Department Application
Bronze and Silver Award

ATHENA SWAN BRONZE DEPARTMENT AWARDS

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

ATHENA SWAN SILVER DEPARTMENT AWARDS

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

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

COMPLETING THE FORM

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

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

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

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

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

WORD COUNT

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

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

We have provided the following recommendations as a guide.

Department application	Silver	This application
Word limit	**12,000**	**12,757***
Recommended word count		
1.Letter of endorsement	500	552
2.Description of the department	500	474
3. Self-assessment process	1,000	810
4. Picture of the department	2,000	2757*
5. Supporting and advancing women's careers	6,500	7094*
6. Case studies	1,000	819
7. Further information	500	327

Where used; footnotes, impact boxes and quotes are included in word count
Extra words: *Clinical word count used: 729/1000 granted as per email below
COVID-19 word count used: 54/500 (p.22)

AS   Wed 06/05/2020 12:00
Athena Swan <Athena.Swan@advance-he.ac.uk>
RE: Additional word count for April 2020 submission

To   ○ Kea Hinsley

Cc   ○ Athena Swan

ⓘ You replied to this message on 06/05/2020 12:02.

Dear Kea,
Thank you for your email. We are happy to grant the Department of Oncology an additional 1,000 words for the analysis of both clinical and non-clinical staff.
Please include this email in your submission as confirmation and state in the submission where the additional words have been used.
Best wishes,
Annie

Annie Ruddlesden
Equality Charters Adviser

E annie.ruddlesden@advance-he.ac.uk
T +44 (0)207 269 6542

www.advance-he.ac.uk
First floor, Napier House, 24 High Holborn, London WC1V 6AZ

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AdvanceHE

Acronyms used in this application	
ACARES	Academic and Research Staff
AP	Associate Professor
AS	Athena SWAN
AS-AL	Athena SWAN Academic Lead
AS-SAT	Athena SWAN Self-Assessment Team
CCT	Certificate of Completion of Training
CRF	Clinical Research Fellow
CRTF	Clinical Research Training Fellow
CRUK	Cancer Research UK
DCM	Division of Cancer Medicine
DPhil	Oxford equivalent of PhD
E&D	Equality and Diversity
EDI	Equality Diversity and Inclusion
EOR	Executive Officer of Research
FG	Focus Group
FHS	Final Honours Scheme
FTC	Fixed Term Contract
GL	Group Leader
GS	Graduate Studies
GSC	Graduate Studies Committee
HAF	Head of Administration and Finance
H&S	Health and Safety
HoD	Head of Department
HR	Human Resources
MRC	Medical Research Council
MSC	Medical Schools Council
MSD	Medical Sciences Division, Oxford
NHS	National Health Service
NIHR	National Institute for Health Research
O/E	Open Ended
OEC	Oncology Executive Committee
OIRO	CRUK/MRC Institute for Radiation Oncology
Oncology	Department of Oncology
ORCRB	Old Road Campus Research Building
OPN	Oncology Postdoc Network
OSM	Objective-setting Meeting
OSN	Oncology Student Network
PDR	Personal Development Review
PL	Paternity Leave
POD	People and Organisational Development
Postdoc	Postdoctoral researcher
PSS	Professional & Support Staff
RA	Research Assistant
RAG rating	Red Amber Green ratings
RF	Research Facilitator

R&R	Reward and Recognition
RoD	Recognition of Distinction
SAP	Silver Action Plan – followed by relevant date, e.g. SAP2016
SCR	Senior Clinical Researcher
SPL	Shared Parental Leave
SRF	Scientific Research Facilities
TDA	Training and Development Administrator
T&D	Training and Development
T&DC	Training and Development Committee
TUPE	Transfer of Undertakings (Protection of Employment)
UGS	Undergraduate Student
UoO	University of Oxford
URL	University Research Lecturer

Data Collection
We provide staff data for five years unless otherwise described
Staff in post census point is annual on 31 July
We provide student data for five year unless otherwise described
Student census point is annual on 2 December
All data are shown for all Oncology activities (DCM/OIRO combined)
Data Benchmarking
Student data are benchmarked to National Data (obtained from HESA 2018/19)
Staff data are benchmarked to MSD and National Data (obtained from AdvanceHE Staff Statistical Report 2019)
Clinical Academic data are compared to Medical Schools Council Academic Survey information

Name of institution	University of Oxford
Department	Department of Oncology
Focus of department	**STEMM**
Date of application	3rd June 2020 (April 2020 round)
Award Level	**Silver**
Institution Athena SWAN award	**Date:** April 2017 **Level:** Bronze
Contact for application Must be based in the department	Dr Sarah Blagden
Email	Sarah.blagden@oncology.ox.ac.uk
Telephone	
Departmental website	www.oncology.ox.ac.uk

1. LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT
Recommended word count: Silver: 500 words | Actual: 552

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

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

Dear Mr Lush,

It is my great pleasure to send you our renewal application for our Departmental Athena SWAN (AS) Silver Award. This application has my full support and I confirm that the information presented here is an honest, accurate and true representation of the Department of Oncology.

We were awarded AS Bronze in 2014, a Silver in 2016 and I started as Head of Department in 2017 when I became an active member of our Self-Assessment Team. Our AS journey and the self-assessment process educates us on barriers, raises awareness of required improvements, and stimulates regular reviews of our activities to assess their effectiveness. Some of our AS achievements include:

- 100% increase in women with titular Professor titles, with all female Group Leaders now holding at least Associate Professor titles;
- Mandatory Anti-Harassment and Bullying training has reduced the number of female ACARES experiencing bullying and harassment from 27% to 12%;
- Recruitment of a Training and Development Administrator to embed Equality, Diversity and Inclusion principles in our expanded development, support and training activities;
- I am also very proud of the success of our senior women on the wider stage, supported by the Department. Sarah Blagden heads Oxford's Experimental Cancer Medicine Centre and plays a leading role in the national network; Ester Hammond leads the Medical Sciences Division's MRC doctoral training partnership and Anna Schuh chairs national groups in haematological malignancy for the NCRI and Genomics England.

██
██
██ this Athena SWAN application and action plan, and represents an opportunity to further enshrine AS principles of equality, diversity and inclusion in our new organisation and culture, whilst addressing key areas where there is still work to do. For example, we need to further improve pipelines for women to progress to senior research positions; to target support for applications to Clinical Professor; and refresh our committees to ensure they are gender balanced and properly represent our people. Leadership at all levels will be very important, and we will introduce leadership training for early- and mid-career researchers.

██
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My values align with those of AS: as the father of two young women making their way through university and sixth form I am very aware of the subtle, and not so subtle, impediments to women's progress and development in education and the workplace. I am confident that, with AS principles driving our Department strategy, we have the elements in place to deliver our action plan and make the Department a great place to work, study and thrive for all.

Lastly, I would like to sincerely thank my colleagues on the SAT with whom I have worked so closely on Athena SWAN, and this application, over the last few years. They are a great team and I am proud to work with them.

Yours,

Mark Middleton

2. DESCRIPTION OF THE DEPARTMENT
Recommended word count: Silver: 500 words | Actual: 474

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

The Department of Oncology (Oncology), founded in 2010, is a clinical department in University of Oxford's Medical Sciences Division (MSD). Professor Mark Middleton is Head of Department (HoD) with 298 staff (56%F) and 120 post-graduate students (51%F). To reflect the strong clinical emphasis, 19% of Oncology ACARES are clinician-scientists, well above MSD benchmarks (8%).

		Female	Male	Total	%F	%M
ACARES	Clinical	12	22	34	35%	65%
	Non-clinical	69	76	145	48%	52%
	Total	81	98	179	45%	55%
PSS		87	32	119	73%	27%
All staff		**168**	**130**	**298**	**56%**	**44%**
Students	PGT	4	6	10	40%	60%
	PGR	57	53	110	52%	48%
	Total	61	59	120	51%	49%

Table 1: Oncology overview

Research

Our key aims are to translate basic cancer research into the clinic, and improve early detection and disease-free survival for cancer patients. Oncology is comprised of two parts: Cancer Research UK/Medical Research Council Oxford Institute for Radiation Oncology (OIRO) directed by Professor Amato Giaccia, and the Division of Cancer Medicine (DCM) directed by Professor Mark Middleton. Of 33 research groups, 18 are dedicated to radiation biology (OIRO) and 15 conduct basic cancer research (DCM). The work and expertise of staff and students is multidisciplinary incorporating medicine, physics, chemistry, molecular and cancer biology, engineering and bioinformatics. We are unified in terms of staff, students, developmental processes and activities; therefore, we consider all data combined.

Along with research groups, we have 13 Scientific Research Facilities (SRF) providing support, expertise and knowledge to research and clinical programmes. SRFs are internal service provisions, supporting research teams but not conducting independent projects.

Our SRFs are led by Professional and Support Staff (PSS)(2F/1M), a Group Leader (GL) (1F) and Senior Scientists (4F/5M). All SRF leads and staff are included in staff data.

Our activities cover four locations, all within walking distance: Oxford University Hospitals NHS Trust Cancer and Haematology Centre (Churchill Hospital), Radiobiology Research Institute (RRI), Old Road Campus Research Building (ORCRB) and Weatherall Institute for Molecular Medicine (WIMM). Close links between clinical and research are vital for maintaining clinically-focused work.

We are funded from external sources (comprising 79% of all contracts), including charities, Research Councils, NIHR and through collaboration and clinical trial agreements with commercial companies.

Management structures

Oncology Executive Committee (OEC), chaired by HoD, meets quarterly to discuss key strategic initiatives, including equality and diversity governance. Members represent AS, clinical teaching, Graduate Studies (GS), ORCRB, RRI and WIMM (2F/5M). Agreed initiatives from OEC are discussed with GLs/Professors at quarterly meetings. The OEC is additionally supported by ad hoc sub-committees to deliver specific time-bound projects (e.g. COVID-19 task force).

Administration is led by Head of Administration and Finance (1F), and comprised of HR, Finance, Facilities, GS, IT and Public Engagement. Operations Group managers (4F, 2M) convene monthly meetings chaired by HAF.

Students are managed by the GS office led by GS Director (1M) and Deputy Director (1F).
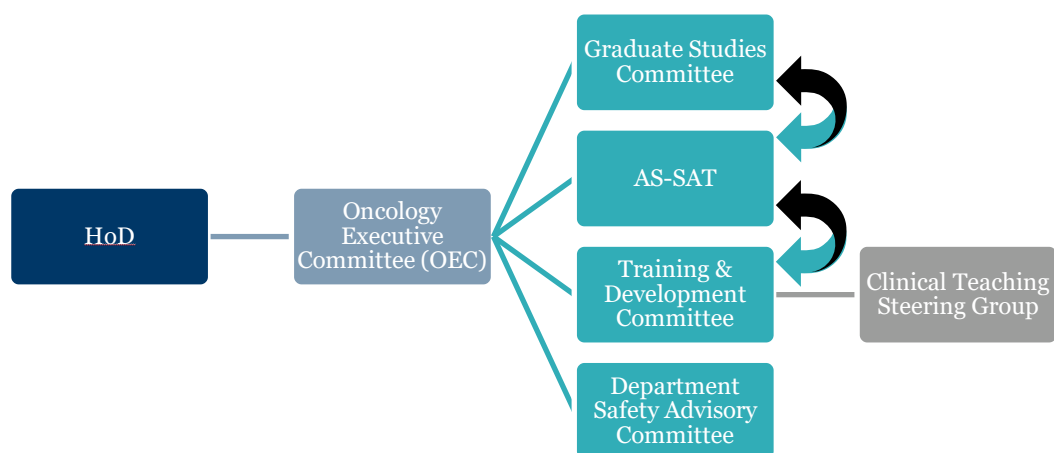
Governance Structure

Figure1: Oncology Governance Structure

3. THE SELF-ASSESSMENT PROCESS
Recommended word count: Silver: 1000 words | Actual: 810

Describe the self-assessment process. This should include:

(i)   a description of the self-assessment team

The HoD and HAF are active AS-SAT members, ensuring senior support for translating recommendations into policy. e.g., implementing mandatory anti-harassment and bullying training (SAP2016). Our AS Academic Lead (AS-Lead) is a member of the OEC and has a standing item on the agenda for AS activities. AS-SAT share outcomes and provide recommendations to other committees.

AS Self-Assessment Team (AS-SAT)

The 2013 AS-SAT membership was 3M/8F (73%ACARES). It has evolved, particularly since 2015, to embrace expansion of the AS Charter. Currently our 15-member AS-SAT is well balanced (7F/8M;47%ACARES) with student and senior representation, this balance was achieved via actions detailed below. Members share experience in administration, clinical and basic research, single and dual-career households, childcare, family leave, flexible-working, and caring responsibilities.

Key developments:

- Membership Terms: SAP2016 resulted in membership terms (4-year maximum) to promote rotation of long-standing members whilst maintaining institutional memory. Vacancies are advertised in newsletters for one month and re-advertised if not filled;
- AS Lead/Deputy roles: The AS lead role was established in 2012; in 2018 we introduced a Deputy Lead for workload distribution, refreshment of ideas, and leadership succession;
- Training and Development Administrator (TDA): We appointed a TDA in 2018 to embed AS principles, provide development support and work closely with senior management and AS-leads (SAP2016). This enabled AS-SAT to broaden its reach and ensure delivery of wider aims e.g., AS FGs and monitoring activities for gender biases;
- AS-SAT composition: Specific member roles were proposed as a result of our SAP2016 feedback. Members have responsibility for delivering updates and actions within allocated areas e.g. Family Friendly Department, Wellbeing;
- Links to wider community: Our MSD-EDI Advisor provides links between AS-SAT and MSD-EDI Committees. TDA is a member of the University of Oxford (UoO) AS Co-ordinator Network, meeting termly to share good practice and opportunities.

	Name (Gender)	Job Role	SAT Role	Work/life experience	Relevant roles
	Liz Barnes-Moss (F)	Head of Admin and Finance	**HAF**	- Elderly caring responsibilities	- Chairs Operations Group
	Sarah Blagden (F)	Associate Professor of Medical Oncology, Clinician-Scientist	**AS-Lead**	- Two maternity career breaks - Co-career/parenting partnership with husband.	- OEC Member - Chair of Board of Examiners (MSc course) - Director of Early Phase Trials Unit SRF.
	Jenny Bumfrey (F)	Head of HR	**HR Lead**	- Flexible-working to care for elderly mother	- University HR Committee
	Bart Cornelissen (M)	Junior Group Leader (RRI)	**Deputy AS-Lead**	- Dual career family - Primary School Childcare responsibilities	- GL meetings
	Katherine Corr (F)	MSD-EDI Advisor	External to Oncology provides advice and support for EDI across MSD		- MSD-EDI committee
	Steve Davis (M)	Trial Manager, Oncology Clinical Trials Office (OCTO)	**Family Friendly Lead**	- Full-time - Toddler childcare responsibilities	
	Ben Dean (M)	Executive Officer, Operations	**Working Environment Lead**	- Full-time - Married to teaching support worker	- Mentor

	Ben Fairfax (M)	Consultant in Medical Oncology and Group Leader (WIMM)	**Strategic Projects Lead**	-	Dual career family School-age Childcare responsibilities	- Mentor - GL meetings
	Kea Hinsley (F)	Training and Development Administrator	**TDA**	- Full-time - Long-distance commuter		- T&DC Member - AS Co-ordinator Network
	Jane Johnson (F)	Research Training and Development Manager	**Training & Development Lead**	- Compressed working hours. - Caring responsibilities (elderly relative /grandchildren)		- GSC Member
	Mark Middleton (M)	Head of Department	**HoD**	- Dual career family - 2 young adult children		- Head of Department - OEC Chair
	Elena Mikhaleva (F)	HR Administrator	**HR administrator**	- Relocated to UK from Russia 10 years ago - Primary School Childcare responsibilities		- University HR Committees
	Ashwin Nandakumar (M)	DPhil Student	**Student Lead**	- International student		- OSN Student Representative
	Ignacio Torrecilla (M)	Postdoc Researcher (ORCRB)	**Post-doc Lead**	- Married to Postdoc at Oxford (returned from career break) - Two primary school children		- OPN Committee Member - Lab Manager
	Christos Zois (M)	Postdoc Researcher (WIMM)	**Post-doc Lead**	- Three school-age Children		- OPN Committee Member

Table2: AS-SAT members

AS-SAT meet quarterly; meetings are focussed on monitoring planned actions and evaluating data arising from AS activities, surveys, FGs, etc. Members provide updates on their areas of responsibility and we utilise advice/guidance from individuals outside of Oncology, e.g. MSD-EDI Advisor, Equality and Diversity Unit Gender Equality Advisor and UoO AS Co-ordinator Network. We are involved in relevant events organised by MSD and other UoO Departments.

Communications

Website: Our new website design (SAP2016) defines Departmental structure and core values, has enhanced 'Working with Us' pages with childcare/family support, News/Blogs pages highlighting achievements and staff/student profiles.

Figure3: Pages from Oncology Website

Newsletter: The Departmental newsletter, essential for engagement with AS-SAT activities, was relaunched in 2019 as feedback showed decreasing usefulness (81%, 2016; 71%, 2018). Following consultation, its new fortnightly interactive format includes 'congratulations', new appointments, 60-second interviews (p.76), funding opportunities and committee minutes; each newsletter is themed to highlight one or two of the Department's core values. In 2020, 92% survey respondents described the newly formatted newsletter as "useful".
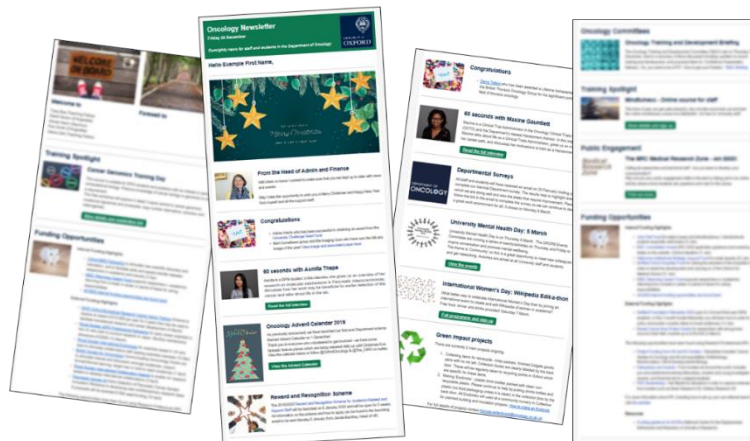
Figure 4:

Departmental Newsletter

<u>Twitter:</u> AS-SAT use the Departmental Twitter to promote activities, achievements and news.

Figure5: Examples Department Twitter pages

Evaluation

We have run Departmental surveys since 2013, average response levels (57%), compare favourably with MSD benchmarks (53%;2018). We will improve engagement (Table.3), particularly amongst students where consultation reveals survey fatigue, noted in 2020 as the UoO AdvanceHE Survey was conducted concurrently with our survey.

Oncology Surveys		Female	Male	Other	PNTS	Response rate
2020	**Staff**	83	54		20	53%
	Student	24	16	1	1	35%
	Total	107	70	1	21	
2018	**Staff**	98	54		13	55%
	Student	29	25		2	46%
	Total	127	79		15	
2016	**Staff**	102	79		13	65%
	Student	33	22		1	59%
	Total	135	101		14	
2014	**Staff**	150	103			56%
2013	**Staff**	133	88			55%

Table3: Oncology Surveys 2013-2020. Gender question optional.

