

**National Heart and Lung Institute**, Imperial College London

**Athena SWAN Silver Application**

November 2018

## APPLICATION DETAILS

|  |  |
| --- | --- |
| **Name of institution** | Imperial College London |
| **Department** | National Heart and Lung Institute |
| **Focus of department** | **STEMM** |
| **Date of application** | 30th November 2018 |
| **Award Level** | **Silver** |
| **Institution Athena SWAN award** | **Date: April 2016 Level: Silver** |
| **Contact for application**  Must be based in the department | Prof Sara Rankin |
| **Email** | [s.rankin@imperial.ac.uk](mailto:s.rankin@imperial.ac.uk) |
| **Telephone** |  |
| **Departmental website** | https://[www.imperial.ac.uk/nhli](http://www.imperial.ac.uk/nhli) |

**WORD COUNT**

|  |  |  |
| --- | --- | --- |
|  | **Recommended** | **Actual** |
| 1.Letter of endorsement | 500 | 558 |
| 2.Description of the department | 500 | 613 |
| 3. Self-assessment process | 1,000 | 971 |
| 4. Picture of the department | 2,000 | 1,440 |
| 5. Supporting and advancing women’s careers | 6,500 | 7,172 |
| 6. Case studies | 1,000 | 982 |
| 7. Further information | 500 | N/A |
| Additional words | 1,000 |  |
| **Total** | **13,000** | **11,736** |

1,000 additional words were granted on 14th February 2017 on the grounds of NHLI having both clinical and non- clinical staff and students.

## LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT

*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.*



November 30, 2018 James Greenwood-Lush Head of Athena SWAN Advance HE

First Floor, Westminster Tower 3 Albert Embankment

London, SE1 7SP

Dear Mr James Greenwood-Lush

**National Heart & Lung Institute**

Imperial College London

**Edwin Chilvers PhD, FRCP, FHEA, ScD, FMedSci**

Professor of Medicine

Head, National Heart & Lung Institute

Imperial Centre for Translational and Experimental Medicine Building, Du Cane Road, London, W12 0NN.

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## Athena SWAN Silver Award Application – National Heart and Lung Institute

I am delighted to offer my fulsome support for our application for an Athena SWAN Silver renewal. This is a hugely important focus in the NHLI, and one that impacts in so many ways on the culture, enjoyment and productivity of our Department. I have recently moved to Imperial College from Cambridge and the visibility and integration of Athena within this Department is palpable. I can confirm that the information presented in the application (including qualitative and quantitative data) is an honest, accurate and true representation of the Department.

NHLI was the first Department in the Faculty of Medicine to receive an Athena Silver Award and with a succession of outstanding leaders (Lloyd, Harding and Rankin), continues to be a flag-bearer for Athena across the Faculty. Many initiatives pioneered by NHLI including our ‘bring-your-child-to-work-day’ have now been adopted across the College. The NHLI has a highly visible and effective Athena Lead in Professor Rankin (who also chairs the Faculty’s EDI Committee) and Athena sits at the top of our Departmental meeting agenda.

The main criticism of our Athena sliver application in April 2017 was the lack of evidence of impact against our 2014 Action Plan; our most recent staff survey and further analysis of our data now clearly demonstrates that these Actions have delivered and impacted across the board. These are highlighted in our application but include an increase in numbers of women applying for academic positions from 20% (2011-2014) to 35% (2015-2018), an improvement in the quality of PDRPs (up by 6% since 2014) and in women feeling that the promotion process is fair (up from 29% to 62%).

In addition, since 2014 the Department has added further resource for new administrative and communications posts to support Athena-related activities and this together with our new Athena webpages, re-organised agendas, and new electronic newsletter, has resulted in increased visibility and awareness of Athena initiatives.

Moreover, I sense no lack of enthusiasm ‘to do-more and do-better’: The Department now has 50% female non- clinical Professors, and three of our four Head of Division leads are female. Our previous Athena lead (Lloyd) is

now Vice-Dean for Institutional affairs and heads Athena SWAN activity for the Faculty. With support from the Athena SAT, our professional/technical staff have established a separate and enthusiastic working group and developed their own bespoke action group. We continue to push the boundaries and innovate in this space, thus we are in the process of establishing a Faculty-wide menopause network and we are raising awareness of neurodiversity through our “2eMPower” project.

Cardiology at a national level has traditionally been male-dominated, but the NHLI has some outstanding female role models. This will be a priority area for Athena going forward, with new actions resulting from a focus group held in Sept 2018. Further we will continue to work with the Royal College of Physicians and Academy of Medical Sciences to bring Athena to our hospital Trusts. We continue to promote mentorship within the Division and have published a study with Imperial’s Business School to show how mentoring impacts on women’s academic performance (Postgrad Med J 2016; 92:581).

We have, I believe, fully delivered on our 2014 Action Plan and have put together what I believe is an exciting new plan for the future, which has my strongest possible support.

Yours sincerely,



Professor Edwin Chilvers Professor of Medicine

Head, National Heart and Lung Institute

Section 1 word count: 558

## Running total: 558

**LIST OF ABBREVIATIONS**

AMS Academy of Medical Sciences

AP Action Plan

AP2014 Action Plan 2014

AP2018 Action Plan 2018

BYCTWD Bring Your Child to Work Day

CATO Clinical Academic Training Office

CCT Certificate of Completion of Training

CPD Continuing Progression of Development

CRF Clinical Research Fellow

CSL Clinical Senior Lecturer

ECU Equality Challenge Unit

E&D Equality and Diversity

EDI Equality, Diversity and Inclusion

F Female

FADP Female Academic Development Programme

FoM Faculty of Medicine

FRC Fellowships and Research Committee

FT Full-time

FTE Full Time Equivalent

H&B Harassment and Bullying

HDRC Higher Degrees Research Committee

HEaTED Higher Education and Technicians Educational Development HESA Higher Education Statistics Agency’s Quantitative Data

HoI Head of Institute

HST Higher Specialty Trainee

ICHT Imperial College Healthcare NHS Trust

JLR Job Level Review

JRO Joint Research Office

LDC Learning and Development Centre

M Male

M&S Management and Strategy Committee

MBBS Bachelor of Medicine Bachelor of Surgery

NHLI National Heart and Lung Institute

PE Public Engagement

PFDC Postdoc and Fellows Development Centre

PGR Postgraduate Research

PGT Postgraduate Taught

PRDP Personal Review and Development Plan

PTES Postgraduate Taught Experience Survey

PT Part-time

PTO Professional, Technical and Operational

PTSWG Professional and Technical Staff Working Group RBHT Royal Brompton and Harefield NHS Foundation Trust RCP Royal College of Physicians

REF Research Excellence Framework

SAT Self-Assessment Team

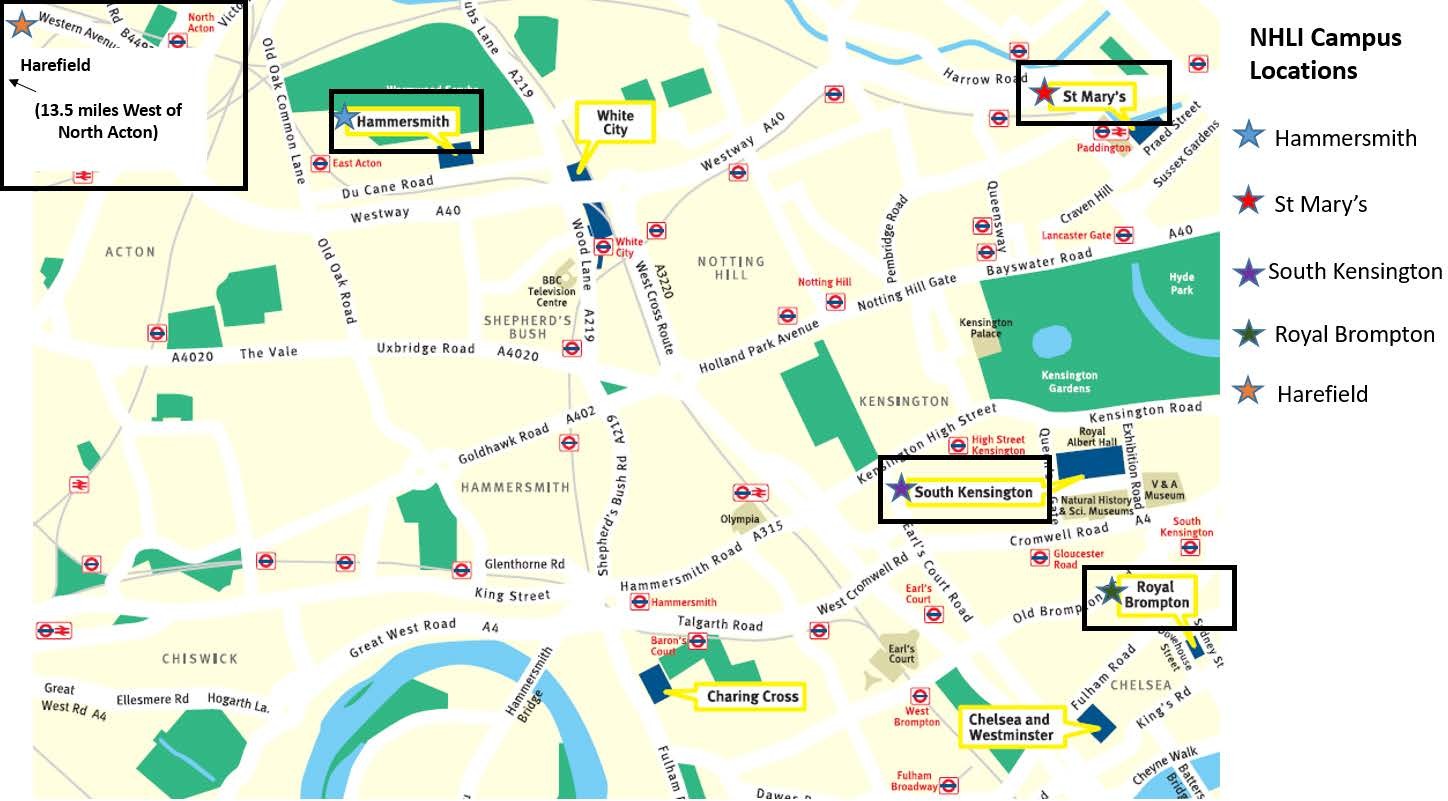
WT Wellcome Trust

## DESCRIPTION OF THE DEPARTMENT

*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 National Heart and Lung Institute (NHLI) is a multicultural department in the Faculty of Medicine (FoM) at Imperial that focuses on clinical and basic respiratory and cardiovascular research. We have close links with the Royal Brompton and Harefield NHS Foundation Trust (RBHT) and the College Healthcare NHS Trust (ICHT) with both clinical and non- clinical staff.

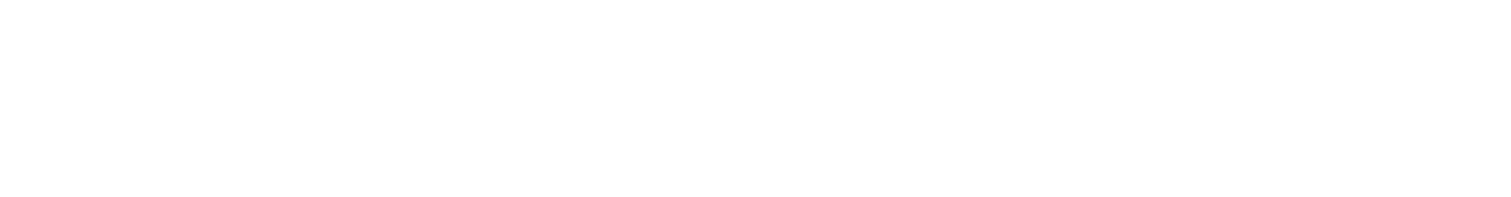
One of our challenges is the geographical distribution of NHLI staff over five sites across West London, (**Figure 2.1**) but we used our last Athena action plan (**AP2014)** to successfully lobby for establishment of an inter-campus shuttle and the purchase of infrastructure and software for videoconferencing, both of which has increased cohesiveness of the **AP2014 2.6.1-3 Department**.



**Figure 2.1. NHLI campus locations.** The five NHLI campuses are indicated by stars and black boxes. Yellow boxes indicate Imperial campus locations.

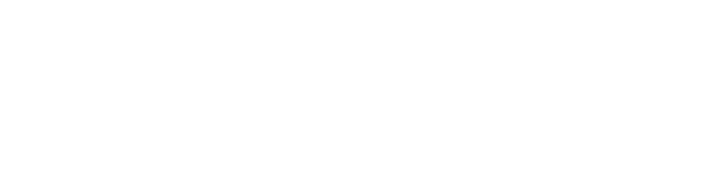
## Structure

Since submission of our last application in November 2017 the Department has undergone an external review. As a result, the Department was restructured (see **Figure 2.2**), with the HoI standing down at the end of 2017. An interim HoI was in place January - September 2018, with a new HoI (externally recruited) taking the helm in October 2018. This new structure has resulted in a significant increase (from 29% in 2014 to 40% in 2018) of females in senior leadership positions within NHLI (**Table 2.1**).



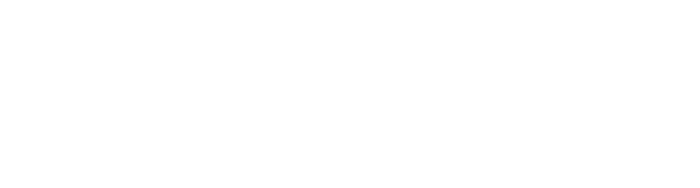
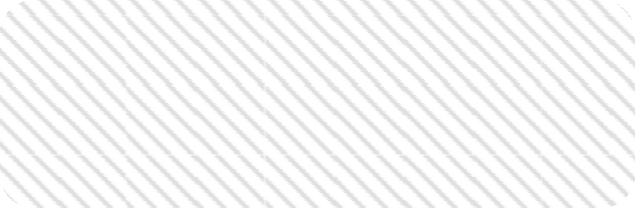
**DEPARTMENT**

**National Heart and Lung Institute Head: Male**



**DIVISION**

**Respiratory Science Head: 2 Females**



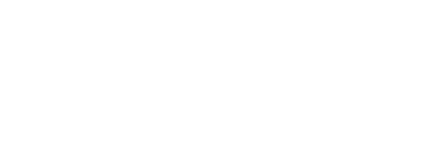
**DIVISION**

**Cardiovascular Science Heads: 1 Female, 1 Male**



**SECTION**

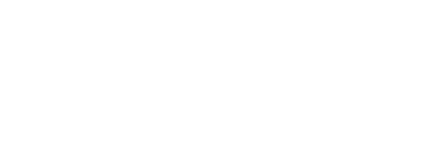
**Respiratory Infection Head: Male**



**SECTION**

**Cardiac Science**

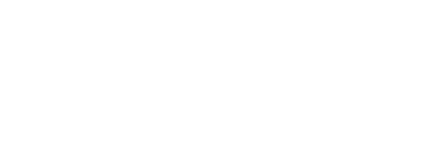
**Head: Male**



**SECTION**

**Inflammation, Repair & Development**

**Head: Female**



**SECTION**

**Genetics and Imaging**

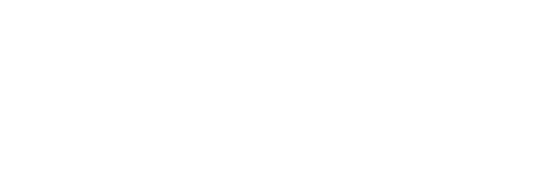
**Head: Male**



**SECTION**

**Genomic and Environmental Medicine**

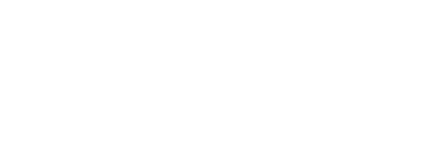
**Head: Male**



**Key:**

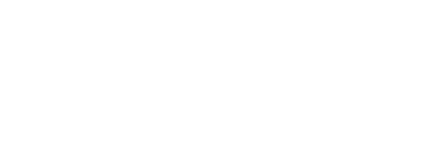
White = male head Grey = female head(s)

Shaded = one female/one male head



**SECTION**

**Vascular Science Head: Female**



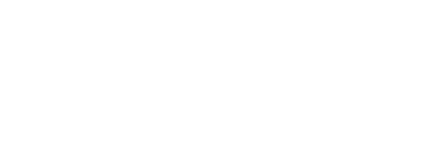
**SECTION**

**Airway Disease Head: Male**



**SECTION**

**Cardiorespiratory interface Head: Female**



**SECTION**

**Cardiovascular Trials and Epidemiology**

**Heads: 2 males**

**Figure 2.2. NHLI structure.** Grey boxes indicate Divisions/Sections led by Females.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Section**  **Heads - F** | **Section**  **Heads – M** | **Division**  **Heads – F** | **Division**  **Heads – M** | **HoI**  **M** | **Total**  **% F** |
| 2009 | 7% (1) | 93% (13) | N/A | N/A | 1 (100%) | 7% |
| 2014 | 31% (4) | 69% (9) | N/A | N/A | 1 (100%) | 29% |
| 2018 | 27% (3) | 73% (7) | 75% (3) | 25% (1) | 1 (100%) | 40% |

## Table 2.1. Gender split of NHLI Section and Division Heads.

**Staff and student numbers**

We currently employ over 430 staff and host over 300 postgraduate students (**Table 2.2**). We have no undergraduate students. We employ 171 (50%F) non-clinical academic and research staff and 113 (25%F) clinical academic and research staff. The low percentage of female clinical staff reflects the National picture for cardiology (13%F) and respiratory (28%) consultants (**Table 2.3**).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff/student type** | **Female** | **Male** | **Total** | **% Female** | **% Male** |
| Non-clinical academic staff | 19 | 26 | 45 | 42% | 52% |
| Non-clinical research staff | 66 | 60 | 126 | 52% | 48% |
| Clinical academic staff | 11 | 50 | 61 | 18% | 82% |
| Clinical research staff | 17 | 35 | 52 | 33% | 67% |
| Learning and teaching staff | 5 | 5 | 10 | 50% | 50% |
| Professional staff | 62 | 16 | 78 | 79% | 21% |
| Technical staff | 31 | 18 | 49 | 63% | 37% |
| NHS nurses | 16 | 1 | 17 | 94% | 6% |
| **Total Staff** | **227** | **211** | **438** | **51%** | **49%** |
| Postgraduate research students | 87 | 73 | 160 | 54% | 46% |
| Postgraduate taught students | 118 | 51 | 169 | 70% | 30% |
| **Total Postgraduate students** | **205** | **124** | **329** | **62%** | **38%** |
| **Total Staff and students** | **432** | **335** | **767** | **56%** | **44%** |

## Table 2.2. NHLI staff numbers by gender on 1st November 2017 and postgraduate student numbers by gender on 31st December 2017.

|  |  |  |
| --- | --- | --- |
|  | **% Female** | **% Male** |
| All HSTs | 54% | 46% |
| All consultants | 35% | 65% |
| Cardiology HSTs | 28% | 72% |
| Cardiology consultants | 13% | 87% |
| Respiratory medicine HSTs | 51% | 49% |
| Respiratory medicine consultants | 28% | 72% |

**Table 2.3. Gender split of higher specialty trainees (HST) and consultants in the UK 2016-17.1**

1*Focus on physicians: census of consultant physicians and higher specialty trainees 2016-17. Royal College of Physicians.* (https://[www.rcplondon.ac.uk/projects/outputs/2016-17-census-uk-consultants-and-higher-specialty-](http://www.rcplondon.ac.uk/projects/outputs/2016-17-census-uk-consultants-and-higher-specialty-) trainees)

## Athena and NHLI

We were the first Department in FoM to receive an Athena Award (Silver in 2009), and since then we have been the flagbearers for Athena in the Faculty with other Departments adopting successful initiatives which we established e.g. Bring Your Child To Work Day (BYCTWD) and New Scientist day (**Table 2.4**). Feedback from our unsuccessful Athena submission in April 2017 indicated a lack of impact of our Athena initiatives. In this application we hope that the impact is far more visible. Some key impacts from our previous (2014) action plan (**AP2014**) are listed below.

* + We have increased the percentage of females applying for academic posts from 20% (2009-2014) to 35% (2015-2018), by making changes to the recruitment process, **AP2014 3.1.1, 3.1.2.**
  + We have increased the rate of successful completion of probations within three years from 33% (2011-2013) to 100% (2014-2017), by appointing mentors for new academic staff.
  + Increased appointment of women to senior positions within Faculty and to College council and an increase of women in leadership roles within the NHLI (29% 2014 to 40% in 2018). Linked to Athena initiatives to encourage and support women into leadership roles **AP2014 4.7.1** and **4.7.2**
  + The percentage of female staff who are confident that the promotions/career progression in NHLI is fair has increased from 29% to 62%, since we have made the process more transparent and offered more support as a result of **AP2014 4.1, 4.3, 4.4**
  + Appointment of a full time Communications manager in 2014, shows continued financial commitment of NHLI to Athena initiatives, **AP2014 1.2.1, 1.2.2.** Appointment has resulted in better institute communications through improved quality of the monthly newsletter- 80% of NHLI staff find it useful (Staff survey 2017).
  + Continued high completion rate for PRDPs (90%) and increased quality of PRDPs by 6% **AP2014 4.1.3.**
  + In 2016 we created a new NHLI fellowship scheme, 50% of these have been awarded to women, 2 of which were returning after a career break and one went on to successfully obtain a Wellcome Trust (WT) career re- entry fellowship **AP2014 4.5**
  + An increase in President awards for staff from two being awarded in 2014 (1F:2M) to nine in 2018 (4F:5M)

## AP2014 2.9.2.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Athena Initiative** | **Objective** | **Year**  **Established** | **Frequency** |
| 1. | Maintaining high completion rates  and quality of PRDP returns | Increase staff satisfaction  with the PDRA process | 2015 | Annually |
| 2. | Heads of Section must complete all staff PRDPs before they have their  PRDP with head of institute | Increase completion rates for PRDPs for all staff to  >90% | 2015 | Annually |
| 3. | Post-graduate research day | Opportunities for PGRs to  develop transferable skills and network | 2008 | Annually |
| 4. | New Scientist day | Opportunities for newcomers to develop  collaborations | 2013 | Annually (depending on new staff appointments  each year) |
| 5. | BYCTW day | Improve culture | 2013 | Annually |
| 6. | NHLI Christmas party | Improve culture | 2013 | Annually |
| 7. | Administrative lead for Athena | Support for all the Athena  initiatives and activities | 2015 | N/A |
| 8. | NHLI head of communications | Effective communication and increased visibility of  Athena activities | 2015 | N/A |
| 9. | Institute lead for PDRAs | Voice for PDRAs | 2012 | N/A |
| 10. | PDRA development day | Supports career  development of PDRAs | 2014 | Bi-annually |
| 11. | NHLI Fellowship scheme | Supports career  development of PDRAs | 2016 | Annually |
| 12. | Athena/EDI and Award section in NHLI newsletter | Acknowledges the  achievements of staff and students | 2015 | Monthly |

**Table 2.4. Key Long-standing successful NHLI Athena initiatives.**

**Section 2 2018 Word count 613**

### Running total:1171

1. **THE SELF-ASSESSMENT PROCESS**

*Describe the self-assessment process.*

## (i) Description of the self-assessment team

With the restructuring of the Department in 2018 a new Chair of the SAT committee was appointed in June 2018. In response to feedback from our last submission, we have increased male membership of the committee from 18% in 2014 to 33% in 2018, we now have 24 members, 16 females and 8 males (**Table 3.1**). The committee is large to ensure representation from different staff groups at different levels and different campuses. This brings the advantage that we are able to have sub-groups with a specific focus to spread the Athena workload.

Six members of our SAT also sit on the Department’s Management & Strategy committee (M&S). Professor Clare Lloyd is also Chair of the Faculty of Medicine Athena Swan committee.

Professional and technical staff members joined the SAT following the May 2015 ECU criteria change, and as part of this, we established the NHLI Professional and Technical Staff Working Group (PTSWG) in June 2016. A sub-group of three female Clinical Senior Lecturers have led on Athena initiatives for clinical staff 2014-2017 and in Summer 2018 two new senior male clinical academics joined the SAT to more equitably spread the burden of this priority action on career progression for female clinical academics (**AP2018 1.1-1.5**).

In June 2018 we created a new post “Athena SAT Deputy Chair”, as part of our action to enable junior staff to shadow the activities of senior staff. (**AP 2018 4.4**).

SAT membership and Athena roles are discussed at annual PRDPs and recognised in academic probation reviews and academic promotion applications.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Gender** | **Job title** | **Role** | **Athena Sub**  **Group** |
| Prof Sara Rankin$ | Female | Professor of Leukocyte and Stem Cell Biology; Institute Lead for Equality; Institute  Lead for Outreach | NHLI Lead for Equality.  **Chair for Athena SAT.**  Has school age children, has a learning disability.  Campus – SK | **1,3,4,7** |
| Dr Charlotte Dean | Female | Senior Lecturer in Lung Development and Disease | **Deputy Chair for Athena SAT**  Has school age children. Campus – SK | **2,5 & 6**  **Lead for BYCTWD**  **at SK, EKB and**  **GSB** |
| Lindsay Melling | Female | Career Development Coordinator; Athena Administrative  Lead | Chairs the NHLI Professional and Technical Staff Working Group.  Campus - GSB | **1-7** |
| Dr Olga Archangelidi | Female | PDRA | Represents PDRAs; works flexibly. Currently on maternity leave.  Campus - GSB | **2** |
| Dr Pank Bhavsar | Male | Senior Research Fellow | Represents senior research staff; has one young child and caring responsibilities.  Campus - GSB | **5 (lead)** |
| Dr Anne Burke- Gaffney | Female | Research Lecturer | Represents non-clinical academics  works flexibly, has one school age child.  Campus - GSB | **5 & 7** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prof Andy Bush | Male | Professor of Respiratory | Lead for clinical academics- respiratory.  Campus - GSB | **1,3 & 7** |
| Dr Mike Cox | Male | PDRA | Represents PDRAs; 10 years of PDRA experience.  Campus - GSB | **2 (lead) & 4** |
| Dr Jane Evers$ | Female | Institute Manager | Member of NHLI PTSWG; moved from a PDRA position to management in 1990  Campus - GSB | **3 (lead) ,4,5 & 6** |
| Dr Gareth Hyde | Male | Safety and Technical Services Manager | Represents technical staff; Lead of the NHLI Professional and Technical Staff Working Group.  Campus - GSB | **3, 6 (lead)** |
| Ms Helen Johnson$ | Female | Communications and Website Officer | Develops and maintains Athena  communications material: webpage, newsletter, social media in addition to being communications lead for NHLI  Campus – GSB | **4,5,6 & 7(lead)** |
| Prof Clare Lloyd$ | Female | Professor of Respiratory Immunology; Vice-Dean (Institutional  Affairs) | Previous Institute Lead for Women; chairs the FoM Athena Committee. Has school age children.  Campus – SK | **Provides link with faculty level strategy and activities** |
| Ms Helena  Lund-Palau | Female | Student | Represents PhD students  Campus – SK | **4 & 7** |
| Dr Maija  Maskuniitty | Female | Centre Manager | Represents P&T group  Campus - GSB | **6** |
| Prof Jamil Mayet$ | Male | Professor of Cardiology | Lead for clinical academics- cardiology  Campus- HH | **1 (lead)** |
| Dr Amanda Natanek | Female | Clinical Senior Lecturer in Molecular Medicine | Represents early career clinical academics; liaises actively with Royal College of Physicians (RCP) and Academy of Medical Sciences (AMS).  Campus – SK | **1** |
| Mr Peter O’Gara | Male | Laboratory Manager | Represents technical staff; member of the NHLI Professional and Technical Staff Working Group.  Campus- HH | **6** |
| Dr Jenni Quint | Female | Clinical Reader in Respiratory Epidemiology | Represent female clinical academics; has school age children.  Campus- EKB | **1** |
| Prof Anna Randi$ | Female | Professor of Cardiovascular  Medicine | Represents senior non-clinical female academic staff.  Campus- HH | **4 (lead) and 5** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ms Sara Samari | Female | Research  Assistant | Represents Research assistants  Campus- HH | **7** |
| Ms Jinata Subba | Female | Centre Manager | Represents professional services staff; NHLI PTSWG member.  Campus- HH | **Lead for BYCTWD at HH**  **6 &7** |
| Ms Kate Strong | Female | Student | Postgraduate student rep  Campus - SM | **3 & 7** |
| Prof Peter Sever | Male | Professor of Clinical Pharmacology &  Therapeutics | Represents senior clinical academic staff.  Campus- HH | **1** |
| Prof Simon Thom | Male | Professor of Cardiovascular Medicine and Clinical Pharmacology  (clinical) | Represents senior clinical academic staff, works flexibly. Campus- HH | **1** |
| Dr Sonya Babu- Narayan | Female | Clinical Senior Lecturer in Adult Congenital Heart Disease | Represents early career clinical academics; has had a period of maternity leave at NHLI. Campus - RBH | **Leaving SAT end of 2018 due to workload of new role as Associate Medical Director of British Heart**  **Foundation** |

## Table 3.1. The NHLI Athena Self-Assessment Team.

\*subgroups align with Athena Action plan numbers

$sit on the M&S committee

## Account of the self-assessment process

The NHLI Athena SAT reports to the M&S committee, and Athena is a standing item on every M&S monthly meeting agenda and on Division and Section meeting agendas. SAT members report back to their Divisions/Sections on Athena matters. Each M&S meeting focuses on a specific aspect of departmental life and in the run-up to our 2017/2018 Athena submission, several meetings have been dedicated to Athena related matters including the new PTSWG inclusion criteria, June 2016 Athena focus groups, and the 2017 NHLI staff survey (**See also Table 3.3**).

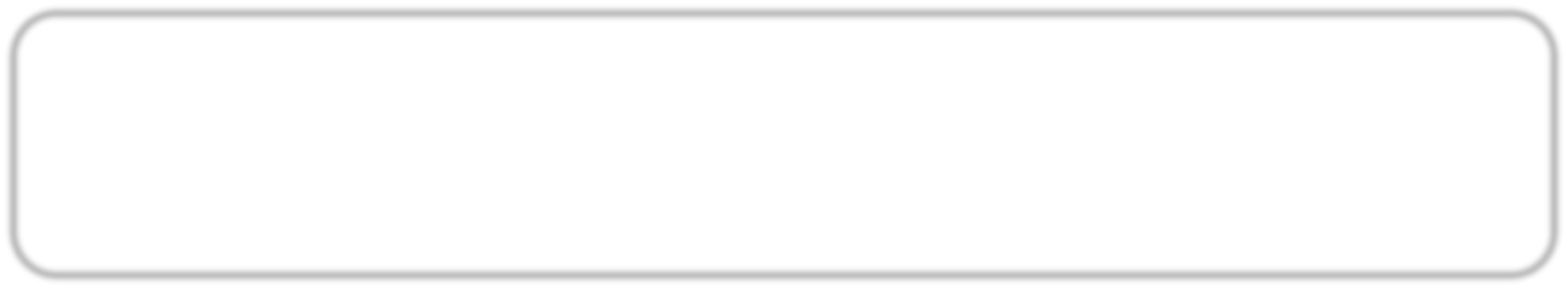
Since the renewal of our Silver in November 2014, the SAT has met quarterly, while sub-groups met more frequently. The meetings rotated between different campuses facilitated by Athena actions on videoconferencing and inter- campus travel **AP2014 2.6.1-3.** Sub-groups within the Athena SAT had responsibility for taking specific areas of the **AP2014** forward. All sub-group reported back to the SAT at quarterly meetings.

The new NHLI PTSWG drives Athena for these staff groups and meets termly. The meetings have been very productive with all members enthusiastic and engaged. The Athena Administrative Lead chairs the group meetings and reports back to the SAT and M&S.

We have used staff consultation successfully to improve the quality of our PRDPs for all staff and to develop a new PRDP form specifically for PDRAs and a bespoke Action Plan (AP) for PDRAs for the new **AP2018**. Focus groups were held in September 2018 to provide information and insight from female clinical academics, which will also inform the **AP2018**.

Consultation with different staff groups and review of our **AP2018** have taken place in multiple ways (**Tables 3.2-3.3**). The application was reviewed by the College Athena Committee and Director of the Postdoctoral and Fellow Development Centre, Dr Liz Elvidge (PFDC). We also regularly interact with other internal and external groups and bodies, such as the Athena London West Regional Network, College Athena Committee, FoM Athena Committee, FoM

PTO (Professional, Technical and Operational) Staff Working Group, Royal College of Physicians and Academy of Medical Sciences, and other departments at Imperial and externally (**Figure 3.1**). The new Athena SAT chair recently attended the first meeting of the Medical schools Equality, Diversity and Inclusion (EDI) network in Newcastle and the Equality Challenge Unit (ECU) conference in Liverpool. All these interactions have contributed to this application and Action Plan.



**Evidence of impact**

**AP2014 6.3** NHLI seeks advice from other organisations and keeps up to date with national and international policies and initiatives **–** evidenced by NHLI staff attending relevant conferences and meetings.

**AP2014 1.1**- Aimed to increase Athena visibility and Communications so staff and students understand its purpose – which will result in an increased response to the college staff survey. This has been achieved as participation in 2017 survey increased from 48% in 2014 to 60% in 2017 (see **Table 3.3**).

|  |  |  |  |
| --- | --- | --- | --- |
| **Survey** | **Date** | **Target group** | **NHLI Response rate** |
| College Staff Survey | Spring 2014 | All staff | 48% |
| NHLI Newsletter Survey | December 2015 | All staff and students | 10% |
| NHLI PRDP Survey | Spring 2016 | All staff | 30% |
| FoM PTO Staff Survey | Spring 2016 | All PTO staff | 40% |
| College Staff Survey | Spring 2017 | All staff | 60% |
| NHLI PDRAs and fellows  survey | Winter 2017 | All PDRAs/fellows | 39% |

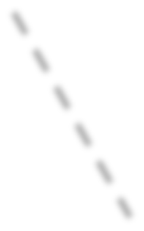
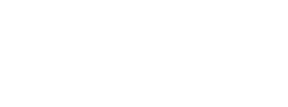
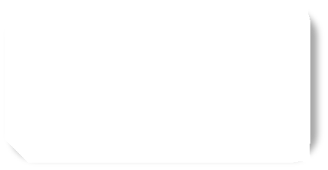
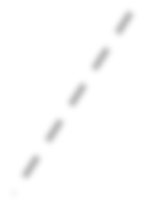
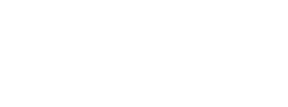
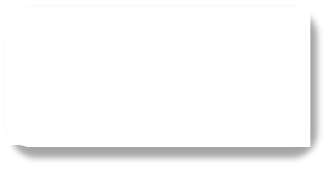
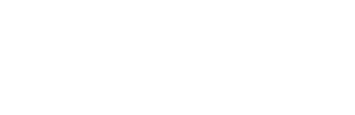
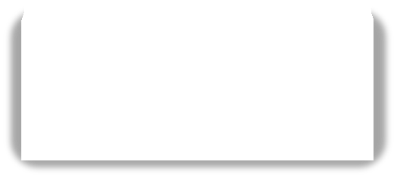
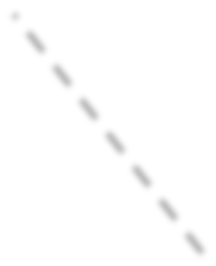
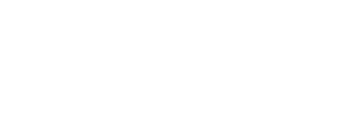
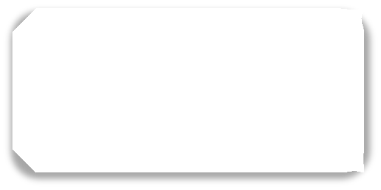
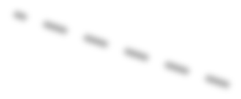
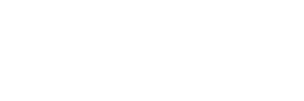
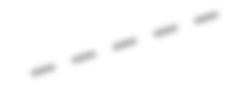
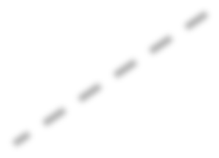
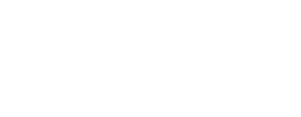
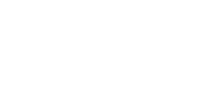
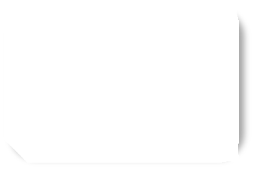
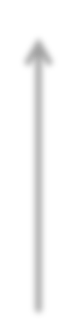
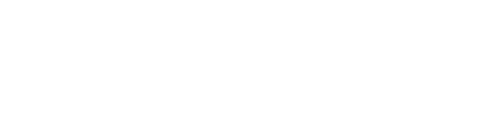
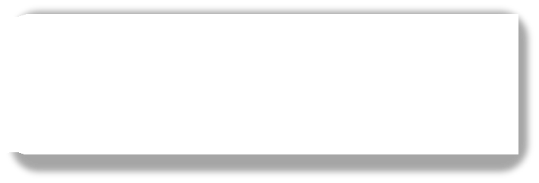
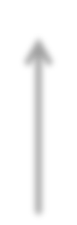
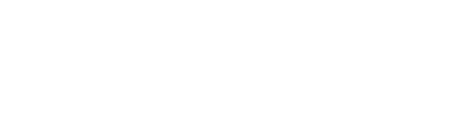
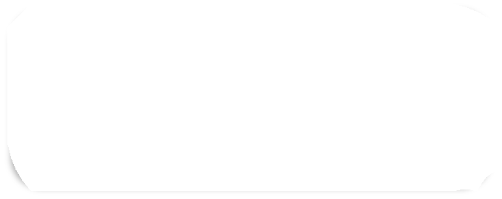
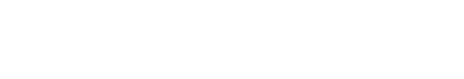
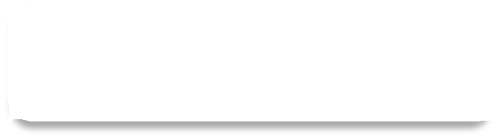
**Table 3.2. Surveys since the last NHLI Athena Silver application (April 2014).** PTO = professional, technical and operational. (There are no operational staff employed by NHLI.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meeting/event** | **Date** | **Total**  **participants** | **% Female** | **% Male** |
| PDRA Q&A Sessions | Spring 2015 | 27 | 78% | 22% |
| Athena Focus Groups | June 2016 | 59 | 66% | 34% |
| Athena application review in SAT meeting | October 2016 | 13 | 62% | 38% |
| Athena Action Plan review in MAC meeting | January 2017 | 19 | 53% | 47% |
| Athena Action Plan review at NHLI PDRA Day | January 2017 | 45 | 75% | 25% |
| Athena Action Plan review in NHLI PTSWG | February 2017 | 9 | 78% | 22% |
| Athena Action Plan review with academics  and research fellows | March 2017 | 7 | 57% | 43% |
| Athena application and Action Plan review by  SAT members | Spring 2017 | 24 | 67% | 33% |
| Athena application review by MAC | April 2017 | 36 | 42% | 58% |
| Athena application feedback and staff survey  results presented to and discussed at SAT | November 2017 | 16 | 56% | 44% |
| Athena application feedback and staff survey  results presented to and discussed at PTSWG | December 2017 | 11 | 73% | 27% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PDRAs and fellows survey results presented at  M&S | June 2018 | 18 | 56% | 44% |
| PDRA and fellows survey results presented to  and discussed at SAT | July 2018 | 7 | 71% | 29% |
| Athena priority areas and re-submission plan  presented and discussed at M&S | July 2018 | 17 | 65% | 35% |
| Revised Athena Action plan discussed with  PDRA committee | September 2018 | 9 | 66% | 33% |
| Revised Athena Action plan discussed with  Athena SAT | September 2018 | 9 | 44% | 54% |
| Revised Athena Action plan discussed with  M&S | September 2018 | 25 | 56% | 44% |
| Clinical PhD student focus group\* | September 2018 | 12 | 100% | 0% |
| Revised Athena Action plan discussed with  PTSWG | October 2018 | 7 | 71% | 29% |

## Table 3.3. Staff consultation events/meetings since the 2014 NHLI Athena Silver renewal.

**\***In collaboration with Dept Surgery and Cancer – ex-female clinical PhD students that did not continue with their academic careers- facilitated by external consultants



College Athena

Committee

NHLI Management and

Strategy Committee

NHLI

divisions

Other departments

in College

**NHLI Athena SAT**

FoM PTO

Working Group

FoM Athena

Committee

External

bodies\*

FoM Equality and

Diversity

NHLI Professional and

Technical Staff Working



\*AMS, RCP, Athena London West Regional Network, Other universities.

**Figure 3.1. Different groups and committees the NHLI Athena SAT interacts with on Athena issues.** NHLI Athena SAT reports to the M&S and NHLI PTSWG reports to the SAT.

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

We have a large Athena SAT committee which allows us to have representation of all staff and student groups at all levels and based at different campuses (**Table 3.1**). Each member of the current Athena SAT has been assigned to

specific sub groups that will address the **7 priority areas of our 2018 Action plan** (**Table 3.4**). Each sub-group is chaired by a lead and contains additional SAT members including either the Athena SAT Chair or Deputy. The Athena administrative lead will organise bi-monthly meetings of the sub-groups. Each sub-group will report back to the Athena SAT when it meets on a quarterly basis. This structure will ensure equal engagement of all committee members, by having smaller sub-groups with a specific focus.

We will create a new role, ‘**Athena champion’**; a person in each Section responsible for ensuring the **AP2018** is promoted and adhered to at a section level and ensuring relevant data is recorded, **AP2018 7.4**. The HoI and Athena Lead will ensure **AP2018** is successfully implemented through newly established annual meetings of each section head and Athena champion with the Athena lead to review their compliance with the **AP2018** and ensure they have knowledge of new initiatives. These meetings must be held before the HoI will sign-off the PRDPs of section heads **AP2018 7.5**. We will interact with the College and FoM Athena Committees, and the NHLI PTSWG will report to the SAT. We will continually review SAT members workload and ensure rotation of members when needed.

|  |  |  |
| --- | --- | --- |
| **Action Plan 2018 Objective** | **Job title** | **Campus** |
| 1. Supporting Female Clinical Academics | Clinical Professor (M) Clinical Professor (M) Clinical Snr Lecturer (F) Clinical Reader (F) Clinical Professor (M) Clinical Professor (M)  Professor (F) | HH HH SK GSB HH HH  SK |
| 2. Supporting PDRAs | PDRA (F) PDRA (M)  Snr Lecturer (F) | GSB  GSB SK |
| 3. Tackling Bullying and Harassment | Lecturer (F) Snr Lecturer (F)  Professional (F) Technical level 4 (M) PG student (F)  Professor (F) | GSB SK GSB GSB SM  SK |
| 4. Attracting and supporting female academics | PDRA (M)  Professional, Level 6 (F) Professional, Level 3b (F) PG Student (F)  Professor (F)  Professor (F) | GSB GSB GSB SK HH  SK |
| 5. Supporting flexible working | Researcher level D (M) Snr Lecturer (F) Lecturer (F) Professional (F)  Professional, Level 3b (F)  Professor (F) | GSB SK GSB GSB GSB  HH |
| 6. Supporting P&T staff | Professional level 6 (F) Professional level 4 (F) Technical level 3b (M) Technical level 4 (M) Research assistant Professional, Level 3b (F)  Professional Level 3b (F) | GSB GSB HH GSB HH GSB  HH |

|  |  |  |
| --- | --- | --- |
|  | Snr Lecturer (F) | SK |
| 7. Institute Culture | Clinical Professor (M)  Lecturer (F) | GSB  GSB |
|  | Snr Lecturer (F) | SK |
|  | PG Student (F) | SK |
|  | Professional Level 3b (F) | HH |
|  | PG student (F) | SM |
|  | Professional, Level 3b (F) | GSB |
|  | Research assistant | HH |
|  | Professor (F) | SK |

**Table 3.4. Sub groups to support the 2018 Action Plan. \***The lead for each sub-group is shown in red.

Section 3 word count: 971

## Running total: 2142

1. **A PICTURE OF THE DEPARTMENT**

To help the panel read this section, we have summarised and analysed data at the beginning of each sub-section, followed by the associated data.

## Student data

* + 1. **Numbers of men and women on access or foundation courses**

N/A.

## Numbers of undergraduate students by gender

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

N/A While NHLI staff deliver some of the teaching on the Faculties MBBS and Biomedical sciences degrees the Department does not have responsibility for student recruitment, this is done at a Faculty level.

## Numbers of men and women on postgraduate taught degrees

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

NHLI currently runs five postgraduate taught (PGT) courses, two of these were launched since our 2014 Athena submission:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic year** | **Cardio- Respiratory**  **Nursing** | | | **Medical Ultrasound** | | | **Preventive Cardiology** | | | **Genes, Drugs and Stem Cells\*** | | | **Genomic Medicine\*** | | |
| F | M | Total | F | M | Total | F | M | Total | F | M | Total | F | M | Total |
| 2009/10 | 17 | 1 | 18 | 10 | 7 | 17 | 12 | 13 | 25 | N/A | N/A | N/A | N/A | N/A | N/A |
| 2010/11 | 16 | 4 | 20 | 10 | 8 | 18 | 19 | 17 | 36 | N/A | N/A | N/A | N/A | N/A | N/A |
| 2011/12 | 17 | 6 | 23 | 16 | 7 | 23 | 21 | 12 | 33 | N/A | N/A | N/A | N/A | N/A | N/A |
| 2012/13 | 19 | 2 | 21 | 12 | 11 | 23 | 22 | 12 | 34 | N/A | N/A | N/A | N/A | N/A | N/A |
| 2013/14 | 15 | 0 | 15 | 10 | 8 | 18 | 12 | 13 | 25 | N/A | N/A | N/A | N/A | N/A | N/A |
| 2014/15 | 4 | 0 | 4 | 13 | 8 | 21 | 17 | 7 | 24 | N/A | N/A | N/A | N/A | N/A | N/A |
| 2015/16 | 6 | 0 | 6 | 15 | 8 | 23 | 15 | 5 | 20 | 9 | 5 | 14 | 6 | 2 | 8 |
| 2016/17 | 12 | 0 | 12 | 16 | 6 | 22 | 12 | 6 | 18 | 19 | 10 | 29 | 45 | 16 | 61 |
| 2017/18 | 7 | 0 | 7 | 17 | 7 | 24 | 7 | 6 | 13 | 22 | 5 | 27 | 64 | 31 | 95 |

## Table 4.1.1. Student numbers by gender for current NHLI PGT courses. \*started 2015/16



Medical Ultrasound

Genes, Drugs and Stem Cells

Cardio-Respiratory Nursing

Preventative Cardiology Genomic Medicine

2009/10 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18

100

80

60

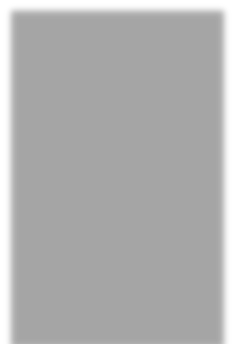
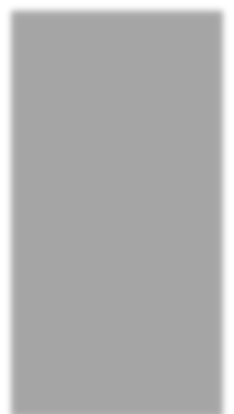
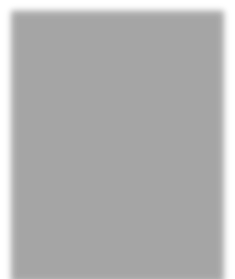
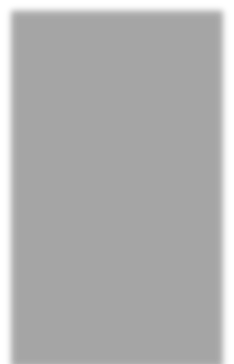
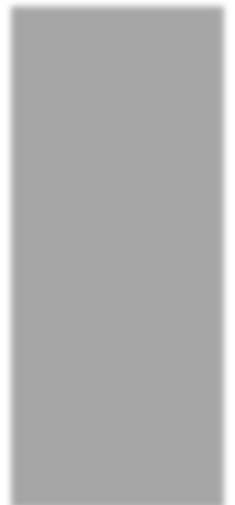
40

20

0

**% Female Students on PGT Courses**

**Figure 4.1.1. Percentage of female students on current NHLI PGT courses.**



**% Females Students on Current NHLI PGT Courses**

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

Cardio-Respiratory Nursing

Medical Ultrasound

Preventative Cardiology

Genes, Drugs and Stem Cells Genomic Medicine

100%

**Figure 4.1.2. Percentage of female students on current NHLI PGT courses (2017/18).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic year** | **NHLI PGT, Total** | | | | **National Benchmark (heidi data, Clinical Medicine,**  **JACS Subject, PGT)** |
| **Female** | **Male** | **Total** | **Female %** | **Female %** |
| 2009/10 | 40 | 25 | 65 | 62% | 58% |
| 2010/11 | 47 | 29 | 76 | 62% | 62% |
| 2011/12 | 54 | 25 | 79 | 68% | 61% |
| 2012/13 | 53 | 25 | 78 | 68% | 61% |
| 2013/14 | 37 | 21 | 58 | 64% | 61% |
| 2014/15 | 34 | 15 | 49 | 69% | 61% |
| 2015/16 | 52 | 20 | 72 | 72% | 63% |
| 2016/17 | 104 | 38 | 142 | 73% | 63% |
| 2017/18 | 118 | 51 | 169 | 70% | Data not available |

**Table 4.1.2. Total NHLI PGT student numbers by gender compared to national average.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic year** | **Applicants F** | **Applicants M** | **Total applicants** | **Female %** | **Male %** |
| 2009/10 | 48 | 45 | 93 | 52% | 48% |
| 2010/11 | 103 | 91 | 194 | 53% | 47% |
| 2011/12 | 124 | 92 | 216 | 57% | 43% |
| 2012/13 | 127 | 87 | 214 | 59% | 41% |
| 2013/14 | 92 | 83 | 175 | 53% | 47% |
| 2014/15 | 76 | 73 | 149 | 51% | 49% |
| 2015/16 | 178 | 121 | 299 | 60% | 40% |
| 2016/17 | 339 | 253 | 592 | 57% | 43% |
| 2017/18 | 303 | 207 | 510 | 59% | 41% |

**Table 4.1.3. Application rates for PGT courses by gender.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic year** | **Offers to female applicants** | **Offers to male applicants** | **Offer rate F** | **Offer rate M** | **Offers accepted F** | **Offers accepted M** | **Acceptance rate Female** | **Acceptance rate Male** |
| 2009/10 | 30 | 27 | 63% | 60% | 27 | 21 | 90% | 78% |
| 2010/11 | 48 | 35 | 47% | 38% | 29 | 24 | 60% | 69% |
| 2011/12 | 61 | 29 | 49% | 32% | 41 | 18 | 67% | 62% |
| 2012/13 | 48 | 25 | 38% | 29% | 42 | 17 | 88% | 68% |
| 2013/14 | 29 | 22 | 32% | 27% | 19 | 17 | 66% | 77% |
| 2014/15 | 43 | 18 | 57% | 25% | 30 | 10 | 70% | 56% |
| 2015/16 | 78 | 30 | 44% | 25% | 58 | 22 | 74% | 73% |
| 2016/17 | 122 | 61 | 36% | 25% | 104 | 45 | 85% | 74% |
| 2017/18 | 104 | 43 | 34% | 21% | 79 | 29 | 76% | 67% |

**Table 4.1.4. PGT course offer and acceptance rates by gender.** Offer rate refers to the percentage of offers compared to the total number of applications for each gender; acceptance rate refers to the percentage of acceptances compared to the total number of offers for each gender.

