



Department (Faculty) Application

**School of Medicine, Medical Sciences &
Nutrition**

University of Aberdeen

November 2023



ATHENA SWAN BRONZE DEPARTMENT AWARDS

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

ATHENA SWAN SILVER DEPARTMENT AWARDS

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

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

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Applicant information

Name of institution	University of Aberdeen
Name of department	School of Medicine, Medical Sciences & Nutrition
Date of current application	30 November 2023
Level of previous award	Institute-level: Institute of Applied Health Sciences (IAHS) – Bronze renewal Institute for Education in Medical and Dental Sciences (IEMDS) – Bronze Institute of Medical Sciences (IMS) – Bronze Institute of Dentistry (IoD) – Bronze interim award Rowett Institute (RI) – Bronze renewal
Date of previous award	IAHS – 2022 IEMDS – 2017 IMS – 2018 IoD – 2019 RI - 2021
Contact name	Dr Asha Venkatesh
Contact email	a.venkatesh@abdn.ac.uk
Contact telephone	01224 437810

Section	Words used
An overview of the department and its approach to gender equality	2847 words including words in figures, tables and our Head of School's endorsement letter (409 words)
An assessment of the department's gender equality context	4413 words including 480 Covid-related text, 206 to disaggregate clinical and non-clinical and 1000 for disaggregating institute-data (for faculty application)
Future action plan*	
Appendix 1: Culture survey data*	
Appendix 2: Data tables*	
Appendix 3: Glossary*	
Overall word count	7260 words

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

Overall word limit: 6000 words

Applicant information

Section 1: An overview of the department and its approach to gender equality

1.1 Letter of endorsement from the head of the department



School of Medicine, Medical Sciences
& Nutrition
Polwarth Building
Foresterhill
Aberdeen AB25 2ZD
Scotland
United Kingdom

29th November 2023

Ruth Gilligan
Assistant Director for Equality Charters
Advance HE
7th Floor, Queens House
55/56 Lincoln's Inn Fields
London
WC2A 3LJ

Dear Ruth,

I am writing to express my full support for this application for an Athena Swan Bronze award for the School of Medicine, Medical Sciences & Nutrition, University of Aberdeen. Since 2019, as Head of School, I have ensured that Athena Swan principles are embedded within every aspect of our activities. The five Institutes which constitute the School were all awarded individual Athena Swan Bronze awards between 2016 and 2018 and have been actively implementing their action plans. The University of Aberdeen's strategic plan, Aberdeen 2040, has prioritised 'Inclusive' as one of its four strategic themes, and the School EDI strategy (2023-2027) in alignment with the University's vision, aims to foster an inclusive and supportive environment where staff and students feel valued, respected, and treated with dignity, irrespective of gender or other protected characteristics.

Since 2018 we have taken active steps to appoint female colleagues to senior leadership positions (Directors of Institutes, Education Lead, EDI Co-Lead and University Deans) and 38% Professors are female (the sector average being 30%). We have also instituted measures to increase the transparency of the promotions process, provide clear guidance to staff and ensure individualised support through the line management framework.

Despite the progress made to date, I am aware that there are several areas identified for further improvement. These include perceptions about workload, improving culture and identifying and addressing intersectional disadvantages. Our action plan will address these and make a tangible difference. We are determined to disseminate best practice, observed within individual Institutes, across the School and recognise the need to continue our listening activities to understand further the needs of our increasingly diverse population of staff and students.

Our School EDI teams will ensure the full implementation of our action plan. The School Senior Leadership team and I are fully committed to providing the support required to ensure this happens. Thank you for considering our application.

Yours sincerely,

Professor Siladitya Bhattacharya
Professor Siladitya Bhattacharya MD FRCOG
Sir Dugald Baird Chair in Women's Health
& Head of School of Medicine, Medical Sciences and Nutrition

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1.2. Description of the department

The School of Medicine, Medical Sciences and Nutrition (SMMSN), the largest of 12 Schools within the University of Aberdeen (UoA) (Figure 1), has 864 staff (64%Female (F)) and 2876 students (65%F). It comprises five Institutes each with a specific research and educational focus related to maintaining good health and treating disease (Table 1). All institutes hold Athena Swan (AS) Bronze awards (awarded 2016-2018).

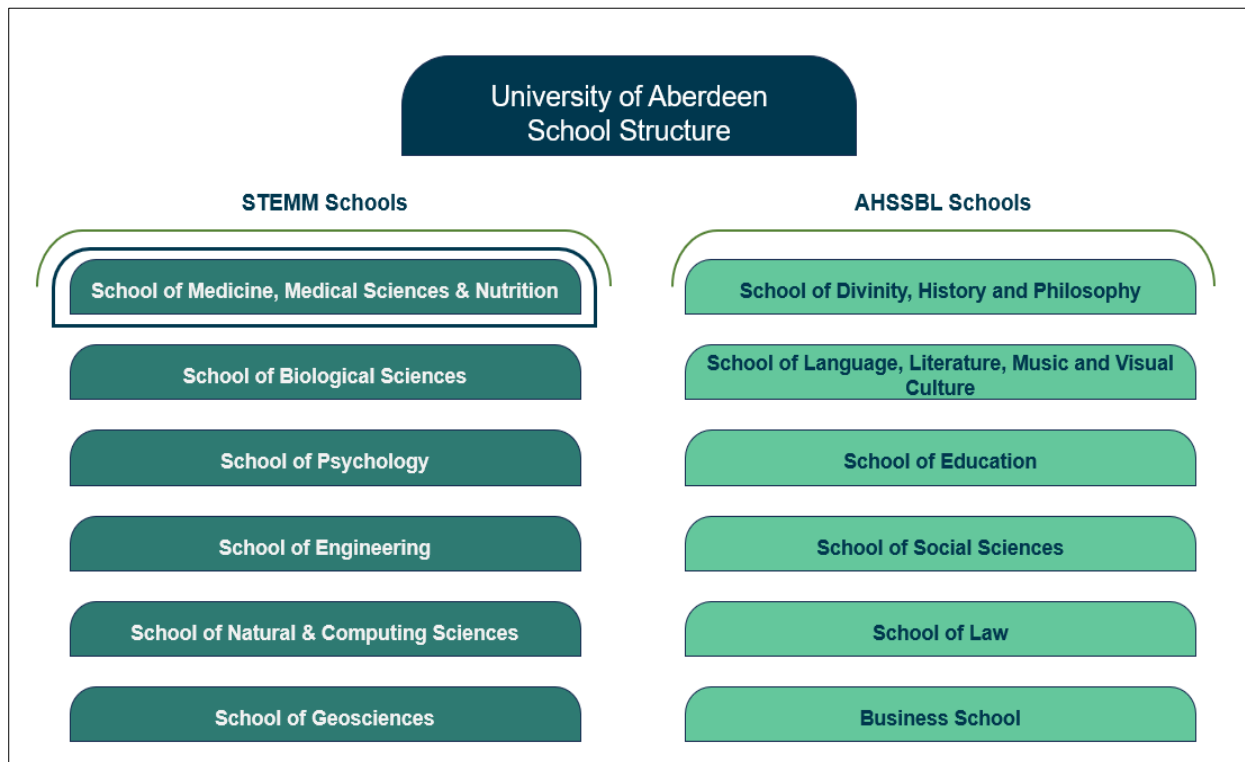


Figure 1 Organogram showing University of Aberdeen School structure.

Institute	Core Functions	Total staff (number (%) F)
Institute of Applied Health Sciences (IAHS)	To conduct population-based research and deliver related postgraduate courses.	247 (171 (69%) F)
Institute of Dentistry (IoD)	To provide evidence-based dental education for future dental practitioners to best serve patients and communities.	48 (24 (50%) F)
Institute of Education in Healthcare and Medical Sciences (IEHMS)	Educational governance and the delivery of healthcare and related science teaching and research.	245 (170 (69%) F)
Institute of Medical Sciences (IMS)	Biomedical science education and research emphasising microbiology and immunity; molecular and cellular function; cardiometabolic disease; neuroscience and medical imaging technologies.	217 (123 (57%) F)
Rowett Institute (RI)	Promote sustainable nutrition; improve health & well-being through world class research and education.	107 (67 (63%) F)

Table 1 SMMSN Institutes

SMMSN runs 52 distinct programmes of study: including undergraduate (UG) (Foundation-level, MBChB, Dentistry, BSc), Postgraduate Taught (PGT) and Postgraduate Research (PGR); delivered by staff from all institutes, clinicians (NHS Grampian (NHSG)), partner health boards and General Practice) and industry experts. Our graduates pursue careers in healthcare (hospitals/ primary care), industry (healthcare, biotechnology and food and drink) and academia.

SMMSN has nine Centres of Research Excellence (Table 2) led by 7 females (F) and 2 males (M) that provide critical mass and a focal point for research in particular subject areas and many PGR programmes.

Research Excellence Centres
1. Aberdeen Cancer Centre
2. Aberdeen Centre for Women's Health Research
3. Centre Healthcare Education Research & Innovation
4. Aberdeen Centre for Health Data Science
5. Aberdeen Centre for Arthritis and Musculoskeletal Health
6. MRC Centre for Musculoskeletal Health & Work
7. Centre for Healthcare Randomised Trials
8. Aberdeen Biomedical Imaging Centre
9. Centres for Microbes in Health & Disease
10. Aberdeen Cardiovascular and Diabetes Centre

Table 2 SMMSN's Research Excellence Centres

Aberdeen campus: SMMSN buildings are co-located with NHSG in the Foresterhill Health Campus (FHC) (Figure 2). Other UoA schools are in the Old Aberdeen (OA) campus (two miles away from FHC, seven minutes by free shuttle bus). First-year UG students are taught partly in classrooms and labs in OA enabling integration with staff and students across the rest of the University.

FHC's proximity to Aberdeen's main hospital (ARI) facilitates practice-led and collaborative education, research and EDI-related activities. FHC has an on-site mosque

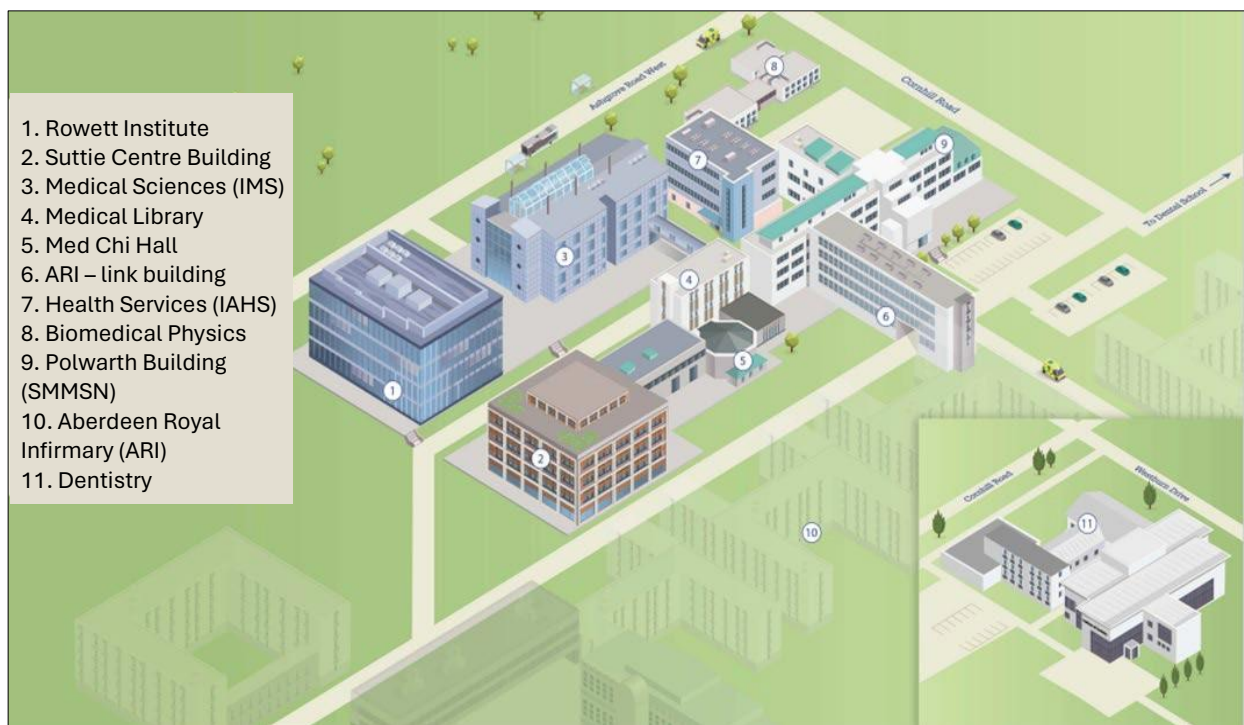


Figure 2 Foresterhill (FHC) Health Campus Map

and two multi-faith prayer rooms (in addition to the multifaith chaplaincy in OA) catering for staff and students' spiritual needs.

