



**Nuffield Department of
Clinical Neurosciences
Application
Silver Award**



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ATHENA SWAN BRONZE DEPARTMENT AWARDS

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

ATHENA SWAN SILVER DEPARTMENT AWARDS

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

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

COMPLETING THE FORM

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

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

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

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

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

WORD COUNT

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

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

We have provided the following recommendations as a guide.

Department application	Silver	Actual
Word limit	12,000	12,951
<i>Recommended word count</i>		
1. Letter of endorsement	500	499 ^a
2. Description of the Department	500	476
3. Self-assessment process	1,000	903
4. Picture of the Department	2,000	2,807 ^b
5. Supporting and advancing women's careers	6,500	7,270 ^b
6. Case studies	1,000	996
7. Further information	500	0

a. The Head of Department has recently been succeeded. As per the ECU handbook, an additional 200 words is used in this section in a statement from the incoming Head of Department.

b. 1,000 extra words is used in these sections, granted as per email below, from Annie Ruddlesden.

Word count extension

The Nuffield Department of Clinical Neurosciences has been granted an additional 1,000 words for this application because we have both clinical and non-clinical staff within the Department (see confirmation email below from Annie Ruddlesden). The additional words have been used in Sections 4.2 and 5, where we present data for these staff groups separately.



Athena Swan <Athena.Swan@advance-he.ac.uk>

Thu 10/10/2019 12:32

Jessica Hedge; athenaswan@ecu.ac.uk <AthenaSwan@ecu.ac.uk> ✉



Dear Jessica,

Thanks for your email. We are happy to grant the Nuffield Department of Clinical Neurosciences an additional 1,000 words to provide disaggregated data and analysis of clinical/non-clinical staff groups.

Please include this email in your submission as confirmation and state in the submission where the additional words have been used.

Best wishes,

Annie

Annie Ruddlesden

Equality Charters Adviser

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Name of institution	University of Oxford	
Department	Nuffield Department of Clinical Neurosciences	
Focus of Department	STEMM	
Date of application	December 2019	
Award Level	Silver	
Institution Athena SWAN award	Date: April 2017	Level: Bronze
Contact for application Must be based in the Department	Professor Kevin Talbot (Head of Department)	
Email	kevin.talbot@ndcn.ox.ac.uk	
Telephone	01865 223380	
Departmental website	https://www.ndcn.ox.ac.uk	

GLOSSARY

AP	Associate Professor
AS	Athena SWAN
AV	Audio/video
BAP12	NDCN Bronze Action Plan 2012
BBSRC	Biotechnology and Biological Sciences Research Council
BME	Black and Minority Ethnic
BRC	Oxford Biomedical Research Centre
CL	Clinical Lecturer
CNS	Clinical Neurosciences Society
CPSD	Centre for the Prevention of Stroke and Dementia
CRF	Clinical Research Fellow
DCN	Division of Clinical Neurology
DGS	Director of Graduate Studies
DH	Division Head
DPhil	Doctor of Philosophy
ECR	Early Career Researcher
EDI	Equality, Diversity and Inclusion
EDU	Equality & Diversity Unit
F	Female
FCAR	Female Clinical Academic and Researcher
GSC	Graduate Studies Committee
HAF	Head of Administration and Finance
HESA	Higher Education Statistics Agency

HoD	Head of Department
HR	Human Resources
HRM	Human Resources Manager
ISMIRM	International Society for Magnetic Resonance in Medicine
IT	Information Technology
IWD	International Women's Day
JR	John Radcliffe Hospital
KIT	Keeping In Touch
LGBT+	Lesbian, gay, bisexual, transgender, plus other groups such as asexual, intersex, queer, questioning
M	Male
MRC	Medical Research Council
MRes	Master of Research
MRI	Magnetic Resonance Imaging
MSc	Master of Science
MSD	Medical Science Division
MTR	Mid-Term Review
NDA	Nuffield Division of Anaesthetics
NDCN	Nuffield Department of Clinical Neurosciences
NHS	National Health Service
NLO	Nuffield Laboratory of Ophthalmology
OxStAR	Oxford Simulation, Teaching and Research
OSWMN	Oxford Senior Women's Mentoring Network
PCCF	Parents' and Carers' Career Fund
PDR	Personal Development Review
PGDip	Postgraduate Diploma
PGT	Postgraduate Taught
PGR	Postgraduate Research
PI	Principal Investigator
POD	People and Organisational Development
P&S	Professional & Support
RA	Research Assistant
REF	Research Excellence Framework
RoD	Recognition of Distinction
SAP15	NDCN Silver Action Plan 2015
SAT	Self-assessment team
SC	Student Club
SDC	Staff Development Committee
SDP	Staff Development Plan
SMART	Specific, measurable, achievable, relevant, time-bound
SMG	Senior Management Group
SPL	Shared Parental Leave

SPLIT	Shared Parental Leave In Touch
STEM	Science, Technology, Engineering and Mathematics
WIN	Wellcome Centre for Integrative Neuroimaging

DATA COLLECTION

All data represent a headcount and a census date. The census date for staff in post is 31st July each year. The student census date is 1st December each year. Data is amalgamated across all five NDCN divisions to preserve anonymity of individuals within divisions.

1. LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT

Recommended word count: Bronze: 500 words | Silver: 500 words

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

Note: Please insert the endorsement letter **immediately after** this cover page.

The letter should highlight key challenges for the Department and explain how the Athena SWAN action plan and activities in the Department will address the challenges and contribute to the overall Department and/or institution strategy. Comment on how staff at all levels are, and will continue to be, engaged with the process at present and during the lifetime of the award. Include any evidence of actions taken by the Head of Department to support/promote the charter.

NUFFIELD DEPARTMENT OF CLINICAL NEUROSCIENCES

Professor Irene Tracey, MA (Oxon), D.Phil., FRCA, FMedSci.,
Professor of Anaesthetic Neuroscience,
Nuffield Department of Clinical Neurosciences,
University of Oxford.

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28 November 2019

James Greenwood-Lush, Head of Athena SWAN

Advance HE

7th Floor

Queens House

55/56 Lincoln's Inn Fields

London

WC2A 3LJ

Dear Mr Greenwood-Lush,

I am delighted to endorse this Athena SWAN (AS) Silver Award application from the Nuffield Department of Clinical Neurosciences (NDCN). I confirm that the information presented in the application (including qualitative and quantitative data) is an honest, accurate and true representation of the Department.

Many of the challenges facing women in academia today were relevant for my own career - including the need to progress my career while raising children and caring for elderly parents. I take pride in mentoring other women to develop their own careers, both informally and through schemes, such as the Oxford Senior Women's Mentoring Network. I therefore know well that supportive institutional structures and processes are key for women both to cope and excel. This is why I committed the Department to funding a full-time Staff Development Coordinator to focus on the delivery of our AS Action Plan, creating an annual budget (£35K) to support our equality, diversity and inclusion (EDI) activities, our Parents' & Carers' Career Fund, increasing provision of training opportunities for Professional and Support staff, and underwriting women at key points in their career.

Working with our Senior Management Group, we have focused on delivering bottom-up, sustainable approaches to support women's progression in NDCN. We applied for Silver in 2018, however this sort of transformational change takes time, so were granted a year's grace at Silver. Since then, our self-assessment team has worked tirelessly to accelerate the progress of our action plan to implement and embed actions. The impact is now gradually showing and proving pivotal in creating lasting change in NDCN.

I am particularly proud of several key achievements since our Silver Award in 2015:

- The progression of six female senior researchers to the position of Titular Professor (Professors Charlotte Stagg, Astrid Iversen, Holly Bridge, Susan Downes, Jacqueline Palace and Michele Hu);
- Professor Hu's appointment as Deputy Head of Clinical Neurology;
- Securing central University funding to develop Oxford's first Academic Sponsorship Programme for women;
- 33% increase in female Grade 8 researchers between 2018-19 due to increased support for regrading applications;
- 30% increase in female clinical researchers;
- Completion of an in-depth analysis of career challenges of female clinical academics, informing a suite of evidence-based actions for the next four years.

In August 2019, I was appointed Pro-Vice Chancellor and Warden of Merton College, Oxford. Although these appointments required my stepping down as Head of Department, I remain involved in NDCN's EDI work as a Professor in NDCN and am fully committed to supporting the many talented women in the Department. I will continue to host the annual networking dinner for senior women in NDCN and look forward to celebrating all of their achievements at this event over the coming years.

I feel privileged and honoured to have led such a diverse and talented department during this transformational period. NDCN is on an exciting journey and has fantastically supportive leadership going forwards in Kevin Talbot, who I am fully confident will take it from strength to strength.

Yours sincerely,

IRENE TRACEY, FRCA, FMedSci

Professor of Anaesthetic Neuroscience, Outgoing Head of Nuffield Department of Clinical Neurosciences

We are a department that attracts the world's brightest and best. I am committed to building on Irene Tracey's work in creating an environment that ensures women, as well as men, can progress. The Athena Swan Charter has promoted a positive culture of change in NDCN and provided the framework to deliver our aims of growing the number of women in senior academic positions, supporting mid-career researchers to research independence and allowing all staff to grow their career in a supportive environment.

Our action plan contains specific measures to mentor women into Clinical Lectureships and to seek funding for new fellowships for women to accommodate the particular career challenges of combining research, clinical work and parenting. We will encourage more external applicants by promoting NDCN to women in clinical training. A new Sponsorship Programme for female researchers is particularly exciting and will help more women to take up leadership roles.

We can be proud of the progress made so far in NDCN, but through our action plan we have a shared commitment to keeping gender equality at the centre of everything we do so that NDCN can continue to attain the highest level of academic achievement.

Yours sincerely,

KEVIN TALBOT, DPhil, FRCP

Professor of Motor Neuron Biology, Incoming Head of Nuffield Department of Clinical Neurosciences

Section 1: 699 words (including additional statement from incoming Head of Department)

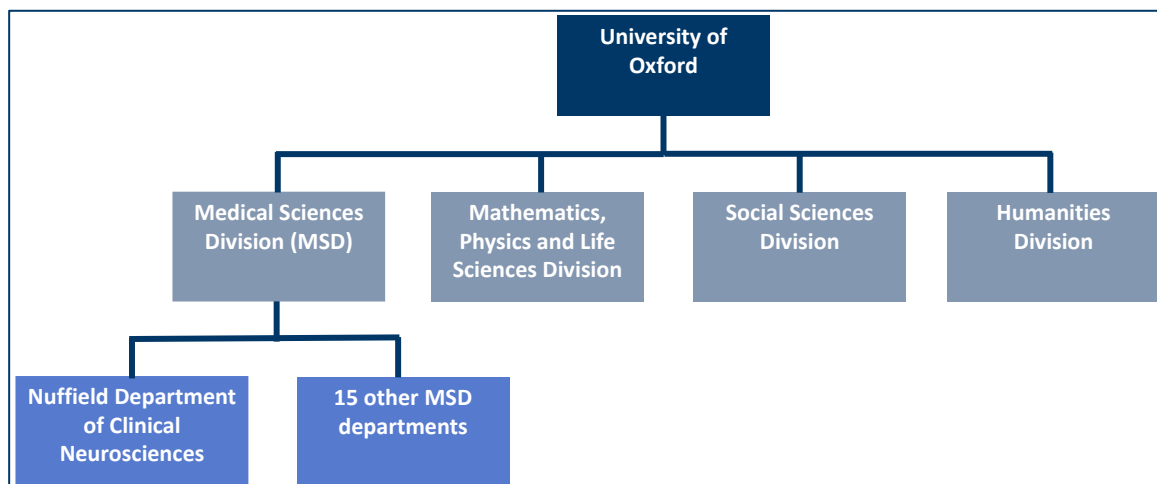
2. DESCRIPTION OF THE DEPARTMENT

Recommended word count: Bronze: 500 words | Silver: 500 words

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

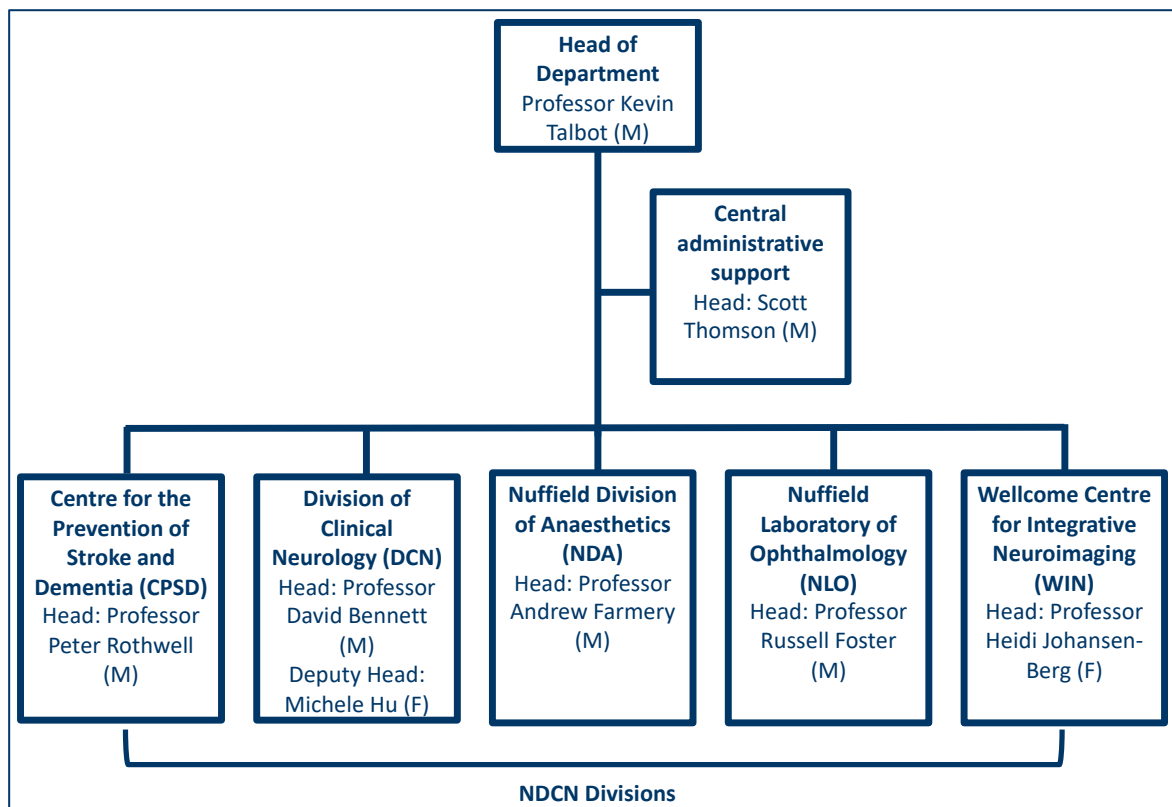
The Nuffield Department of Clinical Neurosciences (NDCN) is one of 16 departments in the Medical Sciences Division (MSD) at the University of Oxford (**Figure 1**). It is one of the largest and most productive neuroscience departments in Europe, ranking first in the Research Excellence Framework (REF) 2014. NDCN comprises an interdisciplinary community of non-clinical biological, and physical scientists and clinician scientists, and central and research group-based professional and support (P&S) staff.

Figure 1. Position of NDCN within the University of Oxford



NDCN was formed in 2010 from the unification of three University departments and one research centre. One further research centre was created in 2015 and these now form five divisions within NDCN, led by Division Heads (DH): 2 non-clinical (1M/1F); 3 clinical (3M) (**Figure 2**). Despite the current gender imbalance at this level, we expect greater balance over time due to the changing profile of our academic staff and succession planning. All core research support functions are carried out by central administration teams. Between 2010-17, the number of Academic and Research (A&R) staff almost doubled but has since stabilised.

Figure 2. NDCN management structure



We employ 391 staff, including 73 clinical and 180 non-clinical A&R staff, and 138 professional and support (P&S) staff (including administrative staff, technical staff, research coordinators, research nurses and radiographers) (**Table 1**). We have 165 postgraduate students.

The majority (90%) of A&R staff are supported by external short-term funding and are therefore on fixed-term contracts. We are a research-intensive department, with an annual research turnover of £18.4m (2018). NDCN does not have any undergraduate students though it is responsible for clinical teaching of Oxford medical students in neurology, anaesthetics and ophthalmology (admissions are administered by the Medical School). NDCN administers a postgraduate taught programme in Sleep Medicine and postgraduate research programme in Clinical Neuroscience, and hosts DPhil students admitted by the University's Doctoral Training Centres. Five (4F/1M) students are also employed as Research Assistants by NDCN. Since 2016, NDCN has employed two full-time teaching posts (Departmental Lecturers) and offers a small number of teaching opportunities with the Medical School and our postgraduate taught programme.

Table 1. Number of staff and students in NDCN by gender (staff snapshot: 31 July 2019, student census date: 1 December 2018).

	Staff/student group	F	M	Total	%F
Students	Postgraduate taught	30	20	50	60%
	Postgraduate research	52	63	115	45%
	Total students	82	83	165	50%
Staff	Non-clinical A&R staff	96	84	180	53%
	Clinical A&R staff	28	45	73	38%
	Total A&R staff	124	129	253	49%
	P&S staff	97	41	138	70%
	Total staff	221	170	391	57%
Total staff & students		303	253	556	54%

Most staff and students are based at the John Radcliffe Hospital (JR), providing access to state-of-the-art facilities for translational research and facilitating the work of our clinical staff. The Nuffield Laboratory of Ophthalmology (NLO) staff and another small research group are located in central Oxford, 1.5 miles away. A shuttle connects the two locations. NLO staff sit on departmental committees, including the Senior Management Group (SMG), and we live-stream/record events where feasible. In July 2019, we opened a new £12 million building on the JR site, which will improve our capacity to support early career researchers (ECRs) in developing their independent groups.

The Head of Department (HoD) has overall responsibility for the running of the Department, with support from DHs and the Head of Administration and Finance (HAF). The HoD chairs SMG, NDCN's main decision-making committee, under which eight other committees sit.

Section 2: 476 words

3. THE SELF-ASSESSMENT PROCESS

Recommended word count: Bronze: 1000 words | Silver: 1000 words

Describe the self-assessment process. This should include:

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

The Staff Development Committee (SDC) acts as our Athena SWAN (AS) self-assessment team (SAT) (Table 2). Membership includes the HoD and all staff groups are represented. Non-role related positions are appointed for three years, ensuring institutional memory and avoiding individual work overload. The MSD AS Facilitator joins meetings as external advisor to provide updates, and consult upon, Divisional and University AS initiatives.

In the last selection round, we received only one male nomination. During 2018-19, three committee members (3M) stepped down to progress to senior posts beyond NDCN. There is

currently a gender imbalance (10F/2M). Going forward, we will continue to take action to progress towards gender balance.

ACTION 1: We will encourage more men to join the SDC to ensure balanced ownership as well as fair allocation of the AS workload.

Table 2. Description of the NDCN self-assessment team

Name, job title (gender)	Background (redacted)	Work pattern, staff group	Role on committee
Niki Andrew Events Officer (F)		Full-time, P&S	Secretary
Chrystalina Antoniadou Associate Professor (F)		Full-time, non-clinical academic	Clinical Neurosciences Society Representative
Hayriye Cagnan Medical Research Council Career Development Fellow (F)		Full-time, non-clinical academic	Mid-Career Researchers (non-clinical) Representative
Carol Delamere HR Manager (F)		Full-time, P&S	HR Representative
Elizabeth Gray Senior Postdoctoral Researcher (F)		Full-time, non-clinical academic	Early Career Researchers (non-clinical) Representative
Jessica Hedge Staff Development Coordinator (F)		Full-time, P&S	Staff Development Representative
Maria Leite Senior Clinical Research Fellow and Honorary Consultant Neurologist (F)		Full-time, clinical academic	Mid-Career Researchers (clinical) Representative
Thomas Okell University Research Lecturer (M)		Full-time, non-clinical academic	Mid-career Researchers (non-clinical) Representative
Lynn Ossher Research Coordinator (F)		Full-time, P&S	P&S Staff Representative
Nesrine Ramadan DPhil Student (F)		Full-time, student	Postgraduate Students Representative

Name, job title (gender)	Background (redacted)	Work pattern, staff group	Role on committee
Kevin Talbot Head of Department (M)		Full-time, clinical academic	Senior Manager Group Representative
Katja Wiech Associate Professor (F)		Full-time, non-clinical	Chair

(ii) an account of the self-assessment process

IMPACT

- AS fully embedded in the Department through establishment of a permanent committee, employment of a full-time Staff Development Coordinator and allocation of an annual budget, to ensure sustained action.

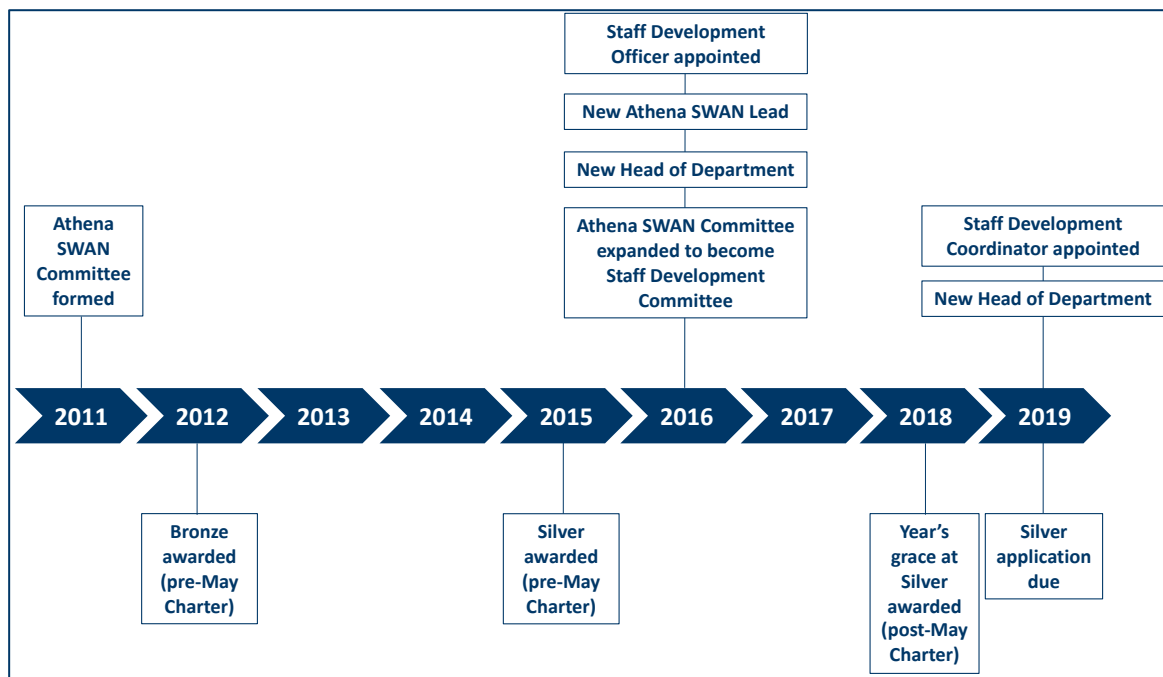
Structure and timeline of the SAT

The SAT was established in 2011, as the Athena SWAN Committee (**Figure 3**). Professor Heidi Johansen-Berg and Dr Helen Higham chaired the SAT and led our successful Bronze (2012) and Silver (2015) AS applications. In 2017, Dr Katja Wiech was appointed as the new Chair. NDCN funded her participation in the Women’s Transforming Leadership Programme to support her in this role. Both previous SAT chairs remain in the Department and provide ongoing support and expertise. Since 2016, NDCN has employed a Staff Development Officer/Coordinator to support the SAT chair, conduct additional in-depth research, and share good practice institutionally and nationally.

In 2016, the Athena SWAN committee became the Staff Development Committee (SDC) to further embed AS principles in all NDCN development activities. The SDC has an annual budget of £35,000. SDC membership includes representation of the key committees working to drive forward AS actions in NDCN, including SMG, NDCN’s staff and student societies, and Education, Personnel, Finance and Safety Committees.

