Athena SWAN Silver department award application

Name of university: OXFORD

Department: PRIMARY CARE HEALTH SCIENCES

Date of application: NOVEMBER 2013

Date of university Bronze Athena SWAN award: November 2010

Contact for application: SUE ZIEBLAND

Email: Sue.ziebland@phc.ox.ac.uk

Telephone: 01865 289302

Departmental website address: www.phc.ox.ac.uk
ACRONYMS USED IN THIS APPLICATION

ACF – Academic Clinical Fellow
ACL – Academic Clinical Lecturer
DGS – Director of Graduate Studies
DoH – Department of Health
HERG – Health Experiences Research Group
HEXI – Health Experiences Institute
HoD – Head of Department
HTA – Health Technology Assessment
LTFT – Less than full time
MIMS - Monthly Index of Medical Specialities
MSD – Medical Sciences Division
NIHR - National Institute for Health Research
NSPCR – National School for Primary Care Research
OUCAGS – Oxford University Clinical Academic Graduate School
PCHS – Primary Care Health Sciences
PDR – Personal Development Review
PGR – Post Graduate Research
RoD – Recognition of Distinction, the University’s promotions exercise which awards the title of professor to eligible staff; such staff are referred to as titular professors
SAPC – Society for Academic Primary Care
UKSBM - UK Society for Behavioural Medicine

RESEARCH GRADES AND TITLES USED IN THIS APPLICATION

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>Grade 7</td>
<td>Post-Doctoral Researcher at an early stage in their research career</td>
</tr>
<tr>
<td>Grade 8</td>
<td>Researcher with responsibility for their own area of research and seeking funding for their own proposals.</td>
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<tr>
<td>Grade 9</td>
<td>Researcher with a recognised research reputation and generally leading a significant research project within an overarching research programme.</td>
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<tr>
<td>Grade 10</td>
<td>Researcher with a substantial reputation in their field and leading a significant research programme.</td>
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<tr>
<td>University Lecturer</td>
<td>The main academic grade at Oxford and equivalent to a Grade 10 Professor elsewhere</td>
</tr>
<tr>
<td>Clinical Researcher</td>
<td>Clinical researcher relatively new to research and not on the NHS consultant pay scale.</td>
</tr>
<tr>
<td>Senior Clinical Researcher</td>
<td>Academic GP on NHS consultant pay scale</td>
</tr>
<tr>
<td>Clinical Reader</td>
<td>A defined permanent clinical academic post, filled by open recruitment, with college association. Equivalent to a Professor elsewhere.</td>
</tr>
<tr>
<td>Titular Professor</td>
<td>A member of staff awarded the title of professor in recognition of the excellence of their research; the award of a title does not entail changes to the individual’s underlying post</td>
</tr>
<tr>
<td>Statutory Professor</td>
<td>A defined, permanent post, filled by open recruitment, with college association</td>
</tr>
</tbody>
</table>
Sarah Dickinson  
Senior Policy Adviser  
Athena SWAN Charter  
Equality Challenge Unit  
Queen’s House  
55-56 Lincoln’s Inn Fields  
London  
WC2A 3LJ  

29th November 2013  

Dear Sarah,  

This application for an Athena SWAN silver award is a key departmental objective, attracting my strongest personal support. We have been serious and enthusiastic in appraising our culture and procedures: as individuals; in working groups; in committees; at departmental open meetings; and through surveys. As a result of the reviews, we have recognised that even though we initially thought of ourselves as a forward thinking and family friendly department there is more we can do to benefit women, men and the department as a whole — a major positive of engaging with Athena SWAN.

We have made much progress since our Bronze award, including:

- Significant progress in improving induction and communication, so most all staff now know where to find information on (for example) flexible working, training and re-grading;
- Establishment of a departmental mentoring scheme, linking with the central University to share our experience and best practice in mentoring;
- Appointment of two women professors — one via internal promotion and one by external competition;
- Much better engagement in the annual Personal Development Review process.

Our recent survey shows that staff can see the benefits of changes we have made, and the overwhelming picture is of positive progress. But we are also pleased that staff felt free to tell us where there is still room for improvement. There are a couple of important themes: variation in line management, with both staff and line managers expressing some concerns; and opportunities to network and collaborate within the department. The Senior Management Group convened a special meeting to review the survey and changes are already underway that begin to address issues raised.

We remain humbled by the way Athena SWAN has galvanised the sense of joint working and common goals across most of the departmental staff — no other issue has so captured the corporate imagination, in an already very collaborative department.
Continued self-appraisal through Athena SWAN has led to some inspirational and novel ideas for improvement and a much better understanding of the issues at stake.

I am pleased that we have made such strides in creating an environment that enables women researchers to achieve their full potential in a department that strives for international excellence in all our academic activities, but remains a happy and rewarding environment for all staff in all grades. I believe that attending to these important issues of balance and equity at work will only further enhance the high impact of our research. I thank the especial efforts of those leading Athena SWAN in Primary Care Health Sciences and the continued engagement of the wider department staff for making this application possible.

Yours sincerely

Richard Hobbs
2. The self-assessment process: maximum 1000 words

Describe the self-assessment process. This should include:

a) A description of the self assessment team: members’ roles (both within the department and as part of the team) and their experiences of work-life balance

<table>
<thead>
<tr>
<th>Name</th>
<th>Working Group</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen Atherton</td>
<td>Mentoring</td>
<td>Health services researcher with an NSPCR Research Fellowship. Helen is expecting her first baby Spring 2014</td>
</tr>
<tr>
<td>Abi Eccles</td>
<td>Post grad</td>
<td>DPhil student expecting her first baby (see Case Study )</td>
</tr>
<tr>
<td>Susannah Fleming</td>
<td>Non-clinical Researchers &amp; Colleges</td>
<td>NSPCR Research Fellow; had extended compassionate leave during her brother’s terminal illness</td>
</tr>
<tr>
<td>Marie-Lucie Gibbons</td>
<td>Clinical</td>
<td>Clinical Research Nurse with over 25 years experience of juggling work and family life with three daughters</td>
</tr>
<tr>
<td>Jenny Hirst</td>
<td>Multi-disciplinary researchers</td>
<td>Returned to a full time research role after 12 years working part time whilst caring for her 3 children. Awarded a NIHR doctoral fellowship 2013</td>
</tr>
<tr>
<td>Richard Hobbs</td>
<td>Head of Department and co-chair of SAT</td>
<td>Has been a clinical scientist for over 30 years, attempting to balance a research career, with senior academic management roles, demanding part time clinical practice, and (hopefully meaningfully) being a father to two, now adult, children</td>
</tr>
<tr>
<td>Louise Locock</td>
<td>Visibility and Colleges</td>
<td>Senior researcher, worked flexibly while two sons (now at university) were at school</td>
</tr>
<tr>
<td>Richard McManus</td>
<td>Family based and Outreach group</td>
<td>Professor of Primary Care. Married with two daughters aged 12 and 14; appreciated advice about schools etc from colleagues when he moved to Oxford 2011</td>
</tr>
<tr>
<td>Sophie Pask</td>
<td>Induction</td>
<td>Research assistant, relocated from Brighton to take up a post in 2012</td>
</tr>
<tr>
<td>Helen Salisbury</td>
<td>Teaching and Visibility</td>
<td>Works part time as a GP and also juggles roles as medical school lead for communication, teaching and clinical director of the Health Experiences Research Group. She has two teenage children and worked part-time when they were small</td>
</tr>
<tr>
<td>Nicola Small</td>
<td>Departmental Administrator</td>
<td>Has three daughters (8, 14 and 16). She worked full time until her second daughter was born then worked part-time for 10 years until the youngest was in nursery school. She now works full time.</td>
</tr>
<tr>
<td>Kay Wang</td>
<td>Clinical</td>
<td>GP and Senior Clinical Research Fellow who has combined clinical and academic roles since 2008</td>
</tr>
<tr>
<td>Sue Ziebland</td>
<td>Outreach group and co-chair SAT</td>
<td>Has worked full time in research, mostly as a single parent, since her daughter (now adult) started school. Needs flexible working in next few months to help care for her mother who is planning to return home after surgery.</td>
</tr>
</tbody>
</table>
b) an account of the self assessment process: details of the self assessment team meetings, including any consultation with staff or individuals outside of the university, and how these have fed into the submission

Our department has always aimed to provide staff with a friendly, flexible and forward looking working environment. The Athena SWAN process, which began for us in 2011, has given us the opportunity to review, improve and harmonise our practice. Following our first staff assessment survey in 2012 we focused on i) increasing our awareness of the considerable resources that are available within the department and across the University and ii) on harmonising best practice on induction, mentoring, appraisals, transparency, career development, team meetings, teaching, conference and supervision opportunities.

The Self-Assessment Team (SAT) continues the work described in our November 2012 application and action plan for which we received a Bronze Athena SWAN award. Three SAT members attended the awards ceremony; the certificate is on our reception desks and photographs from the ceremony are proudly displayed on our department website.

The SAT includes the leads of the department wide working groups: the initial set of working groups, established in 2012 are; Induction, Mentoring, Families, Outreach, Visibility of Women, Doctoral Students, Multi-disciplinary Researchers, Clinical Researchers Group, Part time Working, Teaching, Colleges. We established separate working groups and action plans for clinical and non-clinical researchers to ensure that their different career progression issues receive due weight.

It is these working groups (WGs) that have taken the lead in assessing, prioritising, planning and implementing actions within their topic areas. Each WG has their own timelines and will continue to meet as often as they need to achieve their goals.

The leads report to the SAT which maintains momentum, shares ideas, ensures that achievements are recognised and identifies areas for attention outside the remit of the existing working groups.

**ACTIONS ACHIEVED** The September 2013 staff survey showed improvements on all but two variables. All of these improvements have been greater for women than men, while the responses from men have either improved or remained constant. Key highlights include the much greater awareness of where to find information about policies, training and support, the central role of the department website; improvements in visibility of senior women in the department; more women feeling valued for their work in the department, access to mentoring and positive experiences of personal development reviews.

In 2012 we felt that, while there were some clear problems, there was much good practice in our relatively new department. We have seen considerable improvement in the 15 months since our 11 Athena working groups were established. We believe this to be largely due to the Athena SWAN activities and our early decision (announced at the department summer social in 2012) that every member of the department was expected to contribute to at least one of our working groups.
We have emphasised that while Athena SWAN is focused on the career advancement of women, through this process we aim to make things better for everyone in the department, not just women or those with caring responsibilities.

Thus, the whole department was involved in identifying issues for inclusion in the 2012 survey questionnaire. The 2013 survey was very similar to its predecessor although at a dedicated meeting of the SAT we agreed to remove some redundant items so that we could add new questions without over burdening respondents. The response rate for both surveys exceeded 80%. The headline survey results were communicated to the whole department within a few days of the deadline.

At our meetings the SAT has identified progress on our action points and described new actions designed to improve the department culture. These include issues (for example inadequate communication about successes, improving the visibility of our research in Medical Sciences Division and the need to train and support some over-burdened line managers) that came to light due to the self-assessment process. We have started to tackle these and include relevant action points in our three year plan

Meetings: As planned, each of our 8 issue specific working groups met and communicated throughout 2012-13 to maintain progress on their action points. Group leads emailed progress reports to the chair before the Department Open meetings (held 3 times a year) and senior team meetings (3 per year). The SAT also met to discuss feedback, to agree content for the 2013 survey, to discuss changes identified in the survey and to agree objectives for the action plans for 2014 and beyond.

ACTION ACHIEVED
Athena SWAN progress reports are on the agenda for all department and senior team meetings

The Medical Science Division’s (MSD) Athena SWAN coordinator (Brid Cronin) has attended most of our department’s SAT meetings, as well as one to one meetings with SZ and frequent email contact. NS and SZ have both attended monthly MSD Athena SWAN seminars and meetings where we have reviewed successful applications and shared good practice with other departments.
Action Plan headings for 2013-16 (see Action plan for details)

1. Supporting and Advancing Women’s Careers:
   - To make the department a more attractive place for women at all levels to work and to progress their careers (actions 1-7)
   - Increase the visibility of women in the department (actions 8-10)
   - To increase awareness of the contribution that women make to Primary Care Health Sciences (actions 11-15)

2. Department Culture
   - Develop a culture that respects and demonstrates the value of multi-disciplinary approaches and fosters co-operation between research groups (actions 16-19)
   - Improve internal communication (actions 20-22)
   - Encourage a family friendly environment in the department and promotes this image on the website (actions 23-26)
   - To promote a culture that supports staff to maintain a work life balance (actions 27-29)
   - Recognise the value and contributions of part time staff and support career development for them (action 30)
   - Encourage information sharing and peer support among DPhil students (actions 31-35)

3. Mentorship
   - Ensure that there is good awareness of existing mentorship schemes and establish a department scheme to suit the needs of all academic staff (actions 36-41)

4. Induction, welcome and information
   - To make sure that all staff joining the department feel welcome (actions 42-45)
   - are quickly integrated (actions 46-50)
   - and know where to find key information if and when they need it (actions 51-53)
   - Promote research staff membership of Oxford colleges (actions 54-58)

5. Clinical researchers’ working group
   - Develop a department culture that respects and demonstrates the value of multi-disciplinary (including clinical) approaches to research and fosters cooperation between research groups (actions 59-61)
   - To provide support for dual clinical and academic continuing professional development, especially in relation to personal development plans and appraisals (actions 62-63)
   - To review clinical mentorship for departmental research nurses (actions 64-65)

6. Non clinical researchers working group
   - Ensure that non-clinical research staff feel that their work is valued and that the department takes an interest in their career development (actions 66-69)
   - Improve PDR and annual appraisals for NCR staff (actions 70-73)
   - Improve opportunities for staff to supervise students (actions 74-77)

7. Outreach
   - Improve outreach to the community, including local state secondary and primary schools (actions 78-82)
c) Plans for the future of the self assessment team, such as how often the team will continue to meet, any reporting mechanisms and in particular how the self assessment team intends to monitor implementation of the action plan.