Remote campuses: SMMSN has remote campuses in Inverness and Elgin for relevant teaching and research activities (e.g., Rural Health). Healthcare students undertake clinical placements across a wide geographical area comprising Aberdeenshire, Scottish Highlands and Islands, and Scottish borders (Figure 3). Regular hybrid and in-person meetings (at Aberdeen and Inverness/Elgin on a rotational basis), ensure communication, collaboration, uniformity of culture and equal access to opportunities for all.

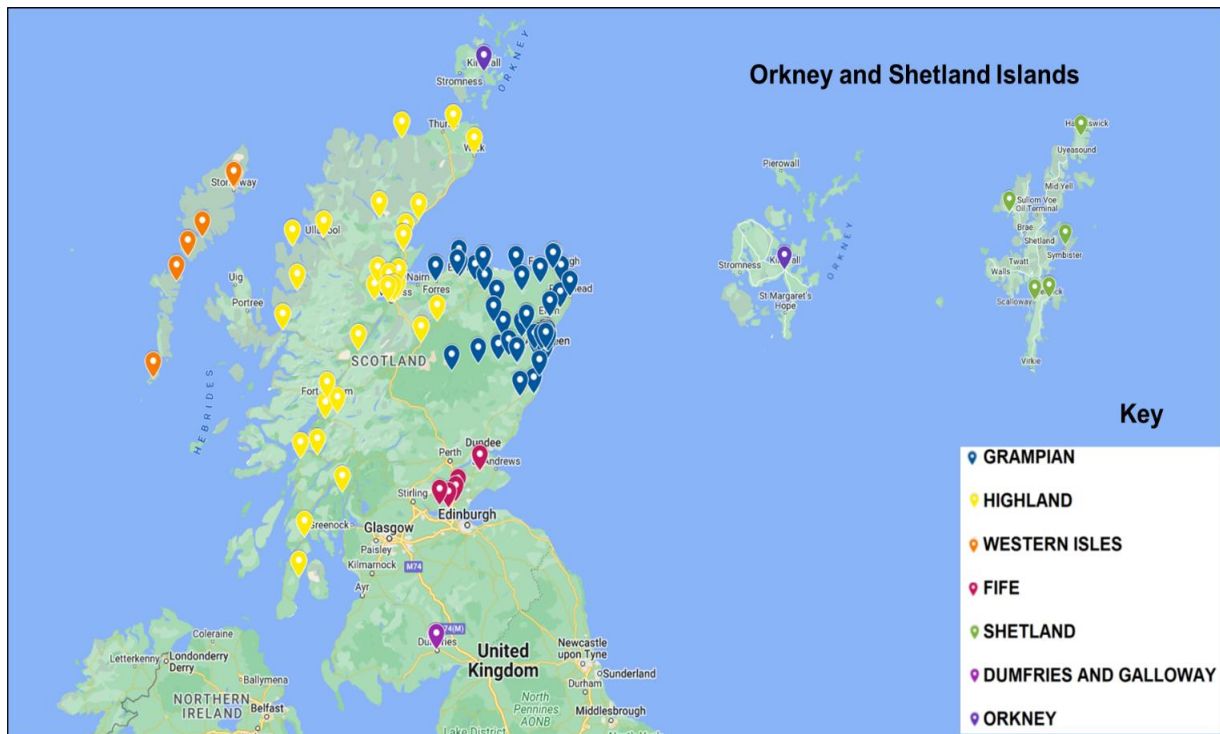


Figure 3 SMMSN remote campus location (Scotland)

Links with the wider university: Staff collaboration across the wider university has recently been bolstered by UoA’s Strategic Plan Aberdeen 2040 which focuses on addressing five interdisciplinary challenges – health, nutrition and wellbeing, energy transitions, social inclusion, environment and biodiversity, data and artificial intelligence.

SMMSN staff are represented on the University Court, (the governing structure with corporate and legal responsibilities), Senate (responsible for the regulation and strategic direction of education and the promotion of research) and other University Committees. 4 SMMSN staff (2F, 2M) are University Deans who support the University Vice Principals to deliver their key portfolio areas.

Links with community: We have well-established patient and public partnership involvement (PPI) groups that allows us to better design, undertake and disseminate health-care research and education. We work with the Opportunity North-East (ONE, private sector drivers diversifying North-East Scotland’s economy). In May-23, a flagship ONE Biohub was inaugurated within FHC to boost entrepreneurial Research and Innovation endeavours (UoA are strategic partners). We also regularly engage with local community through scientific outreach events including Doors Open days, Techfest and Café Med. Additionally, SMMSN works closely with Aberdeen City and Aberdeenshire councils and recently won a joint major partnership grant (£5M) to support research into health inequalities.

1.3. Governance and recognition of equality, diversity and inclusion work

Key Committees' structure: SMMSN operates through its Institutes. We have a committee structure (Table 3) like other UoA Schools which is further mirrored within each Institute. (Table 4).

Role Title	F	M
Head of School (HoS)		1
School Registrar	1	
School Education Lead	1	
School Research Lead		1
School Equality, Diversity & Inclusion Co-Leads	1	1
Directors of Institutes	1	4
PGT Lead	1	
Curriculum Manager	1	
Research & Innovation Executives	2	
Financial Planning & Budgeting Accountants	1	1
Human Resource Partners	2	1
School Marketing Manager	1	
School Executive totals	12	9

Table 3 Structure of School Executive Committee

School/Institute Committee	F	M	Vacancy
School Education Committee	17	12	
School Research Committee	12	10	
School Equality, Diversity & Inclusion Committee	12	5	3
IAHS Executive Committee	1	2	1
IEMHS Executive Committee	6	5	
IOD Executive Committee	4	1	
IMS Executive Committee	3	3	
RI Executive Committee	8	3	
School / Institute Committee totals	63	41	4

Table 4 Gender makeup of other School/Institute Committees

Equality, Diversity and Inclusion Committees (EDICs)

In Feb-20, its 525th Anniversary, UoA launched its Aberdeen 2040 Strategic plan. Inclusion is one of its five themes. In 2021, an EDIC was established in each of the 12 Schools, superseding existing equality groups including Athena Swan Self-assessment teams (SATs). School EDICs are co-chaired by School EDI co-leads who report to the School Executive and support the HoS by ensuring the strategic oversight of all School EDI matters including AS (through dedicated sub-groups described in Section 1.5). SMMSN has 2 EDI co-leads (1F, 1M).

In addition, SMMSN has five Institute-level EDICs (led by 3F and 2M Institute EDI Leads) which report to SMMSN EDIC. Each is responsible for overseeing local EDI matters and the implementation of their Previous AS Action Plan (PAP). SMMSN EDIC currently includes the Institute EDI Leads, HR Partner, Race Equality Champions, students,

Student Support Lead, Decolonising the Curriculum Lead, HoS, and the University Senior EDI Partner. Some members of the SMMSN EDIC are previous Institute AS leads including one of the SMMSN EDI Co- Leads.

Reporting pathways: Progress of AS is a standing item on the 6-weekly School EDIC and monthly School Executive Committee meeting (Figure 4). We also share progress at School and Institute-level Open meetings and Institute Executive Committee meetings. Our HoS is co-Chair of the University Race Equality Strategy Group (RESG) and sits on University EDIC. One of the SMMSN EDI Co-Leads sits on University EDIC and the University Gender Equality Steering Group. This ensures that information flows between the University, SMMSN and Institute EDICs.

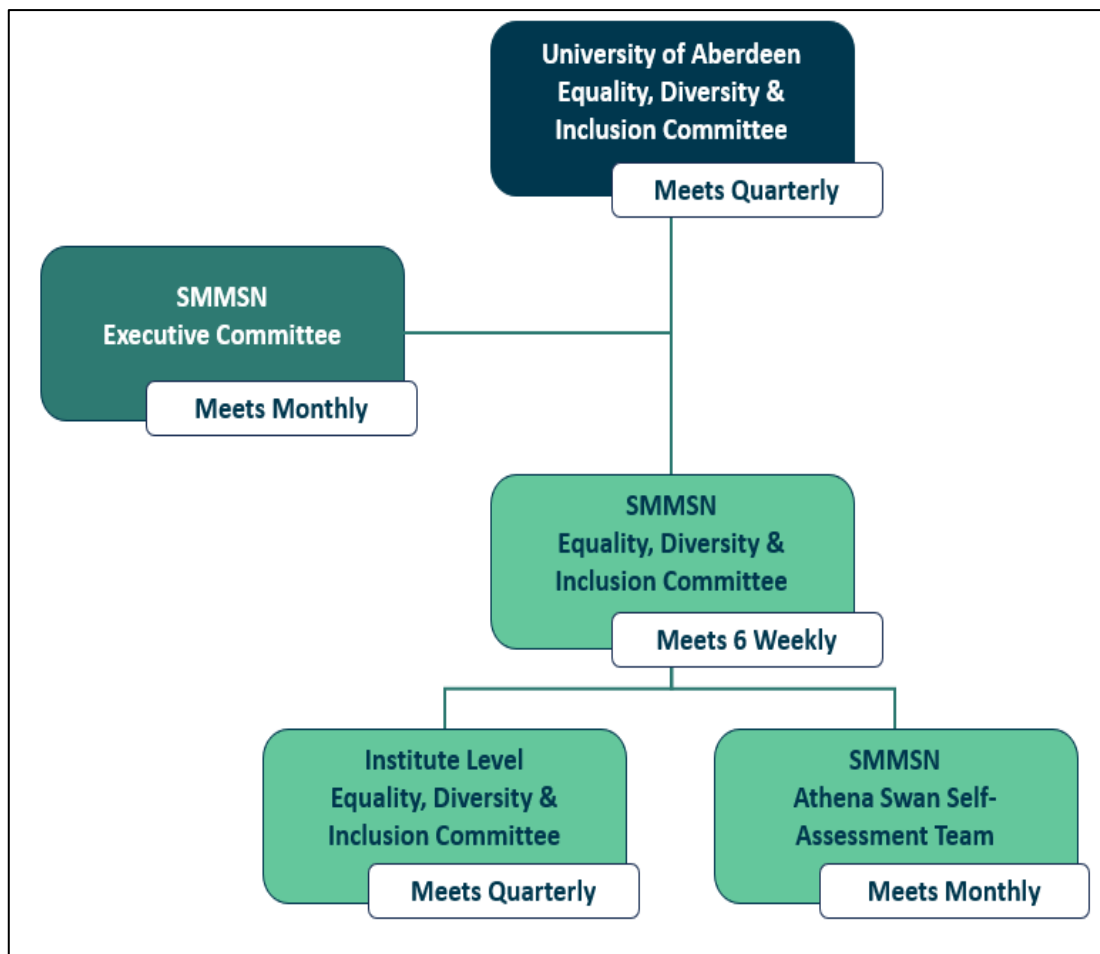


Figure 4 Reporting pathways for EDI work

Recognition of EDI work: Contribution to the EDIC and AS subgroup (Self-Assessment Team, SAT) is formally recognised within an individual’s workload. SMMSN EDI Co-Leads receive one day/week for all EDI work (including AS). EDIC members discuss workload with their line managers prior to joining. The University’s academic promotions process (revised in 2022 and launched in 2023) has an essential Citizenship pillar that recognises EDI activities. There is also an Annual Principal's Award for Excellence awarded to a member of staff or a group who has championed and advanced EDI. In

2023, the award was conferred to the University Women’s Development Network that is co-chaired by our former IAHS Director.

1.4. Development, evaluation and effectiveness of policies

University-wide policies are developed centrally and implemented within SMMSN. SMMSN also develops School/Institute-specific policies as required. University-wide policies are produced following consultation with central committees and Schools’ Executives (Figure 5). Policy owners (at central or local level) are required to conduct an Equality Impact Assessment (EIA) on all new policies or when significant revisions are required. The central EDI team reviews the EIA and the University EDIC is invited to approve it before publication. Figure 6 provides an example of the steps undertaken in the implementation of a new policy.

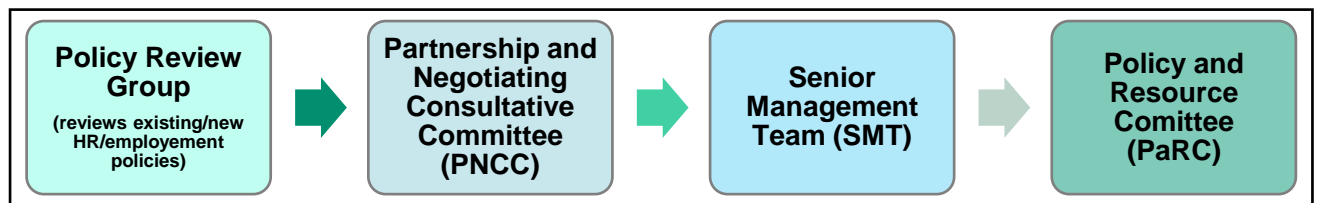


Figure 5 Groups/Committees involved in the approval of policies

All policies are published in the ‘Policy Zone’ and available through the Human Resources (HR) Handbook on UoA’s Staff webpages accessible to staff and students. HR partners ensure awareness and implementation of the policies through training sessions and one-to-one meetings in School/Directorates.

