Athena Swan Gold application form for departments

Applicant information

Name of institution	Queen Mary University of London
Name of department	Faculty of Medicine
Date of current application	31 July 2023
Level of previous award	Silver
Date of previous award	30 November 2017
Contact name	-----------------------
Contact email	-----------------------
Contact telephone	02078825555

Section	Words used
An overview of the department and its approach to gender equality	2412
An evaluation of the department's progress and success	2285
An evaluation of the department's sector-leading activity	2020
An assessment of the department's gender equality context	4403
Future action plan*	
Appendix 1: Consultation data*	
Appendix 2: Data tables*	
Appendix 3: Glossary*	
Overall word count	11120

*These sections and appendices should not contain any commentary contributing to the overall word limit

Overall word limit: 10,000 words

Table of Contents

Table of figures

Section 1: An overview of the department and its approach to gender equality (2412 words)

In Section 1, applicants should evidence how they meet Criterion A:

- *Structures and processes are in place to underpin and recognise gender equality work*

Recommended word count: 2500 words

1. Letter of endorsement from the head of the department (656 words)

Please insert (with appropriate letterhead) a signed letter of endorsement from the head of the department.

Faculty of Medicine, Queen Mary University London
Charterhouse Square,
London EC1M 6BQ

Dear Athena Swan Panellists,

I am extremely proud to endorse the Athena Swan (AS) Gold Award application from the Faculty of Medicine (FM) at Queen Mary University of London. I corroborate the self-assessment as accurate and honest.

The principles enshrined within the Athena Swan Charter have informed our evolving intersectional approach to diversity and inclusion. This led to transformative changes including appointing an Academic Equity Diversity and Inclusion (EDI) Lead to our senior leadership team (SLT) and restructuring both the EDI and overarching governance structures. This infrastructure supported the delivery of our AS objectives and enables FM to interweave EDI objectives throughout our strategic plans Bi-directional reporting between trained and competitively appointed EDI representatives at every strategic and institute-level board and panel allows continuous EDI impact assessments for new policies/processes.

Our past action plan (PAP) prioritised increasing the proportion of senior academic staff and moving toward gender balance in our leadership. We prioritised reducing the gender and ethnicity imbalances within our most powerful decision-making group-the SLT. In 2017, 90% were male and 90% were White. In 2023 our SLT is gender balanced and ethnically diverse SLT members have reached 20%. Transforming our recruitment and promotion processes together with wider cultural changes have underpinned this. Our intensive and tailored approach to grade-specific coaching for women eligible for promotion has increased the proportion of eligible staff who applied at all levels and shows significant longitudinal improvement in application and success rates since 2013. Over the past four years the overall promotion rate per eligible population in female staff has increased from 9% to 26%.

We improved our recruitment processes by introducing EDI representation and competence-based EDI questions at interviews. We built EDI competencies into essential and desirable characteristics on

standardised cross-Faculty job descriptions (JDs). We also include an expectation to deliver a role-appropriate citizenship task within each JD.

I am aware that the 'time tax' of EDI responsibilities can fall disproportionately on those personally affected by inequities who are most impelled to drive change. In mitigation, since 2017 FM invested in four Deputy EDI Leads (including the AS SAT Chair) to support the Academic EDI Lead. They are supported by an academic and professional, technical and operational (PTO) EDI representative at Institute-level with work-allocated tariffs associated. FM has also funded two permanent EDI Officers. I meet with the Academic EDI Lead fortnightly to offer my direct support. EDI work is now promotable. Several SAT members were promoted on this basis. FM staff contributed significantly to reforming the QMUL-wide promotion criteria to include a 'citizenship' category which is recognised equally to research and teaching.

Since 2021 we have invested and committed more than £500K to support three evidence-based initiatives to help carers and parents to return to work.

As a research-intensive Faculty we champion and showcase our ground-breaking work to reduce post-COVID-19 inequities in our ethnically diverse local communities. Our researchers are influencing national policy on how sex and gender in research are considered by UKRI funders and have formed an innovative mentoring partnership with the national Medical Women's Federation to improve the career trajectories of female medical students and doctors within and beyond FM.

These improvements are visible to staff as evidenced by demonstrable improvement in engagement and favourability scores for female staff in recent staff surveys on a broad range of questions, especially the core EDI questions.

Looking ahead, we will continue to focus on behaviours like bullying and harassment and initiate actions to improve career trajectory and security for PTO staff. We will work closely with HR affiliates to improve the EDI data reporting where it has fallen short within this application so we can carefully track a wider range of gendered intersections and create a better, more inclusive workplace.

I thank the Athena Swan Assessment team for their hard work and look forward to contributing to more innovative work.

Yours faithfully

Professor Sir Mark Caulfield MD FRCP FAHA FESC FBHS HonFPharmacol FMedSci
Vice Principal for Health,
Director of the NIHR Barts Biomedical Research Centre

2. Description of the department (573)

Please provide an introduction to the department.

The Faculty of Medicine and Dentistry (FMD) is one of Queen Mary University of London's (QMUL) three Faculties (QMUL, Figure 3). QMUL was University of the Year' in the 2022 UK Social Mobility Awards and the first university to receive the Platinum Watermark for Public Engagement.

"QMUL continues to prove that social inclusion and academic success are not mutually exclusive."[1]

Two historic institutions, The London Hospital Medical College (founded 1785) and St Bartholomew's Medical College, St Bartholomew's Hospital (founded 1123) merged to form FMD. Both institutions were established to serve underprivileged Londoners and our 2030 research strategy, *Better Health for All* affirms this enduring commitment (PAP 5.2).

FMD consists of six institutes, including the Institute of Dentistry which submits a separate Athena Swan (AS) application. This Faculty of Medicine (FM) submission pertains *only* to the remaining five institutes (Figure 3).
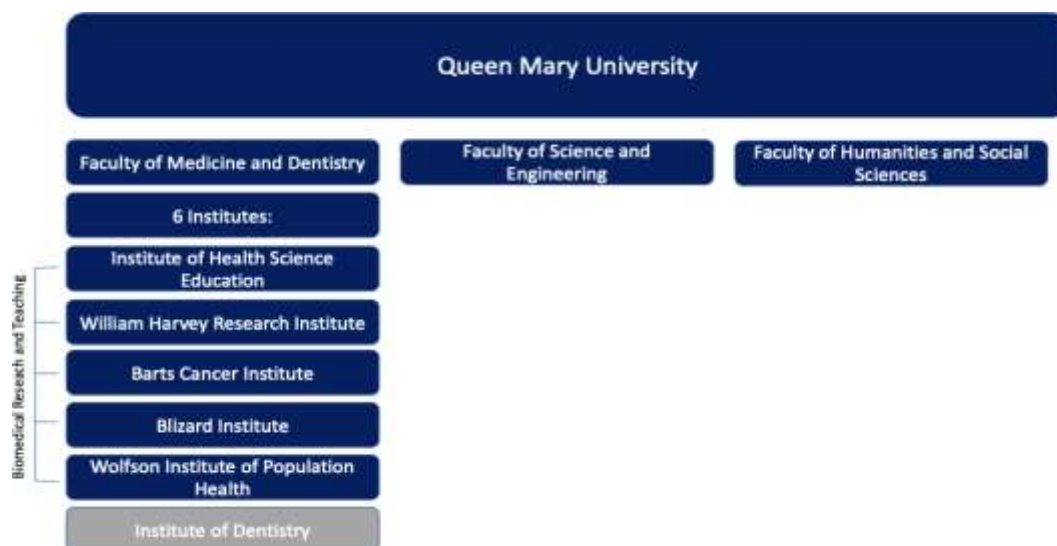
Figure 1 Queen Mary Faculty and FMD Institute Structure

FM employs 1620 staff (61% female, 61% Black and Minority Ethnic [BAME]), of whom 924 are Research and Academic (R&A) Staff (56% female) and 696 are Professional, Technical and Operational Staff (PTO staff) (61% female). Academic staff include clinical and non-clinical staff. Many clinical staff have joint contracts with NHS partner trusts, adding to data collection complexities like staff pay and Clinical Excellence Awards.

FM campuses are situated across East London (Figure 4), including in Tower Hamlets, the local authority with the highest UK level of child poverty. Barts NHS Health Trust is our main NHS partner and serves ~ 2.6 million people in an area of London characterized by unrivalled ethnic diversity (60 languages spoken across patient populations). This provides our students with unparalleled educational opportunities.

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[1] Times Good University Guide 2021

Figure 2 FM Institutes and Locations: IHSE - Institute of Health Sciences Education; WHRI - William Harvey Research Institute; WIPH - Wolfson Institute of Population Health; Turnbull Centre – Anatomy Teaching; St. Bartholomew's Hospital – clinical skills teaching

FM ranked in the top two medical schools in London for student satisfaction in both 2021 and 2022 and undergraduate (UG) education is highly sought after.[2] Since 2017 our student population has grown from ~3000 to ~5000 students (63% female, 62% BAME) across both undergraduate and postgraduate (PG) programmes (AP2.0; 2.1a). Queen Mary has the best record in the Russell Group for recruiting under-represented student populations. At FM, 49% are first in their families to attend university, and 28% come from the most disadvantaged households (annual income <£15K). Many of our students live in digital poverty, juggle caring, paid work and their studies. Our apprenticeship

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[2] NSS 2022, The Times and The Sunday Times Good University Guide 2022, 2021 overall satisfaction: NSS 91%, PTES 74%: 72% female, 81% male.

programmes have helped expand our education offer to those already in the workplace who may not otherwise enter higher education.

Both our undergraduate and Postgraduate Taught (PGT) student cohorts are more gender-balanced than London and RG benchmarks. Our main UG programme the Bachelor of Medicine, Bachelor of Surgery (MBBS) has 2015 students (58% female/ 69% BAME). Our 4-year graduate entry programme (GEP) is a commoner route into Medicine for female students than Direct Entry (61% vs 56% in 2021). (AP2.1b)

We have over 2224 (AP2.0) PG students (onsite and distance learners) enrolled in over 47 master's degrees, 22 more degrees than in 2017 (Figure 5). Postgraduate Taught student numbers have increased from 821 to 1756 (70% female/ 59% BAME).

2017	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
• Emergency Resuscitation Medicine • Global Health Law and Governance • Global Health Systems Theory and Policy • Laparoscopic Surgery and Surgical Skills • Mental Health: Cultural and Global Perspectives • Mental Health: Psychological Therapies • Global Public Health	• Molecular and Genomic Medicine • Public Mental Health	• Global Public Health and Policy • Prehospital Medicine	• Clinical Education (Apprenticeships) (PgCert) • Health Data in Practice (MRes)	• Paediatric Emergency Medicine • Tactical Military Austere and Operational Medicine	• Cancer Genomics and Data Science • Physician Associate Studies (Apprenticeships)	• Creative Arts and Mental Health (MRes) • Enhancing the Safety and Wellbeing of Persons in Care and Custody

Figure 3 New taught postgraduate courses since 2017

We have 468 Postgraduate Research (PGR) students across PhD, MPhil and MD-Res programmes (63% female/ 40% BAME, AP2.1f). Since 2017, the proportion of part-time female PGR students increased by 5%. Our Wellcome Trust-funded flagship Health Advances in Underrepresented Populations and Diseases Doctoral Training Programme (HARP DTP) supports research on underserved populations (PAP 7.7). So far 10 applicants have been supported (--)

FMD attracts ~£125million in annual research income, increasing ~10% year-on-year. Our wide- ranging, inter-disciplinary themes include population health, digital health, and crisis prevention. Major expansion of the female-led Population Health Institute and establishing the female-led, SHARE collaborative for health equity has increased capacity to deliver research on health inequalities.

3. Governance and recognition of equality, diversity and inclusion work (380 words)

Please provide a description of your equality, diversity and inclusion (EDI) structures, staff and department-level resources

In 2017, the FM EDI structure consisted of an AS SAT for Medicine with a SAT Chair. Driven by our 2017 Silver Award action plan, in 2021 an overarching FMD Academic EDI Lead post was established within the SLT. Also, a new FMD governance structure was introduced (Figure 6; PAP 1.1) that placed EDI at the heart of decision-making and strategic processes. The AS SAT Chair reports to the SLT via the Academic EDI Lead (Figure 7; PAP 1.1).
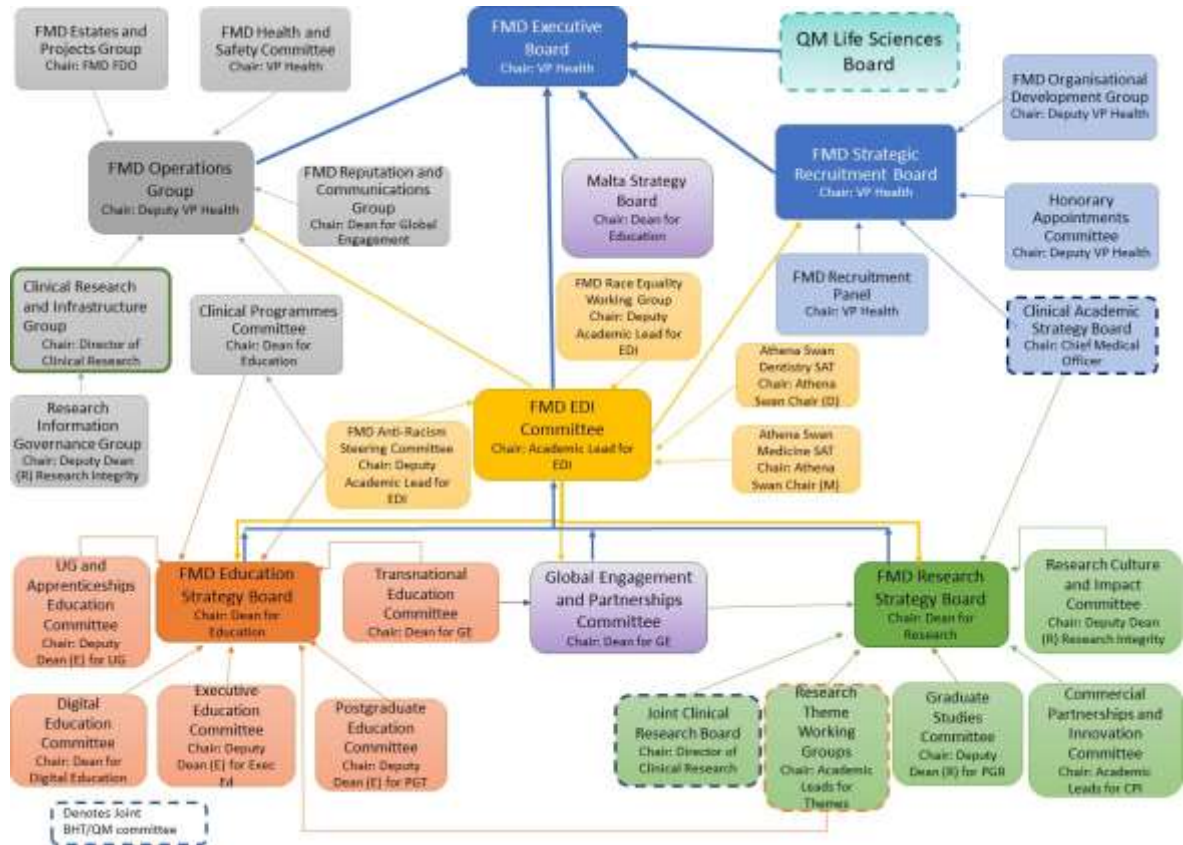
Figure 4 New FMD governance structure (PAP 1.1)

Two Academic EDI Deputy posts were created to increase capacity and the AS SAT Chairs for Medicine and Dentistry were also designated as EDI Deputies (PAP 2.1). EDI posts have a time allowance within the faculty workload allocation model (0.3 Fixed-term Equivalent [FTE] for Academic Lead, 0.2 FTE for Deputy Academic Leads, and 0.1FTE for Institute EDI Representatives; (PAP 2.1, 4.3). These allocations are similar to that of the Institute Directors acknowledging both value and time commitment. Vacancies are advertised widely within FM and EDI Lead roles are interviewed by the VP and senior SLT members (PAP 2.1). The EDI committee created standardised job profiles for EDI roles with clear responsibilities and a 3-year tenure to ensure planned succession. (PAP 2.1).

Since the last application FM has invested in two permanent EDI Officers (PAP; 1.1), one officer monitors AS action plan implementation; one focuses on communications.

The Academic EDI Lead chairs the FM EDI committee (Figure 6). FMD EDI officers are embedded within the VP Exec and EDI teams. They attend the QMUL-wide EDI Steering Group and EDI working groups (with the Academic EDI Lead), ensuring inclusion in university-wide decision-making processes (Figure 8).

In recognition of the different issues faced by PTO and academic staff, we augmented the structure by appointing *both* academic and PTO EDI representatives at Institute-level.
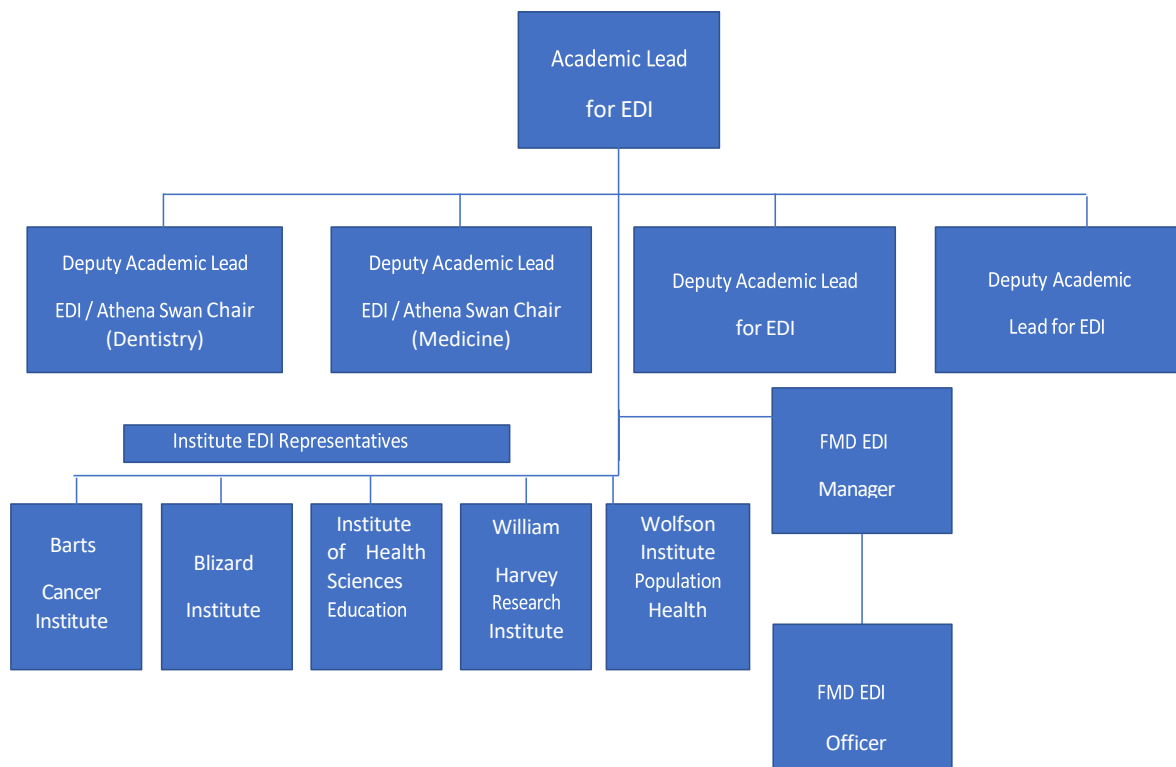
Figure 5 New FMD EDI organogram
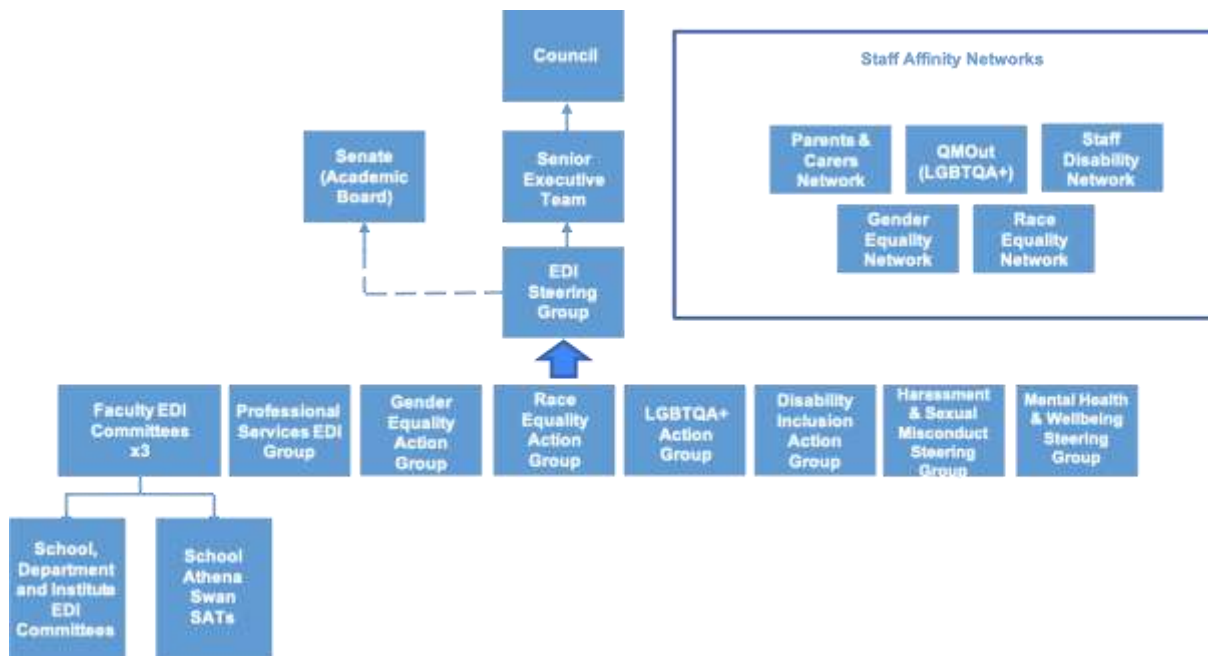
Figure 6 Working relationship of FM EDI team with QMUL EDI Team

FM actively recognizes and rewards EDI work. The Athena Swan SAT Chair was instrumental in a university-level decision to reward EDI work through the creation of an additional 'citizenship' category within the promotion, staff bonus and professorial review processes on a par with teaching and research. This enabled recognition of excellent EDI work as promotable which has benefited SAT member (PAP 2.1). Furthermore, FM has supported three Academic EDI Lead/Deputies to take on National-level EDI Leadership roles e.g., President of the Medical Women's Federation (MWF), Medical Education EDI Lead for Association for the Study of Medical Education, NE London National Institute for Health Research (NIHR) Clinical Research Network Inclusion Lead.

4. Development, evaluation and effectiveness of policies (257)

Please provide the processes in place for developing, evaluating and revising departmental policies (where relevant), and for evaluating the implementation of institutional policies.

In the 2023 staff survey, 79% of female staff and 75% of male staff agreed with the statement '**QMUL values diversity**'; 72% of staff (same for female and male) agreed with the statement '**Department leadership actively supports gender equality**'.

Since 2018 FM SAT has worked with Human Resources (HR) to shape university-level HR policies by providing case studies and detailed feedback leading to a policy update of the Shared Parental Leave policy and redevelopment of the adoption leave policy. The FM SAT developed two policies (menopause and fertility treatment) which are used-QMUL-wide (PAP 3.3/3.4).