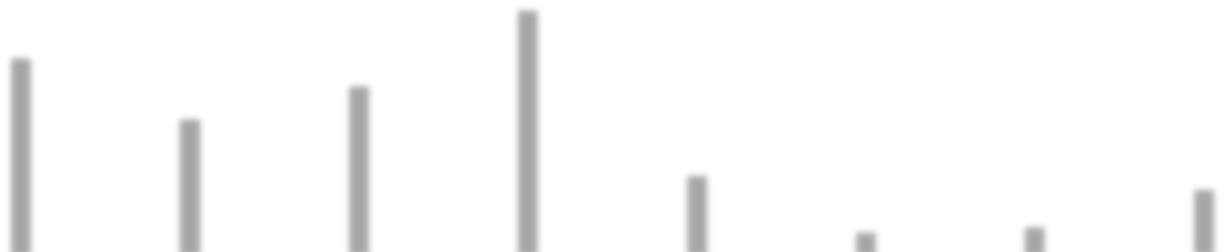
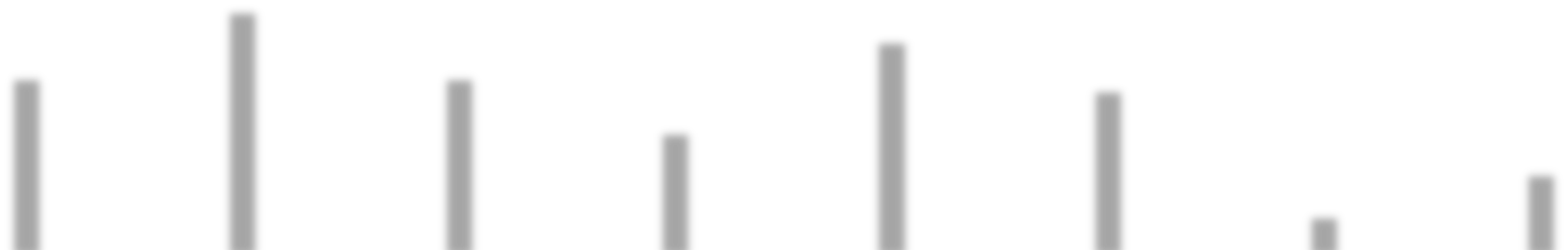
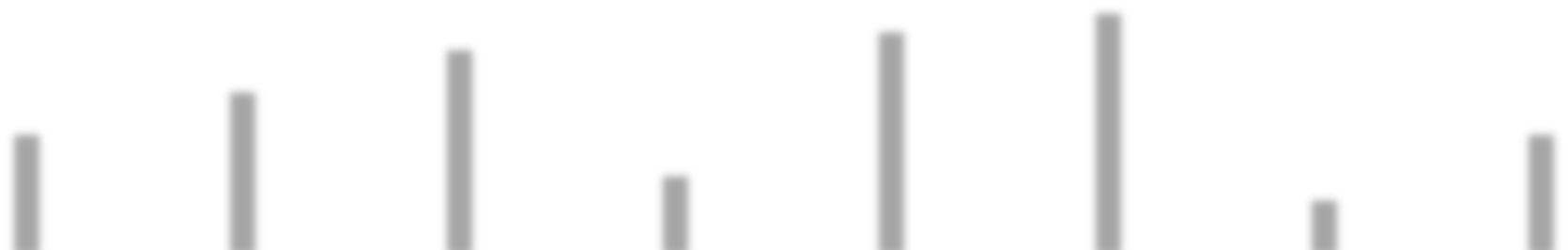
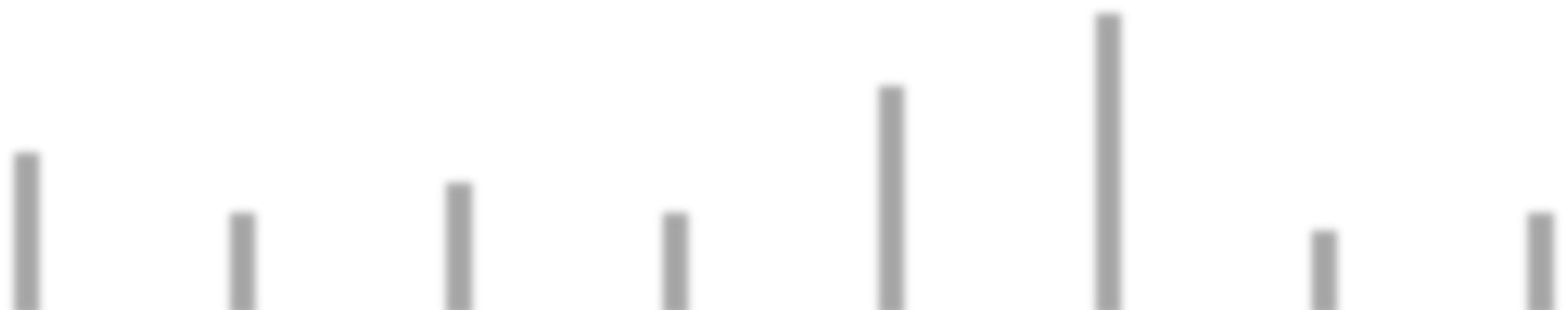
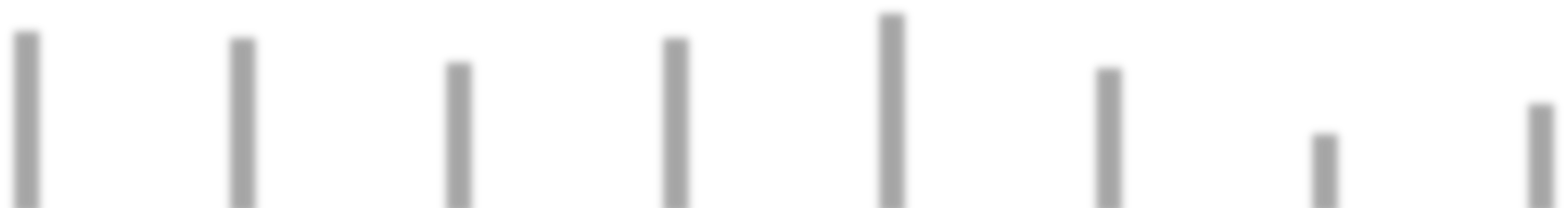
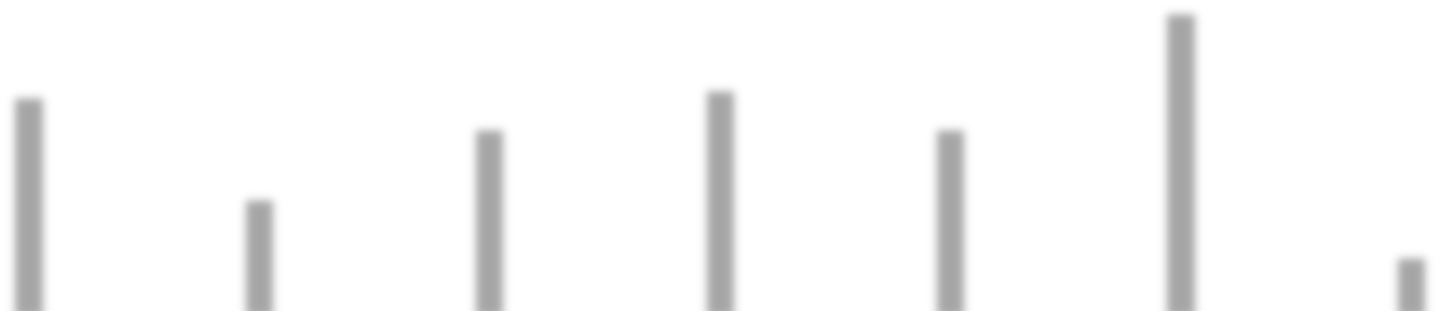
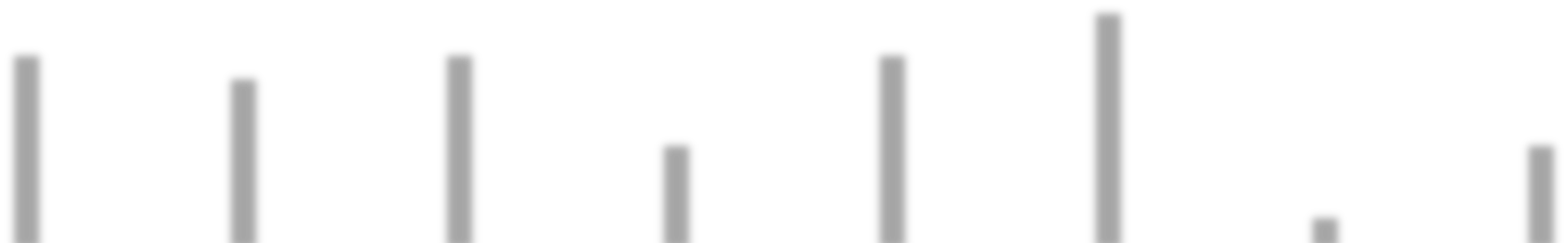
|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic year** | **Full-time PGT students** | | | | **Part-time PGT students** | | | |
| **Female** | **Male** | **Total** | **% Female** | **Female** | **Male** | **Total** | **% Female** |
| 2009/10 | 10 | 16 | 26 | 38% | 30 | 9 | 39 | 77% |
| 2010/11 | 16 | 15 | 31 | 52% | 31 | 14 | 45 | 69% |
| 2011/12 | 28 | 7 | 35 | 80% | 26 | 18 | 44 | 59% |
| 2012/13 | 20 | 12 | 32 | 63% | 33 | 13 | 46 | 72% |
| 2013/14 | 13 | 10 | 23 | 57% | 24 | 11 | 35 | 69% |
| 2014/15 | 21 | 8 | 29 | 72% | 13 | 7 | 20 | 65% |
| 2015/16 | 29 | 17 | 46 | 63% | 23 | 3 | 26 | 88% |
| 2016/17 | 55 | 17 | 72 | 76% | 49 | 21 | 70 | 70% |
| 2017/18 | 58 | 20 | 78 | 74% | 60 | 31 | 91 | 66% |

## Table 4.1.5. PGT student numbers by gender for full-time and part-time students.

22

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic year** | **Distinction** | | **Merit** | | **Pass** | | **Fail** | | **Total** | |
| **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** |
| 2010/11 | 7 | 5 | 7 | 3 | 7 | 7 | 1 | 3 | 22 | 18 |
| 2011/12 | 12 | 3 | 10 | 6 | 10 | 8 | 3 | 0 | 35 | 17 |
| 2012/13 | 12 | 5 | 10 | 5 | 13 | 4 | 5 | 3 | 40 | 17 |
| 2013/14 | 10 | 3 | 8 | 3 | 14 | 9 | 5 | 3 | 37 | 18 |
| 2014/15 | 7 | 4 | 12 | 2 | 13 | 6 | 3 | 3 | 35 | 15 |
| 2015/16 | 9 | 6 | 9 | 3 | 11 | 4 | 2 | 2 | 31 | 15 |
| 2016/17 | 15 | 6 | 13 | 11 | 6 | 1 | 2 | 3 | 36 | 21 |

**Table 4.1.6. PGT degree classification by gender**



Fail

2016/17

2015/16

Pass

2014/15

2013/14

2011/12

2010/11

Distinction

Male

Female

Male

Female

Male

Female

Merit 2012/13

Male

Female

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

**PGT Degree Classification**

**Figure 4.1.3. Percentages of PGT degree classifications for female and male students.** The figure shows percentages of female and male students who obtained a particular classification, e.g. 32% of female PGT students in 2010/11 were awarded a Distinction.

## Analysis of PGT data:

* The total number of PGT students increased in 2015/16 due to the launch of two new courses.
* Our PGT courses overall have a higher proportion of women compared to men (70% F as compared to 63% in the National benchmark).
* Our courses (except the MSc GDS) represent continuing professional development (CPD) for medical professional and allied health care professionals and we are above the national average for Clinical Medicine in terms of female percentage of PGT students (**Table 4.1.2**). Our part-time and remote teaching (e.g. Genomic Medicine) is particularly attractive to women with caring responsibilities.
* Cardio-Respiratory Nursing (**Table 4.1.1; Figure 4.1.1**) is currently 100 % female above with National benchmarking for nurses (11.4% male nurses 2017- National benchmarking)
* We get more applications from women compared to men (59%F:41%M in 2017/18). (**Table 4.1.3**) Our applicants for MSc GDS are graduates with a BSc in biological sciences where 62% of candidates are known to be female (HESA data 2017).
* Women have been more successful in receiving an offer for a PGT course F33%, M21%. While there are no significant gender differences in acceptance rates. (**Table 4.1.4**).
* There are no significant differences in terms of gender split for full-time (FT) versus part-time (PT) students. There is a lot of year-to-year variation due to small numbers. (**Table 4.1.5**)
* No gender bias could be identified in degree classification. (**Tables 4.1.6; Figure 4.1.3**)
* The number of students who failed decreased from 8 to 5 between 2012/13 and 2016/17. (**Table 4.1.6**)

## 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.* Our postgraduate research (PGR) students comprise PhD and MD(Res) students. All our full-time students are non- clinical and part-time students clinical; a majority (>95%) of clinical students are Clinical Research Fellows.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic year** | **NHLI PGR, Total** | | | | **National Benchmark (heidi data, Clinical Medicine, JACS Subject, PGR)** |
| **Female** | **Male** | **Total** | **Female %** | **Female %** |
| 2009/10 | 104 | 89 | 193 | 54% | 56% |
| 2010/11 | 101 | 95 | 196 | 52% | 55% |
| 2011/12 | 88 | 94 | 182 | 48% | 56% |
| 2012/13 | 78 | 87 | 165 | 47% | 57% |
| 2013/14 | 82 | 96 | 178 | 46% | 57% |
| 2014/15 | 72 | 94 | 166 | 43% | 58% |
| 2015/16 | 86 | 93 | 179 | 48% | 58% |
| 2016/17 | 81 | 80 | 161 | 50% | 58% |
| 2017/18 | 87 | 73 | 160 | 54% | Data not available |

## Table 4.1.7. Total NHLI PGR student numbers by gender.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic**  **year** | **Female** | **Male** | **Total** | **Female %** | **National Benchmark**  **Female %** |
| 2009/10 | 56 | 51 | 107 | 52% | 56% |
| 2010/11 | 60 | 49 | 109 | 55% | 55% |
| 2011/12 | 64 | 47 | 111 | 58% | 56% |
| 2012/13 | 59 | 44 | 103 | 57% | 57% |
| 2013/14 | 52 | 41 | 93 | 56% | 57% |
| 2014/15 | 49 | 41 | 90 | 54% | 58% |
| 2015/16 | 57 | 38 | 95 | 60% | 58% |
| 2016/17 | 54 | 37 | 91 | 59% | 58% |
| 2017/18 | 61 | 33 | 94 | 65% | Data not available |

**Table 4.1.8. PGR student numbers by gender for non-clinical/full-time students.** The national benchmark is based on heidi data (Clinical Medicine).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic year** | **Female** | **Male** | **Total** | **Female %** | **National**  **Benchmark Female %** | **Cardiology HSTs Female**  **%** | **Respiratory**  **medicine HSTs Female %** |
| 2009/10 | 48 | 38 | 86 | 56% | 56% |  |  |
| 2010/11 | 41 | 46 | 87 | 47% | 55% |  |  |
| 2011/12 | 24 | 47 | 71 | 34% | 56% |  |  |
| 2012/13 | 19 | 43 | 62 | 31% | 57% |  |  |
| 2013/14 | 30 | 55 | 85 | 35% | 57% |  |  |
| 2014/15 | 23 | 53 | 76 | 30% | 58% |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2015/16 | 29 | 55 | 84 | 35% | 58% | 26% | 52% |
| 2016/17 | 27 | 43 | 70 | 39% | 58% | 28% | 51% |
| 2017/18 | 26 | 40 | 66 | 39% | Data not  available |  |  |

**Table 4.1.9. PGR student numbers by gender for clinical/part-time students.** The national benchmark is based on heidi data (Clinical Medicine).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic year** | **Applicants**  **Female** | **Applicants**  **Male** | **Total**  **Applicants** | **% Female** | **% Male** |
| 2009/10 | 36 | 33 | 69 | 52% | 48% |
| 2010/11 | 33 | 35 | 68 | 49% | 51% |
| 2011/12 | 36 | 38 | 74 | 49% | 51% |
| 2012/13 | 45 | 58 | 103 | 44% | 56% |
| 2013/14 | 29 | 36 | 65 | 45% | 55% |
| 2014/15 | 32 | 26 | 58 | 55% | 45% |
| 2015/16 | 53 | 33 | 86 | 62% | 38% |
| 2016/17 | 33 | 40 | 73 | 45% | 55% |
| 2017/18 | 45 | 40 | 85 | 53% | 47% |

## Table 4.1.10. PGR application rates by gender.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic year** | **Offers to female applicants** | **Offers to male applicants** | **Offer rate Female** | **Offer rate Male** | **Offers accepted F** | **Offers accepted M** | **Acceptance rate F** | **Acceptance rate M** |
| 2009/10 | 24 | 12 | 67% | 36% | 21 | 9 | 88% | 75% |
| 2010/11 | 17 | 23 | 52% | 66% | 15 | 21 | 88% | 91% |
| 2011/12 | 26 | 23 | 72% | 61% | 25 | 22 | 96% | 96% |
| 2012/13 | 33 | 46 | 73% | 79% | 32 | 43 | 97% | 93% |
| 2013/14 | 22 | 25 | 76% | 69% | 20 | 24 | 91% | 96% |
| 2014/15 | 23 | 20 | 72% | 77% | 22 | 17 | 96% | 85% |
| 2015/16 | 26 | 20 | 49% | 61% | 26 | 19 | 100% | 95% |
| 2016/17 | 18 | 24 | 55% | 60% | 17 | 23 | 94% | 96% |
| 2017/18 | 30 | 32 | 67% | 80% | 26 | 29 | 87% | 91% |

**Table 4.1.11. PGR course offer and acceptance rates by gender.** Offer rate refers to the percentage of offers compared to the total number of applications for each gender; Acceptance rate refers to the percentage of acceptances compared to the total number of offers for each gender.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Starting year** | **Completed within 4 years** | | **Completed 4+ years** | | **Ongoing** | | **Failed/Discontinued** | | **Total cohort size** | |
| **Femal**  **e** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** |
| 2007/08 | 21 | 19 | 1 | 1 | 0 | 0 | 0 | 0 | 22 | 20 |
| 2008/09 | 12 | 9 | 1 | 0 | 0 | 0 | 1 | 0 | 14 | 9 |
| 2009/10 | 8 | 7 | 1 | 0 | 0 | 0 | 1 | 1 | 10 | 8 |
| 2010/11 | 13 | 13 | 1 | 4 | 3 | 0 | 0 | 0 | 17 | 17 |
| 2011/12 | 14 | 6 | 5 | 1 | 0 | 1 | 0 | 0 | 19 | 8 |
| 2012/13 | 10 | 13 | 1 | 2 | 2 | 2 | 0 | 1 | 13 | 18 |
| 2013/14 | 6 | 8 | 0 | 1 | 7 | 3 | 0 | 0 | 13 | 12 |
| **Total** | 84 | 75 | 10 | 9 | 12 | 6 | 2 | 2 | 108 | 92 |

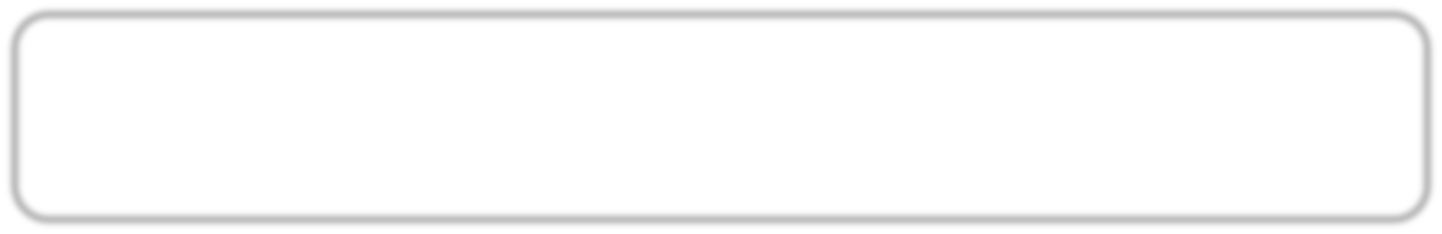
## Table 4.1.12. Degree completion times for non-clinical/full-time PGR students by headcount.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Starting year** | **Completed within 4**  **years** | | **Completed 4+ years** | | **Ongoing** | | **Failed/Discontinued** | | **Total cohort size** | |
| **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** |
| 2007-08 | 10 | 13 | 2 | 1 | 0 | 0 | 0 | 0 | 12 | 14 |
| 2008-09 | 12 | 13 | 4 | 0 | 0 | 0 | 0 | 1 | 16 | 14 |
| 2009-10 | 4 | 10 | 1 | 3 | 0 | 1 | 1 | 0 | 6 | 14 |
| 2010-11 | 2 | 17 | 4 | 0 | 0 | 0 | 3 | 1 | 9 | 18 |
| 2011-12 | 4 | 7 | 1 | 5 | 2 | 4 | 1 | 1 | 8 | 17 |
| 2012-13 | 6 | 17 | 1 | 4 | 5 | 6 | 1 | 0 | 13 | 27 |
| 2013-14 | 4 | 5 | 0 | 0 | 2 | 8 | 0 | 0 | 6 | 13 |
| **Total** | 42 | 82 | 13 | 13 | 9 | 19 | 6 | 3 | 70 | 117 |

**Table 4.1.13. Degree completion times for clinical/part-time PGR students by headcount.**

**Data Analysis for PGR students**:

* + There has been an increase in the percentage of female NHLI PGR students from 43% in 2014 to 54% in 2017 (**Table 4.1.7**), which is now very close to the heidi National average for Clinical Medicine (58%).
  + The percentage of female non-clinical/full time PGR students has increased from 54% in 2014 to 65% in 2017.
  + The percentage of female, clinical/part time PGRs has increased from 30% in 2014 to 39% in 2017, but is still below the National benchmark of 58% (**Table 4.1.9**). This reflects a low percentage of female cardiology and respiratory HSTs (**Table 2.3**, p8)– the pool for these PGRs.
  + There are no significant gender differences in PGR offer and acceptance rates. (**Table 4.1.11**)
  + There are no significant gender differences in degree completion times for non-clinical PGR students and only 2% of all non-clinical PGR students have failed/discontinued their studies since 2007/08. (**Table 4.1.12**)
  + Degree completion times are overall longer for clinical PGR students compared to non-clinical ones and female clinical students on average take longer to graduate (**Table 4.1.13**). This is because of a significant number of female clinical students taking maternity leave.



**Evidence of Impact**

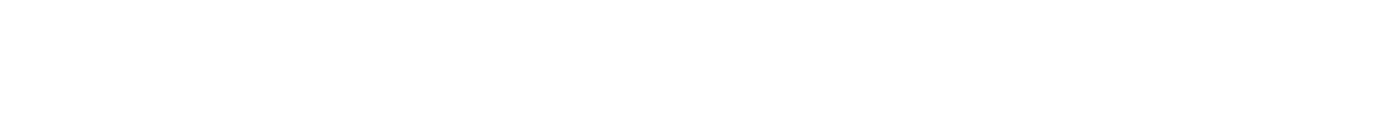
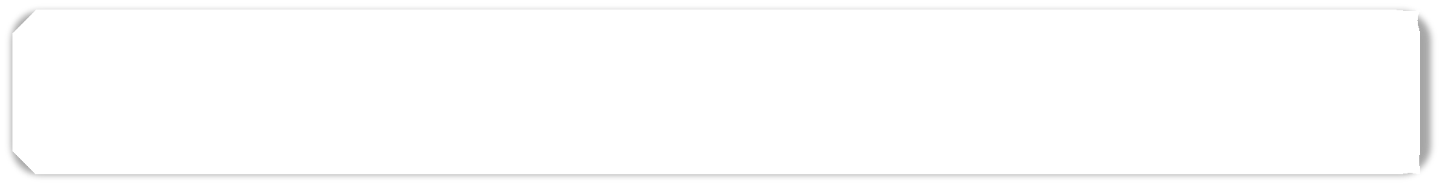
**AP2014 2.9.5, 3.2.1.** Creation of female-friendly marketing materials and increased promotion of female role models on our website

This increased the % female PGR clinical (30% to 39%) and non-clinical PGRs (54% to 65%)

## Progression pipeline between undergraduate and postgraduate student levels

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

N/A



**AP2018**

**2.1**-Ex. plore where our PGR students come from and where they go to.

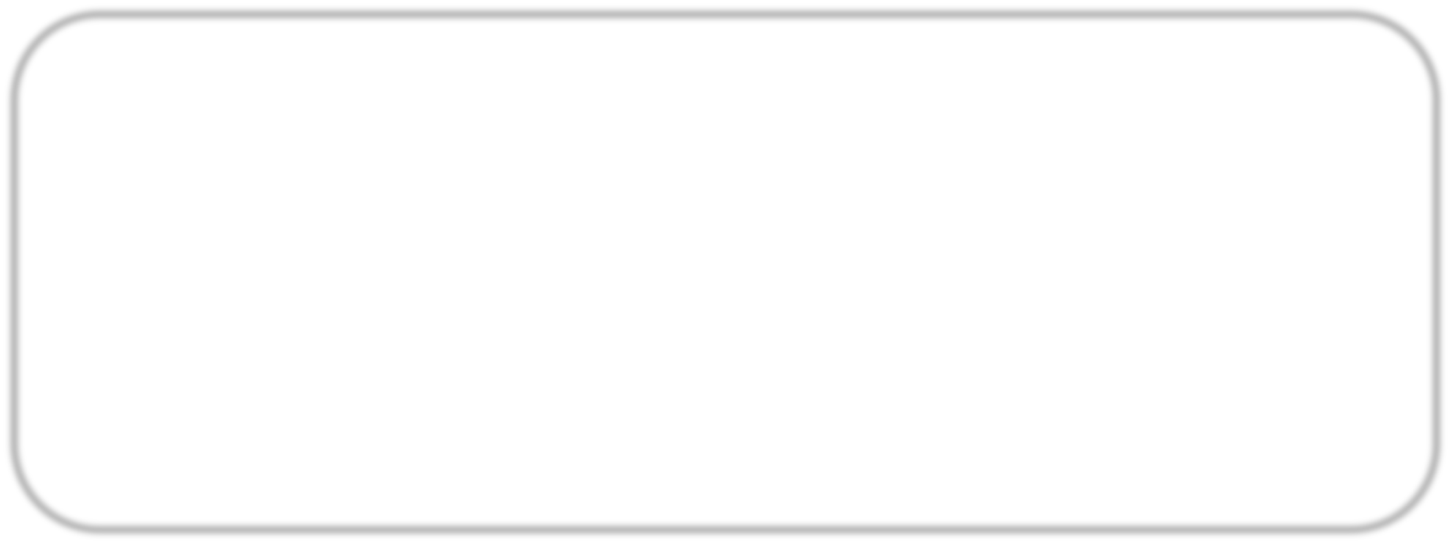
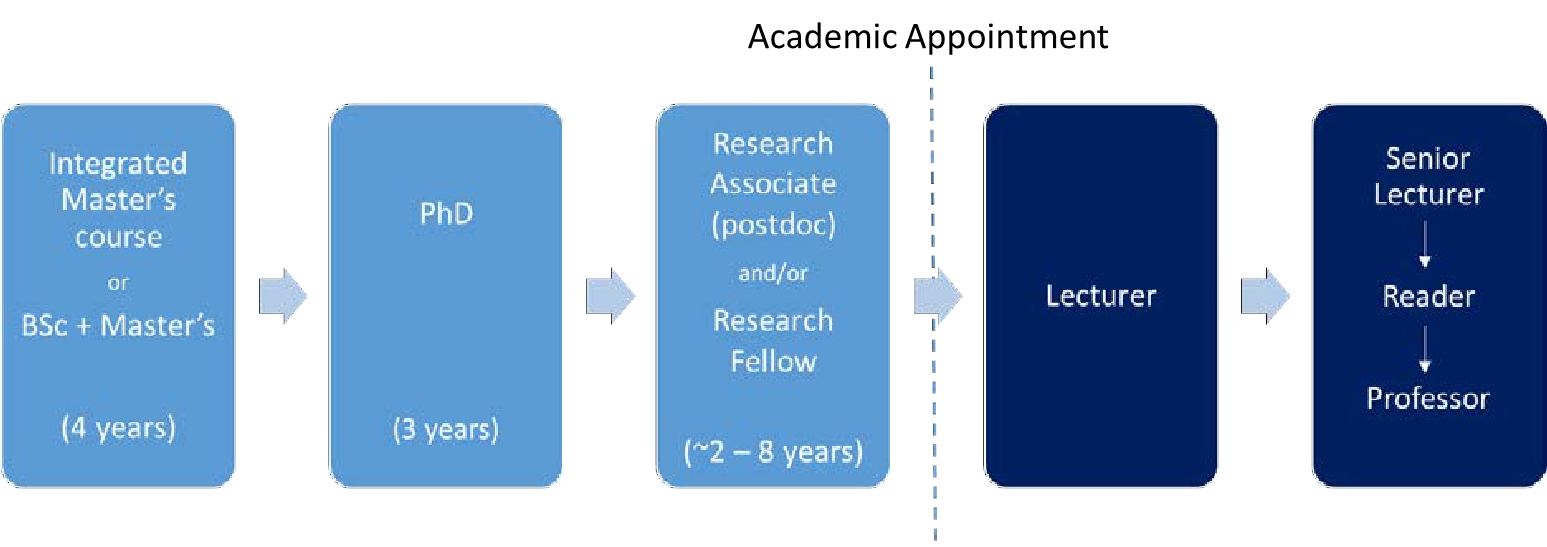
Section 4.1 word count: 538

## Running total: 2680

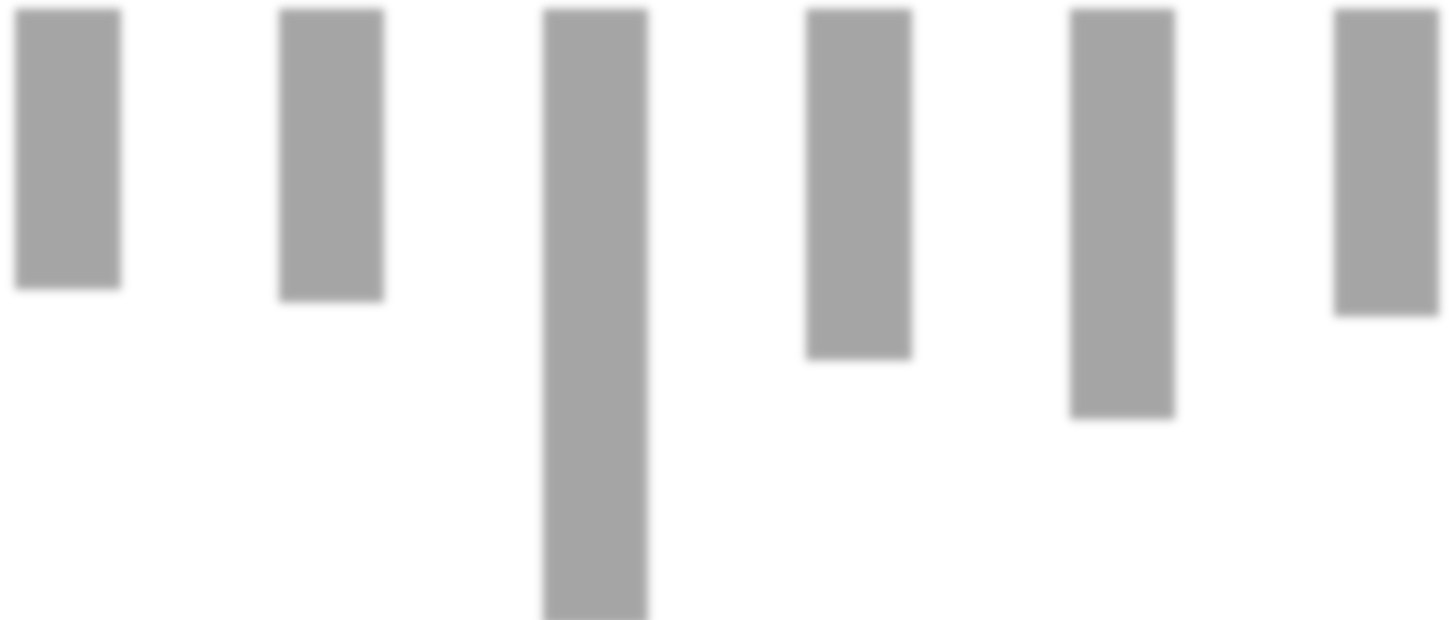
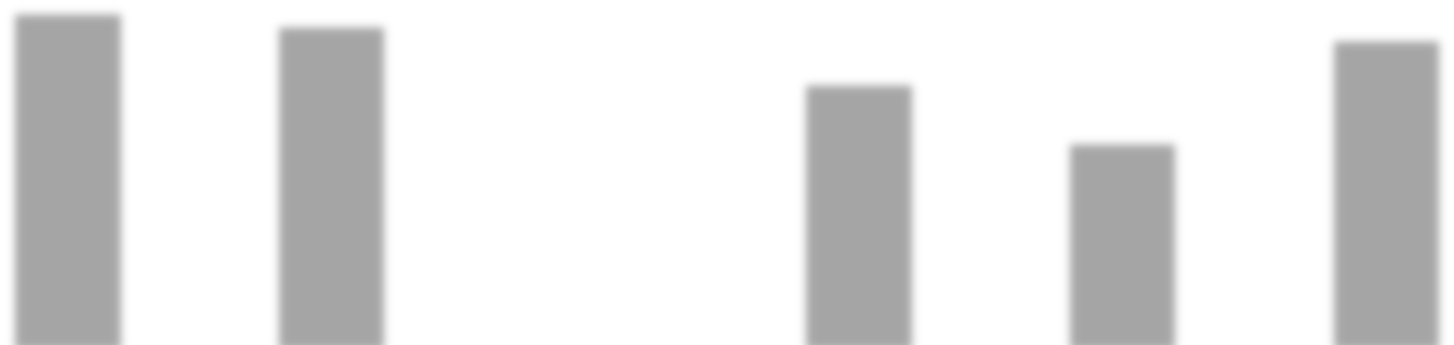
* 1. **Academic and research staff data**
     1. **Academic staff by grade, contract function and gender: research-only, teaching and research or teaching-only**

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

### Non-clinical staff



**Figure 4.2.1 Non-clinical research/academic career pathway.** The career pathway presented in the figure applies to staff who progress to academics after being postdoctoral research associates (PDRAs) / research fellows. However, some staff progress via the research route to become Senior Research Fellows.



**NHLI, Numbers, 2017**

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

PGR

Total Research Staff

Lecturer

Senior Lecturer

Reader

Professor

Female Male

2

14

66

87

14

4

4

4

60

73

## Figure 4.2.2. Percentage and Gender split of non-clinical academic staff employed by NHLI in November 2017.

Our Athena activities have resulted in the promotion and retention of female non-clinical academic staff. As such 50% of our non-clinical Professor are now female. However, low level of recruitment, has resulted in low numbers of non-clinical academic lecturers. Since the restructuring this is now being addressed with the recruitment of 7 non-clinical academic lecturers.

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

54% 52%

46% 48%

**NHLI, Percentages, 2017**

100%



43%

50%

50%

57%

0%

67%

33%

¾PGR ¾Total Research

Staff

¾Lecturer ¾Senior Lecturer

Female % Male %

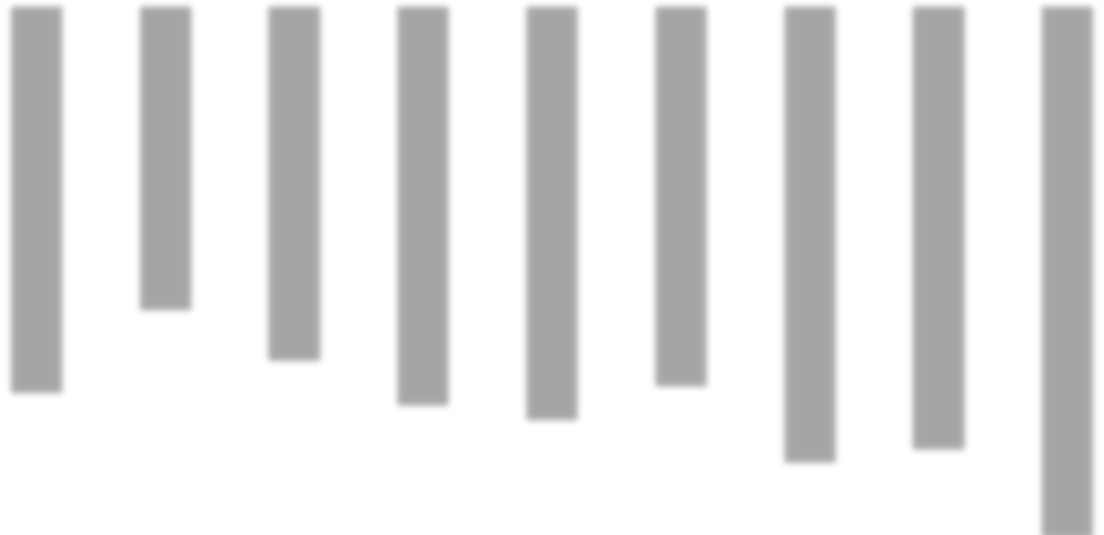
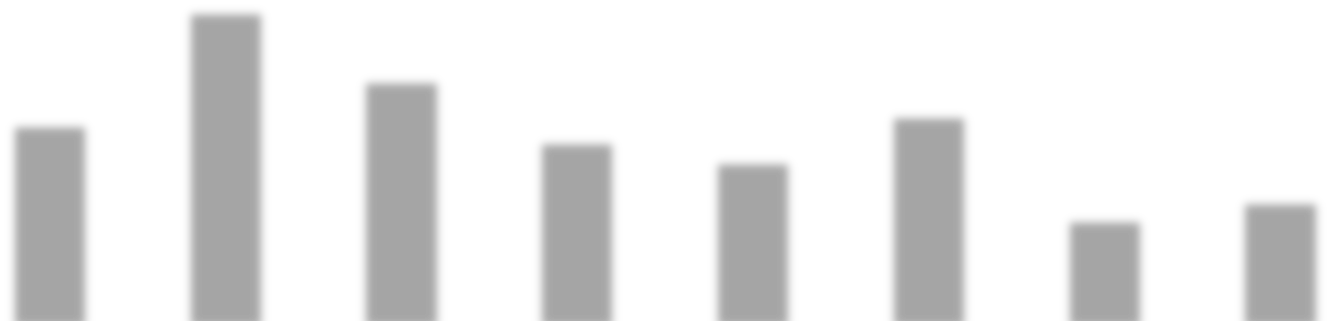
¾Reader ¾Professor

## Figure 4.2.3 Scissor diagram for non-clinical research/academic career pathway.

The scissor diagram for non-clincial academic careers shows that within NHLI, with the exception of lecturer level, there is a gender balanced career pipeline for females from PGR to Professor. Of note at lecturer level there are currently only 4 posts due to a combination of promotions and a low level of recruitment over the last 3 years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Female** | **Male** | **Total** | **% Female** |
| 2009 | 25 | 31 | 56 | 45% |
| 2010 | 22 | 25 | 47 | 47% |
| 2011 | 21 | 22 | 43 | 49% |
| 2012 | 20 | 25 | 45 | 44% |
| 2013 | 19 | 32 | 51 | 37% |
| 2014 | 20 | 32 | 52 | 38% |
| 2015 | 20 | 29 | 49 | 41% |
| 2016 | 20 | 28 | 48 | 42% |
| 2017 | 19 | 26 | 45 | 42% |

## Table 4.2.1. Non-clinical academic staff numbers 2009-2017.



0

2014 2015 2016 2017

2013

Male

2009 2010 2011 2012

Female

1

1

2

2

2

2

3

3

4

5

6

5

7

6

4

8

4

100%

90%

80%

70%

60%

50%

40%

30%

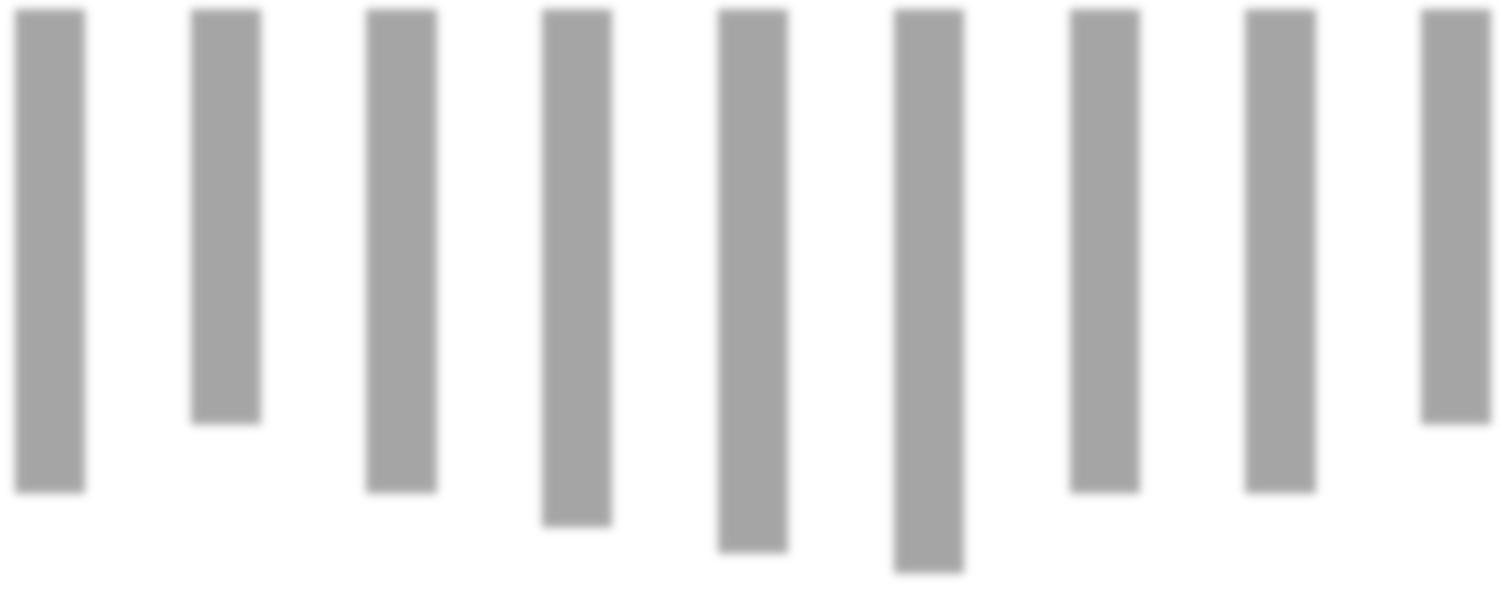
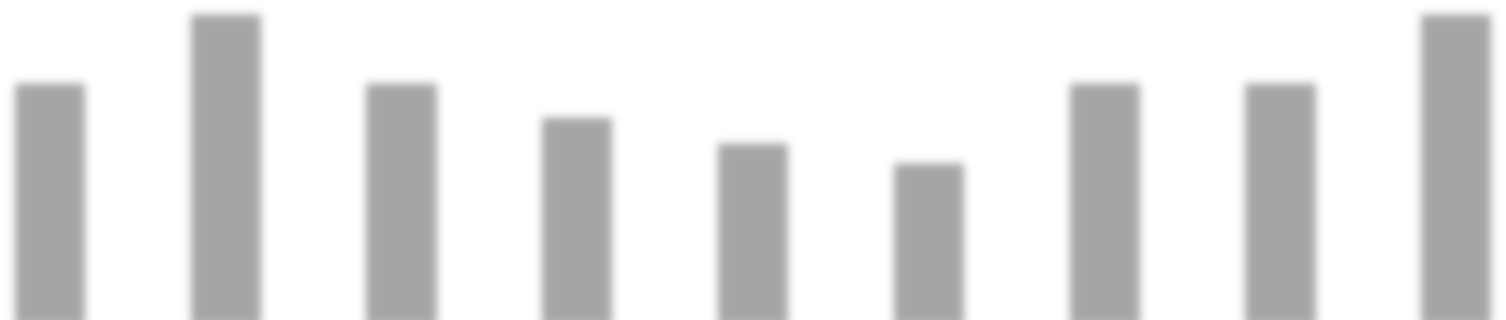
20%

10%

0%

**NHLI, Non-Clinical Lecturers**

**Figure 4.2.4. Non-Clinical Lecturers 2009-2017.**



2014 2015 2016 2017

2013

Male

2009 2010 2011 2012

Female

2

2

2

3

2

2

2

3

3

4

4

6

7

6

5

4

4

4

100%

90%

80%

70%

60%

50%

40%

30%

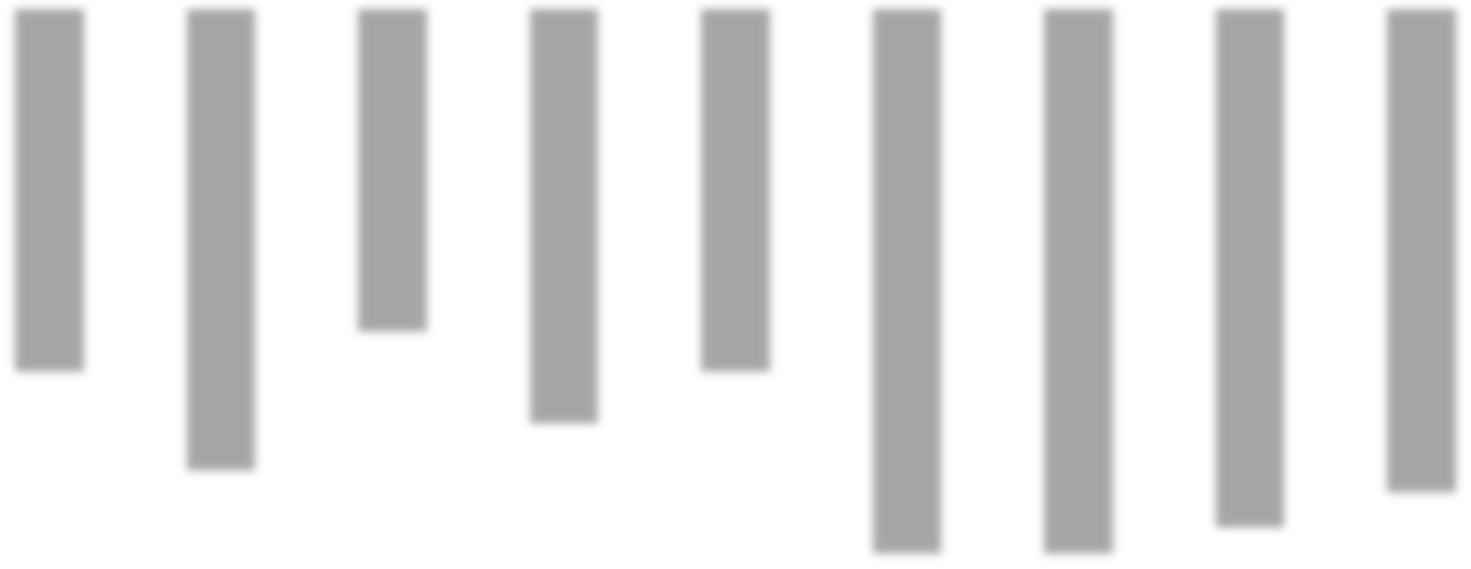
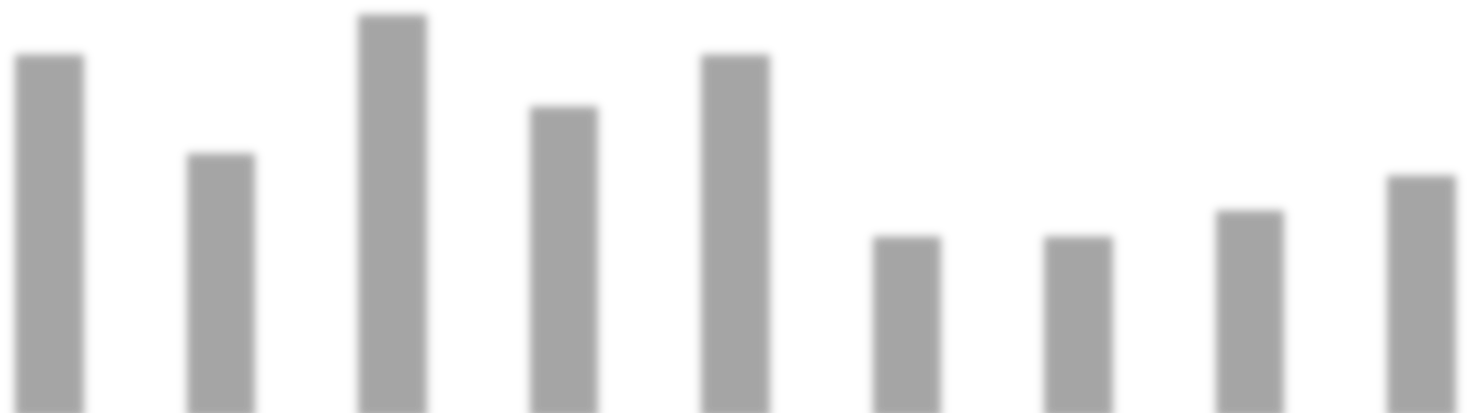
20%

10%

0%

**NHLI, Non-Clinical Senior Lecturers**

**Figure 4.2.5. Non-Clinical Senior Lecturers 2009-2017.**



2014 2015 2016 2017

2013

Male

2009 2010 2011 2012

Female

2

2

1

1

3

4

3

5

7

4

5

3

3

3

4

7

4

7

100%

90%

80%

70%

60%

50%

40%

30%

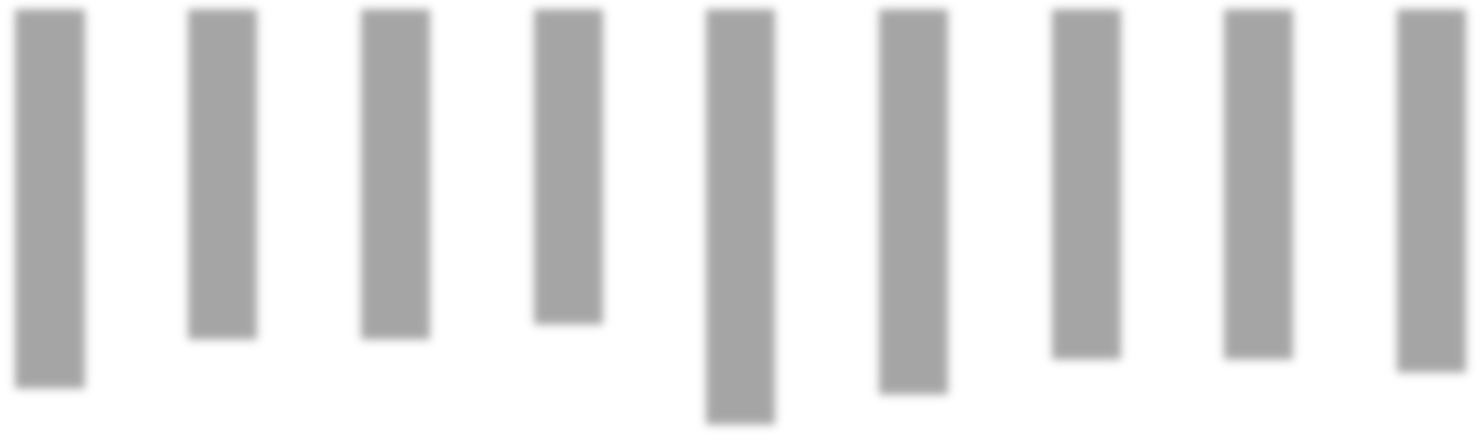
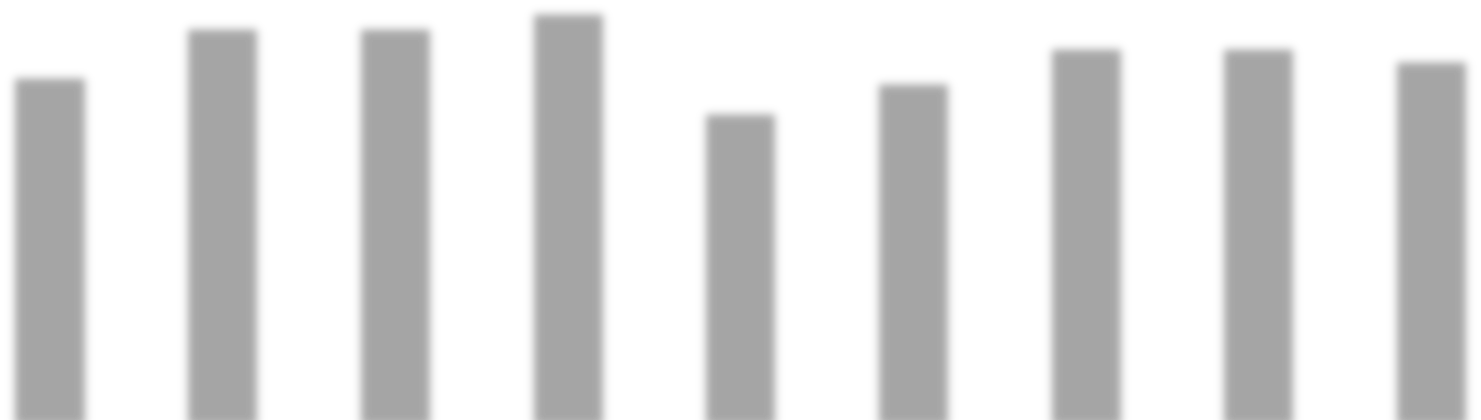
20%