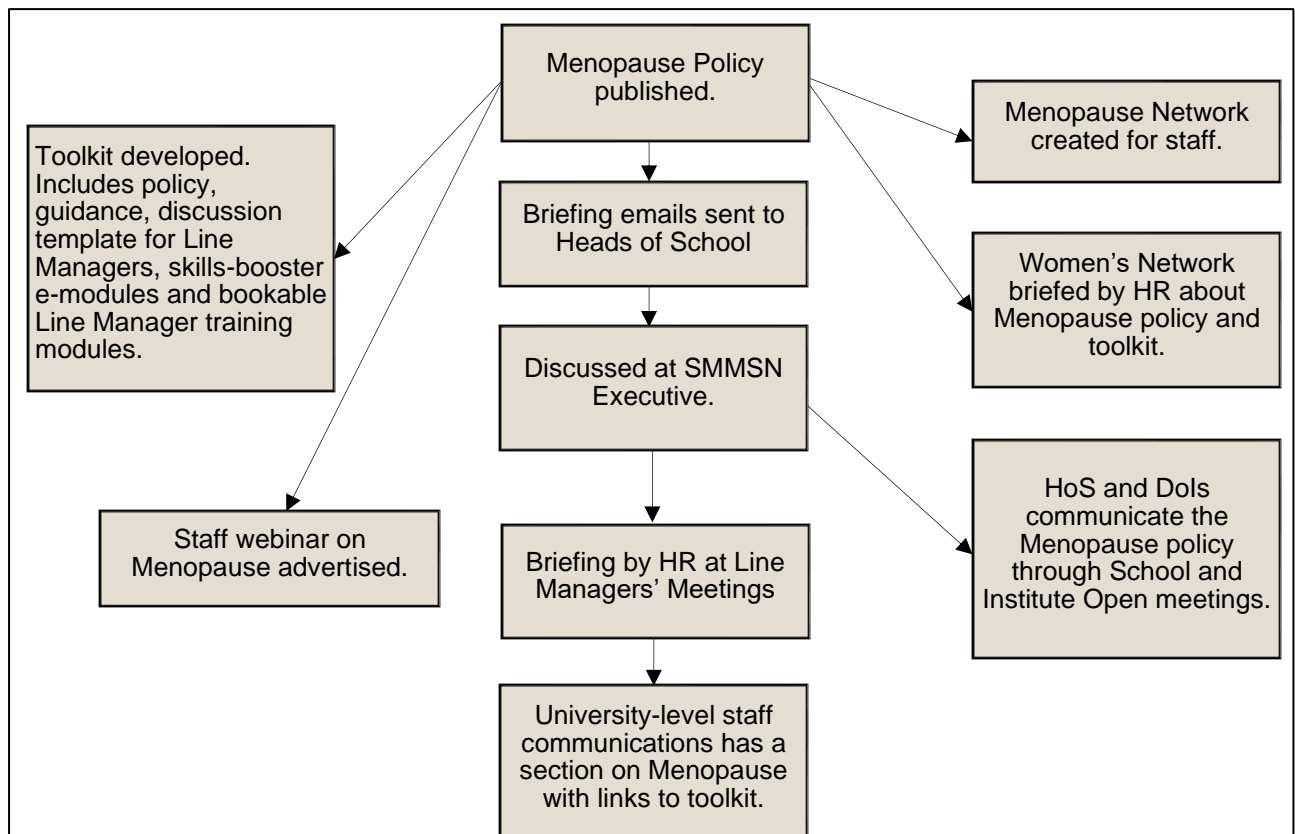


Figure 6 Example of the steps undertaken in the implementation/dissemination of a new policy.

School/Institute-level policies: Local policies are created to address identified gaps. One example is a policy for healthcare students allowing them to request a change in allocated clinical placements to accommodate circumstances like caring responsibilities. This policy was developed locally mirroring national guidelines for Foundation Doctors to request a change to placements. It was implemented in 2023 and informal feedback from students (pregnant/ those with existing childcare commitments) was positive.

Evaluation of the effectiveness of policies: Our staff survey results help us gauge the effectiveness of our policies. E.g., The University-level survey in Nov-22 demonstrated that 97% SMMSN staff are aware of the EDI policy. Survey results are used to prepare actions targeting specific for improvement.

1.5. Athena Swan self-assessment process

Institute EDICs, originally formed as self-assessment teams (SAT), continue work on institute-level priorities. Table 5 shows the history of our AS Bronze awards and renewals.

Institute	AS Bronze Award: year awarded and renewed
IAHS	2017, successful renewal 2022
IEHMS	2017 extension awarded until Nov-23
IMS	2018
IoD	Departmental Restructuring Interim Award – 2019
Rowett	2016, successful renewal 2021

Table 5 Year of Bronze award and Institutes' award status

The main reason for this School-level application is that the current SMMSN Executive group¹ emphasises a cohesive approach. Application for a School-level award allows us to pool resources, address common issues and share best practice. Institute-specific priorities will continue to be addressed by Institute EDICs, overseen by the School EDIC. During COVID, due to external pressures steady progress with action plans was not uniformly achievable across institutes. Therefore, following consultation with the Head of Athena Swan at Advance HE (AHE), we are applying as a first-time Bronze and as such will only be describing the picture of SMMSN and its five institutes for the three-year period that the analysis was currently undertaken. (2020-2022). As part of our current Action Plan (AP) we will explore and share good practice that have ensued due to PAPs, but we have not attempted to describe them in this application.

In Sep-22, we formed a self-assessment group focussing on the preparation of this application (called AS-SAT) comprising staff from various grades and career tracks and students. Some members were part of previous Institute-level AS SATs (Table 6). There

¹ SMMSN has a new HoS (since 2019), and 3 of 5 Dols. There are also several new appointments including EDI co-leads.

is a predominance of academic staff and more females than males though males are mostly at higher grades which we will address (AP1.1.1).

AP1.1.1: We will recruit to SAT to fill vacancies including staff and student representatives. This will give us an opportunity to redress imbalances in representation. As part of our recruitment to vacancies, we will also represent to other EDI-related vacancies including to the EDI committee (such as the SMMSN LGBTQIA+ champion.

Name	Position and University Professional Role	Role within SAT
REDACTED	SMMSN AS Co-Lead, Senior Lecturer	SAT Co-Chair, link with University EDIC
REDACTED	SMMSN AS Co-Lead, Clinical Professor	SAT Co-Chair
REDACTED	Professional Services	SAT member responsible for primary analysis of raw data.
REDACTED	Head of School (ex-officio), Clinical Professor	Link with University RESG
REDACTED	Registrar (ex-officio), Professional Services	Professional Services Representative
REDACTED	University Senior EDI Partner	University Representative
REDACTED	School HR Partner (ex-officio)	HR Representative
REDACTED	Student (UG)	UG Student Representative
Vacant	Student (PG)	PG Student Representative
REDACTED	Professor, IAHS	IAHS EDI Lead
REDACTED	Professor	Former IAHS AS lead DoI (IAHS) until September 2023
REDACTED	Post-Doc Research Fellow	IAHS Representative
REDACTED	Curriculum Manager and Administrative Lead for IEHMS	IEHMS EDI Lead
REDACTED	Manager for Clinical Skills Centre	IEHMS Representative
REDACTED	Professor, IMS	IMS EDI Lead
REDACTED	Teaching Fellow	IMS representative
REDACTED	Teaching Fellow	IoD EDI Lead (Interim)
REDACTED	Lecturer	IoD AS Lead
REDACTED	Professor	Rowett Institute EDI Lead
REDACTED	Senior Research Fellow	Rowett Institute AS Lead
REDACTED	EDI administrator	Administrator
TOTAL: 16W, 5M, 1 Vacancy	7 Professional, Technical and Other (PTO); 13 Academics (of whom 4 are Clinical Academics) 1 undergraduate student	

Table 6 SMMSN SAT Membership

SAT meets monthly and has undertaken the following self-assessment process in preparation for this application. It reports to SMMSN EDIC (every 6 weeks).

Data: Staff and students' data were provided by HR and Registry/Admission Office via the University Senior EDI Partner. (Tables B2.1.1 to D4.1.2)

Culture Survey: A University-wide culture survey was conducted in November 2022 and SAT received School-level results. For this application, to ask more school-specific questions, we administered an SMMSN culture survey in April 2023 (based on the

Advance HE survey template). All staff with more than nominal (0.1 Full Time Equivalent (FTE))² were surveyed. (Tables A1.1.1 to 1.2.5 and Graphs AG1.2.1 to AG1.2.3). A post-graduate student survey was administered in July 2023. (Tables A1.3.1 to 1.3.4; Graphs AG1.3.1 to AG1.3.3).

We will take action to increase the response rates (Table 7) in 2025 (AP1.2.3).

SMMSN Staff Survey April 2023		
School/ Institute	Response rate %(N)	Gender split %(N)
Overall School	47% (342)	64% (216) F: 30%(102) M: 6%(22) Prefer not to answer (PNA)
IAHS	46% (98)	76% (74)F: 18% (18)M: 1% (1) nonbinary: 5% (6) PNA
IEHMS	38% (57)	61% (35)F: 32% (18)M: 5%(3) PNA
IoD	58% (25)	60% (15)F: 36%(9)M: 4%(1) PNA
IMS	40% (87)	56% (48)F: 38%(33)M: 6%(6) PNA
Rowett	67% (68)	59% (39)F: 35%(23)M: 6%(5)PNA
No Institute/ Not specified institute	2% (7)	71% (1)F: 14%(5)M: 14% (1)PNA
UoA Staff Survey 2022 (overall 55% response rate)		
SMMSN response rates	57%	58%F: 31%M: 10%PNA
SMMSN PG Student Survey 2023 (overall 2% response rate)		
SMMSN response rate	~3%	73%F (50); 22%M (15)
Ethnicities		
	SMMSN staff survey	SMMSN PG survey
White	84% (286)	60% (42)
Asian/Asian British	3% (11)	16% (11)
Arab	1% (2)	9% (6)
Black	1% (2)	10% (7)
Mixed ethnicity	1% (2)	3% (2)
Other	1% (2)	1% (1)
PNA	7% (25)	1% (1)

Table 7 Response rates for Staff and PG student surveys

Our AS application: A core writing team composed of AS co-leads, a PTO SAT member and HoS, drafted the application with input from the Senior EDI Partner. Priorities and actions were identified by reviewing data and existing Institute PAPs. We shared data and draft versions with SAT, School EDIC and Executive Committee and incorporated suggestions. The actions in our Action Plan (AP) were approved by the School Executive Committee.

Plans for the future of SAT: Following submission, we intend to retain SAT as it provides the opportunity for interested colleagues to join and contribute. SAT will meet quarterly (AP1.1.2, 1.1.3, 1.1.5) focussing on AP implementation and the ongoing self-assessment process and will report to SMMSN EDIC. Institute EDICs will oversee the implementation

² Some of our staff are NHS employees who have a small regular teaching commitment (e.g., General Practitioners). They have Guaranteed Minimum Hour contracts with the University and are 0.1 FTE or less. They have not been included in the survey.

of the actions (e.g., disseminating identified good practice) within their Institutes. SAT representatives from each institute will feed progress back at SMMSN SAT meetings. SAT will continue to collect data and assess, monitor and update our action plans (AP1.1.4).

SMMSN EDI co-leads (who are also AS co-leads) will continue to chair SAT. They are on a 3-year contract (Dec-21 to Dec-24) and new EDI co-leads will be appointed through an internal recruitment process following this period who will also take over the chairing of SAT.

AP1.1.2: We will diarise quarterly meetings of SAT to keep a steady progress.

AP1.1.3: The Action Plan will become a live document that is constantly updated on a shared secure folder.

AP1.1.4: Institute EDICs will take responsibility of implementing various actions which are specific to their institute and feed progress to SMMSN SAT

AP1.1.5: Feedback gained from this application will also be incorporated into the AP.

Following submission we will disseminate the survey results, actions and an annual report to staff and students. These measures will help us increase our 2025 survey response rates (AP1.2.1 to AP 1.2.3).

AP1.2.1: We will feed the 2023 survey results and planned actions back to staff and students.

AP1.2.2: Through school newsletters, open meetings (for staff) and email communication (for students) we will provide an annual report on the progress made in relation to the Action Plan.

AP1.2.3: We will increase survey response rates. We will revise questions where necessary, ensuring comparability with the 2023 survey. We will review our criteria for survey respondents such that those clinical academics (CAs) on very small sessional university contracts (and who are unlikely to respond to a university-based survey) are excluded.

Section 2: An assessment of the Department's gender equality context

2.1 Culture, inclusion and belonging.

Overall, in 2022, SMMSN has 864 staff (64%F), of whom 535 are academics (55%F) and 329 are PTO (79%F) (Tables B2.1.1 to B2.1.4, B2.3.1 and B2.3.2).

Research (R), Teaching and Scholarship (T&S), and Clinical Academic (CA) track all have more females (Figure 7) whilst in the Teaching & Research (T&R) track, females are slightly underrepresented (46%). (Graph BG2.1.1).

There are also a higher %F in each institute except IoD (50%F).

65% of our 2867 students are also female (2021/2022; Table C3.1.1).

