



Athena SWAN Bronze department award application

Name of university: University of York

Department: Hull York Medical School (HYMS)

Date of application: November 2013

Date of university Bronze and/or Silver SWAN award: University of York, 2006

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GLOSSARY

ACF	Academic Clinical Fellow
ADQ	Associate Dean for Quality
ADS	Associate Dean for Students
AS	Athena SWAN
ATPD	Academic Training Programme Director
CEF	Core Education Facilitator
CO-I	Co-Investigator
DD(E)	Deputy Dean (Education)
DoCS	Director of Clinical Studies
E&D	Equality and Diversity
ECU	Equality Challenge Unit
HESA	Higher Education Statistics Agency
HR	Human Resources
HYMS	Hull York Medical School
MBBS	Bachelor of Medicine, Bachelor of Surgery
MD	Doctor of Medicine
MSc	Master of Science
PGCME	Postgraduate Certificate in Medical Education
PGR	Postgraduate Research
PGT	Postgraduate Taught
PGTS	Post Graduate Training Scheme
PhD	Doctor of Philosophy
PI	Primary Investigator
SAT	Self-assessment team
SET	Science, Engineering and Technology
SSC	Student Selected Component
TAP	Thesis Advisory Panel
WP	Widening Participation

1. Letter of endorsement from the head of department

29th November 2013

Athena SWAN
Equality Challenge Unit
7th Floor Queen's House
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Dear Senior Policy Advisor

I took over as Interim Dean of HYMS in May 2013 and have recently been appointed as Dean. I was very pleased to learn on becoming Interim Dean that an Athena SWAN self-assessment group was in place and working towards this submission. I have given the self-assessment group my full support. I joined the self-assessment group and attended a workshop reviewing the data very soon after arriving at HYMS. I am particularly pleased that Athena SWAN is happy to accept a submission from HYMS based on the University of York's Bronze Award, and did not require us to wait until both our parent universities had obtained Athena SWAN awards.

As Deputy Vice Chancellor at the University of York (2007 - 2012), I was a member of a senior management team that was completely committed to Athena SWAN principles and supported several departments to develop their strategies. During those years we celebrated several Athena SWAN awards at University and departmental level (including a Gold award for the Department of Chemistry). These achievements were crucially dependent on cultural change within the departments themselves. In recognising this, I believe we have made an important first step at HYMS.

Since I took over as Interim Dean I have actively identified and personally supported several women in the organisation and have changed the structure and membership of the HYMS Management Board which has resulted in a change from 6/25 members of the Board being women at the start of 2013, to now 6/14 being women. Athena SWAN issues are, and will continue to be, a standing agenda item for this Board, thereby ensuring that HYMS supports the implementation of the Action



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Plan at the highest level. The Board will receive quarterly reports of progress towards these actions and will intervene to remove barriers to their implementation. The senior management team, although now nearly balanced, still has the most senior positions occupied by men, but we will address this issue in the period between this submission and what we hope will be an application for a Silver award.

I endorse each of the action points that have been agreed and are presented in this application, and have contributed to the discussion related to their development. My view is that these are achievable in the time frames allocated and that the right processes are now in place to support their implementation. In particular the actions around identifying support processes for women in the organisation to reach their full potential via tailored mentoring, (AP9) support for promotion (AP7) and creating a culture which is more inclusive (AP21) are key to making progress.

The success of academic medicine in the future will depend greatly on the extent to which the principles enshrined in the Athena SWAN charter can be embedded in medical schools. HYMS is a young medical school and in my view it is essential that we are progressive and forward-looking, becoming a school where women are at the heart of our teaching, scholarship, research and leadership.

Yours faithfully



Trevor Sheldon
Dean of HYMS

2. The self-assessment process

The Athena SWAN (AS) Self Assessment Team (SAT) was established in November 2012 with representation from senior management, academic centres and members of staff and students at different stages in their careers (Table 1). While this was a useful start, we identified that in order for us to put our actions into practice, we needed to include colleagues who have sufficient authority and influence to deliver the objectives. Therefore in the future, senior colleagues with greater authority to deliver will join the original members on the SAT and we will consider whether this group ought to have a more extensive role than Athena SWAN issues, such as the wider Equality and Diversity (E&D) agenda. We will also establish a role for an AS Project Officer who will work with the AS Lead to drive forward the agenda.

AP1

Una Macleod (F)	Professor, works part-time as a GP; is AS Lead and chairs the SAT.
Victoria Allgar (F)	Senior Lecturer. Following maternity leave in 2008, she returned to work part-time (80%). She has three primary school aged children.
Heidi Baseler (F)	Lecturer. Returning to full-time academia in 2008 after a career break, she balances work and family life as the sole carer of her two school-age children.
Hester Baverstock (F)	PhD student, a HYMS medical student, undertook intercalated BSc in 2007 and now undertaking an intercalated PhD before the final year of her MBBS.
Peter Bazira (M)	Senior Lecturer, is responsible to the Human Tissue Authority for overseeing the use of human tissue at HYMS. He is the HYMS E&D champion on the University of Hull's Equality Committee.
Giles Davidson (M)	Head of Administration, he shares caring responsibility for his two daughters with his wife who works 0.8fte.
Pat DuBoulay (F)	HR Adviser for the Health Faculties at Hull, has two children and caring responsibility for an elderly parent.
Claire Foster (F)	PA to the Head of Administration, is married with two children.
Yvonne Gledhill (F)	HYMS Quality Officer since March 2012. She brings her AS panel experience to the SAT.
Anna Hammond (F)	Works full time, juggling roles as GP partner and as Director of Communication Skills and Phase I Academic Lead, and arranging hours around her school-age children.
Corrine Howie (F)	HR Partner for the Science Departments (York), has worked part-time since 2009.
Vikas Kauras (M)	Academic Clinical Fellow (ACF) and clinical academic trainee representative, a large proportion of whom are female and interested in pursuing clinical academic careers.
Olga Konopatskaya (F)	Lecturer. Her work/home responsibilities are well balanced.
Tony Kendrick (M)	Dean of HYMS until his resignation in May 2013.
Nathalie Signoret (F)	Lecturer, a member of the original University of York Biology department SAT receiving Silver Award in 2007.
Trevor Sheldon (M)	From May 2013, interim Dean and then Dean of HYMS (in November 2013).
Margaret Ward (F)	Education Manager from September 2013.

Table 1: The Self-Assessment Team (SAT)

The SAT met two monthly throughout 2013, focusing activity on a number of key issues that have informed this application. Sub-groups met between meetings to discuss data collection, survey development, focus groups and presentation of the data in the report. We also consulted more widely across HYMS and with critical friends.

Collection of baseline staff data: it became clear that HYMS, as a joint medical school across two Universities, faced significant challenges in collecting all the staff data required for the application, although the majority of data was available to us from our HR departments. Different models have been established in Hull and York with regard to academic staff appointments.

- In York, many academic staff are embedded within departments that pre-existed the medical school (Biology, Psychology and Health Sciences). This model creates some ambiguity about the affiliation of academic staff, especially for the members of research groups of embedded staff and their post-doctoral researchers. We therefore undertook an *additional* data collection process in York. Enlisting the help of the heads of 'host' Departments we asked individual academics to identify research team members who had been in post over the data collection period.
- In Hull, HYMS academic centres are also often aligned with activity in other university departments, but, structurally, HYMS operates more like a traditional Faculty with a number of smaller units/departments/centres.

Data Workshop: Following the initial data collection the SAT held a workshop at which the available data (for the first two years of the period) were presented and a draft action plan developed.

Staff survey: Our universities conduct regular staff survey questionnaires and contextualised data from medical school staff responses are available to HYMS. However, as some time had passed since these had been done we devised and conducted our own survey. The survey response rate was 57% (M=54%; F=63%).

Focus groups: Following the survey, we thought it important to obtain richer and more detailed information from staff regarding their experiences to better understand some of the results and put them in context. We held four group meetings (at both sites involving colleagues of varied seniority).

Critical friends: We developed a group of critical friends, all of whom had been part of successful AS applications. They included Ailsa McGregor, University of Exeter; Annie Young, Warwick Medical School; Jane Hull and Nina Pirozek, Biology, University of York; Karen Bloor, Health Sciences, University of York. We also benefit from Giles Davidson being a member of the AS Medical and Dental Advisory Group and Yvonne Gledhill being a member of AS Assessment Panels.

Approval by Management Board: The Action Plan has been discussed and approved by the HYMS Management Board, who will receive quarterly reports on delivery of actions.

Organisation culture: We recognise that real improvement needs significant change within the organisation. Since the SAT was established the Chair has had communications with several female staff raising issues of culture. The view was expressed that female staff are not listened to

as much as male colleagues in meetings and although this is may not be representative we take it very seriously and will seek to determine the extent of this more methodically via focus groups, and will monitor culture change as we implement our action plan. We will institute specific training for the Chairs of our Committees.

AP2

WORD COUNT: 1029 (maximum 1000)

3. A picture of the department

- a) Provide a summary of the university, including information on its teaching, and its research focus, the number of students and staff (academic and support staff separately), association with university mission groups (e.g. 1994 group, Russell Group, Million+), the size of the SET departments (academic and support staff separately), and any other relevant contextual information.
 - (i) List of SET departments
 - (ii) Total number of university departments
 - (iii) Percentage of SET departments as a proportion of all university departments

The Hull York Medical School (HYMS) was founded in September 2003 as a partnership between the University of Hull, the University of York and the National Health Service (NHS) in North and East Yorkshire and Northern Lincolnshire and the HYMS first cohort of students graduated in 2008. The School is not a separate legal entity but exists across and within each of its parent organisations. Working by agreement and collaboration, staff employed by one partner often manage colleagues employed by, and resources belonging to, another.

With respect to our parent universities, the **University of York** is a Russell Group University, has over 30 academic departments and academic centres and almost 16,000 students. It obtained a Bronze University AS Award in 2006 and the Department of Chemistry was the first academic department in the UK to win a Gold Award. The Departments of Biology, Physics and Psychology have all won AS Silver Awards.

The **University of Hull** is a signatory to the AS Charter and has 28 academic departments in six Faculties. Three Faculties contain SET departments: Science and Engineering (eight SET departments), Health and Social Care (four SET departments) and HYMS (considered a single department). Half (50%) of the University of Hull's academic staff are employed in SET areas; teaching 38% of the university's students.