10%

0%

**NHLI, Non-Clinical Readers**

**Figure 4.2.6. Non-Clinical Readers 2009-2017.**



2014 2015 2016 2017

2013

Male

2009 2010 2011 2012

Female

15

12

14

15

15

11

13

12

12

14

14

14

17

16

10

10

10

12

100%

90%

80%

70%

60%

50%

40%

30%

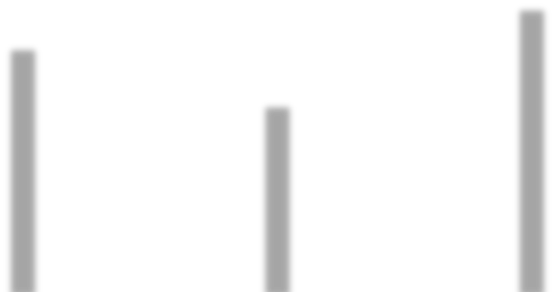
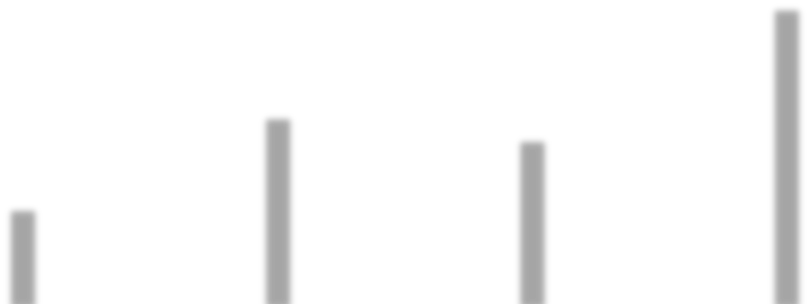
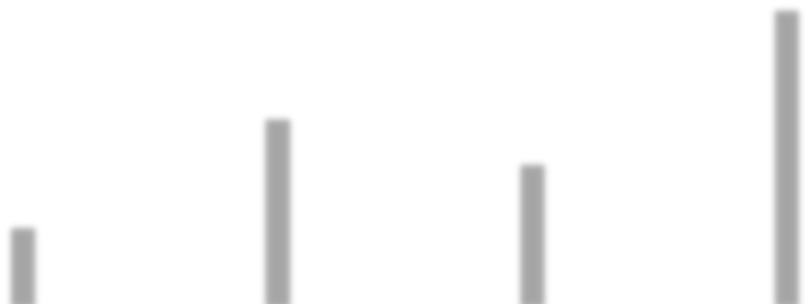
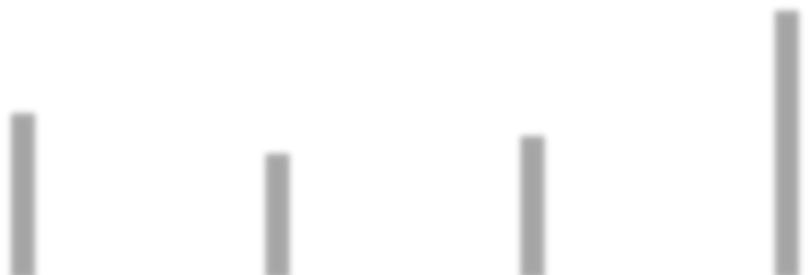
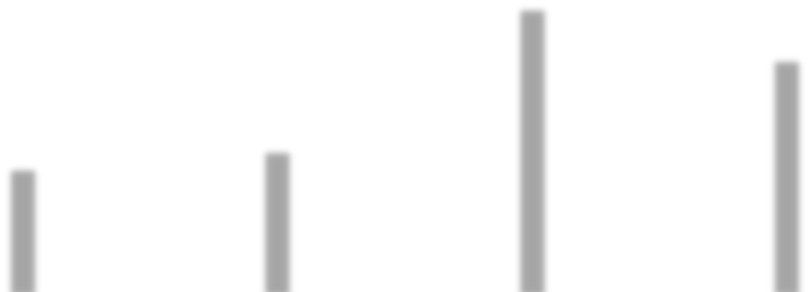
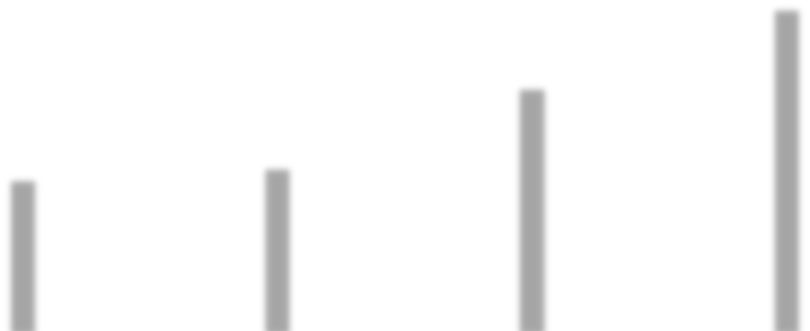
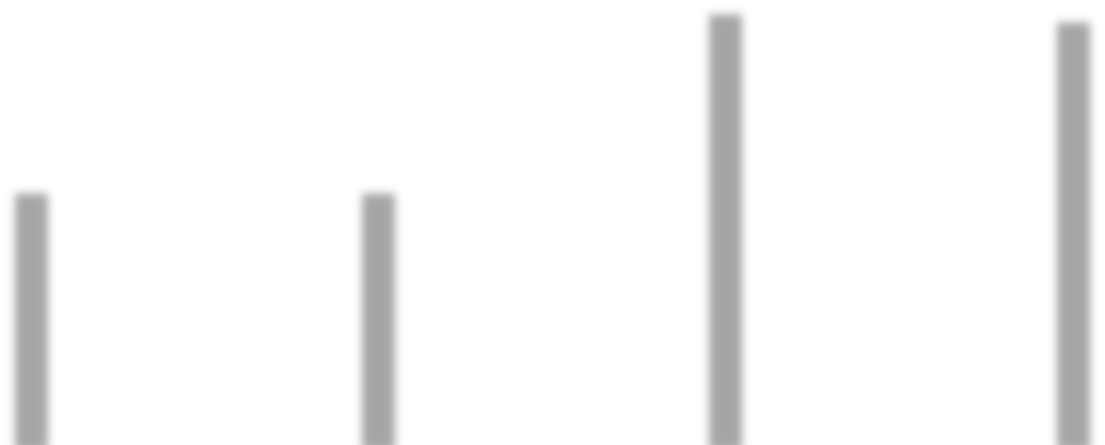
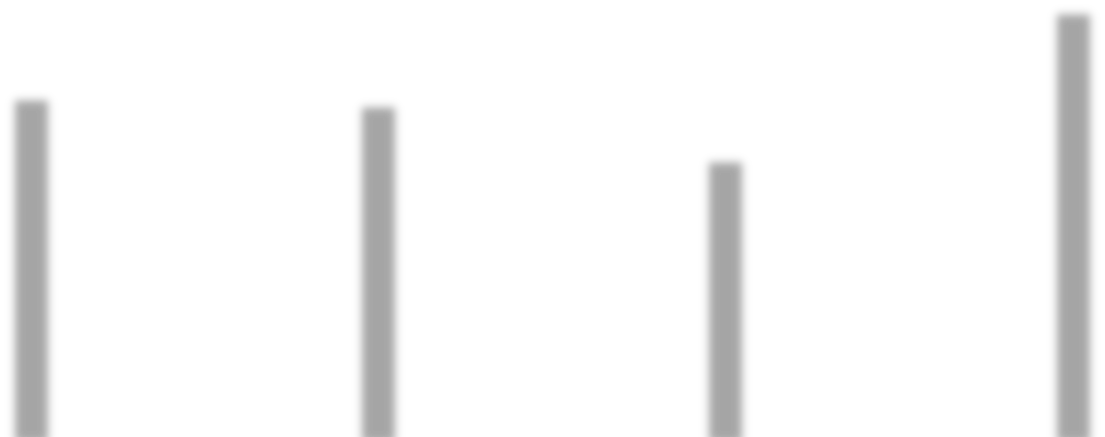
20%

10%

0%

**NHLI, Non-Clinical Professors**

**Figure 4.2.7. Non-Clinical Professors 2009-2017.**



Lecturer - Level C Senior Lecturer - Reader - Level D Professor - Level E

Level D

2009

2010

2011

2012

2013

2014

2015

2016

2017

100%

90%

80%

70%

60%

50%

40%

30%

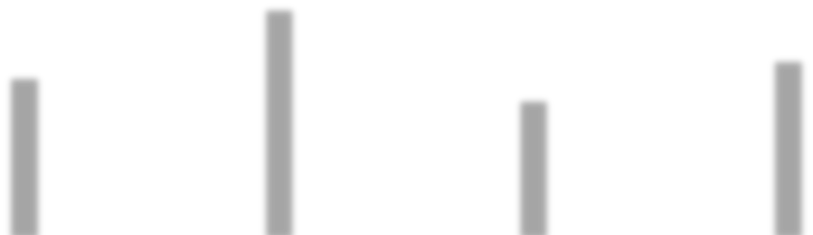
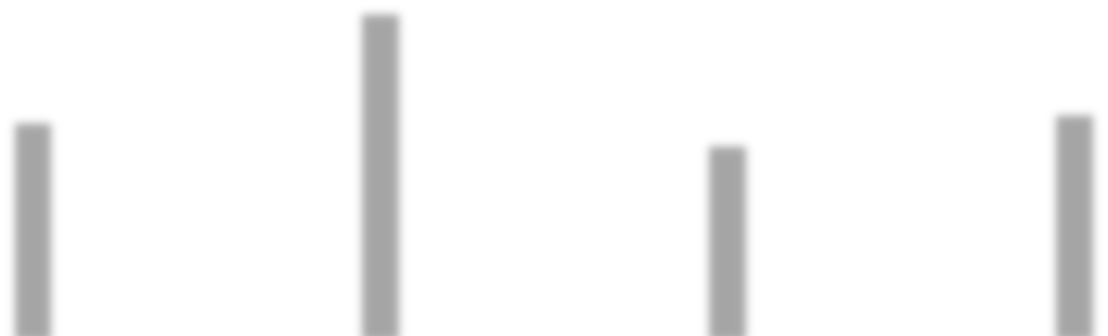
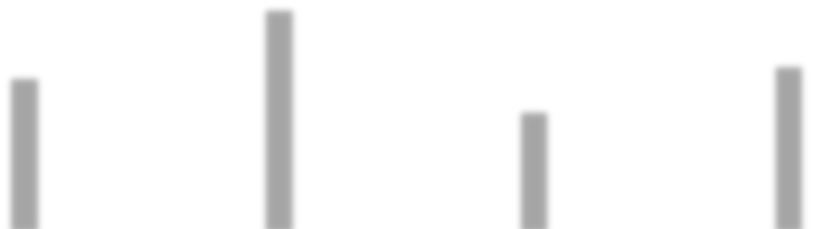
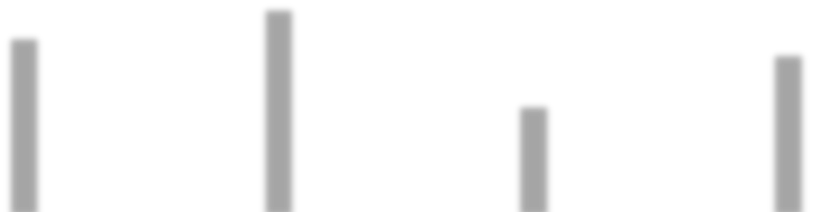
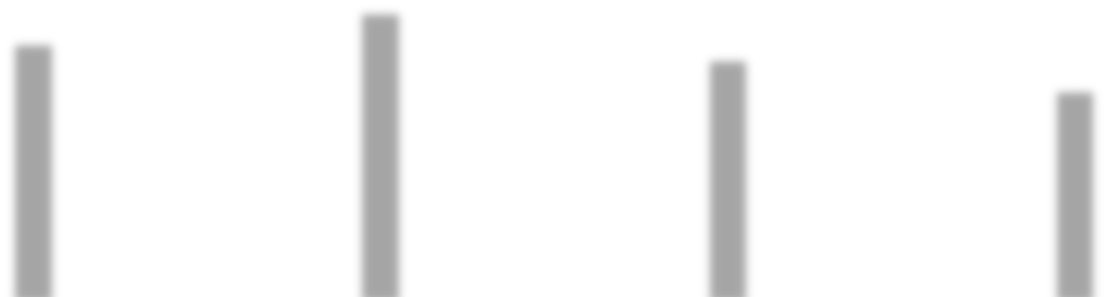
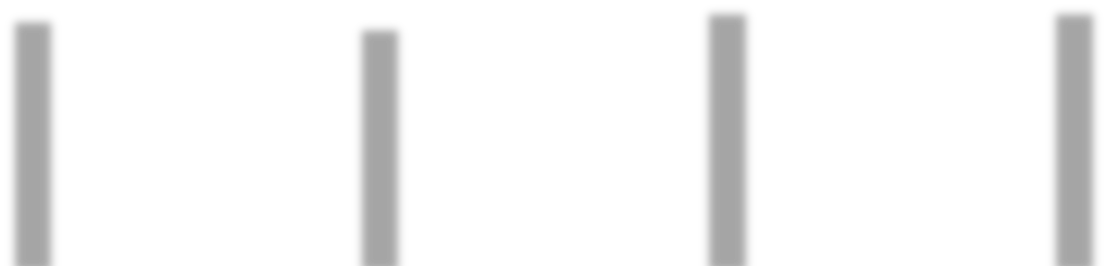
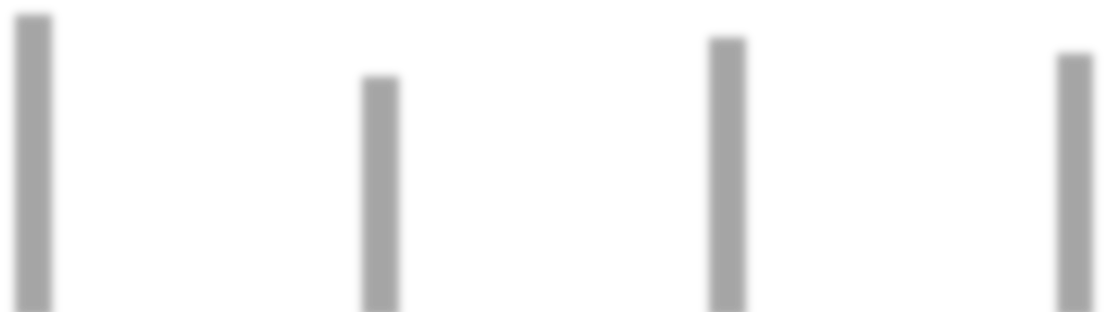
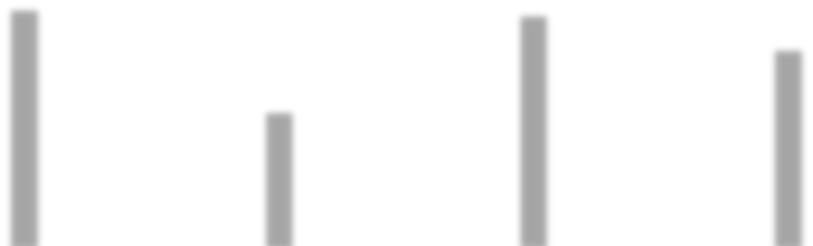
20%

10%

0%

**NHLI, % Female, Non-Clinical Academic Staff**

**Figure 4.2.8. Female percentages of non-clinical academic staff by year.**



Lecturer - Level C Senior Lecturer - Reader - Level D Professor - Level E

Level D

2010

2011

2012

2013

2014

2015

2016

2017

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

**FoM Non-Clinical Academic Staff, Female Percentages**

**Figure 4.2.9 Imperial Faculty of Medicine female percentages of non-clinical academic staff by year.**

**Data Analysis for non-clinical academic staff:**

* The total number of non-clinical academic staff at NHLI decreased from 52 in 2014 to 45 in 2017 due to low levels of recruitment.
* The percentage of female non-clinical academic staff increased from 38% in 2014 (our last Athena Silver application) to 42% in 2017. (**Table 4.2.1**)
* Numbers of non-clinical lecturers have decreased from 7 to 4, due to promotions and the restructuring process and low levels of recruitment.
* 4 female Lecturers were promoted to Senior Lecturer during 2009-2015; this explains the decrease in the number of female Lecturers from 5 in 2009 to 1 in 2016. (**Figure 4.2.2**)
* 7 women were promoted from Reader to Professor during 2009-2015; this partly explains the decrease in the number of female Readers from 7 in 2009 to 2 in 2016. (**Figure 4.2.2**)
* At professor and reader level NHLI has 50%F and 33%F respectively as compared to 33%F and 22%F for Imperial’s Faculty of Medicine (**Figure 4.2.8** and **Figure 4.2.9**); however, the pool needs to be replenished at more junior levels.

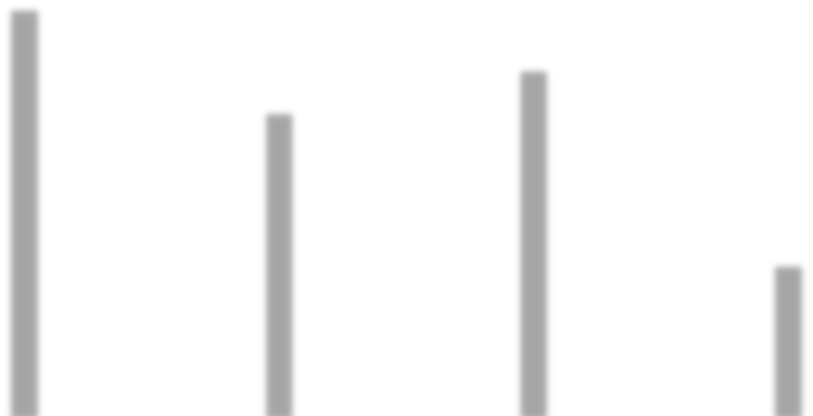
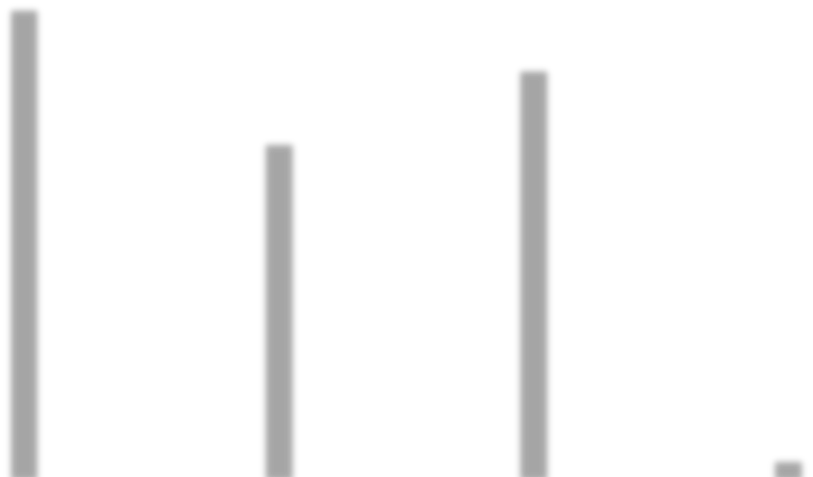
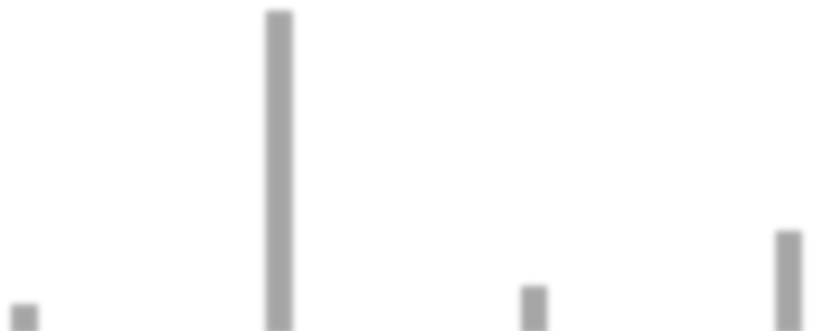
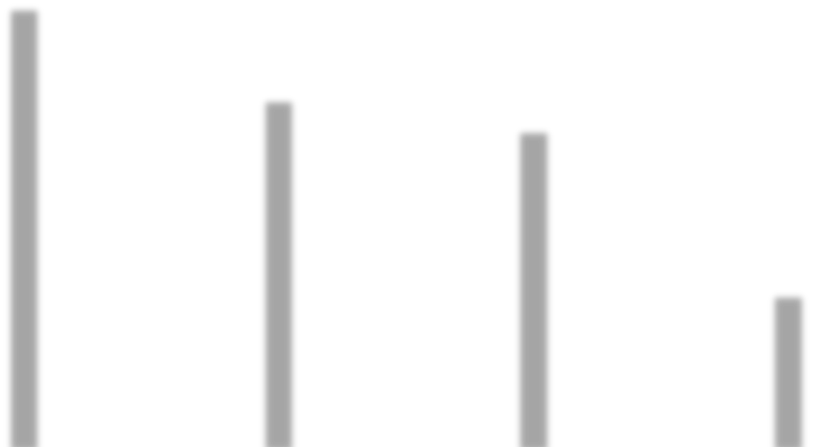
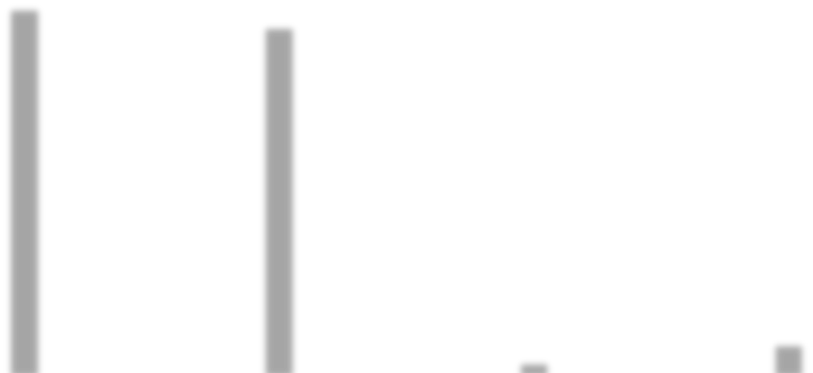
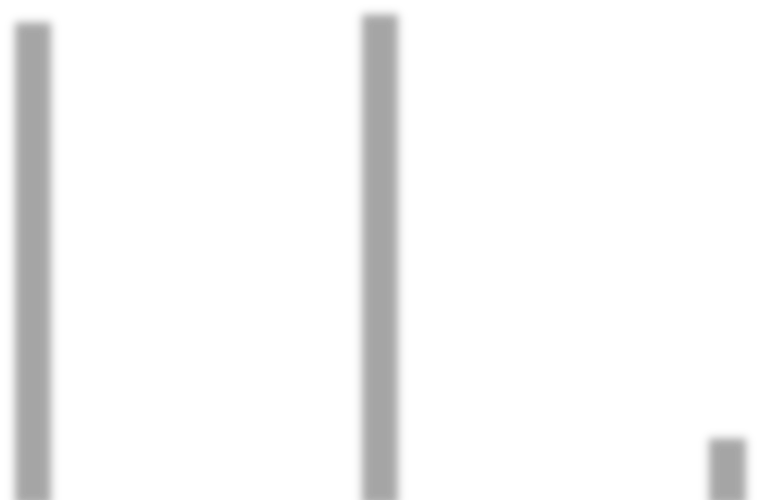
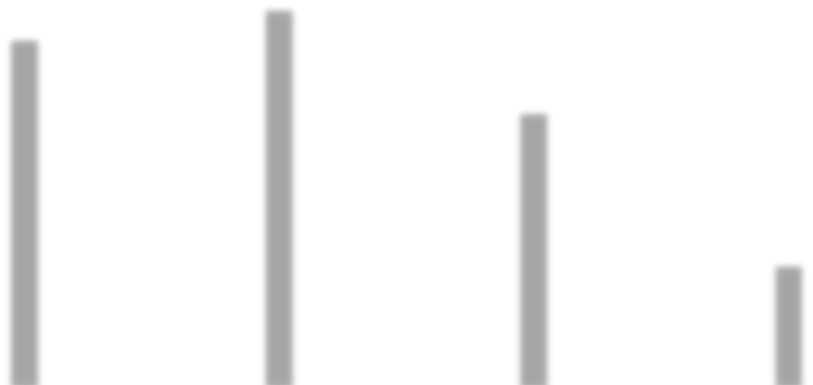
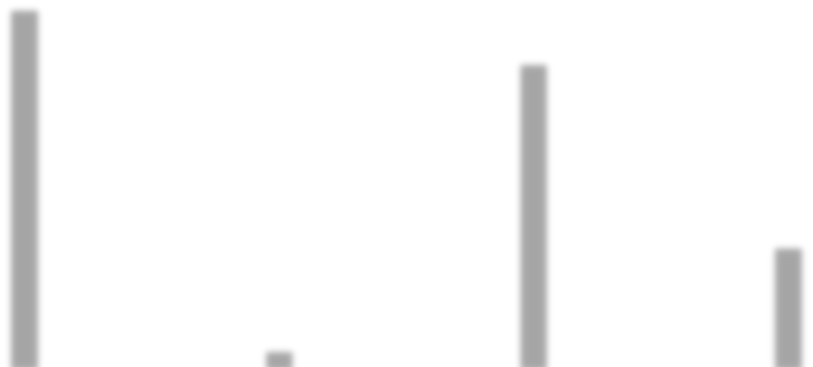
## Non-Clinical Research and teaching-only Staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Female** | **Male** | **Total** | **% Female** |
| 2009 | 93 | 65 | 158 | 59% |
| 2010 | 97 | 67 | 164 | 59% |
| 2011 | 93 | 70 | 163 | 57% |
| 2012 | 90 | 72 | 162 | 56% |
| 2013 | 88 | 69 | 157 | 56% |
| 2014 | 90 | 66 | 156 | 58% |
| 2015 | 81 | 66 | 147 | 55% |
| 2016 | 79 | 58 | 137 | 58% |
| 2017 | 66 | 60 | 126 | 52% |

**Table 4.2.2. Non-clinical research staff numbers 2009-2017.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Level A (Research**  **Assistant)** | | **Level B (Research**  **Associate / PDRA)** | | **Level C (Research**  **Fellow)** | | **Level D (Senior Researc**  **Fellow)** | |
| **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** |
| 2009 | 20 | 8 | 60 | 43 | 12 | 11 | 1 | 3 |
| 2010 | 13 | 9 | 70 | 41 | 13 | 13 | 1 | 4 |
| 2011 | 13 | 10 | 66 | 40 | 13 | 16 | 1 | 4 |
| 2012 | 14 | 10 | 64 | 45 | 12 | 13 | 0 | 4 |
| 2013 | 18 | 12 | 58 | 44 | 11 | 10 | 1 | 3 |
| 2014 | 18 | 7 | 59 | 45 | 12 | 11 | 1 | 3 |
| 2015 | 18 | 6 | 51 | 46 | 11 | 8 | 1 | 5 |
| 2016 | 20 | 6 | 50 | 41 | 8 | 4 | 1 | 7 |
| 2017 | 16 | 8 | 40 | 40 | 8 | 6 | 2 | 6 |

**Table 4.2.3. Non-clinical research staff numbers by grade 2009-2017. \***There was also one Research Level E male staff member in 2015.



Level A Level B Level C Level D

2010

2011

2012

2013

2014

2015

2016

2017

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

**NHLI, % Female, Non-Clinical Staff**

## Figure 4.2.10 Female percentages of non-clinical research staff by year.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Level 3b** | | **Level 4** | | **Level 5** | | **Level 6** | | **Total Learning & Teaching Staff** | |
| **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** |
| 2012 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| 2013 | 0 | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 3 | 3 |
| 2014 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 2 | 3 |
| 2015 | 0 | 1 | 2 | 1 | 0 | 1 | 1 | 1 | 3 | 4 |
| 2016 | 1 | 1 | 2 | 1 | 0 | 1 | 1 | 1 | 4 | 4 |
| 2017 | 2 | 1 | 2 | 2 | 0 | 1 | 1 | 1 | 5 | 5 |

**Table 4.2.4. Teaching-only staff numbers for 2012-2017.** The teaching-only (Learning & Teaching) job family did not exist until 2012.

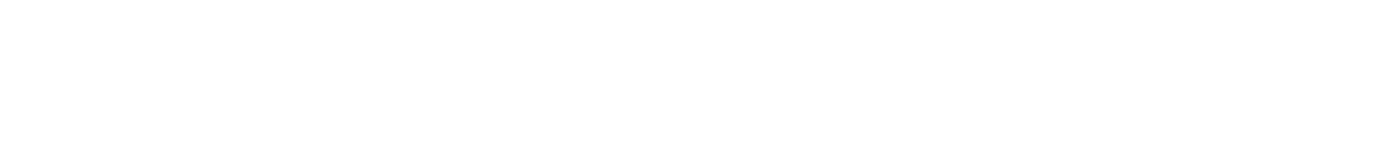
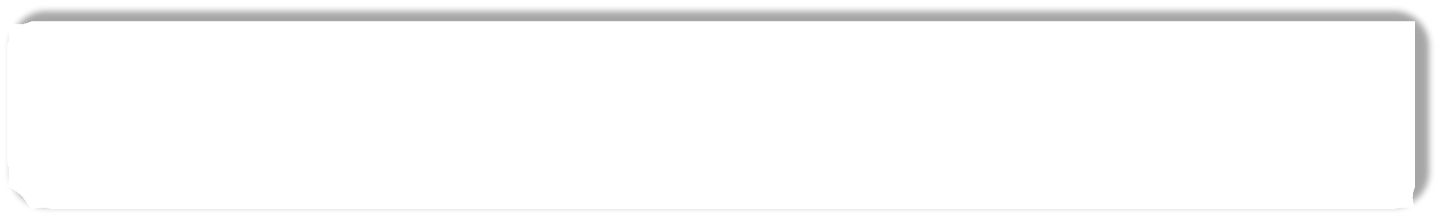
## Data Analysis for non-clinical research and teaching-only staff:

* The total number of non-clinical research staff at NHLI has decreased by 20% since 2014. This is due to declining external funding, which was seen throughout FoM.
* The percentage of female non-clinical research staff was 52-59% during 2009-2017.
* The percentage of male Level D research staff has been at least 75% since 2009.
* The gender balance of teaching-only staff was 1:1 (5F:5M) in 2017.

Our data indicate there is a 20% decrease in females at non-clinical academic staff level as compared to PGR (~60%). To further support our PGR staff to make the transition to a lectureship we successfully bid for funding from the NHLI foundation for ‘NHLI PDRA Awards’, grants of up to

£5k for PGRs to support their independent research, providing essential preliminary data for their fellowship applications or giving them the opportunity to train in different laboratories **AP2018 2.3.**

We know anecdotally that many of our female PGRs decide to transition into different scientific careers, but we have not formerly captured this data. In response to feedback from our 2017 Athena submission we will capture this data, to understand where our PDRAs come from and where they go.

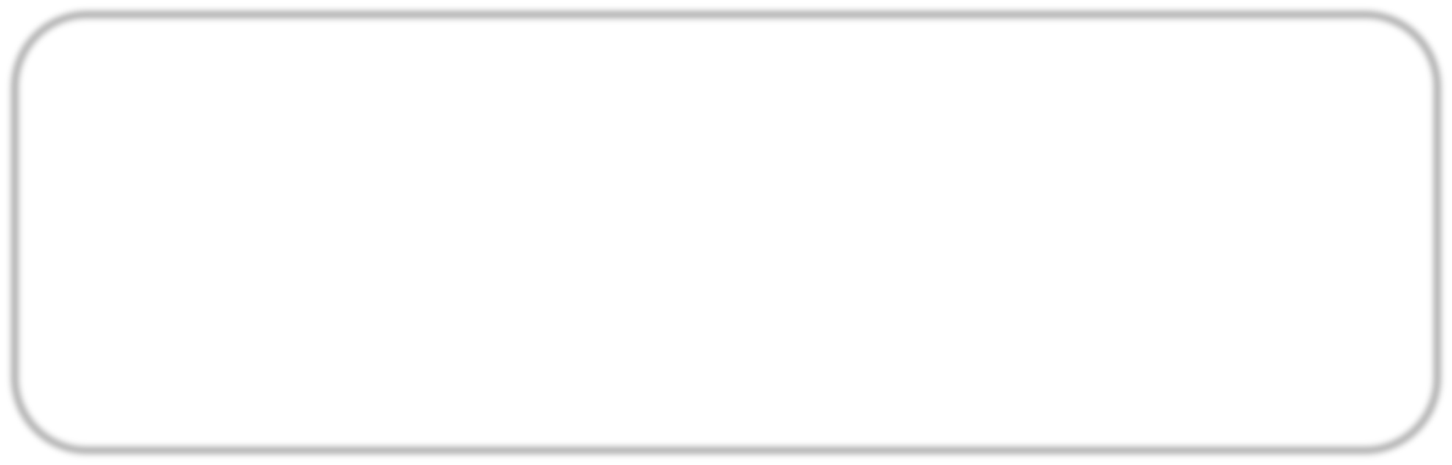
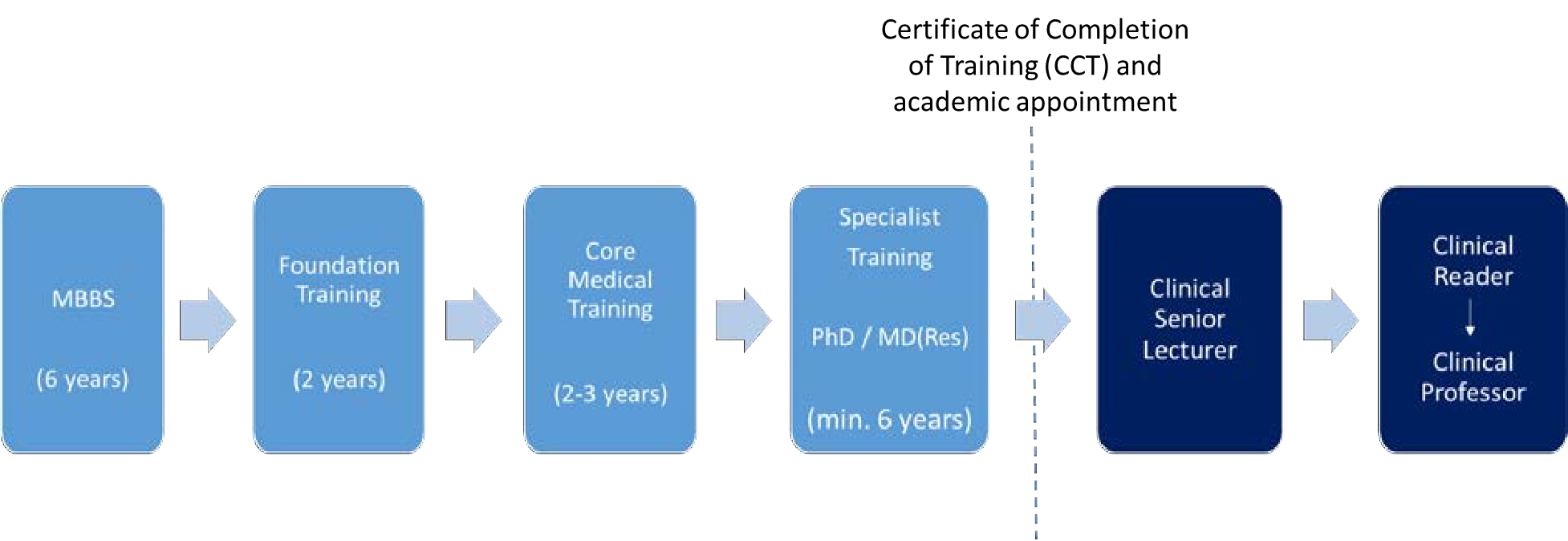


**AP2018**

**AP2018 2.1/2.5** Capture data with respect to next destinations of our PGRs

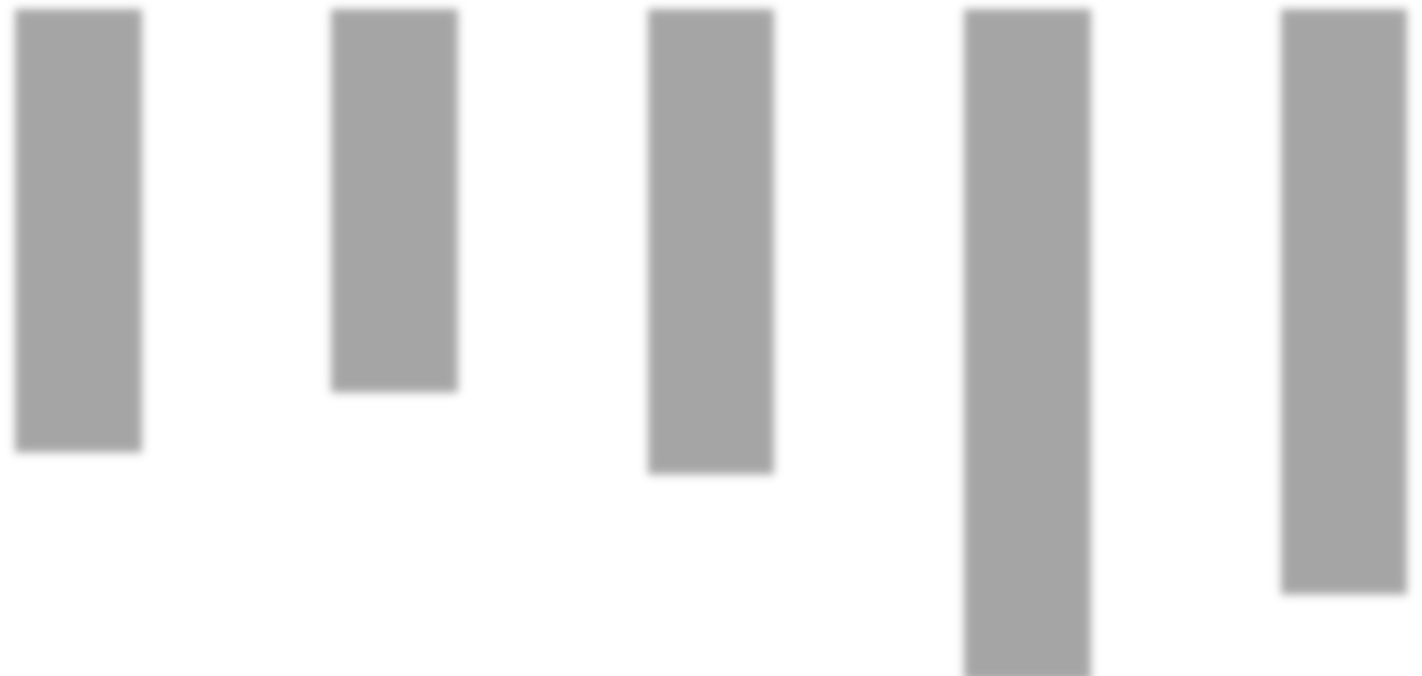
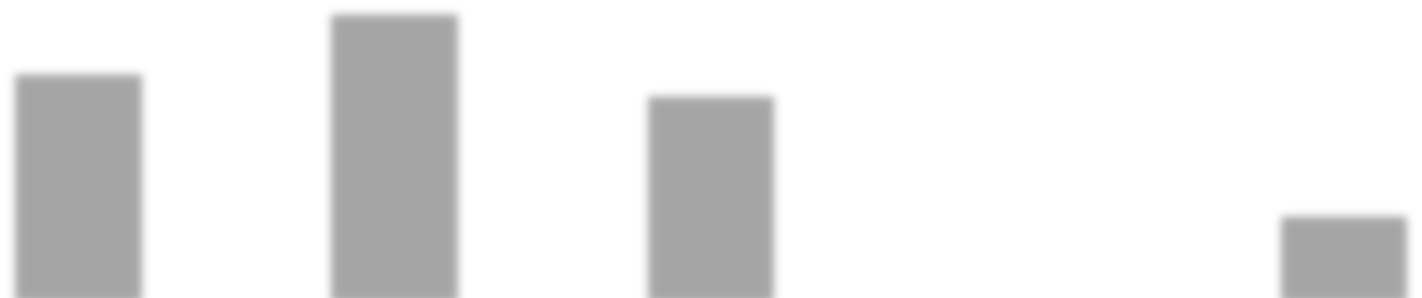
**AP2018 2.3** New PDRA to support PGRs transition into academia

### Clinical Research and academic staff



**Figure 4.2.11. Clinical research/academic career pathway.**

**Figure 4.2.11** shows a typical career pathway for clinical academic staff at NHLI. Here, we show clinical academic and research staff headcount data by gender.



Female Male

5

Clinical Professor

Clinical Reader

Clinical Senior lecturer

Research-Clinical Clinical Lecturer

4

17

3

34

5

9

4

33

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

**NHLI, Numbers, 2017**

## Figure 4.2.12 Percentage and gender split of clinical academic staff employed by NHLI in November 2017



Male

Female

13%

Clinical Professor

Research-Clinical Clinical Lecturer Clinical Senior Clinical Reader

Lecturer

0%

43%

31%

34%

57%

69%

66%

80%

70%

60%

50%

40%

30%

20%

10%

0%

**NHLI, Clinical Academic Career Pathway, 2017**

100% 87%

90%

100%

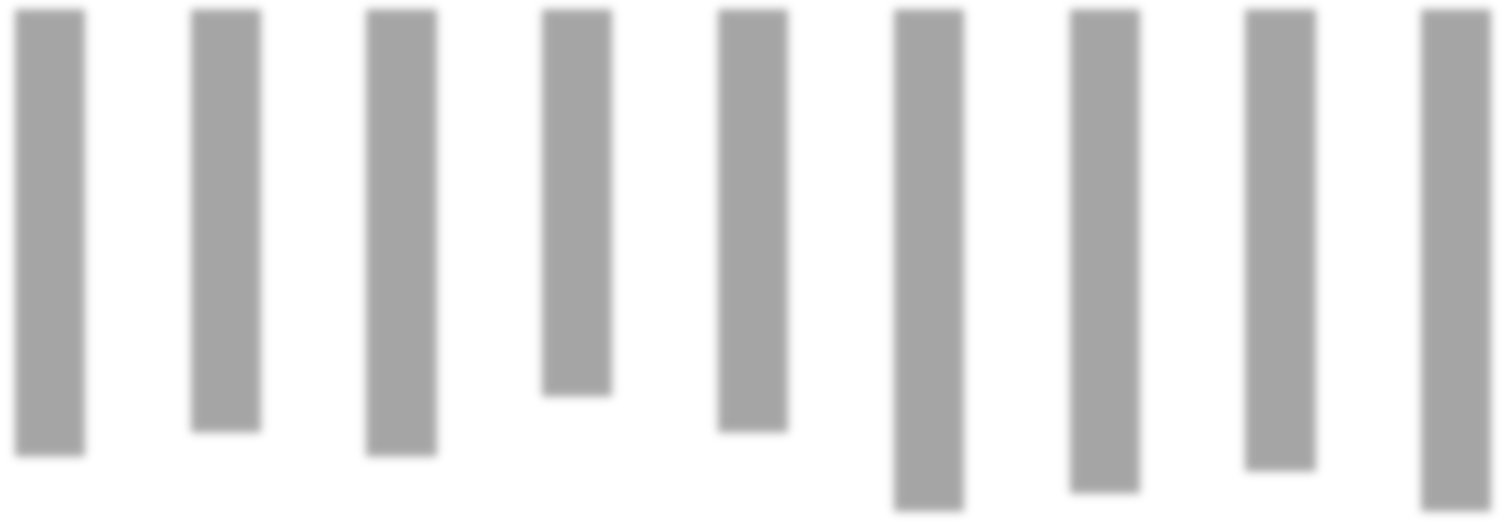
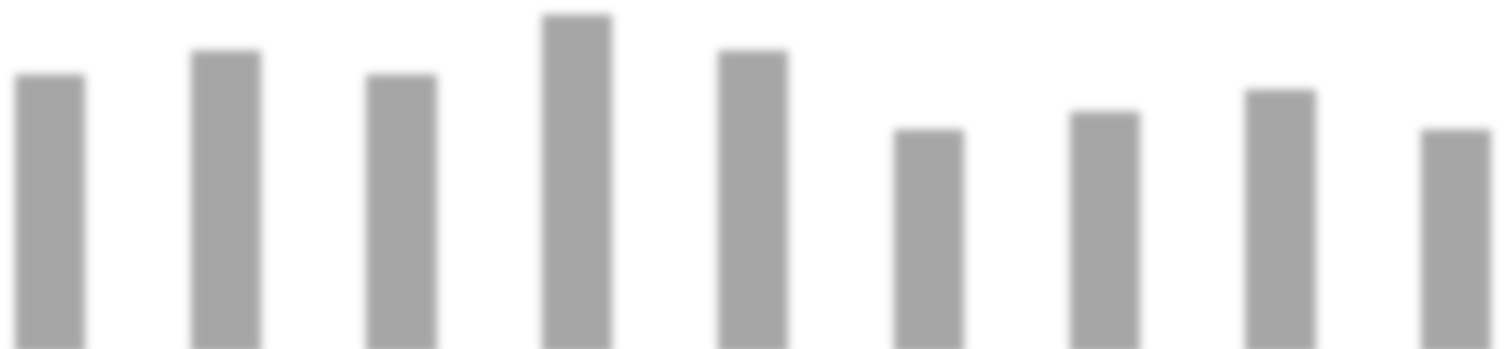
**Figure 4.2.13 Scissor Diagram for Clinical academic career pathway**

The scissor diagram of the clinical academic career pathway highlights that the gender imbalance is most severe at senior levels.