2.1.A. Belonging, inclusion and gender equality in SMMSN culture

SMMSN is fully committed to upholding the highest EDI standards in line with the Aberdeen 2040 Inclusive commitments so that our diverse staff and students feel valued and achieve their full potential. Having developed our own EDI 2023-2027 strategy (aligned with Aberdeen 2040) we set out SMMSN's vision of creating a nurturing environment with zero tolerance for bullying and harassment. We will begin its implementation through a SMART action plan (AP1.3).

AP1.3: Create new SMART actions to implement our SMMSN EDI strategy. The Athena Swan Action Plan actions, (along with actions from other charters we have committed to such as the Race Equality charter) will be added to these to create a Unified EDI Action Plan.

Working on institute-level AS Bronze award APs, we have already achieved some progress e.g., implementing an annual review checklist and promotions training sessions in some institutes has contributed to overall 38%F professors across SMMSN (2022). (Higher Education Statistics Agency, HESA figures=30%). This is particularly evident in RI, where this %F professors increased from 29% (2016) to 50% (2022).

As mentioned, (Sec1.5), in this application we have not described individual institute-level achievements or compared for progress using quantitative data prior to 2020.

We are also unable to compare our culture survey with previous surveys (2016-present; University and Institute-level) due to the dissimilarity of questions. In 2023 we adopted Advanced HE's new template, administering the survey to academic and PTO staff. Here, we report School and institute-level results (Table 8).

Survey	Level administered at	Results are described in	Table/ Graph numbers
November 2022 (UNov-22)	University-level	<u>Appendix 1.1</u>	<u>Tables 1.1.1 to 1.1.4</u>
April 2023 (SApr-23)	School-level	<u>Appendix 1.2</u>	<u>Tables 1.2.1 to 1.2.5</u> <u>Graphs 1.2.1 to 1.2.4</u>
Free-text comments (FTC) from SApr-23	School-level	<u>Section 2.1 of the application</u>	
PG survey July 2023 (PG-23)	School-level	<u>Appendix 1.3</u>	<u>Tables A1.3.1 to 1.3.4</u> <u>Graphs AG1.3.1 to 1.3.2</u>

Table 8: Surveys conducted whose results are analysed in this application

Culture: Overall, SMMSN offers a positive culture although there are workload-related pressures and different levels of agreement amongst 5 institutes and females versus males.

74% of respondents (77%F/75%M, Table A1.1.1, Q 1-3) felt a sense of belonging to our School. RI respondents had the highest %agreement (95%) and IoD the lowest (42%).

Graph AG1.2.1 shows % of respondents agreeing to further culture-related questions.

34 FTC (24F, 10M; out of 342 respondents, SApr-23) quoted workload as an issue (*'workload is overwhelming', '...considerable pressure causing stress'*). Reducing workload and stress is our priority. (Section 2.1.C and AP5.3-5.4).

We also recognise that some colleagues feel less included, supported or welcomed. Some institutes outperformed others suggesting localised good practices. (Graph AG1.2.2). We will explore and share these to improve culture overall. (AP2.1).

AP2.1. We will explore good practices in institutes where respondents have felt a greater sense of happiness, inclusion and belonging. (e.g., as part of their previous AP, RI instituted a social committee to organise events including online through lockdown). We will share and implement these across institutes so that the overall sense of inclusion and belonging improves and inter-institute disparities and gender-based disparities in levels of agreement diminish by the 2025 SMMSN culture survey.

Gender Equality: 87% of respondents (87%F/90%M), (similar values across institutes) felt that SMMSN was committed to gender equality, (Tables A1.1.2 and A1.2.2). Only 50% (56%F/46%M) of PG student respondents agreed (Table A1.3.2). The PG-23 response rate was low (~3%); we will address this. (AP1.2.4).

AP1.2.4: We will raise awareness of EDI activities and opportunities (including gender equality) by working with PGT, PGR and UG programme leads. We will explain why EDI is so important for us as a School. Disseminating positive changes resulting from AP implementation will also help to increase their understanding of why responding to

the survey is important. We will also ensure student vacancies on our committees are filled and will work with these representatives to engage students in EDI activities.

Gendered impact of COVID: Only 44% of staff respondents (43%F/50%M) felt that their Institute had taken steps to mitigate the gendered impact of COVID (Table A1.2.2). (similar values across Institutes except IoD where only 27%F/78%M agreed). Pressures cited were moving teaching and assessment online, accommodating January-start PGT students (prior to COVID-19, we had very few January-start programmes), NHS pressures for Clinical Academics and uncertainty with some research projects. (Graph AG1.2.2). 1 FTC suggests that some researchers were successful in achieving COVID-related grants, but this increased workload further.

Steps that SMMSN has implemented to mitigate the gendered impact of COVID include:

- Discussion and acknowledgement at Annual Review (AR). Line managers (LM) set SMART objectives.
- Staff promotion applications incorporate a section on the impact of COVID on academic outputs.
- Clarity around the impact of COVID on the research environment for the Research Excellence Framework exercise 2028.

Our new actions related to support for career progression will improve staff perception on gendered impact of COVID. (APs7.3 to 7.6, Sec2.1E).

Bullying and Harassment: (Table A1.1.4). 2% (2%F/2%M) felt bullied/harassed at work (IAHS=2%, IoD=5%, IEHMS=0%, IMS=2%, RI=0%).

9%(8%F/8%M) felt they had been discriminated against within the previous 12 months (IAHS=7%, IoD=36%, IEHMS=10%, IMS=7%, RI=4%).

One FTC described toxicity and another of witnessing bullying behaviour.

We will send a clear statement highlighting a Zero Tolerance Promise (ZTP) to bullying and harassment; signals senior management's commitment to upholding this and raises awareness of how to report and seek support. IMS and RI have already implemented the ZTP campaign, and we will expand it school-wide (AP3.1).

AP3.1: Broadening out the good practice in place in 2 institutes (IMS and RI), we will create an SMMSN ZTP campaign through electronic and physical posters, School Digest and Open Meetings that re-iterate the commitment to stamp out bullying, harassment, and discrimination. We will highlight links to relevant university policies, how to report and where to seek support.

36% (33%F, 43%M) reporting discrimination within IoD is a concern. An external audit of IoD's processes, commissioned after similar results in the 2020 culture survey recently

concluded. Recommendations are being implemented (jointly by NHS and UoA) with oversight from senior School colleagues. (AP3.2)

AP3.2: Implementation of the IoD external review recommendations will be prioritised so that we reduce % respondents in IoD who report that they feel discriminated against to <10% by the 2025 survey.

Staff and students can report incidents locally to SMMSN EDI co-leads or to SMMSN Race Equality Champions (3F,1M, appointed 2020) if incidents are race related.

Since 2018, a new University confidential online reporting tool (Figure 7) for staff and students allows confidential (and, if desired, anonymous) reporting. Initially introduced to capture Gender-Based Violence incidents, since 2021, it captures any harassment, bullying, or discrimination reported.

University-level analytics for these reports will be fed back to staff quarterly (from Jan-24). We will continue to raise awareness of this reporting tool to staff and students. (AP3.3).



Figure 7 The UoA online reporting tool including the anonymous reporting option.

AP3.3. We will raise awareness of the UoA Online reporting tool and other School reporting processes amongst SMMSN staff and students. When anonymised analytics become available, we will disseminate it amongst staff and students and will ascertain in the next survey if awareness of this tool increases (goal of at least 75%).

Healthcare students (MBChB, Dentistry, Physicians' Associate (PA)) who are additionally taught by NHS employees in clinical environments have a bespoke "Raise A Concern" reporting system to flag adverse experiences in clinical learning environments (including an anonymous reporting option).

Between 2021-2023, 20 concerns were raised (10F/2M/8 anonymous). Bullying, harassment or discrimination allegedly occurred on university premises, clinical placements or social media; perpetrated by fellow students, clinicians, supervisors, or lecturers. All were appropriately handled confidentially by programme leads and student support teams. The British Medical Association's (BMA) Race Equality Charter 2022 review commended our "Raise a Concern" mechanism.

Gender-based Violence (GBV): UoA is pledged to the EmilyTest charter (a Scottish Government-funded charity) which tackles GBV against students. Training is being rolled out. Of ~142 UoA staff who have received training 45 are from SMMSN but we will increase this number ([AP3.4](#)).

[AP3.4](#). We will ensure that by 2027 >90% of frontline staff (course/ programme coordinators, tutors, course administration teams, supervisors) receive training to recognise and respond to GBV victims. To achieve this, we will advertise all available opportunities, collate an internal list of staff who have availed of training, and where needed create bespoke training opportunities. This latter action will be part of a calendar of EDI training events within the school including other training opportunities (e.g., LGBTQIA+ awareness training – [Sec 2.1.B](#)).

2.1.B. Inclusion of trans and non-binary people within SMMSN's culture and practices:

Data collection: Until Jul-23 HR systems only captured sex (male/female). From Jul-23, University-wide, staff can update gender and preferred pronouns to their personal details. An option of "other" is available for students since 2019. ~0.1% (4/2876) SMMSN students identify as "other".

In our surveys, 1/342 staff and 3/70 PG students identified as non-binary. There were no survey questions regarding trans status which we will change for our 2025 surveys. ([AP1.2.3](#)).

Gender-neutral toilets: We created gender-neutral toilets in one of our FHC buildings (2019). Barriers exist to implementing this in some buildings (e.g., combined toilets and changing rooms). Currently, staff and students can use disabled toilets which are gender-neutral.

Free period products: As per the Period Products (Free Provision) (Scotland) Act 2021, some toilets in all FHC buildings have free period products available. These are signposted on University web pages. As endorsed by University EDIC (Oct-23), we are working to expand this provision to all toilets (including male-only) in all buildings.

UoA LGBTQIA+ network: Our SMMSN LGBTQIA+ champion worked closely with the community and the University LGBTQIA+ network but the role was vacated recently. Once reappointed, the SMMSN LGBTQIA+ champion will facilitate re-engagement. ([AP4.1](#)).

AP4.1. Reappoint SMMSN LGBTQIA+ champion through internal advertisement and appointment (as part of AP1.1.1). Re-engage with the UoA LGBTQIA+ network, ensuring SMMSN can coordinate its participation in events such as LGBTQIA+ Month.

LGBTQIA+ awareness guidance and training: We do not currently have guidance for staff about the use of inclusive language in teaching, learning and communication; important not only to foster inclusion amongst LGBTQIA+ staff and students but also for our healthcare students who work with patients in the community. (AP4.2).

AP4.2. We will create guidance on the use of inclusive language and pronouns. This is important not only to ensure all our trans/non-binary identifying staff feel a sense of inclusion but also for our healthcare students as they work and communicate with patients.

The UoA LGBTQIA+ network has, since Dec-22 delivered in-house training 3-4 times/year for small numbers (~30 staff) across UoA. We will provide more training opportunities for SMMSN staff as part of our calendar of EDI training events (AP3.4).

GLADD, a UK-wide Association of LGBTQ+ Doctors and Dentists created the GLADD charter for medical schools against so-called “conversion therapy”. The charter bans therapies that claim to change/influence an individual’s gender identity and sexual orientation. Endorsed by UoA’s EDIC, our medical school became a signatory in 2022 and implementation will be added to our Unified EDI AP (AP4.3).

AP4.3. We will ensure compliance with the GLADD charter.

2.1.C. Supporting people with caring responsibilities:

Staff avail of maternity, paternity, co-maternity, shared parental, or adoption leave policies alongside paid and unpaid leave policies. 49% of staff (50%F/53%M) and 17% (12%F/36%M) of student respondents reported having caring responsibilities (children/ parents/ dependants) (Graphs AG1.2.5 and AG1.3.3). We asked all staff respondents (including those who did not have any of the specified characteristics) about feeling supported. 50% (54%F/45%M) agreed, 37% (33%F/46%M) said this was not applicable as they did not have any of the mentioned personal characteristics and 8% (8%F/8%M) disagreed. There were no relevant FTCs. We will rephrase this survey question (AP1.2.3) to ensure we better capture the agreement/ disagreement only of those who identify with each characteristic.

We are aware that junior staff and PGR students, (F/M), may need extra support to attend conferences to present their work (e.g. to cover extra childcare costs). From 2016 as part of AS initiatives, SMMSN was 1 of 4 UoA Schools that provided this support. We allocated

£2000/year and all who applied (all females) were awarded to a maximum of £250/award. The scheme paused during COVID due to a lack of in-person conferences, we will reinstate it. (AP5.1).

AP5.1: Working with the SMMSN Research Committee, we will reinstate Carer Support, which all early career researchers can apply for support for extra costs incurred to attend conferences to present work. We will aim for a budget allocation for ~£2000, thus funding around 8 applications per year. We will set equitable criteria for applying and monitor uptake. We will also ascertain awareness and satisfaction through our Apr-25 survey.

Any student requiring support for caring responsibilities can:

- Seek advice/ support through programme leads/ project supervisors/ student support team/ assigned academic providing pastoral support.
- Take a period of approved leave.
- Suspend studies for the given academic year with re-entry the following year.
- PG students can choose to study part-time.

Visa restrictions preclude these options for international students (many PGT and some UG and PGR).