ACTION 2: Strengthen connections across departmental committees to ensure AS actions and principles are prioritised.

Figure 3. Structure and timeline of the self-assessment team



“The department decided early on to support me as the AS Academic Lead by employing first a part-time Staff Development Officer and subsequently our full-time Staff Development Coordinator. Both have been key to implementing our programme of cultural change within the department.” – AS Academic Lead (F)

Where there has been turnover in membership or members taking family leave, we ensure continuity through the creation of handover documents and meetings with the SDC Chair. Committee membership is recognised as “good citizenship” by the University’s Recognition of Distinction panels (p.43). In 2018, our AS Academic Lead and Staff Development Officer (SDO) received NDCN’s Award for Excellence in recognition of their AS work (Figure 4).

Figure 4. Dr Katja Wiech (Chair of SDC) and Dr Stacie Allan (SDO) receiving their NDCN Award for Excellence from Professor Irene Tracey at NDCN's Thomas Willis Day (2018).



SDC meetings and communication

The SDC meets monthly, with the option to join by Skype to facilitate flexible working patterns. A 2019 poll of SDC members showed high levels of satisfaction with the allocation of workload (89% satisfied), SDC decision-making (78% satisfied) and meeting organisation (89% satisfied) but suggested reducing to bi-monthly meetings.

ACTION 3: Reduce meeting frequency to every other month and assess workload of SDC members annually.

Consultation with the Department

We consult staff via a biennial NDCN staff survey, run via the University, and supplementary surveys and focus groups run via NDCN (**Table 3, Table 4, Table 5**). An ongoing concern is the relatively low response rate to surveys, particularly from men (staff in post: 57%F).

ACTION 4: Develop an effective communications strategy to increase response rate to surveys, focusing specifically on increasing male response rate.

Table 3. NDCN biennial staff surveys, 2012-2019

	Year	Target population	Response rate (%)	%F respondents
NDCN staff survey 2012	2012	All staff	121/295 (41%)	58%F
NDCN staff survey 2014	2014	All staff	130/382 (34%)	62%F
NDCN staff survey 2016	2016	All staff	87/350 (25%)	66%F
NDCN staff survey 2018	2018	All staff	118/380 (31%)	57%F

Table 4. Supplementary staff surveys, 2012-19

	Year	Target population	Response rate (%)	%F respondents
Female Clinical Academic and Researcher (FCAR) survey	2014	Female clinical academic and research staff	21/42 (50%)	100%F
P&S staff survey	2016	P&S staff	50/112 (45%)	70%F
Induction survey	2018	Staff joining NDCN between January 2017 - January 2018	28/65 (43%)	68%F
Personal Development Review survey	2018	All staff who had a PDR in NDCN in 2017	52/130 (40%)	65%F
Snapshot survey	2019	All staff and students	156/471 (33%)	59%F

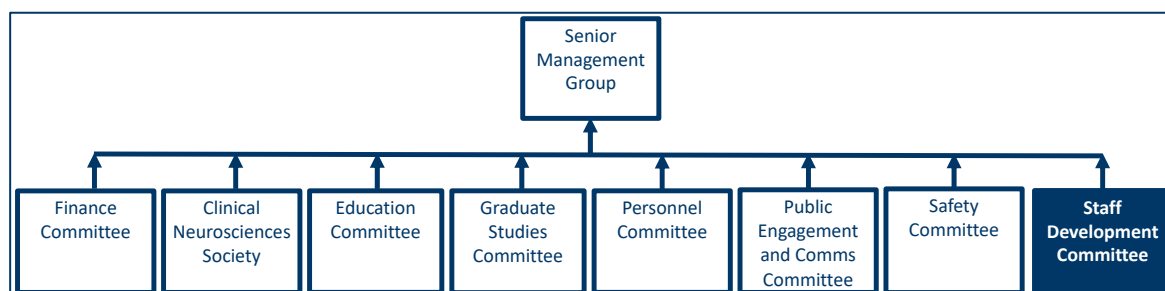
Table 5. Focus groups/interviews, 2019

	Year	Target population	Participants
Family leave focus groups	2019	Staff on or recently returned from maternity or shared parental leave	Group 1: 3F, Group 2: 6F
FCARs study (interviews)	2019	FCARs	19F

Committee reporting structure

The SDC is one of eight committees reporting directly to SMG (**Figure 5**). All committee chairs are SMG members (including Chair of SDC) and AS is a standing item on the SMG agenda.

Figure 5. NDCN committee structure (Staff Development Committee highlighted in blue)



Communication of Athena SWAN work

AS activities are communicated to the Department via the induction material, departmental intranet, online departmental environment ('Workplace' by Facebook), Staff Development section of the weekly departmental e-newsletter and termly printed newsletter, and Staff Development noticeboard, prominently displayed at the entrance to the Department. The HoD highlights one AS-related item in their message in the e-newsletter. Broader changes to provision in response to staff feedback is accompanied by a brief summary ("You said, we did") in the e-newsletter. These activities ensure staff are well-connected to AS activities; 70% (78%F/60%M) of respondents to the 2018 staff survey felt included in preparations for our previous AS application. Our Staff Development Coordinator shares key findings from our work via the University's AS Facilitators Network.

Engaging Professional and Support staff

We have taken actions to fully involve P&S staff in the AS process and ensure their specific needs are met, including proportionate representation on the SDC (37%), tailored surveys and career development processes (p.62) and ensuring funds and policies are inclusive of P&S staff (p.60).

Preparation for submission

All members of the SDC provided input into the AS application. The HAF, HoD, DHs and MSD AS representative reviewed the application. The application was made available to the entire Department prior to submission for feedback. External reviews from "critical friends" included the AS Academic Lead and AS Facilitator from two Oxford departments, and the University's Gender Equality Advisor and Head of the Equality and Diversity Unit.

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

The SDC will meet every two months to monitor and review the action plan, reporting progress at SMG meetings. We will rotate membership every three years and invite key stakeholders (e.g. Director of Graduate Studies, HAF) to attend SDC meetings when relevant to ensure change is initiated quickly. SDC members will be supported to attend relevant EDI training and share best practice via AS forums. Major surveys will continue biennially, and additional consultation will be conducted as required. Progress will be shared in summary reports and the e-newsletter.

We will disseminate the findings of our flagship Female Clinical Academics and Researchers (FCARs) study (p.34) with institutional and national partners via a day-long conference, and the blueprint and evaluation of our Sponsorship Programme for Women (p.54) across the University of Oxford and wider community.

Section 3: 903 words

4. A PICTURE OF THE DEPARTMENT

Recommended word count: Bronze: 2000 words | Silver: 2000 words

4.1. Student data

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

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

N/A

- (ii) Numbers of undergraduate students by gender

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

N/A

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

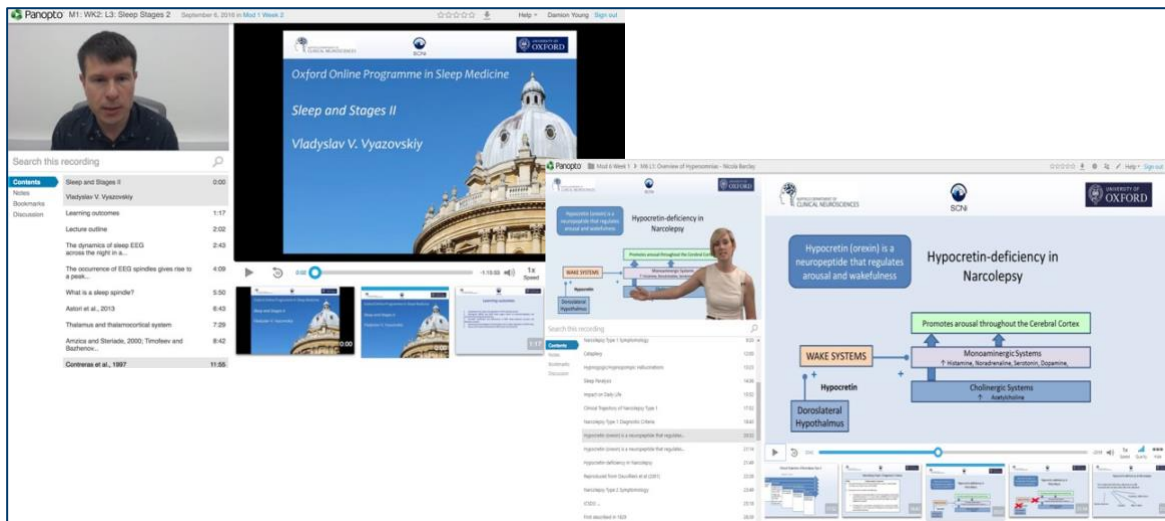
Full- and part-time. Provide data on course application, offers and acceptance rates and degree completion rates by gender.

IMPACT

- Creation of a distance-learning part-time postgraduate taught programme, accessible to those who need to work remotely due to caring responsibilities.
- Increased promotion has increased applications to the MSc, maintaining good gender balance (56% F).

Our only postgraduate taught (PGT) course, the award-winning Online Programme in Sleep Medicine, launched in 2016, is MSD's first online distance-learning course. The online format was designed to offer flexible, self-paced learning to fit around the lives, careers and caring needs of healthcare professionals worldwide (**Figure 6**) (**Mini Case Study 1**). It is a two-year, part-time course leading to a Postgraduate Diploma (PGDip) or a Masters (MSc), the latter additionally requiring submission of a dissertation. Recruitment panels (1F/1M) and the core teaching team (2F/3M) are always gender balanced. Since this is the only Sleep Medicine PGT course in the UK, data is benchmarked against other departments in MSD.

Figure 6. Panopto lecture platform used for the PGDip and MSc in Sleep Medicine courses



Mini Case Study 1 (F)

“I am an academic working in Ireland and there are no such programmes available here. The online aspect of the programme not only made it possible for me to study this specialist topic remotely, but I could also complete it at home, in my own time. As a working mother, this meant I could fit it around the demands of my work and of my young family.”

Application, offer and acceptance rates

50 (60%F/40%M) PGT students are enrolled (MSD PGT benchmark: 65%F/35%M). Initially, a lower proportion of women applied for the MSc (44%) compared to the PGDip (58%). We have since invested heavily in promoting the course through the NDCN and University websites. Applications have subsequently increased with similar proportions of female applicants to both courses (PGDip:57%/MSc:56%). For the PGDip, offers are proportionate to applications but the proportion of women drops at acceptances. Offer-holder withdrawals are usually due to personal/financial reasons, or failing English language requirements. On the MSc, there is a small drop from applications to offers, but acceptances are proportionate to applications.

ACTION 5: Investigate reasons for lower offer to acceptance rate for female PGDip students.

Table 6. Number of applications, offers and acceptances for PGDip in Sleep Medicine by gender and year course commenced, 2016-19.

	2016			2017			2018			2019			Totals		
	F	M	%F	F	M	%F	F	M	%F	F	M	%F	F	M	%F
Applications	11	8	58	12	7	63	12	10	55	9	8	53	44	33	57
Offered place	8	8	50	12	6	67	11	9	55	8	7	53	39	30	57
Accepted place	5	6	45	10	6	59	6	6	50	6	7	46	27	26	51
Application to offer rate (%)	73	100		100	86		92	90		89	88		89	91	
Offer to acceptance rate (%)	63	75		83	100		55	67		75	100		69	87	

Table 7. Number of applications, offers and acceptances for MSc in Sleep Medicine by gender and year course commenced, 2016-19.

	2016			2017			2018			2019			Totals		
	F	M	%F	F	M	%F	F	M	%F	F	M	%F	F	M	%F
Applications	4	5	44	8	6	57	17	7	71	11	14	44	40	32	56
Offered place	4	4	50	5	6	45	13	6	68	8	11	42	30	27	53
Accepted place	3	2	60	4	5	44	11	4	73	7	8	47	25	19	57
Application to offer rate (%)	100	80		63	100		76	86		73	79		75	84	
Offer to acceptance rate (%)	75	50		80	83		85	67		88	73		83	70	

Completion rates

Since this two-year course has only run since 2016, we have limited completion data and numbers are too small to identify trends. 80% (100%F/60%M) of PGDip and 80% (100%F/50%M) of MSc students completed the course (**Table 8**). One MSc student (M) will complete in 2020. Two (2M) PGDip students withdrew for personal/academic reasons. We will continue to monitor completion for gender-related trends and take action where required for future cohorts.

Top scoring candidates are recognised with our annual Thomas Willis Prize in Sleep Medicine (3F/1M).

Table 8. Completion rates of MSc and PGDip courses by gender for 2016 cohort. One PGDip student (M) in the 2016 cohort suspended due to personal reasons and re-joined in 2017/18.

	PGDip			MSc		
	F	M	%F	F	M	%F
Completed	5	3	63	3	1	75%
Incomplete					1	0%
Withdrawn		2	0%			
Total	5	5	50	3	2	60%
Completion rate (%)	100	60		100	50	

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

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

IMPACT

- Successfully lobbied University to allow part-time graduate study from 2018, enabling two women (one clinician) to undertake DPhils alongside their job (SAP15).
- Supported four women (and three men) to undertake DPhils by creating two annual NDCN studentships.
- Closed gender gap in application to offer rate by improving gender balance of selection committees.

We run two postgraduate research (PGR) degrees: a DPhil and an MSc by Research (MRes) in Clinical Neurosciences. We also host DPhil students admitted by the University's Doctoral Training Centres. We are not involved in selection of these students but once they join NDCN after a rotation year, they are fully embedded members of the graduate student body.

115 (45%F/55%M) PGR students are enrolled (MSD PGR benchmark: 51%F/49%M, national benchmark: 58%F/42%M¹). This difference with benchmarks is partially due to lower female offer acceptance rates (see below) but also the clinical specialities that the Department attracts include fewer women (e.g. Anaesthetics: 41%F, Surgery 38%F at researcher level²).

Student recruitment is organised by the NDCN Graduate Studies Committee (GSC; 5F/5M) who rank applicants according to degree class, prizes/awards, research experience and references.

DPhil in Clinical Neurosciences admissions

Between 2015-17, applications remained gender balanced (47-52%F), even as applications increased when additional one-off studentships were secured for 2016-17. Applications from women increased to 58% in 2018-19, partly due to a reduction in applications from men (Table 9). We consulted with the DGS and believe this is normal fluctuation.

¹ On course benchmark PGR data by subject area (medicine/dentistry) and gender taken from Equality in Higher Education: Students Statistical Report 2018, page 164.

² Medical Schools Council Survey of Medical Clinical Academic Staffing Levels 2018.

In 2015, proportionally more men received an offer than women (36%F/40%M). As part of our 2015 Silver Action Plan (SAP15), we reviewed our graduate admissions process, ensuring that the GSC is gender balanced and interview panels are mixed gender. The application to offer rate has since stabilised (2015-2019:44%F/44%M). We will continue to monitor application to offer rates and take action to address any issues in future cohorts.

Table 9. Admissions data for DPhil in Clinical Neurosciences by course start year and gender, 2015-19.

	2015			2016			2017			2018			2019			Totals		
	F	M	%F	F	M	%F	F	M	%F	F	M	%F	F	M	%F	F	M	%F
Applied	33	30	52	50	51	50	41	46	47	33	24	58	38	27	58	195	178	52
Offered place	12	12	42	17	19	47	16	20	44	19	13	59	22	14	61	86	78	52
Accepted place	5	11	27	11	11	50	11	16	41	14	10	58	11	13	46	52	61	46
Application to offer rate (%)	36	40		34	37		39	43		58	54		58	52		44	44	
Offer to acceptance rate (%)	42	92		65	58		69	80		74	77		50	93		60	78	

Between 2015-17, proportionally fewer women accepted their offer than men. Since DPhil funding is not guaranteed, we began recording whether applicants had applied for funded DPhil programmes elsewhere. In 2019, 52% of female, but only 27% of male, offer-holders had applied elsewhere. Seven of the 10 women who turned down their offer had accepted funded DPhils elsewhere (only one man withdrew due to funding reasons). This suggests that women apply to more DPhil programmes to increase their chances of securing a funded place.

Recognising that funding is a barrier to offer acceptance, in 2016, we established two annual DPhil studentships (awarded based on ranking). We also support Principal Investigators (PIs) in applying for one-off studentships (e.g. securing four studentships at the Wellcome Centre for Integrative Neuroimaging (WIN) in 2019). We nominate other top ranked students to the MSD funding competition. Overall, a greater number of women were put forward for these studentships than men. Proportionally, more women were awarded the NDCN Studentships, though men were slightly more successful in securing the MSD studentship (**Table 10**). In 2019, we overhauled our postgraduate webpages, providing further information about externally funded studentships.

ACTION 6: Develop additional resources to support students and PIs in applying for externally funded DPhil studentships.

Table 10. Applications to the annual MSD and NDCN studentships and one-off WIN studentship, by course start year and gender. NDCN studentship started 2015, first round of two WIN studentships started in 2019.

Studentship		2015			2016			2017			2018			2019			Totals		
		F	M	%F	F	M	%F	F	M	%F	F	M	%F	F	M	%F	F	M	%F
MSD	Nominated	7	4	64	6	4	60	5	5	50	8	3	73	4	5	44	30	21	59
	Awarded	0	2	0	1	1	50	1	0	100	1	0	100	0	1	0	3	4	43
NDCN	Eligible				17	19	47	16	20	44	19	13	59	22	14	61	86	78	52
	Awarded				0	2	0	1	1	50	1	0	100	2	0	100	4	3	57
WIN	Applied													5	1	83	5	1	83
	Awarded													2	0	100	2	0	100

MRes in Clinical Neurosciences admissions

We created the MRes in Clinical Neurosciences course in 2011 to provide an opportunity for staff to undertake research and training. Staff are assisted in writing applications by their line manager. Between 2015-19, all applicants (1F/3M) were successful.

Completion rates

We provide five years of completion rate data (2012-16), as it is not expected that students after this date will have submitted yet. The GSC monitors completion rates annually for gender differences. 88% (90%/87%M) of students who submitted their DPhil thesis have graduated (**Table 11**). 91% (95%F/89%M) of students submitted their thesis within four years. Seven (4F/3M) students withdrew during the course for reasons that are not gender specific. Three (2F/1M) MRes students have completed, one (F) withdrew, and two (2M) transferred to a DPhil and are yet to complete.

Table 11. DPhil completion rates. Numbers may be higher or lower than intake when students have transferred in, or admitted out of, the typical cycle.

		Graduated		Submitted		Incomplete		Withdrawn		Totals	
2012	F	10	91%		0%		0%	1	9%	11	100%
	M	9	90%		0%		0%	1	10%	10	100%
2013	F	6	75%		0%	1	13%	1	13%	8	100%
	M	16	100%		0%		0%		0%	16	100%
2014	F	1	17%	2	33%	2	33%	1	17%	6	100%
	M	8	40%	5	25%	7	35%		0%	20	100%
2015	F	1	13%		0%	6	75%	1	13%	8	100%
	M		0%		0%	12	100%		0%	12	100%
2016	F		0%		0%	16	100%		0%	16	100%
	M		0%		0%	16	89%	2	11%	18	100%
Totals	F	18	37%	2	4%	25	51%	4	8%	49	100%
	M	33	43%	5	7%	35	46%	3	4%	76	100%

Part-time study

SAP15 committed to lobbying the University for a part-time DPhil option by 2018, enabling students to study while working or fulfilling caring responsibilities. In 2018, this was approved across the University and two part-time students (2F) applied and were accepted onto the course (**Mini Case Study 2**).

ACTION 7: To increase uptake of the part-time DPhil option, we will feature both part-time students on our webpages for prospective students and promote this option through the University's communication channels.

Mini Case Study 2 (F)

"As a Consultant in the NHS, the flexibility of the part-time DPhil option has allowed me to maintain my clinical duties while securing protected time to pursue my research training. Being able to obtain a degree while holding a senior clinical role is an essential step to achieving my aim of pursuing a career as a leading clinical academic."

(v) Progression pipeline between undergraduate and postgraduate student levels

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

There is no pipeline within the Department as NDCN does not have an undergraduate programme. Students come from a variety of undergraduate degrees, including Biology, Biomedical Science, Medicine, Neuroscience, Physics and Psychology.

4.2. Academic and research staff data

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

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

IMPACT

- BAP12 and SAP15 actions have supported three female clinical researchers to be awarded the title of Professor in 2019.
- 33% increase in female Grade 8 researchers between 2018-19 due to increased support for regrading applications.
- 30% increase in female clinical research staff.
- Completed flagship study on career challenges of female clinical academics and researchers, resulting in a programme of key actions.

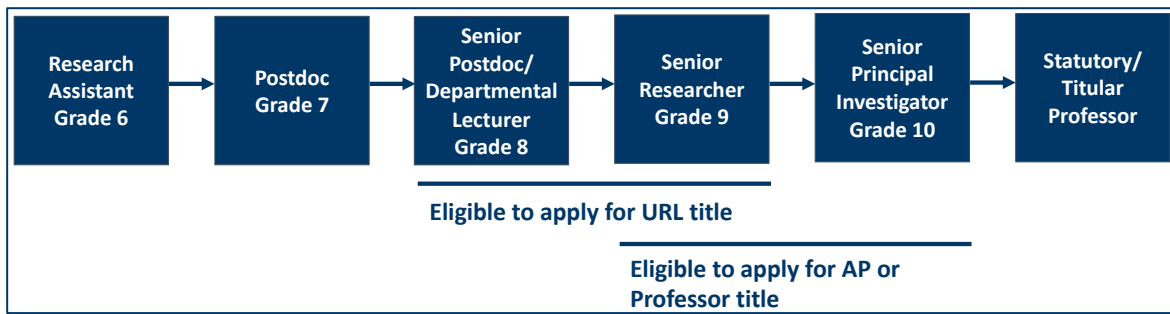
Non-clinical and clinical A&R staff follow different career paths. Although some A&R staff have teaching duties, most have research-only contracts apart from two Departmental Lecturers (DL). We use data from MSD as a benchmark in this section, to enable comparison with equivalent roles in other departments. Staff data is presented as headcount.

Non-clinical career progression

Research Assistants (RAs) are employed at Grade 6, some go on to undertake a DPhil and pursue a research career but there is no natural progression to Grade 7 (**Figure 7**). Postdocs at Grade 7 typically work on research projects under the supervision of a PI while those at Grade 8 have supervisory responsibilities, greater specialist knowledge and are seeking/hold independent funding. Grade 8 also includes two DLs. Grade 9 researchers typically hold independent funding, run their own group and report to their DH. Grade 10 researchers have a substantial reputation within their field, make a significant contribution to their discipline and lead large, collaborative research programmes.

Progression through grades occurs through the re-grading process, at transition points (e.g. being awarded a personal fellowship), or direct recruitment. Seniority is also recognised through the award of titles: University Research Lectureship (URL), Associate Professor (AP) and Professor. APs and Professors are consulted on strategic departmental decisions. At Oxford, DLs and Titular/Statutory Professor are classified as academic posts; Grades 6-10 as research posts. Titular URLs and APs are included in the data as their substantive role and discussed in Section 5.1(iii) (p.43).

Figure 7. Typical non-clinical academic career path in NDCN



Gender balance of non-clinical academic staff

Good progress has been made at Titular Professor level where the Department has supported three women (and one man) to gain the title, increasing the number and proportion of female non-clinical Titular Professors from 2 (22%) to 5 (42%) (Figure 9). All women progressed their careers within NDCN, joining as a DPhil student or researcher. The gender balance among DLs and Statutory Professors is equal.

