and have already had measurable impact. Actions have included establishing a Personal Development Review system, implementing mentoring opportunities, creating a Parents Fact Sheet and improving communication strategy at all levels. At the end of 2014 we held a second Department-wide self-assessment by means of a questionnaire sent to all members of staff and students. We were gratified to discover that in a number of areas there was significant improvement compared with the assessment prior to our Bronze submission. There are areas where we can improve, which we highlight in our Silver application, with a set of proposed actions.

Based on formal and informal feedback, I believe that our Department is now a thriving community, not only undertaking ground-breaking research, but also nurturing its staff and promoting women in science.

Yours sincerely

A handwritten signature in black ink, appearing to be 'C. Kennard', followed by a small black dot.

Professor Christopher Kennard

Professor of Clinical Neurology and Head of Department

Nuffield Department of Clinical Neurosciences

[Section 1: 500 words]

## 2. The Self-assessment process

### 2.1 The Self-assessment team

The self-assessment team (SAT) includes 7 men and 17 women.

- \*Chris Kennard - Head of Department (HoD), Professor of Clinical Neurology. Married with two children (32 and 38).
- \*Heidi Johansen-Berg - Wellcome Senior Research Fellow. Married to full-time academic with two children (8 and 6), has taken maternity leave and works flexible hours.
- \*Helen Higham - Director of the Oxford University Simulation, Teaching & Research Centre (OxSTaR), and consultant anaesthetist. Married to a full-time lawyer, has one child and works flexible hours.
- Stuart Clare - University Research Lecturer and FMRIB Centre Manager. Married to freelancer with two children (6 and 9), has taken adoption leave, and has worked part-time.
- Holly Bridge -Royal Society University Research Fellow. Married to a full-time academic with two children (9 and 7), has taken maternity leave, and worked at 0.9FTE, now full-time.
- Tom Okell - Royal Academy of Engineering Postdoctoral Research Fellow, previously a PhD student in the Department. Married to a part-time teacher with two children (3 and 6).
- Kevin Talbot - Professor of Clinical Neurology, chairs the Departmental Personnel Committee. He is married to a Consultant Psychiatrist with two children (21 and 19).
- Chris Butler - MRC Clinician Scientist Fellow, Honorary Consultant in Neurology. Married to an artist and has five children between 4 and 12.
- Bethan Lang - Associate Professor, co-chair of the Clinical Neurosciences Society (CNS). Married to a freelance computer programmer with two children (aged 27 and 21), has previously taken maternity leave and worked flexible hours.
- Katharina Wulff - Group Leader at the Sleep and Circadian Neuroscience Institute. Married to an academic working in Cambridge with one child (10), has taken maternity leave. Works full-time and has an au pair living-in.
- Stephanie Halford - Senior Research Scientist and Director of Graduate Studies. Married to a pension fund manager, has a parent with a long-term mental health problem and occasionally works flexibly to provide support.
- Aarti Jagannath - postdoc, college lecturer. Married to a scientist, has one child (aged 4), has taken maternity leave and works flexible hours.
- Katja Wiech -Senior Research Fellow. Has one child (aged 8), has taken maternity leave and works flexible hours.
- Paul Greig - Clinical Research Fellow and part-time post-CCT anaesthetic fellow with Oxford University Hospitals NHS Trust.
- Rosie Warren - manager of OxSTaR, works full-time, is an active member of the Army Reserves and works flexibly to accommodate the requirements of this role.
- Chrystalina Antoniadou - research fellow, college lecturer, co-chair of the CNS. Married to an academic surgeon, works full-time.

- Jennifer Brawn - 3<sup>rd</sup> Year DPhil student, President of the Departmental Student Club.
- Nicholas Irving - Translational Neuroscience Research Portfolio Manager. Works full-time, has a son (11) for whom he shares parenting responsibilities.
- \*Liz Barnes-Moss -Head of Administration & Finance. Has a flexible working pattern to enable her to fulfil caring responsibilities for her elderly parents.
- \*Kathryn Archbold - HR Officer. Started in the Department in January 2015. Works full-time.
- Rachel Butler - Facilities Manager and Departmental Safety Officer. Works from home once a fortnight to focus on larger facilities projects.
- \*Jacqueline Pumphrey - Communications Officer appointed in 2013. Makes use of an informal arrangement to work at home occasionally.
- Sue Ball - PA to Senior Staff, provides administrative support for Athena SWAN (AS). Married with two grown-up children and works a nine-day fortnight.
- Claire Beauchamp provides administrative support for AS and works full time.

## **2.2 An account of the self-assessment process**

In November 2011 the Department's Senior Management Group (SMG) agreed to apply for a Bronze AS award. Professor Heidi Johansen-Berg (non-clinical) and Dr Helen Higham (clinical) volunteered to coordinate the process.

We informed members of the Department about AS at an open departmental meeting. Based on suggestions from the SMG, and expressions of interest, we invited individuals to serve on the SAT.

We conducted a staff survey in May 2012 (Respondents: 121, 41% - 58%F, 42%M). We distributed a summary of results to Department members in June.

SAT members reviewed the results and identified areas for action assigning small working groups to lead on those areas. We finalised and submitted our successful application in November 2012.

Since then, the SAT has met quarterly to monitor action plan progress. In addition, a smaller steering group (\* above)), has also met quarterly, to ensure the impetus of the project was maintained.

Some actions have been taken forward by existing departmental committees. The working groups created for our Bronze application (e.g. communications, career development) typically included SAT members and other Department members. Some working groups have evolved into new departmental committees (Personnel, Facilities, Communications, CNS). Every departmental committee includes actions relating to AS on their regular agendas. We are connected with wider AS efforts across the Medical Sciences Division (MSD) through Irene Tracey, a Professor at NDCN who is also Associate Head of MSD (Personnel) and a member of the Divisional Athena Swan Steering Group.

To assess the impact of the actions we implemented after our Bronze application, we invited all staff to complete a modified survey in November 2014. We also surveyed all NDCN students.

130 staff (43% - 64% female, 36% male) and 34 students (34% - 62% female, 38% male) responded. We presented results to Department members in an open meeting in February 2015, and by email.



SAT members have discussed actions, and survey responses, at our regular meetings. We circulated a draft of the Silver application to SAT members in February 2015, and an amended draft was distributed to the entire Department in April 2015 for feedback.

### 2.3 Plans for future of self-assessment team

The SAT will meet termly to monitor progress against agreed milestones. Many of the actions identified in the Action Plan will also be taken up by departmental committees, which meet 3-6 times per year and report to the SMG, which meets every 6 weeks. AS is a standing item on the SMG agenda, as it has overall responsibility for ensuring delivery of the Action Plan.

[Section 2: 995 words]

## 3. A picture of the Department

### 3.1 Background context

We are one of the largest clinical neuroscience departments in Europe: the Nuffield Department of Clinical Neurosciences (NDCN) currently includes 456 members, of whom 100 are postgraduate students. We have a total grant value of £77.7 million as of January 2015. We are a highly multi-disciplinary department, including clinicians, psychologists, molecular biologists, engineers and statisticians. The Department is based across locations on the John Radcliffe Hospital site (Figure 1). These different locations are all within a few minutes' walk of each other.

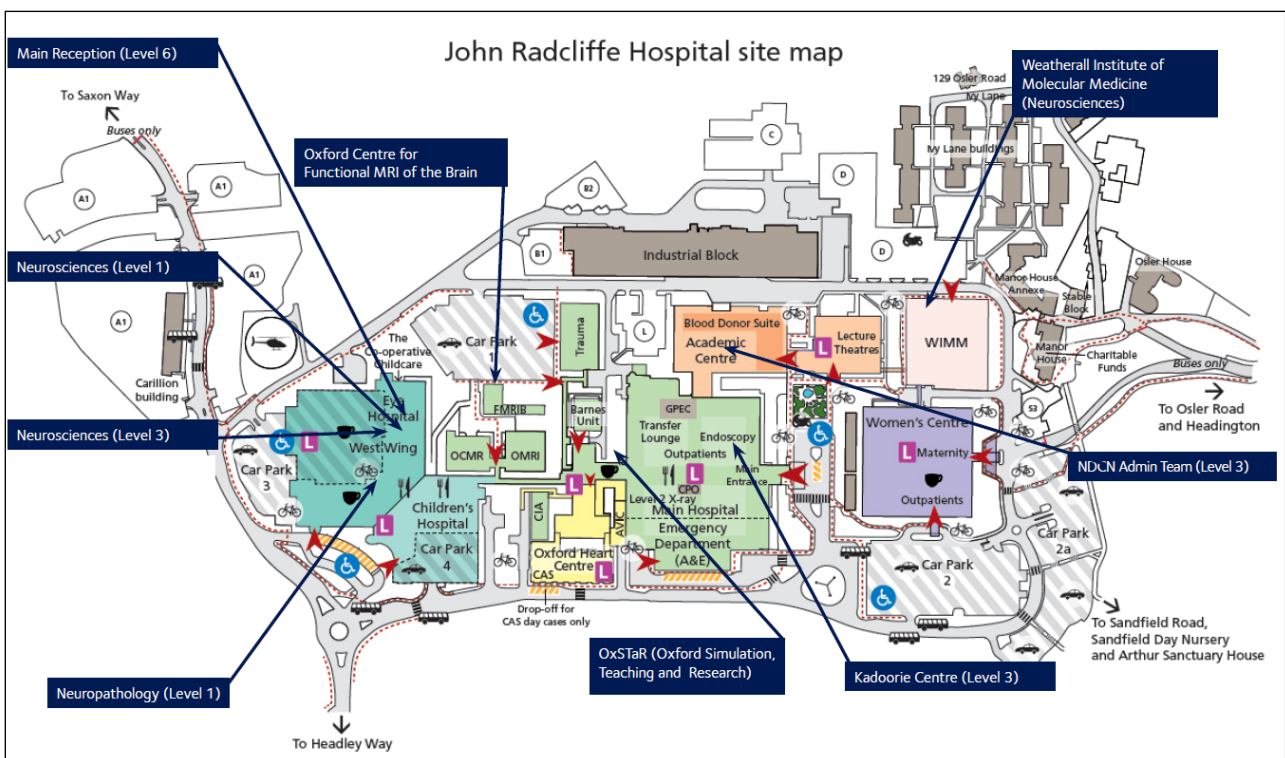
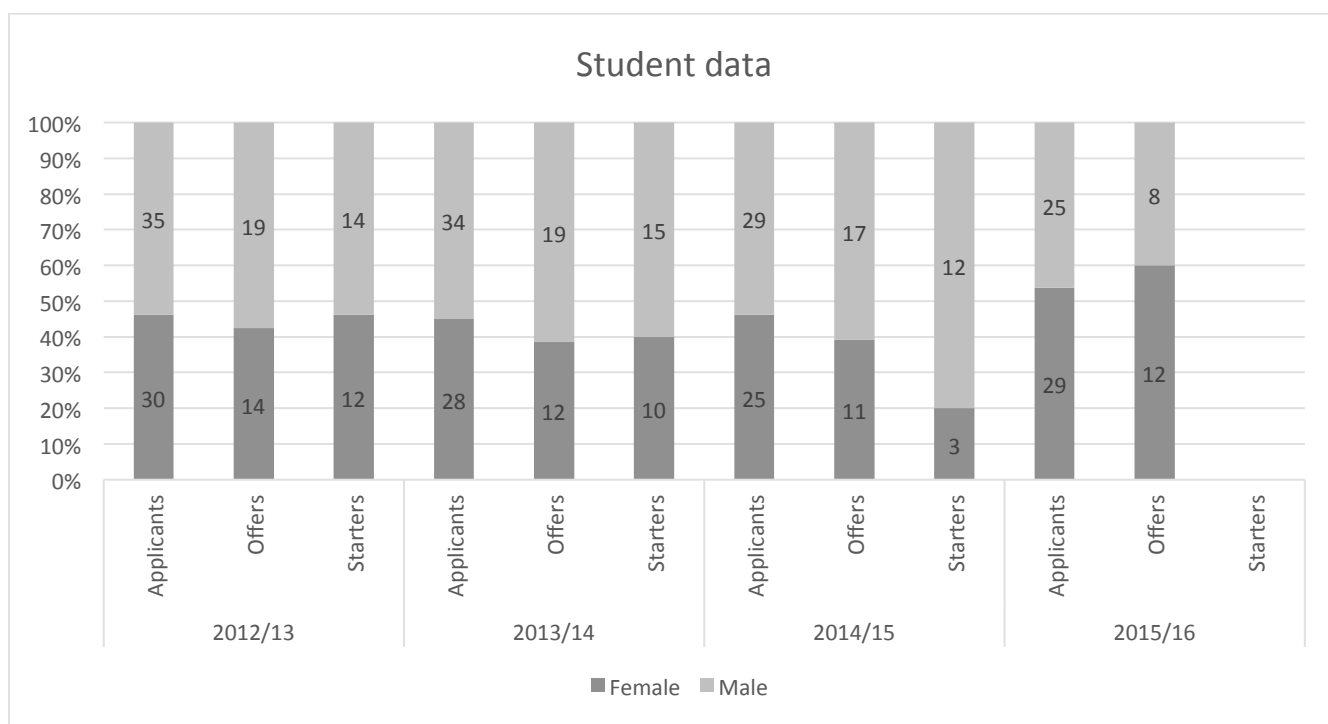


Figure 1: Plan of JR Hospital site showing buildings where members of NDCN are located

NDCN was formed in November 2010 by bringing together three University departments: the Department of Clinical Neurology (DCN), the Nuffield Laboratory of Ophthalmology (NLO), and the Nuffield Department of Anaesthetics (NDA). These three departments now form subdivisions within NDCN, along with the Oxford Centre for Functional Magnetic Resonance Imaging of the Brain (FMRIB). Chris Kennard is the overall Head of NDCN. Each subdivision also has a head: Chris Kennard (DCN), Russell Foster (NLO), and Irene Tracey (FMRIB and NDA). From May 2015, Heidi Johansen-Berg will head FMRIB. Over time, the Department has become increasingly ‘joined up’ across sub-divisions. Records are maintained centrally, rather than separately for each sub-division. Overarching administration and decision-making is also carried out at a departmental level, with all policies and procedures, including those related to Athena SWAN, applied consistently across all sub-divisions.

### 3.2 Student data

Members of staff contribute to teaching both within the medical school and the basic science departments, but we do not have any access or foundation courses as we do not offer undergraduate degrees – nor do we run any taught postgraduate courses.



**Figure 2: Student applicants, offers and starters from 2012-2015**

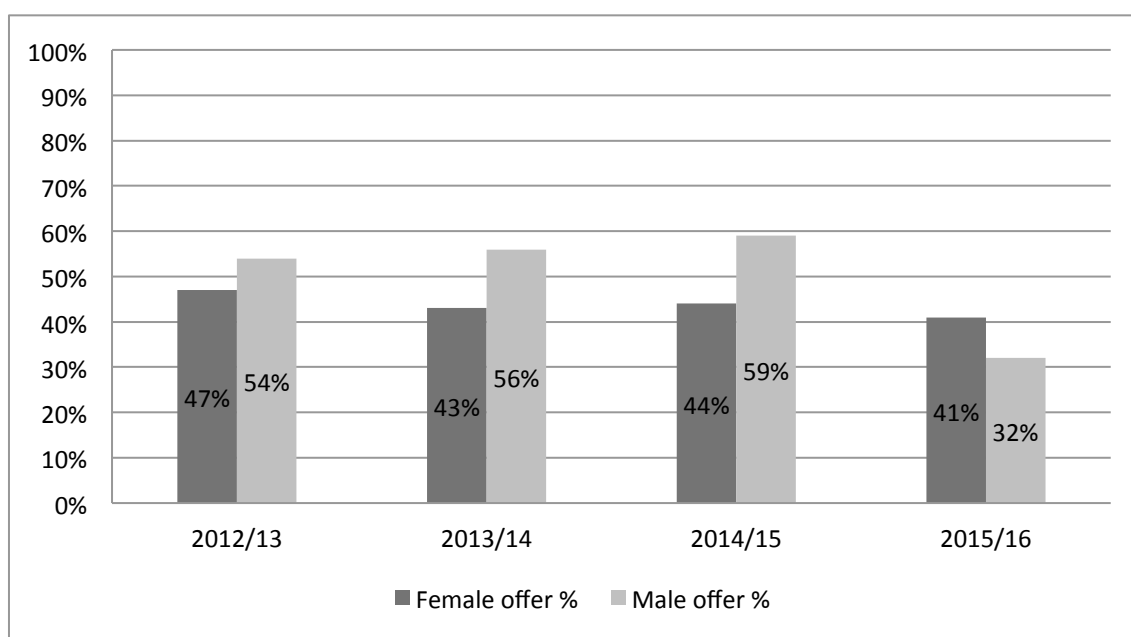
We admit 20-30 postgraduate students to research degrees each year. These are largely PhD students, who stay in the department for 3-4 years. We also have a small number (6 as of April 2015) of students studying for an MSc by research, typically for 1-2 years. As of January 2015, we have 85 (cf. 2013: 102; 2014: 93) postgraduate students registered within the Department. Currently, 33 (39%) are female and 52 (61%) male. Over the past three years, the proportions have been: 2014: 40F, 53M (43% vs. 57%); 2013: 46F, 56M (45% vs. 55%). Our students come from a wide variety of backgrounds, including medicine, psychology, neuroscience, engineering, physics, mathematics, and biology. There is no dominant background and few universities have a

Department of Clinical Neurosciences, therefore it is difficult to relate our postgraduate data to national student figures.

The proportion (and number) of females applying for postgraduate study at NDCN has remained fairly steady at 40-55% of total applicants over the past four years (Figure 2). There is no evidence of imbalance in applications.