Through our next PG student survey, we will ascertain if support is perceived as adequate (AP1.2.3) and modify actions accordingly.

Work-life balance and support: UoA’s flexible working policies (Table 9) support staff to achieve a better work-life balance and continue at work when circumstances such as caring responsibilities or disability might otherwise prevent them from doing so. SMMSN implements these policies through discussions between staff, LMs and HR partners.

The 9-Day Fortnight Scheme	<ul style="list-style-type: none"> • Any PTO staff who work a 5-day week.
Part-time working	<ul style="list-style-type: none"> • Less than full-time hours.
Part-year working	<ul style="list-style-type: none"> • Work for part of the year, pro-rata salary paid for whole year.
Job sharing	<ul style="list-style-type: none"> • 2 or more people share a full-time post’s responsibilities.
Flexible working hours	<ul style="list-style-type: none"> • Staff choose, within limits, the start and finish times of work.
Career breaks	<ul style="list-style-type: none"> • Extended period of unpaid leave.
Hybrid working	<ul style="list-style-type: none"> • Work from home on an occasional, regular or permanent basis.

Table 9 UoA’s Flexible working policies.

Part-time (PT) working and study: 52%F and 32%M SMMSN staff work PT, more PT females are in the lower grades. Note that our CA (19% of all staff, 53%F/47% M) are always PT as they work some sessions clinically within the NHS.

SApr-23 FTCs (total 15 comments; 9F/4M/2 Prefer Not to Answer (PNA)) suggest that PT staff perceived their reduced FTE impeded career progression through the inability to uptake development opportunities. Only 2-3 PT SMMSN academics applied for promotion each year.

Raising awareness that promotions processes take these circumstances into account and improved support through AR will be key to changing perceptions (AP7.3, 7.4, Sec2.1E).

Nationally there are thus far no PT study options for regulated healthcare courses. Our BSc programmes are also full-time, but we are unaware of any demand for PT study options, therefore will not be prioritising this.

Table C3.1.3 shows PT PG student numbers and percentages (2021/22). A higher percentage of PGT females study PT (47%F, 5%M). Amongst PGR 13%F and 23% M study PT. Many of our PG students, especially PGT are international students who cannot study PT (visa restrictions) which is reflected in our PT numbers. Nationally, external factors have led to a recent shift in international student recruitment therefore we will monitor any trends in PT student recruitment.

Hybrid working: (Most) academic staff have always been able to work from home when appropriate by informal arrangements with their LM. 62% (65%F, 60%M) SApr-23 respondents said they used hybrid working. (Table A1.2.4). Positives of hybrid working quoted were improved work-life balance and saving commute time. Negative aspects included loss of social contact, inability to contact other colleagues who were working flexibly.

PTO staff have, in the past, been unable to adopt hybrid working. We endeavour to change this through the implementation of an updated hybrid working policy passed by the University oversight committees (2023). (AP5.2).

AP5.2. The updated university hybrid working policy will be implemented this year. This will support PTOs and others in roles that traditionally precluded hybrid working to be able to work in a hybrid manner on an occasional, regular, or where possible permanent basis. Within SMMSN we will monitor the uptake of hybrid working by PTO and evaluate in the 2025 culture survey.

Our SApr-23 (administered to academics and PTO) showed 5% more females availing of hybrid working (62% (65%F/ 60%M) agreed that they use hybrid working). 97% (98%F/ 98%M) of those using hybrid working were satisfied (no gender/ inter-Institute differences).

Workload: 48% of UNov-22 respondents (46%F/50%M, [Table A1.1.3](#)) felt that following COVID, their current workload was excessive, and they were struggling to cope. This is comparable to the University-wide agreement (46%, UNov-22). 65% (62%F/71%M) agreed they frequently work more than contracted hours to keep up; citing teaching-related administration, pastoral care, and PG teaching as the top three aspects of increased workload ([Graph AG1.2.2](#)). Consequently work-life balance, time available for research/scholarship and personal/professional development were cited as areas affected ([Graph AG1.2.3](#)).

The University has therefore undertaken an Academic Workload Engagement Exercise to identify key areas of pressure. Staff fed back on their experience to senior university members through focus groups. UoA's senior management are discussing this report ahead of its broader consideration by the Workload Review Group (WRG) chaired by our Senior Vice Principal. The WRG and Workload Planning Implementation Group, will create a new university workload allocation model. This will set out expectations for staff at all levels and career tracks. SMMSN will fully implement the WRG's recommendations including the new workload model ([AP5.3](#)). In the meantime, we will adopt measures to address immediate concerns including:

- implementing UoA's workload reduction toolkit ([AP5.4](#)).
- better utilising AR ([AP7.4](#), [Section 2.1.E](#))
- Implementing UoA's new research leave policy will aid research-intensive staff in tackling some workload issues. We await the University's launch of this policy following an Equality Impact Assessment, which the SMMSN Research Committee will implement fully.

[AP5.3](#). We will work with Dols and LMs to implement recommendations of the WRG when these are published including the new workload model. We will aim for the next institutional survey (2025) having a 5% reduction in respondents stating excessive workload.

[AP5.4](#): We will better advertise UoA's workload reduction toolkit, to improve staff wellbeing. We will work with programme teams to streamline processes related to teaching assessment and administration, such as delegating administrative tasks to PTO colleagues.

2.1.D. Addressing intersectional inequalities:

19.4% of academics and 9% of PTO belong to racialised groups. ([Tables D4.1.1, D4.1.2](#)). 7% of SApr-23 and 39% of PG-23 respondents' (Table 7, [Section 1.5](#)) belong to racialised minorities. Graphs [AG1.2.5](#) and [AG1.3.2](#) demonstrate the prevalence of some intersectional characteristics amongst our survey respondents. For the current application, we have not analysed our survey FTC or mandatory data sets through an intersectional lens. This will be a priority. ([AP6.1](#)).

AP6.1: We commit to analysing staff and student data using an intersectional approach and create new actions based on this analysis. We aim for these actions to be endorsed by the SMMSN Executive Committee (2025) and implementation in process by 2027.

Race: As a signatory of AHE's Race Equality Charter, a University Race Equality Steering Group, co-chaired by our HoS, was created (2020) and will submit the University-level Race Equality Charter application in 2024. We will capitalise on the analysis of intersectional data at a University-level to achieve AP6.1.

The National Institute for Health and care Research (NIHR, a major funding body) recently created a framework to encourage intersectional equality in public and patient involvement. One of our Institute EDI leads was involved in developing this framework that we will engage with. (AP6.2).

AP6.2. SMMSN will engage with the NIHR equality framework, first undertaking a gap analysis.

Widening Access: Our award-winning foundation programme supports students from underprivileged backgrounds towards applying for Medicine. (Table C3.1.4). There is a higher %F on the programme but we cannot draw conclusions due to the small numbers. Articulation rates are high with no gendered trends.

We host “*So You Want To Be A Doctor*” workshops for 14-16-year-old pupils from disadvantaged backgrounds to help them apply for Medicine and adding to the diversity of our students. Workshop registrants are ~60%F (similar to %F MBChB applicants). We aim for a gender balance in staff/ student ambassadors presenting these workshops. (e.g., in Nov-23 these workshops had 4F/3M student ambassadors).

Other ongoing EDI initiatives within SMMSN:

Race: We will continue our work on implementing UoA's Decolonise-the-curriculum toolkit (published Sep-23), antiracism action plan and BMA Race Equality Charter.

Disability, access and Neurodiversity: SMMSN is engaging with UoA's plans (“Reimagining Our Campus”) to reshape our estate including FHC which will help us to make all our spaces accessible for our disabled staff and students. SMMSN will implement the University-wide Neurodiversity Equality policy (published Sep-22) to improve support staff and students.

We will progress these diversity initiatives, (AP6.3).

AP6.3: Create SMART actions to be added to the Unified EDI Action Plan (AP1.1.3) so that we achieve progress in diversity initiatives including UoA’s Antiracism strategy, Decolonisation of the Curriculum, the BMA Race equality charter (healthcare), disability access, the NIHR intersectional equality and neurodiversity equality policy. We will ascertain staff and student opinion on achievements and awareness in our 2025 survey (AP1.2.3).

2.1.E. Mandatory Data Tables

Staff Recruitment: There is a higher %F application to Grades 5/6 posts, reversing at Grade 7/8 and Grade 9. For Grades 7-9 females are more likely to get shortlisted and made offers. (Tables B2.5.1, B2.6.1 and B2.6.2).

In 2023, UoA revised its Recruitment and Selection Policy placing EDI at its core and developed a comprehensive toolkit for recruiting managers. SMMSN fully complies with and implements this policy with positive actions including balancing gender and ethnicity of the panel composition, and mandatory EDI online training modules (including understanding of unconscious bias) by staff on recruitment and selection panels. We will continue good practice in recruitment procedures including screening job adverts to mitigate gender bias.

Employment Contracts: Recognising that security through employment contracts influences staff’s sense of belonging, open-ended (OE) contracts (no end-date) are standard for “core” (UoA) funded staff. (Tables B2.2.1, B2.4.1). Table 10 shows other contract types.

Other contract types	Where used
Open ended funding limited (OEFL)	<ul style="list-style-type: none"> Limited funded projects e.g., research grants; enter redeployment towards the end of their project.
Fixed Term (FIT)	<ul style="list-style-type: none"> Usually <9 months, e.g., maternity/ paternity cover. Clinical staff taking limited 1-2 years out of practice for research/education roles.
Guaranteed Minimum Hours (GMH)	<ul style="list-style-type: none"> e.g., demonstrators and NHS clinicians paid by UoA for teaching such as weekly GP tutorials.

Table 10 Other staff contract types in SMMSN.

Research-track staff are more likely to be on OEFL; T&S and T&R staff on OE contracts and GMH is more prevalent amongst CA. We surmise that these patterns reflect Higher Education and research funding in UK and the nature of clinical contracts.

Females are more likely to be on OEFL contracts than males in all career tracks. In SApr-23, 69% of respondents (67%F, 78%M) were on OE and 19% (21%F, 17%M) on OEFL.

We do not know the reason for this. We also did not explore how many OEFL staff leave at the end of their contract (and any gendered trends). We will action this by an in-depth analysis of data and survey questions exploring perceptions around OEFL. (Already begun as part of the IAHS PAP which we will expand across SMMSN).

AP7.1: Analyse data to understand how many staff leave at the end of an OEFL contract and whether there are any gendered trends. We will also ask in-depth questions in the 2025 survey to understand the perceptions behind and attitudes towards OEFL.

One FTC (female academic) highlighted that some staff are on recurring OEFL (“>20 years”). Though numbers are small, SMMSN has a higher number of such colleagues than other UoA schools and is therefore leading work with HR partners to review OEFL staff with long service to enhance their security of employment and staff retention (**AP7.2**).

AP7.2: The SMMSN Executive and our HR partners will work to ensure that staff with long service but on recurrent OEFL contracts have their contracts renewed to ensure employment security.

Career progression:

At Grade 9 (Professor) in 2022, 38% are female (Research=57%, T&R=38%, CA=38%) (HESA 2021/22=30%). In T&S only 14% of Grade 9 staff are female (overall 60% T&S are females). (**Tables B2.1.1- B2.1.4**).

Institute-wide %F Professors in each institute (2022) are RI=50%, IAHS=39%, IMS=38%, IEHMS=36% and IoD=0%.

Many factors contribute to %F Professors including academic promotion, recruitment, and staff leaving or retiring.

We are aware that fewer females than males apply for Grade 9 roles though they are more likely to be shortlisted and made offers if they do. There is also a higher prevalence of PT contracts amongst F staff (52%F versus 32%M) which could impact numbers.

In 2020 and 2021, our data shows that more males applied for academic promotions to all grades but most marked in those seeking promotion to Grade 9 (2020, 3 applicants, no females; 2021, 5 applicants, 2F; success rate 50%F/100%M). In 2022 this pattern changed, 9 of 10 applicants to Grade 9 were female (success rate 100%F/100%M). This may reflect the impact of institute-level support measures for female career progression introduced as part of the Institute Bronze awards.

Academic Promotions for Grades 7-9 were recently revised (first round 2023) with clearer criteria, especially for T&S and CA tracks.

We will continue to monitor gendered trends in promotions applications and successes but in the meantime support staff, especially encouraging female and PT staff through AP7.3-7.6 and evaluate our measures through the 2025 survey (AP1.2.3).

AP7.3: Learning from practices across all 5 institutes, we will create new school level workshops to support academics applying for promotion.

AP7.4: LMs will better utilise AR to encourage staff to apply for promotion. Some good practices in existence here include IAHS & RI use a checklist (developed through prior AS actions); In IAHS the executive team alerts LMs about their staff at the top of their salary scale to actively ask about promotions at AR, specifically women and PT staff.

AP7.5: We will regularly disseminate information about the UoA mentorship scheme aiming to decrease the number of survey respondents who said they would like a mentor from 21% to 15% by 2025.

AP7.6: We will inspire and motivate academics through gender-balanced success stories and role models on staff web pages, aiming to also showcase those who work PT but have successfully progressed in their careers.

We will also continue specific support such as the AHE's Aurora programme (Table 11).