Our data for clinical academic staff (**Figure 4.2.12**) reflects the National picture, particularly for cardiology, a specialty is dominated by men (**Table 2.3**). We recognise this as a major issue and it is a priority of our 2018 action plan. We are now actively recruiting clinical lecturers to address low absolute numbers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Female** | **Male** | **Total** | **% Female** |
| 2009 | 9 | 37 | 46 | 20% |
| 2010 | 8 | 36 | 44 | 18% |
| 2011 | 8 | 38 | 46 | 17% |
| 2012 | 10 | 39 | 49 | 20% |
| 2013 | 8 | 39 | 47 | 17% |
| 2014 | 8 | 41 | 49 | 16% |
| 2015 | 9 | 42 | 52 | 17% |
| 2016 | 9 | 45 | 55 | 16% |
| 2017 | 11 | 50 | 61 | 18% |

## Table 4.2.5. Clinical academic staff numbers 2009-2017.



2014 2015 2016 2017

2013

Male

2009 2010 2011 2012

Female

4

4

4

4

5

5

5

5

7

9

7

8

9

7

8

8

7

8

100%

90%

80%

70%

60%

50%

40%

30%

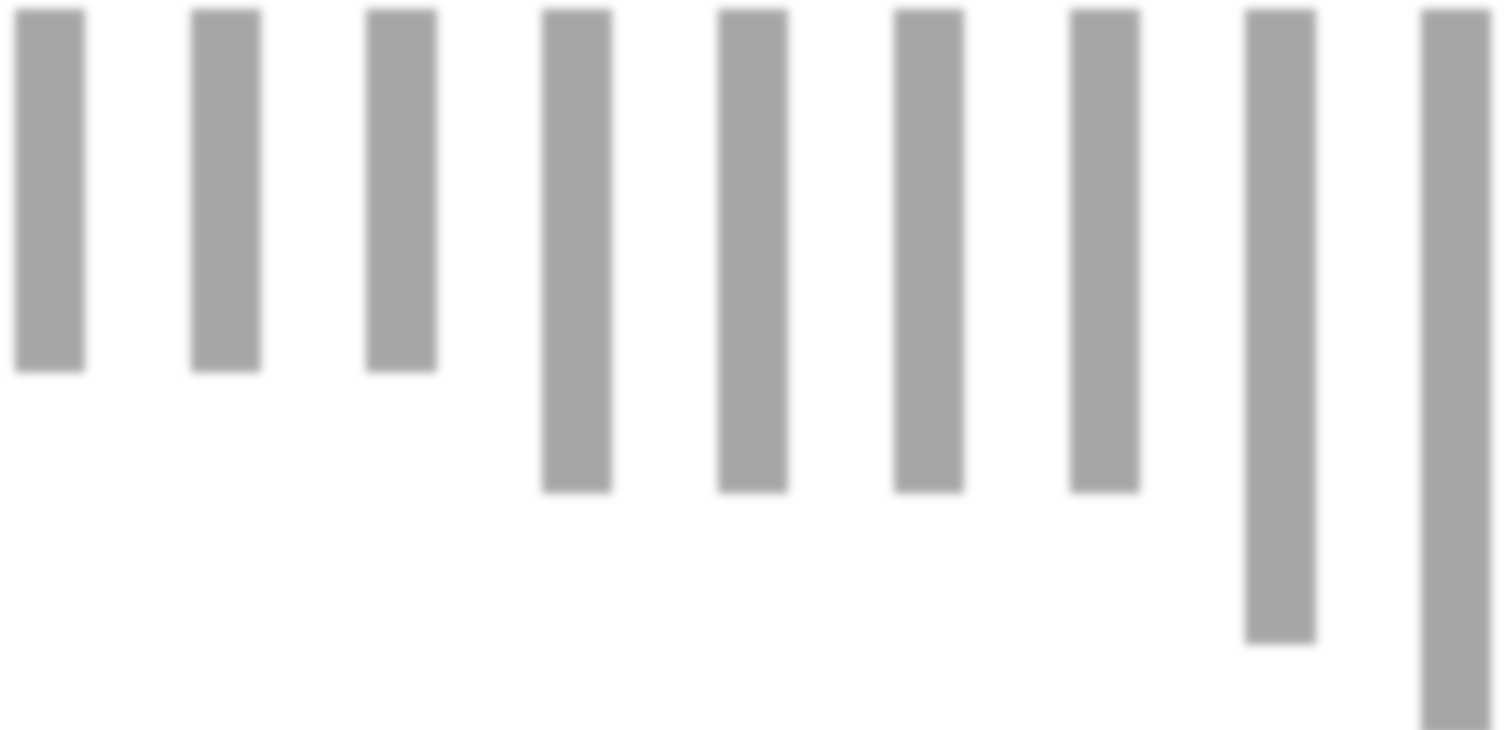
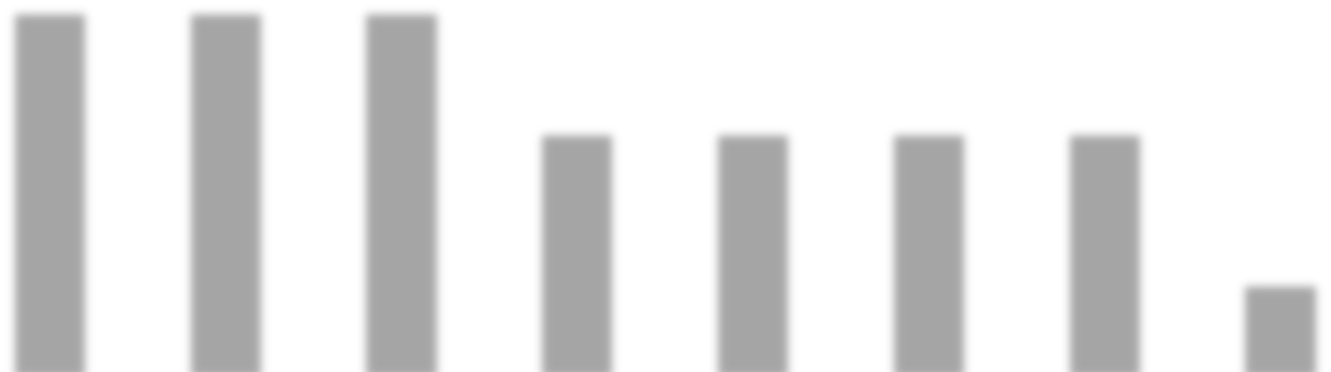
20%

10%

0%

**NHLI, Clinical Senior Lecturers**

**Figure 4.2.14. Clinical Senior Lecturers 2009-2017.**



2014 2015 2016 2017

2013

Male

2009 2010 2011 2012

Female

2

1

1

1

5

2

2

2

7

4

2

2

2

2

2

2

100%

90%

80%

70%

60%

50%

40%

30%

20%

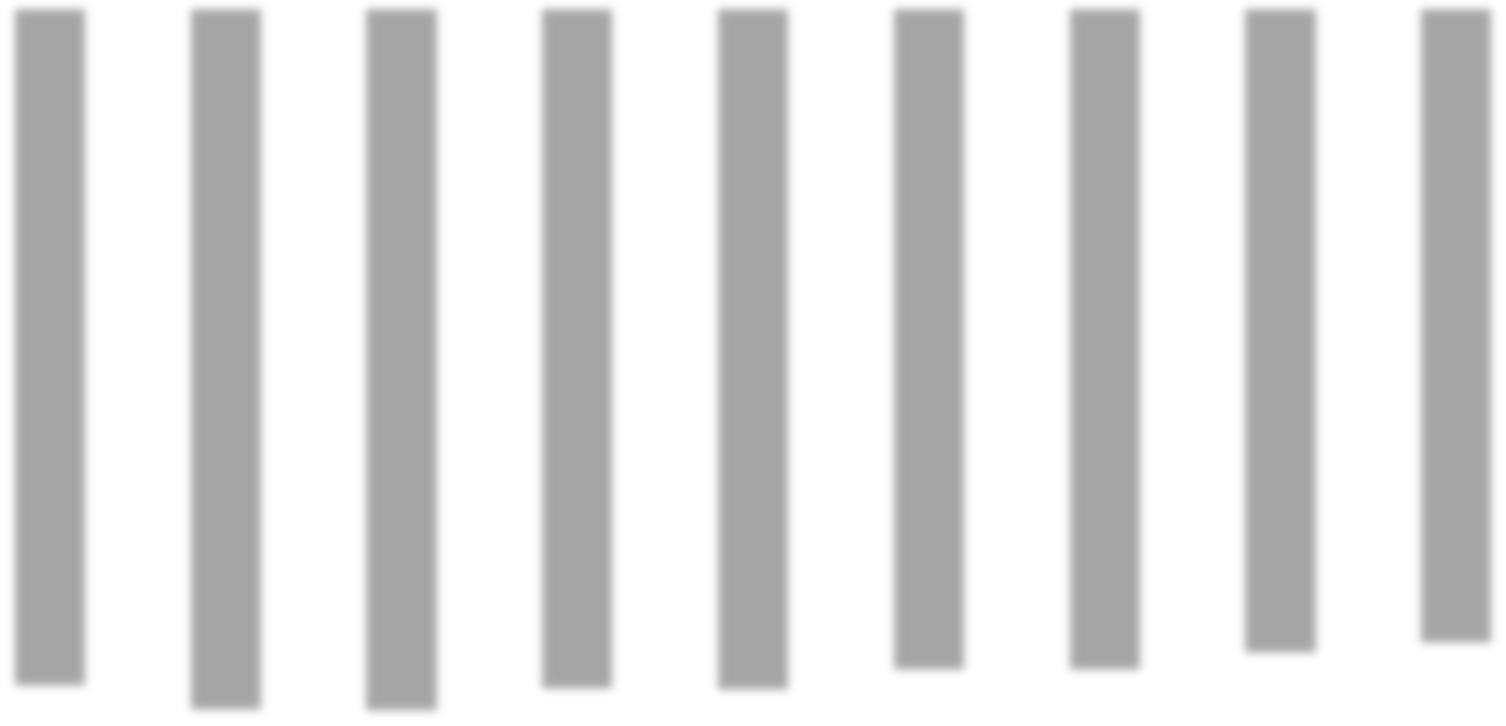
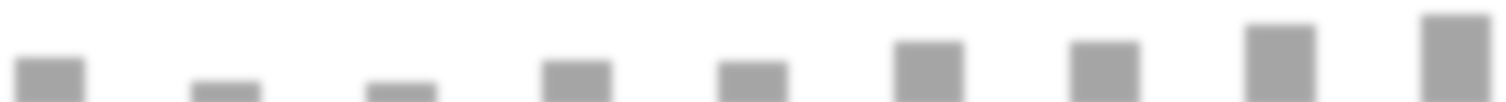
10%

0%

**NHLI, Clinical Readers**

1

**Figure 4.2.15. Clinical Readers 2009-2017.**



5

2017

3 3

2014 2015 2016

2

2013

Male

2

2012

Female

1

2011

1

2010

2

2009

34

31

30

30

30

29

28

27

27

100%

90%

80%

70%

60%

50%

40%

30%

20%

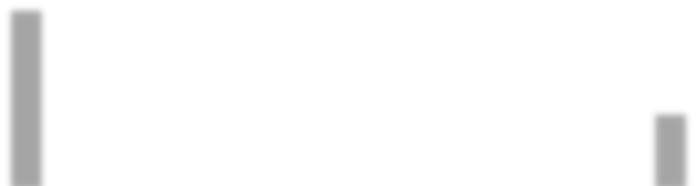
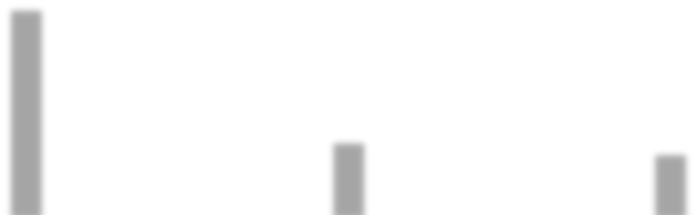
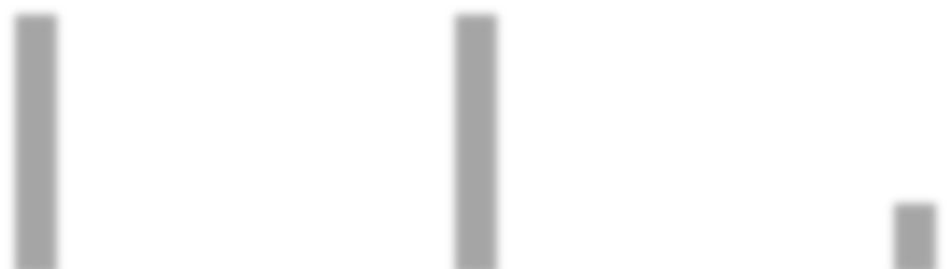
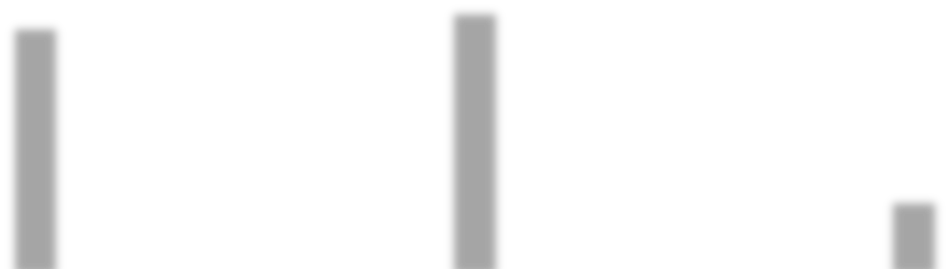
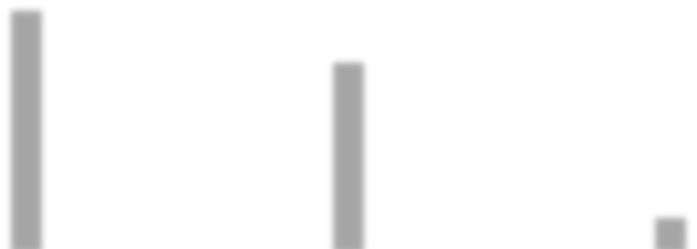
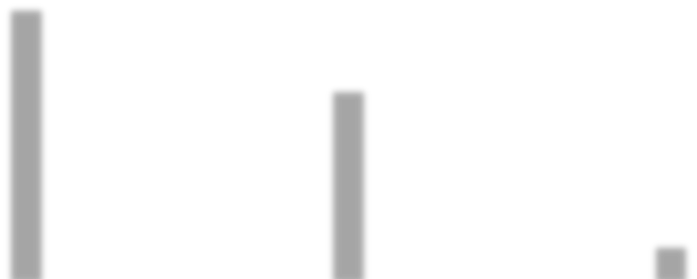
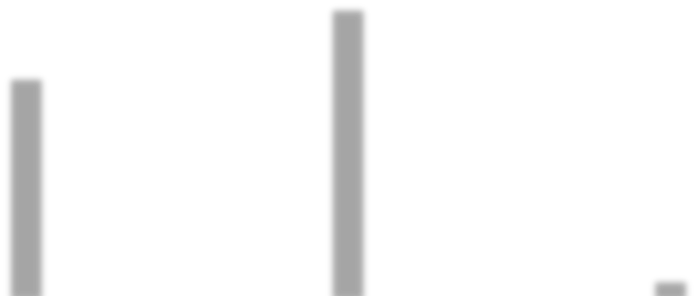
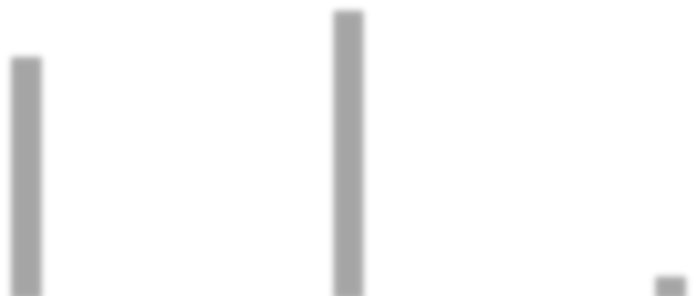
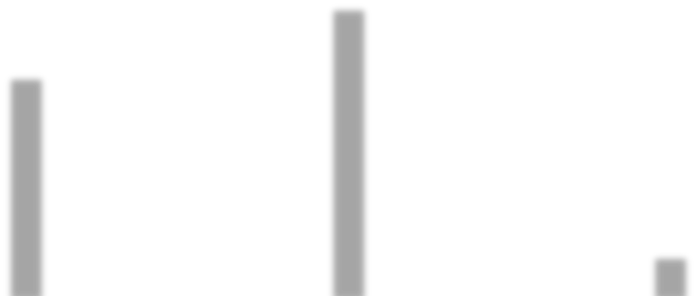
10%

0%

**NHLI, Clinical Professors**

4

**Figure 4.2.16. Clinical Professors 2009-2017.**



Clincal Senior Lecturer Clinical Reader Clinical Professor

2009

2010

2011

2012

2013

2014

2015

2016

2017

100%

90%

80%

70%

60%

50%

40%

30%

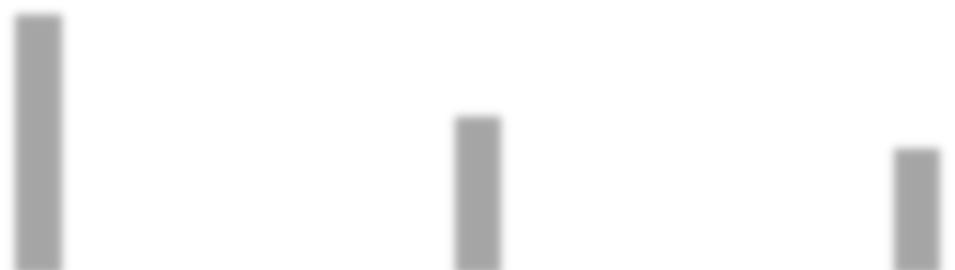
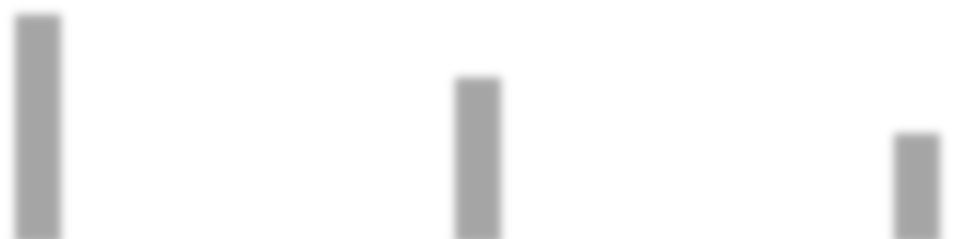
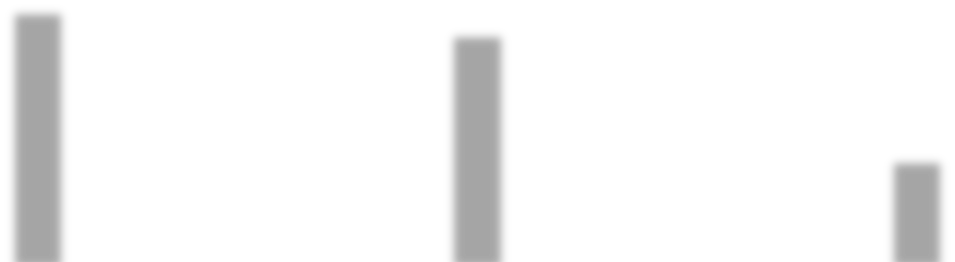
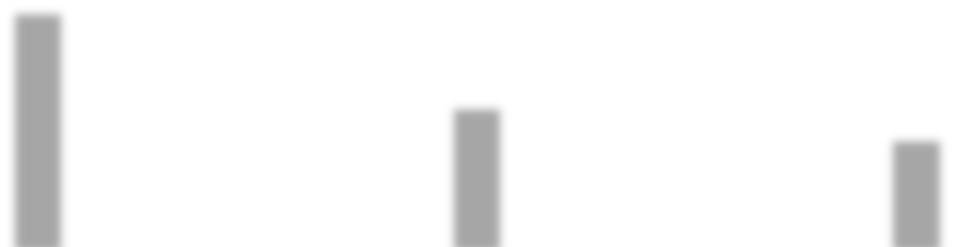
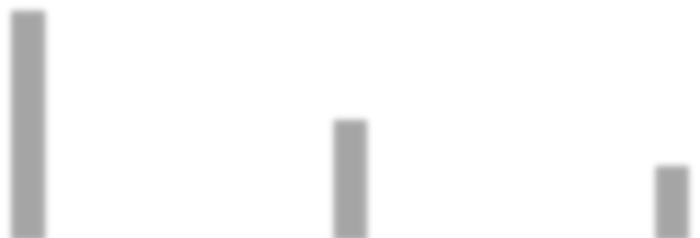
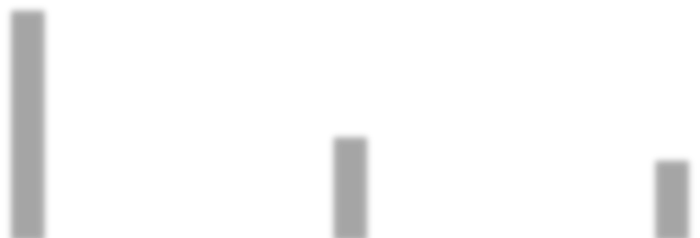
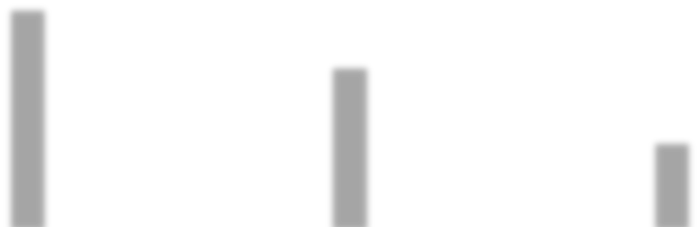
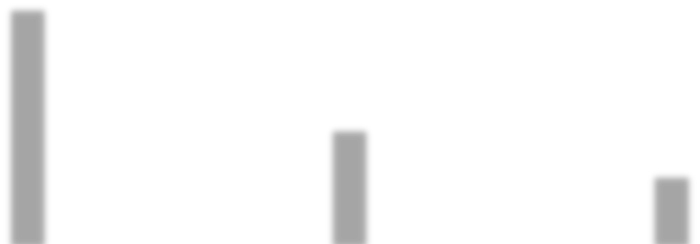
20%

10%

0%

**NHLI, % Female, Clinical Academic Staff**

**Figure 4.2.17. Female percentages of clinical academic staff by year.**



Clinical Senior Lecturer Clinical Reader Clinical Professor

2010

2011

2012

2013

2014

2015

2016

2017

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

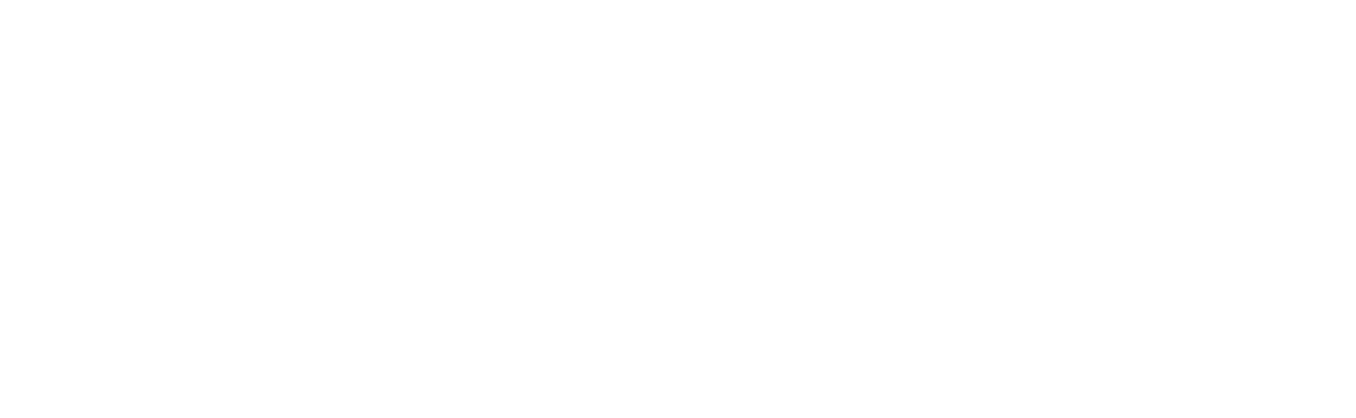
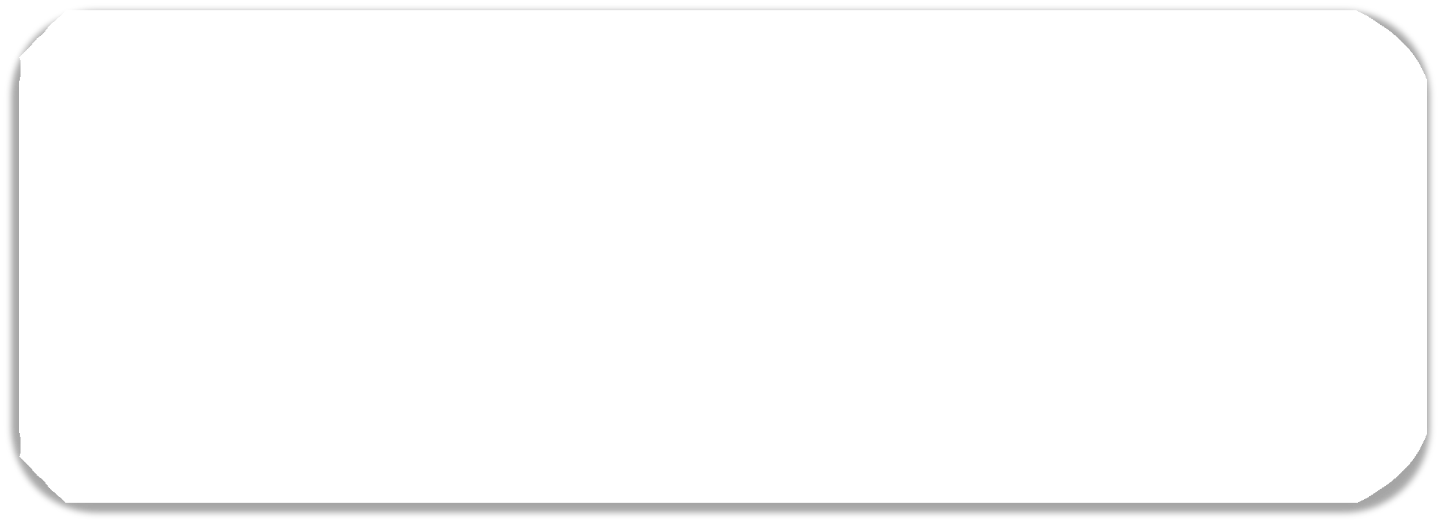
0%

**FoM Clinical Staff, Female Percentages**

**Figure 4.2.18. Percentages of female clinical staff in the Faculty of Medicine between 2010-2017. Data Analysis for clinical academic staff:**

* Female percentage of clinical academic staff has fluctuated between 16% and 20% during 2009-2017; it is currently 16% (9F:46M) and there has not been much change since 2014. The low percentage of women is largely in line with the low female percentage of cardiology and respiratory medicine consultants nationally (**Table 2.3**, p.8).
* The number of male clinical academics increased from 41 in 2014 to 48 in 2017, whereas the number of female clinical academics increased from 8 to 9 over the same period, reflecting the male heavy candidate pool (**Table 2.3**)
* The percentage of female Clinical Professors has steadily increased from 9% in 2014 to 12% in 2017, but is still low and below Imperial Faculty of Medicine (17%F). Nationally 87% of cardiology consultants and 72% of respiratory consultants are currently male (**Table 2.3**).
* Improving gender balance in clinical academic staff is a priority area for our **AP2018**.

Improving the pipeline for clinical academics is a key priority area. We have already changed the composition of the Athena SAT committee to reflect this being a priority area, with recruitment of two male clinical professors who are very motivated to drive this process.



**AP2018**

* 1. Set up an FoM-wide Clinical Academic/Research Staff Working Group to drive initiatives that support these staff groups.
  2. Continue the collaboration and strengthen our links with Academy of Medical Sciences (AMS) and Royal College of Physicians (RCP) to work on clinical academics’ career development.
  3. Promote support and development opportunities available to clinical staff, particularly women.
  4. Assign mentors to all clinical academic staff.
  5. Adopt Wellcome Trust ‘Principles of academic training’

## Clinical Research Staff

**Table 4.2.6. Clinical research staff numbers 2009-2017. Data Analysis for clinical research staff:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Female** | **Female** | **Male** | **Total** | **% Female** |
| 2009 | 26 | 35 | 61 | 43% |
| 2010 | 28 | 43 | 71 | 39% |
| 2011 | 22 | 42 | 64 | 34% |
| 2012 | 20 | 40 | 60 | 33% |
| 2013 | 14 | 43 | 57 | 25% |
| 2014 | 12 | 41 | 53 | 23% |
| 2015 | 13 | 32 | 45 | 29% |
| 2016 | 17 | 35 | 52 | 33% |
| 2017 | 17 | 35 | 52 | 33% |

* The majority of our clinical research staff are students (fellows) registered for PhDs.
* The percentage of female clinical fellows increased from 23% in 2014 to 33% in 2017;

### Comparison to the national picture

**Figures 4.2.19-4.2.22** compare NHLI academic and research staff numbers to the national picture.

**Figure 4.2.19. Female percentages of NHLI academic staff vs. national picture.** The figure includes both clinical and non-clinical staff. The national benchmark is based on heidi data (Clinical Medicine cost centre). The national consultant data is based on figures from the Royal College of Physicians (*Focus on physicians: census of consultant physicians and higher specialty trainees 2015-16. Royal College of Physicians.*



2016

2015

2014

2013

2012

2011

2010

National, Teaching & Research

National, Cardiology Consultants

National, Respiratory Medicine Consultants

Department, Academic Staff

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

2009

**NHLI, % Female Academic Staff vs. National Picture**

**Female Percentage of academic staff**

https://[www.rcplondon.ac.uk/projects/outputs/2015-16-census-uk-consultants-and-higher-](http://www.rcplondon.ac.uk/projects/outputs/2015-16-census-uk-consultants-and-higher-) specialty-trainees)

**Figure 4.2.20. Female percentage of NHLI professors vs. national picture.** The figure includes both clinical and non-clinical professors. The national benchmark is based on heidi data (Clinical Medicine cost centre).



**NHLI, % Female Professors vs. National Picture**

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

Department Professors

National Professors

2009

2010

2011

2012

2013

2014

2015

2016

**Figure 4.2.21. Female percentage of NHLI research staff vs. national picture.** The figure includes both clinical and non-clinical staff. The national benchmark is based on heidi data (Clinical Medicine cost centre).



2016

2015

2014

2013

2012

2011

2010

National, Research Staff

2009

Department, Research Staff

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

**NHLI, % Female Research Staff vs. National Picture**



2016

2015

2014

2013

2012

2011

2010

National, Learning & Teaching Staff

2009

Department, Learning & Teaching Staff

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

**NHLI, % Female Teaching-Only Staff vs. National Picture**

**Figure 4.2.22. Female percentage of NHLI teaching-only staff vs. national picture.** The national benchmark is based on heidi data (Clinical Medicine cost centre).

## Data analysis comparison with national benchmarking data:

* The female % for total academic and teaching staff is currently 8% below the National benchmark for clinical medicine, due to low numbers of female clinical academics. Our lower

%F reflects low % of female clinical academics where the pool is male heavy in cardiology and respiratory medicine.

* At professorial level, despite the low numbers of female clinical academics we have 30% of female professors (for non-clinical plus clinical), 2% higher than the Heidi national average for clinical medicine 2016/17.
* The gender balance at NHLI for research staff and teaching staff is 50% female, while the national figure is 60% female.

## 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.*

Our *academic* staff are normally appointed on open-ended contracts. On some occasions, however, academic contracts *can* be fixed-term. This applies to:

* Academics on external fixed-term funding (e.g. from an NHS Trust or external fellowship)
* New academics on probation (non-clinical Lecturers and Clinical Senior Lecturers)
* Professors who have returned from retirement

A high proportion of our *research* staff are on fixed-term contracts due to fixed external funding. Such staff are not treated any less favourably compared to staff on open-ended contracts, e.g. their core employment terms and conditions are comparable, and they are entitled to the same employment protection arrangements. After four years of continuous service at Imperial, an employee’s contract of employment becomes open-ended. These contracts can also end with loss of external funding, but all employees are entitled to redundancy payments.

### Non-clinical staff

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Fixed Term Female** | **Open-ended Female** | **% Open- ended Female** | **Fixed Term Male** | **Open-ended Male** | **% Open- ended Male** |
| 2009 | 0 | 25 | 100% | 0 | 31 | 100% |
| 2010 | 1 | 21 | 95% | 0 | 25 | 100% |
| 2011 | 1 | 20 | 95% | 0 | 22 | 100% |
| 2012 | 0 | 20 | 100% | 1 | 24 | 96% |
| 2013 | 0 | 19 | 100% | 9 | 23 | 72% |
| 2014 | 0 | 20 | 100% | 10 | 22 | 69% |
| 2015 | 0 | 20 | 100% | 7 | 22 | 76% |
| 2016 | 0 | 20 | 100% | 6 | 22 | 79% |
| 2017 | 0 | 19 | 100% | 7 | 19 | 73% |

**Table 4.2.7. Non-clinical academic staff on fixed-term and open-ended contracts.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Fixed Term Female** | **Open-ended Female** | **% Open- ended**  **Female** | **Fixed Term Male** | **Open-ended Male** | **% Open- ended Male** |
| 2009 | 68 | 25 | 27% | 48 | 17 | 26% |
| 2010 | 72 | 25 | 26% | 50 | 17 | 25% |
| 2011 | 64 | 29 | 31% | 53 | 17 | 24% |
| 2012 | 60 | 30 | 33% | 54 | 18 | 25% |
| 2013 | 62 | 25 | 29% | 50 | 18 | 26% |
| 2014 | 63 | 27 | 30% | 42 | 24 | 36% |

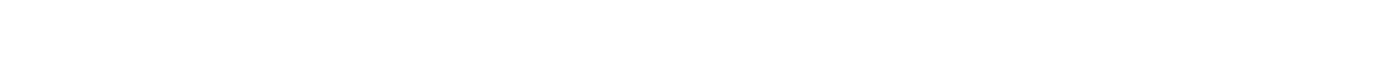
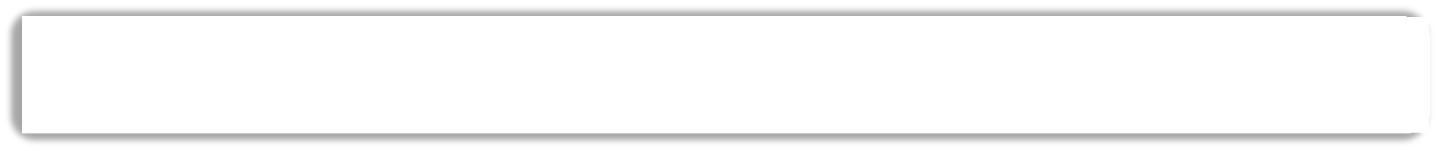
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2015 | 57 | 24 | 30% | 42 | 23 | 35% |
| 2016 | 58 | 21 | 27% | 36 | 21 | 37% |
| 2017 | 46 | 20 | 30% | 40 | 20 | 33% |

**Table 4.2.8. Non-clinical research staff on fixed-term and open-ended contracts.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Fixed Term Female** | **Open-ended Female** | **% Open- ended**  **Female** | **Fixed Term Male** | **Open-ended Male** | **% Open- ended Male** |
| 2012 | 1 | 0 | 0% | 1 | 0 | 0% |
| 2013 | 2 | 1 | 33% | 1 | 2 | 67% |
| 2014 | 1 | 1 | 50% | 1 | 2 | 67% |
| 2015 | 1 | 2 | 67% | 2 | 2 | 50% |
| 2016 | 3 | 1 | 25% | 2 | 2 | 50% |
| 2017 | 3 | 2 | 40% | 1 | 4 | 80% |

**Table 4.2.9. Learning and teaching staff on fixed-term and open-ended contracts. Data analysis staff on fixed term and open-ended contracts:**

* There have only been two female academic staff on fixed-term contracts since 2009. The corresponding number for men is higher. Some were staff returning from retirement; others were 0.2 FTE (full-time equivalent) appointments made in proximity to the 2014 REF.
* There is a clear gender imbalance with respect to non-clinical staff appointed on fixed term contracts.
* The proportion of open-ended contracts increases for both male and female research staff with increasing grade, partly due to more than four years of continuous service.
* Some of our teaching-only staff were appointed on fixed-term contracts as they were employed to support fixed-term education initiatives, e.g. development and setup of new courses. In many cases, however, these posts develop so that the post holder becomes responsible for the running of the course and the post becomes open-ended.



**AP2018**

**4.8** Investigate gender imbalance with respect to non-clinical staff appointed on fixed term

### Clinical staff

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Fixed Term Female** | **Open-ended Female** | **% Open-**  **ended Female** | **Fixed Term Male** | **Open-ended Male** | **% Open- ended Male** |
| 2009 | 1 | 8 | 89% | 3 | 34 | 92% |
| 2010 | 1 | 7 | 88% | 3 | 33 | 92% |
| 2011 | 1 | 7 | 88% | 6 | 32 | 84% |
| 2012 | 2 | 8 | 80% | 8 | 31 | 79% |
| 2013 | 2 | 6 | 75% | 9 | 30 | 77% |
| 2014 | 2 | 6 | 75% | 10 | 31 | 76% |
| 2015 | 3 | 6 | 67% | 12 | 30 | 71% |
| 2016 | 3 | 6 | 67% | 10 | 35 | 78% |
| 2017 | 1 | 8 | 89% | 9 | 39 | 81% |

**Table 4.2.10. Clinical academic staff on fixed-term and open-ended contracts.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Fixed Term Female** | **Open-ended Female** | **% Open- ended**  **Female** | **Fixed Term Male** | **Open-ended Male** | **% Open- ended Male** |
| 2009 | 24 | 2 | 8% | 29 | 6 | 17% |
| 2010 | 26 | 2 | 7% | 38 | 5 | 12% |
| 2011 | 21 | 1 | 5% | 38 | 4 | 10% |
| 2012 | 19 | 1 | 5% | 35 | 5 | 13% |
| 2013 | 12 | 2 | 14% | 38 | 5 | 12% |
| 2014 | 10 | 2 | 17% | 36 | 5 | 12% |
| 2015 | 11 | 2 | 15% | 28 | 4 | 13% |
| 2016 | 14 | 3 | 18% | 29 | 6 | 17% |

**Table 4.2.11. Clinical research staff on fixed-term and open-ended contracts.**

**Data analysis clinical staff on fixed term and open-ended contracts:**

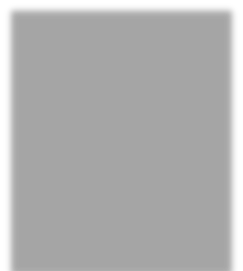
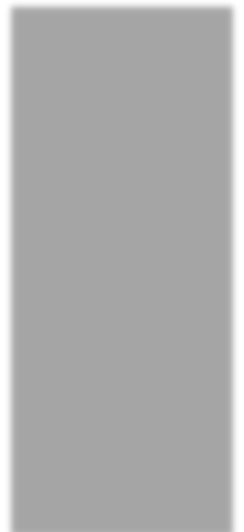
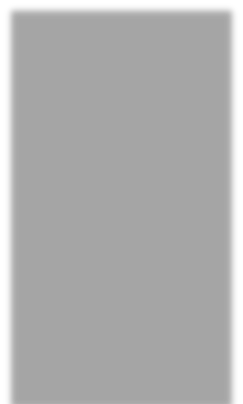
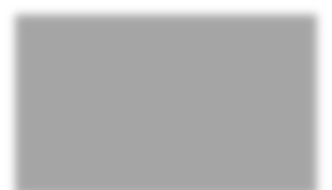
There are no significant gender differences in terms of contract type.

* The increase in academic fixed term contracts since 2009 is largely due to staff returning from retirement.
* Most of the research staff on fixed-term contracts are PhD students, who we consider as staff

## 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.*

**Figures 4.2.23-4.2.31** show leaving reasons for NHLI academic and research staff in 2009-2016. Data is collected by HR via a leaver’s form.



**Female Non-Clinical, Academic Staff: Reasons for Leaving, 2009-2017**

4

40%

3

2

20%

1

0

End of Contract

Redundancy

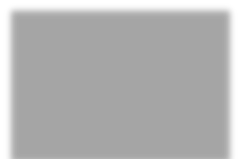
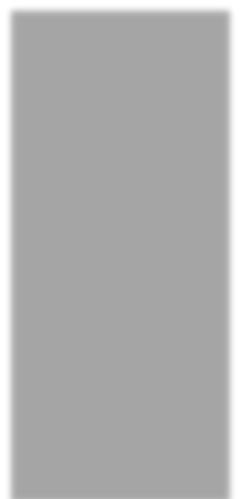
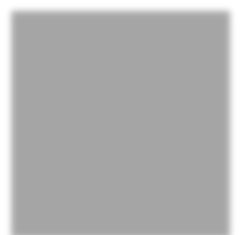
Resignation

Retirement

10%

30%

## Figure 4.2.23. Leaving reasons for female non-clinical academic staff 2009-2017.



14

**Male Non-Clinical, Academic Staff: Reasons for Leaving, 2009- 2017**

54%

12

10

8

6

25%

4

2

0

17%

End of Association

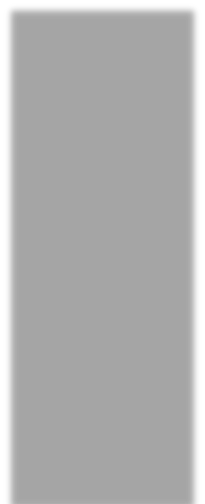
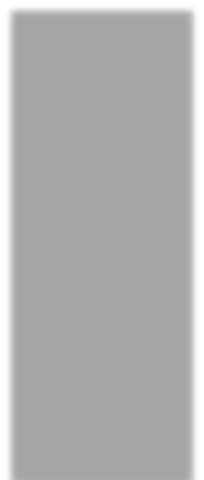
Redundancy

Resignation

Retirement

4%

**Figure 4.2.24. Leaving reasons for male non-clinical academic staff 2009-2017.**



End of Contract Redundancy Resignation Retirement Transfer

2%

1%

12%

44%

41%

110

100

90

80

70

60

50

40

30

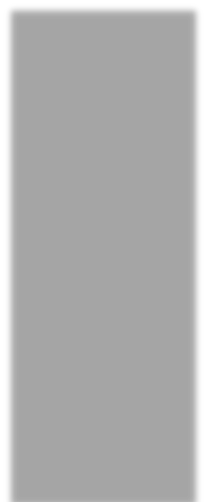
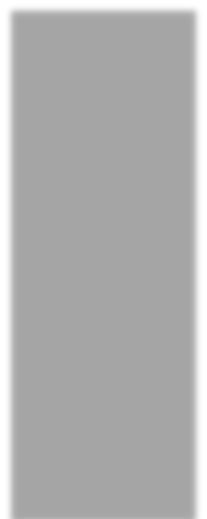
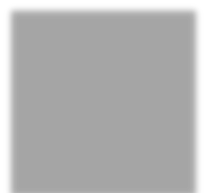
20

10

0

**Female Non-Clinical Research Staff: Reasons for Leaving, 2009-2017**

**Figure 4.2.25. Leaving reasons for female non-clinical research staff 2009-2017.**



End of Association End of Contract Redundancy Resignation Transfer

0

2%

1%

20

10

15%

50

40

30

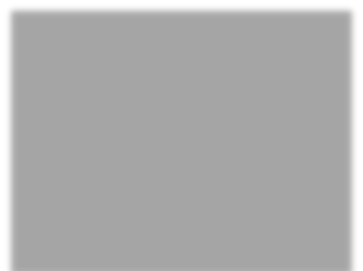
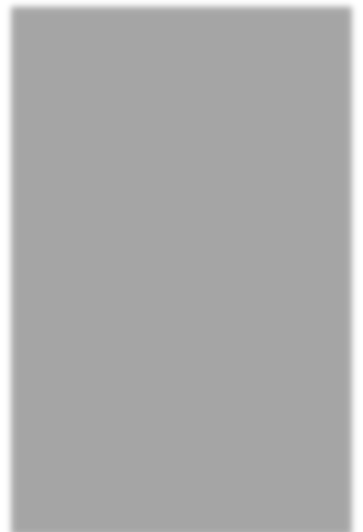
40%

42%

60

**Male Non-Clinical Research Staff: Reasons for Leaving, 2009- 2017**

**Figure 4.2.26. Leaving reasons for male non-clinical research staff 2009-2017.**



**Female Clinical Academic Staff: Reasons for Leaving, 2009- 2017**

2

67%

1.5

1

33%

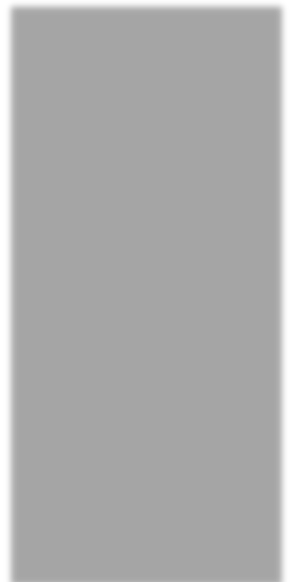
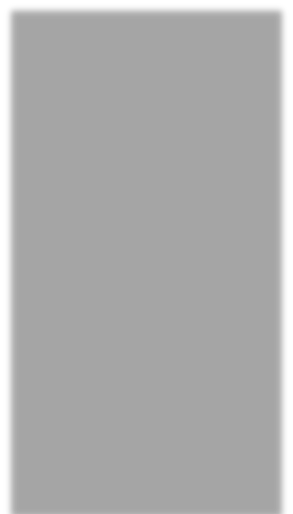
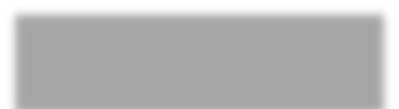
0.5

0

Resignation

Retirement

**Figure 4.2.27 Leaving reasons for female clinical academic staff 2009-2017.**



Retirement

Resignation

6%

Redundancy

**Male Clinical Academic Staff: Reasons for Leaving, 2009-2017**

50%

44%

8

7

6

5

4

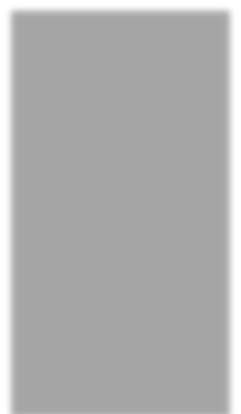
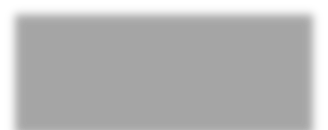
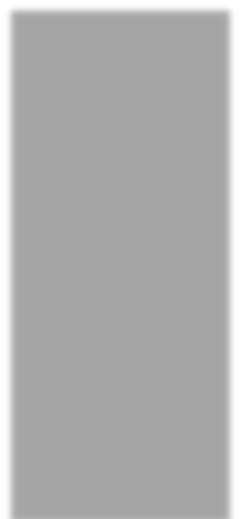
3

2

1

0

**Figure 4.2.28 Leaving reasons for male clinical academic staff 2009-2017.**



Transfer

Resignation

Redundancy

End of Contract

0

2%

8%

20

15

10

5

40%

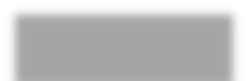
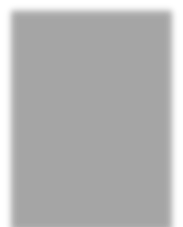
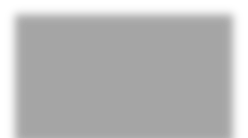
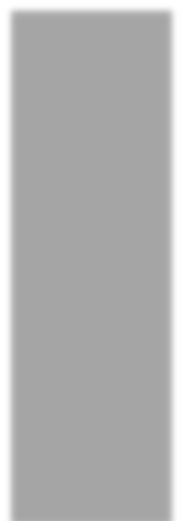
25

**Female Clinical Research Staff: Reasons for Levaing, 2009- 2017**

50%

30

**Figure 4.2.29 Leaving reasons for female clinical research staff 2009-2017.**



End of Association End of Contract Redundancy

Resignation Transfer Death in Service

1%

1%

6%

11%

24%

**Male Clinical Research Staff: Reasons for Leaving, 2009-2017**

57%

50

45

40

35

30

25

20

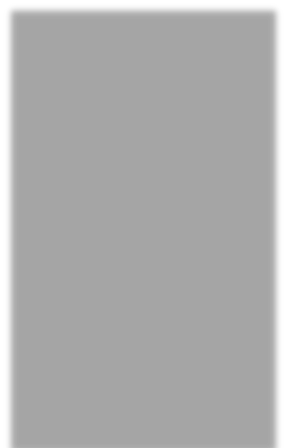
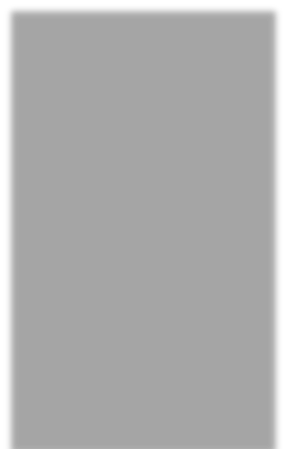
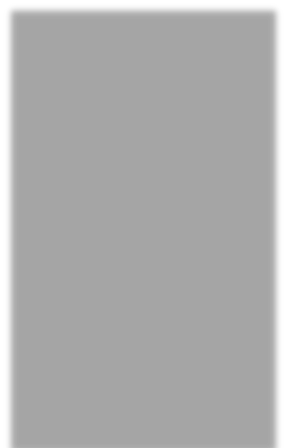
15

10

5

0

**Figure 4.2.30. Leaving reasons for male clinical research staff 2009-2017.**



**Female Learning and Teaching Staff: Reasons for Leaving, 2012-2017**

1.2

1

33.33%

33.33%

33.33%

0.8

0.6

0.4

0.2

0

End of Contract

Resignation

Retirement

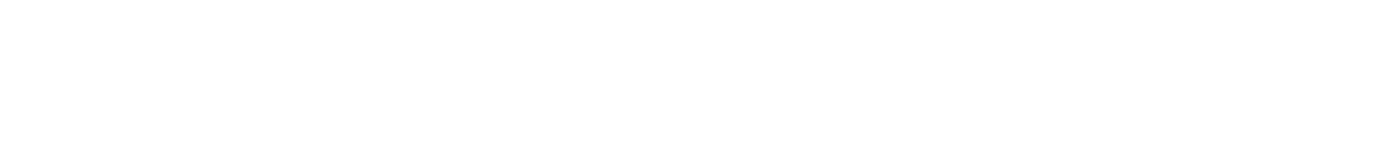
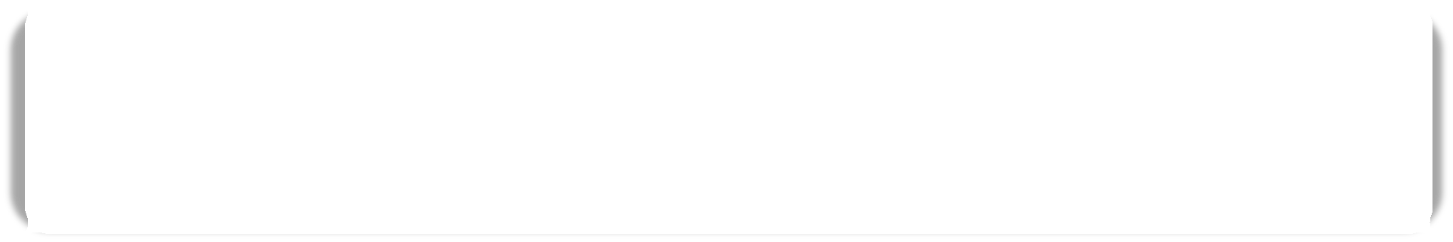
**Figure 4.2.31. Leaving reasons for female Learning and Teaching staff 2012-2017.** Data are only shown since 2012 as the job family did not exist before then. There were no male leavers in 2012- 2017

|  |  |  |
| --- | --- | --- |
| **Position at NHLI** | **Gender** | **Next destination** |
| Lecturer | Female | Research Fellow in Health Services Research, University of  Bristol |
| Reader | Female | Professor in Biomedical Sciences, University of Reading |
| Professor | Female | Director, Manchester Collaborative Centre for Inflammation  Research (MCCIR) |
| Clinical Senior Lecturer | Female | University Lecturer, University of Cambridge |
| Clinical Professor | Female | Professor of Clinical Epidemiology, UCL |
| Lecturer | Male | Senior Lecturer in Medical Statistics, Barts and The London  School of Medicine and Dentistry |
| Lecturer | Male | Group Leader (Research Leader) Respiratory In Vivo and Translational Biology, Inflammation DTA, Hoffmann-La  Roche Inc. |
| Senior Lecturer | Male | Research Institution, Overseas |
| Reader | Male | Director of the Center for Allergy and Environment (ZAUM),  Germany |
| Reader | Male | Professor of Cardiovascular Science, University of Sheffield |
| Professor | Male | Professor in Biomedical Science, University of Reading |
| Clinical Senior Lecturer | Male | Consultant Cardiologist and Reader in Clinical Cardiac  Electrophysiology, Guy’s and St Thomas’ |
| Clinical Senior Lecturer | Male | Professor of Respiratory Epidemiology, Barts and The London School of Medicine and Dentistry, Queen Mary University of  London |
| Clinical Senior Lecturer | Male | Consultant, National University Heart Centre, Singapore |
| Clinical Senior Lecturer | Male | Consultant Thoracic Medical Oncologist, Royal Marsden  Hospital |
| Clinical Professor | Male | Professor of Cardiovascular Physiology and Pharmacology,  UCL |
| Lecturer | Male | Group Leader/Head, CRUK Beatson Institute, Glasgow |

**Table 4.2.12. Next destinations of NHLI academic staff who resigned in 2009-2017.** For some staff who resigned in 2009-2016 we have no records of next destination.

## Data analysis academic leavers:

* Data analysis of leavers showed no significant gender differences. Many Non-clinical academic leavers resigned to take up prestigious positions (**Table 4.2.12**) The other key reasons for leaving were retirement and redundancy; last redundancy was 2011. There were no significant gender differences.
* Non-clinical research staff mostly left through resignation or redundancy / end of fixed-term contract due to funding loss; there were no significant gender differences.
* Clinical academic staff mostly left through resignation and retirement; there were no significant gender differences.
* Clinical research staff mostly left through end of contract and resignation; there were no significant gender differences. Most of our clinical research staff are PhD students who go back to clinical rotation at their NHS Trusts after completing their PhD.



**AP2018**

**7.6** Athena champions to collect data on leavers and next destinations locally within sections to provide a more comprehensive picture of reasons for staff leaving. Analysis of this data will be used to develop strategies to retain staff.

Section 4.2 word count: 648

Section 4 word count: 1440

## Running total: 3582

1. **SUPPORTING AND ADVANCING WOMEN’S CAREERS**
   1. **Key career transition points: academic staff**
      1. **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.*

### Academic staff

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Applications** | | | | | **Shortlisting** | | | | | **Offers Accepted** | | | |
|  | NG | F | M | Total | **%F** | NG | F | M | Total | **%F** | F | M | Total | **%F** |
| 2011-  2013 | 1 | 8 | 30 | 39 | **20%** | 1 | 3 | 10 | 14 | **21%** | 3 | 10 | 13 | **23%** |
| 2015-  2018 |  | 43 | 77 | 120 | **35%** |  | 9 | 14 | 23 | **20%** | 3 | 8 | 11 | **27%** |

**Table 5.1.1 Recruitment data for NHLI Total numbers of Academic clinical and non-clinical posts.**

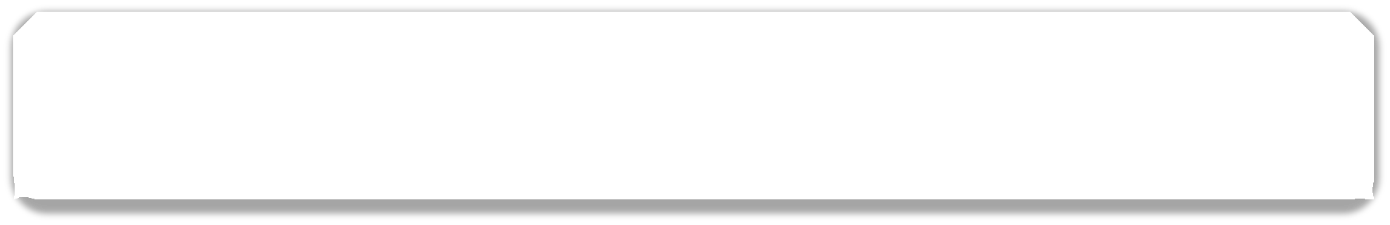
Shortlisting %F is of the total number of F applied.