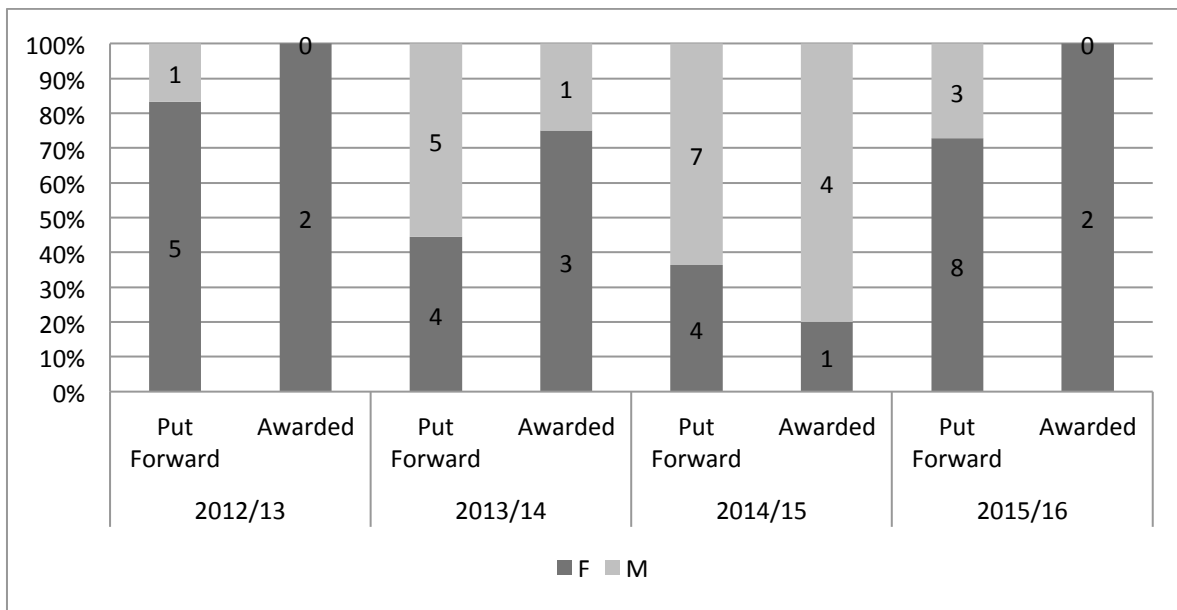
Over the past 2 years we have reviewed our graduate admissions process to make it robust, transparent and free from bias. Applicants are shortlisted by the Graduate Studies Committee (GSC) (current members 2F, 2M), using a clearly defined list of objective criteria (based on degree class, prizes/awards, research experience and references). Shortlisted candidates are interviewed by a panel, invited from a pool of senior members of staff. For the latest admissions round (January 2015) each of the 4 panels included at least one member of each gender and overall members included 4F, 8M (some individuals served on more than one panel). Since 2014 unconscious bias training has been compulsory for all members of the Department, and all members of the GSC and interviewers have completed this training.

Successful candidates are offered a place, conditional on funding. For the past 4 years, 38-60% of offers have been made to females (Figure 2 offers). This represents similar success rates for males and females (Figure 3), with tentative evidence of improved relative success rates for females in the most recent round.



**Figure 3: Offers as % of applicants, by gender**

Not all students offered places take up their studies with NDCN. Typically, the gender split for those starting is similar to that for those offered places (Figure 2 offers vs. starters). One exception to this is 2014/5 when the drop off from offers to starters was greater for females than males, largely due to students not finding funding. We are able to offer funded studentships to a very small number of those who are offered places. We usually have 2-3 departmental studentships which we can allocate, and are able to put strong candidates forward to the Medical Sciences Divisional (MSD) funding pool where they are considered for other studentships. The small number of applicants put forward for divisional funding makes it difficult to see clear trends in these data but, if anything, there are greater proportions of females than males put forward to the divisional funding competition, and being granted funding (Figure 4).



**Figure 4: Funded studentships: number of females and males put forward to the Divisional funding pool and awarded funding.**

We only offer postgraduate research degrees which are not classified. However, completion rates for both male and female students are very high. All but one of our PhD students who started their studies over the past 5 years have completed within 4 years, with only one student (female) lapsing. In the past 5 years we have only had 1 student (female) withdraw from study due to personal reasons.

### 3.3 Staff data

#### 3.3.1 Background: description of typical career pathways

Our academic staff can be separated into non-clinical and clinical. Each group follows a different career pathway and typical transition points are illustrated in Figure 5, although neither pathway is definitive and individuals can progress by a variety of routes. There is no formal promotion process at Oxford, but staff can request to have their post re-graded if duties have changed significantly and there are several opportunities to recognise academic achievement (see Table 1).

##### *Non-clinical staff: PhD to Associate Professor*

A postdoctoral position typically follows completion of a PhD and staff may then progress from postdoc to Research Fellow. Unlike many other Oxford Departments, NDCN only has responsibility for delivering the clinical neurology part of the undergraduate medical degree, which is largely undertaken by NHS Consultants, and therefore does not have any tenured Associate Professors to deliver teaching. Research staff may apply for the title of University Research Lecturer. Since 2014, researchers at Grade 9 or above may apply for the title of Associate Professor. These titles recognise excellence in research and teaching.

##### *Clinical staff: Trainee to Consultant and Associate Professor*

The clinical academic career pathway comprises several training stages and is designed to allow flexibility and mobility between different institutions. At Oxford, medical school graduates can join the Academic Foundation Programme (AFP), which can be followed by an Academic Clinical Fellowship (ACF). Individuals do not need to complete the AFP in order to undertake an ACF, but must demonstrate competency and commitment to research. The research generated during an

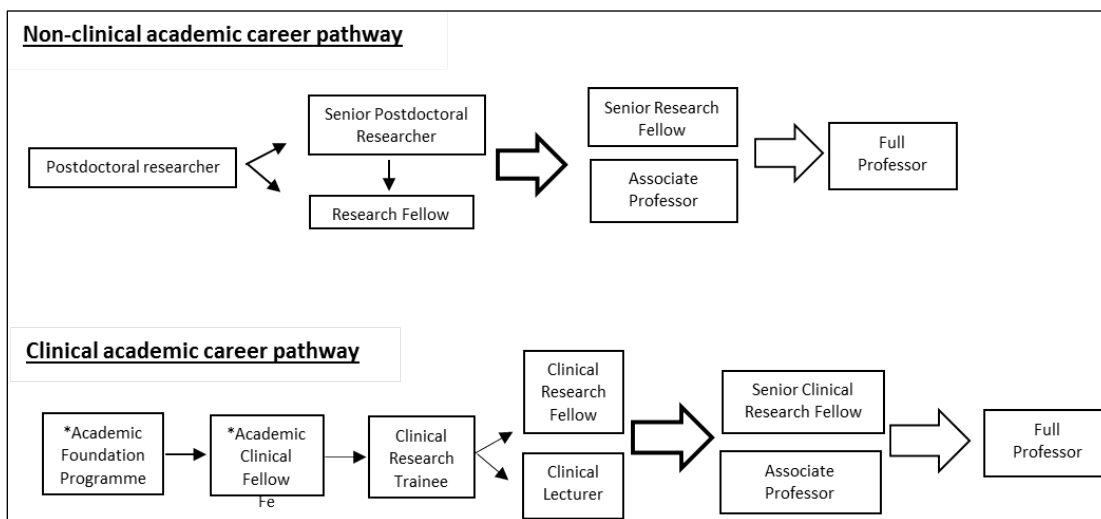
ACF can be used as the basis to apply for funding for a PhD with a Clinical Research Training Fellowship (e.g. Medical Research Council or Wellcome Trust), which can take a further 3 years to complete.

Clinical Research Trainees are typically pre-PhD. Although a PhD is usually needed in addition to successful clinical training for an academic clinical career, completion of the AFP or ACF stages is not essential for clinicians wishing to take a PhD. Clinical Lecturers are appointed to fixed term positions. During this post a Certificate of Completion of Training (CCT) is usually achieved (in some specialties it is achieved in a subsequent post), accompanied by high quality postdoctoral research and the opportunity to apply for funding for further postdoctoral research. The Oxford University Clinical Academic Graduate School supports individuals from the AFP stage up until Completion of Training.

Following completion of training, if they chose to continue along the clinical academic pathway, clinicians may be employed as senior clinical research fellows with an Honorary Consultant contract with the Oxford University Hospitals NHS Trust. After a few years they may apply for the title of Associate Professor through the same process described above for non-clinical staff.

*Full Professorships – clinical and non-clinical staff*

Our full professors (Statutory and Titular) are senior research academics, both clinical and non-clinical. Within NDCN all current full Professors have tenured posts.



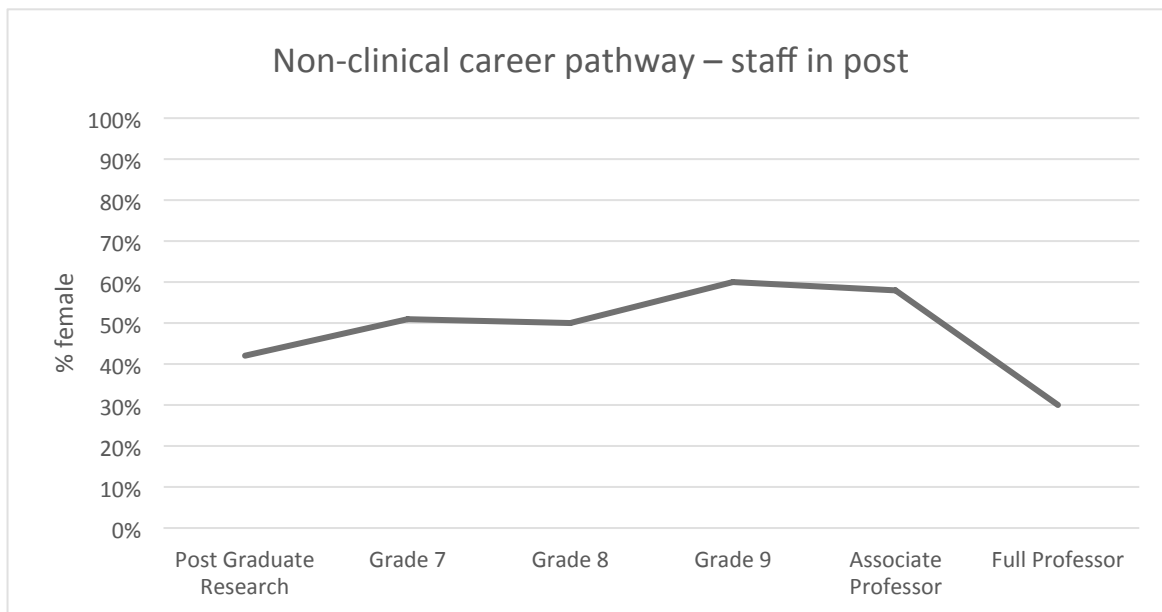
**Figure 5: Non-clinical and clinical academic career pathways in the Medical Sciences Division**

<b>Titles used in this application</b>	
University Research Lecturer	Title awarded to researchers during an annual exercise. Recognises substantial independent research achievement, along with contribution to the general academic life of the Medical Sciences Division.
Associate Professor	Annual exercise introduced in 2014. Award of this title recognises the significant and sustained contribution to the achievement of the University's goals by Senior Clinical Researchers and non-clinical research staff at Grades 9 or 10.
Full Professor	Statutory Professors are recruited through open advertisement and appointed on a permanent contract to retirement. Titular Professors are Senior Researchers who have been awarded a professorial title in the annual 'Recognition of Distinction' exercise.
<b>Non-clinical grades</b>	
Postdoctoral Researcher (Grades 7 and 8)	Usually a fixed-term contract (typically 1-5 years), during which time staff can try to secure an independently funded research fellowship.
Senior Research Fellow (Grades 9 and 10)	Senior researchers, sometimes on externally funded fellowships.
<b>Clinical grades</b>	
Academic Foundation Programme	2 years in duration. Includes dedicated time for academic activities such as research and teaching, alongside the required foundation training for junior doctors.
Academic Clinical Fellowship	3-4 years in duration. Combines specialist clinical training with 25% dedicated research time.
Clinical Research Trainee	Clinician typically pre-PhD. Can undertake PhD in a wide variety of topics including basic science but are typically engaged to work on clinical research projects.
Clinical Lecturer	Fixed-term position usually 4 years in duration. Typically follows completion of PhD but in some cases the PhD is undertaken during this lectureship.
Clinical Research Fellow	First fellowship holder following a clinical lectureship.
Senior Clinical Research Fellow	Awarded to individuals with 3-5 years of postdoctoral research experience and who hold their CCT. Consultant (or honorary consultant) contract holders.

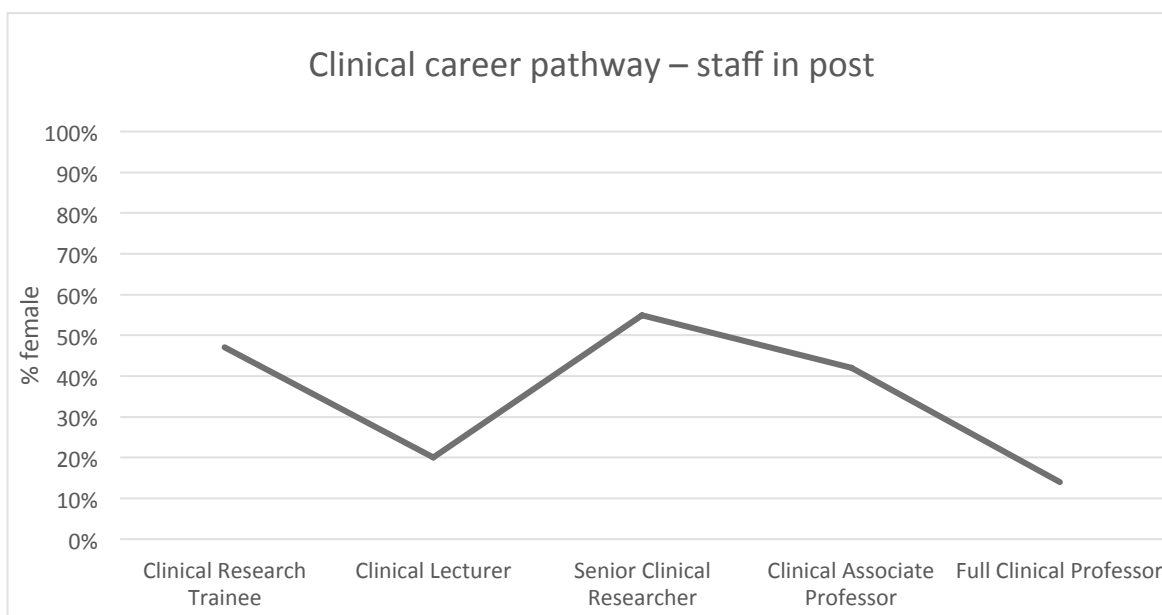
**Table 1: Glossary of terms**

### **3.3.2 Female:male ratio of academic staff research staff**

Across all academic and research staff, we have 47% female non-clinical staff and 36% female clinical staff (2013) (cf. e.g. Cambridge Clinical Neuroscience: 61% female non-clinical and 21% female clinical). Plotting current staff in post across grades shows good representation of women at most grades, with some attrition at the level of Full Professor (Figures 6 and 7). Data for individual categories for the past three years are presented in full below.



**Figure 6: Non-clinical career pathway – current staff in post**



**Figure 7: Clinical career pathway – current staff in post**

*Academic staff (Figure 8)*

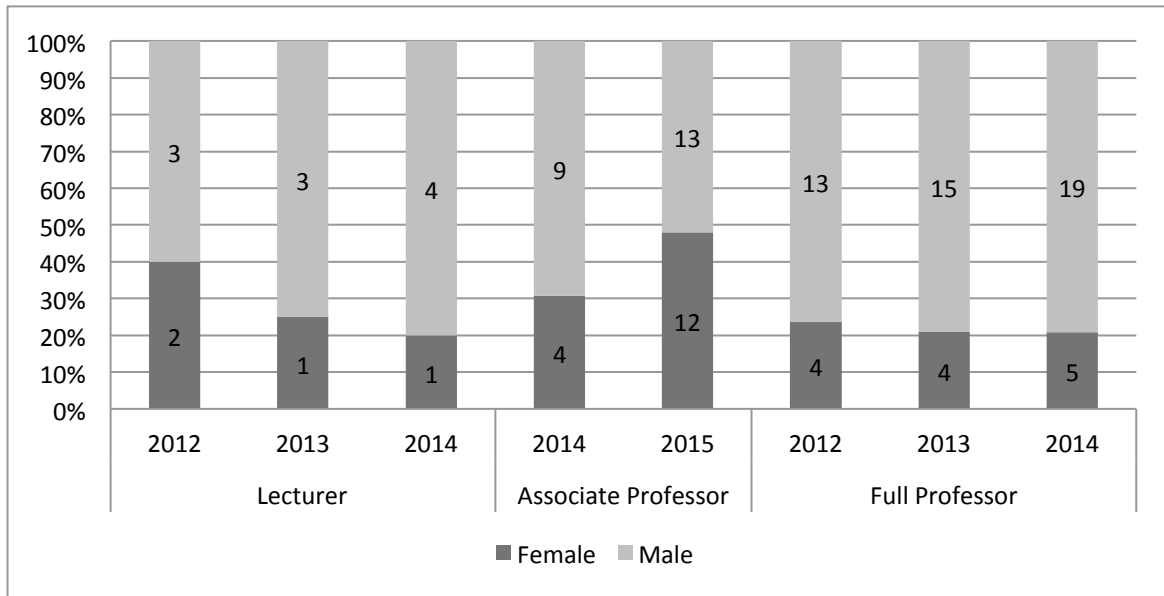
We have a relatively small number of female full Professors but it is worth noting that all five of them progressed to their current role from postdoc/PhD/clinical fellowships within NDCN or its predecessors.

The Department has taken advantage of the newly implemented Associate Professor (AP) title to recognise the excellence of up-and-coming researchers, half of our APs are women (13 males, 12 females). Many of the recent APs previously held the title of University Research Lecturer. Of note,

all previous female URLs within NDCN have now been made APs. NDCN will be developing the career paths of the APs to enable them to apply for full professorships in the near future.

For information we provide the gender split of clinical and non-clinical staff in AP and Professor positions in Table 2.

Clinical Lecturers are fixed-term, typically 4 years. We have had 1-2 female Clinical Lecturers each year.