We have discussed the status of HYMS with the AS team in ECU and have confirmed that HYMS qualifies as a 'department' in AS terms. As a University department applying for an AS award we therefore recognise that HYMS is unusual in having two parent universities with staff and students distributed across two campuses.

Management and executive activities are coordinated by the HYMS Management Board. The importance of this body will be stressed in this report and we will demonstrate that our plans with respect to AS issues are closely tied into the final decision-making structures in HYMS. HYMS consists of a number of academic centres that contain its academic staff. Some of these centres are internal to HYMS, others are joint ventures with other academic departments at the Universities of Hull and/or York, and they all involve NHS and other external partners as appropriate. The Heads of the academic centres are accountable to the Dean and the HYMS Management Board, for undergraduate, postgraduate, research and other academic and outreach activities (Figure 1). The SAT reports directly to the Management Board.

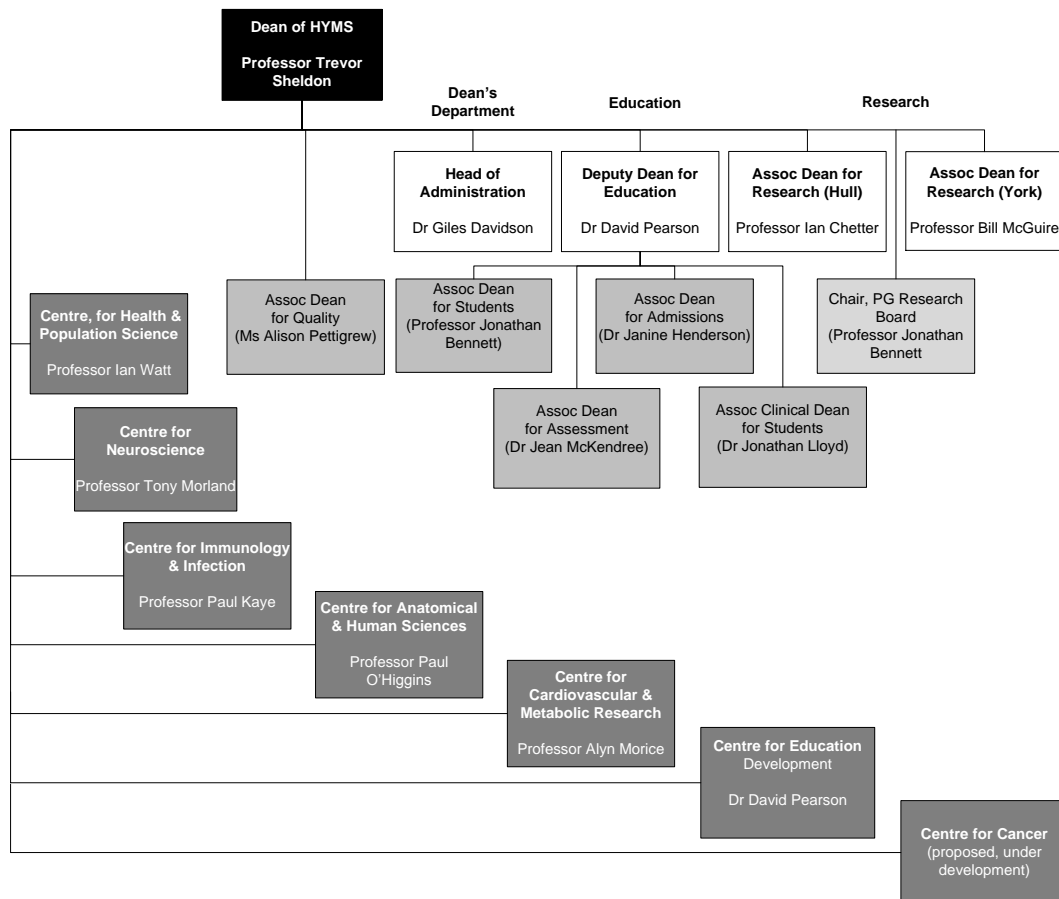


Figure 1 Structure of HYMS, November 2013

As is apparent from Figure 1, senior academic roles within the medical school are predominately occupied by men. Over the next few years this needs to change. Actions to support this are discussed in Section 4 (Key transition points b(ii)).

Teaching Programmes

HYMS has an innovative undergraduate medical curriculum using an integrated, problem-based programme, with a distinctive mix of themes and a strong emphasis on learning in community settings including primary care. HYMS admits approximately 140 undergraduate MBBS medical students each year (including ten overseas students), split evenly between Hull and York.

Research

Both Universities have track records in medical and health-related research and HYMS has been able to capitalise on these achievements by collaborating with a range of University departments. Where appropriate, a HYMS academic staff member may be given a joint appointment in a cognate department, within which their research group is embedded, either at Hull or York. The Dean of HYMS and the Head of the cognate department are then jointly responsible for the research component of the appointment.

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

Student data

1) Numbers of males and females on access or foundation courses

HYMS offers a Widening Participation (WP) Summer School programme. The numbers of attendees in recent years are shown in Figure 2.

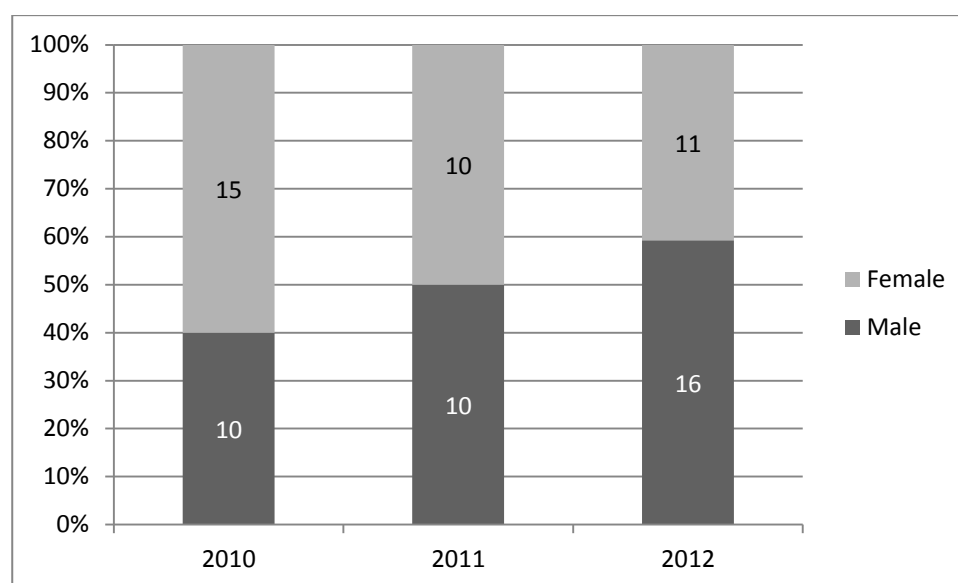


Figure 2 Participants, Widening Participation Programme, by gender, 2010-2012

Of all the students who have attended summer schools in the last three years, 12 are now HYMS students - five males and seven females. These numbers indicate no female disadvantage. The Admissions Committee reviews these data as a matter of course.

2) **Undergraduate male and female numbers**

HYMS offers a five year full time MBBS programme, admitting approximately 140 students each year.

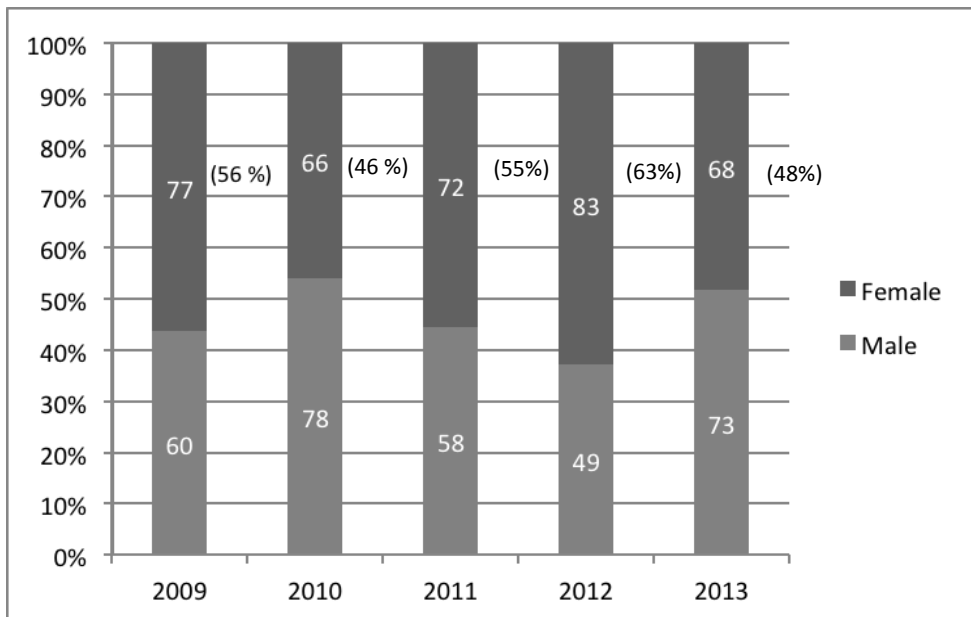


Figure 3 MBBS students by gender, 2009-13

HYMS has admitted marginally more women than men over the last five years (53.5%) with some variation from year to year. The Admissions Committee reviews these data as a matter of course. (See Page 15 for benchmarking against national data).

3) **Postgraduate male and female numbers completing taught courses**

HYMS offers two postgraduate courses at present – firstly, a Postgraduate Certificate in Medical Education (PGCME), currently being developed to Diploma and Master’s level.

Completed	Male		Female		Total
2009/10	16	70%	7	30%	23
2010/11	18	66%	9	33%	27
2011/12	11	58%	8	42%	19

Table 2 PGCME completion by gender

The gender mix reflects the doctor population in our region from whom the cohort is drawn. Of the 38 men and 22 women who were admitted in the years shown, 76% and 77% respectively completed the certificate.

AP3

The second course is an MSc in Human Evolution which was offered for the first time in October 2012. Only three students have been enrolled in each of the first two years: two men and one woman in October 2012 and 2013 respectively.

4) **Postgraduate male and female numbers on research degrees**

HYMS offers three research degrees: MSc by thesis, MD and PhD.