In the next phase some working group leads will change - eg Sophie Pask is no longer a ‘new member’ of staff for the induction group and two other group leads will be on maternity leave in 2014 and have identified colleagues to replace them. Some groups have achieved their goals (for example the ‘part time working’ group achieved all its action points by summer 2012); responsibility then passes to the SAT to monitor progress.

The new working groups leads will join the SAT. Each WG will continue to meet as often as they need to achieve their goals. The SAT will meet as a group once a term.

All actions and progress will be reviewed by SAT and WG leads in January 2015 when additional actions will be identified, if appropriate.

AS will remain a standard item on the agendas of the senior academic team and department open meetings. Achieved actions will continue to be announced, and celebrated, on the department website. The SAT will review any actions uncompleted 2 months after the date specified in Section 6. Dedicated administrative support will help implement the 2013-16 action plan: this will include maintaining a timeline and progress chart, reminding those responsible about deadlines and arranging working group meetings.

We will also continue to report upwards to the Medical Sciences Division through the MSD strategy group and central Athena SWAN working group. This process allows us to identify any cross department issues that may be tackled centrally, or for which good practice may be shared.
3. A picture of the department: maximum 2000 words

a) Provide a pen-picture of the department to set the context for the application, outlining in particular any significant and relevant features.

The Department of Primary Care Health Sciences is one of the clinical departments that, together with pre-clinical departments, collectively form the Medical Sciences Division in the University of Oxford.

Figure 1 University of Oxford Structure

We are an autonomous research department but we also contribute teaching to the undergraduate medical course and arrange placements for undergraduate medical students in GP practices.

We are a thriving and rapidly expanding department. Since the arrival of Professor Richard Hobbs as Head of Department in May 2011 staff numbers have doubled.

Figure 2 Change in Staff July 2011 – July 2013

The current number of academic and research posts is 104 FTEs of which 17 FTEs are clinicians. The majority of clinicians are practicing GPs.
We have 9 established substantive academic posts, 8 clinical and one non-clinical. These posts are permanent appointments funded by the University. These academic posts have a formal association with an Oxford college and comprise two Statutory Professors, six Clinical Readers (two of which are currently vacant posts) and one University Lecturer.

The majority of our research staff (82% at July 13) are non-clinical and come from a mixture of backgrounds and specialities from anthropology to statistics. We also have 3 research nurses employed in, and 2 associated with, the department.

Primary Care covers a wide range of disease areas and health service issues so our projects typically engage expertise from clinicians, researchers and methods specialists. We are arranged in research groups of multi-disciplinary teams of up to 30 members of staff: some groups work in a specific disease area while others specialise in a particular methodology.

We are host to 10 Academic Clinical Fellows. ACFs are employed by the GP Deanery and so do not appear in our staff numbers. They are however a vital part of our clinical pipeline. ACFs are doctors who have completed at least two years of Foundation Training and have been selected for a 4 year programme of joint speciality training in general practice and research. ACFs spend 25% of their time in research and for this portion of their time they are based in the department working with academic supervision from clinical and research staff.

A typical path for a clinician might be to complete their ACF programme and then apply for an externally funded fellowship to undertake a PhD. This is a pre-requisite for the next stage: a four year Academic Clinical Lectureship. ACLs spend on average 50% of their time in research and 50% of their time in clinical practice as a GP. We currently have 4 ACLs in the department: 2 female, 2 male.

We currently have 10 DPhil students, four of whom are staff members, including one clinician.

The non-research staff include teachers, clinical trials, support and clerical staff, programmers, technicians, and the Departmental Administration team. The latter are responsible for department finances, operations and personnel matters, including recruitment, and developing and implementing department specific policies and procedures.

Our Head of Department is the Director of the National School for Primary Care Research (NSPCR): a collaboration between eight centres of Primary Care research in UK universities. This gives us considerable opportunities for networking beyond the boundaries of our department and our University.

Until April 2011 we were a small department based on a single site where informal practice worked well and there was a single culture across the department. Since then we have been disrupted by growth: not only have a large number of new staff joined (naturally with an impact on existing culture); but since July 2012 the department has been split across two main locations, separated by about a mile, with the teaching team based in a third location. The nature of our work is particularly collaborative and we have all felt the negative strain of being on a split site. Evidence of the strain was revealed in negative comments in the 2012 survey.

While preparing our Bronze application we identified many isolated examples of good practice; since then we have made good progress in ensuring that this is reflected in transparent departmental policies and have focussed on spreading best practice. The split site is not ideal but we have plans for a new building that will house the whole department from 2015.
ACTION ACHIEVED  As part of our 2012 Action Plan we have put in place improved communication (better website, weekly newsletter, reminders about the twice weekly coffee mornings, restructured department meetings) and improved induction. Our 2013 survey shows that we have made significant in-roads and these improvements have had a positive impact on satisfaction and awareness of policies and procedures.

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

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

We do not have foundation courses.

(ii) Undergraduate male and female numbers –

We do not have undergraduate students. Administration and admissions for the medical students is handled centrally by the Medical School.

(iii) Postgraduate male and female numbers completing taught courses – full and part-time – comment on the female: male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

We do not provide a post-graduate taught course.

(iv) Postgraduate male and female numbers on research degrees – full and part-time – comment on the female: male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

There are currently 10 doctoral students in the department, 4 of whom are women.

<table>
<thead>
<tr>
<th>Table 1 Gender profile of the cohorts of PGR students 08-13</th>
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<tr>
<td>08/09</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>% Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>% Male</td>
</tr>
<tr>
<td>Total</td>
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The number of students in each intake varies considerably and the number and gender ratio of students in our department is so small it makes meaningful comparison difficult, but records from earlier years indicate no identifiable gender imbalances within the department. This total of 61% women over the last 5 years compares with 52% female postgraduate research students in the Medical Sciences Division and 58.5%* women for Russell Group PGR’s in 'subjects allied to medicine'. (*11/12 HESA data)

Our student numbers have traditionally been low, generally one or two admissions per year (except 2010/11 when a specific source of funding enabled a larger recruitment of 9 students). We have plans to expand this by 14/15 to have an intake between 4 and 6 per year including clinical doctorates.

Prospective students are interviewed by a panel of three including the Director of Graduate Studies (female), the proposed supervisor and an independent panellist.

**Action Plan headings**
- Encourage information sharing and peer support among DPhil students (actions 31-35)
- Improve opportunities for staff to supervise students (actions 74-77)

(v) Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees – comment on the differences between male and female application and success rates and describe any initiatives taken to address any imbalance and their effect to date. Comment upon any plans for the future.

Figure 3 Department Primary Health Care Sciences PGR applications and outcomes 2009-2013

These numbers are too small to observe any imbalance or draw any conclusions. One of our achieved actions from 2012 was to improve the department website’s ‘Study with us’ section with more images of women students and some videos featuring doctoral students. The site also
includes profiles of the backgrounds and interests of our 16 current doctoral supervisors (5 of whom are women); we hope these will attract appropriate students of both genders. We are also working to increase the pool of staff (especially female) who can act as doctoral level supervisors and co-supervisors.

(vi) Degree classification by gender – comment on any differences in degree attainment between males and females and describe what actions are being taken to address any imbalance.

The DPhil is not classified but we have examined our submission and completion rates for students since 2003. All but 1 male student submitted in fewer than 49 months. Over that period one female student withdrew from the programme (for health reasons).

STAFF DATA
(vii) Female: male ratio of academic staff and research staff researcher, lecturer, senior lecturer, reader, professor (or equivalent). comment on any differences in numbers between males and females and say what action is being taken to address any underrepresentation at particular grades/levels.

The charts below show the staff in post between 2010 and 2012 for all grades of clinical and non-clinical research staff.
Our department is relatively small and so the clinical numbers are low and easily distorted but generally compare to a similar pattern in the whole MSD. GP ACLs are appointed at consultant level and so appear as Clinical Readers.

Our non-clinical staff are predominantly female with no obvious attrition points except that until 2013 there were no female staff at the highest non-clinical grade (professor). In 2013, and after the snapshot date of data shown here, two female, non-clinical, professors were appointed, one an internal promotion and one an external recruitment (there were no changes to male senior non-clinical staff in 2013).
The gender imbalance at a senior level remains a problem in our department, as it is in other primary care departments. In 2011 we lost a highly respected and inspirational female Clinical Reader to terminal cancer. Change in clinical academic posts is likely to be a long-term aspiration. Turnover at this level is low, and likely to remain so for some time (three of our nine academic posts have been recruited within the last three years). We need to help sustain careers in the pipeline so that there is a larger pool of women who are eligible to apply for clinical academic posts.

We are, however, making some progress: in addition to the two non-clinical female professors appointed during 2013, a female public health doctor joined the department in 2012 in a senior role as the Director of the Health Experiences Institute (HEXI).

**ACTION ACHIEVED** Our department news updates and new appointments have helped to improve the visibility of women. An important marker in our annual survey is the item ‘women are well represented at a senior level in the department’. In 2013 just over half (51%) of staff agreed with this statement compared to 2012 when only 32% agreed.

Supporting and advancing women’s careers and providing role models through recruiting more senior women, clinical and non-clinical, remains a high priority for us.

**ACTION ACHIEVED** A sub-committee from the senior management group has been set up to identify and approach potential female candidates for all future senior and clinical academic posts.

**Action Plan headings**
To make the department a more attractive place for women at all levels to work and to progress their careers’ (actions 1-7)
Increase the visibility of women in the department (actions 8-10)
To increase awareness of the contribution that women make to Primary Care Health Sciences (actions 11-15)
Recruitment training to be provided in-house for all staff (action 42)

(viii) **Turnover by grade and gender** – comment on any differences between men and women in turnover and say what is being done to address this. Where the number of staff leaving is small, comment on the reasons why particular individuals left.
In the period 2009/11 the department was growing and only 8 members of staff left the department. Two of these were academic posts, one man retired and one woman died.

Turnover for 2012 and 2013 has involved equal numbers of men and women.

During **2012** 8 staff left the department, (4 men, 4 women):

- **Men:** 1 retired; 1 left to work overseas; one GP who worked remotely from home resigned; one researcher took up a fellowship at another University nearer his home (but continued to collaborate on a project).

- **Women:** One research nurse left to go back to the NHS; a statistician went to work in industry; one researcher decided not to return after a career break; a GP resigned her part-time post (but continues collaborations on department projects).

During **2013** 10 staff left the department, (5 men, 5 women):

- **Men:** 1 GP left to take up a post at another UK University, 1 returned to his home country, 1 took up a post in the USA, 1 took a post in another University nearer his home and the other took up a post in London.

- **Women:** 1 took up a Chair in another University; 1 returned to the USA for family reasons; 2 left to work at Universities nearer their homes (and both still collaborate on projects in the department) and 1 junior researcher left to undertake a PhD.

**4. Supporting and advancing women’s careers: maximum 5000 words**

**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.
Figure 5  Research post applications and success by gender 2011-13

Research appointments

Figure 5 is based on 79 appointments, for which there were 868 applicants, 68% of them women. Of shortlisted applicants, 77% were women, 23% men. Of successful applicants, 74% are women, 26% men. The research posts included many social scientists and nurse researchers, who are predominately women. There is a slight indication that men may be more likely to apply for a research post even if they do not meet the essential criteria; there is no observable gender pattern between shortlisting and appointments. We will continue to pay attention to gender balance when recruiting and make sure that men and women are on all of our appointments panels.

Academic appointments

Five clinical academics were appointed in this period. One was the Head of Department post, one was a Clinical Professorship and the others were Clinical Readers. The Professorship and two of the Reader positions were filled, in open competition, by clinical researchers already employed in the department.