Equality impact assessments (EIA) are used to assess potential for negative impact of new policies on staff or students due to their protected characteristics. FM policies are developed within our executive committees with embedded EDI representation. All policies are reviewed considered for potential impacts by the FMD EDI Lead prior to presentation at the executive board. Policies are reviewed by the relevant committee 6 months after introduction (PAP 1.1) and this action has been carried forward in the FAP 1.3. This includes discussion about the reception/perception of the policy based on feedback received or through data monitoring where relevant which may lead to revision of the policy. For example, at the 6-month review of the policy stating that an EDI representative must attend all interview panels, institute managers and EDI representatives fed back that this added significant complexity to organising job interviews and was too onerous for EDI representatives. The EDI committee recommended implementing a threshold, whereby EDI representatives would attend interviews for Readers, Professors and grade 6+ PTO posts only. (PAP 4.1).

5. Athena Swan self-assessment process (546)

Please provide an overview of who was involved in the preparation of this application, how it was prepared, and what plans are in place to support the department's future gender equality work.

Supported by two full-time EDI officers, the self-assessment process is undertaken by the Athena Swan Self-assessment Team (SAT) (Figure 9) comprised of 20 members representative of FMs staff groups. The gender split is 30%M/ 70%F which, while similar to the FM staff overall gender split, places a heavier workload on female staff. SAT representation is focused on intersectionality and includes staff with a range of working patterns, and protected characteristics (e.g., age, ethnicities, LGBTQ+, disability and neurodiversity). The SAT proportion of ethnically diverse staff is 20% which is lower than the overall staff proportion (AP2.0). To counter this, we will

use positive action to recruit more BAME and male staff to the SAT in the next annual SAT recruitment process. Positions are advertised widely, emphasize our intersectional approach and appointments are merit-based (PAP 1.2). Student perspectives are provided by The Chair of the Students Union and the Student Union Women's Officer who are SAT members (PAP 1.2).

Figure 7 Faculty of Medicine AS SAT members

The SAT communicates via face-to-face and Teams meetings, email and uses a shared-drive for document-sharing and e-learning. The two-hour long SAT meetings have taken place at least bimonthly since 2017. Due to the pandemic and the EDI governance changes, SAT composition has changed over the submission period. There have been 4 female Chairs since the last submission which has been challenging for continuity. The first chaired the 2017 submission and stepped down soon thereafter. The second was promoted to Academic EDI Lead for the Faculty after two years in post; the third served for only 4 months due to ill-health, whereupon the SAT was chaired by the Academic EDI Lead, until the fourth Chair was recruited (January 2022).

During 2020-2021 COVID-19 pandemic, some planned work slowed down as academic staff (including the SAT Chair) were redeployed to the NHS. Face-to-face SAT meetings did not take place for 12 months. However, our AS activities shifted online and focused on wellbeing and fostering togetherness, which we deemed the most urgent priority (AP2.11f).

Since 2017 the SAT has focused on the timely delivery of the actions within the 2017-23 AP by the action owner. The SAT adjusted timeframes where needed. Action owners discussed implementation and demonstrated progress through data evaluation. For example, actions around improving promotion application and success rates of female academics could be demonstrated by showing attendance rates at year peer-to-peer promotion workshops, numbers of promotion applications and successes by female academics, reviewing survey data and anonymous workshop feedback. For activities like events or newsletters, attendance rates and click rates demonstrate engagement (AP2.11g).

Our Gender Advancement for Transforming Institutions (GATI) outreach work with Indian partner institutions (see section 3) is a key example of the international impact of our SAT.

The future SAT

The FM SAT will further gender equality activity through the Future Action Plan (FAP):

1. Meet two-monthly to barriers to delivery of actions.
2. Action owners will speak to their actions, and the SAT will support and ensure working timelines.
3. Action owners will be required to submit a change request to the SAT committee for significant changes to AP content and/or timeframe.
4. AP will be visible to and editable by all SAT members on Share-point.
5. SAT Chair will deliver a 6-monthly progress report to FMD EDI Committee.
6. Future vacancies will be recruited through positive action to achieve gender balance and increase ethnic diversity.

Section 2: An evaluation of the department's progress and success (2285)

1. Evaluating progress against the previous action plan (911)

Please provide a critical evaluation of your most recent action plan and any other actions you have initiated since your award.

Since 2017, the action plan has evolved and new actions were continually brought in to reflect changes within our Faculty, University, and in higher education. Following feedback received on our 2017 application, the SAT has endeavoured to capture more information about beacon activity and provide a consistently high level of analysis and reflection across all sections of the revised Athena Swan application.

During the pandemic and in the post-pandemic we responded to staff needs by developing activities to foster togetherness, belonging and wellbeing and support careers. We held forums and discussion groups on the impact of Covid-19.

Since 2017, QMUL has had a change in Principal and undertaken new strategic direction to become 'the most inclusive university anywhere'. EDI governance structures have changed, and regular self-assessment (within both EDI and SAT committee meetings) allowed for prompt responses and direct reporting to the Senior Leadership Team and VP.

Faculty and University level KPIs were introduced to increase female staff at middle and senior grades (50%) and BAME (40%) by 2030. However, monitoring recruitment data was hampered by a combination of factors, including poor data entry practices by hiring managers and complex/ inadequate data retrieval systems. This has necessitated manual data collection and affected provision of recruitment data. This has been exceedingly challenging and is the first priority of our FAP (1.1).

79% of actions have been completed and are RAG-rated as green (Figure 10). There are 15/73 actions RAG-rated as amber because they have not been fully completed or fully met yet, they have been significantly revised, or superseded.
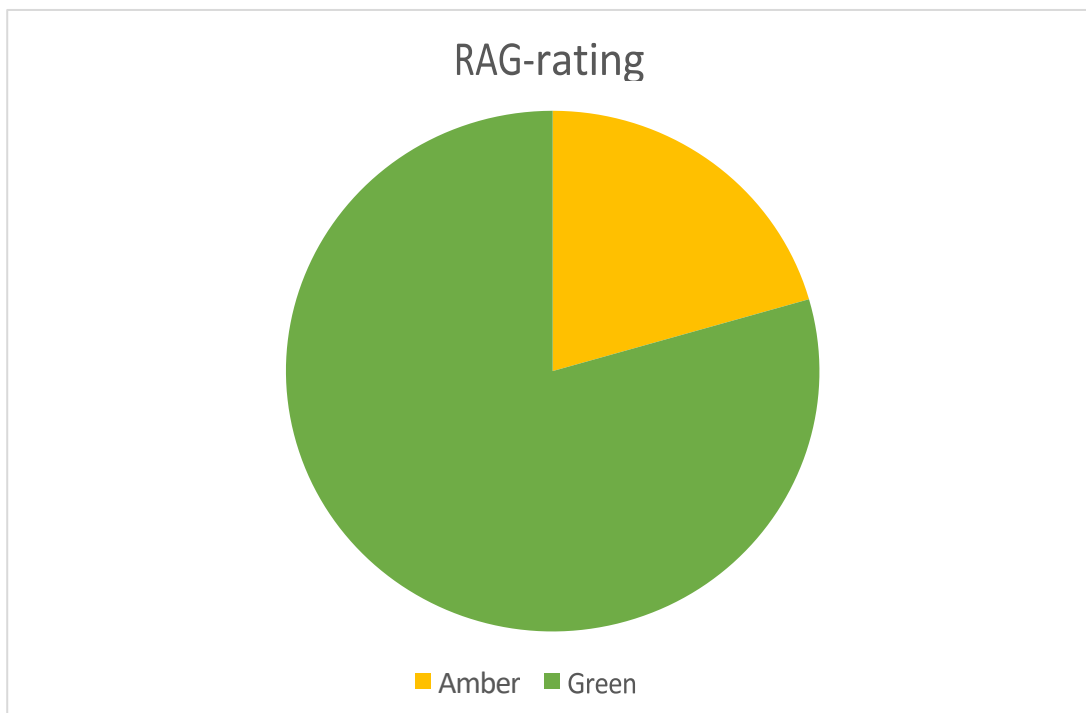
Figure 8 Past action plan RAG rating status

Some actions have been marked as amber when there has been a change in University-wide policy/practice that has prevented the completion of an action that has started:

PAP1.1 Equality impact assessment: In addition to the EIA process we established in response to the 2017 AP, additional university-wide EIA processes will soon be implemented with local training and awareness sessions. Migrated to the FAP (1.3) as ongoing.

PAP1.1 Trainee support scheme: Queen Mary's management trainee scheme provided a trainee to support the action plan, but QM stopped supporting the scheme after 8 months on the project.

PAP7.3 The academic mentor system for MBBS students: Superseded since 2019. Instead, students are now able to access a bespoke careers programme, which includes a medical careers fair, talks by consultants and the opportunity to rotate through many different medical specialisms, covering both hospital and primary care.

Some unmet actions (PAP7.4; 7.5; 7.6; 7.9). relate to nationally problematic issues (male under-representation and under-recruitment in medical courses), we have carried these and other related student-facing actions forward within our FAP as key priorities.

The remaining amber actions are ongoing issues have all been migrated to our FAP. They include:

14

PAP1.2 SAT composition: our SAT is under-represented by males and staff from BAME backgrounds.

PAP3.1 Use of feedback: this is an action related to the evaluation of our suggestion boxes and use of QR codes on posters displayed in the Institutes, it requires evaluation and has been carried over to the FAP (5.1).

PAP3.8 Bullying and Harassment (B&H): there are three amber ratings related to tackling bullying and harassment. Although the actions were completed the desired outcomes have not been achieved in that the bullying questions in the staff survey are not sufficiently improved. We have carried these and other related student-facing actions forward within our FAP (5.1) as key priorities.

PAP3.9 Staff well-being: although we completed our stated actions to train mental health first aiders, there were worse outcomes on the mental health question for male staff, this has been taken forward as an action within our FAP (6.2).

PAP4.1: Female and BAME staff at senior level: This action has been rated amber as although we have instituted many recruitment measures and mentoring programmes, the proportion of female staff at G8 level and BAME staff at G6+ level remains lower than 50% for female staff and lower than 35% for BAME staff. We have migrated this to our FAP (2.2) as a key priority. This is a consistent finding across the five institutes and we did not find any inter-institute disparities on analysis of the disaggregated data by institute.

Implementation, evaluation, and iteration of the action plan was the responsibility of the SAT and accountable members of FM leadership. The AP was a standing agenda item at each SAT meeting where members were presented with qualitative / quantitative data regarding action progress so that the action could be approved or revised with agreement. A range of internal and external data were used to determine progress (summarised in Table 1).

Table 1: Data sources used by SAT

Data type	Data sources
Quantitative	Staff survey engagement data 2019-2023 (AP1.1-1.6); staff and student headcount data by protected characteristic (QMUL databases 2021/2022/2023) (AP2.0-2.6h); recruitment data, other data such as parental leave, appraisal, probation and promotion etc. (HR, faculty database 2022/23) (AP.2.7a-2.9f), National Student Survey (NSS) (AP1.7), PRES/ PTES (2017-2022, AP1.8-9). Additional disaggregated data have been presented by institute in respect to AdvanceHE mandatory data 1-6 and 9 as mandated in the revisions for gold required by the review panel. Additional disaggregation has been performed by clinical vs non-clinical staff as suggested but not mandated by the review panel. We also decided to disaggregate PTO staff by professional services vs technicians. The limitations for AdvanceHE mandatory data 7,8 and 10 remain and we were unable to expand on these for the reasons outlined in the original submission.
Qualitative	Free text comments in surveys, feedback forms accessed from QR codes embedded in newsletters and on posters around the buildings, discussions and feedback from staff forums and EDI seminars.

2. Evaluating success against department's key priorities (1374)

Please describe the department's key achievements in gender equality.

Diversify leadership within FM and increase leadership opportunities, including EDI leadership pipeline (PAP Theme 4).

As a longitudinal improvement, we have achieved gender balance our most senior leadership. One of the key contributors toward the gender pay gap in the UK is the lack of senior women who hold leadership positions. These roles confer responsibility allowances. In 2017 the senior leadership team was 90% male and 10% were from BAME backgrounds. This has transformed over the past two AS cycles: SLT is **now 53% female and 20% BAME**: 8/15 are female including 3 women from BAME backgrounds (PAP 2.2). Two of the four Deans are women as is the Deputy VP for FMD and the COO. Half of the Institute Directors are female. Not only have women applied for these senior leadership positions, but they have been appointed in highly competitive interview processes including external candidates. This is reflective of a culture that celebrates and encourages women to excel and flourish. Mentorship schemes, improvements in EDI culture, the creation of multiple

Deputy posts, introduction of tenures into JD's and other changes in the recruitment processes (PAP 2.1) have underpinned this significant achievement.

Since 2017 our impactful new EDI leadership structure has ensured an EDI leadership succession pipeline and that EDI roles are valued within workforce tariffs and recognised within promotion, staff bonus and professorial review processes. Actions included: 1) New EDI leadership structure: 1 Academic Lead for EDI, 4 Deputy Academic EDI Lead posts (two are the Athena Swan SAT Chairs for Medicine, and for Dentistry), and 1 PTO and 1 Academic Institute EDI representative in each institute.

2) The Academic Lead for EDI was integrated into the Faculty Senior Leadership Team to ensure oversight of all strategic decisions and policies. 3) All EDI leadership posts come with a job description and workforce allocation tariff (0.3 for Academic Lead; 0.2 for Deputy Academic Lead; 0.1 for Institute EDI Representative, PAP 4.3). 4) All EDI positions have a 3-year tenure to succession. 5) FM SAT was instrumental in ensuring that leadership and work within EDI /AS SAT is promotable (PAP 2.1)

AS and EDI Deputies, Institute reps and members have made use of the citizenship criterion for successful promotion (PAP 4.2). In 2022, an Institute-level EDI rep was successfully promoted to Deputy Academic EDI Lead demonstrating the working succession model. The tenured Academic EDI Lead role job description is being adapted QMUL-wide.

Leadership is something that every manager must demonstrate. The following four comparable questions in the 2023 and 2022 staff survey have revealed high levels of agreement with the statement:

My manager is a great role model for employees
67%F/69%M 2022 and 69%F/68%M 2023.

Career advancement through promotion and National Clinical Excellence Awards (PAP Theme 2&6):

Longitudinal improvement has occurred in percentage of total applicants for promotion and in success rates of applicants overall, by grade, gender, ethnicity and by institute (AP2.9a-f and AP2.11i-k).

We were unable to obtain data from 2018/19 so we present data from 2020 onwards (Table 2.9a-f). We refer to mitigations around data in our future action plan (FAP1.1). Due to a Faculty-wide reporting process, aggregated data are provided by the HR data team and includes the Institute of Dentistry which is not part of this application. We have not been able to remove Dentistry from Tables 2.9a-d (FAP1.1). Eligible dental academics comprise 17% of total eligible academic staff. We have also provided new Institute level data tables AP2.9e-f.

We also present data for 2010-2014 transposed from that application cycle to demonstrate longitudinal improvement in application numbers over more than three award cycles. In 2010-2014 35.8% of the 81 overall applicants were female with a gendered success rate of F76%/M73% (AP2.11k). In 2020-2023 54% of the 242 applications were female with a success rate of F71%F/M 58%. (AP2.9a)

Between 2020-2023, the % of eligible staff applying for promotion is F 31% (+16%) M 26% (+13%) (Tables 2.9a).
White 29% (+15%)
'BAME' 28% (+15%)

Between 2020-2023 overall support rate for applications increased but this is notable in female and BAME staff:
F 67% to 86% (+19%)
M 70% to 74% (+4%)
White 77% to 88% (+11%)
'BAME 40% to 69% (+29%)

These changes are reflected in a higher overall promotion rate with the most dramatic change occurring in female staff.
F 26.4% (+16.6%)
M: 18.8% (+9.5%)
White 25.1% (+14.3%)
BAME applications 19.4% (+14.3%)

Promotion cycles	2013-2017	2020-2023
	F 42%/M58%	F52%/M48%
Senior Lecturer-Reader:	F34%/M66%	F49%/M51%
Reader- Professor:	F25%/M75%	F58%/M42%

Applications increased significantly over the past four cycles, the proportion of eligible female staff who have applied has increased from 15% in 2020 to 31% in 2023 and 15% more eligible staff from BAME backgrounds have applied (AP 2.9a). Supported promotions in females increased from 67% to 86% over the past 4 promotion cycles and the success rate against the eligible population increased from 10% to 26% in females and from 9% to 19% in males.

Over the past 4 cycles, the proportion who were successfully promoted at Professor level increased from 33% to 85% (AP2.9b). At Reader level females had a slightly higher success rate against eligible population than males (AP2.9c).

Longitudinal improvement has also occurred between 2016 and 2022 in proportion of applicants for **National Clinical Impact awards (NCIA).** This followed the introduction (in 2019) of intensive NCIA workshops pitched at the level of application, sharing successful application forms between applicants and 1:1 mentoring from the SAT chair. (AP2.11e)

Gender split for applicants 2016-18 was: F10%/M 90%; 2019-2022; F 36%/M64% Gender split for successful awards in 2016-18 was F5%/ M37%; 2019-22 F23%/M 47%

Theme 3: Embedding culture change (Theme 3).

The 2017 PAP identified the need to develop and implement an effective EDI communication and engagement strategy. By showcasing different voices and role models within FM, we aimed to raise the profile of the EDI work being done within FM. We created a Governance and Decision-Making webpage on the intranet showcasing the reformed EDI and overarching governance structure,

signposting the AS SAT and EDI committee and EDI representatives contact details, EDI committee terms of reference. (PAP 1.1)

SAT introduced an EDI newsletter in 2019, contributed EDI news items for the FM's weekly newsletter to maintain a consistent EDI presence in FM comms (PAP: 3.1). We included staff interviews, staff profiles, EDI related events, EDI themed months and celebrated staff achievements The EDI newsletter had a high readership (Figure 11). Appointment of the second EDI Officer allowed the newsletter to be monthly. We redeveloped FM's webpages and weaved EDI values and objectives throughout, including a page dedicated to our research into health disparities.

Since 2017 there have been significant contributions to QM-wide policy and provisions for parents, adopters, carers and people experiencing menopause (PAP 3.4). During and after Covid-19, we supported our staff with their work/life balance to improve mental wellbeing, employee culture and encouraging inclusion to improve workplace satisfaction (PAP 3.9).

FM tracked above the QMUL benchmark by 6% in the 2022 staff survey with 78% of staff (F80%/M76%) agreeing that "**I am able to arrange time out from work when I need to**" We communicated the core hours working policy within FM (whereby meetings take place between 10am and 4pm), and improved online resources for parents and carers (PAP 3.3) Though core hours policy is not an official QMUL policy, FM encourages it strongly and we adhere to it for all EDI meetings.

Since these fundamental structural changes in 2021 embedding our values into decision making, strategic planning and culture, our staff surveys show improved staff perceptions around EDI, values and belonging based on comparable questions in 2019, 2022 and 2023 survey (AP1.4 and AP1.5)

% of staff who agree with the statement:

'Queen Mary is making progress towards creating a more inclusive approach':
63%F/62%M (2022); 59%F/56%M (2019)

'Queen Mary values diversity'
77% (79%F/ 74%M) 2022; 76%F/80%M 2019; 10% higher than QM average

'Department leadership actively supports gender equality'
72% (F71%/M74%)2022; (F73%/M72%) 2023; 4% higher than QMUL (Not asked in 2019)

I can be my authentic self at work	72%F/71%M 2022 and 73%F/71%M 2023
I feel I belong at Queen Mary	62%F/61%M 2022 and 66%F/62%M 2023
I feel I am part of a team	75%F/70%M 2022 and 72%F/72%M 2023
I understand Queen Mary's values	71%F/63%M 2022 and 72%F/69%M 2023

EDI Newsletter Engagement: 2020 - 2023

Total opens — Total clicks
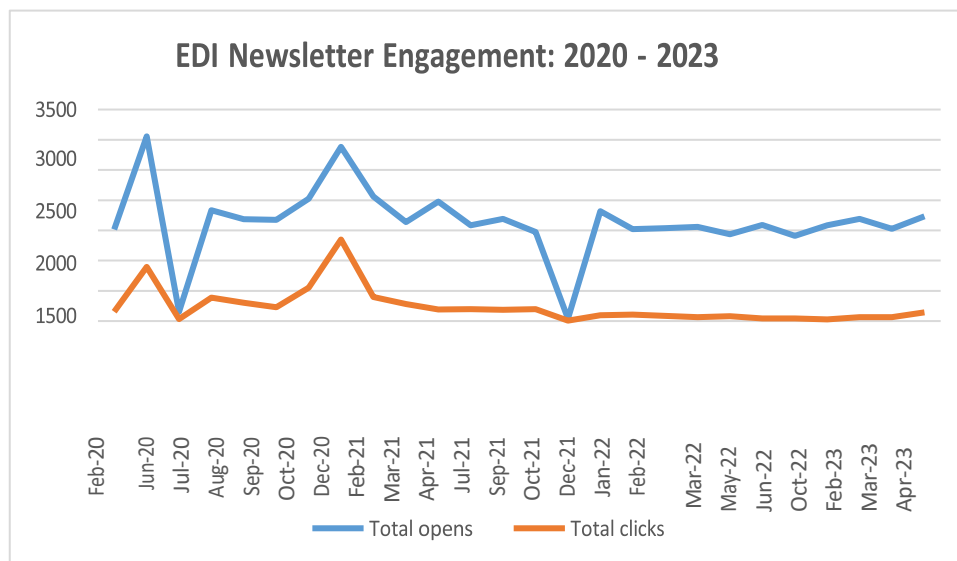
Figure 9 Newsletter engagement scores. Note: PGR students also receive the newsletter

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
Theme 1: Embedding governance and structural reform								
1.1	Fully embed gender equality into FM systems and processes *Rationale:* *2017/18:* *SLT 90% male and 10% staff from BAME backgrounds, EDI Lead not part of SLT, EDI not represented on all senior boards and panels* *There was no overarching EDI infrastructure reporting direct to SLT and no other EDI committees besides the AS SAT. SAT Chair co-ordinated all EDI activity and did not have enough support from Deputies or Institute-level EDI reps.* *EDI representation was not uniform of senior boards and panels partly due to lack of capacity or formal processes.* *2017: There was one EDI officer on a fixed term contract (FTC) to support AS activities* *EDI team were not trained in impact assessment.*	Implementation of new governance structure within the Faculty, which places EDI central to decision-making processes with bi-directional reporting. Create new EDI governance structure organogram. Communicate new governance structure to Faculty. Webpage on intranet on governance structure including key contacts and TOR for each board.	FMD Head of Strategic Development FMD EDI Manager	2020 2020 2020 2020	2021 2021 2021 2021	EDI considerations to become intrinsic and central to all Faculty decision-making and not thought of as an add-on. Increased satisfaction is demonstrated with staff survey questions relating to leadership and equality.	The new governance structure was developed after consultation with KPMG. It was implemented in 2021. Both visually within the organogram, and within the governance reporting hierarchies, EDI considerations have become intrinsic and central to all decision-making. Organogram was created in 2021 and communicated widely to all Faculty and also placed permanently on the Governance and Decision-Making Webpage on our intranet. In the 2022 staff survey, 63%F/62%M agreed with the question 'Queen Mary is making progress towards creating a more inclusive approach' (compared to 57.5% of staff (59%F/56%M) in the 2019 survey). In the 2023 staff survey, 71%F/72% agreed or strongly agreed with the question: 'Department leadership actively supports gender equality', 3-4% higher than the rest of QMUL. In 2023, 78% (79%F/77%M) of staff agreed with the question 'Queen Mary values diversity', 10% higher than the rest of QMUL. Compared to 2019, positive responses had increased for women (76% in 2019) but decreased for men (80% in 2019).	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
	G ●	FMD EDI Lead becomes member of SLT AS SAT chair reports to FMD EDI committee and is made Deputy EDI Lead.	FMD EDI Lead	2021	2021	EDI considerations to become intrinsic and central to all Faculty decision-making and not thought of as an add-on. Increased satisfaction is demonstrated with EDI question set as documented in staff survey.	In 2019, the SAT Chair for Medicine was promoted to FMD EDI Academic Lead and was made a member of the Senior Leadership Team. In the 2023 staff survey, 71%F/72% agreed or strongly agreed with the question: 'Department leadership actively supports gender equality', 3-4% higher than the rest of QMUL. In the 2022 staff survey, 63%F/62%M agreed with the question 'Queen Mary is making progress towards creating a more inclusive approach' (compared to 57.5% of staff (59%F/56%M) in the 2019 survey).	G ●
	G ●	EDI representation is included on every board/committee within the new governance structure	FMD EDI Lead and Faculty Head of Strategic Development	2021	2021	EDI considerations to become intrinsic and central to all Faculty decision-making and not thought of as an add-on. Increased satisfaction is demonstrated with EDI question set as documented in staff survey.	There are now PTO and Academic EDI representatives (made up of FMD EDI Committee members) on all committees within new governance structure. Institute EDI Representatives feed into all Institute Executive Board meetings. In 2023, 78% (79%F/77%M) of staff agreed with the question 'Queen Mary values diversity', 10% higher than the rest of QMUL. Compared to 2019, positive responses had increased for women (76% in 2019) but decreased for men (80% in 2019).	G ●
	A ●	EDI representatives trained in equality impact assessment.	FMD EDI Manager	2021	2021	Equality impact assessments take place for all new policies arising out of FMD committees.	Most EIA takes place via FMD EDI Lead who reviews all policy before they are approved at committee level. For the committees where the EDI Lead is not present, EDI representatives are in place to carry out this function. A QMUL-wide process for EIAs will be implemented in 2023 and local training and awareness sessions combined with a communications campaign will embed the practice Faculty-wide. Carried forward to FAP 1.3	A ●
	G ●	Two permanent PTO staff EDI Officers support gender equality and EDI work: - FMD EDI Manager (formerly Athena Swan Coordinator) - FMD EDI Officer with remit for	FDO FMD	2017	ongoing	Demonstrate increased satisfaction with EDI related questions documented in staff survey.	The SAT is more effective when well-resourced. The EDI Manager and Officer have developed an EDI communications and events programme that has embedded high levels of EDI awareness and engagement within the Faculty.	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
		communications (formerly EDI Data Officer)					In 2023, 78% (79%F/77%M) of staff agreed with the question 'Queen Mary values diversity', 10% higher than the rest of QMUL. Compared to 2019, positive responses had increased for women (76% in 2019) but decreased for men (80% in 2019).	
	A ●	A Queen Mary management trainee supports specific projects from the action plan.	FMD EDI Manager	2017	2018	Demonstrate increased engagement with staff survey elements relating to equality, diversity and inclusion.	A graduate management trainee worked for 8 months with the EDI Manager and assisted with both the medicine and the dentistry submissions.