**Figure 8: Academic staff in post in each category by year and by gender Note that all lecturers are Clinical Lecturers. Associate and Full Professors include both clinical and non-clinical staff.**



Lecturers				
	Clinical Academic staff		Non-Clinical Academic staff	
	Female	Male	Female	Male
2012	2 (40%)	3 (60%)	0	0
2013	1 (25%)	3 (75%)	0	0
2014	1 (20%)	4 (80%)	0	0
Associate Professors*				
	Clinical Academic staff		Non-Clinical Academic staff	
	Female	Male	Female	Male
2014	1 (14%)	6 (86%)	2 (40%)	3 (60%)
2015	5 (42%)	7 (58%)	7 (58%)	5 (42%)
Full Professors				
	Clinical Academic staff		Non-Clinical Academic staff	
	Female	Male	Female	Male
2012	2 (20%)	8 (80%)	2 (29%)	5 (71%)
2013	2 (17%)	10 (83%)	2 (29%)	5 (71%)
2014	2 (14%)	12 (86%)	3 (30%)	7 (70%)

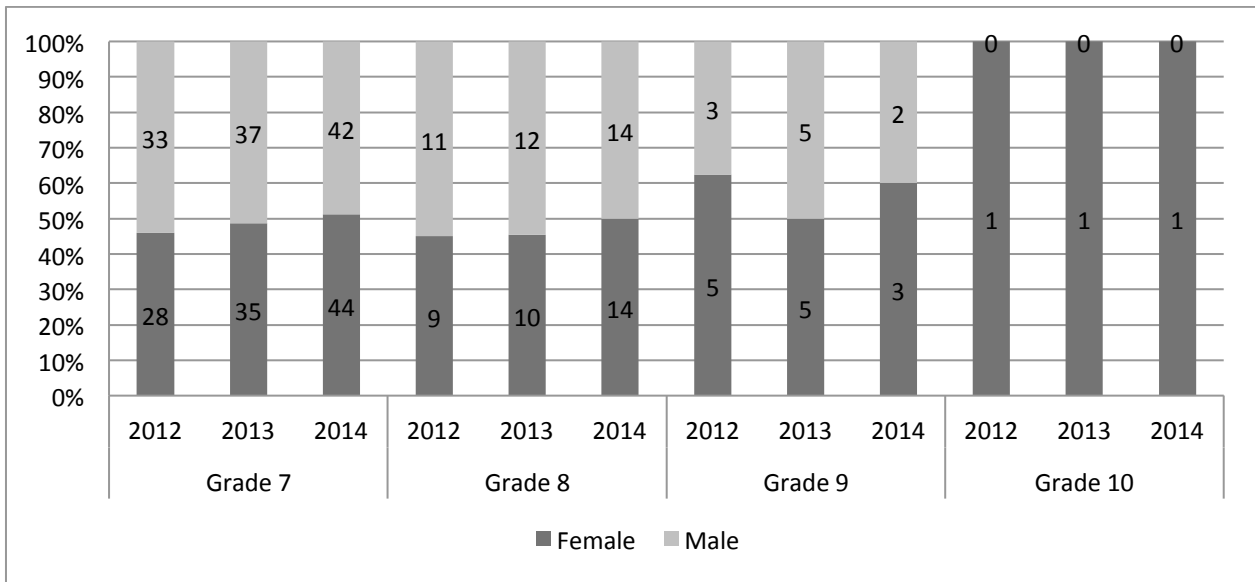
**Table 2: Academic staff in post: split by clinical/non-clinical**

**\*AP title introduced in 2014. For 2015, outcomes are known for AP but not yet for applications for title of Full Professor.**

#### *Research staff – non-clinical*

For postdoctoral (Grades 7 and 8) research posts, women's representation has been stable at around 45-51% (Figure 9), slightly higher than for all Oxford SET Departments (2014: 44% Grade 7; 46% Grade 8). Comparisons to national data are difficult as few universities have a Department of Clinical Neurosciences with comparable scope to our own. Our research and academic staff come from a wide variety of backgrounds including medicine, neuroscience, engineering, physics, mathematics, psychology and biology.

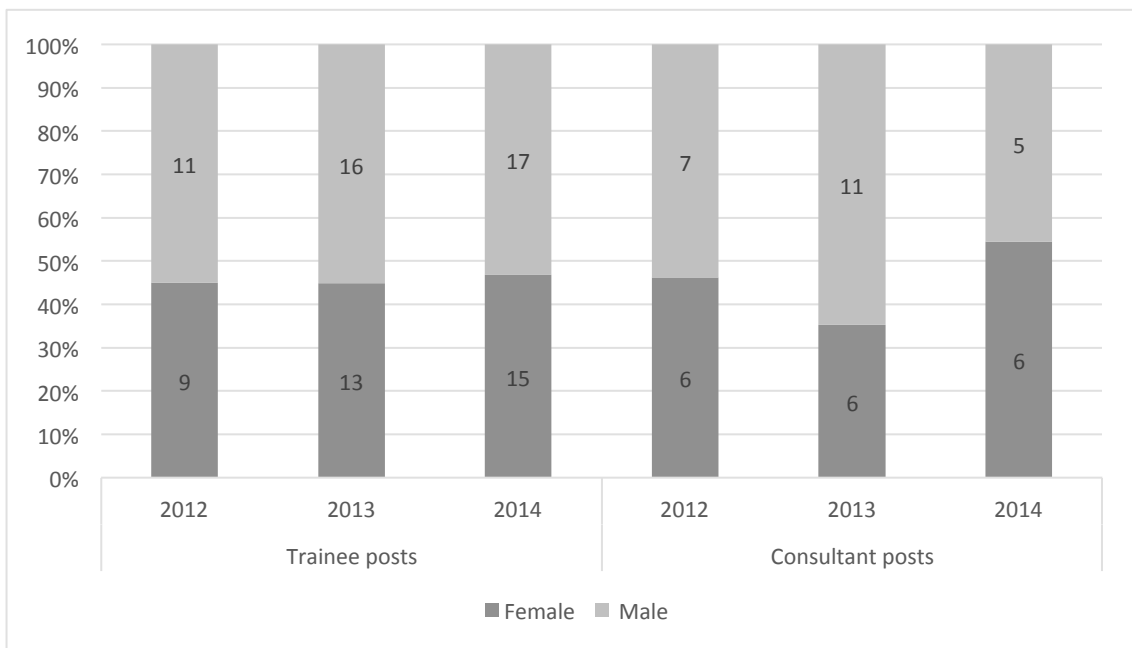
Numbers of staff at Senior Research Grades 9 and 10 are too small to provide clear trends but women are well represented at both grades (4/6 posts in 2014).



**Figure 8: Non-clinical research staff in post in each category by year, by gender**

*Research staff – clinical*

Women are well represented in clinical research trainee (41-47%) and senior clinical research roles (35-55%) over the past 3 years, in line with Oxford SET departments (45% 2014). However, as shown in Table 2, proportions of female clinical full Professors are low (2012: 20%; 2013: 17%; 2014: 14%). With the introduction of the Associate Professor title we ensured that all female clinical research staff who might be eligible for this title were put forward, and all 5 were successful (42% of our clinical APs are now women). They provide a cohort of female senior clinical academics who are now on track to being appointed to a full Professorial position over the next 3-5 years.



**Figure 9: Clinical staff in post in each category by year, by gender**

In order to better understand the challenges faced by female clinical academics (FCAs) we carried out a survey in November 2014. The results of this survey, and actions arising from it, are reported in Section 3.4, below.

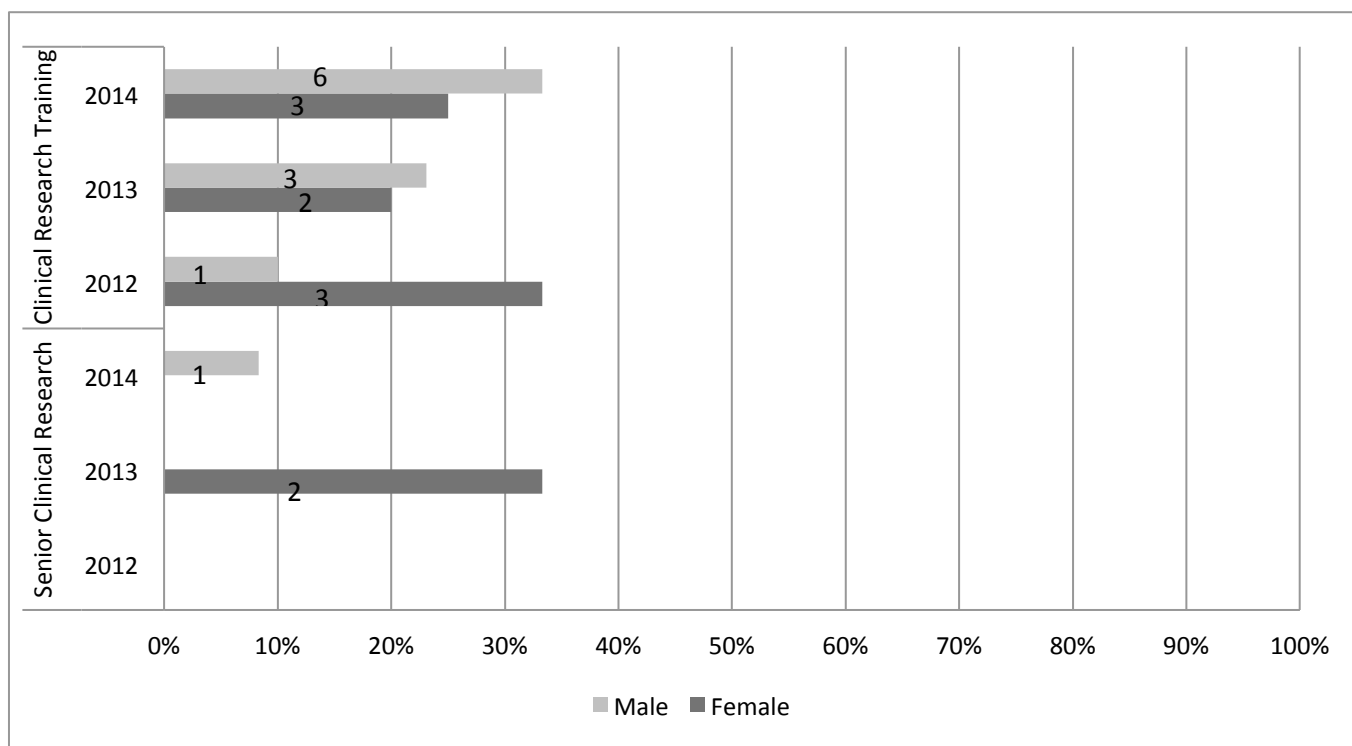
### 3.3.3 Turnover by grade and gender

#### Academic roles

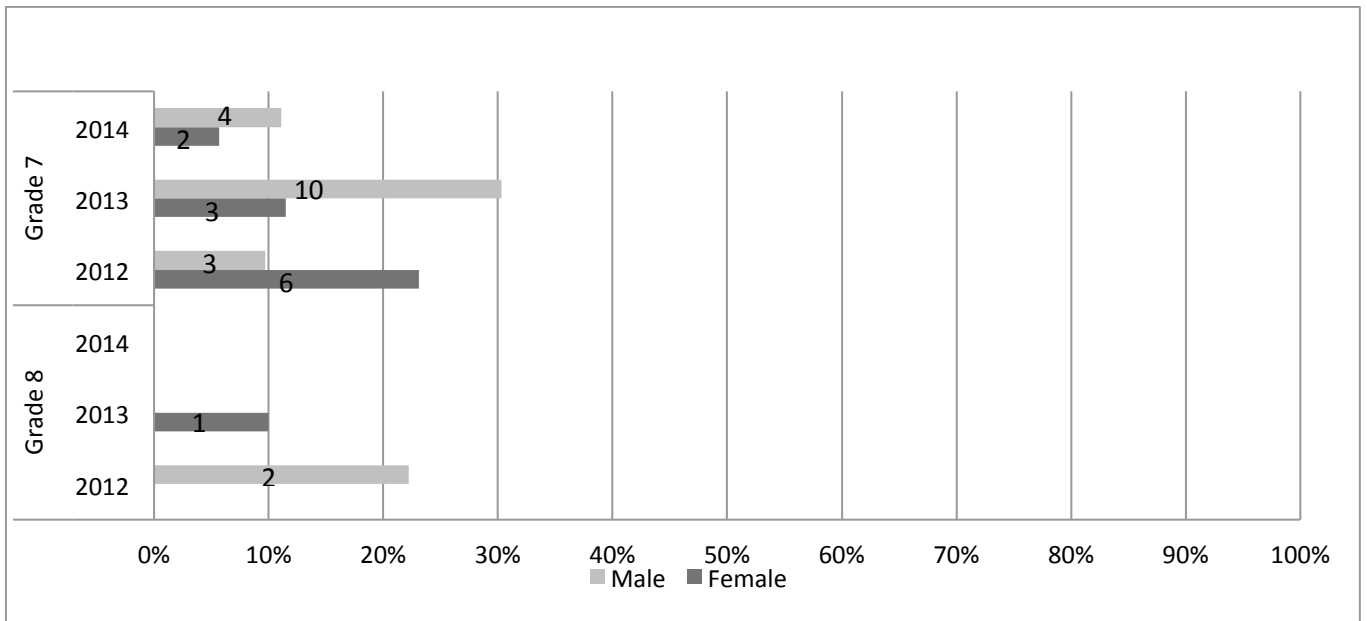
The number of leavers from academic grades is low. For Professors, all turnover over the past 3 years has been due to retirement (1F, 2M), though some of these individuals (1F, 1M) have emeritus positions and continue to run their research programmes within NDCN. For Lecturers, all of whom are Clinical Lecturers on fixed-term contracts, all turnover over the past 3 years (1F, 0M) has been at end of contract.

#### Research staff

The vast majority of our research staff, both clinical and non-clinical, are on fixed-term contracts related to externally obtained research grants. Of the leavers indicated below (Figures 11 and 12), most have left when they have come to the end of a fixed-term contract and no further funding is available. There are no clear patterns in the gender split of leavers from research posts. No staff have left Grade 9 or 10 (senior non-clinical researcher) posts in the past 3 years.



**Figure 10: Clinical research staff who leave their post (as % of total number in post), for each grade and each year**



**Figure 11: Non-clinical research staff who leave their post (as % of total number in post), for each grade and each year**

[Section 3: 1982 words]

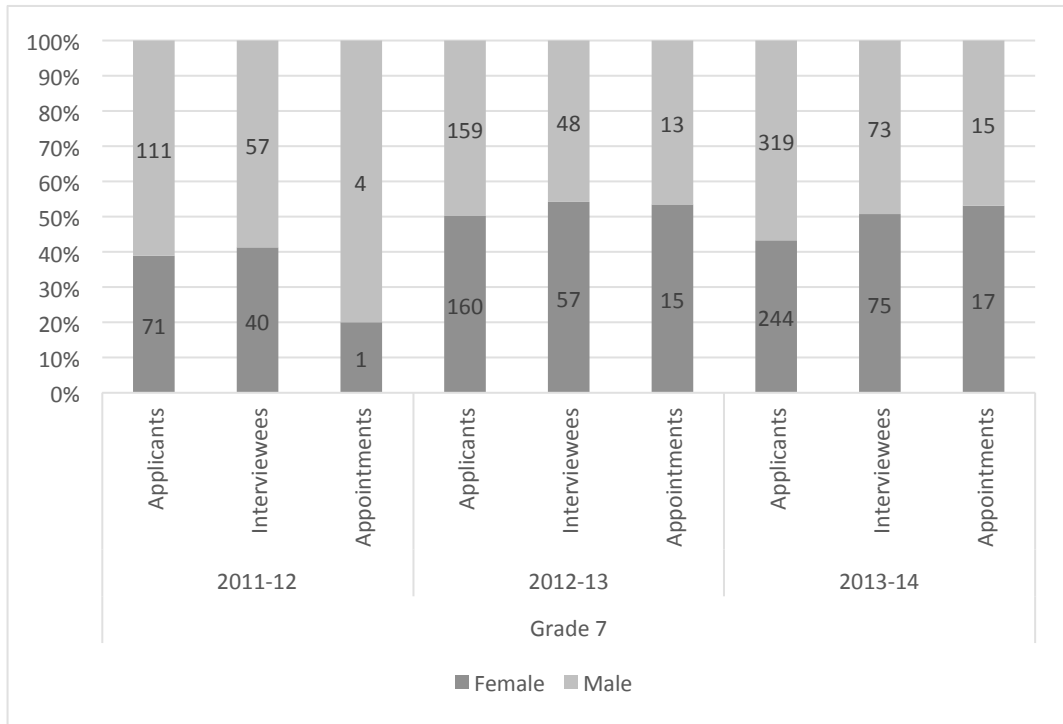
## 4. Supporting and advancing women’s careers

### 4.1 Job application and success rates by gender and grade

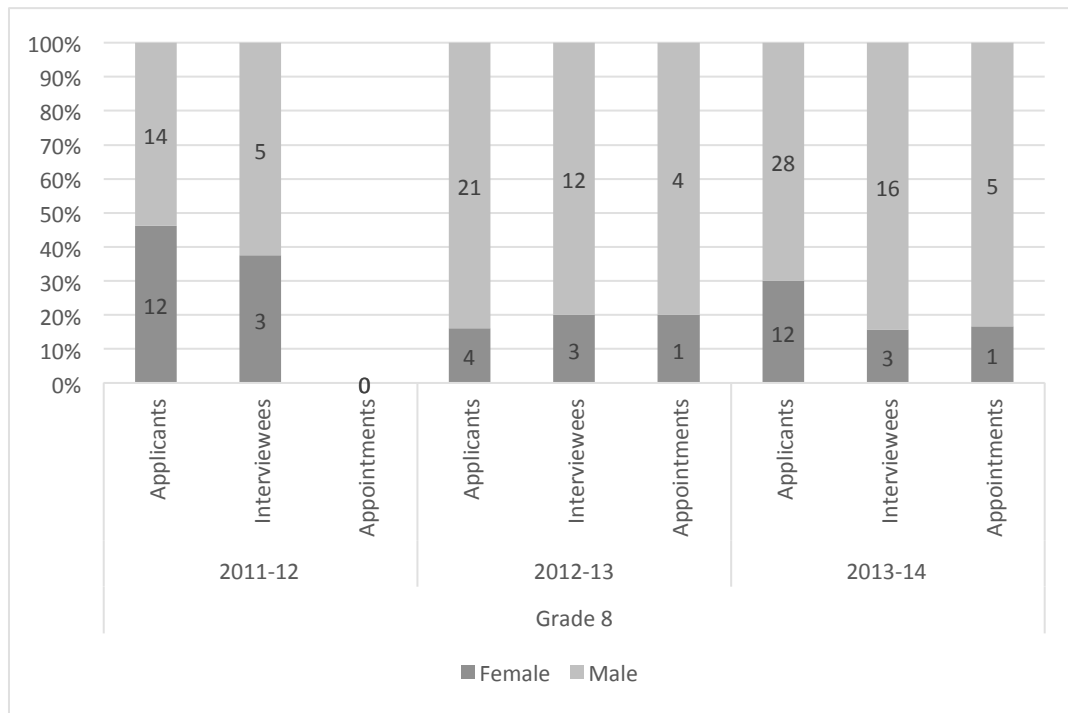
The gender split of applicants for non-clinical research posts varies across grades (Figure 13 & Figure 14). Almost half (44% on average) of our applicants for Grade 7, postdoctoral positions are women. For Grade 8 postdoctoral positions (for which far fewer posts are advertised) there are fewer total applicants, with a relatively low (15-45%) proportion of female applicants. We have recruited one Grade 9 and one Grade 10 position over the past 3 years and all applicants were male (4 applied for the Grade 9 post and 6 applied for the Grade 10 post). In both cases, these positions were in fields (mathematics and computer modelling) for which the pool of female applicants is low.