Figure 8. Non-clinical academic staff by gender and year

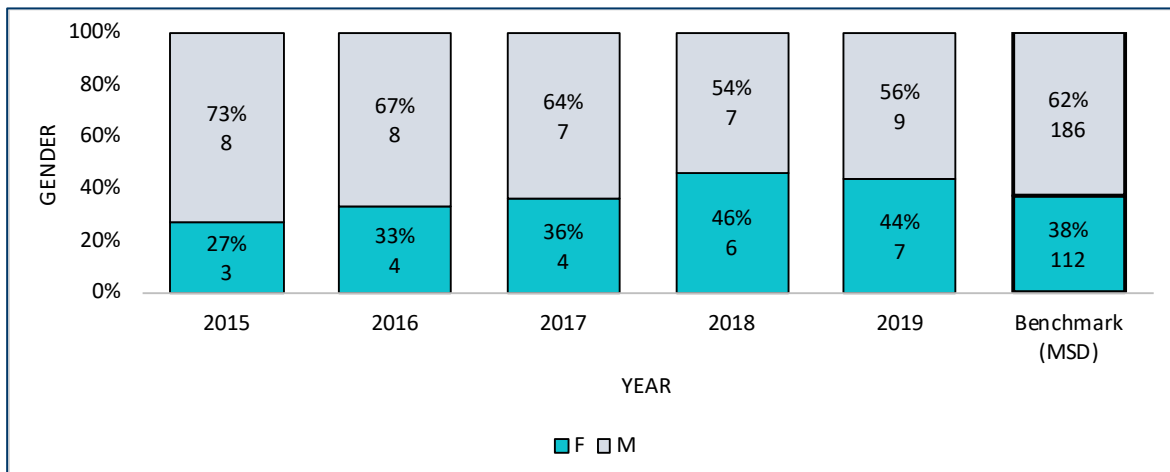
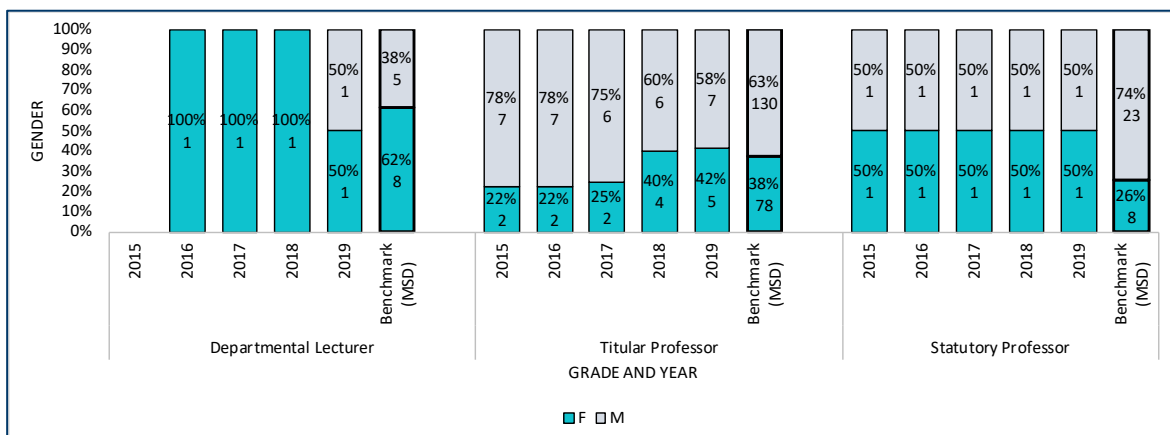


Figure 9. Non-clinical academic staff by gender, year and broken down by grade



Gender balance of non-clinical research staff

Between 2015-19, the gender balance of non-clinical researchers remained stable (54-56%) (**Figure 10**). There is a consistently higher proportion of women at Grade 6 (73%) and Grade 7 (53%), reflecting a broader trend across MSD (MSD: Grade 6/7: 71%/54%) (**Figure 11**).

A key focus of our AS activities has been increased career development support for mid-career researchers (including improving the PDR process and encouraging participation in University mentoring schemes (**p.47**)). Of 15 women at Grade 8 in 2015/16, four (27%) have since progressed to Grade 9 (compared with 2 (13%) men). Progression to Grade 9 is a requirement for the RoD exercise for AP/Professor so will further strengthen our longer-term pipeline.

This progression of women from Grade 8 through Grade 9/10 to Professor has reduced the proportion of women at Grade 8, from 47% to 33% between 2015-18 (**Figure 11**). So, in 2018 our HRM began additional actions such as meeting with regrading applicants to provide guidance on regrading criteria. As a result, in 2019 four women at Grade 7 were successfully regraded to Grade 8, which now comprises 41% women (MSD: 50%F) (**p.42**). Progression to Grade 8 represents a key step towards independence so will ensure our pipeline remains strong.

ACTION 22: Provide targeted professional development support to female Grade 7 researchers.

Figure 10. Non-clinical research staff by gender and year

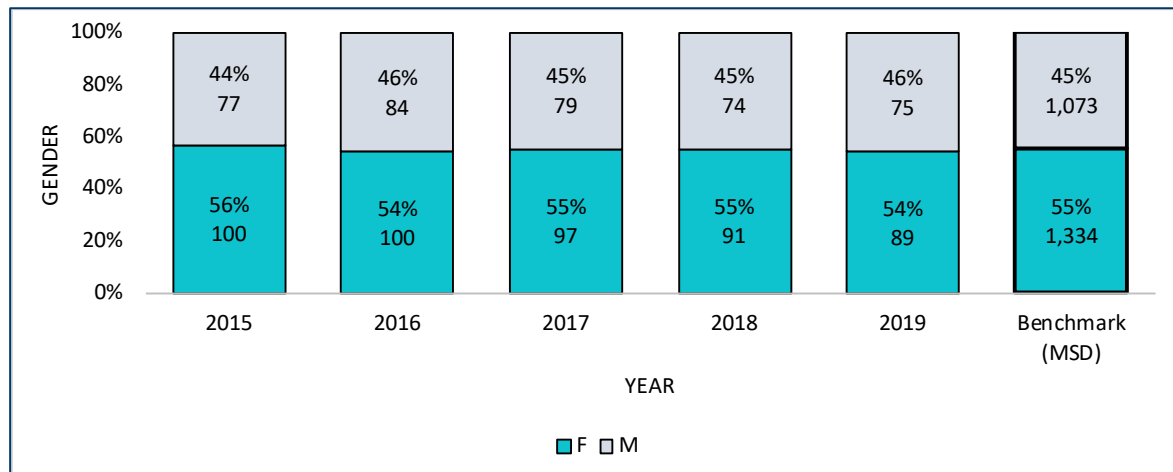
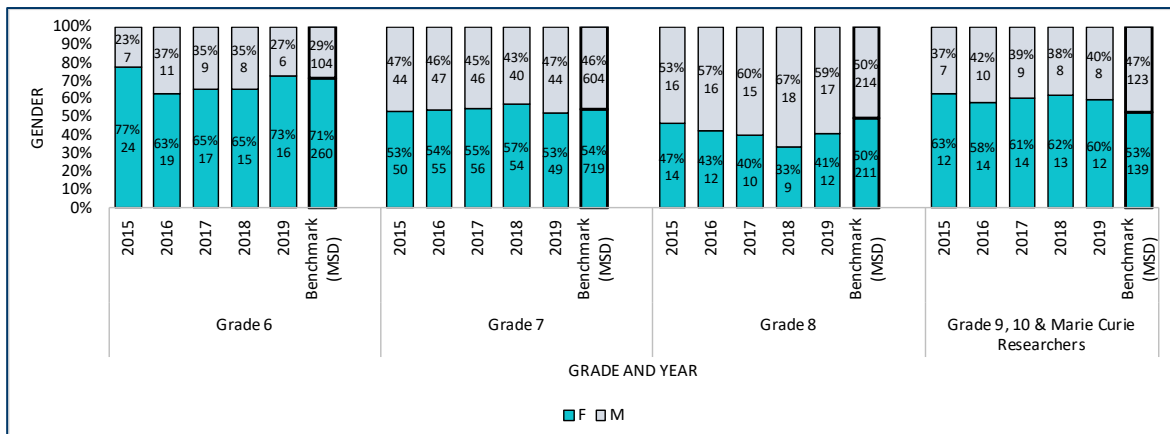


Figure 11. Non-clinical research staff by gender, year and broken down by grade (Associate Professors are included on their substantive grades)

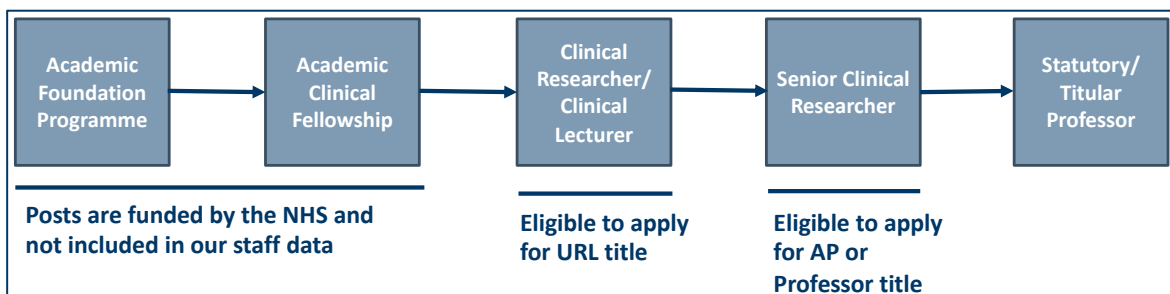


Clinical career progression

Clinical A&R staff undertake DPhils at different points in their careers. Medical School graduates can apply to the Academic Foundation Programme (AFP) and then an Academic Clinical Fellowship (ACF) (Figure 12), generating research experience prior to PhD funding applications. These posts are funded by the NHS and NDCN is not responsible for the admissions process.

After a DPhil, many clinicians return to clinical training, work as a Clinical Researcher, or take up a Clinical Lectureship (CL). CLs enable researchers to split their time equally between research and speciality training. Recruitment is administered by the Oxford University Clinical Academic Graduate School (OUCAGS). Following completion of training, clinicians may be employed as a Senior Clinical Researcher with an Honorary Consultant NHS contract. We have two clinical Statutory Professorships (2M), with opportunities to recruit usually upon retirement. Clinical Lecturer and Titular/Statutory Professor are clinical academic posts; Clinical Researcher and Senior Clinical Researcher are research posts.

Figure 12. Typical clinical academic career path in NDCN



Gender balance of clinical academic staff

Between 2015-18, the proportion of female clinical academics remained low (less than 2) (Figure 13). One female professor retired (2016) and one female Clinical Lecturer left NDCN (2018). A major focus of our AS work has been to address the gender imbalance of clinical academic staff

and the longer-term impact of this work is now beginning to show; in 2019, three female clinical researchers were made Titular Professor.

CL and Clinical Researcher posts both represent entry points into the academic pipeline. While we have seen improvement with the latter, we recognise that CLs present distinct advantages to career progression and are concerned that we are not attracting women into these roles (although this is not just an issue for NDCN) (**Figure 16**). Recruitment to clinical academic posts draws from national, not just local, pools of trainees, so we have begun advertising these posts through specialist societies such as the Association of British Neurologists.

ACTION 8: Create a CL working group to develop a programme of initiatives to recruit external candidates and prepare internal candidates for CL applications.

Figure 13. Clinical academic staff by gender and year

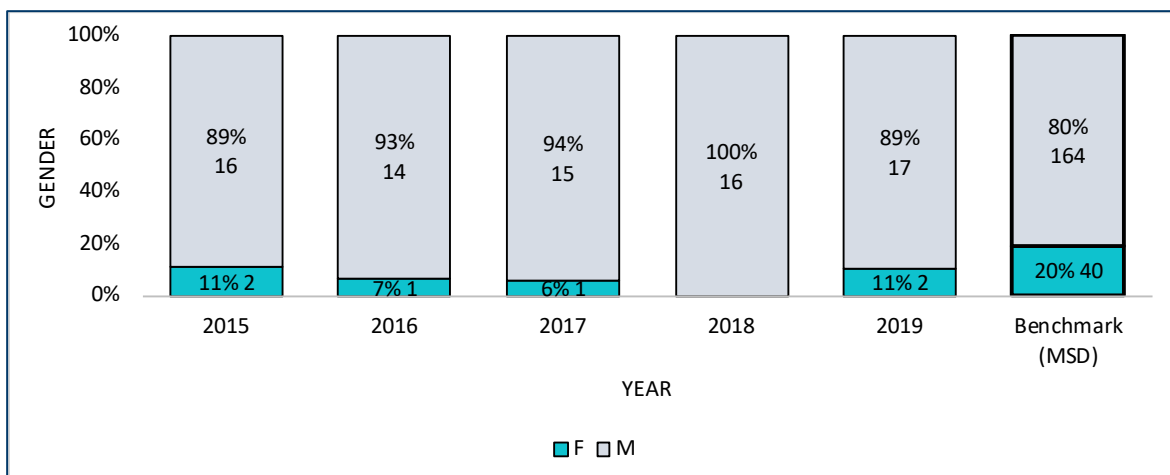
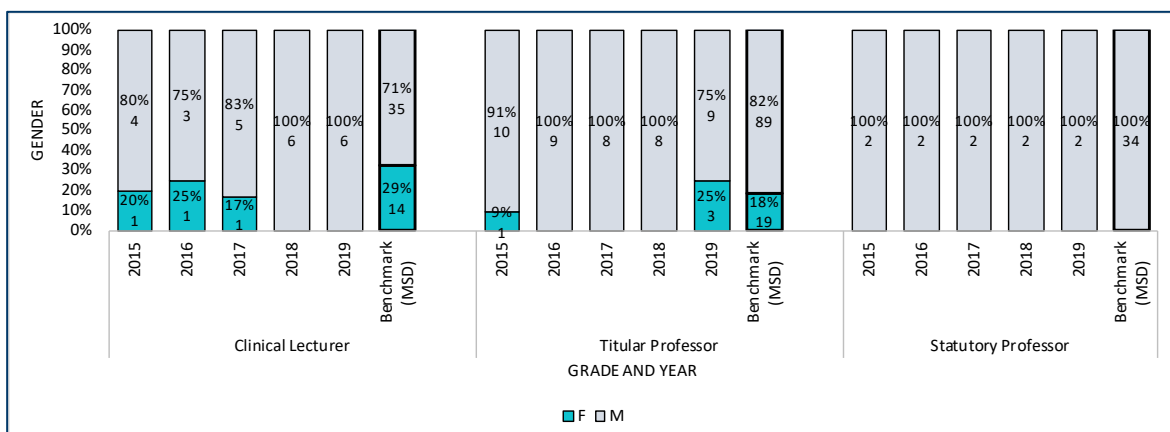


Figure 14. Clinical academic staff by gender, year and grade



Gender balance of clinical research staff

By contrast, the proportion of female Clinical Researchers is much more balanced. Upon completion of a DPhil, clinical researchers often return to full-time clinical work to complete their specialty training. To remain competitive for funding, clinicians must maintain links with their research field. To facilitate this, we offer all clinical DPhil students honorary NDCN status for three years following graduation. We support PIs to develop successful grant applications to fund additional Senior Clinical Researchers.

As a result, we increased the number and proportion of female Clinical Researchers from 13 (41%) to 18 (58%) between 2015-19, exceeding the MSD benchmark (46%). Between 2015-18, the number of female Senior Clinical Researchers also increased, from 7 to 11 (**Figure 16**). Two progressed from Clinical Researcher posts in NDCN, and four previously held honorary status in NDCN. There are now eight female Senior Clinical Researchers, following the progression of two women to Professor and one to a more senior post at another institution.

Figure 15. Clinical research staff by gender and year

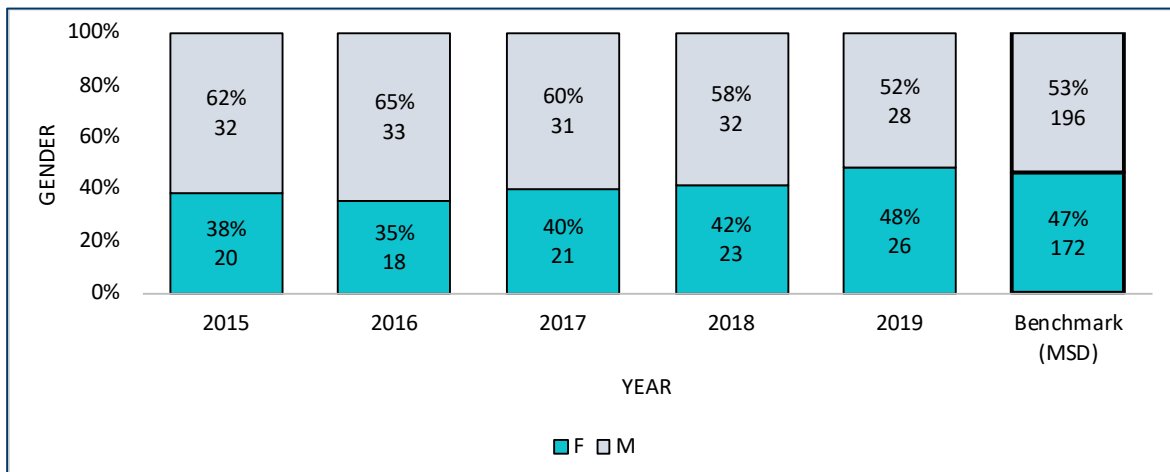
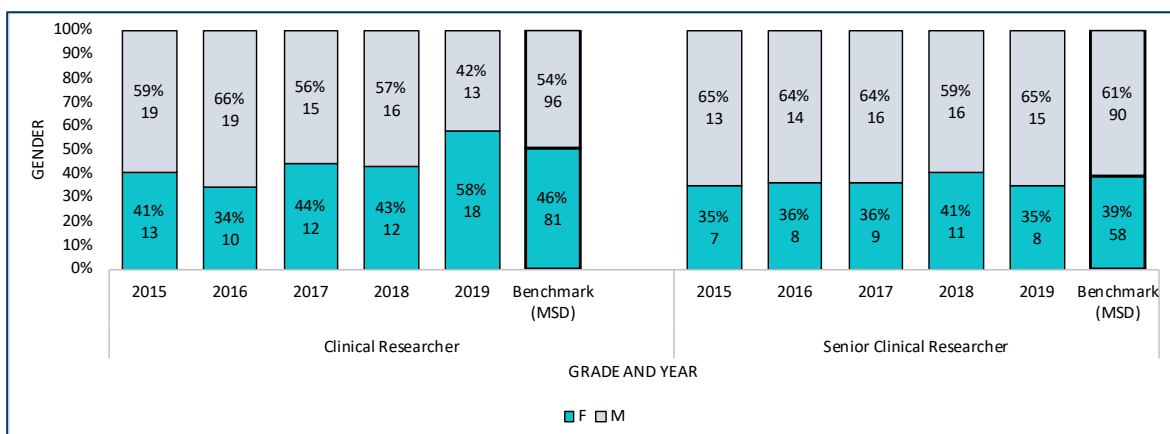


Figure 16. Clinical research staff by gender, year and grade



Female Clinical Academics and Researchers (FCARs) Study

In 2014, we surveyed 21 FCARs to better understand challenges to their career progression. The findings informed SAP15 actions to promote mentoring opportunities and offer part-time research degrees. Following these actions, 3 FCARs were awarded the title of AP (2015-18) and one female clinician began a part-time DPhil.

Ongoing discussions with our FCARs revealed the problem was more complex and in need of further analysis. Between 2018-19, we conducted a mixed-method study, interviewing 19 FCARs, who had been employed by, studied at, or been affiliated with NDCN between 2014-18. Based on our findings, we have developed a suite of actions to strengthen our support for FCARs, that we expect will lead to a further increase in the number of FCARs in NDCN.

ACTIONS 9, 10, 11, 12, 13: Increase support to FCARs to progress to senior positions based on FCARs study findings.

SILVER APPLICATIONS ONLY

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

Some RAs develop their career by undertaking an MSc or DPhil at NDCN, either as employees or after resignation. We have promoted this option to staff by creating a collection of case studies of staff making this transition on our intranet. 4 (2F/2M) members of staff have transitioned from staff to student and are currently undertaking a DPhil in the Department, receiving support from the DGS and supervisors when applying and throughout their study.

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

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

As a research-intensive Department, most research staff are employed on fixed-term contracts (FTCs) funded by external time-limited grants. There is no significant gender difference in the proportion on FTCs (98%F/97%M), though this proportion is greater than MSD due to the comparatively lower proportion of teaching-related positions (which are often permanent) in NDCN (**Figure 17**).

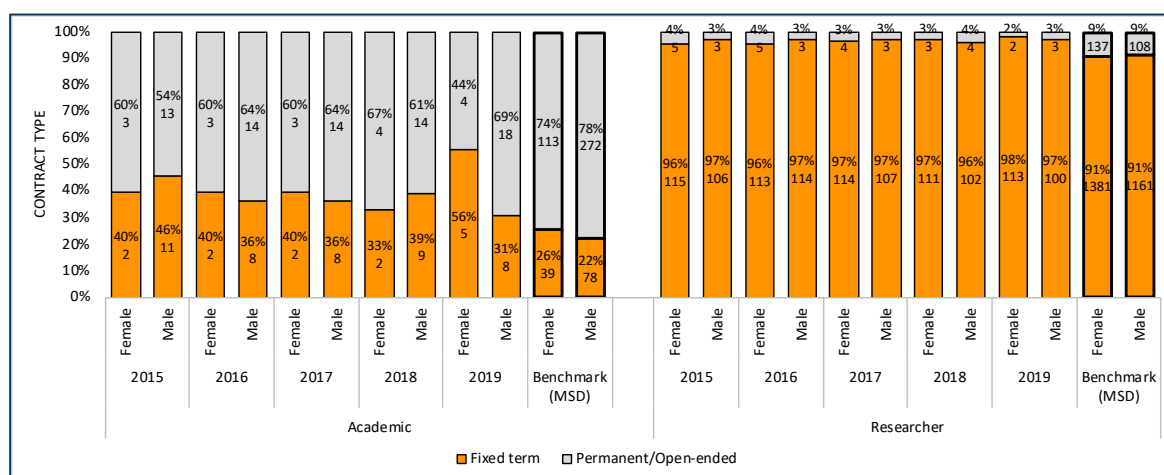
Renewal of an FTC must be objectively justified, and the University provides clear guidance on when a permanent contract should be considered. When a staff member approaches the end of their FTC and there is no funding to extend their position, they are offered a meeting with the HR Team to discuss the available options. Staff are informed of the University's Priority Candidate scheme, offered time off to attend interviews/relevant training and asked whether they wish to be considered for redeployment.

Permanent staff include professors and those senior researchers who fulfil teaching roles. The increase of female academics on FTCs in 2019 reflects the recent progression of four female researchers to Titular Professor. Awarding of titles does not automatically confer a permanent contract, this is reviewed independently. There are fewer women with open-ended/permanent contracts because there are fewer women in these roles, underlining the importance of supporting women to progress in their careers (p.53).

Variable hours contracts

3% (7F/4M) of A&R staff are employed on variable hours contracts, with the agreement of the individual and where the work lends itself (e.g. out-of-hours scanner operators, ad-hoc teaching roles). The HR Team reviews contracts monthly to ensure positions are not exploited.

Figure 17. A&R staff by role type, year, gender and contract type



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

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

Leavers are asked to complete an online questionnaire and offered an exit interview with the HRM (BAP12). Reasons for leaving are recorded in the University's HR database. For all grades (except for Clinical Lecturers, a very small group), the number of male and female staff leaving is proportionate to staff in post (Table 12). Most leavers are at Grades 6 and 7, predominantly due to the end of a FTC or for career reasons (Table 13).

ACTION 14: Establish a database recording leaver destination to inform our career development activities for current staff to ensure these remain relevant.

Table 12. Number of leavers by role and gender, 2015-19. Corresponding staff in post data provided for comparison.

			Leavers			Staff in post		
			F	M	%F	F	M	%F
Non-clinical	Researcher	Grade 6	28	16	64%	91	41	69%
		Grade 7	56	37	60%	264	221	54%
		Grade 8	8	9	47%	57	82	41%
		Grade 9, 10 & Marie Curie Fellows	3	7	30%	65	45	59%
	Academic	Titular Professor	0	1	0%	15	33	31%
Clinical	Researcher	Clinical Researcher	14	29	33%	65	82	44%
		Senior Clinical Researcher	2	4	33%	43	74	37%
	Academic	Clinical Lecturer	1	3	25%	2	25	7%
		Clinical Titular Professor	1	2	33%	4	44	8%
Totals			114	108	51%	606	647	48%

Table 13. Leavers by role, gender and reason for leaving, 2015-19.