There is a very small pool of applicants, male or female, for senior clinical appointments and the proportion of women at this senior level is particularly small.
**Table 2** Senior appointments 09/10 to 12/13

<table>
<thead>
<tr>
<th>Position</th>
<th>Year</th>
<th>Applicants</th>
<th>Shortlisted</th>
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<td>Chair PCHS/HoD</td>
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<tr>
<td>Second Chair in PCHS</td>
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<td>Clinical Reader (GP)</td>
<td>11/12</td>
<td>2  0</td>
<td>2  0</td>
<td>2  0</td>
<td>1  0</td>
</tr>
<tr>
<td>Clinical Reader (GP with Public Health)</td>
<td>11/12</td>
<td>1  0</td>
<td>1  0</td>
<td>1  0</td>
<td>1  0</td>
</tr>
<tr>
<td>Academic Clinical Lecturer</td>
<td>09/10</td>
<td>11  6</td>
<td>7  4</td>
<td>7  4</td>
<td>1  2*</td>
</tr>
<tr>
<td>Academic Clinical Lecturer</td>
<td>11/12</td>
<td>3  0</td>
<td>2  0</td>
<td>2  0</td>
<td>1  0</td>
</tr>
<tr>
<td>Academic Clinical Lecturer</td>
<td>12/13</td>
<td>1  1</td>
<td>1  1</td>
<td>1  1</td>
<td>0  1</td>
</tr>
</tbody>
</table>

* One F appointee subsequently turned down her offer

Four Academic Clinical Lecturers were appointed during the three year period: 2 men and 2 woman. The criteria for an ACL appointment is that candidates must be qualified GPs with a PhD hence there is a small pool of potential candidates.

(ii) Applications 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.

Oxford does not have a formal promotions process. Promotion of Lecturers is through open competition for one of a small number of Statutory Chairs. The University holds a biennial Recognition of Distinction exercise (RoD) for senior staff (Grade 10 and above), who are invited to apply for a titular professorship. This is a promotion in terms of title only, but something to which staff aspire. The scheme has been temporarily suspended since 2010 but is due to be re-launched, as an annual scheme, in 2014 following a review of the process. Although we only have a small number of eligible staff in the department, we have included prompts for staff and line managers to discuss working towards RoD in our revised PDR form as part of our 2012 Action Plan.

**ACTION** Head of Department via line managers to identify women and men to be encouraged to apply for the annual Recognition of Distinction

In 2006 one female member of staff (still in the department) applied and was successfully conferred the title of Reader and in 2010 one male clinician applied and was successfully conferred the title of Professor.
The University also confers the title of University Research Lecturer on senior post-doctoral scientists or fellows who have the academic standing expected of a UL. The Department annually reviews its staff against the strict criteria required which include: independent external funding, a track record of good publications, and contributions to the Department in teaching and administration. Between 2010 and 2012 there were two applications from the Department (2F) and one lectureship was awarded. In 2013 there were four applications (3F and 1M, outcome pending) reflecting better communication of the process and more encouragement from line managers during PDRs (both 2012 Actions).

### ACTIONS ACHIEVED

Through annual PDRs and emails to the whole department we have encouraged applications to URLs.

There are two mechanisms for promotion available to post-doctoral scientists in the University: promotion via application to a different post; and re-grading.

In the three years to November 2012 there were 8 applications for promotion and/or re-grading among researchers, 6 were from women and 2 from men. All were successful.

During 2013 a further seven women researchers were promoted. Four had their existing posts re-graded - two from Grade 7 (a post-doctoral position) to 8, and two from Grade 8 to 9. Three research staff were successful in applying for new roles at a higher grade (all going from Grade 6 to Grade 7). No re-grading applications were unsuccessful; no men applied for re-grading during 2013.

### ACTION PLAN HEADINGS

- **Develop a department culture that respects and demonstrates the value of multi-disciplinary (including clinical) approaches to research and fosters cooperation between research groups (actions 59-61)**
- **To provide support for dual clinical and academic continuing professional development, especially in relation to personal development plans and appraisals (actions 62-63)**
- **To review clinical mentorship for departmental research nurses (actions 64-65)**
- **Ensure that non-clinical research staff feel that their work is valued and that the department takes an interest in their career development (actions 66-69)**
- **Improve PDR and annual appraisals for NCR staff (actions 70-73)**
- **Improve opportunities for staff to supervise students (actions 74-77)**
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.

Our data show that the department attracts a high proportion of female applicants for research posts, but is less successful in attracting women applicants for academic posts. We have been tackling this in several ways including encouraging all staff who take part in recruitment to attend training and improving the visibility of women on the website.

**ACTIONS ACHIEVED** The department website homepage now includes sections on ‘Athena SWAN’, ‘Working with us’ and ‘A family friendly department’, which includes information about the University Newcomers club, equal career opportunities, flexible and tele working, family leave, carers and information on Oxfordshire schools.

**ACTIONS ACHIEVED** A new video in the ‘working with us’ section on the department website includes extracts from a series of interviews with women talking about how they came to apply, what it is like working here, and who has inspired them as role models.

All job descriptions include selection criteria for the post stating the qualifications and skills that are required for the role. Candidates are selected on the basis of how well they match the criteria. Selectors are required to complete a shortlisted form and then to record how closely candidates match the criteria. All job descriptions include a statement about part time working and invite applicants to draw attention to any periods on their CV when they were working part time so that their achievements are not unfairly judged.

**ACTION ACHIEVED** A sub-committee from the senior management group has been set up to identify and approach potential female candidates for all future senior and clinical academic posts.

University training on Recruitment and Selection, and, Equality and Diversity, including unconscious bias, is available to all and while everyone on selection panels is encouraged to attend in practice very few have. Our personnel officer has attended diversity training and completed an unconscious bias course. She sits on all selection panels to ensure that the process is undertaken fairly and objectively. All recruitment panels include men and women.

**ACTION** Staff have sometimes found it hard to find the time to attend recruitment training. The department has arranged some bespoke training that will take place in 2014 and will encourage wide attendance. (action 42)
(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.

As demonstrated in Section 3 (above) the department has grown, and only 18 researchers have left since July 2011. As well as attracting external applications from women to senior appointments we are keen to retain and promote staff already in the department.

Personal Development

Awareness of the University’s Springboard scheme (a personal development programme for women) has improved: in 2013 74% of women were aware of the scheme compared with 50% in 2012. Four female researchers have undertaken the Springboard scheme in the last three years, two since the Athena Bronze award. There is an equivalent programme for men (called Navigator): 62% of men in 2013 said they were aware of this scheme compared to only a quarter in 2012.

The Head of Department encouraged a female senior researcher to apply for the University’s Academic Development Leadership Programme (ADLP) which she attended in 2013.

Mentorship

Mentorship is recognised in our department as an important lever for career development; the mentorship working group (with 14 members of staff) has been very active. A high proportion (86%) of staff are now aware of the mentoring schemes available to them and there has been a 12% reduction in those reporting that they do not have a mentor but would like one.

The National School of Primary Care Research and the Oxford Primary Care Leadership Initiative, national and international initiatives respectively, both led by this Department, regularly invite women to give career pathway talks. These have been well received, demonstrating that women

“"I have been here one year and I have had fantastic support and encouragement not only from my line manager but also the management team within the CTU. I am encouraged and supported to try new things but it is always made sure that I am not overloaded"" 

“"My manager has offered wonderful career development support and has provided generous opportunities for training""

“I have two line managers and both are very good in their own right. They both value my work and have given me plenty of flexibility to carry out my tasks independently but also accessible whenever I need advice or support from them”

Free text comments from women respondents to our staff survey 2013

**ACTIONS ACHIEVED** Training for mentors and mentees was set up in Spring 2013 and in September 2013 the programme was launched with 23 mentors and 28 mentees. A ‘mentoring’ section has been created on the department website and since January 2013 the PDR form has included a discussion of mentoring opportunities.
can succeed even if their career paths are non-linear, and that having a family need not prevent career progression.

Career Progression

Early career research staff are encouraged to help prepare grant applications as co-applicants. The department also provides bridging funds for grade 7 and 8 staff to write grant applications and for those who are waiting to hear about the outcomes of a funding application (the funding given matches the gender profile of the department). For example, in 2012/13 one grade 7 female researcher received 12 months of bridging funding, which topped up other small personal awards, while she successfully applied for a doctoral fellowship.

**ACTIONS ACHIEVED**  We have improved our inductions, the content of our intranet and departmental newsletters advertising an internal Researchers Conference. As a result, in 2013 only 5% of staff said that they did not know where to find careers services in the university whereas in 2012 it was 30%.

**ACTIONS ACHIEVED**  In our 2013 survey 78% of women and 79% of men said that they were happy with the rate of their career progression (a slight improvement from 73% in 2012). There has also been a small increase in staff reporting that they would like to pursue an academic career (86% in 2012 and 91% in 2013).

**ACTION**  Many elements of our action plan are geared towards retaining and promoting staff, in particular an increased focus on re-grading and mentorship discussions at annual appraisals and peer learning sets for post doc and mid career researchers (actions 36-41 and 64-65)

c)  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?

The department has, for more than five years, had a standard annual Personal Development Review (PDR) process for staff at all levels. Documentation and guidelines are provided on the intranet and training is available from the Oxford Learning Institute. A training session in PDRs was held in the department in 2009/10.

The Personnel Officer ensures that the first review is done on conclusion of the probationary period. However, by 2012 we had realised that there was a need to remind, promote and monitor
our policy of annual review. Administrative resource has enabled an active encouragement and monitoring process to be put in place and staff and their line managers are now reminded regularly to complete the PDR process. The PDR form now includes prompts to discuss mentoring, re-grading, external roles, and other career development points. As a result we have seen an increase in the last year in the number of staff applying for re-grading.

**ACTION ACHIEVED** We have seen improvements in the proportion of staff who report finding their PDRs beneficial (80% agreed with this statement in 2013 compared to 71% in 2012)

**ACTIONS ACHIEVED** Encouragingly we have seen a large increase (from 37% to 63%) in staff reporting that they are aware of the process for re-grading, one element of our 2012 action plan was to include a grading structure document (detailing expectations of experience and activities at each grade) as a standard part of the PDRs.

In 2013 7% disagreed with the statement that ‘Access to training and support is fair’ (compared to 19% in 2012) and there has also been an improvement in responses to the item ‘Do you feel someone in the department takes an interest in your career?’ Last year 21 members of staff said ‘no’ while this year 13 (9 of whom were women) said no. Clearly this number should be zero and we are reviewing line management responsibilities in the department so that we can address this as a matter of urgency.

**NEW ACTION** We will review line management commitments and provide in house training for all line managers (action 17)

There are opportunities to contribute to teaching and supervision and several staff on fulltime research contracts do so, usually to gain experience for their CVs. To protect the interests of students, as well as to maximise the benefit for the teacher, course organisers routinely offer guidance on content, observe sessions and give feedback to teachers. This has helped the department to develop a pool of competent teachers in a wide range of subjects.

The department culture focuses on quality rather than quantity of work; this is emphasised in the appraisal process. We are committed to producing work of the highest quality, disseminated with the highest impact, which includes, but is not limited to, ‘high impact’ journals. Support for researchers to maximise the impact of their work includes an internal review system for journal submissions, department practice sessions before conferences and encouragement to attend university media training. HERG hold regular writing workshops and grant application workshops attended by researchers at all levels.

(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?

The Personnel Officer completes an induction programme with each individual before handing over to line managers for role-related induction. Our departmental survey in 2012 revealed that the induction wasn’t always meeting needs as well as staff would like and also that the
information overload that inevitably happens in a new environment meant that staff weren’t able to take in or contextualise all the information that they were given at the beginning. Awareness of where to find information was patchy.

**ACTIONS ACHIEVED**  We set up a working group to review and improve our induction process and make sure that everyone in the department knew that key information about policies and processes could be found on the website. This working group met on several occasions throughout 2012-13, and held newcomers’ lunches and after work drinks for new staff.

Three (9%) of the 2013 respondents who had recently joined the department said they were not satisfied with their induction. We are aiming for everyone to feel they have been inducted well but this is a considerable improvement on the 23% of staff surveyed in 2012, who said they had not been happy with their induction.

The work we are doing to improve line manager skills will also cover induction of new team members.

**ACTIONS ACHIEVED**  The department website homepage now includes sections on ‘Athena SWAN’, ‘Working with us’ and ‘A family friendly department’, which includes information about the University Newcomers club, equal career opportunities, flexible and tele working, family leave, carers and information on Oxfordshire schools.

In the 2012 survey between a third and half of staff were unsure where to find information about various policies. As a result we published a new Family Friendly web page and by 2013 only 3% of staff responded that they did not know where to find information about leave of various types including sickness absence, caring, parental, sabbaticals.