For clinical posts there have been low proportions of female applicants previously but, reassuringly, in 2013/4, we received 50-55% female applicants for clinical research posts at both junior and senior levels (Figure 15 & 16). (Note that total number of applications will vary from year to year as different numbers and types of post are advertised, therefore it is the proportion of females, rather than absolute numbers, that is relevant here). This may reflect some of the positive processes we put in place through our Bronze Action Plan, such as ensuring that family friendly policies, and Athena SWAN activities, are highlighted in job descriptions and are visible in our outward facing website.

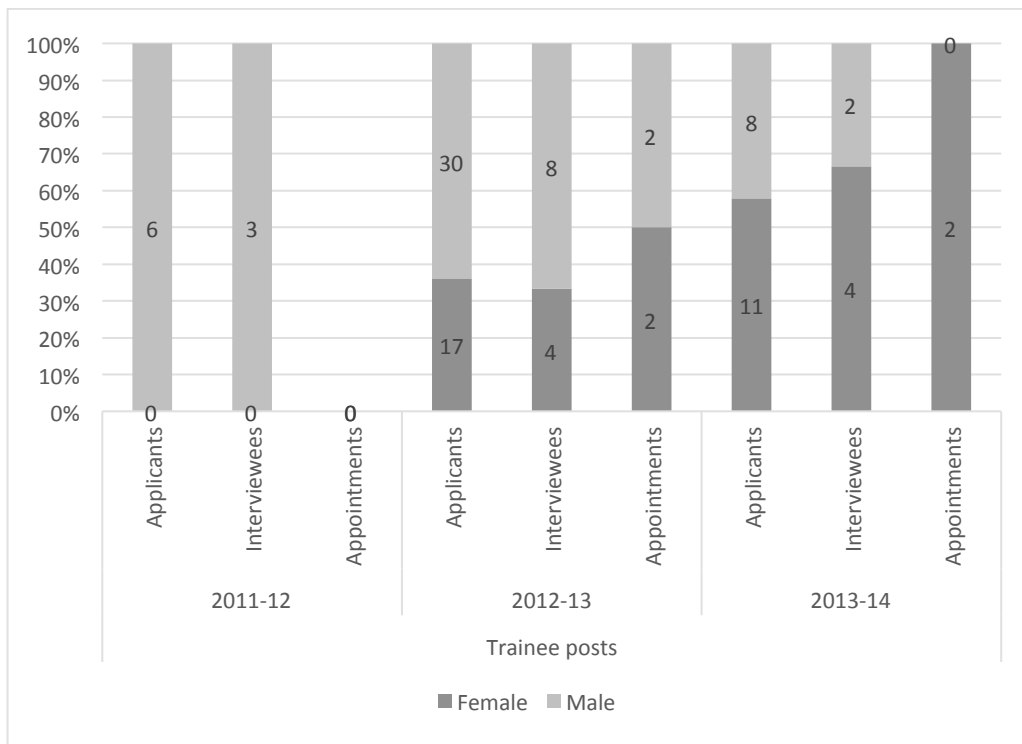
The gender split of those shortlisted and appointed is broadly in line with the gender split of applications (Figures 13-16), demonstrating similar success rates for males and females. Data are more variable for grades and years in which few posts are advertised and we would avoid drawing strong conclusions when numbers are low.



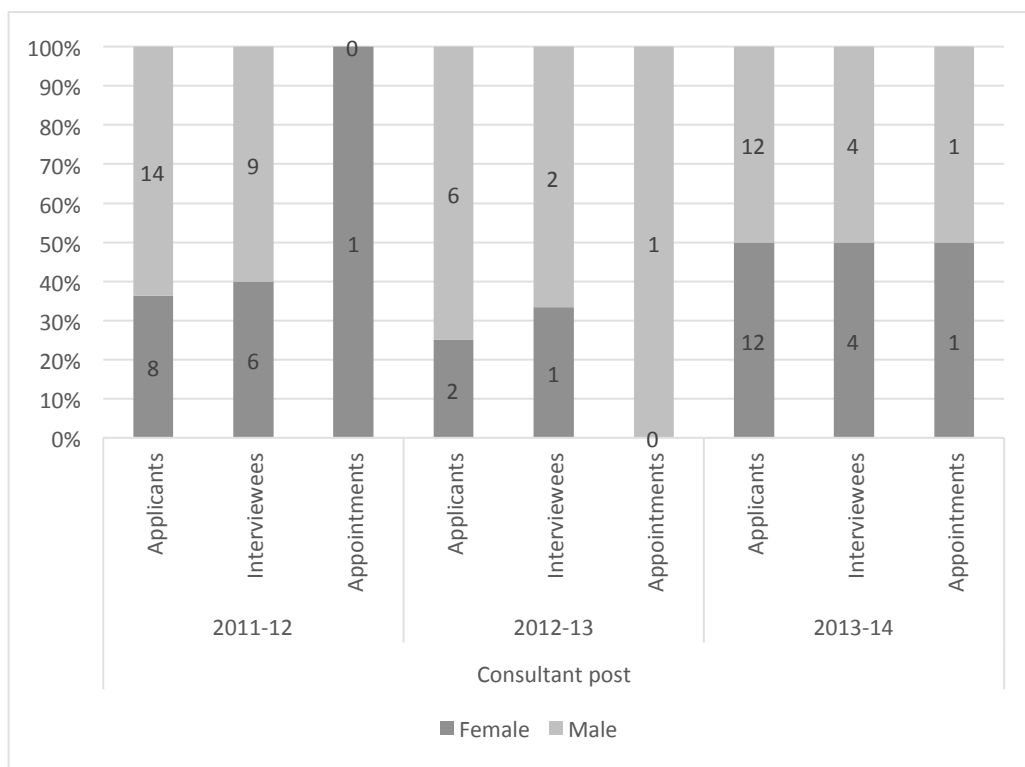
**Figure 12: Non-clinical Grade 7 recruitment data - by gender**



**Figure 13: Non-clinical Grade 8 recruitment data - by gender**



**Figure 14: Clinical trainee recruitment data - by gender**



**Figure 15: Clinical consultant recruitment data - by gender**

## 4.2 Applications for promotion and success rates by gender and grade

As explained above, Oxford does not have a typical 'promotion' process. There are two relevant procedures. One is the re-grading process by which staff can apply (with support from line manager) to move onto a higher salary scale if duties have significantly changed. The second is the exercise in which researchers can apply for titles (University Research Lecturer, Associate Professor, Professor). See Table 3 for application numbers and success rates.

From October 2013 to date, 12 re-grading applications have been made (7F, 5M) of which 10 were successful (6F, 4M). Two applications (1F, 1M) were rejected by the University for not meeting the criteria for the grade increase. We do not have complete records for earlier re-grading applications but are now routinely keeping records of applications and outcomes.

The University recently re-introduced its merit scheme, to recognise staff who have consistently demonstrated exceptional performance, and reward them with a salary increment. Over the past 2 years, 13 males and 14 females have been nominated, of whom 12 males and 13 females were awarded.

Applications for the title of University Research Lecturer (predominantly non-clinical) are sought annually. Over the past 3 years, NDCN has put forward 6 applications (3F, 3M), all of which were awarded.

Applications for the title of Associate Professor have been sought since 2013/14. Over the past 2 rounds, NDCN has put forward 34 applications (15F, 19M) and 25 (12F, 13M) were approved.

From 2014 onwards applications for the title of Professor will be sought annually. In the most recent round (2014), 2 applications (1F, 1M) were put forward and outcomes are pending. In 2012, 6 applications (2F, 4M) were made and 1 female and 4 males were approved.

Overall, our success in gaining academic titles for female researchers in recent years puts us in an excellent position to further support career progression for women within NDCN. We are particularly pleased with the large proportion of women among our newly appointed Associated Professors and believe that actions in establishing PDR and facilitating mentoring opportunities for women contributed directly to this success. This group provides us with a cohort of senior female staff that we plan to develop within NDCN over coming years.

	Females	Males
Titular Professor (2012)		
Applications	2	4
Awards	1	4
Success Rate	50%	100%
Associate Professor (2014)		
Applications	15	19
Awards	12	13
Success Rate	80%	68%
University Research Lecturer (2012-2014)		
Applications	3	3

Awards	3	3
Success Rate	100%	100%
Re-gradings (2013-2014)		
Applications	7	5
Awards	6	4
Success Rate	86%	80%
Merit scheme (2013-2014)		
Applications	14	13
Awards	13	12
Success Rate	93%	92%

**Table 3: Applications and success rates for most recent rounds of exercises relevant to promotion**

### 4.3 Recruitment of staff

As per our Bronze action plan we amended the wording on our job descriptions and website to increase the prominence of information related to flexible working and equal opportunities. It is encouraging to see increasing proportions of female applicants for clinical positions.

The Department ensures that all selection panels include male and female assessors. As per University requirements, the chair of the panel must have completed the University's Recruitment and Selection course. In addition, it is now compulsory for all members of NDCN to have received unconscious bias training.

To ensure that our recruitment procedure at professorial level encourages female applicants and allows equal opportunities, we encourage consideration of at least one woman for each post, and require justification (to VC or HoD) if no women are on the shortlist.

#### **BRONZE ACTION ACHIEVED:**

- Wording of job descriptions revised (3.2)
- New policy on female representation on shortlist for all advertised Professorships (3.3)
- Unconscious bias training compulsory (5.7)



#### 4.4 Support for staff at key career transition points

Our staff data showed excellent retention of women across grades. However, representation of women in Professorial positions is low, particularly for clinicians. The introduction of the Associate Professor position has enabled us to promote 12 of our relatively junior female clinical and non-clinical academics to this position. This is the perfect stepping stone for future promotion to full Professor which we anticipate will occur over the next 3-5 years.

We believe that improving practice around mentoring, career development and family-friendly policies will help us achieve this goal, and benefit everybody – women and men.

We have an excellent record in supporting researchers in applying for externally-funded Fellowships. We currently have 37 individuals (15 female) on competitive externally funded fellowships. Those applying to such schemes receive informal mentoring e.g. discussions with previous applicants, practice interviews.

*“Once I had decided to go down the ‘fellowship route’, I received tremendous support every step of the way: which funding bodies I should apply to given my project and my profile, how to pitch the project and write the application more efficiently, etc. Crucially, I could also count on moral and emotional support when some of the applications were unsuccessful.”*

Female, mid-career fellowship holder

*“I applied for my fellowship when on maternity leave and the department were hugely helpful throughout the process. The admin staff were fantastically helpful at sorting out the finance side when I couldn’t be around all the time. I had my interview a couple of months after I got back from leave and was working part-time. I had a lot of interview practice with various people in the department which made sure I was prepared and back up to speed with everything before the interview and everyone was really flexible about timings, meaning that I could balance everything during what was a really busy time.”*

Female, mid-career fellowship holder

*"I am on my third externally funded fellowship at NDCN. It is an excellent environment both in terms of obtaining fellowships, and indeed holding them. One of the things I have found most helpful for my own applications is the frequent opportunity to comment on other applicants' proposals and participate in practice interviews as a panel member - playing the assessor gives a lot of insight into how to improve one's own performance as an applicant. So the high volume of fellowship applications going through the department is helpful in that way as well. Because there are so many intermediate fellows in the department, there is the possibility for us to support each other by applying for grants together, sharing the load of training up our groups, as well as the more obvious benefits of a lively scientific environment."*

Female, mid-career fellowship holder

We have introduced a grants/fellowship buddy scheme. People applying for funding are directed to a list of individuals who have been awarded funding and encouraged to approach them for advice and support. We introduced this scheme to staff at an open meeting in 2014, and have added it to the checklist of points that administrative staff work through with prospective applicants.

#### *Professional Development and Mentoring schemes*

An action from our Bronze Action Plan was to increase awareness of available schemes for professional development aimed at women. We promote all training opportunities through our new weekly e-bulletin and improved signposting from our intranet. Our survey suggests that these actions had impact.

The University mentoring scheme Ad Feminam aims to encourage women to explore their leadership potential within academic life and is open to academics who have completed their first five-year term of office or researchers holding a fellowship of at least five years duration. In our 2012 survey, only 3% of women had heard of the scheme and none had participated but this year, 9 women from NDCN participated as mentees, and 6 staff (4 men, 2 women) volunteered as mentors. Many of those who participated found this to be valuable.

*"I became a Principal Investigator last year and the Ad Feminam scheme has been very helpful in allowing me to get used to my new role and has given me support when growing my group and thinking about how I want that to work. Having a senior mentor outside the department has been fantastic as it has allowed me to explore options and discuss my career progression in a confidential environment. The support of my mentor has so far led to me successfully getting my job regraded to a band higher - something I wouldn't have had the confidence to do otherwise - and to being proactive in applying for an Associate Professor title which I was successfully awarded."*

Female mentee in Ad Feminam Scheme

54% (26 female, 14 male; cf 68% 2012) of survey respondents reported having received informal mentoring from a colleague, of whom 94% were satisfied or very satisfied (cf 61% 2012) and no-one reported dissatisfaction.

In our Bronze Action Plan we proposed a pilot departmental mentoring scheme for research staff. After lengthy discussions, the Personnel Committee and SAT concluded that a within-department scheme would not be desirable or workable. Concerns included insufficient distance between mentee and mentor, and overburdening of potential mentors. Realising the importance of mentoring, we decided instead to make use of the mentoring circles newly implemented by MSD. Through this scheme, small groups of peers will be mentored by an appropriate individual from a different department. Five members of NDCN (all female) have requested to be mentees (there are a total of 69 mentees on the scheme, from 15 departments). Three members of NDCN (2F, 1M) have volunteered to be mentors.

*"I have benefited greatly from receiving good mentorship myself in the past so was keen to give back through volunteering for this scheme. So far it has been a positive experience. The group format, compared to one-to-one mentoring, works well as the mentees can also provide useful support for each other, not only within our sessions but also more informally between meetings. It also means there is less of a time burden on mentors."*

Female mentor from Divisional peer-mentoring circles scheme

There was also improved awareness of Springboard, a personal and professional development programme for more junior women. In 2012, 38% of female respondents had heard of it and only 4% had taken part. In 2014, 46% had heard of it, and 11% had taken part.

#### **BRONZE ACTION ACHIEVED:**

- Joined divisional peer-mentoring circles scheme. (4.1)
- Increased awareness and participation in professional development schemes mentoring schemes (4.7)

### *Communication between academic and admin staff*

In our Bronze application, we recognised that supervisors' and line managers' knowledge and implementation of good management practice was variable. We have taken a number of actions to improve awareness of responsibilities:

- Website offers a clear route for managers to find out about their responsibilities.
- Admin Team held a surgery session in April 2014 (30 people attended) which allowed all staff to drop in and ask questions e.g. applying for grants, recruiting staff, managing family leave. These surgery sessions will run termly.
- Each Principal Investigator has been assigned a single contact within the Admin Team who they can approach with any queries relating to any of their grants.

#### **BRONZE ACTION ACHIEVED**

- New intranet provides clear guidance for managers and supervisors. (4.6, 5.6)
- Lunchtime workshops from the Admin Team provide face-to-face support. (4.6)

#### **SILVER ACTION PROPOSED:**

- Run termly lunchtime surgery sessions on administrative issues. (4.4)

### *Female Clinical Academics*

To better understand the challenges faced by female clinical academics (FCAs) more clearly, we carried out a survey in November 2014 targeted at current FCAs (from trainees to consultants) and those who had left within the past 5 years (for whom we had contact details). Therefore a number of respondents may have left before we began to implement our Bronze Action Plan.

21 individuals completed the survey (response rate 50%), the results can be seen in Table 4. There was a general feeling that there is not a level playing field and that career progression as a clinical academic is more difficult for women than men. This may reflect many different challenges, including lack of flexibility in NHS job plans.

	Agree	Neither agree nor disagree	Disagree
Career progression as a clinical academic is equally difficult for men and women	1 (5%)	1 (5%)	19 (90%)
NDCN is/was supportive of my career progression	10 (48%)	7 (33%)	4 (19%)

NDCN provides equal opportunities for career progression for male and female clinical academics		6 (29%)	8 (38%)	7 (33%)
I have come across clinical academic female role models		9 (43%)	2 (10%)	10 (48%)
Do/did you have a mentor		7 (33%)		14 (67%)
	If yes were you satisfied	7 (100%)		
	If no do you feel that you would benefit from one?	12 (86%)		2 (14%)
		Continue in a clinical academic position	Change fields	Return to full time clinical work
What would be your ideal next step after your current position ends?		16 (76%)	1 (5%)	2 (13%)

**Table 4: FCA Survey responses**

Based on this feedback the Department has agreed on a number of actions:

- The Head of Department has contacted all FCAs to direct them to existing mentoring provision and has asked FCAs to contact him directly if they feel their mentoring needs are not being met, in which case he will either suggest a suitable mentor or approach the individual's ideal mentor on their behalf. Mentoring requirements will also be added to PDR forms. [There had been some suggestions that clinicians should be exempt from our PDR scheme as they receive compulsory PDR from the NHS, but the Department felt strongly that a University PDR was essential for them to facilitate career progression as clinical academics.]
- We will ensure that female academics are invited to speak at NDCN Departmental Seminars (6/11 2015 speakers are female) and neurology grand rounds (6/9 2015 Guest Lecturers are female clinicians). We will hold lunchtime seminars on clinical academic career progression as part of the CNS programme and will ensure good representation of female speakers.
- FCAs commented that balancing time is difficult and this is exacerbated if attempting part-time work or having family responsibilities. Challenges in managing return to work, and lack of confidence after maternity leave, were also mentioned. We will therefore aim to offer part-time research degrees at NDCN within the next 3 years. This will require us to continue to lobby the University to accommodate this (see response to postgraduate student question below). We will encourage FCAs to make use of the maternity buddy system and will suggest a suitable clinical buddy wherever possible.

