



Department Application
Bronze and Silver Award



ATHENA SWAN BRONZE DEPARTMENT AWARDS

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

ATHENA SWAN SILVER DEPARTMENT AWARDS

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

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

COMPLETING THE FORM

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

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

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

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

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

WORD COUNT

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

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

We have provided the following recommendations as a guide.

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

Name of institution	University of Oxford	
Department	Department of Paediatrics	
Focus of department	STEMM	
Date of application	April 2018	
Award Level	Silver	
Institution Athena SWAN award	Date: April 2017	Level: Bronze
Contact for application Must be based in the department	Professor Irene Roberts	
Email	athenaswan@paediatrics.ox.ac.uk	
Telephone	01865 226956	
Departmental website	www.paediatrics.ox.ac.uk	

1. LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT

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

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

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

Dr Ruth Gilligan
Athena SWAN Manager
Equality Challenge Unit
First floor, Westminster Tower
3 Albert Embankment
London SE1 1SP

18th April 2018

Dear Dr Gilligan,

I am delighted to endorse this application for an Athena SWAN Silver Award. I confirm that the information presented in the application is a truthful, precise, and true representation of the Department of Paediatrics.

As Head of Department, I am fully committed to promoting a positive and inclusive working environment for all our staff by embedding the Athena SWAN principles firmly within our culture. In particular, I take personal responsibility and pride in ensuring that all members of the Department enjoy fair and equal opportunities for their career development to allow them to fully realise their professional aspirations.

Following our Silver Award in 2015, we used our Athena SWAN Action Plan to guide the implementation of measures to maintain our focus on career development for all staff, to enhance departmental communication and cohesion and to increase the transparency of our management processes. This is especially important for us as we move forward into a new phase in our development with the planned expansion of our department to include a new research institute (IDRM) and professorial posts.

I consider our greatest successes to be:

- Introduction of 4 Early Career Fellowships for early career researchers in an on-going programme every 2 years. We appointed 4 very promising young investigators in 2017 and plan to use these to nurture the careers of scientists as they transition towards independence.
- Increased support for our DPhil students, with the creation of a new Paediatric DPhil Network with social events and practical support, and tailored 1:1 support for our postdoctoral scientists.
- A flexible, family-friendly workplace environment for our staff which promotes supportive working practices.
- The introduction of online PDR portfolios for all staff has been very successful with 100% completion so far.
- Our 2018 staff survey has shown that transparency and cohesion within the Department have both improved since our last Athena SWAN application. We created a new Communications Officer post and revitalised our website and newsletters to better inform staff about successes and new initiatives in the Department. We have also established a new Events Committee with broad membership across the Department to run our social events instead of our previous 'top down' approach.

As Head of Department, I personally support and promote the charter through my membership of the SAT and, while great progress has been made, we recognise there is more to do. My particular focus will be to grow the academic pipeline through strategic investment and recruitment of intermediate level and senior academic staff. The new IDRM provides the

ideal opportunity to do this in a gender-balanced way. In addition, the Senior Management Committee, which I lead, supports the integration of the SAT from a 'stand-alone' committee, into the new Equality and Diversity Committee, to allow us to broaden the work of the SAT to benefit of all members of our Department. This also ensures that the Athena SWAN principles continue to remain at the heart of all of our decisions.

Yours sincerely,



Georg A. Holländer

MA (Oxon), M.D., FRCPCH, FMH Paediatrics (CH), FMedSci

Head of Department & Hoffmann and Action Medical Research Professor of Developmental Medicine, University of Oxford, UK

Professor of Pediatric Immunology, The University Children's Hospital of Basel, Switzerland

Acronyms used in this application:

ACF- Academic Clinical Fellow
ACL – Academic Clinical Lecturer
ARMA- Association of Research Managers and Administrators
AP- Associate Professor
A&R- Academic and Research
AS – Athena SWAN
CL – Clinical Lecturer
CIPD- Chartered Institute of Personnel Development
EDC – Equality and Diversity Committee
F- Female
FT- Full Time
FTC – Fixed Term Contract
HoD- Head of Department
HoF- Head of Administration and Finance
Ho- Human Resources
IDRM- Institute of Developmental and Regenerative Medicine
M- Male
MCR – Mid Career Researchers
MSD- Medical Sciences Division
NHS – National Health Service
OLI – Oxford Learning Institute
OVG- Oxford Vaccine Group
P&S – Professional and Support staff
PT –Part Time
RoD – Recognition of Distinction
SAT- Self Assessment team
SPL – Shared Parental Leave
SPLIT- Shared Parental Leave in Touch
SSNAP- Support for the Sick New born and their Parents
U- Unknown
WIMM- MRC Weatherall Institute of Molecular Medicine

Research Grades and Titles used in this Application

Grade 6 Researcher	Research support post, usually holding a Bachelor's or Masters degree
Grade 7 Researcher	Post-Doctoral Researcher at an early stage in their research career
Grade 8 Researcher	Researcher with responsibility for their own area of research and seeking funding for their own proposals.
Clinical Research Fellows	Medically qualified researchers undertaking a DPhil or short research secondment integrated into a clinical training programme in the NHS or abroad.
Clinical Lecturers	Joint posts, working clinically in the NHS, researching and teaching on the undergraduate medical degree for the university.
Mid-Career Researchers (MCR)*	Mid-Career Researchers, PI on small grants, with responsibility for their own area of research and seeking funding for their own programme. Eligible to apply for Associate Professor Title. Includes Clinician Scientists and Senior Researchers who are non-clinical.
Professors* (AP, SP and TP)	<p>Statutory Professor (SP) and Titular Professor (TP) are the most senior academic grade, expected to take an academic leadership role within the department, the University and beyond.</p> <p>Associate Professors (AP) are the main senior academic grade within the University, equivalent to that of a Reader or Senior Lecturer elsewhere; promotion of an AP to a TP occurs through the rigorous University-wide Recognition of Distinction' exercise held annually.</p>

Grey shading depicts the clinical grades.

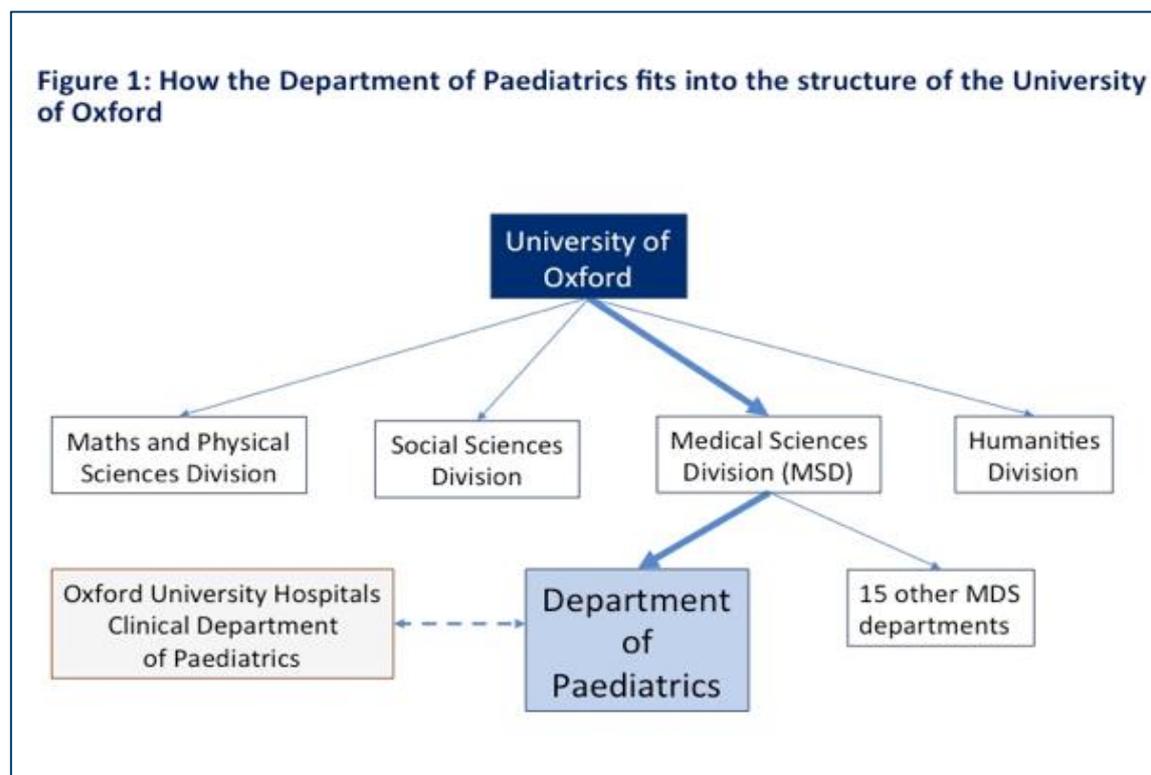
* Some ECR and Professors are clinically qualified and some, but not all, are clinically active.

2. DESCRIPTION OF THE DEPARTMENT

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

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

The Department of Paediatrics was established in 1972 and is one of 16 departments within the Medical Sciences Division (MSD) of Oxford University (Figure 1). The Department has a world-renowned reputation for excellence in research and teaching and enjoys strong links with the Clinical Department of Paediatrics within Oxford University Hospitals.

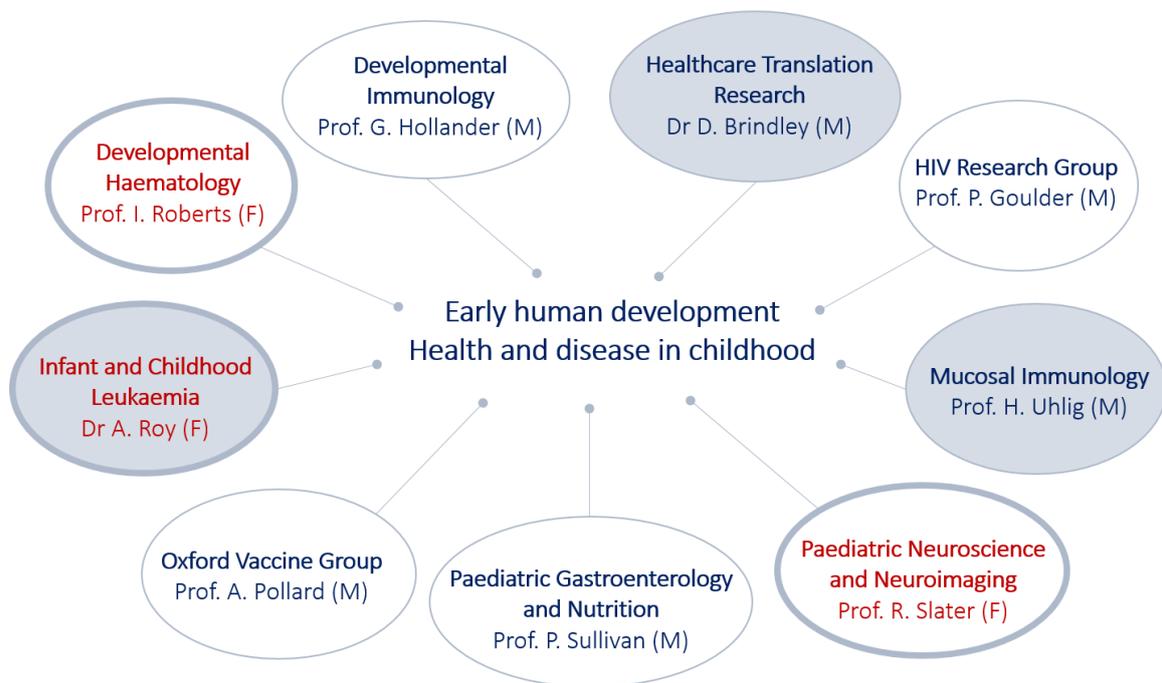


The Paediatric Department has a total of 113 staff (81F/32M), including 21 DPhil students (12F/9M), 48 academic and research (A&R) staff (29F/19M), including 20 who are clinically trained (8F/12M), 22 research nurses (21F/1M) and 22 professional and support (P&S) staff (19F/3M). The Department has a portfolio of £30 million and ~100 research grants. We have our own administrative team and staff development programmes as well as additional support from the MSD. Management of the Department is overseen by the Management Committee (4F/7M), which includes all our senior and mid-career academic staff.

Since Professor Georg Hollander joined as Head of Department (HoD), the scope of research in the Department has increased steadily, from 4 research groups in 2010 to its current structure of 9 groups. The linked focus of these research groups is investigating mechanisms that underpin human development in early life and how their disruption causes ill health in babies and children (Figure 2).

Three research groups joined the Department since our 2015 Athena SWAN application (Infant and Childhood Leukaemia, Healthcare Translation Research and Mucosal Immunology), led by 2 Mid-Career Researchers (MCR), Anindita Roy (F) and David Brindley (M) and an Associate Professor (AP), Holm Uhlig (M). From 2013 to 2018, the ratio of research group leaders changed from 0F/4M (0%F) to 3F/6M (33%F) (Figure 2) through our active strategy to broaden the research portfolio and work towards balancing the F/M ratio at senior level. To help achieve this, we used pump-priming to enable 2 MCR to reach independence (Drs Roy and Brindley); and, in 2017, supported a Wellcome Trust Career Re-entry Fellowship for Dr Sarah Atkinson, based between our Department and the KEMRI-Wellcome Trust Programme in Kenya). In 2017, we also established and appointed 4 new junior MCR Departmental Fellow positions. (1F/3M).

Figure 2: Research Groups in the Department of Paediatrics

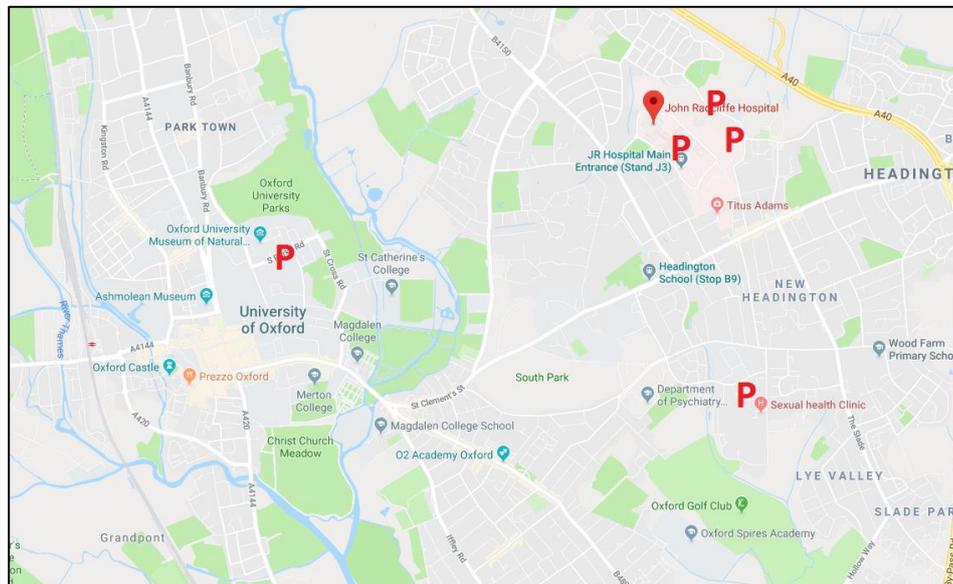


The 3 new research groups since 2015 are shaded in light blue and those led by female PIs are highlighted in red font.

Although research in the Department is located across several sites (Figure 3), the administrative hub, clinical and teaching facilities and PI offices are co-located within the Children's Hospital. Individual research groups are embedded within larger specialist research units, fostering close research collaborations and sharing of core facilities: the MRC Weatherall Institute of Molecular Medicine (WIMM), the Centre for Clinical Vaccinology and Tropical Medicine (CCVTM), the Peter Medawar Building and the Women's Centre. Although within walkable distance, the geographical split across sites poses specific challenges in maintaining departmental cohesion and networking opportunities within Paediatrics, especially given the increase in the number of research groups; enhancing and optimising these interactions has been a major priority for us since our 2015 Athena SWAN application.

A new building, the Institute of Developmental and Regenerative Medicine (IDRM), led by Prof Hollander, due for completion in 2021, will substantially increase staff numbers and provide opportunities to create new permanent academic posts and further improve the gender balance amongst senior staff in the Department.

Figure 3: Map of the Department sites across Oxford, the Departmental sites are marked with a P.



3. THE SELF-ASSESSMENT PROCESS

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

Describe the self-assessment process. This should include:

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

The Paediatric Department SAT (Table 1) was established in November 2011 and successfully applied for an Athena SWAN Bronze Award in April 2013 and Silver Award in April 2015. The SAT has representatives from the majority of research groups and roles within the Department and the gender balance (7F/3M) matches the Department as a whole. As members leave, opportunities to join the SAT are advertised via the departmental E-newsletter and line managers ensure that staff and students are encouraged to apply. The SAT regularly feeds back to the Department (via E-newsletters, E-updates and Department-wide events) and to University and Divisional Athena SWAN groups, to identify issues that may benefit from being addressed centrally.

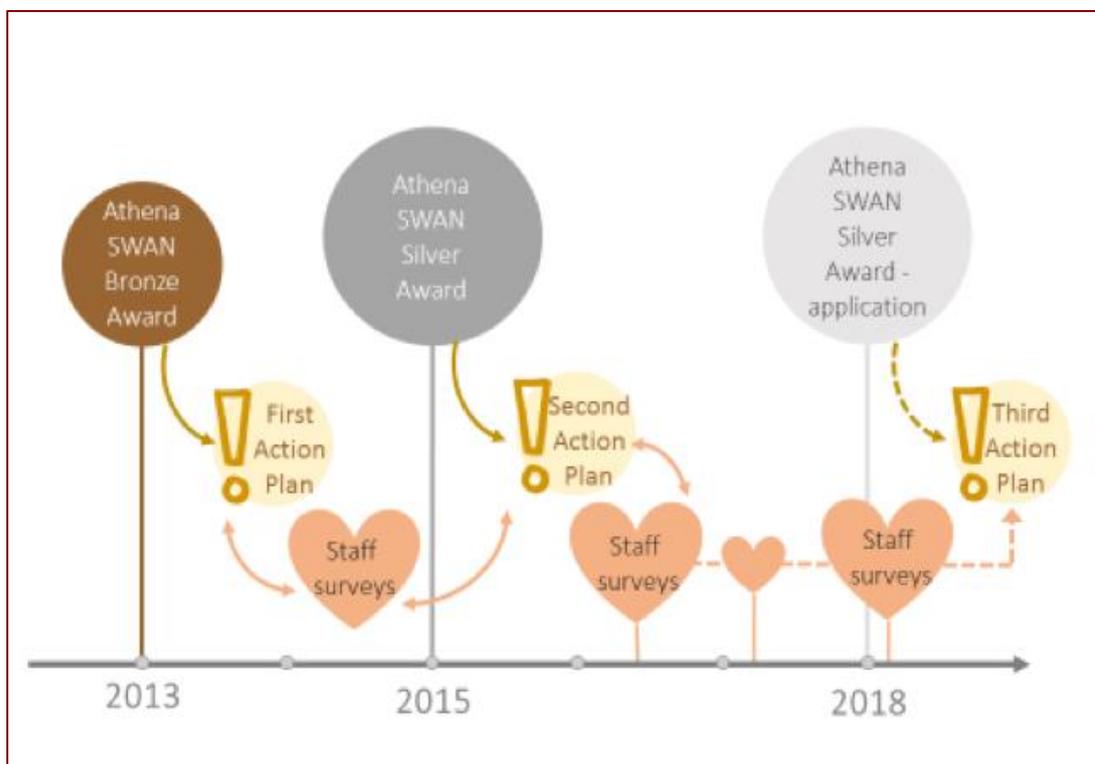
Table 1: Current members of the SAT and their roles

Name	Gender	Role	Experience
Professor Irene Roberts -joined 2013	F	Athena SWAN Lead, Professor of Paediatric Haematology	Trained in Glasgow, London and Nashville. Sharing childcare (3 sons) with lawyer husband allowed her to maintain her academic career.
Professor Georg Hollander -joined 2010	M	Head of Department	Head of Department since 2014. Trained in Basel and Boston. Married to a GP and has two teenage daughters.
Professor Rebecca Slater -joined 2013	F	Senior Wellcome Trust Fellow, Associate Professor of Paediatric Neuroimaging	Established her research group in 2013. Initiated highly successful public engagement activities. New PI with young children brings important perspectives.
Dr Dominic Kelly - joined 2009	M	BRC funded Consultant in Paediatrics and Vaccinology	Consultant Paediatrician, OUH Children's Hospital; Clinical researcher, Oxford Vaccine Group; Honorary Senior Lecturer, University Department of Paediatrics.
Dr Caroline Hartley -joined 2013	F	Postdoctoral Researcher in Infant Neuroimaging	Enjoys working in a multidisciplinary team at the clinical/research interface.
Mary Deadman -joined 1987	F	Laboratory Manager, Developmental Immunology Group	Previous Athena SWAN lead (Bronze, Silver). UNISON representative on the Joint Committee for University Support Staff.
Dr Marta Valente Pinto -joined 2015	F	DPhil student	Trained in Paediatrics in Portugal. She has two children (3 and 6 years old).
Alex Holmes -joined 2010	M	Head of Administration and Finance	Member of AUA and ARMA. Trustee and Director of a mental health charity. Father to teenage daughter and baby son.
Sarah Willcox-Jones -joined 2014	F	Deputy Head of Administration and Finance (HR Manager)	Master's Degree in HR and member of the CIPD. She also works in schools offering careers advice.
Dr Joanna Bagniewska -joined 2018	F	Communications and Public Engagement Officer	Trained in Bremen, Houston and Oxford. Works PT in Paediatrics, PT at Reading University as a zoologist. Mother of one.