**Table 3 Page hits on the Departmental web site as at 26 November 13**

<table>
<thead>
<tr>
<th>Web page</th>
<th>Live for</th>
<th>Hits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athena SWAN Award page</td>
<td>207 days</td>
<td>264</td>
</tr>
<tr>
<td>Family Friendly page</td>
<td>342 days</td>
<td>773</td>
</tr>
<tr>
<td>Women working in PCHS video</td>
<td>35 days</td>
<td>18</td>
</tr>
<tr>
<td>Department of PCHS About Us video</td>
<td>397 days</td>
<td>401</td>
</tr>
</tbody>
</table>

**ACTIONS ACHIEVED**  We now include the link [http://www.ox.ac.uk/new_to_the_university/living_in_oxford.html](http://www.ox.ac.uk/new_to_the_university/living_in_oxford.html) in the offer letter.

Information about training courses, University policies, job security, regrading, etc. are now easy to find on the department website.

The department website is seen as the first port of call for information by 69% of the staff (compared to 43% in 2012).
Networking and Conferences

Attendance at conferences is encouraged and resourced through a department fund which all members of staff are entitled to use when they have a paper or poster accepted for a conference presentation. The Society for Academic Primary Care holds a regional (South West) meeting which the department hosts in rotation; this is widely attended by Oxford staff and junior colleagues are particularly encouraged to present in a supportive environment with good networking. Similarly all clinical and research staff are encouraged to use the NSPCR networking, training and peer learning opportunities. Members of the department are also involved in organising meetings, workshops and conferences that we host on a regular (eg Evidence Live, HEXI/MIMs seminars) or rotating (eg SAPC, Society for Social Medicine, UKSBM) basis.

The PDR process encourages staff and line managers to identify training needs, many of which can be satisfied through the University’s excellent array of free training, development and mentoring schemes. Any agreed training need that cannot be addressed within the university is considered for department funding.

(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.

Because of the low number of doctoral students (of either gender) who have reached the end of their studies we are unable to comment on any pattern in transitions to sustainable academic careers. However one female researcher was awarded a 6 month pre-doctoral bursary by the department, during which she won an MRC studentship. Completing her doctorate in 2010 she was appointed to her current grade 8 research post. A clinical researcher and GP who completed her doctorate in 2011 took a leading role in preparing a successful NIHR programme grant and was also successful in her application for an Academic Clinical Lectureship in the department.

The DPhil students in the department are a supportive and cohesive group. The department has for a number of years run a well-attended post grad seminar programme where students present their research to each other and to colleagues. The students are also encouraged and supported to present their own work at national and international conferences.

### ACTIONS ACHIEVED
The DPhil students working group identified information sharing and peer support as one of their actions in 2012. The ‘Studying with us’ section of the website includes female friendly images. The students have held 4 social lunches since November 2012 and have prepared the content for a poster/pamphlet entitled ‘10 things I wish I’d known before becoming a DPhil student’.

The department’s DGS runs training for supervisors, to which the students have contributed suggestions, which have been incorporated into department practice, e.g. when each new student starts, a meeting with DGS, the student and supervisors is arranged to make expectations explicit and plan structure to meetings, etc. We have recently formalised the policies on entitlement to
maternity (and paternity), sick and compassionate leave for DPhil students and now include these on the website.

**NEW ACTIONS** Review the content for the ‘Study with Us’ page on the departmental website. New section of the intranet will host student information (policies, social events, expectations, etc.) (Actions 31-35)

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.
The Health and Safety Committee meets twice a year, all other committees meet once a term.
No female researchers or academics are members of more than two committees.

Membership of committees is determined by role and the proportion of female members is consistent with the numbers of female staff in senior posts.

Senior Management Committee: All permanent academic staff, plus staff representing key groups (Director of Graduate Studies, Director of the ACF & ACL Programme, PPI Lead). Athena SWAN issues are a standing agenda item.

Research Committee: Representatives (or their deputy) from each research area; co-opted members for specific discussion; membership reviewed biennially. Athena SWAN issues are a standing agenda item.

Post Graduate Committee: Director of Graduate Studies; Director of ACF & ACL programme; members representing all post graduate teaching (including continuing professional development courses); member of staff representing non-clinical supervisors; and member representing clinical supervisors.

A department open meeting, for all staff, is held once a term and is chaired by a woman (who is not on any of the committees). Athena SWAN issues are a standing agenda item.

(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.

**Figure 8**

![Clinical contracts chart](chart.png)
Since the death of a prominent female academic in 2011 the department has no women with a permanent clinical post. The male and female fixed term Clinical Academics are ACLs on 4 year fixed term contracts as is the norm.

Of the female clinical researchers (1 clinical research, 3 senior clinical research) on fixed term contracts: one was on a doctoral training fellowship and has since been appointed as an ACL, two were on departmental bridging funding which extended their fixed term contracts while they determined where to take their research careers, and one had been in post for less than four years. Low numbers make comparison difficult but we do not believe there is any inequitable treatment of female clinical researchers, nor any that are inappropriately on fixed term contracts.

Figure 9

Since 2009 we have had very clear criteria for determining when researchers on fixed term contracts should move onto open ended permanent contracts. Fixed term contract are reviewed six months before they are due to end and compared against the criteria. Staff who meet the criteria move onto open ended contracts and this is reflected in the higher proportion of Grades 7, 8, 9 and 10 on permanent contracts compared against MSD as a whole. Given the growth in the department it is not surprising that a good proportion of staff are on fixed term contracts since many have been recruited within the last two years.

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) 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?

Women and men in the department report spending a similar percentage of their time on internal admin and committees (men 10% and women 8%).

There is little difference in the amount of time women and men report spending on external committees and reviewing. The numbers are small and workloads will continue to be considered individually, with line managers.

There are enough women among the PIs, heads of groups and deputies to avoid committee overload. Shadowing is encouraged when a new member of staff takes over a committee role (e.g. a female member of staff taking over from another member of the postgrad committee shadowed her for several meetings).

The Departmental Administrator (F) attends all committee meetings and the Senior Management Committee (4F/11M) that meets termly to discuss broad departmental strategy issues.

**ACTIONS** We will continue to monitor gender balance on committees annually and encourage shadowing to increase the pool of staff who contribute to the department committees as well as to external committees

Annual PDRs will include a review of internal and external responsibilities (actions 62-63 and 70-73)

(ii) **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.

In early 2011 staff were surveyed to assess their level of teaching commitment to ensure that no-one person was unduly burdened. This process was repeated in October 2013.
Amongst the 61% of staff who responded there is little evidence of significant gender imbalance in internal workload or activities. One senior woman is a government advisor and spends a relatively high proportion of time on funded external committee work.

Since the Bronze application a new PDR form for senior staff has been created which asks for details of responsibilities other than research to enable a discussion around workload allocation.

Significant teaching roles, including that of the Director of Graduate Studies, are recognised with a funded time allocation. At present the DGS role does not rotate; the continuity is valued by the students and supervisors, and forms a percentage of the job description of the person acting as DGS (F).

The workload survey will be repeated in 2015 and used to redistribute responsibilities if required. The breakdown will also be used during annual appraisal discussions to encourage transparency about contributions to, for example, teaching, committee membership, outreach and peer reviewing. The 2013 workload survey includes a question about which committees the person is serving on, as well as the percentage of their time spent on the activities.

### 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.

All termly committee meetings are held during core hours (10 to 4). The senior management group meet termly at a mutually agreed time (by Doodle Poll) alternating daytime meetings with evening meetings, which include dinner in a college (the most recent held at St Anne’s College in October 2013, was very well attended by staff from all three sites and included both of our new senior members of the department).

### ACTIONS ACHIEVED

We have revised the agenda for the Open Meetings and now post the research group updates on the department website (thus improving access to information)
The annual Christmas party is an evening event (arranged with at least two months notice), but the summer events are traditionally family oriented. We have a ‘60s, 70s, 80s’ themed party planned for December 13th 2013, we discovered at the last Christmas party that non compulsory fancy dress is an excellent ice breaker. In July 2014 we will hold a summer garden party, as we have done on several occasions in recent years, inviting all family members, providing food for children, family garden games and an ice-cream van.

(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.

Culture eludes precise measurement; a few years ago the department was small with a friendly and relaxed culture. As the department has grown rapidly it has been more difficult to maintain this culture. Different communication methods and channels are required. We faltered a little during the rapid growth of the last two years but several items on our 2013 staff survey point to an encouraging improvement in communication and awareness of female and family-friendly practices (see Table 5).

The department has, for many years, held twice weekly coffee mornings from 10.30 to 11 to enable colleagues at all levels to get together informally – they are well attended, but there is no pressure to attend.

Every Friday we send out a widely read email bulletin including staff publications, grant successes, researchers in the news and other achievements. This is a key source of information and news as well as a way of celebrating achievements.

Our departmental website was launched in July 2012 with a news section to share news and successes. Further developments are planned to the website to improve internal communication.

We hold open meetings for the whole department 3 times a year in which regular agenda items include a report from the HoD, welcomes to new members of staff, Athena SWAN activities and presentations from one of the research groups.
The newly revised department website includes publications and profiles of each member of staff, making it easier to identify people’s interests and skills.

**ACTIONS ACHIEVED** The new website makes the contributions of all members of the department (women, men, clinical, non-clinical) more visible. The seminar programme includes a range of non-clinical staff, and has successfully increased the proportion of staff who feel they are able to present their research internally.

The proportion of non-clinical researchers who feel that their research is valued in the department has increased

**Table 5 Staff survey responses 2012 and 2013**

<table>
<thead>
<tr>
<th></th>
<th>Staff agreeing 2012</th>
<th>Staff agreeing 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel valued in the department for the work I do</td>
<td>69%</td>
<td>80%</td>
</tr>
<tr>
<td>I feel my views are listened to</td>
<td>68%</td>
<td>85%</td>
</tr>
<tr>
<td>I can discuss my work life balance with my manager</td>
<td>75%</td>
<td>84%</td>
</tr>
<tr>
<td>Information is shared appropriately in the department</td>
<td>76%</td>
<td>87%</td>
</tr>
<tr>
<td>The department website is my first port of call for information</td>
<td>43%</td>
<td>69%</td>
</tr>
</tbody>
</table>

**Action Plan headings**

Develop a culture that respects and demonstrates the value of multi-disciplinary approaches and fosters co-operation between research groups (actions 16-19)

Improve internal communication (actions 20-22)

Encourage a family culture that supports staff to maintain a work life balance (actions 27-29)

To promote a friendly environment in the department and promotes this image on the website (actions 23-26)

Recognise the value and contributions of part time staff and support career development for them (action 30)

**Example action** We will establish peer learning sets for Post docs and mid career researchers (action 18)
Visibility of women

The reception areas have a collection of framed, informal photos of women and men who work here engaged in various aspects of our clinical and research work. The department staff are predominately female and many of the research staff are social scientists, statisticians, health service researchers, etc.

**ACTIONS ACHIEVED** We have copied the informal, ‘at work’ photographs of staff members which are now displayed in all department reception areas.

As one of our Actions from 2012 we have been monitoring the gender of seminar presenters and can confirm that, at 60% female, this is broadly similar to the gender balance in the department.

We have developed a new programme of weekly seminars which alternate between Wednesdays and Fridays to improve access for part time staff. 95% of the dept agreed that ‘seminars and poster sessions help me to understand the breadth of dept research’ in the 2013 survey.

We have seen some improvement since 2012 in responses about how well represented women are in general, and at senior levels in the department and almost no staff reported feeling that they lacked opportunities to present their research in the department.

Table 6 Staff survey responses 2012 – 2013

<table>
<thead>
<tr>
<th></th>
<th>Staff disagreeing 2012</th>
<th>Staff disagreeing 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women are well represented in this department</td>
<td>17%</td>
<td>15%</td>
</tr>
<tr>
<td>Women are well represented at a senior levels in this department</td>
<td>73% women; 47% men</td>
<td>59% women; 27% men</td>
</tr>
<tr>
<td>I have opportunities to present my research in the department</td>
<td>23% women; 14% men</td>
<td>3%</td>
</tr>
</tbody>
</table>

Families

Many of the senior staff have school age children. For example 8 (2F/6M) of the established academics have young children. Male and female staff, at all levels, have family photographs and children’s artwork around their desks informally demonstrating and re-enforcing the importance of family.

Occasionally, for example during school holidays or inset days, staff (male and female) have brought their children into the department, where they are most welcome. Flexibility to enable time off to attend school events is part of the normal culture in the department.
The staff survey found that most people in the department either have, or expect to have, a caring responsibility (mainly for children). There appears to be enthusiasm and volunteers for buddying: over half of the staff expressed willingness to be a buddy for new colleagues and those moving to the area.

The Families working group found that useful information for families had not been well signposted in the department – this has been rectified on the department website and through induction packs. We have also added a ‘working in the department’ section on the website and started a buddy system for staff with caring responsibilities. The web pages are checked monthly and information updated if necessary. We have seen large changes in staff awareness of where to find information about families.