Queen Mary has since paused participation in the scheme, consequently there have been no further trainees. | A ● |
| 1.2 | Self-assessment team is representative of Faculty staff groups, students and protected characteristics.

Rationale: SAT needed more diversity in terms of staff groups e.g. ECRs and to include *intersectional identities (e.g. neurodivergence, LGBTQ+, male carer, disability) and to accommodate core hours* | Annual monitoring of membership composition based on career stage, academic and PTO staff and whole/part time working pattern, experience with parental/ carers' leave. | SAT Chair | 2017 | annual | Good representation of on SAT staff groups, grades, campuses, students and intersectional identities and gender balance similar to overall staff body

Increased satisfaction with EDI related questions documented in staff survey. | 2023 SAT is represented by all staff groups, working patterns, and represents a wide range of intersectional identities. This is a future action.

In the 2023 staff survey, 71%F/72% agreed or strongly agreed with the question: 'Department leadership actively supports gender equality', 3-4% higher than the rest of QMUL.

Since 2020, all meetings have been held virtually to allow those from all campuses as well as those who WFH permanently to be able to easily attend. | A ● |
		Annual recruitment round for new SAT members, strongly welcoming under-represented groups.		2017	annual			G ●
		Permanent inclusion of Students Union Women's Representative on the SAT.		2017	ongoing			G ●
		Meeting days are rotated to ensure everybody can attend meetings held in core hours.		2017	ongoing			G ●

Theme 2: Diversify leadership within FM and EDI leadership by increasing leadership opportunities.

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
2.1	Create EDI leadership pipeline so that EDI roles become positions of seniority with clear progression.

Recognise EDI leadership in promotion and workforce allocation schemes

EDI leadership was not recognized in the work allocation model, roles were not tenured, there was no EDI role succession plan, advertising process was not formalized with clear responsibilities and | Time spent on 2017 Athena Swan submission was audited and provided to Senior Executive Group.

As a result, Chairs to have 0.2FTE time bought out of substantive role.

Succession planning takes place as SAT Chairs are given the additional title of Deputy Academic Lead for the Faculty.

Succession planning is built into all senior FMD EDI roles by inclusion of a 3-year tenure and EDI Lead posts are to be interviewed by the VP and senior SLT members. | FMD EDI Lead and VP | 2017 | ongoing | FTEs are built into job descriptions for all SAT Chairs (both for Medicine and for Dentistry SATs).

Leadership within EDI is explicitly recognised within the published promotion criteria.

Succession pathway for EDI representatives and Deputy Academic Leads.

Job profiles for all EDI posts includes 3-year tenure, which allows enough time to focus on developing and delivering action plans. | FMD EDI Lead job description now comes with a 0.3FTE allocation for the work. The Deputy Academic Leads have a 0.2FTE allocation for the work. Institute EDI Representatives have 0.1FTE. The posts have a tenure of 3 years.

In 2019, the SAT Chair successfully applied for EDI Academic Lead role, and consequently became a member of the Senior Leadership Team.

In 2022, 1 Institute Academic EDI Representative successfully applied for | G ● |

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
	job descriptions. *EDI work was not clearly promotable as it did not fit well within existing promotion criteria*	Chair roles are advertised to all FMD staff via the intranet, newsletters and emails, and underrepresented groups are specifically welcomed in the adverts. Development/ coaching budget available for all new EDI lead/Deputy role and all Deputies. Coaching available for all EDI reps and access to EDI training				Increased satisfaction with EDI related questions documented in staff survey.	the Deputy Academic EDI Lead. In 2022, 72% (70%F/74%M) agreed with the question 'Department leadership actively supports gender equality', 4% higher than QMUL.	
		Time spent working on the SAT is considered promotable work, by inclusion of a 'citizenship' pillar in the academic promotion framework.	FMD EDI Deputy Lead working with QMUL HR.	2021	ongoing	Citizenship inclusion in these processes is widely embedded. SAT and EDI committee members have used this criterion for successful promotions, staff bonuses and professorial reviews.	Although this is a QMUL level policy, the SAT Chair was very involved in the working group bringing about its implementation.	G ●
2.2	Creation of leadership development posts in order to increase leadership experience of less senior staff and increase potential pool of applicants for senior leadership posts. *In 2017/18, the board was >90% male and 10% were from BAME backgrounds.* *It was necessary to create opportunities to increase confidence in applying for senior leadership roles.* *Multiple Deputy posts were introduced to support a suite of roles like Dean for Education and new roles were created within institutes (eg. institute research director), and with respect to leads.*	Introduction of Deputy Dean roles. Introduction of Institute-level research and education lead roles. Cross-cutting research theme leads and deputy roles created and appointed. Introduce a range of mentorship opportunities including ones tailored for staff from BAME backgrounds (B-mentor)	VP FMD EDI Lead	21/2022	ongoing	Better diversity in the and establishment and recruitment to Deputy roles	SLT is now >50% female and 20% BAME with ---- female Deans from BAME backgrounds and the Deputy VP is female. Multiple Deputy roles are held by women at Reader and early Professor level and also by people from BAME backgrounds All have access to coaching Consistent senior EDI representation at faculty level meaning	G ●
Theme 3: Embedding major cultural change								
3.1	Development and implementation of EDI communications and engagement strategy. Sharing EDI news and facilitating dialogue will promote a positive	EDI newsletter featuring news, staff interviews, staff profiles, research and events. Weekly features in Faculty newsletter in which EDI news and updates are shared.	FMD EDI Officer	2020	ongoing	High readership of newsletters is demonstrated, as well as improved staff survey engagement.	EDI newsletters open rates during the past 12 months. There are 1630 staff in FMD. (Numbers in brackets indicate estimated % of staff reading – however, note that PGR students also receive the newsletter, and total opens number refers to separate times a newsletter has been opened rather than separate people opening the newsletter).	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
	organisational culture and raise the profile of EDI work. *Rationale: EDI communications were sporadic around events like George Floyd killing. There was a need for a more sustained communication featuring different voices and using role-model profiles to showcase commitment to inclusion.*						**Month Total opens** Feb-22 1523 (93%) Mar-22 1539 (95%) May-22 1559 (95%) Jun-22 1434 (87%) Oct-22 1589 (97%) Feb-23 1411 (86%) Mar-23 1586 (97%) Apr-23 1692 (103%) May-23 1525 (93%) In 2023, 78% (79%F/77%M) of staff agreed with the question 'Queen Mary values diversity', 10% higher than the rest of QMUL. Compared to 2019, positive responses had increased for women (76% in 2019) but decreased for men (80% in 2019).	
	G ●	Annual staff awards ceremony to be instigated including EDI category.	FMD EDI Manager and FMD Communications Manager	2022	Annual	Positive feedback after the awards. increased engagement in 2023 staff survey in the following question sets: - Service and Quality Focus - Queen Mary Values. - Feedback and recognition	First staff awards ceremony was held in Sept 2022. Over 130 nominations were received across the awards. Event was very well attended. Childcare expenses were reimbursed. Departmental leads across QMUL were invited and this model will be replicated in other Faculties. Citizenship activities were recognized in all award categories and one award was specifically for Citizenship & Inclusion. Feedback included: *'It's great to be here and look around and realise that I'm not just in my tiny group in an institute, I'm actually part of something bigger, a much more exciting community with a bigger reach '.*	G ●
		Whole-scale redevelopment of the Faculty's webpages which now weaves our EDI values through our web narrative. A dedicated webpage on our health disparities research unites our EDI objectives with the FMD's research and education strategy.	FMD EDI Manager and FMD Communications Manager	2018	2022	Yearly increase in recruitment applications from under-represented groups. Example of Health disparities research being highlighted: SHARE brings together leading experts to investigate the	Our public facing webpages have an increased focus on our EDI values, with dedicated case studies on our research into health inequality. BAME and female applicants to our Faculty have increased since this work began. % of job applications from BAME applicants has risen: 2016/17: 52%	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
						inequalities that lead to poor sexual health and HIV, especially in minoritised communities across East London. Children's Health in London and Luton (CHILL) aims to independently evaluate whether the Ultra-Low Emission zone is effective at reducing air pollution in London and therefore improves children's Health	2017/18: 54% 2018/19: 54% 2019/20: 59% 2020/21: 63% % of job applications from female applicants has stayed the same: 2016/17: 62% 2017/18: 63% 2018/19: 63% 2019/20: 62% 2020/21: 63%	
	G ●	Complete re-development of Faculty Intranet pages, which include faculty induction, toolkits, EDI, governance and decision-making pages and wellbeing sections.	FMD EDI Manager and FMD Communications Manager	2022	2022	High click rates/ page views demonstrate that users are engaging with the pages and returning to them. Improved staff survey engagement figures.	Click rates from July 2022 (when intranet site was developed) to May 2023 show 1312 users accessed the pages, with a total page view of 1897, meaning users are returning to the site. Increase in a positive response to the staff survey question 'The information I need to do my job effectively is readily available.' 57%, up 2% on QMUL.	G ●
	A ●	Virtual suggestion/ feedback box made available via newsletters. Café Culture events to promote open discussion and suggestions to improve research culture	FMD EDI Manager and FMD Communications Manager	2020	ongoing	Feedback forms are used by variety of staff and suggestions implemented by EDI Committee.	While feedback forms have been embedded in newsletters, they have not been widely used and some re-thinking is required around how their usage can be strengthened. Carried forward to FAP 1.3.	A ●
3.2	Diverse role models to be more visible to staff and students. Organisational culture will be improved by greater visibility of a range of role models particularly to highlight individuals in under-represented groups. *Rationale: In 2017 it was noted that Picture walls in student areas were almost exclusively depicting White*	The achievements of BAME and women academics, and diverse alumni, are highlighted and celebrated in staff newsletters. International Women's Day, Pride Month, Trans Awareness Month, Black History Month and other key awareness dates are celebrated via newsletters, webpages and an events schedule.	FMD EDI Manager and FMD Communications Manager	2020	ongoing	Increased satisfaction with EDI related questions documented in staff survey. High click rates on webpage demonstrates engagement.	In the 2023 staff survey, BAME staff responded 66% positively to the question 'I feel I belong at Queen Mary' (compared to 63% White staff). 73% of BAME staff agreed with the question 'Queen Mary values diversity (79% White). 79% of women agreed that 'Queen Mary values diversity (77% men).	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe Start	End	Deliverables/Success Measure	Notes/Impacts	Status
	males.	Institute events and awards showcasing women and ethnically diverse, LGBTQ+ and disabled people.		2020	Annual	Increase in visible diversity results in increased promotion applications by eligible female and BAME staff.	Our data indicates an increased rate of applications for academic promotion by eligible female and BAME staff has taken place: **Female/ male** 2020: 15%F/ 13%M	
		Annual Women in Science Awards		2017	2018		2021: 18%F/ 18%M 2022: 21%F/ 18%M **BAME/ White** 2020: 13%BAME/ 14% White	
		Photos/ interviews with diverse staff and students are displayed around the campus and online.	Graduate Management Trainee				2021: 19% BAME/ 17% White 2022: 18%BAME/ 20% White The FMD Our People webpage received 4591 page views from the period May 2022 to May 2023.	
		EDI lecture series three times per year showcasing speakers with diverse intersectional identities (e.g. disability, Black academics).	FMD EDI Deputy Leads	2020	ongoing	Staff survey demonstrates increased engagement with diversity in specific questions.	Speakers have included a Black female health researcher, a disabled student, a Black female professor. In 2023, 67% of BAME staff agreed with the question 'I can be my authentic self at work', compared to 74% White staff.	G ●
3.3	Improve policy and provisions for parents and carers. *Rationale: Supporting staff with their work/life balance and providing support for carers encourages inclusion and improves workforce satisfaction.*	Work with QMUL finance department to ensure inclusion of caring costs into the QMUL expenses policy.	FMD EDI Lead/ FMD EDI Manager	2022	ongoing	Caring responsibilities are fully included in the expenses policy. Positive engagement with the Work and Life Blend questions from the staff survey.	Caring responsibilities are included in the expenses policy and new pilot scheme for childcare costs has begun on IWD see section 4 Effects will be monitored in future action plan.	G ●
		Childcare costs covered for FMD events such as the FMD Staff Awards Ceremony.	FMD EDI Manager	2022	ongoing	Staff are reimbursed for childcare for FMD events. Positive engagement with the Work and Life Blend questions from the staff survey.	Staff were able to apply for a £100 reimbursement for childcare costs. This model will be replicated for future events. Positive engagement with 2022 staff survey Work & Life Blend question set: Black: 63% White: 63% Other: 65% Asian:72% Overall: 65% (+5% higher than QMUL	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
							average).	
							Male: 63%	
							Female: 66%	
							Overall: 65% (+5% higher than QMUL average)	
	G ●	Core hours working policy - meetings take place within the hours of 10am-4pm.	QMUL HR	2017	ongoing	Positive engagement with the Work and Life Blend questions from the staff survey.	Although we strongly encourage meetings between 10-4, this is not QMUL policy and therefore it is guidance only.	G ●
							Positive engagement with 2022 staff survey Work & Life Blend question set:	
							Black: 63%	
							White: 63%	
							Other: 65%	
							Asian:72%	
							Overall: 65% (+5% higher than QMUL average).	
							Male: 63%	
							Female: 66%	
							Overall: 65% (+5% higher than QMUL average)	
	G ●	Help develop & run QMUL Parents and Carers' Network and improve online resources for parents and carers.	FMD EDI Officer	2020	ongoing	Positive engagement with the Work and Life Blend questions from the staff survey.	FMD EDI Officer has worked with QMUL HR to run Parents and Carers network events, focus groups, and run the Teams chat.	G ●
							Positive engagement with 2022 staff survey Work & Life Blend question set has been demonstrated (below are the % of staff who agree):	
							Black: 63%	
							White: 63%	
							Other: 65%	
							Asian:72%	
							Overall: 65% (+5% higher than QMUL average).	
							Male: 63%	
							Female: 66%	
							Overall: 65% (+5% higher than QMUL	

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
							average)	
		All staff HR policy are organised by the University, therefore work with QMUL HR to inform and improve policies on: - Shared parental leave - Adoption leave FM staff provide case studies for shared parental leave & adoption leave for QMUL HR intranet.	FMD EDI Officer FMD EDI Officer	2017	ongoing	Demonstrate positive engagement with the Work and Life Blend questions from the staff survey.	FM staff have contributed to case studies for QMUL HR intranet pages, encouraging other staff to take Shared Parental Leave and explaining how it works. Two of our staff assisted HR with the writing up of the new Adoption Leave Policy, sharing their experiences of what worked and what didn't with the previous version, and suggesting changes to the new iteration. Positive engagement with 2022 staff survey Work & Life Blend question set: Black: 63% White: 63% Other: 65% Asian:72% Overall: 65% (+5% higher than QMUL average). Male: 63% Female: 66% Overall: 65% (+5% higher than QMUL average)	G ●
		Provision of feeding / expressing rooms on Whitechapel and Charterhouse Square campuses.		2017	2018	Positive engagement with the Work and Life Blend questions from the staff survey.	Rooms are available on all FM campuses for breastfeeding/ expressing. Positive engagement with 2022 staff survey Work & Life Blend question set: Black: 63% White: 63% Other: 65% Asian:72% Overall: 65% (+5% higher than QMUL average). Male: 63% Female: 66% Overall: 65% (+5% higher than QMUL	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
							average)	
		Develop and pilot a fertility treatment policy within the Institute of Health Sciences, enabling staff to take time out from work to undertake fertility treatment. Policy to be adopted by QMUL HR to cover all University staff.	FMD EDI Manager	2019	2019	Policy is adopted by QMUL HR to become policy for all staff to use. Positive engagement with the Work and Life Blend questions from the staff survey.	In 2019 we wrote and piloted a Fertility Treatment Policy within FM, which was then adopted by QMUL for all staff. Staff are now able to take time off to attend the full cycle of fertility investigations and treatment. 78% of staff (80%F/76%M) agreed with the question 'I am able to arrange time out from work when I need to' in the 2022 survey, 6% above QMUL average.	G ●
3.4	Embed a series of menopause-friendly policies and practices. ●	Develop and pilot a menopause policy within the Institute of Health Sciences. Co-write document with the help of relevant clinical staff. Policy to be adopted by QMUL HR to cover all University staff.	FMD EDI Manager	2019	2020	Policy is adopted by QMUL HR to become policy for all staff to use. Increased satisfaction with EDI related questions documented in staff survey. Positive engagement with staff around the question: My manager genuinely cares about my wellbeing.	74%% (76%F/73%M) agree with question 'My manager genuinely cares about my wellbeing.'	G ●
		Run regular menopause cafes to chime with menopause awareness month and International Women's Day, in conjunction with a GP academic and specialist on menopause.	FMD EDI Manager and GP Academic	2020	ongoing	Policy is adopted by QMUL HR to become policy for all staff to use. Increased satisfaction with EDI related questions documented in staff survey.	Menopause cafes have occurred in two institutes 2021 and 2022. These have been open to all QMUL staff to attend: 2021: 23 people attended 2022: 19 people attended	G ●
3.5	Develop a comprehensive induction process for all incoming Faculty staff, designed to ensure that all new staff feel welcomed to the Faculty have access to the same information from day one. *Rationale: Induction ensures that employees integrate well into, and across, their new organisation.*	Develop a comprehensive faculty induction webpage on intranet.	FMD EDI Manager	2020	ongoing	Demonstrate positive engagement with the staff survey question: 'The information I need to do my job effectively is readily available.'	The webpage has received 944 page views since it was set up. Users are typically clicking on the useful information sections and booking onto the Welcome Event. Increase in a positive response to the staff survey question 'The information I need to do my job effectively is readily available.' 57%, up 2% on QMUL.	G ●
		All new starters to receive induction email, directing them to Faculty Induction webpage and containing links to mandatory inclusion training and EDI webpages.	FMD EDI Manager	2020	ongoing	New faculty induction rolled out and widely communicated to staff. Positive feedback from Faculty Welcome Event.	All new starters now receive a welcome email on their first day. This contains links to the Faculty Induction Webpage, where they can book onto the next Faculty Welcome Event, get links to mandatory training, and find out information about the Faculty. *"As a new starter I found the FMD*	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
							Induction pages really helpful. It was great to have a hub where all the information was kept for me to easily access. The structure of the page breaks the introductory material up and made it easier to digest when, as a new starter, it's easy to feel overwhelmed by all the information given to you."	
		Frequent Faculty Welcome Events held by Senior Leadership Team, and which focuses on our values and introduces new starters to the cultural ambitions of the FMD.	FMD EDI Manager	2020	ongoing	New starters report satisfaction with Faculty Welcome Event.	Faculty welcome events are held every three months, and are hybrid events, held by a rotating member of the SLT. Attendance rates: January 2023: 23 April 2023: 15	G ●
3.6	Improve campus provisions for multi-faith groups. Multi-faith rooms were not available on all campuses. Creating a more diverse and inclusive approach will benefit our staff and students.	Creation of multi-faith rooms on both Whitechapel and Charterhouse Square campuses. Ensure rooms are equipped with QR codes to enable users to provide feedback.	FMD EDI Manager and FMD Faculty Space Manager	2021	2022	Multi-faith room is ready and available for all staff for start of Ramadan 2022. Feedback from users is largely positive or used to inform improvements.	Users reported that the use of the multi-faith room during Ramadan 2023 has helped staff to feel valued at work during this time. 88% of users reported satisfaction with rooms, however 62% suggested improvements that could be made, which were made within reason. Changes that could be made: inclusion of shoe storage and room divider. Changes that could not be made, due to limitations of the room and location: provision of running water. This will go in the future action plan, as due to estate improvements it will be possible to accommodate the feedback requests in future.	A ●
3.7	Support for LGBTQ+ staff and students.	Two SAT members funded to attend Stonewall training develop roles as LGBTQ+ Champions in FM including publicity for this role by Dec 2018.	FMD EDI Manager	2017	2018	SAT members use knowledge from Stonewall training to inform process and practice within SAT.	One SAT member is part of the Data Group from 2016-2019 and uses knowledge from Stonewall training to inform gathering of staff and student data. The other SAT member used the Stonewall training to inform their research at Chair of the FM gender research group.	G ●
		Celebrate key events in the calendar such as LGBT History Month, Trans Day of Remembrance, both with special newsletter editions and flying	FMD EDI Manager and EDI Communications	2020	annual	Increased satisfaction with EDI related questions documented in staff survey.	In the 2022 staff survey, 71% of staff identifying as LGBTQ+ (71%F/70%M), agreed with the question 'I can be my	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe Start	Timeframe End	Deliverables/Success Measure	Notes/Impacts	Status
		rainbow / trans flags on campus buildings.	Manager				authentic self at work'. 71% of heterosexual staff also agreed with this question. In 2019, 63%F/62%M agreed with this question (disaggregated data not available for LGBTQ+ staff).	
		Faculty medical research to become more trans inclusive.	FMD EDI Lead	2022	ongoing	Increased satisfaction with EDI related questions documented in staff survey.	In 2022, the FMD published the first case study series of monkeypox infection during the 2022 outbreak in cisgender and transgender women and non-binary individuals assigned as female at birth. So far, these groups have been underrepresented in research and little is known about how the disease affects cis and transgender women and non-binary individuals.	G ●
3.8	Address bullying, harassment and gender-based violence Rationale: Our 2019 staff survey showed worrying levels of staff experiencing bullying and also worse than QMUL average. It also showed differences between institutes	Develop a campaign to ensure all staff and students understand what is meant by the terms bullying, harassment, sexual misconduct and GBV and know how to report it and how to get support. Reporting algorithm developed by EDI committee member and rolled out to all FMD Institutes. Material in the form of posters and leaflets circulated within Institutes, with online version easily accessible via a link provided in weekly round-ups. Information also uploaded on the 'staff zone' of the Institute website. Survey launched within the Institutes on the B&H reporting process to gain insight into staff's confidence/satisfaction on the process (via anonymous suggestion boxes). Anti B&H campaign and initiatives discussed at all staff open meetings, Institute executive board, Institute 'survey working group' and Institute H&S committee.	FMD EDI Institute Representatives	2021	ongoing	Reduction in the number of staff disagree with the question 'I feel confident reporting an incident of bullying and/or harassment', by the next all staff survey (2023). Reduction in the number of staff agree with the questions 'I have experienced bullying or harassment in the last 12 months' and 'I have witnessed bullying or harassment in the last 12 months'.	Due to concerns regarding bullying in 2022, EDI reps at institute level have been supported to develop bespoke B&H communications resources within their institutes. 2023: Institute Directors have now been put in charge of delivering action plans around B&H. The 2023 staff survey show an improvement in the proportion of female staff who agree with the following questions: I am confident that appropriate action would be taken in my department, based on a report of bullying and/or harassment. 2022: 49%F/ 56%M 2023: 56%F/ 53%M The 2023 staff survey show an improvement in the proportion of male and female staff who agree with the following questions: I feel confident reporting an incident of bullying and/or harassment. 2022: 59%F/ 62%M 2023: 60%F/ 67%M This is a key priority action for our FAP discussed Priority area five: Addressing bullying and harassment.	A ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
	A 🟡	Demonstrate senior commitment to address bullying and harassment, with a series of dedicated email bulletins and newsletter stories around B&H. Promote use of anonymous suggestion boxes to share experiences around negative habits/attitudes/behaviours or examples of positive/constructive attitudes that might have been witnessed or experienced.	FMD EDI Manager and FMD Communications Manager	2023	Regular	Reduction in the number of staff disagree with the question 'I am confident that appropriate action would be taken in my department, based on a report of bullying and/or harassment', by the next all staff survey (2023). Reduction in the number of staff agree with the questions 'I have experienced bullying or harassment in the last 12 months' and 'I have witnessed bullying or harassment in the last 12 months'	The 2023 staff survey show an improvement in the proportion of female staff who agree with the following questions: I am confident that appropriate action would be taken in my department, based on a report of bullying and/or harassment. 2022: 49%F/ 56%M 2023: 56%F/ 53%M The 2023 staff survey show an improvement in the proportion of male and female staff who agree with the following questions: I feel confident reporting an incident of bullying and/or harassment. 2022: 59%F/ 62%M 2023: 60%F/ 67%M	A 🟡
		Ensure all our eligible staff undertake mandatory QMUL EDI training as EDI training was previously not mandatory.	FMD EDI Manager and FMD EDI representatives	2022	Ongoing	All eligible staff undertake EDI training.	All staff are required to undertake comprehensive online EDI training, with regular refreshers. The training comprises two sections: Equality and Diversity in Practice; Challenging Unconscious Bias. In May 2023, 70% of staff had completed EDI training. The remaining 30% of staff are mostly made up of clinical academic staff with a dual NHS contract (who are exempt from the training due to undertaking this training in the NHS), although there are a minority who are on maternity leave/long-term sick leave who will also be exempt.	
		Encourage staff to attend the Queen Mary Active Bystander online training and Queen Mary Bystander workshop.	FMD EDI Officer	2023	Annual refreshers	All eligible staff to attend Active Bystander Training.	Active Bystander training has been delivered as an e-module since 2023. Numbers of FM staff who have undertaken Queen Mary Active Bystander Workshop (in person) 2020: 29 2021: 45 2022: 32 Queen Mary Bystander e-learning module:	