(ii) An account of the self-assessment process

Since our Silver Award in 2015, the SAT has worked on the Action Points in the 2015 Silver Action Plan. Professor Irene Roberts took over chairing the SAT in 2015 from Mary Deadman, who had led the Department's successful Bronze and Silver Awards, and has remained on the SAT to ensure continuity and institutional memory. SAT meetings are held termly, with *ad hoc* working group meetings and focus groups to address specific actions. We aim to make progress through an iterative process using staff surveys (2014, 2016 and 2018) and our Athena SWAN Action Plans as our main tools (Figure 4). To take advantage of best practice, we compare our processes with other MSD departments through the MSD Athena SWAN networks and MSD Athena SWAN advisor (Katherine Corr) who attends our SAT meetings.

Figure 4: Department of Paediatrics Self-Assessment Process

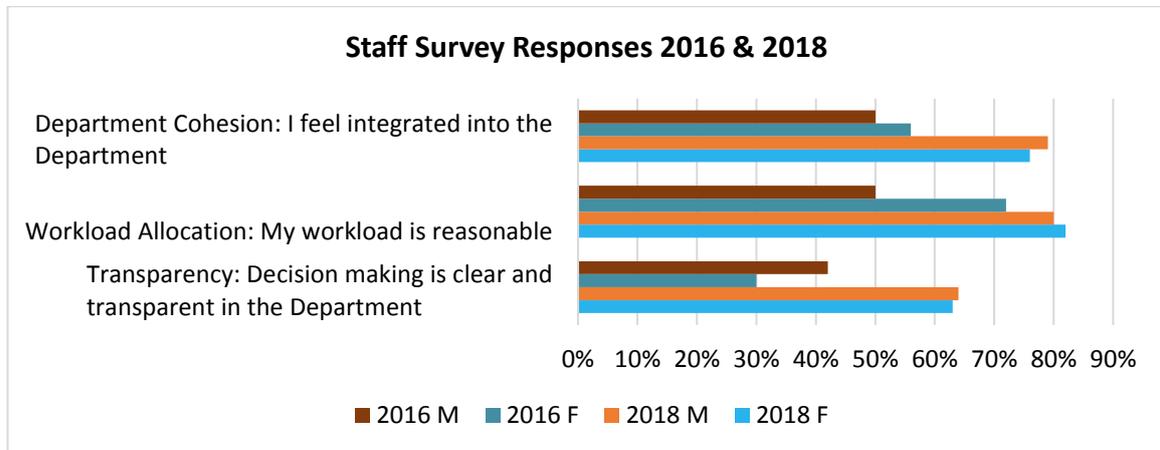


In response to our 2015 Action Plan, we conducted a staff survey in May 2016 which showed overall positive views but highlighted a few specific issues which we explored via an interim 'mini-survey' in February 2017 to collect more detailed feedback and information. The mini-survey confirmed that three main issues were important to our staff (departmental cohesion, workload allocation and transparency of decision-making in the Department) and gave us a more detailed picture of their views on measures to address them.

Our full staff survey in January 2018 had a very good response rate (76%; 77%F/66%M) and showed overall good progress with each of these three issues (Figure 5). Furthermore, most of our staff reported that they feel staff are treated fairly and equally in the Department, regardless of gender, ethnicity, race, disability, sexual orientation, role, working hours and

caring responsibilities; and >80% of our staff feel valued for the work they do. However, some challenges remain and these are included in our new 2018 Action Plan.

Figure 5: Departmental Staff Survey responses by gender, 2016 & 2018



To ensure the Action Plan benefits all our staff and students, we have focused on improving our communication tools, appointing our first Communications Officer (F) in 2015. She introduced the monthly Department E-newsletter, weekly E-updates and has undertaken a major update of the Departmental website. Staff survey results are fed back to staff through the E-newsletter and E-updates. To ensure departmental support at the highest level, Athena SWAN is a standing agenda item at the termly Management Committee meeting, via the HoD and Athena SWAN Chair (Figure 4). To maintain a dialogue with the whole department, Minutes from the SAT and Management Committee are available online through the staff webpages and comments are invited. However, we do not currently monitor awareness of and knowledge about Athena SWAN amongst our staff and students and we will therefore introduce questions to address this in our next Staff Survey which is planned for January 2020 (Action 1.1).

Action

Increase awareness of Athena SWAN in the Department and encourage involvement by a wider range of staff and students (1.1)

The SAT reviews the 2015 Athena SWAN Action Plan at each meeting, focusing on specific issues where action is needed. We regularly compare processes in our own department with other departments across MSD by attending the MSD Athena SWAN networks and through membership of the Women in Science Committee at the WIMM (Prof Roberts). We also benefit from advice from the MSD Athena SWAN advisors (Katherine Corr) at each SAT meeting. Our focus from the beginning of the Athena SWAN process has been on improving working life for the whole department, regardless of role, and ensuring inclusion and a voice for all staff regardless of FT/PT status reflecting our commitment to all of our staff and the expanded focus of the Athena charter.

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

The SAT will continue to meet at least termly to review the Action Plan. To integrate Athena SWAN into wider issues of fostering these values within the Department the SAT will be incorporated into a newly-formed Equality and Diversity Committee (EDC). The SAT recommended this change to allow us to ensure that initiatives started in response to fostering women's careers, were also specifically considered with respect to their impact on men's careers and other aspects of Equality and Diversity, such as ethnicity and disability. The Departmental Management Committee has supported this broadening of emphasis.

While Athena SWAN will be a key remit of the EDC, we hope the broader focus will allow us to better maintain and improve a workplace that promotes equality for the benefit of all our staff, including the male members of staff who are in the minority. Going forward, we will define the membership and roles for the EDC and the SAT and review the need to add new members to cover the broader remit of the EDC (Action 1.2).

Action

Broaden the focus of the Athena SWAN committee to incorporate aspects other than gender into our remit of improving the workplace for all staff (Action 1.2)

Departmental surveys remain key to the SAT/EDC. We will conduct full staff surveys every 2 years, with smaller 'mini-surveys' and focus groups to inform us about specific issues. We have also considered whether our current model results in fair workload allocation in the SAT. Our recent SAT poll found that although 100% of the SAT agreed that the work of the SAT was well organised, 70% felt that workload allocation was not consistently fair or could be improved. Although we had formed some ad hoc working groups during the self-assessment process, we will review whether we should formalise these working groups to allow us to better focus on specific initiatives within the Action Plan (Action 1.3). Updates of the work of the SAT/EDC will be continue to be shared with the Department through the E-newsletter and webpages.

Action

Improve the workload distribution in the SAT (Action 1.3)

Words: 1008

4. A PICTURE OF THE DEPARTMENT

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

4.1. Student data

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

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

(ii) Numbers of undergraduate students by gender n/a

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

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

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

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

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

There are currently 21 DPhil students (12F/9M) in the Department (Table 2); the gender split (57%F/43%M is similar to the national average in 'Subjects Allied to Medicine' (61%F; HSEA data). All of our DPhil students are full-time.

Table 2: Application rates and offers by gender for current DPhil students in the Dept of Paediatrics

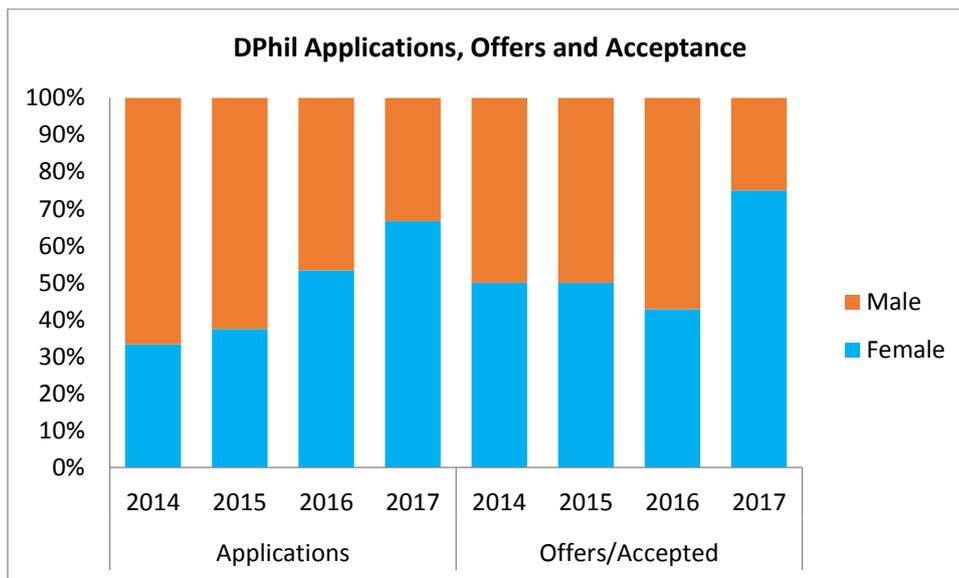
Year applied and started	APPLICATIONS			OFFERED AND ACCEPTED			
	F	M	Total number of applicants	F	M	Total number of students (% of applicants accepted)	No of applicants per place
2014	2 (33%)	4 (67%)	6	2 (100%)	2 (50%)	4 (67%)	1.5
2015	3 (38%)	5 (62%)	8	3 (100%)	3 (60%)	6 (75%)	1.3
2016	8 (53%)	7 (47%)	15	3 (38%)	4 (57%)	7 (47%)	2.1
2017	6 (67%)	3 (33%)	9	6 (100%)	2 (67%)	8 (89%)	1.1
TOTAL number of applicants	19 (50%)	19 (50%)	38	14 (74%)	11 (58%)	25 (66%)	1.5

The admissions process is merit-based: a panel of academics in the Department (3F/3M) shortlists and interviews candidates; interviewees are graded and the top candidates are offered a place.

We typically accept a high proportion of DPhil applicants (2015-17 average 1.5 applicants/place; 68% acceptance) (Table 2) which is below the University average 6 applicants/place. This reflects the small number of available places (4-6/year) and the specific nature of the Paediatric DPhil programme such that applicants apply to work with a specific PI, rather than to large multi-PI DPhil programmes available in larger departments in MSD.

We are keen to expand our DPhil programme and plan to consolidate all of the information about Paediatrics DPhil research opportunities within the Department into a dedicated, easy to access section of the Departmental website as well as to actively promote our DPhil programme via our website, our linked institution websites (e.g. WIMM) and Find-a-PhD.com (Action 2.1). We are also exploring new avenues for funding for DPhil places as we noticed a peak in applications in 2016 (Table 1) when we had additional externally-funded DPhil projects available. We hope this will address the possible fall in male applicants in 2017 (Figure 6).

Figure 6: Applications, offers and acceptances of DPhil students by gender, 2014-2017



100% of our DPhil students due to complete during 2014-2017 have completed within 4 years. The numbers are small and there are no gender differences but we will continue to keep this under review.

Action

Increase the number of Paediatrics DPhil students (Action 2.1).

- (v) Progression pipeline between undergraduate and postgraduate student levels n/a

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

n/a

4.2. Academic and research staff data

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

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

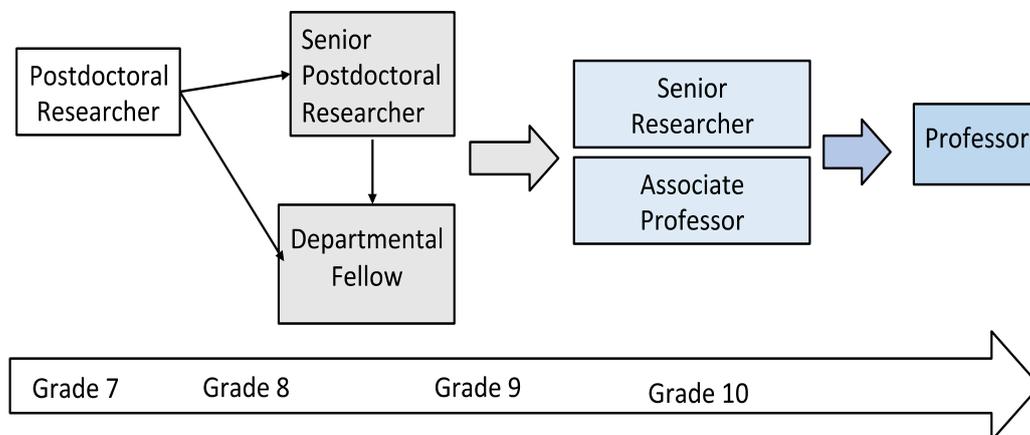
CAREER PIPELINES IN THE DEPARTMENT OF PAEDIATRICS

Typically, the career pathway for academics in Oxford differs between non-clinical and clinical staff (Figures 7-9).

Paediatrics is a research-intensive department, and our posts reflect this. Only three posts (one Statutory Professorship and two Associate Professors [APs]) are permanent academic posts with responsibility for research and teaching. All other posts are externally-funded, research-only roles (although post holders sometimes also contribute to teaching).

Non-clinical academic career pathway (Figure 7): Grade 6 Research Assistants contribute to research projects but do not typically progress further in research careers, unless they first return to further study. Our non-clinical scientists typically complete a DPhil and then spend 3-8 years as Postdoctoral Researchers (Grade 7/8) before establishing their own research programmes and independent funding to progress to Senior Postdoctoral Researcher then Senior Researcher (collectively termed 'Middle Career Researchers' (MCR)). Turnover among our small number of APs is very low, but any vacancies are generally appointed after open advertisement/interview.

Figure 7: Career paths for Non-Clinical Scientists in the Department of Paediatrics



Staff at Grades 9 and above can apply for the titles University Research Lecturer (URL), AP and Professor (known as titular professors, or TP) via the University Recognition of Distinction (RoD) exercise. These titles do not change the individual's post, but do recognise significant academic contributions and achievements.

As our 2014 staff survey indicated that the lack of internal promotion opportunities led Researchers to seek fellowship opportunities elsewhere, we successfully sought and appointed 4 new Departmental Fellowships in 2017(1F/3M).

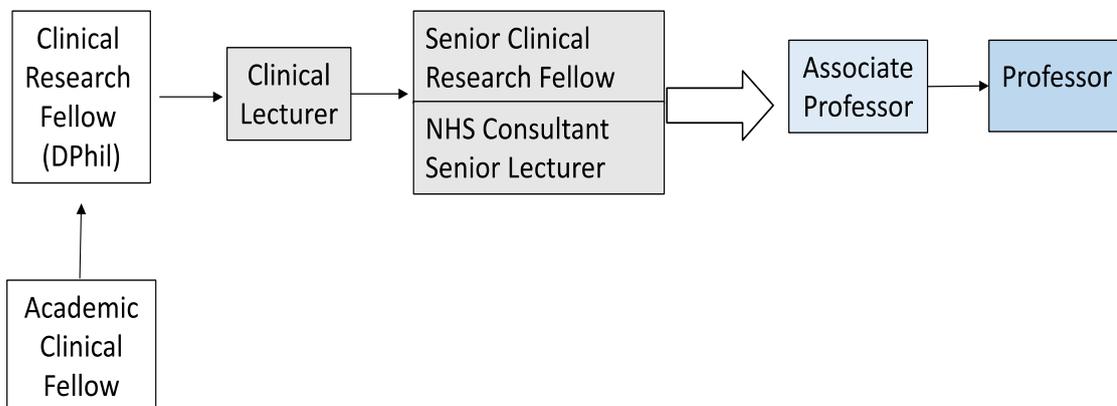
Impact: Creating 4 new Departmental Fellowships

As one of our 2015 Athena SWAN Action Points to support A&R staff in their career development, we established 4 MCR Fellowships to nurture the careers of outstanding young investigators and appointed our first Departmental Fellows in 2017 (1F/3M).

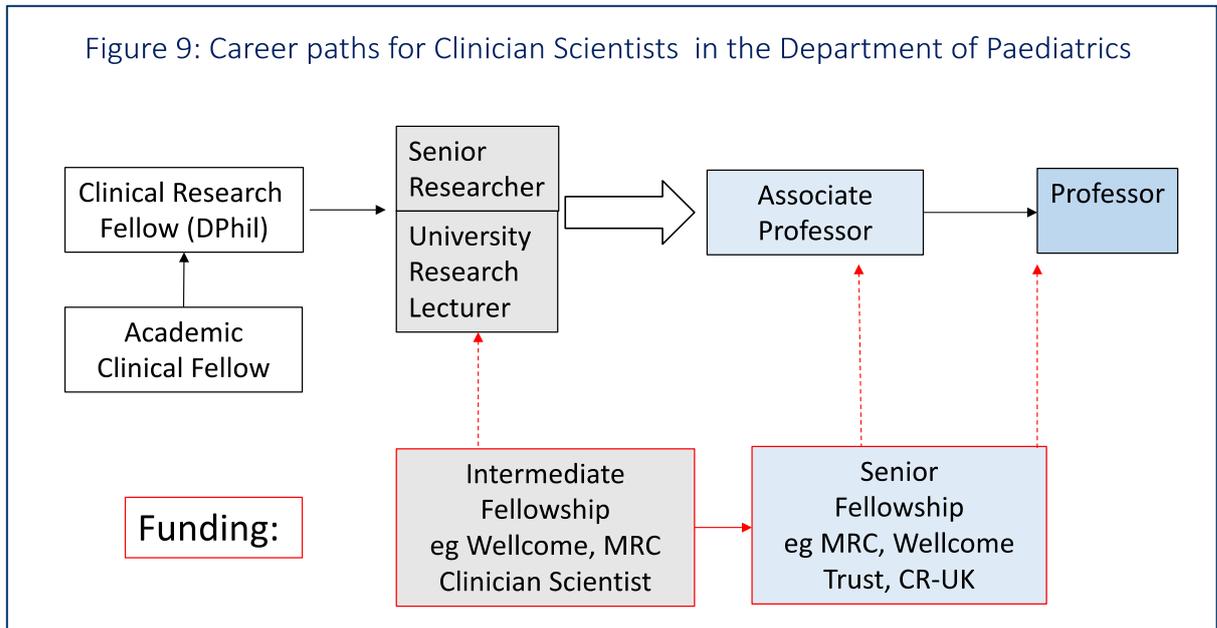
Clinical academic career pathways (Figures 8/9): Recently, the career pathway for clinically-qualified academics has diversified with some clinicians following the traditional pathway (Figure 8) while others have a more laboratory-focused career pathway as Clinician Scientists to align with national career development schemes, e.g. funded by the MRC, Wellcome Trust or charities (Figure 9).

In both cases, clinicians first complete a higher degree (in Oxford, a DPhil) either from an Academic Clinical Fellow (ACF) or Specialist Registrar position. Most clinically-qualified DPhil students are designated Clinical Research Fellows (CRF). Post-DPhil, clinicians may follow the traditional route (Figure 8) progressing to Clinical Lecturer, a teaching and clinical role with some clinical research, and then NHS Consultant/Honorary Clinical Senior Lecturer. As with non-clinical posts, staff at senior levels can apply for the titles of URL, AP or Professor.

Figure 8: Typical career paths for Clinical Academics in the Department of Paediatrics



Alternatively, clinicians may elect to gain further in-depth scientific training at post-doctoral level as Clinician Scientists (Figure 9).

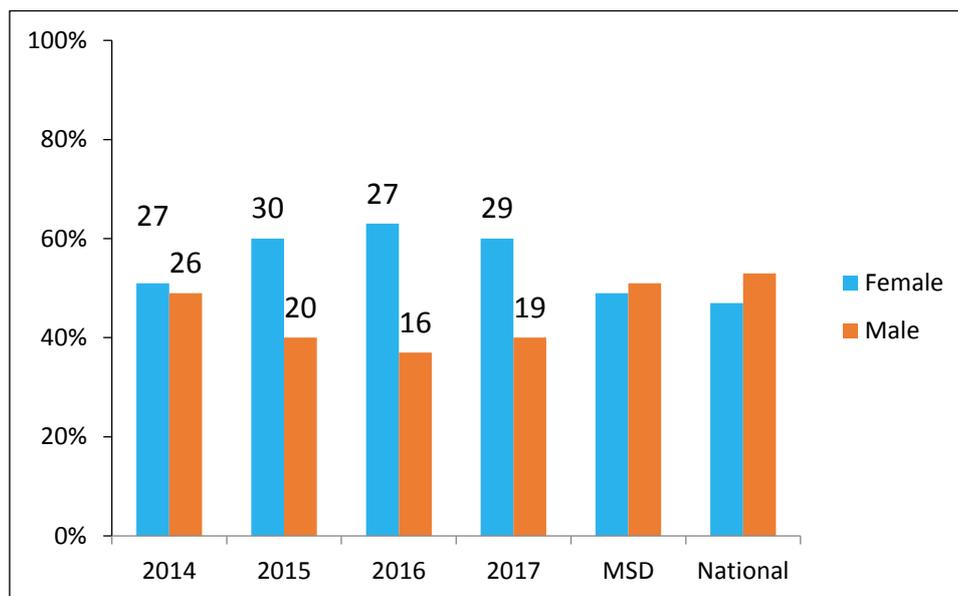


From a position where we had no clinician scientists in 2013-14, we have actively developed this role, recruiting 2 Clinician Scientists (both female) from 2015-2017 and one (1M) in late 2017.