**BRONZE ACTION ACHIEVED:**

- Improved visibility of female academics (5.9)

#### **SILVER ACTION PROPOSED:**

- Head of Dept to facilitate mentoring opportunities for female clinical academics (4.6)
- Mentoring requirements to be added to PDR (4.7)
- Hold CNS sessions on female clinical academic career progression. (4.8)
- Proactively lobby university for part-time research degrees by 2018 (2.3)

## **4.5 Career development**

### **4.5.1 Promotion and career development**

#### *Personal Development Reviews*

A major action from our Bronze application was to implement Department-wide compulsory personal development reviews (PDR). We ran a pilot scheme in FMRIB in 2012, which was rolled out department-wide in 2013-14. The PDR is conducted by the line manager but the reviewee is may request an additional assessor. The PDR focuses on research and academic career progression for postdoctoral RAs but also allows general issues of career development to be discussed by all types of staff. The PDR form includes sections on research, teaching, funding, administration and outreach activities, to ensure that these contributions are recognised and valued, and also to provide a record of such responsibilities so that participation can be monitored.

PDR is compulsory for staff who have been in post >1 year, and 83% of eligible staff had a PDR in 2014. The HR Team is contacting the 17% staff who did not complete their 2014 PDR to ensure that they do so this year.

Survey responses were positive: 79% (77% female, 74% male) reported being very satisfied or satisfied with the PDR (8% dissatisfied (10% female, 5% male)). Individual female staff members commented that the PDR process gave them '*more clarity of what is expected [of me]*', '*I received useful feedback from my supervisor*' and PDR was a '*valuable opportunity to draw together [my] role in our research team*'.

The second round of Department-wide PDR began in February 2015. We will monitor the scheme closely to ensure that our uptake rate is improved, review reasons why staff do not have a PDR and introduce an online PDR system to ensure that all reviewers and reviewees are automatically reminded about their PDR obligations and to facilitate record keeping.

#### **BRONZE ACTION ACHIEVED:**

- Annual Department-wide PDR scheme implemented and well received (4.2)

**SILVER ACTION PROPOSED:**

- Improve PDR uptake rate for 2015 compared to 2014 (4.10)
- Achieve >90% uptake from 2016 onwards (4.10)
- Ensure that no individuals miss out on PDR in two consecutive years (4.10)

The CNS was established in July 2014, is chaired by 2 women, and promotes educational, developmental and social events for everyone in NDCN. It is pleasing to note that it is already being used as a conduit for staff to communicate to the Senior Management Group. The CNS has set up a programme of regular events, many of which are focused on career development (social events are reported in Section 3.5). Examples include:

- **Lecture from Professor Elspeth Garman, followed by CNS Launch reception**, September 2014: Attended by ~80 people with drinks reception afterwards. 98% of the attendees who gave feedback rated the event excellent/very good. This event also provided an excellent example of a successful female academic role model within the University.
- **Careers Event: Dr Clare Conway, University Careers Service**, January 2015: 15 people attended (11F, 4M), and the session worked well. 90% of attendees rated the session excellent/very good. One:one sessions were offered and at least 4 people are taking advantage of this.

We discovered that the University Careers Service is only available to staff at Grade 7 and above on research contracts. The Head of Department has written to the University Personnel Committee and Careers Service to voice our concerns that other staff are not catered for. We plan to hold a one-off careers seminar provided by an external career advisor, aimed particularly at those staff members that do not fall within the remit of the University Careers Service.

**BRONZE ACTION ACHIEVED:**

- Clinical Neurosciences Society established (4.10)
- Programme of events including networking and career development (4.10, 4.4)

**SILVER ACTION PROPOSED:**

- Careers seminar to be hosted in 2016 (4.12)
- Regular programme of Clinical Neurosciences Society events to continue (4.11)

*Departmental Prizes*

To celebrate the quality and diversity of work within the Department we have set up a number of prizes, which are judged by a panel of senior staff and awarded at our annual Thomas Willis Day.

For staff prizes, we began with an early career research prize in 2013 and have since added three more prizes to recognise a wide variety of achievements:

- Student poster prizes: for the best poster in each year group. (winners: 2013: 1F, 1M; 2014: 2F, 1M; 2015: 1F, 2M).
- Thomas Willis Early Career Researcher Prize: for an outstanding research publication from the previous year, by a researcher <7 years post-PhD. (winners: 2013: 1M; 2014: 2F; 2015: 1F)
- Thomas Willis Senior Researcher Prize: for an outstanding research publication from the previous year, by a researcher >7 years post-PhD (2014: 1F; 2015:1F)
- NDCN Department Award for Excellence: recognises an individual who has made an exceptional individual contribution to the work of the Department during the previous year. (2014: 1F; 2015:1F)
- NDCN Department Award for Outreach Activity: recognises a member, or group, in the department who has/have made an exceptional contribution to promoting the work of the department in an outreach setting in the previous year. (2015: 1M, 1F.)

#### **4.5.2 Induction and training**

##### *Induction*

All new staff members have a face-to-face meeting with a member of the HR team. They are also invited to a new starters lunch with the HoD and Head of Administration and Finance. We have produced a new 'Staff Handbook', which contains introductory information and directs people to further details on the intranet.

Research staff are informed about the University's Welcome Event for Researchers run by the Oxford Learning Institute.

##### *Training*

A wide range of training and development opportunities are provided by the Oxford Learning Institute, Careers Service and Divisional Skills programme. To ensure awareness of these we feature a regular training section in our weekly e-bulletin.

We have arranged for providers to deliver in-house training in key areas, such as graduate supervision, equality and diversity, and good clinical practice. Attendance and feedback from these events has been very good. For example 100 people attended recent in-house training in good clinical practice.

Unconscious Bias, and Bullying and Harassment training (online or face-to-face) is now compulsory for all staff. Feedback from an in-house training session in unconscious bias attended by 36 staff showed that 33/36 found the experience positive.

The Department has supported members attending leadership training. For example, 3 members of staff (2F,1M) were nominated for the 'Academic Leadership Development Programme', a year-long programme run within the University. Two (1F,1M) were offered a place. 1 female took up the offer and found the course very helpful. We propose to nominate at least one attendee in future years.



**BRONZE ACTION ACHIEVED:**

- Regular training updates in weekly e-bulletin (4.3)
- In-house training provided in key areas (4.6, 5.7)

**SILVER ACTION PROPOSED:**

- Monitor compliance with requirement for compulsory training in unconscious bias and bullying and harassment. (4.13)

**4.5.3 Support for female students**

All students have at least one co-supervisor in addition to their primary supervisor. All students also have an advisor provided by their college, who offers an independent source of support. Students may also turn to the Director of Graduate Studies (female) or any member of the Graduate Studies Committee (2F, 2M) for support. A student representative sits on the GSC and also on the CNS committee.

To assess students' views, we carried out a survey in November 2014. The response rate was 34% (21F,13M). We did not survey students for our Bronze application so cannot make comparisons with earlier surveys. Survey responses are summarised in Table 5.

	Agree	Neither agree nor disagree	Disagree
I had a clear understanding of the online application process	80% (81% F)	20% (19% F)	0%
My supervisor was engaged with the process	80% (81% F)	14% (14% F)	6% (5%)
The interview process was clear and transparent	74% (67% F)	23% (29% F)	3% (5% F)
I have a clear understanding of the standards of work expected from me	86% (86% F)	6% (5% F)	9% (10% F)
I have the resources and information I need to conduct my studies	83% (76% F)	11% (19% F)	6% (5% F)
I am happy with my working environment (e.g. space, facilities, air conditioning, etc.)	83% (86% F)	0%	17% (14% F)
I feel valued for the work I do	69% (67% F)	23% (24% F)	9% (10% F)
I feel that my health and safety is taken seriously	91% (95% F)	6% (5% F)	3% (0% F)

My Supervisor:				
	Values my contribution	79% (86% F)	12% (5% F)	9% (10% F)
	Provides a sense of direction for me	80% (81% F)	9% (5% F)	11% (14% F)
	Sets clear standards for my work	79% (81% F)	12% (10% F)	9% (10% F)
	Gives feedback	76 % (86% F)	12% (5% F)	12% (10% F)
	Values diversity	79% (75% F)	21% (25% F)	0%
	Respects me as an individual	82% (81% F)	15% (14% F)	3% (5% F)
	Takes an interest in my career development	71% (81% F)	21% (14% F)	9% (5% F)
I am aware of my personal obligations and the Departmental guidance in relation to:				
		Aware	Not Aware	
	Meeting with my supervisor regularly and giving due weight to any guidance or corrective action proposed, keeping a written record of my discussions where appropriate	89% (95% F)	11% (5% F)	
	Drawing up a research plan and timetable of work in consultation with my supervisor, and keeping relevant records of all aspects of my work	86% (90% F)	14% (10% F)	
	Taking responsibility for my research programme, including the development of subject-specific, research, personal and professional skills	97% (100% F)	3%	
	Using the Graduate Supervision System as a means to evaluating my progress	94% (100% F)	6%	
	Carrying out research with proper regard to good health and safety practices	100%	0%	

	Being aware of the University's guidance on plagiarism and of any ethical or legal issues, health and safety requirements, or intellectual property issues arising from my research	100%	0%
	Pursuing opportunities to engage with the wider academic community at University, national and international level	94% (95% F)	6% (5% F)

**Table 5: Summary of Student Survey data**

When asked about work-life balance, responses were mixed but there were no gender differences. 63% were satisfied (62% female) and 23% dissatisfied (24% female) with the balance between work and home responsibilities.

*"I'm writing this at 6am on a Saturday with a baby on my knee.... I have 3 years to do this, nobody will add 2 weeks to this total just because I have a child. I have no idea whether it is feasible to be a part time DPhil student. I expect not. If I took a few months off I would be liable to pay an extra year of fees which would be completely unaffordable."*

Male student

*"Very difficult to combine work and family. Especially as others manage to do it (seemingly) so well. Despite the best intentions of the department, I still feel that worrying about family matters and home life is looked upon as a weakness. Lots of people in the department are single/have no children and can therefore achieve so much more. Difficult to use childcare/family as an excuse though as feel it is a fact of life that everyone has to deal with."*

Female student

*"Made to feel it was my responsibility to pick up the slack of my colleagues that were married or with children, which is unacceptable."*

Female student

These comments highlight particular challenges faced by those trying to combine a research degree with family responsibilities. A specific issue raised is the possibility of part-time study. Currently it is not possible for a student officially to undertake a part time PhD within the

University. This means that, regardless of the time the student is able to devote to their PhD, they need to pay full-time fees and the timing of milestones is fixed. This is a particular difficulty for people trying to combine postgraduate studies with other commitments such as family and/or clinical duties. This issue has been discussed in the Graduate Studies Committee, and our Director of Graduate Studies has been in consultation with the Division. We have just received confirmation that the University is willing in principle to allow for part time PhDs to be offered in future. NDCN is committed to providing part-time graduate research degrees by 2018.

In our Bronze application we proposed actions relating to students which have been achieved and had impact, for example:

- We recognised variable quality of student supervision. Supervisor training is now compulsory and the survey responses suggest students' opinions of their supervisors are generally very good. The SMG has agreed that in future those supervisors who do not attended training, and/or who do not fulfil their reporting requirements (termly online reports) will not be able to take on further students.
- We have drawn up a student/supervisor agreement which lays out basic commitments from both parties. This agreement was passed by the Graduate Studies Committee in October 2014 and endorsed by the SMG in Jan 2015. This will be introduced for the new intake of students in October 2015.
- As part of our Bronze application a student-led NDCN Student Club was established in 2012. This has been very successful and active. The club is organised by a student-elected committee (members for the past 3 years: 2012/3: 4F; 2013/4: 4F, 1M; 2014/5: 4M, 1F). The club organises events including social, research and career development. The Student Club recently held a seminar series called 'Diversity In Neuroscience' which looked at the experiences of women in Neuroscience where two professors (both female) held a question and answer session. The club has also held PhD lecture lunches which allows for students to present their work to their peers, and 5 students have done so to date (3F, 2M).
- We implemented a buddy system for graduate students so that each new student is paired with a current student. Student and buddy meet at a social event at the start of the academic year. At the end of the current academic year we will canvas opinion on this scheme to decide whether it should be continued.

**BRONZE ACTION ACHIEVED:**

- Student club established (2.1)
- Compulsory supervisor training (4.6)
- Student/supervisor contract wording agreed (2.5)

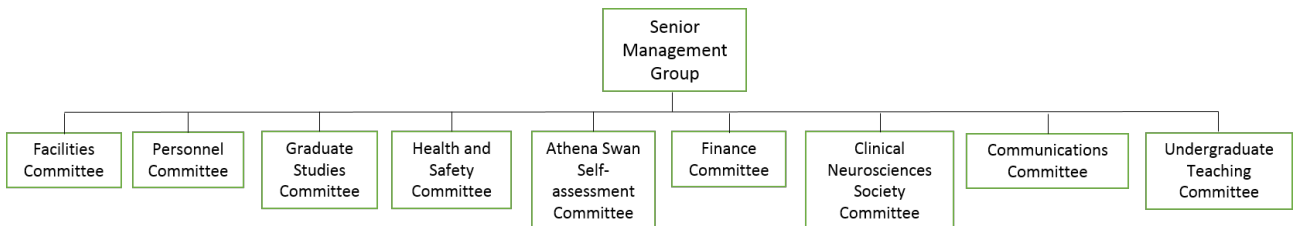
**SILVER ACTION PROPOSED:**

- Student/supervisor contract in place (2.2)
- Supervisors not meeting training or reporting requirements will not be able to take on further students (2.5)
- Effectiveness of buddy system to be assessed (2.1)
- Lobby to offer part time research degrees by 2018 (2.3)

**4.6 Organisation and culture**

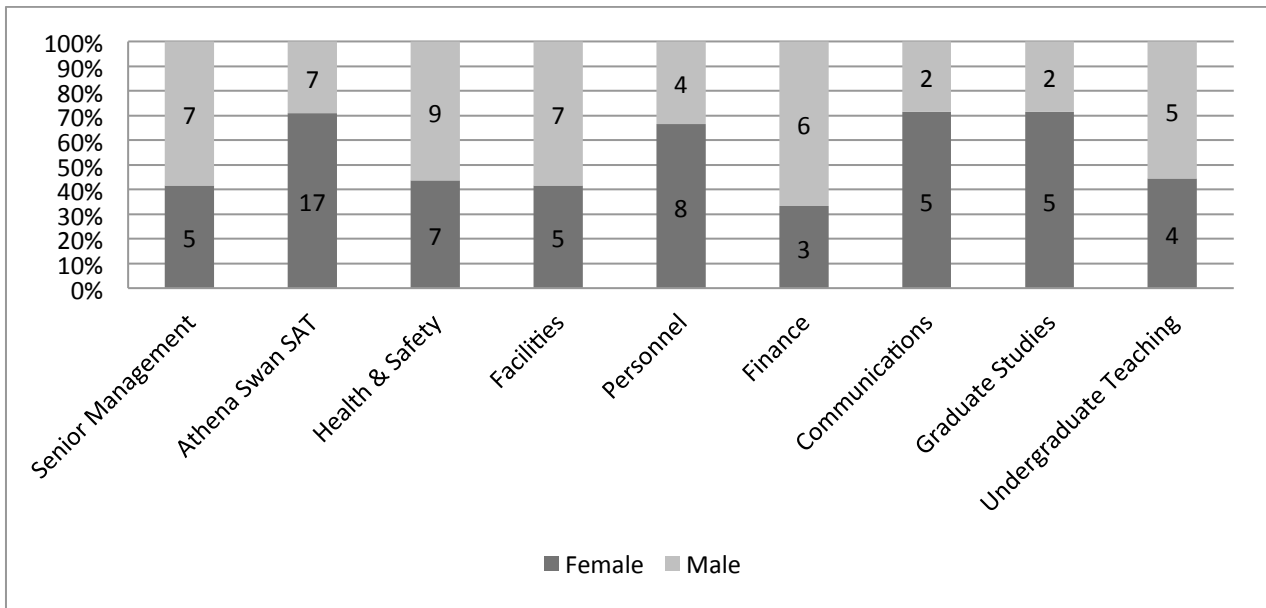
**4.6.1 Male and female representation on committees**

Decision-making within NDCN is distributed across a number of committees (Figure 16). Since our Bronze application we have created four new committees (Estates and Facilities, Finance, Clinical Neurosciences Society, Communications). This means that a broader range of individuals across several job grades is involved in making decisions. The Senior Management Group (SMG) meets every six weeks to review issues relating to finance, research, teaching, personnel and estates. Other committees meet termly and reports from these committees are fed back to the SMG. An open meeting is held termly to communicate important developments to all Department members.



**Figure 16: Committee structure**

We have good representation of both genders on all committees (Figure 17). There are relatively high proportions of women on the Athena SWAN SAT (71%), Personnel (67%), Graduate Studies (71%), and Communications (71%) Committees. Over the past few years there has been very little change to the F:M committee ratios. In 2013 1 male was appointed to the Estates committee and 2 males to SMG; In 2014, two females to Athena SWAN SAT; in 2015 1 female to the Finance committee.



**Figure 17: Committee members by gender**

The SMG is made up of the heads of the 4 divisions within the Department (1F, 2M – the female heads two divisions), one deputy per division (currently 2F, 2M; selected by the relevant division head), the chairs of the Personnel Committee, Finance Committee, and Graduate Studies Committee (1F, 2M), and the Head of Administration and Finance (F). The SMG is chaired by the Head of Department (M).

Membership of the other committees is decided by the chair, assisted by the Head of Administration & Finance and Head of Department. We have ensured that there is broad representation across division, grade, role, and gender, on each committee. The position of chair of each committee rotates on a 3-yearly basis and the chair is decided by the SMG.

As per our Bronze Action Plan, a list of members and terms of reference for each committee is now available on our intranet.

#### **4.6.2 Female:male ratio of academic and research staff on fixed-term contracts and open-ended (permanent) contracts**

Type of contract varies with seniority, but in similar ways for males and females so there is no evidence for gender difference in contract types for our staff.

Our only lecturers are Clinical Lecturers on fixed-term contracts (typically 3-4 years). Associate Professors are clinical or non-clinical research staff on Grade 9 (or clinical equivalent) or higher. Many of these individuals are employed on externally funded research fellowships, as senior researchers on project grants or funded through the Biomedical Research Centre. In all these cases the funding source has a fixed duration and so these individuals are typically on fixed-term contracts. All of our Full Professors are on permanent contracts. Those Professors who are funded through external (fixed-term) funding sources have been underwritten by the Department (Figure 18).

All clinical and non-clinical research staff are on fixed-term contracts (Table 6 and 7), except for one female member of Grade 8 staff and two female members of Grade 9 staff.