Our 2018 survey involved staff and students defining our five Core Values (SAP2016) which were approved by OEC: Respect, Integrity, Collaboration, Equality, Excellence. These are displayed within events, newsletters and our website (SAP2016).

Figure2: Oncology Core Value WordClouds

In addition to surveys, we use FGs and mini-surveys to explore topics and gain qualitative views on arising issues e.g., following our 2018 survey we ran 'Departmental Culture' and 'Ways of Working' FGs to explore questions around feeling supported and a mini-survey to explore staff satisfaction around work-life balance (2019).

From September 2020 we are including within newsletters "short polls" covering specific topics. Completion of polls will be incentivised and subsequent newsletters will feature "you said, we did" with feedback and actions (AP1.4). We are also launching a termly student newsletter compiled by student representatives containing targeted communications and relevant poll questions (AP7.1).

SAP2020

SAP2020 has evolved as a result of reviewing outcomes from SAP2016, analysing staff and student data, comparing data from survey analyses, FGs and baseline/benchmarks. AS-SAT meetings increased to bi-monthly closer to submission, data analyses were completed and reviewed by AS-SAT. The application was critiqued by colleagues outside Department. To ensure AS-SAP2020 has senior endorsement, the application and action plan were reviewed and approved by OEC.

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

AS-SAT will continue quarterly meetings and will have engagement within the restructure process. We will collaborate with external networks ensuring AS best practices are gathered and shared. Initiatives arising from SAP2020 will be implemented and reviewed, biennial surveys will continue, new short polls will be introduced and mini- surveys and focus groups (FGs) conducted as required. Data will be analysed and reviewed in AS-SAT to ensure activities are monitored for effectiveness and areas for action are highlighted. We will maintain SAP2020 as a live document, completing RAG ratings quarterly.

AP 1.4: Regular short polls with prize draws will be included in newsletters around topics of interest

AP 7.1: Launch termly Student newsletter containing student-specific communications and "short poll" and "You said, we did" sections.

4. A PICTURE OF THE DEPARTMENT

Recommended word count: Silver: 2000 words | Actual: 2757 (including 681 clinical + 54 COVID)

4.1. Student data

We have 120 students (51%F). GSC organise postgraduate recruitment, shortlisting and interviews. Courses are advertised on our website, and other relevant sites (e.g. findaPhD.com); prospective students are encouraged to contact GLs to discuss DPhil projects. Admission panels are gender-balanced and assessors have completed implicit bias training (SAP2016). Admission statistics are reviewed annually by GSC, reported to OEC and will be shared with AS-SAT for analysis.

Courses are multidisciplinary, combining multiple scientific subject areas (medicine/biological sciences/mathematical sciences/physics), therefore we have used benchmarking by 'principal subject' (Molecular biology, biophysics and biochemistry) as opposed to subject area.

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

   N/A

(ii)   Numbers of undergraduate students by gender

   N/A

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

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

   MSc in Radiation Biology

   This one-year full-time multidisciplinary MSc combines traditional and molecular radiation biology with clinical application.

   Our 5-year data show gender-balance in numbers of applicants, our acceptance rates are in line with 56%F national benchmarking[1]. The difference noted between the percentage of acceptances (56%F/44%M) and applicant pool (48%F/52%M) is due to 2F and 8M withdrawing after offer. Since 2018/19, withdrawn after offer has been due to acceptance of offers from other institutions, higher value scholarships, or for personal reasons. Annual collection and assessment of data will continue, with actions implemented should anomalies arise.

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[1] HESA (2018/19) HE student enrolments by principal subject, Table 9, full-time postgraduate (taught) molecular biology, biophysics & biochemistry
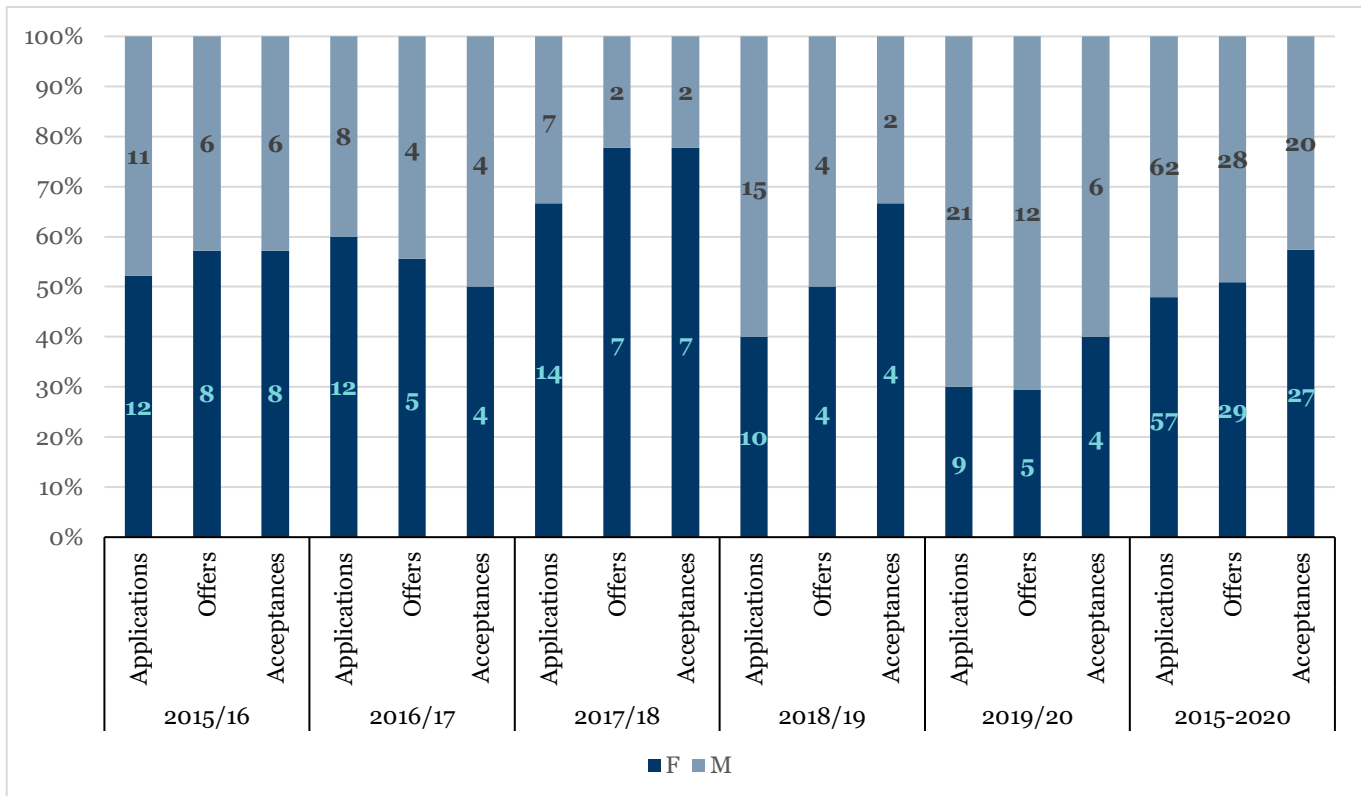
Figure6: MSc admissions by gender.

Completion rates

From 2015/16-2018/19, all 14M (100%) completed, 21F completed (84%) and 2F continued to PGR. No males continued to PGR locally. Full support from Department, college and Division was provided to 1F who failed the course (non-attendance) and 1F who withdrew (personal circumstances). There were no gendered issues.

MSc in Precision Cancer Medicine

Our first part-time distance-learning course is accepting applications with places from October 2020. Admission data will be monitored annually.

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.

We currently have two full-time postgraduate research courses: DPhil in Oncology and MSc by Research (MRes) in Oncology.

DPhil in Oncology

Our 5-year data shows good gender-balance in application and offer rates; female percentages are in line with the 54% national benchmark[2].

Acceptances (52%F/48%M) are representative of our applicant pool (55%F/45%M) and we have similar success rates for offers (22%F/24%M).
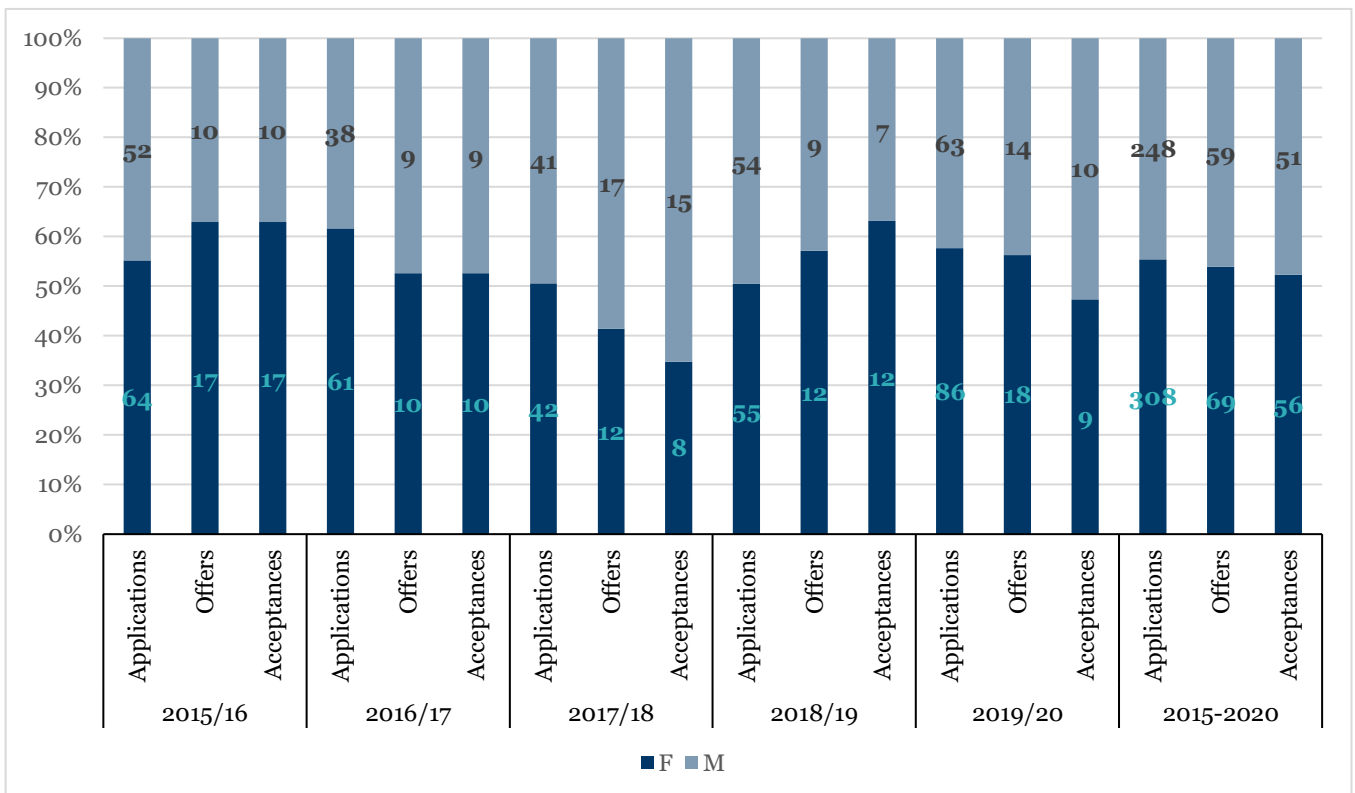
Figure7: DPhil in Oncology admissions by gender.

In 2017/18 and 2019/20, 13F/6M withdrew after offer; 2M deferred their start dates in 2018/19. Withdrawal reasons do not identify gendered issues. Similar to MSc, they include accepting course offers from other institutions, receiving higher value scholarships and personal reasons. Annual collection and assessment of data will continue, with actions implemented should anomalies arise.

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[2] HESA (2018/19) HE student enrolments by principal subject, Table 9, full-time postgraduate (research) molecular biology, biophysics & biochemistry

Completion rates

We provide 4-years of completion data, it is not expected that anyone admitted after 2014/15 will have submitted. All students in these cohorts have completed except 1F (2014/15 cohort) who has submitted. Three women withdrew from the course. Physical records are kept and accessed by the GS committee at time of withdrawal. Due to COVID-19 we have been unable to access these records for the last three months and so are unable to assess details for this application. We will review upon return to site and implement actions as indicated.

	DPhil		Withdrawn	
	F	**M**	**F**	**M**
2011/12	7	10	1	
2012/13	8	11	0	
2013/14	15	8	1	
2014/15	11	11	1	
Total	41	40	3	
% of cohort	91%	100%	7%	

Table4: DPhil in Oncology completion rates

MRes in Oncology

Over the 5-year period, our 57%F application rates are consistent with 54% national benchmark[2] and acceptances (59%F/41%M) are representative of our applicant pool (57%F/43%M). We note an upward trend in female applications and a slight decrease in male applications. Annual collection and assessment of data will continue with additional actions put in place as required.
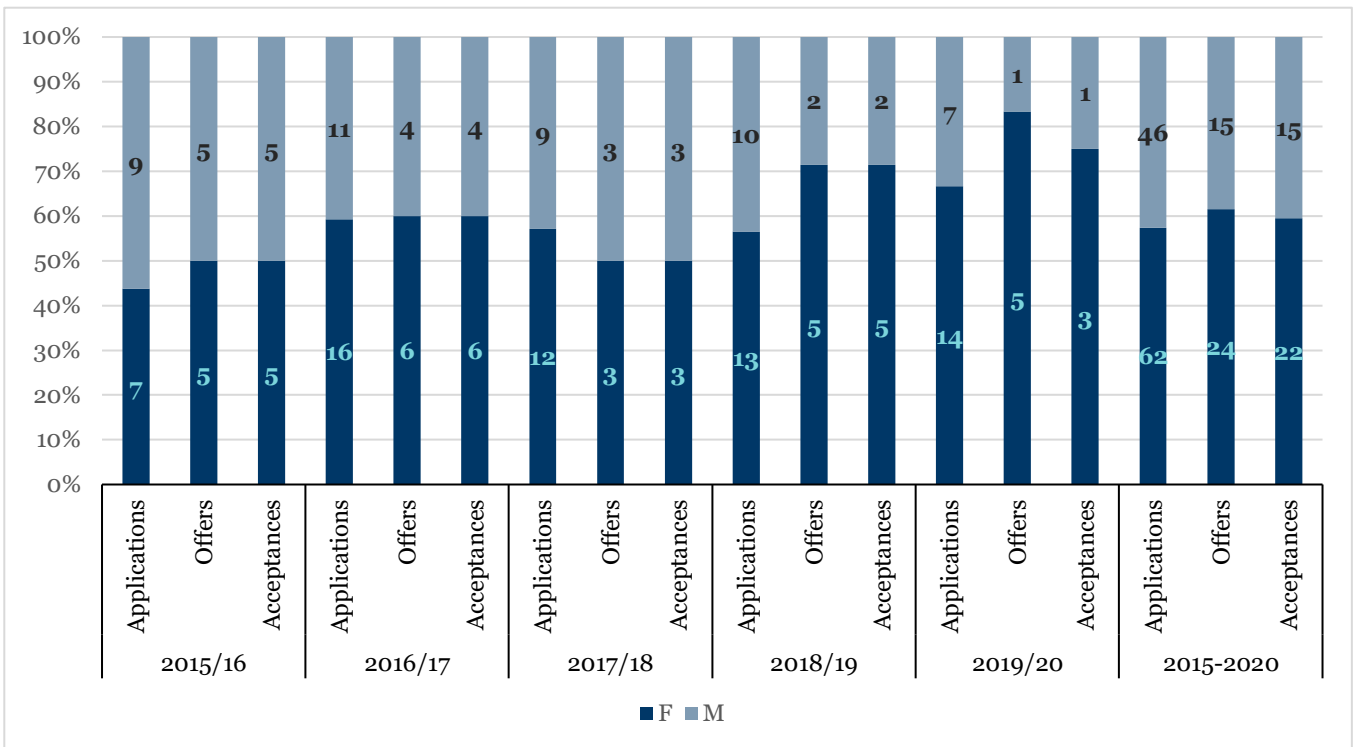
Figure8: MRes in Oncology admissions by gender.

Completion rates

From 2014/15-2017/18, 10F (91%) and 10M (100%) completed the two-year MRes. 1F withdrew in 2016/17 for medical reasons.

New DPhil in Cancer Science

The Cancer Research UK (CRUK) Oxford Centre is hosted by the Department and administers a postgraduate research programme. Until 2019/20 studentships have been placed in multiple University Departments; responsibility for their management delegated to host Departments. From 2020/21, these students will enrol in a DPhil in Cancer Science, managed within the CRUK Oxford Centre. Applications were received from 98(55%F), shortlisting and interviews conducted by gender-balanced panels. Offers and acceptances (6F/6M) show gender-balance with equal success rates.

Progression pipeline between undergraduate and postgraduate student levels

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

We do not have undergraduate (UG) students; the UG population that feeds our graduate course is diverse. We aim to attract a broad applicant pool and promote disciplines involved via outreach inspiring future scientists to consider STEM careers (see case study).

We offer opportunities to UoO Medical School UGs, including:

- Short research projects to Year 3 students in the Final Honour School; (7F/6M, 2019)

- Years 4 and 6 Special Study Modules; learning within clinical teams, exploring associated research; (1F/2M, 2020)

- Year 4 Cancer Patient Attachment Project, providing opportunities to work within clinical and research teams; (11F/11M, 2020)

All UGs receive inductions and meet with our postgraduate students to talk about experiences of research. Projects enable students to experience clinical/medical oncology and radiation oncology.

Case Study: Male Medical UG

I joined Oncology in May 2018 for my FHS project. This was my first introduction to clinical research. Prof Ester Hammond supported me to pick up essential skills so I could become an independent member of her group, design my own experiments and take ownership. I was encouraged to attend seminars/symposia to enrich my learning and overall experience of clinical research. I subsequently won the Wronker Researcher Prize for my research within MSD.

After finishing my FHS project, I undertook an extended essay project within Oncology and was supported by Profs Hammond and Higgins to obtain an undergraduate research fellowship to continue research over the summer. I achieved a first-author publication, the chance to contribute to a chapter in an upcoming textbook, and to continue my initial FHS project; now in peer review as part of another publication.

I have decided to pursue the Academic Foundation Programme after graduation. Regular contact with senior members of Oncology is helping me build my research portfolio so I can submit a strong application to the Programme. I am enormously grateful for the advice and opportunities the Department has afforded me.

4.2. Academic and research staff data

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

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

Overview

We have 179 ACARES (45%F), all categorised as research-only. To support women in taking on more senior positions, we have provided targeted support for female Group Leaders (GL) within UoO's Recognition of Distinction (RoD) exercise and since 2014, have seen increased representation of females at Professorial level (Section.5.1.iii). From 2014-2018, our total number of female professors increased from 3 to 6; 27%F to 33%F, comparing favourably with female professorship across MSD (26%F).