ANALYSIS OF GENDER ISSUES IN CAREER PIPELINES FOR STAFF IN THE DEPARTMENT OF PAEDIATRICS

Overall analysis 2014-2017: Of the 48 A&R staff (39F/19M) in our department, the proportion of women (60%) has been fairly stable over the last 4 years and is slightly above the average for MSD (49%F) and nationally (47%¹ (Figure 10).

Figure 10: Breakdown of A&R staff (%) in the Department by gender 2014-2017



¹ HESA data (HESA.ac.uk)

Our snapshot data for 2017 (Table 3), show the gender imbalance is greatest in our Researcher posts (86%F) where women predominate, but with an under-representation of women in MCR (3F/4M, 43%F), Clinical Academic (5F/8M, 39%F), and Professorial positions (2F/4M, 33%F), although the number of posts is small.

Table 3: Detailed breakdown of A&R staff in the Department in 2017 by gender: a snapshot

Grade	Female	Male	Total
Researchers	19 (86%)	3 (14%)	22
<i>Grade 6</i>	<i>7 (87.5%)</i>	<i>1 (12.5%)</i>	<i>8</i>
<i>Grade 7</i>	<i>8 (89%)</i>	<i>1 (11%)</i>	<i>9</i>
<i>Grade 8</i>	<i>4 (80%)</i>	<i>1 (20%)</i>	<i>5</i>
Early Career Researchers	3 (43%)	4 (57%)	7
<i>Departmental Fellows</i>	<i>1 (25%)</i>	<i>3 (75%)</i>	<i>4</i>
<i>Clinician Scientists*</i>	<i>2 (100%)</i>	<i>0 *</i>	<i>2</i>
<i>Senior Researcher</i>	<i>0</i>	<i>1</i>	<i>1</i>
Clinical Fellows/Lecturers	5 (39%)	8 (61%)	13
<i>Research Fellows</i>	<i>4 (44%)</i>	<i>5 (56%)</i>	<i>9</i>
<i>Lecturers</i>	<i>1 (25%)</i>	<i>3 (75%)</i>	<i>4</i>
Professors	2 (33%)	4 (67%)	6
<i>SP</i>	<i>0</i>	<i>1 (100%)</i>	<i>1</i>
<i>TP</i>	<i>1 (33%)</i>	<i>2 (67%)</i>	<i>3</i>
<i>AP</i>	<i>1 (50%)</i>	<i>1 (50%)</i>	<i>2</i>
TOTAL	29 (65.5%)	19 (34.5%)	48

Purely clinical grades shown in grey shaded boxes; mixed clinical and non-clinical in lilac boxes with roles confined to clinicians in blue font

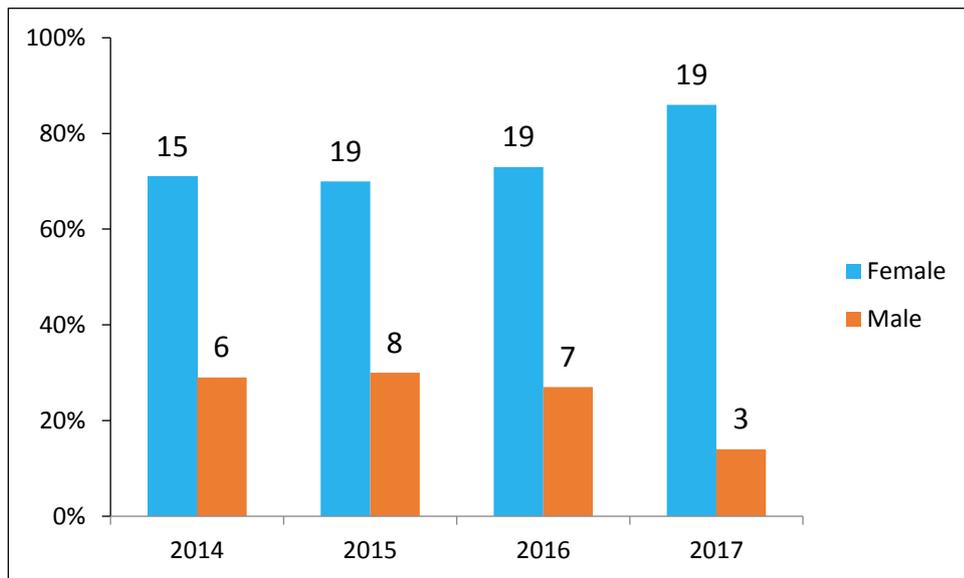
* A further Clinician Scientist (M) joined the Department in November 2017.

Prior to 2017, the gender balance in our Researcher staff was very stable at 70%F (Figure 11). This is similar to the major Paediatric research centre in London (Institute of Child Health) where the proportion of female Researchers is 71%-74.8%, suggesting that Paediatrics tends to inherently attract more women. The change in our Department between 2016 and 2017 reflected a fall in male Researchers (the number of female staff remained stable) caused by 2 men moving to careers in industry and 2 who moved to posts outside the Department when their project finished. Since 2017, 6 male Researchers have joined our Department suggesting this gender imbalance was a temporary phenomenon but we will continue to monitor this closely making sure that we have in place measures to achieve gender balanced recruitment (Action 3.1).

Action

Work towards achieving gender balanced recruitment (Action 3.1)

Figure 11: Number and % of Researchers in the Department of Paediatrics by gender, 2014-2017



Since our last application, we have sought to expand our mid-career posts, which previously did not exist, with a view to nurturing careers within the Department and for future capacity-building as MCRs move towards independent research careers. As well as the 4 new non-clinical departmental fellowships (1F/3M), we have also, since 2015, attracted 3 clinician scientists (2F/1M) through the expansion in the size and scope of research in the Department led by the HoD. We aim to maintain our current gender balance as we create further new MCR Fellowships (Action 4.1) and put in place a range of measures (see later) to support them in their career progression (Action 4.2).

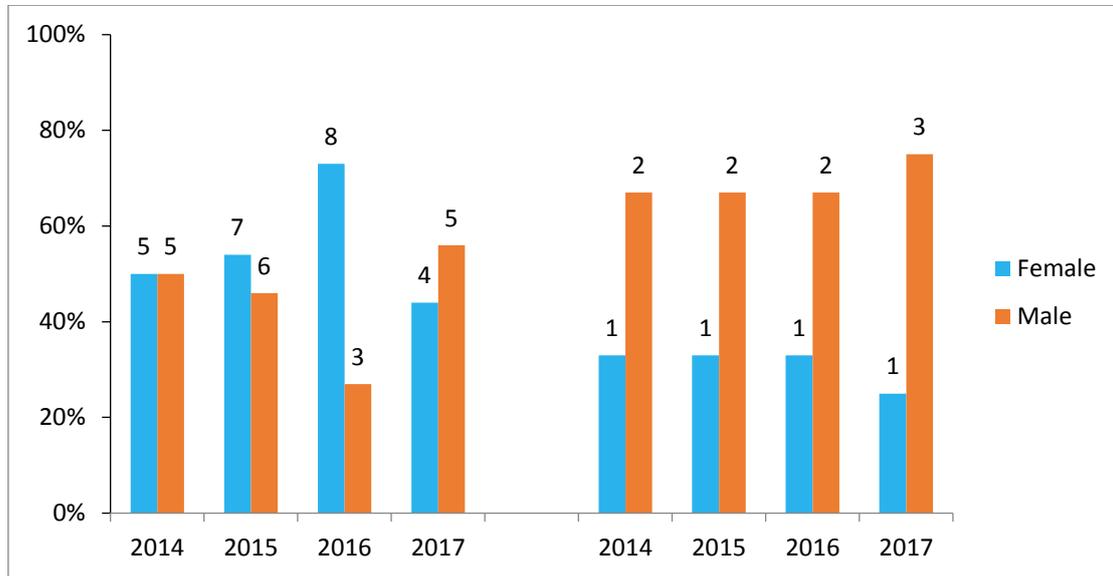
Action

- Increase the number of MCR posts in the Department by
- increasing the number of MCR fellowships (Action 4.1)
 - increasing support for Researcher and MCR career progression (Action 4.2)

Overall the number and proportion of F/M doctors in CRF and Clinical Lecturer posts has remained relatively stable over 2014-2017 (Figure 12). We did note an increase in the F/M ratio in 2016 when we had a reduction in male CRFs, but this evened out in 2017. We will continue to monitor the situation and ensure that female academic clinicians and clinician

scientists remain visible as role models within the Department through publicising their work on the website/newsletters and participation in the Annual Departmental Research Day (Action 5.1).

Figure 12: Clinical Academics in the Department of Paediatrics by gender, 2014-2017



Action

Support female and male clinicians to continue with a scientific research career (Action 5.1)

The Department had no female full professors (SPs and TPs) until 2014. The current number (1F/3M) has not changed over the last four years. At 25%F Professors we are now in line with the MSD (25%F Professors) and the University (21%F Professors). However, we are aiming towards a balanced F/M ratio. We will work towards achieving this through approving women to achieve title (the Department is supporting the promotion of a F AP to full Professor this year) (Action 5.2) and, when we begin recruitment for two new Professorships in Paediatric Neuromuscular Disability and Paediatric Neuroimaging, making efforts to attract high quality female applicants (Action 5.3).

Action

Support and recruit female academic staff

Increase the number of women with University Research Lecturer, AP and Professor titles (Action 5.2)

Increase the number of female applicants to new senior academic (Professor/AP) appointments (Action 5.3)

SILVER APPLICATIONS ONLY

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

Transition of technical staff to academic roles:

We have had 7 (6F/1M) Grade 5 technical laboratory staff promoted to Grade 6 research assistant positions. We support our technical staff to transition to academic-related roles by offering them opportunities for training and/or pursuing a DPhil degree while working as a research assistant: 5 individuals (4F/1M) have successfully applied for a place on the DPhil programme during 2014-2017 to allow them to progress to more senior Researcher roles in the future.

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

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

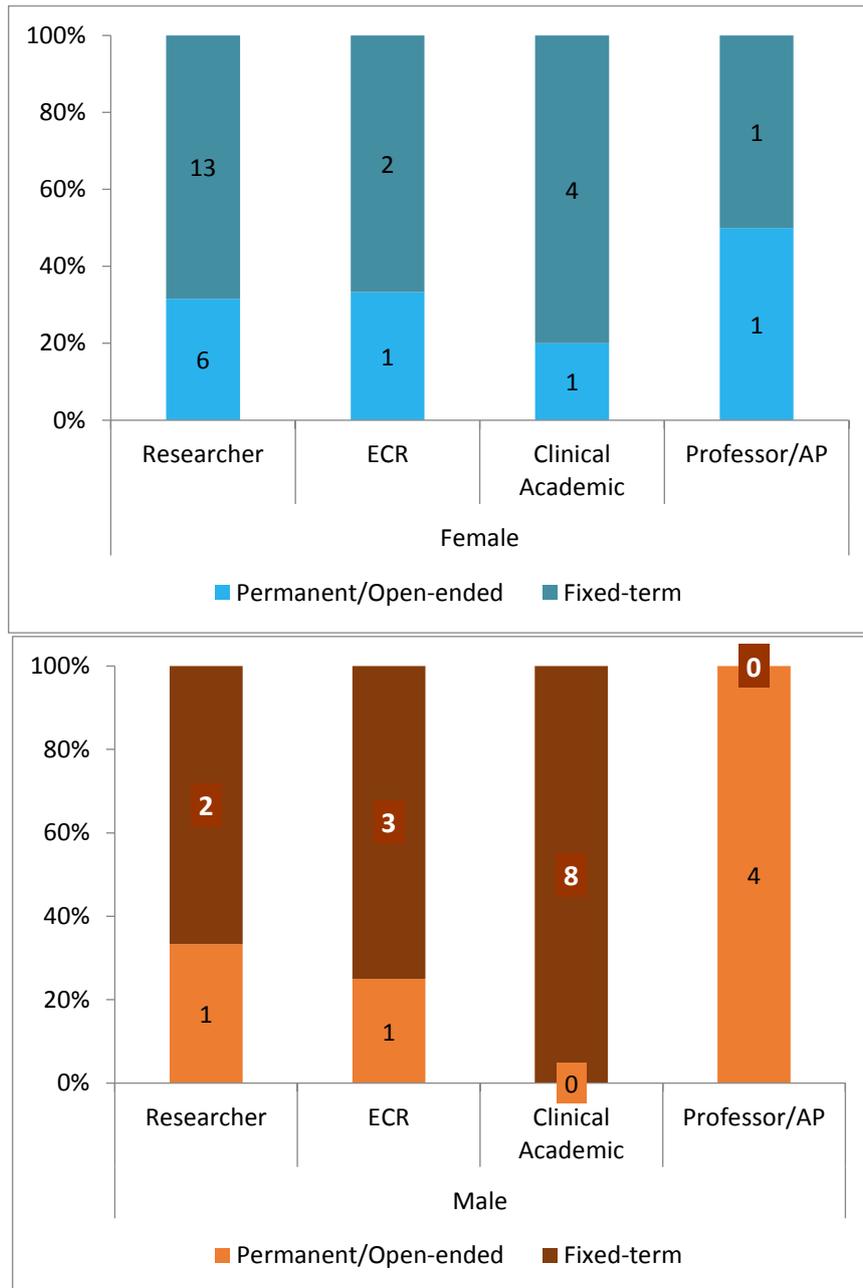
All of our Researchers, MCRs and CRFs are externally funded as are 5 of our 6 Professorial staff. As a small department, we have only 1 statutory A&R post. Overall, 71% of our A&R staff have fixed-term contracts and 29% are on open-ended/permanent contracts. The proportion of staff on open-ended contracts is similar in women and men (27%F/30%M) (Table 4) and this has been stable for the last 4 years (Figure 13). These figures compare favourably with the MSD as a whole where 10% of A&R staff (11%F/9%M) are on open-ended contracts.

Table 4: Number and proportion of A&R staff on open-ended contracts by gender (2017)

	Female	Male	Total
Open-ended/permanent	8 (27%)	6 (30%)	14 (29%)
Fixed-term	22 (73%)	12 (70%)	34 (71%)

The proportion on open-ended contracts varies according to role (Figure 13). Only 1/13 Clinical Academics is on an open-ended contract as individuals in these positions all return to NHS training programmes. One-third of Researchers are employed on open-ended contracts with the same proportion (33%) in women and men. Although we always review, and aim to move Researchers to open-ended contracts after 4 years, this depends on external funding being available and is not always possible. However, this compares favourably to the MSD where 8% (11%F/8%M) and the University as a whole where only 10% of research staff are on open-ended contracts.

Figure 13: Proportion of staff on open-ended contracts by gender and role



At present only 2/7 MCRs have open-ended contracts as they are recently appointed and mostly funded by personal fellowships but we aim to increase the use of open-ended contracts

to support Senior Researchers and Clinician Scientists to facilitate their applications for research grants and Senior Fellowships (Action 5.4).

Action

Increase the number of Researchers and Mid- Career Researchers on open-ended contracts (Action 5.4).

At Professorial level, 5/6 had open-ended contracts (1F/4M) reflecting the fact that APs and SPs are University posts appointed on permanent posts to retirement, and that most of them have been in the Department for more than 4 years. The one woman on a fixed-term contract is a TP who will be moving onto an open-ended contract later this year.

Most A&R staff in the Department are on full-time (FT) contracts (85%FT/15% part-time; PT), with no difference between the proportion of women and men who work PT (14%F/16%M). This is very similar to the proportion of staff in the MSD who work PT (14%), although in MSD there are more women working PT (18%) than men (8%). Our data suggest that our policy of encouraging flexible working seems to appeal equally to women and men in our Department although we will continue to monitor this.

Whenever staff are at risk of redundancy, usually due to the end of research funding, the Department proactively identifies opportunities in the Department into which they may be redeployed, providing advice on careers and job search skills and bridging funding between roles if necessary. We follow the University policy on priority candidates and, wherever possible, offer alternative roles to individuals whose contracts are concluding. Over the period 2014-2017, all but 3 of our A&R staff (2F/1M) at risk of redundancy because of the end of research funding were able to continue within their own or other research groups in the University due to new research grant funding or to take up similar roles in industry or other universities.

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

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

We are a small department and our turnover figures are generally low (average over 2014-2017 18%/year for F; 19%/year for M) (Table 5). Turnover amongst female Researchers in the Department has varied from 11%-27%/year over the last 4 years, similar to the University average (22%F). The small numbers of male Researchers (e.g. 1-4 men in Grade 7 positions, 2014-2017) make it difficult to assess trends in turnover amongst this group but we will continue to monitor this closely, e.g. through PDRs and through exit interviews (see below and Table 6).

Clinical academics are integrated into clinical training programmes so their time as a CRF or Clinical Lecturer is as a secondment from clinical training for a fixed period of 2 or 3 years and

therefore turnover rates of 50% or more are expected (Table 5). In practice, the small number of posts means that figures for % turnover vary widely between years (e.g. since 3 Clinical lecturers were appointed in 2013 there was no turnover in 2014 and 2015). We have not noticed any consistent gender differences in clinical academic leavers over a 4-year period (13F/11M; 50%/year for F; 38%/year for M).

Table 5: A&R staff leavers by grade and gender in the Department of Paediatrics

	2014		2015		2016		2017		Total	
	F	M	F	M	F	M	F	M	F	M
Researchers										
Grade 6	0	0	1	1	1	1	0	1	2	3
Grade 7	4	0	1	1	2	2	2	1	9	4
Grade 8	0	0	1	0	0	0	0	1	1	1
% turnover Grade 6-8	4 27%	0 0	3 16%	2 25%	3 16%	3 43%	2 11%	3 50%	12 (av 18%/yr)	8 (av 30%/yr)
Clinical Academics CRFs	2	2	1	3	5	0	4	5	12	10
<i>Clinical Lecturers</i>	0	0	0	0	0	1	1	0	1	1
% turnover Clinical academics	2 (33%)	2 (29%)	1 (13%)	3 (38%)	5 (56%)	1 (20%)	5 (100%)	5 (63%)	13 (av 50%/yr)	11 (av 38%/yr)
MCRs, APs, Professors	0	0	0	0	0	0	0	0	0	0
All A&R staf (% turnover)*	6 (18%)	2 (7%)	4 (12%)	5 (20%)	8 (23%)	4 (20%)	7 (19%)	8 (30%)	25 (av 18%/yr)	19 (av 19%/yr)

*based on numbers of staff in post; the average turnover/year is similar for women (18%) and men (19%)

Turnover is very low in senior A&R positions; none of our 6 Professorial staff or MCRs have left the Department over the last 4 years. However, 6/7 MCR posts are fixed-term and therefore in order to ensure their career development, we are not only aiming to move more of these positions to open-ended contracts (see Action x above) but also to provide specific information and support (see 5.3.iii, page 37). We will continue to monitor the turnover rates in all staff roles. The reasons for leaving are shown in Table 6.

Table 6: Destination of staff leaving the Department of Paediatrics by gender, 2014-2017

	2014		2015		2016		2017		Total	
	F	M	F	M	F	M	F	M	F	M
<i>Started DPhil</i>							1		1	0
<i>Industry</i>			1	1				1	1	2
<i>Researcher post in the university</i>	2		1		1				4	0
<i>Researcher post elsewhere</i>			1	1	1	3	1	1	3	5
<i>Working for the NHS/Health service abroad</i>	4	2	1	3	5	1	4	5	14	11
<i>Unknown</i>					1		1	1	2	1
TOTAL	6	2	4	5	8	4	7	8	25	19

All leavers have an exit interview with the HR team and the reasons for leaving are recorded. Through this we have follow up data for 93% of our staff (92%F/95%M). Most staff, with the exception of one undertaking further study and three unknowns, secure new posts in research or the NHS on leaving the Department (Table 6). CRFs and Clinical Lecturers have all returned to clinical posts in the NHS or abroad (56% of F leavers/58% of M leavers). Most non-clinical staff have gone on to work in a new post in the university sector (7F/5M) or industry (1F/2M). The numbers of staff are small and their destination after leaving the Department is similar for women and men- the majority of both genders are remaining in scientific careers with no current evidence of women A&R staff in our Department leaving science.