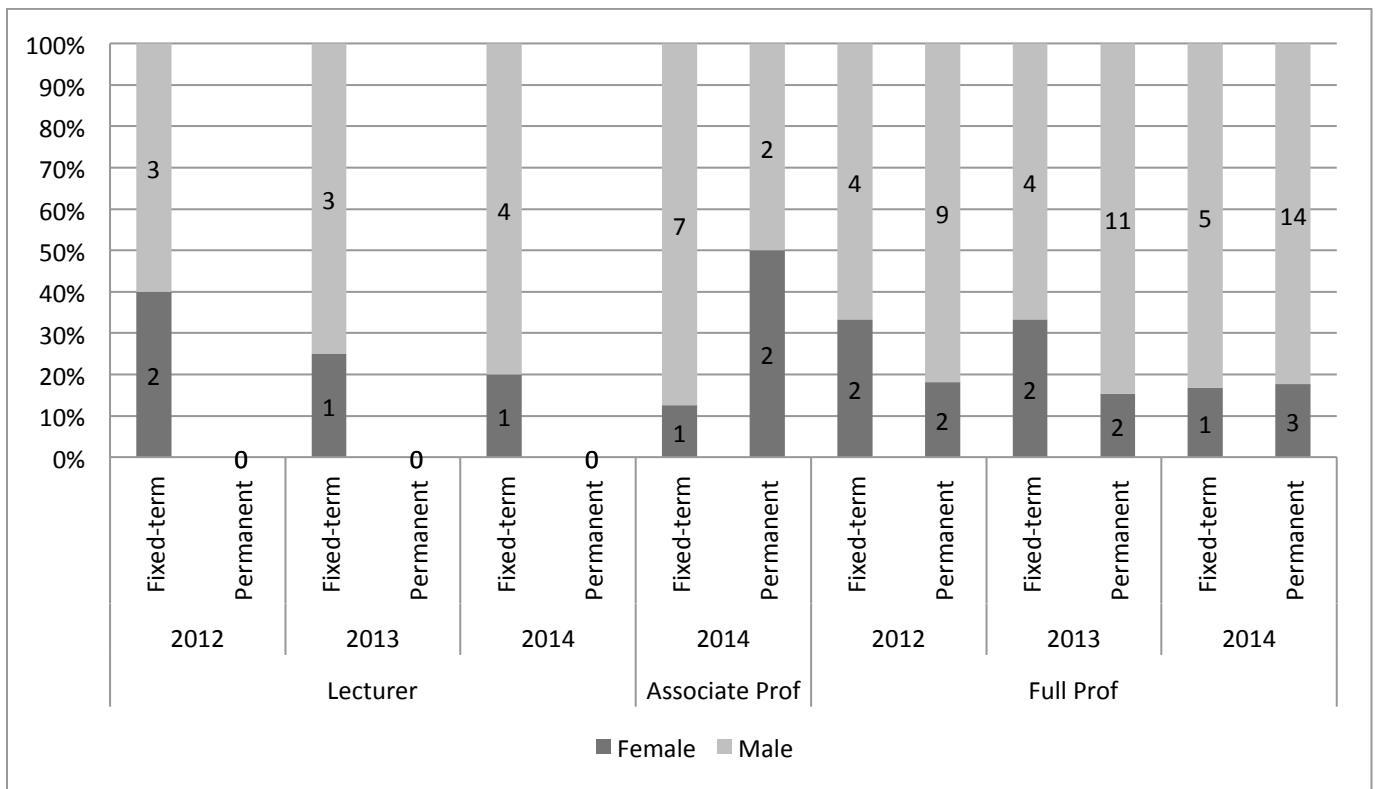


Figure 18: Academic staff in post, categorised by type of contract, by gender, title and year.

Senior Clinical Researchers				
Year	Female – Fixed term	Female – Permanent	Male – Fixed term	Male – Permanent
2012	6	0	7	0
2013	6	0	10	1
2014	6	0	5	0
Clinical Research Trainee				
Year	Female – Fixed term	Female – Permanent	Male – Fixed term	Male – Permanent
2012	9	0	11	0
2013	13	0	16	0
2014	15	0	17	0

Table 6: Clinical research staff in post, categorised by type of contract, by gender, title and year.

<b>Grade 10</b>				
<b>Year</b>	<b>Female – Fixed term</b>	<b>Female – Permanent</b>	<b>Male – Fixed term</b>	<b>Male – Permanent</b>
<b>2012</b>	1	0	0	0
<b>2013</b>	1	0	0	0
<b>2014</b>	1	0	0	0
<b>Grade 9</b>				
<b>Year</b>	<b>Female – Fixed term</b>	<b>Female – Permanent</b>	<b>Male – Fixed term</b>	<b>Male – Permanent</b>
<b>2012</b>	1	4	2	1
<b>2013</b>	1	4	4	1
<b>2014</b>	1	2	2	0
<b>Grade 8</b>				
<b>Year</b>	<b>Female – Fixed term</b>	<b>Female – Permanent</b>	<b>Male – Fixed term</b>	<b>Male – Permanent</b>
<b>2012</b>	8	1	10	1
<b>2013</b>	9	1	11	1
<b>2014</b>	13	1	14	0
<b>Grade 7</b>				
<b>Year</b>	<b>Female – Fixed term</b>	<b>Female – Permanent</b>	<b>Male – Fixed term</b>	<b>Male – Permanent</b>
<b>2012</b>	28	0	33	0
<b>2013</b>	35	0	37	0
<b>2014</b>	44	0	42	0

**Table 7: Non-clinical research staff in post, categorised by type of contract, by gender, title and year**

#### **4.6.3 Representation on decision-making committees**

There are many examples of women in the Department sitting on influential committees. Within the Department, there is roughly equal representation of males and females on committees, as reported above. Outside the Department, female members of staff sit on University Committees (e.g. Divisional Board, Personnel Committee, Finance and Physical Planning Committee; Recognition of Distinction panel, Neuroscience Strategic Oversight Committee, Athena SWAN Committee).

Externally, women from the Department sit on grant-making boards (e.g. Deputy Chair of MRC Neurosciences and Mental Health Board; Chair of Scientific Panel of Brain Research Trust; Member



of Wellcome Trust Expert Review Group, Member of MS Society grant making panel; Member of Royal Society Partnership Grants Panel) and decision-making committees (Member Research Exercise Framework 2014 Neuroscience and Psychiatry Panel). Female members of staff have been well represented at high levels within national and international scientific and clinical organisations (e.g. Fellow of the Royal Society; President of International Society for Neuroimmunology; President of the Organisation for Human Brain Mapping;).

We are aware that encouraging greater female participation in decision-making committees may overburden women. At PDR, we are monitoring additional duties (such as administration) that people are performing to try to avoid committee overload. The list of committee membership and other duties is reviewed annually by the SMG.

#### **4.6.4 Workload model**

We have not used formal workload models at a departmental level. Compared to other departments, there are fewer shared duties across the Department (e.g. unlike many departments, we are not responsible for delivering an undergraduate degree curriculum). We do recognise that many individuals contribute to administrative, pastoral and teaching duties outside of their own core responsibilities. Such duties can be a mixture of burdensome and beneficial to career development and it is therefore important that they are shared fairly to offer all staff career development opportunities. As proposed in our Bronze Action Plan, our new PDR process explicitly asks people to report such responsibilities. A list of people and the duties they perform is generated from this process and reviewed annually by the SMG.

A future action is for the Personnel Committee to conduct a formal assessment of whether workload models could be effectively implemented.

#### **BRONZE ACTION ACHIEVED:**

- Duties monitored via PDR and regularly reviewed by SMG (4.9)

#### **SILVER ACTION PROPOSED:**

- Personnel Committee to undertake a review of the possibility of instigating workload models (4.17)

#### **4.6.5 Timing of departmental meetings and social gatherings**

NDCN implemented a core hours policy in 2014. This was announced in our weekly e-bulletin and in an email from the Head of Department. All regular departmental (and sub-divisional) meetings and seminars are held between 10am and 3pm. In addition, the Head of Department emailed staff to encourage all group leaders to consider the timing of any of their group meetings and to ensure that they did not disadvantage people with family responsibilities. Our staff survey indicated that 85% of respondents said that this policy suited their needs.

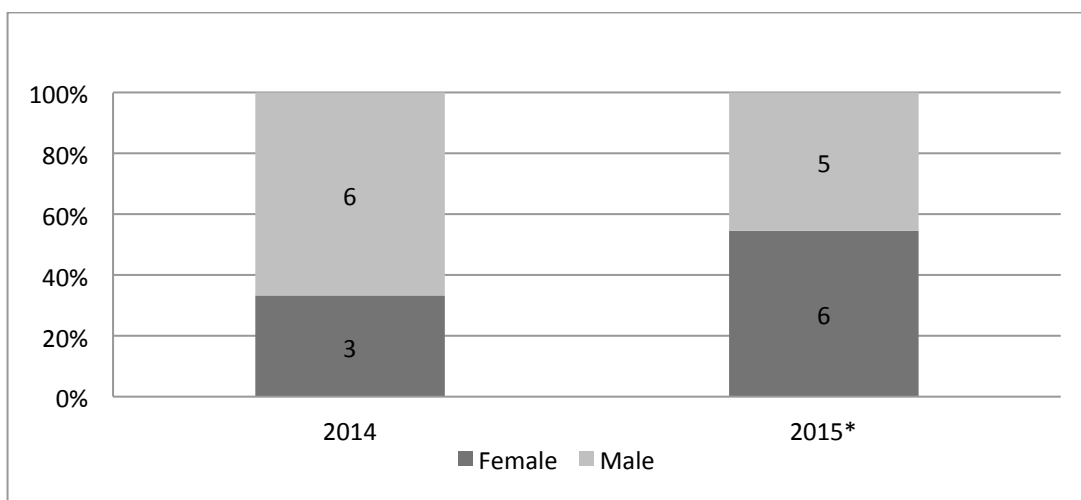
Only one or two events per year have been held later in the day: for example our annual Thomas Willis Day includes an afternoon poster session for graduate students, leading on to a late afternoon guest lecture by a distinguished international neuroscientist followed by a drinks reception, allowing for an informal sociable atmosphere.

#### 4.6.6 Culture

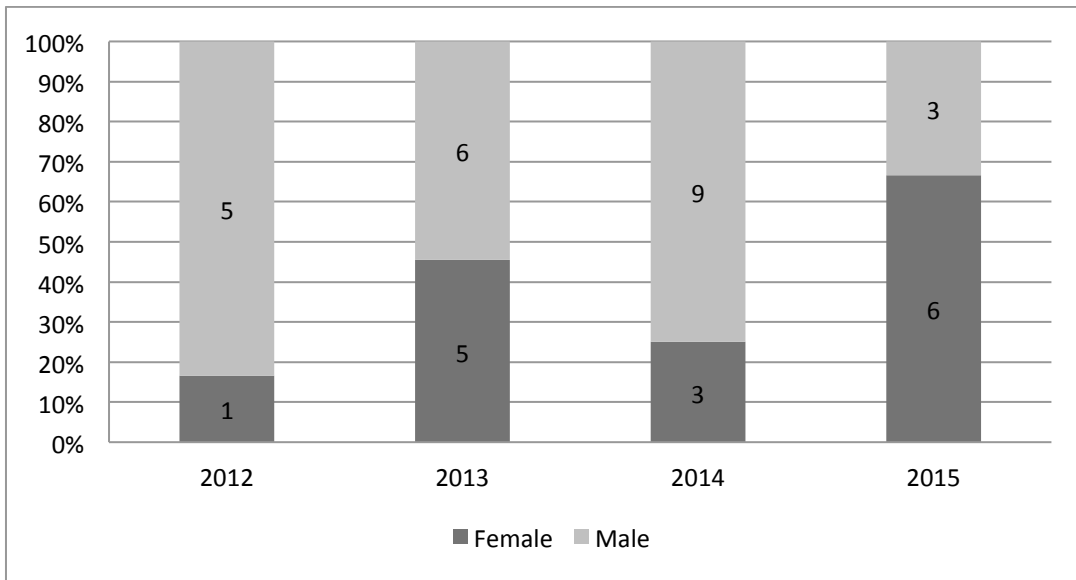
It was apparent from the survey that most members of the Department appreciate the friendly and supportive atmosphere within the Department. High proportions of respondents agreed with positive statements such as ‘Overall I am satisfied with my job’ (78% (78% 2012)); ‘I would recommend working at NDCN to a friend or colleague’ (72% (72% 2012)); ‘my immediate manager helps me to find a good work/life balance’ (65% (62% 2012)). When asked an open ended question, (‘What is good about working at NDCN?’), 24 respondents commented on the friendly atmosphere and positive relations with colleagues.

##### *Female academic role models*

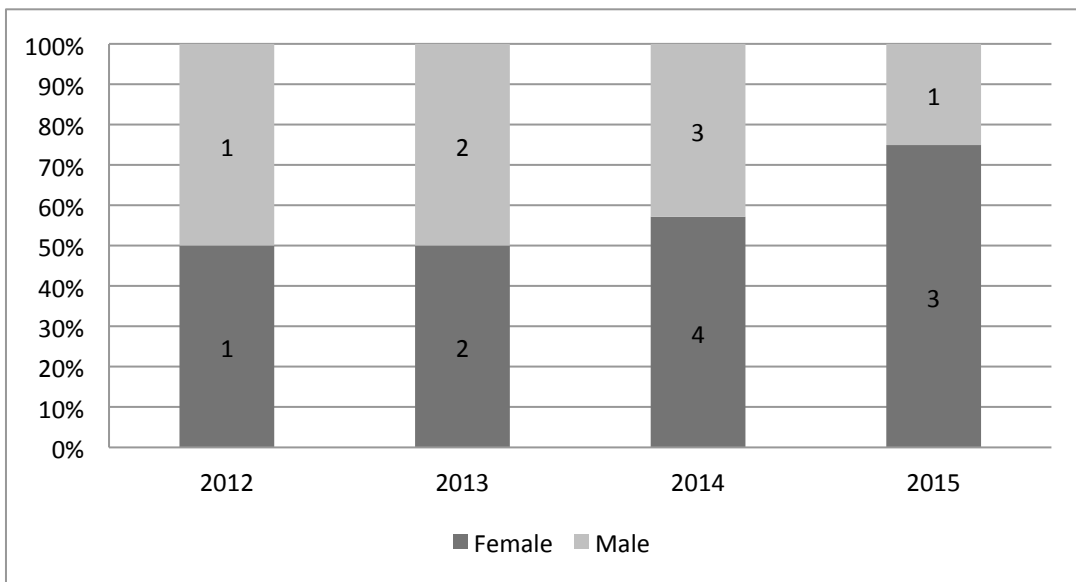
We have increased the visibility of female role models by ensuring that there is good representation of female speakers at any departmental event. Figures 19-21 show how we have improved the proportion of female speakers at NDCN seminars, clinical grand rounds, and open termly meetings respectively. For the past 3 years we have hosted the Thomas Willis Lecture and our lecturer for 2015 was a female academic (following on from males in 2013 and 2014).



**Figure 19: NDCN Seminar Speakers**



**Figure 20: NDCN Grand Rounds Guest Speakers**



**Figure 21: NDCN Open Termly Meeting Speakers**

*Social events*

We have established the CNS, which organises a programme of events open to all members of NDCN. In addition to the career development and networking events reported on previously, this programme also includes social events which contribute positively to the culture of the Department. These have typically been held at lunchtime partly in consideration of those with family responsibilities. Examples include Christmas Bazaar, Christmas Party and NDCN Charity Bake Off.

## Communication

Our Bronze application stated our aim to improve transparency of decision-making, and this forms part of a major new communications strategy. We appointed a Communications Officer in 2013 and established a Communications Committee. We have taken the following actions:

- Developed a weekly e-bulletin, which contains all of the latest departmental news that would previously have been sent as individual emails.
- The weekly e-bulletin includes links to the latest departmental committee meeting notes, which are also uploaded to a section of the SharePoint Intranet that is devoted to Committees and includes a graphic showing their structure and membership. Where there are significant decisions to be communicated to all staff, the Head of Department will send out an email to all staff.
- Produced a termly newsletter, which includes information on new grants and fellowships, interviews with members of staff, updates on policies and procedures, news about staff achievements, as well as publicity for departmental events and information about the staff and student clubs.
- Installed two information monitors at key locations, which display information about forthcoming departmental events, training or career development opportunities, details of how to raise money for our chosen charity, and requests for volunteers to help with public engagement etc.
- Included information on the Admin Team's responsibilities and services on the Administration page of the external-facing departmental website. More detail is available on the SharePoint Intranet, including step-by-step guides and explanations of procedures in all key areas of the administrative team. We have also produced a postcard with key contact information which was distributed to all staff and is available to pick up in key locations within the department.

There is strong evidence from the survey that these actions have had positive impact. 91% of respondents reported finding the weekly e-bulletin summary useful, and 78% find the intranet useful.

Survey responses also suggest that there is some improvement on transparency of decision-making: 49% agreed (and 23% disagreed) that 'The Department's structure for management and decision making are clear and transparent', which was an improvement on our previous survey in which 35% agreed and 25% disagreed with that statement but there is still room for further advances.

### **BRONZE ACTION ACHIEVED:**

- Weekly e-bulletin replaces frequent email announcements (5.3)
- Termly newsletter and TV screens provide news and features (5.4, 5.5)
- Intranet provides common source of departmental information (3.1, 5.6, 6.2)
- Committee decisions communicated to Department (5.2)

### **4.6.7 Outreach activities**

We have increased both the number and the diversity of our public engagement activities. In 2012 this was marked by just one event – interactive activities in the John Radcliffe West Wing foyer. For Brain Awareness Week (March 2013) we formed a relationship with the Museum of the

History of Science in the centre of Oxford, and organised an exhibition 'Revealing the Brain' that ran for three months along with a public talk, schools visits and a series of interactive activities aimed at families.

In 2014 we established relations with the Ashmolean Museum, in addition to the Museum of the History of Science, providing improved facilities, including better disabled access. This was the venue for 'Thinking about the Brain' in November 2014. For Brain Awareness Week/Oxfordshire Science Festival 2015, NDCN researchers took part in 6 events at different venues across Oxford, all targeting different stakeholders. For example, an evening event on 'Tackling Brain Diseases' included interactive stands and 4 talks from academics (3F, 1M). NDCN researchers are also regularly involved in the Biomedical Research Centre Research Open Days, the Oxfordshire Science Festival, the Cheltenham Science Festival, Pint Of Science and British Neuroscience Society Events.

Our public events have been well attended and well received. For example, in a collaborative project with filmmakers from London School of Film and Headway Oxfordshire, a local charity, we hosted a sell-out screening (360 seats) of a film about brain damage, with subsequent talks and discussion from the film directors, charity representatives and NDCN researchers (1F, 1M).