Our clinical and non-clinical ACARES have different career pipelines; these are analysed separately below. Due to low number of posts we use 5-year data to review pipeline successions, and present raw data separately, demonstrating year-on-year number variations.

Non-clinical pathway

Figure9: Non-clinical pathway

Graduates may work as G6 pre-doctoral research assistants (RAs) prior to further study, though they are not part of traditional academic routes. Progression to postdoc requires completion of PhD/DPhil.

After PhD/DPhil, researchers typically complete one or more postdoc positions. The majority of our postdocs are appointed at Grade 7. Transition to Grade 8 usually requires nomination on external funding applications (or less commonly, internal regrading; Section.5.1.iii) and brings increased research and management responsibilities. We have a small number of Senior Scientists (Grade 9) who have specialist skills. Staff typically move between institutions to widen career experience.

GLs lead their own research teams. We encourage applications from independently-funded GLs and junior researchers awarded Career Development Fellowships. A subset of GLs hold Associate Professor (AP) titles and one male holds University Research Lecturer title. Professors are GLs who have either been awarded titles internally through RoD (Titular) or recruited externally (Statutory).

| 2015-2019 50% | Research Assistant 67% | Postdoc G7 51% | Senior Postdoc G8 49% | Senior Researcher G9 48% | Group Leader 13% | Professor 50% |
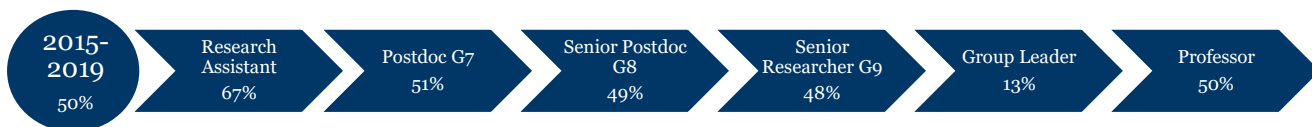
Figure10: Non-clinical ACARES career pipeline 2015-2019 (%F shown). Raw data presented in Figure 11

Our proportion of female non-clinical ACARES has remained balanced overall at 50%, consistent with national benchmarks[3] (46%F). Research Assistant figures are consistent with 67%F MSD benchmark. At G7, 51%F is in-line with our 52%F DPhil population and MSD benchmarks (54%F). This feeds in to our G8 and G9 posts at 49%F and 48%F respectively.

The inconsistency within the pipeline at Group Leader level is due to two non-clinical female GLs awarded Professorial titles in 2015 and 2017. This has increased our female Professors from 3 to 5 since 2014 and overall, our average 50%F pool is significantly above MSD female professorship (26%F). This is as a result of our support for applications to RoD (Section.5.2.ii). We recognise that increasing the number of female professors has reduced %F within our GL pool. The restructure has provided us with the opportunity to redefine our scientific priorities, and we will be working to increase Junior GLs within Department. We will be supporting researchers applying for independent funding through fellowships to improve female representation at this level (Section.5.3.v).
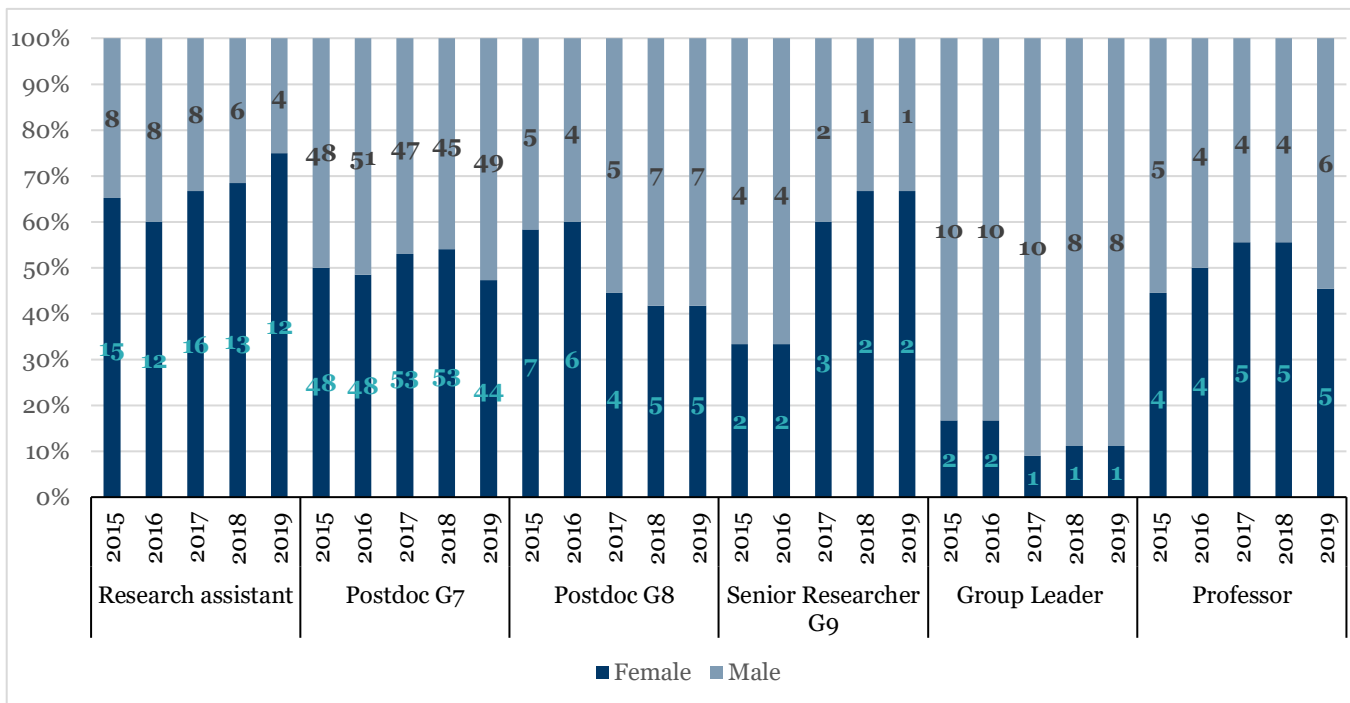
Figure11: Year-on-year gender balance, non-clinical ACARES

Clinical academic pathway

The typical clinical academic career path moves between NHS and University training/employment (Figure12).
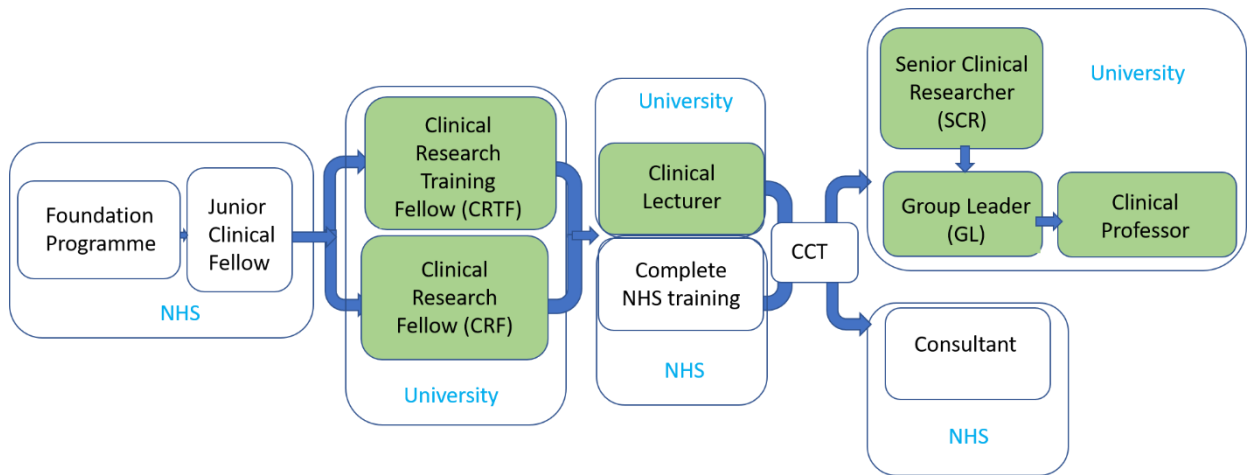
Figure12: Typical clinical academic pathways. Academic route highlighted green.

The number of clinical ACARES ranges from 33-38 over the 5-year review period, which averages 40% female, similar to the national[4] 43%F benchmark for clinical-academics.

| 2015 - 2019 40% | CRF/CRTF 45% | Academic Clinical Lecturer 0% | Senior Clinical Researcher 39% | Clinical Group Leader 68% | Clinical Professor 12% |

Figure13: Clinical ACARES career pipeline 2015-2019, % female shown. Raw data presented in Figure 14.

Junior clinicians enrolled in Masters training fellowships are Clinical Research Fellows (CRF) and Clinical DPhil students are Clinical Research Training Fellows (CRTFs). These Fellowships are externally funded outside NHS speciality training. Upon completion, CRFs and CRTFs usually return to the NHS to complete clinical training, some returning to clinical-academic posts later in their careers.

Due to the nature of clinical roles and the availability of integrated research projects CRF/CRTF positions fluctuate annually. The Cancer Research UK (CRUK) Oxford Centre (hosted by the Department) administers these posts which, up to 2019/20, have been placed in multiple Departments across the University, with responsibility for their management dedicated to host Departments. From 2020, the CRTF posts will be managed within the CRUK Oxford Centre, as part of our new DPhil in Cancer Science.

Academic Clinical Lecturers (ACLs) conduct research integrated with their NHS training, our two male ACLs were funded externally by NIHR and allocated to Oncology. As part of

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our commitment to improving opportunities early in the pipeline, we have created two local posts; 1F/1M ACL will be joining the Department in 2020.

Once Certificate of Completion of Training (CCT) is achieved, academic consultant-level clinicians are either Senior Clinical Researchers (SCRs), or Group Leaders (GLs) who are responsible for a research group as well as their clinical role. The number of SCR appointments has reduced from 5 (2015) to 3 (2019); numbers are too small for detailed analysis.

We created Department Career Development Fellowships to support the gap to senior clinical roles. These fellows are represented within our GL pool as they are provided career development support within their first independent position. 1M included in the data, and 1F/1M have been appointed since 2019 census date. In 2020 our GL pool will be 55%F (4M/5F).

Clinical Professorships are awarded internally through RoD (Titular) or via external recruitment (Statutory). Resulting from SAP2016 and our targeted support for RoD (Section. 5.1iii), 100% female GLs hold Associate Professor titles. One female clinical GL was awarded Professorship in 2015, increasing our Professors from 0%F (2014) to 14%F (2019) in line with national[5] benchmark of 15%F. We have identified 2 female candidates who will be eligible for Professorial titles over the next 4 years and will provide them with dedicated application support (AP5.1). This will increase our Professors to 33%F, if our male pool remains consistent at 6M, and bring our Clinical GLs to 43%F.
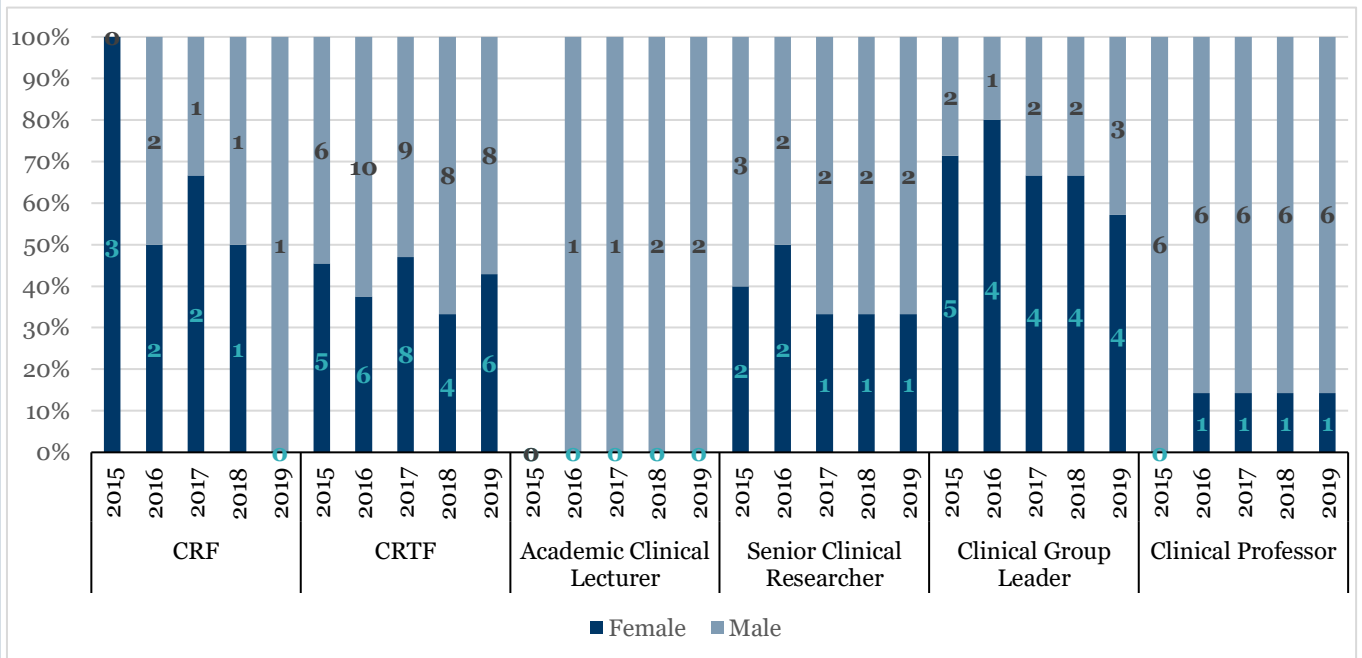
Figure14: Year-on-year Gender balance, clinical ACARES

[5] Medical Schools Council Academic Survey, Gender variation across academic grades over time (tabular data); viewed by Oncology speciality and role: 'Professors', survey year 2019

AP 5.1: We have identified 2 female candidates who will be eligible for Professorial titles over the next 4 years and will provide them with dedicated application support

Personal Development Reviews (Section.4.3.ii) provide opportunities for staff to discuss career aspirations. We are proud that since 2015, 6 RAs (2F/4M) have been successful in securing DPhil positions. RAs who have applied for study received support from GLs to move into academia (case study). This support has also seen a female clinical nurse successfully secure a DPhil position.

Mini Case Study: Female DPhil

I completed my MRes in Cancer Studies at another HEI and worked there as an RA, I enjoyed working with PhD students developing ex-vivo cancer research models and optimising methods of creating tissue explants for testing anti-cancer drugs. I was offered the role of RA/lab manager in Oncology, ensuring smooth execution of research and helping colleagues by carrying out experiments to supplement their work. I also aided students on placements, supporting literature research and cell culture techniques.

Whilst working, I was encouraged by my Group Leader to apply for a DPhil Oncology project within the lab. I received reference support from her and accepted a place for October 2019. My project builds on work I was involved in previously and I am developing my research techniques. I am writing a review paper with my supervisor that we intend to publish this summer.

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.

We have no variable or zero-hour contracts. As we are research-intensive with limited undergraduate teaching responsibilities we rely on external short-term funding, therefore the majority of Researchers (91%F/92%M) are on fixed term contracts (FTC), with no gender difference. Overall, 9% of our researchers hold O/E contracts, in line with 9% MSD average.

Analysing working practices as part of AS Self-Assessment included reviewing contract types amongst GLs. To avoid inconsistencies, Professors and Senior GLs are offered Open-ended (O/E) contracts to reflect senior standing. GLs who have not undergone funding review/programme renewal remain on FTC.

Of our Academics, 0%F/29%M are on FTC; two are Clinical Lecturers (fixed-term junior academic positions; consistent with 100% on FTCs across MSD), and two are Professors who moved to FTC in 2018 due to retirement plans. Therefore, all our eligible academic staff are on O/E Contracts.
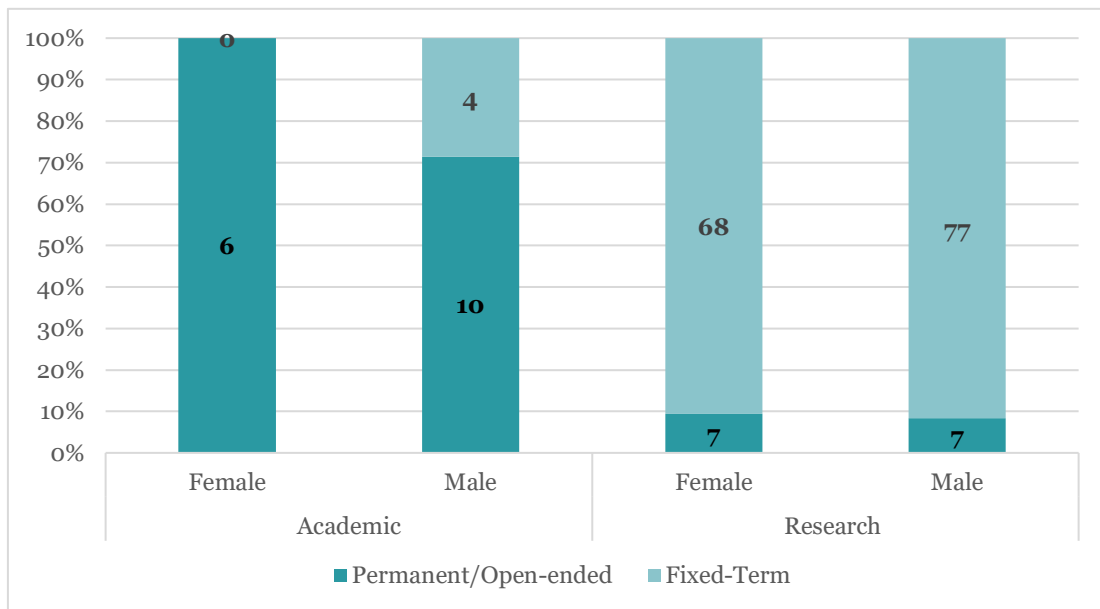
Figure15: ACARES contract types by gender

We follow University procedures for end of FTC, including notification periods, letters, time off for training, interviews and discussion on next steps. The University's priority candidate scheme encourages staff redeployment to vacant posts. Where funding is renewed, we will review contracts to ensure justification for retaining a successive FTC.

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

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

Leaving reasons and destination data are collected through mandatory leaver forms and optional exit questionnaires (SAP2016). Leaver forms are entered into HR systems for effective reporting, exit questionnaires provide additional information including role satisfaction and detailed leaving reasons. Since SAP2016, we have improved completeness of leaver data which is reviewed regularly to identify trends.

Overview

Leaver analysis is based on total populations and leavers for the review period 2015-2019. ACARES turnover is 20% (189 of 945), reflecting fixed-term funded nature of our posts, with no significant difference between 21%F (95 of 453) and 19%M (94 of 492).

Non-clinical ACARES

There is no significant gender difference within our leavers (Table5). The higher percentage of male GL/Professor leavers reflects the male dominated pools (68%M GL/Professor combined population). Reasons for leaving are reviewed in Table.6.