(iv) 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.

Individuals and groups take part in a wide range of outreach activities to promote public understanding of science (and science understanding of public). This is rewarding for the researchers involved and has potential benefits for the community – especially if the outreach work involves women, younger and less conventional staff.

**ACTIONS ACHIEVED**  We have reviewed department policies re working hours and career advancement. A ‘Working in the Dept’ section has been set up on the website.

An equal opportunities area on dept website incorporates materials developed by the working groups and details of family friendly events.

Information on support for managing family and caring responsibilities is now included at induction. A Buddy system for staff with carer responsibilities has been set up. The induction (for both staff and doctoral students) includes information about families and caring.

**Example Action** A young families group will be set up in autumn 2014 to identify and resolve any issues relevant to those returning from parental leave.

We found that individual staff involvement in outreach work in schools and media ranged from 0% to 15%. Our outreach activities are disparate, examples in which women have been prominent include:

1. In September 2012 and 2013 the department took part in the University’s Alumni Open Days event. We opened our doors to local school students, public and alumni for health demonstrations, talks, and displays of our work. This involved staff coming in on a Saturday and we were delighted that those working, and visiting, often brought their children.
2. We have provided a local secondary school (in a disadvantaged area of Oxford) with the names of nine members of staff (8 of whom are women) from across the department, to act
as tutors to the schools vertical tutor groups. Students from this school, and two others, were invited to attend our open day.

3. HERGY and DIPEx have, over the last 12 years, gathered hundreds of video clips of young people talking about health issues (including diabetes, epilepsy, RA, teenage cancer, sexual health) which have been developed into lesson plans and example video clips for PHSE teachers.

**Example action**  We intend to involve all research groups in the Outreach activities between 2014 and 2016. The outreach working group have met with Annabel Cook the science communications officer for Oxford Sparks - [http://www.oxfordsparks.net/](http://www.oxfordsparks.net/) who act as a portal for science outreach throughout the university and through the Oxford Science Festival. We will: - share via their website resources that we find to be useful for schools; find 2 or 3 of us to provide biographies for their scientists sessions especially including women and anyone who has had a less conventional route into our work.

**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.

Between 2009 and 2012 three members of staff (two of whom already worked part time) took maternity leave. All used the Keeping in Touch days. All returned to the department and are now working part-time.

One woman who didn’t have the requisite length of service to entitle maternity leave was given special paid leave by the department and a sponsored nursery place.

(iii) 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.

The department encourages staff to take up paternity, adoption and parental leave; three men, one in a senior clinical and two in research posts have taken paternity leave up in the three year review period.

Three other men during the period didn’t have the requisite length of service to entitle them for paternity leave but were given special paid leave by the department.

“*I feel that the department has offered me strong support and flexibility of working arrangements over the years.*

The department has been extremely supportive and flexible for me to carry out my research with internal and external collaborators.”

*Free text comments from 2013 survey*
(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.

In 2012 we had no formal requests for flexible working but there were 4 informal requests, all of which were agreed. In 2011 all five informal requests (including administrative staff) were agreed. In 2010 there were ten informal requests for flexible working (we calculated this by looking back simply at requests for change in hours) and all were agreed.

Two female researchers have reduced their hours, at least temporarily, to enable them to take on caring responsibilities for elderly parents.

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) 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.

The university policy for flexible working is published on the website. Our own policy within the department (published on our website) – is to listen to the needs of the individual and make things work for the staff member in whatever way we can, dealing with operational constraints in a mutually agreed way.

The department culture and policy is strongly supportive of flexible working when needed. Field researchers often travel for data collection and need to conduct interviews and travel during evenings and at weekends – it is important that the flexibility works both ways and that out of hours work is acknowledged by line managers.

Our Personnel Officer encourages line managers to work with employees to make a work plan that works both operationally and for the individual. To date this mutual approach has worked well and formal University procedures to manage requests for flexible working have not been used.

During 2013 a number of arrangements were made for flexible working outside of the formal University process. For example: one (male) member of staff requested to work from home as he was relocating due his wife’s career. We have been able to facilitate this. Another researcher wanted to work part-time and concentrate on the research methods training part of her role that she particularly enjoyed and we have facilitated this, whilst enabling the completion of her research projects.

Several other staff have changed their hours during the last year (either moving from full-time to part-time and vice versa or existing part-timers increasing/decreasing their hours, sometimes more than once). It is a common occurrence for part-timers to change the hours that they work to suit their changing circumstances, whether temporarily or longer-term.

We have enabled 3 people to take short periods of unpaid leave for personal reasons and supported others experiencing major life events to take time off that they needed and work flexibly from home and from overseas when they have needed to return to family there.
(iii) 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.

Before maternity leave

Our general approach is to take our cue from what the individual wants. We will always endeavour to support their needs/requirements within operational constraints.

**ACTIONS ACHIEVED** We have added information about maternity leave to the DPhil students’ induction packs.

When a woman is preparing to go on maternity leave it is common practice, but as yet not department policy, to hold a meeting, with the woman, her line manager and the personnel officer, 6-8 weeks before maternity leave, to discuss arrangements for covering the woman’s work, planning how to use the Keeping in Touch (KIT) days and identifying appropriate, realistic tasks for her return.

We have several pregnancies and maternity leaves in the department at the moment so can also offer women a recent returner as a buddy and will set up a young families group to consider issues particularly relevant to new parents at work.

**ACTION** Our maternity leave ‘best practice’ is being prepared as a formal guidance document for line managers

b) During maternity leave

Arrangements during maternity leave depend on the individual circumstances and the stage of their project but we try hard to make things as easy as possible for the woman, easing the transition into and out of maternity leave, (while not expecting her colleagues simply to pick up additional work on her behalf).

A senior researcher is on maternity leave with her second child. Her line manager has set up a monthly meeting with the ACF that she was supporting; the KIT days and some research assistant
support will be made available in 2014 to make sure that the project picks up smoothly when she returns.

One of our Academic Clinical Fellows (ACFs) went on maternity leave having secured funding for a trial. She has maintained light contact while she is away. To enable the trial to continue uninterrupted her supervisor agreed to take regulatory responsibility in her absence and to hand back to her so that she can return as Principal Investigator and first author on publications.

Another female ACF was supported by colleagues to publish a paper while on maternity leave.

As well as Keep In Touch days staff are encouraged to visit and to bring babies into the department for general adoration (for example at the twice weekly coffee mornings)

c) Returning to work after maternity leave

In one recent case we appointed maternity cover, the woman returned and we have retained the maternity cover in a new project.

One of our maternity leave returnees adjusted hours to part-time, the other was already part-time. The researcher who returned part time was helped to adjust her work-load (preparing papers etc) for the first few months.

Maternity leave is a particular issue for ACFs since many of them (4 of the 8 female ACFs since 2008) begin their families at this stage in their careers. We are now supporting dual clinical and academic training of 4 ACFs (out of 10 currently on the programme) who are either pregnant/on maternity leave/returning to work after maternity leave, with a flexible approach tailored to individual circumstances, involving liaison between the ACF lead, project supervisors (internal and external) and the GP Dean and Programme Directors for Clinical Training. This demonstrates a proactive and individualised approach to supporting junior clinical academic trainees at a crucial point in their careers.

We have two novel, department specific, training options to support less than full time (LTFT) clinical academic trainees. We are the only university in the NSPCR with these measures in place for ACFs at the moment.

i) Although the maternity leave is set according to Deanery (their employer) regulations, our department organised a LTFT training option for GP academics.

Before this, those academic GP trainees with caring responsibilities working LTFT (typically mothers of young children) had no option but to withdraw from academic training as it was only offered full time. We negotiated a training package of either 60% or 80% FTE for the ST3/ST4 years which supports those working LTFT to continue an academic clinical career. This negotiation has been going on during the past 18 months and has been available for the last 12 months.

Dan Lasserson is fantastic as a mentor for the ACFs - very approachable and encouraging, knowledgeable, and an inspiring role model.

Free text comment from staff survey
ii) The member of staff responsible for ACFs has negotiated for another ACF with caring responsibilities to work flexibly within the ACF programme so that continuous research is carried out over a long period of part time clinical training. We negotiated this with the Deanery and OUCAGS.

c) Support for staff with young children

In 2011 we moved to offices in the centre of Oxford, three miles from our original edge of town location. We recognised that this would have a significant impact on childcare and school drop off for staff with children. We contacted all staff to determine their needs, we awarded additional parking permits where they were needed and staff were given the option to take up priority places that we negotiated at a central Oxford University nursery.

We currently have one member of research staff on a school-term time only contract (and also two administrative staff on term time only contracts).

We have a limited number of car-parking spaces and we prioritise staff with children in the allocation of these spaces.

**ACTION** A young families group will be set up in autumn 2014 to identify and resolve any issues relevant to those returning from parental leave
5. Any other comments (max 500)

Please comment here on any other elements which are relevant to the application, e.g. other STEMM-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.

The self assessment survey revealed that the department is generally perceived as a friendly and supportive working environment. Those who have needed flexibility or a reduction in duties due to illness, compassionate leave or emergency caring responsibilities are particularly aware of this and speak highly of the department admin and HR team.

The 2013 survey has identified additional issues for us to tackle. Line management responsibilities are not evenly distributed within the department and some staff seem to be overloaded (see box, right).

In this next phase we want to concentrate on training line managers and supervisors to support the staff they are responsible for, improving the value of PDRs through a variety of approaches including monthly, brief catch up sessions on objectives and explicitly anchoring objectives to career development as well as current role.

We will continue to encourage special interest working groups to emerge, tackle the issues and then pass responsibility to the SAT when the actions have been achieved. Progress on all actions will be reviewed by the SAT in January 2015 and new actions set as appropriate.

Our working group activities have led to significant advances in many of these areas; advances that we do not think we would have made without involving the whole department in Athena SWAN activities. We have identified numerous individual actions for the next 18 months but because of the enthusiasm of the department and the energy of the working groups we believe that they are achievable. In early 2015 the SAT will review our progress and, once again, involve the department in establishing new groups and actions.
6. Action Plan

Provide an action plan as an appendix. An action plan template is available on the Athena SWAN website. The Action Plan should be a table or a spreadsheet comprising actions to address the priorities identified by the analysis of relevant data presented in this application, success/outcome measures, the post holder responsible for each action and a timeline for completion. The plan should cover current initiatives and your aspirations for the next three years.

Attached
7. Case study: impacting on individuals: maximum 1000 words

Describe how the department’s SWAN activities have benefitted two individuals working in the department. One of these case studies should be a member of the self assessment team, the other someone else in the department. More information on case studies is available in the guidance.

Clare Bankhead, University Research Lecturer

I joined the department’s Primary Care Education Research Group in 1996 as a full-time Grade 7 researcher. I frequently deputized for the Director and became a recognized researcher in cancer screening, symptoms and awareness. As a DH working group member, I helped develop standards for Minimum Data sets for Cancer and Key Messages for Ovarian Cancer. I was promoted in 2000 to a grade 8.

Although my research skills were recognized by colleagues I was advised and supported by my line manager to consolidate my academic credentials. The Department funded my DPhil studies (Oxford, 2001-5) based on a DH funded project investigating the symptoms of ovarian cancer (I was co-applicant).

I returned to the Department part-time after my 2006 maternity leave, with support from my line manager through appraisals continued to progress in my career. I was put forward by the department for a University Research Lectureship, awarded in 2007.

In 2008 I moved to the department’s new Oxford Centre for Monitoring and Diagnosis. Although the post was advertised as a full time role, the director agreed to employ me on a part-time basis. The Department encouraged me to continue my cancer research, which included an award-winning project on ovarian cancer (RCGP Research Paper of the Year Award 2009/10). I am still an active collaborator in cancer research in this and other Universities.

I am now establishing a new research (and strategic) group to ensure that we the department makes best use of routine large databases in research.

My teaching role has developed, from lecturing on the award-winning Evidence Based Healthcare programme (OxTalent, best use of weblearn, 2009) to coordinating one of the core modules. I have become a Fellow of Kellogg College where I advise 8 Post-Graduate Students; I also supervise an MSc and a DPhil student.

The Department’s support has been invaluable in supporting my progress from co-applicant on project grants, funded by the DoH, HTA and NSPCR, through to NIHR Programme Grants and large multi-centered grants. Currently, I am PI on a project grant (NSPCR – Developing a sensitive tool to describe post-menopausal bleeding, PMB-Tool) and Deputy Lead on a 5 year Programme Grant (NIHR Programme Grant on Monitoring Long-term Conditions).

My family role has changed. I now have 2 children and have been through a prolonged period of extreme stress with the terminal illness and subsequent death of my father and other serious illnesses within my immediate family. This has intensified the challenges of balancing family and work life. My line manager, Dr Rafael Perera, and the Department, have given me wonderful
support during this difficult time and I have managed to sustain progress in all areas of my work. This progression has been recognized with a successful re-grade into a Grade 9 position.