We have appointed 11 academics (27%F) (clinical and non-clinical) between 2014-2018, as compared to 13 appointments (23%F) between 2011-2013. We report an increase in %F applying for academic positions from 20% (2011-2013) to 35% (2014-2018). Increasing the percentage of female academic applications and appointments was a key focus of our **AP2014 3.1**, we employed a range of strategies to improve the percentage:

* A ‘Search Committee’ approach and the ‘Know Your Pool’ approach are employed in order to target female candidates, especially at the more junior academic levels and clinical professor
* All job descriptions and adverts use gender neutral language.
* Adverts include a specific statement encouraging applications from people returning to work after a career break.
* Academic posts are advertised on the WISE website
* Recruitment training is compulsory for all academic staff.
* 98% of our academics had completed Equality and Diversity training at the end of 2015
* Athena SWAN is referenced in all adverts.
* All recruitment panels have a minimum of one female and one male panel member.

While our data suggest indicate an improvement in gender balance with respect to academic appointments we acknowledge this is an area to be improved upon. We will continue to investigate other websites to advertise posts on e.g. diversity group website, workingmums.co.uk and womenreturners.com and Mumsnet. As part of the **AP2018** all staff involved in recruitment will be required to attend unconscious bias training **AP2018 3.2, 4.1,4.3.**

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**AP2018**

**4.1** Apply new strategies to recruitment e.g. advertise on websites such as workingmums.co.uk

**4.3** Increase the number of staff who attend unconscious bias training.

**Tables 5.1.2-5.1.5** show academic recruitment data for 2014-2018.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Applications** | | | | | **Shortlisting** | | | | **Offers Made** | | **Offers Accepted** | |
|  | **Total** | **F** | **M** | **F%** | **M%** | **F** | **M** | **F%** | **M%** | **F** | **M** | **F** | **M** |
| **2014- no recruitment** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2015** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lecturer | 8 | 4 | 4 | 50% | 50% | 2 | 0 | 50% | 0% | 2 | N/A | 0 | N/A |
| **2016** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lecturer/Senior Lecturer/Reader | 13 | 6 | 7 | 46% | 54% | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **2017** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lecturer (Respiratory Gene Therapy) | 3 | 2 | 1 | 67% | 33% |  |  |  |  | N/A | N/A | N/A | N/A |
| **2018** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lecturer/Senior Lecturer (Gene  Therapy) | 10 | 2 | 7 | 20% | 70% |  |  |  |  | 1 | 0 | 1 | 0 |
| Lecturer/Senior Lecturer  (Respiratory Science) | 10 | 3 | 6 | 30% | 60% | 2 | 2 | 67% | 33% | 0 | 1 | 0 | 1 |
| Lecturer/Senior Lecturer  (Bacteriology of Chronic Respiratory Infection) | 4 | 1 | 3 | 25% | 75% | 1 | 2 | 100% | 67% | N/A | N/A | N/A | N/A |
| **TOTAL NON-CLINICAL 2014-2018** | **48** | **18** | **30** | **38%** | **63%** | **5** | **4** | **27%** | **13%** | **3** | **1** | **1** | **1** |

**Table 5.1.2. Recruitment data for non-clinical academic posts.** %F/%M in the ‘Shortlisting’ column refers to percentage of females/males shortlisted compared to the number of female/male applicants. The year shown is the year of advertisement.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Applications** | | | | | **Shortlisting** | | | | **Offers Made** | | **Offers Accepted** | |
|  | **Total** | **F** | **M** | **F%** | **M%** | **F** | **M** | **F%** | **M%** | **F** | **M** | **F** | **M** |
| **2014** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clinical Senior Lecturer | 1 | 0 | 1 | 0% | 100% | N/A | 1 | N/A | 100% | N/A | 1 | N/A | 1 |
| **2015** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clinical Senior  Lecturer/Reader/Chair | 3 | 1 | 2 | 33% | 67% | 1 | 2 | 100% | 100% | N/A | N/A | N/A | N/A |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Clinical Senior Lecturer/Reader/Professor | 8 | 4 | 4 | 50% | 50% | 2 | 1 | 50% | 25% | 1 | 0 | 1 | N/A |
| **2016** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clinical Senior Lecturer | 1 | 0 | 1 | 0% | 100% | N/A | 1 | N/A | 100% | N/A | 1 | N/A | 1 |
| Clinical Professor | 1 | 0 | 1 | 0% | 100% | N/A | 1 | N/A | 100% | N/A | 1 | N/A | 1 |
| 2017 – no recruitment for clinical  academic posts |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2018 – no recruitment for clinical  academic posts |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL CLINICAL 2014-2018** | **14** | **5** | **9** | **36%** | **64%** | **3** | **6** | **60%** | **66%** | **1** | **3** | **1** | **3** |

**Table 5.1.3. Recruitment data for clinical academic posts.** %F/%M in the ‘Shortlisting’ column refers to percentage of females/males shortlisted compared to the number of female/male applicants. The year shown is the year of advertisement.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Post advertised 2015** | **Applications** | | | | | **Shortlisting** | | | | **Offers Made** | | **Offers Accepted** | |
| **Total** | **F** | **M** | **F%** | **M%** | **F** | **M** | **F%** | **M%** | **F** | **M** | **F** | **M** |
| Academic Posts in Cardiovascular and Respiratory Sciences | 58 | 20 | 38 | 34% | 66  % | 1 | 4 | 5% | 11% | 1 | 4 | 1 | 4 |

**Table 5.1.4. Recruitment data for NHLI 2015 Generic Call for Academic Posts.** The appointments made were Clinical Professor (M), Clinical Reader (M), Non- clinical Lecturer (M) and Non-clinical Senior Lecturer (F and M). %F/%M in the ‘Shortlisting’ column refers to percentage of females/males shortlisted compared to the number of female/male applicants.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Applications** | | | **Shortlisting** | | | | **Offers Accepted** | | | |
| 2015-2018 | F | M | Total | **%F** | F | M | %F | F | M | Total | %F |
| Individual adverts | 23 | 39 | 62 | **37%** | 8 | 10 | **46%** | 2 | 4 | 6 | **33%** |
| Generic call | 20 | 38 | 58 | **34%** | 1 | 4 | **5%** | 1 | 4 | 5 | **20%** |

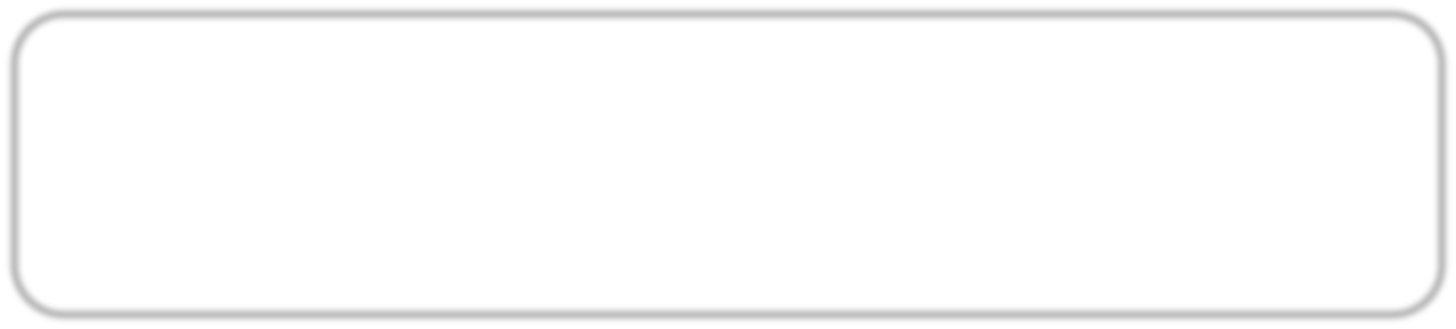
## Table 5.1.5. Females are more successful when applying to specific adverts rather than generic calls

The figures and tables above only show appointments made through open advertisement. In addition, between 2014 and 2018 seven male and one female appointments were made by nomination. These were internal candidates appointed to academic posts most of whom had received prestigious external fellowships. These individuals hold competitive awards that are specific to the individual, hence posts could not be advertised in open competition. Candidates went through academic appointment process and interview, all have open ended contracts.

## Data analysis applications for academic posts:

* By directly addressing how to increase the percentage of females applying for academic posts in our **AP2014**, female applicants have increased from 20% (2011-2014) to 35% (2015-2018)
* Five (2F:3M) non-clinical academics were appointed in 2014-2018.
* Six (1F:5M) Clinical academic posts were appointed 2014-2016. N.B. Appointment of female clinical academics is low.
* Women are not disadvantaged when it comes to shortlisting and offers made.
* Women were more successful in being appointed when applying for specific posts rather than generic calls
* All three men who were offered an academic post accepted the offer. Two out of the four women declined the offer (one for family reasons and one accepted an offer in her current department at Imperial).

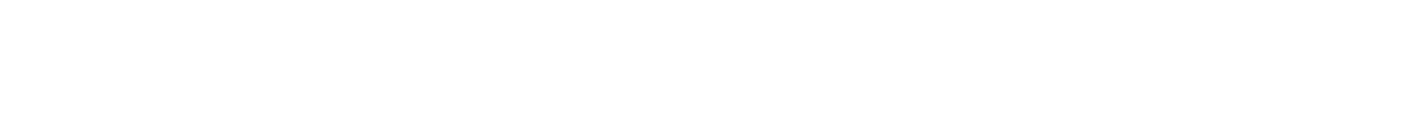
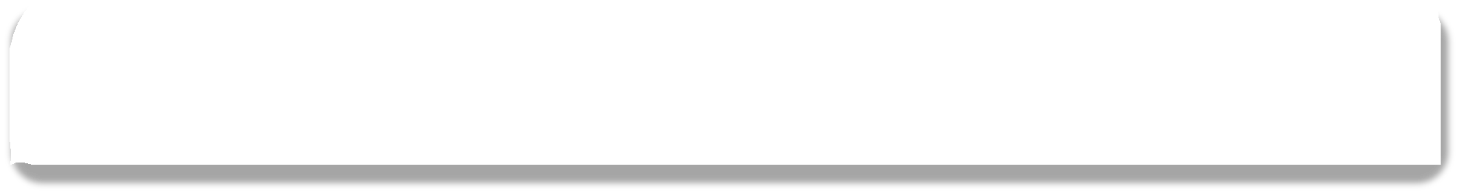
## We are currently recruiting seven lecturers/senior lecturers, using all the strategies outlined above.



**Evidence of Impact**

**AP2014 3.1** - strategies designed to improve the recruitment process (eg use of gender-neutral language, Search Committee and the ‘Know Your Pool’ approach) as outlined on p50. As shown in **Table 5.1** this has resulted in an increase in the number of women applying for clinical and non- clinical academic posts 20% (2011-2014) to 35% (2015-2018) and being offered posts 25% (2011-

2014) to 27% (2015-2018).



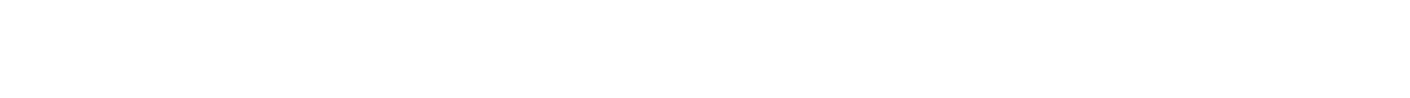
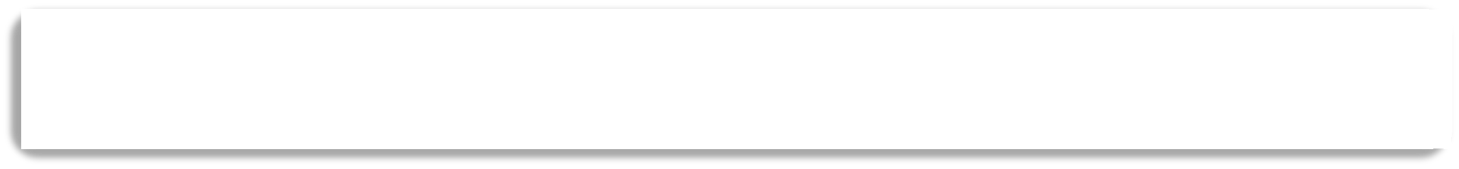
**Action Plan 2018**

Supporting the career development of female clinical academics is our top priority area for our 2018

**AP2018 1.1-1.5.**

### Research staff

Tables below show recruitment data for research posts. Apart from the NHLI Fellowships, our central records of shortlisting, offer and acceptance data are incomplete and hence are not shown.



***AP2018***

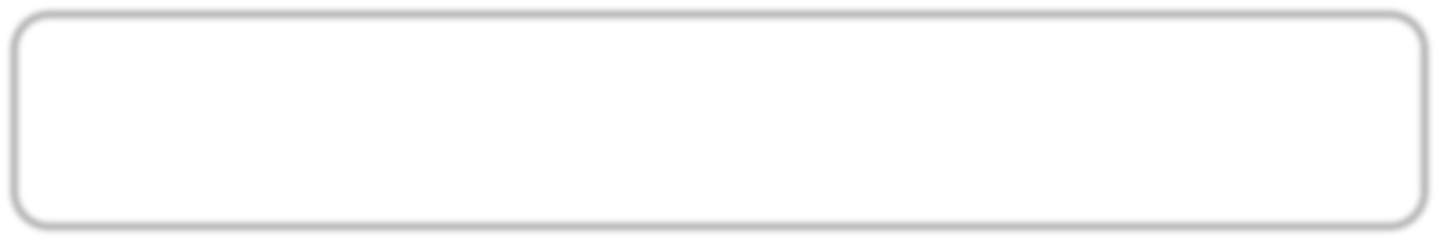
***7*.6** Improve data collection and record keeping for NHLI recruitment to non-academic research posts

### NHLI Fellowships

In 2015NHLI Athena SAT successfully established a new NHLI Fellowships Scheme, a one year fellowship for individuals who are competitive for externally funded independent research fellowships at any level. For this scheme, the advert particularly invites applications from candidates who wish to return to research after a career break. NHLI provides a mentor for the successful candidates and supports them for external fellowship applications. To date we have appointed three women and three men on this scheme. Two of the women were returning to research after a career break. With one of these successfully going on to obtain a WT Research Career Re-entry Fellowship.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Applications** | | | | | **Shortlisting** | | | | **Offers**  **Made** | | **Offers**  **Accepted** | |
|  | **Total** | **F** | **M** | **F%** | **M%** | **F** | **M** | **F%** | **M%** | **F** | **M** | **F** | **M** |
| **2015** | 16 | 4 | 12 | 25% | 75% | 2 | 5 | 50% | 42% | 1 | 2 | 1 | 2 |
| **2016** | 19 | 7 | 12 | 37% | 63% | 1 | 3 | 14% | 25% | 1 | 1 | 1 | 0 |
| **2018** | 22 | 1  6 | 6 | 73% | 27% | 4 | 1 | 80% | 20% | 1 | 1 | 1 | 1 |

## Table 5.1.4. Recruitment data for the NHLI Fellowships Scheme.



**Evidence of Impact AP2014**

The NHLI fellowship scheme was established and this has provided a route for female academics to return to work after a career break, with 33% of fellowships awarded to women returning to work after a career break.

*Research associates and fellows*

There are no gender issues regarding applications rates. Furthermore, in recent years the female percentage of our non-clinical research staff has been 50-60%, indicating that women are not disadvantaged in shortlisting and interviews.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Female** | **Male** | **No data available** | **TOTAL** | **% Female** | **% Male** |
| 2009 | 236 | 226 | 81 | 543 | 43% | 42% |
| 2010 | 265 | 146 | 18 | 429 | 62% | 34% |
| 2011 | 185 | 229 | 6 | 420 | 44% | 55% |
| 2012 | 331 | 267 | 5 | 603 | 55% | 44% |
| 2013 | 249 | 243 | 4 | 496 | 50% | 49% |
| 2014 | 150 | 146 | 2 | 298 | 50% | 49% |
| 2015 | 93 | 82 | 2 | 177 | 53% | 46% |
| 2016 | 78 | 82 | 3 | 163 | 48% | 50% |
| 2017 | 90 | 91 | 5 | 186 | 48% | 49% |
| 2018 | 45 | 58 | 2 | 105 | 43% | 55% |

## Table 5.1.5. Application rates for non-clinical research associates and research fellows

*Research assistants*

We receive more research assistant applications from women compared to men (**Table 5.1.6**). The majority of RAs have a BSc in biological sciences and ECU HESA National Benchmarking data 2017 shows that 60% of UK biological sciences graduates are Female.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Female** | **Male** | **No data available** | **TOTAL** | **% Female** | **% Male** |
| 2009 | 1 | 5 | 6 | 12 | 8% | 42% |
| 2010 | 117 | 67 | 15 | 199 | 59% | 34% |
| 2011 | 176 | 127 | 5 | 308 | 57% | 41% |
| 2012 | 165 | 96 | 0 | 261 | 63% | 37% |
| 2013 | 303 | 172 | 2 | 477 | 64% | 36% |
| 2014 | 162 | 88 | 6 | 256 | 63% | 34% |
| 2015 | 119 | 62 | 3 | 184 | 65% | 34% |
| 2016 | 153 | 78 | 12 | 243 | 63% | 32% |
| 2017 | 41 | 35 | 6 | 82 | 50% | 43% |
| 2018 | 29 | 21 | 0 | 50 | 58% | 42% |

## Table 5.1.6. Application rates for non-clinical research assistants.

*Learning and teaching staff*

For all years except 2013 we have received more applications from females for teaching posts.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Female** | **Male** | **No data available** | **TOTAL** | **% Female** | **% Male** |
| 2010 | 1 | 0 |  | 1 | 100% | 0% |
| 2011 | 6 | 0 |  | 6 | 100% | 0% |
| 2012 | 1 | 1 |  | 2 | 50% | 50% |
| 2013 | 8 | 4 |  | 12 | 67% | 33% |
| 2014 | 2 | 14 |  | 16 | 13% | 88% |
| 2015 | 11 | 5 |  | 16 | 69% | 31% |
| 2016 | 1 | 0 |  | 1 | 100% | 0% |
| 2017 | 22 | 12 | 1 | 35 | 63% | 34% |
| 2018 | 8 | 2 | 4 | 14 | 57% | 14% |

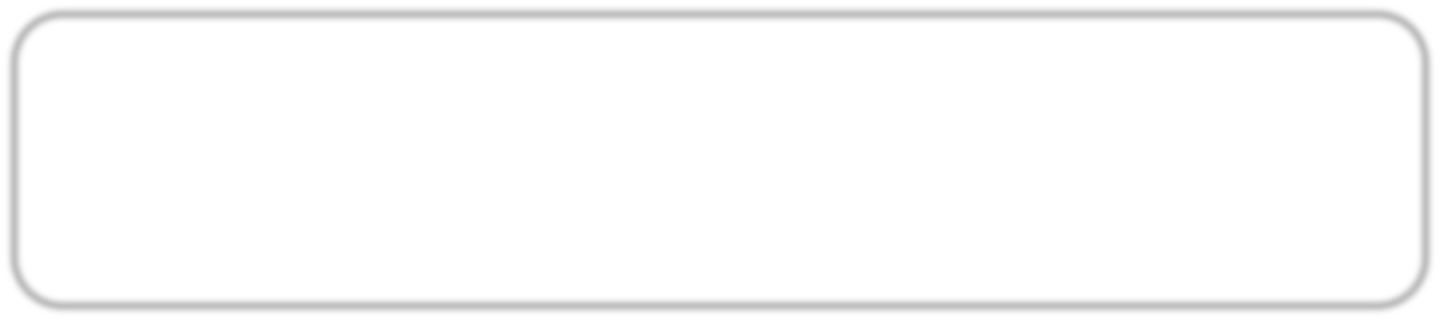
## Table 5.1.7. Application rates for learning and teaching staff.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Female** | **Male** | **No gender data**  **available** | **TOTAL** | **% Female** | **% Male** |
| 2011 | 4 | 20 | 1 | 25 | 16% | 80% |
| 2012 | 16 | 14 | 1 | 31 | 52% | 45% |
| 2013 | 5 | 12 | 1 | 18 | 28% | 67% |
| 2014 | 3 | 11 | 0 | 14 | 21% | 79% |
| 2015 | 1 | 4 | 0 | 5 | 20% | 80% |
| 2016 | 17 | 7 | 0 | 24 | 71% | 29% |
| 2017 | 6 | 6 | 0 | 12 | 50% | 50% |
| 2018 | 5 | 1 | 0 | 6 | 83% | 17% |

**Table 5.1.8. Application rates for clinical research fellowships.**

*Clinical Research Staff*

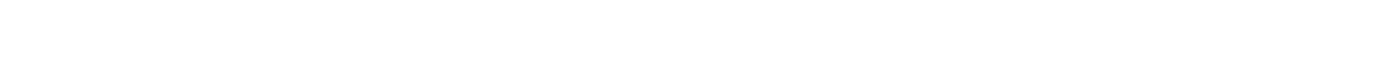
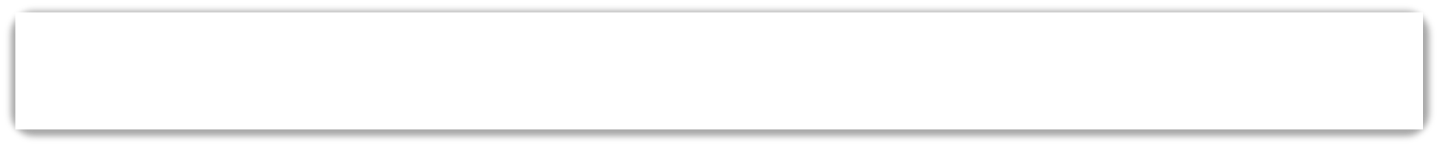
Applications for clinical research fellow posts have increased from 32% female (2009-2015) to 62% (2016-2018)



**Evidence of Impact AP2014**

The increase in females applying for clinical research fellowships from 32% to 62% can be attributed to a number of **AP2014** initiatives including

* Increase visibility of female role models and Athena webpages
* Increase communications on Athena initiatives
* Female inclusive marketing materials



**AP2018 1.2-1.5** are targeted to further increase % females applying for clinical research fellowships

## Induction

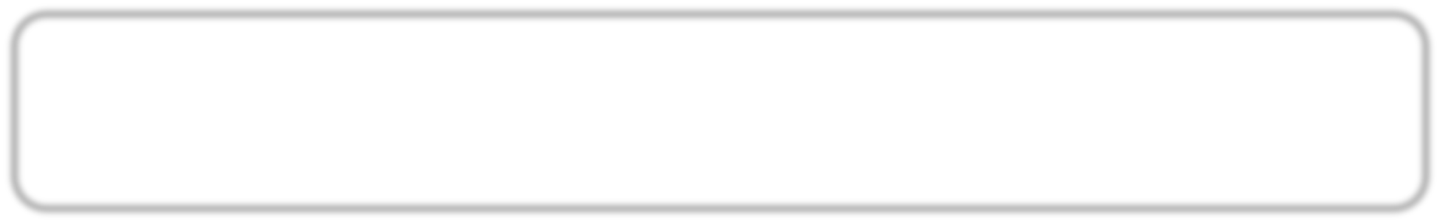
*Describe the induction and support provided to all new academic staff at all levels. Comment on the uptake of this and how its effectiveness is reviewed.*

### All new staff

All new staff are given an induction by their line manager and receive an NHLI information pack

### Academic and research staff

Specifically, as part of the **AP2014** we have developed bespoke induction material for our PDRAs.



**Evidence of impact- AP2014**

**4.9.3** provide PDRAs with bespoke induction materials

94% of PDRAs that had received the new induction email reported that it was very or moderately useful – NHLI PDRA survey 2018

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** | **Position** | **Start year** | **Comments** |
| F | Clinical senior lecturer | 2011 | Final probation delayed by 4 months. Confirmed in post. |
| M | Non-clinical lecturer | 2012 | Probation extended for 1 year for personal reasons. Confirmed in post. |
| M | Non-clinical lecturer | 2012 | Probation extended for 1 year for personal reasons. Confirmed in post. |
| F | Clinical senior lecturer | 2012 | Probation extended for 1 year. Final review delayed further due to personal reasons. Ongoing. |
| M | Clinical senior lecturer | 2012 | Confirmed in post. |
| F | Clinical senior lecturer | 2012 | Confirmed in post. |
| M | Non-clinical lecturer | 2013 | Left NHLI during probation period. |
| M | Non-clinical lecturer | 2013 | Probation extended for 1 year. Confirmed in post. |
| M | Clinical senior lecturer | 2013 | Confirmed in post. |
| M | Clinical senior lecturer | 2014 | Confirmed in post. |
| M | Clinical senior lecturer | 2014 | Confirmed in post. |
| M | Non-clinical lecturer | 2015 | Confirmed in post. |
| F | Clinical senior lecturer | 2015 | Confirmed in post (promoted to Reader towards end of probation period). |
| M | Clinical senior lecturer | 2015 | Confirmed in post (promoted to Reader towards end of probation period). |
| M | Clinical senior lecturer | 2016 | Confirmed in post (appointed as Professor). |
| M | Non-clinical lecturer | 2016 | In process |
| M | Clinical senior lecturer | 2017 | In process |
| M | Clinical senior Lecturer | 2017 | In process |
| F | Non -clinical Lecturer | 2018 | In process |
| M | Senior Lecturer | 2018 | Beginning October 2018 |

## Table 5.1.9 Academic probations 2011-18.

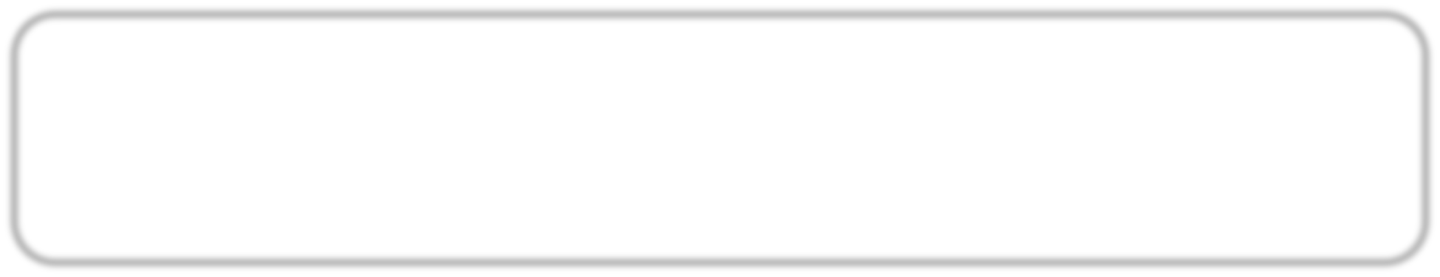
59

In 2014 we identified a problem with respect to new academics having to extend their probation because they were not meeting the required targets. Therefore, in our **AP2014** we introduced a suite of initiatives to support new academics through the probation period **AP2014 4.4.1-8**

## Data Analysis academic probations:

2011-2013 of nine new academics on probation: 1 left during probation, 5 had their probation extended, and none were promoted during probation.

2014 – 2016 of six new academics in probation all completed their probations without an extension and three (1F and 2M) were promoted during probation.



**Evidence of impact AP2014**

**4.4.3**, advocated providing mentors for staff during probation this has resulted in 100% successful completion of probations with no extensions since 2014 as compared to 33% completion rates in the period 2011-2013. An additional benefit of mentoring was an increase in numbers being promoted during their probation with none promoted 2011-2013 and 3 (1F and 2M) promoted 2014-2017.

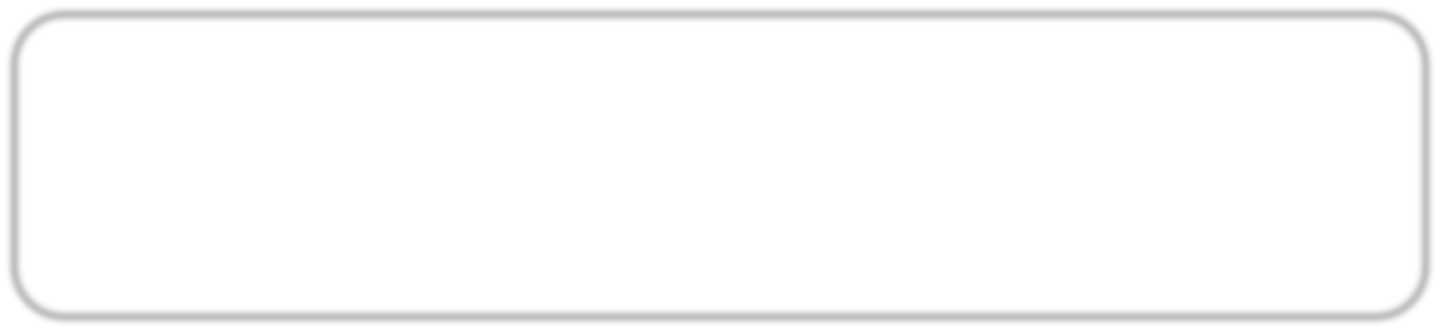
## NHLI New Scientists Day

This is one of our longstanding successful NHLI Athena initiatives, it was developed to introduce new academics to NHLI and provides an opportunity for new academics to identify scientists and clinicians to collaborate with and to network with colleagues. We continue to modify the programme in response to feedback, for example by including talks such as “Using social media to increase the impact of your research”.

|  |  |  |
| --- | --- | --- |
| New Scientists Day (Respiratory) | **2015** | **65** |
| New Scientists Day (Cardiovascular) | 2015 | 45 |
| New Scientists Day | 2016 | 61 |
| New Scientists Day | 2017 | 90 |

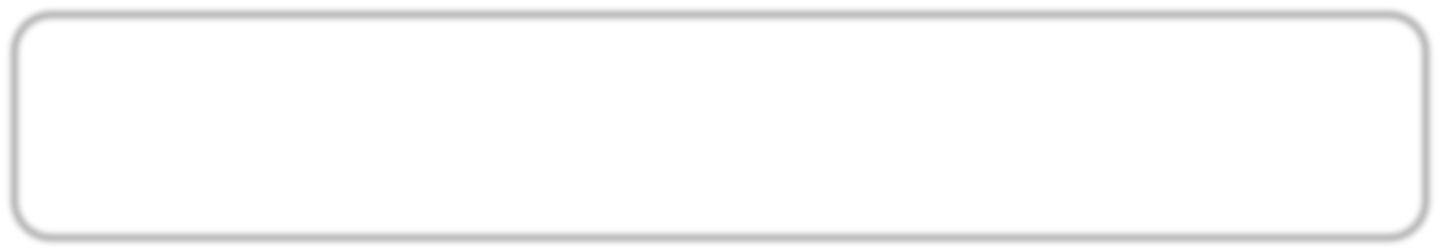
## Table 5.1.10 Number of attendees at NHLI New Scientist Day, 2015-17.

**Feedback:** 100% of attendees who gave feedback reported that this day met or exceeded their expectations.



**Quote** from New scientist who presented in 2017

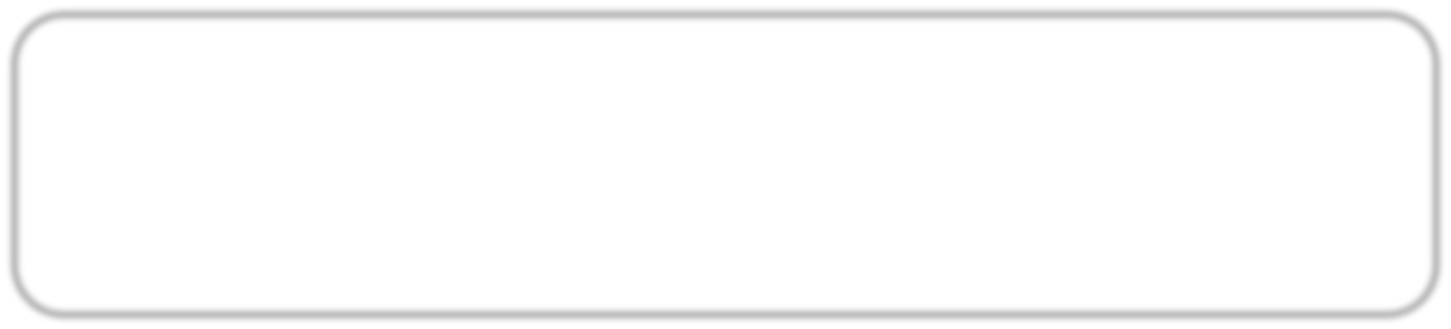
*‘The New Scientists Day provided me with the opportunity to introduce myself to my new colleagues in a friendly and engaging forum. It has already led to a number of unexpected projects with new collaborators. -- Speaking with others starting within NHLI at various academic stages (from postdoc to professor!) was very useful and has allowed me to form bonds across academic levels and specialties.’*



**Evidence of impact AP2014**

**4.4** NHLI supports its newly appointed academics

We have run annual New Scientist days with consistently good attendance and positive feedback and evidence that the initiative translates into tangible outcomes.



**Quote from** 2012 presenter:

‘*Presenting at New Scientists Day has had a long-lasting, positive impact on my career at NHLI. It enabled me to meet many key scientists who have since become collaborators. For example, I met Dr Cosetta Minelli at this event and through our collaboration to date, we have published 2 papers together, we currently have a shared PhD student and we submitted a grant application as co- investigators in October 2018 (along with other collaborators)*’.

## Promotion

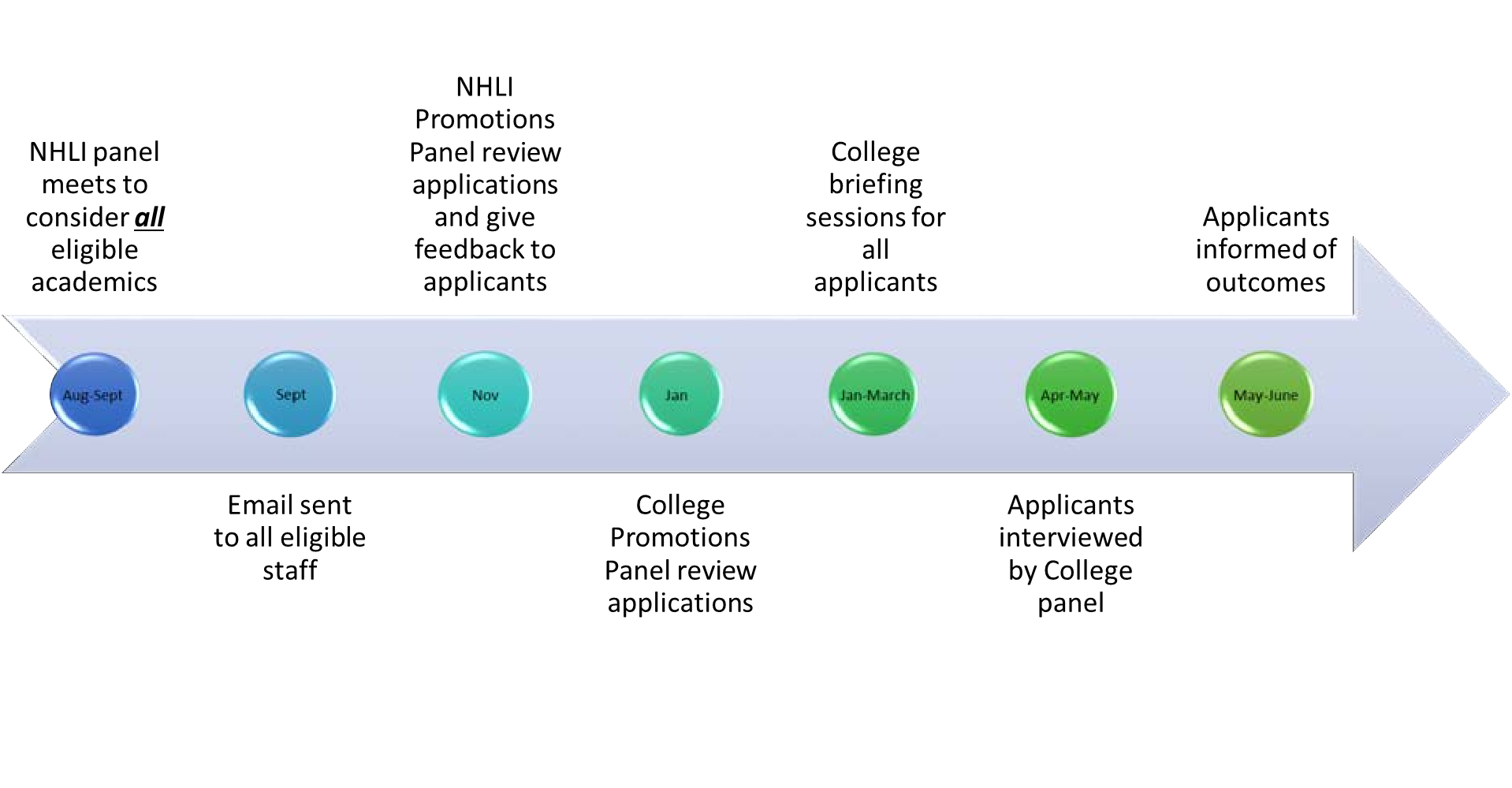
*Provide data on staff applying for promotion and comment on applications and success rates by gender, grade and full- and part-time status. Comment on how staff are encouraged and supported through the process.*

### Academic promotion process

**Figure 5.1.3** shows the NHLI academic promotions process. The 2014 staff survey showed that only 29% females thought the system of promotion was fair, therefore one of our Athena initiatives has been to increase the transparency and provide extra support for women through the promotion process. Since 2015, the departmental promotions panel to considers ***all*** eligible academics for promotion, regardless of whether they put themselves forward as we know women, who have a tendency to seek promotion later. We have also changed the NHLI promotions panel composition to make the review process fairer and more efficient; the current panel composition is HoI, Division Heads and Director of Education (4F:2M). These reforms have proved successful: in the last two promotion rounds -all of our academics who applied for promotion were successful.

Where the NHLI panel decides an application is not sufficiently strong to be formally supported, the applicant is given feedback on how to strengthen the application for re-submission the following round. This often results in successful promotion of the applicant the following year.

NHLI arranges mock interviews for their candidates. Section Heads attend the promotion interviews and as such have an opportunity to speak on the candidates’ behalf.

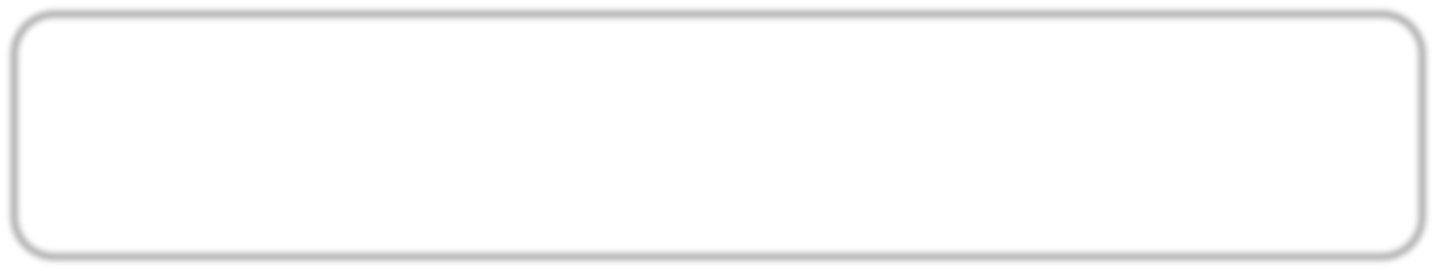


**Figure 5.1.3. Annual NHLI academic promotion process.** The figure shows the academic promotion process as it has been **since** the 2015/16 round.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Please indicate the extent to which you are satisfied/dissatisfied with your career and promotion prospects.*** | | | |
|  | ‘Very satisfied' or 'Quite satisfied' - TOTAL | ‘Very satisfied' or 'Quite satisfied' - F | ‘Very satisfied' or 'Quite satisfied' - M |
| 2011 Staff Survey | 34% | N/A | N/A |
| 2014 Staff Survey | 50% | 46% | 55% |
| ***I am confident that the system of promotion reviews is applied fairly and consistently within my department.*** | | | |
|  | ‘Agree strongly' or 'Tend to agree' - Total | ‘Agree strongly' or 'Tend to agree' - F | ‘Agree strongly' or 'Tend to agree' - M |
| 2011 Staff Survey | 24% | N/A | N/A |
| 2014 Staff Survey | 46% | 29% | 56% |
| ***I believe career progression is fair within Imperial (regardless of: ethnic background, gender, religion, sexual orientation, disability or age)*** | | | |
|  | ‘Strongly agree’ or ‘Agree’ - Total | ‘Strongly agree’ or ‘Agree’ - F | ‘Strongly agree’ or ‘Agree’ - M |
| 2017 Staff Survey | 57% all staff | 61% all staff  52% academic & research staff | 54% all staff  42% academic & research staff |

## Table 5.1.11. Survey results on academic staff’s perception of the promotion process.

62



**Evidence of impact AP2014**

Improving the quality of the PDRP, support and transparency of the promotion process

NHLI academics’ perceptions of their promotion prospects and the NHLI process improved between 2014 and 2017 (**Table 5.1.11**), such with respect to the question on fairness of the promotion process the response from female staff has increased from 29% to 61%.

### Academic promotions data

**Tables 5.1.12-15** show NHLI academic promotions data. All applicants were full-time employees.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Non-clinical**  **promotions F** | **Non-clinical**  **promotions M** | **Clinical**  **promotions F** | **Clinical**  **promotions M** |
| 2010/11 | 1 | 1 | 0 | 0 |
| 2011/12 | 2 | 1 | 1 | 2 |
| 2012/13 | 0 | 0 | 2 | 0 |
| 2013/14 | 2 | 2 | 0 | 0 |
| 2014/15 | 1 | 0 | 1 | 1 |
| 2015/16 | 1 | 2 | 1 | 2 |
| 2016/17 | 1 | 1 | 0 | 2 |
| 2017/18 | 0 | 2 | 1 | 2 |
| **TOTAL** | **8** | **8** | **6** | **9** |

**Table 5.1.12. Summary of NHLI academic promotions.** The table summarises the numbers of females and males promoted each academic year since 2010/11.

# 63

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Female** | | | | | **Male** | | | | |
| **Female Headcount** | **Female applications** | **Application rate F** | **Female promoted** | **Success rate F** | **Male Headcount** | **Male**  **application s** | **Application rate M** | **Male promoted** | **Success rate M** |
|  | Lecturer | 3 | 0 | 0% | 0 | N/A | 4 | 1 | 25% | 1 | 100% |
| 2010  /11 | Senior  Lecturer | 3 | 1 | 33% | 1 | 100% | 4 | 0 | 0% | 0 | N/A |
| Reader | 5 | 0 | 0% | 0 | N/A | 7 | 0 | 0% | 0 | N/A |
|  | **TOTAL** | **11** | **1** | **9%** | **1** | **100%** | **15** | **1** | **7%** | **1** | **100%** |
|  | Lecturer | 2 | 0 | 0% | 0 | N/A | 4 | 1 | 25% | 1 | 100% |
| 2011  /12 | Senior  Lecturer | 2 | 0 | 0% | 0 | N/A | 4 | 0 | 0% | 0 | N/A |
| Reader | 6 | 2 | 33% | 2 | 100% | 4 | 0 | 0% | 0 | N/A |
|  | **TOTAL** | **10** | **2** | **20%** | **2** | **100%** | **12** | **1** | **8%** | **1** | **100%** |
|  | Lecturer | 2 | 0 | 0% | 0 | N/A | 6 | 0 | 0% | 0 | N/A |
| 2012  /13 | Senior  Lecturer | 2 | 0 | 0% | 0 | N/A | 5 | 0 | 0% | 0 | N/A |
| Reader | 4 | 1 | 25% | 0 | 0% | 4 | 0 | 0% | 0 | N/A |
|  | **TOTAL** | **8** | **1** | **13%** | **0** | **0%** | **15** | **0** | **0%** | **0** | **N/A** |
|  | Lecturer | 2 | 0 | 0% | 0 | N/A | 7 | 1 | 14% | 1 | 100% |
| 2013  /14 | Senior  Lecturer | 2 | 0 | 0% | 0 | N/A | 7 | 0 | 0% | 0 | N/A |
| Reader | 4 | 3 | 75% | 3 | 100% | 4 | 2 | 50% | 1 | 50% |
|  | **TOTAL** | **8** | **3** | **38%** | **3** | **100%** | **18** | **3** | **17%** | **2** | **67%** |
|  | Lecturer | 2 | 1 | 50% | 1 | 100% | 5 | 0 | 0% | 0 | N/A |
| 2014  /15 | Senior  Lecturer | 2 | 0 | 0% | 0 | N/A | 6 | 0 | 0% | 0 | N/A |
| Reader | 1 | 0 | 0% | 0 | N/A | 3 | 0 | 0% | 0 | N/A |
|  | **TOTAL** | **5** | **1** | **20%** | **1** | **100%** | **14** | **0** | **0%** | **0** | **N/A** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2015  /16 | Lecturer | 1 | 0 | 0% | 0 | N/A | 6 | 0 | 0% | 0 | N/A |
| Senior  Lecturer | 3 | 1 | 33% | 1 | 100% | 6 | 2 | 33% | 2 | 100% |
| Reader | 1 | 0 | 0% | 0 | N/A | 3 | 0 | 0% | 0 | N/A |
| **TOTAL** | **5** | **1** | **20%** | **1** | **100%** | **15** | **2** | **13%** | **2** | **100%** |
| 2016  /17 | Lecturer | 1 | 1 | 100% | 1 | 100% | 6 | 0 | 0% | 0 | N/A |
| Senior Lecturer | 3 | 0 | 0% | 0 | N/A | 6 | 0 | 0% | 0 | N/A |
| Reader | 1 | 0 | 0% | 0 | N/A | 3 | 1 | 33% | 1 | 100% |
| **TOTAL** | **5** | **1** | **20%** | **1** | **100%** | **15** | **1** | **7%** | **1** | **100%** |
| 2017  /18 | Lecturer | 1 | 0 | 0% | 0 | N/A | 6 | 0 | 0% | 0 | N/A |
| Senior  Lecturer | 3 | 0 | 0% | 0 | N/A | 6 | 1 | 17% | 1 | 100% |
| Reader | 1 | 0 | 0% | 0 | N/A | 3 | 1 | 33% | 1 | 100% |
| **TOTAL** | **5** | **0** | **0%** | **0** | **0%** | **15** | **2** | **13%** | **2** | **100%** |

## Table 5.1.13 Academic promotion data for non-clinical academic staff.

The grade (Lecturer / Senior Lecturer / Reader) refers to the current grade, **not** the grade applied for. All applicants were full-time employees. Headcount indicates the number of staff at a particular grade each year and is an estimate of the number of eligible candidates. (Recently promoted staff may not be eligible to apply.)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Female** | | | | | **Male** | | | | |
| **Female Headcount** | **Female**  **application s** | **Application rate F** | **Female promoted** | **Success rate F** | **Male Headcount** | **Male**  **application s** | **Application rate M** | **Male promoted** | **Success rate M** |
| 2010/ | CSL | 4 | 0 | 0% | 0 | N/A | 7 | 0 | 0% | 0 | N/A |
| Reader | 2 | 0 | 0% | 0 | 0% | 2 | 0 | 0% | 0 | 0% |
| 11 |
| **TOTAL** | **6** | **0** | **0%** | **0** | **0%** | **9** | **0** | **0%** | **0** | **N/A** |
| 2011/ | CSL | 4 | 1 | 25% | 0 | 0% | 8 | 1 | 13% | 1 | 100% |
| Reader | 2 | 1 | 50% | 1 | 100% | 2 | 1 | 50% | 1 | 100% |
| 12 |
| **TOTAL** | **6** | **2** | **33%** | **1** | **50%** | **10** | **2** | **20%** | **2** | **100%** |
| 2012/ | CSL | 6 | 1 | 17% | 1 | 100% | 6 | 0 | 0% | 0 | N/A |
| Reader | 1 | 1 | 100% | 1 | 100% | 2 | 0 | 0% | 0 | N/A |
| 13 |
| **TOTAL** | **7** | **2** | **29%** | **2** | **100%** | **8** | **0** | **0%** | **0** | **N/A** |
| 2013/ | CSL | 4 | 0 | 0% | 0 | N/A | 6 | 0 | 0% | 0 | N/A |
| Reader | 1 | 0 | 0% | 0 | N/A | 2 | 0 | 0% | 0 | N/A |
| 14 |
| **TOTAL** | **5** | **0** | **0%** | **0** | **N/A** | **8** | **0** | **0%** | **0** | **N/A** |
| 2014/ | CSL | 4 | 1 | 25% | 1 | 100% | 7 | 1 | 14% | 1 | 100% |
| Reader | 1 | 0 | 0% | 0 | N/A | 2 | 0 | 0% | 0 | N/A |
| 15 |
| **TOTAL** | **5** | **1** | **20%** | **1** | **100%** | **9** | **1** | **11%** | **1** | **100%** |
| 2015/ | CSL | 4 | 0 | 0% | 0 | N/A | 8 | 2 | 25% | 2 | 100% |
| Reader | 2 | 1 | 50% | 1 | 100% | 4 | 0 | 0% | 0 | N/A |
| 16 |
| **TOTAL** | **6** | **1** | **17%** | **1** | **100%** | **12** | **2** | **17%** | **2** | **100%** |
| 2016/ | CSL | 4 | 0 | 0% | 0 | N/A | 8 | 1 | 13% | 1 | 100% |
| Reader | 2 | 0 | 0% | 0 | N/A | 4 | 1 | 25% | 1 | 100% |
| 17 |
| **TOTAL** | **6** | **0** | **0%** | **0** | **0%** | **12** | **2** | **17%** | **2** | **100%** |
| 2017/ | CSL | 4 | 1 | 25% | 1 | 100% | 8 | 2 | 25% | 2 | 100% |
| Reader | 2 | 0 | 0% | 0 | N/A | 4 | 0 | 0% | 0 | N/A |
| 18 |
| **TOTAL** | **6** | **1** | **17%** | **1** | **100%** | **12** | **2** | **17%** | **2** | **100%** |

## Table 5.1.14 Academic promotion data for clinical academic staff.

The grade (Clinical Senior Lecturer / Reader) refers to the current grade, **not** the grade applied for. All applicants were full-time employees. Headcount indicates the number of staff at a particular grade each year and is an estimate of the number of eligible candidates. (Recently promoted staff may not be eligible to apply.) CSL = Clinical Senior Lecturer.

Higher level research grades are also eligible to apply for promotion via the academic promotion route. (**Table 5.1.15**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Female applications** | **Male applications** | **Females promoted** | **Males promoted** |
| 2010/11 | 0 | 0 | N/A | N/A |
| 2011/12 | 0 | 0 | N/A | N/A |
| 2012/13 | 0 | 0 | N/A | N/A |
| 2013/14 | 0 | 0 | N/A | N/A |
| 2014/15 | 0 | 2 | N/A | 2 |
| 2015/16 | 0 | 2 | N/A | 2 |
| 2016/17 | 0 | 0 | N/A | 0 |
| 2017/18 | 0 | 0 | N/A | 0 |

## Table 5.1.15 Data for Research Fellows applying for promotion to Senior Research Fellow.

**Data analysis promotions non-clinical and clinical academics**: Non-clinical academics:

* Overall, a higher proportion of women applied for promotion compared to men.
* The success rates for women and men have been very similar.
* The success rates for women and men have been 100% in most years, including the last two years.

Clinical academics:

* Overall, a higher proportion of women applied for promotion compared to men.
* The success rates for women and men have been very similar.
* Since 2012/13, all applicants have been successful.

### Pay levels

Pay negotiations are separate from the academic promotion exercise; for academic and research staff pay is negotiated at appointment, with advice from HR. In the annual pay relativity exercise all staff salaries are reviewed to ensure everyone’s pay is fair relative to others at the same grade and level of achievement. As a result 17 academics’ (14F:8M) salaries were increased in 2014-2017.