	Non-clinical						Clinical					
	Academic			Researcher			Academic			Researcher		
	F	M	%F	F	M	%F	F	M	%F	F	M	%F
End of FTC	0	0		48	31	61%	1	2	33%	8	17	32%
Career reasons	0	0		29	25	54%	1	1	0%	6	13	32%
Further study	0	0		2	7	22%	0	0		1	0	100%
Retirement	0	1	0%	3	0	100%	0	2	0%	0	0	
Personal/family	0	0		6	4	60%	0	0		1	1	50%
Other	0	0		8	2	80%	0	0		0	2	0%
Totals	0	1	0%	96	69	58%	2	5	14%	16	33	33%

“When I left NDCN to take up a more senior position elsewhere, my DH and HoD in NDCN were incredibly supportive, ensuring that the transition was as smooth as possible, and my group’s productivity was not negatively impacted by the move.” – Professor (F)

Section 4: 2807 words

5. SUPPORTING AND ADVANCING WOMEN'S CAREERS

Recommended word count: Bronze: 6000 words | Silver: 6500 words

5.1. Key career transition points: academic staff

(i) Recruitment

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

IMPACT

- Since 2018, all panellists have completed recruitment and selection training.

Recruitment process

All job advertisements prominently display our AS Silver logo and include the University's flexible working policy and possibility of part-time work, where operationally viable (BAP12).

All interview panels are mixed gender. Since 2018, all panellists must complete recruitment and selection training and unconscious bias training, above the University requirement that panel chairs must be trained. A moderator from the Administration Team is present at interviews to monitor consistency during recruitment.

Non-clinical & clinical recruitment: overview

Across all A&R vacancies, more women applied and slightly more shortlisted but offer and acceptance rates were proportional (**Table 14**).

Table 14. NDCN total A&R staff recruitment for the period 2015-19. Unknown gender not included in percentage calculations.

Recruitment grand totals (Clinical and Non-clinical)	F	M	Unknown	Total	%F
Applications	1778	1545	101	3424	54%
Shortlisted	366	284	20	670	56%
Offer made	117	92	8	217	56%
Appointed	107	85	6	198	56%

Non-clinical recruitment

86% of non-clinical A&R recruitment is at Grades 6 and 7. At Grade 6, there were more female applicants (63%F) but shortlisting (14%F/12%M), offers (28%F/27%M) and appointments (94%F/87%M) show good gender balance.

At Grade 7, there were fewer female applicants (46%F) but shortlisting (25%F/20%M), offers (34%F/29%M) and appointments (91%F/94%M) were gender balanced.

Grade 8 vacancies attracted a greater proportion of male applicants (67%M). Of the 21 vacancies, three had a significantly higher proportion of male applicants (81-86%M). These were vacancies in two research groups, all requiring an engineering background, suggesting applications were representative of the candidate pool (HE student enrolments for Engineering/Technology undergraduate courses 2017/18:18%F³). Women comprise 47% of applicants to the remaining Grade 8 vacancies, proportionate to Grade 7 applications.

ACTION 15: Make equality and diversity training mandatory for all panellists. Include unconscious bias statement at the start of every interview.

Table 15. Non-clinical recruitment data for the period 2015-19. Unknown gender not included in percentage calculations

		F	M	Unknown	Total	%F
Grade 6	Applications	859	470	32	1361	63%
	Shortlisted	121	56	5	182	66%
	Offer made	34	15	2	51	67%
	Appointed	32	13	1	46	70%
	Application to shortlisted rate (%)	14	12	16	13	
	Shortlisted to offer rate (%)	28	27	40	28	
	Offer to appointment rate (%)	94	87	50	90	
Grade 7	Applications	796	874	57	1727	46%
	Shortlisted	197	173	12	382	52%
	Offer made	66	51	4	121	55%
	Appointed	60	48	3	111	54%
	Application to shortlisted rate (%)	25	20	21	22	
	Shortlisted to offer rate (%)	34	29	33	32	
	Offer to appointment rate (%)	91	94	75	92	
Grade 8	Applications	57	106	10	173	33%
	Shortlisted	17	25	1	43	40%
	Offer made	3	9	0	12	25%
	Appointed	3	8	0	11	27%
	Application to shortlisted rate (%)	30	24	10	25	
	Shortlisted to offer rate (%)	18	36	0	28	
	Offer to appointment rate (%)	100	89		92	

³ HE student enrolments by subject area, principal subject, 4-digit JACS subject, level of study, mode of study, domicile marker and academic year: <https://www.hesa.ac.uk/data-and-analysis/students/table-22>

		F	M	Unknown	Total	%F
Grade 9	Applications	6	8		14	43%
	Shortlisted	3	2	0	5	60%
	Offer made	2	1	0	3	67%
	Appointed	1	1	0	2	50%
	Application to shortlisted rate (%)	50	25		36	
	Shortlisted to offer rate (%)	67	50		60	
	Offer to appointment rate (%)	50	100		67	
Departmental Lecturer	Applications	6	9	0	15	40%
	Shortlisted	4	4	0	8	50%
	Offer made	1	1	0	2	50%
	Appointed	1	1	0	2	50%
	Application to shortlisted rate (%)	67	44		53	
	Shortlisted to offer rate (%)	25	25		25	
	Offer to appointment rate (%)	100	100		100	
Non-clinical totals	Applications	1724	1467	99	3290	52%
	Shortlisted	342	260	18	620	55%
	Offer made	106	77	6	189	56%
	Appointed	97	71	4	172	56%
	Application to shortlisted rate (%)	20	18	18	19	
	Shortlisted to offer rate (%)	31	30	33	30	
	Offer to appointment rate (%)	92	92	67	91	

Clinical recruitment

All but two clinical posts (one Senior Clinical Researcher, one Clinical Lecturer) were offered at Clinical Researcher level. Across all vacancies, a lower proportion of women applied (41%F) but there was a good gender balance at shortlisting (50%F), offers (42%F) and appointments (42%F). While the shortlisting to offer rate is higher for men, this is driven by proportionally more women being shortlisted. In three of the five years, this rate was either gender balanced or higher for women.

ACTION 15: Make equality and diversity training mandatory for all panellists. Include unconscious bias statement at the start of every interview.

Table 16. All clinical recruitment data by gender for the period 2015-19. Data across all roles combined due to small sample size. Unknown gender not included in percentage calculations.

Clinical totals		F	M	Unknown	Total	%F
	Applications	54	78	2	134	41%
	Shortlisted	24	24	2	50	50%
	Offer made	11	15	2	28	42%
	Appointed	10	14	2	26	42%
	Application to shortlisted rate (%)	44	31	100		
	Shortlisted to offer rate (%)	46	63	100		
	Offer to appointment rate (%)	91	93	100		

(ii) Induction

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

IMPACT

- Continuous evaluation and development of the induction process has ensured it remains useful, particularly for women, as the Department has grown.

In 2013, we established a standardised induction process (BAP12). As the Department has grown in size and scope, we have ensured it remains relevant and consistent via regular consultation and development of the process (**Figure 18**). Induction includes:

- Online click-through induction, highlighting development opportunities, training requirements, flexible working and equality policies;
- Meeting with the HR Team;
- Team induction with line manager, including introduction to colleagues. To ensure consistency across team inductions, managers receive a checklist from HR outlining key steps to induct new employees;
- Welcome Session, involving introduction to other new staff;
- New Starters' Lunch with the HoD and Admin Team Managers;
- Mandatory online training, covering unconscious bias and anti-bullying and harassment;
- Welcome email from the HoD with introductory materials;
- Health and Safety briefing.

Overall, the proportion of staff finding induction useful increased from 85% (89%F/75%M) in 2014 to 86% (100%F/71%M) in 2018.

All staff must attend the face-to-face components of induction, although the New Starters' Lunch is optional (2015-19 attendance: 47%F/39%M) and our 2018 induction survey found that team inductions and awareness of mandatory training was variable.

ACTION 16: Survey all new starters on specific components of induction to identify where gender imbalances lie and work with line managers of new staff to ensure team induction and mandatory training are completed.

Figure 18. Development of the NDCN induction for new staff

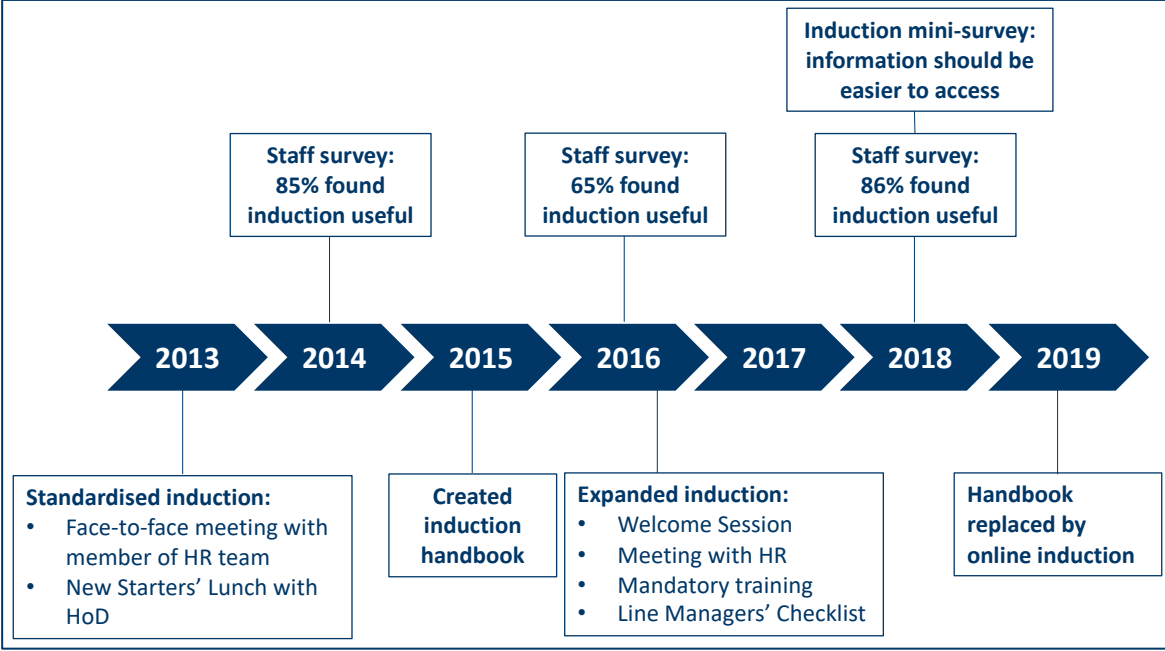


Figure 19. Welcome email from HoD, online induction (centre) and Line Managers' Checklist (right).

Task	Due Date	Status
Meet with HR on start day		Completed
Set up work space, including desk, phone, computer, NDCN , University and HR		Completed
Set up access to group drives and online and shared resources		Completed
Meet with your line manager		Completed
Ensure employee attends a health and safety induction and HR group induction to obtain access to shared drives that give access to shared resources (e.g. NDCN , University , HR)		Completed
Ensure employee attends building induction for any additional buildings to which access will be required		Completed
Ensure employee attends induction to complete the following mandatory online induction courses: <ul style="list-style-type: none"> NDCN (15 mins) University (15 mins) University (15 mins) 		Completed
Enable the line manager to complete the following mandatory online induction courses: <ul style="list-style-type: none"> NDCN (15 mins) University (15 mins) University (15 mins) 		Completed
Ensure employee attends a health and safety induction and HR group induction to obtain access to shared drives that give access to shared resources (e.g. NDCN , University , HR)		Completed
Ensure employee attends building induction for any additional buildings to which access will be required		Completed
Ensure employee attends induction to complete the following mandatory online induction courses: <ul style="list-style-type: none"> NDCN (15 mins) University (15 mins) University (15 mins) 		Completed
Ensure employee attends a health and safety induction and HR group induction to obtain access to shared drives that give access to shared resources (e.g. NDCN , University , HR)		Completed
Ensure employee attends building induction for any additional buildings to which access will be required		Completed
Ensure employee attends induction to complete the following mandatory online induction courses: <ul style="list-style-type: none"> NDCN (15 mins) University (15 mins) University (15 mins) 		Completed

(iii) Promotion

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

IMPACT

- BAP12 and SAP15 actions supported three female clinical APs to be awarded the title of Titular Clinical Professor in 2019.
- These actions also supported 13 women to become APs, in proportion to the number of eligible women.

Oxford does not have a formal promotion process. There are four A&R career progression routes: progression to an advertised higher post (captured in recruitment data), regrading, Reward and Recognition, and the RoD exercise.

Regrading

Regrading is for non-clinical staff occupying an existing post. Candidates can be identified at PDR or self-nominated, with support from line managers. Prior to submission, applications are internally reviewed by the HRM, Personnel Committee and HAF.

Between 2015-19, 37 (21F/16M) researchers applied for regrading, 35 (20F/15M) were successful (**Table 17**). Most regrading occurs at Grade 7, where gender balance is proportionate to staff in post (54%). Increased guidance and awareness of the regrading process has assisted four women to progress from Grade 7 to 8 between 2018-19.

Table 17. Research staff who have successfully applied to be regraded, by gender, 2015-19

	2015		2016		2017		2018		2019		Totals		
	F	M	F	M	F	M	F	M	F	M	F	M	%F
Grade 6 to 7				2			1				1	2	33%
Grade 7 to 8	2	1	2	3	2		1	2	4	2	11	8	58%
Grade 8 to 9	3	1	1	1	2	2	1				7	4	64%
Grade 9 to 10			1			1					1	1	50%
Totals	5	2	4	6	4	3	3	2	4	2	20	15	57%

Reward and Recognition Scheme

Non-clinical A&R staff in Grades 1-10 with more than six months' service are eligible for the University's Reward and Recognition Scheme (one-off or recurrent payments in recognition of exceptional performance). Candidates can be identified during PDR, nominated by a line manager, or self-nominated. Decisions are made by NDCN's Personnel Committee. Since 2015, 24 A&R staff (11F/13M) applied, 100% were successful (eligible population: 55%F).

ACTION 17: Encourage more nominations of female researchers to the Reward and Recognition Scheme.

Table 18. A&R staff Reward and Recognition Scheme, by grade and gender, 2015-19

	2015		2016		2017		2018		2019		Totals		
	F	M	F	M	F	M	F	M	F	M	F	M	%F
Grade 6						1					0	1	0%
Grade 7		1	1	1			2	3	3	2	6	7	46%
Grade 8		2		2				1			0	5	0%
Grade 9			1				2		1		4	0	100%
Grade 10							1				1	0	100%
Totals	0	3	2	3	0	1	5	4	4	2	11	13	46%

Recognition of Distinction (RoD) Exercise

The annual Recognition of Distinction (RoD) exercise confers the titles of URL, AP and Full Professor on applicants who have made outstanding contributions to research, teaching and citizenship. DHs assess profiles of all eligible staff and encourage suitably experienced applicants to apply. These titles represent a significant career step, and we celebrate all new URLs, APs and Professors in the e-newsletter.

RoD: Professorial title

Since 2015, the HoD has emailed all eligible candidates to encourage them to apply.

Between 2015-2019, 15 (9F/6M) researchers applied, and nine (6F/3M) were successful, giving a success rate of 60% (67%F/50%M) (MSD average: 58% (56%F/60%M)). We are particularly proud of the progression of our first three female clinical APs to Professor in 2019. Further support for this exercise will be provided through our new sponsorship programme (p.54).

Table 19. Applications to the RoD exercise for the title of Professor

		2015		2016		2017		2018		2019		2015-2019 (N)		2015-2019 (success rate in %)	
		F	M	F	M	F	M	F	M	F	M	F	M	F	M
Non-clinical	Successful	0	0	0	0	0	0	2	0	1	1	3	1	50%	50%
	Unsuccessful	1	0	0	0	1	1	1	0	0	0	3	1		
Clinical	Successful	0	1	0	0	0	0	0	0	3	1	3	2	100%	50%
	Unsuccessful	0	0	0	0	0	0	0	1	0	1	0	2		

RoD: Associate Professor title

Since 2015, 27 A&R staff (13F/14M) became AP (48%F), representative of the eligible population (48%F) (Table 20). We believe this gender balance is the result of actions from our previous action plans, including establishing an effective PDR process and promoting mentoring opportunities for women; four (31%) successful female applicants had participated in the Oxford Senior Women's Mentoring Network (OSWMN) the year before applying. There have been no applications from female Senior Clinical Researchers since 2015.

ACTION 11: Offer tailored support for RoD applications to female Senior Clinical Researchers.

Table 20. Applications to the Recognition of Distinction exercise for the title of Associate Professor. The 2019 cycle was deferred across MSD so is not included here.

Clinical/ non- clinical	Outcome	2015		2016		2017		2018		2015-2018 (N)		2015-2018 (success rate in %)	
		F	M	F	M	F	M	F	M	F	M	F	M
Non- clinical	Successful	5	2	2	1	2	2	0	2	9	7	82%	70%
	Unsuccessful	0	0	1	0	0	1	1	2	2	3		
Clinical	Successful	4	1	0	4	0	0	0	2	4	7	100%	78%
	Unsuccessful	0	0	0	0	0	1	0	1	0	2		

RoD: University Research Lecturer

The overall success rate for applications for URL was 67% for men and women (Table 21). We will continue to advertise this process and monitor the gender balance of applications.

Table 21. Applications to the Recognition of Distinction exercise for the title of University Research Lecturer

Title	Outcome	2015		2016		2017		2018		2019		2015- 2019 (N)		2015-2019 (success rate in %)	
		F	M	F	M	F	M	F	M	F	M	F	M	F	M
URL	Successful	0	1	1	2	3	0	0	1			4	4	67%	67%
	Unsuccessful	0	0	1	2	0	0	1	0			2	2		

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

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

Note: The creation of the Department postdates the Research Assessment Exercise 2008, so we are unable to provide this data.

A higher proportion of men were submitted to REF 2014, since more men held senior academic posts in 2014 (**Table 22**). However, of those eligible, proportionally more women were submitted.

The University is currently conducting a dry run of eligibility and output selection for REF 2021 and will conduct a full equality impact assessment.

Table 22. REF 2014 submissions by gender

	F	M	%F
Submitted	17	25	40%
Total eligible	46	132	26%
% population submitted	37%	19%	

SILVER APPLICATIONS ONLY

5.2. Key career transition points: professional and support staff

(i) Induction

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

IMPACT

- Increase in the proportion of P&S staff finding induction useful, from 81% (73%F/100%M) in 2014 to 100% in 2018.

P&S staff follow the same induction process as A&R staff, with role-specific information available through the online and team inductions. The HR Team monitor completion of mandatory training. Feedback is collected through biennial staff surveys. 100% of respondents to the 2018 staff survey found induction useful, though the 2018 induction survey showed team inductions and awareness of mandatory training was variable.

(ii) Promotion

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

Progression for P&S staff is via applying for a higher-grade post, regrading or through the Reward and Recognition scheme. Staff are identified during PDR and regular meetings with line managers.

Regrading

Since 2015, all 22 (11F/11M) regrading applications were successful. Men have applied in disproportionately higher (albeit small) numbers (P&S staff: 30%M). We will continue to monitor applications and take action if this trend persists as numbers increase.

Table 23. P&S staff who have successfully applied to be regraded, 2016-2019, by gender

Regrade	2015		2016		2017		2018		2019		2015-19		
	F	M	F	M	F	M	F	M	F	M	F	M	%F
Grade 2 to 3						2					0	2	0
Grade 3 to 4	1							1	1		2	1	67
Grade 4 to 5								1	1		1	1	50
Grade 5 to 6		2	2						2		4	2	67
Grade 6 to 7	1			1		1					1	2	33
Grade 7 to 8				1	2	1		1	1		3	3	50
Total	2	2	2	2	2	4	0	3	5	0	11	11	50

Reward and Recognition

Between 2015-19, 40 people (30F/10M) were successful in the Reward and Recognition scheme, all were nominated by line managers. The proportion of awards received by women (75%) is slightly higher than expected given the gender balance of the eligible population (68%F).

Table 24. P&S staff receiving awards through the Reward and Recognition scheme, by grade and gender, 2015-19

Grade	2015		2016		2017		2018		2019		2015-19		
	F	M	F	M	F	M	F	M	F	M	F	M	%F
Grade 3	1										1	0	100%
Grade 4	1					1	3		2		6	1	86%
Grade 5	2	1			1				3		6	1	86%
Grade 6				1	2	1	4		1		7	2	78%
Grade 7	1	1	1		1				3	2	6	3	67%
Grade 8			2	1			1	1	1		4	2	67%
Grade 9								1			0	1	0%
Totals	5	2	3	2	4	2	8	2	10	2	30	10	75%

5.3. Career development: academic staff

(i) Training

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

IMPACT

- BAP12 and SAP15 actions to improve awareness of training opportunities means that in 2019, 92%F/95%M A&R staff are clear about these opportunities.
- Launched the NDCN Parents' and Carers' Career Fund in 2017, resulting in 16 (10F/6M) people with caring responsibilities being able to undertake training.

Awareness of training opportunities

BAP12 and SAP15 sought to improve awareness of training opportunities by:

- increasing promotion of University-wide training opportunities;
- providing in-house training on key areas (graduate supervision, equality and diversity);
- making unconscious bias and anti-bullying and harassment training mandatory;
- establishing an annual PDR process to identify training needs.

As a result, the 2019 snapshot survey found high and gender balanced awareness among A&R staff of training opportunities (**Table 25**).

Table 25. Proportion of A&R staff respondents to 2019 snapshot survey agreeing with statements regarding training.


	F		M	
I am aware of training opportunities	44	92%	32	97%
I feel comfortable discussing my training needs with my line manager	35	90%	23	88%
I find the newsletter a useful source of training opportunities	33	92%	22	96%
Access to training and development is fair	28	97%	20	91%

Time for professional development

All A&R staff in MSD beyond probation are entitled to a minimum of five days paid time off in a 12-month period for career development activities to meet an agreed development need (**Figure 20**).

ACTION 19: Establish system to monitor uptake of policy granting five days paid time off for development activities and take action if gender imbalances are observed.

Figure 20. Time for professional development policy advertised in weekly e-newsletter



Researchers: how will you spend 5 days to invest in your career?

Research staff in the Medical Sciences Division beyond probation are entitled to a minimum of [5 days paid time off a year](#) for career development activities to meet an agreed training need. Training can be sought from internal or external providers. Appropriate solutions may include:

- attendance at conferences
- management training
- supervisor training
- teacher training
- personal development activities

Don't forget to apply to NDCN's [CNS Training Fund](#) for up to £500 towards training fees and to NDCN's [Parents' and Carers' Career Fund](#) if you need to supplement your regular caring arrangements to attend training.

Next week: [Tips on grant writing and how to secure industry funding](#)

[Top five training picks](#)

University training

Since 2016, all staff have had free access to LinkedIn Learning, a library of over 20,000 online video courses. Data is available from 2017-19; staff have undertaken 256 hours of training (43%F/57%M).

Staff can access training across the University through People and Organisational Development (POD), MSD and IT Services. Uptake of POD courses shows high, gender-balanced uptake of equality and diversity training (**Table 26**) although lower uptake by both genders of management and professional development training. In the 2018 staff survey, 58%F/38%M of line managers reported undertaking management or leadership training since starting their role.

ACTION 23: Develop an induction programme for new line managers, including management training.