Institute	Numbers over the reporting period
IAHS	8 (7 academics, 1 PTO)
IEHMS	6 (6 academics)
IoD	5 (4 academics, 1 PTO)
IMS	9 (8 academics, 1 PTO)
RI	4 (2 academics, 2 PTO)

Table 101 Number of women from SMMSN who have attended the Aurora programme (aimed at developing women's careers) over the reporting period.

PTO regrading: Currently, PTO staff can either apply for a new job vacancy at a higher grade or apply for their post to be regraded to a higher level. Acknowledging that this

does not offer a fair career progression route for PTOs, there are University-level discussions about reviewing PTO career progression. SMMSN actively participates and contributes to this. In 2022 15 of 16 PTO staff who applied for regrading were successful.

Students: 65% of our 2867 students (2021/2022; [Table C3.1.1](#)) are female, with a higher %F registered on all programmes of study but equal to or lower than HESA data for comparable programmes (except PGR, SMMSN=63%, HESA=60%). There are no gendered trends in upper-level degree attainment except in BSc. Here 64% of all registered female students achieve a 1st class Honours vs 30% of all registered male students). We will address this through improving support. ([AP7.6](#)).

[AP7.6](#): We will improve academic and pastoral support to improve upper-level degree attainment and decrease the gender-difference.

Section 2.2 Key Priorities for future action

Based on evidence from our data (survey and mandatory data sets) presented in [2.1](#), we identify 7 priorities which we reflect on below.

Priority 1: EDIC and SAT

We will recruit to SAT and SMMSN EDIC as vacancies arise ensuring an appropriate balance of job families and seniority. An operational workflow will be established to ensure delegation and steady progress of actions. We will disseminate survey findings. Evidence-based actions identified to implement the SMMSN EDI strategy and other charters (e.g., BMA charter) and policies (e.g., UoA's Neurodiversity Equality policy) will be added to this AP ensuring a Unified EDI AP as a regularly updated live document. Progress will be disseminated to stakeholders. For our 2025 surveys, we will incorporate new questions and aim for a response rate minimum of 60% for staff and 10% for PG students (in line with the sector average).

Priority 2: Improving Culture by sharing good practice

A major incentive for applying for a School-level award was to facilitate sharing good practice between Institutes. Our SApr-23 revealed considerable inter-institute differences in levels of agreement to various culture-related questions. We know that there are good practices in some institutes instigated through implementation of their institute-level AS action plan. E.g., RI has a social committee that organises events which has improved perceptions of culture in RI. By gaining an understanding and subsequently implementing this good practice at School level, we will improve the culture of SMMSN as a whole whilst reducing inter-institute and gender-based differences in survey questions on culture to <10% by 2025.

Priority 3: Bullying, Harassment and Discrimination

We understand that such behaviours are frequently underreported perhaps due to staff/students lacking awareness of or trust in processes. The University reporting tool with its anonymous reporting option addresses the latter. Analytics will also allow us to understand the scope and range of the problem. To address findings related to bullying, harassment and discrimination from our culture survey, we will embark on a ZTP campaign so that our commitment is boldly visible to all staff and students. This campaign (already started in IMS and RI) will highlight where staff and students can find resources, relevant policies and support.

There are inter-institute variations in survey responses. Particularly, within IoD, an external review of its culture has concluded and implementing recommendations will be prioritised.

Lastly, we will continue to work with EmilyTest to increase numbers of frontline staff in SMMSN trained to identify and respond to reports of GBV (to >75% by 2025 survey). Until such time however we will collate an internal list of those who are trained so that all staff know whom to approach to make timely support available when a student discloses GBV.

Priority 4: Supporting trans and non-binary people

The SMMSN EDI strategy establishes our vision to create an inclusive culture therefore actions to support trans and nonbinary people are a priority notwithstanding the very small self-reported numbers. Actions include reappointing an SMMSN LGBTQIA+ champion, participating in University-wide events, and ensuring we have appropriately signposted gender-neutral toilets. We will increase training, aiming for at least 75% of staff having received trans awareness training by 2027. Signing the GLADD charter (healthcare programmes) indicates our commitment to improving LGBTQIA+ health and education.

Priority 5: Supporting work-life balance

Following COVID-19, staff perceive that workload has increased significantly. Implementing recommendations of the WRG once published will be a priority. Meanwhile encouraging use of the workload reduction toolkit might improve practices and help alleviate workload-related stress and improve wellbeing. Re-instating the carer support fund that was in existence prior to COVID-19 will aid junior researchers in accessing funds to cover extra costs (e.g., childcare) incurred when attending conferences; thereby enhancing equity. For students, factors such as visa regulations or programme regulations for regulated healthcare programmes are beyond our control. However, we will work with our student representatives to ascertain how best to support students with caring responsibilities.

Priority 6: Intersectionality

With sustained progress being made through previous work on Institute AS action plans, we now commit to understanding how intersectional inequalities reinforce each other and implement evidence-based measures to enhance equity. Race equality is currently an institutional priority, and we will start analysing intersectional data from 2024. We will also capitalise on institutional initiatives to advance equality in these intersections.

Priority 7: Staff and students

We need to understand why there are more females on OEFL contracts. This will be done in conjunction with IAHS that has, through its 2022 AP, begun work on this. We also need to address the issue of small numbers of staff on successive recurrent OEFL. Wider literature shows that this can lead to job insecurity, affect wellbeing, career progression

prospects, access to training or even their ability to secure a mortgage. Therefore, addressing this is a priority for our school. We will also keep up the progress made since 2018 in advancing women's careers and good practices from previous institute AS initiatives to create and deliver school-level promotions workshops will be run, implement an AR checklist and encourage PT staff (especially females) to work towards career progression. We are aware that PTO regrading has inherent disadvantages that preclude PTO staff from progressing in their careers like academics. However, changes implemented need to be at University-level and SMMSN will fully participate in the review and implementation when it happens. Lastly, we will augment academic and pastoral support measures as we focus on increasing attainment of higher-degree classification amongst males in our BSc programme.

Section 3: Future Action Plan

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe Start	End	Person responsible	Success criteria and outcome
1. Priority/Theme: EDIC and SAT							
1.1	Rebalancing and recruiting new members to SAT. Re-evaluating the responsibilities of SMMSN SAT and Institute EDICs with respect to the AS Action Plan.	<p>Vacancies have arisen with staff moving on/ changing roles. Student representatives on SAT have also graduated from their programme of study. This gives us an opportunity to address the imbalance on SAT.</p> <p>While many actions in this action plan are applicable across our school, some align with specific institutes and their identified PAP priorities.</p>	1.1.1. Following AS submission, we will advertise and recruit amongst our staff and student population to fill vacancies in SAT and within SMMSN EDIC (e.g. the SMMSN LGBTQIA+ champion). There will likely be a need for ongoing recruitment as staff and students move on. Recruitment will be through internal advertisement and appointment. We will ensure that there is representation across genders career tracks/pathways and levels of seniority. UG, PGT and PGR student reps will also be sought. New members will receive a brief induction	Jan-24	Mar-24 Then as vacancies arise.	AS co-leads and SMMSN EDI administrator.	A full SAT with appropriate representation of all genders, career tracks, levels of seniority, and students (UG, PGT and PGR). 5 SAT subgroups will be formed to oversee the actions in this AP and other relevant groups/ individuals including EDI co-leads.

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
			to be able to fulfil their duties.				
			1.1.2. SAT will meet quarterly to ensure that we maintain progress with the Action Plan (AP).	Feb-24	Aug-27	SMMSN EDI administrator and EDI co-leads.	Quarterly SAT meetings will be diarised. AS co-leads will receive reports and discuss the progress of actions at these meetings.
			1.1.3. Create a live document from the AP, so that all actions can be tracked. Those that need to be reviewed periodically will be easily visible and all changes also highlighted. (See also AP1.3.3 below).	Jan-24	Mar-24	SMMSN EDI administrator and EDI co-leads.	Template for 'schedule of annual activities' established and stored on a shared drive. The AP will be constantly updated and modified. Activities on the AP are completed within the timeline.
			1.1.4. Institute-level EDICs will take responsibility for institute-specific actions.	Mar-24	Aug-27	Institute EDI Theme leads and Institute EDICs.	Progress with institute-specific actions which will be reported back to SMMSN SAT.
			1.1.5. Feedback from the results of the submission will be incorporated.	Mar-24	Jun-24	EDI co-leads	Action Plan will be modified based on feedback provided by AHE on our

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe Start	End	Person responsible	Success criteria and outcome
							SMMSN Bronze application.
1.2	Improving response rates of our staff and student surveys.	Our Apr-23 SMMSN staff survey had a response rate of 47% (64%F, 30%M, 6%PNA) and across institutes ranged between 67% (RI) to 38% (IEHMS). Our PG survey had a response rate of ~3%.	1.2.1. We will feed back to staff and students in a “You said, we did” format what the results of our survey were and subsequent proposed planned actions.	Jan-24	Feb-24	EDI co-leads	Reports from the staff survey will be disseminated through weekly Digests, school open meetings and SMMSN EDI webpages. Report from the PG student survey will be fed back to students via student communication channels (currently email).
			1.2.2. Through the School Digest we will update staff on a yearly basis about changes implemented because of the AS action plan. This will ensure that staff and students are aware of the changes that have resulted from implementing the AP based on survey (and other) results. This will	Sep-24	Sep-27	EDI co-leads	There will be transparency regarding the progress of the AS Action Plan and all staff and students in SMMSN will have the opportunity to understand what is being achieved.

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe Start End		Person responsible	Success criteria and outcome
			reinforce the value of participating in the next culture survey.				
			1.2.3. We will time the 2025 staff and student surveys to avoid periods of holidays, and assessment periods (for PG students) and overlap with university-wide surveys (for staff). We will review and where necessary revise the survey questions to gain an understanding of progress made due to our actions. (including awareness of UoA's online reporting tool, promotions-support, annual reviews, adequacy of support for those with caring responsibilities, satisfaction, uptake of the revised hybrid working policy, perceptions about workload, effectiveness and use of the workload	Nov-24	Apr-25	EDI co-leads Institute EDI leads and all SAT subgroup members.	Delivery of the staff and student SMMSN surveys in 2025 with questions that will help us compare progress from the SMMSN 2023 culture survey. We will aim for a response rate of not less than 75% for staff and 30% for students.

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe Start End		Person responsible	Success criteria and outcome
			<p>reduction toolkit, intersectional inequalities and awareness of EDI resources on webpages) We also recognise the complexity of CA contracts where the NHS is the prime employer. Such colleagues may not respond to a university-based (rather than NHS-based) survey. We will ensure we only include staff with more than nominal contracts.</p>				
			<p>1.2.4. We will work with PGT, PGR and UG programme leads, to raise awareness about why EDI is important and the activities and opportunities related to EDI amongst students. Once we have student representatives in place in our committees, we will work with them to engage students in EDI activities.</p>	May-24	Sep-24 then at the start of every academic term.	EDI co-leads and programme leads for UG, PGT and PGR programmes.	EDI webpages will be reviewed and up-to-date material will be added, EDI-related activities and information will be added to student virtual learning environments. At least 60% of PG survey respondents are aware of EDI activities within SMMSN (Baseline 50%).

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
1.3	Creating a Unified SMMSN EDI AP.	The SMMSN EDI strategy expresses our vision, objectives, and commitment towards all aspects of EDI and requires implementation through evidence-based actions. There is an overlap with the new SMMSN AS AP. There are also other charters/ commitments that will need to be implemented (e.g. BMA Race charter, GLADD charter, UoA Antiracism strategy, Decolonising our Curriculum, the NIHR framework and the Neurodiversity Equality policy). Ensuring we coordinate efforts will allow us to best utilise existing resources to move forward with our inclusive agenda in our school and all	1.3.1. Once the AS submission is complete, School EDI co-leads and Institute EDI leads will meet to review our SMMSN EDI strategy.	Jan-24	Feb-24 and ongoing review every 6 months.	SMMSN EDI administrator.	The group is put together and meetings are diarised.
			1.3.2. Evidence-based priorities will be identified that will align with institutional priorities and local issues that have been identified. Analysing data will lead to actions.	Feb-24	Mar-24	SMMSN and Institute EDI leads.	Priorities and actions for the next four years will be identified. Current institutional priorities include gender equality and race equality (including decolonising our curriculum). In addition, local priorities that have emerged include improving Disability Access.
			1.3.3. New actions created will be added to the current AS action plan (which is predominantly focused on gender equality and intersectionality with gender) to create a Unified EDI Action Plan	Jan 24	Mar 24	SMMSN EDI co-leads, Institute EDI leads and other co-opted members.	Specific actions at the school level and institute level will be created with input from School executive committee members, and progress will be
	May 24	May 27					

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe Start	End	Person responsible	Success criteria and outcome
		constituent institutes thus improving culture, belonging and inclusion within SMMSN.	which will also follow steps AP1.1.2 to 1.1.5 to ensure progress and dissemination of progress.				made in achieving these actions.