Words: 2218

5. SUPPORTING AND ADVANCING WOMEN'S CAREERS

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

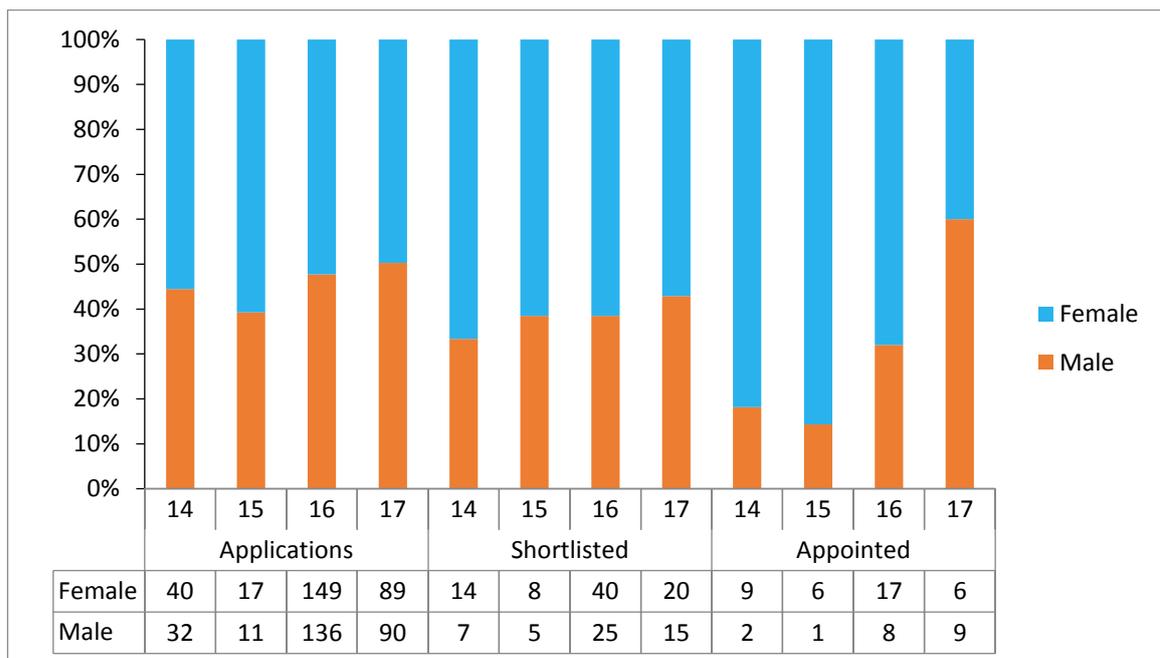
5.1. Key career transition points: academic staff

(i) Recruitment

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

Although we have relatively few academic posts available each year (7-25 posts/year, 2014-2017), we have achieved our 2015 Athena SWAN objective of increasing the number of female applicants (from 57 in 2014/201 to 138 in 2016/2017) (Figure 14). The gender balance of applicants has been stable over the last 4 years with more women than men (~60%F/~40%M). Similarly, the slightly higher proportion of women shortlisted (60%F/40%M) is stable from 2014-2017 (Figure 14) but varies by grade/role (Figures 15/16). The gender profile of appointments had shown a marked female bias in 2014 and 2015 (85%F/17%M) but this now appears to be more balanced at 58%F/42%M in 2016-2017 (Figure 14). The number of men appointed exceeded the number of women for the first time in 2017 and largely reflects recruitment following the departure of M staff in 2016 and the appointment of 4 MCRs (1F/3M) into our newly created MCR posts. The small number of posts make it difficult to interpret changes in individual years. The recent increase in M staff appointed helps to redress the F preponderance within our A&R staff and balances our MCR staff (3F/4M) but we will continue to monitor this carefully (Action 3.1).

Figure 14: A&R recruitment in the Department by gender, 2014-2017



Note: the numbers appointed matched the numbers offered as no individuals offered a position declined the offer

Figure 15: A&R recruitment of non-clinical posts by role and gender, 2014-2017

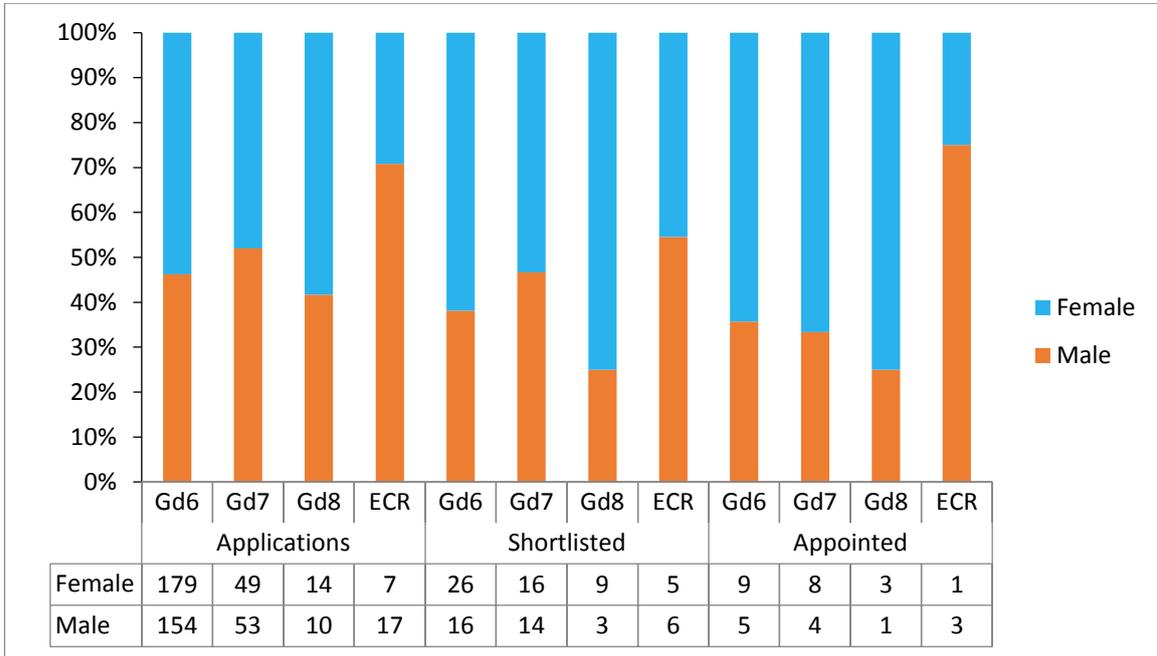
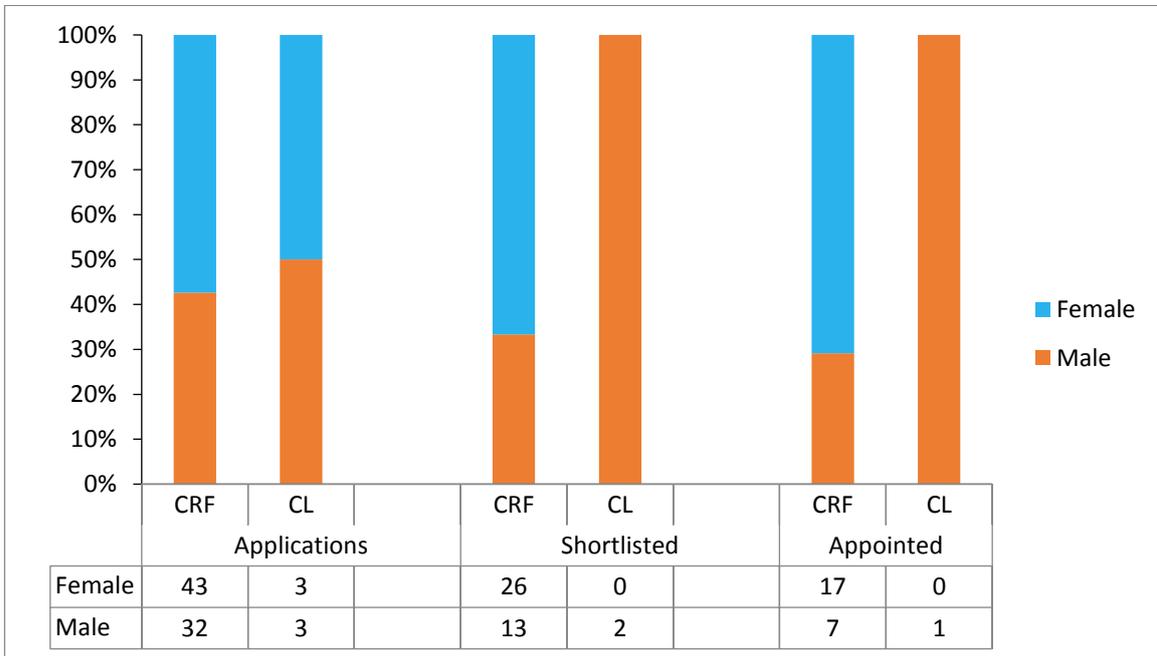


Figure 16: A&R recruitment into clinical posts by role and gender, 2014-17

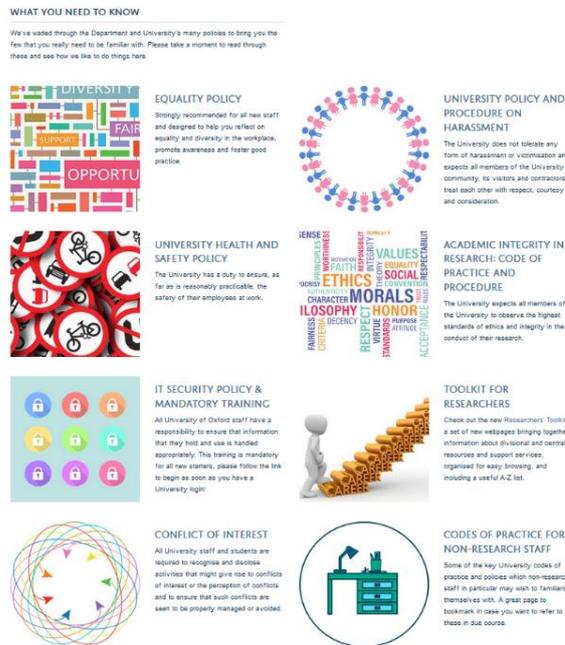


All posts have gender-balanced shortlisting and recruitment panels and all panel chairs have to undergo bias and recruitment training. A trained HR professional sits on all panels to ensure correct procedures are followed and 'Unconscious Bias' training is mandatory for all staff (100% uptake).

(ii) Induction

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

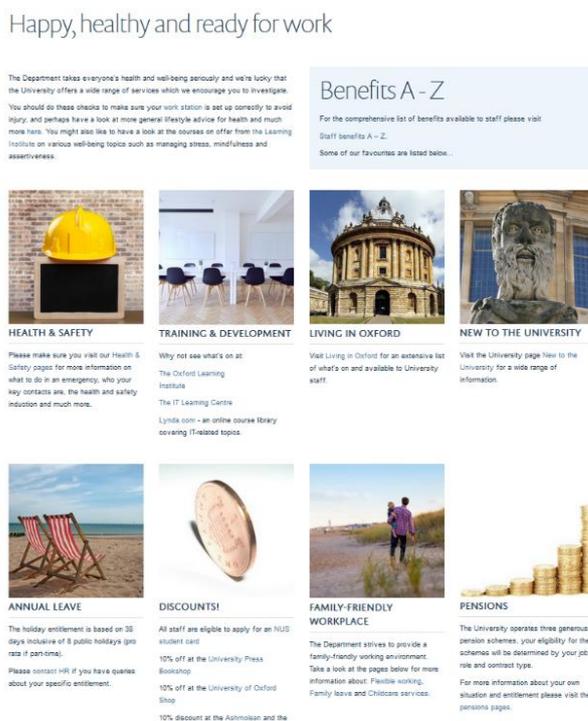
Figure 17: Paediatric Department Induction (screenshot)



Welcome to the University and Department:

All new employees have mandatory induction with the HR team and line manager. We have devised and introduced a new streamlined online induction package with an overview of University policies and guidance (Figure 17). The HR team also hold face-to face-inductions with all new staff, followed by a "welcome email" with key electronic links to useful information. The University runs a welcome event for research staff, supported by online research support guidance. Staff with an NHS role also have NHS induction training.

Figure 18: Paediatrics Department Induction: work life balance (screenshot)



Flexible, family friendly and personal-career development:

A major focus of our Department is supporting staff to design their work around family friendly and flexible working patterns. At induction, staff are signposted to information about nursery provision, flexible working and professional and personal development.

Care and knowledge:

As part of induction, the Department requires all staff to carry out mandatory training in: 'Equality and Diversity', 'Harassment and Bullying', 'Online Security' and 'Ergonomics ('computer health') as well as 'Unconscious Bias'. Uptake is 100% as they are a requirement of probation. We believe

these courses provide valuable skills and an understanding of expected behaviour as well as signposting staff to additional support outside the department.

IMPACT: Improving Staff Induction

In the 2018 staff survey, 100%F/100%M of those who had recently started found the induction to the Department useful (compared with 86%F/14%M in 2014).

(iii) Promotion

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

Oxford has no formal promotions process. Promotion is achieved by one of two routes: applying for an advertised post at a higher grade, or developing in post and taking on new responsibilities to meet criteria for a higher grade. There are also opportunities to recognise academic achievement through Award of Title, the annual Recognition of Distinction (RoD) exercise. A summary of regrading in the Department is shown in Table 7. The higher number of women Researchers who were regraded (4F/1M; all FT posts) reflects the higher number of women in these positions in our Department (19F/3M). We recognise these rates of regrading and are fairly low both for women and men and have therefore built this into our new online PDR process so that it is easier for line managers to review staff job descriptions at each PDR and apply for re-grading if job roles have changed significantly. Indeed, since we introduced the new PDR, two grade 8 staff (2F) have been regraded to Grade 9 in 2018 (1FT/1PT). The number of staff being regraded is very small but the rate of regrading does not seem to be affected by FT vs PT status (26% of women working FT and 25% of 4 women working PT have been regraded). There are too few men to be able to assess this.

Table 7: Regrading in A&R staff Grade 6 and above by gender and role, 2014-2017

	Female	Male
Grade 6 -> Grade 7	1 (100%)	0
Grade 7 -> Grade 8	3 (75%)	1 (25%)
Grade 8 -> Grade 9*	0	0
TOTAL	4 (80%)	1 (20%)

All regraded staff were in FT positions reflecting the high proportion of FT staff in the Department (86%F/84%M)

* 2F (1FT/1PT) have been regraded in 2018

At present most of our MCR staff are relatively recently appointed and not yet eligible to apply but as their careers develop we will ensure that they are encouraged to apply (Action 5.2). Although we had no senior A&R staff promotions in 2014-2017, the Department is supporting the promotion of 1F from AP to Professor and 1F from Clinician Scientist to AP in the 2018 RoD

exercise (both FT posts). To increase the number of Researcher/MCR staff who are eligible for promotion, we will put in place a number of specific measures to help with their career progression (e.g. grant application support; Action 4.3) as well as more general career progression support (Action 4.2).

Action

Continue to develop and optimise grant application support for Researchers and MCR (Action 4.3)

An equality analysis is conducted and reported by the University following each RoD exercise and the Department reviews and implements any necessary adjustments to the process.

Reward and Recognition Scheme: For staff whose roles have not changed sufficiently for regrading there is a University Reward and Recognition Scheme which was reintroduced in 2014. Awards are considered annually by a panel of senior staff (2F/2M) chaired by the HoD. Despite publicising the scheme via the website, E-newsletters and weekly E-messages, there have only been 3 applications (3F) since 2014 which were all successful. In part, this reflects our deliberate steer to line managers to consider regrading rather than 'one off' payments. The small numbers preclude detailed analysis but we will continue to monitor this and ensure the scheme is well publicised to all staff.

(iv) [Department submissions to the Research Excellence Framework \(REF\)](#)

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

As a small department, we have a small number of REF-returnable staff (Table 7).

Table 7: REF submissions by gender, 2008 and 2014

	Number (proportion of eligible) staff submitted	
	Female	Male
RAE 2008	0/0	4/4 (100%)
REF 2014	2/2 (100%)	3/4 (75%)

The gender balance markedly improved between 2008 and 2014 reflecting the recruitment of female Group Leaders. We are aiming to increase the number of both female and male REF-returnable staff further as the Department grows with the opening of the new IDR building. In addition, we are proactively working with our MCR staff to make sure that they are well informed about REF2021 and the impact that this can have for their careers (Action 4.2).

SILVER APPLICATIONS ONLY

5.2. Key career transition points: professional and support staff

(i) Induction

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

(ii) Promotion

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

5.2. Key Career transition points: Professional and Support staff

(i) Induction

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

P&S staff have the same core induction as A&R staff as well as tailored induction by their line manager according to role, e.g. finance support training. Uptake of induction is 100% and the 2018 staff survey indicated that all staff (100%F/100%M) found induction useful. We encourage staff to join networks across the MSD and University, including UAS (university administrative services), newcomers club and location-based networks to facilitate support from colleagues and peers as well as meeting new people.

(ii) Promotion

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

P&S staff can be promoted through either regrading due to increased responsibilities or applying for a higher grade post through open recruitment. During 2014-2017, 6/6 P&S staff (5F/1M) who applied were successfully regraded and 10 (10F) were promoted internally; of these, 7 were FT and 3 were PT (0.6FTE). This imbalance in the number of women reflects the gender balance of our P&S staff as a whole (40F/4M). All staff are supported through PDR to consider their future career and 92%F/100%M of P&S staff managers feel confident in supporting staff in their career development.

Like A&R staff, all P&S staff are eligible for the Reward and Recognition Scheme. Since 2014, there have been 17 applications (14F/3M); 11/14F (79%F) and 2/3M (67%M) were successful. These numbers are small but the gender balance reflects that of all P&S staff which is predominantly female (91%F/9%M).

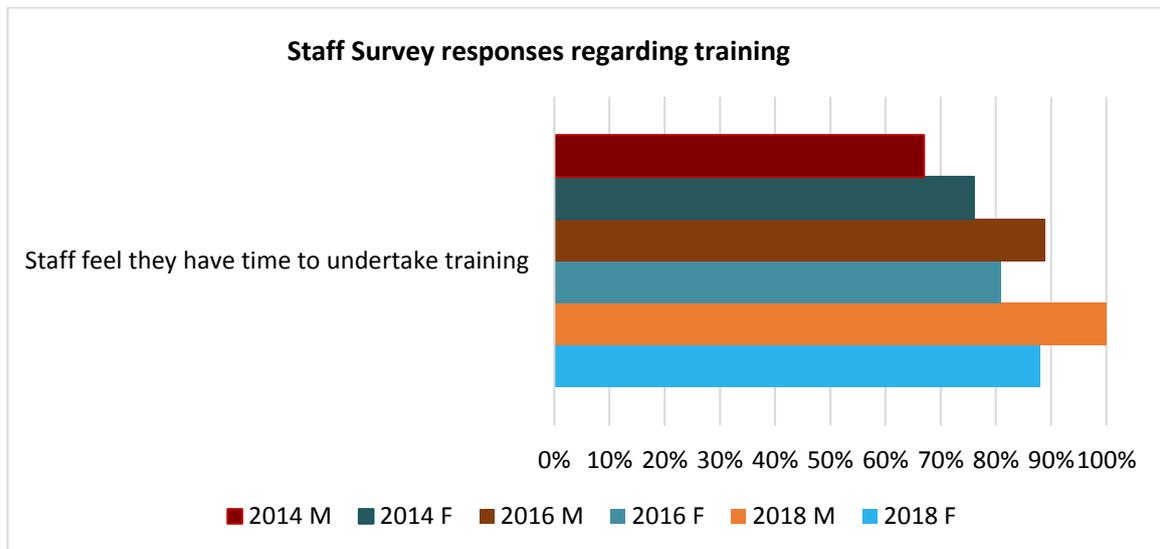
5.3. Career development: academic staff

(i) Training

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

Free online and face-to-face courses are available to all staff through the University's Oxford Learning Institute (OLI), including core transferable skills, teaching and learning, and management and leadership. Computing and statistics courses are also available through the University Computing and Statistics services. The MSD has specialist and generic courses for DPhil students and researchers, including writing skills, project management, research design and ethics. All staff are encouraged to take up training opportunities and where to find information about training is included in Induction for all staff so that they are aware as soon as they start of the support available from the Department. Discussions around suitable courses are an integral part of our new online PDR process and in our 2018 Staff Survey we were pleased to see that the vast majority of our staff (88%F/100%M) feel that they are given the time to undertake training which is a steady increase from the responses we obtained in our 2014 and 2016 surveys (Figure 19).

Figure 19: A&R staff survey responses about training by gender, 2014-2018



Staff can also access information on career support via the University Staff Gateway, where there are links to specific support for women. We have introduced links to these sites on our website and in the induction information. A Departmental Staff Learning Scheme Fund was established in 2014 and has so far supported all 22 applications providing a total of ~£3,000

Impact:

In our 2018 Staff Survey, 92% (88%F/100%M) of our staff felt they were supported by their manager to have time to undertake training (compares with only 77% in our 2014 survey).

funding.