	MSc			MD			PhD		
Entry Year	Male	Female	% Female	Male	Female	% Female	Male	Female	% Female
2010	6	6	50%	7	3	30%	5	6	55%
2011	2	4	67%	8	3	27%	8	6	43%
2012	1	4	80%	9	4	31%	8	12	60%
Total	9	14	61%	24	10	29%	21	24	53%

Table 3 Admissions to postgraduate degrees, 2010-2013, by gender

The postgraduate research programme at HYMS is small (Table 3) and so, it is probably most helpful to review the three years together (final row). Although fewer females than males registered for MDs, more females than males registered for both MSc and PhD. This may reflect the specialties of the MD students: in HYMS most commonly surgery and cardiology. We will continue to monitor of the gender of applicants for postgraduate research degrees and report to the Postgraduate Research (PRG) Board.

AP4

5) **Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees**

i. **Undergraduate**

	Applications			Offers			Enrolled		
Entry Year	Male	Female	% Female	Male (% offered/ applications)	Female	% Female	Male (% Enrolled/ Offers)	Female	% Female
2009	500	560	53%	167 (33%)	205 (37%)	55%	60 (36%)	77 (38%)	56%
2010	544	663	55%	172 (32%)	190 (27%)	52%	78 (45%)	66 (35%)	46%
2011	532	620	54%	142 (27%)	175 (28%)	55%	58 (41%)	72 (41%)	55%
2012	496	597	55%	127 (26%)	189 (32%)	60%	49 (39%)	83 (44%)	63%
2013	481	592	55%	143 (29%)	175 (30%)	55%	73 (51%)	68 (39%)	48%
Total	2553	3032	54%	751 (29%)	934 (31%)	55%	318 (42%)	366 (39%)	54%

Table 4 Application, offers, enrolments statistics - MBBS degree

Conversions from application to offer and then enrolment are displayed in Table 4. Over the five year period more women than men applied to HYMS, were given offers and then took up the offers. In terms of offers made, 29% of males who applied to HYMS received an offer, compared to 31% of females. Overall 42% of males who are offered a place subsequently enroll, compared to 39% of females. There were differences in these figures from year to year as demonstrated in Table 4, so the cohorts beginning in 2010 and 2013 had more men, but for the other years shown more women. The Admissions Committee routinely keeps these data under careful review but we are wary of inferring too much from individual years when the overall cohort numbers are relatively small.

We benchmarked these data against national data as reported in the ECU's *Equality in Higher Education: statistical report 2012 Part 2 students*. In 2010/11, 57% of medical students nationally were women - our data vary from year to year but in general are similar, although the five year average is slightly lower (54%).

ii. Postgraduate degrees

Postgraduate Certificate in Medical Education (PGCME)

	Applications			Offers			Enrolments		
Entry year	Male	Female	% Female	Male	Female	% Female	Male	Female	% Female
2010	26	13	33%	26	12	32%	23	11	32%
2011	16	13	45%	15	11	42%	15	11	42%
2012	25	17	41%	25	16	39%	23	15	40%
All	67	43	39%	66	39	37%	61	37	38%

Table 5 Applications, offers and enrolments - PGCME

The data in Table 5 demonstrate more men than women apply for, are admitted to and complete the PGCME. Of the 67 men who have applied for the programme over the last three years, 61 were admitted (91%). Of the 43 women who applied, 37 were admitted (86%).

AP3

We have not presented detailed data for the Master's in Human Evolution as the programme is still in its infancy and the numbers are very small.

MSc by research

	Applications			Offers			Enrolments		
Entry year	Male	Female	% Female	Male	Female	% Female	Male	Female	% Female
2010	15	10	40%	7	6	46%	6	6	50%
2011	6	6	50%	5	2	29%	2	4	66%
2012	5	4	44%	2	4	66%	1	4	80%
All	26	20	44%	14	12	46%	9	14	61%

Table 6 Applications, offers and enrolments - MSc by Research

Over the last three years 26 men and 20 women have applied for the MSc by Research degree. Of these, 9 men and 14 women were admitted, representing 35% of the male and 70% of the female

applicants. From our data, the most common reason to decline an applicant with adequate qualifications is where HYMS was unable to provide supervision in the topic area of the applicant's interest. It appears this policy has not disadvantaged women.

iii. Doctoral degrees

MD

Entry year	Applications			Offers			Enrolments		
	Male	Female	% Female	Male	Female	% Female	Male	Female	% Female
2010	14	7	33%	8	3	27%	7	3	30%
2011	15	7	32%	8	3	27%	8	3	27%
2012	11	6	35%	9	5	36%	9	4	31%
All	40	20	33%	25	11	31%	24	10	29%

Table 7 Applications, offers and enrolments - MD

PhD

Entry year	Applications			Offers			Enrolments		
	Male	Female	% Female	Male	Female	% Female	Male	Female	% Female
2010	32	32	50%	8	7	47%	6	6	50%
2011	82	69	46%	9	7	44%	8	6	43%
2012	85	73	46%	11	13	54%	8	12	60%
All	199	174	47%	28	27	49%	22	24	52%

Table 8 Applications, offers and enrolments – PhD

All these research degrees are relatively new. First graduations for MSc, MD and PhD were 2011, 2013 and 2010 respectively and the numbers are relatively small; therefore it is hard to draw firm conclusions other than the need for continued monitoring. More men than women have been admitted to the MD degree, reflecting the number of applications. The large number of PhD applications in 2011 and 2012 reflects the University of Hull's new scholarship scheme.

We have used *Equality in Higher Education: Statistical Report 2012 Part 2: Students* to benchmark postgraduate data. Nationally, 53% of PGR students and 44% of Post graduate taught (PGT) students are male. Overall therefore our PGR admissions are similar (we have 55 male and 48

female PGR students in total at present (53% male)). However our PGT enrollments compare less favourably.

AP3,4

6) **Degree classification by gender**

Undergraduate

Year of Graduation	Number of students graduating			Number of students graduating "With Honours"		
	Male (N)	Female (N)	% Females	Male (N)	Female (N)	% Females
2009	42	81	66%	2	5	71%
2010	60	64	52%	1	2	67%
2011	40	72	64%	0	3	100%
2012	62	66	52%	2	4	67%
2013	53	91	63%	8	12	60%
All	257	374	59%	13	26	67%

Table 9 MBBS degree classification by gender

The MBBS is a non-standard degree and the *With Honours* category is awarded only to exceptional students. The data in Table 9 show the *With Honours* awarded since the first HYMS students graduated. The variation year-on-year is a reflection of the small size of the School, but the data show that more women than men have qualified for the *With Honours* category.

Staff data

1) Female: male ratio of academic staff and research staff

The data for all our academic staff are shown in Table 10 and data for the subset of clinical academic staff are in Table 11.

	2010-11		2011-12		2012-13	
	Male	Female	Male	Female	Male	Female
Clinical Tutor	5	4 (44%)	6	6 (50%)	8	7 (47%)
Clinical Senior Tutor	1	2 (67%)	1	2 (67%)	1	2 (67%)
Band 6 researcher	1	3 (75%)	4	7 (64%)	6	5 (46%)
Band 7 researcher	1	1 (50%)	4	4 (50%)	8	6 (43%)
Clinical research fellow	8	2 (20%)	11	7 (39%)	8	6 (43%)
Lecturer	6	2 (25%)	12	7 (37%)	14	9 (39%)
Senior Lecturer	12	8 (40%)	18	10 (36%)	17	11 (39%)
Readers	1	2 (67%)	2	1 (33%)	3	1 (25%)
Professors	12	2 (14%)	20	4 (17%)	20	4 (17%)
TOTAL	47	26 (36%)	78	48 (38%)	85	51 (38%)

Table 10 HYMS Academic staff (including clinical academics), by gender

	2010-11		2011-12		2012-13	
	Male	Female	Male	Female	Male	Female
Clinical Research Fellow	8	2 (20%)	11	7 (39%)	8	6 (43%)
Clinical Tutor	5	4 (44%)	6	6 (50%)	8	7 (47%)
Clinical Senior Tutor	1	2 (67%)	1	2 (67%)	1	2 (67%)
Clinical Lecturer	1	0 (0)	3	1 (25%)	4	2 (33%)
Clinical Senior Lecturer	6	4 (40%)	12	5 (29%)	11	5 (31%)
Clinical Reader	0	1 (100%)	1	1 (50%)	2	1 (33%)
Clinical Professor	7	1 (13%)	13	3 (19%)	13	3 (19%)
TOTAL	28	14 (33%)	47	25 (35%)	47	26 (36%)

Table 11 HYMS Clinical Academic staff, by gender

Over the years presented the number of academic staff in HYMS increased reflecting the planned development. Additionally, the Postgraduate Medical Institute in Hull was disbanded in 2011 and several professors and their teams joined HYMS.

Consistently across the grades though there are more men than women, especially at the more senior grades. The exception to this is seen in the teaching grades where almost half of the clinical tutors and 2/3 of senior clinical tutors are women. At the research grades, in the first two years of

the period there were more women than men as Band 6 researchers, although in the third year that reversed. About half of band 7 researchers were women. Although only 25% of lecturers were women in 2010/11, of 15 new lecturer appointments seven were women so that now 39% of lecturers are women.

About 40% of senior lecturers are women (consistently across these years – including several new appointments). HYMS had a single female professor in 2010/11 but now has three, one as a result of internal promotion.

According to *Higher Education Statistics Agency (HESA)* data, in UK universities, 44% of academics are women, with proportionately fewer women at senior academic grades: 48% of Lecturers, 39% of Senior Lecturers and 19% of Professors. In medicine, 42% of Lecturers are women, 30% of Senior Lecturers and 15% of Professors. Our overall staff data are slightly lower than national data (Figure 4). In 2013, 38% of our academic staff are women, 39% (9 of 23) of Lecturers, 39% (11 of 28) of Senior Lecturers and 17% (5 of 28) of Professors. Of our clinical academics, 31% (9 of 23) of Clinical Lecturers, 33% (11 of 28) of Clinical Senior Lecturers and 19% (5 of 28) of Clinical Professors are women. These data are consistent with other UK universities and medical schools and, accordingly, are in line with a national picture which shows under-representation of women in SET subjects. For most grades we have seen improvement over the three years shown. However in such a small School, one or two appointments can influence the picture significantly, so it would be wise to exercise caution about drawing firm conclusions from these apparent trajectories.