Abi Eccles, DPhil student

I joined the Health Experiences Research Group in 2010 on a newly created research assistant position intended to offer a recent graduate exposure to both academic research and in house training. I saw this 12 month post as an amazing opportunity to help me decide whether this was a career I would like to pursue. I deferred a place to do a MSc in social work at Warwick.

I felt slightly daunted at the prospect of joining the group, but the induction was friendly and thorough and I found my colleagues to be welcoming, open and willing to impart knowledge and advice. I was given lots of opportunities to get involved in every stage of the research process from setting up and carrying out interviews, to assisting with focus groups and analysis. I worked for 6 weeks as part of a small team which successfully met a tight Department of Health deadline (which was duly celebrated). I was encouraged by my line manager to attend as many of the HERG research methods courses as I could, this was a fantastic opportunity to expand my knowledge and meet researchers at all levels, including doctoral students. I also helped the HERG director (Sue Ziebland) to establish expert workshops on ‘core concepts in health sociology’. Feedback from presenters and attenders at this very successful series has increased my confidence hugely. After the workshop presenters are invited to join Sue and me for a college dinner, which has enabled me to make contacts with several leading UK researchers in my field.

At my annual appraisal I was encouraged by my line manager (who had gained feedback from other senior researchers) to apply for an NIHR funded doctorate in this department. I began my doctorate in 2011 and continue to work 20% in HERG as a research assistant. I benefit from my supportive group of senior colleagues in HERG as well as my base with the DPhil students. The NIHR doctoral training days have included inspiring talks by successful women researchers with family commitments. These examples are invaluable to young researchers; it’s encouraging to see others who have not only managed work and family life, but have also been very successful.

When my father in law died unexpectedly in 2012 I was impressed by the support that the department gave me to work flexibly during a very difficult time. As soon as the Athena SWAN process started I volunteered to help; I contribute to the visibility group and lead the DPhil Students working group which has achieved all of its targets since 2012.

I am expecting my first baby in 2014 and my situation (two years into a doctorate) has highlighted that, while I am pleased to have been given paid maternity leave, information about maternity leave for doctoral students was hard to find. I was pleased that the AS team took this up and the departmental student handbook and website have been amended.

It is my firm intention to return to complete my DPhil after maternity leave. I feel as enthused as ever and my experience of working in a family oriented department which nurtures and sponsors the interests of early career researchers encourages me to continue as an academic researcher.
# Action plan for Department of Primary Care Health Sciences: Athena Award November 2013

## 1 Supporting and Advancing Women’s Careers

### 1.1 To make the department a more attractive place for women at all levels to work and to progress their careers’

<table>
<thead>
<tr>
<th>Achievements since Nov 2012</th>
<th>Actions (and lead responsibility) for 2013 to 2015</th>
<th>Justification</th>
<th>Success measure</th>
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<tbody>
<tr>
<td><strong>Progress from 2012 action plan</strong></td>
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<tr>
<td>i) To increase percentage of women aware of the Springboard scheme from 50% in 2012 to 75% (achieved 74% in 2013 staff survey)</td>
<td>1. HoD via line managers to identify women to be encouraged to apply for the annual recognition of distinction awards in 2014 and 2016 <em>Richard Hobbs</em></td>
<td>Although most department staff are women, there are only 4 women among the 15 most senior posts (by salary/ grade 10 and above)</td>
<td>Autumn 2014 survey at least 85% of women should be aware of the University’s Springboard programme for women</td>
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<td>2. Appointments subcommittee to identify senior women to approach for new posts – including two new clinical readerships <em>Sue Ziebland</em></td>
<td>We have not been successful in attracting applications from women for senior appointments; we need to be more proactive in encouraging applicants.</td>
<td>Improve satisfaction with department opportunities to support career progression from 71% in 2013 to 85% by 2015 staff survey</td>
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<td>3. We will formalize our current practice around maternity leave planning: ie in the two months before a woman takes maternity leave meet with the woman, line manager, CW and a recently returned ‘buddy’ to ensure there are supportive plans to cover work, arrange Keeping in Touch days and</td>
<td>In our 2012 staff survey there were relatively low rates of satisfaction with opportunities for career progression and low awareness of university schemes to support career development and only half of our staff thought that women were well represented at a senior level in the department</td>
<td>Increase the applicant pool for senior posts and attract more women to apply.</td>
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<td>ii) Sub committee set up to encourage women applicants for new senior clinical and non-clinical posts</td>
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<td>iii) Awareness of structures for regrading has increased from 37% to 63% of the department in 2013 survey</td>
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<td>iv) During 2013 seven women researchers were promoted.). No re-grading applications were</td>
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Although most department staff are women, there are only 4 women among the 15 most senior posts (by salary/ grade 10 and above)
| v) In 2013 survey 51% of staff think women are well represented at senior level, compared to only 32% in 2012 |
| vi) There has been a small improvement in staff reporting satisfaction with department opportunities for career progression from 65% in 2012 to 71% in 2013 |
| vii) Since 2012, we have been successful in attracting applications from women for senior appointments (one to a chair) and have further implemented a standing policy to ensure potential female candidates are contacted to invite applications for future competed posts. We have also enhanced support for internal; promotions – we successfully supported 2 candidates for promotion to chair by recognition in 2013, one of whom was female, all 3 (out of 4) candidates supported in the 2013 competition for University Lecturer grading were women. |
| make appropriate plans for returns from maternity leave. *CW and line managers* |
| 4. Athena Swan progress reports on agenda for all department and senior team meetings Sue Ziebland |
| 5. Continue to monitor applications staff appointments, fellowships, promotions and re-grading request results HR *lead Clare Wickings* |
| 6. Continue to highlight grade structures and opportunities for career development in PDRs CW and all line managers |
| 7. Review actions and achievements in January 2015 and set new actions as appropriate SAT |
| In our 2013 survey 13 people (9 women) disagreed with the statement ‘I feel someone in the department takes an interest in my career’ compared with 21 people in 2012: this is encouraging improvement but needs further actions |
| All members of the department should feel that someone is taking an interest in their career by 2016 |
1ii **Increase the visibility of women in the department**

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<thead>
<tr>
<th>Achievements since Nov 2012</th>
<th>Actions for 2013 to 2015</th>
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<tbody>
<tr>
<td>Our department website now includes a video with women talking about what it is like to work in the department (online since Oct 2013)</td>
<td>8. We will be proactive in encouraging women and non clinical researchers to contribute items about their achievements on the department website <em>Louise Locock</em> and in the weekly bulletins <em>Dawn Fraser</em></td>
<td>In our 2012 staff survey a third of research staff (and more women and non clinical researchers) reported feeling that their research was not valued within the department. <strong>For some years we have had a weekly email bulletin that includes staff publications and other achievements in the department but we have noticed that women have sometimes been less likely than the men to announce their achievements.</strong></td>
<td>Increase the percentage of women who feel that their research is valued in the department from 77% in 2013 to 90% by 2015</td>
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<td>We have copied the informal, ‘at work’ photographs of staff members which are now displayed in all department reception areas (since January 2013)</td>
<td>9. We will review, annually, images of men and women in the department and on the website (which newcomers to the department find useful). <em>Dawn Fraser</em></td>
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<td>Increase the percentage of staff who think that women are well represented at senior level in the department from 51% in 2013 to 65% by 2015</td>
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<td>We have developed a new programme of weekly seminars which alternate between Wednesdays and Thursdays to improve access for part time staff. 95% of the dept. agreed that ‘seminars and poster sessions help me to understand the breadth of dept. research’ in the 2013 survey</td>
<td>10. Review actions and achievements in January 2015 and set new actions as appropriate <strong>SAT</strong></td>
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<td>All researchers should feel that they have opportunities to present their work in the department (currently 97% report this compared to 90% in 2012)</td>
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<td>We have seen an improvement in the % of women saying that they feel their research is valued in the department 77% of women in 2013 compared to 58% in 2012</td>
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**1iii To increase awareness of the contribution that women make to Primary Care Health Sciences**

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<thead>
<tr>
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<tbody>
<tr>
<td>We have increased the</td>
<td>11. Professor Susan Jebb and Professor Sue Ziebland will present inaugural lectures in 2014</td>
<td>There are relatively few senior women in the department. Role models are important and there are senior (clinical and non clinical) women in other Universities, leading the Royal Colleges etc.</td>
<td>Ensure a balanced distribution of male and female speakers on seminar lists</td>
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<td>frequency and attendance</td>
<td>12. We will continue to monitor attendance at seminars and the gender balance of presenters and chairs</td>
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<td>levels at department seminars and maintained a gender balance in presenters that reflects the department</td>
<td>13. Individuals responsible for programmes of invited seminars and workshops will continue to make sure that (wherever feasible) equal numbers of women and men are invited to present.</td>
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<td>The HERG/ Green Templeton workshops on core approaches in health social sciences invites experts from other universities: in 2013 this has included four female professors, and two male professors.</td>
<td>14. The 2014 Ann McPherson memorial lecture will be presented by another leading woman</td>
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<td>The Ann McPherson memorial lecture, inaugurated in 2012 by Dr Clare Gerada) Was presented by Professor Trish Greenhalgh in 2013</td>
<td>15. Review actions and achievements in January 2015 and set new actions as appropriate</td>
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<td></td>
<td>SAT</td>
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<td>Staff survey items on visibility and feeling valued for research</td>
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2. Department Culture

### 2i Develop a culture that respects and demonstrates the value of multi-disciplinary approaches and fosters co-operation between research groups

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<tr>
<th>Achievements since Nov 2012</th>
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<tr>
<td>The first in a series of debates on cross cutting topics <em>(This house believes that the use of placebos is ethical)</em> arranged 27th November 2012 between Helen Salisbury (GP) and Jeremy Howick was very well attended by members of every group</td>
<td>16. We will continue to develop seminar and workshop series that invite participation from across the department and university <em>Susannah Fleming, Jenny Hirst</em></td>
<td>Primary care research is multi-disciplinary by nature; clinical and non-clinical research staff are usually appointed for their particular specialist skills. They may not have had opportunities to work in multi-disciplinary teams before joining us and may benefit considerably from learning from colleagues familiar with other methods and approaches.</td>
<td>Repeat staff survey items eg on feeling valued within the department</td>
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<td>A qualitative methods clinic started in January 2013 (and has advised on 12 projects during the 10 months since it started)</td>
<td>17. We will improve line management and appraisals through training for line managers <em>SAT, Spring 2014</em></td>
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<td>All line managers to have attended training by March 2015</td>
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<td>A series of ehealth seminars started in November 2012, attracting a wide attendance</td>
<td>18. We will establish peer learning sets for post docs and mid career researchers <em>Richard MacManus Spring 2014</em></td>
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<td>60% of post doc researchers to regularly attend peer learning sets September 2014</td>
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<tr>
<td>We have re-designed our department Open meetings to include presentations from each of the research groups in turn and a brief written report of news from each</td>
<td>19. Review actions and achievements in January 2015 and set new actions as appropriate <em>SAT</em></td>
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### 2ii Improve internal communication

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>We have revised the agenda for the Open Meetings and now post the research group updates on the department website (thus improving access to information)</td>
<td>20. We will gather views of the department Open meetings in the Spring meeting and through the 2014 staff survey Sue Ziebland</td>
<td>All department meetings, seminars and workshops are held between 10am and 4pm</td>
<td>85% of staff to report that the department website is their first port of call for information by the 2015 staff survey</td>
</tr>
<tr>
<td>69% of staff in the 2013 survey agreed that the Department web pages are their first port of call for information compared to 43% in 2012</td>
<td>21. Continue to encourage contributions to the department weekly news and website from all sections of the department Dawn Fraser and admin leads</td>
<td>At an Athena Swan meeting of approx 40 members of the department we found that no one thought that our department Open meetings worked very well now that the department has grown so much and is split over three sites</td>
<td>90% of staff to agree with the statement that ‘I feel my views are listened to’ by 2014 survey</td>
</tr>
<tr>
<td>85% agreed with the statement ‘I feel my views are listened to in the department’ compared to 68% in 2012</td>
<td>22. Review actions and achievements in January 2015 and set new actions as appropriate SAT</td>
<td>The SAT also felt there was a need to develop wider awareness, respect and interest in the work of the different research groups in the department</td>
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</tbody>
</table>
## 2iii Encourage a family friendly environment in the department and promote this image on the website