	Leavers		Population		Leavers as proportion of population	
	Female	Male	Female	Male	F%	M%
Grade 6	17	10	57	30	30%	33%
Grade 7	61	54	241	238	25%	23%
Senior Grades (8/9)	7	6	55	46	13%	13%
Group Leader	0	3	28	52	0%	6%
Professor	0	3	27	56	0%	5%

Table5: Non-clinical ACARES leavers by gender

	Leavers		Reason as proportion of leavers	
	Female	Male	F%	M%
Career	41	33	48%	43%
End FTC/Redundancy	31	28	36%	37%
Personal	7	8	8%	11%
Further study	3	0	4%	0%
Retirement	0	2	0%	3%
Other	3	5	4%	7%

Table6: Non-clinical ACARES leavers reasons by gender

We have a higher proportion of females (48%) who leave to continue career progression than the MSD Benchmark (34%F/44%M). It is encouraging they are progressing to other Academic/Research roles (Table.7).

The number who leave due to end of FTC (36%F/37%M) is consistent with MSD benchmarks (34%F/37%M) and reflective of the fixed-term funded nature of our posts.

	Leaver destination		Destination as proportion of leavers	
	Female	Male	F%	M%
Academia/Research	36	35	42%	46%
Private Industry	26	18	31%	24%
No destination	9	8	11%	11%
Not known	8	6	9%	8%
Further study	4	3	5%	4%
NHS/Healthcare	2	4	2%	5%
Retirement	0	2	0	3%

Table7: Non-clinical ACARES leavers destination by gender

Clinical ACARES

CRF/CRTFs are on FTCs as roles form part of their clinical training. 100% (9F/15M) of leavers finished at the end of their contracts or stated 'Career Reasons' upon leaving. The majority of leavers return to NHS (Table.8).

	Leaver destination		Destination as proportion of leavers	
	Female	Male	F%	M%
NHS/Healthcare	3	10	33%	67%
Not known	3	1	33%	6%
Academia/Research	1	3	11%	20%
Private Industry	1	0	11%	0%
Further study	1	1	11%	6%

Table8: CRF/CRTF leavers destination by gender

Senior clinical Researcher turnover is low at 15% (13%F/19%M). Of the 4 leavers, 1M retired, 1F returned to NHS, 1M remained in academia but relocated overseas, and 1M Clinical Group Leader moved to another HEI.

5. SUPPORTING AND ADVANCING WOMEN'S CAREERS
Recommended word count: Silver: 6500 words | Actual: 7094 (including 169 clinical)

5.1. Key career transition points: academic staff
(i) Recruitment

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

SAP2016 focussed on strengthening recruitment processes resulting in 100% of assessors on recruitment panels completing Recruitment & Selection and Implicit Bias training. Additionally, in excess of University requirements, panels are now gender-balanced. We promote family-friendly practices through our website's 'Working with Us' pages and posts are advertised on part-time/flexible basis where possible.

Non-clinical

Overall, females comprise 42% of applicants, 49% of shortlisted candidates and 54% of appointments (Table9). The majority (78%) of appointments are Grade 7.

		Female	Male	Unknown	Total	%F
Grade 6	Applied	336	277	15	628	54%F
	Shortlisted	36	26	3	65	55%F
	Offered	15	6	2	23	65%F
	Accepted	15	6	1	22	68%F
Grade 7 Postdoc	Applied	879	1244	49	2172	40%F
	Shortlisted	152	153	7	312	49%F
	Offered	57	41	2	100	57%F
	Accepted	46	40	2	88	53%F
Grade 8 (Senior Postdoc)	Applied	11	42	2	55	20%F
	Shortlisted	3	6	0	9	33%F
	Offered	1	2	0	3	33%F
	Accepted	0	2	0	2	0%F
Group Leader	Applied	0	10	1	11	0%F
	Shortlisted	0	4	0	4	0%F
	Offered	0	1	0	1	0%F
	Accepted	0	1	0	1	0%F

Total	Applied	1226	1573	116	2915	42%F
	Shortlisted	191	189	10	390	49%F
	Offered	73	50	4	127	57%F
	Accepted	61	49	3	113	54%F

Table9: Non-clinical ACARES recruitment data 2016-2019

Grade 6 and 7 female appointees are in line with our 5-year averages (67%F, 51%F respectively). There are higher percentages of females appointed compared to applicants and shortlisted. Comparative data (Table.10) demonstrates our percentage difference between applications and acceptances are in-line with local benchmarking. We continue working towards unbiased processes will refresh training and include independent external assessors on recruitment panels (AP5.3).

Grade	Applied	Shortlisted	Offered	Accepted
6	65%F/35%M	67%F/33%M	74%F/26%M	74%F/26%M
7	45%F/55%M	49%F/51%M	55%F/45%M	55%F/45%M

Table10: MSD Non-clinical ACARES Grade 6 and 7 recruitment data 2017-2019

Grade 7 applicants (40%F) are below our 51%F pool. We will review advertisement and pilot gender-decoder software for job descriptions and person specifications (SAP5.4).

The four Grade 8 vacancies had low female applicants and there were no female applicants for the two GL adverts (only one recruited). We recognise this is a large gap and too big to fix in one action. To start addressing this issue and improve gender balance at applicant level, we now encourage less experienced candidates to apply (SAP5.5). Adverts outline the opportunity to start at G7 and, with support, training and development, progress into G8 within post. We will monitor these recruitments for differences within applicant pools, assess the impact and use these examples as the basis for wider roll out to other senior posts.

Clinical

Overall, women comprise 45% of applicants, 47% of shortlisted candidates and 55% of appointments (Table.11).

		Female	Male	Unknown	Total	%F
CRF	Applied	25	25	0	50	50%F
	Shortlisted	11	7	0	18	61%F
	Offered	6	4	0	10	60%F
	Accepted	5	3	0	8	63%F
CRTF	Applied	30	35	1	66	45%F
	Shortlisted	9	13	0	22	41%F
	Offered	3	10	0	13	23%F
	Accepted	3	4	0	7	43%F
Senior Clinical Researcher	Applied	6	10	3	19	32%F
	Shortlisted	3	5	1	9	33%F
	Offered	3	2	0	5	60%F
	Accepted	3	2	0	5	60%F
Total	Applied	61	70	4	135	45%F
	Shortlisted	23	25	1	49	47%F
	Offered	12	16	0	28	43%F
	Accepted	11	9	0	20	55%F

Table11: Clinical ACARES recruitment data 2016-2019

Clinical Research Fellows (CRF) are enrolled in Masters training fellowships, and Clinical Research Training Fellows (CRTF) are enrolled in Clinical DPhil studentships. They are employed by us, whilst studying for their respective courses and working clinically. These clinical roles are aligned with the availability of integrated research projects. Candidates for CRTFs usually apply to multiple funding streams, and therefore some accept offers from external sources. Further offers are made to suitably qualified candidates as they arise, based upon rankings after interview. Over the quinquennium 6M diverted to other funding streams. The gender balance in offers/appointments made does not indicate a gendered issue.

While Senior Clinical Researcher numbers are too low to interpret fully, we are encouraged that 3 of our 5 appointments were female. Since the 2019 census date, we have employed a new female clinical GL who has been awarded a Career Development Fellowship to support development within her first independent position.

AP 5.3: To ensure unbiased recruitment we will refresh training on panels and expand panel expertise by including an independent external assessor;
AP 5.4: Review advertisement and wording of job adverts at Grade 7. Trial the use and effectiveness of gender decoding software for one year; re-analyse data and implement if impact observed.
AP 5.5: Grade 8 adverts outline opportunity for less experienced candidate to start at G7 and develop within post.

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.

Induction was previously organised by managers using Department guidelines. Despite excellent uptake, the majority (67%F/45%M; 2018) of staff reported induction as being "somewhat useful" compared to "quite or very useful". Consultations revealed variation in delivery, online format was proposed. Webpages cover general Oncology/University information, family-friendly practices, first-day expectations and manager induction checklist. This was piloted, refined and introduced in September 2019. There is a small decrease in uptake, although feedback is positive: "Really well-presented online induction." "Easy to read, not information overload." "Lots of useful information." New starters now receive links to induction within offer letters and are asked to complete induction within two weeks of starting.

Survey	Induction completed	Induction useful
2016	100%	95%F/95%M
2018	87%F/90%M	92%F/100%M
2020	83%F/86%M	100%F/80%M

Table12: ACARES survey results on department induction

Consultations suggests staff would find role-specific information helpful; we are developing targeted 'Welcome Packs'.

Probation

In accordance with University guidelines, ACARES probation is 6 months. In 2014, we introduced objective-setting meetings (OSMs) whereby new starters meet line managers within 3 months of appointment to agree key achievable objectives linked to skills/knowledge requirements and training/professional development. Progress towards achieving objectives is reviewed throughout probation (Figure.16).
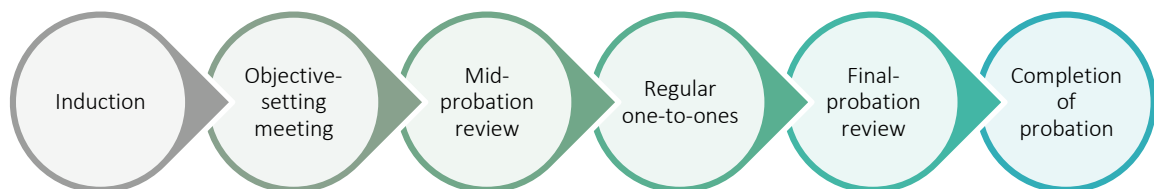
Figure.16: Oncology probation process

We noted gendered participation in ACARES OSMs in 2016 (69%F/94%M), investigation highlighted need for improved communications. Managers were re-briefed and email reminders were utilised resulting in significant improvements (100%F/91%M; 2018).

Since 2019, probation alerts are sent to both managers and employees. We have maintained our 100%F OSMs completion (2020); there were insufficient male responses to meet minimum data requirements.

	SAP2016	➢ Investigate fewer women having OSMs
	Action	➢ Improved communications and re-briefed managers
Impact	Impact	➢ ACARES Female participation in OSMs increased from 69% to 100%

New Starter Events

In May 2018 we introduced termly events where HoD invites new staff to join him for lunch. 90% (25M/20F) new ACARES have attended, feedback is very positive with all attendees reporting a "perfect opportunity to meet other new starters".

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.

	SAP2016	➢ **Support female staff into more senior positions**
	Action	➢ **Identified eligible women for RoD and provided administrative support**
		➢ **Supported regrading applications**
Impact		
	Impact	➢ **100% increase in total number of female professors since 2014; %F Professors (clinical and non-clinical) increased from 27%F to 33%F exceeding 26%F benchmarks**
		➢ **100%F GLs hold Associate Professor titles**
		➢ **4F ACARES regraded since 2016; 3 from G7-G8, 1 from G8-G9**

There are three routes to promotion; Award of Academic Titles (RoD), Annual Reward and Recognition (R&R) Scheme, and regrading.

Recognition of Distinction (RoD) (Clinical and non-clinical)

Senior researchers can apply for titles of University Research Lecturer (URL), Associate Professor (AP) or Professor to recognise significant academic contributions.

As well as HoD notifying Senior Researchers when applications open, we also identify and directly contact eligible candidates to discuss nominations. We encourage Professors to share RoD experiences and have a dedicated administrator who provides ACARES guidance for application writing. As a result, we have high success rates.

Professors

Since 2015, overall application success rates are 56%, with 67%F (2 of 3) and 50%M (3 of 6). Our female success rates are significantly above those of MSD (52%F). Our dedicated application support has increased the total number of female professors from 3 in 2014 to 6 (33%) in 2019.

Staff data (Section4.2.i) reveals lower representation of female clinical professors (1F/6M), compared to non-clinical (5F/6M). We have identified 2 clinical female candidates who will be eligible for Professorial titles over the next 4 years and will provide them with dedicated application support (AP5.1).

Associate Professors

Since 2015, overall application success rates are 93%, with 100%F (7 of 7) and 88%M (7 of 8). We are encouraged that our dedicated application support means both our female and male success rates are significantly above MSD benchmarks (80%F/78%M), and consequently, 100% of our female GLs hold Associate Professor titles.

Annual Reward and Recognition (R&R) Scheme

Staff contribution can be recognised via UoO's annual R&R Scheme. Excellence awards, small incremental payments, recognise consistent exceptional individual contributions. Recognition Awards, one-off payments, recognise exceptional individual or team contributions. Nominations come via managers, colleagues or self-nomination. Since 2015, 78% of nominations have come via line managers (no gender difference). Women represent 62% of successful applications, just above our 56%F population.

R&R is advertised via email, newsletters and posters. Applications are confidential and assessed by Departmental panels; 10 staff; 6F/4M, 50%ACARES.

	2015		2016		2017		2018		2019	
	F	M	F	M	F	M	F	M	F	M
Excellence Awards	6	6	2	-	2	1	-	-	1	-
Recognition Awards	-	-	4	4	1	-	3	2	2	-
Total successful	**6**	**6**	**6**	**4**	**3**	**1**	**3**	**2**	**3**	**0**
Unsuccessful	**-**	**1**	**-**	**1**	**3**	**4**	**-**	**-**	**-**	**1**

Table13: ACARES R&R applications by gender

Regrading

Regrading is a University process that involves changing the grade of a post (rather than rewarding individuals) to reflect increased duties/responsibilities. This is not a common ACARES promotion route, who typically increase grades by being named on external funding applications. Managers can identify candidates through PDR, providing guidance and support in completing applications with countersignature from HAF/HoD for Departmental support.

Overall women represent 78% of regrades, above our 48%F population. This is not a gendered issue, but a reflection of the higher representation of men who enter posts at more senior levels. We actively support female staff to take on more senior positions

through regrading and have introduced a new recruitment strategy to train candidates in post, support progression to more senior grades (p.36).

Applications by Grade	F	M
6-7	2	1
7-8	3	0
8-9	1	0
9-10 (GLs)	1	1
Total successful	7	2

Table14: ACARES regrade applications by grade and gender, 2014/15-2018/19. Senior Scientists represent Grades 8/9

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.

In REF 2014, all eligible females were submitted, including 1F clinical GL who had taken two periods of maternity leave over the qualifying period. Of Department submissions, 36% were female; consistent with our combined GL/Professor pool.

Although we present RAE 2008 data, RAE pre-dated the existence of Oncology and a number of Departments submitted under the title of 'Cancer Studies'. Table 15 includes all staff in RAE 2008 who became members of Oncology.

	RAE 2008			REF 2014		
	Eligible	Submitted	Submission rate	Eligible	Submitted	Submission rate
F	6	6	100%	10	10	100%
M	26	26	100%	28	18	69%
Total	32	32	100%	38	28	74%
F %	19%	19%	-	26%	36%	-

Table15: Submissions to 2008 RAE and 2014 REF (headcount).

We completed a 'dry-run' as part of University preparations for the next REF submission. All eligible women were submitted.

	2019 REF 'dry-run'		
	Eligible	Submitted	Submission rate
F	11	11	100%
M	24	23	96%
Total	35	34	97%
F %	31%	32%	-

Table16: Submission to 2019 REF 'dry-run'

Since the 'dry-run', four more ACARES have been identified as REF eligible (1F/3M). We anticipate similar submission rates as Table.16 for the next REF. Additionally, we have been considered for a major research impact case, including 1F clinical GL being nominated for an international impact case study.

(i)   Induction

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

PSS have the same induction as ACARES, which was updated to an online format in 2019. New staff receive links to induction within offer letters and are asked to complete it within two weeks of job commencement. Staff surveys demonstrate excellent levels of satisfaction (no 2016 data). We will continue monitoring uptake and reviewing feedback.

Survey	Induction completed	Induction useful
2018	100%	92%F/100%M
2020	95%F/100%M	93%F/100%M

Table17: PSS survey results on department induction

PSS consultation supports introduction of role-specific information. We are developing targeted 'Welcome Packs'.

Probation

Under University guidelines, PSS probation is 6 months for support staff and 12 months for professional/managerial. From 2014, we introduced the same objective-setting meetings (OSMs) as ACARES, with progress reviewed throughout probation.

Gendered uptake of OSMs in 2016 (50%F/100%M) led us to improve communications, re-brief managers and issue reminders (SAP2016). We were encouraged these actions reduced gender imbalances (69%F/67%M; 2018). Since 2019, updated processes included probation alerts being sent to both manager and employee resulting in improved uptake (100%F/88%M; 2020).

	SAP2016	➤ **Investigate fewer women having OSMs**
Impact	**Action**	➤ **Improved communications and re-briefed managers**
	Impact	➤ **PSS Female participation in OSMs increased from 50% (2016) to 100% (2020)**

New Starter Events

Since introduction in May 2018, 95% (17F/8M) new PSS have attended. Feedback is very positive, all attendees reporting it as a perfect opportunity to meet other new starters.

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.

There are two routes to promotion; Annual R&R Scheme and regrading. Processes are the same for PSS as ACARES.

R&R Scheme

Since 2015,79% of nominations came from managers (no gender difference). Females represent 82% of successful applicants (from 73%F population). We continue to provide targeted communication for staff awareness of scheme and eligibility.

	2015		2016		2017		2018		2019	
	F	M	F	M	F	M	F	M	F	M
Excellence Awards	11	2	4	2	5	1	2	1	3	-
Recognition Awards	5	-	5	-	7	2	2	1	2	1
Total successful	**16**	**2**	**9**	**2**	**12**	**3**	**4**	**2**	**5**	**1**
Unsuccessful	**1**	**-**	**-**	**-**	**2**	**2**	**-**	**-**	**2**	**-**

Table18: PSS R&R applications by gender

Regrading

Regrading is a more common route for career progression among PSS compared to ACARES. Managers can identify staff through PDR. They provide guidance and support for applications (see case study) with countersignature from HAF/HoD for Departmental support.

Twenty PSS (13F/7M), including 5 technicians (2F/3M) successfully regraded since 2014/15. Overall, we have a 95% success rate. Females represent 65% of regrades, lower than the 73%F staff pool. It may be that more women are awarded R&R when regrading could be more appropriate. We are creating written guidance for line-managers to identify regrading criteria within PDRs and implementing communication channels for R&R panels to feedback if applicants may be eligible for regrading (SAP5.6).

Applications by grade	F	M
4-5	4	1
5-6	4	1
6-7	2	2
7-8	2	1
8-9	1	2
9-10	1	0
Total Successful	**13**	**7**
Unsuccessful	**1**	**0**

Table19: PSS regrade applications by grade and gender, 2014/15-2018/19.

Case Study: Female Clinical Trials

In May 2014, I was appointed as Scientific Officer within the Sample Handling Lab SRF. In July 2014, my manager encouraged me to apply for a regrade to Senior Scientific Officer and the Department supported me to take a Masters Degree in Experimental Therapeutics. In 2017, after completion of my degree, I took on more responsibility within the lab; from a supervisory role to a management position. Recently, I was encouraged to apply for regrading into my current role as Lead Scientist for the SHL which, amongst other things, includes overseeing and training a team of 5 technicians, responsibility of the reporting systems for the SHL and managing team workload. My regrade application was successful.