In line with other MSD DPhil students, our students have a mandatory Training Needs Assessment with their supervisor. The positive feedback from the 2018 staff survey is also supported by specific statements such as *'my department has been extremely supportive in helping me progress in my career'*. The new PDR format allows us to accurately monitor training uptake for the first time. Comparing data from 2013, before the online PDR, with 2017 when the online system was rolled out, uptake in training has increased in both women and men: from 30 courses/year (27F/3M) to 41/year (35F/6M) but this still shows that only 30% of our male staff have undertaken any training courses in the last year. We plan to update and enhance the Departmental webpages, increasing the visibility of training opportunities and the ease of navigation from the main website to the staff pages which many staff find is not intuitive (Action 3.2 and 3.3). We will pay particular attention to highlighting courses which may be specifically useful to men as well as those for both women and men through a dedicated section of the E-newsletter and our weekly E-messages and we will continue to monitor this using the PDR.

Action

To maximise the opportunities for staff training we will:

- Promote career development opportunities for all staff (Action 3.2)
- Increase the visibility and accessibility of training opportunities for all staff (Action 3.3)

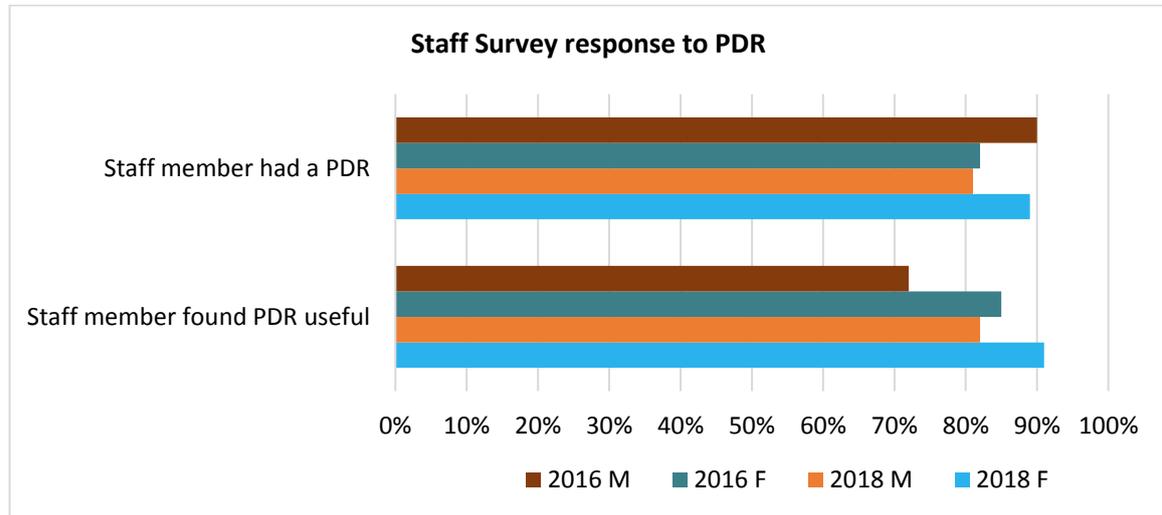
(ii) Appraisal/development review

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

The Department previously used a paper-based PDR process that had an 80% completion rate and did not consistently record training needs and career development plans. As one of our 2015 Athena SWAN Action Points, we were one of the first University departments to introduce a new, online PDR portfolio in 2017. Our Department HR team designed and spearheaded this initiative to make it more user-friendly for staff and to facilitate collection/analysis of training, career development and workload data. We were keen to do this because our paper-based system did not systematically record training needs or courses attended and did not consistently record discussions about regrading, promotions or other aspects of career development. The new PDR includes specific sections on career development (eg grant writing, committee work), mentoring and job description review and training and staff can update their objectives and training records throughout the year. We expect PDR uptake to approach 100% for all staff as the online system includes automatic email reminders to staff and line managers. Preliminary data are promising with 86% uptake in 2017 (89%F/81%M) while 88% of staff (91%F/82%M) found the PDR useful (Staff Survey 2018; Figure 20).

Staff with substantive or honorary NHS contracts undergo a mandatory NHS appraisal every year. For senior clinical academics, this is done jointly with an NHS and a University appraiser.

Figure 20: Uptake and value of PDR for A&A staff by gender, 2016 and 2018 (data from staff surveys)



Impact

The Departmental HR Team spearheaded the design and implementation of a new online PDR portfolio within the MSD and University. Preliminary results from our 2018 Staff Survey show that the vast majority of staff found the new PDR useful.

We will review the data from the online PDR portfolio in August 2018 after the first complete 12 month cycle to assess whether training uptake has increased and obtain accurate baseline data about career development (numbers of fellowship and grant applications planned, staff applying for committee membership, regrading and promotion applications) (Action 3.4).

Action

Ensure all staff every year have a PDR which is useful to them (Action 3.4).

(iii) Support given to academic staff for career progression

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

Career progression: Career development of our non-clinical and clinical Researchers and MCRs is a high priority for our Department. As career progression for both groups via promotion and/or applying for university titles requires fulfilling criteria in research (grants, publications), teaching and citizenship, these criteria are now included in the new PDR portfolio for all A&R staff. In addition, since our 2015 Athena SWAN application, Professor Rebecca Slater has been designated as the departmental Researcher Champion to establish a network of Researchers and MCRs across the Department. She introduced a regular departmental Researchers Forum in 2017 to discuss with the scientists themselves the help, information and support they most need and identified specific help with grant and fellowship applications as a priority.

Clinical academic staff have additional needs as they have to fulfil clinical training and professional CPD concurrently with developing their research careers and we recognise that specific support has to be developed for this group of MCRs (Action 5.1).

As a small Department, it is difficult to run grant-writing workshops ourselves and so we will ensure that every Grade 7 and above Researcher and MCR has: 1) the opportunity to participate in a grant-writing workshop by partnering with other departments in/affiliated to MSD, such as the WIMM; and 2) access to pre-submission review and/or mock interview practice from senior staff in the Department (see Action 4.2 and 4.3). As well as encouraging eligible staff to apply for their own research grants, we will also encourage PIs to consider them as co-applicants (Action 4.3).

Mentoring: We have modified the PDR process so that all Researchers/MCRs are invited by their line manager/PI, to discuss research grant and fellowship applications. This includes information about bridging funding and helping to demystify academic careers by offering 1:1 mentorship within the Department and/or MSD (Action 4.2). In the 2018 staff survey, as well as the PDR, the majority of A&R staff had been offered a mentor and only 2 respondents (1F/1M) not offered a mentor expressed interest in mentoring suggesting the vast majority of staff feel they have their mentorship needs met. These data are consistent with the data on mentoring collected from PDRs suggesting that new PDR system will be useful to monitor need and act accordingly.

Teaching and committees: We also offer Researchers/MCRs opportunities to participate in teaching, e.g. through supervision of undergraduate projects, and to gain committee experience, by publishing openings on committees (and details of the work of the committees) on our website and E-newsletters. However, as discussed below, the proportion of Researchers in the Department who are currently involved in committees is low and we have specific plans in place going forward to address this (see page 49-50 and Action 1.6).

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

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

All DPhil students meet regularly with their supervisor(s), Director of Graduate Studies and College-appointed supervisors and have access to the MSD mentoring scheme and to College and central pastoral care e.g., student counselling service. Female advisors can be arranged for any students who request this. Students are encouraged to take part in the University's student-led society OxFEST, specifically aimed at women in STEM subjects, which holds regular networking and career development events, and an annual conference featuring female role models.



Figure 21: Paediatrics DPhil Coffee Morning April 2018

In 2017, in response to student feedback, we started our own Paediatric DPhil Network, a successful peer support system run by the Graduate Studies Administrator. The Department provides space, refreshments and administrative support. The Network brings together first-final year students from across the Department to share resources, support each other and share ideas at informal

coffee networking sessions held at least every term (Figure 21).

Almost half of our students have attended at least one event (42%F/44%M) and the students are keen to take on running some of the events themselves. Informal feedback from the students has been very positive.

Impact

A popular and successful Paediatric DPhil Network was established in 2017 to provide peer support and information in an informal setting.

Going forward we are keen to reach as many of the DPhil students as possible and we plan to promote the network more actively both through the E-newsletter and targeted emails and to assess student opinions about the network through our Staff Surveys. We will continue to develop the potential of the DPhil network to support and retain students within science, assessing the impact through staff surveys and following up our DPhil students to obtain information about their career paths after graduation (Action 2.2).

Action

Increase DPhil student participation in the DPhil network (Action 2.2)

We recently surveyed the 15 DPhil students (8F/7M) who graduated in 2014-2017 and found that all of the 10 non-clinical scientists continued in scientific careers 6 (4F/2M) in the university sector and 4 (3F/1M) in industry and all of the clinicians (1F/4M) continued their medical careers (Table 8).

Of the 5 clinically qualified DPhil students, 4 moved to clinical academic positions with a mixture of clinical work, teaching and clinical research, suggesting that the Paediatric DPhil had had a positive impact in promoting their career choice along a more research-focused route. The numbers overall are small and there were no clear differences in destination by gender, given that there was a mixture of non-clinical and clinical DPhil students where the career paths are different.

Table 8: Destinations of DPhil students in the Department of Paediatrics, by gender, 2014-2017

Destination	Female	Male	Total
Post-doctoral scientist (university position)	4 (50%)	2 (29%)	6 (40%)
Research scientist (Industry/Biotech)	3 (38%)	1 (14%)	4 (27%)
NHS (clinicians)	1 (12%)	4 (57%)	5 (33%)
<i>Clinical</i>	0	1	1
<i>Clinical Academic</i>	1	3	4
Total	8	7	15

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

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

The Department recognises the importance for Researchers/MCRs of being applicants or co-applicants on research grants. Although the success rate of applications amongst senior staff is 70% (75%F/70%M), none of our non-clinical Researchers has been successful in 2014-2017 (Table 9). For MCRs it is too early to assess the new Departmental Fellows as they only started in 2017; the success rate of applications from Clinician Scientists is more encouraging (Table 9).

As discussed in 5.3.iii (page 38), support in applying for grants/fellowships has been identified by Researchers as a major need and strategies to tackle this (e.g. grant-writing workshops, pre-submission grant review, mock interviews) have been incorporated in our Action Plan (Action 4.3). At a practical level, grant and fellowship applications from our A&R staff are supported by a dedicated Grants Manager and Grants Officer within our departmental Finance Team.

Table 9: Grant applications by Researchers, ECRs and Clinical Academics by gender and success rate

	Number of applicants (F/M)	No of applications as lead (F/M)	Co-applicant (F/M)	Number successful
Researchers (Grade7/8)	4 (3F/1M)	4 (3F/1M)	0	0
Clinician Scientists	2 (2F)	6 (2F/0M)	1 (1F)	7 (2F)
Clinical Research Fellows	9 (5F/4M)	5 (5F/4M)	0	4 (4F)
Clinical Lecturer	1 (1M)	1 (1M)	0	0
TOTAL	16	16 (10F/6M)	1 (1F)	11 (6F/0M)

SILVER APPLICATIONS ONLY

5.4. CAREER DEVELOPMENT: PROFESSIONAL AND SUPPORT STAFF

(i) Training

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

(vi) Appraisal/development review

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

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

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

5.4. Career development: professional and support staff

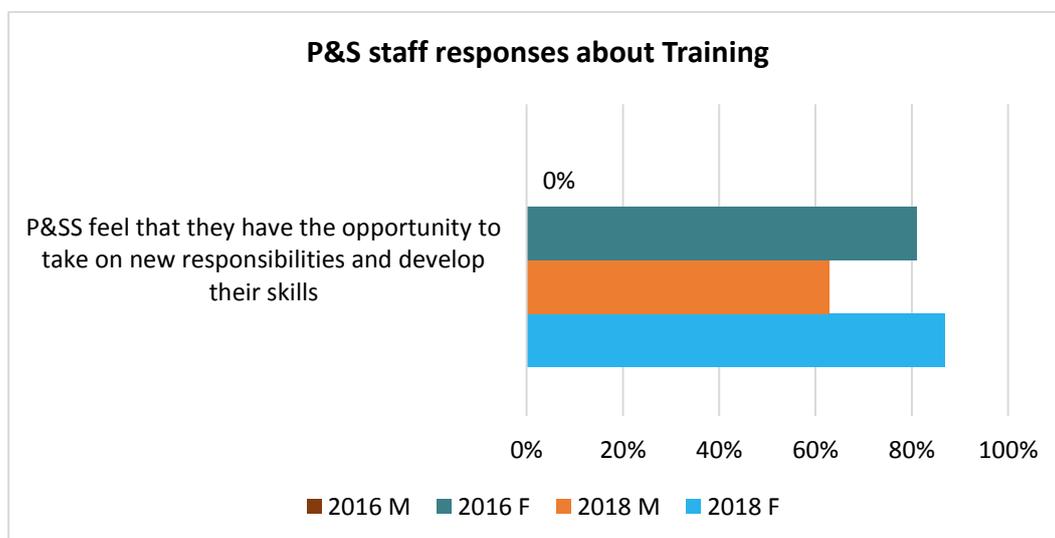
(i) Training

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

P&S staff have access to online and face-to-face training at departmental and University level (e.g. through the OLI) and are encouraged to take up training opportunities through discussions during regular PDR meetings. In particular, they are expected to undertake software training or centrally-run, role-specific training courses to help them establish networks of colleagues across the University. Uptake and effectiveness are monitored through the online PDR portfolio. P&S staff also have access to the Staff Learning Scheme for specialised external training courses, e.g. Clinical Trials Management, CIPD (Chartered Institute of Personnel Development) and AAT (Accountancy Technicians) qualifications.

The 2018 staff survey shows that 89%F/63%M P&S staff felt they had the opportunity to take on new responsibilities and develop their skills compared to 89%F/0%M in 2016 suggesting a significant improvement amongst male P&S staff (Figure 22). Specific feedback from the survey included comments such as *'my department has been extremely supportive in helping me progress in my career'*.

Figure 22: P&S staff survey responses about training by gender, 2014-2018



(vi) Appraisal/development review

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

P&S staff have been included in the revised PDR process, allowing them to update their objectives and training records throughout the year. In the 2018 staff survey, the majority of

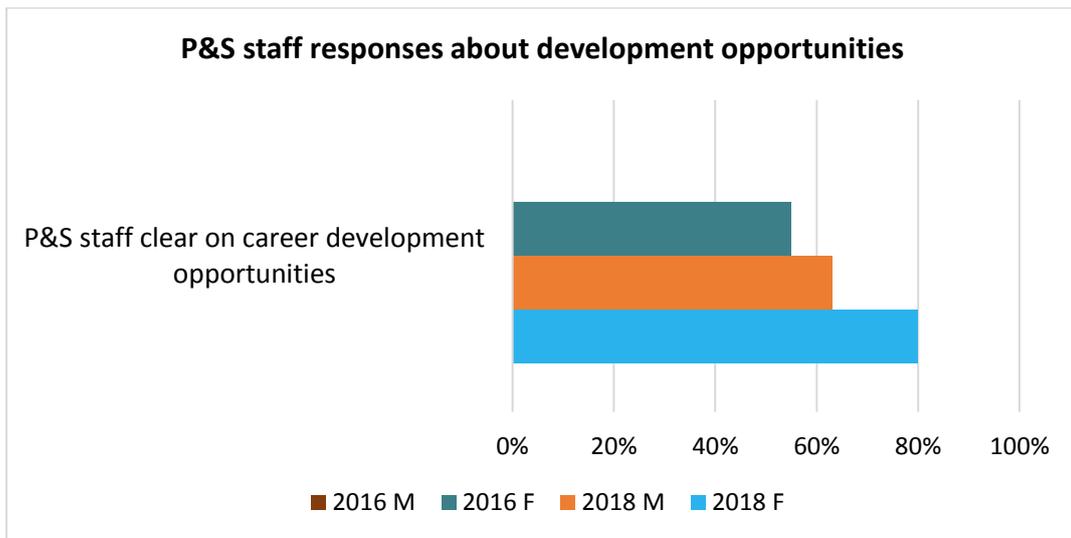
staff (91%F/67%M) felt their PDR was useful. We will continue to review the new online system, including a staff mini-survey in September 2018 to see how the process is working and where we can improve it (Action 3.4).

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

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

In addition to the support available for all staff, P&S staff are given specific support and training to assist in their career progression, including mentoring and work-shadowing similar staff in other departments. Our 2018 staff survey shows an increase in P&S staff awareness of their development opportunities through publicising courses and development support via the E-newsletter, E-updates and PDR portfolio (Figure 23). Nevertheless, 20% of F P&S staff and almost 60% of M P&S staff responded in the 2018 Staff Survey that they were not clear about their career development opportunities. We have therefore included several strategies to promote career opportunities for our P&S staff in our Action Plan (Action 6.1)

Figure 23: P&S staff survey responses about career development opportunities, by gender, 2014-2018



P&S staff mentoring: New starters or staff transitioning to new roles are encouraged to meet with a mentor from outside the Department for support. Senior P&S staff in the Department also act as mentors for staff in MSD and across the University. The 2018 survey showed that 29%F and 50%M P&S staff had been offered a mentor, and of these 100% found this useful. Of those without a mentor, 26%F and 50%M would like one. The survey also showed that P&S staff would like more events targeted specifically at them, and in particular career development and networking opportunities. We will therefore focus on offering mentoring to all P&S staff through formal (HR, Finance) or informal networks (Action 6.1).

Action

Promote career opportunities and mentoring for P&S staff (Action 6.1)

5.5. Flexible working and managing career breaks

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

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

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

Staff who are pregnant or planning to adopt meet with the HR team go through the University's family leave options at an early stage. Line managers, with advice from the Departmental Safety Officer, carry out a risk assessment to identify any adjustment to duties. The University's maternity leave scheme includes 26 weeks of full pay; a further 13 weeks of statutory maternity leave and up to 13 weeks of unpaid leave. Maternity cover for A&R staff on research grants is supported by the Department through external funding from the NIHR, MSD or other sources.

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

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

While on family leave, staff are encouraged to keep in touch with their teams and can use up to 10 paid 'Keeping-in-touch' (KIT) days. We also ensure that staff members remain on the E-newsletter mailing list and the HR team are always happy to answer any queries around pay or returning to work.

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

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

When staff are planning their return from maternity leave, line managers and HR discuss options for returning flexibly, either using annual leave or reducing hours to part-time. We are very supportive of this, granting all 7 requests in the last 3 years for returning part-time or flexibly. We also support funding applications for additional training to facilitate career progression on returning to work, e.g. we supported a post-doctoral bioinformatician (F) in her successful application to the MSD Returning Carers Fund to upskill after returning from maternity leave.

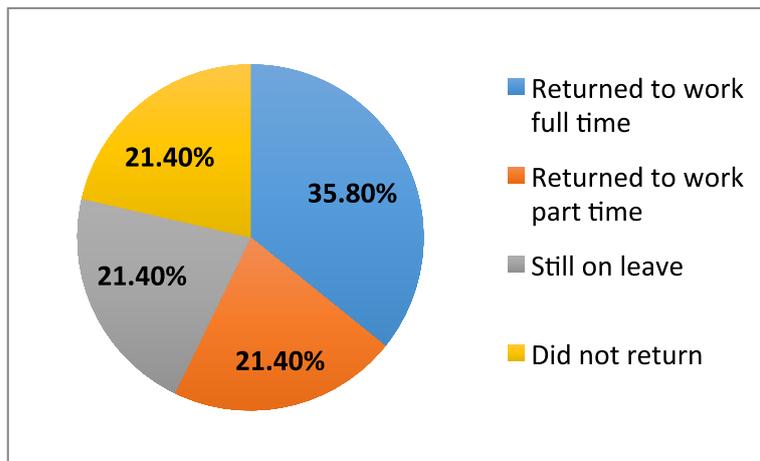
The University has recently launched a 'My Family' Care Package available for all staff, including new parents, which offers support, networking, online webinars and information about being a new parent, including new father classes, as well as emergency nanny, child and nursery care. We ensure this is highlighted at maternity and parental leave discussions (as well as with carers). The University has the highest ratio of nursery places: staff (1:28) across the higher education sector with 468 FTE available, compared with the Russell Group average of 1:79. The University offers a salary sacrifice scheme for payment of nursery fees and offers a childcare voucher scheme for all eligible parents.

(iv) **Maternity return rate**

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

Of the 14 women who have taken maternity leave since April 2015 (7A&R/7P&S), 3 (21.4%) have returned to work part-time and 5 full-time (35.7%) in the Department; 3 are still on leave and planning to return shortly (21.4%); and 3 did not return: one wished to stay at home with the baby, another changed career to a different research field and the other was offered a job elsewhere in the University (Figure 24).

Figure 24: Maternity return rates in the department



SILVER APPLICATIONS ONLY

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

Of the staff that returned from maternity leave all are still working in the department, 6, 12 or 18 months later. The results of the staff survey found that no members of staff who had taken a career break faced work-related problems during the leave or on return to work.