<table>
<thead>
<tr>
<th>Achievements since Nov 2012</th>
<th>Actions for 2013 to 2015</th>
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</thead>
<tbody>
<tr>
<td>We have reviewed department policies re working hours and career advancement.</td>
<td>23. Web pages to be checked once a month and information revised if necessary ongoing Nicola Small and Clare Wickings</td>
<td>The 2012 staff survey found that most people in the department have, or expect to have, a caring responsibility (mainly for children but significant numbers with adult caring).</td>
<td>By the 2014 staff survey at least 90% of staff should know where to find all the key information about support for families, caring responsibilities etc.</td>
</tr>
<tr>
<td>A ‘Working in the Dept’ section has been set up An equal opportunities area on dept website incorporates materials developed by the working groups and details of family friendly events. It is checked once a month for accuracy A Buddy system for staff with carer responsibilities has been set up</td>
<td>24. A young families group will be set up in autumn 2014 to identify and resolve any issues relevant to those returning from parental leave Ulla Raisanen</td>
<td>The families group have found that there are many university and local resources but they are not well signposted in the department#</td>
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</tr>
<tr>
<td>The induction (for both staff and doctoral students) includes information about families and caring. In the 2013 survey 89% of staff said they knew where to find information about schools nurseries etc (compared to 75% in 2012)</td>
<td>25. Hold an annual open day in 2014 and 2015</td>
<td>There appears to be enthusiasm and volunteers for buddying (55% of all staff) and, especially for new colleagues and improved induction experience</td>
<td></td>
</tr>
<tr>
<td>69% in 2013 said they knew about university resources for families (compared to 37% in 2012)</td>
<td>26. Review actions and achievements in January 2015 and set new actions as appropriate SAT</td>
<td>The annual open day in 2012 and 2013 has attracted a high staff involvement by researchers; opportunity to learn about and share work between teams; children were made welcome and attended to see what parents do</td>
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</table>
### 2iv To promote a culture that supports staff to maintain a work life balance

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<tr>
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<tbody>
<tr>
<td>We have arranged a half day workshop on ‘The balanced researcher’ for all staff (several members of the department have attended this course and found it very useful) on Nov 29th 2013</td>
<td>27. Continue to encourage staff to attend university courses on managing work life balance and arrange in house courses for staff Department admin/ SAT</td>
<td>In the 2012 survey we found that a sizeable minority (up to 37%) thought that they were not managing their work life balance well and more than half of the department were worried about how they might manage in the future.</td>
<td>Reduce the % of staff who report that they are not managing their work life balance by another 5% in 2014 and 2015</td>
</tr>
<tr>
<td>The Recruitment Information Form used internally has been revised to include a prompt to encourage recruiters to consider part-time or job-share recruitment.</td>
<td>28. Monitor uptake of part time working HR leads</td>
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<tr>
<td>We have seen an improvement in the work/life balance items on the staff survey:</td>
<td>29. Review actions and achievements in January 2015 and set new actions as appropriate SAT</td>
<td>The department has supported many staff in flexible working, home working and term time working yet (as is appropriate) this support is not always very visible. The re-design of our department website and the inclusion of videos of staff in the ‘working with us’ section has given us an opportunity to make sure that people in the department are aware of the support that is available to them</td>
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<tr>
<td>Achievements since Nov 2012</td>
<td>Actions for 2013 to 2015</td>
<td>Justification</td>
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<tr>
<td>A part-time workers group, with HR, produced guidelines on part-time working for use by part-time staff and their managers, and incorporate mention of these into the standard letter sent by HR to remind managers of appraisals/performance reviews</td>
<td>This group achieved all of its action points in 2012-13 and has thus been (honourably!) disbanded 30. The SAT will monitor responses to part time working and work life balance on the 2014-16 surveys</td>
<td>In 2012 more than 2/3 of part time staff report a reasonable workload (comparable to full-time staff) and manage their life-work balance successfully at the moment (again comparable to full-time staff). However, free text comments show that many part time staff feel they are working beyond their paid hours and that they are would like greater clarity about how expectations: both in terms of output (e.g. research papers) and practicalities (e.g. availability for meetings on ‘off days’). Staff did not perceive a barrier to becoming part-time once in role, at any level. Instead they, and their managers, perceived barriers to advancement to more senior roles, once part-time: We therefore set up a part time workers group to identify and address issues that militate against p/t staff</td>
<td>No specific actions or targets for 2014 -16</td>
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<tr>
<td>First draft of guidelines completed, and sent to departmental managers and part-time research staff for review in January 2013.</td>
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<td>Guidelines for part-time working on department intranet by May 2013.</td>
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<td>Reminder of guidelines incorporated into appraisal reminder letter from May 2013 onwards.</td>
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<td>Recruitment website reminds applicants to make clear in their C.V. and supporting statement any periods of part-time working, so that recruiters can judge their C.V. proportionately.</td>
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<td>For posts advertised full-time, the recruitment website a generic encouragement to potential applicants to enquire about the possibility of part-time or job-share.</td>
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## Encourage information sharing and peer support among DPhil students

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<tbody>
<tr>
<td>We have had 4 social lunches since October 2012 and these have been popular. A poster has been developed for an informal student peer review community in the department; this was distributed earlier this year. So far we have had only one session. The initiative is not as successful as first anticipated (although many of the students have presented their work at department seminars and conferences)</td>
<td>31. Continue DPhil lunches and make them more regular. The original organizer has now finished her DPhil and so we need to identify a new volunteer to arrange these Lunches are on-going. New lunch organizer will be identified before January 2014. 32. Peer review - We need to identify reasons why people have not taken up these opportunities and assess whether it is worth continuing with. We will discuss and promote ‘Student Peers’ during DPhil meeting and send flyer around again. We will carry out on-going assessment of its success and decide by Oct 2014 whether it is worth continuing. 33. We would like to further improve the student information on departmental website. We will review the content for the</td>
<td>The independent nature of the DPhil community can leave some students feeling isolated Students receiving stipend funding are often unsure about their entitlement to maternity/ paternity sickness and compassionate leave etc Students are often unsure what input to expect from their supervisors, their college and their department Expansion of community will support others in department considering applying for a DPhil, help make networks with wider department and improve the DPhil community (energy and numbers).</td>
<td>The 2015 survey should indicate that students feel more supported and able to make effective use of their supervisors. Maintain, or increase, attendance at student lunches Responses to survey questions about the availability of supervisors for meetings, feedback and career development should all be positive among the DPhil student group</td>
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<tr>
<td>The ‘study with us section has been improved, has female friendly photos and a video film of a recent doctoral student</td>
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<td>Students have met and identified content for the poster/pamphlet entitled: ‘10 things I wish I’d known before becoming a DPhil student’.</td>
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<td>A report on students views of supervision was given to the Director of Graduate Studies (DGS) planned changes include: when each new student starts, a meeting with DGS, the student and supervisors will be arranged to make expectations explicit and plan structure to meetings etc.; An email will be sent to both supervisor and student at start of studies outlining</td>
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</table>
| expectations, information on entitlements on parental, sick and compassionate leave | ‘Study with Us’ page on the departmental website and make some suggestions  
*Dawn Fraser*  
34. Expanding DPhil community to include interested members in of wider department;  
*Abi Eccles*  
35. Review actions and achievements in January 2015 and set new actions as appropriate  
*SAT* |  |  |
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<tr>
<td>Students can now contact student rep and PG administrator as well as DGS with concerns and issues</td>
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<tr>
<td>We have formalised the policies on entitlement to parental, sick and compassionate leave. New section of the intranet will host student information (policies, social events, expectations etc).</td>
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</table>
3. Mentorship

### 3i Ensure that there is good awareness of existing mentorship schemes and establish a department scheme to suit the needs of all academic staff

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<thead>
<tr>
<th>Achievements since Nov 2012</th>
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<tbody>
<tr>
<td>The mentoring working group has met regularly since Nov 2012 with 10 members (9 women, 1 man, clinical and non-clinical).</td>
<td>36. Monitor PDR forms for notes of discussion of mentoring and training as mentors (HR) 2013 onwards</td>
<td>2012 Mentoring has been identified as an important part of career development for researchers</td>
<td>Increase the number of women who report having a mentor by 10% by end of year 1 of mentoring scheme (Sept 2014)</td>
</tr>
<tr>
<td>We have advertised external mentoring schemes via departmental noticeboards and email circulars, so that existing staff members are aware of them.</td>
<td>Helen Atherton Kath Tucker, Daniela Goncalves and Mentoring working Group will: 37. Review mentoring scheme in light of staff questionnaire and first year uptake, identify any changes required and implement as necessary 2014-16</td>
<td>The mentoring scheme was launched in Sept 2013 and we expect to see an improvement in the number of people with mentors in the coming months. The scheme requires monitoring and iteration as it progresses.</td>
<td>Ensure that all staff who have registered with the scheme have received training by end of year 1 of mentoring scheme (Sept 2014)</td>
</tr>
<tr>
<td>Departmental mentoring scheme established and officially launched Sept 2013; 24 mentors and 28 mentees currently signed up.</td>
<td>38. Create ongoing training schedule with the University of Oxford Learning Institute, another training session to be scheduled in Jan 2014.</td>
<td>Maintain high levels of staff awareness of mentoring schemes available as assessed in staff surveys in 2014-16</td>
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<tr>
<td>A high proportion of staff now know about mentoring schemes available to them (85%)</td>
<td>39. Host quarterly coffee mornings for staff to provide</td>
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<td>Initial group of interested mentors and mentees have been trained (July 2013).</td>
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<tr>
<td>We have created a section on the department intranet about mentoring, with guidance on the mentoring relationship and a list of staff trained and willing to act as mentors</td>
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</table>
| In the 2013 staff survey we saw a 12% reduction in the number of women who do not have a mentor but would like one | information on the mentoring scheme. **Jan 2014 onwards.**  
40. Continue to increase the pool of mentors, focusing on junior members of staff to encourage peer-mentoring relationships. **Feb 2014**  
41. Building on success of information dissemination, broaden range of existing mentoring schemes we advertise plus other personal development schemes that are relevant. **June 2014** |
### 4. Recruitment, induction, welcome and information

#### 4i To make sure that all staff joining the department feel welcome

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>We have set up an induction-working group several of whom have joined the department in the last year.</td>
<td>42. Recruitment training for all staff to be offered in the department Spring 2014 Clare Wickings</td>
<td>Attendance at central university recruitment training is available to all staff but has been patchy.</td>
<td>Continue to increase the percentage of recent recruits who report being satisfied with their induction to 95% of new staff by 2015</td>
</tr>
<tr>
<td>Induction working group has held three meetings and held a newcomers lunch with 10 new staff</td>
<td>43. The 2013 newcomers group will invite new members to a lunchtime get together in 6 months time. <strong>February, May 2014 Sophie Pask</strong></td>
<td>The recent expansion of the department and the split over 3 sites has made it more difficult for staff to be able to recognise and provide informal welcome to new colleagues.</td>
<td></td>
</tr>
<tr>
<td>Newcomers’ lunches and an evening drink meeting was arranged in March 2013 held and ongoing Newcomers lunches to continue and drinks have been introduced in March.</td>
<td>44. 2014 open the newcomers lunches and drinks to the dept to encourage networking</td>
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<tr>
<td>Nearly all of the new members of the department said they were satisfied with their induction compared to only 77% in 2012.</td>
<td>45. In October/ November 2014 organising the lunches will be shared with the next intake of newcomers (and so on) <strong>October 2014</strong></td>
<td>Consultations by the working group suggest that inductions may be less successful because of the growth of the department, and the recent relocations (requiring a split site)</td>
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<td>There also seems to be considerable variation between research groups in induction processes.</td>
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</table>
### Achievements since Nov 2012

- Review and improve the Induction pack. **March 2013**
  - Information given at induction is backed up by easy to find, accessible information on the department website. **March 2013**
  - Induction information updated and improved. Group administrators now supporting newcomers on their first day with any induction enquiries
  - Re-launch of the intranet (including induction handbook, links to policy documents and everyday info such as information about room booking etc.), which can then be used to more swiftly disseminate information provided during the Induction session, as well as keep staff members who have been in the Department for longer up-to-date with any changing information

### Actions for 2013 to 2015

- 46. Continue to bring old information up to date, and add new information to the website
- 47. Documentation to be produced regarding departmental decision making
- 48. Continue to ask newcomers for suggestions for induction pack
- 49. All line managers to encourage networking and attendance to coffee mornings
- 50. Review actions and achievements in January 2015 and set new actions as appropriate **SAT**

### Justification

- Inductions need to reach a common, high, standard and not be dependent on the particular research group or line manager

### Success measure

- As above
### 4iii ... and know where to find key information if and when they need it

