Athena SWAN Bronze department award application

Name of university: Newcastle University

Department: School of Dental Sciences

Date of application: November 2014

Date of university Bronze and/or Silver Athena SWAN award: Bronze awarded 2009 and renewed 2012

Contact for application: Professor Jimmy Steele

Email: jimmy.steele@ncl.ac.uk

Telephone: 0191 208 8199

Departmental website address: www.ncl.ac.uk/dental/

Athena SWAN Bronze Department awards recognise that in addition to university-wide policies the department is working to promote gender equality and to address challenges particular to the discipline.

Not all institutions use the term ‘department’ and there are many equivalent academic groupings with different names, sizes and compositions. The definition of a ‘department’ for SWAN purposes can be found on the Athena SWAN website. If in doubt, contact the Athena SWAN Officer well in advance to check eligibility.

It is essential that the contact person for the application is based in the department.

Sections to be included

At the end of each section state the number of words used. Click here for additional guidance on completing the template.

*The School of Dental Sciences requested and was granted 1,000 extra word allowance on 4th November 2014 as we have both clinical and non-clinical staff in the Department. Please see email confirming the additional words.*
From: Athena Swan [mailto:AthenaSwan@ecu.ac.uk]
Sent: 04 November 2014 16:30
To: Jill Smith
Subject: RE: Increased word allowance request

Dear Jill

Thank you for contacting us. Yes, it is possible for the School of Dental Sciences to have an extra 1,000 words for their application.

These additional words can be used throughout the application, but it should be made clear where they have been used in the word count at the end of each section. It is also helpful if you can state at the start of the application that these have been awarded by us.

Please note that the 1,000 words are counted for where the standard word limits of sections is exceeded; being under the word limit in any other section does not mean that further words are available.

Best wishes,
Emma

Dr Emma Steeds
Equality Charter Marks Adviser
T: 020 7438 1022
E: emma.steeds@ecu.ac.uk

Equality Challenge Unit
7th floor, Queens House
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Follow us on Twitter: @EqualityinHE
Dear Sir/Madam,

Our School is in the process of preparing a submission for an Athena SWAN award and as we have both clinical and non-clinical staff we would like you to consider approving a request for an additional word allowance.

I look forward to hearing from you.

Best Wishes

Jill

Jill Smith
Deputy School Manager
School of Dental Sciences
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Framlington Place NE2 4BW

Tel: 0191 208 8682
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If your query relates to a Freedom of Information request please re-direct your query to rec-man@ncl.ac.uk
1. Letter of endorsement from the head of department: maximum 500 words

Ms Sarah Dickinson
Athena SWAN Charter manager

Dear Ms Dickinson

I write to you in support of our new application for the Athena SWAN Bronze Award in the knowledge both that we have achieved a great deal and also that there is much more to be done. I have observed the transformation in the culture of the organisation over a quarter of a century and in recent years, as Head of School, have been able to champion this change personally. The School is committed to equality in the workforce and to academic excellence; our strongly held position is that the former will enhance the latter. Through our own efforts, and by working with the University and Faculty, there have been significant developments in structure and culture that have enhanced our ability to achieve both.

Since my appointment as Head of the School of Dental Sciences in 2009 we have taken the opportunities available through retirements and restructuring to change the gender balance of the workforce gradually and the culture completely. Although the formal Athena SWAN process did not begin until relatively recently, the movement towards a more balanced structure in staff numbers, grades and decision making was already well under way.

In 2008 we had 12 professors, all of whom were men. Now, in 2014, we have 11 Professors, three of them are women who progressed as internal promotions. Four of the seven key leadership positions within the School are now held by women (the research lead, admissions tutor, clinical teaching lead and postgraduate research lead). My personal commitment has been to support the most talented people so that they are ready to take key posts, irrespective of gender and I have acted to make this happen. As a result the balance has improved considerably and I believe the School is a better place, though there is still work to be done.

During preparation for our Athena SWAN submission we were not content that we understood fully the barriers to careers for women in our own area, so we undertook some carefully designed quantitative opinion gathering and focus group work with staff. Many of the insights from this have been reassuring. However, there are still a number of concerns and our action plan will address these. For example, our internal research has highlighted a particular barrier across the middle academic grades (lecturer/senior lecturer). The competing demands of administrative roles, teaching and research in a relatively small school like ours are significant, but they often fall at a time when personal and family life is at its most hectic and they can become overwhelming, particularly for staff with extensive clinical demands. There are real challenges for women progressing through this stage. It will never be easy but much of our action plan is aimed at ameliorating challenges at this point.

This process has been important and interesting for all of us. As Head of School and Chair of the self-assessment group I commend this application to you.

Professor Jimmy Steele CBE
Head, School of Dental Sciences

(499 words)
2. The self-assessment process: maximum 1000 words

Describe the self-assessment process. This should include:

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

Professor Jimmy Steele is the Head of Newcastle School of Dental Sciences, has a personal interest in the area and led the SAT, drafting Section 2 and 3. He is an honorary consultant, a teacher on the undergraduate programme and a researcher in the field of epidemiology and health services research. He led the development of the Integrated Academic Training (IAT) programme in dental specialities in Newcastle in 2006 – 8, appointing and supervising one of the first Academic Clinical Fellows in the country. He has been involved in dental education and research since 1989 and has supervised and mentored many of the upcoming clinical academics in Newcastle. He is a member of two NIHR fellowship panels. He has two grown up children and his wife is also a clinical professor.

Mrs Jill Smith, administrative lead, is the Deputy School Manager, acted as deputy chair for the SAT, co-ordinated the data gathering and provided an important neutral view from outwith academia, but with considerable experience of working alongside the clinical academic environment. Jill is in a dual career family and has balanced an administrative career and previously nursing and research roles, with raising two children.

Dr Paula Waterhouse is a full-time Senior Clinical Lecturer in Child Dental Health and an Honorary Consultant in Paediatric Dentistry. She has roles both within the University and Trust. She is currently Regional Research Student Advisor for Postgraduate research students within Dental Sciences and supervises several PhD students. She is Chair of the Specialist Training Committee for Paediatric Dentistry, Stage 4 Director for BDS, a Senior Tutor, and recently became Chairman of the School’s Personal Extenuating Circumstances Committee. Paula is in a dual career family with two school-age children and brings to the SAT an insight into developing an academic and clinical career whilst being the primary carer for her children. Paula led on developing the action plan.

Ruth Valentine is a Senior Lecturer in the School of Dental Sciences. She joined in 2007 as a lecturer and was promoted to Senior Lecturer in 2010. Ruth has benefitted from the School’s supportive working environment having had two periods of maternity leave and is able to balance her work and family commitments by altering her working hours to fit with child care commitments. In addition to her research and teaching commitments, Ruth is the School admissions tutor. She provides recent experience both of the selection and promotion procedures to the SAT. Ruth oversaw the content of section 5 and quantitative survey and co-edited the completed document.

Justin Durham is a Senior Lecturer in Oral Surgery at Newcastle University and an Honorary Consultant Oral Surgeon. He holds a NIHR Clinician Scientist award, awarded in March 2012. He was originally appointed Clinical Fellow at Newcastle University in 2003 so has first-hand, recent experience of the transition from early career clinical academic to a senior role, balancing this against his role as father to two young daughters in a dual career family. He has had two periods of paternity leave. Justin co-wrote the initial draft of Section 4.
Nick Jakubovics is a senior lecturer in Oral Microbiology and Stage 1 Co-ordinator of the BDS Programme. He worked as a Post-Doctoral Research Fellow at the National Institutes of Health, USA before joining Newcastle as a lecturer in 2007. He has two young children and has had one period of paternity leave. Nick co-wrote the initial draft of section 4 and co-edited the completed document.

Lucy Devapal was a Clinical Research Associate and has now progressed to clinical specialty training. Having worked as a General Dental Practitioner and for the Salaried Dental Services, Lucy joined Newcastle University to study for a PhD. During this time Lucy had 2 children. Lucy is in a dual career family and brings to the SAT an understanding of beginning and developing an academic career whilst working part-time and being the principal parent at home. Lucy ran the focus groups and analysed the data.

Rhiannon O’Connor is a Clinical Fellow in Restorative Dentistry and brings the perspective of an aspirational female early career researcher to the team. Rhiannon graduated with BDS in 2009 and, since 2011, has been balancing a part-time PhD, funded by an NIHR doctoral-research fellowship, with clinical service and teaching commitments.