AP 5.6: We are creating written guidance for line-managers to identify regrading criteria within PDRs and implementing communication channels for R&R panels to feedback if applicants may be eligible for regrading

5.3. Career development: academic staff

(i) Training

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

Issue	➤ Low awareness of training opportunities
Action	➤ Invested in departmental T&D support and improved communications
Impact	➤ Awareness of training opportunities increased from 54%F/56%M to 76%F/80%M

We are committed to training and development (T&D) in department and following SAP2016, we invested in a Training and Development Administrator (TDA) to deliver T&D initiatives. Alongside this role we formed the Oncology Training and Development Committee (T&DC), chaired by an academic lead and supported by the TDA. The T&DC (41%ACARES) has 22 (67%F) volunteer members and reviews and supports local activities.

Individual T&D needs are also assessed by managers and reviewed regularly within probation (Section.5.2.i), 1:1 meetings and PDR (Section.5.3.ii).

University training

Staff have access to training through University providers (MSD, People and Organisational Development [POD] and IT), free online training is also available via LinkedIn Learning. Details are provided at induction and highlighted in newsletters. Between 2015-2019 there were 428 training encounters, of which 41%F and 59%M, broadly consistent with our 45%F/55%M population.

Departmental training

ACARES consultations in 2018 reported difficulties accessing face-to-face University training due to class locations being at least an hours' travel time. In response, we introduced on-site T&D sessions (Table.20); the T&DC identify topics from surveys, consultation and anonymised PDR feedback. Training is advertised via newsletters, posters and website. In 2021, T&DC will launch an annual local training programme for ACARES and PSS (AP6.5).

Course topic	Attendance			
	Female	Male	Total	%F
Anti-Bullying and Harassment	46	37	83	55%F
Implicit Bias	45	36	81	56%F
Find your transferable skills: A careers workshop for postdocs	35	18	53	66%F
Public Engagement Communications	12	11	23	52%F
Financial side of Grant Writing	8	13	21	38%F
Responsible Bystander	9	1	10	90%F

Table20: Example department training sessions, Jan 2018-Dec 2019

We are pleased that establishing T&DC and improving communications around training led to a significant improvement in awareness of training opportunities and women having increased opportunities to learn new skills (Table21).

Survey	Clear on training opportunities	Have opportunities to learn new skills
2016	54%F/56%M	69%F/79%M
2018	42%F/62%M	70%F/75%M
2020	76%F/80%M	76%F/78%M

Table21: ACARES survey results on training and development

Since mid-2019 we have piloted a skills and development platform, Inkpath. This allows users to view training available from Department and University. Fifty staff piloted Inkpath; 35%ACARES of which 54%F/46%M. Feedback reported it as useful for sourcing opportunities and creating personal training logs, Inkpath is now being embedded as a Departmental tool (AP6.4). The TDA successfully lobbied for its adoption within MSD and is working with other departments to share good practice.

In 2020, 59%F/46%M report completing training in the last year; lower than percentages aware of opportunities. It is the first time this question has been asked, however this baseline is similar to other MSD departments. We will strengthen understanding around ACARES entitlement to 10 annual training days, in accordance with Researcher Concordat, through manager training, PDR and increased communications/reminders (AP6.6).

All Department activities are monitored for effectiveness; feedback collected following sessions and used to inform appropriate changes to content and/or delivery.

Manager and leadership training

Training spotlights in newsletters contain management/leadership training resources, including 'Effective feedback conversations', 'Inclusive Leadership'. Staff are also supported to undertake external leadership training (see case studies below).

This has resulted in increased managers' confidence regarding staff performance and feedback, which is reflected in staff satisfaction with manager feedback (Table.22).

Our 2020 survey highlighted 38%F/41%M ACARES would like more opportunities to develop management/leadership skills. We are working with the Oncology Postdoc Network to facilitate sessions for Early- and Mid-Career Researchers (AP5.13).

Survey	Manager confident managing staff performance and giving feedback	Staff feel manager provides helpful feedback
2016	76%F/90%M	70%F/83%M
2020	100%F/100%M	88%F/87%M

Table 22: ACARES survey results on manager feedback

	SAP2016	➢ **Equip managers to lead teams effectively**
	Action	➢ **Targeted training resources**
Impact	Impact	➢ **Increased confidence in managing staff and providing feedback from 76%F/90%M to 100%F/100%M**

Case study: Female Clinical GL

I joined the Department in 2015 as a clinician-scientist. I lead the Early Phase Clinical Trials and head a research group. I am married with two children and my husband and I fit our working week around the children's school, choir and football commitments.

When I took over leading the Clinical Trials team in 2017, which is made up of over 80 clerical, medical, nursing, scientific and administrative staff, the Department provided me with external leadership coaching. It was useful to discuss my challenges with someone independent and objective. This helped me develop my leadership skills and supported my transition into managing a large and diverse team. It also inspired me to take the lead on the Departmental Mentoring Scheme as I wanted others to have opportunities to discuss challenges and career transition with someone outside of their usual working environments.

Case Study: Male Postdoc

I joined Oncology in 2012 as a postdoc and received an early career independent Marie Curie development fellowship (2013-2015). I continued working in Oncology, and have received exceptional mentorship from Professor Harris. I am able to discuss and collaborate with other GLs, interact with scientists from different disciplines and have received many training opportunities. I attend conferences at local, national and international level to discuss our work.

Professor Harris provided me with reference support and time off to complete the next generation leadership course (BRC Oxford), as well as the course ''ideas-2-impact'' (Said Business School) to enhance interactions between scientist and Executive-MBA fellows.

I have recently been successful in obtaining an Assistant Professor position in the Radiation Oncology Department, Democritus University of Thrace, Greece. My wife and I have three children and we enjoyed life in Oxford. The Department provided me with the best environment to balance work and personal life, which I found was the most important thing for my career development.

AP 5.13: Work with the OPN to facilitate management/leadership training for Early- and Mid-Career Researchers;
AP 6.4: Embed Inkpath within Department to continue increasing awareness of training opportunities;
AP 6.5: T&DC to implement annual training programme for ACARES and PSS training to be delivered locally;
AP6.6: Use manager training, PDR and regular communications to promote training opportunities and entitlement to annual training days.

(ii) Appraisal/development review

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

	SAP2016	➤ **Adapt PDR guidance to focus on training**
	Action	➤ **PDR forms/guidance updated with focus on T&D**
Impact	**Impact**	➤ **Increased % women feel supported with professional development; 63% to 73%** ➤ **Increased % women report their manager encourages career development; 54% to 71%** ➤ **Increased % women feel comfortable discussing training needs; 63% to 80%**

Annual PDRs have been running since 2013. In 2019 uptake remained at 55% overall, with 54%F/46%M eligible staff completing PDR (AP6.3). Combined training sessions for reviewers and reviewees are run annually in-house by our HR Manager; attendance varies between 5-15 attendees (average 55%F). Session times and locations vary to accommodate part-time/flexible working, with training also accessible online.

For the 2019 PDR, we redesigned the forms and developed interactive information packs for reviewers and reviewees; signposting resources to increase the focus on training and development (SAP2016).

Figure17: PDR interactive pack

We are pleased that improving PDR processes has significantly increased females feeling supported with career development (Table.23).

Survey	Staff feel supported in professional development	Staff agree manager encourages career development activities	Staff feel comfortable discussing training needs with manager
2016	63%F/72%M	54%F/66%M	63%F/80%M
2020	73%F/70%M	71%F/62%M	80%F/85%M

Table23: ACARES survey results PDR

Despite success within ACARES feeling supported with career development, PSS results (Table.28, p62) demonstrate higher satisfaction levels. Qualitative feedback has included PDR "feeling rushed" and "not leading to change". To address this, we are introducing mandatory training for managers conducting PDRs (AP6.1/6.2). We will investigate why PDR serves PSS better, and close the gap between the staffing groups.

AP 6.1: Deliver targeted training for managers in effective PDR, following-up agreed actions
AP 6.2: Provide a PDR checklist for managers including information about development opportunities through Inkpath, entitlement to annual training days, public engagement and grant writing support.
AP 6.3: Institute reminder email system for managers and staff to ensure PDR is completed

(iii) Support given to academic staff for career progression

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

We host initiatives aimed at assisting ACARES within career progression.

Seminars

Seminars support career progression through developing confidence with presenting to larger audiences, increasing visibility of ACARES and their work, and providing networking opportunities with internal and external contacts. We offer a number of forums to support development:

- Monthly external seminars; followed by lunch, where junior researchers can meet informally with speakers to discuss science and careers;

- Weekly internal seminars; students and postdocs present and chair sessions;

- Annual Postdoc Away Days; invited speakers and 'flash presentations' from postdocs;

- Annual CRUK Oxford Centre Symposium.

Oncology Postdoctoral Network (OPN)

The OPN, established in 2013, is led by a small committee and has budgets for away-days, careers events and meetings. The committee canvasses opinions of postdocs, has representation at GL meetings and provides feedback to OEC. New postdocs receive OPN information during induction and automatically become members.

Awareness of OPN has remained high (85%F/82%M), however event attendance and satisfaction has decreased (Table24). We have re-established formal links between OPN and administrative staff to work together organising careers events and training. The committee have now recruited new members (8F/5M), with designated roles in leading events, training, socials, etc.; they are represented at AS-SAT/T&DC. We increased OPN annual budgets and HoD has written to GLs reiterating expectations that researchers are encouraged to attend planned events and career presentations.

Survey	Staff attended OPN events	Staff found OPN events useful
2016	75%F/60%M	93%F/100%M
2020	46%F/52%M	83%F/57%M

Table24: ACARES survey results on OPN

Careers Events

As well as supporting access to University-wide Careers Services through advertising events and 1:1 appointments, we launched our 'Career Chats' series in 2016. Speakers give informal talks about their diverse post-PhD career experiences followed by questions and networking. OPN organise the series with administrative support. We have achieved gender-balance among speakers. Ideas for topics are canvassed through consultations, with future sessions based on these topics.

Mentoring

In 2016, 88%F/82%M reported that mentoring would be helpful, yet only 20%F/23%M had been mentored. We increased communications around mentoring schemes and designed a pilot Departmental scheme (SAP2016), aiming to support staff at career transition points, which launched in 2018.

Of ACARES, the pilot had 3F/3M mentors and 5F/2M mentees. 4F/2M mentees felt their mentors provided new ideas, helped resolve issues, and responded to concerns, and 4F/2M would recommend the scheme. Mentees reported outcomes including "having a bigger network", "increased information and ideas about career plans", "increased confidence with career options/decisions".

The pilot has yet to impact on survey results, where the 2020 survey still reported a low number of ACARES being mentored (23%F/18%M). The pilot scheme will increase from annual to rolling recruitment and we will increase communications (AP5.9/5.10). Feedback highlighted ACARES wanted opportunities for external mentors; we investigated inter-departmental schemes and will introduce this for 2021 (AP5.11).

AP 5.9: Expand Department mentoring scheme to rolling recruitment, increasing those being mentored to at least 50% of staff.
AP 5.10: Increase related communications around scheme recruitment, mentoring benefits, and advertise previous mentor/mentee experiences.
AP 5.11: Work with the two identified MSD departments to provide inter-departmental mentoring scheme with at least 15 pairs matched by 2022

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).

The Graduate Studies Office, Director/Deputy Director of Graduate Studies and Graduate Studies Committee (GSC) provide support for students. Pastoral support is also provided by supervisors and Colleges.

Induction

New students attend Department-led inductions outlining course structure, expectations, and information on training and sources of support; 78%F/87%M find the induction useful (2020). The Oncology Student Network (OSN) also organise a welcome meal for new students.

Supervision

Since 2014 DPhil students have their own Research Thesis Committee comprising 3 members: the student's 2 supervisors and another GL or senior postdoc. This provides informal, broad support helping students complete their research programme, submit their thesis and plan for their career. The committee meets twice per year to discuss progress and future plans. As a result, 90%F/100%M students feel supported in thinking about their professional development (2020).

Career Development

All students have opportunities to present at lab meetings and weekly internal seminars. Our annual Student Symposium provides additional opportunities for students to deliver oral and poster presentations in a supportive environment. Satisfaction is good at 74%F/73%M (2020). Symposium prizes are awarded for the best poster, oral presentation, question and image. Winning images are used on the abstract book cover.

Students have access to ACARES resources (Section.4.3iii) including OPN events promoting career paths through 'Career Chats', Away-Days and networking with senior ACARES. Awareness of OPN is 63%F/56%M (2020) and student event attendance is low (21%F/7%M; 2020). Currently only 50%F/55%M are aware of their career options; we are planning a student Career Roadshow comprised of sessions such as 'How to get your Postdoc', 'Networking for Careers', 'Transferable Skills', 'Careers outside Academia' (AP7.2).

Training

Students have access to University training providers and representatives (1F/1M) sit on our T&DC to review local training offerings. Training is advertised through OSN, Newsletters and posters. We offer Departmental courses such as 'How to write your thesis' and students have been involved in our Inkpath pilot.

Actions to promote training has led to increased numbers of female students feeling clearer about development opportunities from 43%F/79%M (2016) to 60%F/77%M (2020).

	Need	➢ **Greater student awareness of development opportunities**
Impact	**Action**	➢ **Targeted training communications**
	Impact	➢ **Increased %F students feel clear on development opportunities; 43%F to 60%F**
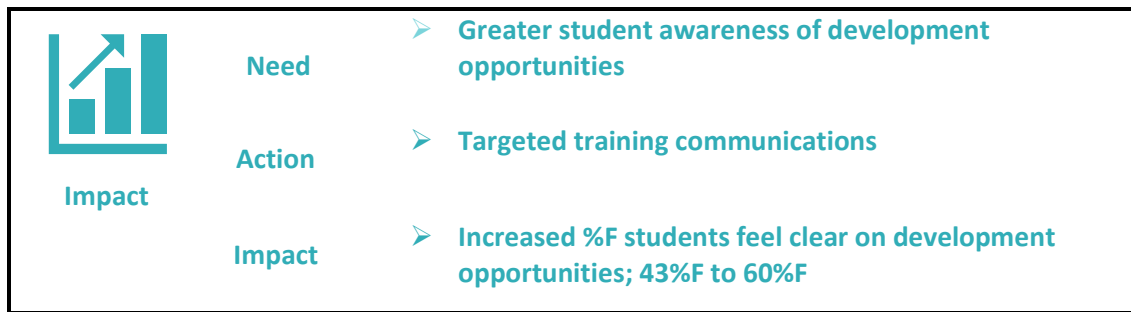
Mentoring

Mentoring is available to students through their colleges, however only 32%F/29%M students are aware of this. Of those with mentors (33%F/19%M), 50% of women and 75% men receive support through informal relationships. We will liaise with MSD Graduate School to establish communication methods of mentor schemes (AP7.4). Within the CRUK Oxford Centre's new DPhil in Cancer Science programme we have committed to 100% of students being mentored.

Teaching

Students have expressed interest in developing teaching skills. Currently, 13%F/21%M are engaged in teaching but 81%F/69%M would like further skills. Our department plan is to professionalise teaching, employ people to teach, create links within the collegiate University to develop more teaching posts and establish new courses. We have appointed two Teaching Fellows to support the development of teaching skills and drive forward our aims to professionalise teaching (AP7.3).

Clinical students

As well as inclusion in the above, the Clinical Teaching Steering Group has provisions for career development of CRFs/CRTFs. For example, in 2019 we worked with 3 CRTFs to create opportunities for students to attend NHS Cancer Multidisciplinary Team Meetings.

AP 7.2: Career Roadshow with session topics of interest such as 'How to get your Postdoc', 'Networking for Careers', 'Transferable Skills', 'Careers outside Academia';
AP 7.3: Train 10 people by 2022 to develop, deliver and receive feedback for teaching a lecture on our MSc course or similar;
AP 7.4: Work with MSD Graduate School to establish communication methods of mentoring scheme across colleges.

Support offered to those applying for research grant applications

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

Support for ACARES applying for funding is provided by our Grants Team, GLs and our Executive Office of Research (EOR). We aim to equip researchers with the tools and skills to identify funding opportunities and write successful grants.

The EOR proactively highlights key funding calls to ACARES and supports applicants with grant writing through advising on best practice and co-ordinating peer-review. If unsuccessful, ACARES are fully supported by the Department and assisted with re-application. For example, we supported 4 GLs (2F/2M) whose major programme grants have not succeeded and provided effective grant writing support for re-application. As a result, 2F have gone on to win major grants.

There is no gender bias in our overall success rate of 27%F/28%M (Table.25), although lower than the MSD average of 33%F/34%M. There is a gendered success rate for awards between £500k-£1M, we will offer greater support for applications (AP5.7).

APPLICANT GENDER	Apps	Awards	Apps	Awards	Apps	Awards	Apps	Awards
	0-99K		100K-499K		500K-1M+		ALL	
Female	52	12	65	21	25	6	142	39
Male	88	19	90	27	53	18	231	64
Success rates — Female		23%		32%		24%		27%
Success rates — Male		22%		30%		34%		28%
Proportion of values applied for — Female	37%		46%		18%			
Proportion of values applied for — Male	38%		39%		23%			
Proportion of values awarded — Female		31%		54%		15%		
Proportion of values awarded — Male		30%		42%		28%		

Table25 Grant success rates

We will be working to increase Junior GLs within Oncology by supporting researchers applying for independent funding through fellowships (AP5.2). Currently only 7% of applications are for fellowships (no gender difference), this is due to previous funder restrictions.

We deliver grant writing training for Early- and Mid-Career Researchers. Previous workshops received good turnout ~30 attendees (55%F). We are working with OPN, facilitating a new series of grant writing workshops (AP5.8), this will work alongside our actions for improving female representation at higher levels.

AP 5.2: Fellowship application support provided to assist applicants into independent positions.
AP 5.7: Offer dedicated training and support for women applying for larger award grants;
AP 5.8: Deliver grant writing series for Early- and Mid-Career Researchers including sessions on costing grants, panels with successful/non-successful applicants, funder top tips.

5.4. Career development: professional and support staff

(i) Training

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

All training provisions, including Inkpath, are the same for PSS as ACARES (Section.5.3.i), the T&DC has 59% PSS representatives.

Establishing T&DC and improving communications around T&D has increased staff awareness and opportunities and decreased gendered differences (Table26).

Survey	Clear on training opportunities	Have opportunities to learn new skills
2016	56%F/69%M	65%F/74%M
2020	83%F/87%M	92%F/89%M

Table26: PSS survey results on training and development

	Issue	➤ **Low staff awareness of training opportunities**
	Action	➤ **Invested in departmental T&D support and improved communications**
Impact	**Impact**	➤ **Increased awareness of training opportunities from 56%F/69%M to 83%F/87%M** ➤ **Increased opportunities to learn new skills from 65%F/74%M to 92%F/89%M**

In 2019, when the Researcher Concordat mandated ACARES entitlement to 10 annual training days, T&DC recommended to OEC that PSS are provided with the same opportunity. This was ratified and communicated. We are pleased that 85%F/72%M have taken up this opportunity since 2019. Training entitlement will be included in communications, manager training and PDR; we will monitor uptake through PDR and surveys (AP6.6).

		Issue	➢ Equal opportunity for PSS to access time for T&D
		Action	➢ Introduced minimum entitlement for PSS training days in line with ACARES
	Impact	Impact	➢ 85%F/72%M PSS report completing training since 2019

Manager and leadership training

PSS have access to the same opportunities provided to ACARES. Resulting from improved signposting of resources and training, managers report an increase in feeling confident in managing staff performance; staff feedback reflects this (Table.27).