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

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

The University offers the same benefits to men on SPL as to women on maternity leave. Since April 2014 2 men have taken paternity leave and 1 senior team member (Alex Holmes, Paediatrics DA) has had Shared Parental Leave (SPL). He wrote an article for the Times Higher Education Supplement (Figure 25) about his experiences of SPL as a senior manager at the University and has presented this experience to other staff across the University.

We would like to build on this positive experience of SPL (see Box) by promoting SPL within the Department, aware that uptake of SPL is generally low in the UK (Action 1.4).

Figure 25: Reflections on SPL by a senior member of the Paediatrics P&S staff (screenshot)

Staff requesting adoption leave have the same rights as those on maternity leave. There have been no adoption leave applications in the Department over the last 3 years. One staff member has taken leave for foster caring and a request has recently gone to the central HR team to review the foster careers leave entitlement. As a Department, we are lobbying central HR to change this benefit to bring it in line with other parental benefits.



Alex Holmes - Shared Parental Leave

Following the birth of my son, my wife took three months Maternity Leave, and I was able to take advantage of the standard Paternity arrangements to help with settling-in at home.

After this initial period, we moved to an SPL arrangement, whereby I took three months leave whilst my wife returned to her job. During this, I worked SPLIT days once a week; this meant that I could continue my career whilst also spending quality time with our son and that my wife was able to return to her job.

Following my return, the Department has continued to be extremely supportive, in accepting a proposal for Flexible Working which allows me to compress my working hours. This means that my wife and I can share childcare pick-up/drop-off arrangements.



Action

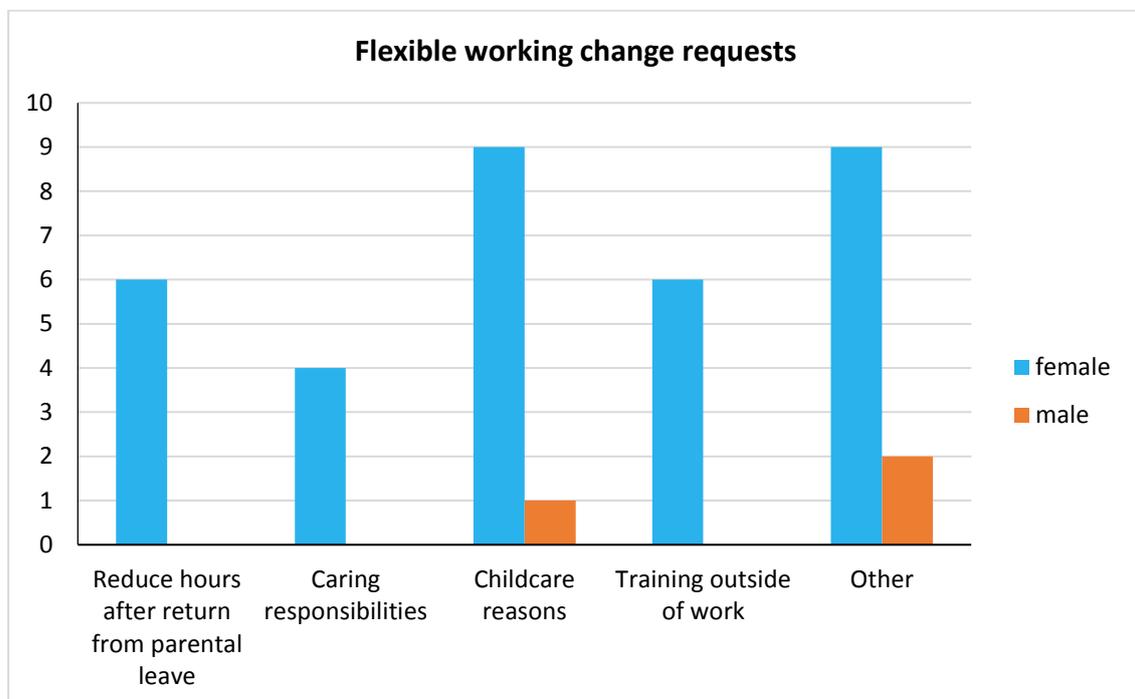
Increase uptake of Shared Parental Leave Scheme (Action 1.4)

(vi) Flexible working

Provide information on the flexible working arrangements available.

We actively encourage flexible working for all staff and make this clear in our written and online induction materials. Types of flexible working include part-time work, non-standard hours, regular home working, compressed hours (e.g. 5 days over 4 long days) and term-time only working. Where regular flexible working is not feasible because of the nature of the work, staff can still request flexible working on an *ad hoc* basis. The majority of staff in our Department work flexibly (64% of women and 38% of men). Since our 2015 Athena SWAN application, we have had 37 (34F/3M) flexible working requests (Figure 26) and 36 were granted (1 request was not feasible on a regular basis because of funding issues for the research project).

Figure 26: Reasons flexible working has been requested within the Department (all staff)



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

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

Staff who wish to transition back to full-time roles after working part-time for a period are supported in doing so by their line managers. We encourage staff to return to full-time or, if more suitable, take a phased return to full-time by increasing their hours by a day or half day a week as appropriate for them. Where possible staff can increase their hours on a temporary basis using overtime to see if returning to full-time (or increasing their hours) would suit them. Two staff (2F) have requested this in 2014-2017 as their children have grown older; both

requests were approved. Four staff (4F) requested increased hours after part-time working; all were approved.

5.6. Organisation and culture

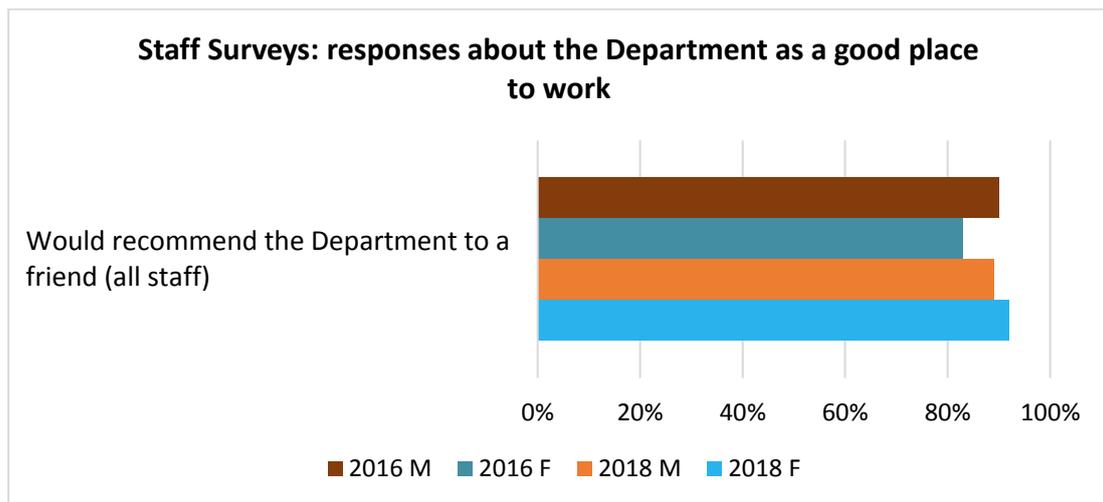
(i) Culture

Demonstrate how the department actively considers gender equality and inclusivity.

Provide details of how the Athena SWAN Charter principles have been, and will continue to be, embedded into the culture and workings of the department.

We remain committed to making the Department a friendly, supportive working environment and our 2018 Staff Survey shows that the majority of both female and male staff (92%F/89%M) would recommend the Department to friends as a good place to work (Figure 27). This builds on the response to the same question in our 2014 survey (80%F/87%M) and we believe this reflects our considerable efforts to improve the 3 key issues of 1) cohesion of the department; 2) workload allocation; and 3) transparency of decision-making (see also Figure 5, page 14).

Figure 27: Responses from the 2016 and 2018 Staff Survey about the Department



Specific measures which we introduced to embed the Athena SWAN Charter principles of gender equality and inclusivity into our Department in an ongoing and lasting way include:

- **Improving Departmental communication:** We appointed a departmental Communications Officer in 2015 to improve our main communication tools (the monthly E-newsletter, weekly E-messages and website) and the 2018 Staff Survey shows that our staff value these tools and find them useful (Figure 28). We aim to ensure that the topics and imagery promote the diversity of talent and experience within the Department and that there is a balance of news and photographs depicting male and female staff. Our Communications Officer recently carried out a review of the content (text and images) of the E-newsletter and the Departmental website over the last 12 months and found that the majority of information was gender neutral (73% of photographs and 78% of written content) while 15% of the photographs showed only women and 12% showed only men.

- Creating a new Events Committee:** This was established in August 2017 with representation from every group/network across the department as well as a range of roles (5F; 4M) and has already organised several highly successful events, including a Christmas party at an Oxford college, which attracted >90% of the department (Figure 29). This model of involving more junior staff so that events are planned by staff for their peers rather than arranged by senior management, seems to be a successful one and we plan to increase number of Department-wide social events, led by the Events Committee, to ensure staff feel integrated into Department social life (Action 1.5).

Action

Increase number of Department-wide social events to ensure staff feel integrated into the social life of the Department (Action 1.5)

Figure 28: Staff survey responses to social activities and communication tools by gender, 2016 and 2018

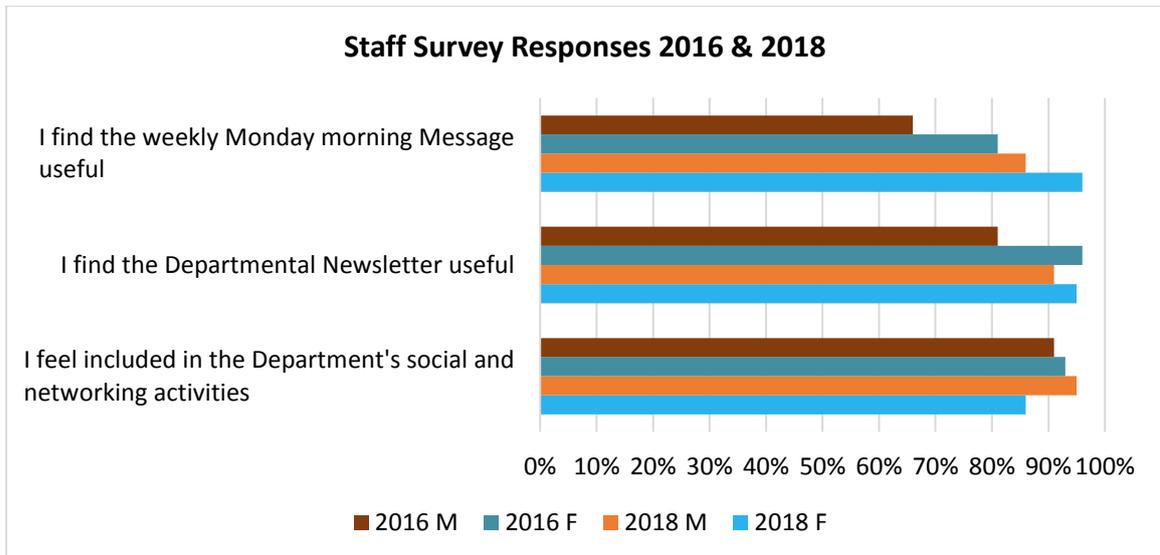


Figure 29: Department of Paediatrics Christmas Party 2017



Widening access to Departmental committees: We are also committed to aimed to involving as many of our staff as possible in our Departmental committees as well as facilitating representation of our Department on external committees. As a first step, we have started to update details of the composition and Terms of Reference of current committees in the Department and Minutes of the Management Committee and SA Committee are posted on the staff webpages. However, at present the proportion of staff involved in our departmental committees varies by role. While all of our Professorial staff serve on at least one (usually 2) internal committees, only 57% of our MCR, 37% of our Researchers and 33% of our students are currently serving on departmental committees. We therefore plan to increase the opportunities for all staff to join one of our Departmental committees or to consider joining one of the external committees in the MSD or University by promoting opportunities via our communication tools and by discussion with line managers during the PDR (Action 1.6)

Action

Increase opportunities for staff to gain experience of serving on internal and external committees (Action 1.6)

(ii) HR policies

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

Our skilled HR Team provides advice and guidance to managers and staff on all employment-related matters. The HR manager sits on the Athena SWAN Committee and plays a major role in devising and implementing Committee-led strategies. Changes in HR policy are publicised via the E-newsletter, weekly E-message and the website. The HR team also offer training sessions for all staff around new policies or changes e.g. online PDR. Information about the University's Grievance and Disciplinary Procedures is included in the Induction Pack for all staff.

Bullying & Harassment: The Department has a 'zero tolerance' approach to bullying and harassment. We have 2 Bullying and Harassment advisors (1F/1M) and since our 2015 Athena SWAN application, we made the University's Bullying and Harassment training mandatory for all staff and so have 100% uptake. We participate in 'Anti-Bullying Week' when one of our Bullying and Harassment advisors goes to meet all research groups in the Department. We also created information leaflets that were circulated to all our staff and students. Our staff surveys consistently show a low number of staff who have experienced bullying and harassment in the workplace (2016: 4 (2F/2M); 2018: 6 (5F/1M; 7%F/5%M) which is slightly below the MSD benchmark of 8%. There were no reports of physical bullying. However, despite the presence of 2 Bullying and Harassment advisors in the Department, none of individuals who experienced Bullying and Harassment raised concerns. We will therefore focus on raising the visibility of the Bullying and Harassment advisors to encourage reporting of cases to them, stressing the zero-tolerance approach and will continue to monitor this (Action 1.7).

Action

Encourage reporting of Bullying and Harassment cases to the Bullying and Harassment advisors (Action 1.7)

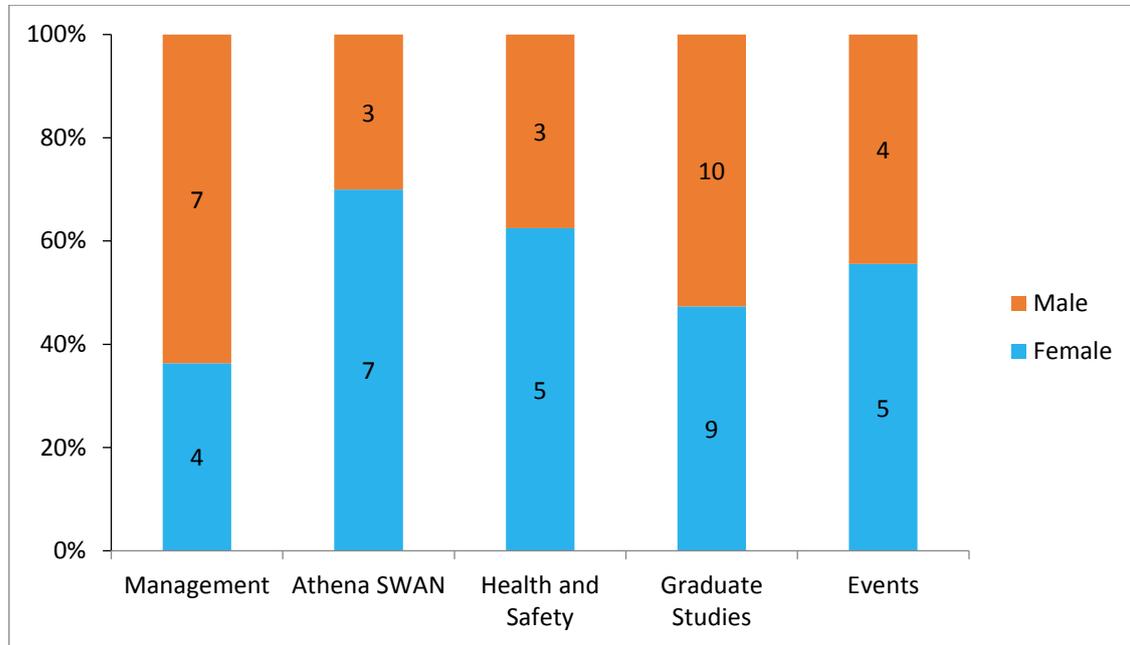
(iii) Representation of men and women on committees

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

There are 5 committees in our Department (Figure 30). The Management Committee is the most influential and includes the Professorial staff (2F/4M), 1 affiliated AP (M), 3 senior research staff (2F/1M) and the Head of Administration and Finance (M). At present there are equal numbers of female and male members on all committees apart from the Management

Committee (36%F/64%M), which reflects the current gender balance of the senior academic staff, and the Athena SWAN committee (70%F/30%M) which includes 3 Professors (2F/1M), 1 senior clinical academic (1M), 2 Grade 8 Researchers (2F), 2 Grade 8 P&S staff (2F), the Head of Finance (1M) and 1 DPhil student (1F).

Figure 30: Committee membership by gender, Department of Paediatrics 2017-18



Apart from the Management Committee, where membership is determined by specific roles, membership of other committees is open to all staff and all include members from across all of the staff groups either self-nominated or nominated by their line managers. We publicise opportunities for staff to join committees to try to maintain gender balance and representation across roles and research groups via the PDR, E-newsletter, weekly E-message, website and specific emails when vacancies arise. However, as noted above (page 49), only 57% of our MCR, 37% of our Researchers and 33% of our students are currently serving on departmental committees and we have made increased opportunities to serve on committees in our Action Plan (Action 1.6).

Comment on how the issue of 'committee overload' is addressed where there are small numbers of women or men.

Although many of our senior A&R and P&S staff sit on several committees since we are a small department, each committee is chaired by a different member of staff (2F/3M) and, since 2017, we introduced a rolling system of committee membership to prevent overload amongst more senior members and inclusion of a greater diversity of membership from across the Department.

(iv) Participation on influential external committees

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

All our Professorial staff (2F/4M) are members or chairs of external committees/funding boards. These include influential committees in the University, or national committees (e.g. NIHR, CRN study groups, research ethics committees, guideline groups, Royal College of Paediatric and Child Health committees, the Department of Health Joint Committee on Vaccination and Immunisation) and international committees (e.g. the European Medicines Agency, WHO, European Haematology Association). Membership of external committees is generally by invitation or open application. Line managers are encouraged to be pro-active in encouraging Researchers to join committees through the PDR process and national adverts for applications to funding boards are circulated through the E-newsletter and E-messages.

Involvement of our MCRs on external committees is limited with only 2/7 ECRs (1F/1M) currently on external committees. We recognise that this is a very important aspect of career development and that we need to do more to promote the involvement of our younger researchers, both women and men, in external committees (Action 1.6).

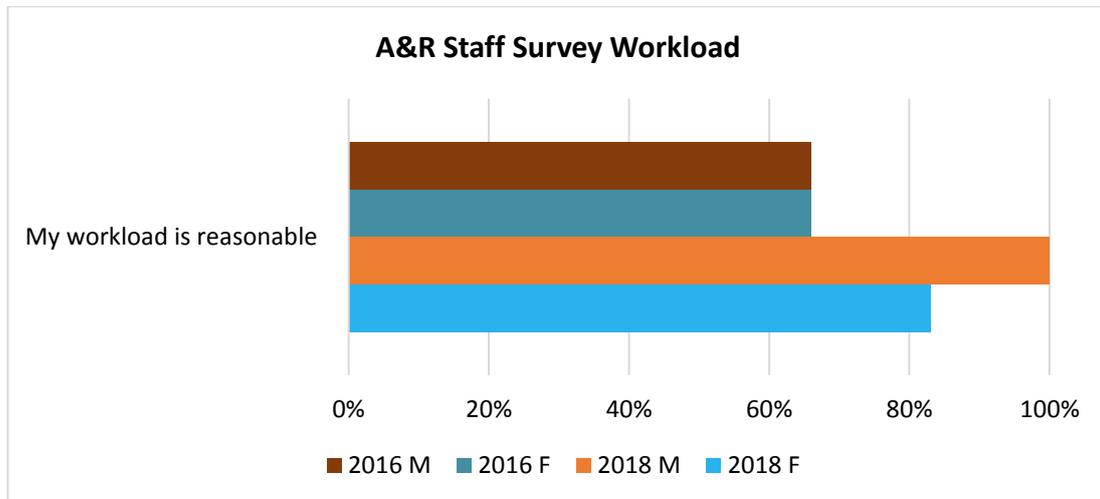
(v) Workload model

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

Workload for most A&R staff is determined by their research project with little or no administrative burden although some volunteer for additional roles (e.g. membership of the Events Committee or outreach activities). We recently reviewed workload models being piloted in other University departments and concluded that a detailed workload allocation model is not appropriate for our Department at present because of the low administrative burden.

We monitor workload using the new PDR system where line managers regularly review of each individual's workload against the job description, now an inherent component of the online PDR. Most of the teaching workload within the Department is carried out by clinical staff who have allocated sessions for this in their job plan. Senior staff have a higher administrative burden and the responsibilities are rotated. Workload is reviewed at Management Committee meetings and duties are shared as required. This informal and flexible scheme works well, given that the Department is small. In the 2018 staff survey >80% of A&R staff and P&S staff felt that their workload was reasonable (82%F/80%M) (Figure 31).