Chloe Arnold graduates this year with BDS at Newcastle. As a single parent, Chloe was closely supported throughout the course by the School. Chloe is a mature student and is keen to progress to a career in academic dentistry. She brought invaluable insights to the SAT from an undergraduate perspective.

b) an account of the self-assessment process: details of the self-assessment team meetings, including any consultation with staff or individuals outside of the university, and how these have fed into the submission

The formal work began in 2011, with a commitment in our School strategic plan for 2012-13 and discussions at Faculty Executive Board and School Executive (reporting directly to staff) on a regular basis from that stage. We had data from our 2010 staff survey on institutional culture upon which we had already acted, including work on communication channels, performance and development reviews (PDR) and career opportunities. The formal self-assessment process began in earnest, in spring 2013 with the formation of the SAT. Our priority was to think constructively about some of the issues and this evolved over subsequent months as we recognised deficiencies in knowledge. We took advice from previous successful applicant units (two partner Institutes in the Faculty who had received silver awards, Institute of Cellular Medicine (ICM) and Institute of Health and Society (IHS)), as well as informal conversations with other Dental Schools (for example at Dental Schools Council meetings, held three times per year and attended by representatives from all UK Dental Schools). In May 2014, the academic and administrative leads attended an extremely useful “Going for Silver” workshop at the Medical Research Council, which included panel members and team members from other medical and dental institutions, allowing invaluable reflection. This altered our thinking somewhat and some of the action plan can be traced to discussions at that meeting.

Having established the SAT, we started to address priorities, meeting 2-3 times per term and feeding back through School Executive representatives and School meetings. We were confident that our policies, procedures and commitment were strong, but needed objective data to understand whether the cultural change we were building was seen as positive or otherwise. The
Head of School (HoS) initiated a school wide discussion and full staff meeting in autumn 2013, undertaking a live anonymous survey using the voting software system Turningpoint to collect staff views on the six Athena SWAN working principles. Whilst useful, it left many questions. Two focus groups were commissioned to collect the personal experiences of almost all women on the academic staff as well as post-docs and PhD students, followed by a male focus group (n=7) representing different generations and academic positions in the school. These gave a much richer understanding of the potential problems and solutions. Several of the action plan points came directly from these exercises. We released one of the SAT team from teaching as she had the skills to do this. She conducted the focus groups and analysed the transcripts.

The focus groups identified a number of issues which are discussed later including:

- difficulties around return to work,
- clarity about career structures
- mentoring
- self-support groups for women in research/junior staff

**c)** Plans for the future of the self-assessment team, such as how often the team will continue to meet, any reporting mechanisms and in particular how the self-assessment team intends to monitor implementation of the action plan.

The SAT will meet twice termly from this point (Nov 2014). We will invite applications for an Athena SWAN (AS) champion, appointing through the same nomination and election process we use for School Executive. We anticipate that the SAT chair will be the AS champion, though this is not essential. Time in the workload model will be allocated and they, together with the SAT, will continue to monitor developments and areas for further improvement and action (Action Plan:1). The action plan is specific about who is responsible for implementing each action and when, making it possible for the responsible person to be held to account. The HoS is responsible overall for implementation but clearly cannot hold himself to account, so we will change the chair after this submission. However, the HoS will remain as a SAT member. The new chair will be given the authority by School Executive to hold the HoS to account for performance against the Action Plan. School Executive will continue to have Athena SWAN as a standing item and the SAT chair will report on progress directly to Executive (Action Plan:1). News and progress on AS issues and actions will be reported three times yearly at School staff meetings.

(2401 words = 1000 + 401 from extra word allowance)
3. A picture of the department: maximum 2000 words

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

The School of Dental Sciences is one of four schools which, alongside six research institutes, comprise the Faculty of Medical Sciences (FMS), see figure 1. It is a relatively small unit by comparison with the institutes and its primary role is to deliver the five year Bachelor of Dental Sciences (BDS) programme. It also runs four taught postgraduate (PG) programmes and will soon open a BSc programme in Hygiene and Therapy. We are research active and have made submissions to RAE/REF for every cycle. We work closely with the research institutes to ensure good cross-disciplinary support. We have a healthy cohort of doctoral research students (27 at the time of writing) comprising clinicians and non-clinicians but these are registered with research institutes and recorded under their AS submissions.

UG training in dentistry is a very intensive five year process and the teaching load is heavy, particularly in view of the need for close clinical supervision. We graduate 70-80 dentists per year so at any one time there are 350-400 dental students in the building.

**Figure 1: Structure**

![Diagram of Newcastle University's structure](image)

There is a significant NHS contribution but the academic team takes responsibility for delivering the course and a large volume of clinical teaching is the norm for clinical academics. We also have a team of non-clinical academics/scientists who work closely with the clinical academics to deliver the programme. The BDS course is subject to rigorous oversight from the professional regulator, the General Dental Council, who inspect every few years, most recently in 2013.

The University accords equal status to research and teaching and this has been important for us, given our large teaching load and research activity, allowing us to assign tasks and responsibilities that are best suited to people’s skills and experience. Roughly half our promotions to SL and chair in the last seven years have been based almost entirely on teaching. In many ways we have led the way for the University in this area with one of our staff at the time (McHanwell) heavily involved in developing University policy on equity for research and teaching in promotion. It is demonstrably no longer the case that you have to do *everything* to progress. Our most recent promotion of a
female academic (Ellis) to a chair was entirely based on teaching excellence born out of more focussed roles in the school and supportive mentoring.

With very small staff numbers and a mix of clinicians and non-clinicians, presenting statistically meaningful data was challenging. We have generally grouped clinical and non-clinical staff together and picked up the detail in the text. We have robust data on UG admissions to BDS and these are presented. For taught programmes, our numbers are very small so we have pooled them to make analysis more meaningful. PG research students supervised by School staff have to be registered with Faculty Institutes and therefore all students were also included in the successful AS award applications from ICM and IHS. We have presented current and historic data for our PGR students where supervised by School staff.

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

Student data

(i) **Numbers of males and females on access or foundation courses** – comment on the data and describe any initiatives taken to attract women to the courses.

<table>
<thead>
<tr>
<th>Table 1: Foundation courses</th>
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<tr>
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<tr>
<td>Intake (total)</td>
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<tr>
<td>Foundation course (all)</td>
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<td>Foundation course (women)</td>
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Only small numbers of students come through foundation courses, with half of those using this route in the last five intakes being women.

(ii) **Undergraduate male and female numbers** – full and part-time – comment on the female: male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the impact to date. Comment upon any plans for the future.

Data here apply to the BDS course as it is the only degree course we currently run and it is full time. We run a vocational 27 month “pre-graduate” Diploma in Dental Hygiene and Therapy training course (10 students) but this is non-HEFCE and will terminate and be replaced by a degree course from 2015. It is currently entirely female.
Although the intake figure varies from year to year (52-65%), in recent years we have had a small majority of women applying for the course and offered places in line with the national F:M ratio at graduation of 57%:43%. The proportions applying and being given offers remains broadly the same (the variation seen here is probably random and as a result of there being much smaller base numbers at admission than at application). We do not feel that we could or should take steps to address gender balance significantly at admission but we will continue to monitor this (Action Plan:2). The greater challenge is addressing social inequalities in our intake. We are very active in this area and the proportion of applications and admissions from Widening Participation students have risen by over 30% this year.

*Figure 2: Undergraduate BDS students at application, intake and graduation*

![Undergraduate BDS Students at Application, Intake and Graduation](image)

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

*Table 2: Postgraduate taught course completion*

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<tr>
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<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
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</thead>
<tbody>
<tr>
<td>Applications F:M</td>
<td>151:143</td>
<td>133:110</td>
<td>113:114</td>
<td>120:114</td>
<td>140:127</td>
</tr>
<tr>
<td>Not completing F:M</td>
<td>3:4</td>
<td>-</td>
<td>1:3</td>
<td>0:1</td>
<td>-</td>
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We have pooled the data for our taught PG courses as the numbers are so small. There are four PG courses, all clinical, small, hands on and aimed only at dentists. Two are full time; MClinDent in Restorative Dentistry (3-5 students per year, overseas) and MSc in Orthodontics (intake six every three years). The others are part-time and designed for home dentists based in practice; Implantology (eight every 18 months, one day per fortnight) and Dental Sedation (20 per year study days and distance learning). The numbers vary as for some there are not intakes every year.
The offer ratio is approximately in proportion with applications but varies greatly from year to year (simply random variation based on the small base numbers). The drop-out rate from courses is very small (Table 2). There is no particular bias, and certainly nothing statistically robust. We will continue to monitor this (Action Plan: 23).

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

For all the PGR students who have a supervisor based in the School for 2013-14, the female:Male ratio currently is 12:15. This is a little low but with only 27 students (mostly overseas) is subject to considerable fluctuations partly in relation to international contracts. Benchmarking with other institutions is problematic because of the mix of subjects, international contracts, specialities, clinicians and non-clinicians, lab-based and non-lab based work that constitutes our particular PGR cohort.