Survey	Manager confident in managing staff performance and giving feedback	Staff feel manager provides helpful feedback
2016	79%F/40%M	71%F/84%M
2020	89%F/100%M	91%F/94%M

Table27: PSS survey results on manger feedback

		SAP2016	➢ Equip managers to lead teams effectively
		Action	➢ Targeted training resources communicated to managers
	Impact	Impact	➢ Increased confidence in managing staff and providing feedback from 79%F/40%M to 89%F/100%M

AP 6.6: Increase awareness of annual training days entitlement through manager training, PDR and increased communications/reminders. Increase number who report completing training to 95% with no gender difference.

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.

PSS follow the same process and training as ACARES. In 2019, levels of uptake remain at 55% overall, with 54%F/46%M eligible staff completing PDR (AP6.3).

Our new PDR process has resulted in increased PSS feeling "supported within career development" and in "discussing training needs" (Table.28)

Survey	Staff feeling supported in professional development	Staff feel manager encourages career development activities	Staff feel comfortable discussing training needs
2016	69%F/74%M	57%F/65%M	77%F/79%M
2020	89%F/100%M	85%F/85%M	88%F/95%M

Table28: PSS survey results on PDR

	SAP2016	➤ **Adapt PDR guidance with focus on training needs**
Impact	**Action**	➤ **PDR forms/guidance updated; increased focus on training and development**
	Impact	➤ **Increased % women feel supported with professional development; 69% 2016 to 89% 2020**
		➤ **Increased % women being encouraged within career development; 57% 2016 to 85% 2020**
		➤ **Increased % women feel comfortable discussing training needs; 77% 2016 to 88% 2020**

Despite these successes, surveys demonstrate mixed responses in satisfaction around the usefulness of PDR, from 83%F/69%M (2016) to 70%F/92%M (2020). This may be underrepresentation in responses; 46F/20M replied to the question about having PDR, however only 30F/12M replied to questions on usefulness. We will run a PDR FG to understand these results (AP6.1).

AP 6.1: Run Personal Development Review Focus Groups to understand usefulness of PDR, use feedback to inform actions.
AP 6.3: Institute reminder email system for managers and staff to ensure PDR is completed

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

Career Support

PSS are invited to UoO's annual Professional Services Conference where they can learn new skills, broaden their knowledge of University administration and network with others around the University.

UoO Career Support Network is available to PSS and provides confidential, impartial advice from experienced recruiters on preparing effective job applications.

Professional Development

We part-fund courses and/or provide paid time off for training; since 2018, 4 Staff (100%F) within the Finance team (88%F) were supported to complete professional accounting qualifications, and 5 members (100%F) of the HR Team (100%F) since 2015 have completed Chartered Institute qualifications. Staff within our Clinical Trials unit undertake specialist training as necessary.

Mentoring

PSS are included in our mentoring scheme (p56). Of PSS, the pilot had 4F/0M mentors and 3F/0M mentees. All mentees reported their mentors provided new ideas, helped resolve issues, and responded to concerns. All participants would recommend the scheme to colleagues. Mentees reported outcomes including "increased self-awareness and how to self-analyse", "successfully applied for a new job".

Of PSS, 18%F report having a mentor in both 2018 and 2020 (no 2016 data), and there has been an increase in the number of women who would be interested in having a mentor (19% 2018–33% 2020). 10%M report that they would be interested in having a mentor. We will update the mentoring scheme to a rolling recruitment and increase communications (AP5.9&5.10).

	AP 5.9: Expand Department mentoring scheme to rolling recruitment **AP 5.10:** Increase related communications; increased % of staff being mentored to 50% with no gender difference and 75% of staff aware of mentoring options.

5.5. Flexible working and managing career breaks

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

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

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

When staff notify us of maternity leave, they have a meeting with HR who outline leave entitlements, accrual of annual leave, return-to-work arrangements, Keeping-In-Touch (KIT) days, etc. A comprehensive Maternity Leave Plan is complete along with a risk assessment.

Feedback suggests meetings present information overload. We are working with staff to develop Family Leave Packs containing all essential information (AP4.1). Copies of the pack will be available on notice boards so staff have access to family and career planning information.

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

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

University schemes for maternity/adoption leave offer: 26 weeks at full pay, 13 weeks Statutory Maternity Pay and 13 weeks unpaid leave.

Details provided at induction and on our website, we also promote My Family Care, a provider of services including emergency childcare, in newsletters and at childcare events.

In the event that a funder does not cover the cost of a maternity leave replacement, we provide the funding, ensuring minimal disruption to research and making return to work easier. KIT days are encouraged to maintain contact and assist transition, and although there is no obligation to utilise these, uptake is low. Since 2014/15, 3 KIT days have been used by two ACARES; no PSS uptake. We are unsure of reasons for this; we will create a KIT day fact sheet for staff taking family leave (AP4.2).

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

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

The University has 430 subsidised childcare places, based on nursery place/staff ratio of 1:31 (Russell Group average 1:75). Oxford offers salary sacrifice schemes for payment of nursery fees and a tax-free childcare scheme. In 2019 we ran a Childcare Information Event promoting My Family Care and resources for parents along with networking time. There were 25 attendees (19F/6M) including 3 women who were on maternity leave.

To improve provisions for parents, parking permits requests are prioritised; applications are identified by the review panel. In 2019, 29 applications cited family commitments; 100% (76%F/24%M) were approved.

Informal feedback from those returning to work suggests they would benefit from a more structured process regarding objectives. We will pilot structured objective-setting meetings to support those returning from leave (AP4.3).

The University Returning Carers Fund (RCF) supports return to research for staff who have taken 6+ months leave for caring responsibilities. Funds can be requested for research support or career development. Between 2014-2015 we had no applications despite 4 eligible ACARES. We now promote RCF via newsletters and contacting eligible staff directly to encourage application (SAP2016). From 2016-2019 we submitted 6 applications; 100% were successful. This included an application from a female postdoc who, with Departmental support, received funding to apply for training despite being at end of FTC.

	SAP2016	➤ **Support women returning for maternity leave**
	Action	➤ **Targeted communication about Returning Carer's Fund**
Impact	**Impact**	➤ **Increased number of women who received RCF funding from 0 to 6**

(iv)   Maternity return rate

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

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

2014/15-2018/19 had 39 maternity leave encounters (24ACARES/15PSS), 90% return rate is consistent with UoO (91%). Staff take on average 8 months; 80% returners remained in post after 6 months, 49% in post after 18 months.

Of the 4ACARES who did not return; two left citing personal/family reasons and two left due to end of FTC – one took employment within NHS and another was ineligible for redeployment due to being on an external contract.

	Returned	Left	Return %	In post after return				
				<6 months	6months+	12months+	18months+	Not yet known
ACARES								
2014/15	3		100%		100%			
2015/16	2		100%		50%		50%	
2016/17	6		100%			17%	83%	
2017/18	3	1	75%			33%	67%	
2018/19	6	3	67%	50%			33%	17%
PSS								
2014/15	4		100%		75%	25%		
2015/16	3		100%	33%			67%	
2016/17	3		100%	67%			33%	
2017/18	1		100%				100%	
2018/19	4		100%	25%			75%	

Table29: Maternity return rates

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

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

All family leave is advertised via Newsletters, website and within induction. University schemes for Shared Parental Leave (SPL) offer: 26 weeks at full pay, 13 weeks Statutory SPL Pay and 13 weeks unpaid leave, and Paternity Leave (PL): 2 weeks at full pay.

Between 2014/15-2018/19, 18 men (15ACARES/3PSS) have taken 2 weeks of PL, representing 15% and 9% respectively of male staff. Three ACARES have taken SPL (2F/1M) and 1F ACARES/1F PSS have taken adoption leave, one of whom returned on flexible working arrangements.

(vi)   Flexible working

Provide information on the flexible working arrangements available.

Flexible working arrangements are common, the majority are made informally with agreed adjustments to working hours to accommodate for caring responsibilities, etc. The informal nature is valued by staff as it enables arrangements to be agreed quickly and for short periods of time. Formal requests (Table.30) are completed via HR.

In the 2020 survey, 57%F/70%M PSS and 84%F/71%M ACARES report working flexibly; overall 77%F/74%M say they are satisfied with their Work/Life balance.

	Female		Male	
Year	Requests	Reason	Requests	Reason
2015/16	3 ACARES	Family		
Success rate	100%			
2016/17	2 ACARES	Family		
	5 PSS	Family		
	6 PSS	Career/study		
	2 PSS	Health		
Success rate	100%			
2017/18	2 ACARES	Family	2 ACARES	Family
	4 PSS	Family	1 ACARES	Career/study
	1 ACARES	Career/study	1 ACARES	Flexi-retirement
	3 PSS	Career/study		
	1 ACARES	Health		
Success rate	100%		100%	
2018/19	10 PSS	Family	1 ACARES	Family
	1 ACARES	Career/study	2 ACARES	Career/study
	2 PSS	Career/study	1PSS	Career/study
	1 PSS	Flexi-retirement	1 ACARES	Flexi-retirement
	1 PSS	Health		
Success rate	87%		100%	

Table30: Flexible working requests

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

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

All staff can apply for flexible working including increasing/decreasing their hours. All requests are considered and, if operationally possible, granted.

CASE STUDY: Male GL, Career Development Fellow

I am a career development fellow and established my independent research group within the Department of Oncology as an affiliate of the Oxford Institute of Radiation Oncology in January 2017. The prospect of establishing your own group and undertaking supervision of students can be daunting but I found the Department to be an extremely supportive environment. I have found regular meetings with senior peers to be extremely useful, both with regards as to how to approach running my group and how to maintain a work-life balance. I have received great support in the writing of small grants which has been vital in funding my group.

In September 2017 my daughter was born, so in addition to finding my feet establishing my own group I also needed to adapt to my new responsibilities as a father. Despite being an extremely special and rewarding time, the task of juggling work-life balance became much more pressing. Here support from the Department was invaluable, and it has afforded me the possibility of having flexible working hours. This has been particularly important once my wife returned to work full-time. I am able to collect my daughter from Nursery and work from home when needed. Overall, I have found the Department to be an extremely supportive environment that has allowed me to establish my research group in tandem with raising my young daughter.

AP 4.1: Develop comprehensive Family Leave Packs;

AP 4.2: Create a KIT day fact sheet to drive a targeted approach for staff taking family leave;

AP 4.3: Pilot structured object-setting meetings to support the transition back into work from family leave.

5.6. Organisation and culture

(i)   Culture

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

Athena SWAN Charter Principles

AS principles are promoted on our website and leaflets on Department noticeboards. We recognise academia needs the talents of all and we support this through ensuring Department-wide activities are open to everyone, including; T&D activities, mentoring and PDR. When the Researcher Concordat stipulated training entitlement for ACARES, we also introduced this for PSS, ensuring equal opportunities for all staff.

All staff and students are included in surveys, FGs and asked for feedback from activities. To support inclusivity, we promote all staff/students within news pieces, blogs and achievements. Our actions have resulted in high levels of staff satisfaction (Table.31).

Survey	Staff feel able to be themselves at work	Staff feel supported by colleagues	Staff satisfied within their roles
2016	86%F/92%M	91%F/91%M	73%F/87%M
2020	89%F/92%M	92%F/97%M	85%F/90%M

Table31: All staff survey results on culture

Departmental Events

We provide Away-days for PSS, Clinical Trial staff, GLs/Professors, and Postdocs. Away-days are during working hours and include a mixture of activities on team building and developing good working practices.

All staff and students are invited to our annual Christmas and Summer parties, which are held after work and provide a relaxed social environment. The OSN and OPN organise student and postdoc socials such as dinners and sports days.

In 2019 we introduced Department prizes, awarded at our annual Department Seminar, 4F/2M received the following prizes: Early Career Researcher Prize, Intermediate Career Researcher Prize, Public Engagement Prize, Teaching Prize and Outstanding Team Member.

Figure20: Photos of Department events

Transparency

Fortnightly newsletters are used to disseminate Department information, they have HoD introductions with updates, news, achievements and upcoming activities. To ensure accessibility to information, all committees (except Graduate Studies) publish briefing minutes. Policies and procedures are signposted to ensure staff awareness, documents are then housed on the intranet.

Despite efforts to increase transparency within management and decision-making processes, we recognise that only 35%F/23%M feel processes are clear. This is significantly below MSD (58%F/61%M). We are redesigning our intranet which includes a section for publishing Oncology committee information, membership and Terms of Reference on the intranet, in addition to minutes. We will include a description of 'How the Department works' in induction, and deliver termly HoD briefings (AP1.1;AP1.2;AP1.3)).

AP 1.1: We are redesigning our intranet which includes a section for publishing Oncology committee information, membership, Terms of Reference in addition to regular minutes;
AP 1.2: Deliver termly HoD briefings;
AP 1.3: Include a description of 'How the Department Works' into induction to provide a clear overview of decision-making processes.

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.

Our professional HR team provide advice and guidance to managers and staff on employment-related matters and best practice. Newsletters, intranet, e-mail and face-to-face meetings/training are used to communicate changes in policy and practices.

In late 2019 we piloted manager training sessions on HR processes. Within initial feedback managers reported benefits in having forums for discussing procedures. There are gendered results with more males than females feeling confident in applying HR policies (50%F/83%M). We will deliver termly training based on HR processes (AP5.12).

Harassment and Bullying

SAP2016	➤	**Reduce occurrences of unacceptable behaviour**
Action	➤	**Developed in-house anti-harassment and bullying training and made it mandatory for all staff**
Impact		
Impact	➤	**Number of women who report experiencing Harassment and Bullying decreased from 21% (2016) to 12% (2020)**

Our 2016 survey highlighted 21%F/9%M had experienced Harassment and Bullying (H&B); particularly noted within female ACARES (27%F experiencing unacceptable behaviour). SAP2016 introduced mandatory training for Anti-Harassment and Bullying.

We trialled the University's H&B awareness course with mixed feedback. Attendees observed too much focus on managerial issues, legal implications and policies. Consultations identified topics to prioritise: banter, body language, perceptions and support. Using this, we designed a Departmental course, which was piloted, refined and implemented.

Since 2018, all new starters have completed training. As a result of raising awareness of H&B and unacceptable behaviours, our 2020 survey shows a significant improvement with 12%F/13%M reporting B&H; including a decrease from 27%F ACARES to 14%F ACARES. We are encouraged that staff awareness of policies is high (Table.32), we will increase visibility of our Harassment Advisors (AP3.2).

Survey	Staff aware of H&B policies	Staff know how to contact Harassment Advisor	Staff agree Department sets clear expectations of behaviour
2020	92%F/90%M	75%F/67%M	79%F/90%M

Table32: All staff survey results on Harassment and Bullying

We are proud of achievements but recognise H&B levels remain unacceptable. We will continue mandatory H&B training and increase Responsible Bystander training (AP3.1). We will work with MSD trialling a portal for informally reporting H&B if people do not want to make formal complaints (AP3.3).

We participate in Anti-Bullying Week, running varied activities and training whilst raising awareness. E.g. Respect Walls, Harassment Advisor drop-ins, stands with leaflets/signposting resources. This will continue (AP3.4)
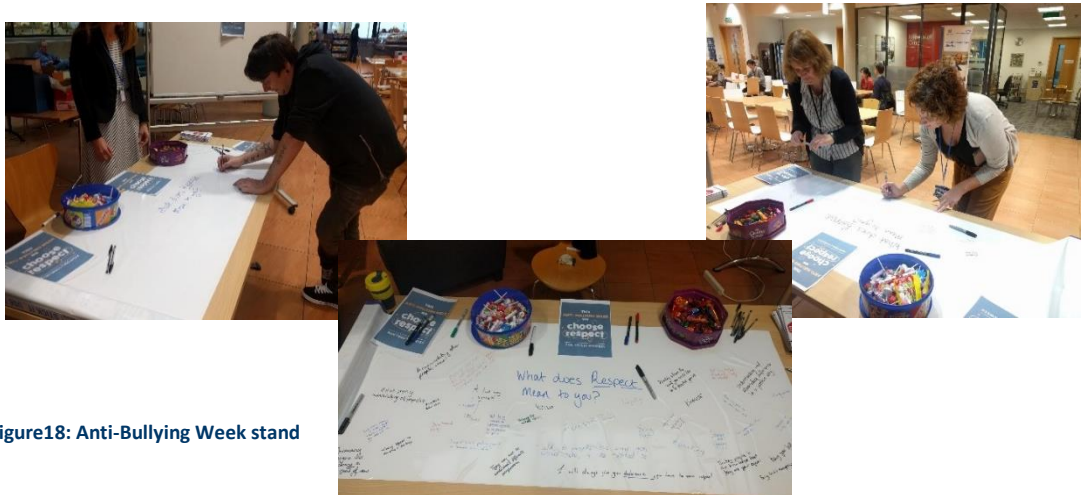
Figure18: Anti-Bullying Week stand

AP 5.12 Deliver termly training on HR topics for managers, including probation/OSMs, as well as policies;
AP 3.1: Mandatory Anti-harassment and Bullying training, increase Responsible Bystander awareness
AP 3.2 Enhance visibility of Harassment Advisor;
AP 3.3: Work with MSD to trial anonymous reporting tool;
AP 3.4: Participate in annual Anti-Bullying Week

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.
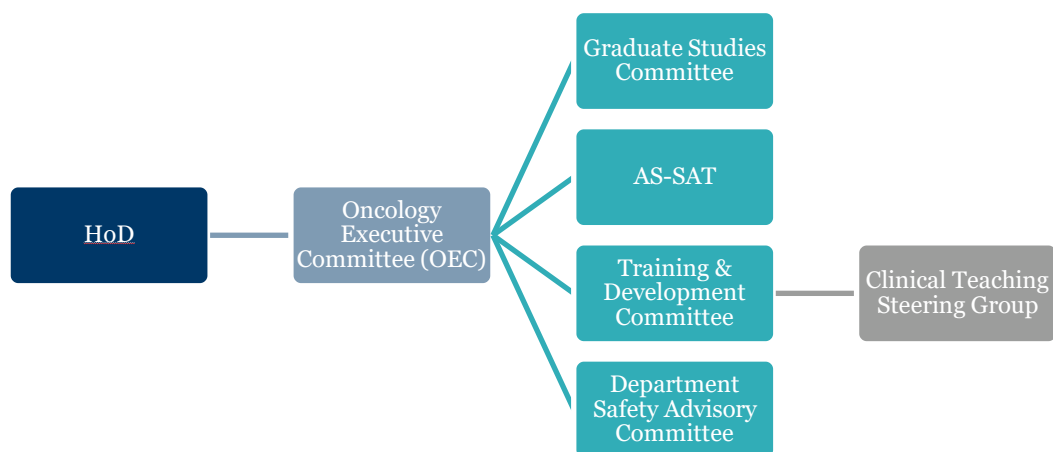
Figure19: Department decision-making structure

Departmental decision-making structure is demonstrated in Figure.19; the OEC is the most influential committee, all others are of equal importance within the Department. Depending on the committee remit, members are identified in varying ways; HoD identifies OEC Members according to role (HoD, HoOIRO, DGS, ACARES from RRI/ORCRB/WIMM/Hospital, AS-Lead). Clinical Teaching and Graduate Studies members are chosen for relevance of experience. AS-SAT and T&DC members volunteer involvement. Committees can select their own chair with HoD approval, who also considers existing commitments to reduce potential 'overload'.