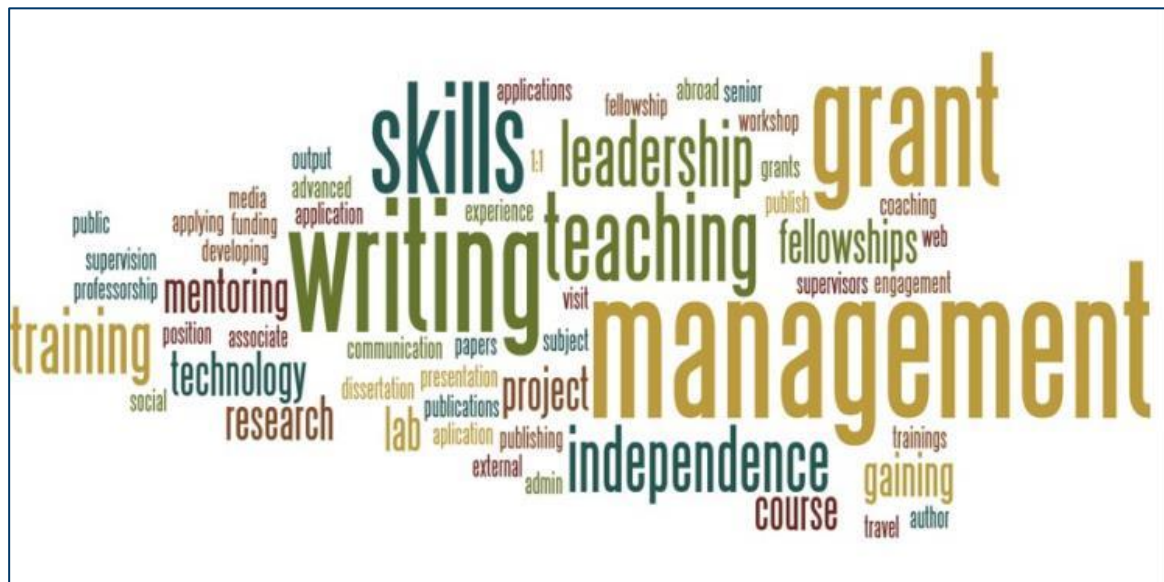
Table 26. POD courses by category and A&R staff attendees, 2015-18

	F	M	Total	%F
Equality and diversity	83	71	154	54%
Personal development	17	4	21	81%
Leadership and management	10	10	20	50%
Professional development	9	11	20	45%

NDCN Staff Development Plan

The 2016 staff survey found that staff struggle to attend events in central Oxford due to work commitments at the JR and caring responsibilities. So, in 2016/17, we launched our Staff Development Plan (SDP) to provide in-depth support for professional and personal development. This included Department-led training events at the JR, addressing training needs identified in the survey (**Figure 21**).

Figure 21. Word cloud of training needs from free text responses the 2016 staff survey. The most common words are presented more prominently.



Arranged around 12 monthly themes, the SDP addresses each topic in consideration of gender equality (**Figure 22**). Actions included developing/organising:

- a suite of online grant writing resources (**p.58**);
- a series of writing groups (**p.58**), including a Grant Writing Workshop, which 100% of participants found useful;
- a work-life balance panel discussion (**p.77**);
- a session on Managing your Online Presence, which 100% of participants found useful;
- additional in-depth guidance on departmental, divisional and University policies.

ACTION 25: Building on the work of the Staff Development Plan, further develop those areas of the plan supporting women to successfully apply for research funding.

Figure 22. NDCN Staff Development Plan Schedule 2017/18



“Juggling a scientific career with parenthood means that dedicated time to work on funding applications can often fall by the wayside. I signed up for the writing retreat to focus on a grant application that needed the final push before submission. I’m so glad I did – I submitted it shortly afterwards!” – AP (F)

NDCN Staff Training Fund

In 2015, we created the NDCN Staff Training Fund to which individuals can apply for up to £500 over a 12-month period, for training that is not offered by the University.

The 2018 staff survey showed awareness of the fund was low. We promoted the fund more widely and the number of applications increased from 4 (2015-18 average) to 9 (7F/2M) per year. Between 2015-19, £10,240 was awarded.

“The Staff Training Fund supported my training in venepuncture within the NHS. As a pre-clinical researcher, this means I am now qualified to take blood samples directly from patients, which has expedited my translational research and also developed my professional network within the clinic” – *Postdoc (M)*

Parents’ and Carers’ Career Fund

Recognising that caring responsibilities can prevent staff from undertaking training, in 2017, we launched the NDCN Parents’ and Carers’ Career Fund (PCCF). Staff and students can apply for up to £250 towards additional child/adult-care costs incurred in order to attend work-related training.

Since 2017, 16 A&R staff (10F/6M) have been awarded £3,174. In the 2018 staff survey, awareness of the fund was high (85%F/75%M). We are among the first Oxford departments to offer this type of fund.

“By covering the additional childcare costs while I was away, the PCCF allowed me to attend an international conference where I was able to establish collaborators for future research.” - *AP (M)*

(ii) Appraisal/development review

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

IMPACT

- Between 2015-19, the proportion of women completing their PDR doubled from 42% to 84% and for men, from 36% to 76%.
- In 2018, 86% of staff (85%F/88%M) found their PDR useful.
- Since introduction of annual PDR, the proportion of women feeling supported to think about their professional careers increased from 56%F (60%M) to 76%F (85%M) between 2014-18.

A major BAP12 action was to implement an annual Personal Development Review (PDR) for all staff. Since 2014, the PDR process has been administered by HR and conducted by line managers, although the reviewee may request an alternative reviewer.

SAP15 sought to improve PDR with a move to an online system (**Table 27**). Problems in developing the software meant that this was not implemented as planned. As a consequence, completion rates dropped in 2015-16 then recovered slightly in 2017. However, even while the process was under review, those who had a PDR rated it as useful in 2016 (73%F/85%M) and 2018 (85%F/88%M).

Our 2018 PDR survey revealed that women felt less confident than men in setting development goals and 93% of respondents requested role-specific PDR forms. In response, we made several key changes to PDR in 2019:

- Created PDR guides to assist reviewees and reviewers in setting SMART goals and identifying relevant training opportunities;
- Tracked PDR uptake weekly, sending reminders to line managers where necessary;
- Provided training for reviewers;
- Developed separate forms for A&R and P&S staff, with role-specific sections, including work/life balance.

We observed a subsequent increase in uptake across both genders (84%F/76%M). We aim to embed these changes and are working with other MSD departments on an online PDR system. We anticipate the efficiencies of this system will show benefits in terms of further increases in uptake and satisfaction over the next two years.

ACTION 20: Move PDR process online to improve uptake and satisfaction.

ACTION 21: To support reviewees to prepare for an effective PDR, we will organise a ‘Making the most of your PDR’ session.

Table 27. PDR completion rate for A&R staff by gender, 2015-2019. Note: PDR was not carried out in 2018 due to PDRs taking place in November 2017 and February 2019.

Year	Completion rate
2015	39% (42% F, 36%M)
2016	26% (25% F, 26%M)
2017	56% (48% F, 63%M)
2019	80% (84% F, 76%M)

(iii) Support given to academic staff for career progression

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

IMPACT

- SAP15 actions encouraged 14 women to participate in Oxford's mentoring scheme, of which four were subsequently made Professor.
- Established Mid-term Review for fellowship-holders, providing structured feedback from senior staff for 4F/11M.

Key BAP12 and SAP15 achievements included increasing communication of University career development schemes through creation of a Staff Development section on our website and the weekly e-newsletter. Since 2015, career development has remained a key departmental priority, driving the launch of our SDP in 2016 and appointment of our SDO.

Mentoring schemes

Several specialised mentoring schemes are available from the University:

- **Oxford Senior Women's Mentoring Network (OxSWMN):** encourages women to explore their academic leadership potential. Between 2015-19, 14 women participated as mentees, 11 (5F/6M) senior staff as mentors (including three NDCN HoDs).
- **MSD Peer Mentoring scheme:** offers support through peer mentoring circles. 14 female A&R staff have participated.
- **Springboard:** an award-winning development programme for women. Three female A&R staff have participated.

In the 2012 staff survey, only 3% of women had heard of OxSWMN, none had participated. SAP15 actions included proactively targeting female researchers to encourage them to participate; the HoD emailed all eligible female clinical A&R staff, asking them to contact him directly if they felt their mentoring needs had not been met. Of the 14 participants, four (including two FCARs) have since been made Titular Professor and one made Professor at another institution.

Support for postdoctoral researchers

We consult postdocs about their development through surveys and representation on committees (SDC has 2 (1F/1M) postdoc members). To support the increasing number of women at Grade 7 (53%F), we have invested significantly in producing resources for writing funding applications (p.57). Our 2016 staff survey found that some locations within the Department were not conducive to writing, so we set up a writing group to offer regular, uninterrupted writing time in a supportive environment (23 attendees).

Since 2016, the CNS has funded 17 ECR seminars where postdocs can present their research. The CNS Chair (SDC member) ensures that the speaker schedule is gender balanced (9F/11M).

"The ECR Seminar Series has given me the confidence to approach more colleagues from outside my own lab, resulting in valuable discussions and the building of my network." – *Postdoctoral Researcher (F)*

Support for fellowship-holders

In 2017, we piloted a Mid-Term Review (MTR) for 5 (2F/3M) fellowship-holders at WIN. The MTR takes place half-way through a fellowship and assesses a fellow's research programme, career development, and future plans in the context of the wider departmental strategy, providing a valuable opportunity for structured feedback from senior staff. In February 2018, SMG endorsed the roll out of the MTR across the Department. To date, 12 individuals (4F/8M) have had an MTR.

"I got very honest feedback which helped me set the next goals – but even more importantly my MTR gave me this sense of "belonging to a larger group" where your contribution is respected which is highly motivating." - *AP (F)*

Support for senior staff

As part of SAP15, we began identifying candidates for intensive leadership programmes. We funded two female A&R staff to complete the highly prestigious Women Transforming Leadership Programme (WTLP, £7,300) at Oxford's Saïd Business School and our previous HoD (F) to undertake executive leadership training upon assuming the role (**Mini Case Study 3**).

ACTION 18: We will run an internal selection process to fund one female academic per annum to undertake the WTLP.

Mini Case Study 3 (F)

"The WTLP was a very valuable experience and provided a fantastic opportunity to meet female leaders from across the world. I learnt a huge amount – not only from the high-quality teaching, but also from the time for reflection, and the opportunities to discuss leadership challenges with a stimulating group of individuals. The training was excellent preparation for taking on a new leadership role within the Department."

NDCN Academic Sponsorship Programme for Women

In Spring 2020, we will pilot an innovative, year-long academic sponsorship programme for women, on behalf of the University. The programme was awarded funding the University's Diversity Fund and we will develop a template for use by other academic departments within and beyond Oxford.

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

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

IMPACT:

- Implementation of mandatory online supervisor training (100% completion rate).
- Gender balanced completion of career development training.

Our Academic Administration Team, GSC and DGS provide administrative, pastoral and career development support for students. All MSD postgraduate students complete the annual Student Barometer survey. NDCN postgraduates report high satisfaction with support provided for career development (**Table 28**).

Table 28. Student Barometer Survey responses regarding induction and support for career development, 2015-18 (2019 data and gender breakdown not available).

		2015	2016	2017	2018	2015-18
Faculty or department induction/welcome	NDCN	100	100	92	100	98
	Benchmark (MSD)	94	94	95	96	95
Getting time from academic staff when I need it/ personal support with learning	NDCN	90	90	92	89	90
	Benchmark (MSD)	92	92	90	91	91
Learning that will help me to get a good job	NDCN	92	92	86	91	90
	Benchmark (MSD)	84	84	79	80	82
Advice and guidance on long-term job opportunities and careers from academic staff (not Careers Service)	NDCN	84	84	86	77	83
	Benchmark (MSD)	73	73	69	67	71

Induction

DPhil/MRes induction includes talks from the HoD, Communications Manager and a senior academics. Students must complete an online equality and diversity briefing and are invited to create a webpage profile to increase visibility and showcase achievements. 100% of respondents were satisfied with induction in the 2018 Student Barometer (**Table 28**).

PGDip/MSc students complete a comprehensive online induction, including study resources, IT/library training, and information on good academic practice.

Supervisors

In 2015, we implemented two key BAP12 actions: (i) ensuring that all DPhil supervisors undertake student supervision training before accepting new students and (ii) creating a supervisor/student form setting out expectations of both parties.

PGDip/MSc students are assigned a pastoral officer, advisor who monitors their progress through the course, college advisor (MSc) and dissertation supervisor (MSc).

Training and mentoring

Students are required to complete a formal training needs analysis. They have access to training provided by NDCN, MSD, and the University, and are encouraged to attend via a termly newsletter from the DGS. Between 2015-19, comparable numbers of female and male students undertook MSD courses (**Table 29**). Students can access MSD and Careers Service mentoring schemes, and gender-specific schemes such as Oxford Females in Engineering, Science and Technology (OxFEST).

Table 29. NDCN DPhil/MRes participants on MSD Skills Training courses, 2015-19.

	F	M	%F	%F DPhil/MRes students
Research and study skills	82	89	52%	45%
Teaching and academic skills	57	56	50%	
Communication and media skills	86	88	51%	

NDCN Student Support Fund

Recognising that not all DPhil studentships cover costs of externally provided training, in 2016, we established the NDCN Student Support Fund. This provides every DPhil student with an additional £2000 to support conference attendance, training and specialist IT purchases and offers experience in effectively managing a budget. 68% (78%F/59%M) have accessed the fund (**Table 30**).

Table 30. Uptake of the NDCN Student Support Fund, 2015-19.

	Total			
	F	M	Total	%F
Eligible students	50	58	108	46%
Students who have accessed their fund	39	34	73	53%
Proportion of students who have accessed their fund	78%	59%	68%	

“The Student Support Fund allowed me to travel to several skills workshops and conferences, at which I made several key contacts that, crucially, helped me to secure a postdoc position following my DPhil.” –DPhil student

Thomas Willis Day

In 2013, we established our annual Thomas Willis Day to celebrate departmental achievements, with a focus on students. All students present a poster to a panel of judges, with a prize for the best in each year group (7F/8M since 2015).

Figure 23. Thomas Willis Day 2019. DPhil poster judging and poster prize winners



Teaching opportunities

To ensure postgraduates can gain teaching experience, we provide teaching opportunities on our MRI Graduate Programme, created a page on Workplace where course administrators and academics can advertise opportunities and ran a half-day “Teaching Opportunities” workshop in 2018, which attendees found useful.

Student Club

We created our student-led Student Club (SC) to connect DPhil students through research seminars and social events (BAP12). For example, in 2017, the SC co-hosted a careers event entitled “Where Should I Go Next?” (attendance: 83F/69M). The SC hosts at least one event per term and has one AS representative (SDC member).

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

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

NDCN employs five staff in the Research Grants Team to support individuals identify suitable grants and fellowships and provide specialist advice regarding costing requirements and funder terms and conditions.

Support for writing applications and interviews is provided to ECRs by research groups and mentors, and to junior PIs by DHs.

Unsuccessful applicants discuss feedback with their supervisor. Depending on the award and feedback, the HoD may also meet the applicant. Internal review processes ensure the feedback has been addressed if the grant is re-submitted.

The 2016 staff survey found that A&R staff would value increased support for funding applications (52%F/33%M). In response, we developed a set of events and online resources:

Grant application writing workshop

In 2016, we organised a two-hour grant application writing workshop led by senior staff (2F/1M) (attendance: 18F/9M), which was recorded and made available on the intranet (71 views). We also ran several writing groups, providing focussed time away from the Department for writing applications.

“Very helpful and surprisingly reassuring.” – Researcher participant at grant application writing workshop (F)

Fellowship interview workshop

In April 2019, we ran a one-day workshop with a professional voice and media coach for 7 ECRs (4F/3M) with forthcoming fellowship interviews. 100% of participants found the session useful and 87% agreed that they felt more confident presenting work to interview panels afterwards.

“I plan to apply for an independent fellowship this year, so getting the chance to practise speaking in front of a panel and camera, and receiving individualised feedback, was helpful preparation for the interview stage.” – Postdoc (F)

Online resources

We developed an online Grant Writing Toolbox, including an Idea Builder tool, grant/fellowship application checklists, video interviews with senior staff about their grant writing experiences (119 views), profiles of lesser-known funding schemes and links to University resources.

“As a clinical academic developing my research and working towards intermediate fellowships, the online Grant Writing Toolbox helped organise my thoughts and enabled me to structure and transfer them into a coherent application” – Clinical Lecturer (M)

Mock funding interviews

Staff are encouraged to approach colleagues directly to organise mock interviews. However, we recognise that opportunities for doing so may not be equal across the Department. Since April 2019, WIN has offered 24 researchers (13F/9M) the opportunity to participate in mock grant panel discussions (100% of participants found useful).

Funding applications and awards

We have analysed funding application and award data for our largest charity funders (Wellcome, Royal Society, Royal Academy of Engineering) and United Kingdom Research and Innovation (UKRI) research councils. Between 2015-19, applications from women were mostly proportional to gender balance across grades, reflecting our actions to support mid-career researchers in applying for funding, though Grade 7 and clinical researchers submitted proportionally fewer applications (**Table 31**). Female applicants at Grade 9/10 and Professor levels were particularly successful, and while ECRs and clinical researchers were awarded proportionally fewer grants, numbers are small (**Table 32**).

ACTION 24: Systematically identify and encourage women to apply for funding.

ACTION 25: Strengthen links with local sources of expertise for helping women in identifying and applying for research funding.

Table 31. Grant applications main charity funders and UKRI research councils, by grade and gender, 2015-19.

	F	M	%F	%F staff in post
Grade 7	13	14	48%	54%
Grade 8	12	15	44%	41%
Grade 9/10	26	19	58%	59%
Clinical Researcher/Clinical Lecturer	3	11	21%	39%
Senior Clinical Researcher	6	35	15%	37%
Professor	18	67	21%	20%
Totals	78	161	33%	46%

Table 32. Grants awarded by main charity funders and UKRI research councils, by grade and gender, 2015-19.

	F	M	%F	%F staff in post
Grade 7	0	2	0%	54%
Grade 8	1	2	33%	41%
Grade 9/10/Marie Curie Fellow	8	4	67%	59%
Clinical Researcher/Clinical Lecturer	1	4	20%	39%
Senior Clinical Researcher	0	11	0%	37%
Professor	9	17	35%	20%
Totals	19	40	32%	46%

SILVER APPLICATIONS ONLY

5.4. Career development: professional and support staff

(i) Training

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

IMPACT:

- Extended eligibility for Staff Training Fund to P&S staff, enabling 13F/2M to undertake additional training.
- Promotion of Work Learn Develop Apprenticeship Scheme resulted in one woman undertaking an apprenticeship for a professional qualification within their existing job.

All P&S staff can access departmental and University training opportunities. We advertise training opportunities via the weekly e-newsletter, departmental webpages and intranet, information screens and PDR guides for P&S staff. Between 2015-19, the gender balance of POD course attendees was proportional to staff in post, except for management training (**Table 33**). Awareness of training opportunities is high and gender balanced (**Table 34**).

ACTION 23: Develop an induction programme for new line managers, including management training.

Table 33. P&S staff attendance at POD courses, grouped by topic, 2015-19.

	F	M	%F	%F staff in post
Equality and Diversity	106	39	73%	70%
Personal Development	16	3	84%	
Management	4	7	36%	
Professional Development	57	20	74%	

Table 34. Proportion of P&S staff respondents to 2019 snapshot survey agreeing with statements regarding training.

	F		M	
I am aware of training opportunities	27	96%	12	92%
I feel comfortable discussing my training needs with my line manager	29	91%	13	93%
I find the newsletter a useful source of training opportunities	20	87%	8	100%
Access to training and development is fair	21	88%	12	100%

The University's Work Learn Develop (WLD) apprenticeship scheme funds staff to obtain professional qualifications. In 2018, we organised an information session about WLD for P&S staff. One person (F) has since started a qualification within their existing job, overall three (3F) people have joined NDCN as apprentices.

ACTION 26: Encourage greater uptake of the Work Learn Develop apprenticeship scheme.

In 2015, we extended eligibility for the Staff Training Fund to P&S staff to increase access to training (**Mini Case Study 4**) (**Table 35**). P&S staff can also apply to the PCCF.

P&S staff funded by the Oxford Biomedical Research Centre can apply for training bursaries of up to £5,500 annually and we regularly fund members of our Administration Team to undertake training courses (e.g. professional HR qualifications).

In 2020, WIN will run a two-year training programme for technical support staff covering project management, working as a team, team development, time management, and communication.

Table 35. Funding for P&S staff training, 2015-19. *Parents' and Carers' Career Fund established in 2017.

	F	M	Amount awarded
NDCN Staff Training Fund	13	2	£8,160
Parents' and Carers' Career Fund*	5	0	£560

MSD grants all A&R staff at least five days paid time off in any 12-month period for career development activities. In 2019, we went above MSD policy by extending it to include NDCN P&S staff.

ACTION 19: Monitor uptake and usage of the five training days during PDR.

Mini Case Study 4. Training for P&S staff

“With encouragement from my manager during PDR, I applied to attend a development programme at the University. I had never considered the programme before, but it’s really helped to develop my confidence to achieve personal and professional development goals. I’m now looking into additional development opportunities and have just received funding from the NDCN Staff Training Fund to attend a specialist course.” – P&S staff (F)

(ii) Appraisal/development review

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

IMPACT:

- Between 2016-2018, PDR completion rate among P&S staff increased from 25% (25%F/21%M) to 84% (79%F/96%M), demonstrating increasing engagement with the process.

PDR for P&S staff was also introduced in 2014 and has evolved in response to staff consultation. Since 2016, completion rates of PDR have increased for male and female P&S staff.

Table 36. PDR completion rate for P&S staff by gender, 2015-19. Note: PDR was not carried out in 2018 due to 2017 PDR in November and 2019 PDR in February

Year	Number of eligible staff (% F)	Completion rate (%)
2015	49 (67% F)	43% (39% F, 50%M)
2016	52 (73% F)	25% (26% F, 21% M)
2017	43 (67% F)	63% (59% F, 71% M)
2019	79 (66% F)	84% (79% F, 96% M)

The 2018 PDR survey showed that few P&S staff found PDR useful for their day-to-day job (50%F/0%M) or personal development (64%F/25%M), particularly men, who are underrepresented in this group. So, in 2019 we created bespoke PDR forms and guides for P&S staff including sections on teamwork, leadership, working relationships, additional administrative duties and professional development. Increased engagement with the PDR process suggests these changes were positive.

In April 2019, P&S staff were invited to attend our PDR Session for Reviewers. Feedback indicated that participants found this useful.

"I attended the PDR Session for Reviewers as a new line manager. The training consolidated my understanding of the PDR process and what it is intended to achieve. I came away feeling more confident and better equipped to fulfil my responsibilities towards my staff." - P&S staff (F)

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

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

PDR requires staff and line managers to formally identify development needs and plan how these will be met.

P&S staff have access to MSD's mentoring scheme and POD's Careers Support Network, offering confidential job application advice. Between 2015-19, six people (5F/1M) participated as mentees, one (F) as a mentor.

In the 2016 staff survey, 67%F/38%M P&S staff were clear about development opportunities available to them. So, in January 2018, we organised an event for P&S staff, to facilitate structured self-reflection, signpost online resources, and highlight opportunities for development (attendance: 20F/30M) (**Figure 24**). We also published case studies of P&S staff who had made unusual careers moves at Oxford on our intranet. The 2018 staff survey found that women in particular are now clearer about development opportunities (78%F/50%M).

ACTION 27: Consult with male P&S staff to identify where clarity regarding career opportunities could be improved.

Figure 24. Example of a P&S Case Study on our intranet site (left) and advert for our P&S career event (January 2018) (right)



5.5. Flexible working and managing career breaks

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

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

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

IMPACT:

- Since 2018, we have funded the maternity leave pay of six A&R staff whose funders did not cover maternity pay, through a ring-fenced annual budget of £200,000.

The University maternity/adoption leave scheme pays 26 weeks at full pay, 13 weeks at statutory maternity pay and 13 weeks unpaid leave. Since some external funding schemes do not include maternity pay as an eligible cost, in 2018 we began a three-year trial to ring-fence £200,000 annually to ensure women funded by such schemes are not disadvantaged. This trial has supported the maternity leave of six female A&R staff (one clinical) and will be evaluated in 2021.

Relevant information is provided at induction, via the website and intranet, and in our Parents' and Carers' Factsheet (BAP12) (**Figure 25**). Staff meet with HR to discuss their maternity plan, options for any contact with the Department during leave, Keeping In Touch (KIT) or Shared Parental Leave In Touch (SPLIT) days and phased returns.