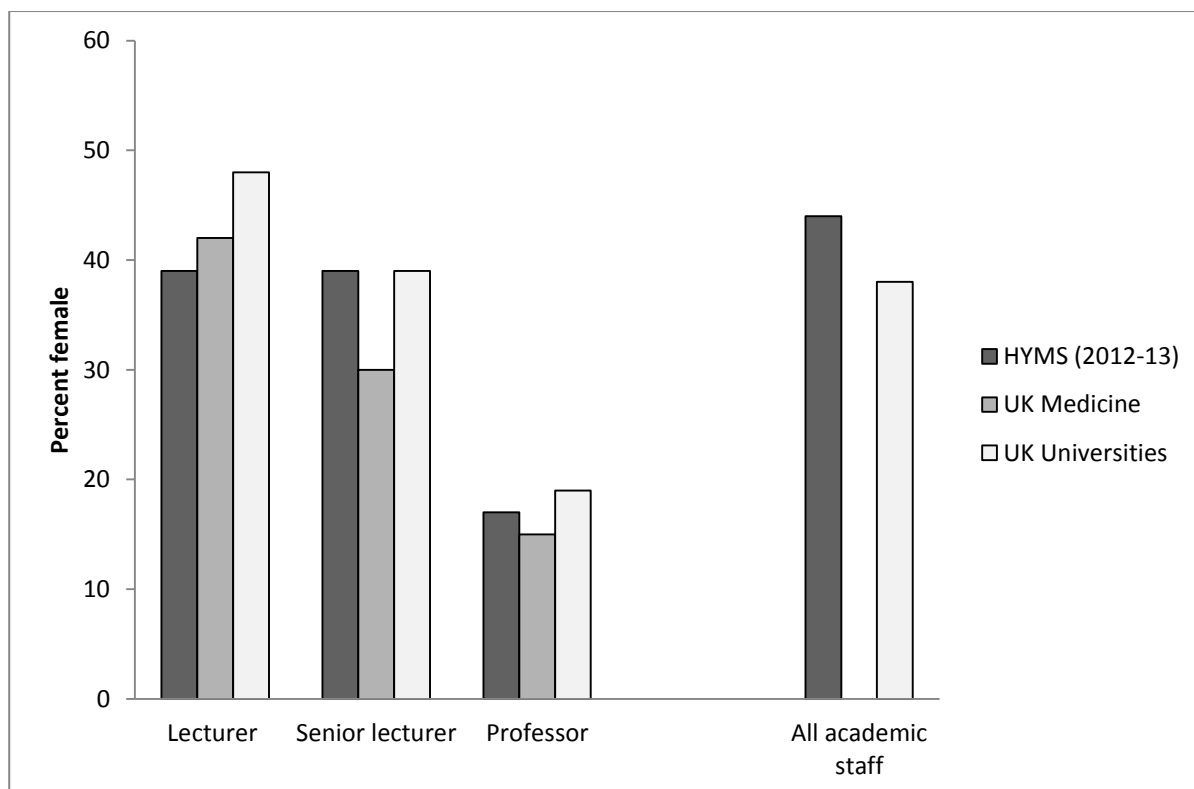


Figure 4 Proportion of female academics in HYMS compared with national data

For future years, we will collect post-doctoral researcher data on an annual basis from embedded York departments and set up processes with HR to ensure that we have accurate data capture.

AP5

2) **Staff turnover by grade and gender**

	F	M
2010		
Clinical Research Fellow	1	1
Senior Lecturer		1
Researcher	1	1
2011		
Clinical Research Fellow		2
Senior Lecturer	1	
Reader	1	
Professor		1
2012		
Clinical Tutor	1	
Clinical Lecturer	1	1
Researcher	2	
Clinical Research Fellow	2	3
Professor		1
TOTALS	10	11

Table 12 Leavers, by gender

Of the ten women and eleven men who left over the period, nine were clinical research fellows (three women) and two clinical lecturers (one woman) for whom onward progression to other posts would be routinely expected from these fixed term training posts. The Professors who left were our former Dean and former Head of the Undergraduate medical School who both moved onto other positions (both men). Exit questionnaires are used at York but not yet at Hull, so we will develop an exit questionnaire/interview process for Hull staff.

AP6

Word count: 2025 excluding tables and figures (max 2000)

4. Supporting and advancing women’s careers

Key career transition points

- a) Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning.
- i. **Job application and success rates by gender and grade** – comment on any differences in recruitment between men and women at any level and say what action is being taken to address this.
 - ii. **Application for promotion and success rates by gender and grade** - comment on whether these differ for men and women and if they do explain what action may be taken. Where the number of women is small applicants may comment on specific examples of where women have been through the promotion process. Explain how potential candidates are identified.

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

The University of Hull HR system in place during the period covered did not support analysis by grade; this omission will be addressed by the new Hull HR applications system (Stonefish), so we have had to present overall data rather than by grade (Table 13).

Entry year	Applications			Shortlisting			Appointment		
	Male	Female	% Female of total	Male (% of apps)	Female (% of apps)	% Female of total	Male (% of apps)	Female (% of apps)	% Female of total appointees
2010	79	88	53%	13 (16%)	16 (18%)	55%	7 (9%)	8 (9%)	53%
2011	92	72	44%	22 (24%)	16 (22%)	42%	6 (6%)	6 (8%)	50%
2012	83	60	42%	34 (41%)	22 (37%)	39%	6 (7%)	6 (10%)	50%
All	254	220	46%	69	54	44%	19	20	51%

Table 13 Applications, Shortlisting and Appointments by gender

Although we are looking at a relatively small number of appointments for these years (fifteen, twelve and twelve, respectively) and it is difficult to draw firm conclusions from combined data for all grades, overall (last row) our percentage of female appointments have been greater than the proportion of women applicants or those invited to interview and overall our appointments have been gender balanced. We will be able to track these data by grade in the future due to the new system at Hull, which will enable us to consider any differences between grades.

(ii) Application for promotion and success rates by gender and grade

Over the three-year period from 2010-2013, there were 12 applications for promotion across all grades (four women; eight men). Seven of these were successful (two women; five men), however the two female promotions were awarded to the same individual who progressed from senior lecturer to reader to professor within that time period. When this is taken into account we conclude that men have been more successful than women in achieving promotion.

Identification of suitable candidates for promotion across the School has not been structured, and this has been identified in our staff survey and focus groups as an issue that needs to be addressed. Staff are required to apply for promotion via the university holding their contract and so the timing and the processes vary slightly.

Our staff survey and focus groups showed that staff at different levels were uncertain about the promotion process. Of the staff who completed the survey 21/38 men (55%) 12/24 women (50%) said that they had discussed promotion with their line manager. Most of these, 18/21 of the men (86%) and 7/10 of the women (70%) said they had received a helpful response, but it was clear that further help with promotions would be welcomed.

In addition it became clear in focus groups that staff embedded in York departments felt they were disadvantaged compared to other staff in their departments who had no relationship with HYMS. It is unclear whether this perception is accurate or not, but it clearly merits further investigation. We will discuss these individuals with the heads of the relevant departments in York (all AS award holders), and if there are different opportunities available to HYMS embedded staff, we will map equivalent criteria for promotion. In addition, senior staff serving on promotion panels will host workshops at each campus to clarify the process and expectations to staff; women will be individually invited to these.

AP7

- b) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.
- (i) **Recruitment of staff** – comment on how the department’s recruitment processes ensure that female candidates are attracted to apply, and how the department ensures its short listing, selection processes and criteria comply with the university’s equal opportunities policies
 - (ii) **Support for staff at key career transition points** – having identified key areas of attrition of female staff in the department, comment on any interventions, programmes and activities that support women at the crucial stages, such as personal development training, opportunities for networking, mentoring programmes and leadership training. Identify which have been found to work best at the different career stages.

(i) Recruitment of staff

Staff recruitment is managed by the relevant HR department of our parent universities. Both universities have clear appointment and selection procedures to which all staff on appointment panels must adhere. Job descriptions adhere to university HR templates and are checked by HR colleagues to ensure appropriate banding. Both universities have re-deployment policies and procedures which are put in place whenever possible (i.e. when there is a suitable individual) in order to support staff at different career stages, to maintain employment and in keeping with the

Research Concordat. So, for example, at Hull, if there is a member of staff on the re-deployment register who meets most essential criteria they are interviewed prior to external advert. They are offered the post if at interview they meet the essential criteria or could be expected to do so with further training that is reasonable in the circumstances. The job application process clearly links our universities with AS. Panels are chaired by a departmental head and panel members must undertake Recruitment and Selection training which includes details of process, as well as matters about equal opportunities, fairness, discrimination and diversity. The decisions at each stage are recorded. Recruitment panels are mixed gender as much as possible - anecdotal evidence suggests that there may have been some examples of all female panels - although this is not likely to have discriminated against women being appointed, in future all panels will be mixed gender.

AP8

(ii) Support for staff at key career transition points

Review of our data (Table 10) demonstrates that although our numbers are broadly in keeping with national data, we have a cohort of female Lecturers and Senior Lecturers who need to be nurtured and supported in their careers in order for them to gain promotion. This is vitally important if we are going to change the senior academic leadership as seen in Figure 1. Responses to our staff survey questions regarding mentoring (Table 14) and the focus groups have highlighted the need to mentor our female staff.

	Men	Women
Have undergone mentoring	15/38 (40%)	6/21 (29%)
Would like opportunity to undergo mentoring	7/23 (30%)	10/15 (67 %)

Table 14 Mentoring experience

Women attendees at the focus groups differed in their views as to whether mentors needed to be female; for some colleagues discipline-specificity was thought to be more important than gender. We will develop a mentorship plan for the School.

AP9

Regarding career progression, we want also to establish whether there are barriers preventing female researchers developing academic careers and have identified that data are required regarding gender balance amongst grant applicants (PI and Co-I), especially at researcher and Lecturer grades.

AP10

HYMS has a budget for training and development to which staff are encouraged to apply and appraisal is an opportunity for this to be highlighted. We are actively encouraging research staff to undertake bespoke research training to enable them to progress from postdoctoral research grades to lecturer grades. We have identified the ‘Research Leads’ and ‘Leadership In Action’ programmes at the University of York as appropriate training programmes, and will actively encourage mid-career female colleagues to attend these courses.