*Figure 3: Postgraduate Research Students*

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

Full data on application, admission and completion rates for UG students are given in Figure 1 above. For PG taught degrees we have pooled the data for the four programmes and based it on intakes (figure 3).

The application/acceptance ratios remain similar across the period but we will continue to monitor this (Action Plan: 23)
Figure 4: Applications and offers for postgraduate courses

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

Our BDS degrees are not classified. We have, however, given the proportion obtaining “honours” by gender. Numbers excelling vary a little from year to year but a high proportion of women over the period have excelled; to be awarded honours requires excellence across in both academic and clinical fields.

Figure 5: BDS degree “honours” by gender.
Staff data

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

Figure 6: Numbers of different grades of academic staff by gender

Numbers of staff are small so we have to exercise caution in interpretation as one replacement can fundamentally shift the proportions. In August 2014, we had one further woman promoted to chair which is not reflected in the graph above (clinical). Despite this, the historic problem of women progressing in the middle grades is clearly shown and addressed later.

The “Fellow” posts are mostly “Clinical Fellows” (CF) and a relatively new initiative intended to encourage young clinicians into academia. They aim to give a structured career pathway and some protection through PhD and education training before clinical training becomes a concern. The proportion of women at this level varies (and has been higher), currently sitting at one third. On the basis of the proportions at graduation (where there is a majority of women), the proportion is a little lower than one would expect but with such small numbers it is difficult to draw clear conclusions. It is worth noting that for a dentist there is a very attractive and lucrative alternative option with huge scope for flexibility working in clinical dental practice. Nevertheless, we would like to see more women apply for this first stage.

Part of the process at this level is to support our fellows to apply for prestigious and hugely competitive external fellowships. One of CF level women has been successful (and one man), two further women in the School have successfully gained NIHR transitional fellowships (a lecturer and an RA) and a third has received a doctoral fellowship, all following intensive support and mentoring (a 100% success of applicants). Success for women at this junior stage is seen as critical in terms of creating role models for subsequent applicants (Action Plan: 3).

There also need to be strong senior academic role models, something we have desperately lacked until recently. However, with support from the HoS, two women in three years have been
successful in being promoted to chair, both clinical, one research and one teaching (Maguire, 2013 and Ellis, 2014). Both had been mentored and were successful against very strong Faculty competition. Rebalancing the upper echelons of the School is a priority and we are making real progress but this takes time as well as talent. The recent successes have made a big impact at the top but left the SL level rather low in women. This is not something that can be changed quickly (without actually removing people from posts) as turnover is slow. At lecturer level, the ratio is more favourable and we would expect to see women progress to SL level in the next few years (Action Plan: 4&6).

(viii) **Turnover by grade and gender** – comment on any differences between men and women in turnover and say what is being done to address this. Where the number of staff leaving is small, comment on the reasons why particular individuals left.

Turnover is low because of the small size of the Unit but there have been eight retirements in five years plus four moving on to new posts. All were men, reflecting the historic imbalance in personnel, particularly at more senior levels (five of the retirements and three of the moves have been at chair or SL level). These posts have not been replaced at the same grade and the resource has been used to create opportunities further down the career structure at lecturer or CF level to rebalance our age structure. Recruitment has been more balanced (see section 4 below) and provided the opportunity for others to move up. Those leaving have taken academic positions elsewhere (in the NHS or at other units in the University). This turnover has been very positive allowing us to restructure the staff (including gender balance). The data in section 4 illustrate this more balanced recruitment. Although staff turnover is low, we will in future, conduct formal exit interviews, utilising the standard University form customised to the School’s needs, to ensure there are no gender or equality and diversity issues related to leaving. (Action Plan:5)

(1350 words)
4. **Supporting and advancing women’s careers: maximum 5000 words**

**Key career transition points**

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

   (i) **Job application and success rates by gender and grade** – comment on any differences in recruitment between men and women at any level and say what action is being taken to address this.

There were a small number of positions (n=15) advertised in the last three years, so data are limited (Figure 1). Of those applying, 41% were women. Five of the 15 positions were Clinical Lecturer posts. Of these, 45% of applicants and 40% of appointees were female. The ten remaining posts included research associates, CFs, a teaching fellow and a SL. For these, 39% of applicants and 30% of those appointed were women. Since these data were prepared we have appointed two further posts, both women. Nevertheless, there is a small but definite imbalance in terms of applicants for posts given that we consistently graduate more female dentists than males (see Action Plan 3 and 6).

![Figure 7: Application and success rate](image)

(ii) **Applications for promotion and success rates by gender and grade** – comment on whether these differ for men and women and if they do explain what action may be taken. Where the number of women is small applicants may comment on specific examples of where women have been through the promotion process. Explain how potential candidates are identified.
The University has an annual promotions exercise for academic staff. This is supported by Faculty workshops, publicised by the School well in advance. Applicants are identified through the PDR process and the HoS annual strategic review. HoS will discuss applications or potential applications directly with staff before forwarding to the Faculty Promotions Committee.

In the past four promotion rounds, including 2014, there were seven applications. Three were from women, two were promoted to Chairs (one 1st August 2014) and one to SL. The HoS and senior colleagues have actively supported these promotions by ensuring opportunities to develop appropriate skills and experience and will enhance this through the action plan, as well as by using the Faculty and University support and mentoring systems (Action Plan:4&9). The recent promotions are encouraging but there is still work to do though it will take some time in view of low turnover.

b) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.

(i) Recruitment of staff – comment on how the department’s recruitment processes ensure that female candidates are attracted to apply, and how the department ensures its short listing, selection processes and criteria comply with the university’s equal opportunities policies

The focus groups carried out with staff highlighted varied reasons for entering academia. Several explained that their entry was not a long-term plan, but a consequence of opportunities. The CFs pathway was seen as a more managed process benefitting from clearly defined career development opportunities and this was probably a factor in their recruitment. In the focus groups, current fellows were happy with the support given around the time of appointment;

‘I certainly felt like I was being helped to stay at Newcastle and get on to an academic post’ (CF, Female)

Nevertheless, the data suggest that there is still a male bias at application across the board. To address this, we will use some of the excellent role models on our website, showcasing some of the women who have been supported in balancing their career with other roles and include more information about managing academic careers with family life (Action Plan:3). Information about family-friendly University policies (e.g., Childcare Voucher Scheme and the flexible working policy) is also available at the time of application.

The University recruitment process adheres to all equal opportunity legislation and the School follows these policies and procedures as well as highlighting the School commitment to AS principles within all adverts with a link to the website for further information. In addition, there is a wealth of material on the University’s commitment to the AS agenda on the University vacancies web-page to which applicants are directed. There is internal advertisement for a period of seven days and external for 3-4 weeks. We endeavour to notify short-listed candidates of interview dates at least two weeks prior to interview. The letter of invitation asks about special arrangements needed to enable an applicant to attend. Interviews are held within normal working hours and
posts are advertised as being flexible, however, this is non-specific. We will in future give examples of various approaches to flexibility that can be used (Action Plan: 6).

The School made Equality and Diversity training mandatory for all staff in 2012; all current staff have received training so all selectors are trained in diversity issues. This will run on a three year cycle (Action Plan: 2) and it is now on the PDR form (Action Plan:22) to ensure compliance. Senior management team members within the School will also receive unconscious bias training during 2014-15 (Action Plan: 7).

We will monitor the gender ratio of academic applicants on a rolling basis through the School Executive (Action Plan: 3) to determine the need for any further actions.

(ii) **Support for staff at key career transition points** – having identified key areas of attrition of female staff in the department, comment on any interventions, programmes and activities that support women at the crucial stages, such as personal development training, opportunities for networking, mentoring programmes and leadership training. Identify which have been found to work best at the different career stages.

We have low staff attrition rates and all 13 academic departures since summer 2009 have been men, with most retiring. All of our data suggest that one of the biggest challenges for women is developing through the middle grades (lecturer to senior lecturer and beyond).

We now have good structures in place to support personal development and career transitions. Personal development needs are identified through the annual PDR for which we now have 97% compliance. The University Staff Development Unit (SDU) provides many training courses, including several in management and leadership. These are aimed at all academics but include targeted courses to address the concerns of women (see next section for details). Additionally, the Newcastle University Women’s Network (NU Women), holds at least three formal annual events related to career development for female employees. In response to focus group feedback, we have now established a women’s research network in the School to include and support female research students and female research staff. (Action Plan: 9)

One issue raised in focus groups was the need for self-promotion in order to progress through the academic career pathway:

‘...you basically have to lay your soul on the line about why you should be promoted and how wonderful you are’ (senior female clinical academic).