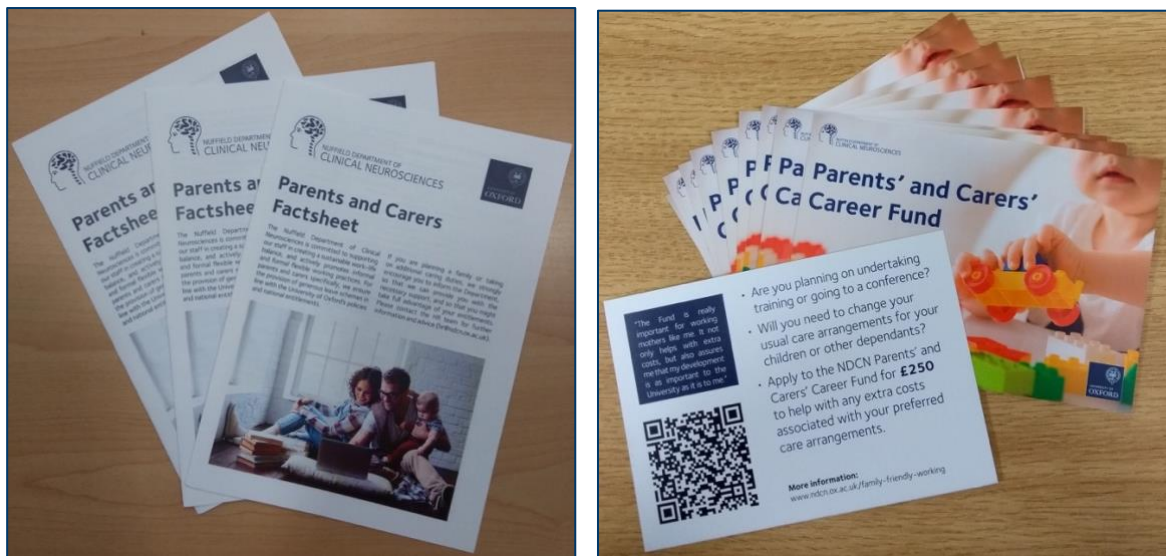
The number of staff going on maternity leave has increased from 7 between 2011-14 to 28 between 2015-18, partly reflecting the Department's growth. In 2019, we held focus groups with staff who had recently taken leave, to evaluate support provided. Participants praised the valuable support from the HR Team before leave (e.g. for discussing flexibility in leave start dates).

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

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

Staff can take up to ten KIT days to enable a smooth transition back to work, although uptake is not obligatory. Our PCCF is open to staff on family leave (if training is taken on KIT/SPLIT days), ensuring staff are not disadvantaged when on leave (**Figure 25**). Focus groups reported that line managers were supportive throughout their leave, particularly when adapting working hours or extending leave.

Figure 25. NDCN Parents' and Carers' Factsheet (left) and postcards advertising the NDCN Parents' and Carers' Career Fund (right)



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

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

IMPACT:

- Purchased priority places at University nurseries (£6,250), securing places for four parents quicker than they might otherwise have done.
- Supported ten women to be awarded a total of £43,229 to support their development following maternity leave.

HR contacts individuals shortly before they are due to return to review plans. Focus group participants valued the ease of organising a phased return with HR and requested additional guidance for line managers on supporting their return to work.

In 2018, we established a process for reserving a breastfeeding/expressing room through our HR Team. Rooms were specially adapted to lock from inside and a fridge specifically for storing milk was installed nearby.

All staff are eligible to apply for childcare through the University's nurseries. Waiting lists are long, so in 2019, we funded the prioritisation of five University nursery places until 2021 (£6,250). Places were assigned according to childcare start date, securing four places for three A&R staff (2F/1M) quicker than they might otherwise have done.

The University's Returning Carers' Fund awards up to £5,000 to support the development of A&R staff following leave of six months or more. Since 2015, ten (F) NDCN staff have received funding (100% success rate: £43,229 awarded).

ACTION 28: Develop a family leave guide and return to work checklist for line managers.

ACTION 29: Provide assistance to those returning from leave in applying to the University's Returning Carers' Fund.

(iv) Maternity return rate

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

Between 2014-18, 28 staff took maternity leave (**Table 37**). 93% returned to work, consistent with the MSD average (90%). 83% of those returning remained in post after six months, 75% after 12 months and 50% after 18 months.

Two women did not return: one was offered support with redeployment but opted for voluntary severance (2015); one reached the end of their FTC one month after going on leave (2018) and was offered support with redeployment and given honorary status with NDCN for one year to maintain collaborations.

Table 37. Maternity leave return data, 2014-18 to give 18-month retention rates.

	2014	2015	2016	2017	2018	Totals
Research staff	2	3	9	4	3	21
18 Months +		2	4	1	1	8
12 Months +			1	3	1	5
6 months +		1				1
Returned < 6 months	2		4			6
Did not return					1	1
P&S staff		3	2	0	2	7
18 Months +		2	2			4
12 Months +					1	1
6 months +						0
Returned < 6 months					1	1
Did not return		1				1
Totals	2	6	11	4	5	28

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

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

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

We advertise paternity leave and shared parental leave (SPL) in the same way as maternity leave.

Since 2015, 17 people (1F/16M) have taken paternity leave (two weeks full pay) (**Table 38**). Uptake across staff groups reflects the proportion of men in each group. Since 2015, five staff (A&R; 4F/1M) have taken SPL, none took adoption leave.

Focus groups reported anecdotal evidence of secondary caregivers not formally recording their leave, thereby funding leave from research grants rather than the University scheme. In 2019, we introduced absence management software across the Department, making it easier to record leave.

ACTION 30: Build a communications campaign to increase awareness of the Shared Parental Leave scheme.

ACTION 31: Encourage staff to formally record paternity leave by promoting the benefits of doing so.

Table 38. Paternity and shared parental leave uptake by year and role

	2015	2016	2017	2018	2019	Totals
Paternity leave	2	3	3	6	3	17
Academic				1		1
Researcher	2	2	2	2	3	11
P&S		1	1	3		5
Shared parental leave	0	2	1	2	0	5
Academic						0
Researcher		2	1	2		5
P&S						0
Totals	2	5	4	8	3	22

(vi) Flexible working

Provide information on the flexible working arrangements available.

IMPACT:

- BAP12 and SAP15 promoted our flexible working policy, increasing the proportion of staff working flexibly from 51%F/52%M (2014) to 79%F/80%M.

Flexible working options are advertised in job descriptions (BAP12), on our website (SAP15) and at induction (**Mini Case Study 5**).

In 2016, our HRM gave a talk about flexible working options (attendance: 13), which 100% of attendees found useful. In 2017, we organised a cross-departmental discussion (panel: 2F/2M) on work-life balance, chaired by an NDCN Professor (M) (attendance: 35) (**Figure 26**). Between 2014-18, the proportion of staff reporting flexible working arrangements increased (**Table 39**) and in 2018, 95% of staff were aware of flexible working arrangements.

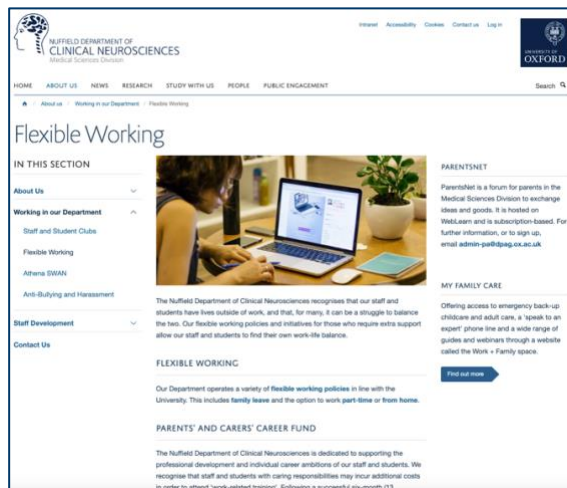
Our devolved structure allows teams to organise their own individual arrangements, so most flexible working arrangements are informal (**Table 39**).

ACTION 32: To ensure that remote working is safe, productive and enjoyable, publish the NDCN guide to working remotely covering the technical and legal aspects of remote working and organisational tips for staff and managers.

Table 39. Staff survey responses to the question: Do you have flexible working arrangements? E.g. flexible/staggered hours, home/remote-working.

		F		M		Overall		Benchmark (2016 staff survey)	
A&R	Formal	1	4%	1	4%	88	79%	37	46%
	Informal	26	96%	22	96%				
	Overall	27	79%	23	85%				
P&S	Formal	5	20%	0	0%				
	Informal	20	80%	13	100%				
	Overall	25	78%	13	72%				

Figure 26. Flexible working pages of our departmental website (left) and photo of the NDCN work-life balance panel session (November 2017) (right).



Mini Case Study 5 (F)

“My husband works long, unpredictable hours, often away from home, so flexibility at work has been absolutely vital. A few years ago, I was balancing my clinical work with the pressure and excitement of setting up a new project and ensuring I was there for my son. NDCN has been incredibly supportive in adjusting my working hours to meet my professional and personal needs. I now mentor new consultants to advise them on how to get that work-life balance right.”

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

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

All staff are eligible to apply for changes to their work pattern with approval from their line manager. HR meet with staff wishing to transition back to full-time work and discuss how this may be possible, where operationally and financially viable.

“I decided to come back to work part-time for three months after my maternity leave. When I was ready to transition back to full-time work, my manager was very supportive, and it was easy to arrange with HR.” – AP (F)

5.6. Organisation and culture

(i) Culture

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

IMPACT

- In 2018, 95%F/95%M said they would recommend working in NDCN to a friend, up from 93%F/86%M in 2016
- Created weekly e-newsletter to improve transparency of decision-making processes, which 100% of staff find useful.

Athena SWAN Charter principles

AS Charter principles inform our approach to creating an inclusive culture by celebrating excellence across the Department, providing extra support for carers, and making our events and departmental spaces as accessible as possible.

Inclusive environment

Between 2014-18, the proportion of staff who would recommend working at NDCN to a friend has steadily increased from 83%F/83%M to 90%F/96%M. Since 2014, our annual NDCN Award for Excellence has recognised contributions to improving the inclusive culture of NDCN. It has been awarded to teams and individuals (8F/2M) and across staff groups (4 A&R/6 P&S).

Table 40. 2018 staff survey question: "would you recommend working in NDCN to a friend?". 2016 responses included for all staff as a benchmark

	F		M		Overall		Benchmark (2016 staff survey)	
A&R	27	90%	23	96%	93	95%	69	91%
P&S	26	100%	17	94%				

“It was an honour to be acknowledged for work that I and my colleagues had undertaken as part of our normal roles and for it to be considered for an award.” – *Recipient of NDCN Award for Excellence (P&S, M)*

Since 2018, we have hosted an annual International Women’s Day (IWD) dinner for senior female A&R and P&S staff in NDCN (**Figure 27**), to foster connections and mentoring opportunities. For IWD 2019, we co-hosted a series of careers talks from female scientists with the Radcliffe Department of Medicine, included a TED talk and discussion session with a transgender scientist about her experience of working in academia (**Figure 28**).

Figure 27. Photos from the 2018 (left) and 2019 (right) IWD dinner for NDCN’s senior female staff.



Figure 28. Tweet from NDCN's 2019 IWD event "Scientific Career Case Studies and What Can Oxford Do For You?"



In 2019, staff in WIN established an LGBTI+ working group with the mission to cultivate a community that is informed, safe and inclusive of all staff. To raise awareness of LGBTI+ Pride Month 2019, we created an inclusion-themed mini-series in the NDCN e-newsletter and on Twitter (**Figure 29**).

Figure 29. Three tweets from our Twitter mini-series on inclusivity in academia during LGBTQI+ Pride Month 2019, including guidance on organising inclusive events, using inclusive language and campaigns aiming to make academia more inclusive



In March 2018, we launched an online Twitter campaign to celebrate the diversity of our Department and challenge perceptions of what a neuroscientist is and looks like (Figure 30).

Figure 30. Tweets from our “I am a neuroscientist” campaign on Twitter



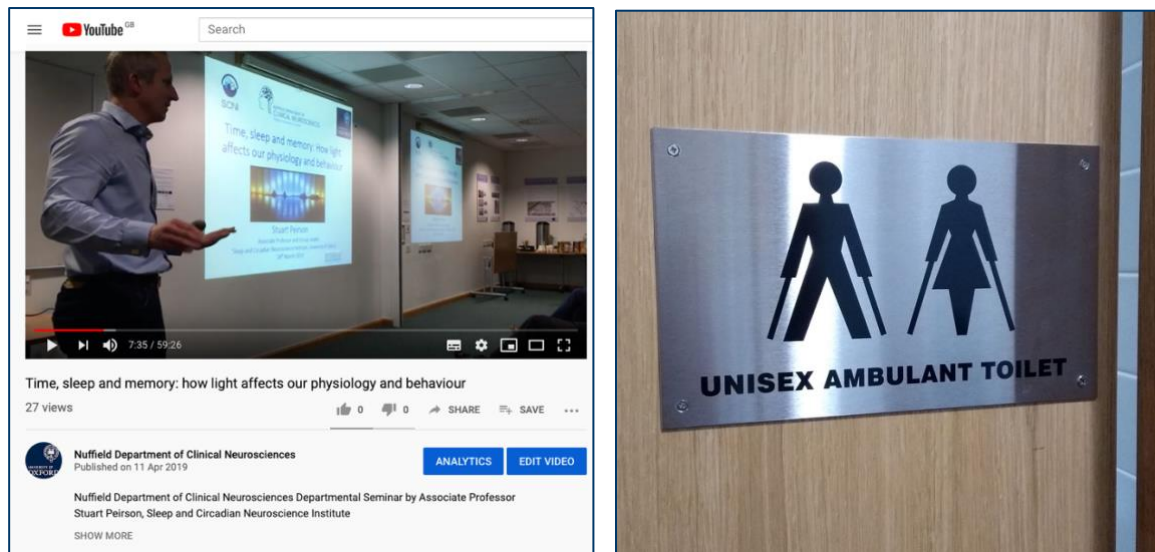
Accessibility

We record and distribute talks via Workplace and YouTube, with speakers’ agreement (Figure 31).

In 2017, we audited departmental space to identify where accessibility could be increased. In 2019, we converted two disabled toilets into unisex toilets, and all departmental areas now have gender-neutral toilets (Figure 31).

ACTION 33: Create audio-visual pack for loaning to staff and students, containing camera and microphone, to increase number of departmental events made available online.

Figure 31. Live streaming of Dr Stuart Peirson's talk from the Associate Professor Departmental Seminar Series (April 2019) (left) and signage for unisex toilets (right).



Transparency

BAP12 committed to increasing transparency of decision-making, as only 55% of staff felt that these were transparent in 2012. In 2013, we launched a major communications strategy by appointing a Communications Officer, establishing the Communications Committee and taking the following actions to improve communication of news, training opportunities, events and major decisions:

- Creation of a weekly departmental e-newsletter;
- Publication of a termly printed newsletter;
- Creation of a departmental intranet;
- Installation of three information screens at key departmental locations.

The 2018 staff survey showed that staff find these communication tools very useful (**Table 41**).

In 2015, we began publishing committee membership, terms of reference, and meeting minutes on our intranet and in 2019 started a digest of SMG meetings in the e-newsletter. In the 2018 staff survey, the proportion of staff finding departmental decision-making processes transparent increased to 60% (57%F/63%M).

Table 41. Responses to the 2018 Staff Survey question: "How useful do you find the following communication tools?"

		F		M		Overall		2016 Benchmark	
Weekly newsletter	A&R	34	100%	26	100%	111	100%	79	99%
	P&S	33	100%	18	100%				
Intranet site	A&R	27	93%	22	88%	94	91%	67	91%
	P&S	30	94%	15	88%				
Information screens	A&R	23	82%	20	83%	76	81%	48	71%
	P&S	23	85%	10	67%				
Termly newsletter	A&R	20	65%	13	57%	66	66%	44	69%
	P&S	21	70%	12	75%				

(ii) HR policies

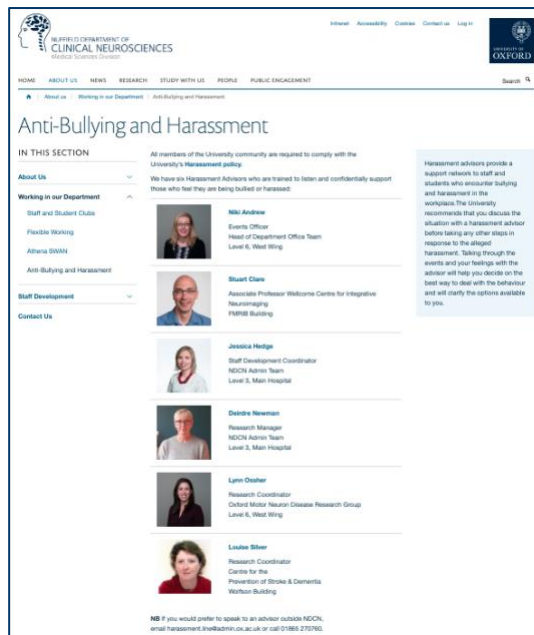
Describe how the Department monitors the consistency in application of HR policies for equality, dignity at work, bullying, harassment, grievance and disciplinary processes. Describe actions taken to address any identified differences between policy and practice. Comment on how the Department ensures staff with management responsibilities are kept informed and updated on HR policies.

Since 2015, we have recruited two additional HR staff members to increase support for staff in implementing HR policies and processes. Our Personnel Committee is specifically responsible for monitoring HR policies and practices, reporting directly to SMG.

Senior staff are kept informed of policy changes via email from the HoD. In 2018, the HR and Finance Teams established weekly drop-in sessions to make it easier for staff to seek additional guidance on relevant policies (SAP15). Although survey responses were low, the proportion of staff feeling confident in applying HR policies has increased (2016: 55% (4F/2M), 2018: 65% (8F/5M)).

NDCN has a zero-tolerance policy to bullying and harassment. In the 2016 staff survey, two people (2F A&R) indicated they had experienced bullying. In response, we trained a new cohort of anti-bullying and harassment (ABH) advisors (5F/1M). Advisors are based throughout the Department and their contact information is highlighted via all communication channels (**Figure 32**).

Figure 32. Anti-bullying and harassment page of the NDCN website, showing ABH advisors and highlighting support available.



(iii) Representation of men and women on committees

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

IMPACT

- Established a committee selection process, resulting in good gender balance of chairs (4F/5M) and overall membership that is representative of gender and staff groups.

In 2017, we introduced an annual selection process for committee positions to improve transparency of departmental decision-making. Selection panels comprise the committee Chair, HoD and two other SMG members. Aside from role-related positions, each position is tenable for three years and line manager’s support is required to ensure staff are not overloaded. Vacancies are advertised according to role and grade so that committees reflect NDCN’s make-up.

Overall committee (59%F) and SMG (54%) membership reflects staff in post (54%F) (Table 42). The proportion of female A&R (55%) and P&S staff (71%) is also representative of these staff groups (49%F/70%F respectively). There is good gender balance across committee Chairs (4F/5M).

ACTION 36: We will address the gender imbalance of the Finance, Safety and Staff Development Committees by encouraging applications from unrepresented genders in the advertisement.

Table 42. Membership of NDCN's committees by gender and staff type. *NDCN's most influential committee

Committee	Chair	%F	Staff type	F	M	%F
Clinical Neurosciences Society	F	83%	A&R	6	0	100%
			P&S	4	0	100%
			Student	0	2	0%
Education	M	60%	A&R	5	4	56%
			P&S	1	0	100%
Finance	M	33%	A&R	2	4	33%
			P&S	1	2	33%
Graduate Studies	F	55%	A&R	4	5	44%
			P&S	1	0	100%
			Student	1	0	100%
Public Engagement and Communications	F	75%	A&R	1	2	33%
			P&S	5	0	100%
Personnel	M	67%	A&R	4	3	57%
			P&S	4	1	80%
Safety	M	37%	A&R	3	4	43%
			P&S	4	8	33%
Senior Management Group*	M	55%	A&R	9	9	50%
			P&S	3	1	75%
Staff Development	F	83%	A&R	4	2	67%
			P&S	5	0	100%
			Student	1	0	100%
Totals	4F/5M	59%	A&R	38	33	54%
			P&S	28	12	70%
			Student	2	2	50%

(iv) Participation on influential external committees

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

All supervisors and line managers are prompted to encourage staff participation on external panels in the new PDR guides. Further guidance will be provided during sponsor training in our sponsorship programme.

Many of our senior female staff hold influential external board positions; a recent audit showed that several of our most senior female professorial staff hold between them 29 chairships, memberships, trusteeships and editorial roles on external boards, grant panels, committees and task forces (**Mini Case Study 6**). These include Chair of the Wellcome Cognitive Neuroscience and Mental Health Expert Review Group, Member of the Cochrane UK Clinical Advisory Board, Council Member of the Medical Research Council and Member of the Royal Society Public Engagement Committee.

ACTION 37: Promote participation of women on external influential committees at PDR, as part of the sponsorship programme and via provision of additional information on membership opportunities.

Mini Case Study 6: Professor Karla Miller

“Women make up 33% of the International Society for Magnetic Resonance Medicine’s membership, yet they have been historically under-represented on its management committees. As chair of the Annual Meeting Program Committee, I recognised the importance of making women visible as speakers and among the society’s leadership. I encouraged and supported applications for committee positions through the society’s Women’s Forum. In 2018, all four elected Board members were women. The Program Committee is now reflective of membership demographics.”

(v) Workload model

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

IMPACT

- Between 2016-18, the proportion of female A&R staff who find their workload reasonable increased from 66% to 79%.

Management roles with a heavy workload, such as HoD, DH and DGS, are reviewed every five years. Student supervisory load is monitored annually prior to the admissions cycle, and up to six students can be supervised at once. Pastoral and administrative contributions are considered in regrading and RoD applications. Exceptional work contributions are also recognised by Reward and Recognition.

Clinical workload is defined through NHS Job Plans.

The diverse roles at NDCN mean a traditional workload model would not be suitable to implement. Staff are asked to discuss their workloads with line managers during PDR. Between 2016-18, the proportion of female staff who perceived their workload as reasonable increased from 66% to 79%.

Table 43. Staff survey responses regarding workload from A&R staff

		F		M		Overall		Benchmark (2016 staff survey)	
My workload is reasonable	A&R	22	71%	17	71%	81	77%	56	73%
	P&S	28	88%	14	78%				
There is a fair and transparent way to allocate work in the Department	A&R	14	70%	8	89%	53	77%	46	73%
	P&S	19	79%	12	75%				
In terms of salary, I am fairly rewarded for the work I do	A&R	24	83%	17	63%	76	73%	50	71%
	P&S	21	70%	14	78%				

Our 2018 PDR survey included workload monitoring questionnaires, which showed little gender difference in activities undertaken by A&R staff (**Table 44**). Women spend less time on teaching, suggesting that we could do more to increase teaching opportunities for female staff. 85% of respondents (84%F/86%M) said the questionnaire would be a helpful for opening up conversations about workload with their manager.

Noting that men reported spending 0% of their time on management, we reviewed the activities provided, finding that the wording of the work-types may have led male staff to report their management time activities under 'Research' and 'Teaching'.

ACTION 34: Incorporate a workload self-assessment into the new online PDR system, ensuring group/line management is a distinct category in the assessment.

Table 44. Proportion of time spent by A&R staff doing different tasks, by gender

	F	M
Research	77%	73%
Teaching	7%	13%
Citizenship	5%	6%
Development	1%	1%
Management	2%	0%
Administration	9%	8%

(vi) Timing of departmental meetings and social gatherings

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

NDCN’s core hours policy requires all departmental meetings to be scheduled between 10am-3pm. In the 2018 staff survey, 89% (90%F/87%M) of staff agreed that meetings are scheduled to take people’s caring responsibilities into account. All CNS events occur during the working day or over lunchtime.

Where events must take place outside of core hours (e.g. NDCN Summer and Winter Parties), over three months’ notice is provided to enable planning of caring/work commitments accordingly. Our Summer Party is family-friendly (bouncy castle, games and face-painting), resulting in increasing numbers of children attending (**Figure 33**).