OEC members are GLs/Professors and female representation is similar to current 32%F pool. We will increase male representation on T&DC (AP2.1) and maintain overall committees balance, currently 54%F, in line with our 56%F population (AP2.2).

Committee	Female	Male	Total	Chair
Oncology Executive Committee	2	5	7 (29%F)	M
Graduate Studies Committee	5	3	8 (63%F)	F
AS-SAT	7	8	15 (47%F)	F
Training & Development Committee	15	6	21 (71%F)	F
Department Safety Advisory Committee	9	10	19 (47%F)	M
Clinical Teaching Steering Group	5	5	10 (50%F)	M
Total	43	37	80 (54%F)	50%F/50%M

Table33: Department Committee membership by gender

AP 2.1: Increase male representation on T&DC from 29% to 50%;
AP 2.2: Continue to review all Departmental committees to ensure gender balance and instigate membership change if necessary.

(iv)   Participation on influential external committees

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

HoD encourages all members of staff to apply for influential external committee memberships by nomination or supporting applications (e.g. through letters of support) and enabling them to fit committee obligations into work schedules.

Name	Position
Dr Anna Schuh	Clinical Expert, National Institute of Clinical Excellence and European Medicine Agency Chair, UK CLL Forum and British Society of Haematology CLL guideline writing group
Professor Anne Kiltie	Training and Education Lead, Genomics England Bladder Cancer Clinical Interpretation Partnership Editorial Board, European Urology Oncology BCAN Bladder Cancer Research Network Management Committee
Dr Eileen Parkes	NCRI-BSI (British Society of Immunology) Cancer Immunology Group Editorial board, Frontiers in Oncology and Translational Oncology (Elsevier)
Professor Ester Hammond	International Review Committee, Terry Fox Research Institute PPG Application Editorial board, Scientific Reports Director, Oxford MRC Doctoral Training Partnership
Francesca Buffa	Biological Science A5 Panel and Interdisciplinary Research Panel Associate Editor, IEEE Journal of Biomedical and Health Informatics Panel member, CRUK, MRC and Breast Cancer Now
Professor Kate Vallis	Editorial Board, American Journal of Nuclear Medicine and Molecular Imaging CRUK Early Detection Committee Grant review panel, Breast Cancer Now
Professor Madalena Tarsounas	HCRES Quinquennial Review, Institute of Cancer and Ageing
Professor Nicola Sibson	Scientific Advisory Board NORMOLIM; the Norwegian Molecular Imaging Infrastructure Advisor, Medical Fellowships: Commonwealth Scholarship Commission
Dr Sarah Blagden	Editorial Board, British Journal of Cancer Deputy Chair of Strategy, Experimental Cancer Medicine Centre (ECMC) network
Dr Val Macaulay	Sub-chair (2021) and chair (2023) of IGF and Insulin System in Physiology and Disease Conference

Table34: Example Oncology Female GLs external, influential committees

(v)   Workload model

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

Workload is monitored for gender bias and satisfaction is reviewed in surveys. We do not have an allocation model as we are not a teaching department. To relieve ACARES administrative workload, each GL/group has access to support for tasks including maintaining publication databases and Research Fish.

Staff report having reasonable workloads (73%F/76%M; 2020). We encourage work-life balance discussions within PDRs and ran a Work-Life Balance Survey (Table.35) to understand current staff satisfaction. We will include workload and work-life balance questions in PDRs and guidance (AP6.2).

Survey	Staff report good work-life balance	Staff comfortable discussing work-life balance with manager	Staff report realistic boundaries between work and home
2019	76%F/75%M	75%F/76%M	85%F/83%M

Table35: All staff survey results on work life

(vi)   Timing of departmental meetings and social gatherings

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

Departmental meetings/seminars are held within family-friendly hours, 09:30-14:30. Efforts are always made to consider needs of attendees. Clinical staff involved with NHS clinics and on-call rotas may arrange/attend meetings outside of these hours.

Where events are held outside of these hours, advance notice is given so attendees can plan ahead. E.g. Summer and Christmas party dates are announced with 8 weeks' notice as they are held after work. Other socials, organised at group level, allow staff who have local knowledge to select appropriate times.

(vii)   Visibility of role models

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

Seminar speakers – internal (45%F, consistent with ACARES population) and external (25%F), are monitored by AS-SAT, with advice given to seminar organisers as and when required.

Communication channels are monitored by AS-SAT for diversity within imagery and female ACARES are well represented. All staff and students are encouraged to create profiles. We provide administrative support for those wanting to publish a profile (AP1.62).
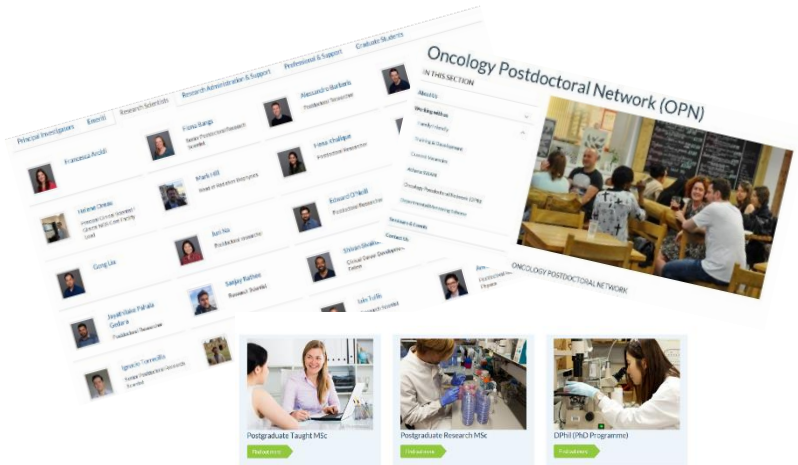
Figure21: Photos of Department website

In August 2018 we launched "60 seconds with.." interviews to highlight different roles within ACARES and PSS, and show different career paths. These are promoted via newsletters and website to increase role model visibility.

Feedback is encouraging; readers enjoy learning about different roles and career paths and interviewees have reported making new connections. For example, one female ACARES was approached about new research collaborations as a result of her interview.

 We have featured 18 women (6ACARES;8PSS;4Students) and 16 men (6ACARES;7PSS;3Students).
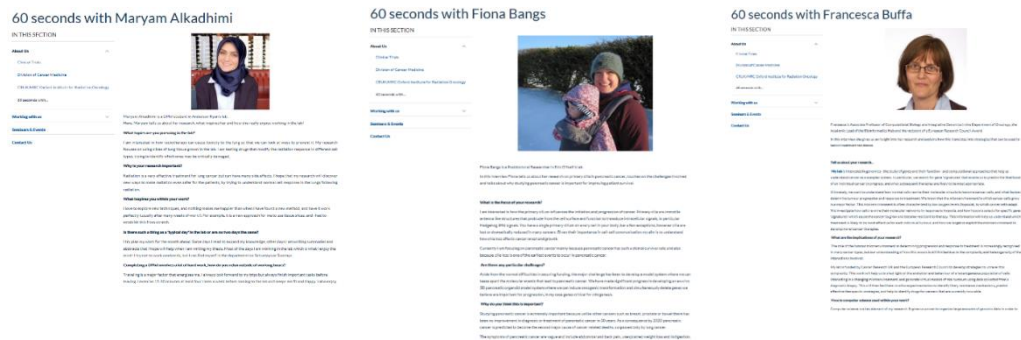
Figure22: '60 seconds with…' interview examples

Impact	Need	➢ Inclusivity; ensuring fair representation of women
	Action	➢ Publicity material gender-balanced
	Impact	➢ Increased % women feel well represented; 90% 2016 to 94% 2020

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

We have a dedicated Public Engagement (PE) Manager who manages Department PE activities, supports events and provides training. Volunteers are encouraged to lead activities where they feel confident in doing so.

Within the review period 2015-2019, 328 members have taken part in Departmental PE activities. The majority of PE (68%) is undertaken by women. Qualitative feedback suggests men are put-off by current target audiences, which are typically children/young adults. We will expand audiences through broadening the range of activities and method of delivery to encourage higher involvement (AP2.4).

We have four main annual events; Oncology Open Day, MRC Festival, Super Science Saturday, UNIQ Summer School. Activities are recorded on the PE database (AP2.3), with contributions recognised in PDR, Reward and Recognition and Department Awards.

	Female	Male	Total	%F
2015	15	10	25	60%
2016	54	23	77	70%
2017	54	29	83	65%
2018	41	20	61	67%
2019	60	22	82	73%
Total	224	104	328	68%

Table36: PE activity volunteers by gender

AP 2.3: Accurately capture PE activities conducted by Departmental staff and students. Monitor F/M ratio to assess for gender bias;
AP 2.4: Widen the range of PE activities aimed at engaging a wider audience, to include podcasts, interviews and online interactive platforms;
AP 6.2: Provide a PDR checklist for managers including information about workload and work-life balance.

6.   CASE STUDIES: IMPACT ON INDIVIDUALS
Recommended word count: Silver 1000 words | Actual: 819

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

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

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

Case Study 1: Female Clinical GL

I was looking for somewhere that would bring new opportunities for career development, as well as be a new home for my husband and sons (aged 7 and 3). The Department impressed me with its understanding that I came with a family, particularly when they invited my husband to visit with me. When I first visited, I was able to discuss professional aspirations and personal and family considerations, I felt the values of department weren't just words on a page but taken seriously. I enjoyed a smooth transition, with time given to allow me to settle in. My induction covered important aspects of university and clinical life. The head of department arranged an objective-setting meeting, and guided and supported me in summarising my goals for the first few months. An interim review meeting quickly addressed any issues I was experiencing and was given with encouragement and assurance of ongoing support.

The Department ensured I had a sponsored creche position and enabled me to work one day/week from home as I work and resettle my family. My husband has a chronic health condition and works part time – this has also been accommodated. On an occasion when I had to leave work urgently, the department made accommodations to enable me to attend and present at a meeting remotely instead of being present in person. I'm excited by the career opportunities I am enjoying in the Department – collaborative research projects and speaking opportunities that have arisen as a direct result of my new position. I feel supported in my role. In terms of mentorship, I have a number of mentors and have one-to-one meetings regularly with my departmental mentor focused on career development.

Case Study 2 (AS-SAT): Male Administrator

I joined the Department in 2019 after 5 years' experience working in another MSD Department within the University. The differences in the scope of the roles was a big attraction for me, and I was keen to expand on my knowledge of administrative and support processes to bolster my skill set. I felt that even as early as the interview stage, members of the panel were keen to transmit to me that I would be afforded myriad training opportunities to complement the development arc within the role; I was given confidence that I could really build the role into something I could invest in – not only to augment the experience I already had in university environments, but also to serve and collaborate with my colleagues in the most meaningful way I could.

The role represented a new set of challenges, as well as a grade increase in responsibilities, I determined that I would need specific training to supplement the on-the-job experience I was gathering. The Department was keen to allow time for me to pursue such training; I discussed with my line manager the prospect of undertaking PRINCE2 project management training. Not only was this agreed to, but I was also given flexibility within my working week to travel to London to complete the 4-day accredited course. This training gave me confidence to delegate duties and manage project milestones, including helping me to complete a successful overhaul of the Department's website.
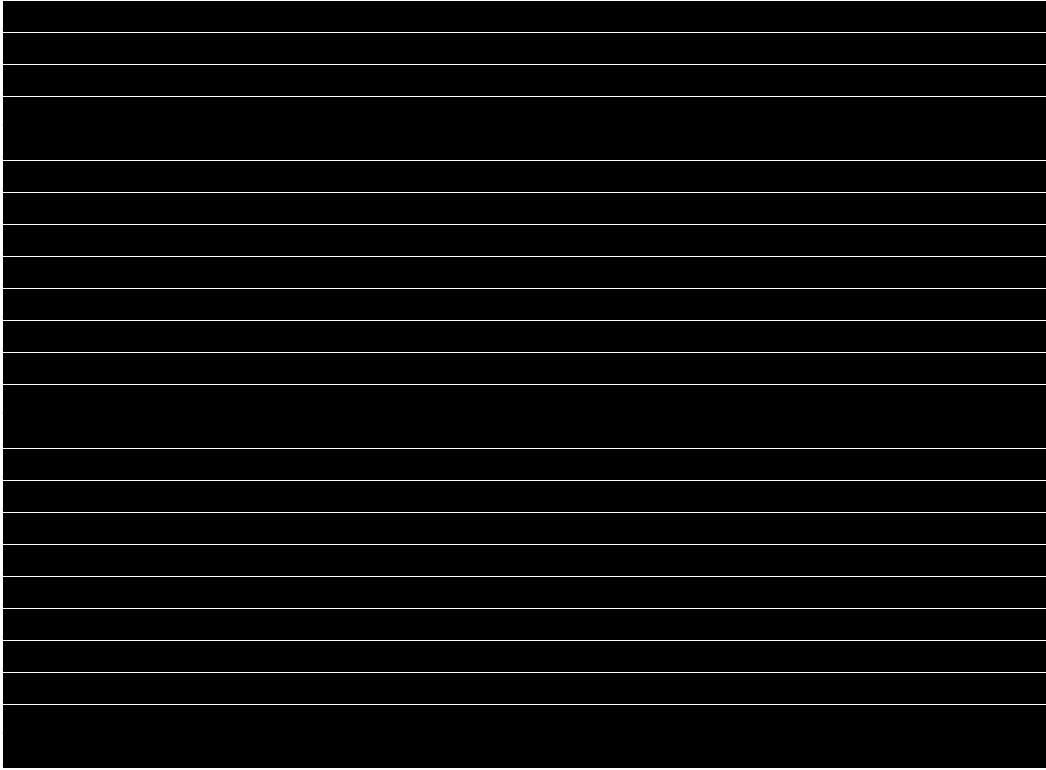
Support didn't finish with this course being completed. I was continually encouraged to reflect on how my role could evolve in the Department construct, and I was given forum by members of the senior management team as well as the Head of Administration & Finance to realise my aims. I received 3-month, 6-month and 12-month objective setting meetings with my line manager in order to crystallise the areas we both felt would benefit my progress within the role – these meetings were complemented by annual PDRs, as well as informal 'buddy' chats with a member of the department that was assigned to me when I first joined the Department. So integral were these opportunities that I ensured I set time aside every week to the 15 members of staff I line manage to talk through aspects of their roles that they wanted to explore. I also signed up to become a Departmental mentor and buddy, and conduct regular chats with my mentees to signpost opportunities to enhance their own development.

The biggest area of support the Department has given me is its commitment to promoting and protecting my work-life balance. My wife was diagnosed with cancer in 2017, and has spent much of the last 30 months undergoing treatment in her home country. The Department has understood how the commitment to family transcends almost everything we do, and as such, they demonstrated a real care to ensure that I have time to support her, whilst also allowing me to attend to work when the time is right. I've never received such empathic support in a role like that before, and it has only galvanised my affinity to my colleagues and Department.

7. FURTHER INFORMATION
Recommended word count: Silver: 500 words | Actual: 327

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

8. ACTION PLAN

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

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

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

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

Action Plan 2020 - 2025

Acronyms

ACARES	Academic and Research Staff	OPN	Oncology Postdoctoral Network
AP	Action Plan	PE	Public Engagement
AS Lead	Athena SWAN lead	PDR	Personal Development Review
EOR	Executive Office of Research	POD	People and Organisational Development
HAF	Head of Administration and Finance	PSS	Professional and Support Staff
GL	Group Leader	RoD	Recognition of Distinction
GSM	Graduate Studies Manager	R&R	Reward and Recognition
H&B	Harassment and Bullying	SAT	Self-Assessment Team
HEI	Higher Education Institution	SAP	Silver Action Plan
HoD	Head of Department	T&D	Training and Development
HR	Human Resources	T&DC	Training and Development Committee
MSc	Masters of Science	TDA	Training and Development Administrator
OEC	Executive Committee	UG	Undergraduate

Time Line and Responsibilities for Athena SWAN Action Plan

	2020-05	2021-03	2021-12	2022-10	2023-08	2024-06	2025-04

1.1 Publish Departmental Information
1.2 Institute termly HoD briefings
1.3 Include How the Department Works in Induction
1.4 Introduce Regular Short polls in newsletters
2.1 Increase male representation on T&DC
2.2 Review all committees to ensure gender-balanced
2.3 Accurately capture PE activities
2.4 Introduce a regular schedule of PE activities
3.1 Responsible Bystander training
3.2 Increase visibility of Harassment Advisors
3.3 Trial anonymous H&B reporting portal
3.4 Participate in anti-bullying weeks
4.1 Develop Family leave packs
4.2 KIT Day Fact sheet
4.3 Pilot OSMs after family leave
5.1 Invite Clinical ACARES for RoD
5.2 Annual fellowship application support
5.3 Refresh recruitment training
5.4 Trial gender-decoding software
5.5 Advertise G7-8 Development posts
5.6 Written guidance for PDRs
5.7 Develop Grant support team
5.8 Develop Grant-writing Series
5.9 Department Mentoring Scheme
5.10 Improve awareness of mentoring
5.11 Interdepartmental mentoring
5.12 Termly HR training
5.13 Mangement/Leadership skills training for ACARES
6.1 PDR training
6.2 PDR Actions and Checklist
6.3 PDR reminder system
6.4 Embed Inkpath
6.5 Develop and promote training programme
7.1 Student newsletter
7.2 Student Career Roadshow
7.3 Teaching Fellows
7.4 Mentoring Awareness

Key: Cross-hatching indicates where action is in collaboration with another SAT member

83

To ensure Athena SWAN principles are embedded within the activities and culture of the Department						
Rationale	Ref	Page	Action	Timeframe/ priority	SAT Responsibility (Colour Coded with timeline)	Success Measure
1.0: Increase levels of transparency around decision-making processes						
Our 2020 staff survey revealed concerns around transparency, only 35%F/23%M felt that decision-making processes were clear. We are therefore enhancing communications via: the Departmental intranet, fortnightly HoD newsletters, termly HoD briefings, during induction, and via rapid-turnaround staff surveys covering specific topics of interest.	**1.1**	70	Information about all Departmental committees, membership and Terms of Reference will be published on the Departmental intranet. Links will be provided in the HoD fortnightly newsletter. OEC and other Departmental Committee briefings will be published in fortnightly HoD newsletter.	01/10/20 – 31/05/25 High	HAF	Significant improvement in number of staff describing clear management and decision-making processes, at least consistent with MSD benchmark of 58%F/61%M by 2022 survey
	1.2	70	HoD briefings will be conducted termly providing information about Departmental activities	01/10/20- 31/05/25 High	HoD	

	1.3	70	Include a description of "How the Department Works" in the Induction Schedule to provide clear overview of decision-making processes.	01/10/20-31/05/25 High		
	1.4	18	Regular short polls with prize draws will be included in newsletters around topics of interest and poll outcomes will be featured in "you said, we did" section of subsequent newsletters	01/10/20-31/05/25 High	HoD (&TDA)	

2.0: Ensure Departmental Committees and Activities are gender-balanced

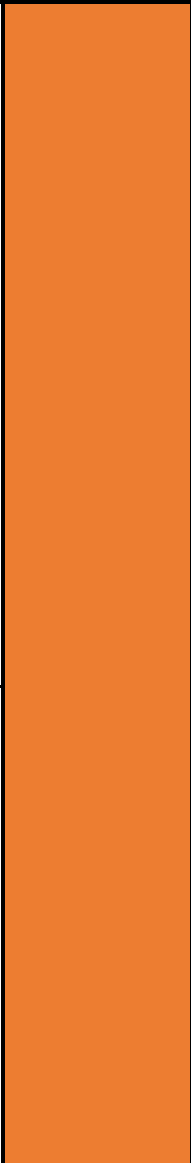|						
We aim to ensure membership of all committees broadly represents the Departmental F/M population. Currently, our committees are well gender-balanced (53%F/47%M). However, the T&DC is 71%F indicating underrepresentation of men.	**2.1**	74	Increase male representation on T&DC by advertising within Department. If gender balance is not improved, members will be asked to nominate others, ensuring more balanced representation	01/12/20-31/05/25 Medium	TDA	Increase male representation on the TDC from 29%M to 50%M by Dec 2021
	2.2	74	Review all Departmental committees to ensure	01/09/20 – 31/05/25	AS-Lead (&TDA)	Ensure all Departmental committee membership is

			gender balance and instigate membership change if necessary.	Medium		gender-aligned to Departmental F/M ratio.
A broad spectrum of public engagement (PE) activities are currently undertaken by our staff on behalf of the Department, our funders (such as BRC), the Hospital Trust and the wider cancer research community. Currently only involvement in the main Departmental activities are captured within our statistics. These suggest a gender bias with predominantly female involvement (68%F/32%M). We recognise that PE is important, not only for promoting our activities and attracting the best students and staff, but also for the personal and career development of staff. We will introduce a formal PE schedule and more accurately capture our PE activities	**2.3**	77	Prospectively and accurately capture PE activities conducted by Departmental staff and students. Monitor F/M ratio to assess for gender bias.	01/10/20 – 31/05/25 Medium	Postdoc Lead	Present full report of PE activity to AS-SAT annually.
	2.4	77	Develop a formal schedule of PE activities to enhance career development, national/international reach and engage a wider audience. To include (but not be limited to) podcasts, interviews and interactive online platforms to increase individual's online presence and link to their Departmental profiles	31/01/21 – 31/05/25 Medium		Increase male participation from 32% to 50% by June 2021.