This was not regarded as gender specific, but self-promotion is not something that everyone is comfortable with. The informal structure that has run within our School for many years is seen to be a great strength by staff and we see it as a reflection of our institutional culture;

‘The amount of help that I got [with a lectureship application]...just made you feel really appreciated’ (female lecturer)

However, the focus group participants expressed a desire for more formalised mentorship. We will introduce a formal mentorship scheme that will operate in parallel with the existing PDR, and we
now have enough women as well as men with strong track records in academia in this
environment who are able to do this (Action Plan:4).

For the small number of UG students with family commitments, life can be very challenging and
the key transition point is getting to graduation. The difficulties are related to time and money.
We have worked very hard to allow as much flexibility as is feasible (rescheduling timetables and
clinics) and have also given direct financial support from the School on three recent occasions
from our “Hardship Fund” where lack of money has nearly finished a career before it started.

‘I’ve had financial troubles.....they’ve given me financial support through the Dental School itself
as well, to help me through. So they’ve been really good, yeah.’ (UG student)

Career development

a) For each of the areas below, explain what the key issues are in the department, what steps
have been taken to address any imbalances, what success/impact has been achieved so far
and what additional steps may be needed.

(i) Promotion and career development – comment on the appraisal and career
development process, and promotion criteria and whether these take into
consideration responsibilities for teaching, research, administration, pastoral work
and outreach work; is quality of work emphasised over quantity of work?

For PDR, reviewees are able to request an appropriate reviewer from the University.
Objectives/priorities are set (using “SMART” targets) in the following domains: research, teaching,
professional activities, engagement, administration, personal career and management. We also
check safety and other mandatory training (including equality and diversity). Progress is assessed
against the previous year’s objectives. Personal career progression involves discussion around
needs (Action Plan: 4).

The University and School are committed to parity between research and teaching and academics
can be promoted under one of three pathways: teaching and scholarship, teaching and research,
or research and innovation. The criteria are evidenced and verifiable. Workshops are held in the
October prior to the annual exercise and a video recording of the FMS workshop for Personal
Chairs and Readers was carried out this year and will be rolled out for the SLs workshop next year
to ensure it can be accessed by all.

(ii) Induction and training – describe the support provided to new staff at all levels, as
well as details of any gender equality training. To what extent are good
employment practices in the institution, such as opportunities for networking, the
flexible working policy, and professional and personal development opportunities
promoted to staff from the outset?

All new staff to the School are formally inducted in processes and procedures by the
administration team, involving induction material (safety policies, sickness policies etc.), a tour,
introduction to staff and line managers. Staff are signposted to the University’s induction
webpage, containing all University-wide policies, (e.g. equality and diversity, flexible working,
dignity and respect) and staff benefits (e.g., childcare vouchers, support and wellbeing service). The University launched an on-line diversity induction for all new starters from September 2014. Our flexible working policy is not as explicit as it should be so we will be revising this, in conjunction with current University policy and adding it to the induction checklist ensuring all new staff receive a copy (Action Plan: 8) Prior to their start, staff are often invited to attend relevant events, on an ad hoc basis, if they wish to.

Academic induction is provided by the academic line manager and is highly customised depending on the role, including any training needs. Some training is mandatory but the majority will be tailored to the individual. New clinical staff complete an online equality and diversity training course via the trust e-learning site and will then drop into our three year, school wide cycle (see action 8). University SDU training courses that promote good personal and professional development for women include:

- “Managing your academic career for women”
- “Keeping your career on track”
- “Women’s development: The Butterfly Programme”

Those that promote good employment practices include:

- “Diversity issues for selection and recruitment”
- “Equality and diversity for managers”
- “Managing disability-awareness into action”

(iii) Support for female students – describe the support (formal and informal) provided for female students to enable them to make the transition to a sustainable academic career, particularly from postgraduate to researcher, such as mentoring, seminars and pastoral support and the right to request a female personal tutor. Comment on whether these activities are run by female staff and how this work is formally recognised by the department.

UG students interested in academia are offered the opportunity, with financial support from the School, to undertake an intercalated degree after Stage 2 (BSc) or Stage 3/4 (Masters). The School has an “Intercalation Coordinator” and a junior female member of academic staff who intercalated in 2008 and now has a highly prestigious NIHR personal fellowship who gives informal advice. In the last five years, five students (3 female, 2 male) have completed intercalated degrees.

All PhD students are registered with research institutes (not the School) and are formally and informally supported by the institutes including postgraduate societies and support groups. A multitude of training courses are available on relevant topics covering everything from oral communication skills to research governance. However, as “dental” PhD students are based in the School and co-supervised by School staff we have a Research Student Advisor (Dr Paula Waterhouse) who supports them through their research and progression. We run our own informal “tea and cake” events which are organised on a termly basis.

The School also offers five-year funded CF posts, incorporating a part-time PhD and a qualification in teaching to help young clinicians enter academia. Since their introduction in 2003, nine men and five women have been employed in these posts. Dr Paula Waterhouse has recently been assigned as the overall line manager for CF. The Faculty also offers two-year fellowships annually as part of the Career Pathways Scheme.
Anyone applying for fellowships (external or internal) is provided with guidance and mentorship from initial concept to submission. One of the successful women applicants raised this in the focus groups:

“Clinical Fellowships director…. put me in touch with panel members and arranged for peer review” (female CF)

The mentors include some of the most successful female academics in the Faculty who provide independent career progression advice. School/dentistry-specific advice is probably important so support mechanisms will be further developed to complement those provided by the Faculty (Action Plan: 10).

For clinical researchers, making the transition from PhD/CF to Lecturer, the School offers Clinical Lectureship posts, allowing individuals to pursue part-time clinical training in their specialty, whilst progressing in teaching and research. These are customised to the needs of the individual and can include part-time working. All CFs who have wished to go down this route (5 men, 3 women) have progressed into Clinical Lecturer posts.

However, in our survey to assess opinions on the AS principles, only 24% of all the staff surveyed felt that the school actively consider structural and personal obstacles women have in making the transition from PhD to an academic career. In response to this, and following feedback from our focus groups, a Junior Staff Forum has now been set-up in the School (Action Plan:11). This aims to facilitate a communication and support network between junior members of staff and has met twice with a senior member of academic staff and the HoS as guests, enabling concerns of junior staff to be highlighted.

**Organisation and culture**

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

   (i) **Male and female representation on committees** – provide a breakdown by committee and explain any differences between male and female representation. Explain how potential members are identified.

The School’s three main decision making committees are listed in Table 3.
### Table 3: Summary of main committees within the School

<table>
<thead>
<tr>
<th>Committee name</th>
<th>Day, frequency and time</th>
<th>Membership and F:M ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Executive</td>
<td>Monthly except August</td>
<td>Head of School (M – University appointed)</td>
</tr>
<tr>
<td></td>
<td>Generally Wednesday</td>
<td>Clinical Director (M - NHS appointed)</td>
</tr>
<tr>
<td></td>
<td>Now 1600-1800 (see notes below on timing)</td>
<td>School appointed/staff elected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Research (Director of COHR) (F)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chair of Board of Studies (M)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Academic representatives (x4) (2F:2M)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School Manager (F)</td>
</tr>
<tr>
<td>COHR Executive</td>
<td>Six times per year</td>
<td>Director of COHR</td>
</tr>
<tr>
<td></td>
<td>1245 -1400</td>
<td>Representatives for research themes, NHS, administration, postgraduate students (Current ratio 3F:4M)</td>
</tr>
<tr>
<td>Board of Studies</td>
<td>Six times per year</td>
<td>Director Dental Studies (M)</td>
</tr>
<tr>
<td></td>
<td>1245-1400</td>
<td>Director of Academic Studies (M, same as Director of Dental Studies)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director of Clinical Studies (F)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director of Exams and Assessment (M)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director of Student Progression(M)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director of DDHT (F)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tutor for Admissions (F)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 elected staff members (2F)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student members (x8) (elected by students so ratio variable, currently 7F:1M)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stage directors (x5) (3F:2M)</td>
</tr>
</tbody>
</table>

The School Executive is the final decision-making body at school level providing oversight across all School activities. Operational decisions are devolved down to two major committees: Board of Studies for educational matters, and COHR Executive for research. A range of further committees manage the day to day educational business (clinical studies, academic studies, assessment and progression) but are not decision making.

The School is cognisant of the balance of working and personal lives and has made steady progress towards moving committee meetings into normal working hours. All of the major meetings with the exception of School Executive now take place in core hours (1000-1600). Clinical commitments are challenging and the only realistic alternative to the 1230-1400 slot is after 1700 when clinics finish and is no longer used except for School Executive.