“The kids’ activities at the NDCN summer party were a particularly nice touch. It's wonderful to be able to bring [my son] to work events. There's no need to find a babysitter, the kids make it a more joyous occasion, and they keep themselves busy at the party with other kids: win, win, win!” – AP (M)

Table 45. Attendance at NDCN Summer Party

	Year	Approximate attendance	
		Adults	Children
NDCN Summer Party	2017	140	19
	2018	200	35
	2019	150	40

Figure 33. NDCN Summer Party (2019)



(vii) Visibility of role models

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

Women occupy a variety of leadership roles across the Department, including DH, DGS, and four committee chairs. There is good gender balance of speakers at departmental, ECR and DPhil seminar series (**Table 46**). Everyone in NDCN has a personal departmental webpage to increase the visibility within and beyond the Department.

Figure 34. Images from our departmental website, including our online induction (centre) and an example of an individual’s personal departmental webpage.



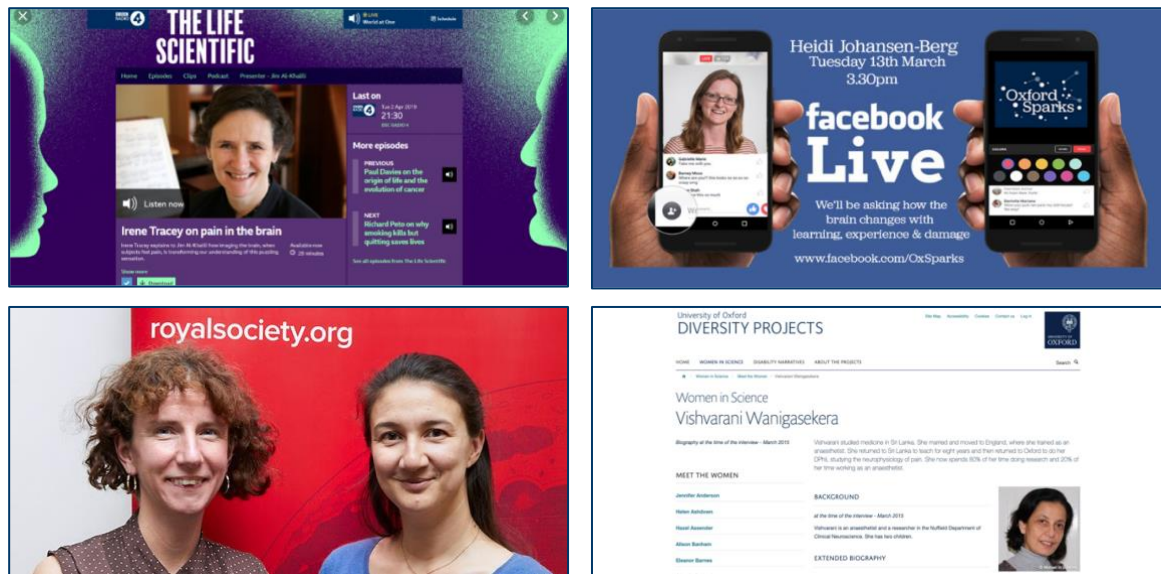
Table 46. Departmental seminar speakers by gender, since 2015 or the date of the first seminar in each series.

	Time period	F	M	%F
Annual Clinical Neurosciences Society Lecture	2016-19	2	2	50%
Annual Thomas Willis Lecture	2015-19	2	3	40%
Associate Professor Departmental Seminar Series	2018-19	5	8	38%
Early Career Researcher Seminar Series	2015-19	9	11	45%

For IWD 2018, we arranged a screening of ‘My Love Affair with the Brain’ (biopic of a pioneering female neuroscientist), with accompanying panel discussion (4F panellists, 100+ attendees).

“It was a terrific event – both, film and panel. Thoughtful and fantastically optimistic discussion!” – Attendee at “My Love Affair with the Brain” screening (M)

Figure 35. Examples of senior female A&R staff engaged in high visibility activities beyond NDCN.



(viii) Outreach activities

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

IMPACT:

- Created the WIN/NDCN Public Engagement (PE) Ambassador Scheme, resulting in 33 staff and students (12F/11M) being trained in key PE skills (committing £8,250 towards training).
- Engaged 38 teenage girls in neuroscience during 2019 by supporting one (F) ambassador to develop the “SHELock Holmes Workshop”.
- Established the NDCN PE Fund (£12,516 awarded) to support 22 people (17F/5M) to undertake additional PE activities.

Public engagement (PE) and outreach activities are supported by a full-time Communications and PE Manager (since 2015) and part-time PE Coordinator (since 2017), who record PE activities undertaken by staff and students. In 2016, the NDCN PE and Communications Committee (6F/2M) was established to support PE activities, including identifying PE training opportunities for staff and students (four meetings per year). Between 2015-19, 275/463 (59%) of volunteers were female.

Example event: For IWD and Brain Awareness Week 2018, we organised an interactive workshop, challenging pop science ideas about gender and the brain: 10 (8F/2M) facilitators; 35 (19F/16M) attendees.

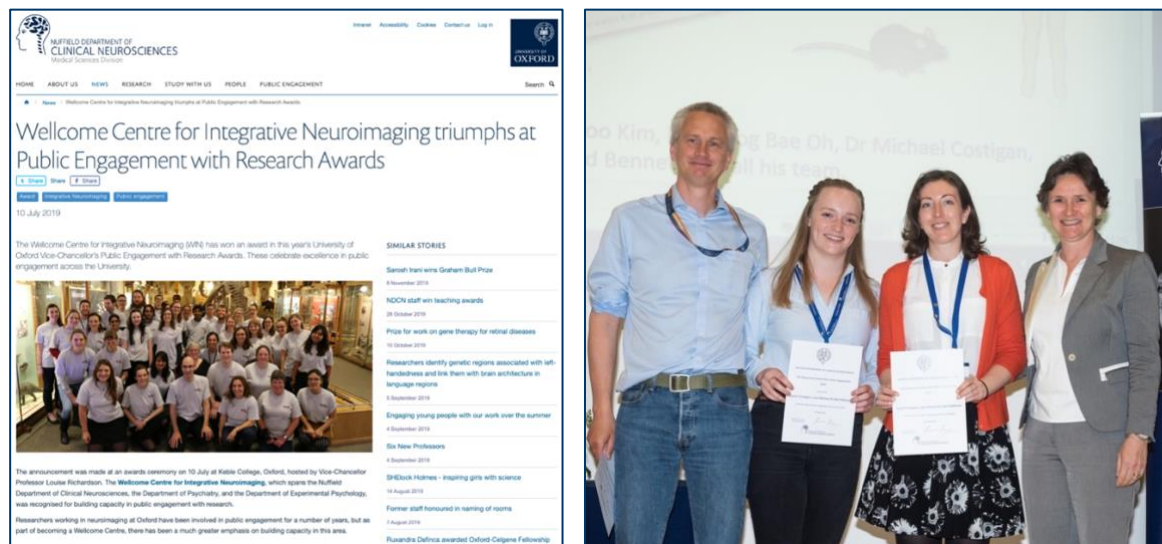
Recognising contribution to outreach activities

Contribution to outreach is recognised in the annual NDCN Award for Public Engagement (**Table 47**). Contributions are also recognised in the Reward and Recognition process, by RoD panels and the University’s Vice-Chancellor Awards for Public Engagement (2F/1M/2 mixed-gender teams) (**Figure 36**).

Table 47. Recipients of the NDCN Award for Public Engagement, 2015-19

	F	M	%F	%F staff in post
A&R	6	3	60%	57%
P&S	0	1		

Figure 36. News article on NDCN website celebrating WIN’s Vice-Chancellor Award for Public Engagement with Research (2019) and winners of the 2019 NDCN Award for Public Engagement (Dr Kyle Pattinson, Lucy Marlow and Dr Sarah Finnegan, with HoD Professor Irene Tracey).



Public Engagement Ambassador Scheme

In 2017, WIN launched a PE ambassador scheme for staff and students. Ambassadors receive bespoke in-house training and £250 each for PE training, organise one major PE event, and mentor subsequent cohorts. The scheme significantly increased WIN’s PE activities, so in 2019, the scheme was rolled out across NDCN. Across all cohorts, there is an even gender balance of ambassadors (**Table 48**).

One (F) ambassador developed a “SHE-Lock Holmes” workshop to engage 11-14-year-old girls in neuroscience (**Figure 37**). It is led by female researchers, providing role models for participants and has been run twice (participants: 38F). A third is planned for 2020 with a local transgender youth group.

Table 48. Number of Public Engagement Ambassadors by gender. * Includes ambassadors from WIN and NDCN schemes.

Year	F	M	%F
2017	3	3	50%
2018	2	4	33%
2019*	7	4	64%
2017-19*	12	11	52%

Figure 37. Examples of outreach activities organised by NDCN staff and students (bottom left photo credit: Ian Wallman).



Oxford Neuroscience Experience

Since 2015, we have run an annual five-day work experience programme for local Year 12 students (18F/18M), demonstrating the breadth of research conducted in NDCN and range of backgrounds required.

“It was so great to see so many different educational backgrounds, to see that so many different people are needed to do neuroscience research.” – *Oxford Neuroscience Experience participant.*

Public Engagement Fund

In 2016, we established a PE Fund to which staff and students can apply for up to £1,000 towards a PE activity. Between 2016-19, 22 people (17F/5M) were awarded £12,516. More women than men are aware of the fund (**Table 49**).

ACTION 35: To increase the applications from men, we will promote the PE Fund more prominently on our website with a series of gender-balanced case studies of recipients.

Table 49. Awareness of support for public engagement, 2018 staff survey. Questions not asked in previous staff surveys.

		F		M		Overall	
Are you aware of the NDCN Public Engagement Fund?	A&R	27	82%	19	70%	85	77%
	P&S	27	84%	12	67%		
Are you aware of the guidance available from NDCN for public engagement activities and communicating your research?	A&R	21	66%	19	70%	61	69%
	P&S	14	74%	7	64%		

Section 5: 7270 words

SILVER APPLICATIONS ONLY

6. CASE STUDIES: IMPACT ON INDIVIDUALS

Recommended word count: Silver 1000 words

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

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

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

Case study 1: Professor Michele Hu, Professor of Translational Neuroscience and Honorary Consultant Neurologist

After working as a full-time Neurology Consultant in the NHS from 2005-13, I transitioned to an academic post in 2013. My current role is Principal Investigator, Professor of Translational Neuroscience, and Deputy Head of the Division of Clinical Neurology. I am absolutely clear that this transition would never have been possible without the **support and mentorship** of several key individuals within NDCN.

Having completed a PhD on Parkinson's Disease (PD) in 2001 at the University of London, my long-term aim was to obtain academic research funding upon completion of my specialty training in 2005. In 2004, family circumstances intervened when my husband, a neurosurgeon, was appointed to a consultant post in Oxford, and I moved there with two children under two years. The move left me without the research base and support needed for viable academic funding applications. So, I began a consultant post at Milton Keynes and Oxford and focused on establishing a PD clinical service. Crucially, I held an **Honorary Senior Clinical Lecturer contract** with NDCN from 2005-13, helping me to build important collaborations within the Department and develop funding applications. In 2007, I was awarded an innovation grant to set up a community study that was subsequently extended to a much larger cohort in 2010. This was a highly productive but difficult time, meeting the conflicting demands of my NHS post, leading a large clinical research study, and mothering two young children. Recognising these challenges, NDCN HoD, Professor Angela Vincent, provided invaluable **mentorship** and, importantly, supported one day per week funded research time from 2010-13. Then in 2013, NDCN **underwrote my contract and funding** and appointed me as a full-time Senior Clinical Research Fellow, meaning I could leave my consultant post.

Soon after, NDCN's subsequent HoD encouraged me to participate in the **Oxford Senior Women's Mentoring Network Programme**. Discussions with my mentor and additional support from NDCN encouraged me to apply for the title of Associate Professor in the **Recognition of Distinction Exercise** in 2014. Mentorship from Professor Kevin Talbot through informal chats and several insightful PDRs, gave me the confidence to put myself forward for the Full Professor title, which I was awarded in 2019. I have benefitted from support from numerous other members of NDCN, with grant and award applications, authoring papers, setting up work contracts, career planning

and developing leadership experience. In particular, Professor Irene Tracey has helped to raise the profile of many NDCN junior female academics alongside me, demonstrating how a successful career can be combined with motherhood.

I now manage a large, multi-disciplinary team of staff and students and have been supported in this role with departmental funding to undertake key **leadership training**, for example, “Physicians as Leaders” (Royal College of Physicians London). In August 2019, I was delighted to be appointed as Deputy Head of Division of Clinical Neurology and member of the SMG. I work with the Divisional Head to manage the Division, focusing on teaching, training and career development, with a specific focus on and supporting female clinician researchers.

Case study 2: Dr Hayriye Cagnan, MRC Career Development Fellow (SAT member)

I joined NDCN in 2010 as a postdoctoral researcher. In 2015, I received a Medical Research Council (MRC) Skills Development Fellowship in theoretical neuroscience and moved to University College London (UCL), which specialises in this area of research. I was given NDCN Honorary Researcher status while at UCL, making it easy to maintain important collaborations and access to patient cohorts. In 2018, I was awarded an MRC Career Development Fellowship and moved back to NDCN to start my research group. NDCN offered the multidisciplinary environment required for my research and also **strong mentorship** from senior members of NDCN, which was vital for my transition from postdoc to group leader. I received substantial support from NDCN for both fellowship applications, including review of the applications, mock interviews and sponsorship for my current fellowship.

Since re-joining the Department, I have taken five months’ **maternity leave**. I truly appreciate all the support I have received from the HoD, my line manager, colleagues and particularly the HR Team, who were extremely helpful throughout. From explaining the various leave options to changing plans on the fly, it was all very smooth, enabling me to focus on my work and family. I took **Shared Parental Leave**, which gave me the freedom to return to work without compromising the care of my child. The flexibility of **Keeping-In-Touch days** meant I could continue working on manuscripts and supervising students, holding several meetings with students at my house as I rocked my baby to sleep. The HR Team explained how to use my annual leave for a **phased return**, which has been immensely helpful for transitioning back to work at my own pace. Last but not least, I value working in a department with a rapidly increasing number of **female role models**, who have shown me that it is possible to balance family responsibilities with a successful academic career, which has been very helpful.

Regular one-to-one meetings with my line manager since returning from leave have helped me to adjust back into work and also set myself clear goals for this important stage in my career. This has included preparing my application for the title of Associate Professor via the **Recognition of Distinction Exercise**, deciding which funding applications to submit over the next year, planning the growth of my research group and supporting my application to join the Staff Development Committee. I have received extensive support from my **mentor**, Peter Brown, including nomination to the University’s MRC Brain Network Dynamics Unit Executive Committee and recommendation to the Academy of Medical Sciences’ SUSTAIN leadership programme for women. I am thankful for all the support I have received over the years, which has helped me to grow as a scientist and also develop crucial leadership and management experience.

I am incredibly happy with my decision to return back to NDCN to establish my research group. NDCN provides an **open, flexible and positive work environment** which has been invaluable to nurture both my group and my family!

Section 6: 996 words

7. FURTHER INFORMATION

Recommended word count: Bronze: 500 words | Silver: 500 words

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

N/A

Section 7: 0 words

8. ACTION PLAN

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

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

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

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



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ACTION PLAN

Key: AS = Athena SWAN; CL = Clinical Lectureship; CNS = Clinical Neurosciences Society; DGS = Director of Graduate Studies; EDI = Equality, Diversity & Inclusivity; FCAR = female clinical Academic & Research staff; GSC = Graduate Studies Committee; IWD = International Women’s Day; MSD = Medical Sciences Division; OSWMN = Oxford Senior Women’s Mentoring Network; OUCAGS = Oxford University Clinical Academic Graduate School; PCCF = Parents’ and Carers’ Career Fund; PDR = Personal Development Review; PE = Public Engagement; POD = People and Organisational Development; RA = Research Assistant; RoD = Recognition of Distinction; SAT = Self-Assessment Team; SDC = Staff Development Committee; SMG = Senior Management Group; WLD = Work Learn Develop; WTLP = Women Transforming Leadership Programme.

The individual responsible for implementing action is highlighted in bold.

* All actions are open to all relevant staff regardless of contract type; however, participation is voluntary and would usually be proportional to the hours worked in NDCN for those who are working part-time (to avoid overload on top of their usual workload). We will encourage all staff, but particularly part time staff to discuss their participation with their line manager to ensure they have access to any and all actions that best serve their particular circumstance.

Reference number	Page number	Objective	Rationale / Actions to date	Future actions	Timeline / priority	Responsibility	Success criteria / outcome measures
Strengthening departmental commitment to and governance of EDI							
1	15	To improve gender balance on SDC to reflect that of staff in post	Current SAT is 20%M (staff in post: 43%M). Proportional representation of men will ensure balanced ownership as well as fair allocation of the AS workload. Action taken: Committee selection process established in 2016. Recruited men to committee in 2017 and 2018 though all moved on to different positions beyond NDCN during term. Have since recruited two more men to join for 2019-20.	Division Heads to invite male colleagues to apply in next selection round. Hold an open SDC meeting once a term, widening participation in the EDI conversation. Review SDC membership annually.	October 2020 and ongoing HIGH	Chair of SDC , Head of Department, Staff Development Coordinator	Over a four-year period, meeting attendance is gender- balanced.

Reference number	Page number	Objective	Rationale / Actions to date	Future actions	Timeline / priority	Responsibility	Success criteria / outcome measures
2	16	AS actions and EDI principles are prioritised across all departmental committees	Delivery of action plan requires input from all groups. Currently no SAT representation on Education and Public Engagement and Communications Committees.	Make AS a standing item on all committee agendas.	Start December 2019 MEDIUM	Chair of SDC , Chairs of all departmental committees	AS is a standing item on all departmental committee meeting agendas by October 2020.
			Action taken: AS report from SDC Chair is a standing item on the SMG agenda. There is SDC representation on most departmental committees (Education, Personnel, SMG, Finance, Safety and CNS)	Appoint one member of each committee as an “AS Committee Champion”. Champions are responsible for gender considerations of agenda items, consulting with the SDC Chair prior to meetings and reporting back progress on relevant AS actions. Role is recognised in committee membership list.			Each departmental committee has an AS Committee Champion role established by October 2020.
3	18	To maintain high satisfaction with workload of SAT members	In our 2019 SAT poll, 89% of members were satisfied with their SAT workload but requested meeting frequency be reduced to every two months.	Hold SAT meetings every two months.	Start January 2020 November 2020; annually thereafter MEDIUM	Chair of SDC , Staff Development Coordinator	New schedule implemented.
			Action taken: Held monthly SAT meetings.	Repeat SAT poll annually.			SAT poll conducted annually. More than 90% of SAT satisfied with frequency of meetings (no gender differences).
4	18	To increase the response rate to surveys, focusing specifically on increasing male response rate	In order to develop effective actions, we need staff consultation data that is representative of the population. Despite actions taken, response rate remains low (average: 32% (60%F)).	Consult with other University departments to develop effective strategy for increasing response rate.	Consultation January-May 2020	Staff Development Coordinator , Communications and Public Engagement Manager	Consultation completed. Report presented to Staff Development Committee and results communicated to the Department. Course of action drawn up and SOPs updated, in time for the 2020 staff survey.

Reference number	Page number	Objective	Rationale / Actions to date	Future actions	Timeline / priority	Responsibility	Success criteria / outcome measures
			<p>Action taken: Announced surveys in weekly newsletter and sent email reminders.</p> <p>Highlighted where actions were taken as a result of staff survey responses (e.g. "You said, we did" in new PDR guides).</p>				
				Develop a communications strategy ahead of the survey, highlighting impact of previous survey results on departmental policies/activities. Ensure newsletter is key part of strategy as 100% of staff find this useful.	Ready to launch April 2020		Communications strategy developed and initiatives for improvement implemented in April 2020. Number of responses recorded automatically. Increase response rate from 31% in 2018 to at least 75% from 2020 onwards, with response rate representing gender balance of the Department.
				Give a donation to NDCN's staff-nominated charity of the year (£1) for each staff survey response.	Upon completion of 2020 staff survey		Donation made and communicated to the Department.
				Division Heads to demonstrate commitment to increasing response rates by emailing their Division once they have completed the survey and to encourage others to do the same.	From November 2019 HIGH		Email from each Division Head sent to members of Division during consultation period.
Broadening access to postgraduate study							

Reference number	Page number	Objective	Rationale / Actions to date	Future actions	Timeline / priority	Responsibility	Success criteria / outcome measures	
5	22	To improve gender balance of offer to acceptance rate for female PGDip students	<p>Offer to acceptance rate is lower for women than men (69%F/87%M, 2016-19).</p> <p>Action taken: Monitored reasons for offer-holder withdrawals.</p> <p>Established gender-balanced selection panels and unconscious bias training for all panellists.</p>	Collect and analyse admissions data annually.	Ongoing LOW	Sleep Medicine Programme Administrator, Chair of Education Committee	Reason recorded for 100% of withdrawals.	
				Record reasons for withdrawal. Implement additional support where appropriate.			Reduced gender gap in offer to acceptance ratio from 18% to <5% over a four-year average (2020-24).	
6	25	To improve gender balance of offer to acceptance rate for DPhil students	<p>Offer to acceptance rate is lower for women than men (60%F/78%M, 2015-19). Uncertainty about funding might lead to offer withdrawal, particularly of female applicants. Information about funding should be transparent and funding decisions communicated as early as possible.</p> <p>Action taken: Revised website to make information on funding options clearer.</p> <p>Established gender-balanced GSC, mixed gender selection panels and unconscious bias training for all panellists.</p>	Survey 2019/20 cohort to assess effectiveness of postgraduate website to inform students about DPhil funding opportunities.	Ongoing	Academic Administration Manager, Chair of Graduate Studies Committee, Staff Development Coordinator, Research Grants Manager	Survey completed; at least 75% of DPhil students completing survey found webpages useful for identifying funding opportunities.	
				Support Principal Investigators in applying for DPhil studentships by creating an online database of externally funded studentships (e.g. charities, industry).	Initial database created by March 2020		MEDIUM	Database created and updated monthly. At least four Principal Investigators submit application for DPhil studentship per year.
								Reduced gender gap in offer to acceptance ratio from 18% to <5%.

Reference number	Page number	Objective	Rationale / Actions to date	Future actions	Timeline / priority	Responsibility	Success criteria / outcome measures	
7	27	To increase number of applications to part-time DPhil option and ensure it remains as satisfactory as full-time study	The part-time DPhil option provides a route to academic research alongside a part-time job, caring responsibilities or clinical duties, which may enable a greater number of women, as well as men with caring responsibilities, to progress into sustainable academic careers.	Produce a series of profiles of current part-time DPhil students on NDCN website, highlighting the advantages of the format for both women and men.	By September 2020	Academic Administration Manager, Communications and Public Engagement Manager	Series of gender-balanced profiles published. Receive applications for part-time DPhil from at least eight (4F/4M) additional students between 2020-2023.	
			Since inception in 2018, two part-time students (2F) applied and were accepted.	All adverts for graduate study to include information about part-time study.	Start September 2020		LOW	All adverts include information about part-time study.
			Action taken: Successfully changed University regulations to create the part-time DPhil/MRes study from October 2018.	Review the satisfaction of part-time students in annual Student Barometer Survey.				Equal satisfaction between full-time and part-time students and genders in Barometer Surveys from 2020 onwards.
Increasing support offered to FCARs to progress to senior positions based on study findings								
8	32	To increase the number of applications from women for Clinical Lectureship (CL) positions	CLs represent a valuable step for progression to Senior Clinical Researcher and Clinical Professor. There have been no female applicants for CL positions since 2015. Action taken: Line managers support applications on a case-by-case basis. Head of Department advertises CL positions through professional societies (e.g. British Neurological Society).	Create a CL working group with senior clinical academics and representatives from OUCAGS. Group will develop a programme of initiatives to recruit external and prepare internal candidates for CL applications*.	Started, first meeting by March 2020	Head of Department, Staff Development Coordinator, Assistant Director of OUCAGS	Clinical Lectureship working group formed; programme of initiatives developed and implemented; Increase to 50% female applications from 2022 onwards.	