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2. Priority/Theme: Improving culture by sharing good practice							
2.1.	Our staff culture survey showed that for various questions some institutes outperformed others. These indicate areas of existing good practice. Identifying and sharing this good practice will result in an improvement of culture across all institutes and therefore of SMMSN as a whole.	Our culture survey showed inter-institute variation for several questions relating to institute culture.	2.1.1. A core group of EDI co-leads and Institute EDI leads will look at practices in different institutes in the specific areas where they perform well.	Feb-24	May-24	AS co-leads and Institute EDI leads.	Culture and practices improve across all institutes. We aim for an inter-institute difference to decrease to <10% by the 2025 survey and an overall improvement of SMMSN culture.
			2.1.2. Discuss the reproducibility of these practices and create new actions where needed.				
			2.1.3. Implement the actions and reproduce best practice in all institutes.	May-24	Apr-25	Institute co-leads with Institute EDICs and members of SAT who will form Sub-group 1: The Culture Committee.	

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe Start End		Person responsible	Success criteria and outcome
3. Priority/Theme: Bullying, Harassment and Discrimination							
3.1.	Create and run a school-level campaign that highlights SMMSN's Zero Tolerance Promise (ZTP) towards bullying harassment and discrimination of any kind, and senior management's commitment to upholding this. The campaign will raise awareness of university policies, how to use them and where to seek support.	In the University's Nov-22 survey (UNov-22), 2% of staff respondents reported being bullied or harassed and 9% felt they had been discriminated against within the last 12 months. We need to address this.	3.1.1. Create physical and electronic posters that reiterate SMMSN's commitment to a ZTP, with links to where staff can find relevant policies, how they can report incidents and where to seek support. Two institutes (IMS and RI) have already taken the lead in this and we will widen this school-wide.	Jan-24	Jul-24	SMMSN EDI Co-leads, Institute EDI co-leads. Endorsed by HoS and Dols.	All SMMSN buildings will prominently display these posters including on electronic screens. We will also circulate this via SMMSN weekly Digest, and Institute newsletters.
3.2.	Within IoD, we will implement recommendations from the external review to ensure an improvement in culture, specifically a decrease in the number of staff reporting feeling discriminated against.	In the staff culture survey, compared to other institutes, IoD has a higher proportion of staff reporting negative behaviour (36%).	3.2.1. The IoD Executive team have begun to implement recommendations of the external review. The EDI lead of IoD will report on progress at the SMMSN SAT and EDIC.	Dec-23	Apr-25	IoD Executive team and IoD School and Institute EDI leads and HoS.	The staff culture survey in 2025 will see a reduction in the number of staff reporting negative behaviour to <10% of IoD respondents.
3.3	Increase awareness of the reporting mechanisms including	The University's Online reporting tool is one of the	3.3.1. University's online reporting tool will be highlighted through the	Mar-24	Nov-27	SMMSN EDI co-leads.	Biannual reminders will be sent to all staff and students about the

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
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	the University's online reporting tool amongst staff and students.	mechanisms that can be used by staff and students to report bullying and harassment. It also allows for anonymous reporting. This is a relatively new tool and we do not know if staff and students are aware of this tool.	School Digest for staff and to students through a combination of emails and slides to be incorporated into Open meetings and lecture PowerPoint slides. We will remind staff and students twice a year.	Sep-24			online reporting tool and how to use it, including the option to submit anonymously. As our measures to raise awareness become successful we could expect a slight increase in numbers reporting negative behaviours back to us in our survey (baseline 2%).
			3.3.2. Creation of short annual anonymised reports from data obtained from the central reporting and students' "Report a Concern" data. These will be fed back to staff and students.	Sep-24	Dec-24 Then feed back annually.	SMMSN Student support lead for SMMSN SAT team.	Staff and students understand that SMMSN takes reports of bullying and harassment seriously and that we want to eradicate this behaviour within our working environment.
3.4	Increasing the number of frontline staff trained in dealing with GBV (EmilyTest).	Currently, very small numbers of SMMSN staff (45) have received this training. We need to increase this number, and all frontline staff including course coordinators, course	3.4.1. Collate an internal list of staff trained to handle disclosure of gender GBV. Ensure that all staff including course tutors, course coordinators, administrators and personal tutors are	Jan-24	Mar-23 Updated quarterly	EDI administrator, central EmilyTest coordinator for the University. SAT subgroup 2	This will enable us to keep track of who has received training and whom to refer to if needed. All staff in SMMSN will therefore know whom to refer to and where to seek

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
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		administration teams and personal tutors (academics in the university/ NHS who provide pastoral care) to be able to provide timely support when needed and be aware of whom to refer to for appropriate and timely support.	made aware of where to seek support if disclosure of GBV happens.			for training events.	help when/if GBV is disclosed to them.
			3.4.2. Advertising and use of existing training opportunities as they become available.	Dec-23	Sep-27	SAT subgroup 2	A year-on-year increase in the number of frontline university staff who have received training and are equipped to deal with GBV. By 2027, over 90% of frontline staff across all our programmes of study will have received this training. For LGBTQIA+ awareness, a package of training is established by May 2025 and at least 50% of staff have undertaken training by 2027.
			3.4.3. Create bespoke training for SMMSN staff if needed and as part of a calendar of training events within the school. We will adopt the same approach for in LGBTQIA+ awareness training.	Mar-24	Sep-27	SAT subgroup 2	

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe Start	Timeframe End	Person responsible	Success criteria and outcome
4. Priority/Theme: Supporting trans and non-binary people							
4.1	Re-advertise and appoint an SMMSN LGBTQIA+ champion (in line with AP1.1.1) who will liaise with the UoA LGBTQIA+ staff network (and any student networks) and participate in events.	We do not currently have an LGBTQIA+ champion and therefore in recent months have not been able to engage with the University network and coordinate SMMSN activities. The University LGBTQ+ network organises events, training, and information sessions.	4.1.1. Once re-appointed the SMMSN LGBTQIA+ champion will organise for SMMSN to participate in events such as Pride Month and other similar events to raise awareness of trans/ non-binary status amongst SMMSN staff and students. They will liaise with student societies where appropriate for such events.	Mar-24	Jun-24	SMMSN LGBTQIA+ champion (following appointment). Relevant student society volunteers. (who will together form SAT subgroup 2).	From 2024, SMMSN will participate in and contribute to Pride Month and other events organised by the University LGBTQIA+ network.
4.2.	Create guidance on the use of gender-inclusive language in communications, teaching and research.	There is evidence in literature that using gender-inclusive language in our communications, how we teach students and in reporting our research is a key step in making our trans community feel safe and included and in fostering a sense of belonging.	4.2.1. Many staff and students already use pronouns. We will make clear why we use pronouns. The guidance will be co-created with students (student societies) and the University's LGBTQIA+ network. It will be advertised on the School News Digest and student mailing lists then placed on the SMMSN EDI web pages.	Mar-24	Oct-24	SMMSN LGBTQIA+ champion. Student society representatives. SAT sub-group 2.	There is increased awareness of the purpose of using pronouns (which we will ascertain through the 2025 surveys) (AP1.2.3). More staff and students can begin to use preferred pronouns if they wish to.

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
			4.2.2. Healthcare students will receive guidance on how to address patients.	Jul-24	May-25	Communication Skills team, Patient partner team and SAT subgroup 2.	Outcomes added and delivered in student teaching from the academic year 2025.
4.3	GLADD charter action plan and monitoring progress to be included in our Unified EDI Action Plan.	Our medical school is a signatory of the GLADD charter. The GLADD charter has 6 recommendations, and we will create an action plan (AP1.3.3) to enable us to implement these across all healthcare programmes (MBChB, Dentistry, PA).	4.3.1. Audit our curriculum and create and implement an action plan.	Apr-24	Aug-27	EDI leads for medical, PA and dentistry programmes. Students from societies/ LGBTQ network, SAT subgroup 2.	Compliance of the GLADD charter with new resources within the curriculum and guidance for support of LGBTQIA+ students and staff to work in an environment free of hate, discrimination and harassment.

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
5. Priority/Theme: Supporting work-life balance							
5.1	Re-instate the Carer Support Fund.	Junior academics who may have caring responsibilities might struggle to cover the extra costs of attending conferences to	5.1.1. Work with the SMMSN Research Committee to re-instate the Carer Support fund setting limits as to how many applications we can fund this academic year in the	Dec-23	Feb-24	EDI co-leads, SMMSN Research Lead, SMMSN Research Manager (who is also a SAT	The carer support fund for junior researchers is reinstated within SMMSN. The budget is identified, and limits per award

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
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		present their work – e.g., due to extra childcare expenses incurred. This fund will alleviate some of these extra costs making it more equitable.	current HE economic climate.			member) and University's Senior EDI partner.	(£250), how to apply and selection criteria are determined. This is advertised via the School newsletter and the new (from Nov-23) Research news bulletin. We will monitor uptake of this fund and feed back to SMMSN annually about uptake.
	5.1.2. Once launched we will advertise widely.		Feb-24	Mar-24			
	5.1.3. We will monitor uptake and report to the Research Committee and SMMSN EDIC annually (Aug). This will inform plans for the fund for the next academic year.		Mar-24	Aug-24 Then annually.			
5.2	Disseminate information regarding the revised hybrid working policy within SMMSN through our HR partners and monitor impact.	The revised hybrid working policy provides the opportunity for staff (including PTO) who in the past could not use the hybrid working policy to do so within reason.	5.2.1. Once the revised hybrid working policy is functional, we will advertise it widely within SMMSN. Dols and LMs will work with staff to ensure the policy is effectively implemented. Through the 2025 survey, we will continue to monitor satisfaction and uptake of hybrid working amongst staff.	Feb-24	Aug-24	HoS, Dols, HR partners, LMs to facilitate dissemination and implementation. SAT sub-group for reviewing survey results (2025) on uptake and satisfaction.	Staff are aware of the new hybrid working policy. All staff including PTOs will now be able to take up hybrid work where desired and if this is deemed possible. We retain a high degree of staff satisfaction in the 2025 staff survey (baseline 97%F, 98%M) and monitor how many staff survey respondents

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
							use hybrid working (baseline 65%F, 60%M).
5.3	Implement recommendations of the Workload Review Group (WRG) including a new workload model.	48% of respondents (Nov-22) said they felt their workload was excessive and 65% said they frequently worked more than contracted hours to keep up with their workload.	5.3.1. A new workload model which will most likely involve an IT solution to record workload will allow us to evaluate the workload of individual staff. Recommendations of the WRG will be implemented to ensure that staff workload is not excessive. We will evaluate perceptions/ effectiveness in the 2025 surveys.	Sep-24	Sep-25	HoS, Dols, LMs	A new workload model is in place and helps staff manage workload. We may not achieve a reduction in perceived workload by the 2025 survey. (baseline of respondents feeling that they are struggling to cope with excessive workload:46%F, 50%M) and that they work more than contracted hours (baseline 62%F, 71%M).
5.4	Implement UoA's workload reduction toolkit and streamline teaching/administrative processes.	While awaiting the WRG's recommendations, we will ensure that good practice set out in the workload reduction toolkit including avoiding	5.4.1. We will widely advertise the workload reduction toolkit amongst staff and aim to encourage everyone to follow its principles where possible.	Feb-24	Aug-24	SAT sub-group 3	We will monitor use and satisfaction through new questions in the 2025 staff survey and whether this has affected their perception of stress

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
		internal meetings at lunchtime and Fridays, email etiquette such as “delayed response” and avoiding “send to all”, promoting appropriate breaks including screen-breaks and taking time for lunch sets out some easy steps to promote staff well-being and address some of the effects of increased workload. Staff also cited teaching and related admin as one of the top aspects causing increased workload.	5.4.2. We will also work with programme lead teams including leads and PTO colleagues to streamline teaching and assessment processes.	Mar-24	Aug-24	SAT sub-group 3, Programme lead teams, administrative teams.	due to excessive workload.

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
6. Priority/Theme: Intersectionality							
6.1	We will collect, review, and analyse our staff and student data with a	We have not systematically analysed intersectional impact	6.1.1. We will collect and analyse school-level data with an intersectional focus. This will include for staff –	Mar-24	Mar-25	SAT subgroup 4, SMMSN EDIC members.	By Sep-24 we analyse the existing data (2020-2022) for

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
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	focus on intersectionality.	on recruitment, career progression/ attainment for staff and students. We will also further analyse our survey FTCs (SApr-23 and PG-23) through an intersectional lens.	recruitment, career progression, contract-types. For students, admissions and degree attainment. We will study intersection of gender with race, disability, neurodiversity, and differential attainment.			and programme leads for students.	intersectional impacts. We identify if there are intersectional disadvantages with gender and implement new actions which are implemented by 2027.
			6.1.2. We re-analyse the SApr-23 and PG-23 survey results, especially FTCs to study intersectional issues.	Mar-24	Mar-25	SAT subgroup 4 and members from SMMSN EDIC (e.g. Race champion, Decolonisation Lead) to conduct thematic analysis.	Data analysed with an intersectional approach. Results fed back to the SAT subgroup for intersectionality and SMMSN EDIC and will shape
			6.1.3. Intersectional issues that impact on gender are identified and new actions created. These are endorsed by SMMSN EDIC and SMMSN Executive Committee and implementation begins. We will also modify our 2025 survey questions. (AP1.2.3).	Apr-25	Apr-27	SAT subgroup 4, EDI co-leads.	New actions are created based on data analysis. Implementation begins. New survey questions designed (2025) to capture further insight into intersectionality.