Many staff members visit local schools on a regular basis and, from 2015, work experience opportunities for sixth formers are being coordinated across the Department (initiated by a female researcher). We have also hosted school visits in partnership with organisations such as Generating Genius and Sutton Trust.

We have a dynamic 'outreach' section of our website that includes further information on activities. A female researcher presented outreach opportunities at the termly open meeting. We ask specifically about outreach activities as part of the PDR process and have added an 'NDCN Outreach Prize' to the annual Departmental Prizes. We have also introduced an outreach fund of £3000 per annum, to which all researchers can apply for funding to support their outreach work.

## **4.7 Flexibility and managing career breaks**

### **4.7.1 Maternity return rate**

From 2011-2014 7 women took maternity leave, all of whom returned to their post.

### **4.7.2 Paternity, adoption and parental leave uptake**

From 2011-2014 7 men took paternity or adoption leave, all of whom returned to their post.

### **4.7.3 Numbers of applications and success rates for flexible working by gender and grade**

From 2012-14 the department have received 6 (5F, 1M) formal flexible working requests, all of which were approved. Applications were made by individuals on grade 5 through to 8.

These figures do not account for any informal working arrangements that have been made directly with the individual's manager.

#### 4.7.4 Flexible working

We have low numbers of staff with formal flexible working arrangements (Table 8). However, many staff, particularly those on academic or research roles, make use of informal flexibility offered by their position.

Approved flexible working applications	Female requests	Male requests
2012	3	0
2013	2	0
2014	1	1

**Table 8: Applications for formal flexible working, all of which were granted**

In our staff survey 82% of respondents (89% males, 78% females) responded that they “make use of any informal flexibility offered by your position (e.g., working from home, working variable hours)?”. 73% of respondents (75% males, 72% females) reported being satisfied with opportunities for flexible/part-time working in the Department.

To raise awareness of options and opportunities for flexible working our HR manager gave a presentation on this topic at our termly Open Meeting in February 2015. We have also created a section of our revamped website devoted to flexible working along with a Flexible Working fact sheet, which is available on our intranet and in hard copy at key locations within the department.

#### 4.7.5 Cover for maternity and adoption leave and support on return

In our survey 21 individuals (13 F, 8M) reported having taken caring leave and just one person (female) reported being dissatisfied with their leave. None of the 8 males reported any problems on return to work, but 5 females (19% of those who took leave) reported facing difficulties, which included health problems and issues with payroll.

We have created a family leave buddy system whereby individuals who are planning to go on leave are offered the opportunity to be paired up with an appropriate ‘buddy’ who has taken leave in the past few years. This option is offered to them by the HR officer whenever they are made aware of the intended leave.

We have created a ‘Parent’s Fact Sheet’, which includes a case study, sections on family leave, flexible working, returning to research, childcare, outreach, schools and holidays and is available on our intranet and in hard copy at key locations within the department.

One specific challenge around caring leave is that funders vary in whether or not they will provide additional finances to cover the cost of leave. When required, the department has supported individuals and their line managers to apply for various source of internal bridging money. For example, one female researcher coming to the end of a fixed-term contract was able to gain additional funding through the Biomedical Research Centre Flexibility and Sustainability Fund, to cover her maternity leave and return to work. Calls for applications to these internal funds are regularly highlighted on our weekly e-bulletin.

In 2014 the University established a ‘Returning Carers Fund’ which provides support for people who have returned to work after taking 1 period of leave of at least 6 months within the past 2 years or 2 periods of leave of at least 6 months within the past 5 years. We announced the fund

via the weekly e-bulletin and the Departmental Administrator identified all eligible individuals within the department and emailed them directly to encourage them to consider applying. 1 female researcher applied has been successful in the current round.

[Section 4: 5968 words **NB: Extra 1000 words used in this section**]

## **5. Any other comments**

None

## **6. Action plan**

Attached

## **7. Case study: impacting on individuals**

### **Female non-clinical research fellow. SAT member**

I joined the Pain Imaging Neuroscience Group headed by Prof Irene Tracey as a postdoc in 2005. I got married in May 2006 to a full-time academic and had my first child in September 2006. Following 6-months maternity leave I returned to work full-time. In the months following the birth of our son, my husband and I had developed irreconcilable differences and we separated in February 2009. Although my son had a full-time place in a University nursery his young age and the fact that we had no extended family nearby required me to cover times when he could not attend nursery. Prof Tracey offered me flexible work conditions to ensure that I could stay on target in my career development but take care of my son's needs and recover from the change of personal circumstances. Thanks to departmental policies, I was allowed flexible working hours, meetings were held electronically if necessary, and support was arranged during times of intense work (e.g., while running experiments). I had regular (oftentimes virtual) meetings with Prof Tracey to ensure that I had every support I needed to complete projects on time. I also received supportive career development, both informally and through formal processes, such as PDR. I was encouraged and generously supported to continue conducting and publishing my research, presenting at national and international conferences, supervising graduate students and fostering collaborations to build a competitive track record and apply for independent funding.

In 2013 I applied for and successfully gained a position as a Prize Fellow at the University of Bath. My application was fully supported by NDCN and I had the opportunity to practice my job interview with several senior members of the department. I took up this position but continued to collaborate with Oxford colleagues as my research benefits from equipment, technical expertise, and clinical populations in Oxford.

In May 2014, I received an MRC New Investigator Award. This allowed me to return to Oxford and establish an independent research group. During the application process I received extensive support from Prof Tracey and other collaborators at NDCN who provided feedback on the project. I was also allowed to acquire pilot data at no cost to prove the feasibility of my approach and

strengthen the application. The Department has now arranged a support package, which will provide salary beyond the duration of my NIA, reviewed on a rolling 5-year basis. The Department supported me to apply successfully for the title of Associate Professor in 2015.

The departmental policies that allowed for flexible work, and the continuous encouragement and support of my mentor Prof Tracey, the Head of Department, my colleagues and the administrative team, have helped me through adversities, which could have meant the end of my academic career.

### **Female clinical academic neurologist. Not an SAT member.**

I have been connected with NDCN for the past 10 years. I have benefitted from several informal mentors within NDCN over the years and, more recently, from annual PDR and participation in a formal mentoring scheme.

I qualified in medicine in 1993, and entered specialist neurology training in London in 2000 after completing a PhD. I had a son in 2002, returning to work part-time after 6 months. While my preferred aim was to go onto an academic consultant post, these plans were put on hold when my husband, a neurosurgeon, was appointed to a consultant post in Oxford. We moved to Oxford in 2004, 2 weeks after my daughter was born. Fortunately, I was able to complete my last year of specialist training in Oxford following maternity leave, while still being funded by London.

In 2004, I was the first ever neurology specialist trainee to be working flexibly in Oxford. I hope I persuaded the Oxford consultant neurologists that flexible trainees are on an equal footing professionally with full-time trainees. In 2005 I was appointed to a District General Hospital (DGH) consultant post, linked to Oxford. I put my original research plans on hold, as the move to Oxford had not allowed sufficient time to build an academic base, and I wanted to be available for my young children. I focused instead on setting up a Parkinson's Disease (PD) clinical service.

During my first year as consultant, I was awarded an innovation grant for a community PD study. During this time, NDCN crucially provided me with 1 day/week funded research time. The then Head of Department Professor Angela Vincent was hugely supportive of my research, being instrumental in setting up the research funding, and providing unofficial mentoring. In 2009, the Oxford Parkinson's Disease Centre, for which I am co-PI, was formed with £5 million from Parkinson's UK. This funded a much larger PD cohort. In 2014, the OPDC was awarded £5.8 Million, which will fund assessment of the cohort over 10 years.

Unfortunately the OPDC Award did not carry funding for my research salary. My significant clinical commitments meant that my DGH were not prepared to reduce my clinical hours to deliver the research. There followed a 3 year difficult period where I effectively delivered 2 full-time jobs. In 2013, I was finally able, with support from NDCN, to move from my DGH post to a 5-year academic contract, with NDCN funding 1 day per week of my salary.

A major future challenge will be how female academic clinicians fit research and family demands with increasing NHS pressure to move to a consultant ward-attending in-patient service for acute clinical services. From 2015 I have committed to providing an additional 6-7 weeks/year of acute



neurology ward cover, in addition to my outpatient service and research. Juggling these competing demands will require increasingly efficient time management and focus.

Over the past year, with support from NDCN, I have joined the Ad Feminam mentorship scheme, which has provided me with an independent and trustworthy sounding board for my career progression. The Department supported me to apply successfully for the title of Associate Professor in 2015.

[Section 7: 995 words]

## NDCN Bronze Athena Swan Action plan, with progress indicated

**NB: Priority actions are indicated by \***

### Abbreviations:

**Individuals:** HOD=Head of Department; PO=Personnel Officer; DA=Departmental Administrator; SA=Student Administrator; EC=Events Co-ordinator; CO=Communications Officer

**Departmental Committees:** PC=Personnel Committee; SMG=Senior Management Group; GSC=Graduate Studies Committee; CNS=Clinical Neurosciences Society; CC=Communications Committee

**Athena Swan Self-Assessment Team and subgroups:** SAT=self-assessment team; CG=Communications Group; CDG=Career Development Group; SG=Student Group; CIG=Clinical Integration Group; FWG=flexible working group

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key: Fully achieved Partly achieved Not achieved Untested
1	<b>Baseline Data and Supporting Evidence</b>				
1.1	*Establish a data base of current research scientists and academic staff, which will eventually include a training record of all departmental/educational courses attended. Create associated email list	Initial list by April 2013; updated as people leave or join	March 2013	Database and email list complete and available	After attempts to create a database in-house we realised that to do this properly required a professional solution. Following extensive consultations with a database building company over 2014 we have now commissioned a full staff database which will go live 2015.  <b>Fully achieved</b>
1.2	*Monitor Staff appointments to assess evidence for gender (or other) bias in decision-making.	Ongoing	Nov 2012	Database available	With a new University-wide HR record-keeping system all recruitment data is centrally collated and regularly reviewed by the department. Data are reported in our Silver application.

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key:	
					Fully achieved	Partly achieved
					Not achieved	Untested
1.3	Monitor Leavers using exit questionnaire and interviews	Ongoing	March 2013	Database available Exit questionnaire via WebLearn	Fully achieved	
<b>2</b>	<b>PG Students</b>					
2.1	Create a student-led Departmental Student Club to achieve greater integration among the student body.	Ongoing.	Oct 2012	A Departmental Club with appointed student roles, regular committee meetings, and an operational mailing list	Club is operational. There are regular committee meetings. Announcements are made to students through an operational mailing list	
2.2	Termly Scientific PG Meetings	Ongoing.	Jan 2013	Meetings occur regularly and are well attended and positive feedback from students	Student club hosts at least one scientific meeting per term. Speakers have been both students and PIs, with good gender balance (3 females, 3 males in Michaelm; 2014 term.) Meetings are well attended (20-30 people) and have received positive feedback.	
2.3	Buddy system for new students	Ongoing.	Oct 2013	Positive feedback in future surveys.	Buddy system has been in place for one year.	We have not yet surveyed student as to its success

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key:	
					Fully achieved	Partly achieved
					Not achieved	Untested
					Partly achieved	Untested
2.4	Social events	Ongoing.	Oct 2012	Social events are organized regularly and are well attended	Students have hosted at least one social event per term with funding provided by the Department. Attendance has been good (10-40 people) <b>Fully achieved</b>	
2.5	*Draw up Supervisor/Student Contract which tells both parties what is expected of them. Both parties to sign up to contract.		Jan 2014 - after GSC meeting	Both parties sign up to contract. Positive feedback from both parties in future surveys.	After much consultation, wording for the contract has been agreed by the GSC. The contract will be put in place for the new intake of students in October 2015 as so students and supervisors have not yet been surveyed as to its effectiveness. <b>Partly achieved</b>	
<b>3</b>	<b>Key career transition points, appointments and promotions</b>					
3.1	*Induction scheme – structured and standardized. Establish formal departmental induction scheme. Ask all new staff to complete university Online induction. Send all new staff details of Careers Service Welcome events.		Nov 2013	Scheme in place. Positive feedback from future staff survey.	We have developed written induction materials that are easily accessible via the department intranet. All new staff are sent details of careers service welcome event. All new starters visit the HR department in person and attend a health and safety induction. All new starters invited to a welcome lunch with the HoD. Of survey respondents who had received an induction, 58% reported being satisfied with their induction and 10% dissatisfied.	

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key: Fully achieved Partly achieved Not achieved Untested
					Fully achieved
3.2	Revise standard job description wording to encourage female applicants		Jan 2013	New wording used in all adverts and job descriptions. Increased number of female applicants.	Wording revised. Evidence for increasing proportion of female applicants to senior clinical positions and stable proportions of female applicants to other positions (see recruitment data in application).  Fully achieved
3.3	*Ensure consideration of female candidates for senior positions. At least one female on selection panel. When a long-list is created, ensure at least one female is on it wherever possible.		Jan 2013	Evidence that policy has been adhered to.	We have not recruited to any Professorships within the past 3 years.  Untested
3.4	Ensure communication with staff (and manager) at key transition points to provide	ongoing	Oct 2013	Scheme in place. Positive feedback from future staff	HR sent out letters to all staff at induction, end of probation and 3 months from the end of the contract at end of contract. Communication is done yearly

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key: Fully achieved Partly achieved Not achieved Untested
	information relevant to career development at that point: <ul style="list-style-type: none"> <li>• Induction</li> <li>• At end of probation period</li> <li>• Yearly from start date</li> <li>• 6 and 3 months from end of contract</li> <li>• At end of contract</li> <li>• Follow-up</li> </ul>			survey.	through PDR. Survey responses on PDR were very positive with 79% of respondents reporting satisfaction with their PDR.  <b>Fully achieved</b>
<b>4</b>	<b>Career advice and support</b>				
4.1	Pilot mentoring scheme	One year pilot	Jan 2014	Pilot completed. Assess feedback and decide on whether to implement full scheme. Positive feedback from future staff survey would be a marker of success.	We conducted a small pilot scheme with clinical academics in the Department. We also explored the possibility of a departmental mentoring scheme and decided that this would not suit our needs. Instead, we have signed up to the Medical Sciences Division peer mentoring circles and a small group of staff have opted to participate both as mentees and mentors. In addition some staff are participating in the Ad Feminam mentoring scheme, both as mentees and mentors. Feedback from general staff survey suggests 54% of respondents have received (formal or informal) mentoring and, of those, 94% are satisfied. In our survey of female clinical academics, 33% had a mentor and all

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key: Fully achieved Partly achieved Not achieved Untested
					were satisfied with their mentor. Of the 66%, who did not have a mentor, 86% thought they would benefit from having one. <b>Fully achieved</b>
4.2	*Annual personal development reviews (include training, promotion).	<i>Ongoing</i>	Oct 2013	Scheme in place. Positive feedback from future staff survey.	After a pilot PDR in 2012, we introduced compulsory department-wide PDR in 2014. Compliance was high (83%), and feedback was excellent (79% satisfied) <b>Fully achieved</b>
4.3	Development of regular updating of educational, training and career development opportunities	ongoing	Jan 2014	Evidence of information being available. Improved responses on training related questions of future staff survey.	Training opportunities are regularly featured in our weekly e-bulletin. Mixed feedback from staff survey. Encouragingly, however, 82% felt comfortable discussing their training and development needs with their manager/supervisor. Training needs now added to PDR. <b>Partly achieved</b>
4.4	Career advice for RAs all staff - Continue with Career surgeries offered by the University careers service. - Advertise widely		Jan 2014	Evidence of information being made available. Improved responses on staff survey. Evidence of	University career surgeries advertised via e-bulletin. Careers events hosted by the CNS and well attended and received. Future career development events planned for 2015/6. We have realised that the University Careers Service only caters for academic and research (grade 7 upwards) staff and so we plan to bring in an external advisor to provide a career event for other staff

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key: Fully achieved Partly achieved Not achieved Untested	
				meetings held and attended.	Fully achieved	
4.6	*Training for supervisors and line managers (including info on flexible working and on post re-grading and promotion and how to mentor career progression)		Sept 2014	Scheme in place. Good attendance. Positive feedback from supervisors and their students/staff in future survey.	Supervisor training compulsory for PhD supervisors. In-house training has been delivered on 5 occasions in 2013/14, with a total of 63 supervisors attending. Responses from staff and student survey suggest increased levels of awareness of responsibilities and good satisfaction with quality of supervision from most students (see application).	For line managers who manage staff, our revamped website provides information, and the adm team have hosted lunchtime surgeries. Issues relevant to managers (eg flexible working) are covered in our open termly meetings. We still plan to produce an in-house line manager training package but this has not yet happened due to staff turnover in the HR department.



Action	Description of action	Time-scale	Start date	Success Measure	Outcome key:	
					Fully achieved	Partly achieved
					Untested	Not achieved
					Fully achieved	Partly achieved
4.7	Improve awareness of training and mentoring schemes for women		Jan 2013	Improved survey responses	<p>Relevant schemes are regularly featured in our – ebulletin. Survey suggests improved awareness. In 2012, 97% had not heard of Ad Feminam and none had participated. In 2014, 9% had taken part and 11% had heard of it. There was also improved awareness of Springboard a professional development programme for women. In 2012, 62% of respondents had never heard of it and only 4% had taken part. In 2014, 11% had taken part, 46% had heard of it, and only 43% had never heard of it.</p> <p><b>Fully achieved</b></p>	
4.8	Provide link persons for teaching opportunities		Jan 2013	Information available. Improved survey responses on teaching opportunities	<p>Link people are named on our website. Survey responses showed that 61% agreed that “I have adequate opportunities to teach and supervise”, compared with 46% in our 2012 survey.</p> <p><b>Fully achieved</b></p>	
4.9	Maintain list of duties being performed outside of core duties for all staff. Reviewed individually at PDR to ensure individuals are not overburdened and that		Jan 2014	Accurate list exists. Duties distributed fairly.	Accurate list of members of Departmental Committees is maintained and reviewed annually	PDR form contains questions about other duties which are reviewed by line manager and discussed at PDR. These items will be extracted from PDR forms and annually reviewed at SMG. The creation of

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key: Fully achieved Partly achieved Not achieved Untested
	opportunities are fairly distributed. Entire list reviewed annually by SMG				by SMG to ensure fair distribution of duties. Fully achieved online PDR forms, and the staff database will allow for this to happen more accurately and efficiently. Partly achieved
4.10	Hold networking events for early career researchers – e.g., collaboration coffee – in which ECRs across the department meet and discuss their work informally.		Oct 2013	Events held and attended	We have created the Clinical Neuroscience Society, a staff run society for all NDCN staff. They have organised social and career development events which provide good networking opportunities and have been well attended. Fully achieved
<b>5</b>	<b>Culture, Communications and Departmental Organisation</b>				
5.1	*Publish committee membership, terms of reference and information on joining and how members of the department can communicate their views. Monitor gender balance. Ensure regular (3-yearly) refresh of committee membership	After launch of new website	Jan 2014	Archive on website	This information is on our website. Committee membership is reviewed annually by SMG. Fully achieved

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key:	
					Fully achieved	Partly achieved
5.2	*Decisions, changes, and summaries of committee meetings communicated to dept members via a termly newsletter		March 2013	Accessible archive of committee summaries on website	This information is on our website.	
5.3	Reduce email usage in departmental communication		Oct 2013	Feedback Better targeting of emails	Emails have been replaced by a single e-bulletin which is distributed each Monday. Survey responses showed that 91% of respondents find the e-bulletin useful.	
5.4	TV screen in coffee room and FMRIB – news feed, seminars, info on admin, photos of people at work (with plenty of pictures of female staff and students, to increase visibility)		Aug 2013	Improved attendance at meetings and seminars	TV screens were installed in the West Wing and in the FMRIB Reception area in late 2014. These are used to advertise events and opportunities.	It is too early to say whether they have had impact.
5.5	Set-up termly newsletter with articles on research, admin (e.g. SMG decisions) new appointments, social etc.	Termly.	Oct 2013	Positive feedback.	Termly newsletter is produced.	Anecdotal positive feedback has been received but we did not address this directly in our staff survey.