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
							2023: 46

In addition, Active Bystander training is now integrated into the medical school PBL curriculum so students are able access this training. | |
| 3.9 | Enhance staff wellbeing

Insufficient mental health first aiders

Rationale:

COVID-19 had a detrimental effect on both male and female mental health | Train mental health first aiders within each institute

Incept additional mental health support to address the impact of COVID in partnership with the VP for EDI and Education to maximise student and staff well-being at all levels.

Regular communication of details of Institute based MHFAs and how to access this service in an emergency. | FMD EDI Lead

FMD EDI Officer | 2020 | ongoing | Positive engagement with the question: 'My mental health and wellbeing are supported in my department' in the 2022 survey. | There are 74 mental health first aiders across the Faculty, with presence in each institute.

In 2022, only 55% of staff agreed with the question 'My mental health and wellbeing are supported in my department'.

White: 52%BAME: 62%

Male: 53%

Female: 57%

In 2023, response to the same question showed improvement in most groups:

White: 54%

BAME: 64%

Male: 53%

Female: 59%

Enhancing staff wellbeing has been carried forward to FAP 6.2. | A 🟡 |
| 3.10 | Increased SAT awareness of inequalities and how they affect research, so informed decision making can occur. | Faculty of Medicine gender research group to present equalities research findings to SAT at every meeting.

Sharing of EDI research and resources among SAT members via email and SharePoint. | SAT Chair and EDI Manager | 2017 | 2018 | Increased awareness of equalities news and research amongst SAT members, so that decision-making is carried out after evaluating current equalities research and best practice in the sector. | FM gender research group is no longer active however regular spotlights on specific researchers highlight both our diverse researchers and our gender-based research. | G 🟢 |

Theme 4: Improving staff diversity

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
4.1	Develop a fair and inclusive approach to recruitment that enables the Faculty to diversify its staff at all levels, by a complete process review and redesign of academic and PTO appointments designed to drive equity through our decision-making processes. *Rationale: Only 30% of G8 staff are female and the proportion of female staff who are from BAME backgrounds decreases with seniority.* *Innovative approaches to attract diverse candidates are needed like including citizenship responsibility in all JDs and including EDI criteria in essential characteristics*	Launch of a major FMD recruitment campaign (February 2022) at the heart of which is the objective to encourage a greater number of applications from diverse and under-represented applicants. Major revision of the Exceptional Appointments Process (mandatory data reporting and EDI rep on interview panel). Recruiters are asked to recommend and approach leading women in the field for positions. Ensure that headhunters must report to SLT on how they have conducted their search and their efforts to recruit women and people from BAME backgrounds EDI representatives now sit on all recruitment panels for Reader and Professor posts, and Grade 6 and above PTO posts. An expectation of EDI citizenship activities is embedded into all new job descriptions, with all new members of staff responsible for contributing to projects and initiatives set out in the Faculty's EDI strategy.	FMD Strategy Manager	2021	2022	Improve the proportion of female and G8 staff.	Exceptional Appointments Process: an interview with EDI Academic Lead and VP representation is now required for any candidate who has been brought in for exceptional reasons. Headhunters followed this procedure, and we appointed a female from a BAME background as Dean for Digital Education Between 2018 and 2023 more female staff were appointed to FM but this has not met our targets, so this has been carried forward as a key priority of our FAP 2.1.	A 🟡
	G 🟢	Our recruitment policy states that every effort must be made to ensure interview panels are diverse (gender and ethnicity) where possible. Conduct yearly reviews of interview panels to evaluate whether they are gender inclusive and ethnically diverse, and whether this has any impact on recruitment outcomes.	FMD Strategy Manager	2017	Annual	All G6+ panels include EDI rep	This has been achieved	G🟢
4.2	Increase proportion of academic women promoted from senior lecturer upwards, leading to an improved balance of M/ F at senior levels.	Lead on QMUL task force to review promotions process to ensure that they are equitable, introduce self-nomination and remove requirement for Institute Director nomination to apply for promotion.	Deputy Academic Lead/ SAT Chair	2020	2021	New 'citizenship' category included within the promotion Positive outcomes in staff using the citizenship criteria to apply for and	Our data demonstrates increased promotion application numbers (by % of eligible female and BAME staff). Disaggregated data by Faculty is only available since 2020.	G 🟢

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
	Rationale: fewer women have applied for or received promotion prior to 2017	As part of the above work, introduce 'Citizenship' as 6th promotion category, on a par with teaching or research. Communication changes to all staff via line managers, staff newsletters and information sessions.				receive promotion.	Female/ male 2020: 15%F/ 13%M 2021: 18%F/ 18%M 2022: 21%F/ 18%M : 2023: 31%F/ 26%M BAME/ White 2020: 13%BAME/ 14% White 2021: 19% BAME/ 17% White 2022: 18%BAME/ 20% White	
	G ●	Run annual series of peer-to-peer promotion workshops for academic women, with breakout groups for specialism and academic level. Academics running workshops have recently been promoted themselves and understand the latest guidelines and criteria. Create a series of resources to simplify and demystify applying promotion. Share successful and unsuccessful promotion applications. Ensure that academics conducting the peer-to-peer promotion workshops are using the workshops as evidence of citizenship when applying for their own promotion.	FMD EDI Manager	2017 2018	Annual 2019	Promotions workshops encourage and support women applying for a promotion.	Workshop topics range from the practicalities of applying to considerations of promotion readiness, imposter syndrome, fear of applying, and the sharing of stories of applying and being successful or unsuccessful. As of the 2022/23 promotion round, the workshops are inclusive of all staff and not just for academic women. Attendance figures: 2017/18: 9 2018/19: 13 2019/20: 17 2020/21: 21 2021/22: 25 2022/23: 45 (30F/15M) Feedback from an attendee for 2021/22 round: *'As a result, I spoke with my line manager about promotion, and we will meet to discuss in Feb and think about for next year. I would not have brought this up if I had not been invited to come to the session the other day.'*	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
		Vice Principal (VP) for Health to work with HR to and Institute Directors to identify all academic staff eligible for promotion and discuss promotion-readiness with them. Those academics who did not apply will be asked why, and what support can be offered. Vice Principal for Health (VP Health) to meet with each Institute Director about their respective institutes.	VP Health and Institute Directors	2022	Annual	improved percentages of women who apply for promotion	HR identified a list of staff who were eligible for promotion but had not applied. This was used by Institute Directors, under the direction of the VP Health, to begin conversations around promotion readiness and the help that was needed.	G ●
4.3	Develop a clear work-load allocation model that ensures fair and equitable distribution of workload for all and recognition of all key job roles. *Rationale: Work-load allocation was inconsistently used, and some roles were not ascribed tariffs. In 2021 AS SAT members got 0.1 but EDI group members did not.*	Develop a workforce allocation and Academic Performance Standards policy review of tariffs, align performance criteria and academic performance standards.	FMD Strategic Manager	2021	2022	Annual revision of tariffs. Increase in positive engagement with Teamwork and ownership staff survey questions.	In early 2022 Academic Performance & Capacity and Resource Planning workstream groups reviewed EDI group members now have allocated tariffs: 0.3FTE for Academic Lead, 0.2FTE for Deputy Academic Leads, and 0.1FTE for Institute EDI Representatives	G ●
4.4	Ensure greater job security for early career researchers (ECR). Our organization used fixed term contracts for ECRs who are grant funded or temporary	Ensure job security for ECRs, dissolving the practice of the FTC culture for intermediary and senior fellowship-holding academics and design an ECR Teachers pathway.	FMD HR Manager	2022	2023	Abolition of fixed term contracts for ECRs on funding contracts.	In 2023 FMD approved the abolition of FTC contracts for early career and other academics, all contracts will now be open-ended (OE) with a funding clause built in. This is not the case for PTO staff this has been added to FAP 4.3.	G ●
4.5	Improve support and training available for women to support their career development and promotion. *Rationale: Additional support for women needed to support career development due to lower numbers of female*	Encourage participation in range of development and mentoring opportunities on offer to QMUL academic and PTO staff, including: - Aurora training - Springboard, - B mentor - Action Learning Sets	EDI Manager in conjunction with QMUL Professional Development Team	2017	ongoing	Increase numbers of applications and take up by Faculty staff. Faculty staff report usefulness of development opportunities.	Number of FM staff who applied and were successful at getting a space on the Springboard Development Programme: 2022 – 7 out of 20 2023 – 8 out of 20 22 people have taken up the B Mentor scheme for BAME staff *"I joined Springboard just after I joined QMUL and wasn't sure what to expect or*	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
	leaders in both academic and PTO staff.						*how it would differ from other development programmes I had been on before. However, as soon as I joined, I realised it was very different. The emphasis is on your personal development, and how that may influence your professional development. It's a welcoming, encouraging, positively emotional programme, that encourages you to dig deep. I'll be sad to leave my little group, as all the women have been SO supportive. I'm so happy I applied and was awarded a place; it's truly been amazing."* 2022 Springboard participant.	
Theme 5: Sector-leading gender equality practice and supporting others to improve								
5.1	Improve support for researchers returning from career breaks *Rationale: The career pipeline for female clinical and non-clinical academics is predominantly male and women experience a motherhood penalty and find it difficult to return after career breaks.*	Partner with the Daphne Jackson Trust to establish two fully funded fellowships for researchers who have had a career break due to health or caring reasons. Run items in newsletters around the fellowship scheme and interviewing the Fellows.	FMD EDI Manager	2021	2023	Two Fellows in place by start of 2023.	The SAT secured funding for two 3-year, 0.5FTE Fellows, to the sum of £240K over three years One fellow started in September 2022 and the second in January 2023. Both were returnees to research after a significant break, for reasons of caring and ill health. In May 2023, further funding was approved by Strategic Recruitment Board to host two further fellows, commencing in 2024. For future action plan.	G ●
		Pilot a positive action support scheme for Parents and Carers, designed to mitigate the impact that career breaks might have on research portfolios and academic career progression. Offering financial support up to the value of £10k.	SAT Chair	2022	2023	Parents and Carers support scheme is in place by 2023.	The SAT secured funding approval of ca. £55k per year to support the scheme. Applications can be made to support teaching buy out or support (admin or technical) for a fixed period to enable the award holders to focus on the progress of their research outputs.	G ●
5.2	Equality diversity and inclusion considerations are fully embedded into FMD's research output, driving us towards delivering on QMUL 2030 Strategy *Better Health for All.* *Rationale: a need to develop community co-created research with FM*	Develop a community-partnership to understand the effects on the pandemic on Black people in East London and work with them to set priorities for pandemic recovery	FMD Deputy EDI Lead	2021	2023	Focus groups completed; report prepared	IDEAL: This community participatory research explored through focus groups the experiences of East London BAME communities in the context of COVID-19 and have produced a report to share with local policy makers on pandemic recovery.	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
	academics							
5.3	Collaborate with UKRI and other stakeholders to develop a UK-wide policy on reporting sex and gender *Rationale: There is no UK policy on how to report on sex and gender identity to funders, regulatory bodies and journals unlike other countries.*	Partner with The George Institute for Global Health (TGI) UK to co-create and facilitate the implementation of a policy framework and best practice recommendations and educational materials to facilitate integration of sex and gender in UK health and medical research funding and regulation.	FMD EDI Lead	Jan 2023	ongoing	Achieve funding to deliver the work and start the focus groups by 2023	FM researcher has co-facilitated this large-scale focus group and working on delivering this Wellcome-funded project	G●
5.4	Evidencing good practice in trans inclusive research *Rationale: There is a lack of good practice research examples where the effects of both sex and gender identity have affected health both reported and disaggregated*	Researchers consider the relevance of sex and gender at all stages of the biomedical research pipeline.	FMD EDI Lead	2022	ongoing	Publish academic manuscript taking disaggregated approach.	The EDI Academic Lead published a ground-breaking paper on Monkeypox in *The Lancet* in November 2022 that separated sex and gender identity. This was praised by the LGBTQ+ advisor to NHS England as example of good practice (figure 17). Barts cancer researcher is leading a new study on self-swabbing to detect cervical cancer for transgender men.	G ●
5.5	Engage with Medical Women's Federation to deliver academic outputs and joint academic endeavours to support medical careers. *Rationale: fewer female junior doctors are entering academic medical training posts leading to a future gender imbalance in academia*	Host joint FM/ Medical Women's Federation events on International Women's Day, with a range of diverse speakers and attendees, to support medical careers and inspire future clinicians. Provide mentoring to students and doctors to build confidence on presenting their work and build interest and confidence in developing research ideas	FMD Academic EDI Lead.	2020	ongoing	Well-attended speed mentoring event. Deliver an educational event together with MWF	**Speed Mentoring Event:** The event was held in on 8th March 2020 and matched 15 Barts Health Trust senior clinicians with 15 female and /or gender diverse MBBS students. The session provided an opportunity to ask questions that ranged from practical advice related to specific needs to more philosophical questions about careers in medicine. **Disaster Medicine/ The safety of women in our cities event:** This event was held on 8th March 2022 and explored exploring the issue of safety for women in cities. Speakers were: Dr Fiona Wilcox who discussed her reflections as a coroner; Dr Christina Dale who reflected on what international crisis management can tell us; Professor Henrietta Bowden-Jones explored online safety; and Professor Karim Brohi	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
							gave an overview of violence in cities with a focus on gender-based violence in London. The event was opened by Alison Gowman, Sherriff of the City of London, and was chaired by the MWF President, Professor Chloe Orkin.	
5.6	Supporting international gender equality and help others to improve	Work closely with QMUL colleagues as a participant on the Gender Advancement for Transforming Institutions (GATI) pilot, attending joint workshops and running a session with the Indian partners.	FMD EDI Manager and Institute of Dentistry EDI representative	2021	2022	Indian partners report satisfaction with workshop events and feel this has been useful for their submission.	Two members of staff, the FMD EDI Manager and a Professor from the Institute of Dentistry, represented the FMD on this pilot. As well as attending workshops and answering questions from the partners, the two FMD representatives facilitated a session with the partner on 'embedding cultural change'.	G ●
		Host a panel discussion on Women in Science and the impact of Covid-19 with academic women from across the globe.	FM SAT Chair	2022	2022	Increased satisfaction with EDI related questions documented in staff survey.	This was held in October 2022. During the event we discussed our experiences, what we have learned from them and how we can do things differently. The event was well attended with both staff and students invited.	G ●
Theme 6: Address other contributors to gender pay gap								
6.1	Reduce the bonus pay gap by implementation of targeted actions around National Clinical Impact Awards (NCIAs). Initiate data monitoring to detect differences Staff Bonuses, Professorial review panel and NCIA. *Rationale: Prior to 2017 10 of Clinical Impact Award applicants were female. We did not keep metrics on staff bonus processes*	Instigate an annual communications campaign around NCIAs including highlighting to all clinical staff when the round opens and literature for applying. Develop annual NCIA workshops for clinical academic women, in conjunction with relevant Barts Health Trust staff Provide 1:1 individual mentoring of clinical academic women who are applying for Clinical Excellence Awards. Include staff bonus here as a section and professorial review with actions like for promotion	FMD EDI Lead FMD EDI Manager	2019 2019	Annual Annual	Higher number of applicants and successful awards by 5% Staff Bonus gender report provided	Gender split for applicants 2016-18 was: F10%/M 90%; 2019-2022; F 36%/M64% Gender split for successful awards in 2016-18 was F5%/ M37%; 2019-22 F23%/M 47%	G ●
Theme 7: Achieve equity in student experience and achievements								
7.1	Research and address any differential attainment between	Exploring differences in academic outcomes and experiences of undergraduate medical and dental	FMD EDI Deputy Lead	2018	2020	Produce research report on differential attainment and describe	Findings of research into differential attainment have been used to inform	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
	white and BAME MBBS students. *Queen Mary (QM) and in particular FM is characterised by diversity, both amongst its students (58% non-white, compared to 21% non-white nationally) and the local populations. Yet despite the diverse settings of the university, the QM Equality, Diversity and Inclusion Strategy (2016-2020) report emphasized the deficiency of educational initiatives in areas concerning race, gender, disability and sexual orientation. A clear indication of this is evidenced in the recent Equality and Diversity QM Annual Report (2018) which highlights an institutional priority being "reducing the attainment gap between White and BAME students."*	students' at FMD, by conducting a cross-institute research project with funding from the Westfield Fund.				gender or ethnicity gaps	FMD strategy on student attainment, as a result, reducing the attainment gap is a KPI of FMD Strategy 2023/24. FM research revealed that for medical students, those students who identify as BAME outperform their white counterparts in the first two years of study. However, a BAME attainment gap begins to appear in years 3 and 4 coinciding with increased exposure to clinical placements, (FAP 8.3).	
7.2	Ensure that our UG and PG marketing and promotion materials are diverse and representative.	Increase diversity in all marketing and promotional materials for UG and PG courses.	FMD Communications Manager	2017	2018	Marketing and promotional materials depict diverse range of staff and students.	Promotional and marketing materials are much more diverse and representative of our student body since this action. Faculty-based Marketing and Communications Managers ensure that photography takes place in our own laboratories and teaching spaces so that our diverse staff and student body can be captured to inspire future scientists. We understand that there are a range of influencing factors beyond our marketing and promotional material, we are more gender balanced than London and RG benchmarks with respect to male under-representation it is noteworthy that the proportion of BAME students (UG and PG) has risen from 56% in 18/19 to 63% in 22/23, and the number of female students has risen from 60% in 18/19 to 63% in 22/23.	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
7.3	Overall there is gender balance in MBBS attainment but we will ensure that there are no gender imbalances in attainment of voluntary prizes. *Voluntary prizes are advertised every year, in obstetric medicine, neurology, cardiology, ophthalmology, pathology, orthopaedics, surgery.*	Ensure use of gender-neutral language in our annual advertising of prizes.	Prizes Administrator	2018	2019	Equal ratio of M/F enter and win voluntary prizes.	Prize applications since 2016-17: 16/17: 35M/27F 17/18: 28M/26F 18/19: 60M/26F 19/20: 61M/59F 20/21: 23M/62F 21/22: 28M/30F **Total: 235M/230F** Prize winners since 2016-17: 16/17: 8M/6F 17/18: ---------- 18/19: 9M/….F 19/20: 7M/…..F 20/21: -----M/11F 21/22: --------- **Total: 31M/31F** **Ensure that ethnicity data is captured in future action plan.**	G ●
7.4	Improve gender balance of academic mentors for MBBS students as more availability of role models may influence later study and career choices. *Rationale: mentors for medical students were more likely to be male*	Achieve parity for year 1-2 mentors and begin an active recruitment process to increase proportion of female staff acting as mentors for year 3-4 student mentors.	Head of Student Support	2018	2019	MBBS mentors are gender balanced.	The academic mentor system for MBBS students is no longer active (since 2019). Instead, students are able to access a bespoke careers programme, which includes a medical careers fair, talks by consultants and the opportunity to rotate through many different medical specialisms, covering both hospital and primary care. The QMUL advice and counselling service as well as FMD Student Support office offer practical and pastoral support. Black students are able to access a Westfield-funded mentorship programme run by an alumnus of the faculty. There have been 24 students mentored over the past 3 years.	A ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
7.5	Improve gender balance of students on BScs. *Rationale: BSc programmes are over-represented by female students (in 2016/17 - 82%F/18%M).*	Data is analysed for 2016/17 and 2017/18 to identify/ confirm trends. Equal representation of gender of staff at course open days and in publicity materials by Sep 2019.	BSc Programme Lead	2018	2019	Equal representation of gender of staff at course open days and in publicity materials by Sep 2019. Improved gender balance of BSc students, showing a move towards gender equity.	Gender balance has shown improvement from 82%F/18%M in 2016/17 to 73%F/27%M in 2022/23). However, our admissions policies are academic criteria based, stringent and tightly regulated. Our focus in this area has changed to ensuring equality of opportunity for access into study and allowing students the knowledge and confidence to be able to apply to study at FMD regardless of gender, ethnicity or socio-economic background. Broad actions include: outreach and widening participation activities within the community and reviewing our marketing and publicity materials to ensure they are appropriately inclusive. This has been carried forward to FAP 8.1.	A ●
7.6	Male students are under-represented in PGT courses Rationale: *We exceed national benchmark for male under-representation on PGT but will continue to work towards parity of representation in PGT.*	Identify reasons for underrepresentation of males by analysing gender profile for PGT courses by specific course for the 5 most popular courses considering mode of attendance and fees status. Increase diversity in all marketing and promotional materials for UG and PG courses.	PGT manager	2018	2019	Improvement in gender balance, showing a move towards gender equity.	In 2012/22 our PGT population was 70%F/30%M vs the national benchmark of 70%F/30%M and the London benchmark of 75%F/25%M). This has improved from 2016/17 when our population was 61%F/39%M vs the national benchmark of 67%F/33%M). Our admissions policies are academic criteria based, stringent and tightly regulated. Our focus in this area has changed to ensuring equality of opportunity for access into study and allowing students the knowledge and confidence to be able to apply to study at FMD regardless of gender, ethnicity or socio-economic background. Broad actions include: outreach and widening participation activities within the community and reviewing our marketing and publicity materials to ensure they are appropriately inclusive. This has been carried forward to FAP 3.1.	A ●
7.7	Ensuring equitable recruitment of PGRs with open advertisement and capture of protected characteristics. *Rationale: Better diversity data collection is needed to ensure that we are able to monitor wider protected*	Working group with FMD input, feeding into PCI Data and Analytics Group. Adapt DAISY guidance on collection of diversity data for PGR recruitment. Pilot data collection in FMD DTPs.	FMD Head of Human Resources Affiliate	2022	2023	Ability to provide monitoring of protected characteristics beyond sex and ethnicity in recruitment.	This has been piloted in the recruitment of two FMD DTPs (Doctoral Training Programmes: HARP and Medical Research Council [MRC]). Carried forward to FAP 3.4.	A ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
	characteristics when advertising PGRs.							
7.8	We offer a range of outreach activities, providing role models for education, research and clinical careers and will improve the scope of outreach data gathered to improve gender balance and identify successes. *Rationale: The impact of our outreach activities should be monitored to ensure our widening participation work continues to be impactful.*	Higher Education Access Tracker (HEAT) will be implemented to monitor and evaluate the impact of widening participation work.	FMD EDI Manager	2017	2018	Higher Education Access Tracker (HEAT) successfully demonstrates the impact of FMD's widening participation work.	In 2019, Higher Education Access Tracker (HEAT) was replaced within QMUL by the PowerBI Data dashboard. Widening Participation data is now available on the dashboard.	G ●
7.9	For all student recruitment we will ensure that recruitment is as unbiased as possible. *Rationale: to ensure that FM student recruitment contributes to our 2030 EDI Strategy promise of making QM the most inclusive university of its kind anywhere.*	New UBT and EDI training in place and funded by FM recurrently and will be offered to all staff involved in student recruitment.	Head of MBBS Admissions (UG), Teaching and Learning committee (PGT); Director of Graduate Studies (PGR)	2017	2018	100% of staff involved in student recruitment to have completed EDI training by 17/18.	During the period of this action, only those who had completed the training were allowed to participate in student recruitment. As it is now mandatory for all QMUL staff to have EDI training upon starting, with refresher training at intervals, this action point is completed and no longer needed.	G ●
7.10	While our setting does not have a direct UG to PG student pipeline, we need to ensure we support student progression appropriate to our context. *Rationale: ensuring that information is delivered to students about career options will us to achieve equity in student experience and achievements if new career avenues are publicised to them.*	Develop events and online materials to publicise options around varied career options / careers in science including the use of inspiring role models.	FMD Communications Manager	2019	2022	5% of students moving to PGT courses by 2026.	This has not been fully achieved however the work is currently under way with the newly appointed Dean for Digital Education and the Faculty marketing dept to improve.	A ●
7.11	Increase representation and feedback rates on the taught	Increase engagement with the Postgraduate Taught	WHRI PGT Lead	2022	Annual	An improvement by at least 20% on the	A response rate of 48% for WHRI in the PTES	