School Executive is a longer meeting (two hours) in view of its remit. Formerly it ran from 1630-1830. We have brought it back to 1600-1800 and we now support all staff in finding teaching cover if this is required. In 2013, the HoS formally proposed bringing it back into core hours as several members had family commitments. The decision of the members with family commitments was to...
keep it where it was. In view of the fact that this is the only meeting at this time, this was seen as a manageable proposition and was less disruptive than other possible options. This was reviewed in September 2014 and will be reviewed annually (Action Plan: 12).

(ii) Female:male ratio of academic and research staff on fixed-term contracts and open-ended (permanent) contracts – comment on any differences between male and female staff representation on fixed-term contracts and say what is being done to address them.

The School has few staff on fixed term contracts at any level. The data below are presented for academic, academic related/technical and research staff (in other words those in academic careers). The School endeavours where possible to convert staff from fixed term to open ended contracts. For example, CFs on five year fixed term contracts have the opportunity to progress to open ended Clinical Lecturer posts and all those who have expressed an interest in this opportunity (five males and three females) have been successful.

**Table 4: Academic staff on fixed-term contracts**

<table>
<thead>
<tr>
<th></th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

b) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.

(i) **Representation on decision-making committees** – comment on evidence of gender equality in the mechanism for selecting representatives. What evidence is there that women are encouraged to sit on a range of influential committees inside and outside the department? How is the issue of ‘committee overload’ addressed where there are small numbers of female staff?

In 2008 the School Executive comprised eleven academic members and the School Manager. Ten of the eleven academics were men. The current membership is eight academic members plus the School Manager and now includes four women academics (see table 3). The membership is partly determined by role (five members), by election (three members from their own constituency, e.g., non-clinical and clinical lecturers and senior staff) and one co-opted to ensure “balance” (expertise, experience, clinical discipline, clinical status or indeed gender). Four of the seven School-appointed members are women (see figure 8). Given the current balance there are no plans to take active steps around gender. This will be monitored across all decision-making committees to maintain fair representation without overburdening individuals’ workload (Action Plan: 13).
(ii) **Workload model** – describe the systems in place to ensure that workload allocations, including pastoral and administrative responsibilities (including the responsibility for work on women and science) are taken into account at appraisal and in promotion criteria. Comment on the rotation of responsibilities e.g. responsibilities with a heavy workload and those that are seen as good for an individual’s career.

There is a huge clinical teaching commitment in dentistry and the balance between teaching, research, administration and NHS service is a very difficult proposition for anyone. It is not unusual for clinical academic dentists to be teaching for 50% of their time, before considering NHS service and administration, let alone research. When career breaks are factored in, it can become almost impossible to juggle all four tasks. This partly explains the difficulty progressing through the middle grades.

Our strategy is now to support all staff to “major” on one or other of the two main roles (education or research). We reduce teaching for researchers or remove the pressure of having to deliver on research for educators, but for this to work we have to demonstrate that either route can result in career progression. We have recently converted several members of staff (with both their support and managing through the PDR process) to teaching and scholarship contracts whilst for others we have removed substantial teaching loads to allow them to concentrate on research. This strategy is good for everyone. All three of our female professors have been through this process recently, and we have subsequently been able to secure their promotions on the basis of their achievements.

Workload planning is part of PDR. Whilst imperfect, it gives clear indications of responsibilities with a time allocation, standardised to take account of all aspects of an academic’s role. It is
intended to ensure that workloads do not overburden individuals and a flexible approach is taken. We will be appointing an Athena SWAN champion and in line with University policy this role will be allocated time within the work plan (Action Plans: 1, 13, 14 & 15). SAT team members will be allocated approximately 20 hours of time in the workload plan (Action plan: 1).

(iii) **Timing of departmental meetings and social gatherings** – provide evidence of consideration for those with family responsibilities, for example what the department considers to be core hours and whether there is a more flexible system in place.

All major teaching meetings, COHR meetings, research seminars, research brain-storming meetings and governance activities operate within core hours. There are occasions when keynote speakers are invited outside of core hours due to availability or perhaps with the purpose of presenting to a broader audience outside of the School.

Social events for groups within the school tend to be organised outside core hours but departmental Christmas events are over lunch times for which dispensation is given. Our school-wide graduation reception is held in core hours. Timings for ad hoc events are reached by consensus. A staff questionnaire will be conducted about school wide social events to evaluate their appropriateness (Action Plan: 16)

(iv) **Culture** – demonstrate how the department is female-friendly and inclusive.

‘Culture’ refers to the language, behaviours and other informal interactions that characterise the atmosphere of the department, and includes all staff and students.

*Every* member of our staff underwent bespoke, face-to-face, equality and diversity training in small mixed groups in 2012, before this became University policy. Every student is subject to similar on-line training as are clinical support staff (nurses, technicians etc). Our recent focus groups strongly suggest that the culture within the School is fair and supportive for all. Over 70% of respondents in our most recent staff opinion poll in 2013 agreed that women were treated fairly in the School. Where any issues were raised within the poll, female staff did not feel they were gender related.

*‘The gender equality is pretty good throughout…. and they’ve got extra things for females as well, so we’ve got the Piper’s bursary as well, and that’s only for mature female students, from the North East, studying at the university, and so there are things there which are actually promoting women in the university itself.’ (female PhD student)*

Within each UG year-group are our academics of the future. Given the vocational nature of the course, the support we provide forms a continuum from UG level through to junior academic and has now been experienced by those at a senior level as well. The General Dental Council in 2013 described our supportive environment as “exceptional” and our Internal Subject review in 2010 described it as “exemplary”.

At the time of writing, amongst our UGs we have two women and one man with young families. They have to provide clinical care in a very closely supervised environment which, realistically, can
only operate in working hours. We do everything we reasonably can to help support the students in terms of timings and school holidays (see example above). We also manage a financial support fund (by alumni donation) for those who find themselves in financial difficulty and have used this for two of the three current students with young families to allow them to continue. It has been a lifeline to them.

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

The Faculty Strategic Plan sets targets that for each programme, 75% of entrants should be from state schools. We have a well-established “Partners-supported entry” route but to ensure a diverse cohort of high quality students our priority is to raise the aspirations, awareness and motivation of young people who have the potential to progress in higher education to consider a career in Dentistry. We specifically target young people who are living in Low Participation Neighbourhoods (LPNs), attend poor performing schools and/or belong to lower-socioeconomic groups. Over the last three years, our outreach activities have increased 10 fold with over 500 students attending in-house activities last year. Student volunteers also participate in oral-health related community outreach. The School’s award winning ‘Brush-up’ group has a programme of events, engaging with school groups, uniformed organizations, and community health initiatives to deliver oral health education, and provide information on careers in Dentistry. These are classed as recruitment activities and contribute to the workload model. We will continue to carry out the activities in line with Action Plan 2.

**Flexibility and managing career breaks**

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

   (i) **Maternity return rate** – comment on whether maternity return rate in the department has improved or deteriorated and any plans for further improvement. If the department is unable to provide a maternity return rate, please explain why.

Four women have taken maternity leave within the previous three years (1 Clinical Lecturer, 1 PhD Research Associate, 2 administrators), two returning to work to their pre-maternity contract and two returning to a part-time contract.

   (ii) **Paternity, adoption and parental leave uptake** – comment on the uptake of paternity leave by grade and parental and adoption leave by gender and grade. Has this improved or deteriorated and what plans are there to improve further.

Three men have taken paternity or parental leave in the previous three years (2 Clinical Fellows and 1 Academic Clinical Lecturer). One female member of staff (administrator) has just returned
following 12 months adoption leave and, with support from the School, is currently working flexibly, gradually increasing her hours back to the pre-adoption leave working pattern. Although numbers are small, our return rate is good.

**Table 5: Number of staff members taking parental leave in the last 3 years**

<table>
<thead>
<tr>
<th>Parental/Maternity/Paternity/Adoption Leave</th>
<th>Returned</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Clinical</td>
<td>Non-clinical</td>
<td>Clinical</td>
<td>Non-clinical</td>
</tr>
<tr>
<td>Maternity Leave</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Paternity Leave</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adoption Leave</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Within our Action Plan we will take steps to ensure that all staff are aware of their rights to take parental/adoption leave by ensuring easy to follow links on our website and providing links for staff within the school’s shared drive. (Action Plan:17)

(iii) **Numbers of applications and success rates for flexible working by gender and grade** – comment on any disparities. Where the number of women in the department is small applicants may wish to comment on specific examples.