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				Contact all clinical academic line managers ahead of new CL advertisements to identify suitable group members.	Start March 2020; ongoing		Suitable group members identified (50% or more are female).
				All prospective internal and external applicants encouraged to meet with Assistant Director of OUCAGS to discuss application requirements*.	January 2020		100% of those women identified meet with OUCAGS representative. Information on CL positions and introductory courses presented and distributed.
				Create a series of pages on website showcasing clinical academic careers in NDCN, highlighting support for female researchers, including a gender-balanced series of case studies of clinicians who have progressed their careers in NDCN.	Pages created by September 2020 MEDIUM		Website accessed at least 10x/month; positive feedback from > 80% of FCARs.
9	34	To give FCARs protected time to strengthen their academic profile following maternity leave	Career breaks (particularly those related to maternity leave) have been shown to disadvantage FCARs in their career progression.	Seek out new funding sources for a 5-7 years re-entry fellowship for FCARs upon return from maternity break.	Funding confirmed by December 2022; first fellowship to start September 2023 MEDIUM	Head of Department, Head of Administration and Finance	Funding secured; fellowship awarded to at least one FCA in 2023.

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10	34	To create additional routes to protecting research time for clinicians	<p>Protected time for research is critical for successful career progression of FCARs. Formalising research time in a subset of NHS consultant posts and establishing them as joint University appointments would ensure protected time for research.</p> <p>Action taken: Funded clinical researchers on part-time contracts and underwritten contracts, on a case-by-case basis.</p>	Work with MSD to identify potential new sustainable funding sources for new clinical research positions within NDCN with fixed application cycles.	Start discussions March 2020	Head of Department	Funding secured; at least two FCARs provided with protected research time by 2024.
				Develop business case for creation of new positions for approval by MSD.	<p>Funding confirmed by December 2022; applications open mid 2023, first posts recruited in early 2023</p> <p>MEDIUM</p>		
11	34 and 44	To ensure there is a pipeline of FCARs to progress to senior academic positions	<p>There have been no applications for AP from FCARs since 2015.</p> <p>Action taken: Established an annual PDR process and facilitated mentoring opportunities for women.</p>	Ahead of AP applications, all Senior Clinical Researchers asked to submit their CV to Head of Department and Division Head to assess and support for RoD exercises; identified individuals will be invited to apply. Division Heads to meet with those not ready to identify where additional support is required*.	Starting February 2020; annually	Staff Development Coordinator, HR Manager, Head of Department, Division Heads	CVs of all Senior Clinical Researchers received, eligible candidates identified.
				Hold an information session on RoD eligibility criteria and the application process for senior non-clinical and clinical researchers*.	(Started in November 2019); annually		One information session held in each Division, with > 20 attendees altogether; positive feedback from > 90% of attendees; awareness of

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							RoD process among senior researchers in staff survey > 95%.
				Encourage all Senior Clinical Researchers to participate in OSWMN, which showed significant positive impact on success in RoD exercise for previous female NDCN researchers*.	April 2020 MEDIUM		Three new female clinical APs by 2023.
12	34	To progress more FCARs into senior academic positions using a sponsorship scheme	Most of our FCARs have taken part in mentoring schemes. While this was deemed helpful, more targeted support was requested. Action taken: Head of Department emailed all FCARs individually to encourage them to participate in OSWMN. Promoted MSD mentoring scheme to FCARs.	Develop and implement year-long NDCN Academic Sponsorship Programme for Women targeting FCARs*. Participants will be paired with senior champions at Professor level, including four in-person events and regular follow-up throughout.	By February 2021	Chair of SDC	Sponsorship Programme developed and implemented; all clinical APs and senior clinical researchers participate.
				Obtain feedback and evaluate impact on FCAR career progression through annual follow-up with participants.	By February 2022 MEDIUM		Positive feedback from > 90% of FCAR participants; 50% of FCAR participants progressed to next senior position.
13	34	To inform FCARs about pathways for career progression and	The FCARs study found that FCARs perceive their challenges to career progression as unique. Exchange with other	Arrange a workshop on career progression of FCARs with other clinical MSD departments*.	By February – September 2020	Staff Development Coordinator, Deputy Head of DCN	Workshop completed; positive feedback from >80% of participants.

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		provide support group	FCARs is expected to strengthen peer group support. New	Obtain feedback on workshop and evaluate impact on perceived support for career progression.	By October 2020 LOW		At least 80% of FCARs agree that there is good support for women's career progression after career breaks.
Strengthening support for women at key career transition points							
14	35	To improve understanding of any gender differences of destinations of staff after leaving NDCN	Ensure NDCN is adequately preparing all staff for their next career move and use this information to tailor development activities. We do not currently have data on leaver destinations. Action taken: Since 2015, all staff asked to complete exit survey and offered face-to-face exit interview with HR.	Include questions about leaver destination in exit survey/interview and record centrally. Staff Development Coordinator reports results annually at SDC, exploring reasons for any gender differences in leaver destinations. Working with the Careers Service, explore whether additional training/experience should be offered to staff in NDCN to prepare them for the variety of jobs they progress on to.	Ongoing from November 2019, reviewed annually by Staff Development Coordinator LOW	HR Manager, Staff Development Coordinator	Database produced recording destinations (by gender) of at least 75% of staff leaving the Department, with at least 90% of those leaving due to end of FTC going on to new roles. Take action to develop additional training where required to address any gender differences.
15	38 and 39	To mitigate against any gender bias in job offers at Grade 8 and	A larger proportion of male Grade 8 researchers receive offers following shortlisting compared with female applicants (18%F/36%M).	All panellists must repeat unconscious bias training every three years. Training checklist included in all interview packs.	Publish June 2020	HR Manager	100% of panellists repeat unconscious bias training every three years.

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		clinical recruitment	<p>A larger proportion of male clinical researchers receive an offer following shortlisting compared with female applicants (18%F/36%M).</p> <p>Action taken: Unconscious bias and recruitment and selection training mandatory for all panels. Moderator from Admin Team present at all interviews.</p>	<p>Make equality & diversity training mandatory for all staff involved in recruitment (repeat every three years).</p> <p>Chair to read out statement reminding panel at start of interview process that decisions should be objective and ask people to respectfully call out bias if they identify it (recorded by moderator).</p>	<p>From January 2020</p> <p>From January 2020</p> <p>MEDIUM</p>		<p>Equality and diversity training monitored termly. 100% of eligible staff completed training.</p> <p>No difference by gender in shortlisting to offer rate across recruitment from 2021 onwards.</p>
16	41	To ensure that our induction process helps all members of staff make an effective start to their employee lifecycle	<p>In 2018, a lower proportion of men than women rated the induction process as useful (100%F, 71%M).</p> <p>Action taken: Improvements to induction process in 2016 maintained high proportion of A&R staff finding induction useful, particularly women: from 85% (89%F/75%M) in 2014 to 86% (100%F/71%M) in 2018</p>	<p>Survey new starters at the end of induction to evaluate usefulness of each component of the new induction process and identify where gender imbalances lie.</p> <p>Create a local database of induction training and mandatory training courses completed by staff. Monitor completion.</p> <p>Contact all line managers of new staff one month after induction to obtain confirmation that team induction and mandatory training has been completed.</p>	<p>(Started in November 2019), ongoing</p> <p>LOW</p>	Staff Development Coordinator, HR Manager	<p>100% of female and at least 90% of male new starters find induction process useful.</p> <p>Training database created and updated. Emailed reminders to 100% of line managers.</p> <p>100% of staff complete their mandatory training within the first three months of their contract.</p>

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17	43	To increase the number of nominations of female A&R staff for the Reward and Recognition Scheme	The scheme provides an opportunity to receive a salary increase. Between 2015-19, 5M but no F A&R staff were nominated and aware.	Email all line managers two months before application deadline with eligibility criteria and solicit nominations from their group, highlighting historic gender imbalance and low nomination rate overall. Use newsletter to advertise the option to self-nominate.	Email sent every January (from 2020 onwards) Newsletter item every January LOW	HR Manager	Email sent and newsletter item published. Gender-balanced nominations from 2020 onwards.
18	54	To adequately prepare women for leadership positions	Evidencing strong leadership skills is essential when applying for academic titles and progressing to senior academic positions. While 95%F (100%M) A&R staff aspired to move into a leadership role, only 58%F (38%M) had undertaken relevant training. Action taken: Leadership courses are advertised in e-newsletter and PDR guides. Funded two women to participate in the Women Transforming Leadership Programme (WTLP), both of whom found the programme useful for their careers.	Identify eligible candidates for leadership programmes; invite selected individuals to apply*.	By April 2020; annually	Head of Department, Divisions Heads	Suitable women identified; selected individuals invited.
				Fund one female academic to attend the WTLP per annum.	By May 2020; annually		Each year, one female A&R staff member is funded to participate in the WTLP. 100% of participants find it useful for progressing their careers. All women who attend progress to a leadership role within 18 months of attending the programme (e.g. leading on a committee/project either internally or externally).
Ensuring access to training and career development opportunities is fair							

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19	48 and 62	To ensure gender equality in uptake of five days (pro rata) of permitted leave for career development activities	<p>Ensure that personal career needs, especially of female staff, are given appropriate priority alongside research group objectives.</p> <p>Actions taken: Promoted in newsletter and at PDR.</p>	Discussion of how days will be spent included in PDR form (PDR guides updated annually with relevant training opportunities).	By June 2020	Staff Development Coordinator, HR Manager	Section about use of training days added to PDR form.
				Monitor uptake and use of five days of permitted leave for career development activities, during PDR and TeamSEER.	By June 2021		Uptake of five days of training recorded for at least 80% of staff with no difference between genders.
				Promote Parents' and Carers' Career Fund (PCCF) alongside training opportunities in newsletter, to ensure those with caring responsibilities can undertake training.			All training adverts also mention PCCF
20	52	To establish automated reporting on PDR uptake and further increase completion rate	<p>Online process makes completing the PDR form easier.</p> <p>Action taken: Consulted with other departments using the same software who have achieved high completion and satisfaction rates.</p>	Move PDR process online using a third-party system that has been successfully implemented in several other University departments.	January 2020	HR Manager, Head of Administration and Finance	PDR process moved online.
				Pilot online PDR in 2020.	May-July 2020		Pilot completed with at least 95% completion rate.
				Obtain staff feedback on online PDR.	July 2020		Feedback obtained; if >75% of respondents find online PDR easier to use and at least as useful as paper-based PDR, move to PDR system permanently.

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21	52	To ensure the PDR process remains useful for all staff	<p>Help researchers focus on identifying strategic career development and training requirements as part of their PDR. In 2018, 85%F/88%M A&R staff found the PDR useful.</p> <p>Action taken: Created PDR guides for different staff groups to help individuals identify training needs.</p>	Organise 'Making the most of your PDR' session for reviewees ahead of PDR cycle and obtain attendees' feedback*.	<p>By March 2020; annually</p> <p>LOW</p>	HR Manager , Chair of SDC, Staff Development Coordinator	<p>Session held with at least 40 attendees; positive feedback from at least 80% of attendees with no gender differences.</p> <p>At least 90% of staff (across role type and gender) find PDR useful.</p>
Support for progression of female early career researchers							
22	30	To increase number and proportion of female Grade 7 researchers progressing to Grade 8, particularly through award of ECR fellowships	<p>Progression to Grade 8 typically involves establishing an independent research area through securing an ECR fellowship award. Progression of female Grade 8 and 9 researchers has not been mirrored by the same progression from Grade 7. Of 50 F Grade 7 researchers in 2015, 12% have since progressed to Grade 8 in NDCN (compared with 23% of M Grade 7 researchers).</p> <p>Action taken: Fellowship and grant writing tools developed as part of Staff Development Plan.</p>	<p>Hold annual information fellowship workshop for Grade 7 researchers, focused on the schemes available, the application process and where to find support. 50% of places reserved for women*.</p> <p>Assess results of mock panel interview pilot in WIN to explore whether model could be rolled out across all NDCN divisions. If it is decided to go ahead, invite two (1F/1M) Grade 7 researchers to observe each panel session to learn how panel sessions work and the kinds of questions asked.</p>	<p>June 2020, annually thereafter</p> <p>June 2020</p> <p>MEDIUM</p>	Staff Development Coordinator	<p>Information sessions held in each Division, with > 40 attendees altogether; positive feedback from > 80% of attendees with no gender differences.</p> <p>Evaluation of mock panel interview pilot conducted, including assessment of the feasibility of adopting a similar model for the rest of the Department.</p> <p>Increase in proportion of female Grade 7 researchers progressing to Grade 8 through award of fellowships, from 12%</p>

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							to 25% over a four-year period (2020-24).
23	49 and 60	To ensure line managers have the skills and knowledge to support the professional development of their team	<p>Line managers are responsible for supporting junior staff through crucial career development stages (e.g. PDR, Reward and Recognition, RoD, funding applications). However, only 58%F/38%M of A&R staff and 50%F/36%M P&S staff reported undertaking management or leadership training since starting their role (2018 staff survey). Only 36% of participants at POD management training courses have been women.</p> <p>Actions taken: Promoted management courses in PDR guides, funded 2F/2M junior PIs to attend a three-day management course in September 2019.</p>	<p>Include a section for line managers in PDR, assessing managers' training in management and identification of skills gaps.</p> <p>Work with POD to develop an induction programme for new line managers.</p>	Start April 2020, PDR forms changed by 2020 PDR, induction programme launched summer 2021.	Staff Development Coordinator , HR Manager	<p>75% of all staff have completed management training from 2021 staff survey onwards.</p> <p>HR Team training records confirm that all new line managers have completed line manager induction from 2021-2024.</p>
24	59	Establish a formal mechanism to identify and encourage prospective female	Despite actions taken, still fewer women than men apply for funding. The success rate of female applicants is lower than the success rate of their male colleagues. Proportionally fewer female Grade 7	Head of Department and Division Heads will compile a list of female researchers annually to encourage and support to apply for funding; selected individuals will be contacted.	Start April 2020; repeat search annually.	Staff Development Coordinator , Head of Department, Division Heads, Research Manager	List compiled; selected individuals contacted. Increase in number of female applications to research councils and major charities by 15%, from 74 (2015-19) to

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		fellowship and research grant applicants	<p>researchers and Clinical Researchers apply for funding.</p> <p>Action taken: Identification of fellowship and grant applicants by line managers on a one-to-one basis during PDR.</p>	<p>Create a buddy scheme, pairing existing grant holders with prospective female applicants.</p>	<p>Buddy system created by September 2020.</p> <p>MEDIUM</p>		<p>approximately 85 between 2020-24.</p> <p>Increase in number of female fellowship-holders at Grade 8 due to successful progression from Grade 7 postdoc.</p> <p>Buddy system created, >80% of applicants and buddies rate the system as useful.</p>
25	50 and 59	To support women in the Department in applying for fellowships and research funding	<p>Create momentum for action, help set milestones and provide a supportive community.</p> <p>Action taken: As part of our 2017 Staff Development Plan, we organised writing retreats and provided online tools for fellowship & grant writing. Despite these actions, there are still fewer women than men applying for funding and women are less successful overall. Proportionally fewer female Grade 7 researchers, Clinical Researchers and Senior Clinical Researchers apply for funding.</p>	<p>Hold a workshop with the NIHR Research Design Service (RDS) to support researchers to develop high-quality grant and fellowship applications. Reserve 50% of places for women*.</p> <p>Advertise ongoing support available through RDS in newsletter once a term and on website.</p> <p>Research Grants Team and Staff Development Coordinator to identify and publish all relevant funding calls in a termly e-bulletin.</p>	<p>October 2020</p> <p>Once a term from January 2020</p> <p>First bulletin circulated in May 2020</p>	Chair of SDC , Staff Development Coordinator	<p>Workshop is run with at least 20 people attending (50% women); at least 80% find it helpful.</p> <p>Evidence that RDS is advertised in newsletter and on website.</p> <p>E-bulletin of funding opportunities published once per term.</p>

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				Hold an information session with Head of Business Development & Partnering on applying for industry grants*.	Session held mid-2020		Information sessions held in each division, at least 20 people attending in total (50% women).
				In consultation with clinical researchers, further develop those areas of the Staff Development Plan that support women to successfully apply for research funding.	From January 2020 MEDIUM		At least 15% increase in number of fellowship and research funding applications submitted from women.
Support for the career development of female P&S staff							
26	61	To increase number and proportion of female P&S staff gaining professional qualifications through the WLD scheme	To provide certified professional training for upskilling new members of staff. Action taken: Apprenticeship scheme advertised in e-newsletter and WLD information session held in 2018. Since then, only one person (F) has started an apprenticeship.	HR Manager to assess job descriptions for the feasibility of offering candidates the opportunity to obtain a qualification through WLD while in post.	By March 2020; ongoing	HR Manager, Staff Development Coordinator	Apprenticeship opportunities included in job descriptions (where feasible).
				Apprenticeship information added to PDR guides.	January 2020 LOW		Apprenticeships included in PDR guide. Increase uptake from one to two P&S staff undertaking qualifications each year between 2020-24 (gender-balanced over the period). 100% completion rate.

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27	63	To increase awareness of existing support for P&S career progression	<p>While the proportion of women who were clear about development opportunities increased to 78%, this decreased to 50% of male P&S staff.</p> <p>Action taken: MSD Mentoring scheme is advertised to all staff. Information session “Moving upwards, moving sideways” (2018) organised with excellent feedback, regrading session held with HR Manager (2019).</p>	Hold focus groups with male P&S staff to identify where clarity could be improved (e.g. available training opportunities, clarity around career options). SDC to use the information gained to improve specific training provision.	March 2020	Chair of SDC , Staff Development Coordinator, Events Officer	Focus group held with at least 20 participants.
				Work with POD to arrange a series of talks from P&S staff who have progressed their careers at Oxford or beyond (gender-balanced list of speakers)	Summer 2020, annually thereafter LOW		Two talks per annum arranged with at least 10F/10M attendees per session; positive feedback from at least 90% of attendees. Increase in awareness of development opportunities to 80% for both genders by 2020.
Strengthening support for flexible working and career breaks							
28	66	To help line managers in understanding their role and responsibility in supporting their staff around family leave	<p>Focus group participants highlighted the importance of having supportive and informed line managers in helping them transition into/back from leave.</p> <p>New</p>	Develop a departmental policy on family friendly teams. Assess awareness in 2021 staff survey.	By November 2020	HR Manager , Chair of Personnel Committee, Staff Development Coordinator	Policy developed and introduced. All participants in biennial family leave focus groups agree that their line manager adheres to policy.
				Create family leave guide for line managers including guidelines on “reasonable contact”.	By January 2021 LOW		Guide created and disseminated.

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				Create return to work checklist for line managers and staff, including consideration of workplace adjustments (e.g. access to breast-feeding space), discussion of options for flexible working.			Checklist created and disseminated. All participants in focus groups agree that their line manager provided sufficient support upon their returned to work.
29	66	To ensure that all returning parents and carers are aware of the University's Returning Carers' Fund and are encouraged to apply if eligible	The Returning Carers' Fund is available to those returning from career breaks and periods of family leave for caring responsibilities. Support can be used to fund teaching buy-out, conference visits, short-term research and administrative assistance etc. Only 10 of 21 A&R staff taking maternity leave applied for funding. Action taken: Published NDCN Parents' and Carers' Fact Sheet, with sections about the scheme.	Staff Development Coordinator provides one-to-one support in writing application to fund by highlighting how fund could be used and co-writing application where staff member is on leave/recently returned.	Start in January 2020 LOW	Staff Development Coordinator, Communications and Public Engagement Manager	Number of applications monitored. At least 75% of eligible staff who have taken maternity leave apply to Returning Carers' Fund.
30	67	To increase awareness of the Shared Parental Leave scheme (SPL)	Focus group showed low awareness of new SPL option. Between 2015-2019, five A&R staff have taken SPL. Action taken:	Build a communications campaign that promotes paternity leave and SPL within the Department by creating case studies and information posters.	By December 2020 LOW	HR Manager, Chair of SDC, Staff Development Coordinator, Communications and Public	Case studies and posters created and shared through e-newsletter.

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			SPL is mentioned in initial conversation with HR and included in Parents' and Carers' Fact Sheet.	Run biennial focus groups for parents in NDCN, to regularly monitor staff experience of family leave, including awareness of SPL.		Engagement Manager	All participants in biennial family leave focus groups aware of SPL.
31	67	To increase formal recording of paternity leave	If paternity leave is not formally recorded, paternity data may be inaccurate and funding leave is paid from research grants rather than the University scheme. New	Add information about advantage of formal recording to family leave guide and checklist for line managers.	By June 2020 LOW	HR Manager	Information included and disseminated. Increase in the number of people taking paternity leave from 17 (2015-19), closer to the number of staff taking maternity leave (26).
32	68	To increase awareness of safe and productive flexible working practices, enabling more carers to fit work around childcare needs	Proportion of staff working flexibly increased significantly between 2015 and 2019. New	Produce guide in collaboration with University's HR and Information Security teams and disseminate across the Department. Obtain feedback on usefulness. Revise based on departmental feedback. Disseminate to wider University.	By July 2020 By August 2021 By December 2021 By February 2022 LOW	Chair of SDC, Communications and Public Engagement Manager	Guide produced and disseminated to the Department. Feedback obtained. Guide revised. Guide disseminated to wider University.

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Creating an inclusive and balanced working environment							
33	72	To make departmental events as accessible to those who are unable to attend in person	To enable more people to work remotely or flexible hours, more events could be recorded and viewed remotely. Action taken: Key departmental events are already recorded and posted online where feasible.	Put together audio-visual pack (containing camera and microphone) for loaning to staff and students to record and share departmental events.	February 2021 LOW	Facilities Manager	Audio-visual pack booked and used by staff and students for at least five events per month.
34	78	To establish better mechanisms for monitoring, evaluating and managing workload	Ensure balanced workload to promote well-being and productivity. In 2018, 79% of female staff and 74% of male staff indicated that their workload was reasonable. While 0% of men reported any time spent on management, confusion with the wording of work-types may have led to male staff report their management time activities under 'Research' and 'Teaching'. Action taken: Workload assessed in 2018.	Add workload self-assessment to online PDR form and guides, ensuring that group/line management is a distinct category.	By April 2020 LOW	Staff Development Coordinator	Increase to at least 85% for both genders.
35	84	To increase awareness of PE Fund and increase number of male applicants	In 2018, 82% of women and 70% of men were aware of the PE Fund. 77% of applications have been from women. While the fund is raising the visibility of female researchers, proportional applications from men will ensure balanced	Publish a series of case studies from male and female recipients of the award on departmental website.	By October 2020 LOW	Communications and Public Engagement Manager	Increase in number of applications from men to equal that of women.

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			ownership of PE activities as well as fair allocation of work. Action taken: PE Fund established in 2016.				
Increasing the visibility of women within and beyond NDCN							
36	76	To ensure gender balance on all departmental committees	Women are currently underrepresented on our Finance and Safety committees. Men are underrepresented on the SDC. Action taken: Committee selection process established in 2016.	Use PDRs to encourage staff to identify opportunities to participate in committees.	Start with PDR 2020 LOW	Committee Chairs, Division Heads	Information included in PDR guides. All committees are gender-balanced by 2023.
37	77	To promote external committee membership, particularly to women	Committee work offers the opportunity to influence future policies and increase the visibility of women in the Department.	Add information on relevance of committee work for career progression to PDR guides.	By February 2020	Staff Development Coordinator, Chair of SDC	Information added to PDR guides.
				Include module on effective committee work in NDCN Sponsorship Programme for Women.	By February 2020		Module included and pilot.
				Collate data on committee membership as part of PDR.	Start with PDR 2020		Data on committee membership included in PDR form.
				Publish list of major influential University and external committees and recruitment deadlines, including current members in NDCN.	By April 2020 LOW		List generated and added to PDR guide. All senior and mid-career researchers report external committee position in 2022 staff survey.