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
	postgraduate courses and student experience. *Rationale: In recent years, response rates for Postgraduate Taught Experience Survey (PTES) were very low.*	Experience Survey (PTES) 2022 Send personalised emails to students explaining why the survey was important. Promote survey through Programme leads Promote survey on landing pages on QM+ Pledge to make an additional 50p donation to Cancer Research UK for every PTES survey completed, on top of the central QMUL donation of £1.00, for every entry.				previous year's response rate.	2022, a rate never achieved before. The WHRI Distance Learning (DL) along with on campus students reaching a higher than double response rate compared to 2021, 53% and 46% respectively. PTES demonstrated for WHRI an up to 29% rise in student satisfaction. Response rates by year: 2017: 25% 2028: 22% 2019: 32% 2020: 16% 2021: 20% 2022: 48% For future action plan.	G ●
7.12	Support PGT Career options *Rationale: No clear career trajectory for PGT students*	Career options for PGT students, through events and interaction with alumni from and out of Academia	WHRI PGT Lead	2021	Ongoing	Qualitative feedback from students demonstrates the value and usefulness of student support.	Impact on student employability. *"I have recently been offered my first data science job role (no doubt as a result from my dissertation work with you!" (Student feedback to WHRI PGT Lead)*	G ●
7.13	Support and promote student-led initiatives *Rationale: students had the idea of developing an EDI initiative and needed support and funding*	Support student-led EDI and empowerment initiatives with by way of contributing communications, funding, and academic buy-in.	FMD Communications Manager	2022	2023	Successful launch of the Empowerment Project	The Empowerment Project is a 3-step student-led programme which helps to empower students to approach, handle and reduce stigmatisation and marginalisation within the NHS in all aspects of their clinical and academic learning. Its aim is to ensure that the next generation of students and doctors are more empowered, supportive and critically thinking. Students worked with Faculty staff to develop online active bystander training for MBBS students from years 1-3, explored themes of andronormativity and heteronormativity in healthcare, and hosted panel talks.	G ●
7.14	Support post-pandemic transition to medical school. *Rationale: The COVID-19 pandemic severely disrupted secondary education, with prolonged school closures and*	In order to try to mitigate some of this disruption, develop an interactive online transition programme entitled 'FMD Stepping Stones Summer Programme', in order to support and enthuse school leavers before they enter our medical and dental programmes and make the transition from school to university less of a jump and more of a manageable next step in the	Lecturer in Medical Sciences, IHSE	2021	2022	Launch of Stepping Stones programme	This project was successfully launched in 2021.	G ●

Ref	Theme/Objective, rationale	Actions	Responsibility	Timeframe		Deliverables/Success Measure	Notes/Impacts	Status
				Start	End			
	cancelled examinations. Students joining Queen Mary in 2021 endured two years of educational and social disruption. *In addition, the examination regulator Ofqual raised concerns about grade inflation, with private, grammar and schools in more affluent areas expected to benefit. Therefore, the actual and perceived educational gap between students from advantaged and disadvantaged backgrounds will widen.*	educational journey.						

Section 3: An evaluation of the department's sector-leading activity (2020)

In Section 3, applicants should evidence how they meet Criterion F:

- *Evidence of sector-leading gender equality practice and supporting others to improve*

1. Maintaining good practice and innovation

Please provide exemplars of good practice and/or beacon activities which demonstrate that the department is, and strives to remain, sector-leading.

2. Supporting others to improve

Please describe how the department has supported others to achieve success in gender equality.

Monitoring and updating:

We regularly review both the range and content of FMD learning offers to support inclusion. New, engaging, mandatory inclusion training modules including bystandership were updated and disseminated across FM. We review our processes, with significant investment in our learning management platform to facilitate easier access and monitoring of completion (FAP 5.1). We monitor the appraisal process which encourages personal development for all FM staff. Our staff surveys showed improving satisfaction with appraisal process: F (+10%) between the 2019 and 2023 survey, M was -5% (AP 1.5).

Evidence of sector-leading gender equality practice and supporting others to improve:

Here we describe how our innovative practice has benefitted the higher education sector, a national medical society representing students and doctors, the NHS, and local patient groups advocating for women's health and transgender health. We believe these sector-leading activities have made a significant national and international contribution to gender equity and have helped other organisations to improve.

Beacon Activity 1: Training and empowering women's health-focused patient groups to co-design and deliver research:

Six female researchers from FM's SHARE research collaborative worked with six different patient organisations to empower them and increase their capacity to produce and deliver inequity-focused research projects. This led to co-authorships and co-delivered public engagement activities (Fig 12 and 13).
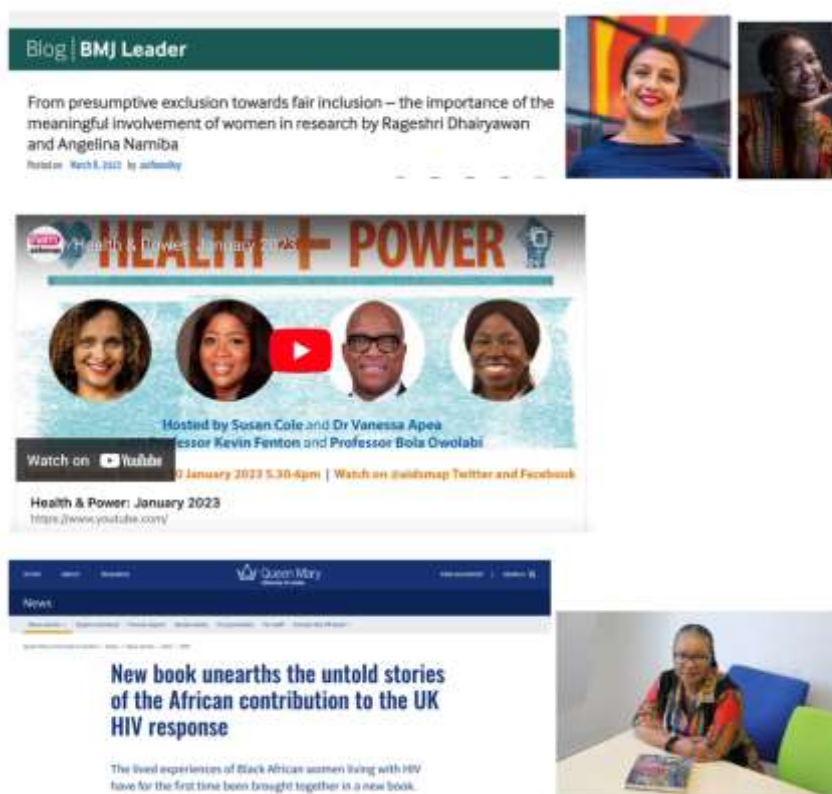
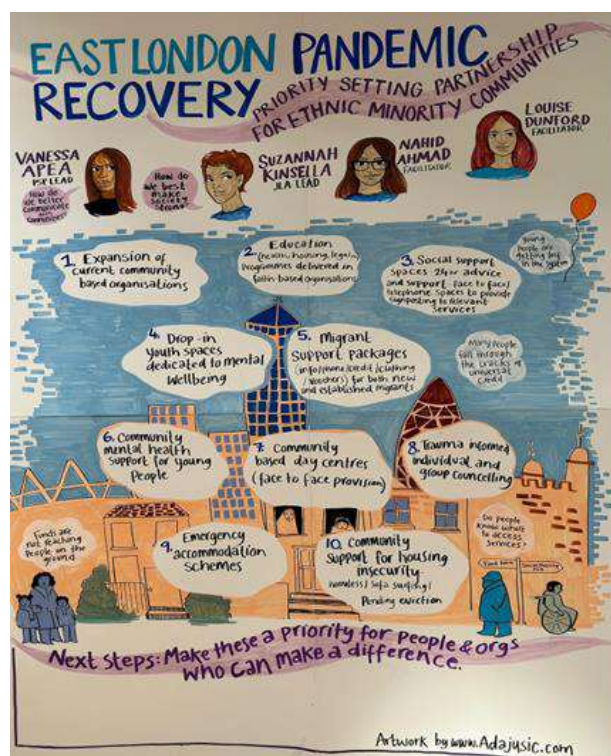*Figure 10 Engagement activities co-delivered by SHARE members and community*

Figure 11 Community co-delivered focus group on pandemic recovery

In line with our Research Strategy 2030 'Better Health for All' QMUL academics devised and delivered a bespoke course to train patient groups for women living with/ at risk of HIV to conduct interviews and focus groups. We engage with these groups to co-create research including protocol development, attending ethics boards and co-authoring manuscripts. The focus of the research is on increasing inclusion of women, transgender individuals and people from racially minoritised backgrounds in clinical research (Figure 14-15)
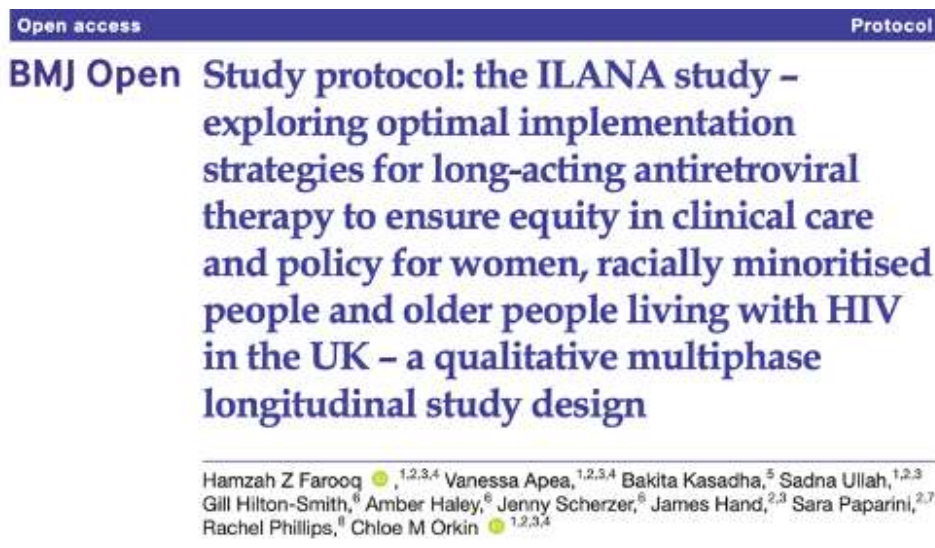

Figure 12 Co-designed and co-authored gender equity-focused study protocol manuscript

Figure 13 Presentation and publication of co-designed and community co-authored equity-focused research

Sophie Strachan, a co-author from a women's health organisation on the manuscript and presentation above provided this testimonial (Fig 16) to support our successful award of the Principal's Research Impact Prize. She describes how her organisation has benefitted from her engagement with FM researchers.

SHARE Collaborative
Blizard Institute
Faculty of Medicine and Dentistry
Queen Mary University of London
4 Newark Street
London
E1 2AT

I'm Sophie Strachan, current CEO of the Sophia Forum, a charity that works to advance the rights of women living with and at risk of HIV through policy, research, and advocacy with participatory involvement. The SHARE- network are an incredible collective of professionals, academics, and community members with lived experience. Their work seeks to dismantle structures and barriers that exclude those who are most marginalised and underserved in health.

Being approached to collaborate with SHARE on co creating research at time of a MPOX outbreak was a much appreciated and valued opportunity personally and professionally, the very fact they wanted to research cis and trans women's experiences, at a time when the focus was on MSM spoke volumes to their commitment to reduce gender and health inequalities and improve outcomes for marginalized communities. This has subsequently provided further robust research evidence to a persisting lack of knowledge and consideration to the sexual health presentations, needs and preferences especially for trans women, and the missed opportunities for correct diagnoses and treatment for MPOX.

Seeking public perceptions provided valuable insight, to the preferences of how and where women wish to access information from, also how homophobic and racist the messaging was, and the bias in the public health messaging that completely erased any gender beyond cis men. This was valuable learning for future targeted approaches in public health messaging.

Personally, as someone who is not an academic, being given this learning opportunity in research methodology and contributing as an author has provided me with increased confidence, understanding and appreciation of feeling valued as a community member. Sometimes it can feel impenetrable to enter a space you have a real wish to, and yet SHARE is doing this, it is not to be underestimated how incredibly transformative the SHARE collaborative is in creating health equity, building and creating from the inside out.

Sophie

Figure 14 Testimonial from CEO of Sophia Forum, community partner in sexual health research

Figure 15 National NHS England Advisor for LGBTQ+ Health on SHARE's Mpox research

Beacon Activity 2: QMUL FM/Medical Women's Federation (MWF) research methods mentoring partnership for students and junior doctors has helped MWF to better support female students and trainee doctors (PAP 5.5)

MWF has been the leading medical women's organisation in the UK for the past 106 years. It supports medical careers from medical students through to senior doctors. The FMD Academic EDI Lead is the Immediate Past President, President Elect and past Vice President. Seven academics based across FM's institutes have partnered with MWF to establish regular mentoring sessions for junior members wanting to learn to present and deliver research (2019- 2023). Two research projects were presented at national academic conferences in 2022 (Figure 19).

Figure 17 MWF trainee doctor presenting her research on gender and representation

Figure 16 Manuscripts led by MWF junior doctors published in the BMJ Leader

In 2023, two manuscripts led by MWF junior doctors were published in the BMJ Leader (Fig 18) – a prestigious medical leadership journal. QMUL senior academics established this partnership which

successfully amplified the voices of trainee doctors within MWF by training them in research methods, presentation and dissemination skills (FAP 3.3). Borne out of this work initiated at QMUL, five months after the QMUL staff member's term as President completed, the Medical Women's Federation launched a webinar series to support junior members improve their knowledge about research methods. (Fig 20). The webinar series is independent of QMUL and co-ordinated by the MWF medical student representative.

Figure 18 webinar series to support junior members improve their knowledge about research methods

FM's research leadership has helped the NHS to improve the lives of female and transgender patients who are experiencing domestic violence and cancer.

Beacon Activity 3: Improving NHS response to domestic violence.

Violence against women and girls (VAWG) often goes unreported and unrecognised. It affects 7.9% of the population (England and Wales ONS) with devastating health and societal costs. The Wolfson Institute of Population health (WIPH) has a strategic academic focus on health outcomes in women, specifically maternal outcomes and the intersections between gender and trauma.

IRIS (Identification and Referral to Improve Safety) is a Queen Mary-led, programme for GP's training them to ask about, recognise and discuss VAWG's impact on wellbeing and offer referral to specialist services when identified. The IRIS study, published in BMC Medicine in 2020, took place across 205 east London general practices. It evaluated whether rolling out IRIS training in general practice would increase referrals to VAWG services. It was awarded the Royal College of General Practice Research Paper of the year in 2020.

Findings:

Practices with IRIS training saw a 30-fold increase in referrals received by VAWG service providers vs no increase in referrals in practices without IRIS.

The IRIS programme is cost-effective for the NHS and cost-saving for society.

Impact:

It has already been rolled out in 40 Clinical Commissioning Groups in England and Wales. In January 2020, the London mayor's Violence Reduction Unit invested £1 million to expand IRIS training from 10 to 17 London boroughs. IRIS has already reached over a million women.

Beacon Activity 4: Achieving policy transformation and improving good practice for transgender and non-binary people with cancer in the NHS and internationally.

Interdisciplinary and cross-institute collaboration is at the heart of FMD's research strategy. A QMUL academic co-authored the UK Consensus Guidance for Gender Diverse People with Inherited Cancer Predisposition published in the prestigious journal Nature.

UCATS

– UK Cancer and Transition Service –

The care of trans, non-binary and gender diverse people living with and beyond cancer by better integrating their oncology and gender affirming care.

Cancer care for trans, non-binary and gender diverse people may be complicated by:

- Dysphoria related to the investigations or treatments
- Effects of gender-affirming hormone treatments on cancer growth and recurrence
- Effects of cancer treatments on gender-affirming hormones and surgeries
- Side effects of treatment on sexual function
- Extra burden on mental health

This service aims to provide clinical advice to patients and the healthcare professionals involved in their care to reach the best outcome.

What do we offer?

- Virtual clinic appointments to review both gender and cancer care
- Multidisciplinary team (MDT) discussion with experts and with all relevant teams including oncology, gender identity and general practice
- Review of available evidence related to treatment decisions
- Letter of recommendations
- Clinician education
- Signposting to other important services such as therapy, psychosexual counselling, and fertility preservation.

Figure 19 UCATS service

UCATS (UK Cancer and Transition Service for Gender Diverse People with Cancer) **was set up by the** President of British Association of Gender Identity Specialists **who is a QMUL academic and the lead clinician of the service.** It is a unique national referral service that has accepted referrals from patients and clinicians within the devolved nations, since June 2022. The academic co-authored the chapter on LGBTQ+ Cancer within the ESMO / ASCO global oncology (cancer) curriculum for trainee cancer specialists world-wide. This work was expanded to deliver a QMUL-sponsored study that offers cervical cancer screening for transgender men attending our local sexual health clinic. FM's academics support has unlocked the opportunity for a non-binary NHS doctor who is not an academic to co-lead the delivery of the study and to improve the clinic's ability to care for transgender men. (Figure 21-22)

ESMO/ASCO Global Curriculum for Training in Medical Oncology Log Book

The ESMO / ASCO Global Curriculum for Training in Medical Oncology Log Book was created in 2008 (first edition) after the original Curriculum publication and updated in 2016 (second edition). The Log Book – Edition 2017 (third edition) refers to the ESMO / ASCO Recommendations for a Global Curriculum in Medical Oncology — Edition 2016. The purpose of the Log Book is to keep a record of oncology trainees' educational programme, their progress and provide mentors a tool in which to assess performance.

- Download the log book 2017

Figure 20 Global medical oncology training book

International Impact

Beacon Activity 5: Gender Advancement for Transforming Institutions (GATI) (PAP 5.6)

QMUL is one of six Athena SWAN accredited Universities that successfully bid for a £25000 British Council Grant to partner with the British Council and Indian institutions to establish a gender equality framework in the Indian context under the Gender Advancement for Transforming Institutions (GATI) Project. The GATI pilot project will introduce a gender equality framework for women in Science, Technology, Engineering, Math's and Medicine, by drawing upon the UK's Athena Swan Charter (FAP 11.2). The aim is to build awareness of the importance of addressing gender equality create platforms to discuss this.

QMUL worked with five institutions:

1. All India Institute of Medical Sciences, Bhopal
2. Council Of Scientific and Industrial Research - Central Drug Research Institute
3. Indian Institute of Technology, Madras
4. Jamia Millia Islamia, New Delhi
5. Jawaharlal Nehru Centre for Advanced Scientific Research

Two SAT members from FM were involved in the project with central QMUL colleagues. We held mentoring 1:1 meetings with Indian partner institutions and led a workshop in November 2022 on embedding culture change showcasing our work on role-model profiling.

Feedback from GATI partners on the short-term impact and anticipated longer-term impacts of the GATI programme are below (Figure 23).

Figure 21 Feedback from GATI partners on impacts of the GATI programme

Section 4: An assessment of the department's gender equality context (4403)

In Section 4, applicants should evidence how they meet Criterion B:

- *Evidence-based recognition has been demonstrated of the key issues facing the applicant*

Recommended word count: 3500 words

1. Culture, inclusion and belonging (2339)

Please describe how the department ensures their culture and practices support inclusion and belonging.

FM strives to espouse the QMUL IPACE vales (inclusive, proud, ambitious, collegial, ethical), and to be supportive of all staff and students irrespective of sex, gender, ethnicity, disability, socio-economic background.