Figure 31: Response of A&R staff regarding workload, by gender, staff surveys 2016-2018



(vi) **Timing of departmental meetings and social gatherings**

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

Since 2015 all Department Committee meetings and most team meetings have been arranged during core hours (10am-4pm) to ensure attendees with caring responsibilities can attend. As many staff have childcare responsibilities, there is a culture of arranging meetings in school hours and in school term time, whenever possible. Where this is not possible, we arrange meetings far in advance and in consultation with attendees or it is often possible to join by Skype or teleconference. In our 2018 Staff Survey most staff (89%F/83%M) agreed that meetings are scheduled to take their caring responsibilities into account.

Our new Events Committee, created in August 2017 with the aim of fostering inclusion of all staff in our social events, canvassed opinion across the Department about the type/timing of events. This approach has been very successful- the committee has already organised several very popular events, including a lunchtime Christmas party at an Oxford College, which attracted >90% of the Department (see Figure 30), with more events planned throughout the year.

(vii) **Visibility of role models**

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

Seminars: Staff from our research groups have the opportunity to present their work at our annual Paediatric Research Day and at Institute research days (e.g. the WIMM). Speakers at our Paediatrics Research Day over the last 3 years have consistently been 75%F/25%M, reflecting the 71%F/29%M gender split of our Researcher/MCR staff. We will continue to monitor this to ensure the gender balance of our speakers reflects that of the staff in these roles. At a senior

level, Prof Irene Roberts is a member of the WIMM weekly seminar committee and specifically works to achieve a 50:50 F:M gender split by recommending and hosting eminent female scientists. Scientists from the Roberts and Hollander groups regularly attend these seminars and they are open to Paediatric research staff from outside the WIMM.

Role models: Four of our Professorial and Clinician Scientist staff are female; all have families and are featured prominently on the website and E-newsletters. In addition, Professor Irene Roberts was chosen as one 39 women scientists working in Oxford for a project aiming to inspire other women and to support them in making career decisions by offering them the opportunity to explore a broad range of experiences shared by other women through video interviews (<https://www.diversityprojects.ox.ac.uk/wis/meet>). The women were asked about their views and experience of many issues, including science culture, publishing, obtaining fellowship funding, having a mentor and Athena SWAN (Figure 32).

Figure 32: The Oxford Women in Science project (Professor Roberts is in the third row)



Since then, Dr Anindita Roy has worked with the charity Bloodwise to publicize her research and Dr Rebeccah Slater and Dr Caroline Hartley (Senior Postdoctoral Researcher) have taken part in numerous discussions on TV and radio, including BBC Radio 4 and the World Service, to talk about her research.

Images: As mentioned above, diversity in images used on our website, in our department itself and in publicity materials is monitored by our Communications Officer to ensure the images used represent women, men and families from different ethnic backgrounds. Her recent analysis of the E-newsletter and website showed mostly gender neutral imagery (73%) and content (78%).

(viii) Outreach activities

Provide data on the staff and students from the department involved in outreach and engagement activities by gender and grade. How is staff and student contribution to

outreach and engagement activities formally recognised? Comment on the participant uptake of these activities by gender.

We have a very active outreach programme with staff at all levels involved in a wide variety of projects. Every research group has carried out at least one outreach activity over the last year, including direct contact with the public, lectures, workshops, school visits, videos, leaflets, use of social media and internet-based platforms. Our 2018 staff survey showed that 53% of our A&R staff (53%F/55%M) have taken part in an outreach activity in the last 12 months and a further 30% (26%F/36%M) would like to. Of our P&S staff, 33% (29%F/50%M) took part in outreach activities and a further 25% (26%F/17%M) would like to. Outreach data are also collected as part of PDR.

Examples of some of the projects initiated and run by members of our Department include:

The Vaccine Knowledge Project: Members of the Oxford Vaccine Group, led by Professor Pollard and Sarah Loving, have developed the Vaccine Knowledge Project as a source of independent scientific information about vaccines and infectious diseases for the public and healthcare professionals. Their project website, which has had > 500,000 visits from all over the world, won First prize in the annual OXTALENT awards in 2017.

Visualising Pain in Children: The Paediatric Neuroimaging group established a collaboration with a graphical 3D print artist (Steve Dey, ThinkSee3d) to develop a number of innovative ideas, including creating a life-size interactive sculpture demonstrating how adults and infants experience pain and generating 3D models of the brain throughout life (Figure 33). In 2017, they also created an interactive game and commissioned an animated film about infant brain imaging which has already had >2,000 views.

IMPACT:

Outreach activities by the Paediatric Neuroimaging Group led to the award of a Wellcome Trust Public Engagement Grant (£60,000) to develop outreach activities over the next 5 years.

Figure 33: Members of the Paediatric Neuroimaging Group explain their work to members of the public at the Pitt Rivers Museum Oxford in 2017 (left) and the interactive game that they created (right)



Our DPhil students are also very interested in being involved in outreach activities; over the last year 69% (88%F/50%M) have contributed to outreach activities and all of the students who have not so far participated have said that they would like to do so in the future. For example, a clinical Paediatrics DPhil student, Marta Valente Pinto, won an MSD Public Engagement Award in 2017 for her project in Thames Valley schools to raise awareness amongst children, parents and teaching staff about whooping cough (Figure 34).

Figure 34: Dr Valente Pinto explaining whooping cough to local primary school children



We value our outreach activities highly and plan to increase opportunities for outreach activities following our positive staff survey data (Action 1.8). We reward and incentivise our staff to become involved by:

- highlighting outreach activities and the staff involved in the E-newsletter, E-message and website
- encouraging staff to apply for grants to promote new outreach activities
- encouraging line managers submit applications for exceptional outreach work to the Reward and Recognition Scheme.

Words: 6745

Action

Increase involvement and visibility of staff in outreach activities and their value as positive female and male role models (Action 1.8).

SILVER APPLICATIONS ONLY

6. CASE STUDIES: IMPACT ON INDIVIDUALS

Recommended word count: Silver 1000 words

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

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

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

6. CASE STUDIES: IMPACT ON INDIVIDUALS

Case Study 1: Rebecca Slater, Associate Professor of Paediatric Neuroimaging and SAT member

I was appointed as the Associate Professor of Paediatric Neuroimaging in the Department of Paediatrics in 2013. I believe the Department's **unprecedented career support** has enabled me to flourish academically, personally, and professionally.



I have received **outstanding mentorship**, significant research support and personal gratitude for my departmental contributions. For example, shortly after I joined the department, I requested Medical Science Division funds (£14,468) to appoint a Clinical Academic to lead my research during my maternity leave. The department contributed £4,133, which is a flagship example of how the department enables individuals to take **significant career breaks without jeopardising career progression**. In my recent successful *Senior Wellcome Trust Fellowship* application, the department committed to providing significant resources, space and infrastructure to ensure the success of my research work. Reviewers stated that the '**exceptional letter of support from the Head of Department**' is '**as supportive as anyone could ask**', and that '**it is hard to imagine a better environment**' for Rebecca to conduct her research. My personal successes have been celebrated on the website, through newsletters and by direct correspondence and communication, and there has been department-wide appreciation of my **strong commitment to public engagement**. Following a recent event hosted at the Ashmolean Museum, and attended by more than 3000 people, the department hosted and funded a drinks reception to celebrate and thank individuals for their contributions.

As the most junior member of academic staff (and one of only two women), I **feel tremendously supported by my more experienced peers**. For example, when I contribute to strategic planning and management committee meetings my opinions are valued and respected. My recent initiative to set up a departmental *Early Career Excellence Fellowship Scheme* for junior member of the department was widely encouraged and led to the appointment of four candidates - providing a huge opportunity for the next generation of scientists to develop independent careers. Most recently, the department **encouraged and**

endorsed my application to apply for the title of full Professor. The Department is vibrant and dynamic, and I absolutely believe that I could not be in a better place to develop my academic career. The high importance placed on increasing the number of women in the most senior positions within the department is apparent to me across all levels of departmental decision-making. I am incredibly privileged to be both a recipient and leader of the exciting initiatives I see being implemented in the department to improve the working environment for all staff.

Case Study 2: Anindita Roy, Bloodwise Clinician Scientist in Paediatric Haematology

I joined the Department of Paediatrics as a Bloodwise-funded Clinician Scientist in Paediatric Haematology in June 2015 having worked as a Clinical Research Fellow and Academic Clinical Lecturer at Imperial College London (2007-2015). I originally trained as a paediatrician in India before specialising in oncology and haematology in various London hospitals. Joining the University of Oxford as a junior PI holding my first independent research grant was daunting, but the Department has been wonderfully supportive from the outset, helping with the Fellowship application process even before joining. Since I joined the Department, I have had invaluable mentorship from Prof Irene Roberts and Prof Georg Hollander. More specifically, I have been involved in several roles that have helped me develop the skills that I need for career progression:



Management: I am a full member of the Departmental Management Committee which has given me the opportunity to participate in senior management meetings for the first time and learn about the decision-making processes within the Department.

Supervision and leadership: I have taken on responsibilities as a supervisor and mentor for DPhil students and junior members of the lab and will supervise a DPhil student through to completion for the first time with the support of a more senior supervisor.

Interviewing and examinations: I have participated in interview panels for DPhil students and post-doc recruitment, as well as examining students for progression through their DPhil.

Grant management: With support from our research services and grants department, I have learned how to manage my grants and to successfully apply for additional funding support for my research.

Training and development: The Department and my line managers, Prof Roberts and Prof Hollander, have fully supported and indeed put me forward for training opportunities such as the EHA-ASH Translational Research training in Haematology scheme, Early Career PI workshops, and other online or face-to-face training opportunities such as bioinformatics and grant-writing courses. In addition, I have participated in several departmental, regional, national and international meetings to present my research. I also have regular meetings and annual personal development reviews with my mentor Prof Roberts.

Flexible working: One of the things I most appreciate about working in the Department is the efforts they make to allow staff to work flexibly. This is particularly important to me because I

have a very long commute to work, and sometimes need to leave early to attend events or meetings at my son's school. As my husband is a full-time NHS doctor, we are used to balancing work and home but I really value the way the Department supports me to work from home when that seems more productive than coming in to the office.

Highlights: One of the highlights of my time in the Department so far was the Children's Leukaemia Research UK (CLR-UK) meeting In September 2017. With the support of the Department and administrative staff, I organised this national meeting in Oxford. This was widely viewed as a big success and only possible because of the enthusiastic help of many members of the Department. Another highlight was watching my DPhil student give an excellent presentation at the annual European Hematology Association Congress in Madrid in June 2017.

Overall I feel I have been very lucky to join a Department that allows me to combine exciting science with my clinical training and provides me with the perfect platform to develop my independent career.

Words: 995

7. FURTHER INFORMATION

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

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

8. ACTION PLAN

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

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

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

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



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Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
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DEPARTMENT OF PAEDIATRICS ACTION PLAN 2018-2022

1. Improving workplace organisation and culture				
1.1. Increase awareness of Athena SWAN in the Department and encourage involvement by a wider range of staff and students (page 14).	<p>i.) Regular articles in the Departmental E-newsletter highlighting AS activities.</p> <p>ii) Minutes of the SAT available on staff webpages.</p> <p>iii) Questions about awareness of and involvement in AS included in the Staff Survey.</p>	<p>Communications Officer to publicise AS initiatives in the E-newsletter every month (2018-2022).</p> <p>Communications Officer to prepare an annual review about AS activities in consultation with the SAT (annually from Oct 2018).</p> <p>HR Lead to ensure the SAT Minutes are available on the staff webpages (2018-2022).</p> <p>AS Lead to include AS related questions in 2020 and 2022 staff surveys (planning Oct 2019 and 2021).</p>	<p>NEW INITIATIVE: We carried out a mini-survey in 2017 to collect more detailed information on the 3 topics identified as the highest priority from the 2016 full Staff Survey and to ask for staff feedback about how they would most like us to tackle these issues.</p> <p>RATIONALE: We do not currently monitor staff awareness and perception of AS. Our mini-survey suggested that staff appreciate being consulted and would like to be more involved. When we last called for new members of the SAT, we had no student volunteers.</p>	<p>>90% of staff and students are aware of AS activities in 2022 Staff Survey</p> <p>Increased number of applications from students to be members of the SAT (to at least 2 per student representative place)</p> <p>>90% response rate on 2020 and 2022 staff surveys.</p>
1.2. Broaden the focus of the Athena SWAN committee to incorporate aspects other than gender into our remit of improving the workplace for all staff (page 14).	<p>i) Create an Equality and Diversity Committee (EDC) and incorporate the Athena SWAN Committee into the EDC, defining the membership and roles for both.</p> <p>ii) Produce an EDC Annual Report describing the</p>	<p>HoD to appoint Chair of the EDC (Summer 2018).</p> <p>EDC Chair to appoint new AS Lead in consultation with the HoD (October 2018).</p> <p>HoD and Management Committee to agree terms of reference for the EDC and how this relates to the SAT in</p>	<p>NEW INITIATIVE: The HoD and Management Committee have discussed and agreed the suggestion from the SAT to broaden their remit by creating an EDC incorporating the work of the SAT.</p> <p>RATIONALE: There is a high proportion of women in our Department and the results of our 2016 and 2018 Staff</p>	<p>>90% of staff are aware of the existence and purpose of the EDC in the 2020 and 2022 Staff Surveys</p> <p>Department has accurate E&D data by role and year in preparation for our next Athena SWAN</p>

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
	diversity of staff working in the department.	<p>consultation with the EDC Chair and AS Lead (December 2018).</p> <p>EDC Chair to add new members to the EDC to encompass the broader remit of EDC (October-December 2018).</p> <p>EDC Chair and HR Lead to produce an annual report to the Management Committee (December 2020).</p>	Surveys show significant differences between women in many of the responses. We wanted to make sure that initiatives that were started in response to fostering women's careers, were also considered with respect to their impact on men's careers and other aspects of Equality and Diversity, such as ethnicity and disability. The Departmental Management Committee has supported this broadening of emphasis.	submission.
1.3. Improve the workload distribution within the SAT (page 15).	<p>i) Rotate the AS Chair position every 3 years.</p> <p>ii) Review SAT workload annually, including gender balance.</p> <p>iii) Consider creating separate working groups to focus more on specific issues, e.g. students, Grade 5/6 Researchers, outreach.</p>	<p>EDC Chair to appoint new AS Lead (after the current AS Lead has served 3 years) in consultation with the HoD; current AS Lead to remain on the SAT for continuity (October 2018).</p> <p>New AS Lead to review balance of the SAT by gender and role (January 2019).</p> <p>SAT to discuss the creation of working groups to facilitate the delivery of the Action Plan (October-December 2018).</p>	RATIONALE: We carried out a recent poll of all SAT members and although 80% of members were happy with how the SAT is organised, all identified the need for mechanisms for ensuring fair sharing of the workload which 60% felt was uneven.	≥80% of SAT reporting that the SAT workload allocation is fair in 2020 and 2022 SAT poll.
1.4. Increase uptake of Shared Parental Leave	Increase enquiries about and uptake of the Shared	Communications Officer to update information about SPL on the	IMPACT: A senior P&S staff member who took SPL in 2017 wrote an article	At least two more staff to have taken SPL by 2022.

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
(page 46).	Parental Leave scheme (SPL).	<p>Departmental website and increase the visibility of this information (October 2018).</p> <p>Communications Officer to commission an article for the E-newsletter from the next member of staff in the Department to take SPL (2018-2022).</p>	<p>for the Times Higher Education Supplement about his experiences of SPL also presented this experience to other staff across the University providing a positive role model for SPL.</p> <p>RATIONALE: Uptake of SPL has been low (1 man since 2014), reflecting the national picture. We are keen to promote SPL by making clear and well-advertised information available to all staff.</p>	
1.5. Increase number of Department-wide social events to enhance the cohesion of the Department and ensure staff feel integrated into the social life of the department (page 49).	<p>i) Ensure that social events are planned well in advance.</p> <p>ii) Ensure that the Events Committee has an allocated budget to support their programme.</p>	<p>Events Committee to plan and publicise events with the help of the Communications Officer (April 2018-2022).</p> <p>HoD/Head of Finance to allocate Departmental funds to support social activities for the Department as a whole (April 2018-2022).</p>	<p>ACHIEVEMENT: Our first ever Departmental Events Committee was established in 2017 and has already arranged very successful social events. Our 2018 Staff Survey has shown an improvement in Departmental cohesion and >90% of staff would recommend our Department to friends.</p> <p>RATIONALE: As the Department grows we need to adapt our social activities to meet the needs of a larger staff group. A Staff Away Day is planned for August and a Christmas Party for December, but the Events Committee are exploring other activities in between, such as a Quiz Night.</p>	<p>> 90% of staff feel included in Department social activities in 2020 and 2022 Staff Surveys.</p> <p>Variety of events organised to attract staff with different interests.</p>

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
<p>1.6. Increase opportunities for staff to gain experience of serving on internal and external committees (page 49-50, 51-52).</p>	<p>i) Update information about current committee membership.</p> <p>ii) Introduce a standard process for making internal and MSD committee nominations and publish this on the staff webpages.</p> <p>iii) Survey staff to document interest in serving on committees by role and gender.</p>	<p>HoD/Management Committee to create process for committee nominations (March 2019).</p> <p>Communications Officer to share process with staff via the E-newsletter and website and to continue to circulate committee opportunities in the E-newsletter (April 2019).</p> <p>Line managers to include discussion about committee membership as part of the PDR (Oct 2018- 2022).</p> <p>Include questions about committee membership (actual and interest) in the Staff Survey, AS Lead (January 2020 and 2022).</p>	<p>RATIONALE: Only 57% of our MCR, 37% of our Researchers and 33% of our students are currently serving on departmental committees. Since committee experience is an essential part of the RoD criteria, it is important that we open up the opportunity to serve on committees to a greater proportion of our staff. We do not currently have a standard process for making nominations to committees.</p>	<p>Committee nomination process written and available on the website and E-newsletters.</p> <p>All staff considering applying for promotion via the RoD able to demonstrate evidence of internal and/or external committee membership on their application.</p>
<p>1.7. Encourage reporting of Bullying and Harassment cases to the Bullying and Harassment advisors (page 51).</p>	<p>i) Create a list of the 'local' Bullying and Harassment advisors for each site.</p> <p>ii) Offer bystander training to all staff and students.</p> <p>iii) Include questions in the next Staff Surveys to</p>	<p>Communications Officer and B&H Officers to run National Anti-Bullying Week campaigns, including featuring articles in newsletter (Nov, 2018 – 2022).</p> <p>HR Lead to organise bystander training as part of the National Anti-Bullying Week campaign (Nov 2018).</p> <p>Include questions about Bullying and</p>	<p>RATIONALE: Our 2018 staff survey showed that although we had a relatively low number and rate of staff who had witnessed or experienced Bullying and Harassment (5F/1M), none of these episodes were reported to the Bullying and Harassment advisors. Bystander training may help to encourage other staff members to advise colleagues to access support through the Bullying and Harassment</p>	<p>Awareness of Bullying and Harassment advisors increased to 85% of staff in the 2020 and 2022 staff surveys.</p> <p>At least 50% of Bullying & Harassment experiences reported in Staff Survey also reported to our Bullying and Harassment</p>

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
	<p>find out whether people feel that reported episodes of Bullying & Harassment have been dealt with appropriately.</p> <p>iv) Continue to participate in National Anti-Bullying Week campaigns each November.</p>	<p>Harassment in the 2020 and 2022 Staff Surveys and how they were dealt with, AS Lead (January 2020).</p>	<p>advisors.</p>	<p>advisors.</p>
<p>1.8. Increase involvement and visibility of staff in outreach activities and their value as positive female and male role models (page 55-56).</p>	<p>i) Publicise opportunities to participate in outreach activities well in advance.</p> <p>ii) Ensure outreach activities are accessible to both men and women by varying the time of the day and day of the week of these activities.</p> <p>iii) Ensure all staff offered the opportunities for participating in outreach activities.</p> <p>iv) Use outreach activities as a source of positive images of female and male role models in the</p>	<p>Communications Officer to collect information about planned outreach activities before they occur by reaching out to PIs and previous organisers of outreach activities (October 2018-2022).</p> <p>Line managers to include discussion about outreach activities as a specific question on the PDR for all staff and record whether staff are involved or would like to be involved and would be happy to be approached by the Communications Officer (August 2018-2019).</p> <p>HR to collate outreach activity information from PDRs and link staff requesting outreach involvement with the Communications Officer</p>	<p>IMPACT: Outreach activities by the Paediatric Neuroimaging Group led to the award of a Wellcome Trust Public Engagement Grant (£60,000) to develop outreach activities over the next 5 years.</p> <p>RATIONALE: Our 2018 Staff Survey found that although 53% of our A&R staff (53%F/55%M) had taken part in an outreach activity in the last 12 months, a further 30% (26%F/36%M) would like to. Amongst P&S staff 33% (29%F and 50%M) were involved in outreach and a further 25% (26%F/17%M) would like to.</p>	<p>80% of our A&R staff (80%F/80%M) involved in outreach in the 12 months prior to the 2020 and 2022 Staff Survey.</p> <p>60% of P&S staff involved in outreach (60%F/60%M) in the 12 months prior to the 2020 and 2022 Staff Survey</p>

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
	Department.	(October 2019).		
2. Improve the selection, induction, and integration of DPhil students in the Department				
2.1. Increase the number of Paediatrics DPhil students (page 17).	<p>i) Consolidate all of the information about DPhil research opportunities within the Department into a dedicated, easy to access section of the Departmental website.</p> <p>ii) Increase promotion of the Paediatrics DPhil programme on the Departmental website.</p> <p>iii) Advertise DPhil opportunities on Find-a-PhD.com.</p> <p>iv) Update PIs' webpages and include details of available DPhil projects.</p> <p>v) Increase funding for DPhil places.</p>	<p>Create a new section on the Departmental website describing available DPhil opportunities in the Department and how to apply. Communications Officer (October 2019).</p> <p>Prepare an advert about Paediatrics DPhil opportunities in the Department for Find-a-PhD.com. Chair Graduate Studies Committee and Graduate Studies Administrator (October 2019).</p> <p>PIs to update their webpages with help from the Communications Officer (August 2018).</p> <p>PIs to encourage all eligible, potential DPhil students to apply for external fellowships and to include funding for DPhil students in research grant applications where feasible (March 2019).</p>	RATIONALE: We have a low number of applications for our Paediatric DPhil programme 37 (19F/18M) during 2014-2017 (6-15 per year). This compares to ~200 students/ year and 10 applicants/place for WIMM DPhil studentships. We also have a low number of applicants/place (1.5-2) compared to the University average of 6 applicants/place.	Number of DPhil applicants 15-20 every year.
2.2. Increase DPhil student events & networking (page 39).	i) Promote the DPhil Network to reach all DPhil students.	Graduate Studies Administrator to work with the Communications Officer to promote DPhil student	NEW INITIATIVE: We created a new DPhil network to promote peer support as well as Departmental	More than 70% (70%F/70%M) attending DPhil Network events.