## 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.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RAE 2008** | | | | | |
| **Eligible**  **Female Staff** | **Female staff**  **submitted** | **% Female**  **submitted** | **Eligible Male**  **Staff** | **Male staff**  **submitted** | **% Male**  **Submitted** |
| 35 | 32 | 91% | 88 | 81 | 92% |
| **REF 2014** | | | | | |
| **Eligible**  **Female Staff** | **Female staff**  **submitted** | **% Female**  **submitted** | **Eligible Male**  **Staff** | **Male staff**  **submitted** | **% Male**  **Submitted** |
| 30 | 29 | 97% | 87 | 84 | 97% |

## Table 5.1.16 NHLI submissions to RAE 2008 and REF 2014.

There are no significant gender differences in our REF submissions. There was an increase in the proportion of eligible staff submitted from 2008 to 2014.

Section 5.1 word count: 1576

## Running total: 5158

* 1. **Key career transition points: professional and support staff**
     1. **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.*

In addition to the staff induction processes described in section 5.1(ii) NHLI PTSWG is currently developing induction packages specifically tailored for new professional and technical staff. These will include information on relevant policies, training and development opportunities and useful resources available at NHLI, Imperial and externally.

The new NHLI Career Development website already contains useful information for all staff groups, including profiles of professional staff members, and there is a separate section for technical staff.

## Promotion

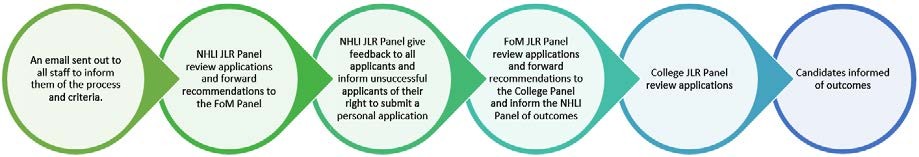
*Provide data on staff applying for promotion, and comment on application and success rates by gender, grade and full- and part-time status. Comment on how staff are encouraged and supported through the process.*

Due to the nature of the roles in the professional and technical staff groups, there is no internal promotion application process. Instead, a common pathway for progression is to successfully apply for a higher grade role in another Department within Imperial or externally. The job level review (JLR) data below therefore underrepresent this staff group’s progression to higher level roles.

The JLR exercise takes place three times a year and is an opportunity for professional and technical staff to apply for the re-grading of their jobs if their role has developed and ‘grown’ significantly over time. However, this process is not for promotion since it is about the duties and responsibilities of the role rather than the skills and abilities of the individual. **Figure 5.2.1** illustrates the process. The NHLI Career Development Coordinator offers support and advice to candidates before they submit their applications and during the process.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Applications**  **Female** | **Successful**  **Female** | **Success**  **rate F** | **Applications**  **Male** | **Successful**  **Male** | **Success**  **rate M** |
| 2011 | 5 | 3 | 60% | 4 | 3 | 75% |
| 2012 | 10 | 5 | 50% | 2 | 0 | 0% |
| 2013 | 4 | 1 | 25% | 0 | N/A | N/A |
| 2014 | 2 | 2 | 100% | 0 | N/A | N/A |
| 2015 | 2 | 2 | 100% | 0 | N/A | N/A |
| 2016 | 5 | 2 | 40% | 0 | N/A | N/A |
| 2017 | 3 | 2 | 67% | 1 | 1 | 100% |
| **2011-2017** | **31** | **17** | **55%** | **7** | **4** | **57%** |

## Table 5.2.1 Job level review applications and success rates for professional and technical staff.



**Figure 5.2.1. The NHLI job level review (JLR) process.** Job level review takes place three times a year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Survey question** | **NHLI 2014 response** | **NHLI 2017**  **response (P&T staff)** | **FoM 2017**  **response (all staff)** |
| *Please indicate the extent to which you are satisfied/dissatisfied with your career and promotion*  *prospects.* | 44% 'very satisfied' or ' quite satisfied' |  |  |
| *To what extent do you agree with the following statements? - My manager takes an interest in my long*  *term career development.* | 63% 'agree strongly' or 'tend to agree' |  |  |
| *The PRDP with my line manager is useful* |  | 62% professional  staff, 80% technical staff ‘strongly agree’ or ‘agree’ | 57% ‘strongly agree’ or ‘agree |
| *I am satisfied with the learning & development I receive for my present job* |  | 61% professional  staff, 77% technical staff ‘strongly agree’ or ‘agree’ | 61% ‘strongly agree’ or ‘agree’ |
| *I have the opportunity for development and growth at the College* |  | 49% professional  staff, 62% technical staff ‘strongly agree’ or ‘agree’ | 59% ‘strongly agree’ or ‘agree’ |

## Table 5.2.2 Survey responses by professional and technical staff Data analysis career support Professional and technical staff:

* Higher numbers of females (73%) applying for promotion reflects greater percent of females in this staff group.
* The overall success rates for women and men are the same -F55%:M57%.
* There has been a significant improvement in staff satisfaction regarding career prospects and support from managers in recent years (**Table 5.2.2**).

Professional and technical staff can also be rewarded through the annual pay review exercise. In 2014- 2016, 18 such staff members (13F:5M) were put forward; all applicants received a pay award.

## Career development: academic staff

1. **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*

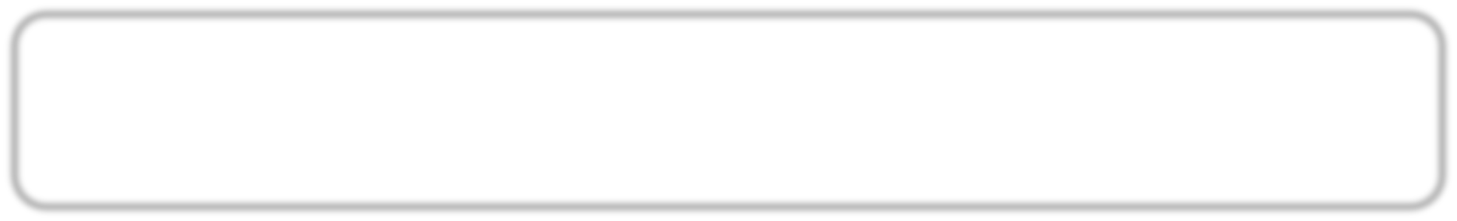
In addition to the training opportunities available centrally, we also organise departmental training sessions tailored to NHLI staff; these are held locally at NHLI campuses to make it easier for staff to attend. (**Table 5.2.3**). Training is discussed at PRDP and opportunities are advertised in the NHLI newsletter and website.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course Name** | **Date** | **Total attendees** | **Female** | **Male** | **A&R** | **P&T** |
| Equality, Diversity,  Harassment and Bullying | January 2014 | 14 | 6 | 8 | 9 | 5 |
| Equality, Diversity, Harassment and Bullying | February 2014 | 11 | 4 | 7 | 7 | 4 |
| Equality, Diversity, Harassment and Bullying | March 2014 | 17 | 6 | 11 | 15 | 2 |
| Equality, Diversity, Harassment and Bullying | April 2014 | 8 | 2 | 6 | 8 | 0 |
| Equality, Diversity, Harassment and Bullying | April 2014 | 16 | 8 | 8 | 15 | 1 |
| Equality, Diversity, Harassment and Bullying | August 2015 | 12 | 9 | 3 | 9 | 3 |
| Equality, Diversity, Harassment and Bullying | August 2015 | 11 | 5 | 6 | 9 | 2 |
| Equality, Diversity, Harassment and Bullying | September 2015 | 14 | 3 | 11 | 14 | 0 |
| Equality, Diversity, Harassment and Bullying | October 2015 | 11 | 3 | 8 | 11 | 0 |
| Equality, Diversity, Harassment and Bullying | November 2015 | 7 | 0 | 7 | 7 | 0 |
| Focus on Managing Assessment | March 2015 | 8 | 5 | 3 | 7 | 1 |
| Being a mentor | March 2014 | 8 | 4 | 4 | 7 | 1 |

**Table 5.2.3 Local training sessions organised by NHLI.** A&R = Academic & Research; P&T = Professional & Technical.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Location** | **Total attendees** | **% who found course ‘useful’\*** |
| August 2015 | Brompton | 12 | 100% |
| August 2015 | Brompton | 11 | 100% |
| September 2015 | Brompton | 14 | 93% |
| October 2015 | Hammersmith | 11 | 90% |
| November 2015 | Hammersmith | 7 | 100% |

## Table 5.2.4 Locations and usefulness ratings for 2015 NHLI Equality, Diversity, Harassment and Bullying workshops.



**Evidence of impact AP2014**

**2.4.1** Make attendance at Equality, Diversity, Harassment and Bullying workshops compulsory for all managers.

By the end of 2015 all but two of our managers had been attended these workshops.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***To what extent are you satisfied/dissatisfied with your access to learning and development opportunities?***  Percentage answered ‘Very satisfied’ or ‘Quite satisfied’. | | | | | | |
|  | Academic staff – Total | Academic staff – F | Academic staff – M | Research staff - Total | Research staff - F | Research staff – M |
| 2011 Staff Survey | 76% | N/A | N/A | 84% | N/A | N/A |
| 2014 Staff Survey | 86% | 82% | 87% | 84% | 81% | 87% |
| ***I am satisfied with the learning and development I receive for my present job***  Percentage answered ‘Strongly agree’ or ‘Agree’ | | | | | | |
|  | All staff -  total | A&R staff  - F | A&R staff  - M |  |  |  |
| 2017 Staff Survey | 66% | 64% | 57% |  |  |  |

**Table 5.2.5. Staff satisfaction with access to learning and development opportunities.** No gender breakdown of the 2011 results is available.

**Figures 5.2.5-5.2.7** show NHLI training data for all academic and research staff. The data only includes courses organised by Imperial/NHLI as we have no records of external training attended, e.g. training provided at NHS Trusts that a lot of our clinical staff attend.

Non-clinical A&R M

Non-clinical A&R F

Clinical A&R F

2016

2015

2014

2013

2012

Clinical A&R M

2011

2010

40

30

20

10

0

**Number of E&D and H&B Training Courses Attended by Academic Research Staff**

## Figure 5.2.5. Equality and diversity (E&D) and harassment & bullying (H&B) training attended by academic and research staff. A&R = Academic and Research.

Non-clinical A&R M

Non-clinical A&R F

Clinical A&R M

2016

2015

2014

2013

2012

2011

2010

Clinical A&R F

140

120

100

80

60

40

20

0

**Number of Career and Personal Development Training Courses Attended by Academic & Research Staff**

**Figure 5.2.6. Career and personal development training attended by academic and research staff.** Included are courses related to career development, personal development, recruitment, PRDP, management and teaching as well as courses specifically targeted to female staff.

**Number of Management and Leadership Training Courses Attended by Academic & Research Staff**

40

35

30

25

20

15

10

5

0

2010

2011

2012

Clinical A&R M

2013

2014

2015

2016

Clinical A&R F

Non-clinical A&R F

Non-clinical A&R M

## Figure 5.2.7. Management and leadership training attended by academic and research staff.

|  |  |  |  |
| --- | --- | --- | --- |
| **2012-2018** | **Female** | **Male** | **Total** |
| Academic Leadership Programme (ALP) | 1 | 0 | 1 |
| \*Academic Women's Programme (AWP) | 1 | 0 | 1 |
| \*Female Academic Development  Programme | 6 | 0 | 6 |
| $Horizon Leaders Programme | 1 | 0 | 1 |
| $Pegasus Programme | 1 | 1 | 2 |
| \*Senior Women Leaders Programme | 1 | 0 | 1 |
| \*Springboard Women's Development Programme | 17 | 0 | 17 |
| **Total** | **28** | **1** | **29** |

**Table 5.2.6 NHLI Staff attending Leadership workshops**

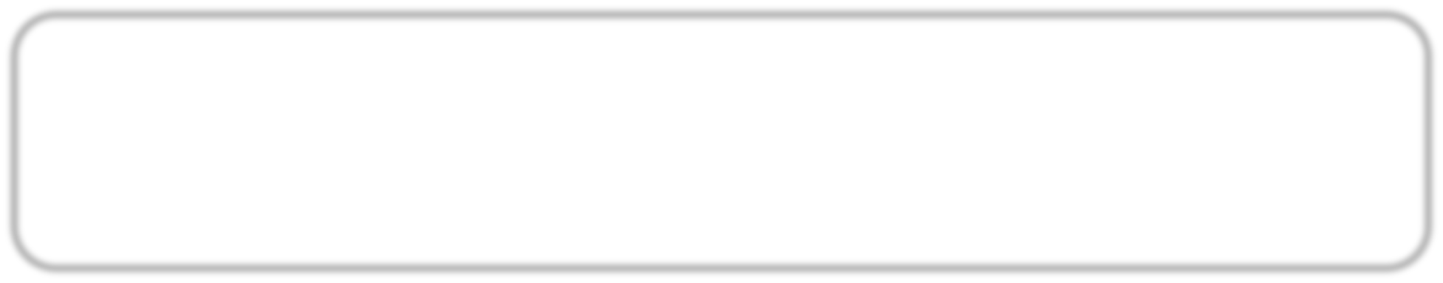
* programmes open to women only

$ programmes for professional service staff

Also at least 1 on an external women leadership course -CL WT programme

|  |  |
| --- | --- |
| Prof Lloyd- | Division Head, Vice Dean |
| Prof Tetley | College Consul |
| Prof Mitchell | Division Head |
| Prof Wedzicha | Division Head |
| Prof Braga | Section Head |
| Prof Saglani | Section Head |
| Prof Harding | Campus Dean |
| Prof Smith | Head of Education |
| Prof Morell | Deputy Head Education |
| Prof Rankin | Chair FoM EDI committee, NHLI Athena Lead, NHLI Public Engagement Lead |
| Mrs Evers | Institute Manager |

## Table 5.2.7 NHLI Females in Leadership positions



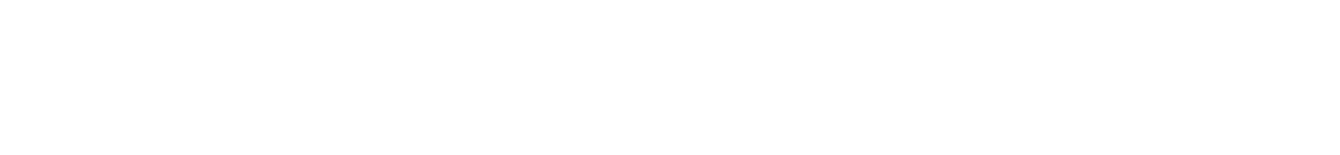
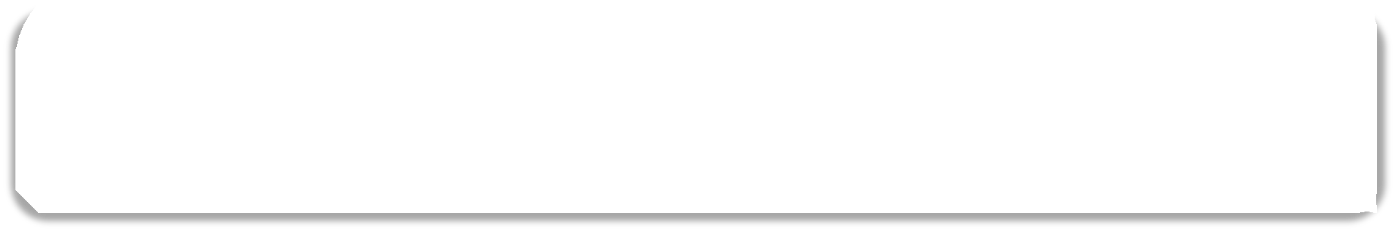
**Evidence of Impact AP2014**

**4.7** NHLI seeks, encourages and supports women into leadership roles

28F have attended leadership workshops and this has had a positive effect on the number of women now in leadership positions (**Table 5.2.7**), with an increase in women in Leadership positions within the NHLI from 30% to 40%.

**Data analysis training academic and research staff:**

* + E&D and H&B training attendance spiked in 2014/15; as a result of our Athena training actions and is now mandatory for new staff. This is an impact of our **AP2014**.
  + There has been a significant drop (~20% both M and F) in response to the question in the staff survey re training. This is likely due to rephrasing of the question from 2014 “are you satisfied with your **access to**…” versus 2017 “are you satisfied with **the level of**…”. As such we will await the next staff survey results before we address this.
  + Female non-clinical academic and research staff were consistently the most active group to attend training related to career development, in terms of total number of courses attended and relative to staff numbers.
  + Female clinical academic and research staff attended training related to career development more actively compared to male clinical academic and research staff (relative to total staff numbers).
  + Women attended more leadership courses than men, due to our Athena actions.
  + Our next major training focus will be on unconscious bias, to date 44 NHLI staff members have attended unconscious bias training **AP2018 4.3**.



**AP2018**

***7.2*** – Encourage men to attend training courses and in particular leadership courses.

***4.3*** –Increase staff attendance at unconscious bias training from 10% to 50% of all staff.

## 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.*

### Personal Review and Development Plan (PRDP)

Improving the PRDP return rate and quality was a priority area of our **AP2014**. We are proud to be the first department at Imperial to have achieved a 100% PRDP return rate in 2014. We have continued this high level of return with 90% of staff reporting that they have had a PRDP in the last 12 months (staff survey 2016). In 2016 NHLI volunteered to pilot the PRDP Quality Control Project in collaboration with the College’s Learning and Development Centre, to develop a tool to evaluate the quality and to develop actions to improve the PRDP process. Once piloted and optimised by NHLI, the PRDP quality control tool will be rolled out in other departments.

The first phase of the quality control project was a PRDP survey in the spring of 2016. The survey response rate was 30% and the results were largely positive, but with room for improvement. (**Table 5.2.8**)

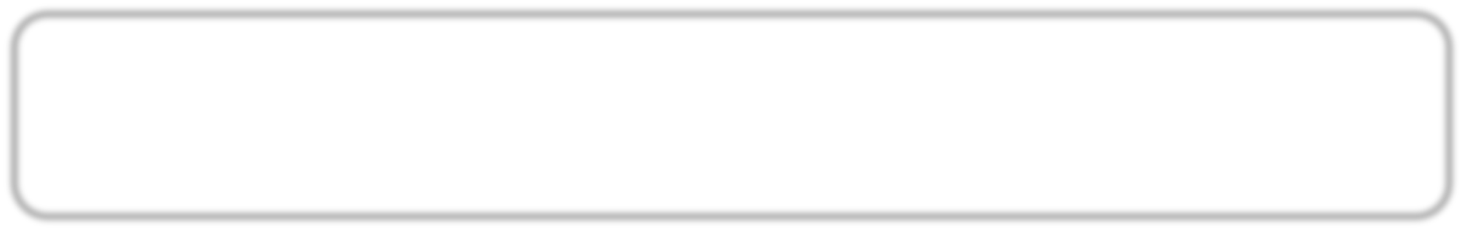
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **% Agree** | **% F Agree** | **% M Agree** | **% Non-**  **clinical agree** | **% Clinical**  **agree** |
| *My manager gave me*  *constructive feedback.* | 85% | 85% | 86% | 84% | 95% |
| *The PRDP conversation was*  *conducted in a positive and appreciative manner.* | 92% | 93% | 95% | 94% | 90% |
| *We have a plan to review the*  *PRDP.* | 57% | 53% | 66% | 52% | 81% |
| *The PRDP process is valuable*  *to my development.* | 60% | 66% | 55% | 56% | 76% |

## Table 5.2.8 Results from the 2016 PRDP Survey.

Following from the PRDP Survey, we carried out a sampling exercise to evaluate PRDP forms returned by NHLI staff. 20% of PRDP forms across all job families were assessed and common issues identified:

* Tendency to list work responsibilities rather than objectives.
* Objectives were often not SMART (specific, measurable, achievable, realistic and time-bound).
* Tendency for development/personal goals to be the same as professional goals.

The overall results of the PRDP quality project and recommendations were circulated in the NHLI newsletter and in an e-mail to all staff. Guidelines were issued to improve the quality of PRDPs.



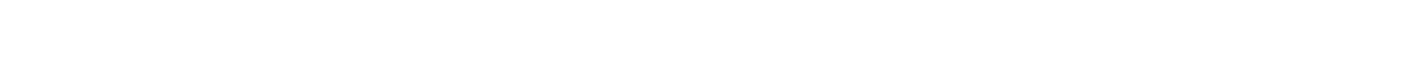
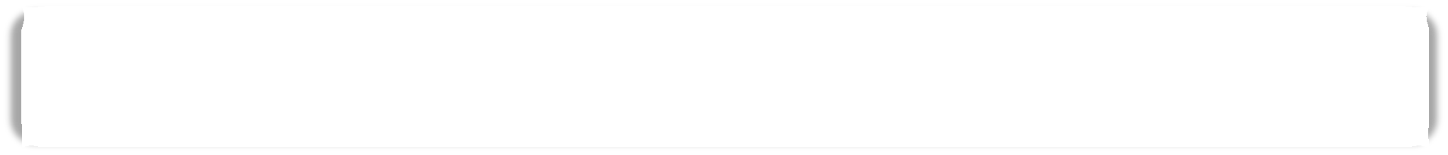
**Evidence of Impact Staff Survey Results**

**%Positive**

**Total Female Male**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q** Are you satisfied with the quality of your PRDP? | 2017 | 66% | 70% | 60% |
|  | 2014 | 60% |  |  |

We have seen an increase in staff satisfaction with the PRDP process with a 6% increase in staff responding positively in the 2017 as compared to 2014 staff survey.



**AP2018 2.2** We have worked with the PFDC, PDRA reps and departmental lead for PDRAs to develop a tailored NHLI PRDP form specifically for post-docs. This will be used for the first time in 2018.

### PRDP training

The College offers PRDP Briefing Sessions to both reviewers and appraisees to help maximise the benefits of the process. The course is compulsory for new academics on probation and other staff are encouraged to attend. As discussed in the previous section we have also had local NHLI PRDP training sessions. Between 2010 and 2016 45 NHLI academic and research staff (20 men and 25 women; approximately 15% of academic and research staff) attended.

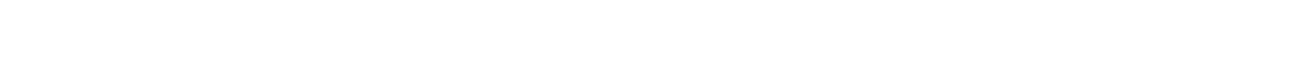
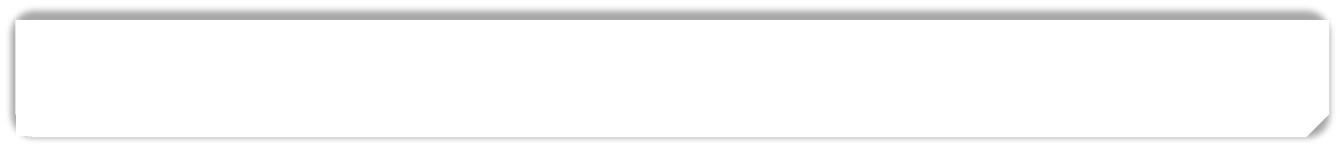
## Support given to academic staff for career progression

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

We have put a great deal of emphasis on increasing support for our staff’s career development in recent years; this is both a result of our 2014 Action Plan as well as initiatives beyond that. Examples of our efforts include the creation of the NHLI Career Development Coordinator role in 2014 and the NHLI Career Development website that was launched in 2016. As part of our AP2014 we provided role descriptors for senior management.

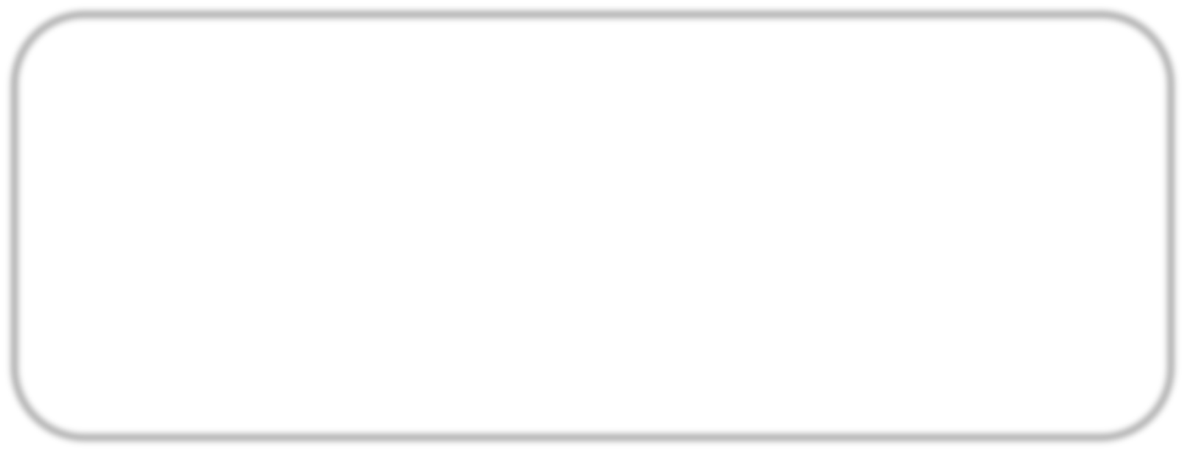
|  |  |
| --- | --- |
| my line manager communicates effectively | 76% |
| my line manager provides the support I need to succeed | 71% |
| my line manager is open to my ideas and suggestions for change | 79% |
| my line manager takes an interest in my long term development | 67% |
| (note- no baseline data from 2014) |  |

In 2016 our Institute Lead for Equality, Professor Sian Harding co-authored the first study in healthcare research investigating the relationship between the quality of mentoring and research performance with regards to gender.2 Using sophisticated network analysis tools, this showed a statistically significant influence of mentoring quality on subsequent publication output. The NHLI/FoM Mentoring Schemes are available to all staff and students in the department and is publicised regularly. We currently have approximately 50 mentors and 50 mentees.



**AP2018**

**7.1** – Promote the benefits of mentoring for all staff and students



**Evidence of Impact**

**AP2014 2.2.1** -Head of sections role descriptor and its implementation Data from Staff survey 2017

2*Mentoring perception, scientific collaboration and research performance: is there a ‘gender gap’ in academic medicine? An Academic Health Science Centre perspective. Athanasiou et al, Postgrad Med J. 2016;92:581-6.*

### Postdoctoral research associates (PDRAs)

We recognise the importance of supporting our PDRAs who are at a key stage in their careers. To facilitate the support for this staff group NHLI created the role of Institute Lead for PDRAs in 2012, through an Athena initiative. The Institute lead for PDRAs works with the PDRA committee to implement and drive initiatives specifically for PDRAs- these include:

* Biennial PDRA Careers Day
* NHLI Foundation PDRA Travel Awards.
* PDRA Supervisors awards
* Development of bespoke PRDP for PDRAs
* New for 2019 ‘NHLI PDRA fellowships ‘ - up to £5k/person for career development

The NHLI Travel Awards offer funds to cover costs for attending conferences and workshops, including costs related to caring responsibilities. (**Table 5.2.9**)

|  |  |  |  |
| --- | --- | --- | --- |
| **Total awards** | **% awards to females** | **Total amount awarded** | **No. of awards towards care costs** |
| 42 | 74% | >£34,000 | 3\* |

## Table 5.2.9 NHLI Foundation Travel Awards April 2009 – January 2017.

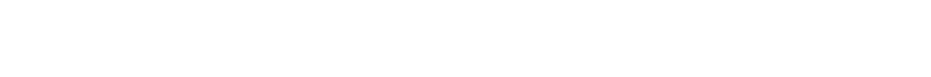
\*All applications for care costs were successful.

NHLI PDRA career days are held bi-annually to provide networking opportunities and relevant careers talks e.g. former NHLI PDRAs who have followed a non-academic career path, successful early career fellows, representatives from the PDRA and Fellows Development Centre, funding bodies and the NHLI Research Manager and Athena Lead.

The PDRA induction e-mail contains tailored information on support and development opportunities, including the mentoring scheme and the PDRA and Fellows Development Centre.

In 2016 we initiated a PDRA Supervisor Award to recognise the important role PDRAs play in the training of postgraduate students. In 2017 four PDRAs (2F:2M) received supervisory awards, the next awards will be made in 2019.

New for 2019, and in response to consultation with our PDRA committee, we have secured funding from the NHLI Foundation (£120k over 3 years) for a new PDRA award, of up to £5k per PDRA, that can be used for career development activities (eg generating independent data for a grant application, training, or undertaking an intern in another lab or workplace).



**AP2018**

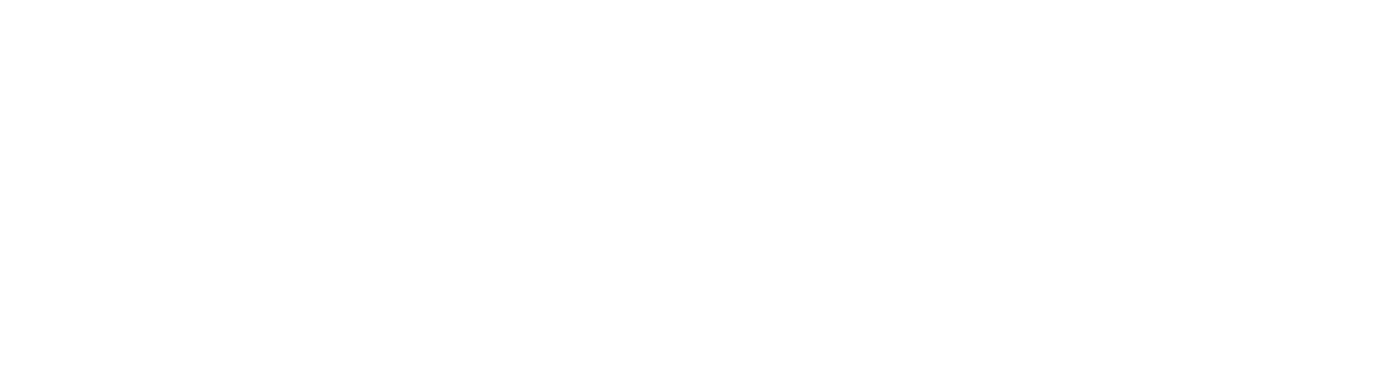
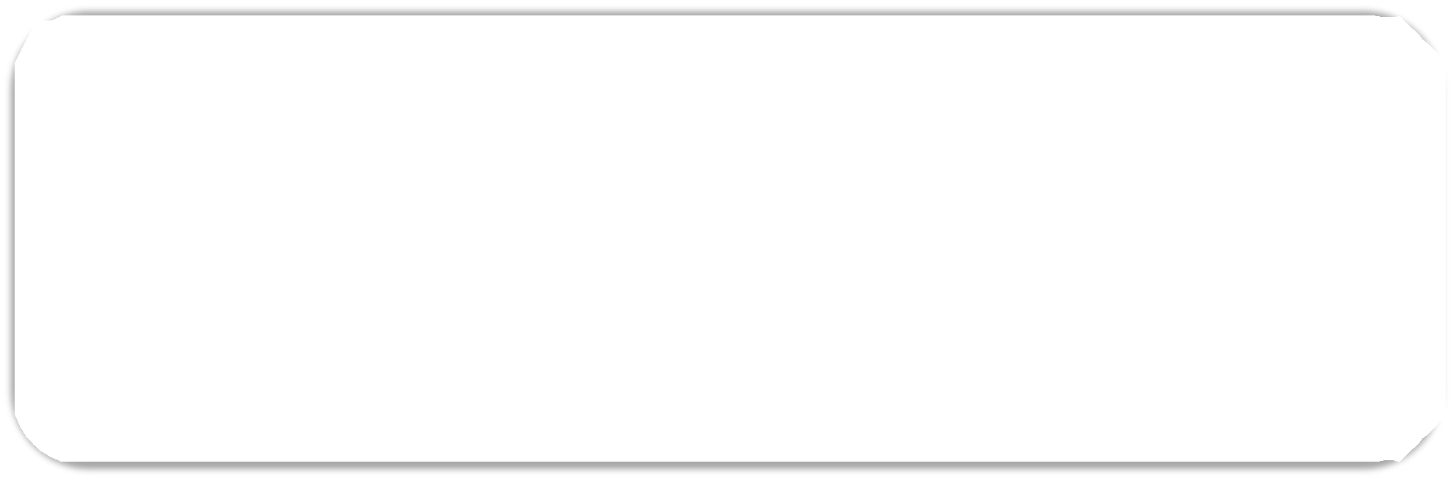
**4.3** – Launch new NHLI PDRA awards and monitor their impact.

### Academic staff on probation

Non-clinical lecturers and clinical senior lecturers have a three-year probation period during which they are supported extensively. In NHLI they are each assigned an academic adviser whose role is to mentor them during probation, and they have annual interim probation reviews (**AP2014**); this is more than the College requirement. In addition, we have implemented changes to the probation review process since 2014, e.g. academics now get regular feedback from the HoI and NHLI Head of Research and Development. Academic staff who have a period of maternity/adoption leave during their probation are given the option to extend their probation. As detailed p66/67 this has increased the successful completion of probations within 3 years from 33% (2011-2013) to 100% (2014-2017).

### Clinical staff

Clinical staff are one of the most challenging groups from an Athena perspective since they are also affiliated with NHS Trusts where the Athena principles are not implemented. We have collaborated with the Royal College of Physicians (RCP) and the Academy of Medical Sciences (AMS) since 2016 to address the barriers that clinicians – especially women – face when they embark on a research career. NHLI has also initiated a Faculty-wide Clinical Academic Staff Working Group, and career support for clinical staff is in the remit of the FoM Vice Dean (Institutional Affairs), a role held by a NHLI professor and SAT member, Clare Lloyd.



**AP2018**

* 1. – Set up a FoM-wide Clinical Academic/ Research Staff Working Group to drive initiatives that support these staff groups.
  2. - Assign mentors for all clinical staff
  3. – Continue the collaboration and strengthen our links with Academy of Medical Sciences (AMS), Royal College of Physicians (RCP) and partner NHS Trusts to work on clinical academics’ career development.
  4. – Promote support and development opportunities available to clinical staff, particularly women.

### 2016 Athena Focus Groups

One of the key areas discussed in the 2016 Athena Focus Groups was career development. Across the academic and research staff focus groups two main themes emerged: the difficulty to succeed in an academic career and the apparent lack of clarity about what is needed for success. After further consultations with PDRAs we have attempted to address this issue with our bespoke action plan for PDRAs.

## 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).*

Departmental support for PGR students:

* Compulsory supervision training for all staff who supervise students. Attendance is monitored and is currently at 100%.
* The NHLI mentoring scheme is open to students. Students are actively encouraged to find a mentor. (Approximately half of all NHLI mentees on record are students).
* The annual Postgraduate Student Research Day where students can practice and gain feedback on their presentation and communication skills; all PGR students attend.
* Cohort building events led by the NHLI Postgraduate Student Committee. Departmental support for PGT students:
* Student induction event and welcome dinner for cohort building and networking.
* A talk by the College Careers Service at the PGT student induction event.
* An independent tutor offered to all PGT students.

Our PGT student satisfaction was highlighted in the results of the College’s 2016 Postgraduate Taught Experience Survey (PTES):

*“NHLI runs ahead of College in all respects, and reports substantial margins of excellence for assessment and feedback, resources and services, skills development”.* (FoM PTES Report 2016)

|  |  |  |
| --- | --- | --- |
| **NHLI response rate** | **College response rate** | **FoM response rate** |
| **71%** | 37% | 67% |

## Table 5.2.10. Postgraduate Taught Experience Survey (PTES) response rates.

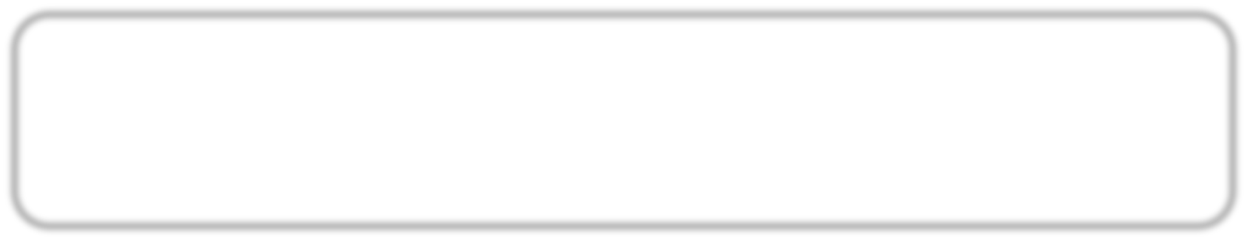
As many of our students are clinicians they benefit from the support for clinical staff discussed in the previous section.

## Support offered to those applying for research grants

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

There has been a considerable effort to improve our grant application success rates in the last few years, driven by the NHLI M&S committee. Even though we have a good infrastructure for supporting staff with grant applications – a team of departmental Section Administrators, Research Manager, informal peer reviews and a good relationship with the College Research Office – we recognise that there is room for improvement. To improve success rates, we implemented a policy in 2016 whereby any grant application exceeding £1M and any post-PhD level fellowships have to be submitted for internal peer review before submitting to the funder; smaller applications are also welcomed for review.

The NHLI Fellowships and Research Committee was established in 2014 and offers mock interviews for fellowship applicants from NHLI and reviews all NHLI fellows annually. The mock interviews have been very well received and have helped applicants immensely.



*‘I was taken through my paces by a senior mock interview panel that really replicated the real interview. -- I am sure that this was central to my ability to do well on the day of the real interview.’* (Research Fellow who was recently awarded an Intermediate Clinical Research Fellowship)

**Number of grant applications submitted 2012-18**

500

400

300

200

100

0

2012-13

2013-14

2014-15

Female

2015-16

Male

2016-17

2017-18

**Figure 5.2.8. Numbers of grant applications submitted.** The figure shows the overall numbers of grant applications submitted by gender for 2012/13-2017/18. Data are shown per financial year which runs from August to July.

2015/16

2014/15

Success rate M

2013/14

Success rate F

2012/13

100%

80%

60%

40%

20%

0%

**Grant Application Success Rate**

**Figure 5.2.9. Overall grant application success rates.** Grant application success rates for all grants –

regardless of the size of the grant – are shown for 2012/13-2017/18. Data are shown per financial year which runs from August to July.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Amount applied for** | **Applications F** | **Applications M** | **% F** | **Successful F** | **Successful M** | **Success rate F** | **Success rate M** |
|  | 2017/18 | | | | | | |
| 0 - £14,999 | 12 | 43 | 22% | 2 | 9 | 17% | 21% |
| £15,000 - £99,999 | 51 | 72 | 41% | 21 | 31 | 41% | 43% |
| £100,000 - £499,999 | 62 | 76 | 45% | 21 | 27 | 34% | 36% |
| £500,000 - £999,999 | 10 | 16 | 38% | 1 | 5 | 10% | 31% |
| £1000,000+ | 9 | 12 | 43% | 4 | 3 | 44% | 25% |
| **2017/18 TOTAL** | **144** | **219** | **40%** | **49** | **75** | **34%** | **34%** |
|  | 2016/17 | | | | | | |
| 0 - £14,999 | 18 | 62 | 23% | 2 | 21 | 11% | 34% |
| £15,000 - £99,999 | 61 | 95 | 39% | 17 | 53 | 28% | 56% |
| £100,000 - £499,999 | 56 | 94 | 37% | 17 | 38 | 30% | 40% |
| £500,000 - £999,999 | 8 | 27 | 23% | 0 | 4 | 0% | 15% |
| £1000,000+ | 17 | 27 | 39% | 2 | 6 | 12% | 22% |
| **2016/17 TOTAL** | **160** | **305** | **34%** | **38** | **122** | **24%** | **40%** |
|  | 2015/16 | | | | | | |
| 0 - £14,999 | 7 | 32 |  | 5 | 7 | 71% | 22% |
| £15,000 - £99,999 | 38 | 61 |  | 27 | 30 | 71% | 49% |
| £100,000 - £499,999 | 50 | 79 |  | 13 | 18 | 26% | 23% |
| £500,000 - £999,999 | 15 | 17 |  | 1 | 2 | 7% | 12% |
| £1000,000+ | 9 | 19 |  | 0 | 5 | 0% | 26% |
| **2015/16 TOTAL** | **119** | **208** |  | **46** | **62** | **39%** | **30%** |
|  | 2014/15 | | | | | | |
| 0 - £14,999 | 23 | 87 |  | 9 | 26 | 39% | 30% |
| £15,000 - £99,999 | 59 | 105 |  | 26 | 45 | 44% | 43% |
| £100,000 - £499,999 | 61 | 127 |  | 13 | 36 | 21% | 28% |
| £500,000 - £999,999 | 16 | 35 |  | 1 | 6 | 6% | 17% |
| £1000,000+ | 13 | 31 |  | 2 | 3 | 15% | 10% |
| **2014/15 TOTAL** | **172** | **385** |  | **51** | **116** | **30%** | **30%** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2013/14 | | | | | | |
| 0 - £14,999 | 32 | 66 |  | 11 | 29 | 34% | 44% |
| £15,000 - £99,999 | 54 | 127 |  | 19 | 59 | 35% | 46% |
| £100,000 - £499,999 | 40 | 96 |  | 15 | 30 | 38% | 31% |
| £500,000 - £999,999 | 7 | 21 |  | 4 | 6 | 57% | 29% |
| £1000,000+ | 5 | 15 |  | 0 | 5 | 0% | 33% |
| **2013/14 TOTAL** | **138** | **325** |  | **49** | **129** | **36%** | **40%** |

**Table 5.2.11 Grant applications and success rates for NHLI staff.** Data are shown per financial year which runs from August to July

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | Female | Male | Total | % Female |
| 2017-2018 | 49 | 75 | 124 | 40% |
| 2016- 2017 | 38 | 122 | 160 | 24% |
| 2015-2016 | 46 | 62 | 108 | 43% |
| 2014-2015 | 51 | 116 | 167 | 30% |
| **Total** | 184 | 375 | 559 | 33% |

## Table 5.2.19 Total numbers of successful grant applications Data analysis grant success

* The gender ratio of clinical and non-clinical academic staff in NHLI is 38%F:62%M, **Figure 5.8** and **Table 5.27 and 5.28** shows that the difference in number of applications from females as compared to males and in success rates for grant application is in line with the %F in NHLI. i.e. our data show that females are as successful as males when it comes to grant applications.
* For large grants over £1M success rates (2014-2018) is 32% F, again in line with 38% female academics in the NHLI.

Section 5.2 word count: 2082

## Running total: 7240

* 1. **Career development: professional and support staff**
     1. **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*

Most of the training courses available to our staff are centrally organised by the university recent surveys have asking PTO staff views on training and development opportunities have shown positive results. (**Table 5.3.1**). We attribute the improvement seen from 2014 to 2016 to increased emphasis on PRDPs and career development in general (**AP2014**).

|  |  |  |  |
| --- | --- | --- | --- |
| ***To what extent are you satisfied/dissatisfied with your access to learning and development***  ***opportunities (2014) / staff development and training courses (2016)?*** | | | |
|  | ‘*Very satisfied*' or '*Quite satisfied*' | ‘*Very satisfied*' or '*Quite satisfied*' - F | ‘*Very satisfied*' or '*Quite satisfied*' - M |
| 2014 Staff Survey | 79% | 77% | 75% |
| 2016 PTO Staff Survey | 98% | N/A | N/A |
| ***The learning and development opportunities I need to perform my job well are available to me.*** | | | |
|  | ‘*Strongly agree*' or '*Agree*' | ‘*Strongly agree*' or '*Agree*' - F | ‘*Strongly agree*' or '*Agree*' - M |
| 2014 Staff Survey | 74% | 72% | 81% |
| 2016 PTO Staff Survey | 81% | N/A | N/A |

**Table 5.3.1 Professional and technical staff satisfaction with access to learning and development opportunities.** Gender analysis of the 2016 results is not feasible due to the low number of responses from men.

The figures below show training course attendance for NHLI professional and technical staff. Only courses attended at Imperial are included, as we have no records of external training attendance. Anecdotal evidence suggests that especially technical staff attend training outside of College. For example, one of our female technicians has attended 10 external training courses since January 2015.

Male Professional Staff

Female Professional Staff

2016

2015

2014

2013

2012

2011

140

120

100

80

60

40

20

0

**Number of Training Courses Attended by Professional Staff**

**Figure 5.3.1. Training course attendance by professional staff.** The figure includes all training courses organised by College/NHLI, regardless of course category.

|  |  |  |  |
| --- | --- | --- | --- |
| 2011 | 2012 2013 | 2014 2015 | 2016 |
|  | Female Technical Staff | Male Technical Staff |  |

**Figure 5.3.2. Training course attendance by technical staff.** The figure includes all training courses organised by College/NHLI, regardless of course category.

140

120

100

80

60

40

20

0

**Number of Training Courses Attended by Technical Staff**

Male Professional Staff

Female Professional Staff

2016

2015

2014

2013

2012

2011

20

15

10

5

0

**Number of E&D and H&B Training Courses Attended by Professional Staff**

## Figure 5.3.3. Equality and diversity (E&D) and harassment & bullying (H&B) training attended by professional staff.

Male Technical Staff

Female Technical Staff

2016

2015

2014

2013

2012

2011

20

15

10

5

0

**Number of E&D and H&B Training Courses Attended by Technical Staff**

**Figure 5.3.4. Equality and diversity (E&D) and harassment & bullying (H&B) training attended by**

**technical staff.**

Male Professional Staff

Female Professional Staff

2016

2015

2014

2013

2012

2011

100

80

60

40

20

0

**Number of Personal Development Training Courses Attended by Professional Staff**

**Figure 5.3.5. Career and personal development training attended by professional staff.** Included are courses related to career development, personal development, recruitment, PRDP, management and teaching as well as courses specifically targeted to female staff.

Male Technical Staff

Female Technical Staff

100

80

60

40

20

0

**Number of Personal Development Training Courses Attended by Technical Staff**

**Figure 5.3.6. Career and personal development training attended by technical staff.** Included are courses related to career development, personal development, recruitment, PRDP, management and teaching as well as courses specifically targeted to female staff.

**Number of Management and Leadership Training Courses Attended by Professional Staff**

30

25

20

15

10

5

0

2011

2012

2013

2014

2015

2016

Female Professional Staff

Male Professional Staff

## Figure 5.3.7. Management and leadership training attended by professional staff.

Male Technical Staff

Female Technical Staff

2016

2015

2014

2013

2012

2011

10

8

6

4

2

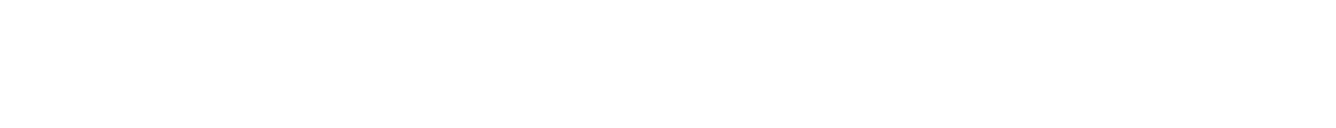
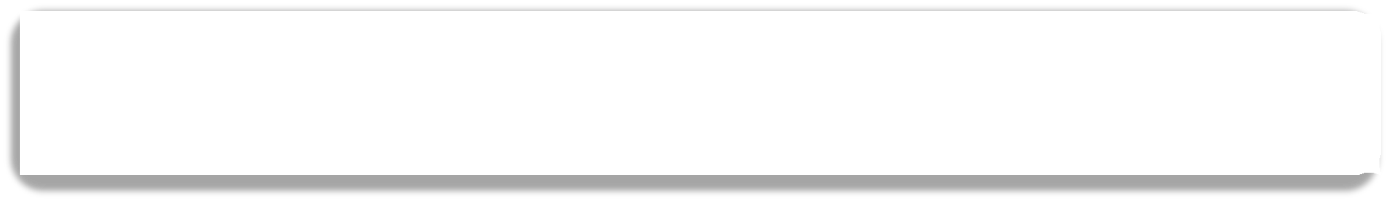
0

**Number of Management and Leadership Training Courses Attended by Professional Staff**

**Figure 5.3.8. Management and leadership training attended by technical staff.**

**Data analysis training professional and technical staff:**

* + - * Training course attendance by male professional staff has been decreasing since 2013.
      * There are no significant gender differences overall in training course attendance for technical staff. (63% technical staff are female)
      * E&D and H&B training attendance by technical staff has been relatively low in recent years.
      * Male professional staff have not attended any management and leadership training since 2014 and attendance on other career progression courses has also decreased for this group since 2013. However, we currently only have 17 professional staff members and 9 of them have been at NHLI since before 2011.



**AP2018**

**6.4** Promote details about the College training for technical staff to obtain accreditation for technical staff through external training schemes.

## 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.*

The PRDP process that applies to all staff regardless of job family was discussed in Section 5.3(ii). As for all other NHLI staff, PRDP completion rate for professional and technical staff has been 100% since 2014. This staff group were also included in the PRDP Quality Control Project.

Recent survey results (**Table 5.2.2**) highlight the positive impact of our emphasis on PRDPs in recent years. A new PRDP form for support staff was also introduced by College in 2015 which encouraged more discussion on career and personal development. However, we recognise that improving the PRDP process further is key to addressing career development issues faced by professional and technical staff as career development is discussed in PRDPs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **NHLI 2014 response** | **NHLI 2016 response** | **FoM 2016 response** |
| *To what extent do you agree or disagree with the following statement? I benefit from the*  *PRDP process.\** | 56% 'agree strongly' or 'tend to agree' | 72% 'agree strongly' or 'agree' | 60% 'agree strongly' or 'agree' |
| *To what extent do you agree or disagree with the following statement? My manager takes the PRDP*  *process seriously.* | 83% 'agree strongly' or 'tend to agree' | 86% 'agree strongly' or 'agree' | 72% 'agree strongly' or 'agree' |
| **Question** | **NHLI 2017 ‘Strongly**  **Agree’ or ‘Agree’** | **FoM 2017 response** | **Imperial College**  **2017 response** |
| *The PRDP with my line manager is useful* | 66% | 57% | 59% |
| *My line manager takes the PRDP process seriously* | 76% | 64% | 69% |

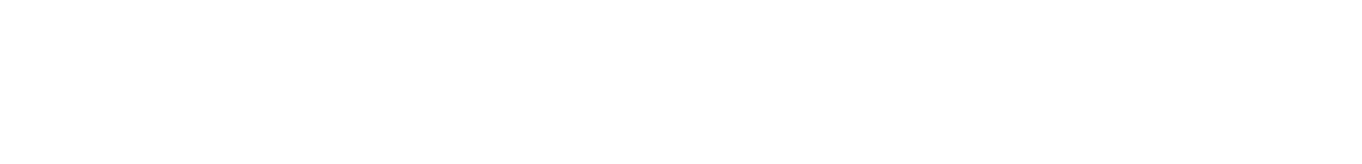
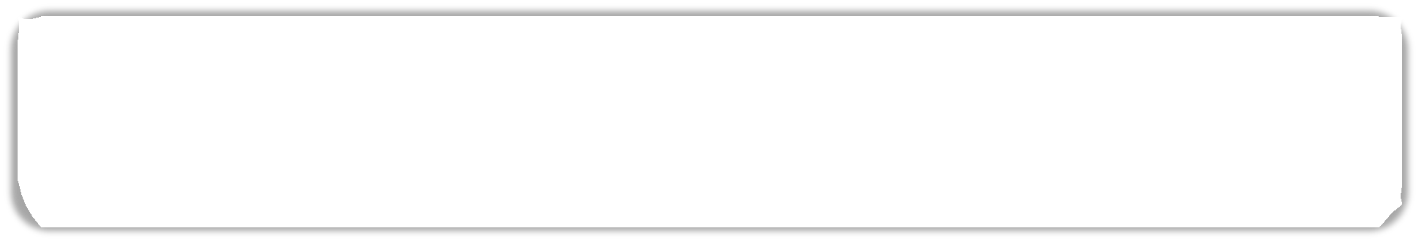
## Table 5.3.2 Survey responses by professional and technical staff related to PRDP.

\*Question worded differently in the 2014 Staff Survey: 'The annual PRDP with my line manager is very useful.'