Career development

- a) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.
- (i) **Promotion and career development** – comment on the appraisal and career development process, and promotion criteria and whether these take into consideration responsibilities for teaching, research, administration, pastoral work and outreach work; is quality of work emphasised over quantity of work?
 - (ii) **Induction and training** – describe the support provided to new staff at all levels, as well as details of any gender equality training. To what extent are good employment practices in the institution, such as opportunities for networking, the flexible working policy, and professional and personal development opportunities promoted to staff from the outset?
 - (iii) **Support for female students** – describe the support (formal and informal) provided for female students to enable them to make the transition to a sustainable academic career, particularly from postgraduate to researcher, such as mentoring, seminars and pastoral support and the right to request a female personal tutor. Comment on whether these activities are run by female staff and how this work is formally recognised by the department.

(i) Promotion and career development

It is HYMS policy that each member of staff has an annual appraisal, and a six-monthly interim discussion. There is a specific HYMS appraisal (or performance review) form to capture developments and a section of this is returned to the Dean's department identifying any resource required to meet development needs. Appraisal is the obvious place for a formal discussion about potential promotion – and, although we recognise that 'promotion' discussions are not applicable to all staff, we will change the appraisal form to include a specific section asking about whether promotion was discussed, because it is important that all our academic staff should know where they are in relation to promotion criteria and what is required to achieve promotion.

AP7

In our staff survey 34/38 (90%) men and 19/24 (79%) women reported having undergone an appraisal in the preceding year. Of those who had an appraisal, career progression had been discussed in the case of 28/34 (82%) men and 15/18 (83%) women. However we also asked: *Do you consider the appraisal/ performance review process to be supportive?* Of the men who replied 26/34 (77%) said it was supportive and 11/18 (61%) of the women agreed it was supportive. Of course these numbers are relatively small, but we will monitor responses in subsequent staff surveys. It is clearly important that all staff (whether at a suitable point for promotion consideration or not) ought to have a useful discussion in their appraisal regarding career development, have their needs reviewed and a plan put in place to meet them. Our review of the appraisal form will include sections to make this clearer to stimulate these discussions.

AP11

The promotion criteria at both universities take into account responsibilities for teaching, research, administration, pastoral care and outreach work. It is acknowledged though that there are few examples of those on teaching and scholarship contracts gaining promotion as the international excellence required to be promoted within teaching contracts may be harder to attain and/or evidence than is the case for research outputs for those on research contracts. In the last two years there has been an increase in scholarly activity in the Centre for Education Development (which currently support three ACFs, all of whom are female) which may enable some of the senior teachers to obtain promotion through this route in the future. Such women will be identified specifically as per AP7 and supported via the appraisal process to achieve promotion targets. The promotions processes at both universities are interested in quality of contribution, not quantity, although in a small medical School there is concern that individuals may be overburdened with committee work, particularly ones with a large volume of business. This is reviewed during appraisals, and pro-rata adjustments made for part-time staff.

(ii) Induction and training

Until 2011, induction to HYMS was overseen by the Support Services Manager, who met with new staff on their appointment, went through the HYMS induction pack and introduced new staff to colleagues in a structured way. On her retirement, induction was delegated to academic centres. Since then, there has been an acknowledgment that induction is patchy and dependent on line-managers rather than Centre heads. There are examples where this is carried out well, but this is not universal and has been identified as the first task of a Process Review that the Associate Dean for Quality (ADQ) is conducting. The review commenced in Autumn 2013 and is likely to conclude with recommendations in early 2014. It is anticipated that issues such as E&D training, and discussion about opportunities for staff development will then be embedded in the induction process.

AP12

The School has a budget for staff development that staff are encouraged to apply for; requests for larger sums (>£1000) are discussed by a staff development panel. Appraisal provides the obvious opportunity to discuss such development. The Universities of Hull and York offer reciprocal access to their internal staff development programmes to all HYMS staff. We also utilise modules in the Department of Health Sciences at York for example where staff have specific development needs, e.g. statistical methods. We will conduct an Equality Impact Assessment on the process for applying for training and development funds.

AP13

Staff feedback in the survey and focus groups was mixed with respect to support from managers for and access to suitable Staff Development opportunities, so we have included this in our Action Plan – and our development of the Appraisal Form (see AP7) will include reviewing the section where the addressing of development needs identified the previous year are discussed.

AP14

(iii) Support for female students

Over the last three years 24 men and 10 women have registered to study for the MD degree (Table 7) and 22 men and 24 women have registered to study for a PhD (Table 8). Largely these students are supervised and supported within our academic centres but students also have access to the support services offered at both universities. They all have access to the Postgraduate Training Scheme (PGTS), and their academic progress is managed through a Thesis Advisory Panel (TAP). The PGTS is a compulsory scheme and students are required to obtain a certain number of credits depending on the degree they are registered for; the purpose of which is to equip them

with the skills need for their doctoral study, and for them to begin to develop as a researcher. TAPs are comprised of the student's supervisors and other relevant academics, with an independent Chair. They provide feedback on the student's progress, and advise about suitable PGTS modules. TAPs are generally of mixed gender (although there is no formal policy).

HYMS hosts an annual research conference, which is an opportunity for all the students registered on postgraduate degrees to submit abstracts of their work for presentation in oral or poster form. It is also an opportunity for them to meet the other HYMS postgraduate students including those based on the other campus, which helps to create a sense of community. Prizes are awarded for best poster and oral presentation and are assessed by mixed gender panels. Over the last two years (the time the conference has been running) the winners have been one male and three female students.

The Associate Dean for Students (ADS) and the Student Office Manager provide personalised pastoral support as required by our undergraduate students and on occasion their skills have been used to assist with issues with postgraduate students. However we have realised during the preparation of this submission that we need to understand more about the support that our female research students need, so we will survey them and hold focus groups to explore this further.

AP15

We also want to understand whether there are sufficient and appropriate role models for our female undergraduate students. MBBS students in years 1 and 2 students develop close relationships with their Core Educational Facilitators, most of whom are men (21:11). These facilitators are NHS employees rather than university staff, so do not appear in our staff data although the appointments are made by the undergraduate team. Core Educational Facilitators (CEF) are the principal role models for HYMS students and there is a need to ensure their gender awareness. The six Directors of Clinical Studies (also NHS employees and the senior NHS liaison staff for HYMS) are all male. We therefore have several actions to seek to understand and address this imbalance.

AP16

Organisation and culture

- a) Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning.
- (i) **Male and female representation on committees** – provide a breakdown by committee and explain any differences between male and female representation. Explain how potential members are identified.
- (ii) **Female: male ratio of academic and research staff on fixed-term contracts and open-ended (permanent) contracts** – comment on any differences between male and female staff representation on fixed-term contracts and say what is being done to address them.

(i) Male and female representation on committees

	2010/2011			2011/2012			2012/2013		
	Chair	Male	Female	Chair	Male	Female	Chair	Male	Female
Management Board *	M	12	5	M	17	6	M	7	5
Board of Studies	M	16	7	M	13	8	M	19	8
Quality Committee *	M	4	1	-	-	-	F	6/7	5/6
Admissions Committee *	F	11	2	F	9	6	F	7	6
Academic Progress Committee *	F	5	7	M	5	7	M	8	7
Ethics Committee *	M	8	4	M	6	6	M	6	7
HYMS Executive	M	5	4	M	6	4	M	8	4
Research Committee	M	15	6	M	15	6	M	16	5
PG Research Board	-	-	-	-	-	-	M	11	5
PG Teaching Board *	-	-	-	-	-	-	F	6	4
Joint Board of HYMS	M	8	2	M	8	2	M	9	1
Joint Senate Committee	M	8	1	M	8	1	M	12	4
Intercalated Board of Examiners	F	6	2	F	7	1	F	7	2
Intercalated Programme Board	F	6	2	F	6	1	F	6	2
Board of Examiners (Phase I)	M	12	2	M	11	3	F	39	13
Board of Examiners (Phase II&III)	M	13	2	M	14	3	F	28	9
MBBS Programme Board *	M	17	7	M	6	5	M	6	6
NHS Partnership Group *	M	12	2	M	8	4	M	6	4
Fitness to Practise Committee	M	6	3	M	6	2	F	6	3
AS SAT*	-	-	-	-	-	-	F	4	12

Table 15 Chairs and representation on HYMS Committees 2010 - 2013

Data showing membership of our committees (Table 15) need to be viewed in the context of the data in Table 10 demonstrating that only 38% of all our academic staff are women. For the committees marked * in Table 15, the percentage of women in 2013 exceeds 38% - this is true for nine of the 20 committees reported. There has been some progress in gender balance over the years reported – for example in 2010 4/17 (24%) of committees were chaired by women, rising to 9/20 (45%) by 2013. No committees are devoid of women members - although some, e.g. Joint Board of HYMS and Joint Senate Committee (two of the most senior committees in HYMS) are particularly male-dominated.

AP17

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

Year and Contract Type	Female	Male	Total	% Female	% Male
2011					
Fixed Term Contract	5	12	17	29%	71%
Open-ended Contract	22	37	59	37%	63%
Total	27	49	76	36%	64%
% Fixed Term	19%	25%	22%		
% Continuing	81%	76%	78%		
2012	Female	Male	Total	% Female	% Male
Fixed Term Contract	14	16	30	47%	53%
Open-ended Contract	31	58	89	35%	65%
Total	45	74	119	38%	62%
% Fixed Term	31%	22%	25%		
% Continuing	69%	78%	75%		
2013	Female	Male	Total	% Female	% Male
Fixed Term Contract	19	29	48	40%	60%
Open-ended Contract	34	57	91	37%	63%
Total	53	86	139	38%	62%
% Fixed Term	36%	34%	35%		
% Continuing	64%	66%	65%		

Table 16 Academic staff on fixed term and open-ended contracts

The figures for academic staff on fixed term and open-ended contracts are shown in Table 16. These numbers show change over the period, and reflect an increase in staff including fixed term post-doctoral researchers. Any anomalies in them and the main staff data table reflect the challenge of obtaining all staff data across our two institutions. Despite these limitations, the main gender related messages are:

- The proportion of men and women on open-ended contracts in 2013 are comparable (66% of men, 64% women).
- With respect to those on fixed term contracts, there are more men than women (60% men in 2012/13) and this reflects the overall proportions of our staff (62% men in 2012/13).

The data for Band 6 and 7 researchers are shown in Table 17.