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key: Fully achieved Partly achieved Not achieved Untested
5.6	Improve awareness of admin team's services and responsibilities		March 2013	Canvas opinions on whether researchers are better informed	We have created a Sharepoint intranet where admin related information is easily accessible. The admin team have also hosted lunchtime roadshows where researchers and academic staff can meet the admin team. Survey responses show that 78% find the intranet useful. However, individual comments from the survey suggest that people still struggle to understand some aspects of administration or to know who to approach for different issues. The SMG organised a review of the core admin team by senior staff. This was completed in 2015 and provided constructive conclusions regarding some restructuring of the admin team and creation of new positions to facilitate better operations.  <b>Partly achieved</b>
5.7	Equality and diversity training  Management training		Oct 2013	Good compliance with requirement to complete training. Good evidence for diversity in staff appointments and retention.	Equality and diversity training is compulsory. In house training has been provided. Although recruitment numbers are small and so it is hard to see evidence for change, there is some evidence from student recruitment data for increasing proportions of female offers since this policy was introduced.  <b>Fully achieved</b>
5.8	Effort to improve NHS/University links		Oct 2013	Link people identified. Evidence that	University HR staff now have formal interactions with NHS. Dept Administrator works closely with counterpart in NHS side. Specific examples of improved links

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key: Fully achieved Partly achieved Not achieved Untested
				they have been used as planned.	include development of a core working agreement for staff members working on both sides. NDCN Communications Officer interacts closely with Trust Press Officer.  <b>Fully achieved</b>
5.9	*Monitor gender balance in academic clinical and non-clinical meetings (eg Grand Rounds).		Nov 2012	Evidence for improved gender balance in seminar speakers.	We have achieved greater female representation in all seminar series. For 2015, 66% (cf 25% 2014) of scheduled Clinical Grand Round guest speakers and 54% (cf 33% in 2014) of NDCN seminar speakers are female. By comparison, when we applied for our Bronze Award in 2012, only 6% of Grand Round speakers over the previous 3 years were female (we did not have NDCN Seminars at that time).  <b>Fully achieved</b>
5.10	Central coordination and support for public engagement activities e.g. Database of people willing to get involved.	Develop on-going plan	Jan 2014	Database of public engagement activities. Good evidence for involvement from staff survey.	There has been a huge increase in our public engagement activities, including public events, school outreach, media involvement. In our survey, 49% of respondents reported being involved in outreach activities. Of those who are never involved, 44% said they would like the opportunity to be. We now have an outreach section of our website, and a researcher presented outreach opportunities in an open termly meeting.  <b>Fully achieved</b>

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key: Fully achieved Partly achieved Not achieved Untested	
5.11	Survey opinions over timing of annual student poster session	Before next poster day		Timing chosen so as not to disadvantage those with caring responsibilities	The department has a core hours (10-3) policy for all regular meetings but makes occasional exceptions to this for one off events, for example our annual student poster afternoon, followed by Thomas Willis lecture and departmental prize giving. Following the 2014 event we surveyed students on the timing of the event. 10 students responded to a request for feedback. Of those 2 had no preference on timing, the remainder were evenly split between preferring a late afternoon event versus earlier timing. Given the lack of a clear preference from students, we have decided to stick with the current timing to allow for a drinks reception.  <b>Fully achieved</b>	
<b>6</b>	<b>Career breaks/flexible working</b>					
6.1	*Produce a fact sheet for potential parents including: Case studies for parental leave and flexible working What steps to take to plan for leave and return to work Who to speak to and when Tips on childcare options, keeping connected etc. How to manage work if child	6 months	Oct 2013	Fact sheet exists and is distributed. Positive feedback from survey.	A fact sheet has been produced and is distributed on our website and in hard copy at departmental events.	Anecdotal positive feedback on the factsheet has been received.

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key:	
					Fully achieved	Partly achieved
	is sick				Fully achieved	Partly achieved
6.2	*Awareness raising for managers and supervisors to make them aware of: The availability of the fact sheet How to get advice and support when staff are arranging parental leave or flexible working		Oct 2013		Flexible working, and the existence of the fact sheet, was covered in a termly open meeting in Feb 2015.  Fully achieved	
6.3	Department to have a list of people who have taken parental leave, or arranged flexible working, who are willing to share their experience on a 1:1 basis.		Oct 2013	Evidence for system being used. Positive feedback from future staff survey.	There is a leave buddy system in place.  Partly achieved	We have not surveyed opinions on its effectiveness.  Untested
6.4	Staff in the Department will already complete a leave plan and a return to work plan. Support from the Department Personnel Officer will ensure that they are aware of all the options available to them.		Nov 2012	Positive feedback from staff survey.	Survey responses suggested that, of the 21 respondents who reported having taken caring leave, 16 respondents were satisfied, 1 respondent was dissatisfied, and the remainder neither.  Fully achieved	

Action	Description of action	Time-scale	Start date	Success Measure	Outcome key: Fully achieved Partly achieved Not achieved Untested
6.5	To evaluate the response of staff in the department to the fact sheet for potential parents and identify other areas where similar fact sheets would be suitable (e.g. work place stress, depression, caring for elderly relatives)			Evaluation September 2014. Decisions on further fact sheets made.	Parents' booklet well received. We have now created a new starters booklet and career progression booklet. Central University administrative teams are currently putting together resources on caring for elderly relative so we will make use of this when it is available.  <b>Fully achieved</b>
6.6	*Have a 'work life balance' section of the website to promote the fact sheets.		Jan 2014	Section exists and is visited. Positive feedback and awareness in staff survey.	This section of the website exists. 82% of survey respondents (89% male, 78% female) reported taking advantage of informal opportunities for flexible working 73% (75% male, 72% female) reported being satisfied with opportunities for flexible working, 65% (57% male, 70% female) agreed that their immediate manager help them to find a good work-life balance.  <b>Fully achieved</b>
6.7	Encourage official uptake of parental, paternity and adoption leave		Jan 2014	Official figures more accurately reflect reality.	From 2011-2014 7 male members of staff took paternity leave. We believe this is accurate.  <b>Fully achieved</b>



NB: Priority actions are indicated by \*

NDCN SILVER ACTION PLAN 2015

**Abbreviations:**

**Individuals:** HOD=Head of Department; PO=Personnel Officer; DA=Departmental Administrator; SA=Student Administrator; EC=Events Co-ordinator; CO=Communications Officer

**Departmental Committees:** PC=Personnel Committee; SMG=Senior Management Group; GSC=Graduate Studies Committee

**Athena Swan Self-Assessment Team and subgroups:** SAT=self-assessment team; CG=Communications Group; CDG=Career Development Group; SG=Student Group; CIG=Clinical Integration Group; FWG=flexible working group (should Steering Group be mentioned?) Also Staff Club

Completed actions

Pending actions

Action	Description of action	Action taken already and outcome at April 2015	Further action planned at April 2015	Responsibility	Time-scale	Start date	Success Measure
1	<b>Baseline Data and Supporting Evidence</b>						
1.1	*Establish a data base of all staff, to include records of training, PDR, and departmental duties.	We commissioned a full staff database which went live in 2015.	Develop the dataset and use this to implement online procedures for PDR, sickness reporting etc. The dataset will also include information useful for developing the Athena SWAN principles.	DA	Ongoing	April 2015	A fully developed dataset and online procedures, statistical reporting.
2	<b>PG Students</b>						
2.1	Assess and refine student buddy system	Buddy system in place.	Survey students as to its success.	GSC	Annual	October 2015	Feedback gained from participants. System maintained if feedback is positive.

<b>Action</b>	<b>Description of action</b>	<b>Action taken already and outcome at April 2015</b>	<b>Further action planned at April 2015</b>	<b>Responsibility</b>	<b>Time-scale</b>	<b>Start date</b>	<b>Success Measure</b>
2.2	*Assess and refine student/supervisor contract	Contract approved for implementation in Oct 2015.	Survey students as to its success.	GSC	Annual	July 2016	Contract in place. Feedback gained from both parties. Contract adjusted if required. .
2.3	*Provide provision for part-time postgraduate degrees	We have made representation to the Divisional Education Board.	Follow up newly published University Education Policy – new policy framework for part-time graduate provision.	GSC	Aim to have provision in place by 2018	April 2015	Provision of part-time postgraduate degrees.
2.4	Offer in house supervisor training annually	In-house training has been delivered on 5 occasions in 2013/14, with a total of 63 supervisors attending.	Training for all new supervisors.	GSC	Annually	January 2016	Training offered. Good attendance and positive feedback from attendees.
2.5	Requirements for training and reporting to be emailed to graduate supervisors annually. SMG to monitor compliance with supervisor training and reporting requirements. HoD to directly contact those not meeting requirements to let them know that they are ineligible to take on further students until requirements are met. GSC to be informed.	In-house training has been delivered on 5 occasions in 2013/14, with a total of 63 supervisors attending.	SMG to monitor compliance with supervisor training and reporting requirements. Supervisors will not be able to take on new students unless they have completed the training.	GSC	Annually	October 2015	All supervisors trained in student supervision. Positive feedback from supervisors and their students/staff in future survey.

Action	Description of action	Action taken already and outcome at April 2015	Further action planned at April 2015	Responsibility	Time-scale	Start date	Success Measure
<b>3</b>	<b>Key career transition points, appointments and promotions</b>						
3.1	*Ensure consideration of female candidates for senior positions. At least one female on selection panel. When a long-list is created, ensure at least one female is on it wherever possible.	None possible as no recruitments in the last 3 years.	Ensure consideration of female candidates for senior positions. At least one female on selection panel. When a long-list is created, ensure at least one female is on it wherever possible.	PC	Ongoing	April 2015	Evidence that policy has been adhered to.
3.2	*Repeat FCA survey in 2018	First round of survey took place in 2015	Repeat FCA survey in 2018	SAT		2018	Have data available to identify areas of future action and to assess success of actions from 2015-2018.
<b>4</b>	<b>Career advice and support</b>						
4.1	*In addition to sending out email to solicit application SMG to identify candidates for Ad Feminam each year and HoD to approach them	Improved take up and awareness in 2014 compared to 2012.	Proactive identification of eligible staff.	PC	Annually	2015	All eligible staff identified and approached.
4.2	*In addition to sending out email to solicit application SMG to identify candidates (including at least one female) for Academic Leadership Development Programme each year and HoD to approach them to suggest applying.	SMG identified appropriate candidates.	Proactive identification of eligible staff.	PC	Annually	2015	All eligible staff identified and approached.

<b>Action</b>	<b>Description of action</b>	<b>Action taken already and outcome at April 2015</b>	<b>Further action planned at April 2015</b>	<b>Responsibility</b>	<b>Time-scale</b>	<b>Start date</b>	<b>Success Measure</b>
4.3	In addition to announcing schemes in our e-bulletin, include features on people's experiences of university and external mentoring and career development schemes in e-bulletin or termly newsletter to increase awareness	N/A	Articles in NDCN communications e.g. termly newsletter etc.	CO	Ongoing	April 2015	Evidence of articles in communications – at least 3 per year.
4.4	Hold lunchtime admin surgeries once a term on specific topics. Advertise via e-bulletin and flyers and posters around the dept.	We have held two surgeries to date.	Develop an annual programme.	DA	Ongoing	October 2015	Programme in existence. At least 3 surgeries per year.
4.6	*HoD to facilitate FCAs mentoring by emailing all FCAs to direct them to existing provision e.g. from Academy of Medical Sciences, the divisional peer mentoring scheme and Ad Feminam. HoD will ask FCAs to contact him directly if they feel their mentoring needs are not being met. HoD will then either suggest a suitable mentor or approach the individual's ideal mentor on their behalf.	N/A	Proactive targeting of mentoring for FCAs with follow-up where mentoring does not meet FCA's needs.	HoD	Ongoing	April 2015	Evidence from FCA survey.
4.7	Add question on mentoring to PDR form	N/A	Amendments to PDR form.	PC		2016	Evidence that PDR form changed.

Action	Description of action	Action taken already and outcome at April 2015	Further action planned at April 2015	Responsibility	Time-scale	Start date	Success Measure
4.8	*CNS to hold lunchtime session of FCA career progression	N/A	CNS to organise session.	CNS	Ongoing	2016	Session held and well attended (target of >50% of eligible staff attending). Improved response on survey questions relating to NDCN supporting career progression
4.9	Make PDR form online to enable better record keeping	N/A	Develop process and implement.	DA	By December 2015	January 2016	Implementation of online PDR process.
4.10	*Monitor success of PDR	Staff survey.	Staff survey 2017.	SAT		2018	Positive response from staff in staff survey. PDR uptake improved in 2015 compared to 2014. Uptake >90% from 2016. Ensure no individual misses PDR in 2 consecutive years.
4.11	CNS events on career development	Held career development seminar and some one to one sessions.	Organise further similar events.	CNS	Annually	October 2015	Positive participant feedback.
4.12	Dept to host careers seminar aimed at staff not covered by the University Careers Service	N/A	Investigate possibilities and implement career support for staff currently not covered by the University scheme.	PC	Ongoing	March 2016	Implementation of non-research career support.

<b>Action</b>	<b>Description of action</b>	<b>Action taken already and outcome at April 2015</b>	<b>Further action planned at April 2015</b>	<b>Responsibility</b>	<b>Time-scale</b>	<b>Start date</b>	<b>Success Measure</b>
4.13	*Offer in-house unconscious bias training annually. Monitor compliance with compulsory training requirements. Include training records in staff database to check compulsory requirements.	Made mandatory. Two in-house sessions held, otherwise online.	All new staff to take courses before probation confirmed.	PC	Ongoing	ongoing	Training log on database.
4.14	Continue to advertise training opportunities.	Use of weekly newsletter and termly newsletter.	Include training opportunities on information screens.	CO	Ongoing	ongoing	Training opportunities advertised widely.
4.15	*Create and offer in-house line manager training programme	N/A	Develop and implement manager training programme.	DA	Annual	January 2016	Evidence of attendance on course.
4.16	Maintain list of duties being performed outside of core duties for all staff. Reviewed individually at PDR to ensure individuals are not overburdened and that opportunities are fairly distributed. Entire list reviewed annually by SMG	N/A	To capture data from online PDR scheme.	DA	December 2015	December 2015	Data captured and reported annually to SMG. Duties redistributed where necessary.
4.17	Personnel Committee to undertake a review of the possibility of instigating workload models (4.17)	Duties monitored by SMG	PC perform a review	PC		2016	Review complete and considered by SMG. Actions proposed if appropriate.
<b>5</b>	<b>Culture, Communications and Departmental Organisation</b>						

Action	Description of action	Action taken already and outcome at April 2015	Further action planned at April 2015	Responsibility	Time-scale	Start date	Success Measure
5.1	*Provide weekly e-bulletin, termly newsletter, and information updates on TV screens.	Fully implemented	Ensure continued delivery of communications	CO	Ongoing	Ongoing	Variety of information circulated regularly.
5.2	Create admin postcards to distribute at admin surgeries to illustrate pipelines and contact persons for different processes (eg applying for a grant, recruiting a new staff member)	We have a general admin postcard giving contact details.	Develop postcards for each admin speciality, e.g. Communications, Finance etc.	CO	January 2016	October 2015	Distribution of postcards to all key areas in the Department.
5.3	Effort to improve NHS/University links	Admin staff now have formal interactions with NHS administrators and support staff.	Broaden network of contacts.	ALL	Ongoing	April 2015	Link people identified. Evidence that they have been used as planned.
5.4	*SMG to review gender split for grand rounds and NDCN seminars every 6 months	Stastics reported to SMG.	Ongoing monitoring.	SMG	Ongoing	October 2015	Gender balance of speakers ensured.
5.5	Central coordination of public engagement. Offer opportunities to get involved via e-bulletin	Record of Public Engagement events and volunteers is now being maintained.	Promote public engagement across the whole Department and continue to record involvement and implement evaluation of activities.	CC	Ongoing	April 2015	Growing number of events with successful evaluation.
5.6	Share best practice across the division	N/A	Host a seminar with other MSD departments to discuss Athena Swan actions and share best practice.	DA		2016	Seminar held. Good attendance. Positive feedback from attendees.

<b>Action</b>	<b>Description of action</b>	<b>Action taken already and outcome at April 2015</b>	<b>Further action planned at April 2015</b>	<b>Responsibility</b>	<b>Time-scale</b>	<b>Start date</b>	<b>Success Measure</b>
<b>6</b>	<b>Career breaks/flexible working</b>						
6.1	Continue to distribute parent fact sheet and assess response to it and revise/expand.	Parent fact sheet available.	Ensure that it is kept up to date and developed/	PC	Ongoing	Ongoing	Distribution of factsheet to all key areas in the Department.
6.2	Include sections on flexible working in line manager training.	N/A	Ensure this is included in line manager training.	DA	January 2016	January 2016	Course content shows that sections are included
6.3	Monitor impact of parental leave buddy system	N/A	Ensure all staff are offered parental leave buddy when appropriate.	PC	Ongoing	Scheme in place. Survey 2018	Positive feedback from those who have taken leave