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</table>
| We now include the link [www.ox.ac.uk/new_to_the_university/living_in_oxford.html](http://www.ox.ac.uk/new_to_the_university/living_in_oxford.html) in the offer letter. | 51. Continue to collate and update resources on department website on a monthly basis  
Dawn Fraser  
52. Monitor internal and external hits on the website and intranet  
6 monthly Dawn Fraser  
53. Review actions and achievements in January 2015 and set new actions as appropriate  
SAT | In our staff survey in 2012: Between a third and half of staff members did not know where to find key information for example about training, Re grading, codes of practice on harassment and bullying or sabbatical and study leave or career planning resources in the university | Continue to improve the proportion of staff who know where to find key information in staff surveys in 2014 and 2016 |
| Collate all sources of training/courses available to employees (Department and Departmental Group training courses, IT and Information Skills training courses, Careers development, Vitae). |                                                                       |                                                                              |                                                                              |
| Information about training courses, re-grading, University policies, job security, etc are now easy to find on the department website. **March 2013** |                                                                       |                                                                              |                                                                              |
| Information on support for managing family and caring responsibilities is now included at induction **April 2013** |                                                                       |                                                                              |                                                                              |
| The website is now seen as the first port of call for information by 69% of the staff compared with 43% in 2012 |                                                                       |                                                                              |                                                                              |
| Awareness of where to find key information has improved markedly (see above) |                                                                       |                                                                              |                                                                              |
### 4iv Promote research staff membership of Oxford colleges

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</thead>
<tbody>
<tr>
<td>Working sub group on college membership set up</td>
<td>54. Promotion of internal website pages on college membership Dec 2013</td>
<td>While the department has little control over membership of Oxford colleges we can share information about different types of membership and support colleagues to apply when research fellowships are advertised. Membership of Oxford colleges within the department is highly gendered (58% of men, but only 16% of women are members). Currently, 44% of non-members believe they are ineligible, with around a quarter not knowing how to apply, or never having considered applying.</td>
<td>Reduce the proportion of staff who are not college members reporting that they do not know how to join or have not considered it to less than 15% for each answer by 2014.</td>
</tr>
<tr>
<td>Membership of colleges remains unequal, and that inequality has widened over the last year</td>
<td>55. Inclusion of college membership information in induction pack Dec 2013</td>
<td></td>
<td>Increase the number of female staff who are members of colleges OR have chosen not to join a college to 30% by 2016.</td>
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<tr>
<td>A website section on College Membership went live on 10 October 2013</td>
<td>56. Inclusion of college membership discussion on PDR April 2014</td>
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<tr>
<td>We hope information on the departmental website will reduce the number of staff who don’t know how to gain membership, or who don’t think they’re eligible.</td>
<td>57. Investigate new opportunities for research staff to integrate with colleges Jan 2015 Louise Locock, Susannah Fleming</td>
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<tr>
<td>Limited options for college membership for research staff (particularly those on fixed-term contracts) means that it may not be possible to quickly increase the number of staff with college memberships</td>
<td>58. Review actions and achievements in January 2015 and set new actions as appropriate SAT</td>
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## 5. Clinical researchers’ working group

### 5i Develop a department culture that respects and demonstrates the value of multi-disciplinary (including clinical) approaches to research and fosters cooperation between research groups

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<tbody>
<tr>
<td>We have prepared and updated a database/register on the intranet of healthcare professionals in the department containing details of each person’s clinical and academic skills, means of contact.</td>
<td>59. Update a database/register of healthcare professionals in the department containing details of each person’s clinical and academic skills, means of contact. This could be accessed via the departmental intranet, and would include an ‘opt out’ option.</td>
<td>The clinical staff in the department are mainly GPs and research nurses. The clinical and research skills and interests of researchers are not always easy to identify when planning a grant application or other cross research group collaboration.</td>
<td>To increase awareness and demonstrate utility of the database, researchers who develop collaborations and contacts as a result of consulting the database will be encouraged to make these known to the clinical researchers’ working group leads, who will liaise with the departmental administrative team to raise awareness through departmental updates.</td>
</tr>
<tr>
<td>The new department website includes publications and profiles of each member of staff, making it easier to identify peoples interests and skills</td>
<td>60. The clinical working group will monitor uptake/number of staff registering details and record number of individuals who have created a profile at 1 year as well as number of individuals sought for skills on a quarterly basis Dec 2014.</td>
<td></td>
<td>Uptake/number of staff registering details and record number of individuals who have created a profile at 1 year as well as number of individuals sought for skills on a quarterly basis 2014-16.</td>
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<tr>
<td></td>
<td>61. Clinical researchers joining the department will be offered the opportunity to add their details to the database as part of their induction process. Clinical researchers (Kamal Mahtani, Marie-Lucie Gibbons)</td>
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To provide support for dual clinical and academic continuing professional development, especially in relation to personal development plans and appraisals

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<tbody>
<tr>
<td>Clinical researchers working group set up</td>
<td>62. Clinical researchers of intermediate seniority (e.g. qualified pre-doctoral clinicians and early postdoctoral clinicians) will complete a personal development review which they will adapt from the review template for senior academics on an individual basis. <em>Dan Lasserson December 2014</em></td>
<td>In the 2012 staff survey only 43% of clinical staff felt that their appraisals were adequate for their needs 40% of female clinical staff and 26% of male clinical staff did not feel that their PDRs were beneficial (half of clinical PDRs relate to clinical work which is determined by external agents) 38% of female clinical staff and 16% of male clinical staff felt that there was no one in the department who took an interest in their career</td>
<td>No members of staff should feel that there is no one in the department who takes an interest in their career Clearer guidance on preparation for appraisals. Clearer direction with planning future clinical and academic goals. Evidence of completed personal development reviews from clinical researchers of intermediate seniority</td>
</tr>
<tr>
<td>The satisfaction with PDRs has improved among the clinical researchers</td>
<td>63. Review actions and achievements in January 2015 and set new actions as appropriate SAT</td>
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To review clinical mentorship for departmental research nurses in addition to usual line manager

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</table>
| October 2013: no clinical line manager has been appointed to date, due to changes in line management requirements for research nurses (based on a focus group conducted in September 2013, only 3 out of 7 research nurses would potentially be in need of a clinical line manager based in the department). | 64. Review the clinical line management of nursing staff in 12 months *(October 2014)*.  
65. Review actions and achievements in January 2015 and set new actions as appropriate SAT | In the 2012 staff survey more clinical women 8 (50%) than men 3 (16%) said that they would like to have a mentor  
8 (50%) women clinical staff think their line manager takes an interest in their career (compared with 34 (76%) of non clinical women) | Reduce the number of staff reporting that they ‘do not have a mentor but would like one’ to less than 10% of women in department  
*Re-evaluate need for clinical line manager for research nurses by conducting another focus group in 12 months.* |
## 6. Non-clinical researchers working group

### 6i Ensure that non-clinical research staff feel that their work is valued and that the department takes an interest in their career development

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<th>Achievements since Nov 2012</th>
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</thead>
<tbody>
<tr>
<td>The newly revised department website includes publications and profiles of each member of staff, making it easier to identify peoples interests and skills</td>
<td>66. Continue to provide opportunities for NCRs to present their work in the department, in seminars and poster sessions <em>Susannah Fleming, Jenny Hirst 2014-16</em></td>
<td>Most of the research staff in the department are not from clinical backgrounds, but from a variety of research specialties including statistics, epidemiology, social sciences (anthropology, history, sociology, psychology)</td>
<td>Aim for at least 85% of women to feel their research is valued in the department by 2014 and for at least 60% to feel valued within the wider Medical Sciences Division by 2014</td>
</tr>
<tr>
<td>The new website makes the contributions of all members of the department (women, men, clinical, non-clinical) more visible</td>
<td>67. Focus on research by non-clinical staff to be included in MSD newsletter <em>Dawn Fraser 2014-16</em></td>
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<tr>
<td>The seminar programme includes a range of non-clinical staff, and has successfully increased the proportion of staff who feel they are able to present their research internally.</td>
<td>68. Arrange talk on publicising research by media office. <em>Dawn Fraser June 2014</em></td>
<td>Three quarters of members of the department described themselves as having a ‘non-linear career path’.</td>
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</tr>
<tr>
<td>The proportion of non-clinical researchers who feel that their research is valued in the department has increased</td>
<td>69. Review actions and achievements in January 2015 and set new actions as appropriate SAT</td>
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</tbody>
</table>
## 6ii Improve PDR and annual appraisals for NCR staff

<table>
<thead>
<tr>
<th>Achievements since Nov 2012</th>
<th>Actions for 2013 to 2015</th>
<th>Justification</th>
<th>Success measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Personal Development Reviews (PDRs) have been re-designed (including standard use of</td>
<td>70. Continue a programme of annual PDRs for all staff</td>
<td>Progress has been made with PDRs, but it is felt that more improvements can be</td>
<td>All members of the department should feel that someone takes an interest in their</td>
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<tr>
<td>grade descriptors; discussion of conference attendance, teaching opportunities, mentorship</td>
<td>71. Continue to implement updated PDR</td>
<td>made</td>
<td>career (no more than 10% of women to respond that no one does at 2014 staff</td>
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<tr>
<td>and college membership opportunities)</td>
<td><em>Clare Wickings</em></td>
<td>The group has identified that experiences of PDRs vary considerably between</td>
<td>survey)</td>
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<tr>
<td>Reminders and PDR documents are sent to both line managers and staff</td>
<td>72. Training for PDRs to be attended by all line managers during <strong>2014</strong></td>
<td>groups and need to have core components</td>
<td>PDRs should be thought beneficial by at least 75% of staff by 2014 survey</td>
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<tr>
<td>Survey responses to the item ‘I find my PDRs beneficial’ have improved from 71% agreeing</td>
<td>73. Review actions and achievements in January 2015 and set new actions as appropriate</td>
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<td>in 2012 to 80% agreeing in 2013</td>
<td><em>SAT</em></td>
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</table>
### 6iii Improve opportunities for staff to supervise students

<table>
<thead>
<tr>
<th>Achievements since Nov 2012</th>
<th>Actions for 2013 to 2016</th>
<th>Justification</th>
<th>Success measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training for doctoral supervisors has been set up and supervisors lunches and student presentations are a regular feature of the seminar programme</td>
<td>74. Arrange seminar on supervision and co-supervision opportunities within the department and MSD April 2014</td>
<td>There is a gender disparity in who supervises students (42% of men, vs 14% of women) in the department</td>
<td>A proportionate number of men and women should be supervising students by 2016</td>
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<td>75. Develop information for the website on supervision opportunities.</td>
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<td></td>
<td>June 2014</td>
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<td></td>
<td>76. Consider gender balance of supervisors for new DPhil students August 2014 / 2015 / 2016</td>
<td>Although the department has only a small number of DPhil students, limiting the opportunities for supervising these students, there are also opportunities to supervise students on courses elsewhere in the division, such as MSc dissertations, and final year undergraduate projects.</td>
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<td></td>
<td>77. Review actions and achievements in January 2015 and set new actions as appropriate SAT</td>
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</table>
7. Outreach

7.i To improve outreach to the community, including local state secondary and primary schools

<table>
<thead>
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<th>Actions for 2013 to 2015</th>
<th>Justification</th>
<th>Success measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful open door events in 2012 and 2013 during alumni weekend September 2013</td>
<td>78. Develop a strategy for outreach work including commitment from every research group to contribute activity in a local school during <strong>Academic year 2013-14</strong></td>
<td>Individuals and groups in the department have taken part in a wide range of outreach activities to promote public understanding of science (and science understanding of public); often this is ad hoc eg a member of staff who is delivering some microbiology sessions at her daughter’s primary school.</td>
<td>Contribution to the programme from across the research groups (women and men, clinical and non-clinical researchers)</td>
</tr>
<tr>
<td>A list of staff members willing to volunteer as tutors for vertical tutor groups has been shared with a local comprehensive (October 2013)</td>
<td>79. Make contact with all local Oxford state secondary schools and discuss options for contributing to eg PHSE lessons and debates about the role of health research <strong>June 2015</strong></td>
<td>This is rewarding for the researchers involved and has potential benefits for the community – especially if the outreach work involves women, younger and less conventional staff.</td>
<td>Feedback from teaching staff will be used to revise and develop the contributions</td>
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<tr>
<td>The outreach working group have met with Annabel Cook the science communications officer for Oxford Sparks - <a href="http://www.oxfordsparks.net/">http://www.oxfordsparks.net/</a> who act as a portal for science outreach throughout the university and through the Oxford Science Festival</td>
<td>80. Extend contacts to state primary schools and start a primary school programme about health research <strong>School year June 2016</strong></td>
<td>Uptake from schools will be monitored.</td>
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<td>81. We will share resources via Oxford Sparks that we find to be useful for schools and find 2 or 3 of us to provide biographies for their scientists sessions especially</td>
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</table>

- Individuals and groups in the department have taken part in a wide range of outreach activities to promote public understanding of science (and science understanding of public); often this is ad hoc eg a member of staff who is delivering some microbiology sessions at her daughter’s primary school.
- Contribution to the programme from across the research groups (women and men, clinical and non-clinical researchers)
- Feedback from teaching staff will be used to revise and develop the contributions
- Uptake from schools will be monitored.
including women and anyone who has had a less conventional route into our work

*Sue Ziebland & Richard McManus,*

82. Review actions and achievements in January 2015 and set new actions as appropriate

*SAT*