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
6.2	We will implement the NIHR framework to achieve intersectional equality in public and patient involvement.	Public and patients are often recruited into our research and education. The NIHR framework will help us address any intersectional inequalities in this.	6.2.1. We will engage with the NIHR equality framework. A SMART action will be created which will be added to our Unified EDI action plan (AP1.3.3) following approval by SMMSN EDIC and SMMSN and Institute Executive committees.	Sep-24	Sep-27	Patient and Public involvement lead for SMMSN, EDI lead of IAHS, SMMSN EDI co-leads.	SMART actions created and presented to SMMSN EDIC and Executive committees. An implementation schedule is put in place. Actions implemented.
6.3	We will implement University-level and discipline-specific charters to achieve progress in other EDI initiatives.	There are multiple initiatives (University-level and discipline-specific) that are underway. Ensuring we make progress in all of these will be crucial to achieving our vision of an inclusive community. SMART actions will help us achieve progress amidst a myriad of activities.	6.3.1. We will implement the actions of the UoA antiracism strategy, the Decolonisation of the Curriculum Toolkit, continue with progress on the BMA race equality charter, engage with plans to reshape our campus to improve disability access, implement the University's Neurodiversity Equality policy.	Apr-24	Sep-27	SMMSN EDI co-leads, SMMSN EDIC and various implementation group leads.	New actions will be created within the SMMSN Unified EDI action plan to implement these initiatives and charters.

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe Start	Timeframe End	Person responsible	Success criteria and outcome
7. Priority/Theme: Staff and Students							
7.1	Explore why females are more likely to be on OEFL than males.	Across all 4 tracks and all years of data analysis (2020-2022) females are more likely to be on OEFL than males. We also do not know whether there are any gendered trends in those leaving at the end of their OEFL contract.	7.1.1. Gather and analyse data about how many staff leave after their OEFL contract finishes and identify any gendered trends.	Oct-24	Mar-25	SAT sub-group 5.	We gain an understanding of how many staff on OEFL leave and if there are any gendered trends. This will help us frame new questions for the 2025 survey.
			7.1.2. Design new free-text questions in the 2025 survey to understand attitudes and perceptions around OEFL contracts with an aim to understand why there are more females on this track.	Apr-25	Apr-25	SAT subgroup 5.	Analysis of these free-text comments will help us understand the reasons behind and issues with OEFL. This will help us make recommendations that will be fed to the University-level committees through the University EDI committee.
7.2	Review contracts for those members of staff who have been on long-term, recurrent OEFL contracts.	Some (very few) staff are on recurrent OEFL contracts. FTC from SApr-23 shows that at least one female respondent has been on OEFL for 20 years. We need to provide better job security and	7.2.1. SMMSN will lead work on this along with HR partners.	Jan-24	May-25	HR partner, SMMSN Executive, EDI co-leads will follow up with HR partners.	We will review with HR in May 25 to ascertain how many of those on long-term OEFL have had their contract conditions modified. We will modify this action according to this data in May-25.

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
		retention for such staff. As this is likely to need University-level agreement, we will review outcomes and may need to modify our actions accordingly.					
7.3	Share current good practice and introduce a school-level package of support sessions regarding academic promotions.	All institutes have introduced institute-specific packages of support to help staff prepare and apply for academic promotions. These include workshops with HR and senior colleagues who sit on promotions panels; individual meetings with HR; and sessions specific for T&S track promotions. Following the recent review of academic promotions processes, the new academic promotions process for promotions to grades 7, 8 and 9 was	7.3.1. We will collate information about current support packages put in place by individual institutes to support all academic applicants including women to higher grades and those on PT contracts.	Jan-24	Mar-24	SAT subgroup 5 with EDI leads of each institute.	A support package is put in place and run from Sep 24 in time for the promotions round beginning Dec 24. Our Apr-25 survey shows that at least 70% of respondents are aware of SMMSN promotion support packages and a majority of those who attended workshops/seminar found them useful.
			7.3.2. We will share good practice to create a common school-wide package of support.	Mar-24	Aug-24		
			7.3.3. Workshops /training sessions will run to allow staff to prepare for the annual round of promotions. Further nuanced workshops to target specific groups e.g. T&S will created depending on the outcomes from the current round of academic	Sep-24	Jan-25. Then annually		

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
		introduced in 2023. Once the first round of this new process is completed, we will review its impact and revise our planned workshops/ training accordingly. We will ensure that these support measures run across SMMSN.	promotions that followed the new process.				
7.4	To better utilise Annual Review (AR)/ probationary review/ clinical appraisal to help staff plan and prepare for career progression.	Our staff AR is structured to encourage discussions around career progression including promotions and regrading. 80% survey respondents (79%F, 81%M) had undertaken an annual review/ probationary review/ clinical appraisal. However, only 56% of survey respondents (57%F, 59%M) thought that career progression was usefully discussed.	7.4.1. Increase the uptake of AR/ probationary review/ clinical appraisal by highlighting at Line Manager (LM) meetings, Open meetings and follow-up with LMs.	May-24	Aug-24 Then review annually	HR partner Dols LMs	Increase in reported uptake of annual review/ probationary review/ clinical appraisal to 95% by the 2025 survey.
			7.4.2. Ensure all Academic LMs have undertaken training on the new promotions processes and all LMs are made aware of the existing mentorship scheme.	May-24	May-25 Then review annually	HR partner Dols EDI co-leads, SAT subgroup 4 (to hold anonymous data).	Compile a school-level database of LM training on promotions (currently held at the institute level but not analysed for this application). To ensure that close to 100% LMs are trained on new promotions processes by 2027 and Dols to follow up

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
							those LMs that have not undertaken this training.
			7.4.3. Sharing the good practice in place at IAHS and RI, we will implement an annual review checklist that ensures among other things, career progression and promotion and mentorship scheme (see AP7.5.1) are mandatorily discussed during the AR. We will alert LMs when staff are at the top spinal point of their grade so that they can be encouraged to prepare for promotion. LMs will also specifically encourage PT females to consider and work towards promotions. This will enable them to work with staff and put together a tailored plan of support for staff who wish to apply for promotions.	Mar-24	Jun-24	HR Partner Dols EDI co-leads, RI and IAHS EDI leads, EDI SAT subgroup 4.	An increase of at least 5% in the % respondents (in 2025) who feel that career progression was discussed usefully at their AR/ probationary review/ clinical appraisal.
7.5	We will increase awareness of the University mentorship scheme	The University's mentorship has been in place for more than a decade and can be	7.5.1. Make staff aware of the mentorship scheme through the school news	Feb-24	Aug-24 Then every 6 months	AS co-leads, SAT sub-group 4.	The percentage of staff saying they want a mentor decreases to 15% in our 2025

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
	and uptake of mentors.	a useful tool. Staff work with senior peers to prepare for promotion/ regrading. However, the system is underused. Only 28% of our respondents (30%F, 27% M) had mentors, and 21% (25%F, 15%M) said they wanted one.	bulletin and during promotions workshops.				survey (baseline 21%) and those that have mentors increased by 2025. (baseline 38%).
7.6	Visibility of role models on the website to inspire staff of all genders to work towards career progression including to higher grades.	We will collect success stories of those from all tracks and grades and ensure a proportionate representation of male and female role models.	7.6.1. Create a template to collect and publish success stories of role models from within our school.	Oct-24	Nov-24	SAT sub-group 4, Audio-Visual team.	There is a gender-balanced representation of successful role models on our website which will inspire staff to apply for career progression. Staff survey 2025 will show that most respondents will show awareness of this section of our staff webpages.
			7.6.2. Identify role models (all genders), including PT staff and create material for webpages.	Dec-24	Feb-25		
			7.6.3. Publish on our SMMSN EDI webpages and school weekly digest.	Mar-25	Sep-25		
7.7	Increase support for BSc students on account of a higher proportion of registered female students attaining	There is an upper-level degree attainment gap in our BSc programmes (64% of all registered female students	7.7.1. We will work with SMMSN colleagues responsible for delivering teaching on the BSc programmes to improve academic and pastoral	May-24	May-25 Then review annually	SAT sub-group 4, BSc programme coordinators, Student Learning	Data analysed from May-25 will begin to show an upward trend in % of male BSc students who achieve a 1 st class Honours.

Item	Planned Action/objective	Rationale	Key outputs and milestones	Timeframe		Person responsible	Success criteria and outcome
				Start	End		
	higher degree outcomes.	achieve a 1 st class Honours vs 30% of all registered male students). The UG BSc programme has just completed a review (2023) and a modified portfolio of programmes are available from 2023. This will give us an opportunity to rethink support for all BSc students.	support, signposting students to institutional student support resources (Student Learning Services), better engagement with Personal Tutors (who provide one-to-one pastoral care) and peer mentors (through the Students4Students peer mentorship scheme). We will analyse this data on a yearly basis from May-24.			Services (UoA), Students4Students coordinator, Personal Tutors.	(baseline 30%). If there is no improvement, we will review this action working with the Lead for BSc programmes and other senior team members.

SAT subgroups:

SAT subgroup 1: Culture Committee – sharing and implementing best practices regarding culture.

SAT subgroup 2: Gender and training – includes actions related to GBV and LBGTQIA+ training, guidance and charter-marks.

SAT subgroup 3: Work-life balance – including implementing the workload reduction toolkit.

SAT subgroup 4: Intersectionality – analysing current data and creating new actions where intersectional issues are identified.

SAT subgroup 5: Staff and student actions- - including promotions workshops, investigating the prevalence of OEFL contracts.

**Appendices – Bronze Application: School of Medicine, Medical Sciences & Nutrition.
November 2023.**

Appendix 1: All Survey Results REDACTED

Appendix 1.2: SMMSN Staff Culture survey results April 2023 REDACTED

Appendix 1.3: Postgraduate student survey results REDACTED

Appendix 2: Mandatory Data sets – Staff REDACTED

Appendix 2.1: SMMSN Academic Staff by Career Track REDACTED

Appendix 2.2: Mandatory Data Sets – SMMSN Academic Staff by Contract Type REDACTED

Appendix 2.4: Mandatory Data Sets – SMMSN PTO Staff by Contract Type REDACTED

Appendix 2.5: Mandatory Data Sets – SMMSN Academic Recruitment REDACTED

Appendix 2.6: Mandatory Data Sets – SMMNS PTO Recruitment REDACTED

Appendix 2.7: Distribution of successful academic / PTO promotion applications REDACTED

Appendix 3: SMMSN Student data sets REDACTED

Appendix 4: Distribution of staff by ethnicity REDACTED

Appendix 5: Glossary

A glossary of abbreviations and acronyms used in the application.

Admin/Sec	Administrative/Secretarial
AHE	Advance HE
AP	Action Plan
AR	Annual Review
ARI	Aberdeen Royal Infirmary
AS	Athena Swan
BMA	British Medical Association
BSc	Bachelor of Science
CA	Clinical Academic
DoI	Directors of Institute
EIA	Equality Impact Assessment
EDI	Equality, Diversity and Inclusion
EDIC	Equality, Diversity, and Inclusion Committee
F	Female
FHC	Foresterhill Health Campus
FiT	Fixed Term
FT	Full-time
FTC	Free-text comments (from the April-23 survey)
FTE	Full-time Equivalents
GBV	Gender-Based Violence
GLADD	Association of LGBTQ+ doctors, dentists, and medical and dental students
GMH	Guaranteed Minimum Hours
HESA	Higher Education Statistics Agency
HoS	Head of School
HR	Human Resources
IAHS	Institute of Applied Health Sciences
IEHMS	Institute for Education in Healthcare and Medical Sciences
IMS	Institute of Medical Sciences
IoD	Institute of Dentistry
LM	Line Manager
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies).
M	Male
MBCbB	Bachelor of Medicine, Bachelor of Surgery
NHSG	NHS Grampian
NIHR	National Institute for Health and Care Research
OA	Old Aberdeen campus
OE	Open-ended

OEFL	Open-ended funding limited
ONE	Opportunity North-East
PA	Physicians' Associate
PAP	Previous Action Plan
PG	Postgraduate
PGR	Postgraduate Research
PGT	Postgraduate taught
PNA	Prefer Not to Answer
PPI	Patient and Public Involvement Group
PT	Part-time
PTO	Professional Technical and Other Staff categories
R	Research
RESG	Race Equality Strategy Group
RI	Rowett Institute
SAT	Self-Assessment team
SApr-23	School-level survey conducted in April 2023
SMART	Specific, Measurable, Achievable, Relevant, Time-bound.
SMMSN	School of Medicine, Medical Sciences and Nutrition
T&R	Teaching and Research
T&S	Teaching and Scholarship
UG	Undergraduate
UoA	University of Aberdeen
UNov-22	University-wide survey conducted in November 2022
VLE	Virtual Learning Environment
WRG	Workload Review Group
ZTP	Zero Tolerance Promise