The overall culture of the School is to provide autonomy towards flexible working and changes to working hours to incorporate home-based/caring responsibilities. Individual requests from all staff are managed at a local level by line managers and the HoS. Flexible working is monitored through the PDR process. Between 2011 and 2014, no male or female academics requested reductions in their hours of work. One female clinical associate has and this was granted.

b) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.

(i) **Flexible working** – comment on the numbers of staff working flexibly and their grades and gender, whether there is a formal or informal system, the support and training provided for managers in promoting and managing flexible working arrangements, and how the department raises awareness of the options available.

The numbers of staff working flexibly are small but not insignificant. In addition to the female clinical associate mentioned above, one female senior academic has had a formal flexible working agreement to care for elderly parents since 2008. Another is working flexibly to care for children.
One of our female academic related staff has been working flexibly now for over ten years to accommodate family and travel needs.

An example of flexible working within the school is illustrated by a full-time female Senior Clinical Lecturer whose husband works away from home; she worked flexibly since their oldest child started primary education (2004). This arrangement allowed her to start work at 8 am and collect the children from school on three days per week. She works flexibly to make up the hours elsewhere to maintain a full-time contract and in 2007 was promoted to Senior Clinical Lecturer.

We made an appointment of a new member of staff at lecturer level in summer 2014 who was about to go onto maternity leave and she will take up the post after this has finished. We are committed to supporting the part-time and flexible working needs of staff and we plan to publicise the University policies via School meetings for existing staff and via induction for new-starters (Action Plan: 8, 17 & 18).

We use the PDR formally to monitor working arrangements. Adjustments/reductions in hours are discussed with line managers and the HoS and sanctioned by the HoS. The male and female staff taking part in the focus groups recognised that flexible working opportunities were available when required.

‘I went to the head of school... and we worked out a timetable so that certain days of the week I could go earlier. I was doing a full-time contract but in a slightly different way.....I think the support I received was excellent.’ (Senior Clinical Lecturer)

Flexible working patterns are not formally monitored, but our Action Plan highlights the need to undertake further focus group work to ensure that flexible working continues to be available and supported (Action Plan: 18).

We have also enabled flexibility for UG students with childcare commitments. For example, outreach clinical duties for UG parents within the city were rostered geographically near to their children’s schools/afterschool clubs to facilitate collection.

‘I’ve had problems with childcare as well, for example half terms they’ve been helpful trying to rearrange my timetable and things for me’ (UG student)

Our personal tutor system ensures every student has a personal point of contact and support.

(ii) **Cover for maternity and adoption leave and support on return** – explain what the department does, beyond the university maternity policy package, to support female staff before they go on maternity leave, arrangements for covering work during absence, and to help them achieve a suitable work-life balance on their return.

The school uses the University policy to support female staff planning maternity leave. Meetings between the member of staff and line manager plan what aspects of work require cover and what areas will cease. Depending on the nature of the work, risk assessments are undertaken. The University Occupational Health services may also be called upon. This is managed locally.
As maternity leave approaches, a method of keeping in touch, if the staff member wishes to, is agreed between line manager and leaver; usually email. It is made explicit that a response to work communications is not required or expected. The leaver is encouraged to make contact with those covering the work in order to ‘hand-over’ tasks in good time. Women on maternity or adoption leave are still registered within all the relevant School and University email distribution lists and this serves as a means of keeping up to date if appropriate. There is a ‘Keeping in Touch Scheme’ available via the University. A pre-return meeting with the line manager is used to discuss any potential changes to working patterns once the woman has returned to work. Workload is discussed at this meeting so that work overload is avoided as the woman returns to working life.

The University offers a Childcare Voucher Scheme and clinical academics with honorary clinical contracts can access the Trust Nursery day-care facility; the charging system is based upon salary.

Women who are still breastfeeding upon their return to work are not provided with a specific room to express milk but furnished, lockable, comfortable offices are always available together with refrigeration facilities if required. In addition, the Medical Faculty is currently in discussion with the Trust “Infant feeding co-ordinator” regarding the possible shared use of rooms for this purpose. (Action Plan: 19)

Two excerpts from focus groups from two different Senior Clinical Lecturers identify the real difficulties at this stage that we will address through the action plan:

‘I don’t think there’s much support when a woman comes back from, maternity leave. They return and research has stopped whilst they’re off. I don’t think at the moment we’re very good at settling that person back in again.......that might be something we could improve on...’. (female lecturer)

‘I think when you’ve had children you’re a different person..... I agree that coming back into an academic environment, there needs to be a little bit of a reflective period to reassess where you’re at and the changes that have happened in your life, how that’s going to affect not just working pattern, but your ambitions, your goals, how you’re working....So there might be more of a need for time to reflect.’ (female, senior staff)

These comments provide important insight into the difficulties around returning to an academic post and a clue to some solutions. We will develop a robust strategy for helping staff return to work after extended leave (Action Plan: 20), allowing a phased approach to help the returner establish a suitable work-life balance. For those with research programmes we will allow protected research time in order to re-establish research momentum before returning to other tasks. We will ask a senior member of staff with experience of returning to work after maternity leave to work with the line manager before the return so that practical aspects are considered fully (Action Plan: 20). Returning post-doctoral researchers and early career researchers (eg Clinical Fellows) will be encouraged to consider applying for ‘research bridging funding’ from the School which holds funds for small grants (Action Plan: 21).

(4604 words)
5. Any other comments: maximum 500 words

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

The process of improving gender balance in the Dental School began at least three years before the formation of a SAT team, as the data and commentary indicate. We have made great progress over this time and there has been a complete change of culture within the School. We have put measures in place and identified actions, to ensure that the workforce achieves a more balanced structure during the slow process of staff turnover. Detailed focus groups and quantitative data collection from staff, carried out to inform our Athena SWAN application, have provided a focus for reflection on equality and diversity issues within the School.

We identified two particularly important barriers to academic careers for women in dentistry in our own institution and our action plan contains a number of initiatives to address these. The first barrier is related to recruitment at a junior level. Clinical dentists are fortunate to have excellent, lucrative alternatives to academia, with significant flexibility so this is probably the more difficult barrier to overcome, but we will take on the challenge. The second, progression through the middle grades for those choosing academia, remains a significant barrier despite our best efforts, but here we can be proactive particularly around flexible working and return to work. Our Action Plan is targeted at these alongside a range of other initiatives derived from careful reflection on our data and the findings from our focus groups.

We thought two very brief case studies may also be helpful. In their own words:

Ms. Chloe Arnold:

I am a mature recent BDS student and single mother with a daughter in primary school. As a student I had serious financial difficulties and childcare has been a challenge. I was financially supported by the School whilst the director of student progress and personal tutor enabled much more flexible study for me when required. An outreach placement at a location close to my home was a great help.

A positive, caring and encouraging attitude enabled me to confidently complete the programme in very difficult circumstances, graduating in July 2014 with a merit in clinical dentistry and a prize in restorative dentistry. I shall continue to work here and my long term goal is academic dentistry.

Dr Rebecca Wassall

I am a clinical dental lecturer with challenges centred on balancing a career with caring for my three young children (including twins born prematurely with serious long-term conditions). I was supported by the School during maternity breaks in 2004 and 2011. In 2004 there was a clear lack
of female senior academics and I lacked mentorship, feeling isolated on my return, working full time and caring for the twins. In contrast, since my return in 2011, I have benefitted from a much more supportive structure and several female senior academic role models. I am now developing this role to meet my personal aspirations as a mother and an aspiring clinical academic. I am impressed to see the school tackling these issues with enthusiasm.

(496 words)
Abbreviations:

BDS  Bachelor of Dental Sciences
BSc  Bachelor of Science
CF   Clinical Fellow
COHR Centre for Oral Health Research
FMS  Faculty of Medical Sciences
HEFCE Higher Education Funding Council for England
HoS  Head of School
ICM  Institute of Cellular Medicine
IHS  Institute of Health and Society
LPN  Low Participation Neighbourhood
M Clin Dent Master of Clinical Dentistry
MSc  Master of Science
NHS  National Health Service
NIHR National Institute for Health Research
PDR  Performance Development Review
PG   Postgraduate
PGR  Postgraduate Research
RA   Research Associate
SAT  Self-assessment Team
SDU  Staff Development Unit
SL   Senior Lecturer
SMART Specific; Measurable; Attainable; Realistic; Timely
UG   Undergraduate
6. **Action plan**

Provide an action plan as an appendix. An action plan template is available on the Athena SWAN website.