	Fixed term		Open-ended	
	M	F	M	F
2010/11	2	3 (60%)	0	1 (100%)
2011/12	6	7 (54%)	2	3 (60%)
2012/13	12	8 (40%)	2	3 (60%)

Table 17 Research staff on fixed term and open-ended contracts

These data do not appear to show women being more likely to be on fixed term contracts, but the low numbers make us cautious about drawing firm conclusions. Both universities are signed up to the Research Concordat, which seeks to ensure opportunities for continued employment for those on short-term contracts, including re-deployment measures. We are unclear whether salary progression rates are the same for men and women and have identified the need to establish baseline data to explore this and subsequently track these data so we will undertake an Equal Pay survey.

AP18

- b) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.
- Representation on decision-making committees** – comment on evidence of gender equality in the mechanism for selecting representatives. What evidence is there that women are encouraged to sit on a range of influential committees inside and outside the department? How is the issue of ‘committee overload’ addressed where there are small numbers of female staff?
 - Workload model** – describe the systems in place to ensure that workload allocations, including pastoral and administrative responsibilities (including the responsibility for work on women and science) are taken into account at appraisal and in promotion criteria. Comment on the rotation of responsibilities e.g. responsibilities with a heavy workload and those that are seen as good for an individual’s career.
 - Timing of departmental meetings and social gatherings** – provide evidence of consideration for those with family responsibilities, for example what the department considers to be core hours and whether there is a more flexible system in place

(i) Representation on decision-making committees

The internal committees with greatest responsibility for making most decisions are the Management Board and the Board of Studies. Both these committees are chaired by men (the Dean and Deputy Dean (Education) respectively) because of their substantive role. The

Management Board has seen significant change in recent months, resulting in 42% of members being women compared with 26% in 2011/12 (Table 15). In some instances, committee membership is related to an individual's substantive role, but generally vacancies are advertised internally. We are aware that with a smaller number of female staff, it is important not to overburden female staff members with committee work.

Some of our senior female academics sit on university committees: for example, the University of Hull Honorary Degrees Committee and the University of Hull senior leadership group.

(ii) Workload model

The workload allocation for academic staff is complicated due to the two universities and that many staff are embedded in 'host' departments, meaning elements of their job fall outside HYMS jurisdiction, but we work within these constraints. Staff workload is managed at the level of academic centres, some of which use semi-formal workload planning tools. Workloads are also discussed individually at appraisal and changes made as deemed appropriate. There have been several examples over the period in question of female staff changing their roles as a result of such discussions. Where issues of excessive workload are raised, every effort is made to consider workload with the staff member and seek ways to rebalance their responsibilities.

Workload is adjusted accordingly for staff working reduced or part-time hours because of caring responsibilities. Pastoral care and administrative responsibilities are also considered. Appointments to the more substantial academic management or leadership roles are made following internal advertisements to all academic staff rather than by traditional allocation. Role descriptors are prepared which include a time allowance, which offsets other expectations of the roleholder. Terms of office are usually for a specified duration but may be revised with agreement where necessary. This approach encourages those wishing to develop specialism and alleviates any unintended bias which could occur if duties were simply allocated. It also demonstrates the value of these roles in that there is a defined workload allocation given to them, i.e. staff are not expected just to absorb such roles as additional work.

An initial review of workloads relating to about half the academic staff was undertaken in 2012 (Figure 5). It did not point to any gross inequality between men and women. The review includes 24 women and 34 men.

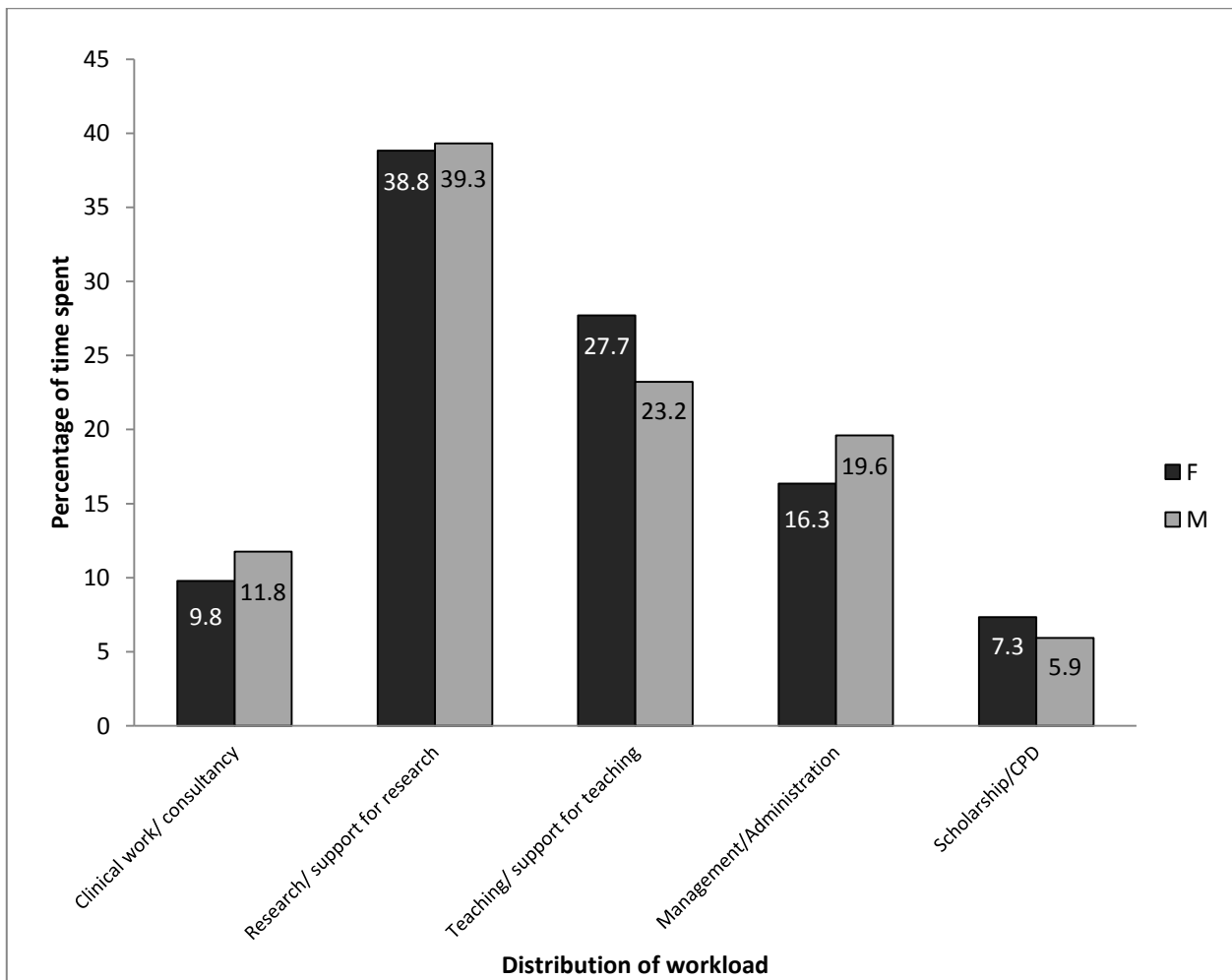


Figure 5 Comparison of workloads by gender at HYMS

There have been discussions within HYMS investigating the development of a School-wide workload model and we have therefore included the formal consideration of this as part of our action plan. We have decided to develop a simple model in order to ensure equity and transparency.

AP19

(iii) Timing of departmental meetings and social gatherings

Although the core hours are 10am-4pm, not all meetings are yet held during these hours. Previously HYMS had a history of late evening meetings, particularly for committees associated with the delivery of the MBBS programme, to accommodate clinical colleagues. However this pattern became difficult as it excluded other staff with carer obligations. Now HYMS meetings are held within the office hours of 9.00am – 5.00pm. Wherever possible regular meetings are scheduled a year in advance to help with planning, and clinical colleagues are given a minimum of 6 weeks’ notice of meetings to allow them time to adjust clinical commitments as necessary. On the rare occasion (e.g. as part of planning the implementation of the curriculum changes) where it has been difficult to find times that suit all key staff, meetings have been arranged over an extended period (over the afternoon and early evening) to provide more opportunities for all to contribute.

Due to the geographic extent of the HYMS patch and the distance between university sites, much use is made of video and telephone conferencing facilities to reduce the need for travel which this

is of benefit to women in particular (as primary carers) as it avoids late finishes due to travel requirements.

We will implement a policy to hold all main committee meetings between 10am and 4pm, with 75% of all other committees also meeting between these hours.

AP20

Social gatherings are inclusive of all grades of staff (and some include students) and are held in different locations in recognition of the problems with travel. For example, Christmas parties are held in both Hull and York. Unique social gatherings (e.g. ‘thanks to staff events’) are held in locations that are easily accessible and locations alternated across years. In general bus transport is provided for staff at the distant location. Timings have varied from evenings to daytimes; most recent events have been daytime.

iv) **Culture** –demonstrate how the department is female-friendly and inclusive. ‘Culture’ refers to the language, behaviours and other informal interactions that characterise the atmosphere of the department, and includes all staff and students.

HYMS is committed to equality and diversity, and when a university staff survey several years ago indicated that bullying and harassment was an issue we responded by asking all staff to undergo E&D training. In our own recent staff survey carried out to provide data for this application, 18/21 of women (86%) and 28/37 men (76%) said they has undertaken E&D training in the last three years. In this recent survey we therefore specifically included questions related to bullying and harassment.

Sex	Total replying to question	Number who had experienced bullying or harassment	Number who had witnessed bullying or harassment
Female	22	6 (27%)	8 (36%)
Male	36	7 (19%)	9 (25%)

Table 18 Bullying and harassment by gender

As Table 18 shows, more women respondents than men have witnessed and/or experienced bullying/harassment or intimidation. On reflection, we recognise that the questions we asked were relatively limited and it would be possible to answer ‘Yes’ to these questions regarding a historical event involving a member of staff who had subsequently left the organisation:

Have you witnessed practices in HYMS that you would describe as bullying, harassment or intimidation?

Have you been subject to behaviour by HYMS staff that you would term bullying, harassment or intimidation?

Nevertheless these data are of serious concern to us and we are actively taking steps to find out more information and then implement appropriate action.

AP21

There is some concern expressed in free text in the staff survey that HYMS is a male dominated environment in which men are listened to more than women - and although we consider our

main priority to be to get to the root of the issues that are behind the responses we obtained from the bullying/harassment/intimidation question, we have identified some other actions which we hope will address this in part. For example few senior women academics represent HYMS in the media and to students, or to celebrate the successes of women in science, and we have identified ways in which we can seek to address this and so contribute to instigating changes to culture.