In this evaluation of culture, we will pay particular attention to the gendered analysis of comparable questions in the staff survey in 2022 and 2023 where questions are identical. We found female and male staff to have high and mainly improving satisfaction with values, belonging, immediate line management and EDI trajectory, reflecting an improving work culture (AP1.1-6). This indicates that our intersectional approach to EDI interventions and enhanced communications strategy are beginning to have impact. Survey participation has significantly increased since 2019 among females and males, which we hope reflects the more positive perceptions and sense of belonging in both females and males. We note improvement in female responses +4% in sense of belonging and +6% in the question 'I understand Queen Mary's values' in men.

% who agree or strongly agree with the statement:

I can be my authentic self at work	72%F/71%M 2022 and 73%F/71%M 2023
I feel I belong at Queen Mary	62%F/61%M 2022 and 66%F/62%M 2023
I feel I am part of a team	75%F/70%M 2022 and 72%F/72%M 2023
I understand Queen Mary's Values	71%F/63%M 2022 and 72%F/69%M 2023

Five staff survey questions indicate that further work is needed. Some improvement for female staff has occurred in all questions below, but the percentages who answered favourably are much lower than the other core EDI questions.

Perspectives like mine are included in decision-making at QMUL:
40%F/42%M 2022 and 45%F/45%M 2023

QMUL has visible senior role models reflecting diverse backgrounds, with whom I can identify:
39%F/38%M 2022 and 41%F /42%M 2023

My mental health and wellbeing are supported in my department:
58%F/53%M 2022 and 59%F/53%M 2023 (this is notably worse in male staff) (FAP: 6.2)

Despite the complete transformation of the SLT since the last application to a predominantly female board with two of four Deans and an Institute Director being females from BAME backgrounds, and …….. openly gay disabled woman, we have not adequately showcased and communicated these changes in a way that has made these diverse senior role models and their perspectives noticeable to staff. To address this, we will develop a digital exhibition in the educational building that celebrates and showcases alumni and current staff from BAME backgrounds, LGBTQ+ and disabled staff and ensure it is gender balanced. Together with the appointment of an EDI comms Officer in 2022 we will tailor our newsletters, comms, and engagement events at showcasing the diverse leadership and run additional EDI forums to hear staff perspectives (FAP 2.3).

Bullying and harassment are highly prevalent in higher education and in research-intensive Faculties such as ours and are a key priority of our FAP (5.1; 5.2).

I am confident that appropriate action would be taken in my department based on a report of bullying and / or harassment:
48%F/55%M 2022 and 52%F/53%M 2023

I feel confident reporting an incident of bullying/ harassment:
60%F/63%M 2022 and 60%F/67%M 2023

These scores are not gender-balanced however it is encouraging to see that there has been a small improvement between 2022 and 2023 in % females agreeing that appropriate action would be taken if reported +4%. Interventions have included:

Faculty initiatives:

- 2021/22: Appointment of PTO and Academic Institute EDI representatives to ensure that institute-level issues are raised and resolved effectively (PAP 1.1).

- 2022: Faculty EDI Forum initiated, focus on bullying and harassment with discussion and experience-sharing.

- 2021-2023: Campaign to ensure all staff and students understood terms bullying, harassment, sexual misconduct and gender-based violence, how to report them and how to get support was started in one institute in 2021 (PAP 3.8). The campaign involved development of resources including a flowchart describing the different ways staff and students can seek formal or informal support with relevant contact details within Institutes and links to QMUL webpages. Resources were leaflets, posters and online (with links included in the weekly institute round up). This was rolled out FM-wide and posters were displayed in several areas within the institutes. This material was presented/promoted at University (EDI Steering Group). The resources have been adapted across the faculty. This has been recognised at QMUL-wide EDI committees as outstanding practice and is being adopted across QMUL and will support a wider engagement campaign led by central QMUL HR team around bullying, harassment and misconduct including the anonymous Report and Support tool, relaunch of Dignity and Respect champions and appointment of sexual harassment officers. This will continue over the next cycle. (FAP 5.1).

- 2021: New guidance and training on how to challenge behaviour and active bystander rolled out across the University (PAP 3.8).

- 2022: QMUL's Gender Impact Plan identifies sexual harassment as a particular issue in medical

-
  schools, and has therefore established a key objective to address sexual and gender-based violence. QMUL-wide Sexual Harassment Officers have been employed with the remit to develop new policies and education, to empower all members of the medical community to speak out against gender-based violence. They have provided face-to-face and online webinars on recognising and supporting individuals who experience sexual and gender-based violence. (FAP 5.2)

  Intersectional focus: Analysis of the 2022 survey in terms of race and ethnicity revealed that only 35 Black staff responded out of 628 (6%), indicating very poor engagement which is of concern. Additionally, responses to 6 of the 9 EDI questions were more negative than those of all other race and ethnicity groups and worse than the overall scores, which are shown in AP1.7. This is demonstrated below, showing the % of Black staff and other staff (includes White, Asian, other) who agree or strongly agree with survey question vs overall respondents:

QMUL is making progress toward a more inclusive approach:
49% Black/ 64% Other 2022 and 53% Black /64% other 2023

Perspectives like mine are included in the decision making at QMUL:
19% Black/ 42% Other 2022 and 33% Black/ 46% other 2023

Two questions were answered more positively in Black staff.

My manager respects and encourages different viewpoints:
81% Black/ 76% Other 2022 and 82% Black/ 76% Other 2023

My mental health and wellbeing are supported in my department:
65% Black/ 55% Other 2022 and 68% Back/ 56% Other 2023

The more positive experiences with direct line management may indicate concerns about institutional racism rather than direct discrimination from immediate colleagues, and targeted work needs to undertaken to better understand this and to improve sense of belonging and trust of our Black staff and other staff from BAME backgrounds in QM as an institution (FAP 4.1,4.2; 8.3). Actions so far have included:

Visible role models
Ensuring Black staff have a voice at the highest level of the University, a Black female academic staff member who was appointed as an Institute-level EDI representative was also encouraged to stand for election to the Senate. She was elected and now represents our Faculty on the Senate. A Black staff member was appointed as Deputy Academic EDI Lead and receives mentorship from the Deputy EDI Lead in this role.

Mentorship
B-Mentor is a programme for staff from BAME backgrounds specifically, which QMUL has subscribed to and is very well advertised. 22 FMD staff have engaged with this programme as either mentees or mentors since the last submission (PAP 4.5).

Students
Together with our newly-appointed Head of MBBS, students are taking a leading role in curriculum reform and have been fully funded to contribute to the AdvanceHE Curriculum Modernisation conference in 2023.
Other examples:

A Westfield-funded research project, led by one of our Deputy Academic EDI Leads, revealed that an awarding gap begins to appear in years 3 and 4 for BAME MBBS students, despite outperforming their White counterparts in the first two years of study (PAP 7.1). This gap coincides with increased exposure to clinical placements. The staff-student collaboration Anti- Racism Steering Committee (ARSC) was established in 2020 to help actively address issues of race and racism within the curricula and developed an interactive online tool for raising concerns about racism experienced in the clinical environment. This is hosted on QM+, the University's intranet.

The EDI committee introduced the Westfield-funded Damiete Harry EQUIP student mentorship programme. It is led and developed by a Black junior doctor to support Black medical students of all years at FM through mentoring by Black doctors across the UK. 24 FM students have engaged with the programme over the past 3 years. The mentors both internal and external to QMUL have been offered coaching by the QM academy to support their development and increase the pipeline of Black doctors associated with academia (PAP 7.4).

The FM has joined the British Medical Association (BMA) Racial Harassment Charter for medical schools. The charter sets out clear standards for medical schools, including support and training on responding to racial discrimination or harassment and provides a framework for discussions with clinicians and placement locations about student experiences.

Gender identity

Figure 22 IDAHOBiT 2023

The Department actively strives through our culture and practices to create an environment where transgender and gender non-conforming people can be themselves and are treated with kindness, dignity and respect (FAP 9.1). Due to small numbers we cannot analyse survey data however our actions include:

- Spotlight profile in our EDI newsletter and staff intranet on a cancer researcher who is a leading expert in transgender healthcare (cervical screening for transgender men)

- Widely signposting the QMUL trans inclusion policy (including name change policy) in Faculty newsletters and staff intranet.

- Encouraging the use of pronouns in email signatures.

- Integrating trans inclusion into our biomedical research and demonstrating our pride in this in special editorial from QMUL VP for people, culture, and inclusion in the Times Higher Education supplement. The research is currently featured on our Faculty research highway webpages showcasing the University's most prominent research. (PAP 3.7)

- Flying the trans flag on main medical teaching building during Trans Awareness Weeks, hosting pop-up stands on both Whitechapel and Charterhouse Square campus where allyship resources were handed out (pronoun badges, 'being a trans ally' leaflets, 'pronouns matter' leaflets etc).

- Regularly celebrating trans inclusion awareness days e.g. newsletters, webpage to mark International Day Against Homophobia, Biphobia and Transphobia (IDAHOBiT) 2023 (Figure 24) (PAP 3.7)

- Staff and students contributing to interviews, podcasts, and opinion pieces on the QMUL Pride Month webpages, which we share widely with Faculty staff. (PAP 3.2)

- Our Deputy Vice-Principal developed and patented an electronic continuing professional development (eCPD) app for use by NHS staff and academics, with a module focuses on the use of personal pronouns.

- In 2018, a SAT member formed a Gender Research Group (GEnRE), to explore issues around a lack of trans healthcare teaching in the medical education curriculum. Using the outcomes from their research, GEnRE created a student-facing E-learning portal on QM+ in collaboration with the E-learning and Student Welfare Team called BRAIDE (Bringing Resources and Awareness in Diversity Education). MBBS students continue to access BRAIDE, and the project was celebrated and won the Queen Mary Education Excellence Awards and President and Principal's Prizes in 2020.

- In 2022, following feedback from students on the MBBS programme, FM undertook a review of local governance processes for name change requests for specific college platforms such as email and MS Teams. This was an administratively onerous task due to GMC regulations. Following discussions with the GMC and QMUL registry, we changed the process for name change requests from requiring photo-id verification to an approach that aligned with name change policy for non-medical students across QMUL.

- We have introduced new gender-neutral toilet facilities across our two largest campuses, Whitechapel and Charterhouse Square.

- To celebrate the month of Pride 2022, an FM academic and previous Deputy EDI Lead collaborated with the Association for the Study of Medical Education (ASME) to create three thought-provoking and personal episodes gender identity and sexuality. The first episode introduced a medical student who come out as transgender. The second episode featured a queer academic GP in clinical practice. The third episode explored the complexity of the terms gender identity and sexuality. The episodes remain are publicly available on our Faculty EDI webpages.

Support for carers

The FM has a significant number of staff and students with caring responsibilities. Favourability scores in our staff survey suggest that staff feel supported in this area, and this remains a key focus of our FAP (6.1- 6.3).

% of staff who agree or strongly agree:
I am able to arrange time out from work when I need to:
82%F/ 77%M 2022 and 81%F / 80%M 2023

In our department, we are genuinely supported if we choose to make use of flexible working arrangements:
74%F/ 72%M 2022 and 71% (both F and M) 2023

Financial investment to support carers

The FM supports the Daphne Jackson Fellowship scheme, offering a unique opportunity for returning researchers after a career break for family/caring/ health reasons for > 2 years (PAP 5.1). Fellowships provide individually tailored retraining programmes with mentorship which gives returners a high chance of successful return to research. FM provides full funding (salary, hosting and research project costs) to fund two fellows (………………) and has renewed the commitment to fund a further two fellowships, starting in 2024. This substantial commitment equates to a **£480K** of funding over the two cycles.

On International Women's Day we launched two new AS-SAT led pilot programmes (FAP 5.1) to run alongside existing support, £100k has been allocated to support the initial 2-year return period for parental leave returnees and to mitigate the impact that career breaks academic career progression.

- Pilot 1: Support Fund for Parents and Carers (5 offered per year, £50k per annum, 10K per person) designed to support: postdoctoral staff, research assistants, technicians and teaching fellows (clinical and non-clinical) in their return after a period of extended leave (due to caring responsibilities, adoption leave, maternity leave, shared parental leave). Applications can be made to support teaching buy out to enable progress with research outputs (PAP 5.1).

- Pilot 2 is a Carers Childcare Support Fund (Early years, £5k per annum) to mitigate costs incurred from professional commitments outside of normal working hours, e.g. conferences, travel. Funding will support a childminder/carer/nursery. Individuals can apply for up to £250 in any 12-month period. FM offers access to a staff nursery. Negotiations with other local nurseries have led to a 5% discount for staff. (PAP 5.1)

The effects of these will be evaluated (FAP 6.1-3)

Policy

- FM has provided significant input into University-wide policies to improve the lives of carers and parents and to improve whole life balance:

- SAT members informed parental leave policies through case studies from male members caring responsibilities and shared parental leave. (PAP 3.3)

- The FM SAT induced change to the University-wide adoption policy to support LGBTQ+ adoptions. LGBTQ+ staff can now attend pre-adoption appointments without the use of annual leave.

- The FM SAT produced the QM-wide fertility policy regarding would-be parents going through fertility investigations/treatment so that annual leave is not used for appointments (PAP 3.3).

- Regarding whole-life balance, FM's EDI officer wrote the QM-wide Menopause policy (PAP 3.4).

2. Key priorities for future action (2064)

Please describe the department's key priorities for future action.

As a result of the RAG review of our previous Action Plan, and our critical reflection on the current department detailed in Section 2, we have identified 5 key priorities for future action. These focus on:

Priority 1: Work with HR affiliates to rectify systemic barriers to automated reporting with respect to staff bonuses, recruitment, professorial review, National Clinical Impact Awards and Grant funding outcomes (FAP 1.1).

When disaggregating by contract function Teaching Only (TO), vs Teaching and Research (TR) vs Research Only (RO), we identified problems with data automation for Research Only staff, so we could only present TO and TR data (AP2.3h-AP2.3i.xiiii). Additionally, on disaggregation, we identified barriers in documenting career progression for PTO staff for mandatory table 10. We aim to rectify all this (FAP 1.1).

Lack of automation resulted in laborious manual data collection and impeded monitoring and ability to present our mandatory tables especially the recruitment table (AP 2.7a). Future work with HR affiliates will harness new HR recruitment and grants software systems to produce automated 6 monthly reports to monitor all the parameters contained in mandatory tables. We will also automate data monitoring with respect to queries to our additional tables e.g., staff bonuses and professorial review panel outcomes for academic and PTO staff.

AP 1.5. Provision of analyses of the staff survey at faculty and institute level with respect to and gender and the intersections between gender and protected characteristics. We will disaggregate between academic and PTO staff. This will underpin our communications with staff and self-assessment and real-time risk register of our actions.

Priority 2: Improve career trajectory and security for PTO staff (2.5,2.6,2.7; 4.3)

Seniority

Males are under-represented in PTO roles but relatively better represented at the highest grades (~67% male at G8) (AP 2.5d). Disaggregation of the data by institute identified inter-institute disparities in one institute (William Harvey Research Institute [WHRI]) (AP2.5i) where proportions of female PTO staff at G6, 7 and 8 were lower than the other institutes. In mitigation of this and our inability to produce table 10, we have initiated institute-level manual data collection to identify PTO staff career progression within FM or QMUL over the past 5 years. (FAP 2.5)

Satisfaction

In 2019 only 45% of PTO staff (M and F) agreed with the statement "I feel supported at QM in my plans for my future development" (data not disaggregated by PTO staff in 2022 or 2023 reports) (AP1.6)

Career insecurity

Gender and ethnicity in use of FTC for PTO staff has worsened

The use of fixed term contracts used in all PTO staff has increased since 2017 (53%), 2022(65%) and in female and male (F+7% M +5%). However, there is a worsening ethnicity gap in use of FTC's In BAME PTO staff (F +10%, M+5%) whereas FTC use has decreased in White PTO staff (F - 2%, M -0.4%). This shows a concerning intersection between gender and ethnicity which needs to be better understood (Table. AP2. 6a). Disaggregation of the PTO contract data by institute (AP2.6d-h.) revealed similar gender patterns for PTO staff G5-8 with more females on FTC's across 4 institutes. However, the Institute of Health Sciences Education (IHSE) FTC's were not used for G5-8 staff. Future action to review job descriptions and business case process in IHSE to learn from good practice. (FAP 4.3)

Future action will be to seek approval from QMUL central HR team to stop using of FTCs for PTO staff within FM as we have done for ECRs and replace FTCs with a permanent contract with use of a funding clause (FAP 4.3). Once instated we will ensure managers know how to move staff between contracts according to our policy for eliminating FTC's (AP 2.6a- c)

With respect to academic staff, we also noted on disaggregation that proportionately more female Clinical than Non-Clinical academics were on FTC at G6 and 7 level (G6 F71 vs F55, G7 F59 vs F22), but that this trend was reversed at G8 level. (F12 vs F 17). (AP2.4b-2.4c and 2.4bxi-iv. 2.4ci-iv) New Action 4.2 in FAP will mitigate this and we will continue to monitor this in both groups.

Priority 3: Student priorities: Reducing gender differences in representation and satisfaction and attainment (FAP 3.1,3.3; 8.1, 8,3)

Male under-representation

As is the case nationally, there is male under-representation on UG and PGT and PGR courses. Although we have better male representation than London and RG benchmarks for UG students and for PGT students this still needs to be addressed. (AP 2.1 a-g). Whilst all institutes have a higher representation of F students, on disaggregation, this was particularly obvious for Wolfson and Blizard Institute (Blizard) (both 76% F in 22/23 compared with 57% in IHSE and 60% in WHRI) (Table AP2.1c.x and Table AP2.1c.xiii). However, UG students in both Blizard and Wolfson are more gender-balanced than in 2019. (Table AP2.1c.xiii). We identified higher proportions of female students in certain PGT courses particularly in Wolfson which offers courses in global and population health. These are medical careers that are disproportionately chosen by women at national and international level therefore we feel these reflect national trends rather than inter-institute disparities. This is identified as a priority within our FAP in Priority Area Three.

In IHSE, the UG representation is the most balanced of all institutes (57.5% F, 42.5% M) The This difference is related to the MBBS programme being delivered in IHSE, which makes Action Point 3.2 which looks to

address the underrepresentation of males on MBBS programmes particularly relevant to IHSE. (Table AP2.1c.xii). The PGR student numbers are small and more difficult to interpret. PGR - Blizard and IHSE see increases in F representation at PGR level. Whilst Wolfson, WHRI and Barts Cancer Institute (BCI) all see fewer F students (AP2.1g.x-AP2.1g.xiv).

Satisfaction in PG students

PTES identified a gender split overall with men being more positive about the course and in certain questions e.g., 'I am encouraged to ask questions or make contributions in taught sessions (face to face and/or online)' has a 10% difference in response by gender in 2022. (AP1.9).

Attainment

UG

Trends are consistent across BCI, WHRI, Blizard and Wolfson institutes consistently showed more F students achieving distinctions than M students. Importantly this has improved relative to the 2017 data. However fewer male students are achieving distinctions (FAP 8.3). One notable exception was in the IHSE institute where the MBBS programme is delivered. Here distinctions occurred equally in M and F students (10 vs 11%) however considerably more females achieved merits. (AP2.2a-xiii - AP2.2b.xiii)

PGT

The overall trend over the past 5 years shows male students achieve more distinctions and females achieve more merits. This correlates to worse overall levels of course satisfaction in the PGT student survey, however we note that the trend is improving over time (AP1.9). map to the student PGT survey. However, these differences were most notable in two institutes: Blizard and IHSE, the other institutes the proportions were more similar (AP2.2d.x to AP2.2d.xii). Also, Blizard sees a decrease in F students from UG to PGT (76% F UG to 59.8% F PGT) (AP2.1c.x and Table AP2.2d.x). All other institutes see an increase in F students at PGT (fewer Male students).

Ethnicity attainment gap at UG level
BAME males are consistently have lower attainment of good degrees than White and BAME female students and White male students.

Our mitigating actions are to improve marketing for courses which do not achieve gender parity through the appointment of a new post focused on marketing of courses and hold targeted career events to encourage more female UG students to transition to PG studies at institutes which are least gender-balanced (FAP3.2)

Priority 4: Tackle gendered differences in bullying and harassment (FAP 5.1-5.2)

Ongoing gendered differences in B and H

Despite intensive and sustained campaigns and efforts over the past 5 years (Section 4.1), B and H affects both male and female staff. Although there has been some improvement over the last two years in female favourability scores on survey questions about B and H, there are still a higher proportion of women who do not feel confident reporting bullying and higher proportion that do not feel action will be taken if they report it. The overall proportion of people who experience bullying is too high overall and additional tailored efforts need to be taken

around gender-related harassment and assault. (AP1.5 and AP1.6). Future actions will be to institute specific B and H action plans with accountability held by Institute Directors (FAP 5.1)

Priority 5: Interrogate and address lack of increase in female staff at G8 level. (FAP 1.2, 2.1, 2.2)

Longitudinal trends in appointments of G6-8 staff between 2013-22 has been F 55%: G8 F55%, G7 47%, G6 62%. (AP2.7a)

In this cycle 2017-2022 this trend was slightly lower than 2013-17:

- Overall female appointments G6-8 was 51% female.

- Female appointments were higher in G6 than G7 and 8: G8 F50%, G7F45%, G6 F58%

Due to lack of gendered data on proportions of applicants, shortlisting and interviewed we are not able to evaluate these trends meaningfully. Nor are we able to evaluate the ethnicity gap as this was not provided. Data on leavers by grade, gender and ethnicity need to be provided to better understand the lack of increase of G8 staff. (AP2.3c, 2.3d, 2.7a) (FAP 1.1)

To understand this pattern better, we disaggregated analysis of Table 2.3e (Academic staff by role) to examine the TR staff group by both institute and Clinical vs Non-Clinical staff at G7 and 8 level (tables 2.3h to AP2.3h.xiiii).

Whilst numbers are small there are some trends identifiable:

For Non-clinical TR academics, the proportion of female staff had increased since 2018 by 7% and 10% (G7 and 8 respectively). For Clinical academics, the proportion had increased by 1% at G7 but was unchanged in G8 female TR academics.

G7: At Institute level, proportions of female Non-clinical TR academics were lowest in Blizard 31% (the only institute below 50%). For Clinical TR academics all institutes had <50% females but Blizard was lowest at 17%.

G8: At Institute level, proportions of female Non-clinical TR academics were lowest in Blizard 24% and highest in Wolfson 55%. For Clinical TR academics all institutes had <40% females but WHRI was lowest at 13%.

Improving the recruitment data capture (FAP1.1) will allow further scrutiny of these inter-institute differences in recruitment practices to better understand this finding for Clinical and Non-Clinical Academics.

As we have seen in section 2 the promotion data in female staff is strikingly positive both longitudinally (2013-2022) and during this cycle overall and across G6, G7 and G8. (AP2.11i-j). Much of the improvement since 2010 took place between 2020-2023 with respect to applications amongst the eligible population and in the success rates.

2020-2023 (AP2.9a)

- % eligible female staff applying for a promotion has risen from 27% to 44% vs unchanged at 29% in males

- Support rate for female applications has risen from 33% to 93% since 2020 vs 2% drop in males

- Overall promotion rate has risen for female applications from 9.8% to 40.6% vs unchanged in males 23.5% vs 22.6%.

- From Reader to Professor, success rates against the eligible population have increased from 10% to 26% (2020-2023). In 2020 success rate against eligible population was 9.8% in females and 9.3% in males in 2023 it was 26.4% female vs 18.8% in males. From Senior Lecturer to Reader, Females have a slightly higher success rate against eligible population than males every year. Women have a much higher success rate of supported applications for every year. (AP2.9 a).