## 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.*

Our staff support schemes such as the mentoring scheme are available to all staff, including support staff. However, only two technical staff members and none of our professional staff have formally requested a mentor. Even though anecdotal evidence suggests that some mentoring goes unreported, we will promote the scheme specifically to these staff groups and also run bespoke speed mentoring during their annual career development days.



**AP2018**

* 1. NHLI to host an annual bespoke NHLI career development event for P&T staff including a speed mentoring activity
  2. Provide secondment and shadowing opportunities for P&T staff

With regards to secondment opportunities, one of our section administrators is currently doing a secondment as a grant administrator at the FoM Joint Research Office (JRO) while a grant administrator from the JRO is working as a maternity cover for another NHLI section administrator. This arrangement benefits both the department and the individuals involved. We are hoping to have more such secondment opportunities in the future.

NHLI introduced an operations trainee scheme in 2016. The scheme aimed to recruit high calibre candidates at level 3a of the Professional Services scale and give them experience in different areas of operational management over 18 months. After completing the scheme they will be ideally placed to apply for higher grade roles in university administration. Five women over two intakes joined the scheme in 2016; one of them has since moved on to an external role, one to a permanent post in NHLI, and the other three are still in training.

Section 5.3 word count: 1102

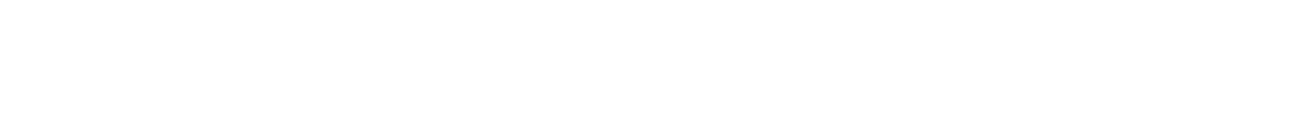
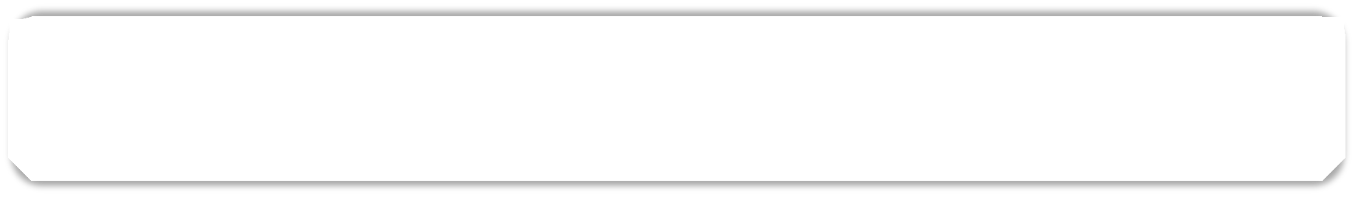
## Running total: 8342

* 1. **Flexible working and managing career breaks**
     1. **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.*

NHLI advertises the multiple networking events, workshops and support schemes for parents-to-be that College organises, including Imperial Parents’ Network and Babies and Bumps Coffee Mornings. Recent College initiatives include a new online course for managers – ‘*Managing Family Related Leave’*

*–* and a Return to Work Plan form developed for PDRAs on maternity leave.



**AP2018**

**5.1** – Promote the Managing Family Related Leave online course to staff and make it compulsory to all NHLI managers.

## Cover and support for maternity and adoption leave: during leave

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

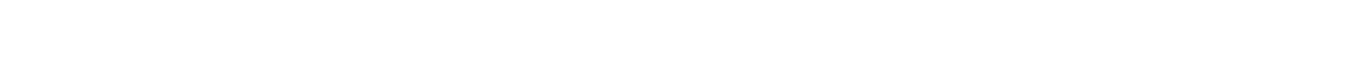
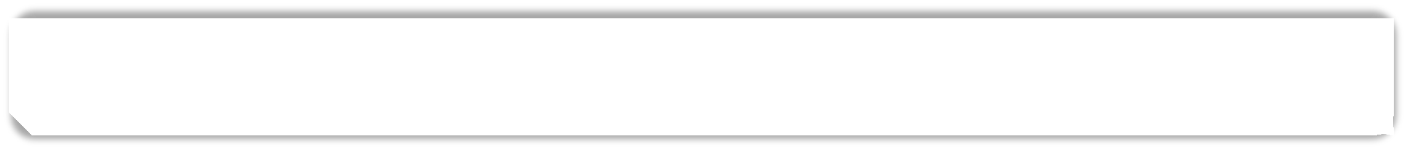
NHLI promotes ‘Keeping in Touch Days’ for staff during maternity leave. During 2010-2016 NHLI Home/EU research students in receipt of a stipend are contractually entitled to up to 16 weeks of paid maternity/adoption leave. If the costs of leave are not met by the grant funder, the department makes suitable financial provision and can also apply for assistance from a central College fund dedicated to students’ maternity/adoption leave support.

## 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.*

NHLI is a family friendly department-

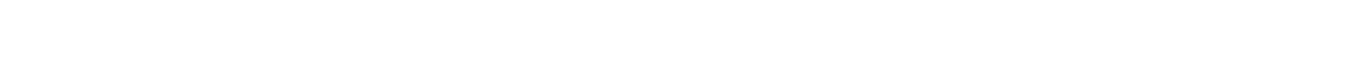
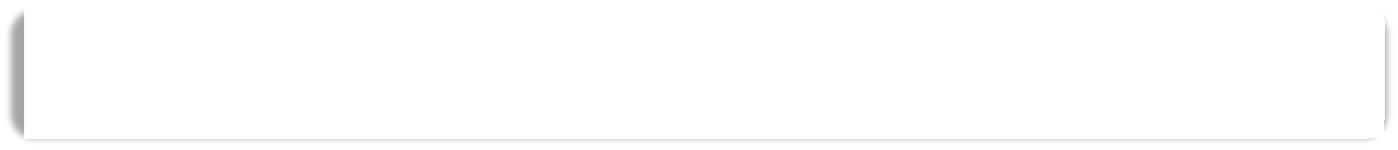
There is a nursery on the main campus exclusively for Imperial employees and students. Prof Harding, our campus Dean for White City will be campaigning to ensure there will be another nursery on the College’s new White City campus (in close proximity to the Hammersmith campus). The childcare vouchers offered by College can be used at any nursery.



**AP2018**

**4.3** – Campaign for Nursery at White City Campus

We have supported six NHLI staff in successfully applying for the College’s Elsie Widdowson Fellowship scheme have held this award since 2009. The award covers 50% of the award holder’s salary costs for one year, freeing funds to employ additional, or pay current staff, to take on teaching or administrative duties.



**AP2018**

**5.3** – Promote Elsie Widdowson fellowships

In addition to the College support schemes, the department has in place its own initiatives to support working parents. The NHLI Foundation PDRA Travel Awards scheme (p.77) allows NHLI PDRAs and research fellows to apply for funds to cover conference and meeting costs, including childcare costs. In addition, the NHLI Fellowship scheme encourages applications from candidates returning from a career break such as maternity leave. Two of the five NHLI Fellows to date have been researchers returning from a career break. We have also supported two Return to Work Fellowships in the recent years. These awards are for staff wishing to return to science after a career break.

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

All pregnant female staff qualify for one year of statutory maternity leave, regardless of length of service; the same applies for adoption leave. To qualify for enhanced maternity pay, you must return to work for a minimum of three months after your maternity leave. If there has been less than 39 weeks of maternity pay at the contract end date, the employee will continue to receive the remainder of the Statutory Maternity Pay (39 weeks).

Within the non-clinical research staff (including teaching only staff), maternity return rate in 2013- 2017 was 93%. For professional and technical staff, only one person left during their maternity leave. Most clinical staff who left after their maternity leave did so to resume their clinical duties.

|  |  |  |
| --- | --- | --- |
| **Staff group and grade** | **Start year of leave** | **Time in post after return** |
| Academic and Research, Level A | 2014 | Still at NHLI on 1st January 2017 |
| Academic and Research, Level B | 2014 | Still at NHLI on 1st January 2017 |
| Academic and Research, Level B | 2014 | 3 months\* |
| Academic and Research, Level C | 2014 | Still at NHLI on 1st J January 2017 |
| Academic and Research, Level B | 2014 | 4 months\* |
| Academic and Research, Level B | 2014 | 7 months (but remained honorary) |
| Academic and Research, Level B | 2014 | Left during leave |
| Academic and Research, Level B | 2014 | Still at NHLI on 1st January 2017 |
| Academic and Research, Level B | 2015 | Still at NHLI on 1st January 2017 |
| Academic and Research, Level B | 2015 | 3 months\* |
| Academic and Research, Level B | 2016 | Still at NHLI August 2018 |
| Academic and Research, Level A | 2017 | 7 months\* |
| Academic and Research, Level B | 2017 | Still at NHLI August 2018 |
| Academic and Research, Level C | 2017 | Still at NHLI August 2018 |
| Academic and Research, Level B | 2017 | 5 months\* |

## Table 5.4.1 Maternity return data for non-clinical Academic and Research and Learning and Teaching staff.

**\*left due to end of grant funding.**

|  |  |  |
| --- | --- | --- |
| **Staff group** | **Start year of leave** | **Time in post after return** |
| Professional and Technical Services | 2014 | Still at NHLI on 1st January 2017 |
| Professional and Technical Services | 2014 | Still at NHLI on 1st January 2017 |
| Professional and Technical Services | 2014 | 7 months |
| Professional and Technical Services | 2014 | Still at NHLI on 1st January 2017 |
| Professional and Technical Services | 2015 | Still at NHLI on 1st January 2017 |
| Professional and Technical Services | 2016 | Still at NHLI August 2018 |
| Professional and Technical Services | 2016 | Still at NHLI August 2018 |

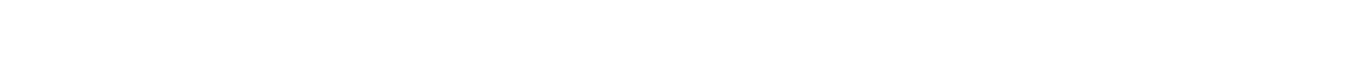
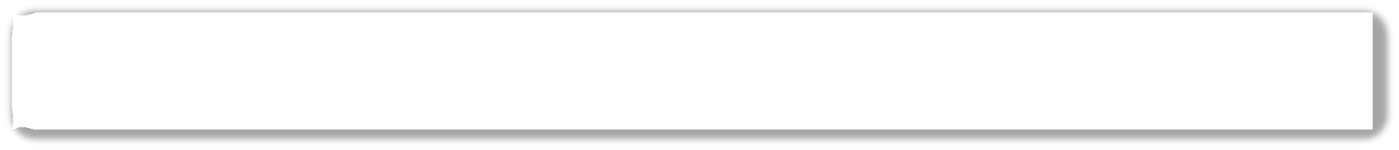
|  |  |  |
| --- | --- | --- |
| Professional and Technical Services | 2016 | 2 months |
| Professional and Technical Services | 2016 | 6 months |
| Professional and Technical Services | 2016 | Still at NHLI August 2018 |
| Professional and Technical Services | 2017 | Still at NHLI August 2018 |
| Professional and Technical Services | 2017 | Still at NHLI August 2018 |
| Professional and Technical Services | 2017 | 3 months |
| Professional and Technical Services | 2017 | Still at NHLI August 2018 |

**Table 5.4.2 Maternity return data for Professional and Technical staff.**

* + 1. **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.*

In 2013-2016, 15 NHLI employees were recorded to have taken paternity leave (two professional services; 13 academic and research). However, there have also been instances where a staff member has been on paternity leave but this has not been officially recorded.



**AP2018**

**5.2** *–* Encourage male staff to take/report paternity leave

Staff going on paternity leave receive a support package from HR which includes information on the paternity policy as well as support and facilities available to new parents.

No NHLI staff took adoption leave or parental leave during 2013-2016. In 2006 one employee (male) and in 2009 one employee (female) took adoption leave.

## Flexible working

*Provide information on the flexible working arrangements available.*

Staff consultation in recent years has indicated that, in general, NHLI staff are aware of and satisfied with flexible working arrangements. In the Athena Focus Groups in June 2016 flexibility in working arrangements was mentioned as one of the positive impacts of Athena, and recent survey results also reflect this (**Table 5.4.3**). We attribute this to a culture in which flexible working is encouraged and generally accepted.

## Evidence of impact

|  |  |
| --- | --- |
| **2017 Staff Survey** | **% positive response** |
| **Q** I am able to work flexibly to fulfil the requirements of my role | **93%** |
| **Q** As long as I get the work done, I am trusted to organise my workload in a  way that suits me | **86%** |
| **2016 PTO Staff Survey** |  |
| **Q** Are you satisfied with your flexible working arrangements | **89%** |

**Table 5.4.3. 2017 Staff Survey results and 2016 PTO survey results on flexible working.**

All employees are entitled to request flexible working arrangements. Informal agreements for flexible working arrangements that do not reduce working hours are common throughout the department, and they are facilitated by secure remote desktop and e-mail access as well as videoconferencing facilities for remote meeting attendance. A large proportion of flexible working occurring at NHLI is agreed between managers and staff members informally, only part-time working being formally recorded.

## 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.*

**Tables 5.4.4-5** show data for change in working hours. Reasons for changes are wide-ranging:

* + - * Career breaks
      * Caring responsibilities
      * Health issues
      * Change in need for post
      * Training

NHLI encourages flexible working, and each request for a change in hours is dealt with individually in discussions with line manager, HR and NHLI administrators. Return to FT is encouraged and supported.

|  |  |  |
| --- | --- | --- |
| **Staff group** | **Number of Females** | **Number of Males** |
| Academic and Research | 3 | 0 |
| Clinical Academic | 0 | 0 |
| Clinical Research | 1 | 4 |
| Professional Services | 2 | 0 |
| Technical Services | 1 | 0 |

## Table 5.4.4. Staff transitioning from part-time (PT) to full-time (FT) work in 2012-2016.

|  |  |  |
| --- | --- | --- |
| **Staff group** | **Number of Females** | **Number of Males** |
| Academic and Research | 11 | 7 |
| Clinical Academic | 0 | 4 |
| Clinical Research | 5 | 3 |
| Professional Services | 17 | 4 |
| Technical Services | 6 | 3 |

**Table 5.4.5. Staff transitioning from full-time (FT) to part-time (PT) work in 2012-2016.**

Section 5.4 word count: 752

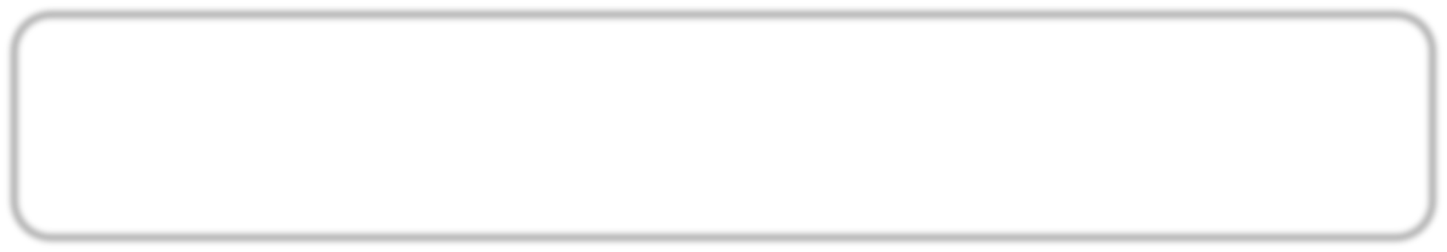
## Running total: 9094

* 1. **Organisation and culture**
     1. **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.*

With respect to Athena we introduced a number of new initiatives with our **AP2014** which have contributed to improving the culture and cohesiveness of the Department. These include:

* A new improved NHLI Athena website, including Athena news and events, interviews and resources.
* NHLI Athena video showcasing our Athena achievements.
* Women Series podcast interviews launched in 2015 to raise the profile of female staff.
* The monthly NHLI newsletter, including dedicated sections for Head of Institute Letter, Athena, and awards received by staff and students.
* The NHLI Blog launched in 2015 to increase the visibility of Athena and a sense of community.
* Annual Head of Institute Open Meeting to which all staff – including PTO staff – are invited to discuss current developments.
* Other events, e.g. Bring Your Child to Work Day, Athena Lecture and New Scientists Day
* Athena presentations in events (e.g. PGR Induction Day, PDRA Day).



**Evidence of positive work environment** from staff survey 2017 -

Q48 Q38 Q7

I am treated with dignity and respect

% positive

76%

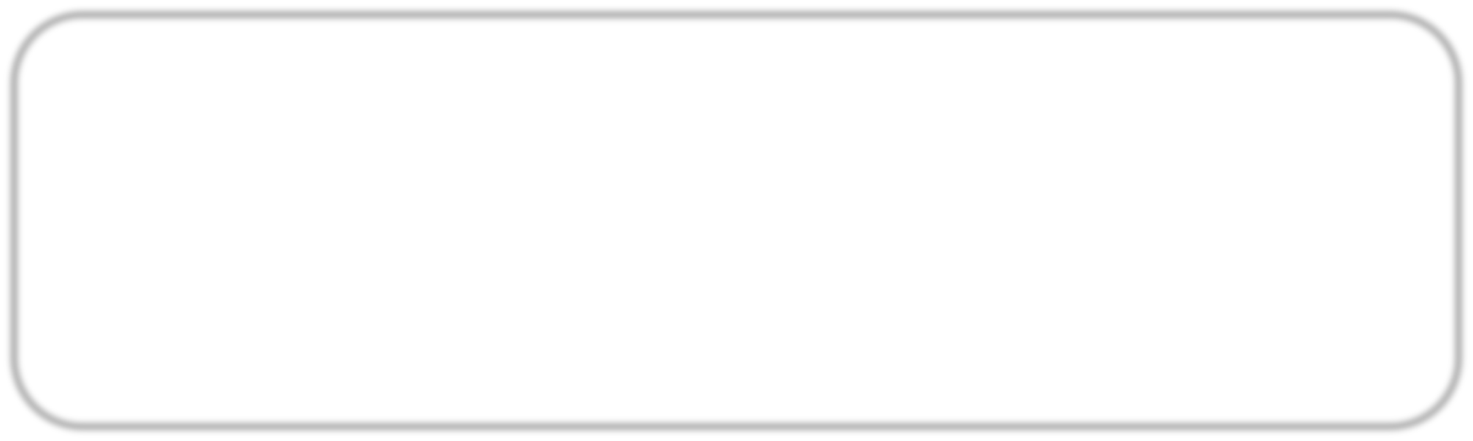
I have a good working relationship with the colleagues I work with.

90%

I know whom I can talk to about anything that concerns me about my work 80%

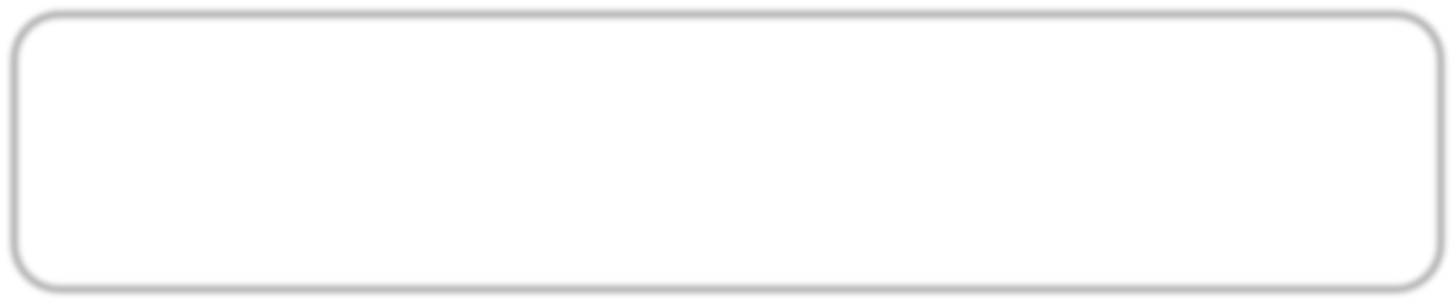


## Figure 5.5.1. Bring Your Child to Work Day 2018.



**Feedback from parent attending the 2018 BYCTWD.**

“All in all- the children had an immensely exciting and super engaging day. They loved every second of the whole thing and the experience has undoubtedly had an enduring positive impact on them. They not only learnt a large amount of science but also loved interacting with the scientists (enthusiastic, approachable PhD students, post docs and group leaders) and came away with a hugely positive view and attitude towards the world of work and science. They also met and made friends with other attendees and came away wanting to see them again. For me- well, it was really heart warming to see the wonderment and excitement they experienced at the science, the buildings, the labs and the people- a great reminder for the exciting job that I do”.



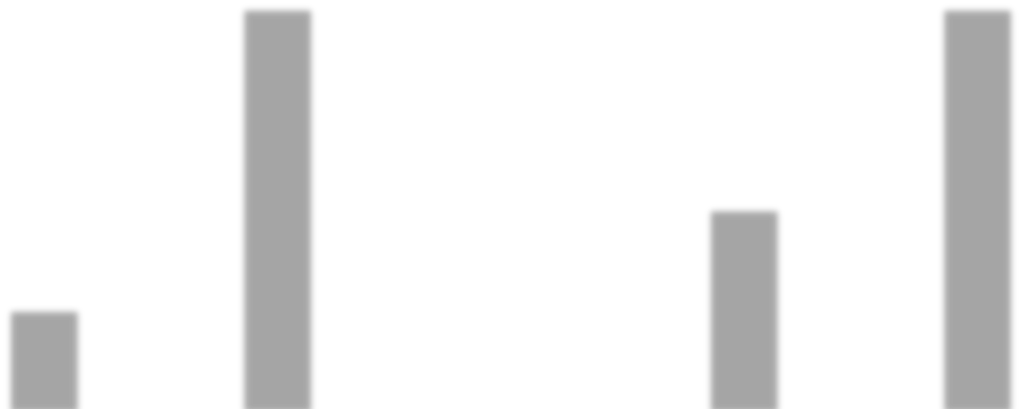
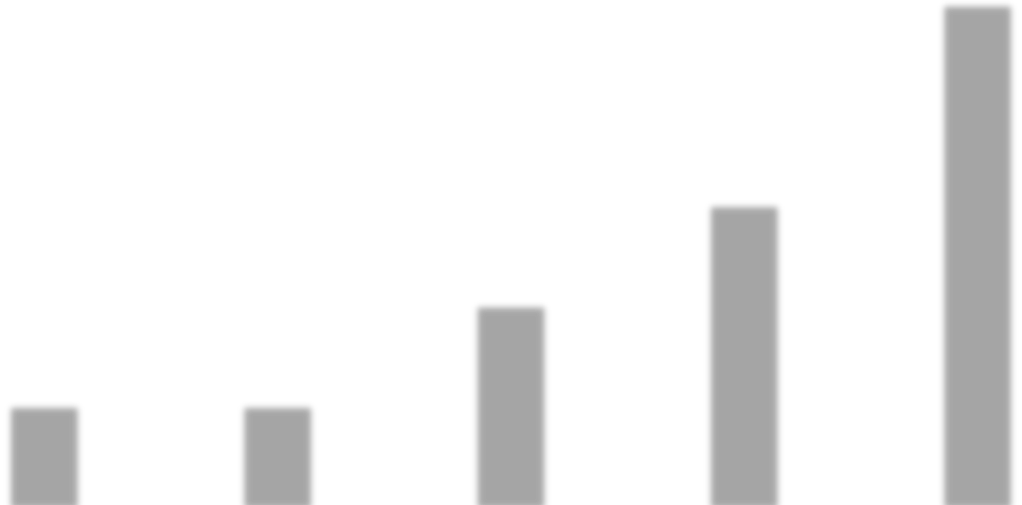
**Evidence of Impact**

One of our actions from **AP2014** was to increase the number of NHLI staff being awarded Presidents awards to show that we value their contributions to teaching, research, societal engagement and health and safety. In 2014 two members of staff received awards while by 2018 we had 9 awardees, including a team in the P&T staff group. Overall we have had 22 individuals or teams receive awards since 2014 - 10F:12M

|  |  |  |
| --- | --- | --- |
| **Year** | **Award** | **Awardee** |
| 2018 | President’s Award for Excellence in Supporting  the Student Experience | Dr Louise Blakemore |
| 2018 | Imperial College Medal | Prof Tony Newman Taylor |
| 2018 | President’s Award for Excellence in Supporting  the Student Experience | Dr Michael Emerson |
| 2018 | President’s Award for Outstanding Research  Team | Human Tissue Team – Professor  Sian Harding |
| 2018 | President’s Award for Outstanding Early  Career Researcher | Dr James Harker |
| 2018 | President’s Award for Research Support  Excellence | Mica Tolosa-Wright |
| 2018 | President’s Student Award for Excellence in  Societal Engagement | Dr Ishita Marwah |
| 2018 | Provost’s Award for Excellence in Health and  Safety: Team Award | Health and Safety Compliance  Team |
| 2018 | Provost’s Award for Excellence in animal research: Team Award | Hannah Jones, Phil Rawson, Dr Lindsay Benson, Dr Richard  Jabbour, Professor Sian Harding |
| 2017 | President’s Medal for Outstanding  Contribution to Teaching Excellence | Dr James Moss |
| 2017 | President’s Medal for Outstanding Early Career Researcher | Dr Robert Snelgrove |
| 2017 | Imperial College Medal | Prof Sara Rankin |
| 2017 | President’s award for Leadership in Societal Engagement | Prof Sara Rankin |
| 2017 | Provost’s Award for Excellence in Animal Research | Dr Charlotte Dean |
| 2016 | Presidents Collaboration Award for Excellence  in Societal Engagement | Prof Sara Rankin and Ellen Dowell |
| 2016 | Provost’s Award for Excellence in Animal  Research | Prof Uta Griesenbach |
| 2015 | President’s Medal for Outstanding Research  Team | Professor Eric Alton’s research  group |
| 2015 | President’s Award for Excellence in Teaching | Professor Cesare Terracciano |
| 2015 | President’s Award for Outstanding Early  Career Researcher | Dr Mohamed Shamji |
| 2015 | President’s Medal for Excellence in Innovation  and Entrepreneurship | Professor Peter Barnes |
| 2015 | Julia Higgins Award | Dr Emma Watson |
| 2014 | President’s Medal for Excellence in Teaching | Professor Mary Morrell |
| 2014 | President’s Award for Excellence in Teaching | Dr Duncan Rogers |
| 2013 | Julia Higgins Award | NHLI |

**Table 5.5.1 NHLI President’s and Provost’s Awards between 2013-2018.**

**\*Julia Higgins Award was for NHLIs Athena work**



**NHLI, President Awards, 2014-2018**

5

4

3

2

1

0

2014

2015

2016

2017

2018

Female Individual/Team Leader

Male Individual/Team Leader

**Figure 5.5.2. Number of NHLI staff awarded President’s and Provost’s Awards 2014-2018.**

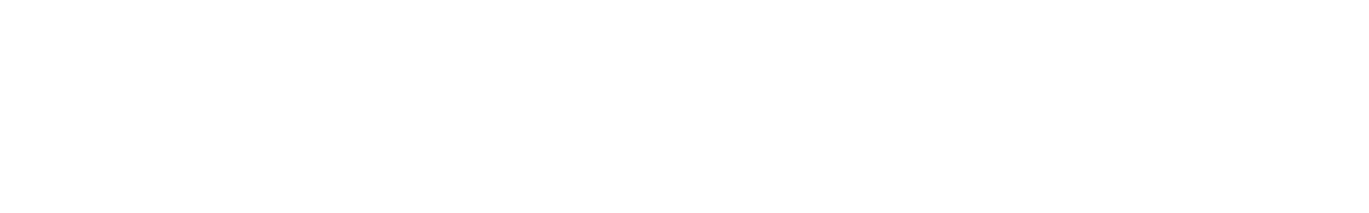
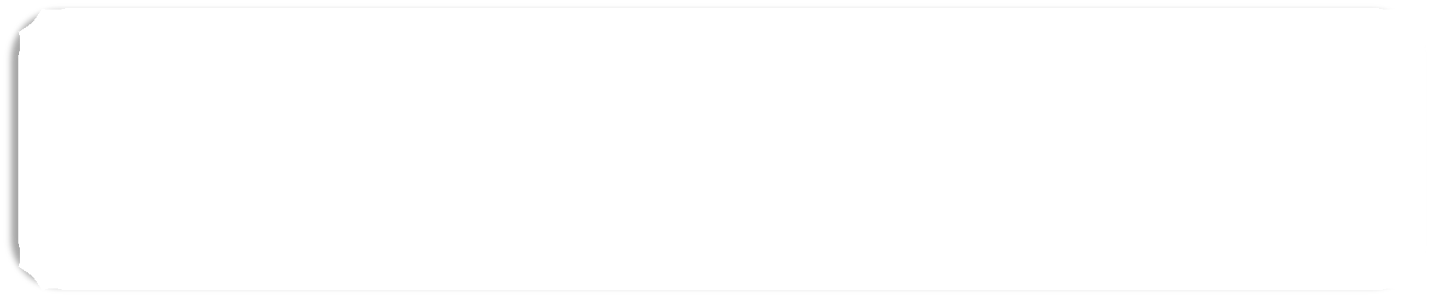
All awards are featured in the Institutes monthly newsletter and celebrated either at the NHLI celebrations eve or by invite to the President’s garden party.

More female staff have attended leadership courses in recent years and this has resulted in an increase in number of female academics in senior management roles (**Table 5.5.2**). Also our senior administrative management team has a 3:2 F:M gender split and the Institute Manager is a woman.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Section**  **Heads - F** | **Section**  **Heads – M** | **Division**  **Heads – F** | **Division**  **Heads – M** | **HoI**  **M** | **Total**  **% F** |
| 2009 | 7% (1) | 93% (13) | N/A | N/A | 1 (100%) | 7% |
| 2014 | 31% (4) | 69% (9) | N/A | N/A | 1 (100%) | 29% |
| 2018 | 27% (3) | 73% (7) | 75% (3) | 25% (1) | 1 (100%) | 40% |

## Table 5.5.2 Gender split of NHLI Section and Division Heads.

In the 2017 Staff Survey 10% of NHLI staff said they had experienced bullying or harassment, as compared to 11% of staff across the Faculty of Medicine. Analysis of the data shows that there was no gender bias with respect to bullying and harassment and that it occurred evenly across job levels and groups. Because this has been identified as Faculty wide issue we will work with FoM HR to develop evidence-based strategies to increase reporting and reduce incidents of bullying and harassment.



W**A**e**P2**h**0**a**1**ve**8** been very proactive in supporting our staff to get internal awards.

**3.1** *–* Provide appropriate knowledge and tools for staff to confront inappropriate behaviour

* 1. *–* Ensure clear information on how to report bullying and harassment is readily visible throughout NHLI.
  2. *–* Highlight Wellcome Trusts policy on Bullying & Harassment

## 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 polices.*

As described in section 5.3(i), all NHLI academics and senior managers are required to undertake training in the areas of equality/diversity and harassment/bullying. When additional training needs do arise – e.g. individual cases of improperly conducted recruitment – staff are required to attend refreshment training.

In cases of grievance and disciplinary processes, we follow College procedure and work closely with the central HR team to handle all cases with tact and discretion. We aim to resolve any issues locally and, when necessary, follow formal procedures.

According to the 2016 PTO Staff Survey, 84% of support staff are satisfied with fairness and transparency in processes.

## 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.*

The key NHLI committees are listed in Table 5.34. For most committees the membership is made up of certain roles within NHLI (e.g. Head of Division, Director of Education), whereas recruitment to other committees is by open recruitment and invitation. If a significant gender imbalance is identified

* such as with the Fellowships and Research Committee (FRC) (**Figure 5.5.3**) – the issue is addressed. Regarding the M&S, several of the members’ deputies are women and some are relatively junior academics, e.g. Clinical Senior Lecturers.

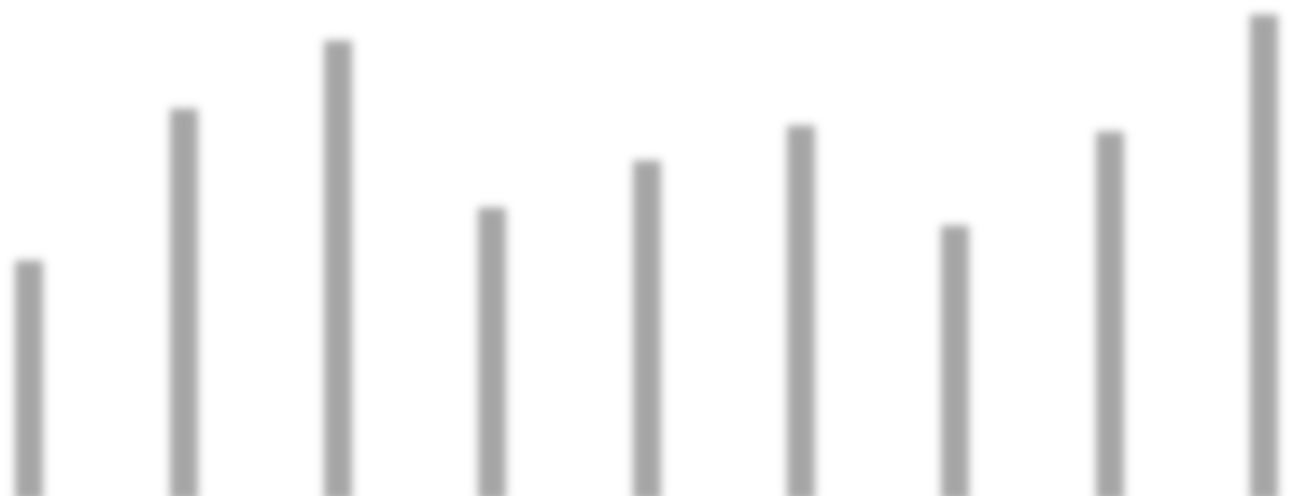
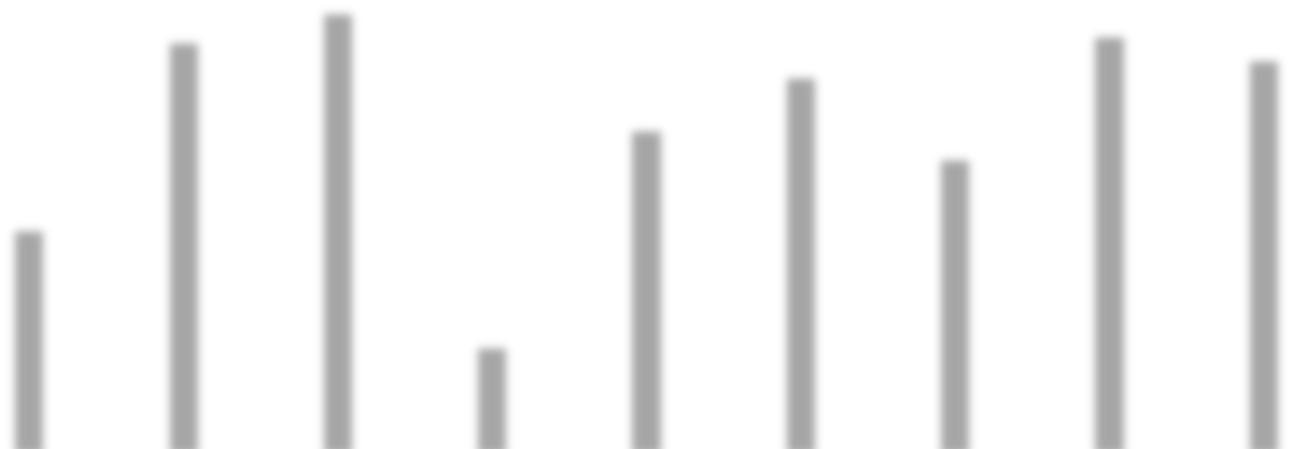
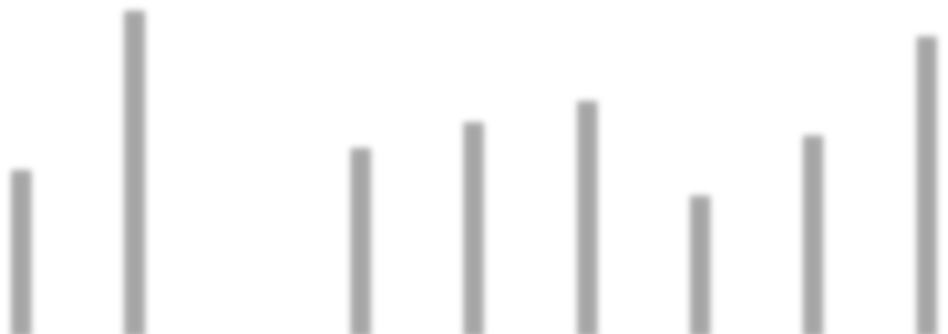
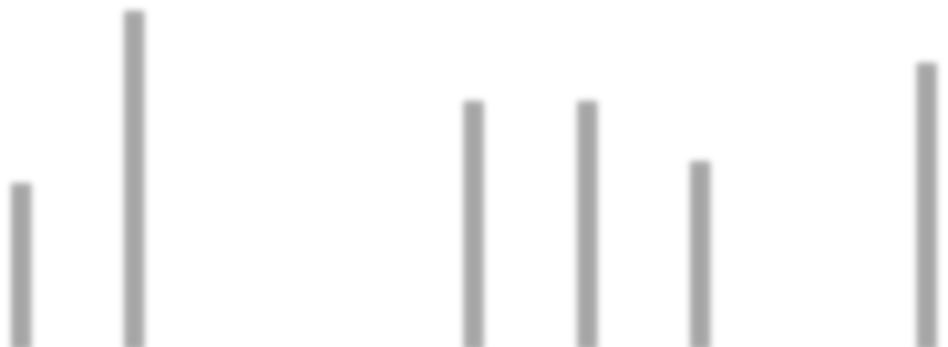
‘Committee overload’ is considered when inviting people to join committees. Committee roles are also discussed in PRDPs.

|  |  |  |
| --- | --- | --- |
| **Committee** | **Committee short name** | **How membership is determined** |
| Management and Strategy  Committee | M&S | By position/role |
| Athena Self-Assessment Team | SAT | By open recruitment/invitation |
| Professional and Technical Staff  Working Group | PTSWG | By open recruitment/invitation |
| Fellowships and Research  Committee | FRC | By position/role or invitation |
| Health & Safety Committee | H&S Committee | By position/role |
| Strategic Education Committee | SEC | By position/role |
| Higher Degrees Research Committee | HDRC | By position/role |
| Postgraduate Taught Committee | PGT Committee | By position/role |
| PDRA Committee | PDRA Committee | By open recruitment/invitation |

## Table 5.5.3 NHLI committees.

Gender data for NHLI committees are presented in **Figure 5.5.3**.

**Figure 5.5.3. Percentage of females in NHLI committees.** The figure shows the proportion of females in the key NHLI committees for 2012-2017. The data is recorded every February. Where data are missing it is because the committee did not exist that year. Where committees include members external to NHLI, they have also been included in the figure.



2012

2015

2016

2017

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

**% Females in NHLI Committees**

M&S

SAT

P&T Working Group

FRC

H&S Committee

SEC

HDRC

PGT Committee

PDRA Committee

**Tables 5.5.4-5.4.5.** show committee memberships by job family and gender.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Family** | **2015 Total Members** | **2015**  **% Female** | **2018 Total Members** | **2018**  **% Female** |
| Non-clinical Academic | 9 | 78% | 5 | 100% |
| Clinical Academic | 15 | 7% | 3 | 33% |
| Learning & Teaching | 1 | 100% | 1 | 100% |
| Professional Services | 7 | 57% | 6 | 67% |
| Honorary | 1 | 0% | 2 | 0% |
| **TOTAL** | **33** | **39%** | **28** | **54%** |

## Table 5.5.4 M&S membership by job family and gender.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Family** | **2015 Total**  **Members** | **2015 %**  **Female** | **2018 Total**  **Members** | **2018 %**  **Female** |
| Non-clinical Academic | 8 | 88% | 5 | 100% |
| Non-clinical Research | 2 | 100% | 3 | 33% |
| Clinical Academic | 3 | 67% | 5 | 40% |
| Professional Services | 4 | 100% | 6 | 67% |
| Technical Services | 1 | 0% | 3 | 33% |
| Honorary | 1 | 0% | 0 | 0% |
| Student | 2 | 50% | 2 | 100% |
| **TOTAL** | **21** | **76%** | **24** | **63%** |

**Table 5.5.5 Athena SAT membership by job family and gender.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Family** | **2016 Total**  **Members** | **2016**  **% Female** | **2017 Total**  **Members** | **2017**  **% Female** |
| Professional Services | 7 | 86% | 9 | 89% |
| Technical Services | 5 | 60% | 5 | 60% |
| **TOTAL** | **12** | **75%** | **14** | **79%** |

**Table 5.5.6 NHLI PTSWG membership by job family and gender.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Family** | **2015 Total Members** | **2015**  **% Female** | **2018 Total Members** | **2018**  **% Female** |
| Non-clinical Academic | 1 | 0% | 2 | 0% |
| Non-clinical Research | 1 | 0% | 0 | N/A |
| Clinical Academic | 2 | 0% | 2 | 0% |
| Professional Services | 2 | 100% | 2 | 50% |
| Technical Services | 3 | 100% | 5 | 80% |
| Honorary | 0 | N/A | 1 | 0% |
| Student | 1 | 0% | 0 | N/A |
| **TOTAL** | **10** | **50%** | **12** | **42%** |

**Table 5.5.7 Health and Safety Committee membership by job family and gender.** Data are only shown for NHLI employees and honorary staff. (In some years this committee has had members external to NHLI.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Family** | **2015 Total**  **Members** | **2015**  **% Female** | **2017 Total**  **Members** | **2017**  **% Female** |
| Non-clinical Academic | 5 | 60% | 4 | 50% |
| Clinical Academic | 2 | 0% | 1 | 0% |
| Learning & Teaching | 4 | 50% | 2 | 50% |
| Professional Services | 2 | 100% | 4 | 100% |
| Honorary | 1 | 0% | 0 | N/A |
| Student | 0 | N/A | 0 | N/A |
| **TOTAL** | **14** | **50%** | **0** | **64%** |

## Table 5.5.8 Strategic Education Committee membership by job family and gender.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Family** | **2015 Members** | **2015**  **% Female** | **2018**  **Members** | **2018**  **% Female** |
| Non-clinical Academic | 11 | 64% | 11 | 55% |
| Clinical Academic | 8 | 0% | 3 | 33% |
| Learning & Teaching | 1 | 0% | 1 | 0% |
| Professional Services | 2 | 50% | 2 | 50% |
| Honorary | 1 | 0% | 0 | N/A |
| Student | 1 | 0% |  |  |
| **TOTAL** | **24** | **33%** | **17** | **47%** |

**Table 5.5.9 Higher Degrees Research Committee membership by job family and gender.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Family** | **2015 Total**  **Members** | **2015**  **% Female** | **2017 Total**  **Members** | **2017**  **% Female** |
| Non-clinical Academic | 0 | N/A | 3 | 66% |
| Clinical Academic | 2 | 0% | 3 | 0% |
| Learning & Teaching | 2 | 50% | 3 | 66% |
| Professional Services | 3 | 66% | 5 | 100% |
| Honorary | 2 | 50% | 1 | 100% |
| NHS Nurses | 0 | N/A | 1 | 100% |
| **TOTAL** | **9** | **44%** | **16** | **69%** |

**Table 5.5.10 Postgraduate Taught Committee membership by job family and gender.** Data are only shown for NHLI employees and honorary staff. (Some committees have members external to NHLI.)

|  |  |  |
| --- | --- | --- |
| **Job Family** | **2018 Total**  **Members** | **2018**  **% Female** |
| Non-clinical Academic | 6 | 67% |
| Clinical Academic | 2 | 0% |
| Learning & Teaching | 8 | 63% |
| Professional Services | 7 | 100% |
| Honorary | 0 | N/A |
| NHS Nurses | 0 | N/A |
| **TOTAL** | **23** | **70%** |

## Table 5.5.11 Education Committee membership 2018 (formed from the Strategic Education committee and Postgraduate Taught committee)

**Data analysis committee membership:**

* + The percentage of females on the M&S executive committee has increased from 39 % in 2015 to 54 % in 2018.
  + There was an increase in male involvement in the Athena SAT from 18% in 2015 to 29% in 2018 – in line with feedback on our 2017 Silver application.
  + Majority of the PTSWG are female, reflecting the overall gender balance of this staff group.
  + The FRC was very male dominated in 2016 but the gender balance was improved in 2017.

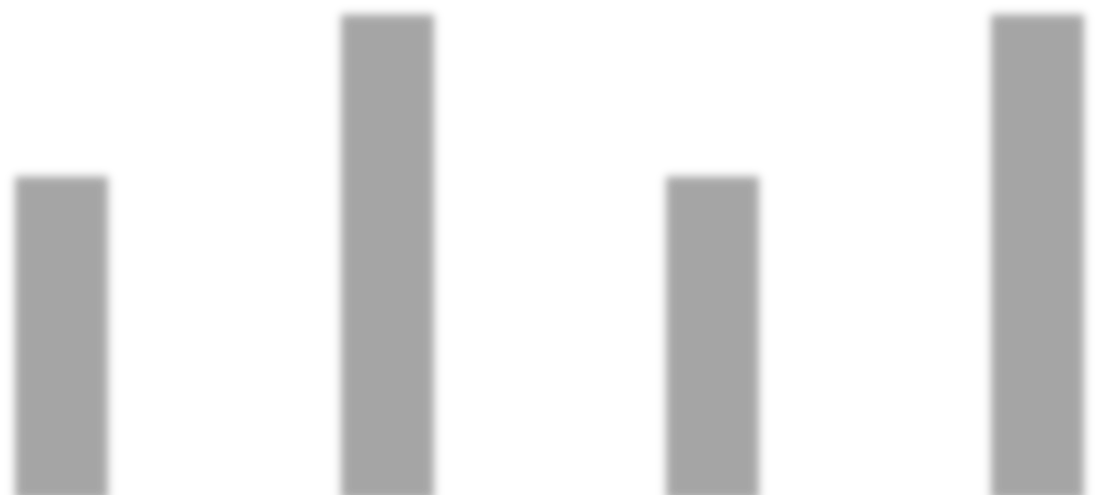
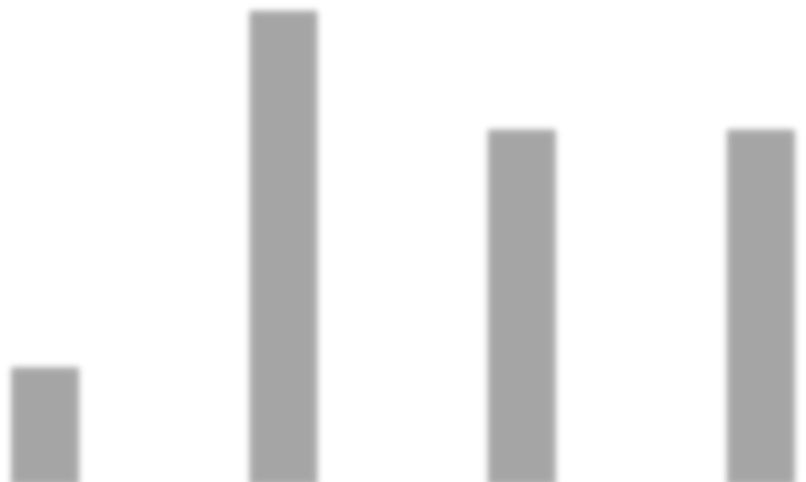
## Participation on influential external committees

*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?*

Academic staff are encouraged to participate on influential College and external committees, and these roles are taken into account in academic promotions, academic probation reviews and PRDPs. **Figures 5.5.4 -5.5.7** show such roles held by NHLI staff. Female percentage of NHLI staff in prestigious College roles is currently 100% and for external Committee Member, Board Member, Trustee and Adviser roles the figure is 61% (30% of NHLI professors are currently women). However, for NHLI staff in external Chair, Director, Deputy Director and National Lead roles, the balance is weighted towards men (51%F:49%M) while women predominate in Editor roles.

Our professional and technical staff also participate in College committees. Examples include the FoM PTO Working Group and FoM Equality, Diversity and Disability Committee.

The danger that committee membership may represent an unequal burden for women is also considered.



1.5

25%

1

0.5

0%

0

2013 2014 2015 2016 2017

Female Male

100%

50%

67%

4.5

4

3.5

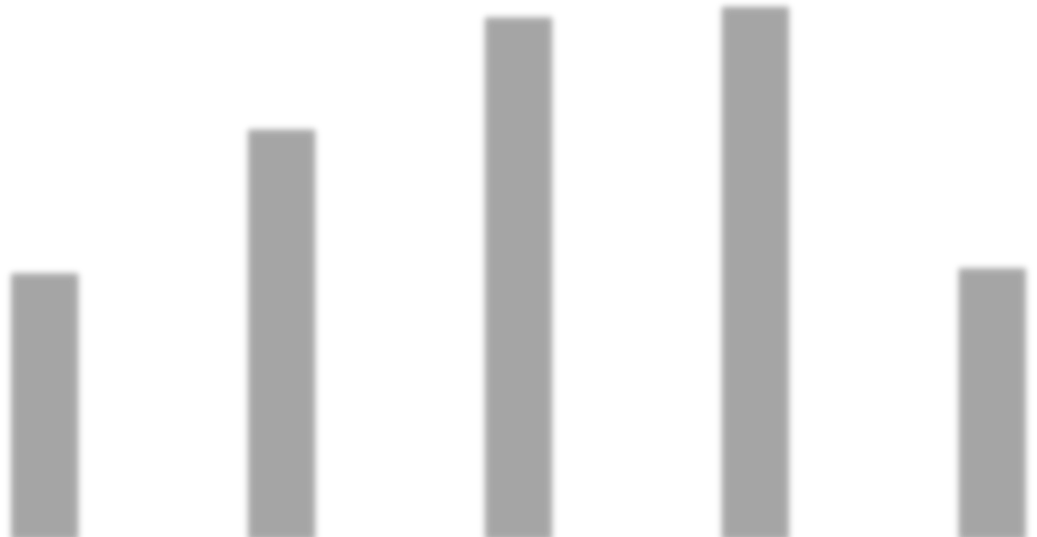
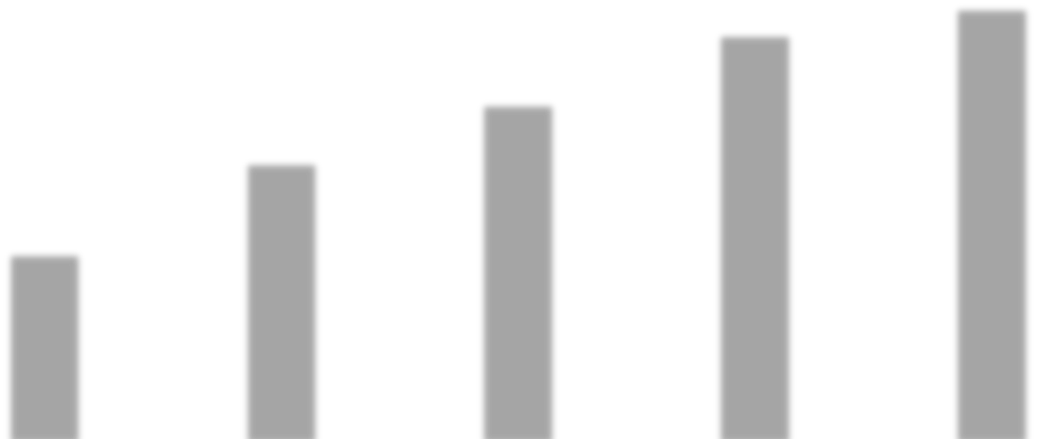
3

2.5

2

**NHLI, Number of Roles**

**Figure 5.5.4. President, Vice Dean, Governor and Envoy roles.** The figure shows the numbers of roles in 2013-2016. Prestigious College roles such as Vice Dean (female NHLI Professor) and President’s envoy for Health (male NHLI Professor) are included. Percentage of roles held by females is also shown.