3.0: Eliminate Harassment and Bullying

Our 2016 staff survey revealed that 21%F/9%M had experienced Harassment or Bullying (H&B), especially ACARES females (27% experienced incidences of unacceptable behaviour). Since 2018, we have introduced mandatory H&B training for all new starters and current staff with 30% (55%F/45%M) completing training so far. While this has significantly reduced experiences of H&B to 12%F/13%M in 2020, it is still high. Additionally, only 75%F/67%M know how to contact Harassment Advisors. To address this, we are enhancing the visibility of our advisors, increasing participation in external anti-bullying activities, introducing education around witnessing unacceptable behaviours (Responsible Bystander) and are implementing an anonymised reporting portal.	**3.1**	72	In addition to anti-H&B for all new starters (100%) and existing staff, promote role of Responsible Bystanders in annual training.	01/10/20 - 01/10/22 High	Head of HR (&TDA)	By 2022, 100% current staff will have completed Anti-Harassment and Bullying and Responsible Bystander training. Reduce incidence of H&B events <5% (no gender difference) by 2022 survey.
	3.2	72	Increase visibility of Harassment Advisors through posters, intranet webpages, twice-yearly coffee mornings and as a standing item in our newsletter.			Increase awareness and knowledge of how to contact Harassment Advisors to at least 90% staff (with no gender difference) By 2022 survey.
	3.3	72	Work with MSD to trial an anonymous H&B reporting portal	31/01/21- 01/10/22 Medium	TDA	By 2022 survey, at least 90% awareness of reporting tool (with no gender difference). Deliver annual analysis of reports to AS-SAT to provide insight into types of unacceptable behaviours experienced and reasons why they are not being formally reported. Report to OEC and implement actions as appropriate.

	3.4	72	Participate in annual National Anti-bullying Week by delivering a range of interactive activities, drop-in sessions, stands and training	Annually in November 01/11/20-30/11/24 Low	AS-Lead	Actively promote and deliver at least 3 activities within National Anti-Bullying week. Aim for at least 20 attendees to attend interactive activities (e.g. training, drop-in sessions) – no gender difference.
4.0: Foster an Inclusive, Respectful and Family-Friendly Culture						
Qualitative feedback indicates that family leave meetings caused staff to experience "information overload". We are currently developing Family Leave Packs for staff who are going on maternity, adoption, paternity and shared-parental leave.	4.1	68	Develop comprehensive Family Leave Packs containing leave planning information and feedback questionnaires. Review feedback annually within AS-SAT. Update packs using information obtained from feedback	10/01/22-30/11/24 Medium	Family friendly lead	By 2024, >75% of annual feedback from those receiving Family Leave Packs scoring good/very good.

Keeping In Touch (KIT) days enable those on maternity Leave to attend training days or conduct limited work, supporting the transition period between periods of leave and returning to work. However, since 2014/15, uptake of the optional 10 KIT days has been low (a total of only 3 days taken by 2 ACARES staff) due to lack of awareness.	**4.2**	68	Create a KIT day fact sheet to drive a targeted approach for staff taking family leave Highlight benefits in Leave Packs (e.g. payment for days attended, ability to attend training events), present case studies in Departmental Newsletter	10/01/21-10/01/22 Low		100% of staff taking family leave are aware of KIT days by 2022
Informal feedback from those returning to work suggests they would benefit from more structured objective-setting meetings by their line-managers.	**4.3**	68	Pilot structured objective-setting meetings (OSMs) to support the transition back into work from Family Leave	01/10/2022-01/09/23 Medium		Uptake of OSMs by >50% those returning to work after Family Leave by Sept 2023. Qualitative feedback on usefulness of OSMs to be obtained at annual Family Leave Focus Groups and reported annually to AS-SAT.

5.0: Provide comprehensive gender-balanced career support for academic staff

There is a lower representation of female clinical professors accounting for 1 out of 7 post-holders (14%) when compared to non-clinical professors with 5/11 (50%) female post-holders. Although numbers are small, the 1:6 ratio has remained static for 4 years	**5.1**	29 & 41	Annually invite all female clinical staff that are eligible to apply for RoD to discuss nomination and provide dedicated administrative support.	01//09/20 ahead of annual RoD (January) – 01/02/25 Low	HoD	We have identified 2 female candidates who will be eligible for Professorial titles over the next 4 years. This will increase our Professors to 33%F, if our male pool remains consistent at 6M.
We recognise that the recent promotion of non-clinical female GLs to professors has depleted the %F within our GL pool. To increase Junior GLs within the Department, we will be supporting researchers applying for independent funding through fellowships to improve female representation at this level	**5.2**	59	Deliver annual fellowship application support, comprised of workshops, panel sessions with successful and unsuccessful fellowship applicants. Include previous successful case studies within sessions.	01/09/21-31/05/25 Medium	Working Environment Lead	Increase the number of fellowship applications at least in-line with MSD average of 13%F/13%M by Sept 2022.
Analysis of Oncology recruitment to non-clinical ACARES posts between 2016-2019 reveals a higher percentage of females appointed to Grades 6 & 7 posts (68% and 53% respectively) than the percentage of females applying (54% G6 & 40% G7) or being shortlisted (55% G6 & 49% G7). Comparative	**5.3**	38	To ensure unbiased recruitment we will refresh training on panels and expand panel expertise by including an independent external assessor.	01/09/20-01/09/21 High	HR Lead (&TDA)	Monitor impact of change by assessing change in the number of M/F applicants and successful appointments to Grade 6+ roles until Sept 2021.

data demonstrates our percentage difference between applications and acceptances are in-line with local benchmarking. However, we would like to review these areas to ensure we continue working towards unbiased processes. We have 40%F applicants to Grade 7 posts, below our average 51%F Grade 7 population. Female applicants to Grade 8 (senior postdoc), and Group Leader positions are lower still. To start addressing the issue and improve gender balance at applicant level we are encouraging less experienced candidates to apply for G7-to-8-transition posts so that we can internally support the development of a cadre of promising female scientists.	**5.4**	38	Trial the use and effectiveness of gender decoding software to de-gender all job adverts and person specifications for one year and re-analyse/introduce.	01/09/21-01/09/22 Medium		If pilot of gender decoding software demonstrates a reversal of gender bias by >5% by Sept 2022, instigate routine use of gender decoding software for all job descriptions and person specifications by Jan 2023.
	5.5	38	Advertise G8 positions with an opportunity to start at G7 and, with support, training and development to develop into G8 within post. We will monitor these recruitments for differences within applicant pools, assess the impact and use these examples as the basis for wider roll out to other senior posts.	01/10/20 – 01/10/22 High	HAF (&HR Lead)	Increase % female applicants to G8 posts from current 20% to at least 40% by 2022.
Of routes to promotion, regrading is the most common method for PSS staff. However, females represent 65% of regrades despite	**5.6**	48	Create written guidance for line-managers to identify regrading criteria	01/09/20-01/09/22 Medium	HR Lead	Increase % female regrades to 73%, or at a level equivalent to %F PSS staff pool by August 2022.

being 73%F of the PSS staff pool. This indicates lack of awareness of the scheme amongst all staff or that more females are awarded R&R when regrading could be more appropriate			within PDRs. Introduce "letter of recommendation" system whereby R&R panels to feedback directly to managers to support eligibility for regrading. Introduce awareness of promotion routes within Manager training (see AP5.12)			>60% awareness of regrading process in rapid poll questionnaire conducted in September 2021 (prior to Jan 2022 R&R application round).
Although there is no gender bias in overall grant application success (27%F/28%M), there is a gendered difference of lower female success in obtaining high value grants over £500,000 (15%F/28%M). This is due to lack of grants awarded rather than lack of applications. An Executive Office of Research (EOR) is now providing strategic support for applicants as part of our new Departmental strategy.	**5.7**	59	EOR to proactively highlight key high-value funding calls to ACARES and help form a Grant Writing Support team (from existing GLs) that can provide peer review. Trial annual targeted training sessions for those wanting to apply for larger grant amounts Develop resources including successful case studies and facilitate shared experiences	31/01/2021-31/08/24 31/01/21-31/08/24	Working Environment Lead	Increase % female applicants for grants >£500,000 to >20% annually, with success rates within +/-5% of males by 2024. Track applicants and review feedback to understand how and which aspect of the additional support impacted their success. Assess impact on RoD application success. Report to AS-SAT annually.

			amongst successful applicants			
Currently only 7% postdocs apply for independent fellowship funding due to previous funder restrictions. In order to increase the number of Junior GLs within the Department, we are working with OPN to deliver a new series of grant writing workshops to proactively support Early- and Mid-Career Researchers. Previous workshops received good turnout ~30 attendees (55%F).	**5.8**	59	Deliver grant writing series for Early- and Mid-Career Researchers including sessions on costing grants, panels with successful/non-successful applicants, funder top tips.	01/09/21-01/09/22 Medium	Post-doc Lead (& TDA)	Increase percentage of Fellowship applications amongst Early-Mid-career researchers to > 25% by Sept 2022.
Following a small pilot, we have rolled out an annual Departmental mentoring scheme with a focus on career development. The scheme has achieved excellent feedback but the "blink and you miss it" invitations to annual mentoring has meant that few ACARES (23%F/18%M) and PSS (18%F/11%M) have been mentored. In our 2020 staff survey, 45% ACARES (no gender difference) and 60%F/20%M PSS who were not offered a mentor would like one. Our aims are to increase access to our Departmental Mentoring Scheme by instituting rolling recruitment throughout the year and to	**5.9**	56 & 63	Expand Department mentoring scheme to rolling recruitment for improved accessibility	01/06/21-01/06/23 Medium	AS Lead	Increase those being mentored to at least 50% of all staff by 2023, with no gender difference.
	5.10	56 & 63	Increase related communications around scheme recruitment, mentoring benefits, and advertise previous mentor/mentee experiences. Add mentoring to PDR checklist for annual discussion.	01/06/21-31/05/25 Medium		Survey awareness of available mentoring schemes within the next biennial survey (2022) to assess the impact of improved communications. Target of 75% aware of mentoring options by 2022.

widen access to schemes running in other Departments. We have identified two other MSD departments who would like to collaborate. We will specifically assess the impact of mentoring on career development.	**5.11**	56	Work with other MSD departments and wider University to provide inter-departmental mentoring, including scheme advertisement, recruiting mentors and mentees and matching	01/06/2021 – 01/06/22 Medium	AS -Lead (& HR Lead)	At least 15 inter-departmental mentor-mentee pairs matched by 2022.
In our 2020 annual survey fewer female ACARES line-managers feel confident in applying HR policies compared to males (50%F/83%M).	**5.12**	72	Deliver termly training based on a range of HR topics such as probation, promotion, objective-setting meetings, as well as HR policies.	01/10/2021 – 01/10/22 Medium	TDA (& Head of HR)	At least 95% of managers report feeling confident in applying HR Policies by 2022, with no gender difference.
In our 2020 annual survey 38%F/41%M ACARES would like more opportunities to develop management/ leadership skills with only 15%F/17%M reporting having opportunities to develop these skills.	**5.13**	52	Work with OPN committee to facilitate management/leadership skills training for Early- and Mid-Career Researchers. Provide details in induction, highlight in newsletters and include in PDR checklist.	01/09/2021 – 01/09/24 Low	Post-doc Lead (&TDA)	Increase ACARES reporting having access to management/leadership training to 50% by 2024 (no gender bias).

6.0 Provide comprehensive and informative Professional Development Review (PDR) and Staff Development Programmes

Annual PDRs have been conducted since 2013 and following SAP2016, PDR forms and guidance were updated and interactive information packs developed. PDR uptake was 55% overall, (54%F/46%M) in 2019. In the 2020 staff survey, more staff felt supported in their career development. Paradoxically, this survey also reported low satisfaction rates around the usefulness of PDR amongst ACARES (50%F/69%M) a gendered response. Amongst PSS, there were mixed responses in satisfaction. Only 70%F find it useful in comparison to 92%M. Qualitative feedback from female ACARES has included "feeling rushed" during PDR and it "not leading to change". We are introducing mandatory training for managers that conduct PDRs and introducing a follow-up checklist of actions to be discussed in subsequent PDRs/meetings. Additionally, we will institute a reminder email system to ensure PDR is completed.	**6.1**	54	Targeted training for managers conducting PDRs, at least 90% of managers to be trained by 2022. Topics include "effective conversations" and "following-up agreed actions".	01/09/21 - 31/05/25 High	HR Administrator (&TDA)	Increase usefulness of PDR to at least 75% for ACARES (without gender difference) and to at least 90% for PSS females (without gender difference) by 2024 staff survey.
	6.2	54 & 77	New Agreed Action section on PDR form, a summary of future activities to enhance career development.			
			Provide a PDR discussion checklist including information about development opportunities through Inkpath and POD, entitlement to annual training days, public engagement, workload, work-life balance and grant writing support.			
	6.3	54	Institute reminder email system for managers and			Increase PDR uptake to 75% staff (non-gendered) by 2024

			staff to ensure PDR is completed			
Following staff consultations, we piloted Inkpath (a Skills and Development Platform) to provide staff with greater access to training opportunities. The pilot was successful with positive feedback from ACARES, PSS and students. We will embed Inkpath as part of our Training and Development strategy.	**6.4**	52	Embed Inkpath as a Departmental tool to continue increasing awareness of T&D opportunities and support staff to keep sufficient training records which can be used for CVs, Grant Applications, etc.	01/09/20-01/06/23 Low	Working Environment Lead	Increase the usage of Inkpath throughout the Department, so that at least 50% are using it effectively by June 2022, raising to 60% by June 2023 with no gender difference. Conduct "Short poll" for qualitative feedback on impact of Inkpath on learning and development in 2021.
Ensure all staff and managers aware of entitlement to 10 annual training days through manager training, PDR and increased communications. Currently 59%F/46%M ACARES, 87%F/72%M PSS report completing training annually. Develop an annual training programme to increase access to opportunities.	**6.5**	42	Training and Development Committee to develop an annual training programme for ACARES and PSS training to be delivered locally.	01/10/21 – 01/10/24 Medium	TDA	PDRs and survey show at least 75% of ACARES and 95% PSS have completed training annually by 2024 Increase in number of staff who are clear on training opportunities to 95% PSS (from 83%F/87%M) and 85% ACARES (from 67%F/80%M) by 2024
	6.6	52 & 61	Use manager training, PDR and regular communications to promote training opportunities and entitlement of 10 annual training days.	01/10/21 – 01/10/24 Medium		

			Monitor uptake through PDR, surveys and, where appropriate, Inkpath.			
7.0: Enhance Student Engagement with Departmental Activities						
Student engagement in biennial surveys fell to 35% in 2020 compared to 59% in 2016. Feedback indicates reasons for poor compliance including "questionnaire fatigue" amongst students and the impression that surveys were too infrequent to benefit them. Of students that participated in our 2020 survey, only 50%F/55%M felt informed about the career options available to them. To improve this, we are delivering a student career roadshow.	**7.1**	18	Launch termly Student newsletter containing activities, news, links to blog, student specific "short polls" and "You said, we did" sections. Include promotion and links to biennial surveys	01/10/2021 – 01/10/24 High	Student Lead (&TDA)	Student participation in short polls to at least 50% by 2022 and 60% student engagement in biennial surveys in 2022 and 2024 survey (gender equal).
	7.2	58	Career Roadshow. Topics of interest including 'How to get a Postdoc job', 'Networking for Careers', 'Transferable Skills', 'Careers outside Academia', and any additional topics identified through feedback.	01/10/21 – 31/05/25 Medium	Student Lead (&Strategic Projects Lead)	Improve student awareness of career opportunities to at 75% (non-gendered) by 2022 student survey.
Students have expressed interest in developing their teaching skills. Currently, 13%F/21%M are engaged in teaching but 81%F/69%M would like further skills.	**7.3**	58	Teaching Fellows will support the development of teaching skills amongst students	01/10/21- 01/10/22 Low	Training & Development Lead	Train 10 people by 2022 to develop, deliver and receive feedback for teaching a lecture on our MSc course or similar

Our department plan is to professionalise teaching, create links within the collegiate University to develop more teaching posts and establish new courses. We have appointed two Teaching Fellows to support the development of teaching skills and drive forward our aims to professionalise teaching						Deliver annual training session with 10-15 attendees 50%F/50%M
Only 32%F/29%M students are aware of the mentoring schemes available to them. Of those with mentors, 50%F/75% access them through informal relationships.	**7.4**	58	Work with MSD Graduate School to establish communication methods of mentoring scheme across colleges. Identify actions for Department to support communication of these, including collating all College mentoring schemes into an information sheet	01/10/2020-31/05/25 Medium	AS- Lead (& Strategic Projects lead)	Improve awareness of available mentoring schemes to at least 75% of students by 2022. Increase the number of students with a mentor to 50%F/50%M by 2025