- For Readers and Professors the data for this cycle indicate that both success rates and % increase in the overall promotion rate of out of the eligible population have increased most notably in female and BAME staff. (AP2.9b-c)

On disaggregation by institute, numbers are small, but the data do not indicate any concerns with respect to gender (AP2.9e):

- Blizard: In 2020, male applicants had a 75% success rate. There were no female applicants. In 2023, male applicant success dropped to 43, whereas female success rate was 80%.

- BCI: In 2020, male applicants had a 100% success rate, vs 67% in female. In 2023, both male and female applicants had 100% success rate.

- IHSE: In 2020, female applicants had a 100% success rate. There were no male applicants. In 2023, 40% of male and 50% of female applicants were successful.

- WHRI: In 2020, female applicants had a 71% success rate, vs 100% male success rate. In 2023, 80% of male and 92% of female applicants were successful.

- WIPH: In 2020, both male and female applicants had a 100% success rate. In 2023, 100% of male and 90% of female applicants were successful.

The numbers were too small to interpret between White and 'BAME' staff at institute level
These positive changes in promotion have not yet remedied the disparity in G8 academic staff which will hopefully improve as these Senior Lecturers and Readers are promoted in the forthcoming two cycles. (AP2.3f)

Section 5: Future action plan

In Section 5, applicants should evidence how they meet Criterion C:

- *An action plan is in place to address identified key issues*

1. Action plan

Please provide an action plan covering the five-year award period.

Our Athena Swan Action Plan is arranged into objectives working across 11 priority areas. The priority areas emerged from our self-assessment process, and reflect areas where focused activity is needed to continue our journey to improve gender equality at FM. We will do this in a variety of ways summarised as action points, to be reviewed annually.

Objectives

1. Embedding Gender Equality throughout our strategic aims and governance
2. Improving gender and ethnicity equity for middle and senior staff
3. Improving male under-representation with respect to gender for in UG and PG students
4. Improving our intersectional approach to disparities in PTO and Academic roles
5. Addressing bullying and harassment
6. Wellbeing and support for people in caring roles
7. Understand and mitigate longer term impact of Covid-19
8. Improving gender and ethnicity gap in student attainment and experience
9. Expanding our intersectional approach to achieving equity
10. Improving gender disparities in grant outcomes
11. Helping others to improve

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability **Oversight**
**Priority area one: Embedding Gender Equality throughout our strategic aims and governance**
1.1	Objective: Improve data provision and reporting processes across multiple key metrics. *Rationale: multiple key metrics within this application required manual data collection which was extremely onerous. Some important metrics could not be provided e.g. in recruitment - the proportions who applied, had an interview and were shortlisted were not provided and data were not provided by ethnicity.* *Main promotion tables: we were not able to remove Dentistry data. This needs to be rectified for next submission.*	Work with HR affiliates and QM-wide data group to ensure the new HR systems for recruitment and grant registration meet the reporting requirements needed to monitor and achieve our action plan.	2023-2026	Automated reports on all key metrics to produce mandatory and additional tables to be provided 6 monthly to EDI committee and AS SAT. Provide data on Leavers by grade, gender and ethnicity and other protected characteristics Disaggregation of survey within 6 months completion at Faculty and Institute level including provision of data disaggregated by gender, BAME, and other protected characteristics including disability to AS SAT Chair.	Accountability: FM HR affiliate Oversight: AS SAT Chair
1.2	Objective: Deliver University Strategy 2030 KPIs on staff gender equality *Rationale: We have not achieved gender or ethnicity parity.* *Total female staff: 63%. BAME background staff: 39%* *Academic staff:* *Female:*	Athena SWAN SAT to review progress against 2026 targets Apprise Faculty Executive Team on progress on KPIs annually. Publication of annual FM EDI report to share with FM faculty.	2026 with annual review	By 2026: Representation of women: 53:50:45 Representation of BAME staff: 43:37:33	Accountability: Faculty Vice Principal Oversight: Athena Swan SAT/ FMD EDI committee and VPs Office

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
	Junior: Middle: Senior: 61/60/43	Inclusive Job plan writing workshops – by supporting promotion and recruitment processes – continue grade-specific promotion workshops.			
1.3	Objective: Embed University Values into FM strategic decision-making processes. Embed monitoring of use of EIA for FM policies and QM-wide policies and that the feedback from EDI team has been actioned. *Rationale: while the diversity of SLT has increased (2019: 100%F/0%BAME, 2023: >50%F and 20% BAME) confidence in decision making requires action as 2023 survey demonstrated:* *49% F and 42%M agreeing 'Day-to-day decisions here demonstrate that Queen Mary is committed to our values'* *45% F and 46%M agreeing 'Perspectives like mine are included in the decision making at Queen Mary*	6 monthly audit of audit impact assessments that have taken place, to review each new policy to see whether the suggested actions by EDI team have been actioned for both QM-wide and internal policies. Ensure EDI institute reps feedback to EDI committee on perceptions of new policies within their institute. Comms piece in VP newsletter to explain use of EIAs to take into account EDI feedback from institute-level EDI reps via EDI committee on policies.	By 2026	100% of EIA's performed for new policies, % adapted according to feedback. Mark of success: 5% improvement in female and BAME staff survey responses for the questions mentioned in rational	Faculty Deputy Director of Operations EDI Manager
	Priority area two: Improving gender and ethnicity equity for middle and senior staff				
2.1	Objective: Improve inclusive recruitment practices to	Working with HR on ensuring our adverts are as effective as possible in attracting applications.	Q1 2023 Q2 2023	By 2030: Achieve 50% female staff recruited at both Grade 7 and 8,	FMD FDO/FMD Deputy FDO

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
	achieve gender parity in senior and mid-career position Rationale: Gender imbalances persist at grade 5,7 and 8. Since 2017, 59% of people we recruited between Grades 5-8 were female and 28% were from BAME groups. Over the period 2017 – 2021 although the overall gender balance of academic staff in middle and senior grades (Lecturer, Senior Lecturer, Reader and Professor) improved from 42%F to 46%F and BAME from 23% to 29% (AP2.3f) but we have not yet reached KPIS. At Professor level the percentage is 29% which has not improved across the cycle. For PTO staff: Over the period 2017 – 2021 middle and senior (Grade 5 –7) PTO staff gender balance remained similar (slight increase in female staff) 63.8%F to 64.7%F. (AP2.5d	Update the standardised job plan template we have created across the faculty with input from experts with expertise in inclusive job plan writing – and roll this out. Also provide training for centre leads and institute managers on inclusive- job plan and job advert writing. Review institute level recruitment data produced by the new HR recruitment software and ensure we are able to analyse differences by institutes and gender and race and ethnicity and other protected characteristics. If differences are identified meet with institute managers to better understand is processing is followed. Continue to monitor the exceptional appointments to ensure than an EDI representative is present on every exceptional appointment panel. Conduct data monitoring on job adverts, where no women and no people from minority ethnic backgrounds have applied. Identify if there are any repetitive patterns in adverts writing that may lead to non- applications. Repeat every	Q4 2023 – annually Q1 2023 – ongoing Q1 2023 – ongoing Q2 2023- bi-annual Q1 2023 - ongoing	with 40% being from diverse communities in senior and mid-career staff. Maintain gender parity achieved for academic grade 6 (AP2.7a) and achieve this for grades 5, 7 and 8 (AP2.7a). Achieve gender parity for PTO staff grade 5-8 (AP2.8e).	

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
		six months to understand if and where additional training is needed. Ensure that job adverts are also automatically posted to websites or hubs that target marginalised applicants, such as on *diverse jobs matter* or investing *in women.*			
2.2	Objective: Enhancing academic promotions. *Rationale: Gender parity among Senior Lecturers and Readers has improved between 2017 to 2021 Senior Lecturer: F: M 48:52 % Reader: F:M 51:49 % However, at Professor level it remains low at F:M 29:71%. Applications at Professor level and success rates have improved. We will continue to target action at this group to ensure these new Senior Lecturers and Readers progress. With respect to Professors from BAME backgrounds: F 5%: M 14%.*	Continue to offer our promotion workshops and our video on tips on how to apply. These workshops are split between lecturer-to-senior lecturer and reader-to-professor to make them more targeted. Applicants who are willing share their successful applications have shared with peers from the lower Band. New action: We will create a bank of anonymised successful and unsuccessful applications to improve future applications. To support this, we'll continue to advertise workshops through the VP Health and EDI Newsletters. Offering a workshop within the next EDI forum on reasons staff members don't apply for promotion and evaluate data gathered. Ensure line managers discuss promotion readiness in appraisal and ensure staff are signposted to the	November & December 2023 (then annually)	Annual increase in a number of eligible women applying for promotion at senior grades (+1% per year) and in BAME staff (1% per year) In line with QMUL EDI KPI modelling: increase women at senior grades (Grade and 8) annually by 2% G8 G6 1% 0.5% G7 Increase BAME staff at senior grades (Grade 7 and 8) annually 2% By end of 2026 target senior level is: 45.8% women 33.2% BME	Accountability: VP Health and FMD Strategic HR partner Oversight: AS SAT Chair and FMD EDI Manager

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
		materials on promotion and the existence of workshops.			
2.3	Objective: Improve engagement. *Rationale: Improved engagement with the staff survey occurred in female respondents between 2022 (581 respondents) and 2023 (672 respondents). In 2022, the overall engagement domain score improved from 49% to 51% in female staff (2022 -2023). To the question "Queen Mary motivates me to do more than I would do in a similar role elsewhere" 31% responded favourably (F30%/M31%) in 2022 vs 38% (F37%/M39%) +7% in 2023. Although this is a* positive improvement for FMD staff, the score is still lower than we would wish.	Implement staff survey communication strategy to drive up response rates and engagement levels by: Utilizing Weekly FMD Newsletter and Monthly EDI Newsletter Newly appointed EDI Communication officer to form coordinated campaign of awareness. Work with institute leads to think about potential team incentives to achieve at least 80% of staff completion of survey. Identify staff survey champions within FMD to engage with university survey strategy. Diverse role models – an Athena Swan campaign to showcase diverse role models by developing 'meet your team posters' to show diverse leadership, and placing them in communal spaces such as in tea rooms and meeting boards etc. Digital exhibition to showcase current female staff and alumni and those from racially minoritised, disabled and	2024-continous	Improved survey engagement by 5% each year: Increase favourability scores to the questions "Queen Mary motivates me to do more than I would do in a similar role elsewhere" +5 by 2024, and +5 again in 2025 and "I would recommend Queen Mary as a great place to work" by +5 by 2024.	Accountability: FMD EDI Manager and FMD Communications Manager Oversight: FMD Office of Professional Development (OPD) Manager EDI Reps EDI Manager EDI Officer

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
		LGBTQ+ groups within the newly refurbished student education building. Introduce 'ask your senior leadership team' section to Weekly FMD Newsletter and/or monthly EDI Newsletter. Well-publicized dates for VP Forum – to encourage staff engagement with senior leadership.			
2.4	Objective: Improving career trajectory for TS staff and increasing female TR staff. *Rationale: TS roles are over-represented by female staff and TR roles are only 29% female. Transitioning from TS to TR roles is difficult due to heavy teaching load. There was lower promotion success in TS staff in 2023 (not validated yet) ("Teaching load could put female scientists at career disadvantage" (Gibney, Nature; 2017) and "Academic careers and the gender gap" (Baker, 2013). This is preventing women in T & S roles from going for or gaining promotion.*	Workshops offered to investigate whether staff wish to transition to TR roles and the reasons staff members in T&S toles don't apply for promotion and evaluate data gathered. For those who do apply, targeted promotion peer to peer workshops offered by staff in T&S roles that are specific for the promotion grade aspired to. Ensure staff who have not applied for 3 years or more have promotion readiness discussion in their appraisal and ensure they are signposted to the materials on promotion and the existence of workshops.	November and December 2023 (then annually)	Annual increase in women in T&S roles, going for and gaining promotion.	Accountability: EDI Lead Oversight: AS SAT Chair
2.5	Objective: Establishing PTO pathways for internal progression.	Consultation with FMD PTO staff to strengthen and clarify progression routes for PTO career families.	2023-2026	Improvement in gender balance in PTO staff gender ratio especially for higher grades (6-8).	Accountability: FMD FDO/ Chair FMD EDI Committee

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
	Rationale: Feedback indicates an increased satisfaction with internal career progression for (women) PTO staff; Staff Survey: in 2019 45% agreed "I feel supported at QM in my plans for my future development". Since then, this has improved for staff overall both in 2022 and 2023: (F66% 2022 vs F70% 2023). We were unable to produce mandatory table 10 so improvement in data capture on PTO staff is an important priority (see FAP1.1)	Engage the PTO Group to better understand what the barriers are from their perspective. Based on this, create a tool to support PTO staff develop their own career development plan with their line managers based on an understanding of the requirements to reach next grade. Initiate institute-level manual data collection to identify PTO career progression within FM or QMUL in case of promotion outside of Faculty.		2030 Strategy: EDI KPIs for Junior: Middle: Senior grades By 2026 Representation of women: 53:50:45 Representation of BME staff: 43:37:33 Data collection identifies scale of progression and can be used to inform policy around establishing pathways for internal progression.	Oversight: EDI Deputy Leads
2.6	Objective: Improving career pathway gender equality for technicians via QMUL Technician Commitment. *Rationale: The technician career progression pathway (mainly laboratory staff) is understudied and survey responses are not disaggregated for technician views.*	Invite the technicians to a forum to discuss gender-based issues. Technician role adverts and wording to be standardised with other JDs. Disaggregate survey to show technician responses. Line managers to advertise leadership programmes. Celebrate technical staff contributions and career development in a more	2023-2026	Work towards gender parity. Analyse technical staff data annually. Technician staff rewarded annually through specific Staff Awards category. Report disaggregated survey data within annual report 2025.	Accountability: FMD Deputy FDO HR Recruitment Manager FMD EDI Manager Oversight: FM EDI Lead

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
		consistent manner by creating a category in staff awards for technical awards.			
2.7	Objective: Increasing uptake of Apprenticeships. *Rationale: The university has committed to making better use of our Apprenticeship Levy to support and develop talent – particularly to attract and retain women and BAME background colleagues where these groups are under-represented.*	Communicate guidance for line managers and those in leadership positions on how apprenticeships can support career development. Develop mechanisms of improving uptake of FMD staff taking up formal qualifications through apprenticeships. Regular signposting in FMD newsletters and spotlights on FMD apprentices. Commence regular reporting to Organisational Development Group. Run a pilot for small selection of grade 3 administration jobs to be mapped to an apprenticeship and created into apprenticeship opportunities. Collect EDI data on apprentices to ensure equal opportunity.	2025-2027	Six-monthly report to operational board on number of apprentices by year to measure uptakes. Gender and ethnicity parity in % of apprentices by 2026.	Accountability: Faculty Deputy Director of Operations Oversight: FMD EDI Officer
2.8	Objective: Improve succession planning and internal recruitment to senior posts like institute directors and Deans /Deputy Deans/Senior PTO leadership posts to improve	Succession and turnover will continue to be managed via advertisement of vacancies to all staff, calling for interest from under-represented groups. Report to Strategic recruitment board annually on demographics of all	2024-2026	Maintain gender parity on SLT and achieve at least 35% BAME background staff on SLT by 2026 (+15%). 30% of people on our leadership courses and in deputy dean posts	Accountability: VP Health Oversight: Faculty Deputy Director of Operations

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
	staff retention and lower employee turnover.	internal and external applicants to Dean/Deputy. Dean and Institute-level positions to ensure internal applicants are applying and we are improving on diversity in the leadership pipeline. Report on whether internal candidates who applied were in Deputy roles and whether they had attended leadership courses to enable future action based on findings.		will apply for senior leadership posts by 2026.	
**Priority area three: Improving male under-representation with respect to gender for in UG and PG students**
3.1	Objective: Improve recruitment into PGT and DL courses. *Rationale: Slow recovery of our distance learning (DL) market post COVID. Male under-representation on PGT courses (70% F), but we are better than London benchmark (75%).*	Augment Institute-specific approaches to drive better conversion of applications into admissions in the coming cycle. New position has been approved to assist with marketing courses, use male testimonials on course material adverts. Improving digital communication and contact with applicants and improve time taken to process applications and speed up issuing offers.	2024-continous	We will see an improved recruitment of male applicants +5% by 2026 onto PGT courses.	Accountability FMD Dean for Education Oversight: FMD Education Strategy Board
3.2					

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
	Objective: While our faculty does not have a direct UG to PG student pipeline, we need to ensure we support student progression appropriate to our context. *Rationale: We note the national trend towards increased female representation on MBBS and will seek to maintain or reduce male under- representation in MBBS. We are better than RG and London benchmarks with regard to male-under-representation FM M44% vs London M40%, RG M38%.*	Ensure gender balanced role models on outreach programme, open days and promotional materials for Direct entry and GEP programmes. Engage with student-led societies, such a SAMDA (Student-Assisted Medical and Dental Applications), to enhance near-peer support to male sixth form students with the application and interview process. Liaise with QMUL data team and admissions office to analyse the applicants UCAS data to identified answer to these questions: Are more boys applying but failing to: reach interview stage perform poorly on interview vs females thus receive rejections fail to convert offer to a place chose other institutions Employment of new course marketing officer aimed at targeted advertising.	Ongoing item on SAT agenda (2023-2026)	Increase enrolment of boys in MBBS programme as a result of outreach programmes at schools, 3-5% increase by 2026.	Accountability: FMD Dean for Education Oversight: EDI Officer
3.3	Objective: We continue to offer a range of outreach activities, providing role models for education, research and clinical careers.	Increase number of student outreach events and number of schools engaged with outreach activities to be delivered by men and women.	September 2023-continuous	Number of student engagement events will have increased by 25% by 2030. 2 more schools engaged with outreach activities.	Head of Outreach and Widening Participation

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
	Rationale: increase the number and reach of these events.				
3.4	Objective: Ensuring equitable recruitment of PGRs with open advertisements.	Pilot increased diversity data monitoring for the recruitment MRC/ Wellcome DTP (HARP) PhD Training programme to study underrepresented groups and rare diseases.	2024-continous	Increase male representation with respect to RG and London benchmarks in both gender and ethnicity PhD candidates (+5%) Full diversity monitoring for all other protected characteristics on all PhD programmes by 2026	Accountability: FMD Head of PGR Oversight: FMD Research Strategy Board, FMD Research manager
	Priority area four: Improving our intersectional approach to disparities in PTO and Academic roles				
4.1	Objective: Commitment to equality of opportunity for all and ensuring our colleagues from BAME backgrounds benefit from our gender equality work as much as their White peers. *Rationale: We need to increase % of women from BAME backgrounds in academic and senior PTO positions. While this has increased since 2017, it does not meet the KPI target in any group.*	Increase awareness and participation in B-Mentor programme, in the context of career development and progression, ahead of annual cycles by advertising it repeatedly in newsletters and in appraisals. All FMD institutes and PTO Directorates to nominate at least one mentor (of any ethnicity) to be involved in B-mentor annually. Deliver a panel event at the start of the annual academic promotions round about the experience from the perspective of staff from BAME backgrounds, including women recently promoted to Grades 7 and 8 and men to Grade 8.	December 2023-continuous	Annual increase in female, BAME male, BAME female participation in mentorship programmes in academic and PTO roles. By 2026: Increase by 6% (2% annually) the proportion of academic females from BAME background at Senior Lecturer, Reader and Professor level. Increase by 6% (2% annually) the % of BAME background women in PTO 6-8. Increased BAME female and male applications for staff bonuses 2% per year.	Accountability: COO Oversight: Operations board

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
		Ensure PTO staff apply for staff bonuses by discussing it in appraisal.			
4.2	Objective: Diversifying recruitment of Academic and PTO staff with an intersectional approach (Race, LGBTQ+, disability, sexuality). *Rationale: FM must embrace more innovative recruitment and advertising to increase diversity of applicants. Improve data reporting on diversity metrics of new staff which is currently very limited by existing HR systems.* Greater use of FTC in clinical than non-clinical academics.	Use protected characteristic recruitment portals (used by Black and disabled groups) to increase recruitment from minority applicants like *CreativeAccess* or *Evenbreak*. Work with FMD Institutes to create and publish "Spotlight Profiles" on public facing QM pages focused on staff with a range of protected characteristics who are currently underrepresented. Work with HR affiliates to develop data reporting on protected characteristics of new staff and monitoring of clinical vs non-clinical contracts once new recruitment system is live.	Follow on from previous action plan -2023	2% increase in recruitment per year in BAME staff. Data report on protected characteristics of new staff presented to strategic recruitment board by 2015.	Accountability: FM HR affiliate Oversight: EDI Officer
4.3	Improve career security and reduce gender and ethnicity disparities in use of FTC in female and BAME background female staff and male BAME staff. *Rationale: use of FTC has increased since 2017 in female staff and this is driven by large increased use in BAME female*	Seek approval from QMUL central HR team to stop using of FTCs for PTO staff within FM as we have done for ECR's and replace FTCs with a permanent contract with use of a funding clause. Once instated we will use IHSE as a case study to ensure improved clarity and awareness of how to bridge staff between contracts and our policy for moving staff to open-ended or permanent contracts.	By 2026	Present business case to strategic recruitment board by Jan 2025 Revise if needed by June 2025	Accountability COO Oversight AS SAT

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
	PTO staff vs all other staff groups (AP 2.6a)				
	Priority area five: Addressing bullying and harassment				
5.1	Objective: Need to decrease % of staff reporting in staff survey they have witnessed/ experienced bullying at FMD and improve knowledge on reporting process and confidence in action being taken if reported. *Rationale: 2022 Staff survey data shows FM female staff feeling less confident in an action being taken in their department based on a report of bullying and harassment than for male staff (49% vs 56%) In 2023 this gender difference reduced (F 52% vs M 53%).*	AS SAT Champion for Tackling Bullying appointed, ongoing webinars to raise the profile of the work being done by all the Institutes, and to inform the FM EDI Enabling Plan updates. EDI reps to report B&H work in their Institutes to EDI Committee boards with their suggested actions fed back to their own institute board, and SAT will inform the action planning on B&H. Monitor available data from the report and support tool and ask for annual institute level data to be provided to institute directors. Evaluate the usage of Institute/Department suggestion boxes and whether they were used to flag B&H. Embed information on report and support into staff induction for new employees. Ensure accountability remains clearly with the VP for Health and Institute	September 2023- continuous	In 2026 a 10% improvement in confidence that action would be taken in incidences of bullying and 10% greater confidence in reporting bullying across female and male staff. By 2026 20% reduction in all groups, agreeing that they have witnessed / experienced bullying and/or harassment in the last 12 months.	Accountability: Institute Directors Oversight: EDI Reps EDI Lead

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
		Directors for all actions with respect to B and H and not with the EDI leads. Include EDI Reps (both Academic and PTO in institute exec board meetings and B&H action plans. Introduce an annual review of metrics from report and support and maintain and evaluate uptake of bystander training offered to EDI Reps on committees and interview panels.			
5.2	Objective: Raise the profile of sexual and gender-based violence with students and staff. *Rationale: sexual harassment for students and staff is a problem in Higher Education as is sexual violence.*	New sexual harassment officers appointed QM-wide. FM advertise these QM-wide offerings to introduced support students and staff to recognise and support individuals who experience sexual and gender-based violence via: curriculum development student workshops and training. Conduct evaluation of 'Supporting students disclosing sexual assault or harassment' training offered to staff by way of focus group or survey to measure its impact and if it has helped positively. Continue to work with both students and staff members to routinely review and improve reporting processes.	2025-2027	20% fewer student reports of sexual harassment by 2026 in students and staff.	Accountability: Institute Directors (staff) Dean for Education (students) Oversight: EDI Officer