2013 2014 2015 2016 2017

Female Male

41%

40%

39%

61%

40%

100

90

80

70

60

50

40

30

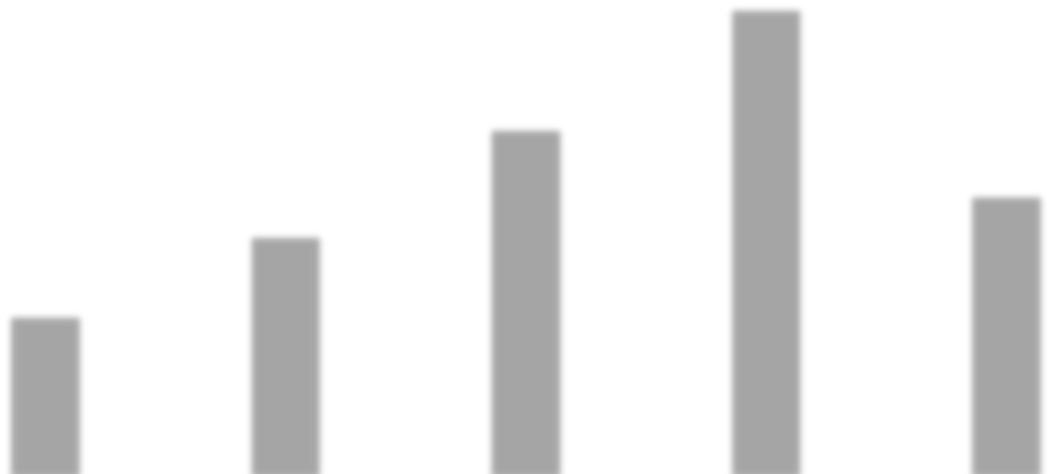
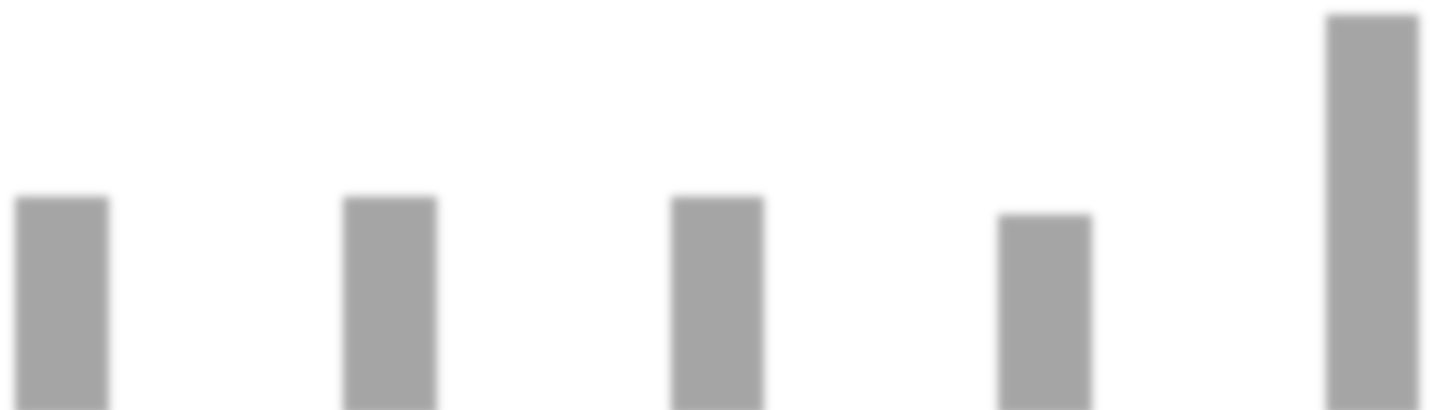
20

10

0

**NHLI, Number of Roles**

**Figure 5.5.5 Committee Member, Board Member, Trustee and Adviser roles.** The figure shows the numbers of roles in 2013-2016. Percentage of roles held by females are also shown.



Male

2017

2016

2015

Female

2013 2014

24%

32%

40%

50%

51%

40

35

30

25

20

15

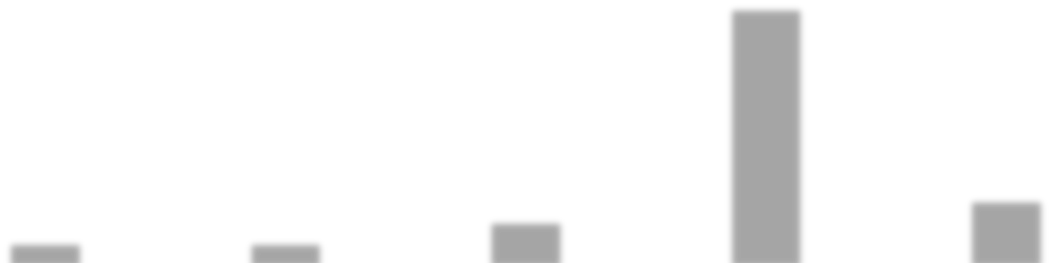
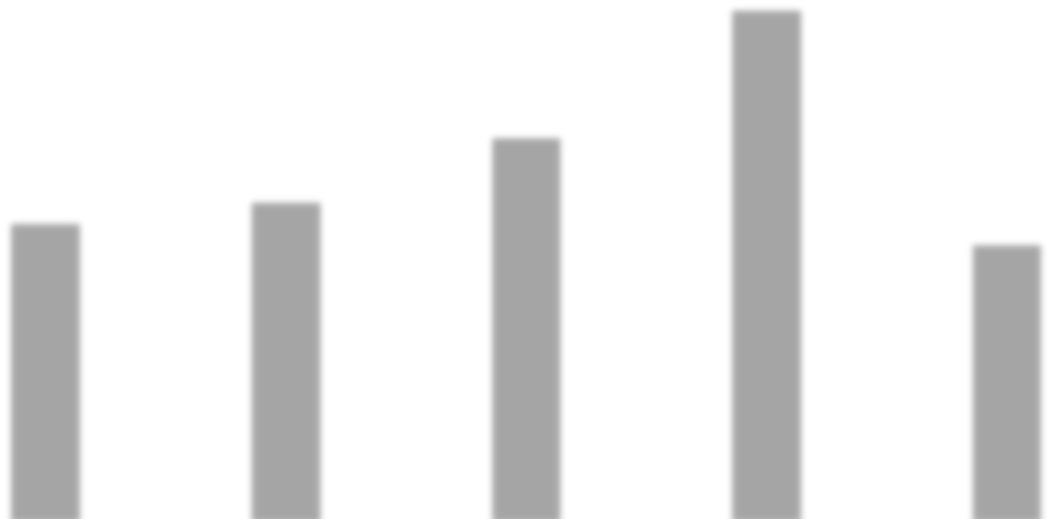
10

5

0

**NHLI, Number of Roles**

**Figure 5.5.6. Chair, Director, Deputy Director and National Lead roles.** The figure shows the numbers of roles in 2013-2016. Percentage of roles held by females are also shown.



Male

2017

2016

2015

Female

2014

2013

0

5

10

81%

94%

93%

15

90%

20

67%

25

**NHLI, Number of Roles**

**Figure 5.5.7. Editor roles.** The figure shows the numbers of roles in 2013-2016. Percentage of roles held by females are also shown.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2014** | | | **2018** | | |
|  | **Female** | **Male** | **% Female** | **Female** | **Male** | **% Female** |
| Professors | 18 | 47 | **28%** | 19 | 48 | **28%** |
| Vice Dean/ Envoy | 1 | 3 | 25% | 3 | 0 | 100% |
| Committees | 50 | 78 | 39% | 81 | 51 | 61% |
| Chair /Director | 11 | 17 | 40% | 22 | 21 | 51% |
| Editor | 15 | 1 | 94% | 13 | 3 | 82% |
| **Total** | **77** | **99** | **43%** | **119** | **75** | **62%** |

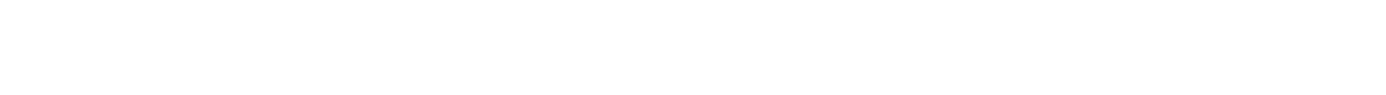
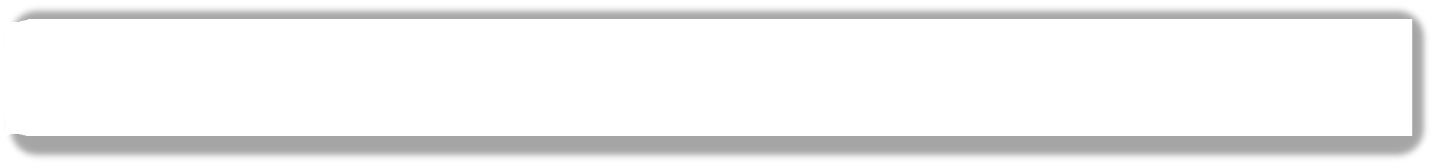
## Table 5.5.12 Comparison of 2014-2018 data for NHLI staff with influential roles

* + 1. **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.*

Imperial is a research-focused institution, and due to the range of activities that take place we do not currently have an institution-wide workload model. It is important that any model we develop is constructed jointly with FoM and ratified by College; discussions are taking place widely to develop a strategy. NHLI is contributing through exemplars such as our teaching database, currently being developed further to enable more accurate and robust recording of teaching and related activities,

e.g. marking. Our Athena SAT committee is committed to ensuring that such a model would include time spent on Outreach, Athena and other citizenship activities. We have contacted other universities, including Exeter, Leicester and Keele, that have workload models in place and obtained information on how their models operate. A key focus of the current SAT is to gather data and opinions through the Athena processes to contribute to this workload model development.



**AP2018**

**7.7** – Explore mechanisms for developing an extended workload model for academic staff.

## 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.*

We support NHLI working parents by encouraging and allowing flexible working and ensuring meetings and events are held within 9am-5pm.

In addition to local social gatherings within groups, we have several Institute-wide social events throughout the year to which all staff and students are invited (Table 5.49). Some events are held in the morning, some in the afternoon. Through the departmental social events we try to encourage networking within NHLI and across our different campuses and to endorse a positive and inclusive culture.

As a result of the **AP2014** we now have teleconference facilities in place to enable remote meeting attendance, we campaigned for a shuttle bus service between the Hammersmith and South Kensington campuses to enable people to get from one campus to another with minimal disruption to their work schedule, which is now in place. We also have departmental taxi budgets for inter- campus travel. To further encourage staff and student participation in Institute events at different campuses we will combine training sessions with events/meeting.

|  |  |  |
| --- | --- | --- |
| **Event** | **Year** | **Number of attendees** |
| NHLI Christmas Party | 2014 | 70 |
| NHLI Christmas Party | 2015 | 70 |
| NHLI Christmas Party | 2016 | 70 |
| NHLI Christmas Party | 2017 | Not held |
| New Scientists Day (Respiratory) | 2015 | 65 |
| New Scientists Day (Cardiovascular) | 2015 | 45 |
| New Scientists Day | 2016 | 61 |
| New Scientists Day | 2017 | 90 |
| Head of Institute Open Meeting | 2014 | 69 |
| Head of Institute Open Meeting | 2015 | 73 |
| Head of Institute Open Meeting | 2017 (postponed from 2016) | N/A |
| Margaret Turner Warwick lecture | 2014 | 66 |
| Margaret Turner Warwick lecture | 2015 | 74 |
| Margaret Turner Warwick lecture | 2016 | 66 |
| Margaret Turner Warwick lecture | 2017 | 72 |
| Paul Wood Lecture | 2014 | 58 |
| Paul Wood Lecture | 2015 | 64 |
| Paul Wood Lecture | 2016 | 58 |
| Paul Wood Lecture | 2017 | 68 |
| Bring Your Child to Work Day | 2014 | 94 |
| Bring Your Child to Work Day | 2015 | 58 |
| Bring Your Child to Work Day | 2016 | 74 |
| Bring Your Family to Work Day | 2017 | 88 |

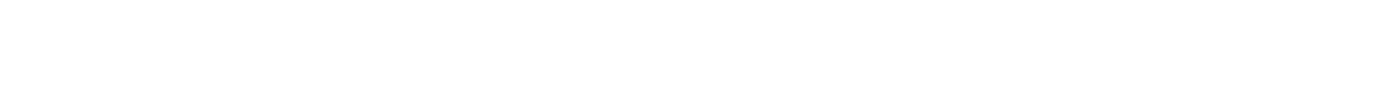
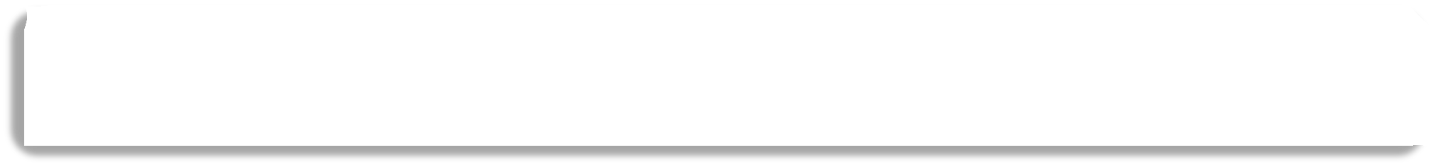
## Table 5.5.13. NHLI-wide events for all staff and students.

**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.*

Whenever possible, we strive to ensure that NHLI events and research days are gender balanced, both in terms of speakers and chairs. However, the pool of potential speakers is often male dominated, especially when it comes to clinical academics.

The two main annual lectures at NHLI in the last few years have been the Margaret Turner Warwick Respiratory Lecture and Paul Wood Cardiovascular Lecture both of which are given by a prominent leader in their field. Only 5 out of 21 speakers in 2006-2016 were female and we recognise the need to improve the gender balance.



**AP2018**

**4.5** – Increase the percentage of female external speakers to 50%

To increase female visibility, in 2016 we launched the NHLI Athena Lecture series. Our first two Athena Lectures attracted approximately 100 audience members each, both from NHLI and externally, and the feedback for the events was very positive. To date the NHLI Athena Lecture Series has showcased high profile female scientists and their careers and is chaired by the Institute Lead for Equality. This year we will showcase early career researchers that are making in impact with respect to EDI issues.



**NHLI Athena Lecture**

**9th Jan 2019 16:00-17:00 G16**

**“How should we celebrate and support diversity in STEM- a younger perspective”**

**Introduced by**- **Prof Sara Rankin**- NHLI Head of Equality, Diversity and Inclusion (**@RankinProf**)

**Speakers**

**Dr Jess Wade**- Physics PDRA – part of the team that set up the women in stem group at Imperial–takes a proactive approach to promoting gender equality- for example by writing over 300 wiki pages for female scientists and by crowd funding to get copies of the book **inferior** into state

schools. https://[www.theguardian.com/education/2018/jul/24/academic-writes-270-wikipedia-pages-year-female-scientists-noticed](http://www.theguardian.com/education/2018/jul/24/academic-writes-270-wikipedia-pages-year-female-scientists-noticed) https://[www.theguardian.com/education/2018/aug/10/scientists-launch-campaign-to-overturn-gender-stereotypes](http://www.theguardian.com/education/2018/aug/10/scientists-launch-campaign-to-overturn-gender-stereotypes) (**@jesswade**)

**Faith Uwadiae** – Postgraduate Training Fellow at the Francis Crick Institute. She recently completed a PhD in Immunology within the NHLI and in October 2018 she ran a twitter campaign highlighting a Black scientist every day of Black History Month (**@faith\_uwadiae**).

**Siena Castellon** is a sixteen-year old nationally recognised autism and neurodiversity advocate. When she was thirteen,

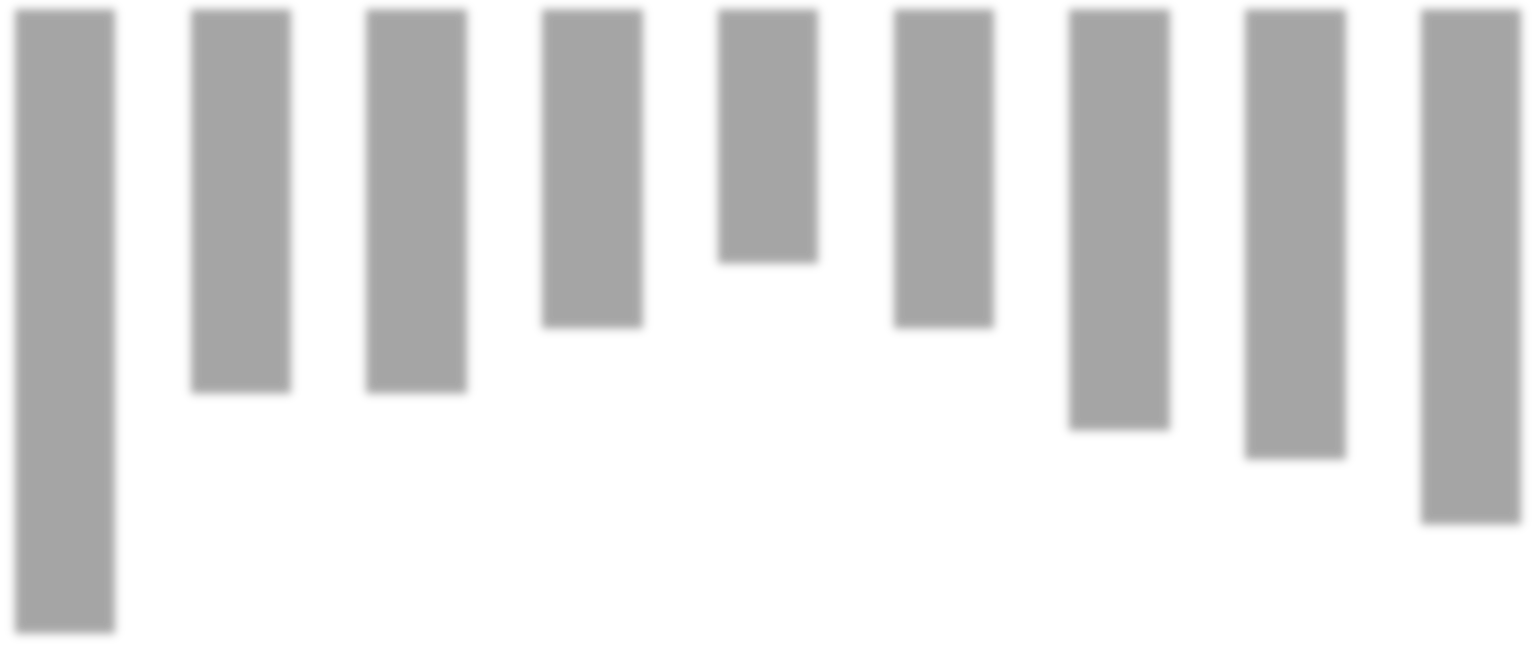
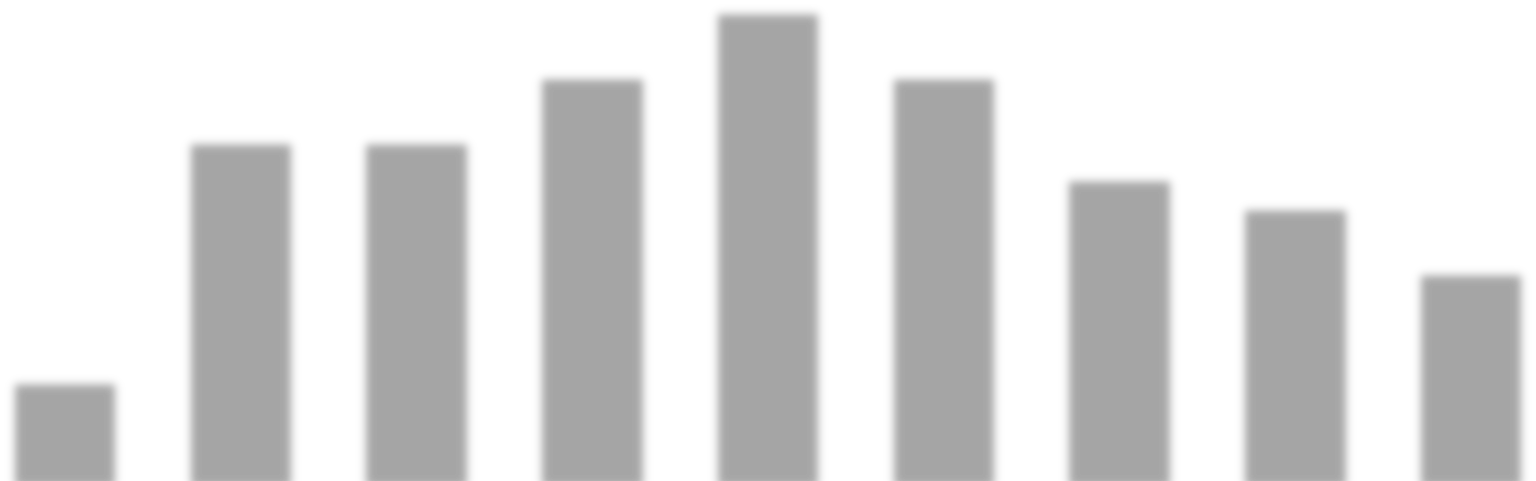
she created [www.qlmentoring.com,](http://www.qlmentoring.com/) a website to support neurodiverse students. Siena is also the student representative of NHLIs "2eMPowerUK" project. She has received many national awards for her website and neurodiversity advocacy, including recently winning the BBC Radio 1 Teen Hero Awards. (**@QLMentoring**)

**Facilitated by – Dr Mike Cox** – NHLI PDRA who is on the NHLI Athena SAT committee

and has developed the **she note speaker database** with Helen Johnson and Lindsay Melling (**@MikeyJ**)

<http://www.shenotespeaker.org/>

**Vote of thanks**-NHLI Head Of Institute- **Prof Edwin Chilvers**



% Male Speakers

% Female Speakers

2008 2009 2010 2011 2012 2013 2014 2015 2016

14%

29%

38%

42%

47%

47%

56%

56%

65%

86%

71%

62%

58%

44%

35%

44%

53%

53%

100%

90%

80%

70%

60%

50%

40%

30%

20%

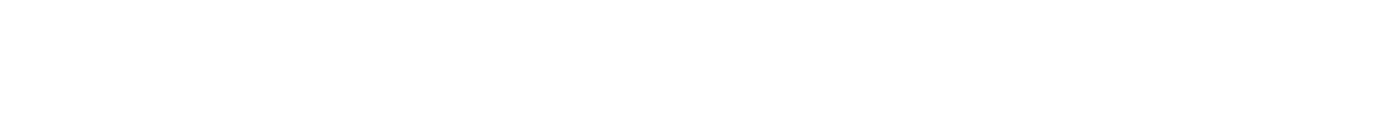
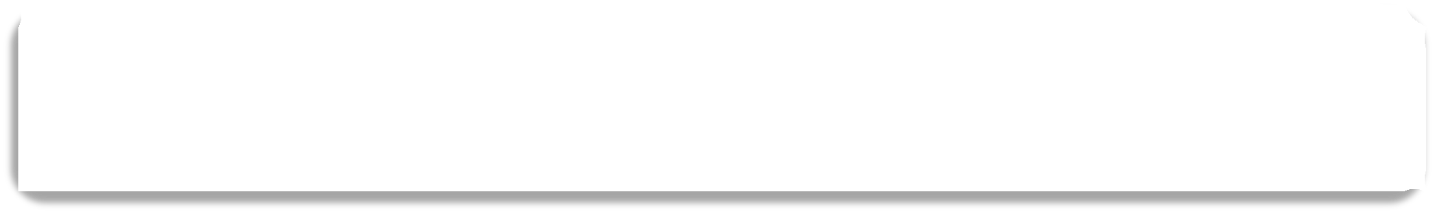
10%

0%

**NHLI, Seminar Speakers**

## Figure 5.5.8 Gender split of NHLI seminar speakers (internal and external).

**Figure 5.5.8** shows the gender balance for all other NHLI seminars, with both internal and external speakers. The 2016 gender split is close to that of our own academic staff but we will aim to increase the proportion of external female speakers. Gender balance of speakers for the biennial PDRA Careers Day, on the other hand, has been better – 86%F:14%M in December 2012, 53%F:47%M in December 2014 and 69%F:31%M in January 2017. One of our PDRAs Mike Cox together with our Head of Communications has set up SheNote speaker database to provide a registry of expert speakers in cardiology and respiratory science.

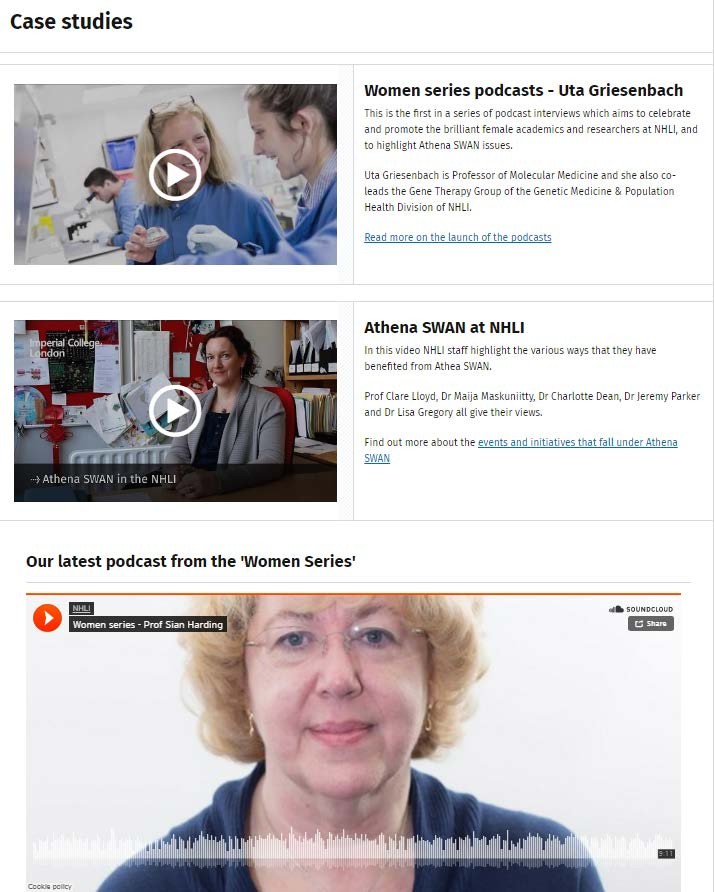


**AP2018**

**4.5** – Promote the and expand the SheNote Data base Increase the percentage of female external speakers to 50%

104

Another initiative to enhance the visibility of female role models is the Athena Podcast Interview Series **Figure 5.5.9**). One of the podcasts has had 133 YouTube views and received 620 impressions and 25 interactions on NHLI Twitter. In addition, the NHLI head of Communications ensures that we represent a balance of genders and ethnicities on our departmental webpages and in all publicity materials.



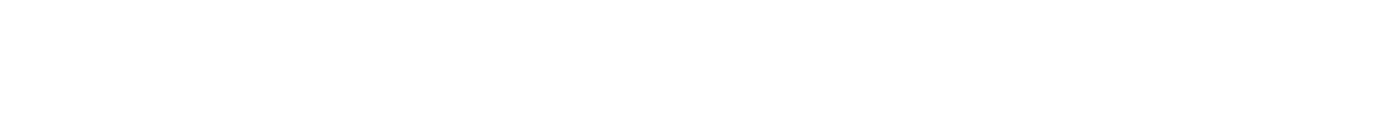
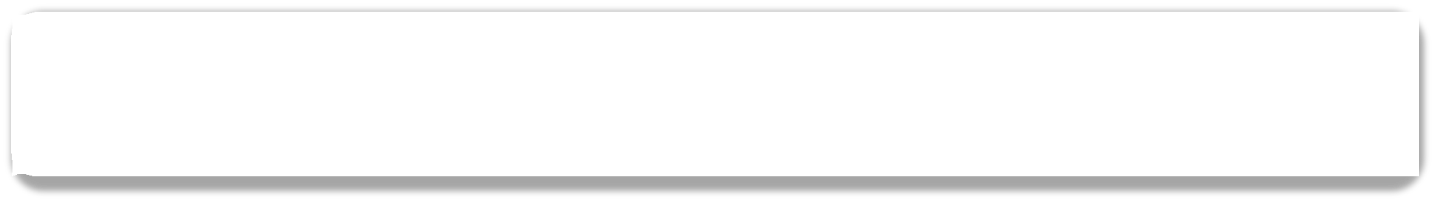
## Figure 5.5.9. Athena podcasts and videos on the NHLI Athena website. Outreach activities

NHLI recognises the increasing importance of outreach and public engagement (PE) activities, and such activities are considered as part of the PRDP and promotion processes. Our outreach/PE activities are championed and largely led by the Institute Lead for Outreach and the NHLI Public Engagement Officer.

Of particular note the science pop-up shops involving over 160 NHLI scientists engaged with over 5700 members of the general public and won the College President’s Award for Excellence in Societal Engagement and were shortlisted for the National Coordinating Centre for Public Engagement Engage

Awards. The target audience for our outreach/PE activities includes the general public, families Pupils from WP schools that are BME or neurodiverse, but activities were not gender-specific. However, our staff have also been involved in outreach for girls, with the Head of Outreach giving keynotes talks at Green Light for Girls and WISE (Women into Science and Engineering) day for girls.

A greater percentage of females (62%) deliver these activities (**Table 5.5.14** ) and feedback from males is that they are not keen on activities that engage the under 18s. As such we will plan future events to engage adult audiences and hope to see more males participating.



**AP 2018**

**7.3** Design and deliver more public engagement activities for adults to provide more opportunities for males to get involved in outreach /Public engagement**.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Event Venue Event name** | **Activity Name** | **Audience - type** | **Audience - numbers** | **NHLI staff involved** | | | **Activity Led by M/F** |
| **Female** | **Male** | **% Female** |  |
| February 2014  1 eve | Science museum- Science Lates | Blood lines | Young adults 18+ | 6.5K | 12 | 4 | 75% | M |
| May 2014  2 days | Imperial College  Imperial Festival | Blood lines  Snot doctors | All ages, general public  Mainly families | 12k | 6  2 | 7  0 | 53% | M  F |
| June 2014  1 day | Natural History  Museum- Universities week | Blood lines | Students 16+ | 10k | 5 | 2 | 71% | M |
| July 2014  Over 2 weeks | Kings shopping mall,  Hammersmith Science pop-up shop | Heart and Lung Repair shop | General public all ages | 2,750 | 39 | 22 | 64% | F |
| March 2015  1 day | Emirates Stadium Your  Future Ambition | Inspiration talks | BME WP Pupils age 14+ | 500 | 2 | 2 | 50% | F |
| May 2015  2 days | Imperial College  Imperial Festival | Blood lines | All ages , general public  Mainly families | 15k | 7 | 8 | 47% | F |
| June 2015  1 day | Imperial College | Synapse | Girl guides age 10-17 | 30 | 5 | 3 | 62% | F |
| August 2015  4 days | Breacon Beacons  The Green man festival Einstein’s Garden | DIY heart cells | All ages  Mainly families | 20k | 2 | 0 | 100% | F |
| October 2015  2 weeks | Kings shopping mall, Hammersmith  Science pop-up shop | Heart and Lung Convenience Store | General public all ages | 3,014 | 58 | 42 | 58% | F |
| May 2016  2 days | Imperial College Imperial Festival | Heart and lung  convenience store “superbug zone” | All ages  Mainly families | 15K | 10  3 | 6  3 | 59% | F M |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| September 2016  1 day | Excel centre  New Scientist Live | DIY heart cells | Kids age 8-16 | 5k | 2 | 0 | 100% | F |
| October 2016  1 day | BHF furniture store Ealing, London  Science in store | Science in store | general public | 30 | 4 | 0 | 100% | F |
| November 2016  1 day | BHF furniture store Ealing, London  Science in store | Science in store | general public | 35 | 1 | 1 | 50% | F |
| January 2017  1 day | BHF furniture store Ealing, London  Science in store | Science in store | general public | 40 | 3 | 5 | 38% | F |
| May 2017  2 days | Imperial College Imperial Festival | Virus hustle  Haystack in a heart cell | All ages, general public Mainly families | 20k | 5  4 | 4  0 | 69% | M F |
| June 2017  1 day | Wellcome Trust Reading rooms  3 lunchtime events | Exhale and Exchange | Adults and patients 18+ |  | 6 | 2 | 75% | M |
| July 2017  3 days | Royal Society Summer science  Exhibition | Blood lines | All ages, general public Mainly families | 30ks? | 4 | 5 | 44% | M |
| September 2017  1 day | Imperial College STEM workshops | 2eMPower | High ability Autistic students  Aged 15-17 | 10 | 1 | 0 | 100% | F |
| September 2017  1 day | Imperial College STEM workshops | 2eMPower | Dyslexic and dyspraxic students aged 14-16 | 14 | 1 | 0 | 100% | F |
| February 2018  1 day | Imperial College STEM workshops | Generating Genius | WP BME students Age 14-15 | 36 | 6 | 1 | 86% | F |
| May 2018  2 days | Imperial College  Imperial Festival | Breathing together  iCell | Preschool kids  And 5-10 yr olds | 20K | 9 | 6 | 66% | F  M |
| June 2018 | Pint of Science | iCell | Adults | 50 |  | 1 | 0% | M |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| June 2018 | Hammersmith and  Fulham Arts Festival | iCell | General public all ages | 150 | 4 | 2 | 66% | M |
| July 2018  1 day | Imperial College STEM workshops | 2eMPower | High ability Autistic students  Aged 15-17 | 12 | 1 | 0 | 100% | F |
| October 2018  1 day | Imperial College STEM workshops | Creative Futures | BME WP Pupils age 14- 16 | 36 | 2 | 0 | 100% | F |
|  |  |  |  |  | **204** | **126** | **62%** |  |

## Table 5.5.14 NHLI Outreach activities, 2014-2018.



**Figure 5.5.10 Photos taken at some of NHLI’s outreach activities. Section 5.5 word count 1,660**

**Total section 5 7,172**

**Running total 10,75**

**Athena Action Plan 2018** – note actions in order of priority

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Objective** | **Progress to date** | **Actions** | **Responsible** | **Timeline** | **Success Measure** |
| 1. | **Career development- supporting female clinical academics** | | | | | |
| 1.1 | Set up a FoM-wide Clinical Academic/ Research Staff Working Group to drive initiatives that support these staff groups.  Collaborate with the College Clinical Academic Training Office (CATO) | Working with Dept. of Surgery and Cancer in September 2018 we ran an externally facilitated focus group for female clinical PhD students who did not continue on to academic careers, to identify why a clinical academic career is not  attractive for women. | Use information and insights generated from the focus group to develop an action plan to increase the number of female clinical PhD students continuing their careers as clinical academics | (SAT sub-group 1)  Athena leads for clinical academics **Prof Jamil Mayet**, and **Prof Andy Bush**, in collaboration with a female clinical representatives in SAT (**Dr Amanda Natanek**, **Dr Jenni Quint**) | Qu4 2018  onwards | Increase in numbers of female Intermediate Clinical Research Fellowships and female clinical lecturers and senior lecturers by 2021 |
| 1.2 | Collaborate with Academy of Medical Sciences (AMS), Royal College of Physicians (RCP) and partner NHS Trusts to work on clinical academics’ career development. | 2016-2017  Previous Athena Lead held meetings with AMS, RCP and NHS Trusts | 2018-2021: Meetings with AMS, RCP and NHS Trusts; involvement with committees and key organisations that can advance policy and practice.  Focused collaborative support with NHS Trusts for young academics in training to plan ahead to overcome potential blocks to academic career progression. | (SAT sub-group 1)  Athena leads (cardiology and respiratory) for clinical academics **Prof Jamil Mayet**, and **Prof Andy Bush**, in collaboration with a female clinical representative in SAT (**Dr Amanda Natanek**) | 2018-2020 | Increased engagement with influential organisations to advance the Athena agenda in NHS Trusts. Increased awareness of Athena in NHS Trusts. Increased NHS Trust support for academic training; increased number of NHS/NHLI co-funded intermediate level (clinical lecturer) academic posts with improved gender  balance. |
| 1.3 | Advertise support and development opportunities available to clinical staff, particularly women. |  | Compile a list of training and development opportunities and publicise to clinical staff; e.g. College's Clinical Academic Training Office (CATO), SUSTAIN Programme by AMS, MBPhD studentships. | (Sat sub-group 1)  Athena administrative lead | Qu1 2019 | Greater awareness of training opportunities for all clinical career stages within clinical staff; as reported in Athena focus groups and 2018 clinical  focus group. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1.4 | Assign mentors for all clinical staff | 2016-17  Clinical SAT members gathered data and reported to SAT how we can improve support for clinical academics. | Assign mentors to all newly appointed clinical academics from 2018 onwards. Implement targeted advertising of the NHLI/FOM mentoring scheme to all clinical academics via email and posters. | (SAT sub-group 1) Head of Comms.  Athena lead for clinical academics- **Prof Jamil Mayet.** | Qu2 2019 | 2020 Survey of NHLI clinical academics will show that this staff group are better supported compared to 2018 data gathered in clinical academics focus group  (see 1.1). |
| 1.5 | Adopt Wellcome Trust ‘Principles of clinical academic training’ |  | Implement the principles outlined in this document to ensure best practise is being used within NHLI. | (SAT sub-group 1)  Athena lead for clinical academics **-Prof Jamil Mayet,** and **Prof Andy Bush**  Athena lead |  | Increased retention of female clinical academics in academic roles.  Compare Athena data from 2020 onwards with previous data. |
|  | **Objective** | **Progress to date** | **Actions** | **Responsible** | **Timeline** | **Success Measure** |
| 2. | **Supporting PDRAs** | | | | | |
| 2.1 | Identify where PDRAs come from and where they go | 2017 PDRA survey identified a lack of knowledge with respect to career paths of our PDRAs | Collect data with respect to where PDRAs come from and where they go. | (SAT sub-group 2)  Athena administrative lead  Athena champions | Data collated from Qu2 2019  onwards. | Data available on where PDRAs come from and where they go.  Clearer picture of career paths of PDRAs. This will enable us to identify any issues and will be useful information for current NHLI PDRAs . |
| 2.2 | Provide PDRA tailored support for career development | Worked with the PFDC and NHLI’s PDRA committee to design PDRA specific PRDP form | Further refine the new PDRA form to Include EDI training and activity on NHLI forms. Include a statement on ‘10 development days’- i.e. what they can be used for.  Monitor levels of satisfaction with new PRDP forms. | (SAT sub-group 2) NHLI lead for PDRAs Athena Lead | Qu4 2018 | Increased PDRA satisfaction with the PRDP process and support for career development. Obtain feedback from PDRA committee and compare with data from 2017 PDRA survey.  Increased numbers of  PDRAS doing EDI |

|  |  |  |  |  |  |  |
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|  |  |  |  |  |  | workshops- keep a record numbers. |
| 2.3 | Launch new **NHLI PDRA awards** and monitor their impact. | Discussed at PDRA committee meeting to obtain feedback- Idea strongly supported by committee.  NHLI research manager **Alun Owen** presented idea to NHLI foundation Qu3 2018 and awards of up to  £5k per person are now supported and approved. | Establish Small project funding of up to  £5k for PDRAs funded by NHLI foundation, for development of PDRAs research ideas or to cover costs of opportunity for learning new technologies in another lab.  Promote on website and via institute- wide email and Newsletter. | (SAT sub-group 2)  NHLI research manager Athena champions  PDRA reps. | Awards approved Qu4 2018.  January 2019, awards advertised to commence in qu2 2019.  2 rounds per year. | Recipients of this award will obtain fellowships or other competitive positions.  Increased PDRA satisfaction in career development support.  Monitor annually until 2022. Collate data on next steps of applicants and reflect i.e. measure success. |
| 2.4 | Deliver Regular speed mentoring sessions at different campuses | Discussions on format have been held with education and development unit.  Discussion held with PDRAs (Sept 2018) on most useful format for these events. | Multiple campus based speed mentoring events | (SAT sub-group 2) Athena lead Athena deputy  NHLI PDRA committee | Use feedback questionnaire following events. | Feedback form following event and discussion with PDRA committee will indicate usefulness and any refinements that can be implemented for future events. |
|  | **Objective** | **Progress to date** | **Actions** | **Responsible** | **Timeline** | **Success Measure** |
| 3. | **Tackling Bullying and Harassment** | | | | | |
| 3.1 | Increase numbers of staff taking ‘Harassment- confronting inappropriate behaviour’ training”. | Approximately 10% of NHLI staff have attended this workshop.  Athena administrative lead is investigating running workshops locally to facilitate staff attending. | All NHLI staff made aware of and encouraged to undertake ‘Harassment-confronting inappropriate behaviour’ training. | (SAT subgroup 3) Athena lead Athena deputy  Athena administrative lead | Training completed by the end of 2020. | Increase in staff attending this training from 10-50%  Staff will feel empowered to confront inappropriate behaviour.  We will see a reduced number of staff who have witnessed bullying  or harassment in future |

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|  |  |  |  |  |  | staff surveys compared to 2017 survey. |
| 3.2 | All management staff to have undertaken specific EDI training | Athena administrative lead is investigating running workshops locally to facilitate staff attending. | All NHLI managers to undertake unconscious bias training.  All NHLI managers to undertake Harassment- a Management Perspective | (SAT sub-group 3) Athena lead Athena deputy | Training completed by end of 2020. | 100% managers have undertaken EDI training We will see a reduced number of staff who have suffered bullying or harassment in future  staff surveys compared to 2017 survey. |
| 3.3 | Provide clear information on how to report bullying and harassment is readily visible throughout NHLI. |  | Put details on prominently on NHLI website and link to Athena pages.  Display posters and put up on all notice boards and in toilets | Head of comms. Heads of Section Athena Deputy | All information on processes to be in place by end of Qu2 2019 | There will be an increase in the number of incidents reported as a result of making the process visible- annual website click-throughs  will increase from 2018- 2020. |
| 3.4 | Highlight Wellcome Trust’s policy on Bullying & Harassment |  | Include a link on NHLI website area about bullying and harassment.  Highlight recent Wellcome Trust policy and consequences in NHLI newsletter | (SAT sub-group 3) Head of comms. Heads of section  Athena administrative lead  Athena champions | By Qu2 2019 | More Staff and students will feel empowered to report bullying and harassment in the next staff survey compared to 2017 survey. |
|  | **Objective** | **Progress to date** | **Actions** | **Responsible** | **Timeline** | **Success Measure** |
| 4. | **Attracting and supporting female academics** | | | | | |
| 4.1 | Increase % of female applicants for advertised positions from 35% to 50% | Use a range of strategies proven to increase numbers of female applicants:  Gender neutral language, “Know your pool” and “search committees” | Apply new strategies to all new recruitments  e.g. advertise positions on workingmums.co.uk and womenreturners.com | (SAT sub-group 4)  Career development co- ordinator  Heads of Section | Qu3 2018  onwards. | The ratio of female:male applicants for jobs will improve from 35% to 50%. |

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| 4.3 | Increase % of staff that have gone on Unconscious bias training | 44 members of staff (10%) have attended unconscious bias training | All staff involved in recruitment to attend unconscious bias training | (SAT sub-group 4) Heads of Section  Athena administrative  lead | 2019 Qu3 | An increase in numbers of staff attending unconscious bias training from 10% to at least 50% |
| 4.3 | Campaign for Nursery at White City Campus | College is building a new campus at White city, Currently plans for a nursery have been shelved | Campaign for Nursery | (SAT sub-group 4)  **Prof Sian Harding** (NHLI) Campus Dean Hammersmith  **Prof Clare Lloyd (NHLI)**  FoM Athena co- ordinator | 2018 onwards | College agrees to establish a nursery for staff and students on the new White City Campus |
| 4.4 | Create deputy positions for Leadership roles | A deputy position for Athena Lead was created July 2018 | Offer deputy positions for leadership roles in NHLI.  Highlight in HoI annual talk. Highlight on NHLI website.  Include a feature on deputy roles in  NHLI newsletter. | (SAT sub-group 4) HoI  Heads of Section | 2019 onwards | Creation of deputy positions for Leadership roles  Increase staff satisfaction with respect to supporting career progression. |
| 4.5 | Increase the percentage of female external seminar speakers to 50% | ‘Shenote speaker’ set up in 2018 by NHLI PDRA and available to use. | Percentage of female speakers has dropped. Athena champions to ensure 50% external speakers in seminar series.  Promote newly established database  ‘Shenote speaker’ and encourage seminar organisers to consult this. | (SAT sub-group 4)  Departmental Seminar organisers  Athena champions | 2018 Q4  onwards | The ratio of female:male external speakers will increase to 50%. |
| 4.6 | Establish FoM menopause support network – working with other Athena leads in FoM | Athena lead contacted Lesley Regan September 2018. | Work with Prof. Lesley Regan (President of Royal College of Obs and Gyn. and Head of Dept Obs and Gyn, Imperial College) on setting this up. | (SAT sub-group 4) Athena lead | Scope of network decided by Qu2 2019  -Network fully established by Q1 2020 | Evidence of staff consulting website information (monitor clickthroughs) and contacting menopause support advisors. |

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| 4.7 | Increase number of NHLI female Professors with wiki pages  From 1 to at least 10. | Dr Jess Wade, Physics PDRA at Imperial, has agreed to run wikithons for NHLI staff/students interested in learning this skill. | Run 2 wikithons in 2020 and 2021 | (SAT sub-group 4) Athena Deputy Lead for PDRAs | Qu 1 2020  Qu 1 20121 | Monitor number of visits to webpages.  Increased Staff/students learn a new skill.  Visibility for NHLI female  academics. |
| 5. | **Support for flexible working and managing career breaks** | | | | | |
| 5.1 | Promote shared parental leave |  | Promote shared parental leave on website and in NHLI newsletter.  Highlight in talk given by Athena lead at New Scientists day and at post-doc development day.  Promote the Managing Family Related Leave online course to staff and make it compulsory to all NHLI managers | (SAT sub-group 5) Athena lead/deputy Head of comms. | Qu 1 2019 | Staff will report being aware of shared parental leave in next staff survey. |
| 5.2 | Increased numbers of male staff taking and reporting paternity leave | Currently3-4 men per year have reported taking paternity leave between 2015-2018 | Include case studies of men who have taken paternity leave on NHLI Athena webpages | (SAT sub-group 5) Athena champions.  Athena administrative lead. | Ongoing | We will maintain a good percentage of male staff taking paternity leave and numbers of staff reporting maternity leave  will increase. |
| 5.3 | Support part-time working |  | Consider whether job share is possible for all newly advertised roles  and when it is, highlight this in adverts. | (SAT sub-group 5) Athena lead/deputy  Institute manager Athena administrative lead. | Monitor interest in part-time working and collect data annually from  2019-2021. | 2021, review whether there has been interest/up-take of this option. |
|  | **Objective** | **Progress to date** | **Actions** | **Responsible** | **Timeline** | **Success Measure** |
| 6. | **Support for Professional and technical staff** | | | | | |
| 6.1 | Increase networking opportunities for NHLI- wide community of P&T staff. | Group established in 2017  Head of working group appointed (**Gareth Hyde**) | Establish Professional and Technical (P&T) staff working group. | (SAT sub-group 6)  Group meets termly (began in 2017) | Qu3 2018 | P&T staff will be more connected as a group across NHLI.  This networking will be |

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|  |  |  |  | Athena administrative lead  Head of P&T working group |  | beneficial to NHLI. e.g it will facilitate share of knowledge, skills, best practise etc. |
| 6.2 | NHLI to host an annual bespoke NHLI career development event for P&T staff | Discussed at NHLI PTSWG group October 2018 | Deliver a half day career development event for P&T staff  On the south ken campus With lunch provided by NHLI  To include a speed mentoring activity and session on training opportunities | (SAT sub-group 6)  Athena administrative lead  Head of P&T working group  Institute manager | Qu2 2019 | Increased satisfaction with support for career development as indicated by future staff surveys compared to 2017 staff survey. |
| 6.3 | Provide secondment and shadowing opportunities for Professional &Technical (P&T) staff. | Discussed in the NHLI PTSWG group and in 2016 Focus Groups  Established in 2018 | Offer job swap and shadowing opportunities for continuing professional development. | (SAT sub-group 6) Institute manager | Review at PTSWG after 3-  5 cases. | Improved skill set for professional and technical staff; judged by feedback from staff who have taken part and PTSWG working group. |
| 6.4 | Promote details of Imperial support for technical staff to obtain accreditation through external training schemes. |  | Put details on website of training programmes and include stories from those who have attended courses.  Report awards in NHLI newsletter  Annual issue of NHLI newsletter to focus on P&T successes. | Head of comms.  Athena administrative lead.  Head of P&T working group. | From 2019 Establish and maintain database of accredited technicians. | Increased numbers of accredited technicians. |
|  | **Objective** | **Progress to date** | **Actions** | **Responsible** | **Timeline** | **Success Measure** |
| 7. | **Enhancing Institute culture** | | | | | |
| 7.1 | Promote the benefits of mentoring for all staff and students | 2018 new faculty of medicine mentoring webpages set up. | Website case studies and managers to address in PRDPs | (SAT sub-group 7) Heads of section  NHLI managers |  | Increased uptake of mentors through the FOM mentoring programme |

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| 7.2 | Gender parity across leadership roles |  | Encourage men to attend leadership courses.  Where nomination is required, ensure that equal numbers of males and females are nominated. | (SAT sub-group 7) HoI  Athena lead  Heads of Section | From 2019 | The current gender imbalance of those attending leadership courses will improve. |
| 7.3 | More male staff and students contributing to outreach activities | We have surveyed male staff and they indicate greater willingness to take part in outreach activities for adult audiences. | Include opportunities to deliver outreach activities to adult audiences as well as children.  Talks on Outreach at Divisional meetings. | (SAT sub-group 7) Athena champions NHLI Lead for Outreach | From 2019 | The number of males taking part in outreach activities will increase. |
| 7.4 | Create an Inclusive teaching and outreach strategy | The College has an inclusive teaching strategy | Encourage staff to attend inclusive teaching workshops  Develop 2eMPower programme to give staff opportunities to develop skills to deliver outreach and teaching for students with learning disabilities Develop STEM activities for young people with SENs working collaboratively with external partners-  e.g. Royal Albert Hall, Ernest and Young https://[www.2empoweruk.org](http://www.2empoweruk.org/) | (SAT sub-group 7)  NHLI Lead for Outreach | From 2019 | More staff attending EDC inclusive teaching workshops  Staff will make changes to teaching materials and pedagogy to be more inclusive  Staff and students getting involved in the development and delivery of outreach activities for young people with SEN. |
| 7.5 | Ensure Athena is fully integrated  Into all areas of NHLI |  | Annual meetings for each head of section with Athena lead. Integrate into Heads of Section PRDPs with HOI. | (SAT sub-group 7) HOI  Athena Lead | From 2019 | Heads of Section will record on their PRDP data on how they have implemented current initiatives in **AP2018**. Data will show that all sections are actively integrating Athena initiatives in their  section. |

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| 7.6 | Data collection Creation of Athena champions |  | Ensure each section has an Athena champion to record data and disseminate information locally.  Athena champions to report back to Athena administrative lead. | (SAT sub-group 7) Athena deputy  Athena administrative lead | Champions appointed by end of Qu4 2018 | Increased data collection relating to Athena initiatives will enable monitoring of actions and dissemination of their  success. |
| 7.7 | Explore mechanisms to implement a workload model at NHLI | Contacts made with other universities who have existing workload models  e.g. Exeter, Leicester and Keele. | Continue discussions with other universities on implementing a workload model.  Establish connections with additional universities e.g. Edinburgh.  SAT subgroup including FoM Athena lead **Prof Clare Lloyd** to work with FoM to explore implementing a workload model.  Set up a pilot workload model in one  section of NHLI to run in 2020. | (SAT sub-group 7)  Athena lead/deputy **Prof Clare Lloyd** (Vice Dean for Institutional affairs, FoM lead for Athena, NHLI SAT member) | End of 2019 collate data and set up pilot.  End of 2020 Collate pilot data. | Present report on pilot to M&S committee and develop plan to take this forward to all of NHLI. |