The Action Plan should be a table or a spreadsheet comprising actions to address the priorities identified by the analysis of relevant data presented in this application, success/outcome measures, the post holder responsible for each action and a timeline for completion. The plan should cover current initiatives and your aspirations **for the next three years.**

**Key:**

- **HoS** Head of School
- **AS Ch** Athena SWAN Champion
- **SAT W Grp** Self Assessment Team Working Group
- **SM** School Manager
- **DSM** Deputy School Manager
- **RRSA** Regional Research Student Advisor
- **LMS** Line Managers
- **Dir Res** Director of Research
- **Dir Educ** Director of Education
- **SDS Executive** School of Dental Sciences Executive Committee
<table>
<thead>
<tr>
<th>Priority</th>
<th>Action Number*</th>
<th>Key Actions</th>
<th>Sponsor</th>
<th>Method(s)</th>
<th>SMART objectives 2014-2017</th>
<th>Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>high</td>
<td>1</td>
<td>Maintain good practice and developing further the SDS approach.</td>
<td>HoS, AS Ch &amp; SAT W Grp</td>
<td>Following the school submission of the Athena SWAN (AS) application, the SAT will continue and an Athena SWAN Champion (AS Ch) will be appointed to facilitate progression of the action plan, to keep abreast of new developments and areas for further improvement. Our AS Ch will report to SDS Executive three times per year (November, February and May)</td>
<td>i) SAT team members will be allocated approx. 20 hours of time within the workload planning model via PDR. ii) AS Champion appointed by nomination and then election by December 2014 duties will be factored into the workload planning model via PDR. They will chair future SAT meetings. iii) Athena SWAN related issues will become a standing item within SDS Executive Committee (began Sept 2014). iv) On-line staff questionnaire planned for July 2016 (expected response rate 80%), findings to Executive</td>
<td>i) and ii) Appointment made December 2014 and in workload model iii) Standing item on SDS Executive Committee Agenda twice per term from Sept 2014. iv) High levels of awareness of AS issues demonstrated by staff questionnaire (directly compared with 2013 if possible).</td>
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<td>Level</td>
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<td>low</td>
<td>2</td>
<td>Maintain the current level of women recruited to the BDS Degree Programme at approximately 50%, whilst driving forward the University initiative of Widening Participation (WP).</td>
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<td></td>
<td>Admissions Tutor &amp; Admissions Team, HoS for E and D training</td>
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<td>Continue engagement in the existing admissions process and WP/Partners schemes</td>
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<td>i) Admissions data to be collected and collated as currently and reported via admissions meetings and SDS Executive Committee.</td>
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<td>ii) All selectors to have Equality and Diversity (E and D) Training (100% in June 2013) on a rolling 3-year programme.</td>
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<td>i) Proportions of students will satisfy the University requirements of WP and maintain the gender balance at approx. 50% (each year to 2016).</td>
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<td>ii) 100% uptake of E and D training via retraining events June 2016.</td>
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<td>medium</td>
<td>3</td>
<td>Aiming at undergraduates; promote the recruitment of both genders to careers in academia and attract more women to academic careers.</td>
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<td>Web Development Team/AS Ch, &amp; BDS Stage 5 Director</td>
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<td>Provide information on SDS website in the form of personal vignettes from early career academics as role-models (staff comments, photos, biographies).</td>
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<td>Continue the mandatory careers day in Stage 4 BDS but to include more female academics involved in teaching and research.</td>
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<td>i) Area of website to be fully developed by June 2015. Website will be reviewed 3 times per year basis (linked to the updates to SDS Executive) by the school web team to ensure that information remains current.</td>
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<td>ii) Careers day is held annually in July of Stage 4 BDS. Communication of this requirement to teaching lead for this event (Stage 5 Director).</td>
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<td>i) and ii) Early career posts to recruit at roughly 50:50 (but note that small base numbers will mean wide confidence intervals</td>
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<td>i) and ii) Feedback available to SAT annually from Jan 2015.</td>
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<td>Level</td>
<td>Priority</td>
<td>Task</td>
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<td>high</td>
<td>4</td>
<td>Guidance and support for staff identified during PDR (all genders) who are considering applying for promotion.</td>
<td>HoS, AS Ch &amp; Dir Res &amp; Dir Educ</td>
<td>Development of a small group of senior staff to act as promotion application reviewers and mentors/critical friends for all staff considering promotion. i) Strong informal support will continue; however, a list of critical friends/mentors (maximum of five will be required) will be produced (Jan 2015) and updated annually. Group will be developed by voluntary involvement and reflected in job plans. Produce list of senior staff volunteer mentors by Jan 2015. ii) PDR reviewers and appraisers to be informed of this development via PDR reviewers’ update training package (May 2015).</td>
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<td>medium</td>
<td>5</td>
<td>Modify the existing leaving interview form to explore reasons for leaving relating to gender or diversity issues.</td>
<td>HoS, SM</td>
<td>Revise the University exit interview form in order to use it for all SDS staff that leave. i) The University form will be revised for use in the SDS by June 2015. ii) The form will be ratified by SDS Executive by July 2015.</td>
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<td>medium</td>
<td>5</td>
<td>Modify the existing leaving interview form to explore reasons for leaving relating to gender or diversity issues.</td>
<td>HoS, SM</td>
<td>Implement use of the form by all exit interviewers i) and ii) By July 2016, 100% of staff leaving the SDS will have completed the exit form in previous year. Gender/diversity issues will have been relayed to HoS after screening by School Manager.</td>
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| Medium | Ensure all job applicants are aware of the University and SDS commitment to Athena SWAN and career progression and the high value placed on part-time working. | All SDS job vacancies will contain a link to the University webpage highlighting careers progression and AS agenda | i) For immediate action, first advert to display this was September 2014  
ii) Applicants to be asked at interview if they have any specific questions relating to AS or careers progression (SM).  
iii) Monitor the number of male and female applicants (SM) annually | i) AS questions asked at every interview. (from September 2014). AS Champion to cross check.  
ii) From Dec 2014, 100% of new recruits will be asked questions within the induction checklist exploring what information was helpful during the application process. AS champion to cross check.  
iii) Data available for annual review on F:M ratio of applicants |
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<td>Medium</td>
<td>Unconscious bias training for senior management team.</td>
<td>In-house training events for senior management team.</td>
<td>i) All senior managers to receive this training by August 2015</td>
<td>i) 100% of senior managers trained in unconscious bias by August 2015.</td>
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<td>Medium</td>
<td>8</td>
<td>Induction of new staff to include information about Athena SWAN agenda.</td>
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<td>Evolution of the pre-existing school induction protocol to include highlighting the University webpages relating to AS agenda, HR information on flexible working and parental leave.</td>
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<td>i) Induction protocol to be amended to include a link to University web-pages and inclusion of a hard copy of the flexible working policy within induction documents from Jan 2015.</td>
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<td>See also action number 6</td>
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<td>i) New induction papers used universally from Jan 2015.</td>
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<td>ii) Favourable Feedback from staff on induction material via staff online questionnaire, July 2016 (set specific question for new staff)</td>
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<tr>
<th>High</th>
<th>9</th>
<th>Local support for women in research within School of Dental Sciences/Centre for Oral Health Research</th>
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<td></td>
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<td>Set up an informal discussion forum for all women researchers (staff and students). This is in addition to the University’s newly re-launched NU Women.</td>
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<td>i) Group already set up (first meeting held Oct 2014). Meet monthly to adopt an informal approach (this is agreed by group). ‘Drop-in’ type of gathering with no agenda.</td>
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<td>i) All women researchers will have been invited by email to attend the monthly meetings (by end Dec 2014).</td>
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<td>ii) Favourable feedback on usefulness for some staff at least, via focus groups in Oct 2015. (Note; not all staff may wish to use this sort of approach but so long as there is evidence that some do we will seek to continue it)</td>
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</table>
| medium | 10 | School-specific guidance and support for all staff seeking to apply for Research Fellowships. | To supplement existing Faculty support, the SDS will formalise its existing approach to supporting Fellowship applicants. School-based mentors will provide support and advice based upon several recent successes in Fellowship applications. | i) Previously informal arrangements within SDS have been formalised. A list of fellowship mentors was produced (Oct 2014) and will be updated annually (Oct 2015, 2016, 2017).  
ii) Potential Fellowship applicants to be identified through annual PDR, research theme meetings and COHR Executive.  
iii) Job planning to reflect involvement of mentors. All reviewers will be informed of this through SDS PDR reviewers’ update training package (see action number 21).  

| high | 11 | Support improved communication for junior staff involved in teaching and or research. | Development of a Junior Staff Forum to facilitate communication across disciplines. | i) Forum formed in April 2014 and has met on a number of occasions to discuss careers and arrange social events. Continued facilitation by school.  
ii) Overall, applications continue at current rate or above.  
iii) Favourable feedback by interview from applicants and reviewers after COHR research theme meetings (annually via each theme leader).  