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
	ii) Trial new types of networking events, e.g. evening social events and scientific events.	involvement in DPhil Network events (October 2018-2022). Graduate Studies Administrator to work with the current students to put on more events for students (October 2019).	support for DPhil students in an informal setting. RATIONALE: Our previous Staff Survey 2016 had shown that only 56% of women and 50% of men felt integrated into the Department with similar results across A&R staff, P&S staff and students.	At least 4 DPhil Network events each year by October 2019.
3. Improve career and development opportunities for all staff				
3.1. Work towards achieving gender balanced recruitment (page 21 and 29).	i) Continue to make mixed gender interview panels mandatory and monitor compliance with this. ii) Ensure that all PIs and other panel members have received recruitment training and that this is renewed every 4 years.	HR Lead to only approve interview panels which contain both female and male members and to compile an annual report for the SAT on compliance (2018 – 2022). HR lead to monitor PI uptake of recruitment training and prompt PIs to renew training where necessary (annually September).	ACHIEVEMENT: We achieved our 2015 AS aim of increasing the representation of women on interview panels. We also mandated that Departmental interview panels contain female and male members. RATIONALE: Data on the actual composition of interview panels is not currently reviewed by the SAT. Although we achieved increasing recruitment of women 2014-2016, the number of women applying and appointed in fell in 2017. While the increased number of men recruited in 2017, helped to rebalance what had been a predominantly female A&R workforce. We ask all PIs to complete recruitment training every 4 years. A recent review showed not all PIs have	All interview panels to be mixed gender between 2018 and 2022. All PIs to complete recruitment training every 4 years.

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
			done so.	
3.2. Promote career development opportunities for all staff (page 36).	<p>i) Update webpages on the Departmental website and the staff webpages with links to a range of training providers.</p> <p>ii) Include a section on career development opportunities in every E-newsletter as well as reminders of upcoming opportunities in the E-message.</p>	<p>Communications Officer to update the information available on the Departmental website and staff webpages of the Departmental website and enhance the visibility of this information by improving the links to the Staff webpages from the main Departmental website (October 2018).</p> <p>Communications Officer to seek out potential career development opportunities for our staff from University and MSD websites and highlight these by inclusion in the E-newsletter and weekly E-messages. (August 2018 and ongoing).</p>	<p>ACHIEVEMENT: We introduced information about training and career development into Induction for all new staff and include training and development links within the electronic Induction Pack so that staff have continued access to this beyond induction. In our 2018 Staff Survey 100% of staff found induction useful (compared with 86%F/14%M in the 2014 Staff Survey). Amongst our P&S staff in the 2018 Staff Survey there was a mark improvement in male staff who felt they had the opportunity for career development (from 0% in 2016 to 69% in 2018 compared with 89%F for each survey).</p> <p>RATIONALE: We did achieve our 2015 AS aim of increased uptake of training courses by our staff only by 25% (from 30 to 41/year) and 70% of our male A&R staff had done no training courses in the last year suggesting that we are not publicising these well enough given that the 100% of males in our 2018 Staff Survey felt they had time to undertake training.</p>	<p>Webpages updated with increased visibility on the main Departmental website and enhanced links created.</p> <p>> 80% of staff clear about career development opportunities in 2020 and 2022 Staff Surveys.</p> <p>>60% of male A&R staff to have undertaken at least 1 training course each year (information from PDRs and 2020 and 2022 Staff Surveys).</p>
3.3. Increase the	i) Publicise the Staff	Communications Officer to increase	ACHIEVEMENT: We created a Staff	>90% aware of

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
visibility and accessibility of training opportunities for all staff (page 36).	<p>Learning Scheme as a source of funding for external training together with the deadlines for application (biannual).</p> <p>ii) Ensure training is always included as part of the PDR for all staff.</p>	<p>the visibility of the Staff Learning Fund on the main website and the staff pages (October 2018).</p> <p>Communications Officer to include information about the Staff Learning Fund beside information about training courses in the E-newsletter (October 2018 – 2022).</p> <p>Article explaining the purpose of the Staff Learning Fund and how to apply to be written for the E-newsletter and then posted on the website. Previous awardee in conjunction with the Communications Officer/DA (October 2018).</p>	<p>Learning Scheme in 2014 just before our 2015 AS application to provide full or partial funding from the Department for staff training courses.</p> <p>RATIONALE: Since the Staff Learning Scheme was established there have been only 22 applications (2014-2017) nearly all from P&S staff- only 5 from A&R staff suggesting that A&R staff are likely to be unaware of the existence or purpose of the Fund. An informal poll or Researchers and MCR suggests that this is the case.</p>	<p>Department Staff Learning Fund by 2020 survey.</p> <p>>90% of researchers agree that they have opportunities to participate in formal and/or informal training at work (Staff Survey January 2020 and 2022).</p>
3.4. Ensure all staff every year have a PDR which is useful to them (page 37 and 42).	<p>i) Maintain high PDR completion rate.</p> <p>ii) Provide PDR training for new line managers.</p>	<p>HR lead to send reminders when the annual PDR is due and request feedback once the PDR is complete (September 2018 – 2022).</p> <p>SAT (with AS lead and HR lead) to run a mini-survey to seek feedback from staff on PDR system (January 2019).</p> <p>AS Lead and HR Lead to report feedback from mini-survey and recommend any necessary changes</p>	<p>ACHIEVEMENT: Introduced an online PDR in August 2017 with 86% of staff completing an online PDR to date (89%F/ 81%M). Our 2018 Staff Survey found that 88% of staff (91%F/ 82%M) found their PDR useful.</p> <p>RATIONALE: We need to maintain high completion rates and ensure these PDRs are high quality. Since the online system is new and introduced <9 months ago, it is important that we obtain feedback both from appraises</p>	<p>>90% PDR completion rate in 2019, 2020, 2021.</p> <p>>80% of new line managers to have completed PDR training.</p> <p>>90% of staff report that PDR is useful in 2020 and 2022 surveys.</p>

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
		<p>to improve PDR process (November 2019)</p> <p>Consider producing a PDR guide for all line managers - depending on the outcome of the mini-survey (July 2019).</p>	<p>and appraisers on the new PDR system to ensure the high quality of the process and make adjustments as needed.</p>	
4. Support career progression for Researchers				
<p>4.1. Increase Mid-Career Researcher (MCR) Fellowships (page 21).</p>	<p>i) Ensure all Researchers and CRFs have access to information about external intermediate level fellowships.</p> <p>ii) Arrange pre-fellowship application review by senior PIs.</p> <p>iii) Arrange mock interviews for all staff short-listed for fellowships.</p> <p>iv) Speak to funders of existing new Departmental Fellowships to explore opportunities for further fellowships.</p>	<p>Communications Officer to create a dedicated career development section of the website for clinical and non-clinical researchers (January 2019).</p> <p>Communications Officer and Researcher Champion (RS) to help compile a list of fellowship opportunities and links to relevant websites and regularly update on the Departmental website and flag upcoming opportunities via the E-newsletter (January 2019).</p> <p>Researcher Champion and HR Lead to target eligible Researchers to direct them to the relevant opportunities section of the website and offer support (January 2019).</p> <p>PIs to be reminded to address</p>	<p>ACHIEVEMENT: We established 4 MCR Fellowships to nurture the careers of outstanding young investigators and appointed our first junior MCRs to these posts in 2017 (1F/3M).</p> <p>RATIONALE: We had no applications for conferment of the title of University Research Lecturer from MCRs during 2014-2017. Although some of our MCRs would not yet be eligible, this indicates that we need to do more to encourage Researchers to consider applying for title via the RoD and line managers to flag this during the PDR.</p>	<p>Increase the number of staff holding MCR fellowships from 7 to 9 by May 2022 with a balanced number of women and men in post.</p> <p>Increase the number of female and male Researchers and CRFs submitting externally-funded MCR applications from 4 in 2014-2017 to 6 in 2018- 2022.</p>

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
		<p>fellowship applications as part of the PDR for all Researchers and CRFs. HoD/DA, (January 2019).</p> <p>Researcher Champion and PIs to arrange pre-fellowship submission review and mock interviews (January 2019).</p> <p>Funders of Departmental Fellowships to be approached by relevant PIs and HoD (January 2019).</p>		
<p>4.2. Increase support for Researcher and MCR career progression (page 22, 33 and 38).</p>	<p>i) Further develop the potential of newly formed Researcher Network.</p> <p>ii) Evaluate the role and benefits of the Researcher Network to see if adjustments are needed to respond to Researchers needs.</p> <p>iii) Ensure career progression discussed at the PDR.</p> <p>iv) Ensure all Researchers/ MCR have access to a</p>	<p>Researcher Champion to continue to host an informal discussion group every 3 months (2018-2022).</p> <p>Collect feedback from Researchers/ MCR about the role and value of the Network and any changes they would like via a mini-survey, AS Lead/Researcher Champion/HR Lead (May 2019).</p> <p>Researcher Champion to write a short annual report for the SAT about activities of the Network and the results of the mini-survey (April 2019).</p> <p>HR lead/team to monitor whether career progression discussions have</p>	<p>NEW INITIATIVE: Professor Rebeccah Slater was designated Researcher Champion in 2017 to develop a Researcher/ MCR Network to provide advice and support about grant applications and career progression as well as establish a system of peer support across the different research groups.</p> <p>RATIONALE: The Researcher Network is still at an early stage We had no applications for conferment of the title of University Research Lecturer from MCRs during 2014-2017. Although some of our MCRs would not yet be eligible, this indicates that we need to do more to encourage Researchers to consider applying for</p>	<p>> 80% Researcher and MCR staff happy with the career support they receive (mini-survey 2019).</p> <p>At least 1 application/year to the RoD for consideration for conferment of the title of University Research Lecturer.</p> <p>At least 2 MCR REF-returnable.</p>

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
	<p>mentor.</p> <p>v) Ensure MCR are well informed about the REF 2021.</p>	<p>been recorded on the PDR and produce an annual report for the SAT (September 2018).</p> <p>Information about mentorship and how to access the MSD mentorship scheme to be easily visible on the Departmental website and staff webpage and highlighted in the E-newsletter every months. Communications Officer (October 2018).</p> <p>Collect information from the 2020 and 2022 Staff Survey about how many staff have a mentor/ know about the mentorship scheme/ don't have a mentor but would like one. AS lead/HR lead (January 2020, January 2022).</p> <p>Researchers Champion and HoD to invite all staff eligible (or potentially eligible) to be returned in the next REF to attend a REF workshop (April 2019, April 2020).</p>	<p>title via the RoD and line managers to flag this during the PDR. No MCR were returned in REF 2014 as there were none in post at that time. Knowledge of the process amongst the MCRs is therefore low and only 1 (1F) has experience of being REF returnable in 2014 in her previous post. Senior members of staff have good understanding of how to prepare for the REF and how to have a strong return, which needs to be communicated to MCRs.</p>	
<p>4.3. Continue to develop and optimise grant application support for Researchers and MCRs</p>	<p>i) Ensure all Grade 7 and above A&R staff have access to information about research grant applications.</p>	<p>Communications Officer to create a dedicated career development section of the website, including information about applying for research grants and links to funding</p>	<p>RATIONALE: Review of our data for 2014-2017 showed that there had been only 10 grant applications by Researchers or MCRs during 2014-2017. 1 MCR (F) was named as a co-</p>	<p>Higher success rate for grant applications by MCR (>50%).</p> <p>Increased number of</p>

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(page 33, 38 and 49).	<ul style="list-style-type: none"> ii) Arrange pre-research grant application review by senior PIs. iii) Ensure all MCR have access to a grant writing workshop. iv) Formal review of impact of grant support system on funding success. 	<p>bodies (January 2019).</p> <p>Communications Officer and Researcher Champion (RS) to help compile a list of research grant opportunities and links to relevant websites and regularly update on the Departmental website and flag upcoming opportunities via the E-newsletter (January 2019).</p> <p>Communications Officer to collate information about grant writing workshops for Researchers in MSD, the University and beyond the University and post these on the Career Development section of the website (January 2019).</p> <p>PIs to be reminded to consider including Researchers/MCR as co-applicants on research grants. HoD (January 2019).</p> <p>Researcher Champion and PIs to arrange pre-research grant submission review (January 2019).</p>	<p>applicant but otherwise no MCR or Researchers were named co-applicants. None of the 4 applications by Researchers was successful.</p>	<p>research grant applications with Researchers/MCR as named applicants.</p>
5. Support career progression with balanced gender representation across the academic career pipeline for clinicians and non-clinicians				
5.1. Support clinical academics to continue	i) PIs and HoD to proactively plan and	HoD and PIs to identify eligible candidates and invite them to meet	ACHIEVEMENT: We appointed 3 Clinician Scientists since 2015 (2F/1M)	Support at least 2 (1F/1M) Clinician

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
with a scientific research career (pages 22 and 38).	<p>support Clinician Scientists to apply for Senior Fellowships.</p> <p>ii) HoD/HoF to explore options for bridging funding between fellowships.</p> <p>iii) Ensure the work of female and male clinical academics are visible as role models in the Department.</p>	<p>and discuss their career plans, including timing of Senior Fellowship applications (May 2018 - 2022).</p> <p>Communications Officer to ensure that the work of clinical academics at all levels of training and experience (CRFs, Clinical Lecturers and Clinician Scientists) is publicised on the website and in the E-newsletters (2018-2022).</p> <p>Annual Paediatric Research Day to include a balance of clinical and non-clinical scientists as well as balance by gender. Graduate Studies Administrator/DA (August 2018, 2019, 2020, 2021, 2022).</p>	<p>and are supporting them to become independent group leaders.</p> <p>RATIONALE: The career pipeline for clinician scientists is insecure because it is entirely dependent upon highly competitive externally-funded fellowships. Without bridging support for the Department, clinician scientists are at high risk of leaving science and returning to full-time NHS jobs.</p>	Scientists to obtain a Senior Fellowship (October 2020).
5.2. Increase number of women with University Research Lecturer (URL), AP and Professor titles (page 22).	<p>i) Identify all eligible candidates for RoD schemes annually and encourage to apply.</p> <p>ii) Provide internal support for RoD applicants to strengthen applications.</p> <p>iii) Offer mentorship for unsuccessful RoD candidates.</p>	<p>HoD and PIs to identify eligible candidates and invite them to discuss submitting an application (March 2018 - 2022).</p> <p>HoD and HoF to establish gender-balanced internal RoD committee to review applications prior to submission and provide advice to strengthen applications (April 2018 - 2022).</p> <p>HoD to ensure all unsuccessful</p>	<p>ACHIEVEMENT: There were no female Professors or APs until 2014 when 2/6 Professorial posts were occupied by women.</p> <p>RATIONALE: The proportion of women holding the Professor title has not increased since 2014 and is not consistent with our pipeline. We currently have no staff with the URL title.</p>	<p>2 successful female applications for Professor title by 2022.</p> <p>2 successful female applications for AP title by 2022.</p> <p>2 successful female applications for URL title by 2022.</p>

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
		<p>candidates are offered mentorship by a senior member of the Department to support them to meet the requirements (Sept 2018 – 2022).</p>		
<p>5.3. Increase the number of female applicants to new senior academic (Professor/AP) appointments.</p>	<p>i) Ensure that the recruitment pool includes women.</p> <p>ii) Ensure that there is a gender balanced shortlist/ longlist.</p>	<p>All PIs to promote in their professional networks the Departmental plans for recruitment to 2 new Professorial posts in 2018-2019 and encourage suitably qualified women to apply (2018-2019).</p> <p>HoD/DA/HR Lead to ensure that selection committees and interview panels are mixed gender (2018-2019).</p>	<p>RATIONALE: There are currently fewer women Professors than male Professors (1F/3M) although the number of APs is currently balanced (1F/2M). Opportunities to recruit senior academics to our Department arise infrequently due to the small size of the Department but we have approval to recruit to 2 senior (Professor/AP) posts in 2018-2019).</p>	<p>Appointment of 2 Professors (at least one female) during the 2018-2019 recruitment round.</p>
<p>5.4. Increase the number of Researchers/MCRs on open-ended contracts (page 25).</p>	<p>i) Continue annual review of all staff on fixed-term contracts and identify those who can be moved to open-ended/ permanent contracts.</p> <p>ii) Create guidance for moving staff from fixed-term to open-ended contracts and share with Department.</p>	<p>HR Lead, HOF and HoD review all A&R staff with more than 4 years' service and identify any staff who meet criteria for moving to open-ended/permanent contract (September 2018, 2019, 2020, 2021, 2022).</p> <p>HR Lead and HOF to create guidance for moving to open-ended contracts and circulate to the Department via the E-newsletter and on website (September 2018).</p>	<p>RATIONALE: Overall 29% of our A&R staff are on open-ended contracts with a similar proportion of women and men (27%F/ 30%M). While this proportion compares favorably with the MSD as a whole, we strongly support moving as many staff as possible to open-ended contracts once they have been in post for >4 years. This allows us to better promote the career development of Researchers and MCR, e.g. allowing them to apply for research grants</p>	<p>Increase the proportion of male and female staff with more than 4 years' service on open-ended contracts by 10% by 2022.</p> <p>Information and guidance about the process of moving from fixed-term to open-ended contracts clearly displayed on the staff webpages.</p>

Objectives	Actions 2018-2022	Tasks, timescale and person responsible	Justification	Success measures
			which is often not possible for staff on fixed-term contracts.	
6. Support career progression for professional and support staff				
6.1. Promote career opportunities and mentoring for Professional and Support (P&S) Staff (page 40).	<ul style="list-style-type: none"> i) Provide more support networks for P&S staff. ii) Promote initiatives to support P&S staff, including the University Careers Network mentorship scheme. iii) Encourage P&S staff to attend conferences on careers in HR, Finance, Department Administration and Development. iv) Review what type of mentoring P&S staff require (e.g. job applications and interviews) and where there are gaps in mentor provision. 	<p>HoF/HR Lead to circulate P&S staff career support opportunities to all P&S staff and encourage staff to apply (2018-2022).</p> <p>HOF/HR Lead to work with staff and other Departments to meet the mentoring needs of P&S staff who would like general or specific mentoring (April 2019).</p>	<p>ACHIEVEMENT: The 2018 Staff Survey showed a major increase in the proportion of male P&S staff who felt they had the opportunity to take on new responsibilities and develop their skills to 69% of the male staff compared to none of the male staff in the 2016 survey. By contrast, 89% of female P&S staff felt they had these opportunities both in 2016 and 2018.</p> <p>RATIONALE: The 2018 Staff Survey showed that although 100% P&S staff who had been offered a mentor found this useful, there were still many P&S staff (26%F and 50%M) who did not have a mentor and would like one. The survey also showed that P&S staff would like more events targeted specifically at them, and in particular career development and networking opportunities.</p>	<p>>90% of PS&S staff to have a mentor if they would like one (Staff Survey January 2020 and January 2022).</p> <p>>50% of P&S staff to attend career development events specifically designed for P&S staff (January 2020).</p> <p>>90% of PSS clear about career development opportunities in 2020 and 2022 Staff Survey.</p>