APs22,23

We also have identified that more men than women are invited to speak at seminars – there were 332 identified seminars in the last three years across our academic centres - 223 given by men and 99 by women (30%). This does vary by discipline and there were a higher proportion of women speakers in the applied sciences than basic sciences. We will monitor this across all our academic centres over the coming years and will increase the number of female speakers.

AP24

- v) **Outreach activities** – comment on the level of participation by female and male staff in outreach activities with schools and colleges and other centres. Describe who the programmes are aimed at, and how this activity is formally recognised as part of the workload model and in appraisal and promotion processes.

HYMS has been deeply committed since its inception to recruiting cohorts of medical students that reflect more widely the socio-demographic spectrum of the whole UK population. Its WP strategy is designed to help applicants from the more disadvantaged sectors of society to apply to and succeed in this or another medical school, so that future cohorts of doctors reflect more closely the structure of the population as a whole, in terms of socioeconomic background, gender and ethnicity. The HYMS WP programme is innovative and responsive to local and national contexts and drivers and targets primary, secondary and sixth form students across the HYMS region.

The Widening Participation team (two females) organises and leads targeted outreach and in-house activity with secondary schools and sixth form colleges, with the assistance of a male HYMS academic and HYMS students. Activity with primary school students has taken the form of the Primary School Project Student Selected Component (SSC), as well as other in-house activities led by both female and male members of staff and students. The programme also currently includes an annual residential in which Year 12 pupils come from Sixth Forms or Colleges across the HYMS geographical region to undertake a range of activities. This Summer School has historically been organised and led by one or two female members of staff, with input from clinicians and medical students (both male and female). The purpose of these activities, broadly, is to encourage students from WP backgrounds to consider medicine at a level appropriate for their age. Our work with primary schools is designed to boost interest in science subjects and provide direct access to an approachable, engaging future medical professional. Our work with older students is designed to encourage able students to consider medicine as a realistic option, boost confidence, provide support and advice on applications and give a firm understanding of what studying medicine entails, through contact with our students and staff.

In the 2010, 2011 and 2012 academic years, a Teachers' Conference was also held for teachers across the region. The conferences were led and organised by the WP Manager (female) and papers and workshops were delivered by academic members of staff, such as the Associate Dean

for Admissions (female) and the Senior Teaching Fellow in Medical Education (male). These conferences were designed to help school teachers guide pupils in subject choices and activities appropriate for medicine, as well as provide insight into methods of teaching, learning and assessment within the medical school environment.

The Primary School Project SSC has been offered to Phase 1 MBBS students, where students go to primary schools in pairs, the purpose of which is to develop their skills in communicating with young children on health issues and to extend their understanding of their role as teachers about health care issues to different age groups, using as an example the impact of nutrition and exercise upon the lives of primary school children. This has been taken up by more female than male students; in the last three years 34 female and 16 male students have chosen this SSC.

HYMS has several student societies that are involved in outreach to the community: e.g. Minds in Motion which supports three local community groups for patients with mental health problems and their carers and Teddy Bear Hospital which aims to help children be less afraid of doctors and to promote healthy eating and living. HYMS students helping at outreach events receive regular certificates for their portfolios.

Flexibility and managing career breaks

- a) Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning.
- (i) **Maternity return rate** – comment on whether maternity return rate in the department has improved or deteriorated and any plans for further improvement. If the department is unable to provide a maternity return rate, please explain why.
 - (ii) **Paternity, adoption and parental leave uptake** – comment on the uptake of paternity leave by grade and parental and adoption leave by gender and grade. Has this improved or deteriorated and what plans are there to improve further.
 - (iii) **Numbers of applications and success rates for flexible working by gender and grade** – comment on any disparities. Where the number of women in the department is small applicants may wish to comment on specific examples.

(i) Maternity return rate

There were three applications for maternity leave among academic and research staff during 2010-13. Two of these colleagues returned to work and the third return is due in 2014.

We have identified that HYMS does not have a policy for managing maternity leave among undergraduate students but previously has dealt with these on an individual basis.

AP25

(ii) Paternity, adoption and parental leave uptake

There was one application for paternity leave (which was granted) but no applications for adoption or parental leave during 2010-13. There may be informal arrangements not captured by the formal system.

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

Although flexible working is encouraged we do not hold central data regarding applications for this as these have traditionally been negotiated between individuals and their line managers. The

recent staff survey has shown that this works well; of the 38 men who answered this question 12 (32%) had discussed working flexibly with their line manager and all reported their needs accommodated. Of the 24 women who answered this question, nine (38%) had discussed working flexibly with their line manager and all reported their needs accommodated – for eight entirely and one partly accommodated. We will continue to ask about flexible working in staff surveys but do not plan to introduce a formal application process at present.

- b) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.
- (i) **Flexible working** – comment on the numbers of staff working flexibly and their grades and gender, whether there is a formal or informal system, the support and training provided for managers in promoting and managing flexible working arrangements, and how the department raises awareness of the options available.
 - (ii) **Cover for maternity and adoption leave and support on return** – explain what the department does, beyond the university maternity policy package, to support female staff before they go on maternity leave, arrangements for covering work during absence, and to help them achieve a suitable work-life balance on their return.

(i) Flexible working

HYMS recognizes that a flexible approach to working is vitally important in the recruitment and retention of women, hence the inclusion of questions regarding it in our staff survey, and we are pleased that at present it appears to be working well. However focus group attendees did highlight a perception that flexibility does depend on line managers, who may respond differently. In addition there are different policies in Hull and York with respect to support for those with caring responsibilities. Therefore as part of our action plan, we will review the policy and implementation of working from home and explore the opportunities to harmonise policies for those with caring responsibilities among HYMS staff.

APs26,27

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

Although requests for maternity leave have been few in recent years, our policy is to support colleagues before and after return. The aim is to remove any burden from them about their workload and to ensure that responsibilities are handed-over easily before and after return. Both universities have Maternity leave policies, which include pre-maternity leave meetings, keeping in touch days and job planning meeting on return.

One issue that has arisen is the continuation of employment rights for clinical academics in training grades when they move from being NHS employed as ACFs to university employed as out-of-programme clinical research fellows. Despite attempts to solve this nationally, there remains no universal agreement regarding best practice and few medical schools have a policy in place to deal with this situation. Although it would also apply to sick leave, the most common issue is maternity leave and if it remains unresolved could be a considerable impediment to women

pursing clinical academic training. Locally we have resolved this for one female clinical academic trainee on an individual care basis, and we will seek to embed this within university and local NHS Trust policy.

AP28

Word count: 4876 (max 5000), excluding tables and figures.

5. Any other comments

Please comment here on any other elements which are relevant to the application, e.g. other SET-specific initiatives of special interest that have not been covered in the previous sections. Include any other relevant data (e.g. results from staff surveys), provide a commentary on it and indicate how it is planned to address any gender disparities identified

As discussed throughout the application, we did conduct a staff survey and held focus groups in order to obtain data for this application and to enable us to develop a meaningful action plan. We have presented these results throughout the application in order to explain the action points we have developed. Both the survey and focus groups were conducted with all our staff although the data presented here has been confined to the academic staff. The reason for seeking the opinions and experience of all staff is because we believe that in order to achieve our action plan we need to address fundamental cultural issues, and that the change required is needed across all staff, not merely academic staff.

Word count: 119 (max 500)

6. Action plan

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
1	<p>Following change in organisational structure, the SAT does not comprise all the individuals best placed to exert influence and implement the required actions.</p> <p>Infrastructure support is required to support the AS Lead to deliver the Action Plan.</p>	2	<p>Review composition of SAT to include those named as responsible for actions.</p> <p>Present the HYMS Management Board with a quarterly update on action plan and so embed AS actions in the decision making processes.</p> <p>Establish AS Project Officer post to support implementation (0.2fte).</p>	<p>Actions being implemented according to timeline.</p>	AS Lead	<p>New group to meet two monthly, beginning in January 2014.</p> <p>First report to Management Board March 2014.</p> <p>Project Officer in place by April 2014.</p>
2	<p>Women report not being listened to as much as men on Committees.</p>	2	<p>Develop and roll-out specific training for Chairs of the our Committees</p>		AS Lead	<p>Develop training by September 2014. To be taken up by Committee chairs by July 2015.</p>

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
3	More men than women undertake the PGCME.	3 b) Student data 3) 3 b) Student data 5) ii 3 b) Student data 5) iii	Monitor gender balance in admission and completions of PGCME. Explore whether there are barriers to women applying to study for the certificate.	Identified and removed barriers to admissions to PGCME.	Academic lead, PGCME	November 2014, then annual review (2015, 2016).
4	Need to continue monitoring gender of applicants for PGR degrees.	3 b) Student data 4)	Monitor gender balance in postgraduate applications and awards for funded studentships with a view to adapting practice to promoting female participation. Report to PGR Board on applications and offers to include analysis by gender.	Gender balance in admissions and awards of PGR degrees.	Chair, PGR Board	November 2014, then annual review (2015, 2016).
5	Better data capture of researcher data at York required as a result of embedded model.	3 b) Staff data 1)	Work with departmental heads, administrators and HR to capture data annually.	Accurate staff data to enable us to reflect on progress through the grades.	York HR lead	August 2014, then annually.

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
6	No exit questionnaire/interview process at Hull at present	3 b) Staff data 2)	Develop and implement suitable exit questionnaire/interview process for staff at Hull to ensure parity across the School.	Exit questionnaire/interview process implemented.	HYMS HR lead/ADQ	Implement by January 2015.
7	In focus groups, staff report a lack of clarity regarding expectations for promotion, and there is a perception that embedded staff at the University of York are disadvantaged with respect to achieving promotion criteria compared to other members of their host departments.	4. Key career transition points a) ii) 4. Career development a. i)	a) Conduct workshops with relevant members of staff led by members of promotion panels. Woman members of staff will be individually invited to these workshops. b) Report to HYMS Management Board following discussions with relevant Heads of Department at York regarding expectations of promotion for HYMS embedded staff. c) Update HYMS Appraisal/Performance Review form to include specific section on discussion about promotion. d) Identify female members of staff to support for promotion.	Improvement in responses to staff survey regarding understanding promotion criteria. Ultimately more women submitting applications for promotion.	AS lead/ Dean/HR Lead/Heads of academic centres	a) September 2014. b) June 2014. c) December 2014. d) April 2014 (and annually thereafter).