|  |  |  | i) Fellowship applications data reviewed annually and overall number and gender of applications and success at around equality (50:50) over time. Note that actual numbers will always be very small. | i) Favourable feedback from at least some Junior Staff from focus group analysis, October 2015. |
| Low  | 12  | HoS, AS Ch & SM | Ensure all committees take place in core working hours. School Executive still remains outside core-hours. | i) All but one SDS committee to meet within core hours (achieved during the academic year 2013). ii) SDS Executive with 1600 start. Exec agreed to bring forward the start time of Exec by 30 minutes and hold meetings from 16.00-18.00 in 2013. Clinical teaching cover will be arranged where necessary for teachers to attend Exec. iii) Continue to monitor the timing of all SDS meetings via Dental Executive from September 2014 annually. Include as agenda item for September SDS Executive. | i) All committees take place within core hours except the SDS Executive ongoing. ii) School Executive continues at current time unless Executive wishes change (see below). iii) Executive timing and all other meeting timings on Executive Agenda annually (September 2014, 2015, 2016) |
| HoS, AS Ch & LMs | i) Executive Committee representative positions to continue to be advertised internally using process of proposals and voting. School Executive fixed term of office for representatives (3 years) (rolling).  
ii) Single co-opted position to be reviewed with each change of membership to be maintained to allow balance (rolling with each membership change).  
ii) Managerial roles involving committee work to be discussed at PDRs (annually).  
Note: This objective is challenging for other committees because some simply cannot run a rolling representation due to small numbers in individual teaching disciplines that need representation within teaching committee structures. This can be monitored though- see outcome.  
iii) HoS review of PDRs finds no evidence of unreasonable burden in “main difficulties” section of form at sign off (annually). | i) and ii) Balanced representation (gender, discipline and seniority) clearly evident within the SDS Executive as the main decision making body (Executive should lead from the front. (rolling). | Maintaining gender balance in committee responsibilities without overburdening female academics. | Ensure committees have fixed term representatives with regular ‘turnover’. Internally advertise representative committee positions. |
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<tr>
<th></th>
<th>Maintain fair representation within the composition of interview panels.</th>
<th>Annual review of all interview panels for the previous year by AS champion</th>
<th>i) From October 2014 the balance of academic staff within all interview panels in SDS is being monitored on an annual basis (Oct 2015, 2016, 2017).</th>
<th>i) Balanced representation without overburdening individuals on review (Oct 2015, 2016, 2017).</th>
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<tr>
<td>14</td>
<td>AS CH, SM &amp; DSM</td>
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|   | Allow reasonable time within job plans to undertake development activities within normal core hours. | Use PDR to agree individuals' time required | i) Already undertaken within the pre-existing University PDR (for non-clinical academics) and joint University PDR and NHS appraisal process/revalidation (for clinical academics) (completed). | i) 100% PDR rate  
   i) 100% completion of compulsory development elements within PDR  
   ii) All previous development activities set have been met.  
   iii) new heading in form to pick up difficulties (July 2015)  
   i), ii) and iii) Favourable feedback from relevant focus group data analysis after October 2015. |
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<tr>
<td>high</td>
<td>HoS</td>
<td>Communicate to all line managers/PDR reviewers</td>
<td>ii) Development the line manager handbook and the ‘update’ workshop training for PDR reviewers (July 2015).</td>
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<td>15</td>
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<td>iii) Include a new section within the PDR form to explore any challenges a reviewee may have experienced with opportunities, and time for engagement with personal development during the previous year (July 2015).</td>
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<td>16</td>
<td>Timings of school-wide major social events.</td>
<td>AS Ch, SM &amp; Admin Staff</td>
<td>Inclusive approach to staff attendance at major social events.</td>
<td>i) Staff questionnaire about the timings of such events (to be undertaken by March 2015). ii) Early-notice advertising of dates and times of any proposed events to allow arrangements to be made if required.</td>
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<td>i) Data on staff preferences including gender breakdown (March 2015). ii) Feedback from staff questionnaire relating to previous years (December 2016).</td>
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<td>17</td>
<td>Staff awareness of Human Resources information.</td>
<td>AS Ch &amp; DSM</td>
<td>Publicise links to specific HR webpages (e.g., parental leave).</td>
<td>i) All SDS staff members already receive regular HR newsletters through the University Staff email distribution list (completed). ii) AS Champion to highlight specific links to relevant/helpful University-sourced information on a termly basis.</td>
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<td>i) Feedback from future focus group work in Oct 2015. ii) Information cascading to 100% of staff via email starting Jan 2015</td>
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<td>Page</td>
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<td>Description</td>
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<td>18</td>
<td>Flexible working should continue to be available, supported and valued by the SDS.</td>
<td>To continue to manage this at ‘local’ level via line managers. To introduce this as an area of discussion (if required) during annual PDR. Communicate with NHS Training Programme Directors and Health Education North East (HENE) regarding requests relating to flexibility around higher specialist clinical training. i) Provide updated training guidelines for all SDS PDR reviewers with specific attention to flexible working (see action number 22). iii) Health Education NE has a well-established track record with options for flexible higher specialist training, this should be continued. i) and ii) Data relating to the numbers of staff working flexibly available and monitored by AS champion. i) and ii) Data analysis/feedback from staff questionnaire (2017) i) Pre-identified space and refrigeration (December 2014 but twice yearly review by space committee).</td>
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<td>19</td>
<td>Personal needs support for women returning from maternity leave.</td>
<td>Return to work meeting with line manager (see action number 22). i) ‘return to work’ meeting with line manager following maternity leave will become mandatory. This must involve post-maternity discussions of any personal needs for example; nursing mothers may require private space for expression of breast milk and refrigeration facilities which we will arrange (we have appropriate facilities for use now if required). i) Data analysis/feedback from staff questionnaire (2017). This is a long term outcome and due to small numbers may take &gt;3 years to evaluate.</td>
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<td>Improve support for staff returning to work after a career break/extended leave.</td>
<td>Facilitate comprehensive discussions for return to work.</td>
<td>i) Development of a handbook for line managers to give guidance around this area (see action number 22) (July 2015).</td>
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<td>ii) Produce a specific protocol for line managers to use when undertaking a return to work meeting which will form part of a line managers’ handbook of information (July 2015).</td>
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<td>iii) Provision of “kick-start” research time for research active returners with cover provided for teaching for a period of time.</td>
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<td>iv) Explicit discussion of other flexible working options and the development of a specific timetable for individuals on a case-by-case basis. Follow up interviews after a year to gain feedback on process.</td>
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<td>i), ii) SDS Line Manager handbook available for use by July 2015, including the return to work protocol (see action number 22).</td>
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<td>iii) and iv) Feedback from follow up interviews with returners a year after returning to allow new system to be nuanced.</td>
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|       | Bridging funding for post-doctoral researchers and funding for ‘home’ PhD students/Clinical Fellows. | The Centre for Oral Health Research (COHR) already has a mechanism for financial support for post-doctoral staff and PIs. | i) Funding application calls issued from COHR twice yearly and facility to apply on an ad-hoc basis (completed 2011).  
ii) The SDS already provides an annual ‘bench-fee’ to each Clinical Fellow for research purposes (from July 2014).  
iii) Both the above sources of internal funding bodies are prepared to look favourably on small funding applications, made by people who have recently returned to work after an extended break (Jan 2015). | i) 100% of research supervisors to be aware of bridging funding by Dec 2014.  
ii) Data analysis/feedback from junior staff focus groups on value of funding (Oct 2015).  
iii) Monitoring of funding allocations by COHR Research Executive (from Jan 2015). |
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<td>medium</td>
<td>21</td>
<td>HoS, Dir Res &amp; DSM</td>
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<tr>
<td>high</td>
<td>Production of a PDR reviewers’ update/training package and a line managers’ handbook</td>
<td>Revision and review of existing documents.</td>
<td>i) Revision to be complete by Feb 2015. Ratified by SDS Executive by April 2015.</td>
<td>i) Dissemination to 100% of all PDR reviewers and line managers by June 2015.</td>
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<tr>
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<td>22</td>
<td>HoS, DSM &amp; AS Ch</td>
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<td>high</td>
<td>Monitor gender balance within taught PG courses at admission and completion to ensure that courses remain accessible to women.</td>
<td>Annual analysis of all data.</td>
<td>i) Report to SAT team annually in January from Jan 2015.</td>
<td>SDS Executive has data annually and can feedback to relevant programme director and address concerns (from Jan 2015 then annual).</td>
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<tr>
<td>high</td>
<td>23</td>
<td>RRS, SM, DSM</td>
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