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
**Priority area six: Wellbeing and support for people in caring roles**
6.1	Objective: Evaluate uptake of new AS pilot schemes for parents/carers returning to work. *Rationale: We have listened to feedback provided in fora and identified a need for more support for parents and carers returning to work.*	Two positive action pilot schemes to help parents back into academic careers after a break were set up in March 2023. Pilot scheme A (annual budget £50K) for return-to-work support (5 awarded annually of up to £10K). And Pilot scheme B carers' support fund (£250 per applicant, £5k per annum). We will monitor the people who have taken up the award and whether they return to work – publish this data for staff to see to ensure subsequent applications in following years	January 2023-2026	That there has been a 100% uptake of these awards. Positive feedback and testimonials from those who used the scheme. Review of pilot by 2026 to show evidence of career progression from parents to show that it helped.	Accountability: AS Academic Lead Oversight: AS SAT
6.2	Objective: Enhance staff well-being. *Rationale: Between 2022 and 2023 staff survey, the results to the question 'My manager genuinely cares about my wellbeing' diverged with the favourability improving by +2% in females and decreasing by -4% in males.* *Favourable answers to the question 'My mental health and wellbeing are supported in my*	Introduce EDI Schwartz Rounds a structured forum to surface emotional concerns about mental health and enhance teamwork in a working environment. Publicise the mental health first aiders through posters and leaflets at institute level and on website. Ensure photos include men seeking help. Testimonials from male staff on how it was helpful to speak to a first aider. Include wellness section in EDI newsletters.	2023-2026	Improved score (+10% overall) to the staff survey question 'My mental health and wellbeing are supported in my department' and male favourability scores rising to the same score as females. Maintained high favourability scoring to the question 'My manager genuinely cares about my wellbeing' by 2027.	Accountability: Institute Directors Centre Leads Oversight: AS SAT EDI Committee

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
	department' were 56% in 2022 female staff and lower in male staff at 53%.	Appoint well-being champions within each institute. Ensure mental health first-aiders are signposted at induction.			
6.3	Objective: Create formal parenting rooms across Institutes, make existing parenting rooms more readily accessible and available. Rationale: There is no open-use parenting room available to all staff and students at charterhouse sq. This is important in helping to make parents returning or partially returning to work with childcare responsibilities during the workday, feel welcome and comfortable.	Establish a parenting room at Charterhouse Square, complement its opening with communication to raise awareness of its existence. Use QR Codes to self-refer users to an evaluation form to help continuously improve our offering – review every 6 months to monitor how useful and effective the rooms have been in contributing to an inclusive workplace. Engage with Estates to ensure that improvements are targeted to key building issues in all, but specifically BCI, WHRI and IHSE.	2024-2027	Good usage of the room(s) with positive feedback from users. Obtain good feedback from the QR Coded evaluations to keep improving on our contribution to an inclusive workplace.	Accountability: COO Oversight: AS SAT
**Priority area seven: Understand and mitigate longer term impact of Covid-19**				
7.1	Objective: Within the HE Sector there is recognition that the gendered effects of Covid- 19 will be far-reaching including the effects on research outputs. *Rationale: As a research-intensive university, proactive steps are required to mitigate*	Run further focused discussions and workshops on gender equality at Researchers' Forum and institute-level women-only sessions and focus groups to inform future work.	2023- continuous	Positive evaluation of discussions and workshops with actionable next steps identified owned and monitored against target by FMD VP Research Advisory Group.	Accountability: FMD Dean for Research Oversight: Athena Swan SAT EDI Institute Leads

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
	the possible long-term gender-specific impact.				
7.2	Objective: Mitigate gendered impact of Covid-19 for probationers. *Rationale: During the pandemic, women are more likely to have taken on additional work and domestic responsibilities. FMD in line with QMUL seeks to prevent this affecting new starters' probation and progression and has given an option to extend probation period by one year for new staff.*	Monitor the implementation of new Probation Principles to mitigate impact of Covid-19 in coming years to assess gender and race and ethnicity differences in permanent appointments for those who take up additional probation year.	September 2023-continuous	Annual increase in staff responding positively to probationary (and appraisal) discussions, i.e. identifying them as useful to their work. Staff survey 2% increase in positivity for full-time and part-time staff to appraisal question by 2025. Annual report on gender and ethnicity for successful and unsuccessful probations delivered annually to strategic recruitment board for part-time and full-time staff.	Accountability: VP Health Oversight: AS SAT chair
Priority area eight: Improving gender and ethnicity gap in student attainment and experience					
8.1	Objective: Improve satisfaction with the modernised MBBS curriculum post appointment of new Head of MBBS who is leading a medical curriculum review. Rationale: Curriculum identified as key factor needing to be modernised in NSS student survey and feedback to tutors.	Education Strategy and curriculum revision for MB BS and BScs – include a curriculum modernisation plan together co-led by staff and students. Fund students who participate nationally in Advance HE conferences on curriculum modernisation.	September 2023-continuous	Improved course ratings in NSS surveys on curriculum (10%) improvement on curriculum questions by 2026. Better representation of people with protected characteristics in course materials leading to higher engagement scores (+10%) with NSS by 2026.	Accountability: Head of MBBS Oversight: Student rep on EDI and AS committees

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
				Number of travel grants provided to students involved in national conferences on modernising curricula.	
8.2	Objective: We aim to ensure that students feel seen and heard to improve student engagement. *Rationale: UG: our NSS scores for student voice are slightly lower than in previous years albeit we remain 2nd in London.* *PTES 2022 survey: worse outcomes on satisfaction scores for engagement of female vs. male students*	Create and run Student Voice and Experience Workshops – these will cover both undergraduate and postgraduate programmes. Following this timeline throughout the academic year: The student learning experience (including digital education); Organisation and management; Assessment and feedback and the student voice. Establishing technologies to support student feedback: We are evaluating best practice at the top scoring UK universities and international HEIs in this domain and will pilot educational technologies for digital feedback and assessment in the next six months. This will be embedded in our Digital Education initiatives. Impact 2024. Review student engagement system CATQR to establish effectiveness in student engagement from pilot.	September 2023-continuous	Increase in student engagement and performance on the student voice question in NSS and PTES surveys by 5% by 2026. Present feedback from a diverse range of students to Education Board.	Accountability: Deputy Deans for Education Dean for Education Institute Education Managers Oversight: EDI committee

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
8.3	*Objective: Intersectional approach to improving student progression and achievements for female and BAME students.* *Rationale: Student consultation reveals variability in quality and experience at student placements. Gendered differences in UG and PG distinctions and merits. More males got distinctions and more females got merits in most years. Male BAME UG students got lowest percentage of good degrees.*	Clinical Placement Partnerships: engage with all our NHS Placement Partners provide feedback on variable student experience. Work with the NHS partnerships to develop a joint education strategy that addresses the skills agenda for the sector, with a view to exploring further opportunities for degree apprenticeships. Continue Assessment Preparation sessions, building on positive feedback received. Work with Business Development team to identify increased opportunities for industry placements and internship opportunities following graduation.	September 2023- continuous	Better student attainment in male BAME students (+5%) and more distinctions in females (+5%), higher survey student satisfaction scores on clinical placements (+5%).	Accountability: Oversight: Dean for Education Institute Education Managers
		Priority area nine: Expanding our intersectional approach to achieving equity			
9.1	Objective: Improve experience of transgender and gender non-conforming staff and students. *Rationale:* *Students: We introduced a new name change process for medical students which needs evaluation.*	Review and seek feedback on our new process for name change to ensure the health and wellbeing of our students and staff is improved by the new process. Provide support for our staff and non-medical students not covered by the above process who are transitioning by aligning our activities and outputs with leading employers across different	September 2023 - 2026	Positive feedback from individual students and staff who use the name change process. Improved engagement with staff survey in LGBTQ+ groups (+6%) and improved belonging and responses on all EDI questions by 6% by 2026.	Accountability: HR affiliates Oversight: AS SAT

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability **Oversight**
	Students and Staff: All managers need to be familiarised with recently produced QM-wide trans-inclusive staff and student policies.	sectors to model values- led inclusive policy and practice. Promote QMUL-wide resources and policies in EDI and VP health newsletters to ensure familiarity with trans-inclusive staff and student policies. Ensure that FM has representation on QM-wide LGBTQIA+ action group and works collaboratively to progress LGBTQIA+ strategic work. Ensure signage in new facilities are trans-inclusive gender-neutral toilet facilities across FM.			
9.2	Objective: In response to the FMD Staff Survey results Improvement in the physical workspace was highlighted, especially for staff who declared themselves as disabled. *Rationale: FM Staff survey results 'Our physical workspace is enjoyable to work in' was 42% favourable in 2022, -8% on QMUL benchmark, and for female staff this was -11% at 39%. For disabled female staff, the favourability score was only 23%. In 2023, the overall FM*	FM will invest in the John Vane Science Centre and the Garrod Building which got the worst scores in the estates questions of the survey 2022 and 2023. Aim is to improve building reliability and resilience and the physical workplace and improve accessibility in all improvement works. Ensure new building space is completely accessible to all staff.	2023-2026	Improved workplaces and Staff Survey responses to the questions 'Our physical workspace is enjoyable to work in' by at least matching QMUL benchmark by 2025, and exceeding QMUL current benchmark of 44 by +10 by 2026 for female and male disabled staff.	Accountability: COO Oversight: EDI committee

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
	score decreased to 37% (F35%/M41%) and for disabled women this score rose to 26%.				
9.3	Objective: Increase awareness of disability and neurodivergence within the workplace to complement the work of institution-wide Disability Network and improve data collection and reporting. Rationale: Only 5% of staff reported disability at QMUL.	Deliver forum on visible and invisible disability and neurodiversity and develop gender-specific actions from the forums. Using actions from forum, also build on existing framework and review faculty induction practices and work with the HR Department to develop formal training for managers. Look and evaluate gender disaggregated EDI data and commit to publishing data on proportion of staff who disclose disability and neurodivergence within FMD.	2023-2027	Publish data on proportion of staff who declare disabilities within EDI report. Higher engagement with staff survey by disabled staff by 2026 (+5%).	EDI Lead EDI Manager Institute EDI Leads
**Priority area ten: Improving gender disparities in grant outcomes**
10.1	Objective: Embed gendered and ethnicity monitoring of grant outcomes into grant submission systems. *Rationale: Fewer women PIs are currently applying for or achieving small, medium, and large grants (additional table).*	Granular reporting on applications, applicants by small/medium/large grants by grade, gender and ethnicity by proportion of staff at that level. Collect EDI data on protected characteristics in line with NIHR data requirements for people who apply for grants which will include other factor such as - protected characteristics by using DAISY approach. Review yearly if there are trends on specific	2024-2026	Good quality data on disparities in grant income from different protected characteristics with actions to improve these within 2025 action plan. Successfully producing reports on protected characteristics of grant applicants by 2025.	Accountability: FMD Dean for Research Oversight: Institute Directors of Research

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability Oversight
		demographics being more/less likely to be awarded successfully. Connect researchers who are promoting equity to increase outputs and build a community.			
**Priority area eleven: Helping others to improve**
11.1	Objective: Building cohesion within FM by establishing EDI impact assessment and reporting to FM EDI committee with our Malta campus. Rationale: recently established Malta campus, no established AS or EDI process in Malta.	Establish AS-style EDI reporting in Malta for staff and students and culture interventions (EDI newsletters, join EDI committees) to extrapolate our learning.	2023-2026	Annual data reporting with development of EDI action plan by 2026 for Malta.	Accountability: Malta Campus Dean for Education Oversight: Academic EDI Lead Malta EDI rep
11.2	Objective: Continue involvement with Indian partners via GATI project. *Rationale: GATI is a current beacon activity that we value.*	Hold webinars and events for Indian partners throughout the year.	2023-2026	Report survey evaluations to EDI and QMUL-wide EDI steering group.	Accountability & oversight: EDI Officer
11.3	Objective: Expanding existing mentoring collaboration with the Medical Women's Forum to improve careers of students and doctors. *Rationale: delivering mentoring events, educational events and supervision has supported students and junior doctors to present their work and grow in.*	Expand our leadership by engaging other universities to join the senior team who deliver mentoring events, educational events and provide supervision of research projects and increasing this good practice.	2023-2026	Metrics: Academic output for four of the 6 current research projects by 2026.	Accountability & oversight: EDI Lead

Ref	Objective *Rationale*	Actions/ Outputs	Timescale	Success Criteria	Accountability **Oversight**
11.4	Objective: Improve UK policy with respect to sex and gender identity. *Rationale: National lack of policy on sex and gender reporting for regulators, UKRI and journals.*	Build on sector leading work with MESSAGE collaboration (see section 3) on improving national policies on sex and gender in research, run further focus groups.	2025	Metrics: Policy report by MESSAGE group published by 2026.	Accountability & oversight: Academic EDI Lead

Appendix table of contents

Please note all new tables requested in the revisions for Gold are coloured green to distinguish them from the previous blue tables, and we have highlighted below in the appendix list the new table numbers in yellow.

Appendix 1: Culture survey data

Staff survey data

AP1.1 Participation and engagement levels for QMUL staff survey
AP1.2 The 7 AS Core questions and the equivalent QMUL survey questions
AP1.3: 7 AS Core questions and additional EDI questions from QMUL survey
AP1.4: Staff survey engagement by gender at Faculty level, and the % difference to the QMUL response (2022 to 2023)
AP1.5: Staff survey engagement by gender at Faculty level from 2019 to 2023
AP1.6: Staff survey engagement by ethnicity groups at Faculty level in 2022.

Student survey data

AP1.7: NSS Results from 2017-2021
AP1.8: PGR Responses to the Bi-annual Postgraduate Research Experience (PRES) survey since 2017
AP1.9: Postgraduate Taught Experience Survey (PTES) by gender, since 2018.
AP1.10: Postgraduate Taught Experience Survey (PTES) by BAME and White, since 2018.

Appendix 2: Data tables

AP2.0 Table of Faculty of Medicine Demographics for Staff (2021/22) and Students (2022/23).

1. Students at Foundation, UG, PGT and PGR level

AP2.1a. Table of Demographic Percentages of Student Population (Undergraduate, Postgraduate Taught and Postgraduate Research)
AP2.1b. Table of MBBS Undergraduate (UG) Student Body AP2.1c. Table of Undergraduate (UG) Student Body Benchmark
AP2.1c.x Table of Blizard Institute Undergraduate (UG) Student Body
AP2.1c.xi Table of Barts Cancer Institute Undergraduate (UG) Student Body
AP2.1c.xii Table of Institute of Health Sciences Education Undergraduate (UG) Student Body
AP2.1c.xiii Table of Wolfson Institute of Population Health Undergraduate (UG) Student Body
AP2.1c.xiiii Table of William Harvey Research Institute Undergraduate (UG) Student Body
AP2.1d. Table of Postgraduate Taught (PGT) Student Body AP2.1e. Table of Postgraduate Taught (PGT) Benchmark
AP 2.1e.x Table of Blizard Institute Postgraduate Taught Student Body
AP 2.1e.xi Table of Barts Cancer Institute Postgraduate Taught Student Body
AP 2.1e.xii Table of Institute of Health Sciences Education Postgraduate Taught Student Body

AP 2.1e.xiii Table of Wolfson Institute of Population Health Postgraduate Taught Student Body

AP 2.1e.xiiii Table of William Harvey Research Institute Postgraduate Taught Student Body

AP2.1f. Table of Postgraduate Research (PGR) Student Body AP2.1g. Table of Postgraduate Research (PGR) Benchmark

AP2.1g.x Table of Blizard Institute Postgraduate Research (PGR) Student Body

AP2.1g.xi Table of Barts Cancer Institute Postgraduate Research (PGR) Student Body

AP2.1g.xii Table of Institute of Health Sciences Education Postgraduate Research Student Body

AP2.1g.xiii Table of William Harvey Research Institute Postgraduate Research (PGR) Student Body

AP2.1g.xiiii Table of Wolfson Institute of Population Heath Postgraduate Research (PGR) Student Body

2. **Degree attainment and/or completion rates for students at foundation, undergraduate (UG), Postgraduate Taught (PGT) and Postgraduate Research (PGR) level**.

AP2.2a. Table of UG Attainment

AP2.2a.x Table of MBBS Attainment (IHSE)

AP2.2b. Chart of UG Attainment of 'Good' degree (1st or 2.1)

AP2.2b.x Degree attainment and/ or completion rates for Undergraduate (UG) Students in Blizard Institute

AP2.2b.xi Degree attainment and/ or completion rates for Undergraduate (UG) Students in Barts Cancer Institute

AP2.2b.xii Degree attainment and/ or completion rates for Undergraduate (UG) Students in William Harvey Research Institute

AP2.2b.xiii Degree attainment and/ or completion rates for Undergraduate (UG) Students in the Wolfson Institute of Population Health

AP2.2c. Table of PGT Attainment by Gender AP2.2d. Table of PGR Attainment by Ethnicity

AP2.2d.x Table of Blizard Institute PGT   Attainment

AP2.2d.xi Table of Barts Cancer Institute PGT Attainment

AP2.2d.xiiii Table of Institute of Health Sciences Education PGT Attainment

AP2.2d.xiii Table of William Harvey Research Institute PGT Attainment

AP2.2d.xii Table of Wolfson Institute of Population Health PGT Attainment

AP2.2e. Table of PGR Attainment by Gender AP 2.2f Table of PGR Attainment by Ethnicity

AP2.2f.xTable of Blizard Institute PGR Attainment

AP2.2f.xTable of Barts Cancer Institute PGR Attainment

AP2.2f.xTable of Institute of Health Sciences Education PGR Attainment

AP2.2f.xTable of William Harvey Research Institute PGR Attainment

AP2.2f.xTable of Wolfson Institute of Population Health PGR Attainment

3. **Academic staff by grade and contract function**

AP2.3a. Table of All Academic staff by gender

AP2.3b. Table of All Academic staff by gender and ethnicity

AP2.3c Table of Academic staff by grade (as a percentage of the total staff body)

AP2.3d. Table of Academic staff by grade (as a percentage of each grade)
AP2.3e Table of Academic Staff by Role
AP2.3f. Table of Academic Staff by Role, Gender and Ethnicity
AP2.3g Chart of Academic Staff by Role, Gender and Ethnicity (2021/22)
AP2.3h Table of all Academic Teaching and Research staff
AP2.3h.x Table of Blizard Institute Academic Teaching and Research staff
AP2.3h.xi Table of Barts Cancer Institute Academic Teaching and Research staff
AP2.3h.xii Table of Institute of Health Sciences Education Teaching and Research staff
AP2.3h.xiii Table of William Harvey Research Institute Academic Teaching and Research staff
AP2.3h.xiiii Table of Wolfson Institute of Population Health Academic Teaching and Research staff
AP2.3i Table of all Academic Teaching Only staff
AP2.3i.x Table of Blizard Institute Academic Teaching Only staff
AP2.3i.xi Table of Barts Cancer Institute Academic Teaching Only staff
AP2.3i.xii Table of Institute of Health Sciences Education Academic Teaching Only staff
AP2.3i.xiii Table of William Harvey Research Institute Academic Teaching Only staff
AP2.3i.xiiii Table of Wolfson Institute of Population Health Academic Teaching Only staff

4. Academic staff by grade and contract type

AP2.4a. Table of Academic Staff by Contract Type and Gender
AP2.4b Table of all non-clinical Academic Staff by grade, contract type and gender
AP2.4b.x Table of Blizard Institute non-clinical Academic Staff by grade, contract type and gender
AP2.4b.xi Table of Barts Cancer Institute non-clinical Academic Staff by grade, contract type and gender
AP2.4b.xii Table of Institute of Health Sciences non-clinical Academic Staff by grade, contract type and gender
AP2.4b.xiii Table of William Harvey Research Institute non-clinical Academic Staff by grade, contract type and gender
AP2.4b.xiiii Table of Wolfson Institute non-clinical Academic Staff by grade, contract type and gender
AP2.4c. Table of Clinical Academic Staff by grade, contract type and gender
AP2.4c.x Table of Blizard Institute Clinical Academic Staff by grade, contract type and gender
AP2.4c.xi Table of Barts Cancer Institute Clinical Academic Staff by grade, contract type and gender
AP2.4c.xii Table of Institute of Health Sciences Education Clinical Academic Staff by grade, contract type and gender
AP2.4c.xiii Table of William Harvey Research Institute Clinical Academic Staff by grade, contract type and gender
AP2.4c.xiiii Table of Wolfson Institute of Population Health Clinical Academic Staff by grade, contract type and gender

5. Professional, technical and operation (PTO) staff by grade and job family

AP2.5a Table of All PTO Staff by Gender
AP2.5b Table of All PTO Table of Staff by Gender and Ethnicity
AP2.5c Chart of PTO Chart of Staff by Gender and Ethnicity
AP2.5d Table of PTO Staff by Grade and Gender
AP2.5.e Table of all PTO staff by grade and job family
AP2.5.f Table of Blizard Institute PTO staff by grade and job family
P2.5.g Table of Barts Cancer Institute PTO staff by grade and job family
AP2.5.h Table of Institute of Health Sciences Education Institute PTO staff by grade and job family

AP2.5.i Table of William Harvey Research Institute PTO staff by grade and job family
AP2.5.j Table of Wolfson Institute of Population Health PTO staff by grade and job family

6. PTO Staff by Grade and Contract type

AP2.6a Table of PTO Staff by Contract Type, Gender and Ethnicity
AP2.6b Table of all PTO Staff by Contract Mode and Gender
AP2.6c. Table of all PTO staff by grade and contract type
AP2.6d. Table of Blizard Institute PTO staff by grade and contract type
AP2.6e. Table of Barts Cancer Institute PTO staff by grade and contract type
AP2.6f. Table of Institute of Health Sciences Education PTO staff by grade and contract type
AP2.6g. Table of William Harvey Research Institute PTO staff by grade and contract type
AP2.6h. Table of Wolfson Institute of Population Health PTO staff by grade and contract type

7. Applications, shortlist and appointments made in recruitment to academic posts by grade

AP2.7a. Table of All Academic Recruitment by Gender and Ethnicity 2017-2022

8. Applications, shortlist and appointments made in recruitment to Professional, Technical and Operational (PTO) posts by grade.

AP2.8a. Table of All PTO Recruitment by Gender AP2.8b. Chart of All PTO Recruitment by Gender
AP2.8c Table of PTO Recruitment for Grades 4 and Below AP2.8d Table of PTO Recruitment for Grades 5 and 6 AP2.8e. Table of PTO Recruitment for Grades 7 and 8

9. Applications and success rates for academic promotion by grade

AP2.9a. Table of All Applicants by Gender and ethnicity
AP2.9b Table of All Applications for Promotion to Professor by gender and ethnicity
AP2.9c Table of Promotion to Reader Data by Year, Eligibility and Support.
AP2.9d Table of Promotion to Senior Lecturer Data by Year, Eligibility and Support.
AP2.9e. Table of all Academic Promotion by Institute, year and gender
AP2.9f. Table of all Academic Promotion by Institute, year and ethnicity

10. Applications and success rates for PTO progression by grade (where there are formal routes for progression).

No data for this section

11. Additional Data

AP2.11a Table of Grant Application and Success Rates by Gender.
AP2.11b Table of Age by Gender for Staff in Academic Pipeline.
AP2.11c. Table of Reported Age and Ethnicity of All Staff.
AP2.11d. Table of Staff Bonus Scheme awards by year.
AP2.11e: National Clinical Excellence Awards 2016-2022
AP2.11f: Table of Key SAT activities during the COVID-19 Pandemic
AP2.11g: Table of data sources used by the SAT to evidence progress and impact
AP2.11h: Table of eCPD completion rates by occupation and number
AP2.11i: Longitudinal Comparison Table for Promotion applications to Reader and Professor
AP2.11j Longitudinal Comparison Table for Promotion Success to Reader and Professor
AP2.11k. Table of all Academic Promotion by gender from 2010-2014