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
8	Appointment panels do not always include men and women.	4. Key career transition points b) (i)	<p>Introduce formal policy of ensuring short listing and appointment panels for all posts include men and women.</p> <p>HR to monitor and report on panel membership.</p>	Gender balanced panels	HYMS HR lead	Establish by January 2014; report annually.
9	In staff survey, staff report insufficient mentoring opportunities - despite expressions of interest by academic female staff at different grades.	4. Key career transition points b) (ii)	<p>Develop a mentorship plan for HYMS and submit recommendations to HYMS Management Board. Within this explore:</p> <ul style="list-style-type: none"> - Developing training programme for mentorship; - Identifying pool of suitable mentors; - Offering suitable mentors to female academics (including women where requested); - Models of mentorship other than 1-2-1, such as group mentorship. <p>Monitor uptake of training and mentoring and effectiveness of both.</p>	<p>The pairing of mentors and mentees.</p> <p>Improved responses to staff survey regarding experience and opportunities for mentoring.</p>	HYMS HR lead/AS lead	<p>Plan to Management Board by October 2014;</p> <p>Implementation of initial actions from plan – e.g. training of mentors) by October 2015.</p> <p>Full implementation by October 2016.</p>

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
10	Data are required as to the gender balance on grant applications, especially at researcher and Lecturer grades.	4. Key career transition points b) (ii)	<p>a) Review principal and co-applicants on grant applications over past year by grade and gender to obtain baseline data.</p> <p>b) Hold workshops (with staff development support) regarding preparation of writing grant applications for post-doctoral researchers and lecturers. Woman members of staff will be individually invited to these workshops.</p> <p>c) Monitor research applications by gender (including amounts).</p>	Increased number of women post-doctoral researchers and lecturers applying for grants (as Principal and Co-Investigators).	Research Office	<p>a) March 2014.</p> <p>b) March 2015.</p> <p>c) Annually; report to SAT: March 2014, 2015, 2016.</p>

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
11	Many staff had received an appraisal/performance review in the previous year, but some reported in focus groups that although the appraisal process was supportive it was not linked to outcomes such as meeting development needs.	4. Career development a) (i)	Review HYMS Appraisal/ Performance Review form (see Action Point 5 above) to include section on whether identified needs in the previous year were met, and if not why not (resources to meet needs in place as budget has been under-spent in recent years).	Improved responses on staff survey reflecting development needs being met.	HYMS HR lead	November 2014
12	Quality of formal induction for new staff dependent on line manager reported by staff in focus groups.	4. Career development a) (ii)	<p>Induction processes to be reviewed. Key elements harmonised and improved to include E&D issues, information about promotion processes and possible career opportunities.</p> <p><i>To date: This is the first task to be included in a review of processes set up by the Dean and is being worked on Oct-Dec 2013.</i></p>	Formal clear induction process for all new staff with protocol and agreed accountability.	Dean/ADQ/ HYMS HR lead	<p>Induction review set up October 2013.</p> <p>Implementation by October 2014.</p>

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
13	Staff development budget allocation is reactive to requests.	4. Career development a) (ii)	Equality Impact Assessment on the process and award for funds for training and development.	More women taking up staff development opportunities.	Dean/ADQ	March 2015
14	Staff feedback in survey and focus groups mixed with respect to support from managers for access to suitable Staff Development opportunities.	4. Career development a) (ii)	<p>a) Identify suitable development opportunities and publicise (e.g. via Research News) and promote them to researchers and lecturers (e.g. via the appraisal process).</p> <p>b) Include questions regarding specific development needs in next staff survey.</p> <p>c) If development needs not met by current available courses, set them up (e.g. writing workshops).</p> <p>d) Canvas views amongst research staff regarding development of a post-doctoral forum.</p>	<p>Improved responses to staff survey.</p> <p>Well attended and well evaluated training programme.</p> <p>Comprehensive programme to support researchers in place by end of 2014.</p>	Research Office	<p>a) October 2013</p> <p>b) May 2014</p> <p>c) November 2014</p> <p>d) February 2015</p>

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
15	More data are needed regarding the support female doctoral students require and whether the support they are receiving is appropriate.	4. Career development a) (iii)	Conduct survey and focus groups with female doctoral students to identify barriers to female students progressing in academic careers. Identify whether female doctoral students are taking up the opportunity of career development training. Report to be submitted to PGR Board.	Female doctoral students reporting appropriate support, in surveys and focus groups.	Chair, PGR Board	January 2015
16	<p>MBBS students in years 1 and 2 develop close relationships with their CEFs, who are male dominated (21:11).</p> <p>CEFs are the principal role models for HYMS students and there is a need to ensure their gender awareness.</p> <p>The six DoCS are all male.</p>	4. career development a) (iii)	<p>a) Ensure that all CEFs have completed E&D Training.</p> <p>b) Explore whether there are any barriers to women becoming CEFs or DoCS. Report to be presented to Board of Studies with Action Plan.</p>	<p>All CEFs will have completed E&D training.</p> <p>Barriers to recruiting women to CEF and DoCS posts will have been identified and actions put in place to address them including the consideration of targets for female appointments to these posts.</p>	Phase 1 lead/DD(E)	<p>a) January 2015</p> <p>b) January 2016</p>

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
17	Main committees are male dominated.	4. Organisation and culture a) (i)	<p>a) Review membership of main committees. Review terms of reference to identify hidden barriers to female representation; consider open/invitation nomination processes.</p> <p>b) Support women to be members of these committees by discussing in appraisal.</p> <p>c) Explore ways to facilitate female involvement/membership.</p> <p><i>To date:</i> Management Board was restructured in 2013 and includes a higher proportion of women.</p>	Gender balance on committees to reflect gender balance across HYMS.	Dean/ DD(E)	<p>a) October 2013</p> <p>b) December 2014</p> <p>c) June 2015</p>

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
18	Baseline data needed to establish whether salary progression rates are equivalent for men and women	4. Organisation and culture a) (ii)	Collect further data from HR and staff by conducting Equal Pay survey. Present report to SAT.	Transparency achieved about whether women and men progress through salary scales at equivalent rates	HYMS HR lead	June 2014
19	No comprehensive workload model at present.	4. Organisation and culture b) (ii)	Consider introduction of workload model, and present report to Management Board.	Fair and transparent allocation of work.	Head of administration	December 2014
20	Not all meetings held at suitable time for all staff.	4. Organisation and culture b) (iii)	Ensure all main committees meet between 10am and 4pm (except where this is problematic for certain staff, e.g. NHS colleagues, attending these committees).	All main committees held between 10am and 4pm; and 75% of all committees held between 10am and 4pm.	Committee chairs and secretaries	May 2014; annual review

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
21	Bullying and harassment has been identified as a significant issue in recent survey and more commonly reported by women.	4. Organisation and culture b) (iv)	Short-term small senior management group led by the Dean to lead response to this. Report of this group to be presented to the HYMS Management Board <i>To date:</i> Initial meetings with academic and support staff have been held to explore issues and seek further feedback.	Improvement in responses to staff questionnaire. Implementation of harassment action plan as agreed by Management Board.	Dean/ AS lead	3 months (for initial report) 6 months (implement and review)
22	Few senior women academics representing HYMS in the media and few women role models for students.	4. Organisation and culture b) (iv)	a) Identify senior women academics to undergo media training and consider them representing HYMS. b) Monitor web news stories c) Review plenary lectures given to students with respect to gender balance and if appropriate include women academics. d) Celebrate achievement of women role models on HYMS web-site and in highly visible places such as HYMS receptions.	Greater visibility of senior women academics to students of HYMS, to visitors and to staff (e.g. in web-site, newsletters and marketing).	a) Comms team b) Comms team c) Phase leads d) AS lead/Comms	a) November 2013 b) March 2014 c) October 2014 d) July 2014

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
23	Few opportunities for women in science to be celebrated	4. Organisation and culture b) (iv)	Introduce prize for outstanding woman in science to be awarded at annual prize-giving or graduation or similar high profile event. Staff to be invited to proposed suitable women for such awards.	Celebration of women in science. Prize awarded annually.	Dean/ AS lead	November 2014
24	More men than women invited to speak at seminars.	4. Organisation and culture b) (iv)	Send regular reminders to seminar organisers (six monthly).	Greater gender balance across seminars.	Centre heads	January 2015 and six monthly thereafter. Annual review of speakers each January
25	No policy for maternity leave for undergraduate students.	4. Flexibility and managing career breaks a) (i)	Pregnancy and maternity leave will be explicitly addressed in a new Policy on Student Welfare being developed to apply to all students. To be approved by Quality Committee and Board of Studies by summer 2014.	Clear policy and information available to undergraduates.	ADS	August 2014

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
26	Implementation of working from home policy varies depending on line managers.	4. Flexibility and managing career breaks b) (i)	<p>Review formal and informal practice for working at home for academic and non-academic staff. Ensure policies of each university implemented fairly and consistently and introduce a Code of Practice. Code of Practice to be approved by Quality Committee and Management Board by Summer 2014.</p> <p>Provide training for managers to ensure equity in application of home-working policy.</p>	<p>Fair practices across HYMS.</p> <p>Policy implemented from August 2014; 75% of managers will have received information or undertaken training about the new policy by July 2014.</p>	Head of administration liaising with HR lead	<p>Code of Practice August 2014</p> <p>Training Autumn 2014</p> <p>Implementation from January 2015.</p>
27	Policies to support those with caring responsibilities differ across the Universities of Hull and York, creating differential treatment of HYMS staff dependent on location.	4. Flexibility and managing career breaks b) (i)	<p>Review differences between the policies of the two universities and develop a Code of Practice for HYMS staff which eliminates differential treatment and supports equality. Bring report of review to HYMS Management Board.</p> <p>Monitor up-take by gender.</p>	Improvement in responses in staff survey.	HR lead	August 2014

ACTION PLAN (HULL YORK MEDICAL SCHOOL), November 2013

Action point	Issue identified	Relevant section of report	Actions to address issue	What success will look like	Responsible person/group	Date to be implemented
28	There is no policy regarding continuity of service to clinical academic trainees as they move from NHS to University posts in the Integrated Clinical Academic Programme	4. Flexibility and managing career breaks b) (ii)	Discuss with HR Director at University of Hull and the HR directors at the relevant NHS Trusts and bring report to the Academic Training Committee.	Policy in place ensuring protection of continuity of employment for trainees on maternity leave.	ATPD	June 2015